



Human Trafficking Response Program

Shared Learnings Manual

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PART I: INTRODUCTION

I. Purpose of Shared Learnings Manual

The CommonSpirit Health Human Trafficking (HT) Response Program, now part of the broader CommonSpirit Violence and HT Prevention & Response (VHTPR) Initiative, was developed to help ensure that providers and staff are educated to identify patients and families who may be impacted by human trafficking or other types of abuse, neglect, and violence, and that providers and staff are equipped to provide trauma-informed care and services to affected patients. Such care includes preventive education, intervention assistance, including warm referrals (i.e., personal introductions) to community agencies, and continued health care and services.

The purpose of this manual is to share updated HT Response Program learnings and materials with CommonSpirit associates and others seeking to implement a similar HT Response program.

II. Background of Human Trafficking Response Program

The Problem

Human trafficking, or trafficking in persons, is a particular type of violence that is pervasive yet widely misunderstood. It is a global issue impacting every region of the world, including the United States.¹ In 2019, there were 11,500 tips reported to the U.S. National Human Trafficking Hotline (NHTH), nearly 2,000 of which involved U.S. citizens or lawful permanent residents.² These numbers represent only those cases reported to the NHTH. Unfortunately, due to many misconceptions about this issue, trafficked persons often go unnoticed. To learn more about human trafficking, [see Part III of this manual](#) for a two-page summary of the CommonSpirit *Human Trafficking 101: Dispelling the Myths* module.

A 2014 study published in the *Annals of Health Law* found that nearly 88% of sex trafficking survivors reported some kind of contact with health care *while they were being exploited*.³ A 2017 survey report from the Coalition to Abolish Slavery & Trafficking (Cast) found that over half of labor and sex trafficking survivors had also accessed health care at least once while being trafficked. Nearly 97% of that group indicated they had not been provided with information about human trafficking or related victim support or services while visiting the health care provider.⁴ These and other studies underscore the reality that health care providers are too often unprepared to identify and appropriately assist trafficked persons.⁵

CommonSpirit Health™ Takes a Stand

CommonSpirit was created by the alignment of Dignity Health and Catholic Health Initiatives (CHI) in 2019. As a single ministry, CommonSpirit is one of the largest Catholic health care systems and the second largest nonprofit hospital system in the nation (as of 2019), with more than 1,000 care sites in over 20 states. CommonSpirit is committed to building healthier

communities, advocating for those who are poor and vulnerable, and innovating how and where healing can happen—both inside its hospitals and out in the community. In support of its mission, CommonSpirit prioritized the alignment of two model programs: Dignity Health’s Human Trafficking (HT) Response Program and CHI’s Violence Prevention Initiative.

Dignity Health, in partnership with Dignity Health Foundation, launched a program in 2014 to assist in the identification of trafficked persons in health care settings and in the provision of appropriate intervention support and services to affected patients. Through the HT Response Program, Dignity Health implemented policies, procedures, and education to support providers and staff in identifying patients and families who may be vulnerable to human trafficking or other types of abuse, neglect, and violence, and to guide providers and staff on how to provide trauma-informed care and services to affected patients. Such care and services include preventive education, intervention assistance, including warm referrals (i.e., personal introductions) to community agencies (e.g., law enforcement, county welfare agencies, and non-governmental organizations), and continued trauma-informed patient care and services.

In order to do this, Dignity Health and its HT Response Program supported public policy and other advocacy initiatives that worked to protect patients and families from harm caused by human trafficking and other types of abuse, neglect, and violence, partnered with community-based agencies to ensure a trauma-informed continuum of care for victims and survivors identified in patient care settings, implemented research initiatives to ensure best practices, shared learnings and resources with the larger health care field, and partnered with international, national, and local organizations to further efforts to respond to human trafficking.

Likewise, CHI heightened its commitment to building healthier communities in 2008 by launching a comprehensive national campaign to eradicate the epidemic of violence – this campaign was called “United Against Violence”. As the first violence prevention effort of its kind ever sponsored by a nonprofit health system, the initiative sought to prevent violence using a multi-faceted strategy that included public policy advocacy, shareholder advocacy, broad education and awareness initiatives, and community-based primary violence prevention programs. Understanding that no form of violence has a solitary solution, CHI employed a spectrum of actions to fully address the crisis of violence in all of its forms, including human trafficking. This program recognized that it is the responsibility of health care systems to extend health care beyond patient care settings and to serve the needs of the broader community.

Together, these programs support the CommonSpirit Violence and HT Prevention & Response (VHTPR) Initiative. Through the alignment of Dignity Health and CHI, CommonSpirit is better positioned to both prevent and respond to violence and human trafficking in its facilities and communities. Prevention and intervention strategies, working together simultaneously, can help to eradicate violence. To learn more, visit <https://commonspirit.org/united-against-violence/>.

PART II: ESTABLISHING A HUMAN TRAFFICKING RESPONSE PROGRAM

I. Program Goals

The CommonSpirit Human Trafficking (HT) Response Program helps to ensure that providers and staff are educated to identify patients and families who may be vulnerable to human trafficking or other types of abuse, neglect, and violence, and that providers and staff are equipped to provide trauma-informed care and services to affected patients. Such care includes preventive education, intervention assistance, including warm referrals (i.e., personal introductions) to community agencies (e.g., law enforcement, county welfare agencies, and non-governmental organizations), and continued trauma-informed patient care and services.

II. Program Leadership

Under the leadership of Kathleen Sanford, System Chief Nursing Officer and Executive Sponsor of the CommonSpirit HT Response Program, the System Patient Care Services team oversees and leads this program. This includes Connie Clemmons-Brown, System Senior Vice President (VP) of Patient Care Services, Lauren Bulin, System Vice President of Clinical Excellence & Nursing Operations, Holly Gibbs, System HT Response Program Director, and Wendy Barnes, System HT Response Program Coordinator. Holly is a survivor of child sex trafficking and author of the book, *Walking Prey: How America's Youth are Vulnerable to Sex Slavery*. Wendy is a survivor of child abuse, sex trafficking, and domestic violence and is the author of *And Life Continues: Sex Trafficking and My Journey to Freedom*. As you implement your own HT Response Program, CommonSpirit encourages you to consider similar ways to engage survivors of human trafficking and other types of abuse, neglect, and violence.

At CommonSpirit, each facility's most senior nursing executive [e.g., Chief Nursing Executive Officer (CNEO), Chief Nursing Officer (CNO), or VP of Patient Care Services] serves as the facility's HT Response Program Sponsor. In order to support each executive nurse leader with implementing policies, procedures, and education, HT Response Program leadership developed an "HT Response Program checklist" for acute and non-acute care facilities, each of which includes five key action items. [See Part III of this manual](#) for an example checklist.

