

## Youth with Disabilities and Human Trafficking (Educational Brief)

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### Introduction

Youth with disabilities face countless barriers in everyday life, including an often-overlooked adversity: human trafficking (HT) and exploitation (E). Studies show that disabilities can drastically increase the risk for both sexual and labor exploitation among youth. Youth with disabilities may be at higher risk of HT/E due to increased dependence on others, communication and language barriers, and social isolation, making it essential for professionals across health care, education, youth services, and victim support to recognize signs and intervene early.

This educational brief is intended for health care professionals, practitioners and administrators working in health centers and primary care associations, educational settings, youth-serving professionals, victim service agencies, and community advocacy programs to raise awareness and inform both prevention and intervention efforts.

### Definitions

Human trafficking (HT) is the exploitation of individuals through force, fraud, or coercion for the purposes of labor, services, or commercial sex whereas exploitation (E) more broadly refers to the unfair treatment of a person for personal or financial gain. <sup>1</sup> According to the Trafficking Victims Protection Act of 2000 (TVPA), there are two primary forms of human trafficking:

- **Sex Trafficking:** Defined as recruiting, harboring, transporting, providing, or obtaining a person for a commercial sex act, through force, fraud, or coercion. Exploiting a minor for commercial sex is sex trafficking, regardless of whether force, fraud, or coercion was used.
- **Labor Trafficking:** Defined as recruiting, harboring, transporting, providing, or obtaining a person for labor or services, through force, fraud, or coercion, for the purposes of involuntary servitude, debt bondage, peonage, or slavery. <sup>2</sup>

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<sup>1</sup> Finger, A. (2025, January 7). About trafficking. *Laboratory to Combat Human Trafficking*. <https://combathumantrafficking.org/about-human-trafficking>

<sup>2</sup> U.S. Department of Justice. (n.d.). *Human trafficking*. <https://www.justice.gov/humantrafficking>

## Defining Youth with Disabilities

Disabilities among adolescents and young adults (AYA) encompass a broad range of conditions (physical, mental, intellectual, and sensory impairments) that, when combined with environmental barriers and negative attitudes towards disability, prevent active and full participation in society.

These conditions can include challenges with learning, processing information, communicating, interacting with the environment, and managing behaviors.<sup>3</sup>

The long-term physical, sensory, neurological, mental health, learning, and chronic health conditions that impact AYA may or may not be visible to others. Recent studies shed light on how traffickers may specifically target youth with disabilities and what can be done to prevent such exploitation:

- A large-scale survey of youth who have experienced trafficking found significant overlap between trafficking experiences and disabilities, especially neurodevelopmental and mental health disorders.<sup>4</sup>
- Bowman et al. found that Deaf individuals face significant risk factors for trafficking due to communication barriers, societal exclusion, and isolation.<sup>5</sup>

These studies and others focused on AYA with disabilities point to increased risk for HT/E and sexual violence. These risks are often situated within a context of social isolation, limited access to resources as well as suboptimal societal supports.<sup>6</sup>

Some examples include:

- Factors that increase vulnerability to violence exposure, including poverty and housing instability, which in turn increase dependence on others for resources including money, food, and shelter.
- The learning challenges that some AYA with disabilities experience contribute to educational disruptions, including being pushed out of mainstream educational systems, further contributing to isolation and fewer educational and social supports.
- Communication challenges, including difficulty recognizing social cues, which may contribute to difficulties with recognizing abusive and coercive behaviors by a partner (or trafficker).

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<sup>3</sup> United Nations. (2006). Convention on the Rights of Persons with Disabilities and Optional Protocol. <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

<sup>4</sup> Rothman, E. F., Cusano, J., Wagner, A., Lockwood, S., Cuevas, C. A., & Farrell, A. (2024). Prevalence of neurodevelopmental, mental, and behavioral disorders in a sample of U.S. commercially sexually exploited youth, and associations with health and health care access. *Journal of Human Trafficking*, 11(1), 4–19. <https://doi.org/10.1080/23322705.2024.2426943>

<sup>5</sup> Bowman, M. E., Pezzarossi, C., & Crowe, T. (2024). Deaf populations and human trafficking: Risk and protective factors for consideration. *Journal of Human Trafficking*, 11, 1–17. <https://doi.org/10.1080/23322705.2024.2426936>

<sup>6</sup> Jagoe, C., Toh, P. Y. N., & Wylie, G. (2022). Disability and the risk of vulnerability to human trafficking: An analysis of case law. *Journal of Human Trafficking*, 1–15. <https://doi.org/10.1080/23322705.2022.2111507>

