Best Practices Guide

for South Carolina's Healthcare Response to Human Trafficking

HEAL TRAFFICKING

SOUTH CAROLINA
HUMAN TRAFFICKING
TASK FORCE

OFFICE OF THE ATTORNEY GENERAL
STATE OF SOUTH CAROLINA

Acknowledgements

This guide reflects the collective expertise, collaboration, and commitment of individuals and organizations working to strengthen South Carolina's healthcare response to human trafficking. Its development was grounded in the recognition that healthcare professionals can play a critical role in identifying and responding to individuals who have experienced trafficking and exploitation.

The South Carolina Human Trafficking Task Force, in partnership with HEAL Trafficking (HEAL), led the development of this resource. This collaborative effort brought together national expertise in healthcare responses to human trafficking with knowledge of South Carolina's healthcare systems, communities, and existing response infrastructure. Together, the Task Force and HEAL translated research, promising practices, and stakeholder perspectives into practical guidance for healthcare professionals across the state.

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The feedback gathered through these conversations provided an important opportunity to consider the needs of healthcare professionals and patients across different disciplines, communities, and regions of South Carolina. While not every individual or organization involved in the engagement process is named here, their contributions were valuable to the development of this resource.

Together, these efforts helped create a guide that is informed by research and practice, strengthened by collaboration, and responsive to the needs of healthcare providers, survivors, and communities across South Carolina.

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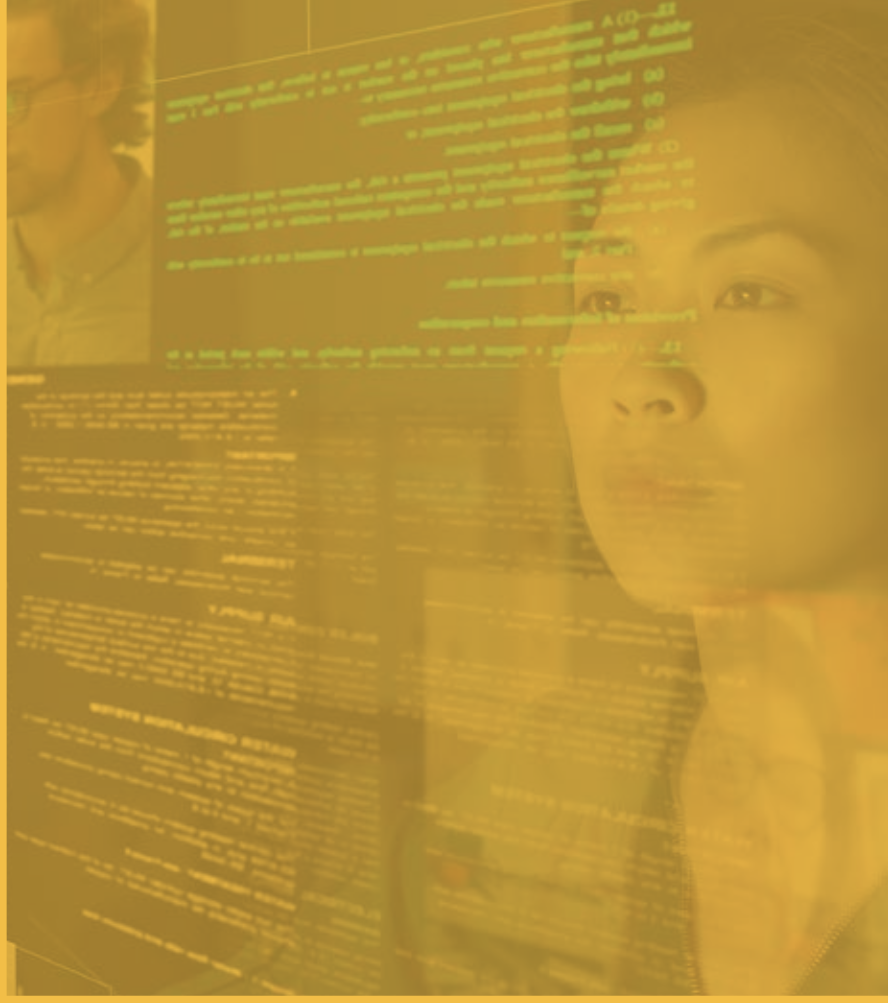


Executive Summary

Human trafficking is a significant public health issue that presents complex risks to health, safety, and well-being across South Carolina's urban, rural, and coastal communities. Individuals experiencing trafficking are often isolated from formal systems of support; however, healthcare providers may be among the few professionals they encounter while being exploited. In a state where access to services varies widely by region, the healthcare system plays a critical role in identification, response, and connection to care. Despite this, many healthcare settings continue to lack coordinated, trauma-informed, and survivor-centered approaches to addressing human trafficking.

This guide synthesizes national best practices, peer-reviewed literature, and stakeholder input from South Carolina healthcare systems and community partners to support the development of a more consistent, coordinated statewide healthcare response to human trafficking. It is intended to strengthen healthcare's role within South Carolina's broader anti-trafficking strategy and improve alignment across clinical care, public health, victim services, and public safety systems.

> South Carolina's mix of rural communities, coastal tourism, and seasonal labor creates conditions in which human trafficking can occur across diverse settings. Limited access to services in some regions means healthcare providers may be the first—or only—professionals to encounter individuals experiencing exploitation, making prepared healthcare systems essential to prevention and response.

Across stakeholder engagement, five key themes emerged as central to strengthening healthcare response in South Carolina:

1. Workforce Capacity, Education, and Training
2. Trauma-Informed, Survivor-Centered Approaches
3. Screening, Identification, and Survivor Engagement
4. Referral Pathways, Resource Coordination, and Continuity of Care
5. Reporting, Privacy, and Information Sharing

These themes reflect the core areas where South Carolina's healthcare systems can most effectively improve consistency, safety, and coordination in their response to individuals experiencing trafficking or at risk of exploitation.

Summary of Best Practice Guidance

Workforce Capacity, Education, and Training

Effective healthcare response depends on a trained workforce that can recognize and respond to human trafficking in real-world clinical settings.

Best practice guidance includes:

- *Meeting South Carolina's Act 106 human trafficking training requirements*
- *Providing ongoing, skills-based education that extends beyond awareness to clinical application*
- *Developing training using evidence-based, trauma-informed, and survivor-informed approaches*
- *Incorporating interactive, applied learning methods (e.g., case-based learning, simulation, role play)*
- *Aligning institutional policies with training to support a consistent response across settings*

Trauma-Informed, Survivor-Centered Approaches

Trauma-informed and survivor-centered approaches are foundational to all aspects of healthcare response to trafficking.

Best practice guidance includes:

- *Supporting patient autonomy in clinical interactions and decision-making*
- *Using culturally and linguistically responsive care practices*
- *Ensuring transparent communication and informed consent throughout care processes*
- *Protecting privacy and confidentiality to support safety and trust*
- *Embedding trauma-informed principles into organizational policies, workflows, and training*

Screening, Identification, and Survivor Engagement

Effective identification of human trafficking depends on creating conditions in which patients feel safe, respected, and able to engage in care at their own pace.

Best practice guidance includes:

- *Recognizing that survivors may not self-identify or disclose exploitation*
- *Ensuring private, one-on-one patient interactions whenever possible*
- *Engaging patients through nonjudgmental, open-ended, and trust-building communication*
- *Providing information and resources in ways that support patient awareness, safety, and future help-seeking*
- *Using tools such as PEARR (Provide Privacy, Educate, Ask, Respect, Respond) to support structured, trauma-informed engagement*
- *Using screening tools as supportive guides—not substitutes for clinical judgment*

Referral Pathways, Resource Coordination, and Continuity of Care

Once a patient is identified, healthcare systems need coordinated, trauma-informed response pathways that address immediate clinical needs and support access to ongoing care.

Best practice guidance includes:

- *Developing multidisciplinary partnerships across healthcare and community systems*
- *Maintaining clear, updated referral directories and resource networks*
- *Creating structured, survivor-centered referral pathways with warm hand-offs*
- *Ensuring access to national and South Carolina-specific resources*
- *Developing referral pathways that account for local service availability, including adult-specific and after-hours resources*
- *Supporting patient choice by clearly explaining available options and allowing patients to decide next steps based on their preferences, safety, and readiness*
- *Strengthening continuity of care through coordination and follow-up mechanisms*

Reporting, Privacy, and Information Sharing

Healthcare providers must balance legal obligations with patient safety, confidentiality, and trust-building.

Best practice guidance includes:

- *Understanding mandated reporting requirements under South Carolina law*
- *Clearly communicating the limits of confidentiality with patients*
- *Ensuring documentation is accurate, objective, and trauma-informed*
- *Protecting patient privacy within electronic health records and billing systems*
- *Supporting informed consent for information sharing whenever possible*
- *Developing clear protocols for interagency information sharing*

Overall Implications for South Carolina Healthcare Systems

An effective healthcare response to human trafficking in South Carolina requires system-level coordination across hospitals, community health centers, behavioral health providers, and other frontline care settings. Strengthening the response depends not only on individual providers' awareness but also on aligned policies, training, referral infrastructure, and cross-sector collaboration.

By improving recognition practices, strengthening care coordination, clarifying legal responsibilities, and expanding referral capacity, healthcare systems in South Carolina can reduce harm, improve consistency, and create more reliable pathways to care for individuals experiencing trafficking or at risk of exploitation.

Ultimately, this guide highlights that identification is only the beginning. Strengthening South Carolina's healthcare response to human trafficking depends on systems that can consistently translate recognition into timely action, coordinated support, and sustained continuity of care.

Strengthening South Carolina's healthcare response to human trafficking depends on systems that can consistently translate recognition into timely action, coordinated support, and sustained continuity of care.

Introduction

As a serious crime and profound violation of human rights, human trafficking has far-reaching impacts on the health, safety, and well-being of individuals, families, and communities across South Carolina. Survivors of trafficking often experience significant physical injuries, chronic health conditions, behavioral health needs, and long-term trauma that bring them into contact with healthcare systems at multiple points throughout their exploitation and recovery.

In South Carolina, where rural isolation, transportation barriers, and regional disparities in services are common, healthcare settings represent a critical intersection for victim identification, immediate safety, and connection to coordinated, trauma-informed services. Yet, many healthcare providers and systems are not adequately equipped to recognize or respond effectively. Without institutional support, training, and clear policies, opportunities for identification, intervention, and connection to services may be missed. An effective response to human trafficking, therefore, requires coordinated, system-level efforts that are integrated into healthcare operations, clinical practice, and multidisciplinary partnerships.

Recognizing the essential role of healthcare in a comprehensive anti-trafficking strategy, the South Carolina Attorney General's Office and the South Carolina Human Trafficking Task Force have prioritized strengthening statewide healthcare capacity as part of their broader efforts to improve victim identification, expand access to services, and enhance multidisciplinary collaboration. Through a partnership with HEAL Trafficking, South Carolina is advancing a coordinated approach to strengthening healthcare responses and aligning medical care with victim services, public health, and public safety efforts statewide.

This work builds upon South Carolina's previous efforts to support healthcare responses to human trafficking, including the development of the 2019 Human Trafficking Protocol for Healthcare Professionals, establishment of statewide referral resources, and innovative initiatives such as South Carolina's Safe House Certification Program, which supports access to trauma-informed residential and non-residential services for survivors.

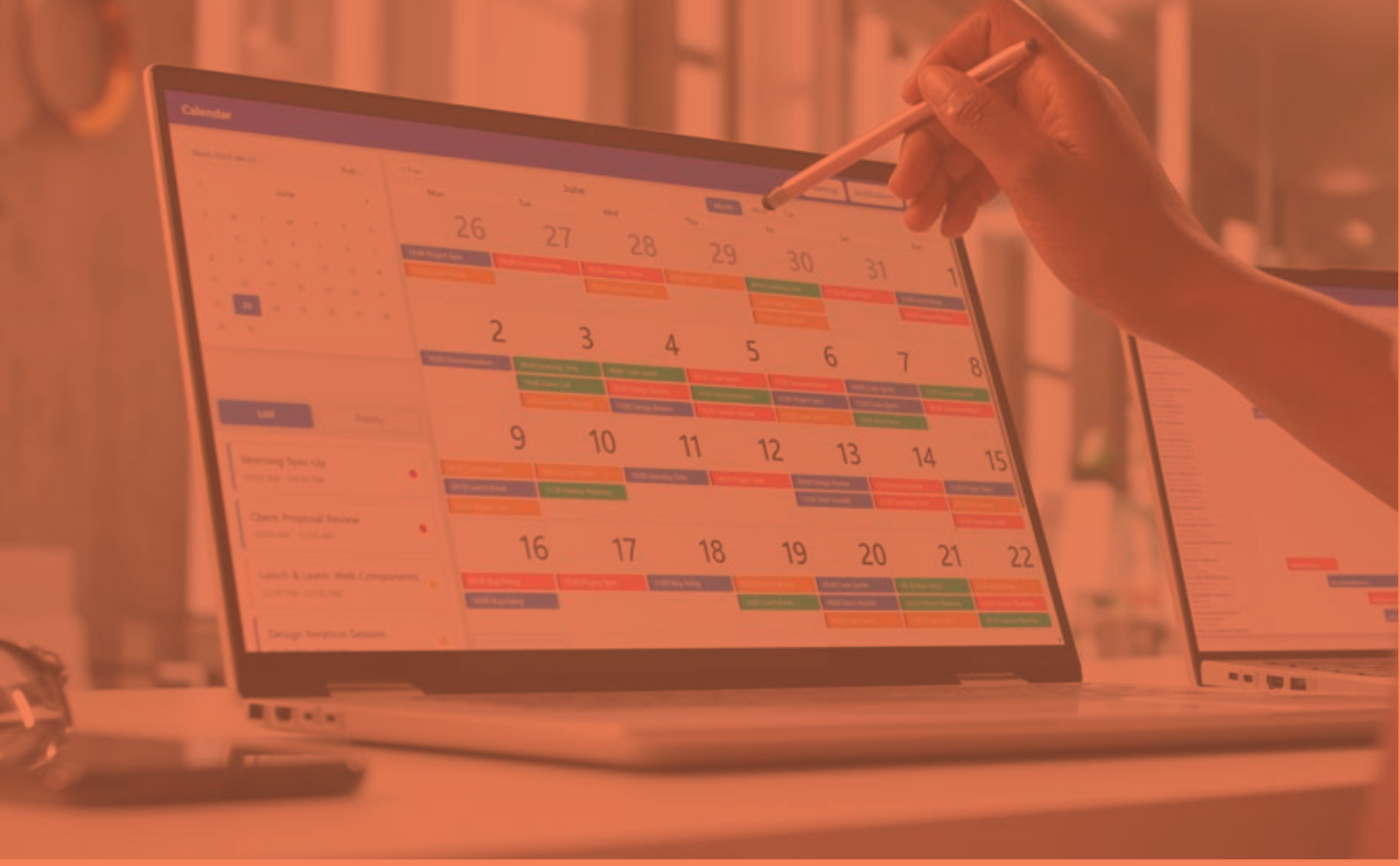
South Carolina has recently taken additional steps to strengthen its statewide healthcare response to human trafficking, including the enactment of Act 106, which establishes continuing education requirements for licensed nurses, physicians, and physician assistants on human trafficking awareness, identification, reporting obligations, and victim-centered care. As healthcare providers across the state are now required to complete human trafficking training under this legislation, there is a parallel need to ensure that healthcare systems are supported by updated, consistent, and evidence-informed training, policies, and protocols that translate knowledge into practice across diverse clinical settings.