III. Policies, Procedures, and Educational Modules

Before implementing education on human trafficking or other types of abuse, neglect, and violence, CommonSpirit recommends first establishing victim response policies and procedures. In order to ensure a trauma-informed continuum of care for patients, these procedures should include contact information for community agencies (e.g., law enforcement, county welfare

agencies, and non-governmental organizations that provide advocacy, support, and other services to people impacted by abuse, neglect, and violence). Although procedures may change over time, it's important to have clear baseline instructions for staff to follow if and when a patient is identified as a possible victim of abuse, neglect, or violence, such as human trafficking.

The following policies, procedures, and educational modules are provided at CommonSpirit.

NOTE: CommonSpirit continually refines its HT Response Program policies, procedures, educational modules, and other resources. For the most up-to-date information, please visit this webpage: <https://commonspirit.org/united-against-violence/>. CommonSpirit staff, providers, volunteers, and contract employees are advised to contact their leadership for the most up-to-date information on policies, procedures, and other resources. For additional information, please contact Holly Gibbs, System HT Response Program Director, at holly.gibbs@commonspirit.org.

Abuse, Neglect, and Violence Policy

The CommonSpirit Abuse, Neglect, and Violence Policy was designed in partnership with CommonSpirit providers, nurses, social workers, chaplains, and other patient care leaders and staff across the system, many of whom were involved in case debriefings regarding patients who were impacted by various types of abuse, neglect, and violence, including human trafficking.

This policy is based on a wealth of information and learnings gathered over the years such as:

- A victim response procedure should not be designed in a way that assumes that red flags (i.e., risk factors or indicators of victimization) will be observed in triage. Red flags may be missed in triage and may be observed by staff at any time throughout the care process.
- A victim response procedure should not be designed for one type of abuse, neglect, or violence. A patient may be experiencing multiple types of violence at once. For example, a patient may be experiencing labor trafficking, domestic violence, and sexual violence. Also, red flags for one type of violence are often similar to other types. As such, victim response procedures should be inclusive of any type of abuse, neglect, or violence that may have an impact on the patient population served by the health care system or facility.
- It's nearly impossible to write a victim response procedure that captures all variables that might occur when caring for a patient who is experiencing abuse, neglect, or violence. For this reason, education on a trauma-informed approach to patient care and services is essential. If a health professional provides patient care that reflects the guiding principles of a trauma-informed approach, then that professional is more likely to create a patient-centered experience and less likely to re-traumatize a patient.

[See Part III of this manual](#) for an example clinical policy that is based on the CommonSpirit Abuse, Neglect, and Violence policy, which applies to both acute and non-acute care settings.

NOTE: When the HT Response Program first launched at Dignity Health, Program Leadership designed an “HT Case Record” to collect information from staff about what went well or any issues that arose with the victim response procedures. The Case Record was not meant to be part of the patient’s medical record – it was meant to be used as a tool to vet the effectiveness of the procedures. Staff were asked to complete a Case Record anytime they encountered a patient who might have been impacted by human trafficking. Then, HT Response Program Leadership debriefed the case with staff and refined the victim response procedures accordingly.

[See Part III of this manual](#) for an example Case Record. However, please know that CommonSpirit generally no longer uses this Case Record form. Instead, CommonSpirit includes this step in its Abuse, Neglect, and Violence policy: *If there are concerns regarding procedural steps, particularly a variance or breakdown in policies or procedures, notify Chain of Command and complete an event report. This includes a lack of response or negative response from private or public community agencies.* An “event report” is the electronic means for reporting any potential risk of patient harm. Through this process, staff can continue to inform the CommonSpirit Abuse, Neglect, and Violence policy and facility procedures.

PEARR Tool

The “PEARR Tool” is a key component of the CommonSpirit Abuse, Neglect, and Violence policy. CommonSpirit developed the PEARR Tool, in partnership with HEAL Trafficking⁶ and Pacific Survivor Center⁷, to help guide providers, social workers, nurses, chaplains, and other health professionals on how to provide trauma-informed victim assistance to patients who may be impacted by abuse, neglect, or violence, such as human trafficking. PEARR stands for:

- **P**rovide privacy
- **E**ducate
- **A**sk
- **R**espect & **R**espond

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 they are further screened with questions. The goal is to have an informative and normalizing conversation with patients in order to help prevent violence, to promote health, safety, and well-being, and to create a context for affected patients to naturally share their own experiences and possibly accept further services, such as intervention assistance. CommonSpirit recommends the PEARR steps in all of its patient care settings. For acute care settings, however, this approach may be most appropriate and effective when a patient presents with significant risk factors (e.g., a high number or pattern of risk factors) or any indicators of victimization.

The PEARR Tool is a three-page handout that includes a summary of the PEARR steps, an overview of risk factors, indicators, and other information about abuse, neglect, and violence, including human trafficking, a summary of national victim hotlines, and an editable section to input and update information about community agencies (e.g., law enforcement, child welfare, adult protective services, and non-governmental organizations that provide support and services to victims and survivors of abuse, neglect, and violence). As required by The Joint Commission, facilities must maintain a list of such agencies in order to assist with patient referrals.⁸

Please note that many organizations limit services to specific populations based on funding. They may only be able to serve specific age groups or genders, and may need to limit services based on type of victimization, presence of behavioral health struggles, presence of children, and ages of children. Therefore, in addition to contact information, CommonSpirit recommends including descriptions of services provided by each agency, as well as the populations served.

[See Part III of this manual](#) for the CommonSpirit PEARR Tool or download the PEARR Tool here: <https://commonspiritpophealth.org/programs-tools/violence-human-trafficking/>.

NOTE: Universal education was popularized by Futures Without Violence, a national nonprofit dedicated to ending violence against women and children around the world, as part of their “CUES Intervention” model in which health professionals are encouraged to use safety cards to talk with all patients about relationships and the health effects of violence.⁹ Use of brochures and safety cards is also encouraged when using the PEARR steps. In order to support providers and staff with conversations about human trafficking, CommonSpirit developed patient education brochures, in various languages, in partnership with the National Survivor Network (NSN).¹⁰ The NSN is a national network of labor and sex trafficking survivors. [See Part III of this manual](#) for an example of this brochure designed to support conversations with patients at CHI facilities.

