

# **Suspected Child Abuse and Neglect Team (SCAN Team): Early establishment, success stories, challenges and the way forward**

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## **ABSTRACT**

This paper presents a pioneering program/initiative to prevent child abuse in Malaysia: Suspected Child Abuse and Neglect Team (hereafter SCAN Team). While there are three main initiative/programs to prevent child abuse in Malaysia, namely Child Protection Team, Child Protection Unit and SCAN Team; this paper focuses on only one initiative – SCAN Team which based at the General Hospital Kuala Lumpur (hereafter GHKL). The presentation of this paper is based on the findings of in-depth interview with focal person who manages SCAN Team, and further supported by relevant important documents related to SCAN Team (i.e. archives newspaper from SCAN Team, Malaysian Social Institute (*Institut Sosial Malaysia – ISM*) and relevant secondary data). Findings of this study revealed that SCAN Team has effectively deal with challenges during its early establishment; notably, SCAN Team has received international recognition in 1998 for ‘protecting the lives of children’. Nonetheless, the awareness of public about the existence of SCAN Team has waned in 21<sup>st</sup> Century due to several issues and challenges. Despite this, SCAN Team is moving forward through initiatives, in particular, re-marketing their program through various activities and campaigns to prevent child abuse in Malaysia.

**Keywords:** *SCAN Team, child abuse prevention program/initiative*

## **Introduction**

Over the past 20 years, various initiatives have been undertaken by the Malaysian government in developing policies, programs and activities aimed at preventing child abuse, as well as strengthening relevant laws and regulations in line with compliance with CRC principles. Among the major programs/initiatives undertaken by the most prominent agencies dealing with child abuse in Malaysia including: (1) the Child Protection Team (CPT), overseen by the Department of Social Welfare; (2) the Suspected Child Abuse and Neglect Team (SCAN Team), managed by the General Hospital Kuala Lumpur; and (3) the Child Protection Unit (CPU), carried out by the Royal Malaysian Police. While all are concerned with tackling the problem of child abuse, each of the three programs has a distinctive approach to the problem and different operational objectives, largely driven by the different roles, profiles and

characteristics of the agencies themselves. Among the three major programs/initiatives, SCAN Team is considered as the pioneering initiative to prevent child abuse in Malaysia in 1980s. Since its establishment in 1985, SCAN Team has undergone its evolution through effectively deal with issues and challenges in maintaining its image and reputation as a program to prevent child abuse in Malaysia.

## **Literature review**

According to Kasim (2001), the public recognition of child abuse and neglect has a very short history in Malaysia. However, the passage of the Children and Young Persons Ordinance in 1974 suggests that the existence of child abuse must have been recognized in the country at that time. The ordinance addressed the issue of child labour, where children below the age of eight years old were not permitted to work and, in addition, it provided limitations on how long older children could work each day (Kasim 2001, p.132).

Child abuse was initially considered to be a Western disease that was not expected to occur in Malaysia due to strong family ties and the high premium placed on devoted care for children in traditional Malaysian cultures (Nathan and Hwang 1981, p.242). It was also thought that members of the extended family, as is common practice in many Asian countries, would provide added support to parents in caring for their children and hence reduce the likelihood of abuse. Thus initial reports of child abuse were treated with disbelief and scepticism, or they were considered isolated or aberrant incidents and not indicative of any national problem (Kasim 2001, p.135).

Furthermore, Kasim (2001, pp.133-134) states that in the early 1980s there was an increase in the number of cases of child abuse being reported. With this increase came the grim realization that child abuse occurred in Malaysia and needed to be acknowledged as an emerging social problem. Thus, the Suspected Child Abuse and Neglect (hereafter SCAN) Team of Kuala Lumpur was set up in 1985, and it recorded twenty-four cases of physical abuse and one case of sexual abuse within its first year of operation (Kasim 2001, p.135).

