

# A psychological assessment protocol to supplement the medical triage regarding child abuse cases admitted to emergency departments

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*Child abuse (CA), which includes child sexual abuse (CSA), affects many children in South Africa. The true magnitude of this problem is not fully comprehended or comprehensively reported, as many of CA cases are not reported or disclosure is delayed. It was therefore vital to obtain pertinent, relevant and uniform information for the effective management of the situation. Firstly, this paper critically reflects on and evaluates findings gained from a literature review conducted to identify issues regarding the direct management and support of abused children who are seen in emergency departments at hospitals or clinics. Secondly, it reflects personal insight from first-hand experience in working with CA victims in an emergency department setting. A systematic search regarding psychological assessment protocols used when dealing with child abuse cases in the emergency departments was conducted using various databases. The study provided insight into international trends that can be applied to circumstances that prevail in a South African context. Based on this study and personal experience, a guideline is tendered regarding the development and implementation of a psychological intervention strategy that could supplement the medical triage currently used in emergency departments. It is with the unique South African context in mind that this simple three-phase psychological intervention strategy is proposed in order that all role players acquire a uniform guideline in obtaining precise and relevant documented information regarding the victim, the situation and the support systems relevant to the incident.*

**Keywords:** child abuse; psychological trauma interventions; medical triage; emergency departments

## INTRODUCTION

The discovery of a child abuse (CA) crime is like opening Pandora's Box: evil and pain emerge and pervade the worlds of all concerned, overwhelming the children, adults, police, judges, social services workers and hospital clinical staff as well. Improvisation is the most harmful way to deal with CA cases (Tortolani & Lanti, 2009). Child abuse cases include cases pertaining to neglect, maltreatment, physical and emotional ill-treatment, sexual abuse and exploitation (Janssen, Van Dijk, Al Malki, & Van As, 2013). When considering a South African scenario, many diverse aspects must be deliberated when one reflects and reports on child abuse and child sexual abuse. The unique South African context presents with a myriad of differences and unique conditions: different cultures, languages, environmental factors, socio-economic aspects, level of professional support available, to name but a few, all of which impact on the management of CA cases. Furthermore, as it is mandatory that all CA and CSA cases be reported, the importance of accurate and relevant documentation of the incident, including the psychological aspect of the presenting scenario, highlights the need for a psychological assessment protocol which would reflect a more comprehensive and holistic evaluation.

In South Africa, there seems to be a disparity between the mandated therapeutic care stated in the Children's Amendment Act (Act 41 of 2007) (see Republic of South Africa, 2007) and the actual services available (Mathews, Abrahams & Jewkes, 2013; Jina, Jewkes, Christofides & Loots, 2013). This reflects a situation that negatively compounds the already undesirable condition regarding the reporting of abuse cases and follow-up protocols. Usually the hospital emergency departments are the initial departure point for many CA victims (Newton & Vanden, 2010; Patel et al, 2013; Krolikowski & Koyfman, 2012). In South Africa, the majority of CA cases are cared for in the public sector at a primary health care level (Jina et al, 2013). In these environments, there are often limited resources, especially concerning the training of role players and specialist intervention. As CA cases are seen under such diverse settings, optimum management of the case is required. A holistic approach is essential, which includes incorporating psychological support protocols along with the vital medical prerequisites (Charles, 2003; Cybulska, 2013; Decker & Naugle, 2009), starting with immediate trauma interventions at the initial reporting (Price, Kearns, Houry & Rothbaum, 2014; Rothbaum et al, 2012).

To provide a reference point for a holistic approach, the eco-systemic theoretical framework is advocated as the ecological perspective that emphasises interrelationships between the individual and

their environment and the interactive process that occurs (Bronfenbrenner, 1979; Begle, Dumas & Hanson, 2010; Janssen et al, 2013). This approach highlights the ripple effect a traumatic incident has on the individual and their life world functioning. Harney (2007) highlights this concept and comments that the multiplicity of psychological characteristics that are shaped by the ecological interplay of relational, social and cultural contexts can be considered when resilience is studied in the aftermath of trauma. From personal experience and vast literature evidence, trauma reactions related to CA and CSA are usually apparent after the abuse and can continue to be overtly evident in the individual's life for many years to come and well into their adult years (Naidoo, 2013; Mason & Lodrick, 2013; Tarquinio et al, 2012). Holistic assessments and interventions are becoming more evident in transdisciplinary functioning.