Educational Modules

In order to ensure that health professionals are truly knowledgeable to identify trafficked persons, CommonSpirit recognized that education must go further than simply providing staff with a list of red flags. Trafficking in persons is a complex issue with many misconceptions often perpetuated in the media. For many Americans, the term *human trafficking* is associated strictly with images of exploitation overseas. Even among those who do recognize that this type of violence occurs domestically, the term often conjures up an image of people being smuggled into the country or girls being chained to beds. If this is a health professional’s understanding of what human trafficking looks like in the United States, then that professional has likely missed, and will continue to miss, opportunities to intervene in labor and sex trafficking cases.¹¹

In partnership with CommonSpirit providers, nurses, social workers, chaplains, and other patient care leaders and staff across the system, as well as subject matter experts in various fields and people with lived experiences, CommonSpirit developed four modules to educate health

professionals and other first responders about human trafficking and how to provide trauma-informed care and services to patients and families impacted by abuse, neglect, or violence:

- *Human Trafficking 101: Dispelling the Myths*
- *Trauma-Informed Patient Care and Services*
- *PEARR: Five Steps to Victim Assistance in Health Care Settings*
- *Human Trafficking and Health Care Scenarios*

The CommonSpirit *Human Trafficking 101: Dispelling the Myths* module was designed in partnership with HEAL Trafficking. It provides basic information about human trafficking, including possible red flags in patient care settings. Following this course, learners should be able to define human trafficking, recognize misconceptions often associated with this type of violence, identify vulnerable populations and high-risk industries, and take action to prevent trafficking and respond to victims appropriately. It is critical to educate all staff on the realities of labor and sex trafficking – this includes security officers, patient registration personnel, and other staff who may observe red flags in the facility’s hallways, waiting areas, or parking lots. [See Part III of this manual](#) for a two-page summary of the *Human Trafficking 101* module.

The CommonSpirit *Trauma Informed Patient Care and Services* module introduces the topic of trauma and the importance of a trauma-informed approach in patient care settings. Following this course, learners should be able to describe the prevalence and widespread impact of trauma, recognize signs and symptoms of traumatic stress, including secondary traumatic stress, and respond in meaningful ways. A trauma-informed approach should be practiced with all patients as trauma is pervasive and can include life events such as witnessing a major car accident, losing a loved one, or experiencing a natural disaster. The guiding principles of a trauma-informed approach include safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice, and choice, and cultural, historical, and gender considerations.

The CommonSpirit *PEARR: Five Steps to Victim Assistance in Health Care Settings* module offers an in-depth description of the PEARR steps. PEARR represents five key steps for providing victim assistance to patients in a trauma-informed manner: **P**rovide privacy, **E**ducate, **A**sk, **R**espect and **R**espond. Following this course, learners should be able to use the PEARR steps to educate patients about various types of abuse, neglect, or violence, such as human trafficking, assist patients with referrals to community agencies, and access resources and tools that can assist with this process (e.g., patient education brochures and safety cards).

The CommonSpirit *Human Trafficking and Health Care Scenarios* module includes ten case scenarios based on real experiences shared by labor and sex trafficking survivors, all of whom were offered payment for their participation as subject matter expert consultants. This module builds on the content provided in the previous three modules and is meant to be delivered live to a multidisciplinary professional audience in order to promote a lively discussion with role

playing. Many of these modules and other CommonSpirit resources are available publicly. Please visit <https://commonspiritpophealth.org/programs-tools/violence-human-trafficking/>.

For information about CommonSpirit HT Response training and technical assistance, please contact Holly Gibbs, System HT Response Program Director, at holly.gibbs@commonspirit.org.

NOTE: CommonSpirit recommends developing similar educational modules when implementing HT Response Programs. However, please keep in mind, when presenting these sensitive topics to audiences, members of your audience can become traumatized by the material and audience members can themselves be victims and survivors of human trafficking or other traumatic experiences. Consider ways to prepare your audiences for the subject matter and provide them with options for self-care, especially if the content becomes overwhelming. For example, encourage audience members to step away from the workshop if and as needed.

IV. Community Partnerships

In order to ensure that health professionals are truly equipped to assist patients who are impacted by human trafficking or other types of abuse, neglect, and violence, CommonSpirit recognized that its efforts must reach beyond the walls of its facilities. CommonSpirit partners with public and private agencies in each of its communities, such as law enforcement, women’s shelters, and youth serving organizations, to help ensure a trauma-informed continuum of care for victims and survivors identified in patient care settings. Each facility assesses its community for available resources and develops relationships with agencies to help support referral pathways for patients.

Ideally, community-based services will include a 24-hour victim response team and options for residential care as well as outreach support. CommonSpirit seeks ways to ensure that victim services and empowerment opportunities are available for people impacted by any type of abuse, neglect, or violence, including labor or sex trafficking, and for people who are of any age, gender identity, sexual orientation, race, ethnicity, or religion. CommonSpirit also seeks ways to support victim services for people who must be placed with children or other family members, as well as pets. When there are gaps in services, the HT Response Program seeks ways to bolster local efforts to prevent victimization, protect victims, and empower survivors. This includes efforts to help ensure that law enforcement and other first responders are educated on human trafficking and the importance of a trauma-informed approach to victim support and services.

As you establish goals for your own HT Response Program, CommonSpirit encourages you to consider ways to impact your facility (or facilities) *and* your community (or communities). To learn more about CommonSpirit’s continued efforts to prevent and respond to violence and human trafficking, please visit: <https://commonspirit.org/united-against-violence/>.

PART III: COMMONSPIRIT HEALTH HUMAN TRAFFICKING RESPONSE PROGRAM MATERIALS

NOTE: CommonSpirit continually refines its HT Response Program policies, procedures, educational modules, and other resources. For the most up-to-date information, please visit this webpage: <https://commonspirit.org/united-against-violence/>. CommonSpirit staff, providers, volunteers, and contract employees are advised to contact their leadership for the most up-to-date information on policies, procedures, and other resources. For additional information, please contact Holly Gibbs, System HT Response Program Director, at holly.gibbs@commonspirit.org.

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Summary Handout of Human Trafficking 101

Human trafficking, or trafficking in persons, is a particular type of violence that is pervasive yet widely misunderstood. In order to prevent this crime and respond to affected patients, we must first understand it. Following are **10 misconceptions** associated with labor and sex trafficking.

Myth #1: Human trafficking only happens overseas.

Truth: Every country is affected by human trafficking, including the United States. The U.S. passed federal legislation **to outlaw two forms of human trafficking:** sex trafficking and labor trafficking. According to federal law, human trafficking is **forcing or coercing a person to perform commercial sex or provide labor/services**. Commercial sex is any sex act in which money or something of value is exchanged. Under federal law, anyone under age 18 involved in commercial sex is automatically a victim of trafficking – no force, fraud, or coercion is required.

Myth #2: Only foreign nationals/immigrants are trafficked in the United States.

Truth: In 2019, there were 11,500 tips reported to the National Human Trafficking Hotline (NHTH), **nearly 2,000 of which involved U.S. citizens or lawful permanent residents**. Keep in mind: These numbers reflect only those cases reported to the NHTH. Actual numbers are likely much higher. Learn more: <https://humantraffickinghotline.org/>.

Myth #3: Human trafficking and human smuggling are the same crime.

Truth: Human trafficking is **NOT** the same crime as human smuggling. Human trafficking is a violation of a person's human rights. Human smuggling is a violation of a country's immigration laws. However, undocumented immigrants are especially vulnerable to human trafficking.

Myth #4: Victims are always abducted, locked up, and held against their will.