This Best Practices Guide serves as a foundational resource for that effort. Drawing upon current research, national best practices, and input from stakeholders across South Carolina, the guide establishes shared principles and practical recommendations to strengthen consistency in screening, identification, reporting, referral pathways, and trauma-informed care across healthcare settings. The recommendations are intended to inform the development of updated healthcare protocols, implementation tools, and future training initiatives that support sustainable and coordinated statewide responses.

The guidance presented aims to support healthcare organizations and providers across South Carolina, including urban hospitals, trauma centers, rural clinics, community health centers, federally qualified health centers, behavioral health providers, school-based health programs, and emergency medical services. It is designed to be adaptable across diverse clinical and operational contexts while maintaining consistent, trauma-informed, and survivor-centered principles of care.

By advancing a consistent, trauma-informed, and survivor-centered standard of care, this guide strengthens healthcare's role within South Carolina's broader anti-trafficking strategy and supports a coordinated, system-level response that prioritizes safety, dignity, autonomy, and access to services for individuals impacted by trafficking.

> Human trafficking affects individuals across South Carolina's urban, rural, and coastal communities. Survivors often experience labor exploitation in agriculture, poultry and food processing, hospitality, tourism, construction, or domestic work, as well as sex trafficking in both city and rural settings. Many survivors face limited access to services due to transportation barriers, multi-county referral requirements, or fear of system involvement, making healthcare encounters critical opportunities for identification and support.
>
> By equipping providers across hospitals, clinics, school-based health centers, trauma centers, and emergency services with trauma-informed, survivor-centered practices, South Carolina can strengthen statewide identification, ensure safer referrals, and create coordinated pathways to care and recovery.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HOSPITAL

Methods

This Best Practices Guide was developed using a structured, comprehensive approach that integrates South Carolina-specific stakeholder input with national standards and evidence-based best practices. The methodology ensures that the guidance reflects both the realities of healthcare delivery across South Carolina and current national frameworks for trauma-informed, survivor-centered care.

National Standards, Expert Consultation, and Literature Review

To establish a consistent foundation for practice, the development of this guide included a review of national standards and professional competencies, including the *Core Competencies for Human Trafficking Response in Health Care and Behavioral Health Systems* (2021). These standards informed the development of trauma-informed, survivor-centered principles adapted for implementation within South Carolina's healthcare landscape.

Consultation with anti-trafficking and healthcare subject matter experts was also conducted to identify emerging best practices, key resources, and practical considerations for state-level implementation. These expert insights helped ensure alignment with current field-based knowledge and implementation experience.

Additionally, a review of scholarly and grey literature was conducted, including peer-reviewed studies, clinical guidelines, and practice-based resources related to the identification, response, and referral of individuals impacted by human trafficking. Inclusion criteria included resources written in English, published in the United States, published in 2000 or later, and relevant to healthcare practice, policy, or system-level response.

Included resources were organized into thematic domains to inform the synthesis of evidence and guide the development of stakeholder engagement discussion areas. These thematic domains included:

1. Education and training
2. Screening and identification
3. Care and safety planning
4. Mandated reporting and privacy compliance
5. Multidisciplinary treatment and referral processes

An in-depth synthesis of these sources was conducted to identify evidence-informed and practice-based guidance applicable across healthcare settings. A total of 100 resources informed the development of this guide, including 80 peer-reviewed and 20 non-peer-reviewed sources.

South Carolina–Specific Input and Stakeholder Engagement

Two stakeholder engagement sessions were convened to inform the development of this guide. One session engaged healthcare stakeholders, including clinicians, healthcare administrators, and emergency care providers. A second session engaged non-healthcare stakeholders, including anti-trafficking service providers, victim advocates, community organizations, and individuals with lived and professional experience.

These sessions were designed to assess current practices, identify system gaps, and inform implementation priorities related to coordinated healthcare responses to human trafficking.

Across both sessions, participants represented diverse geographic regions across South Carolina. They contributed perspectives from a range of professional roles and service contexts, grounded in both healthcare delivery and community-based response systems.

Analysis of stakeholder input identified recurring themes, barriers to effective response, and opportunities to strengthen system-level coordination. These themes informed the structure and focus of this guide, ensuring that recommendations reflect both clinical realities and community-informed priorities across South Carolina.

Integration of Findings

Findings from national standards, expert consultation, literature review, and stakeholder engagement were synthesized to develop a cohesive set of best practices. This integrative approach ensures that the guidance is evidence-informed and responsive to South Carolina's healthcare context, supporting a coordinated, trauma-informed, and survivor-centered statewide response.

> Tailored for South Carolina, this guide blends national best practices with local expertise to support trauma-informed, survivor-centered care across the state's healthcare settings.

Snapshot: Methodology for Developing the Best Practices Guide

NATIONAL EVIDENCE

National Standards and Professional Competencies

- Core Competencies for Human Trafficking Response in Health Care and Behavioral Health Systems (2021)

Subject Matter Expert Consultation

- Anti-trafficking and healthcare experts
- Emerging best practices and implementation insights

Literature Review

- Peer-reviewed research
- Clinical guidelines
- Practice-based resources
- U.S. sources (2000 or later)

SOUTH CAROLINA CONTEXT

Healthcare Stakeholder Session

- Clinicians
- Healthcare Administrators
- Emergency Care Providers

Community Stakeholder Session

- Anti-trafficking Service Providers
- Victim Advocates
- Community Organizations
- Individuals with Lived and Professional Experience

Synthesis of Findings

- Integrated national evidence with South Carolina stakeholder input to identify key themes, barriers, and opportunities to strengthen healthcare's role within South Carolina's broader anti-trafficking strategy.

Best Practice Guide for South Carolina's Healthcare Response to Human Trafficking

- Evidence-informed. Context-specific. Actionable.

Stakeholder Feedback and Key Themes

Overview

This guide was informed by two stakeholder engagement sessions, engaging healthcare and non-healthcare partners across South Carolina, including clinicians, healthcare administrators, forensic nursing professionals, emergency responders, victim advocates, community-based service providers, and individuals with lived and professional experience.

Across both sessions, there was strong alignment regarding the current state of healthcare and community responses to human trafficking in South Carolina. While awareness of human trafficking has increased across systems, stakeholders consistently described ongoing challenges related to implementation consistency, cross-system coordination, and access to timely and appropriate resources and support services. Importantly, trauma-informed, survivor-centered care was consistently emphasized as an essential approach that should inform all aspects of healthcare engagement with individuals impacted by human trafficking.

Cross-Sector Findings

- **Increasing Awareness but Variability in Practice:** Stakeholders noted growing awareness of human trafficking across healthcare and community systems, supported by training initiatives and statewide policy efforts. However, implementation remains inconsistent, with variability in screening practices, response protocols, and referral processes across settings and regions.
- **Workforce Capacity and Training Variability:** Participants highlighted inconsistencies in training content, frequency, and application across roles and settings. Workforce constraints, including staffing shortages and operational demands, were also noted as barriers to consistent implementation.
- **Gaps Between Identification and Response Capacity:** Participants consistently emphasized a gap between recognizing potential trafficking and having clear, actionable response pathways. In many settings, providers lack structured guidance on next steps, leading to reliance on informal workflows and variable decision-making at the point of care.
- **Limited Access to Immediate and Stabilization Resources:** Stakeholders identified significant gaps in access to emergency placement, 24/7 response services, behavioral health care, and long-term stabilization resources. These challenges were especially pronounced in rural and geographically isolated areas.
- **Fragmented Referral Pathways and Cross-System Coordination:** Referral processes were described as inconsistent and often dependent on informal relationships. Stakeholders noted challenges with warm handoffs, communication between systems, and continuity of care across healthcare, advocacy, and community-based services.
- **Uncertainty in Reporting, Privacy, and Information Sharing:** Stakeholders described ongoing uncertainty regarding mandated reporting requirements and information-sharing practices, particularly in balancing legal obligations with trauma-informed and survivor-centered care approaches.
- **Trauma-Informed, Survivor-Centered Care as a Cross-Cutting Priority:** Across both sessions, stakeholders consistently emphasized that effective responses must be grounded in trauma-informed, survivor-centered approaches that prioritize trust, autonomy, safety, and respectful communication. These principles were described as essential across all stages of healthcare engagement, including identification, response, and coordination.

Key Themes Informing This Guide

The findings from both stakeholder sessions demonstrate that South Carolina's healthcare response system is increasingly aware of human trafficking but continues to face structural and operational challenges in implementation, coordination, and resource capacity.

These findings were synthesized into five overarching themes:

1. Workforce Capacity, Education, and Training
2. Trauma-Informed, Survivor-Centered Approaches
3. Screening, Identification, and Survivor Engagement
4. Referral Pathways, Resource Coordination, and Continuity of Care
5. Reporting, Privacy, and Information Sharing

These themes represent the priority areas for South Carolina's healthcare response to human trafficking and define the focus of the best practices outlined in this guide.

Snapshot: Priority Areas for South Carolina's Healthcare Response to Trafficking

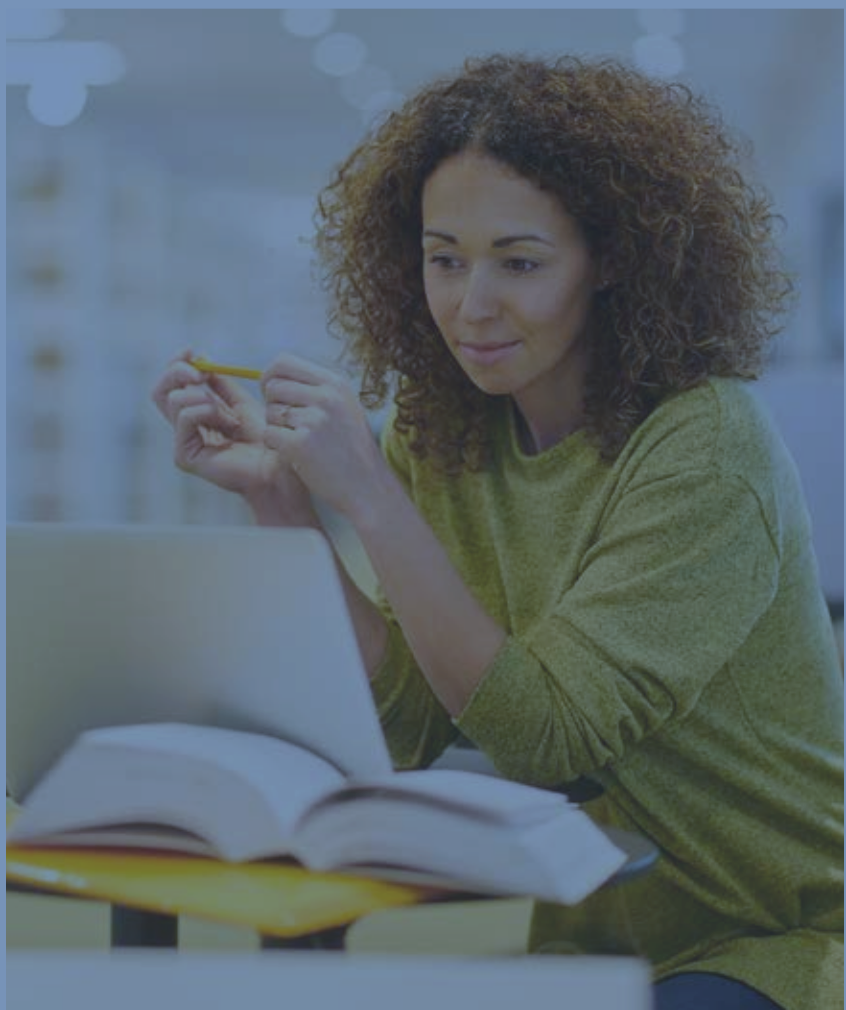
1 Workforce Capacity, Education, and Training

2 Trauma-Informed, Survivor-Centered Approaches

3 Screening, Identification, and Survivor Engagement

4 Referral Pathways, Resource Coordination, and Continuity of Care

5 Reporting, Privacy, and Information Sharing



Workforce Capacity, Education, and Training

> Trauma-informed, state-aligned training helps healthcare providers identify trafficking, respond safely, and connect patients to coordinated care across South Carolina.

Overview

Healthcare professionals in South Carolina play a critical role in recognizing and responding to human trafficking; however, research consistently shows that most providers lack the training, guidance, and institutional support necessary to do so safely and effectively (Cole et al., 2018; Exeni McAmis et al., 2022; Lee et al., 2021; Stoklosa et al., 2020). Without consistent, high-quality education and organizational support, providers may miss indicators of trafficking, respond in ways that unintentionally cause harm, or face uncertainty in applying South Carolina-specific safety, reporting, and referral protocols.

