Human Trafficking of Children and Adolescents
A Global Phenomenon With Horrific Health Consequences

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Human trafficking has severe adverse effects on the health, development, well-being, and human rights of vulnerable young people globally and in the United States. Awareness of human trafficking—once hidden in the shadows—is growing. Although precise estimates are not available of how many children and adolescents are affected, there is little doubt that young people everywhere have experienced physical and sexual violence from being trafficked and millions worldwide are at risk. Despite the increased awareness, significant gaps remain in evidence-based knowledge about the causes, consequences, and responses; the gaps are particularly noteworthy with respect to the health implications of human trafficking and the appropriate role of health care professionals.

The study by Kiss et al of 387 children and adolescents aged 10 to 17 years (82% female) in posttrafficking services in Cambodia, Thailand, and Vietnam begins to fill the gaps by documenting the horrific health consequences for the young survivors of sex and labor trafficking: depression, posttraumatic stress disorder, anxiety, suicidal ideation, self-harm, and suicide attempts. The Kiss et al study of children and adolescents is part of a larger study of 1102 trafficked men, women, and children. The larger study included 359 young adults aged 18 to 24 years (66% female). The adult men and women in the larger study experienced similarly severe health consequences from their trafficking experiences as their younger counterparts, although at even higher rates than the children and adolescents.

These health consequences may seem unsurprising given the extent of physical and sexual violence experienced by the individuals both prior to trafficking and while trafficked, so vividly documented by Kiss et al. Nonetheless, this study represents a major contribution to our understanding of the experience of children and adolescents who have been trafficked with its careful, ethical approach to interviewing vulnerable individuals about sensitive and potentially traumatizing topics.

Kiss and colleagues have highlighted several important aspects of the human trafficking experiences and characteristics of the young survivors they interviewed. First, human trafficking is not limited by sex: it affects boys and girls, women and men. Second, severe health consequences are associated with both sex trafficking and labor trafficking; although most of those interviewed were forced into sex work, many others were trafficked into fishing and factory work. Third, health care professionals have important roles to play in the identification of those who have been trafficked and in responding to their needs with targeted, trauma-informed posttrafficking services. The data in this study are from the Greater Mekong Subregion of Southeast Asia but have major implications for child and adolescent survivors of human trafficking worldwide, although the availability of reliable data about those who are trafficked, the survivors, and their experiences in different trafficking situations varies by region and country.

Those who are trafficked and survivors of human trafficking come from diverse backgrounds in terms of geography, income, race, ethnicity, religion, sex, and sexual orientation; however, some children and adolescents are likely to be at heightened risk. For example, in the United States, children and adolescents who have experienced sex trafficking include young people who have been sexually abused; youth who lack stable housing or live in dysfunctional families; sexual and gender minority youth; youth who have used or abused drugs or alcohol; and youth who have experienced homelessness, foster care placement, or juvenile justice involvement. In Southeast Asia, young people living in poverty or escaping violence at home may also be at increased risk for both sex and labor trafficking.

Once the risk has transformed into reality, health care professionals can play a significant role: identifying trafficked individuals and survivors and addressing their health care needs. They can do this through direct clinical care, research, and policy. Although recognition of the extent and importance of these problems is relatively recent—among health care professionals and the general public—examples of strategies to meet the needs of trafficked individuals and survivors are beginning to emerge from the dedicated and innovative work of governmental agencies, nongovernmental organizations, and professionals in diverse settings worldwide. Responses to human trafficking in the service and policy arenas have been grounded in broad and widely accepted human rights principles. Building on the foundation of the United Nations (UN) Universal Declaration of Human Rights in 1948 and the Convention on the Rights of the Child in 1984, international protocols have been adopted by most nations, clearly articulating an array of prohibitions against human trafficking and protections for trafficked individuals. Many of the foundational human rights clearly pertain to both human trafficking and health. For example, the UN Universal Declaration of Human Rights includes the rights to life, liberty, and security of person; freedom from slavery or servitude; freedom from torture, cruel, inhumane, or degrading treatment; health and well-being; medical care; and freedom of movement. The UN Convention on the Rights of the Child includes the right to life; the right to freedom...
from violence; and the right to health. Kiss et al have clearly documented violations of all of these rights and the resulting harms to the survivors’ health.

The UN protocols against human trafficking, particularly the Palermo Protocol, have led to the enactment of antihuman trafficking laws at the national level in most signatory nations. For example, in the United States, the federal Trafficking Victims Protection Act, enacted in 2000 and reauthorized 5 times, incorporates the definitions and requirements of the Palermo Protocol and provides a model followed in antihuman trafficking legislation at the state level throughout the United States. Although the legal responses to human trafficking, at least in the United States, have emphasized prosecution more than prevention and protection, a shift is occurring. A comprehensive federal antitrafficking law includes a requirement to develop and disseminate “evidence-based best practices” for the recognition and appropriate response by health care professionals to survivors of severe forms of human trafficking, which include both labor and sex trafficking pending legislation would extend a pilot program supporting the training of health care professionals on human trafficking.

At the same time that legal responses to human trafficking have begun to incorporate a health dimension, the community of health care professionals is beginning to address human trafficking concerns more directly through adoption of policies, protocols, and recommendations for clinical care. Kiss et al have presented data from their research that make clear the reasons why it is essential for health care professionals to respond to the needs of those who have experienced human trafficking. Not only do survivors in posttrafficking services have compelling and urgent needs for health care, particularly mental health care, many of them encounter health care professionals while they remain in trafficked situations. However, these health care professionals may or may not be aware of their patients’ trafficked status and may thus miss opportunities to offer trauma-informed care or assistance with escape. For this reason, specific training of health care professionals in identification and response is critical.

Kiss and colleagues concluded that “children in posttrafficking services have been exposed to traumatic events and are attempting to cope with haunting memories and deep distress as they try to forge ahead into an uncertain future.” This eloquent description characterizes not only the trafficked children of the Mekong region, but trafficked young people everywhere. It should serve as a call to action to health care professionals, nongovernmental organizations, governmental agencies, and policymakers to provide the essential responses for traumatized children and adolescents at risk for and experiencing human trafficking.

ARTICLE INFORMATION

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REFERENCES