The SCAN Team was set up in the General Hospital Kuala Lumpur (GHKL) with the objectives of identifying all cases of abuse seen at, or admitted to, the various wards of the hospital, and at the same time to devise ways to prevent the recurrence of abuse (Kasim, Mohd. Shafie and Cheah 1994, p.402). Furthermore, the authors added that the services of the GHKL, being a government institution, are more often used by low-income groups, while the private hospitals or clinics are patronized by the well-to-do. Thus, the child abuse cases perpetrated by those in higher income groups were not seen at the GHKL and were excluded from the number of cases reported at SCAN Team (Kasim, Mohd. Shafie and Cheah 1994, p.402).

A total of 766 cases of physical abuse, sexual abuse and neglect were identified by the SCAN Team in the period between 1985 and 1991 (Kasim, Cheah and Mohd. Shafie 1995, p.825). Out of the total number of cases, thirty were childhood deaths caused by physical abuse, and fathers were most commonly the perpetrators, followed by mothers and child-minders (p.847). Furthermore, the SCAN Team reported that 101 cases were confirmed as being sexual abuse, which represents 18.2 per cent of all child abuse cases between June 1985 and December 1990 (Kassim and Kasim 1995, p.793). The statistics of child abuse, and in particular cases of sexual abuse of children, showed marked trends of annual growth in this period and prompted the Malaysian government to turn its attention to more active strategies

for the prevention of child abuse, rather than merely reacting to detected cases or ignoring them all together (Kasim 2001, p.135).

In response to the increasing number of reported cases by the SCAN Team between 1985 and 1991, the Malaysian government enacted the Child Protection Act 1991 (CPA 1991). The enforcement of CPA 1991 made it mandatory for medical practitioners, including medical officers, to report abuse cases seen at their hospitals or clinics, either confirmed or suspected (Kasim 2001, p.133). Reported types of maltreatment of children as stated in the CPA 1991 include physical, sexual and emotional abuse, and physical and emotional neglect. Furthermore, the act has a provision for the establishment of a 'Child Protection Team', which consists of the director of social welfare from the Department of Social Welfare (as a chairperson), a medical officer and a senior police officer. The purpose of this team is to coordinate the services for families and children who need protection, and it is required to perform its function adequately (Child Protection Act 1991).

The evolution of Malaysia's national policy on children's issues has progressed from primarily developmental concerns within the period covered by Plans 1 (1966-1970) to 5 (1986-1990), in which children's matters are restricted to the provision of basic dental care, to a broadening and complicating of the government's sense of emerging priorities and needs in this area of national planning. While child abuse issues were first identified in 1974 by Hwang, Chin and Leng, and formally recognised with the establishment of the SCAN Team in 1985, the issue was not highlighted on the national public policy agenda until the Seventh Malaysia Plan (1996-2000). This plan acknowledges the increasing range of children's needs—including the need to be protected by the state from violence and abuse that may occur within their own families. The number of reported cases of child abuse in Malaysia continues to increase, and this fact is highlighted in this plan. This led to the enactment of the Child Act 2001, which was the subject of significant focus in the Eighth Malaysia Plan (2001-2005). The Malaysian government's concern with the issue of child abuse becomes even more evident in the Ninth Malaysia Plan (2006-2010). Notably, this plan covers children's issues separately in the section about 'Fostering Family and Community Development' planning.

However, the Tenth Malaysia Plan (2010-2015) was designed to focus on boosting the Malaysian economy towards achieving the status of a developed country in 2020. Thus the wellbeing of children is identified as one of the key agenda items highlighted in the plan in terms of implementing a strategy to build a progressive and more inclusive society (p.179). For that reason, the focus on children is more towards ensuring their protection and well-being by investing in the future human capital of the country, as well as emphasising and strengthening the family institution and facilitating child protection and development.