The key to accurate well-informed assessments of people with mental health needs is good information generated by respectful and observant informers (Wright, McGlen & Dykes, 2012). However, based on personal experience of CA and CSA incidents, four more aspects that are vital can be added during the emergency department intervention.

Firstly, the victim needs first-hand, personal care and comfort. Secondly, the family members or accompanying adults too need support and informative assistance. These aspects include relevant procedures that need to be undertaken, ranging from the obvious medical interventions to the mandatory legal requirements. Thirdly, any CA and CSA case always traumatically affects the medical personnel and therefore support for these role players is essential. Lastly, CA and CSA cases require thorough, in-depth, accurate information, which is imperative for the long-term referral process that takes place and lasts long after the medical aspects have been completed.

The main aim of the paper is to propose an assessment protocol for CA and CSA victims that can be used in the South African context during the initial visit to the emergency department at a hospital or clinic. It is suggested that this protocol can be simply and practically used by any individual in the helping profession in order to obtain a comprehensive image of the CA and CSA victim when the incident is reported to an emergency department.

## **METHODOLOGY**

A systematic search was conducted using various databases, namely MEDLINE; PsycINFO; PsycARTICLES; Academic Search Premier; Africa-Wide Information; CAB Abstracts; CINAHL with Full Text; E-journals; Health Source: Consumer edition; Health Source: Nursing/ Academic Edition; MasterFILE Premier; Medline; International Pharmaceutical Abstracts; ScienceDirect; Google Scholar; and SAE Publications to review articles published in journals from 2000 to 2015.

## **Conceptual and Theoretical Framework**

South Africa has one of the highest incidences of rape in the world (South African Police Services, 2014; Robertson, 2014; Naidoo, 2013). More specifically, CSA is pervasive as 44% of all rapes reported involve children from 0 to 17 years of age (Mathews et al, 2013). Rape is regarded as an outright medical emergency (Naidoo, 2013). Along with many other CA cases, immediate care and support are vital for all involved in these incidents.

The first port of call for victims of CA and CSA is usually a medical facility – these facilities are district or private hospitals, crisis centres or primary health clinics (Krolikowski & Koyfman, 2012; Patel, Panchal, Piotrowski & Patel, 2008). At many of these settings challenges are evident, with doctors already overwhelmed with high workloads (Naidoo, 2013), stressful situations (Khan, 2013:62; Govender, Mutunzi & Okonta, 2012) and in most cases, limited resources and insufficient training (Jina et al, 2013). When one adds a sexual assault or child abuse case, which needs specialised care (Newton & Vanden, 2010), the impact on this already stressed situation is noteworthy.

As with all CA and CSA cases, mandatory reporting of these incidents is required, which compounds the already intense responsibilities and protocols that the medical practitioner and other medical staff are required to perform. Supporting the medical practitioner is therefore a necessity regarding management of this situation.

The research orientation in this study reflects a realistic paradigm, whereby the world is apprehended directly through observation (Wong et al, 2012). Included in the realistic paradigm, is pragmatic research elements that extract theory from practice and apply it back to practice to form an intelligent practice (Glasgow, 2015). Based on practical considerations after personal experiences when working

with CA and CSA cases, patient-centred outcomes were envisioned that are at the heart of the pragmatic approach within this study focusing on issues relevant for making decisions and taking action (Glasgow, 2015). Generally, the present medical interventions that are applied when dealing with CA and CSA cases focus pertinently on the physical aspects of the incident, with the commencement of the medical triage.

The medical triage is a standard procedure that is done in all emergency rooms. It is a process whereby patients are sorted based on their need for immediate medical treatment. This assessment process identifies priority cases and enhances decision-making regarding these patients' physical or medical concerns. This study's phenomenological research strategy, which aims to understand people and obtain insight from human experience (Babbie & Mouton, 2001), suggests that a more holistic approach must be followed during patient assessment and that the serious psychological component which Mathews et al. (2013) highlight during a CA and CSA case must also be considered along with the medical requirements. With this in mind, the development of a practical psychological assessment protocol for CA and CSA cases that could standardise the psychological assessment process that is inclined towards a phenomenological strategy must be considered. This strategy provides an overall understanding of, and unique insight into, obtaining a comprehensive, holistic evaluation of the victim, the presenting situation and the path forward.