- Youth with intellectual disabilities are particularly vulnerable to deliberate targeting by traffickers for sex trafficking.<sup>7,8</sup>
- Lack of accessible sexual health and relationship education tailored for AYA with disabilities.
- Poor treatment in health care settings which contributes to lack of trust in health care and related systems, reducing the likelihood of seeking care.
- Experiences of shame, humiliation, stigma and isolation contribute to increased vulnerability to abuse and reduced likelihood of seeking care for such abuse.
- The social isolation that AYA with disabilities often experience, exacerbated by the lack of safe and supportive spaces, which increases likelihood of exposure to sexual abuse and other harmful behaviors such as substance use coercion (using substances to intentionally create a dependence).
- Living with disabilities may also increase dependence on caregivers and systems; people who use violence (including traffickers) take advantage of these relational needs that AYA with disabilities have.

## Health Impacts of HT on Youth with Disabilities

The health consequences seen among youth who experience HT (e.g., mental health, substance use, sexual health outcomes) are further amplified for youth with disabilities. This includes:

- Elevated risk for substance use coercion, leading to substance use disorders
- Exacerbation of chronic health conditions
- Worsening of underlying developmental and mental disorders
- Traumatic brain injury (TBI) in the context of HT contributing to worsening disabilities.<sup>9</sup>

The impact of HT on survivors with disabilities are longstanding, with a clear need for continued support long after initial recovery given the direct and indirect impacts on the experiences of living with disabilities.<sup>8</sup> Pathways for healing and recovery from HT among people with disabilities must also include care that acknowledges the added challenges of living with disabilities and is tailored and accessible.

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<sup>7</sup> Carrellas, A., Resko, S. M., & Day, A. G. (2021). Sexual victimization and intellectual disabilities among child welfare involved youth. *Child Abuse & Neglect*, 115, 104986. <https://doi.org/10.1016/j.chiabu.2021.104986>

<sup>8</sup> Reid, J. A. (2016). Entrapment and enmeshment schemes used by sex traffickers. *Sexual Abuse*, 28(6), 491–511. <https://doi.org/10.1177/1079063214544334>

<sup>9</sup> Robinson, C., Peterka-Benton, D., & Crowe, T. (2024). Unveiling the long-term challenges: Disabilities and post-human trafficking survival – A survivor perspective. *Journal of Human Trafficking*, 11(1), 98–109. <https://doi.org/10.1080/23322705.2024.2430895>

## Protective Factors

AYA living with disabilities have strengths and insights and should be integrated into the co-creation of meaningful prevention and interventions to reduce the risk for HT that are developmentally appropriate and accessible. Safe and secure social supports are critical protective factors against HT and to mitigating other childhood adversities.

- Attention to building connectedness in schools, after-school programs, and employment is especially critical for nurturing AYA strengths. This includes working across the settings where AYA with disabilities live, work, study, and play to ensure [universal design](#).<sup>10</sup> Prevention programs related to healthy relationships, dating violence, and HT/E prevention should be disability-inclusive, meaning:
  - Resources are intentionally accessible for all disabilities (including American Sign Language, screen readers, closed captioning, plain language for intellectual disabilities, and so forth); include scenarios relevant to and inclusive of AYA with disabilities; train service providers, educators, health care professionals, social workers, and counselors to be mindful about vulnerabilities unique to AYA with disabilities.

## HRSA's UDS Measures on HT/Exploitation and Relevant ICD-10 Codes

Since 2020, HRSA's Uniform Data System (UDS) Clinical Quality Measures have included requirements for health centers (HCs) to report on the number of visits and patients affected by HT/exploitation. UDS measures play an important role in identifying trends and informing quality improvement efforts especially for AYA with disabilities who are disproportionately impacted by HT/E. By tracking UDS data, HCs can better understand the prevalence of HT/E among AYA living with disabilities and improve quality of care. Providing care to this population requires special attention to safety, privacy, and confidentiality especially when mandated reporting laws apply and caregivers are involved, making it essential for HCs to carefully balance these factors.<sup>11</sup>

By centering the safety and well-being of AYA patients with disabilities (and their caregivers) in the development of policies and protocols related to HT/E documentation, HCs are positioned to offer survivor-centered, healing-centered care to the many patients impacted by HT/E. Before implementation of UDS measures and data collection, policies, [protocols](#), and refinement of the [electronic health record \(EHR\)](#) are needed to ensure that health systems do not harm youth with disabilities.