To safeguard the welfare and interest of children, efforts to ensure their protection, rehabilitation and development have continued over the years. The Child Act 2001 was enacted through consolidating the Juvenile Courts Act 1947, the Women and Girls Protection Act 1973 and the Child Protection Act 1991. This legislative reform and consolidations took into consideration the principles of the United Nations Convention on the Rights of the Child (CRC) (Ninth Malaysia Plan 2006-2010, p.309). Malaysia ratified the CRC in 1995 and submitted the first report to the Committee on the Right of the Child in 2006 and this was recognized as the Malaysian government's serious attempt to comply with the CRC—especially through the enactment of the Child Act in 2001 (UNICEF Malaysia n.d.-a).

Acts of child abuse, neglect, abandonment or exposing a child to physical and/or emotional injuries are all punishable under the Child Act 2001. This law also established the National Council for the Protection of Children, which advises the Minister of Women, Family and Community Development on child protection issues. The council is responsible for the design of a management system to report cases of children in need of protection and to

develop programs to educate the Malaysian public on the prevention of child abuse and neglect (UNICEF Malaysia n.d.-b). The Child Act 2001 shows a significant enhancement in the level of protection offered in the earlier Child Protection Act 1991 in that it provides for mandatory reporting not only for medical practitioners, but also among family members and child care providers on suspected child abuse cases (Child Act 2001).

In 2009, the Malaysian government, through the Ministry of Women, Family and Community Development, formulated a National Child Policy 2009 (NCP) and National Child Protection Policy 2009 (NCPP) (Ministry of Women Family and Community Development 2009). The NCP 2009 was designed to align with the principles of the Convention on the Right of the Child (CRC), which highlighted six main objectives: survival, protection, development, participation, advocacy, and research and development. Strategies were formulated through specific programs that are to be implemented by various agencies dealing with children in Malaysia. Meanwhile, the NCPP 2009 focuses directly on child protection and is also designed based on the principles of the CRC and the Child Act 2001. This policy gives the definitions of a child, child protection, child abuse, physical abuse, sexual abuse, emotional abuse, child neglect, violence against children and child exploitation. Four important aspects are highlighted in order to achieve the policy's objectives: advocacy, prevention, support system, and research and development (Ministry of Women Family and Community Development 2009).

## Methodology

This paper presents findings from qualitative approach through structured in-depth interview and analysis of relevant secondary data. In-depth interview was carried out on 8 November 2010 with Dr. Tina Tan (pseudonym applied), the focal person who manages the SCAN Team based at the Paediatric Unit of the General Hospital Kuala Lumpur (GHKL). Dr. Tan joined the GHKL in 1989 as a specialist and became involved with the subject of child abuse at the GHKL in 1990; as a result, Dr. Tan is one of the earliest members of the SCAN Team. The interview took 66 minutes, beginning with a brief history and purpose of the SCAN Team. The establishment of the SCAN Team in the 1980s is due to the recognition of child abuse in Malaysia. Further, relevant important documents related to SCAN Team (i.e. archives newspaper from SCAN Team, Malaysian Social Institute (*Institut Sosial Malaysia – ISM*) and relevant secondary data), were collected and analysed to corroborate with the findings from in-depth interview. Findings and discussion of this paper is blended together in a narrative form to illustrate the evolution of SCAN Team as pioneering initiative to prevent child abuse in Malaysia, highlight its success stories, issues and challenges as well as the way forward.

## Findings and discussion

To ensure the flow of a narrative in presenting the findings of this study, key findings were blended together with discussion. This is one way of keeping the right flow of a story presented in this paper, focusing on two key findings: (1) Early establishment of SCAN Team: success stories and challenges; and (2) SCAN Team in 21<sup>st</sup> Century: Issues and the way forward.

## **Early establishment of SCAN Team: Success stories and challenges**

Despite its previous acknowledgement in the work of Hwang, Chin and Leng (1974), it was only in 1985 that Malaysia began to be significantly concerned about the issue of child abuse and established a program called the 'Suspected Child Abuse and Neglect Team', which is more commonly known by the acronym 'SCAN Team'. Dr. Mohd. Sham Kasim, who was then the head of the Department of Paediatric, Faculty of Medicine, National University of Malaysia, suggested the formation of the SCAN Team at the GHKL due to his concern about the number of children seen in the Paediatrics wards suffering from injuries deliberately inflicted by those caring them (Ramli 1998, p.13).

