Human trafficking occurs in many forms and locations, domestically and internationally. It is a crime and a public health issue that requires local, state, and federal efforts to effectively prevent trafficking and respond to the needs of survivors. This tip sheet focuses on domestic minor sex and labor trafficking in the United States and the implications for adolescent sexual, physical, and mental health. It also includes multiple resources and information about human trafficking for providers who work with or on behalf of youth.

OVERVIEW
Human trafficking has been recognized as a federal crime since Congress passed the Victims of Trafficking and Violence Protection Act of 2000, also known as the Trafficking Victims Protection Act (TVPA), which defines “severe forms of trafficking” as follows:

The TVPA endorses a victim-centered approach to youth who are trafficked. Any person under the age of 18 involved in a commercial sex act where anything of value is exchanged (e.g., money, drugs, clothing, shelter, rent, or food) is considered a victim of domestic minor sex trafficking, regardless of whether force, fraud, or coercion is involved (TVPA, 2000). It is important to note that this includes incidents in which minors trade sex to meet their basic needs (Gibbs et al., 2018).

Labor trafficking of youth occurs across the U.S. economy. Some trafficked youth enter into fraudulent or abusive work situations as domestic, factory, or agriculture workers or as commission-based salespeople; others may be forced to beg or sell drugs (Gibbs et al., 2018; Murphy, 2016).
The graphic below describes the three facets of human trafficking: action, means, and purpose, as defined by the TVPA (2000):

**ACTION**
- Recruiting
- Harboring
- Transporting
- Providing
- Obtaining
- Soliciting*
- Patronizing*

**MEANS***
- Force
- Fraud
- Coercion

*Does not need to be present for sex trafficking of minors

**PURPOSE**
- Commercial Sex Act
- Involuntary Servitude
- Debt Bondage
- Slavery

*Only for sex trafficking

Source: Office on Trafficking in Persons, 2017.

Child welfare agencies have specific mandates regarding sex trafficking dictating that any child who is a victim of severe forms of trafficking is to be considered a victim of child neglect/maltreatment (2015 Justice for Victims of Trafficking Act; Pub. L. 114-22). Child welfare agencies must identify, document, and address sex trafficking of youth who are in their placement, care, or supervision (2014 Strengthening Safe Families Act; Pub. L. 113-183).

**WHO IS AT RISK?**

Although youth are at risk for trafficking regardless of their age, sexual orientation, gender identity, or racial, ethnic, cultural, or socioeconomic background, those with a history of multiple adverse childhood experiences (ACEs) are at higher risk (National Human Trafficking Hotline, 2018; Reid, et al., 2018; U.S. Department of Health and Human Services [HHS], 2013; n.d.). Youth risk factors for trafficking include experiences that may lead to greater emotional or physical vulnerability.

**Child/Youth Factors**
- Abuse/neglect
- Untreated mental/behavioral health issues
- Disability status
- LGBTQ+ status*
- Runaway/kicked out/homeless or unaccompanied**
- Involvement with juvenile justice or child protective services
- Race/ethnicity

**Family Factors**
- Poverty
- Family dysfunction
- Migration

**Community Factors**
- Natural disaster
- Tolerance of exploitation
- Lack of educational and job opportunities
- Violence
- Lack of awareness of trafficking

**Societal Factors**
- Gender bias/discrimination
- Sexualization and objectification of females
- Systemic inequalities
- Social media

Sources: Adapted from Greenbaum, 2017; National Center for Homeless Education [NCHE], 2018; Reid, 2016.

*LGBTQ+ refers to individuals who identify as lesbian, gay, bisexual, transgender, or queer/questioning.

**Kicked out refers to youth who are kicked out or told to leave; unaccompanied refers to youth who are not in the physical custody of a parent/guardian and are experiencing homelessness.
Traffickers capitalize on youth vulnerabilities and the lack of ability to work or generate income to meet their basic needs, along with some limitations in their ability to analyze risks, generate alternatives, or control impulses because of a not yet developed prefrontal cortex (HHS, 2013; n.d.; Greenbaum & Crawford-Jakubiak, 2015). For some youth, such as those who are experiencing homelessness, system-involved, or have intellectual disabilities, these vulnerabilities may be exacerbated by a lack of social and familial connections that either meet basic needs or provide social support (Dank et al., 2015; Latzman et al., 2019; Reid, 2016).

