



In partnership with HEAL Trafficking and Pacific Survivor Center, CommonSpirit Health developed the PEARR Tool to help guide health professionals on how to provide **trauma-informed assistance** to patients who may be impacted by abuse, neglect, or violence, such as human trafficking. The PEARR steps are based on an approach in which patients are **educated and empowered** with information about violence and resources, in a developmentally- and culturally-sensitive manner, before further screening is conducted. The goal is

to have an informative conversation with patients in order to promote health, safety, and well-being, and to create a safe environment for affected patients to possibly share their own experiences and/or accept further services, such as intervention support. For additional information about violence, see page 2.

******A double asterisk indicates points at which this conversation may end. Refer to the bottom of this page for additional steps. The patient's immediate needs (e.g., emergency medical care) should be addressed before use of this tool.

P **PROVIDE PRIVACY** | Discuss sensitive topics **alone** and in a **safe, private setting** (ideally a private room with closed doors). If a companion refuses to be separated from the patient, this may be an indicator of abuse, neglect, or violence.** Strategies to speak with the patient alone: Suggest the need for a private exam. For virtual or telephonic visits, request that the patient moves to a private space but proceed with caution as the patient may not actually be alone.** **Note: Companions are not appropriate interpreters**, regardless of communication abilities. In order to ensure safety for the patient, use a professional interpreter per your facility's policy.** Also, explain **limits of confidentiality** (e.g., mandated reporting requirements); however, do not discourage the patient from disclosing victimization. The patient should feel in control of disclosures. Mandated reporting includes your requirements to report concerns of abuse, neglect, or violence, as defined by applicable laws or regulations, to internal or external authorities or agencies, as described by laws and regulations.

E **EDUCATE** | Educate the patient in a manner that is **nonjudgmental** and **normalizes sharing of the information**. Example: "I educate many of my patients about [fill in the blank] because violence is common in our society, and violence has a big impact on our health, safety, and well-being." **Use a brochure or safety card** to review information about abuse, neglect, or violence, such as human trafficking, and offer the brochure or card to the patient. Ideally, this brochure or card will include information about resources (e.g., local service providers, national hotlines). Example: "Here are some brochures to take with you in case this is ever an issue for you, **or someone you know.**" If the patient declines the materials, respect the patient's decision.**

A **ASK** | Allow time for open discussion with the patient. Example: "Is there anything you'd like to share with me? Would you like to speak with [insert advocate/service provider] to receive additional information for you, **or someone you know?**"** If physically alone with the patient, and especially if you observe significant concerns (e.g., a high number or pattern of risk factors) or indicators of victimization, **ASK** about concerns. Example: "I've noticed [insert risk factor/indicator]. You don't have to share details with me, but I'd like to connect you with resources if you're in need of assistance."** **Note:** Limit questions to only those needed to determine the patient's safety, connect the patient with resources (e.g., trained victim advocates), and guide your work (e.g., perform a medical exam). **Optional:** If available and as appropriate, use an evidence-based tool to screen the patient for abuse, neglect, or violence.

RR **RESPECT & RESPOND** | If the patient denies victimization or declines assistance, respect the patient's wishes.** If you still have **concerns about the patient's safety**, offer the patient a discrete hotline card or other information about emergency services (e.g., a local shelter). Otherwise, if the patient accepts or requests assistance, **arrange a personal introduction** with a local victim advocate (see page 3) or **assist the patient in calling a national hotline:** [Domestic Violence Hotline](#), 1-800-799-7233; [Sexual Assault Hotline](#), 1-800-656-4673; [Human Trafficking Hotline](#), 1-888-373-7888.**

**** Report safety concerns** to appropriate personnel (e.g., a security officer), **complete mandated reporting**, and continue **trauma-informed health services**. Whenever possible, **schedule follow-up appointments** to continue building rapport with the patient and to monitor the patient's health, safety, and well-being.



Child Abuse and Neglect

Risk factors include (not limited to): Concerns of domestic violence (DV) in home, parents/guardians exhibiting mental health or substance use disorders, parents/guardians overly stressed, parents/guardians involved in criminal activity, presence of non-biological, transient caregivers in home.

Potential indicators of victimization include (not limited to): Slower-than-normal development, failure to thrive, unusual interaction with parent, signs of mental health disorders [e.g., depression, post-traumatic stress disorder (PTSD), self-harm], sudden difficulty in school, medical or physical neglect, sudden changes in behavior, new or unusual fears or anxiety, unexplained injuries (e.g., bruises, fractures, burns—especially in protected areas of child’s body), injuries in pre-mobile infants, sexually transmitted infections (STIs).

