



In partnership with HEAL Trafficking and Pacific Survivor Center, CommonSpirit Health developed the PEARR Tool to guide health professionals on how to provide **trauma-informed assistance** to patients who may be experiencing abuse, neglect, or violence. The PEARR Tool is based on a **universal education approach** which focuses on educating patients about violence prior to, or in lieu of, screening patients with questions. The goal is to have an informative,

yet developmentally-appropriate, conversation with patients in order to create a natural context for patients to share their own experiences and possibly accept further assistance.

****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

1. Discuss sensitive topics **alone** and in **safe, private setting** (ideally private room with closed doors). If companion refuses to be separated, this may be an indicator of abuse, neglect, or violence.****** Strategies to speak with patient alone: Suggest the need for a private exam. For virtual or telephonic visits, request patient moves to a private space but proceed with caution

as patient may not be alone.**** Note: Companions are not appropriate interpreters**, regardless of communication abilities. If patient indicates preference to use companion as interpreter, see your facility's policies.****** Also, explain **limits of confidentiality** (e.g., mandated reporting); however, do not discourage patient from disclosing victimization. Patient should feel in control of disclosures. Mandated reporting includes requirements to report concerns of abuse, neglect, or violence to designated state or local agencies.

E EDUCATE

2. Educate patient in manner that is **nonjudgmental** and **normalizes sharing of information**. Example: "I educate all 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 brochure or safety card** to review information about abuse, neglect, or violence, and offer

brochure/card to patient. [Ideally, this brochure/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 patient declines materials, then respect patient's decision.******

A ASK

3. Allow time for discussion with 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 patient and you observe 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 patient's safety, to connect patient with resources (e.g., trained victim advocates), and to guide your work (e.g., perform medical exam).

RR RESPECT & RESPOND

4. If patient denies victimization or declines assistance, respect patient's wishes. If you have **concerns about patient's safety**, offer hotline card or other information in event of emergency (e.g., local shelter, crisis hotline). Otherwise, if patient accepts/requests assistance, **arrange personal introduction** with local victim advocate/service provider or **assist patient**

with calling hotline:****** National Domestic Violence Hotline, 1-800-799-SAFE (7233); National Sexual Assault Hotline, 1-800-656-HOPE (4673); National Human Trafficking Hotline, 1-888-373-7888.

**** Report safety concerns** to appropriate personnel (e.g., nurse supervisor, security), **complete mandated reporting**, and continue **trauma-informed health services**. Whenever possible, **schedule follow-up appointments** to continue building rapport and to monitor 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 who are 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/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: www.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 disorder with caregiver, caregiver exhibits hostile behavior, lack of preparation/training for caregiver, caregiver assumed responsibilities at early age, caregiver exposed to abuse as child.

Potential indicators of victimization include (not limited to): Disappearing from contact; signs of bruising or welts on the skin; burns, cuts, lacerations, puncture wounds, sprains, fractures, dislocations, internal injuries or vomiting; wearing torn, stained, bloody clothing; appearing disheveled, in soiled clothing; appearing hungry, 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. **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 (e.g., signs of strangulation, bruises, burns, broken bones); psychological conditions such as anxiety, depression, sleep disturbances; sexual and 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, racial, and social lines. **Risk factors** and statistics from U.S.-based 2015 National Intimate Partner and Sexual Violence Survey (National Center for Injury Prevention & Control and CDC, published 2018) show that 43.6% of women and 24.8% of men report experiencing some form of contact sexual violence in their lifetime. Violence experienced as a child or adolescent 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 controlling companion; inconsistent history; medical or physical neglect; and submissive, fearful, hypervigilant, or uncooperative behavior.

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

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

To learn more, see SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach: store.samhsa.gov/system/files/sma14-4884.pdf

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 (888-3737-888)

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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