Truth: Trafficked persons are often in plain sight. Labor and sex trafficking cases have been reported in visible settings such as strip clubs, bars, and cantinas, landscaping services, carnivals and recreational facilities (e.g., amusement parks), and health and beauty services (e.g., massage parlors, hair and nail salons). **Regardless of the type of setting**, any person induced to provide commercial sex or labor/services through force, fraud, or coercion is a victim of trafficking.

Myth #5: Victims of human trafficking will always reach out for help.

Truth: Trafficked persons may not disclose for many reasons, including **fear of traffickers or authorities**. Other reasons: They may blame themselves, they may not know their rights, they may view their situation as their only means of survival, they may feel obligated to an employer, they may feel stigmatized by society, or they may have trauma bonds with a trafficker.

Myth #6: Traffickers are always stereotypical gang members or known criminals.

Truth: A trafficker can be a victim's **family member, friend, or significant other**, and this person may not be known for criminal activity. Trafficking can occur under the umbrella term of child abuse and within the cycle of domestic violence/intimate partner violence as well as in forced marriage. Learn more: <https://polarisproject.org/the-typology-of-modern-slavery/>.

Myth #7: Human trafficking typically affects people of a certain demographic.

Truth: People of all ages, sexual orientations, cultures, genders, races, and ethnicities are affected by this type of violence; however, traffickers typically target people in situations of **vulnerability**. This can include undocumented immigrants, women and minorities, especially girls of color and young people who identify as LGBTQ+, runaway and homeless youth and young adults, and people with a history of trauma, addiction, or chronic mental health struggles.

Myth #8: Human trafficking could never occur in my community.

Truth: Tips of human trafficking have been **reported in every U.S. State** and in the District of Columbia. Dynamics of labor and sex trafficking can differ among urban and rural communities.

Myth #9: Human trafficking always involves travel or movement of people.

Truth: Trafficked persons may be moved from state to state; however, movement is **NOT** required. A person can be trafficked for labor or commercial sex without leaving their home.

Myth #10: Human trafficking refers only to sex trafficking.

Truth: Human trafficking is an umbrella term that includes **both labor and sex trafficking**. Unfortunately, labor trafficking does not get as much exposure in the media. Labor trafficking has been identified in industries such as agriculture and animal husbandry, hotels and hospitality, health care, domestic work, commercial cleaning services, restaurants and food service, construction, forestry and logging, factories and manufacturing, illicit activities, traveling sales crews, and peddling and begging rings. Some red flags of labor trafficking include:

- Victims may be charged a fee that is impossible to pay off (i.e., debt bondage)
- Victims may be forced to work 12+ hours per day, 7 days per week
- Victims may not be allowed to leave the work premises and may be forced to sleep on the floor, in the back of the business or home, or in a car if the business is transient.

As defined by the U.S. Trafficking Victims Protection Act (TVPA), **there are three victim populations** of criminal human trafficking, a.k.a., severe forms of trafficking in persons:

1. Anyone under age 18 induced to perform commercial sex **under any circumstance**
2. Any adult induced to perform commercial sex through **force, fraud, or coercion**
3. Anyone, **of any age**, induced to perform labor/services through force, fraud, or coercion.

Red Flags in the health care setting include but are not limited to: clinical presentation and oral history don't match up; oral history is scripted, memorized, or mechanical; someone with the patient exerts an unusual amount of control over the patient or visit; patient appears fearful, anxious, depressed, submissive, hypervigilant, or paranoid; patient is concerned about being arrested or jailed; patient is concerned for their family's safety; evidence that care has been lacking for prior or existing conditions; tattoos or insignias of ownership; occupational-type injuries or physical ailments linked to the patient's work; and sexually transmitted infections.¹²

What to do if you see red flags: If you suspect a patient may be at risk, refer to your facility's Abuse, Neglect, and Violence Policy/Procedure and the PEARR Tool. Not with CommonSpirit? Advocate with your leadership to adopt similar policies/procedures. **Note:** The NHTH is available 24/7 to assist victims and survivors, to provide information about resources, including those focused on prevention and awareness, and to receive tips, anonymously if desired.

Example Abuse, Neglect, and Violence Policy

SUBJECT:	Abuse, Neglect, and Violence – Patient Identification, Intervention, and Mandated Reporting		
POLICY NUMBER:	[Policy Number]	DATE APPROVED:	[Date Policy Approved]
APPLIES TO:	Acute and Non-Acute Care Facilities		

PURPOSE

The purpose of this Policy is to establish expectations that each [insert name] facility will establish a procedure, or procedures, in accordance with applicable laws, regulations, and other [insert name] policies and procedures, to assist in the 1) identification of patients or families who may be impacted by abuse, neglect, or violence, such as human trafficking or any other type of mistreatment identified by laws and regulations, 2) provision of trauma-informed assistance to affected patients or families, including any specific assistance required by laws and regulations, and 3) completion of requirements to report abuse, neglect, or violence to internal or external authorities or agencies as defined and required, or otherwise permitted, by laws and regulations.

POLICY

It is the policy of [insert name] to

1. Provide trauma-informed victim assistance, including any specific assistance required by applicable laws and regulations, to patients or families who may be impacted by abuse, neglect, or violence, such as human trafficking or any other type of mistreatment identified by applicable laws and regulations.
2. Protect all persons who are on-site at a [insert name] facility, including vulnerable patients who may be impacted by abuse, neglect, or violence as described above. This includes conducting an objective investigation and analysis in a timely and thorough manner if abuse, neglect, or violence is known, suspected, or alleged to have occurred on-site while the victim was a patient under the facility’s care and service.
3. Complete facility requirements to report abuse, neglect, or violence, as defined and required, or otherwise as appropriate and permitted, by applicable laws and regulations, and assist physicians, staff, contract employees, and volunteers with individual requirements to report abuse, neglect, or violence, as defined and required, or otherwise as appropriate and permitted, by applicable laws and regulations.

As such, each acute and non-acute care facility will develop and adopt an appropriate Abuse, Neglect, and Violence procedure, or procedures, in accordance with applicable laws, regulations, and other [insert name] policies and procedures, to meet these policy expectations. Model procedures are provided for various patient care environments.

EXAMPLE – MODEL PROCEDURE

SUBJECT: Abuse, Neglect, and Violence – Patient Identification, Intervention, and Mandated Reporting

PROCEDURE NUMBER: [To be assigned by FACILITY]

EFFECTIVE DATE: [Date Approved]

This model procedure is provided as a template. Each facility must identify and incorporate any provisions required by applicable laws, regulations, and other [insert name] policies/procedures that apply to the facility, its locality, and to its individual physicians, staff, contract employees, and volunteers. This procedure should be reviewed, edited, and approved by a multidisciplinary group of stakeholders, including system and facility leadership and representatives for physicians, nurses, social workers, chaplains, patient registration staff, security officers, patient safety officers, educators, and forensic examiners [e.g., the local sexual assault response team (SART) center or equivalent setting such as the nearest emergency department with forensic examiners available]. Once final, remove all red text and adopt the facility procedure as normal.