For additional information, see Child Welfare Information Gateway: childwelfare.gov

Abuse/Neglect of Vulnerable Adults (e.g., elder and dependent adults)

Risk factors include (not limited to): Concerns of mental health or substance use disorders with caregiver, caregiver exhibits hostile behavior, lack of preparation or training for caregiver, caregiver assumed responsibilities at an early age, caregiver exposed to abuse as a child.

Potential indicators of victimization include (not limited to): Disappearing from contact, signs of bruising or welts on the skin, signs of burns, cuts, lacerations, puncture wounds, sprains, fractures, or dislocations, internal injuries or vomiting, wearing torn, stained, bloody, or soiled clothing, appearing disheveled, hungry, or malnourished.

For additional information, see National Association of Adult Protective Services (NAPSA): napsa-now.org; Centers for Disease Control and Prevention (CDC): cdc.gov/violenceprevention

Intimate Partner Violence (IPV)

IPV can affect anyone of any age, gender, race, or sexual orientation. All women of reproductive age should be intermittently screened for IPV [U.S. Preventive Services Task Force (USPSTF) Grade B]. **Risk factors** include (not limited to): Low self-esteem, low income, low academic achievement, young age, aggressive/delinquent behavior as youth, heavy alcohol/drug use, depression, suicide attempts, isolation, anger, and hostility.

Potential indicators of victimization include (not limited to): Injuries that result from abuse or assault (e.g., signs of strangulation, bruises, burns, broken bones), mental health disorders (e.g., depression, anxiety, sleep disturbances), sexual/reproductive health issues (e.g., STIs, unintended pregnancy).

For additional information, see National Domestic Violence Hotline: thehotline.org; CDC: cdc.gov/violenceprevention

Sexual Violence

Sexual violence crosses all age, economic, cultural, gender, sexual orientation, racial, and social lines. Statistics from U.S.-based 2015 National Intimate Partner and Sexual Violence Survey (National Center for Injury Prevention & Control and CDC, 2018) show that 43.6% of women and 24.8% of men report some form of contact sexual violence in their lifetime. Violence experienced in youth is a **risk factor** for repeated victimization as an adult.

Potential indicators of victimization include (not limited to): STIs, pregnancy, depression, PTSD.

For additional information, see Rape Abuse & Incest National Network (RAINN): rainn.org; CDC: cdc.gov/violenceprevention

Human Trafficking

Although human trafficking crosses all age, economic, cultural, gender, sexual orientation, racial, and social lines, traffickers typically target people in situations of vulnerability. **Risk factors** include (not limited to): Running away or homelessness (particularly for youth), history of interpersonal abuse or trauma, minority/immigrant status.

Potential indicators of victimization include (not limited to): Accompanied by a controlling companion, inconsistent history, medical or physical neglect, STIs, and submissive, fearful, hypervigilant, or uncooperative behavior.

For additional information, see National Human Trafficking Hotline: humantraffickinghotline.org; HEAL Trafficking: healtrafficking.org

Substance Abuse and Mental Health Services Administration (SAMHSA) describes the guiding principles of a trauma-informed approach as safety, trustworthiness and transparency, peer support and mutual self-help, collaboration and mutuality, empowerment, voice, and choice, and cultural, historical, and gender considerations.

To learn more, see SAMHSA’s *Concept of Trauma and Guidance for a Trauma-Informed Approach*.

For more information, visit commonspirit.org/united-against-violence

PEARR Tool – Contact list of resources and reporting agencies



Local, Regional, and State Resources/Agencies

County Child Welfare Agency:

County Welfare Agency for Vulnerable Adults:

Sexual Assault Response Team (SART) Center
or Child Advocacy Center (CAC):

Local Law Enforcement Agency:

Local FBI Office:

Local DV/IPV Shelter – Program:

Local Runaway/Homeless Shelter:

Local Immigrant/Refugee Organization:

Local LGBTQ Resource/Program:

Notes

National Agencies, Advocates, Service Providers

National Human Trafficking Hotline: 1-888-373-7888

National Domestic Violence Hotline: 1-800-799-SAFE (7233)

National Sexual Assault Hotline: 1-800-656-HOPE (4673)

National Teen Dating Abuse Hotline: 1-866-331-9474

National Runaway Safeline for Runaway and Homeless Youth: 1-800-RUNAWAY (786-2929)

StrongHearts Native Helpline: 1-844-7NATIVE (762-8483)

National Suicide Prevention Lifeline: 1-800-273-8255

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