According to Dr. Tan, the first SCAN Team formed at the GHKL in 1985 was a prototype of the SCAN Team that was available in Australia at that time. It was set up as a multi-disciplinary team comprised of doctors, social workers, and police officers. The SCAN Team was meant to be the response team for any child abuse cases that were brought to the hospital; in following the case, all the relevant agencies would approach the hospital to manage the case as a team. Moreover, Dr. Tan added that the SCAN Team was perceived as a non-governmental organisation at that time due to its establishment as a research project. The assumption that the SCAN Team was an NGO was indicated in 1992 in a newspaper report that stated, 'The ever-rising number of child abuse cases boosted the efforts of non-governmental organisation such as SCAN Team and the Children's Welfare Society in dealing with the problem' (Jeyakumar 1992).

Although the SCAN Team was set up as a research project, and has managed its operations based on funding and donations, it has never been an NGO. Dr. Tan shared this about the early operations of the SCAN Team:

The SCAN Team managed to obtain funding, and used it for the patients and the wards, for the children who have been neglected, such as to buy nappies and other stuff for them. And some of the funds went to the research project, which was helpful to employ research assistants and others. But, the overall funds that were contributed by the public were mainly used for the patients (Dr. Tina Tan, SCAN Team).

According to the first chairman of the SCAN Team, Dr. Mohd Sham Kasim, the SCAN Team began receiving sizeable donations in 1989; however, it was fortunate that the SCAN Team had its spot in the wing of the GHKL's Paediatrics Unit. The SCAN Team became the operations centre, secretariat, resource centre, and case reference room for all cases of child abuse detected by the hospital (Ramli 1998, p.13).

The SCAN Team was highlighted in the Malaysian press following the issue of compliance with the United Nations' Convention on the Rights of the Child (UN CRC) which was brought up in Malaysia in December 1989 (Ramli 1998, p.13), a month after the United Nations General Assembly adopted the Convention on the Rights of the Child on 20 November 1989 (Convention on the Rights of the Child 1989, p.779). In the news report, it is stated that: 'Malaysia's SCAN (Suspected Child Abuse and Neglect) unit has registered several cases over a four-year period. These comprised 151 cases of physical abuse, 42 of sexual abuse, and 46 of neglect. There were 41 deaths, 17 of them violent at the hands of the abusers' (Ramli 1998, p.13). Although there was clear evidence of an increase in child abuse cases in Malaysia since the SCAN Team began to operate in 1985, Malaysia only ratified the

CRC in 1995. The first country report submitted to the CRC is done 11 years after its ratification, which was in 2006 (UNICEF Malaysia, n.d.-c).

Dr. Tan suggested that the SCAN Team became the main media focus following the tragic death of 26-month-old B. Balasundaram in 1990 due to the SCAN Team being the only organisation in the country dealing with child abuse issues at that time. Subsequent to the Balasundaram case, the SCAN Team used its advocacy role to lobby the Malaysian government for changes relevant to the issue of child abuse. The SCAN Team was among the agencies involved with the preparation of the Child Protection Act 1991. According to Dr. Sham Kasim, the Child Protection Act 1991 was among the notable results from the advocacy work of the SCAN Team, and this helped the SCAN Team to identify the various problems that lead to child abuse, as well as spread news and information to the public (Ramli 1998, p.13).

In the thirteenth year of its operation, the SCAN Team finally received recognition by the United Nations on 23 October 1998 'for protecting the lives of children'. *The Malay Mail*, 26 October 1998, reported that, 'the SCAN Team, an organisation that has been involved for more than a decade in detecting, investigating, and managing child abuse and neglect cases in Malaysia has finally received an international recognition'. In responding to this recognition, Dr. Mohd Sham Kasim stated that what the SCAN Team is doing one aspect of nation-building: 'It helps the country in the development process, especially in situations of social changes where children are neglected in our push to achieve so-called modernisation' (Ramli 1998, p.13).