**HOW DOES TRAFFICKING INFLUENCE ADOLESCENT HEALTH OUTCOMES?**

Health risks are especially high for trafficked youth. Youth who are trafficked seek medical attention in a variety of settings; however, these youth are not identified as victims because they may not disclose or self-identify, and providers may not ask probing questions to assess the youth’s involvement in trafficking (Goldberg et al., 2017; Greenbaum, 2017).

These youth face an increased risk of multiple reproductive, mental, and physical health problems that may compound one another, including the following:

### Sexual and Reproductive Health
- Multiple pregnancies and/or abortions
- HIV/sexually transmitted infection (STI) exposure

### Physical Health
- Serious communicable diseases (e.g., tuberculosis, hepatitis)
- Malnutrition
- Trauma to vagina or rectum
- Bruising, burns, scars, or broken bones
- Somatic manifestations of trauma, including headaches, stomach aches, difficulty sleeping

### Mental Health
- Suicidal behavior (attempts and ideation)
- Substance and alcohol use
- Hypervigilance and/or anxiety
- Post-traumatic stress disorder (PTSD)
- Depression

**Sources:** Goldberg et al., 2017; HHS, n.d.; Le et al., 2018; National Human Trafficking Resource Center, 2016.

ACEs have been strongly associated with negative health outcomes for youth and adults and higher health care utilization in adulthood (Chartier et al., 2010; Kalmakis & Chandler, 2015). One study explored how ACEs related to human trafficking and found that childhood maltreatment, including emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, and family violence, was higher among youth who had experienced human trafficking than among youth who had not (Reid et al., 2018).

Higher prevalence of these other forms of violence among trafficked youth may contribute to complex trauma and a series of mental health symptoms. Research on the mental health impacts of trafficked youth have found that these youth experience high rates of PTSD and depression (Hopper & Gonzalez, 2018). However, behaviors that are often attributed to mental health symptoms in the context of trauma may be adaptive traumatic responses. For instance, youth may be hypervigilant about their environment to prevent future harm, which may lead to an inattentiveness to classroom instruction at school. To avoid possible abuse, some youth may become angry or fight back, while others may withdraw (Perry et al., 1995). When youth are
removed from threatening situations like human trafficking or child maltreatment, these same protective responses may be viewed as maladaptive and impact their interactions with others as they seek to navigate life outside of an abusive context.

**WHAT DOES TRAFFICKING LOOK LIKE?**

There is not a specific trafficker profile. Traffickers can be intimate partners, strangers, family members, employers, drug dealers, or gang members (Lutnick, 2016; Reid, 2016; Sprang & Cole, 2018). Traffickers often act as third parties, facilitating and controlling transactions to gain something of value (Lutnick, 2016). Research on familial sex trafficking suggests that family members may traffic youth to obtain illicit substances (Sprang & Cole, 2018).

To create or maintain control and a dependent relationship with youth, traffickers use psychological manipulation, deception, coercion, or force. By doing so, traffickers isolate young victims from family and friends. To recruit youth, traffickers use psychological tactics, such as promising youth a better life or giving them the attention that they may have rarely experienced (Reid, 2016). After youth are manipulated and recruited into trafficking, the traffickers maintain control by often reminding victims that they are powerless and helpless.

These strategies used to gain power and control may impact whether a young victim can seek needed care or what information, if any, they share with service and health care providers (Hemmings et al., 2016). When victims do seek help, providers can observe possible indicators of trafficking, such as the following:

- Accompanied by a controlling person
- Defers to other person to speak for them
- Inconsistent details and history
- Medical neglect
- Signs of physical deprivation
- Fearful or hypervigilant behavior
- Not in control of own ID documents
- Lack control over finances or unable to pay large debt

**Sources:** Dignity Health, 2018; National Human Trafficking Resource Center, 2016.

**WHAT CAN YOU DO TO HELP?**

Those working with or on behalf of youth can assist and support youth who have been trafficked and help to reduce rates of trafficking incidents among youth.

**Supporting Youth Survivors**

One of the most effective ways to help those who have been trafficked is to connect them with local providers trained in working with trafficked youth or other service providers who are trauma informed and “youth friendly.”
Adopting a victim-centered approach to providing care and assistance is another way to support survivors. Implementing the following practices may help victims and others feel safe and supported:

Meet the Basic Needs

- Help the victim find resources to address basic needs first: food, water, clothing.
- Ask the victim what their primary needs and concerns are.

Reassure the Potential Victim

- State your role to provide support, not to judge or arrest.
- Respect where the victim is at and how they want to proceed.