Stakeholder input from South Carolina health systems suggests that human trafficking training opportunities have expanded across many regions of the state. Current training efforts are often incorporated into existing Sexual Assault Response Team (SART) programs and clinical competency training. However, participation and training depth vary considerably across organizations. Stakeholders noted that existing efforts frequently emphasize awareness and recognition of trafficking indicators. At the same time, less attention is given to post-identification response, resource navigation, and practical guidance for supporting patients once concerns are identified. Challenges engaging busy healthcare providers in non-mandatory training opportunities were also commonly reported.

These findings highlight the continued importance of workforce education and training as foundational components of an effective healthcare response. Building provider awareness is an important first step, but healthcare professionals also need the knowledge, skills, and organizational support necessary to identify, respond to, and refer patients safely and effectively.

State Policy Context: South Carolina Act 106

Recognizing the critical role of healthcare providers in identifying and responding to human trafficking, South Carolina enacted Act 106 (formerly House Bill 4343), effective March 9, 2026. The law establishes a continuing education requirement for licensed nurses, physicians, and physician assistants. It requires completion of a one-hour human trafficking awareness and prevention course as a condition of licensure renewal, reinstatement, or reactivation. Training must include instruction on identifying potential victims, understanding state reporting requirements, and providing appropriate care and support. Requirements are tied to the state's continuing education cycle, with completion required every six years. This legislation represents an important statewide step toward strengthening baseline provider awareness and engagement in trafficking response.

While this mandate helps address existing challenges in engaging South Carolina healthcare providers in non-mandatory training and strengthens baseline awareness, training requirements alone do not ensure consistent clinical readiness to identify and respond to human trafficking in practice. One-time or infrequent education may increase awareness, but is insufficient to build sustained competency in trauma-informed identification, response, and referral. Effective healthcare response requires training that translates knowledge into applied clinical skills and supports providers in integrating trauma-informed, survivor-centered practices into real-time clinical decision-making.

Snapshot: South Carolina Human Trafficking Training Requirement (Act 106)

Effective: March 9, 2026

- *Applies to:*
- *Licensed Practical Nurses (LPNs)*
- *Registered Nurses (RNs)*
- *Advanced Practice Registered Nurses (APRNs), excluding Certified Registered Nurse Anesthetists (CRNAs)*
- *Physicians (selected specialties and practice settings)*
- *Physician Assistants*

Requirement:

- *Completion of a* **1-hour human trafficking awareness and prevention course** *for licensure renewal, reinstatement, or reactivation*

Core Training Content Must Include:

- *Identification of suspected trafficking victims*
- *State laws for reporting suspected trafficking*
- *Provision of care and support for potential victims*

Frequency:

- *Every* **6 years,** *in alignment with continuing education cycles*
- *Initial timing varies based on licensure date (pre- or post-2026 licensure)*

Training Provider Standards (Physicians / PAs / RNs):

- *Must be approved by relevant state licensing boards and/or accredited continuing education bodies (e.g., ACCME pathways for physicians)*

See full statute for detailed requirements, https://shorturl.at/mWkEz.

Training Resources: Recommended training programs that meet South Carolina's Act 106 requirements are available on the South Carolina Attorney General's Office website.

Core Knowledge and Skills

Healthcare professionals in South Carolina require a defined set of core knowledge and applied skills to support consistent, trauma-informed identification, response, and referral in cases of suspected human trafficking (NHTTAC, 2021). Stakeholders in South Carolina emphasized that training must prioritize practical response skills, not just awareness, particularly in supporting providers after potential identification and within real-world clinical workflows. This approach aligns with national efforts to define workforce competencies, including the Core Competencies for Human Trafficking Response in Health Care and Behavioral Health Systems, which outlines the knowledge, skills, and practices needed to identify, respond to, and support individuals who have experienced or are at risk for trafficking.

- **Define Human Trafficking:** Healthcare professionals should be familiar with the federal and South Carolina legal definitions of human trafficking (HEAL, 2018; NHTTAC, 2021; Stoklosa et al., 2020; Sutherland, 2019). Although healthcare professionals are not responsible for making legal determinations, understanding these definitions helps providers recognize potential cases of trafficking, respond safely, and connect patients to appropriate resources (Sabella, 2011; Sutherland, 2019).

Federal Definition (Trafficking Victims Protection Act, 22 U.S.C. § 7102):

Human trafficking is a crime that involves exploiting a person for labor, services, or commercial sex. It includes sex trafficking, which occurs when a person is recruited, harbored, transported, provided, obtained, patronized, or solicited for a commercial sex act induced by force, fraud, or coercion, or when the person is under 18 years of age (no force, fraud, or coercion is required for minors). It also includes forced labor, which occurs when a person is recruited, harbored, transported, provided, or obtained for labor or services through force, fraud, or coercion, for involuntary servitude, peonage, debt bondage, or slavery.

South Carolina Definition (SC Code § 16-3-2020):

Under South Carolina law, a person commits human trafficking if they recruit, entice, solicit, isolate, harbor, transport, provide, or obtain a victim, knowing the victim will be subjected to sex trafficking, forced labor or services, involuntary servitude, or debt bondage, or if they benefit from such acts. The law also includes anyone who aids, abets, or conspires to commit trafficking, or who offers anything of value to facilitate commercial sexual activity with a known trafficking victim.

- **Recognize Types of Trafficking and Risk Factors:** Healthcare professionals should understand the different forms of human trafficking, including both labor and sex trafficking, recognizing that labor trafficking is widespread yet frequently underrecognized (DeCicco et al., 2023; Hainaut et al., 2022; HEAL, 2018; NHTTAC, 2021; Rapoza et al., 2022; Stoklosa et al., 2020; Sutherland, 2019; Talbott et al., 2024; Weaver et al., 2025). In South Carolina, labor trafficking may be encountered in industries such as agriculture, construction, hospitality and tourism, domestic work, and food processing, while sex trafficking affects both urban and rural communities across the state. Providers should be aware of the scope and diversity of trafficking experiences and the social, economic, and structural factors that increase risk, such as poverty, housing instability, systemic inequities, migration, racism, and adverse childhood experiences (Bernardin et al., 2025; HEAL, 2018; Lee et al., 2021; NHTTAC, 2021; Sprang et al., 2022; Talbott et al., 2024). These factors may be particularly pronounced in parts of South Carolina with limited access to services or high reliance on seasonal and low-wage labor. Awareness of local, national, and global prevalence—along with regional patterns across South Carolina—can strengthen healthcare identification, response, and prevention efforts (NHTTAC, 2021).
- **Identify and Assess Individuals at Risk or Experiencing Human Trafficking:** It is considered best practice for providers to recognize clinical and contextual indicators that may suggest increased risk of human trafficking, including indicators specific to labor trafficking, which may be less visible or less familiar to healthcare professionals (DeCicco et al., 2023; Marcinkowski et al., 2022; Talbott et al., 2024; Weaver et al., 2025). When such indicators are present, providers should use evidence-informed, trauma-informed screening and assessment approaches that are appropriate to the care setting, patient population, and form of trafficking (Hainaut et al., 2022; HEAL, 2018; Lee et al., 2021; NHTTAC, 2021; Stoklosa et al., 2020; Talbott et al., 2024). This may include assessing risk levels, identifying immediate safety concerns, and evaluating individual needs.

Potential Indicators of Human Trafficking:

Healthcare providers are not expected to memorize extensive lists of trafficking indicators. No single symptom, behavior, or circumstance confirms human trafficking. Instead, identification more often involves recognizing patterns of control, coercion, abuse, or exploitation that may emerge over the course of a healthcare encounter (Chisolm-Straker et al., 2020; Miller et al., 2020; NHTTAC, 2021; Stoklosa et al., 2020). These patterns may include physical, behavioral, or contextual indicators that, when considered together, raise clinical concern and warrant further assessment (NHTTAC, 2021).

Recognize and Address Health Impacts of Trafficking: It is beneficial for providers to be able to identify common physical and mental health consequences of human trafficking, including chronic illness, behavioral health concerns, reproductive health issues, and substance use (HEAL, 2018; Stoklosa et al., 2020). This may also involve developing care plans that are responsive to these needs and supported by timely, appropriate referrals.

» **Provide Trauma-Informed, Survivor-Centered, and Culturally Responsive Care:** Healthcare professionals should understand and apply trauma- and survivor-informed principles throughout care delivery (HEAL, 2018; Lee et al., 2021; NHTTAC, 2021; Stoklosa et al., 2020). Trauma-informed care prioritizes patient safety, trustworthiness, and transparency. This includes delivering culturally and linguistically appropriate care, with deliberate efforts to address stigma, bias, and discrimination in clinical settings (Bernardin et al., 2025; NHTTAC, 2021).

» **Coordinate Referrals and Collaborate Across Systems:** Providers need to be familiar with available community resources and equipped to make timely, appropriate referrals (HEAL, 2018; NHTTAC, 2021; Stoklosa et al., 2020; Zhou et al., 2023). Providers also benefit from understanding the value of interdisciplinary collaboration and how to work closely with partners across sectors to ensure comprehensive support and prevent retraumatization.

» **Apply Legal, Ethical, and Documentation Standards:** Healthcare professionals in South Carolina should be familiar with relevant federal and state laws related to human trafficking and the protection of vulnerable populations (HEAL, 2018; NHTTAC, 2021; Stoklosa et al., 2020). This includes South Carolina's trafficking statute (SC Code § 16-3-2020), adult protection requirements (SC Code § 43-35-25), and laws related to the protection of children from abuse and neglect (SC Code Ann. § 63-7-310). Providers are also encouraged to uphold ethical standards, such as informed consent and confidentiality, while maintaining accurate and sensitive documentation to support patient safety and continuity of care (NHTTAC, 2021; Stoklosa et al., 2020).

» **Integrate Prevention and Advocacy in Healthcare Systems:** Providers benefit from understanding the role healthcare systems can play in preventing human trafficking across primary, secondary, and tertiary levels (NHTTAC, 2021; Sprang et al., 2022). It is also helpful for health professionals to be prepared to integrate anti-trafficking strategies into routine care and to contribute to advocacy, leadership, and ongoing learning efforts that support system-level improvement (Bernardin et al., 2025; NHTTAC, 2021; Sabella, 2011; Sprang et al., 2022).

Training Design and Delivery

High-quality training is necessary for healthcare providers to develop the core knowledge and skills needed for consistent, trauma-informed responses to human trafficking in South Carolina. Effective training must go beyond awareness-building to support competency development and the real-world application of skills, enabling providers to integrate trauma-informed, survivor-centered approaches into clinical decision-making and workflows. Evidence demonstrates that well-designed training programs improve clinicians' ability to identify potential trafficking, respond appropriately, and increase confidence in engaging patients and coordinating care (Arceneaux et al., 2023; Charron et al., 2020; Garg et al., 2021; Grace et al., 2014; Egyud et al., 2017; Ellis et al., 2025; Lee et al., 2021; Nordstrom, 2020; Shue-McGuffin et al., 2024).

- **Use a Multidisciplinary and Survivor-Informed Approach:** Given the complexity of human trafficking and the diversity of survivor experiences, training should be developed with input from multiple disciplines, sectors, and lived-experience experts, ensuring diversity across race, gender identity, and professional backgrounds (Eskelund et al., 2022; Exeni McAmis et al., 2022; Gee et al., 2021; NHTTAC, 2021; Stoklosa et al., 2020). Forming a diverse, multidisciplinary working group helps ensure training is relevant, inclusive, and survivor-informed. To maximize efficiency, particularly where time and resources are limited, health systems may integrate human trafficking education with related topics such as trauma-informed care, intimate partner violence, or sexual assault response training (e.g., SART or SANE education), approaches already used in some South Carolina health systems to streamline competency-based education (Stoklosa et al., 2017; Weaver et al., 2025).
- **Tailor Training to Roles and Populations Served:** Training is most effective when it reflects the responsibilities of a wide range of healthcare staff, not only clinicians, because personnel such as security officers, admitting clerks, and support staff may be among the first to encounter individuals who are at risk of or experiencing human trafficking (Baldwin et al., 2023; Dignity Health, 2019; Gee et al., 2021; HEAL & Hope for Justice, 2017; Marcinkowski et al., 2022; NHTTAC, 2021). Tailoring content to specific care settings—such as urban hospitals, rural clinics, or mobile health units—can further enhance relevance and applicability (Gee et al., 2021).
- **Design Programs that are Evidence-Based and Trauma-Informed:** Training should be grounded in research, guided by trauma-informed principles, and aligned with best practices for human trafficking education (Exeni McAmis et al., 2022; Gee et al., 2021; NHTTAC, 2021; Powell et al., 2017; Stoklosa et al., 2025). Developers can use tools such as the Human Trafficking Curriculum Assessment Tool (HT-CAT) to ensure that training is comprehensive, evidence-informed, and relevant to healthcare staff across diverse roles (Eskelund et al., 2022; Stoklosa et al., 2025; Weaver et al., 2025).
- **Avoid Bias and Ensure Culturally Responsive Content and Imagery:** Training materials can unintentionally reinforce bias through sensationalized imagery or narrow representations of who is affected by human trafficking (Eskelund et al., 2022). To promote accurate identification and equitable care, training should avoid graphic or sensationalized imagery and include diverse visual and narrative representations across race, gender, age, and type of trafficking (Eskelund et al., 2022; Gerassi et al., 2023; Gerassi et al., 2021; Stoklosa et al., 2025; Talbott et al., 2024). Training should also be responsive to South Carolina's cultural, linguistic, and gender diversity (Exeni McAmis et al., 2022; Gee et al., 2021; NHTTAC, 2021; Powell et al., 2017; Stoklosa et al., 2025). Incorporate South Carolina relevant scenarios, such as labor trafficking in agriculture or poultry processing, sex trafficking in urban and rural communities, and seasonal worker contexts. Thoughtful representation helps counter stereotypes, reduce implicit bias, and support inclusive, trauma-informed care.
- **Incorporate Interactive and Applied Learning Methods:** Training is more effective when learners actively engage with the material through simulations, role-plays, problem-solving exercises, and case-based learning (Cole et al., 2018; Gee et al., 2021; Lee et al., 2021; Powell et al., 2017; Stoklosa et al., 2025; Weaver et al., 2025). Active engagement also helps increase learner retention and prepare providers to respond effectively during real encounters. Stakeholders in South Carolina similarly emphasized a preference for interactive and visual learning strategies, including videos and case-based discussion, as particularly effective for engagement and retention.