PATIENT CARE – IDENTIFICATION, INTERVENTION, AND MANDATED REPORTING

Reminder: The first guiding principle of a trauma-informed approach is safety. As such, the safety and medical well-being of the patient always comes first.

For nonclinical staff:

- A. Observe patients and families for risk factors and signs or symptoms (verbal/nonverbal indicators) of abuse, neglect, or violence, including human trafficking and other types of mistreatment identified by applicable laws and regulations. Verbal indicators include patient statements alleging or describing situations of abuse, neglect, or violence, such as human trafficking or other types of mistreatment identified by applicable laws and regulations. [Include reference materials; for example, CommonSpirit Health provides a document to its staff called “Definitions, Risk Factors, and Indicators Associated with Abuse, Neglect, and Violence”: <https://commonspiritpophealth.org/programs-tools/violence-human-trafficking/>].
- B. Report safety concerns (e.g., abuser is on-site or might arrive on-site) to appropriate Chain of Command, Security, or Patient Safety Officer/Risk Manager. (Please note that suspected or alleged abusers can include employees, physicians, volunteers, contract employees, family members, visitors, and other patients).
- C. Document concerns as appropriate.

- D. Report known, suspected, or alleged abuse, neglect, or violence, as defined by applicable laws and regulations, to internal or external authorities or agencies as required or permitted by laws or regulations, and appropriately maintain any written documents that are required in this process as outlined by **[insert facility policy, procedure(s), or guideline(s) that outline the process of maintaining documents that are required during mandated reporting]**.
 - 1. If a supervisor is notified, then that person will assist in the reporting of abuse, neglect, or violence, as defined by applicable laws and regulations, to internal or external authorities or agencies, as required or as appropriate and permitted by laws and regulations, and will maintain any written documents that are required in this process as outlined by **[insert facility policy, procedure(s), or guideline(s)]**.
- E. If there are concerns regarding procedural steps, particularly a variance or breakdown in policies or procedures, notify appropriate Chain of Command and complete an event report. This includes a lack of response or negative response from private or public community agencies (e.g., county welfare agencies, law enforcement agencies, and non-governmental organizations that provide victim advocacy, support, or other services).
- F. Contact appropriate Chain of Command or the Employee Assistance Program (EAP) for concerns regarding secondary traumatic stress, as needed.

For clinical and spiritual care staff, including physicians, clinical contract employees, and chaplains: Note: A one-page summary of steps A-J is provided below.

- A. Observe or assess/reassess the patient or family for risk factors and signs or symptoms (verbal/nonverbal indicators) of abuse, neglect, or violence, including human trafficking and other types of mistreatment identified by applicable laws and regulations, upon admission or entry into the facility and with change in condition. Verbal indicators include patient statements alleging or describing situations of abuse, neglect, or violence. **[Include reference materials; for example, CommonSpirit Health provides a document to its staff called “Definitions, Risk Factors, and Indicators Associated with Abuse, Neglect, and Violence”:** <https://commonspiritpophealth.org/programs-tools/violence-human-trafficking/>**]**.
- B. Report safety concerns (e.g., abuser is on-site or might arrive on-site) to appropriate Chain of Command, Security, or Patient Safety Officer/Risk Manager. (Please note that suspected or alleged abusers can include employees, physicians, volunteers, contract employees, family members, visitors, and other patients).
- C. Document risk factors, observable signs/symptoms, and additional information as appropriate in the electronic medical record.
- D. For patient or family exhibiting risk factors for or signs/symptoms of abuse, neglect, or violence, such as human trafficking or other types of mistreatment identified by applicable laws and regulations, make a referral to Social Work, Chaplaincy, or other personnel (e.g., forensic examiners) to provide professional emotional, spiritual, or other support to the patient or family, if and when such support personnel are available.

- E. Provide the patient or family with abuse, neglect, or violence education, as appropriate, including contact information for hotlines or community agencies (e.g., county welfare agencies, law enforcement agencies, and non-governmental organizations that provide victim advocacy, support, or other services), and ask if the patient requires assistance. (See PEARR Tool: Trauma-Informed Approach to Victim Assistance in Health Care Settings: <https://commonspiritpophealth.org/programs-tools/violence-human-trafficking/>).
- F. Facilitate referrals, as appropriate and as requested by patients or families, to public and private community agencies that can provide or arrange for additional assistance assessment, or care (e.g., county welfare agencies, law enforcement agencies, and non-governmental organizations that provide victim advocacy, support, or other services). (See PEARR Tool: Trauma-Informed Approach to Victim Assistance in Health Care Settings <https://commonspiritpophealth.org/programs-tools/violence-human-trafficking/>).
- G. Report known, suspected, or alleged abuse, neglect, or violence, as defined by applicable laws and regulations, to internal or external authorities or agencies, as required or permitted by laws and regulations, and maintain any written documents that are required in this process as outlined by **[insert facility policy, procedure(s), or guideline(s)]**.
 - 1. If a supervisor is notified, then that person will assist in the reporting of abuse, neglect, or violence, as defined by applicable laws and regulations, to internal or external authorities or agencies, as required or as appropriate and permitted by laws and regulations, and will maintain any written documents that are required in this process as outlined by **[insert facility policy, procedure(s), or guideline(s)]**.
- H. If the patient, or patient's legal guardian, accepts or requests a forensic examination for evidence collection [e.g., a sexual assault forensic examination (SAFE), commonly known as a "rape kit"], then notify the forensic nurse examiner, sexual assault nurse examiner (SANE), or other forensic examiner. If a forensic examiner is not available, then the patient must be medically cleared, as expeditiously as possible, before transport to **[insert the sexual assault response team (SART) center or equivalent setting such as the nearest emergency department with forensic examiners available]**. For questions or concerns, call **[insert contact information for the SART center or equivalent setting]**.
 - 1. The Violence Against Women Act (VAWA) allows for a forensic evidentiary examination to be completed even if a person declines to make a report with law enforcement or declines to cooperate with a law enforcement investigation.
 - 2. Preserve evidence as much as possible; for example
 - a. Minimize physical contact with the patient unless medically necessary, and discourage the patient from washing, eating, drinking, or changing clothes unless medically necessary. Remember, physical and emotional safety of the patient always comes first. As such, in certain situations it may be more appropriate to provide nutrition, hydration, and other patient comfort and basic needs depending on the circumstance(s).
 - b. If the patient must urinate, then collect a sample in accordance with **[insert facility policy, etc.]**. Note: Although washing, eating, drinking, changing clothes, and urinating is discouraged, these actions do not necessarily disqualify a patient from being eligible for a forensic examination.