### **SCAN Team in 21<sup>st</sup> Century: Issues and the way forward**

Despite the international recognition received by the SCAN Team in 1998, Dr. Tan admitted that the SCAN Team has been very quiet since 2000: '*The SCAN Team did the work in the background. What we did was, we undertook training throughout the country, and we work with other government agencies. The training involves doctors, police and welfare officers.*' Additionally, there was less usage of the SCAN Team name; whenever the doctors went out in public, they tended to wear their individual hats. Notwithstanding the less visible era of the SCAN Team over the past decade, there were more appearances by the SCAN Team in 2010 and recently. According to Dr. Tan, issues such as 'Shaken Baby Syndrome', which is on the increase in Malaysia, need more education awareness programs. This is due to 'Shaken Baby Syndrome' being hardly recognised and acknowledged in Malaysian society, and constant educational programs are needed to tackle the issue.

Further, Dr. Tan admitted that Malaysian awareness of the existence of SCAN Team is still low. In responding to this situation, Dr. Tan has stated that the term 'SCAN Team' was often wrongly interpreted by the public and confused with medical 'scanning services' at the GHKL. Consequently, public confusion about the SCAN Team's acronym was indicated as the first reason for a low level of awareness among the public about the existence and services provided by the SCAN Team. This acronym represents the name of the program, which is referred to as the main brand. According to Kotler and Lee (2007, p.15), branding is one of the additional marketing techniques that can be applied in the marketing of a public sector program, in which branding is used as a strategy by the agency to secure a desired position in the mind of the prospective client. The importance of branding in social marketing programs was highlighted by Keller (1998), and the author suggested branding will help individuals to communicate and signal to themselves and others that they are engaging in desirable

behaviours, and therefore are able to realize more immediate benefits and receive positive reinforcement (p.229).

The second reason suggested by Dr. Tan for the low level of awareness about the SCAN Team among the public was due to the perception of not exposing the identity of SCAN Team members, particularly when dealing with child abuse cases. The reason given for not disclosing the identity of SCAN Team representatives is to obtain cooperation from the victims and their families. This reason is not stated as one of the procedures in handling child abuse cases by the SCAN Team, nor is it stated in the guidelines of the management of child abuse and neglect at the hospitals (Ministry of Health Malaysia 2009). However, the response from Dr. Tan was instead seen as a reason from the agency itself as to why not many people were aware of the SCAN Team and its services.

In addition, the reason given for not exposing the SCAN Team also seems to be contrary with the exposure of the SCAN Team in the early years of its establishment, as described earlier. While admitting the SCAN Team has been silent since 2000 onwards due to several constraints, and despite her reason for not disclosing the identity of the SCAN Team representatives in order to seek public cooperation, Dr. Tan also agreed that there has recently been several incidents of media advocacy through newspapers to publicise the SCAN Team in 2010. As indicated below:

Lately, there has been more mention of the SCAN Team in the *newspapers*. [...] And actually there have been a few articles, even before this year, in the *Chinese press, Malay newspapers*. I have been giving a lot of interviews, because the people want the information. [...] However, as I told you, that all of these are very reactive; because we don't normally go looking for the media; the media will always look for us (Dr. Tina Tan, SCAN Team, italicised emphasis added).

Notably, the above response shows that the appearance of the agency's representatives in the media to provide information or advocacy was not initiated by the agency itself. Instead, it argued that the action by the media was more reactive in seeking out the experts' advice about particular types of child abuse cases. The response of '*we don't normally go looking for the media*' shows that the agency managing the SCAN Team has no pro-active media strategy. There are three possible reasons for this attitude. The first reason could be due to the perception of Dr. Tan herself, that the media should seek advice from the experts and professionals at the hospitals. The second reason is probably due to the media wanting to highlight the issues due to public demands and pressure for more information. As the media organisations are profit-oriented, with the aims of attracting more customers, readers, viewers, and listeners, it seems to be in the media's interest to seek out factual information, particularly information provided or supported by credible experts; this could be the third reason.