- **Leverage Survivor and Community Expertise in Delivery:** Lived experience experts can provide invaluable insights into what healthcare providers need to understand and which interventions are most meaningful (Baldwin et al., 2023; Bernardin et al., 2025; Eskelund et al., 2022; HEAL & Hope for Justice, 2017; NHTTAC, 2021). First-person narratives and survivor-led sessions foster empathy, challenge biases, and leave lasting impressions (Eskelund et al., 2022). South Carolina stakeholders noted that hearing directly from individuals with lived experience had the strongest impact on provider learning and retention, reinforcing the importance of survivor-led and narrative-based training approaches. Community partners can also enhance training by bringing local context, strengthening awareness of resources and referral pathways, and supporting actionable, context-specific learning (Gee et al., 2021; Lee et al., 2021). Embedding community expertise is particularly valuable in South Carolina, where providers often report limited awareness of available services and regional variability in referral options. Stakeholders further highlighted the importance of cross-training, orientation to partner services, and ongoing collaboration among organizations to strengthen referrals and follow-up.
- **Offer Train-the-Trainer and Tiered Learning Models:** Train-the-trainer approaches can help scale training across large systems by equipping internal champions to educate others, promoting sustainability and consistency (Cole et al., 2018; Farrell et al., 2025; Stoklosa et al., 2022; Young et al., 2024). Tiered learning models allow systems to provide foundational training to all staff while offering advanced content for specialized roles (Baldwin et al., 2023; Dignity Health, 2019; HEAL & Hope for Justice, 2017).
- **Develop a Strategic Training Implementation Plan:** Implementing training at scale benefits from planning that is responsive to organizational size and structure (Baldwin et al., 2023; HEAL & Hope for Justice, 2017). Strategies may include piloting training with select teams to refine content and logistics before broader rollout (Dignity Health, 2019; Gee et al., 2021; Gibbs et al., 2024) and incorporating online modules, pre-recorded sessions, or other virtual formats to increase reach, flexibility, and scalability (Lee et al., 2021; Marcinkowski et al., 2022). As part of a broader strategy, consider supporting cross-sector training to strengthen coordination with community partners, first responders, and service providers (Baldwin et al., 2023; Dignity Health, 2019; HEAL & Hope for Justice, 2017).
- **Commit to Evaluation and Continuous Improvement:** Ongoing evaluation helps ensure training remains effective and responsive to emerging evidence and community needs. Programs can incorporate mechanisms to assess learning outcomes, gather participant feedback, and guide updates over time (Baldwin et al., 2023; HEAL & Hope for Justice, 2017; Powell et al., 2017). Because key knowledge and skills can diminish without reinforcement, periodic refreshers and ongoing practice opportunities are recommended to sustain provider readiness (GDAHA & The Health Collaborative, 2019; Lee et al., 2021).

Snapshot: Best Practices for Human Trafficking Training Design

Best Practice	Key Considerations
Use a Multidisciplinary & Survivor-Informed Approach	Develop training with input from multiple disciplines and lived-experience experts; integrate related topics (e.g., trauma-informed care, IPV, SART)
Tailor Training to Roles & Populations	Adapt content to clinicians, support staff, and security; consider care setting (urban, rural, mobile units)
Design Evidence-Based & Trauma-Informed Programs	Use research and trauma-informed principles; utilize tools like HT-CAT to assess comprehensiveness
Ensure Culturally Responsive Content & Avoid Bias	Avoid sensationalized imagery; include diverse representations of race, gender, age, and trafficking type; incorporate SC-specific scenarios
Incorporate Interactive & Applied Learning	Use simulations, role-plays, case-based discussions, and visual learning strategies (e.g., videos) to increase engagement and retention
Leverage Survivor & Community Expertise in Delivery	Include survivor-led sessions, first-person narratives, and local community and service-system context
Offer Train-the-Trainer & Tiered Learning Models	Scale training via internal champions; provide foundational and advanced content
Develop a Strategic Implementation Plan	Pilot trainings, use blended modalities (in-person + virtual), coordinate cross-sector
Commit to Evaluation & Continuous Improvement	Assess learning outcomes, gather feedback, and provide periodic refreshers

Institutional Policies and Procedures

While training equips individual providers with knowledge and skills, institutional policies ensure that those competencies are consistently applied through standardized workflows, defined roles, and clear response pathways. When aligned with training, policies support the translation of trauma-informed, survivor-centered care into routine clinical practice and organizational accountability (Armstrong et al., 2020; Dignity Health, 2019; Greenbaum et al., 2023).

A 2020 study of 18 hospitals in South Carolina found that no hospital reported having an official written policy regarding the identification and care of human trafficking victims, or if a hospital did have a policy, the staff interviewed were unaware of it (Armstrong et al., 2020). When respondents were asked about barriers preventing their facility from developing and implementing a human trafficking policy, 44% cited a lack of resources, 39% cited a lack of knowledge, 28% reported it was not a high priority, and 22% reported a lack of awareness of human trafficking.

More recent stakeholder feedback suggests that healthcare systems in South Carolina have made incremental progress since earlier studies, with some facilities reporting the development or implementation of internal protocols, including the use of the state task force's 2019 Human Trafficking Protocol for Healthcare Professionals. However, adoption remains inconsistent, and not all institutional policies provide comprehensive guidance, particularly on post-identification response, safety planning, and referral pathways. Survey data from participating health systems reflect this variability, with responses indicating established protocols (n=4), informal practices (n=3), and no existing protocol (n=2), underscoring persistent variation in institutional readiness.

These findings underscore the need for hospitals in South Carolina to prioritize the development, dissemination, and integration of human trafficking policies, ensuring that all staff are aware of and trained on the procedures that protect patients and support consistent, trauma-informed care. This approach aligns with national implementation resources such as the HEAL Trafficking Human Trafficking Protocol Toolkit for Healthcare Settings, which provides adaptable guidance for developing interdisciplinary, patient-centered response protocols across diverse healthcare environments.

- **Define Clear Workflows and Staff Responsibilities:** Effective policies clearly outline who is responsible for what, when, and how—covering processes such as screening, interviewing, safety planning, documentation, referrals, and follow-up care (Armstrong et al., 2020; Baldwin et al., 2023; GDAHA & The Health Collaborative, 2019; Greenbaum et al., 2023; HEAL & Hope for Justice, 2017; Powell et al., 2018). Clear workflows support coordination across departments and reduce the burden on individual providers to determine next steps independently. Policies should also account for transitions in care between providers, including shift changes and handoffs, to minimize disruption to rapport and reduce the need for patients to rebuild trust with new staff repeatedly.
- **Develop Survivor-Informed and Multidisciplinary Policies:** Engaging a range of staff—including clinicians, social workers, and administrators—as well as individuals with lived experience can strengthen policy development (Baldwin et al., 2023; Bernardin et al., 2025; GDAHA & The Health Collaborative, 2019; HEAL & Hope for Justice, 2017). This collaborative approach supports trauma-informed, contextually relevant, and responsive policies for real-world clinical environments.
- **Align with Legal and Ethical Standards:** Policies should comply with South Carolina laws on mandated reporting, confidentiality, and informed consent, as well as ethical principles rooted in trauma-informed and culturally responsive care. (Baldwin et al., 2023; HEAL & Hope for Justice, 2017; Powell et al., 2018).
- **Integrate with Existing Institutional Systems:** Embedding anti-trafficking response into broader institutional frameworks (e.g., for intimate partner violence or child abuse) can enhance sustainability, reduce redundancy, and improve coordination (Baldwin et al., 2023; GDAHA & The Health Collaborative, 2019; HEAL & Hope for Justice, 2017).

Healthcare facilities in South Carolina need clear, survivor-informed policies that guide staff in responding safely and consistently to human trafficking. Policies should reflect South Carolina laws, ethical standards, and local referral networks—including Child Advocacy Centers, SAFE/SANE programs, DSS/APS, and the South Carolina Human Trafficking Task Force. Embedding these policies across urban and rural settings ensures statewide trauma-informed, coordinated, and patient-centered care.

Summary

Workforce capacity for healthcare providers to respond to human trafficking in South Carolina depends on the integration of mandated training requirements, core knowledge and skills, high-quality training design and delivery, and supportive institutional policies and procedures. Together, these elements create a coordinated framework that prepares healthcare providers to identify potential trafficking, respond safely and effectively, and deliver consistent, trauma-informed, and survivor-centered care across healthcare settings.

Trauma-Informed, Survivor-Centered Approaches

Overview

Trauma-informed, survivor-centered, and culturally responsive care are not discrete components of healthcare response to human trafficking; rather, they are foundational approaches that should guide all aspects of patient engagement, assessment, intervention, referral, and follow-up care (Greenbaum et al., 2016; Hachey & Phillippi, 2017; NHTTAC, 2021; Tiller & Reynolds, 2020). These approaches are essential when supporting individuals who may have experienced human trafficking, as their health and well-being are often shaped by complex trauma, violence, coercion, and systemic harm (Gibbons & Stoklosa, 2016; Gibbs et al., 2024; Greenbaum et al., 2016; NHTTAC, 2021).

Stakeholder feedback in South Carolina reflected strong alignment with these evidence-based approaches. Participants across healthcare and community settings emphasized the importance of building trust, protecting privacy, supporting informed decision-making, and respecting survivor choice throughout the care process. Stakeholders also noted that individuals experiencing trafficking may not immediately disclose exploitation or identify themselves as victims, underscoring the importance of patient-centered engagement that prioritizes safety, autonomy, and relationship-building. Together, these findings reinforce the need for healthcare systems to embed trauma-informed, survivor-centered, and culturally responsive principles throughout policies, procedures, training, and direct patient care.

Snapshot: Foundational Approaches to Human Trafficking Response

Approach	Description
Trauma-Informed	Recognizes the impact of trauma and seeks to avoid retraumatization by promoting safety, trust, choice, collaboration, and empowerment
Survivor-Centered	Prioritizes the individual's autonomy, needs, goals, and self-determination throughout the care process
Culturally Responsive	Delivers care that is respectful of and responsive to cultural, linguistic, gender, and identity-related factors that influence health and healthcare experiences

Guiding Principles of Care

- **Create a Safe and Trusting Environment:** Patients who have experienced human trafficking may be hesitant to disclose information or engage in care, particularly if they fear judgment, pressure, or unsafe consequences (Armstrong et al., 2020; Bernardin et al., 2025; Shandro et al., 2016). Providers can help build trust by creating a calm, respectful environment where patients feel emotionally and physically safe. Use nonjudgmental, compassionate language, avoid pressuring the patient to share details, and ask only what is necessary for care (Armstrong et al., 2020; Gibbons & Stoklosa, 2016; Tiller & Reynolds, 2020; Zhou et al., 2023). Allow patients to speak at their own pace and demonstrate active listening, empathy, and cultural humility throughout the interaction (Armstrong et al., 2020; Bernardin et al., 2025; NHTTAC, 2021).

- **Use Culturally Responsive and Identity-Affirming Practices:** South Carolina is home to culturally and linguistically diverse populations, including Black, Hispanic/Latinx, Indigenous, and immigrant communities, as well as survivors of labor and sex trafficking from multiple backgrounds. Culturally responsive care involves recognizing and respecting these differences, avoiding assumptions, and adapting communication and care approaches to meet each patient's unique needs (Bernardin et al., 2025; NHTTAC, 2021). Whenever possible, offer linguistically appropriate services and referrals, and support access to trusted, community-based resources that reflect the patient's cultural context and identity (Alpert et al., 2025; Bernardin et al., 2025; Gibbons & Stoklosa, 2016; NHTTAC, 2021).

- **Communicate Transparently and Obtain Informed Consent:** Patients who have experienced human trafficking may have encountered situations where information was limited, communication was controlled, or decision-making was constrained, making transparent communication and informed consent essential components of trauma-informed care (Armstrong et al., 2020; Baldwin et al., 2023; HEAL & Hope for Justice, 2017; NHTTAC, 2021). Providers should clearly explain healthcare processes, procedures, and potential next steps using language the patient understands. Patients should be informed of their rights, available options, and the purpose of any assessments, referrals, or interventions before decisions are made. Providing clear information, setting expectations, and allowing time for questions helps patients understand what is happening and participate meaningfully in their care (Armstrong et al., 2020; Baldwin et al., 2023; HEAL & Hope for Justice, 2017; NHTTAC, 2021).
- **Support Autonomy and Empowerment:** Providers should engage patients as partners in their care and respect each individual's right to make decisions about their health, safety, and next steps (Armstrong et al., 2020; Bernardin et al., 2025; Greenbaum et al., 2023; Hachey & Phillippi, 2017; NHTTAC, 2021; Zhou et al., 2023). Many survivors of human trafficking have experienced a profound loss of control, and supporting patient autonomy can help restore trust, safety, and agency (Dovydaitis, 2010; Hachey & Phillippi, 2017; NHTTAC, 2021; Shandro et al., 2016). Providers should avoid coercive approaches and respect patient decisions without pressure or judgment, even when a patient declines assistance, is not ready to disclose information, or chooses not to pursue recommended services (Hachey & Phillippi, 2017; Shandro et al., 2016). Supporting survivor choice helps build trust and may increase the likelihood that patients seek care or support when they are ready (Hachey & Phillippi, 2017).
- **Protect Privacy and Confidentiality:** Healthcare professionals should take reasonable steps to maximize privacy, explain confidentiality and its limits, and protect sensitive information in accordance with applicable laws and organizational policies (Baldwin et al., 2023; GDAHA & The Health Collaborative, 2019; HEAL & Hope for Justice, 2017; Powell et al., 2018). Concerns about privacy and potential consequences of disclosure may affect a patient's willingness to engage in care, making confidentiality an important component of trust-building and trauma-informed practice (Alpert et al., 2025; Baldwin et al., 2023; GDAHA & The Health Collaborative, 2019; HEAL & Hope for Justice, 2017).