3. Medication for sexually transmitted infection (STI) prophylaxis and pregnancy prevention, as well as a referral for HIV post-exposure prophylaxis (PEP), may be provided at the SART Center or equivalent setting as applicable and as appropriate.
 - a. For Catholic and non-Catholic hospitals, medications for pregnancy prevention that work by preventing fertilization, such as levonorgestrel (Plan B), can and should be provided as clinically appropriate.
- I. If there are concerns regarding procedural steps, particularly a variance or breakdown in policies or procedures, notify appropriate Chain of Command and complete an event report. This includes a lack of response or negative response from private or public community agencies (e.g., county welfare agencies, law enforcement agencies, and non-governmental organizations that provide victim advocacy, support, or other services).
- J. Contact appropriate Chain of Command or the Employee Assistance Program (EAP) for concerns regarding secondary traumatic stress, as needed.

STAFF - TRAINING, EDUCATION, AND RESOURCES

During orientation and ongoing training, as determined by the facility and in accordance with applicable laws, regulations, and other [insert name] policies or procedures, educate physicians, staff, contract employees, and volunteers on the following educational topics.

[Edit this section as needed to reflect education expectations, including recommended topics and appropriate or available resources. For example, topics may include:

- Definitions, risk factors for, and signs/symptoms (verbal/nonverbal indicators) of various types of abuse, neglect, and violence, including human trafficking and other types of mistreatment identified by applicable laws and regulations
- Use of the PEARR steps to provide trauma-informed victim assistance to patients or families who may be impacted by such abuse, neglect, or violence
- Best practice guidelines for documentation of risk factors and signs/symptoms of such abuse, neglect, and violence
- Procedure(s) for patients who accept/request a forensic evidentiary examination (e.g., SAFE)
- An introduction to trauma-informed patient care, including signs/symptoms of secondary trauma and resources to support self-care and staff resiliency
- How to access the list of private/public community agencies maintained by the facility
- Individual reporting requirements, including guidance on where/how to store any written documents required in the mandatory reporting process
- Additional information about how to provide care and services to patients in a trauma-informed manner, especially strategies that are specific to a particular department, role, or situation

As an example, CommonSpirit Health provides various educational modules and materials to its physicians, staff, contract employees, and volunteers, some of which are available publicly here: [https://commonspiritpophealth.org/programs-tools/violence-human-trafficking/.](https://commonspiritpophealth.org/programs-tools/violence-human-trafficking/)]

DEFINITIONS:

Abuse: The Centers for Medicare and Medicaid Services (CMS) defines abuse as the willful infliction of injury, unreasonable confinement, intimidation, or punishment, with resulting physical harm, pain, or mental anguish. Per CMS, this includes staff neglect or indifference to infliction of injury or intimidation of one patient by another.

Community agencies: Private and public community agencies refers to any agency that can provide continued assistance, assessment, and care to patients who may be impacted by abuse, neglect, or violence, such as human trafficking or other types of mistreatment identified by applicable laws or regulations. This includes county welfare agencies, law enforcement agencies, and non-governmental organizations that provide direct support and services to people who are impacted by abuse, neglect, and violence.

Event report: The electronic means for reporting any actual or potential risk of patient harm or process failure. Other names may be in use such as an adverse event report.

Mandated reporter: Person who is required by law or regulation to report abuse, neglect, or violence as defined and required by laws or regulations.

Neglect: CMS defines neglect as the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

PEARR Tool: The “PEARR Tool” offers guidance to health professionals on how to provide trauma-informed victim assistance to patients who may be impacted by abuse, neglect, or violence, such as human trafficking or other types of mistreatment identified by applicable laws or regulations. The PEARR steps are based on a universal education approach, which focuses on educating patients about violence first, rather than screening patients with a series of questions. The goal is to have a normalizing and developmentally appropriate conversation with patients in order to create a context for affected patients to naturally share their own experiences and possibly accept further assistance. Download the PEARR Tool here: <https://commonspiritpophealth.org/programs-tools/violence-human-trafficking/>.

Secondary traumatic stress: Secondary traumatic stress, or compassion fatigue, is a natural but disruptive by-product of working with patients who have experienced trauma such as abuse, neglect, or violence. Many types of professionals, such as physicians, psychotherapists, human service workers, and emergency workers, are vulnerable to developing this type of stress, though only a subset of such workers experience it.

Sexual assault forensic examination (SAFE): A sexual assault forensic examination (SAFE) may also be referred to as a sexual assault evidence kit (SAEK), or other name. Forensic examiners are health care professionals who have been instructed and trained to complete a forensic examination. They also provide support and referrals as needed. They can be nurses [e.g., sexual assault nurse examiners (SANEs)], nurse practitioners, physicians, and physician assistants. They perform the exam and testify as witnesses when needed.

Sexual assault response team (SART): A sexual assault response team (SART) is a community-based team that coordinates a response to victims of sexual assault and other types of abuse, neglect, or violence. The team may be comprised of forensic nurse examiners, sexual assault nurse examiners (SANEs), hospital personnel, victim advocates, law enforcement, prosecutors, judges, and other professionals with a specific interest in assisting victims/ survivors of sexual assault and other types of abuse, neglect, or violence.

Staff: For the purposes of this document, the word staff is used to indicate physicians, advanced practice providers, employees, volunteers, and contracted employees.

Trauma: The Substance Abuse and Mental Health Services Administration (SAMHSA) frames its concept for trauma around three **Es**: an **E**vent, the **E**xperience of that event, and the **E**ffect(s). Individual trauma results from an **event** or series of events or set of circumstances, that is **experienced** by an individual as physically or emotionally harmful, life-threatening, or otherwise overwhelming, and has lasting adverse **effects** on the person's functioning and mental, physical, social, emotional, or spiritual well-being. The following examples of traumatic life events can be experienced by a person of any age: a serious accident, illness, or medical procedure; ongoing racism and other forms of biases or discrimination; physical, sexual, emotional, or other forms of abuse or violence; and natural or manmade disasters.

Trauma-informed: A trauma-informed approach includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. This includes understanding how trauma can impact patients and their caregivers. As described by SAMHSA, the guiding principles of a trauma-informed approach are 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.

Violence: The World Health Organization (WHO) defines violence to include neglect and all types of physical, sexual, and psychological abuse. Violent acts include, but are not limited to, verbal, mental, physical, and sexual assault or abuse, sexual molestation, rape, human trafficking and other types of exploitation, harassment, stalking, kidnapping/abduction, shootings, corporal punishment, involuntary seclusion, and unlawful physical or chemical restraint. Violent acts can be committed against a patient before, during, or after the person's visit to a healthcare facility. Also, any person can be a perpetrator, including staff members, physicians, volunteers, contract employees, family members, visitors, and other patients.

REFERENCES:

Centers for Medicare and Medicaid Services, State Operations Manual Appendices, https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/som107_Appendicestoc.pdf

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The Joint Commission, *Identifying Human Trafficking Among Your Patients*.