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<sup>10</sup> National Disability Authority. (n.d.). *About universal design*. Centre for Excellence in Universal Design. <https://universaldesign.ie/about-universal-design>

<sup>11</sup> Randell, K. A., Ragavan, M. I., Query, L. A., Sundaram, M., Bair-Merritt, M., Miller, E., & Dowd, M. D. (2022). Intimate partner violence and the pediatric electronic health record: A qualitative study. *Academic Pediatrics*, 22(5), 824–832. <https://doi.org/10.1016/j.acap.2021.08.013>

## ICD-10 Adult and Child Exploitation T and Z Codes

<ul style="list-style-type: none"><li>❖ T74.5- Forced sexual exploitation, confirmed</li><li>❖ T74.51- Adult forced sexual exploitation, confirmed</li><li>❖ T74.52- Child sexual exploitation, confirmed</li><li>❖ T74.6- Forced labor exploitation, confirmed</li><li>❖ T74.61- Adult forced labor exploitation, confirmed</li><li>❖ T74.62- Child forced labor exploitation, confirmed</li><li>❖ T76.5- Forced sexual exploitation, suspected</li><li>❖ T76.51- Adult forced sexual exploitation, suspected</li></ul>	<ul style="list-style-type: none"><li>❖ T76.52- Child sexual exploitation, suspected</li><li>❖ T76.6- Forced labor exploitation, suspected</li><li>❖ T76.61- Adult forced labor exploitation, suspected</li><li>❖ T76.62- Child forced labor exploitation, suspected</li><li>❖ Z04.81- Encounter for examination and observation of victim following forced sexual exploitation</li><li>❖ Z04.82- Encounter for examination and observation of victim following forced labor exploitation</li><li>❖ Z62.813- Personal history of forced labor or sexual exploitation in childhood</li><li>❖ Z91.42- Personal history of forced labor or sexual exploitation</li></ul>
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Note: Highlighted codes show those related to child exploitation.

## Recommendations for Improving Support and Services

### ✓ Provide Specialized Training for Providers

- Equip educators, health care providers, youth-serving professionals, and social workers with training to recognize HT/E indicators among AYA with disabilities.

### ✓ Support Survivor-Centered Care

- Offer long-term, healing-centered support tailored to the specific needs of survivors with disabilities.
- Assure adequate preparation and training of clinical staff to provide appropriate, accessible care for people with disabilities, including physically accessible facilities and equipment and staff trained in its use.
- Adapt clinic policies to allow adequate time in the schedule for extended time appointments for people with disabilities.
- Co-design interventions with AYA with disabilities to ensure relevance and accessibility.

### ✓ Promote Cross-sector Collaboration Across Systems and Agencies

- Encourage formal partnerships between disability organizations, health care systems, victim service agencies, and anti-trafficking groups to create integrated support systems.
- Develop communities of practice to share resources, build skills in supporting AYA with disabilities, and engage in continuous quality improvement to enhance the care provided across various settings.

## Conclusion

The connections between disability and youth exposure to HT/E are too often overlooked. Increasing awareness of these risks among AYA, advocating for policies that promote responses, and providing relevant and developmentally appropriate resources all contribute to creating safer, more supportive environments for AYA with disabilities. Deepening partnerships across disability

organizations, health centers, victim service agencies, and anti-trafficking groups nurture safer communities for all.

## Resources and Tools

Key resources including developmentally appropriate guidance for clinicians and youth:

- [ACOG – Access to Obstetric and Gynecologic Care for Patients with Disabilities \(Committee Statement\)](#)
- [ADA National Network – Accessible Health Care Overview](#)
- [Elevatus – Toolkit: Sexual Assault Awareness for People with Developmental Disabilities](#)

### Additional Resources

- [Addressing IPV and Exploitation in Health Centers \(CUES Infographic- Available in English/Spanish\)](#)
- [Partnerships Between Health Centers and Domestic and Sexual Violence Advocacy Programs \(Bi-directional Infographic\)](#)
- [Sample Memorandum of Understanding \(English/Spanish\)](#)
- [Adolescent Health Safety Card \(Available in multiple languages\)](#)
- [Adolescent Health and Confidentiality in the Age of Open Notes and Telemedicine \(Webinar\)](#)
- [Healthy Relationships and Youth: How School-Based Health Providers Can Start the Conversation \(Blogpost\)](#)
- [Futures Without Violence – Supporting Survivors of Trafficking with Intellectual Disabilities \(Memo\)](#)

Health Partners on IPV + Exploitation, a project of Futures Without Violence, offers health center staff training to promote prevention and increase the identification and referral to supportive services for individuals at risk for, experiencing, or surviving intimate partner violence, human trafficking, and exploitation.

**Email:** [healthpartners@futureswithoutviolence.org](mailto:healthpartners@futureswithoutviolence.org)

**Website:** [healthpartnersipve.org](http://healthpartnersipve.org)

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