In order to obtain in-depth knowledge and meaning from the experiences that arise within the situation surrounding the managing of child abuse cases, a constructivist method was considered (Gergen, 2015), which highlighted the realistic approach of practical considerations of the pragmatic research orientation (Glasgow & Riley, 2013). Bearing this in mind, one must mention that there are no standard guidelines for assessing or obtaining relevant information for these psychological aspects (Janssen et al, 2013). To further compound issues, it can sometimes be a challenge for the medical doctor to connect the history the child gives with the presenting medical evidence, making the absence of medical findings difficult for the medical examiner to conclusively make a diagnosis or a decision regarding child abuse. The process of disclosure also impacts on the medical examination (Heger et al, 2002), resulting in further medical challenges that the examiner has to contend with. Therefore, an initial psychological assessment protocol would provide a psychological baseline for the immediate intake of patients as well as highlighting relevant information regarding the victims' immediate life world functioning, wider environmental circumstances, and support systems that might be of assistance or give insight into the presenting situation.

As many of these cases initially begin at the emergency department with the medical examination, it is suggested that a vital, comprehensive and detailed psychosocial history of the child, the support or accompanying adults as well as the presenting situation is obtained as an extension of the medical triage. In order to obtain this comprehensive overview, specific focus areas are considered important and must be explicitly explored (Preston, 2008:170). This systematic process includes the wider life world of the child, the family composition and functioning, scholastic information (which includes educational levels), cultural and legal aspects, as well as economic and otherwise obscure aspects over and above what the medical triage yields.

This psychological assessment protocol should provide a psychological baseline evaluation and should be used as a guideline to facilitate decision-making during and after the impact phase of the traumatic event in the emergency department. This concrete assessment would homogenise and holistically document the psychological profile of the victim in an effort to eliminate or reduce personal influences and human error of those intervening and collecting the information, and furthermore, document relevant aspects for other professionals, legal and social workers that may be required to become involved with the case.

In order to introduce a psychological component into the procedural steps within a medical environment, and more specifically after the victim has been triaged, a general review of the present situation is needed. By pragmatically reflecting on the situation within the medical environment where CA and CSA cases are handled, and considering a constructivist method of human being acquiring and rationalising knowledge, the following research design was chosen.

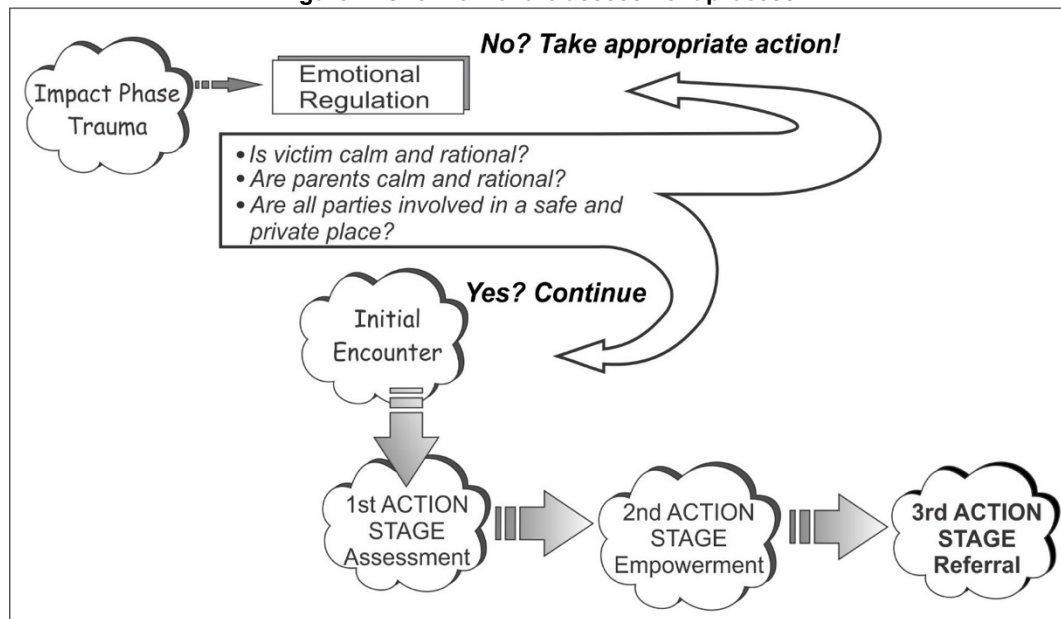
## **Research design**

After an overview of the literature, it was found that within a South African context there are no noteworthy standardised psychological assessment protocols that holistically evaluate CA or CSA cases