<https://www.jointcommission.org/resources/news-and-multimedia/blogs/datetime-tjc/2018/07/identifying-human-trafficking-victims-among-your-patients/>

U.S. Department of Health and Human Services, Administration for Children and Families, *Secondary Traumatic Stress: What is Secondary Traumatic Stress?*

<https://www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress>

Violence against Women Act of 1994. Washington, D.C.: U.S. Dept. of Justice, Violence Against Women Office, 1996. <https://www.congress.gov/bill/116th-congress/house-bill/1585/text>

World Health Organization, *World report on violence and health*,

http://www.who.int/violence_injury_prevention/violence/world_report/en/full_en.pdf

STATUTORY/REGULATORY AUTHORITIES

Centers for Medicare and Medicaid Services (CMS). State Operations Manual.

The Joint Commission 2021

[Insert state law(s) and regulation(s)]

Abuse, Neglect, and Violence One-Page Summary of **Model** Procedural Steps

Note: This is a high level presentation of steps from the **model** procedure. Download the PEARR Tool here: <https://commonspiritpophealth.org/programs-tools/violence-human-trafficking/>.

Observe or assess/reassess patient for risk factors and observable signs/symptoms of abuse, neglect, and violence, including human trafficking, upon admission/entry and with change in condition. (See Page 2 of PEARR Tool for examples).

Report safety concerns if abuser is on-site or might arrive on-site to Chain of Command, Security, or Patient Safety/Risk. (Abusers can include employees, physicians, volunteers, contract employees, family members, visitors, and other patients).

Document risk factors, signs/symptoms (verbal/nonverbal indicators) and additional information as appropriate in electronic medical record.

For patient exhibiting risk factors or signs/symptoms of abuse, neglect, or violence, including human trafficking, **make referral to Social Work**, Chaplain, or other support personnel for professional emotional, spiritual, or other support.

Provide patient with abuse, neglect, or violence education, including contact information for hotlines or public/private community agencies (e.g., county welfare agencies, law enforcement, victim advocacy agencies) and ask if patient requires assistance. (See **PEARR Tool: Provide privacy, Educate, Ask, Respect and Respond**).

If patient accepts/requests assistance with contacting community agencies, then **facilitate contact** (e.g., personal introduction) and document as appropriate.

Report observations, allegations, and suspicions of abuse, neglect, or violence to internal/external authorities/agencies as required by law, regulation, and policy.

If patient accepts/requests **forensic evidentiary exam**, notify forensic examiner. Otherwise, patient must be medically cleared, **as expeditiously as possible**, before transport to Sexual Assault Response Team (SART) Center or equivalent setting.

If there are concerns regarding procedural steps, particularly a variance or breakdown in policies/procedures, notify Chain of Command and **complete event report**. This includes a lack of response or negative response from community agencies.

Contact Chain of Command, Employee Assistance Program (EAP), or other approved resource for concerns regarding **secondary traumatic stress**, as needed.

Example Case Record

Case Record – Abuse, Neglect, and Violence	PATIENT LABEL HERE - INTERNAL USE ONLY
Use PEARR Tool to provide trauma-informed victim assistance	
Describe patient’s age range, gender identity, and other demographics.	
_____ _____ _____	
Describe what indicated patient may be at risk of abuse, neglect, or violence.	
_____ _____ _____	
Did you arrange for <u>P</u> riate setting to speak with patient alone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
_____ _____	
Did you <u>E</u> ducate patient about abuse, neglect, or violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
_____ _____	
Did you <u>A</u> sk patient about concerns of abuse, neglect, or violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
_____ _____	
Did you <u>R</u> espect patient’s wishes and <u>R</u> espond accordingly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
_____ _____	
Do you have any concerns regarding use of PEARR Tool? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
_____ _____	
Your name/department/date: _____	
Submit to [Insert Contact Information].	
NOT PART OF MEDICAL RECORD	Effective Date [Insert Date]

CommonSpirit PEARR Tool

PEARR Tool Trauma-Informed Approach to Victim Assistance in Health Care Settings



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.

Page 1 of 3



PEARR Tool – Risk factors, indicators, and resources

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: _____

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

Notes

CommonSpirit Health, HEAL Trafficking, Pacific Survivor Center. PEARR Tool: Trauma-Informed Approach to Victim Assistance In Health Care Settings. 2020.

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CommonSpirit Patient Education Brochure (Cover and Inside)

I realized I needed help.
So I asked for support—
and now I feel unharmed
and in control.



You can be
in control
of your life.

If you need help, or believe
someone you know needs
help, please

call
1-888-373-7888,

text
BEFREE to 233733

or visit
humantraffickinghotline.org



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SIGNS OF HUMAN TRAFFICKING OR ABUSE:

Were you tricked into running
away or leaving your home?

Did someone trap you in a job?

Is your job different from what
you were promised?

Are you getting paid for all the
work you do?

Are you forced or pressured to
trade sex for money?

Or to have sex with people you
don't want to?

Are you afraid to leave?

Is your ID or other documentation
being held by someone else?



You deserve
to be unharmed,
no matter what
you've been told.

Talk to your physician or nurse, or ask to
speak with a social worker. You can learn
about your options—including long-term
needs like housing, education, legal advice,
and finding a job.

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

FOR MORE INFORMATION, PLEASE CONTACT:

Name:

Phone/Address:

Example HT Response Program Checklist

1. Establish a multidisciplinary group that will assist with efforts to adopt the Abuse, Neglect, and Violence policy, procedures, and related education.

- Include representatives for providers, nurses, social workers, chaplains, community health workers, patient registration staff, security officers, educators, etc. **Note:** At least one member should liaise and foster connections with community agencies.
- Ask each member to read through the Abuse, Neglect, and Violence policy and to complete appropriate HT Response educational modules such as:
 - *Human Trafficking 101: Dispelling the Myths*
 - *Trauma-Informed Approach to Patient Care and Services*
 - *PEARR: Five Steps to Victim Assistance in Health Care Settings*
- Establish regular meetings for members to meet and discuss action items.

CommonSpirit provides access to its HT Response educational modules and other resources, such as the CommonSpirit Community-Based Violence Prevention Guide and Model, here: <https://commonspiritpophealth.org/programs-tools/violence-human-trafficking/>.

2. Adopt the Abuse, Neglect, and Violence policy/procedure, which supports providers and staff in identifying patients and families at risk of abuse, neglect, or violence and guides providers and staff on how to provide trauma-informed victim assistance.

- Complete a list of public and private community agencies that can assist affected patients and/or insert key information about agencies on Page 3 of the [PEARR Tool](#). Determine a strategy to maintain this list and make it available to staff in all shifts.
- Obtain brochures and safety/hotline cards from community agencies. Determine a strategy to update these materials and make them available to staff in all shifts.
- Consider posting victim outreach posters that encourage affected patients to reach out to providers/staff or national/local hotlines for assistance. For example, see the human trafficking victim outreach posters developed by CommonSpirit, in various languages, in partnership with the National Survivor Network (NSN). Posters available here: <https://commonspiritpophealth.org/programs-tools/violence-human-trafficking/>.