Meanwhile, from a media perspective, issues related to early childhood are often in demand and are frequently covered on the front-page news (Maack 2010, p.17). In addition, issues related to children and young people are suggested as one of the primary subjects of media panics (Goddard and Liddell 1993, p.25). While suggesting organisations engage with the media to form a collective voice and challenge those in positions of power, Maack (2010, p.17) suggests that organisations or individuals who are media-savvy and understand how the newspapers, radio, and television stations operate will use these channels to further their advocacy agenda. Meanwhile, Goddard and Liddell (1993, p.25) have argued for the media to

be viewed as a friend as well as a potential enemy.<sup>1</sup> This could be one of the reasons that Dr. Tan (SCAN Team) seems to respond more to shying away from the media.

Moreover, the response of, '*However, as I told you, that all of these are very reactive; because we don't normally go looking for the media; the media will always look for us.*', highlighted by Dr. Tan, indicates a perception of how the media operates on reporting and publicising issues related to child abuse in Malaysia. In most situations, the media will react based on the types of abuse cases that receive a great amount of attention.<sup>2</sup> Most of the child abuse cases were classified as crime news, such as sexual abuse, child abandonment, physical abuse, child trafficking, child prostitution, and child abduction. These are among the cases that mostly receive wider coverage from the mainstream media in Malaysia. Other types of child abuse cases, such as emotional abuse, child neglect, and shaken baby syndrome, are among the cases that usually receive less media attention.

'Shaken baby syndrome' (SBS)<sup>3</sup> is one form of child abuse that was found to receive less attention from the media. It is most appropriate for experts such as doctors or paediatricians to explain the causes and effects of SBS. The coverage of SBS publicised by the mainstream media (Cruetz and Latiff 2010a; 2010b; 2010c; Cruetz 2010) was found to be among the examples of '*reactive action by the media*', as earlier argued by Dr. Tan. The media seeks information from the experts of the SCAN Team for the SBS issue, following several cases of SBS being reported in the media (Cruetz and Latiff 2010b; 2010c). Despite agreeing that '*the people want the information*', and thus providing the needed information through the media, Dr. Tan still believes that this is more of a 'reactive action' by the media. The discussion on SBS is further discussed in the following chapter that specifically focuses on 'target audience'.

Despite issues and challenges faced by SCAN Team, Dr. Tan agreed for the SCAN Team to re-marketing their identity through conducting more programs, activities and campaigns to prevent child abuse in Malaysia. This is one way of creating public awareness of the existence of SCAN Team, as well as maintaining their reputation as a pioneering program/initiative to effectively deal with child abuse issue in the country.

In summary, the SCAN Team was first set up in the General Hospital Kuala Lumpur (GHKL) with the objectives of identifying all cases of abuse seen at or admitted to the various wards of the hospital, and at the same time to devise ways to prevent the recurrence of abuse (Kasim, Mohd. Shafie and Cheah 1994). The SCAN Team is also known as a multi-disciplinary group that was convened to facilitate detection, intervention, and the management of child abuse (Ramli 1998, p.13). According to Dr. Tan, the SCAN Team is actually the tertiary agency for the management and prevention of child abuse in Malaysia.

To date, the SCAN Team is placed within the Department of Paediatric Medicine (GHKL), which provides social paediatric services. The SCAN Team is a multi-disciplinary group involving doctors and nurses from Kuala Lumpur Hospital, welfare officers from Kuala

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<sup>1</sup> For instance, media was seen as a friend when it played a significant role in the development of child protection policies in Victoria, Australia; on the other hand, media can be seen as an enemy when reporting on child abuse and child protection issues, which are mostly classified as a 'moral panic', and sensationalising the issue (Goddard and Liddell 1993, p.24).

<sup>2</sup> When a particular case of abuse occurs, generally the media will have one or two points of coverage for the sake of reporting the case to the public. If a particular reported case was found to receive more public attention, the media will continue to publicise articles related to that particular case of abuse. In some circumstances, the media needs to seek out additional, factual information from the experts, professionals, and leaders representing various types of organisations related to children and the issue of child abuse.