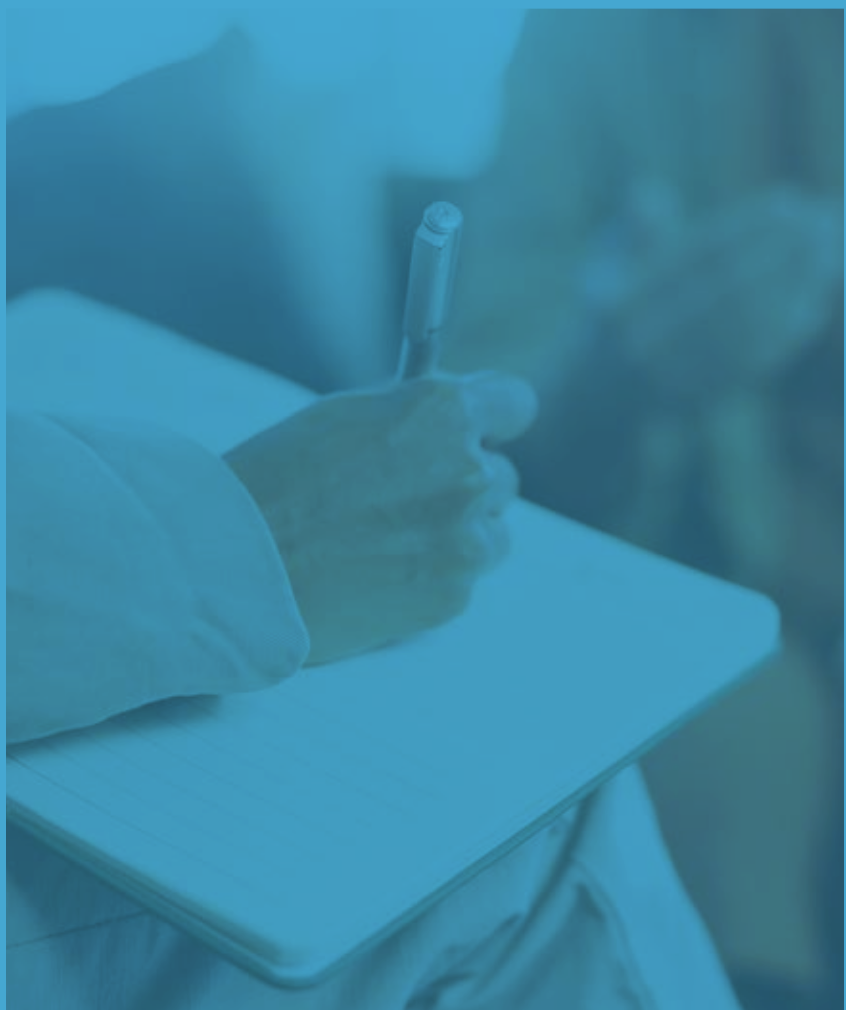
Snapshot: Guiding Principles of Trauma-Informed, Survivor-Centered Care

Principle	Focus
Safe & Trusting Environment	Emotional and physical safety; trust-building
Culturally Responsive Care	Identity-affirming, culturally and linguistically appropriate care
Transparent Communication	Clear understanding of care processes and informed consent
Autonomy & Empowerment	Patient choice, self-determination, and non-coercive care
Privacy & Confidentiality	Protection of sensitive information

Summary

Trauma-informed, survivor-centered approaches are foundational to all components of healthcare response to human trafficking. These principles inform how providers approach screening and identification, how they engage patients during clinical encounters, and how they support connection to follow-up services and resources.

By embedding these principles across policies, procedures, training, and direct patient care, healthcare systems in South Carolina can strengthen consistency in response, reduce the risk of re-traumatization, and improve opportunities for meaningful engagement and support for individuals impacted by trafficking.



Screening, Identification, and Survivor Engagement

> The goal of identifying potential trafficking is not to force disclosure, but to create a safe environment where trust can develop and support can be offered.

Overview

Screening and identification are central components of a healthcare response to human trafficking. When indicators of trafficking go unrecognized, healthcare teams may miss critical opportunities to identify risk, provide support, and connect individuals to appropriate services (Macy et al., 2023). Because individuals experiencing trafficking may not disclose exploitation directly, effective identification relies on staff awareness, thoughtful inquiry, and clinical approaches that prioritize privacy, trust, and patient autonomy.

Stakeholder input from South Carolina health systems indicated that screening and identification practices vary considerably across settings, with no single standardized approach used consistently statewide. Practices range from structured screening within specialized services (such as forensic nursing or sexual assault programs) to more informal identification in emergency and general care settings, often relying on clinical judgment and recognition of concerning indicators rather than universal screening protocols.

Given these challenges, healthcare systems benefit from approaches that support consistent, trauma-informed identification while remaining adaptable to the realities of diverse clinical settings.

Barriers to Screening and Identification

Understanding why human trafficking may go unrecognized in healthcare settings is essential to improving identification practices. Across clinical environments, screening and identification are influenced by a range of patient-, provider-, and system-level factors (Armstrong et al., 2020; Chisolm-Straker et al., 2016; Hosey & Palokas, 2025; Rapoza et al., 2022; Sutherland, 2019; Valdes et al., 2025). These barriers contribute to variability in practice and can limit opportunities for timely recognition and support (Hosey & Palokas, 2025; NHTTAC, 2021; Peterson et al., 2022; Valdes et al., 2025).

» **Patient Barriers:** Individuals experiencing trafficking in South Carolina may be unable or unwilling to disclose their circumstances due to fear, trauma, shame, or lack of recognition that they are being exploited (Alpert et al., 2025; Armstrong et al., 2020; Baldwin et al., 2011; Greenbaum et al., 2018; Hosey & Palokas, 2025; Mostajabian et al., 2019; Mumma et al., 2017; NCTSN, n.d.; NHTRC, 2016). These barriers can be amplified by factors such as limited access to healthcare in rural counties, transportation challenges, language barriers, or distrust of institutions, including law enforcement and social services (Alpert et al., 2025; Armstrong et al., 2020; Baldwin et al., 2011; Hosey & Palokas, 2025; Mostajabian et al., 2019). Survivors also report that fear of stigma or judgment by healthcare personnel can reduce their willingness to engage or return for care (Alpert et al., 2025; Armstrong et al., 2020; Greenbaum et al., 2018; Hachey & Phillippi, 2017; Hosey & Palokas, 2025; Mostajabian et al., 2019; NCTSN, n.d.). Stakeholder input from South Carolina health systems reflected the same challenges, particularly barriers to disclosure stemming from fear, lack of self-identification, and the presence of accompanying individuals during healthcare encounters.

Addressing Patient Barriers:

One option to address these barriers is creating pathways for patients to seek help independently (Smirnoff et al., 2022). For example, by placing posters, brochures, or resource cards in waiting areas or restrooms that signal available support (Greenbaum et al., 2023; Kaltiso et al., 2021; Shandro et al., 2016; Smirnoff et al., 2022). The South Carolina Attorney General's Office provides a variety of free human trafficking resources for healthcare settings, including fact sheets, brochures, posters, and handouts. These materials cover labor trafficking, sex trafficking, temporary guestworker visas, and internet safety and are available in Spanish to support patient education, prevention, and identification.

While these materials can be an important access point, they rely on patients independently recognizing risk and initiating help-seeking. To complement this, peer support and survivor-informed engagement approaches can offer a more relational pathway to connection. These approaches can enhance trust, relatability, and engagement in care by providing opportunities for individuals with lived experience to support patients as they navigate services, reduce isolation, and improve their connection to resources. Stakeholders emphasized the value of peer-based and survivor-informed approaches as particularly impactful for engagement and sustained connection to services.

» **Provider Barriers:** Healthcare professionals may overlook indicators of human trafficking due to time constraints, insufficient training, or reliance on stereotypes about what trafficking "looks like" (Hosey & Palokas, 2025; Pederson & Gerassi, 2022; NCTSN, n.d.; Smirnoff et al., 2022; Valdes et al., 2025). Stereotypes—such as victims being primarily young, white females or traffickers being overtly controlling men—can result in missed cases (Chisolm-Straker et al., 2016; Eskelund et al., 2022; Pederson & Gerassi, 2022; Peterson et al., 2022). This is particularly true in South Carolina industries at higher risk for labor trafficking (e.g., agriculture, hospitality, tourism, construction, domestic work, food processing) and in rural communities where sex trafficking may be less visible. Provider bias and discrimination—particularly toward Black, Indigenous, and other people of color (BIPOC)—can further shape healthcare encounters, contributing to victim blaming, invisibility of patients' experiences, and unequal care driven by racialized assumptions (Bernardin et al., 2025; Hosey & Palokas, 2025; NHTTAC, 2021; Pederson & Gerassi, 2022). These dynamics can lead to missed identification, inappropriate clinical responses, and harm. Stakeholders similarly identified workflow demands, time constraints, and challenges integrating additional screening requirements into already complex clinical environments as factors that can contribute to inconsistent identification practices.

Addressing Provider Barriers:

Providers are encouraged to engage in ongoing critical reflection on how personal biases, values, and assumptions related to trafficking, race, ethnicity, and intersecting identities influence clinical decision-making and patient interactions (Bernardin et al., 2025; NHTTAC, 2021; Pederson & Gerassi, 2022). While individual reflection is essential, addressing these barriers also requires organizational commitment to ongoing education and training that supports equitable, trauma-informed identification and response (Bernardin et al., 2025; Kaltiso et al., 2021; Sutherland, 2019).

Snapshot: Barriers to Identification of Human Trafficking in Healthcare Settings

Patient Barriers	Provider Barriers	South Carolina Context
Lack of awareness about exploitation	Limited training or awareness of trafficking indicators; time constraints and competing clinical priorities	Labor trafficking occurs in agriculture, hospitality and tourism, construction, domestic work, and food processing industries; providers may not recognize risk signs in these settings.
Fear of stigma, judgment, or misunderstanding	Bias, reliance on stereotypes, or discrimination	Providers may overlook adult victims of sex trafficking, which affects both urban and rural areas and is often less visible in smaller communities.
Cultural or linguistic barriers, particularly for immigrant, Black, Indigenous, and Latinx communities	Limited access to culturally and linguistically appropriate resources	Spanish-speaking seasonal farmworkers may not receive materials in their language; small rural clinics may lack professional interpreters.
Presence of controlling companions during visits	Difficulty creating private, safe spaces for patient interaction	Family members, employers, or traffickers may accompany patients in rural or small clinical settings, limiting confidential screening.

Safe and Effective Screening and Identification Practices

Given the patient-, provider-, and system-level barriers that can limit consistent identification, screening, and recognition practices, they are most effective when they move beyond checklist-based approaches and are grounded in trauma- and survivor-informed principles. Rather than relying solely on awareness or structured questions, effective identification depends on creating conditions where patients feel safe, respected, and able to engage at their own pace. Without these conditions, opportunities for support may be missed, and interactions may unintentionally feel procedural or retraumatizing.

» **Assess for Immediate Safety:** Before initiating a private conversation or screening, assess the immediate safety of the patient, care team, and others in the setting—particularly if a potential trafficker or controlling companion is present (Alpert et al., 2025; Baldwin et al., 2023; Greenbaum et al., 2016; HEAL & Hope for Justice, 2017; Shandro et al., 2016). Without adequate safety planning, identification efforts may inadvertently escalate risk or limit access to support. Teams should follow internal policies to manage high-risk situations discreetly and delay screening until it is safe to proceed. Providers are also advised to avoid direct confrontation with accompanying individuals or suspected traffickers, as this may compromise the safety of the patient, provider, and other staff (ICN, n.d.; Sutherland, 2019).

» **Ensure Privacy:** The presence of a trafficker or controlling companion can perpetuate coercion and fear, preventing patients from speaking freely or disclosing exploitation (Alpert et al., 2025; Armstrong et al., 2020; Baldwin et al., 2011; Erwin et al., 2020). Whenever possible, speak with patients alone, even if accompanied by someone who appears to be a friend or family member, particularly for youth, as accompanying adults may be involved in their exploitation (Alpert et al., 2025; Baldwin et al., 2011; Baldwin et al., 2023; CommonSpirit Health et al., 2020; Dovydaitis, 2010; Erwin et al., 2020; HEAL & Hope for Justice, 2017; Hornor & Sherfield et al., 2018; Mumma et al., 2017; NCTSN, n.d.; Sabella, 2011; Sutherland, 2019; Zhou et al., 2023). If a companion refuses to leave, staff may use a pretext—such as hospital policy or a required procedure—to temporarily separate them (Baldwin et al., 2023; Greenbaum et al., 2016; HEAL & Hope for Justice, 2017). Private, one-on-one interactions are critical for safe communication, trust-building, and patient autonomy. Additionally, providers in South Carolina further noted that creating opportunities for private, voluntary disclosure during intake and other routine points of contact can support earlier identification and engagement.

» **Use Professional Interpreters:** Many South Carolina communities include immigrant populations or residents with limited English proficiency. Using trained, professional interpreters—rather than companions—helps ensure accurate, confidential, and safe communication (Alpert et al., 2025; Armstrong et al., 2020; Baldwin et al., 2011; Baldwin et al., 2023; Bernardin et al., 2025; Dovydaitis, 2010; HEAL & Hope for Justice, 2017; NCTSN, n.d.; Sabella, 2011; Sutherland, 2019).

» **Ask Thoughtful, Open-Ended Questions:** Providers are not expected to confirm or identify human trafficking, but to create space for discussion if a patient chooses to share concerns or experiences (Sabella, 2011; Sutherland, 2019). When clinical concerns arise, gentle, nonjudgmental, open-ended questions can support conversation while maintaining patient autonomy and control over disclosure (CommonSpirit Health et al., 2020; ICN, n.d.; Sabella, 2011). The goal is to support safety and communication, not to elicit disclosure.