that are reported to hospital or clinic emergency departments. It seems that the documentation of these cases is usually thoroughly noted on a physical and medical level when the medical triage is done but the psychological component was lacking. During the analysis of the themes within the literature review, it became evident that internationally, there is more awareness and specialised support for victims of CA and CSA. For example, there are dedicated personnel that specialise and are trained in CA and CSA cases and these medical personnel have highly developed and detailed protocols that are used. Internationally, the support systems and interdisciplinary co-operation are also at a higher level, with more consistent monitoring and team interventions being done.

Therefore, within a South African context a simple three-stage evaluation is proposed as a guideline to collect psychological information. The protocol is divided into three action stages and an initial session or encounter with the victim. The following section will concisely discuss the proposed protocol.

**Figure 1: Overview of the assessment process.**



### The initial encounter with the victim and the accompanying adults

In the South African context, the initial encounter with the child and the family usually occurs in the emergency department at a hospital or crisis centre with CSA or CA victims reporting to the emergency department by themselves or being brought in by family or police. During the initial encounter, time is given to emotionally stabilise the victim and the accompanying family members before any further interventions are attempted (see Figure 1). Ideally, the initial interview should take place between the medical triage, where the victim is screened for physical aspects that might warrant urgent medical attention and the actual medical examination. During this phase, relationship building is the key aspect that must be focused on (Preston, 2008). In the many cases where children are concerned, building a relationship with the adult that has brought the child in is of paramount importance. Often one will only start building a relationship with the child after the accompanying adult has been approached. Using the adult to connect with the child is important to obtain possible important information regarding the situation (Newton & Vanden, 2010) and in creating a positive relationship with the child. Mathews et al. (2013) state that caregiver support or having supportive relationships with significant adults is associated with less psychological distress of the child and is important for long-term adjustment by the child. During this initial intervention, it is necessary to assess the victim themselves, as well as the immediate support system, namely those who bring the child in to the emergency department and the presenting situation. Elements of this assessment include a holistic consideration, the general environment in which everyone functions, the school, work and social elements (Preston, 2008). This is of special importance, as the child and the family will have to return to this environment after the medical aspects are completed and the safety and necessary support of all involved must be considered (see Table 1 for applicable actions and interventions).



### The first action stage: Assessment

The first action stage is actively used to explore the personal or victim's own (ego) functioning, a circumstantial assessment and a situational assessment. Interviews consist of fact-based questions and information, which include age and gender of the child, environmental information (school and social aspects) and family background. Care must be taken not to repeatedly interview the child and leading questions must not be asked as this may negatively influence the forensic investigation which may follow (Newton & Vanden, 2010). Information surrounding the medical procedures that will follow must be age appropriately explained to the victim and the accompanying adults, which leads on as an introduction to the second action stage (see Table 1 for purpose of first action stage and victim, situational and circumstantial assessment questions).

### The second action stage: psycho-education empowerment

The second action stage is to provide information regarding the processes and medical procedures that will be encountered. Issues or questions are addressed in order to empower the victim and the accompanying adults (see Table 1 for purpose of second action stage and psycho-educational support of victim). This general psycho-educational knowledge and insight into the procedures enable the victim and the family to start making decisions in their life once again and in doing so start to regain the control they lost during the incident. After this psychological intervention, the child and the family are then ready to proceed with the physical examination. Any relevant information that may have been obtained or which may have been missed during the medical triage is recorded during this psychological assessment and must be conveyed to the medical practitioner who will be doing the physical examination. On completion of the physical examination, teamwork is once again required. Having the medical evidence at hand and coupled with the holistic psychological evaluation, decisions regarding the way forward can be made.