Learn more about the NSN here: <https://nationalsurvivornetwork.org/>.

Note: When existing community resources are insufficient to meet the needs of victims identified in the hospital, the group should look for ways to build community capacity.

3. Assign HT Response educational modules to providers and staff such as:

- *Human Trafficking 101: Dispelling the Myths*
- *Trauma-Informed Patient Care and Services*
- *PEARR: Five Steps to Victim Assistance in Health Care Settings*

Share information about HT Response trainings with representatives from community partner agencies such as local law enforcement, child welfare, adult protective services, emergency medical services, mental health response teams, and victim service providers such as non-governmental organizations that provide support and services to vulnerable people.

CommonSpirit provides access to its HT Response educational modules and other resources here: <https://commonspiritpophealth.org/programs-tools/violence-human-trafficking/>.

4. Partner with Patient Safety or Risk Management to debrief on complex cases and address any issues or gaps/barriers that may have compromised patient safety or the ability to provide trauma-informed care. This includes debriefing with community agencies if there was a lack of response or negative response from agencies.

Note: The group should share de-identified learnings with community coalitions.

5. Continue to engage providers and staff on topics of violence and trauma-informed patient care and services, which includes staff resiliency initiatives.

Consider strategies to partner with community-based agencies in these efforts. For example, organize internal or community-wide awareness events on key dates such as National Human Trafficking Awareness Day (January 11th), International Day of Prayer and Awareness Against Trafficking in Persons (February 8th), and World Day Against Trafficking in Persons (July 30th). There are many dates that apply to different types of abuse, neglect, and violence.

PART IV: ADDITIONAL RESOURCES

- American Hospital Association (AHA) *Combating Human Trafficking*: <https://www.aha.org/combating-human-trafficking>
- Barrow Neurological Institute *Domestic Violence Traumatic Brain Injury (TBI) Program*: <https://www.barrowneuro.org/centers-programs/concussion-brain-injury/support-programs/domestic-violence-traumatic-brain-injury-program/>
- Catholic Health Association *Human Trafficking*: <https://www.chausa.org/human-trafficking/overview>
- CommonSpirit *Violence and HT Prevention & Response Initiative, including the HT Response Program*: <https://commonspirit.org/united-against-violence/>
- CommonSpirit *HT Response Program – Resources for Health Professionals*: <https://commonspiritpophealth.org/programs-tools/violence-human-trafficking/>
- HEAL Trafficking: <https://healtrafficking.org/>
- Dignity Health *Mercy Family Health Center “HT Medical Safe Haven Shared Learnings Manual”*: <https://dignityhlth.org/2Zs91sg>
- Freedom Network USA: <https://freedomnetworkusa.org/>
- Girls Educational Mentoring Services (GEMS) *Survivor Leadership Institute*: <https://www.gems-girls.org/what-is-survivor-leadership>
- National Advisory Committee on the Sex Trafficking of Children and Youth in the United States: <https://www.acf.hhs.gov/otip/partnerships/national-advisory-committee>
- National Association of Pediatric Nurse Practitioners (NAPNAP) *Human Trafficking Prevention*: <https://www.napnap.org/human-trafficking-prevention/>
- National Center for Missing & Exploited Children (NCMEC) *Child Sex Trafficking*: <https://www.missingkids.org/theissues/trafficking>
- National Human Trafficking Hotline (NHTH): <https://humantraffickinghotline.org/>
- National Survivor Network (NSN): <https://nationalsurvivornetwork.org/>
- Nola Brantley Speaks: <http://www.nolabrantleyspeaks.org/>
- Office on Trafficking in Persons (OTIP): <https://www.acf.hhs.gov/otip>
- OTIP – SOAR to Health & Wellness Training Program: <https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training>
- PATH Collaborative: <https://pathcollaborative.org/>
- Rebecca Bender Initiative: <https://www.rebeccabender.org/>
- Runaway Girl: <https://runawaygirl.com/>
- Survivor Alliance: <https://survivoralliance.org/>
- U.S. Advisory Council on Human Trafficking: <https://www.state.gov/u-s-advisory-council-on-human-trafficking/>
- World Without Exploitation: <https://www.worldwithoutexploitation.org/>

PART V: REFERENCES

- ¹ United Nations Office on Drugs and Crime, *Human Trafficking FAQs*, http://www.unodc.org/unodc/en/human-trafficking/faqs.html#Which_countries_are_affected_by_human_trafficking (accessed June 1, 2021)
- ² U.S. National Human Trafficking Hotline, Hotline Statistics, <https://humantraffickinghotline.org/states> (accessed July 20, 2020)
- ³ Laura J. Lederer and Christopher A. Wetzel, “The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities,” *Annals of Health Law*. Volume 23, Issue 1 (Winter 2014).
- ⁴ Coalition to Abolish Slavery & Trafficking, *Identification and Referral for Human Trafficking Survivors in Health Care Settings*, Survey Report, January 13, 2017
- ⁵ Chisolm-Straker, M., Baldwin, S., Gaïgbé-Togbé, B., Ndukwe, N., Johnson, P. N., & Richardson, L.D. (2016). Health care and human trafficking: We are seeing the unseen. *Journal of Health Care for the Poor and Underserved*, 27(3), 1220–1233. <https://doi.org/10.1353/hpu.2016.0131>
- ⁶ Health, Education, Advocacy, Linkage (HEAL) Trafficking is a multidisciplinary group of professionals dedicated to ending human trafficking and supporting its survivors, from a public health perspective. Learn more: <https://healtrafficking.org/>.
- ⁷ Pacific Survivor Center is committed to advancing health and human rights in the Hawaii-Pacific region. Learn more: <http://pschawaii.org/>.
- ⁸ Joint Commission Standard PC 01.02.09
- ⁹ Futures Without Violence, *Adopt the evidence-based CUES intervention to support survivors and prevent violence*, <http://ipvhealth.org/health-professionals/educate-providers/> (accessed June 1, 2021)
- ¹⁰ The National Survivor Network is a program by the Coalition to Abolish to Slavery & Trafficking (Cast). Learn more: <https://nationalsurvivornetwork.org/>.
- ¹¹ Makini Chisolm-Straker and Hanni Stoklosa, editors, *Human Trafficking Is a Public Health Issue: A Paradigm Expansion in the United States* (Springer International Publishing, 2017), 16
- ¹² American Hospital Association (AHA), *Human Trafficking: 10 Red Flags that Your Patient Could Be a Victim*. Poster. This AHA resource, adapted from materials developed by Catholic Health Initiatives, describes 10 red flags of human trafficking in the health care setting. Download: <https://www.aha.org/infographics/10-red-flags-your-patient-could-be-victim-human>.