» **Build Trust Over Time:** Fear, shame, and distrust of healthcare providers can prevent disclosure, even in private settings (Alpert et al., 2025; Armstrong et al., 2020; Baldwin et al., 2011; Bernardin et al., 2025; Mumma et al., 2017). In South Carolina, providers serving rural, underserved, or historically marginalized communities should recognize that rapport may require multiple visits, extended encounters, or culturally responsive approaches (Alpert et al., 2025; Armstrong et al., 2020; Baldwin et al., 2023; Chisolm-Straker et al., 2019b; HEAL & Hope for Justice, 2017; NCTSN, n.d.; Zhou et al., 2023).

» **Offer Education and Resources:** Providers play a key role in both response and prevention (NHTTAC, 2021). Even when human trafficking is not disclosed, offering information about rights, safety, exploitation, and available support can be a normal part of routine care, helping reduce stigma and avoid singling out patients (CommonSpirit Health et al., 2020; Greenbaum et al., 2023; Munro-Kramer et al., 2022; Sabella, 2011). This approach can support patient awareness and may facilitate future disclosure when the patient is ready (Baldwin et al., 2023; Chisolm-Straker et al., 2019b; Ertl et al., 2020; HEAL & Hope for Justice, 2017; Mostajabian et al., 2019; NHTTAC, 2021). Stakeholders importantly noted that providing resources alone may be insufficient without accompanying explanation or support to help patients understand available options and how to access next steps in care.

The PEARR Tool

One recognized framework that supports trauma-informed identification and response is the PEARR Tool—Provide Privacy, Educate, Ask, Respect, Respond—which guides healthcare providers in assessing potential trafficking while prioritizing patient safety, autonomy, and trust (Roe-Sepowitz et al., 2024). Rather than functioning as a screening checklist, PEARR provides a structured framework to support consistent, patient-centered responses for individuals who may be experiencing abuse, neglect, or violence, including human trafficking.

» **Provide Privacy:** Ensure conversations take place in a private space where patients feel safe speaking freely. For in-person visits, this may include closing doors or asking companions to step outside. For telehealth, ensure the patient is in a secure, private environment, while acknowledging that true privacy may be difficult to achieve. Always explain limits of confidentiality, including mandated reporting requirements, so patients know what information may need to be shared and under what circumstances.

» **Educate:** Share information and resources in a normalized, nonjudgmental way. Information about rights, safety planning, and available services can help reduce stigma and support awareness of options, even when individuals are not ready to disclose victimization.

» **Ask:** Invite patients to discuss concerns at their own pace. Gently explore observed indicators of abuse or exploitation, while emphasizing that disclosure is voluntary. Focus on safety, risk patterns, and connection to support services, rather than treating disclosure as the primary goal.

Screening Tools:

During the "Ask" stage of the PEARR framework, healthcare providers may use brief, evidence-informed screening tools to support—not replace—clinical judgment in identifying potential abuse, neglect, or violence. These tools can help identify individuals at risk of human trafficking, particularly in fast-paced clinical settings where time and competing demands may limit the depth of conversation (Chang et al., 2015; Chisolm-Straker et al., 2016; Danna, 2017; Ertl et al., 2020; Greenbaum et al., 2023; Hulick et al., 2022; Kaltiso et al., 2021; Marcinkowski et al., 2022; Mumma et al., 2017; NHTTAC, 2021; Nichols & Cox, 2023; OTIP, 2024; Peterson et al., 2022; Smirnoff et al., 2022). When implemented thoughtfully, screening tools may help reduce bias and support more consistent identification and linkage to services (Chisolm-Straker et al., 2016; Eickhoff et al., 2023; Peterson et al., 2022).

Several tools exist in the field, including the Rapid Appraisal for Trafficking (RAFT), the Quick Youth Indicators for Trafficking (QYIT), and the Short Screen for Child Sex Trafficking (SSCST) (Chisolm-Straker et al., 2019a; Chisolm-Straker et al., 2019b; Chisolm-Straker et al., 2021; Greenbaum et al., 2023; Hainaut et al., 2022; Mostajabian et al., 2019; Nichols & Cox, 2023; OTIP, 2024; Peck et al., 2025; Smirnoff et al., 2022). However, their validation status and applicability to healthcare settings vary, and few have been fully validated for use across both sex and labor trafficking contexts. When used, these tools should function as structured supports for inquiry rather than replacements for trauma-informed clinical judgment.

Respect: Honor patients' choices, including declining assistance or choosing not to disclose. Respecting autonomy builds trust and reinforces that help-seeking is patient-directed. Provide discreet resources to maintain access to support even when patients are not ready to engage.

» **Respond:** Connect patients to appropriate services and supports when they are ready. Facilitate access to victim specialists, hotline services, or other specialized care while ensuring the patient remains in control of the process.

By following PEARR, providers use a structured yet flexible approach that prioritizes confidentiality, patient choice, and empowerment, while remaining prepared to respond when patients indicate readiness. The framework is adaptable across clinical settings, patient populations, and types of visits.

PEARR TOOL QUICK GUIDE

PEARR-Provide Privacy, Educate, Ask, Respect, and Respond—is a structured, trauma-informed conversation tool that supports healthcare professionals in building trust, engaging meaningfully, and offering appropriate resources to patients who may be experiencing human trafficking or other forms of violence. This quick guide provides a high-level reference to the PEARR steps, including example conversation language to demonstrate trauma-informed application in patient care.

P — PROVIDE PRIVACY

Create A Safe, Confidential Space For Conversation

"It's hospital policy that exams and procedures are completed without visitors in the room. We'll call you back in when we're ready."

E — EDUCATE

Share Information And Resources Openly And Nonjudgmentally

"Some workers face unsafe conditions, long hours, or unfair pay. Even if that's not your situation, we provide resources about workers' rights to everyone."

A — ASK

Invite Patients To Discuss Concerns At Their Own Pace

"I noticed you had an injury a month ago and left before treatment. You don't have to share details, it's not uncommon for someone to leave if they're worried about work. Has this ever happened to you?"

R — RESPECT

Honor Patients' Choices, Even If They Decline Assistance

"If your decision ever changes, we're always here and happy to support you. Here are some resources if you ever need them."

R — RESPOND

Connect Patients To Appropriate Support When They Are Ready

"I have a colleague at an organization that supports workers' rights. If you'd like, I can call now to see if they're available to talk."

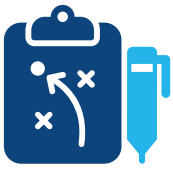
Summary

Screening and identification of human trafficking in healthcare settings are influenced by a range of patient-, provider-, and system-level barriers that contribute to variability in practice across South Carolina health systems. Inconsistent approaches, workflow constraints, and disclosure-related challenges can limit the effectiveness of traditional screening methods and lead to missed opportunities for identification and support.

Approaches such as the PEARR framework support more consistent, patient-centered identification by moving beyond checklist-based screening and emphasizing safety, privacy, trust, and patient autonomy. By integrating structured yet flexible practices into clinical workflows, healthcare systems can improve the likelihood of recognizing potential trafficking, supporting patient engagement, and connecting individuals to appropriate services when they are ready.

Referral Pathways, Resource Coordination, and Continuity of Care

Overview



Identification of potential human trafficking within healthcare settings is a critical first step in supporting patients; however, it is not sufficient on its own to ensure safety, stabilization, or access to ongoing services. Once a patient is identified, healthcare providers must have access to clear, timely, and reliable pathways for both immediate clinical response and longer-term referral and support.

In practice, this response may include in-the-moment clinical assessment and stabilization—such as involvement of forensic nursing, social work, behavioral health, or other specialized services—alongside connection to external community-based resources and support systems. Stakeholder feedback from South Carolina health systems highlights that this transition point is often where challenges emerge, with providers reporting uncertainty about available next steps and variability in referral options across settings.

Without coordinated response pathways, opportunities for timely intervention and continuity of care may be limited, and providers may be left without clear guidance on how to proceed after identification.

Immediate Response and Assessment Following Identification

Once a patient is identified or screened positive for human trafficking, healthcare providers play a critical role in initiating an immediate clinical response that supports stabilization, safety, and connection to appropriate services. This may include a comprehensive assessment of the patient's health, safety, and social needs, as well as the coordination of multidisciplinary care within the healthcare setting. The goal of this phase is not to compel disclosure or "resolve" all needs, but to provide responsive, patient-centered care that aligns with the individual's priorities, readiness, and autonomy (Baldwin et al., 2023; GDAHA & The Health Collaborative, 2019; Greenbaum et al., 2023; HEAL & Hope for Justice, 2017; NCTSN, n.d.).

- **Assess Immediate Health Needs:** Prioritize urgent physical and mental health needs that require immediate attention at the time of identification or disclosure (Gibbons & Stoklosa, 2016; NHTRC, 2010; Shandro et al., 2016). This may include treating injuries, addressing pain or chronic conditions, providing reproductive or sexual health care, screening for sexually transmitted infections or pregnancy, and evaluating acute mental health needs such as suicidal ideation, trauma responses, or crisis symptoms (Baldwin et al., 2023; Dovydaitis, 2010; Gibbons & Stoklosa, 2016; Greenbaum et al., 2023; HEAL & Hope for Justice, 2017; Shandro et al., 2016). When sexual violence is suspected or disclosed, referral to a Sexual Assault Nurse Examiner (SANE) or forensic nursing services can support trauma-informed, patient-centered care and preserve patient autonomy.
- **Screen for Co-occurring Issues:** Patients who have experienced trafficking often face multiple, overlapping health concerns not immediately visible (Gibbons & Stoklosa, 2016; Hornor & Sherfield et al., 2018). Comprehensive assessments look beyond presenting symptoms to identify potential medical, dental, and mental health needs that may result from prolonged abuse, neglect, or untreated illness.
- **Identify Basic Needs:** After addressing immediate medical concerns, providers should assess unmet basic, social, and legal needs that may impact recovery and ongoing health (Baldwin et al., 2023; HEAL & Hope for Justice, 2017; NCTSN, n.d.; NHTRC, 2010). These needs may include transportation, housing, food, education, employment, access to identification or legal support, or personal safety (Baldwin et al., 2023; Clery et al., 2023; HEAL & Hope for Justice, 2017; NCTSN, n.d.; Preble et al., 2022).
- **Develop a Safety Plan:** Collaborate with the patient to assess personal safety risks and explore harm reduction strategies (Alpert et al., 2025; Baldwin et al., 2023; Bernardin et al., 2025; Clery et al., 2023; Hachey & Phillippi, 2017; HEAL & Hope for Justice, 2017; NCTSN, n.d.). Safety planning should reflect the patient's current

circumstances, whether they are at risk, currently experiencing, considering leaving, or have recently exited a human trafficking situation (Baldwin et al., 2023; Clery et al., 2023; GDAHA & The Health Collaborative, 2019; HEAL & Hope for Justice, 2017). Providers should avoid rescuing patients or initiating external reporting without consent, unless legally mandated (Baldwin et al., 2023; Dovydaitis, 2010; HEAL & Hope for Justice, 2017).

» **Set Patient-Centered Goals:** Align care with the patient's priorities for the encounter (Bernardin et al., 2025; NHTTAC, 2021). These goals may not involve disclosing trafficking or immediate intervention. Centering patient priorities helps build trust and ensures care is responsive to their current needs and readiness (Baldwin et al., 2023; Gibbons & Stoklosa, 2016; HEAL & Hope for Justice, 2017; Shandro et al., 2016; Zhou et al., 2023).

» **Maximize the Encounter:** Each interaction is an opportunity to provide meaningful support. Since follow-up may be uncertain, each encounter should be used as an opportunity to provide meaningful support, information, and connection to resources (Alpert et al., 2025; Armstrong et al., 2020). Explain the patient's condition and treatment plan, and offer information on human trafficking, available services, and hotlines the patient can access if and when they are ready (Baldwin et al., 2023; Hachey & Phillippi, 2017; HEAL & Hope for Justice, 2017).

> Assessment responsibilities may vary across healthcare roles and settings in South Carolina. Emergency physicians often focus on immediate medical stabilization, while social workers, case managers, and behavioral health professionals may address longer-term social, legal, and behavioral health needs. Coordinated, multidisciplinary care helps ensure that patients receive comprehensive and appropriately scoped support following identification.

Referral Systems and Coordination Pathways

After immediate health needs and safety concerns have been addressed, the next step in responding to potential human trafficking is connecting patients to additional support through timely, trauma-informed referral pathways (Panda, 2023). In South Carolina, this is particularly important given geographic variation in service availability, transportation barriers in rural areas, and uneven access to trafficking-specific and wraparound supports. Because no single provider or clinical setting can meet the full range of needs experienced by patients impacted by trafficking (Alpert et al., 2025; Dovydaitis, 2010; NHTTAC, 2021; Stoklosa et al., 2020), effective response depends on clear and reliable systems that support connection to ongoing care.

Stakeholder feedback from South Carolina health systems reinforces that this "next step" after identification is often the most challenging point in practice. Providers described uncertainty about where to refer patients, variability in available community resources, and limited access to immediate, 24/7 support—particularly for adults. In many cases, referral processes rely on informal relationships rather than standardized pathways, which can limit consistency and reduce the ability to ensure warm handoffs or sustained follow-up.

A study of hospital-based staff in South Carolina similarly highlights gaps in referral preparedness and awareness (Armstrong et al., 2020; Dignity Health, 2019; Greenbaum et al., 2023). Only 64% of staff reported knowing any national resources related to human trafficking. Of these, 36% were aware of the National Human Trafficking Hotline, 29% knew about posters displaying the Hotline number, and only 7% knew about the South Carolina State Attorney General's website. When asked about workforce preparation for identifying and caring for trafficking victims, 83% indicated their hospital had not prepared providers at all, and only one participant reported that their hospital offered an online educational course on human trafficking. Regarding partnerships with local service providers, 50% of respondents reported knowing of none. These findings align with stakeholder reports that, even when identification occurs, providers may lack clear guidance on how to proceed or feel unsupported in connecting patients to appropriate services.