<sup>3</sup> SBS, sometimes also referred to as 'abusive head trauma – AHT', is a term used to describe 'the constellation of signs and symptoms resulting from violent shaking or shaking and impacting the head of an infant or small child' (National Centre on Shaken Baby Syndrome 2011).



Lumpur Hospital and the Department of Social Welfare, the Royal Malaysian Police, and education officers. At present, the services are aimed at the protection of children against abuse and neglect by their caregivers. The department coordinates activities for affected children aged 12 years and younger (General Hospital Kuala Lumpur, n.d.).

While aspects of health have been one of the key national agenda items since the First Malaysia Plan 1966-1970, it only focused on general issues such as children's health, not specifically on child abuse. Although the SCAN Team has been in place since 1985, it was only in the Ninth Malaysia Plan 2006-2010 that the SCAN Team's role was highlighted in the national policy document in dealing with the issue of child abuse. The progress of 2001-2005 reported that 'Suspected Child Abuse and Neglect (SCAN) Teams were established at district and state hospitals to supervise and monitor child abuse cases referred to the hospitals; and during the plan period (2001-2005), a total of 14 SCAN Teams were established at state hospitals and about 690 child abuse cases were reported,' (Ninth Malaysia Plan 2006-2010, p.309). There was no further highlighting of the SCAN Team in the Ninth Malaysia Plan 2006-2010, and there is no evidence of its mention in the recent Tenth Malaysia Plan 2011-2015.

In recognising the role of hospitals in general, and the SCAN Team specifically, in dealing with the child abuse cases, the Medical Department Division, Ministry of Health published *Guidelines for the hospital management of child abuse and neglect* in June 2009. The guidelines recognise the Ministry of Health hospitals as the main health providers for abused and neglected children, and thus these guidelines are prepared to guide towards the establishment, development and enhancement of the 'child abuse' services within hospitals. As a multi-disciplinary team, the SCAN Team is responsible for management of the case if the child with suspected abuse is an inpatient at the One Stop Crisis Centre in hospitals or in the specialty clinic (Ministry of Health Malaysia 2009, p.11). The guidelines have defined the SCAN Team as:

A multi-disciplinary team of hospital staff comprising paediatricians, gynaecologists, mental health professionals, accident and agency staff, forensic pathologists, nurses, and medical social workers who work closely with designated Welfare Officers from the Department of Social Welfare (DSW) and police officers in the management of abused or neglected children. The SCAN Team hospital members will be or have been identified by the hospital and trained to evaluate and manage child abuse cases. One of the doctors from this team can also be the medical team member of the district/state Child Protection Team undertaken by the DSW (p.12).

In addition, the guidelines have defined the One Stop Crisis Centre (OSCC) as: '[...] a 24-hour one-stop crisis centre which is generally located at the emergency department/unit. One of its services is to serve as the entry point of child abuse cases to the hospital, providing a private area where the child and family can be interviewed by the health personnel, welfare officers or police, and initial medical examination performed. In most instances, the child will be subsequently admitted to the hospital for further assessment, treatment of any physical injuries and counselling' (p.13).

The general functions of the SCAN Team in hospitals with specialists, as highlighted in the guidelines, are:

- 1) To serve as a multi-disciplinary referral team within the hospital.
- 2) To assess the likelihood of abuse or neglect for referred cases.