Build Trust and Rapport

- Be patient, recognizing that trust will be built with time and consistency.
- Refrain from questioning details of the victim's story.
- Affirm the victim's strength.

Be Conscious of Language

- Guide conversation with open-ended questions.
- Model the language the victim uses, recognizing they may not self-identify as a "victim."

Remain Sensitive to Power Dynamics

- Seek to speak to the victim one-on-one, if possible, because traffickers may want to stay in the room to control what the victim says.
- Avoid contacting anyone, including the victim's family, unless given permission by the victim.
- Ensure that the victim knows that they do not need to disclose to receive your support and services.
- Understand your role as a mandated reporter and communicate with youth if you need to make a report.

Avoid Re-Traumatization

- Educate yourself on the signs and symptoms of trauma and be mindful of them as you provide care.


To Prevent Future Trafficking
Because human trafficking is a public health issue, it is important to build the skills and capacity of public health professionals to prevent and address human trafficking in their programs and communities. The following are some specific actions you can take:

EDUCATE

- Incorporate education about trafficking prevention into existing adolescent pregnancy prevention programming. This might include helping young people distinguish between healthy and unhealthy relationships, recognize recruitment tactics used by traffickers, and locate supportive resources.
- Build your capacity to understand human trafficking, including how this issue impacts your community and youth.
COLLABORATE AND ADVOCATE

• Join a local task force to coordinate efforts between youth advocacy organizations, welfare and mental health services, health care centers, law enforcement, juvenile justice, and schools.
• Host presentations or community awareness events to discuss human trafficking and its impact on youth.
• Get youth involved in awareness-raising projects and campaigns in their schools, organizations, and communities.
• Integrate a human trafficking prevention project as part of a youth activity or community project.

RECOGNIZE AND CONNECT

• Attend a training or coordinate a training for staff on how to identify signs of human trafficking. Discuss how screening processes may be implemented within your organization.
• Contact the National Human Trafficking Hotline (NHTH) if you notice something suspicious.

RESOURCES
This section provides many useful resources, including books, videos, and organizations working to prevent trafficking.

Hotlines
National Human Trafficking Hotline (NHTH)  www.traffickingresourcecenter.org  1-888-373-7888

National Runaway Safeline  https://www.1800runaway.org/  1-800-786-2929 or 1-800-RUNAWAY

Text INFO or HELP to BeFREE (233733)

Compilations of Human Trafficking Resources
NHTH Referral Directory:  https://humantraffickinghotline.org/training-resources/referral-directory
Resources for Victim Populations: Adolescents, Males, LGBTQ, Native Americans, and Victims with Disabilities:  https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/resources-45-victim-populations/

Resources on Child Welfare/Justice-Involved Youth

Resources on Runaway and Homeless Youth
Human Trafficking Digital Resources and Factsheets:  https://www.rhyttac.net/human-trafficking-resources-and-factsheets
Resources on Youth with Intellectual Disabilities
Webinar: Human Trafficking and Individuals with Disabilities: https://www.acf.hhs.gov/otip/resource/nhttacwebinarindiv

Trainings, Toolkits, & Curriculum
CDC Technical Prevention Packages: https://www.cdc.gov/violenceprevention/pub/technical-packages.html
HHS & NHTH PowerPoint Trainings: https://humantraffickinghotline.org/nhtphhs-online-trainings
Look Beneath the Surface: https://www.acf.hhs.gov/otip/partnerships/look-beneath-the-surface
Let’s Talk: Runaway Prevention Curriculum: https://www.1800runaway.org/runaway-prevention-curriculum-sign-up/
SOAR to Health and Wellness: https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training
Human Trafficking Webinars: https://www.rhyttac.net/human-trafficking-webinars

Posters & Visual Resources
Department of Homeland Security, Blue Campaign: https://www.dhs.gov/blue-campaign/library
Hotline Poster: https://humantraffickinghotline.org/get-involved/downloadable-resources
Look Beneath the Surface Posters, Brochures, Bookmarks: https://www.acf.hhs.gov/otip/resource/lbs-public

REFERENCES


---

This tip sheet was developed by RTI International under contract #HHSP233201500039I/HHSP23337003T Task 4 with the U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Family and Youth Services Bureau.

**Suggested Citation:** Houston-Kolnik, J. (2020). *Human trafficking: Implications for adolescent health outcomes*. Washington, DC: Administration on Children Youth and Families, Family and Youth Services Bureau.