Together, these findings underscore that identification alone is not sufficient without coordinated, actionable referral pathways. Effective systems of care require accessible resource networks, clear protocols for referral and safety planning, and mechanisms to support continuity of care across healthcare, advocacy, and community-based services.

> Stakeholder feedback identified limited access to 24/7 response services and safe placement options—particularly for adults—as a major system constraint influencing referral decision-making. These gaps affect healthcare providers' ability to identify timely, appropriate discharge and support options and contribute to variability in how patients are connected to ongoing services across settings in South Carolina.

- **Establish Collaborative, Multidisciplinary Partnerships:** Survivors often require supports beyond the scope of clinical care, including housing, food assistance, legal aid, mental health services, and substance use treatment (Alpert et al., 2025; Baldwin et al., 2023; Greenbaum et al., 2016; Hachey & Phillippi, 2017; HEAL & Hope for Justice, 2017; Munro-Kramer et al., 2022; Shandro et al., 2016). To meet these complex needs, health systems are encouraged to develop multidisciplinary partnerships with social services, law enforcement, case management agencies, and community-based anti-trafficking programs (Alpert et al., 2025; Baldwin et al., 2023; Greenbaum et al., 2016; Greenbaum et al., 2023; Hachey & Phillippi, 2017; HEAL & Hope for Justice, 2017; Kennedy et al., 2021; Marcinkowski et al., 2022; Mumma et al., 2017; Munro-Kramer et al., 2022; NCTSN, n.d.; NHTTAC, 2021; Shandro et al., 2016). Stakeholders noted that in practice these partnerships are often inconsistent or dependent on individual relationships, with variable responsiveness from community partners and limited availability of adult- and trafficking-specific services across regions in South Carolina.
- **Map and Maintain a Directory of Referral Partners:** Having a regularly updated list of trusted referral resources, including eligibility criteria and populations served, enables staff to make timely and appropriate referrals (Baldwin et al., 2023; Dignity Health, 2019; HEAL & Hope for Justice, 2017). Health systems are advised to gather detailed information from partner organizations, such as whether they are open to referrals, the best points of contact, and the services they provide (Baldwin et al., 2023; Chisolm-Straker et al., 2019a; HEAL & Hope for Justice, 2017). Site-specific directories are most effective when easily accessible to frontline staff, such as through electronic health records or printed resource sheets (Chisolm-Straker et al., 2019a; Dignity Health, 2019; Munro-Kramer et al., 2022). Providers in South Carolina shared that in many settings, staff rely on informal knowledge or individual experience to identify resources, highlighting the need for standardized, system-wide directories that are regularly updated and easily accessible at the point of care. The statewide victim and survivor services directory maintained by the South Carolina Attorney General's Office can help providers identify available resources by region and support timely, appropriate referrals.
- **Establish Clear and Survivor-Centered Referral Pathways:** Referral pathways are more than a contact list. They are structured processes that guide providers in connecting patients to internal and external services while balancing confidentiality and reporting requirements (Baldwin et al., 2023; HEAL & Hope for Justice, 2017; Powell et al., 2018). The most effective pathways outline step-by-step procedures, promote warm hand-offs, support interagency follow-up, and ensure documentation aligns with privacy standards and patient preferences (Powell et al., 2018). Thoughtfully designed pathways reduce retraumatization by minimizing repeated questioning and fragmented care (Baldwin et al., 2023; HEAL & Hope for Justice, 2017). Providers in South Carolina described that variability in workflow design and limited formalized processes can make it difficult to consistently execute warm hand-offs or ensure follow-up, particularly in time-sensitive or high-volume clinical settings.

National and Statewide Referral Resources:

Health systems should ensure that staff have immediate access to both national and South Carolina-based resources, including the National Human Trafficking Hotline (1-888-373-7888 or text "HELP" to 233733), local domestic violence and sexual assault programs, legal aid organizations, and regional advocacy services. Systems should also maintain awareness of the South Carolina Human Trafficking Task Force, regional multidisciplinary teams, and any local trafficking-specific service providers within their service area to support timely and appropriate referrals.

» **Tailor Referral Pathways to Context and Populations:** Referral systems should be adapted to the specific care context. Large health systems serving multiple sites may create site-specific policies reflecting local resources, service gaps, and population needs. For example, options in rural or under-resourced areas may differ from those in urban centers (Erwin et al., 2020), and policies may need to differ for minors versus adults due to differences in legal protections and available services (Baldwin et al., 2023; HEAL & Hope for Justice, 2017). Stakeholders highlighted that adults, in particular, often have fewer structured placement options and less clearly defined referral pathways compared to minors.

Referral systems are most effective when they are structured, survivor-centered, and coordinated across disciplines. While health systems typically maintain formal referral infrastructure, clinicians play a critical role in facilitating patient-centered engagement, supporting informed choice, and helping ensure continuity throughout the transition to external services.

Patient-Centered Referrals and Continuity of Care

Once referral networks, partnerships, and coordination pathways are in place, the focus shifts to how clinicians operationalize these systems in practice. Effective response to human trafficking depends not only on the availability of services, but on how referrals are initiated, discussed, and sustained in ways that are safe, timely, and aligned with patient needs. Since every survivor's circumstances are unique, patients are best positioned to guide decisions about their readiness and willingness to engage with services (Alpert et al., 2025; CommonSpirit Health et al., 2020; Dovydaitis, 2010; GDAHA & The Health Collaborative, 2019; Sutherland, 2019). Centering patient choice and agency throughout the referral planning process ensures that services are meaningful, accessible, and realistic within South Carolina's service landscape.

» **Explore and Identify Patient Priorities for Support:** Begin with an open, respectful conversation about the patient's most urgent needs (GDAHA & The Health Collaborative, 2019). Priorities may include immediate safety needs, such as housing, food, or medical care, as well as longer-term support, such as mental health services, legal advocacy, or immigration assistance (Alpert et al., 2025; CommonSpirit Health et al., 2020; Dovydaitis, 2010; GDAHA & The Health Collaborative, 2019; Sutherland, 2019). Patients should have an active role in determining which services are relevant and whether they are ready to engage (Alpert et al., 2025; CommonSpirit Health et al., 2020; Dovydaitis, 2010; GDAHA & The Health Collaborative, 2019; Sutherland, 2019).

- **Tailor Referrals to Unique Needs and Preferences:** Referrals are more effective when they reflect the patient's identity, background, and lived experiences, including factors such as race, gender, sexual orientation, migration status, religion, and prior interactions with institutions (Baldwin et al., 2023; HEAL & Hope for Justice, 2017). For example, a survivor with prior negative experiences involving law enforcement may be hesitant to engage with police (Baldwin et al., 2023; HEAL & Hope for Justice, 2017). Providers should discuss available local and statewide options openly — including the National Human Trafficking Hotline (1-888-373-7888 or text "HELP" to 233733) and South Carolina–specific resources — while attending to patient concerns and respecting boundaries (Baldwin et al., 2023; HEAL & Hope for Justice, 2017; NHTTAC, 2021).
- **Ensure Voluntary and Informed Participation:** Referrals should generally be voluntary, except when mandated by law under mandated reporting statutes (NHTTAC, 2021; Powell et al., 2018; Shandro et al., 2016). Providers should clearly explain what each referral involves, including what information may be shared, with whom, and for what purpose. External organizations, including advocacy programs, legal aid organizations, or task force partners, should not be contacted without the patient's explicit consent, unless required by law due to imminent risk. (Gibbons & Stoklosa, 2016; Powell et al., 2018). When referrals must occur without consent, involve trusted contacts where possible and maintain open communication with the patient to preserve trust (Alpert et al., 2025; NHTTAC, 2021; Powell et al., 2018).

- **Support Decision-Making at the Patient's Pace:** Not all patients will be ready to engage with services immediately, and some may only be open to certain types of support (Baldwin et al., 2023; HEAL & Hope for Justice, 2017). Providers should honor each patient's current stage in their process, revisit options over time, and continue offering support without pressure or judgment (Baldwin et al., 2023; HEAL & Hope for Justice, 2017; Powell et al., 2018).
- **Gain Consent and Provide Transparency Around Next Steps:** Before initiating any referral, obtain the patient's informed consent and clearly explain what the referral entails (Alpert et al., 2025; NHTTAC, 2021; Powell et al., 2018). Give patients time to ask questions, express concerns, and understand how their information will be used. This step is especially important for individuals who may have had prior negative experiences with service systems and need reassurance about what to expect. South Carolina Stakeholders emphasized that ensuring patients fully understand the available services and next steps is critical to building trust and supporting informed decision-making.
- **Facilitate Warm Hand-Offs When Possible:** Warm hand-offs can ease transitions between providers and help build trust with the next organization. This may include calling ahead to introduce the patient, assisting with applications, or accompanying the patient to an appointment (Prabhala et al., 2025; Powell et al., 2018). In some situations, it may be safer or more practical to bring services to the patient rather than moving the patient to another location. The level of support should align with the patient's needs, preferences, and comfort level (NHTTAC, 2021). Stakeholder feedback from South Carolina health systems indicates that structured warm handoff processes are not consistently available, and referrals often rely on informal relationships or variable responsiveness from community partners, which can limit continuity and timely access to services.
- **Document and Follow Up Thoughtfully:** Continuity of care is strengthened through clear communication and responsible documentation. With the patient's consent, providers are encouraged to follow up to confirm that referrals were completed and to understand the patient's experience with the service (Baldwin et al., 2023; HEAL & Hope for Justice, 2017). Coordination between referring and receiving agencies can reduce gaps in care—for example, by sharing relevant treatment plans, safety considerations, or health risks. Documentation should be stored securely, and providers should clarify with the patient what information they consent to share and with whom (Baldwin et al., 2023; HEAL & Hope for Justice, 2017; Powell et al., 2018). Stakeholders noted that limited visibility into what happens after a referral is made can make it difficult for providers to ensure continuity of care or to understand whether patients have successfully connected with services.

> When a patient is ready to engage with external services, referrals should be made thoughtfully to promote safety, maintain trust, and minimize disruption in care. Effective referrals are not simply a hand-off; they are intentional bridges between care settings that preserve patient dignity, support engagement, and address multiple needs holistically.

Snapshot: Building Effective Referral Pathways for Human Trafficking Response

Step 1: Establish Trusted Partnerships

- Identify local organizations with expertise in human trafficking, victim advocacy, legal aid, housing, and behavioral health.
- Build relationships in advance to foster trust, align values, and ensure readiness to receive referrals.
- Formalize partnerships where possible through memoranda of understanding (MOUs) or institutional policies.

Step 2: Map Available Services

- Maintain an up-to-date list of vetted referral options, noting services offered, eligibility criteria, hours, and contact methods.
- Include emergency, short-term, and long-term support (e.g., shelter, legal aid, immigration relief, mental health care).
- Identify services equipped to support specific populations (e.g., youth, LGBTQ+ individuals, undocumented patients).

Step 3: Engage the Patient in the Referral Process

- Ask about the patient's priorities, preferences, and any past experiences (positive or negative) with services.
- Provide clear, culturally appropriate explanations of what each referral involves.
- Seek informed consent before sharing information or contacting external providers.

Step 4: Coordinate Safe Referrals

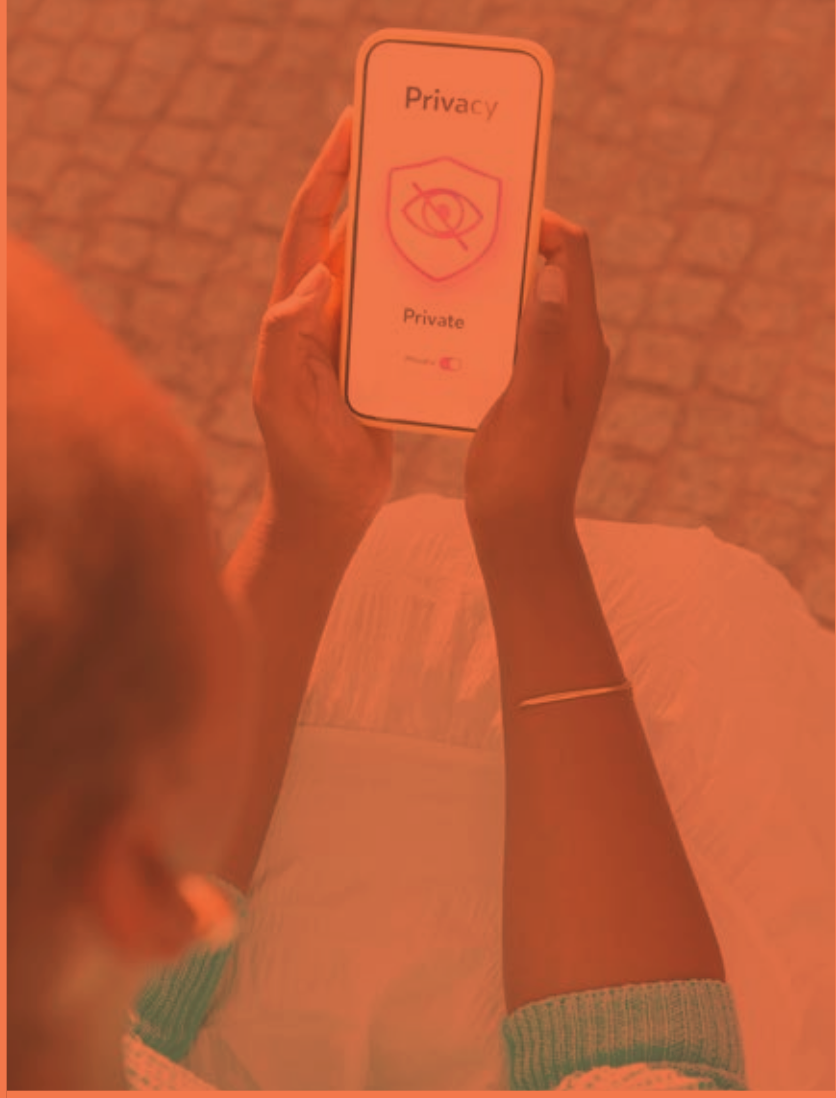
- Consider safety and privacy when making referrals—avoid services that may jeopardize the patient's well-being.
- Use warm handoffs when feasible, while aligning with the patient's preferences and comfort.
- Document referrals carefully, including what information was shared and with whom.