- 3) To provide coordination amongst the various agencies in case evaluation, management and reporting of child abuse cases.
  - 4) To develop and review hospital policies and procedures for handling of the actual cases of child abuse and/or neglect.
  - 5) To provide and organize echo training for the state.
  - 6) To maintain a database of the cases handled by the team.
  - 7) To enhance community awareness on the prevention and reporting of SCAN cases.
- (Ministry of Health Malaysia 2009, p.19)

According to Dr. Tan, since 2004 there has been a policy from the Ministry of Health to have SCAN Teams and OSCCs in all government hospitals. However, due to several barriers in developing SCAN Teams in different hospitals, not all government hospitals have a SCAN Team and OSCC. At present, 17 SCAN Teams are available at government hospitals throughout the country (Ministry of Health Malaysia 2009, p.69); however, they are only available at the large government hospitals, especially at the hospitals with child medical specialists. There are none in private hospitals. Since 1994, Kasim, Mohd Shafie and Cheah have highlighted the limitation of SCAN Team services; being a government institution, they are used more often by low income groups while the private hospitals or clinics are patronised by the well-to-do. Thus, child abuse cases perpetrated by those in higher income groups were not seen at the government hospitals and are excluded from the number of cases reported by the SCAN Team.

## Conclusion

It is undeniable that SCAN Team is a pioneering program/initiative to prevent child abuse in Malaysia. However, whether SCAN Team can maintain its identity and reputation is still jeopardy. While in its early establishment in 1985, SCAN Team was recognised nationally and internationally (Ramli 1998; Jeyakumar 1992); yet, the SCAN Team has been very quiet since 2000 due to several issues and challenges (Dr. Tina Tan, SCAN Team). Realizing this situation, Dr. Tan acknowledged that SCAN Team is now back on track and that re-marketing SCAN Team and their programs, activities and campaigns are needed, not only to create public awareness, but most importantly to effectively deal with child abuse issue in Malaysia. A number of effective strategies can be considered by SCAN Team to improve its image and reputation as a pioneering initiative to prevent child abuse in Malaysia. These are:

**1) *Effectively branding the acronym of 'SCAN Team' to reflect 'Suspected Child Abuse and Neglect Team'***

This acronym 'SCAN Team' represents the name of the program – 'Suspected Child Abuse and Neglect Team', which is referred to as the main brand. According to Kotler and Lee (2007, p.15), branding is one of the additional marketing techniques that can be applied in the marketing of a public sector program, in which branding is used as a strategy by the agency to secure a desired position in the mind of the prospective client. The importance of branding in social marketing programs was highlighted by Keller (1998), and the author suggested branding will help individuals to communicate and signal to themselves and others that they are engaging in desirable behaviours, and therefore are able to realize more immediate benefits and receive positive reinforcement (p.229).

2) ***Targeting the right audience for social marketing program to prevent child abuse***

Various research about social marketing has highlighted the need for such programs or campaigns to target the right audiences, as this is an important principle to enhance the effectiveness of a program or campaign; such literature includes Kotler and Roberto (1989); Andreasen (1995); Kotler, Roberto and Lee (2002); Kotler and Lee (2008); Donovan and Henley (2010); French et al. (2010).

3) ***Smart engagement with the media***

Issues related to children and young people are suggested as one of the primary subjects of media panics (Goddard and Liddell 1993, p.25). While suggesting organisations engage with the media to form a collective voice and challenge those in positions of power, Maack (2010, p.17) suggests that organisations or individuals who are media-savvy and understand how the newspapers, radio, and television stations operate will use these channels to further their advocacy agenda. Meanwhile, Goddard and Liddell (1993, p.25) have argued for the media to be viewed as a friend as well as a potential enemy.

4) ***Continuous focus on research and development to enhance social marketing programs to prevent child abuse undertaken by SCAN Team***

In order to enhance the effectiveness of their social marketing programs, thorough research is crucially needed to understand the target audiences—in particular, for SCAN Team to target the right audiences. Kotler and Roberto (1989, p.62) have suggested researching and understanding the specific needs, desires, beliefs, and attitudes of target adopters, which may lead to a successful implementation of a social change campaign. Likewise, Andreasen suggested that, in undertaking social marketing research, the researchers need to listen to customers. He argues, ‘Customer-driven social marketing relies on constant listening to customers to ensure that strategies are well designed, well implemented, and effective. Consumer research is the lubrication that sets the strategic social marketing spiral spinning.’ (Andreasen 1995, p.97).

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