**Table 1: Three phase initial impact evaluation protocol**

| PHASE                         | PURPOSE OF PHASE                                                                                                                                                | ACTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Introduction<br>First meeting | Establish an empathetic and connective relationship                                                                                                             | <ol style="list-style-type: none"> <li>1. Take temporary control of the situation by facilitating emotional regulation of all involved</li> <li>2. Create a sense of safety and meet the family and victim's immediate needs regarding privacy and special requests.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| PHASE 1<br>Assessment         | To obtain an in depth holistic perspective of the situation victim and family                                                                                   | <p><b>VICTIM ASSESSMENT</b></p> <ol style="list-style-type: none"> <li>1. Establish the child's developmental age</li> <li>2. Observe the child's emotional responses</li> <li>3. Observe all relational interactions between the child and adults</li> <li>4. Assess the child's overall (behaviour) functionality in other life world areas.</li> </ol> <p><b>CIRCUMSTANTIAL ASSESSMENT</b></p> <p>Gather background information concerning the child's life world. (Family, social, school and environmental factors.)</p> <p><b>SITUATIONAL ASSESSMENT</b></p> <ol style="list-style-type: none"> <li>1. Gather information concerning the incident</li> <li>2. Gather information concerning the events that occurred after the incident and the reporting of the incident.</li> <li>3. Confirm what institutional support has been contacted (Police, social services)</li> </ol> |
| PHASE 2<br>Information        | Empower the victim and family by providing information regarding the presenting situation and the procedures that are going to follow.                          | <ol style="list-style-type: none"> <li>1. Provide information regarding the medical examination and the HIV testing.</li> <li>2. Provide appropriate information to the victim and family regarding any actions or proceedings that are required by law or from the hospitals emergency department</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| PHASE 3<br>Referral           | Victim and family are directed forward after completion of the medical procedures. A future oriented path to psychological wellness and healing is established. | <ol style="list-style-type: none"> <li>1. Refer for further psychological interventions</li> <li>2. Refer for Social worker support regarding legal proceedings</li> <li>3. Re-affirm continual medical prerequisites regarding follow up procedures</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

Source: Adapted from Preston (2008)

### **The third action stage: The way forward**

The referral process or way forward for the child and the family is discussed during the third action stage, which gives the victim hope and a way forward. After this stage, when the victim is discharged, they are discharged with definite informed support and a directed route on which they can or must proceed. During this stage, information pertaining to further legal, social or psychological interventions are defined and made clear to the accompanying adults. This should ensure clear and easier follow-up procedures by legal and social services if needed. Furthermore, after the completion of this stage all information obtained from this protocol should be fully documented in the medical file providing a psychological profile of the victim, the adults and the surrounding circumstances.

### **ETHICAL CONSIDERATIONS**

The proposed psychological intervention guideline is intended to supplement the medical triage and was based on available literature and subjective experience of the author. It is recommended that the concept be taken a step further and applied in an actual medical setting in order to obtain first-hand feedback regarding the intervention's feasibility and effectivity in acquiring relevant, homogenise and holistic information regarding CA and CSA cases.

### **DISCUSSION**

As mentioned earlier, many CA cases are seen under difficult circumstances due to restricted or non-existent resources, insufficient training of personnel or the lack of personnel. In applying a guideline that is simple and structured, it is foreseen that the nature and quality of the victim's support would be enhanced.

One major practical implication of the use of this protocol is the unobtrusive but universal nature of the questions that allows the investigator insight into the victim's life world by establishing a simple but effective functional image of the victim and their environment. Personnel that handle these cases would also have a definite structure to guide them in obtaining a psychological profile of the victim and the circumstances surrounding the incident.

### **Limitations of the study**

As this is a theorised concept of a psychological intervention, one can only surmise the result. Actual implementation is needed and assessment regarding the concept's effectivity must be obtained. Before implementation of this assessment, it is suggested that discussions with the medical practitioners who are involved with CA and CSA cases must be conducted and their input obtained.

### **CONCLUSION**

By considering the eco-systemic theoretical framework (Harney, 2007; Begle et al, 2010) one is exposed to a wider more comprehensive view point regarding the reactions, interactions and relationships regarding the CA and CSA cases. The proposed three-stage protocol designed for use during the impact phase assessment regarding a CSA and CA case, represents an initial fluid but structured framework that can be used by all helping professionals. It is a simply stated psychological checklist that can be used in conjunction with medical triage in obtaining psychological information pertinent to the presenting situation and future decisions that will have to be made regarding the victim, the family and their environment.

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