Step 5: Ensure Follow-Up and Support

- Where appropriate, follow up with the patient to confirm that referrals were accessible, safe, and helpful.
- Collaborate with referral partners to identify gaps, improve coordination, and strengthen the system.
- Adjust internal policies and referral procedures as needed based on lessons learned.

Summary

Effective response to human trafficking in healthcare settings depends not only on identification, but on the availability of clear, coordinated, and reliable referral pathways that connect patients to appropriate services in a timely and safe manner. In South Carolina, variability in service availability, limited access to immediate and 24/7 resources, and inconsistent coordination across systems can create significant challenges in ensuring continuity of care following identification.


Privacy
Private

VPN
CONNECT

Reporting, Privacy, and Information Sharing

Overview

As part of a comprehensive healthcare response to human trafficking, providers must navigate both patient-centered care and legal and institutional responsibilities related to reporting, confidentiality, and information sharing. A positive screen or patient disclosure does not automatically require a report; mandated reporting obligations in South Carolina depend on factors such as the patient's age, circumstances of the disclosure, and applicable state and institutional policies.

Stakeholder feedback from South Carolina health systems indicates that reporting and privacy requirements are not always clearly understood across roles and settings, contributing to variability in practice. Providers described uncertainty regarding what situations meet mandatory reporting thresholds, who reports should be made to (e.g., law enforcement, Department of Social Services, or both), and whether internal escalation or referral processes satisfy legal reporting requirements. Challenges were also noted in the reporting process itself, including time constraints, variability in law enforcement responses, jurisdictional complexity when the incident location is unclear, and limited clarity regarding the role of statewide reporting mechanisms.

In addition to mandated reporting, healthcare teams must also navigate ongoing challenges related to confidentiality and information sharing. While coordination across systems is often necessary to support patient safety and continuity of care, uncertainty persists regarding what information can be shared, with whom, and under what conditions while remaining compliant with privacy regulations. At the same time, stakeholders emphasized that transparency with patients about how their information will be used is essential to maintaining trust and supporting informed decision-making.

Given these complexities, effective practice requires clear, consistent guidance that supports providers in meeting legal obligations while maintaining trauma-informed, survivor-centered communication that prioritizes safety, autonomy, and trust.

Mandated Reporting and Legal Requirements

In South Carolina, healthcare professionals are mandated reporters under multiple statutes that may be implicated in cases of human trafficking, including laws related to child abuse and neglect and the abuse, neglect, or exploitation of vulnerable adults. As a result, human trafficking involving minors or vulnerable adults may trigger mandatory reporting obligations even when trafficking-specific reporting is not otherwise required. Providers should be familiar with applicable South Carolina laws, including child protection and adult protection statutes, and follow institutional reporting protocols. When reporting is required, prioritizing the patient's safety and well-being is critical, and partnerships with trusted, trauma-informed agencies can help minimize harm.

» **Know State and Institutional Requirements:** Providers should be aware of situations that trigger mandatory reporting, applicable timelines, and their professional responsibilities under South Carolina law, including requirements related to child abuse and neglect and the abuse, neglect, or exploitation of vulnerable adults (Baldwin et al., 2023; Greenbaum et al., 2016; HEAL & Hope for Justice, 2017; NHTTAC, 2021; Powell et al., 2018). Providers should also be familiar with their institution's policies and procedures for handling these cases, including approved reporting pathways and documentation practices. Stakeholders noted variability in understanding of mandated reporting requirements across roles and settings, including confusion about whether internal reporting or referral processes meet legal obligations and uncertainty about appropriate reporting channels in different scenarios.

Mandated Reporting for Children in South Carolina:

Under South Carolina law, healthcare professionals are mandated reporters of known or suspected child abuse or neglect (SC Code Ann. § 63-7-310). A report is required when, in a provider's professional capacity, there is a reasonable belief that a child's physical or mental health has been, or may be, adversely affected by abuse or neglect. Providers are not required to have proof or conduct an investigation before making a report. Reporting pathways depend on the identity of the alleged perpetrator. When the alleged perpetrator is a parent, guardian, or other person responsible for the child's welfare, reports are made to the South Carolina Department of Social Services (DSS) or local law enforcement. When the alleged perpetrator is not responsible for the child's welfare, reports must be made to law enforcement. In situations involving immediate danger or life-threatening risk, emergency services should be contacted.

Mandated Reporting for Vulnerable Adults in South Carolina:

Under South Carolina's Adult Protection Act, healthcare professionals are mandated reporters of known or suspected abuse, neglect, or exploitation of vulnerable adults (SC Code Ann. § 43-35-25). A report is required when, in a provider's professional capacity, there is reason to believe that a vulnerable adult has been, or is likely to be, abused, neglected, or exploited. Providers are not required to have proof or to conduct an investigation before reporting. Mandated reporters are personally responsible for ensuring a report is made, though institutions may submit reports on behalf of staff through approved procedures. Reports must be made within twenty-four hours or the next working day and are directed to the appropriate investigative entity based on the care setting, including the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division, the Long Term Care Ombudsman Program, or Adult Protective Services. In emergencies, cases involving serious injury or suspected sexual assault, law enforcement must be contacted immediately.

» **Clarify Limits of Confidentiality:** Providers are advised to clearly explain the limits of confidentiality before delivering care, including any mandatory reporting requirements (Baldwin et al., 2023; Greenbaum et al., 2016; Hachey & Phillippi, 2017; HEAL & Hope for Justice, 2017; NHTTAC, 2021; Powell et al., 2018). Unless legally required, providers are recommended to avoid sharing private information or involving law enforcement without the patient's consent (Dovydaitis, 2010; Greenbaum et al., 2016; Hachey & Phillippi, 2017; Powell et al., 2018; Sabella, 2011). When reporting is mandated, providers are encouraged to use age-appropriate language and involve the patient in care discussions before any report is made, when possible (Baldwin et al., 2023; Gibbons & Stoklosa, 2016; HEAL & Hope for Justice, 2017; Powell et al., 2018; Shandro et al., 2016). Stakeholder feedback similarly emphasized the importance of maintaining transparency throughout this process, including clearly explaining next steps and, when appropriate, involving patients in communication or allowing them to participate in reporting-related discussions.

Minor Consent and Confidentiality in South Carolina:

In South Carolina, laws governing minors' consent and confidentiality may affect which services minors can access independently and which information can be shared without parental or guardian involvement. These requirements vary based on service type (e.g., sexual health, mental health, substance use treatment) and clinical context. Healthcare providers should be familiar with applicable state and federal laws and institutional policies to ensure appropriate handling of consent, confidentiality, and mandatory reporting obligations.

A detailed overview of applicable statutes and guidance is available in the South Carolina Minor Consent and Confidentiality: A Compendium of State and Federal Laws, developed by the National Center for Youth Law, which provides comprehensive guidance on minor consent and confidentiality across care contexts.

» **Engage Trusted Partners When Needed:** When law enforcement, Child Protective Services (CPS), or other authorities are involved, aim to collaborate with staff and agencies trained in human trafficking and trauma-informed care. Partnering with trained personnel helps protect patient safety and reduce the risk of unintended harm (Baldwin et al., 2023; HEAL & Hope for Justice, 2017; NHTTAC, 2021; Powell et al., 2018).

» **Provide Support Throughout the Process:** Mandated reporting can be distressing and even dangerous. Providers should offer emotional support, guidance, and resources to help patients retain a sense of control and agency (Baldwin et al., 2023; HEAL & Hope for Justice, 2017; Powell et al., 2018). They can discuss with the patient how information will be shared, offer to support communication with parents or guardians, and clarify what authorities need to know (Powell et al., 2018). Safety concerns, including threats from traffickers or gangs, should be explicitly communicated to authorities to ensure protective measures are implemented (Powell et al., 2018). When responding to trafficking involving minors, coordination with Children's Advocacy Centers (CACs) can support a multidisciplinary, child-centered approach that minimizes retraumatization.

Documentation and Privacy Compliance

Clear, accurate documentation and strong confidentiality protections are essential components of a trauma-informed healthcare response. How information is recorded, stored, and shared can impact a patient's safety, legal options, and willingness to seek future care (Alpert et al., 2025; Baldwin et al., 2023; GDAHA & The Health Collaborative, 2019; HEAL & Hope for Justice, 2017). It is helpful for all staff involved in patient care or data management to be aware of policies and procedures that safeguard privacy and support trust (Baldwin et al., 2023; HEAL & Hope for Justice, 2017).

South Carolina providers must comply with HIPAA, relevant state confidentiality laws, and institutional policies. In addition, medical records may be subject to subpoena or court order under the South Carolina Rules of Civil Procedure. Providers should therefore document with the understanding that records could later be reviewed by courts, attorneys, or other third parties.

» **Limit Documentation to Relevant Clinical Information:** Focus on objective, medically relevant information (ICN, n.d.; Panda, 2023; Shandro et al., 2016; Sutherland, 2019). Clear, focused documentation minimizes potential harm if records are shared and supports continuity of care and access to appropriate services (Baldwin et al., 2023; HEAL & Hope for Justice, 2017; Shandro et al., 2016).

- **Avoid Labeling or Stigmatizing Language:** Use neutral, respectful language and avoid making judgments, expressing personal opinions, or making assumptions about the patient's behavior or disclosure (ICN, n.d.; Alpert et al., 2025; Panda, 2023; Sutherland, 2019). This approach protects patient dignity, supports continuity of care, and reduces bias in future encounters.
- **Safeguard Privacy in Electronic Records:** Maintain the security and confidentiality of patient records, particularly when documenting concerns about human trafficking (Baldwin et al., 2023; HEAL & Hope for Justice, 2017). Many South Carolina healthcare systems use electronic medical records that include patient portals (e.g., MyChart), where visit notes, diagnoses, and billing codes may be viewable by patients and, in some cases, proxy users. Therefore, it is advisable to document trafficking in protected areas in the medical record whenever possible (Panda, 2023). When used appropriately, human trafficking diagnosis codes (e.g., T74.51-, T76.51-) can support continuity of trauma-informed care and contribute to system-level surveillance, public health research, and coordinated response efforts (Alpert et al., 2025; Kerr & Bryant, 2022; Panda, 2023). However, these codes should be used cautiously, as they may appear in billing materials or online portals, potentially compromising patient privacy and safety (Alpert et al., 2025; Panda, 2023).
- **Ensure Consent for Information Sharing and Referrals:** Obtain the patient's informed consent before disclosing personal information or making referrals (Baldwin et al., 2023; GDAHA & The Health Collaborative, 2019; HEAL & Hope for Justice, 2017; Powell et al., 2018). When collaborating with community-based organizations, shelters, or legal service providers in South Carolina, establish clear, written agreements regarding information-sharing processes and data security expectations. These agreements are particularly important given stakeholder-identified challenges in balancing confidentiality with information sharing across systems.

Summary

Effective healthcare response to human trafficking requires careful navigation of mandated reporting obligations, patient confidentiality, and information-sharing practices in ways that are both legally compliant and trauma-informed. In South Carolina, providers are required to follow state child and vulnerable adult protection laws as well as institutional policies, which may be triggered in cases involving suspected trafficking. However, reporting requirements are not uniform across all situations, and appropriate action depends on patient age, clinical context, and legal thresholds.

In addition to mandated reporting, healthcare teams must balance confidentiality with the need for coordination and information sharing across systems of care. Uncertainty regarding what information can be shared, with whom, and under what conditions may contribute to inconsistent practices and affect continuity of care. At the same time, transparency with patients regarding reporting obligations and information-sharing practices is essential to building trust and supporting informed, patient-centered decision-making.

Strengthening clarity around reporting requirements, confidentiality standards, and trauma-informed communication practices can help healthcare systems in South Carolina improve consistency, reduce variability in practice, and support safer, more transparent, and patient-centered care for individuals impacted by human trafficking.

Conclusion

Healthcare systems in South Carolina play a critical role in identifying and responding to human trafficking, but effective care depends on more than individual provider awareness. It requires coordinated systems that support trauma-informed practice across every stage of the healthcare response—from screening and identification to referral, care coordination, and follow-up.

Across this guide, a consistent set of themes emerges. Healthcare providers across South Carolina are often committed to supporting patients at risk of or experiencing human trafficking, but face significant barriers, including insufficient training, limited access to 24/7 and adult-appropriate services, unclear referral pathways, and confusion around mandated reporting and information-sharing processes. These challenges highlight that gaps in South Carolina's healthcare response to trafficking are not solely clinical in nature; they are structural and system-level.

Taken together, these findings point to clear opportunities to strengthen healthcare's role within South Carolina's broader anti-trafficking strategy. Trauma-informed, survivor-centered approaches—supported by frameworks such as PEARR, multidisciplinary collaboration, and well-defined referral pathways—provide a foundation for more consistent and effective care for survivors. When embedded into organizational policy, workforce training, and cross-sector coordination, these elements improve the reliability and responsiveness of care for individuals impacted by trafficking.

Importantly, strengthening South Carolina's healthcare response to human trafficking does not require building entirely new systems, but rather improving alignment across existing healthcare and community-based systems to identify better, respond to, and support individuals who may be experiencing trafficking. This includes clarifying roles and responsibilities across healthcare and partner agencies, formalizing referral processes, strengthening communication between healthcare providers and community-based service organizations, and ensuring that patients are safely and consistently supported throughout care transitions.

Sustained progress will require ongoing collaboration among healthcare systems, public health agencies, community-based organizations, and multidisciplinary partners across South Carolina to strengthen identification and response efforts. Continued investment in training, infrastructure, and coordinated response systems can reduce variability in practice and improve the safety, consistency, and quality of care for survivors and those at risk.

Ultimately, this guide underscores a central principle: identification is only the beginning. Meaningful response to human trafficking in South Carolina depends on systems that can consistently translate recognition into timely action, support, and continuity of care.

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