

SCAN: A Succinct and Practical Guide for Recognizing and Reporting Suspected Child Abuse and Neglect

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Received: May 28, 2021; **Published:** June 30, 2021

DOI: 10.31080/ecpe.2021.10.00979

Abstract

Child abuse and neglect are significant public health issues with adverse consequences that can carry over into adulthood, affecting the child's physical, psychological, and emotional development. Approximately 25% of all children confront some form of abuse or neglect during their life. Any violation of a child (a minor–under 18 years of age) by an adult resulting in harm or injury is deemed child abuse.

Abuse recognizes no boundaries. It occurs in every country, at every socioeconomic level, in all races and ethnicities, and spans all education levels. The signs of child abuse and neglect include impulsive and aggressive behavior, depression, anxiety, frequent absence from school, hesitation to return home, and a withdrawal from friends and activities. Physical abuse is suspected due to unexplained bruises, burns, and fractures. Sexual abuse is more difficult to detect without a medical examination. The signs of neglect are poor hygiene, inadequate clothing, stealing, obsessive craving for food, and being overweight or underweight.

Repeated facial trauma is a characteristic of physical abuse. Physicians, dentists, and especially pediatric dentists are uniquely positioned to identify such injuries. Abusive head trauma, known as a shaken baby syndrome, results in brain injury in infants and young children. Nevertheless, it is difficult to detect due to the lack of external signs. While anogenital examinations of victims of sexual abuse are frequently negative, sexual abuse causes prepubertal genital bleeding, mandating routine prepubertal genital examinations in females.

The circumstances for reporting child abuse and neglect have changed drastically in recent years. Many countries have systems in place to respond to reports of child abuse. However, the socioeconomic and cross-cultural differences between developed and developing countries significantly impact the identification, prevention, and management of child abuse. In actuality, child abuse and neglect are frequently overlooked or not reported due to the complex legal procedure inherent to its reporting. Among health care professionals, physicians play a crucial role in detecting, identifying, and reporting suspected child abuse and neglect (SCAN). However, their abilities to do so are considerably influenced by the lack of formal training in this area, starting from their task as medical students, residents, and recent physicians.

Physical abuse is described as a non-accidental bodily injury inflicted on a child by hitting, slapping, pushing, pulling, biting, burning, violent shaking, or any other physical means to control the child. Sexual abuse is any sexual contact or exploitation of the child that includes performing and forcing sex acts upon the child. Sex acts include rape, fondling, indecent exposure, and the exploitation of the child in any sexually explicit manner. Emotional abuse is more prevalent than psychological abuse, acting as a means of control. Similar to physical abuse, it can take the form of threatening to leave the child, being severely critical, shouting, or name-calling. Although psychological abuse encompasses psychological abuse, the latter aims to convince the child that they are incompetent, stupid, or crazed.

While abuse is extreme, neglect—whether physical or emotional—also impacts the child. Physical neglect involves refusing to provide food, clothing, medical care, adequate shelter or supervision, and abandonment. Emotional neglect includes refusing to spend time or displaying affection towards the child. More often, child abuse and neglect are recurrent patterns of behavior involving regular attacks that harm the child with damage directly related to the length of the abusive behavior.

Importantly, this review further covers specifically SCAN for medical students, medical residents, physicians, and the mandatory reporting of SCAN. Also addressed are 1) the comparative life of the abused or neglected child before and after recognizing and reporting SCAN and 2) legislation to defend children against abuse.

Keywords: *Child, Emotional Abuse; Neglect; Physical Abuse; Psychological Abuse; Reporting*

Abbreviations

CAPTA: Child Abuse Prevention and Treatment Act; ISPCAN: International Society for the Prevention of Child Abuse and Neglect; SCAN: Suspected Child Abuse and Neglect; WHO: World Health Organization; SCAN: Stop Child Abuse and Neglect

Introduction

Child abuse is a significant public health issue with negative consequences that carry over into adulthood, affecting the child's physical, psychological, and emotional development. Approximately 25% of all children encounter some form of abuse during their Lifetime. Of these, 78% undergo neglect, 18% sustain physical abuse, and 9% suffer sexual abuse [1].

Any mistreatment of the child (minor-under 18 years of age) by an adult, resulting in harm or injury, is considered child abuse. The World Health Organization (WHO) defines child abuse as: "All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment, and commercial or other exploitation that results in actual or potential harm to the child's health, development or dignity". Child abuse is often challenging to identify as it takes numerous forms, from the readily recognizable physical and sexual abuse to the less tangible emotional and psychological abuse [2].

Citation: Kerna NA, Holets HM, Hafid A, Pruitt KD, Carsrud NDV, Nwokorie U, Flores JV, Nomel R, Waugh S. "SCAN: A Succinct and Practical Guide for Recognizing and Reporting Suspected Child Abuse and Neglect". *EC Paediatrics* 10.7 (2021): 63-74.

The definition for child abuse, as defined in Section 3 of the Child Abuse Prevention and Treatment Act (CAPTA), states: “At a minimum, any recent act or set of acts or failure to act on the part of a parent or caretaker, which results in death, serious physical or psychological harm, sexual abuse or exploitation, or an act or failure to act, which presents an imminent risk of serious harm” [3].

Legal definitions of child neglect differ from state to state. The WHO (1999) defines child neglect as “The failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter, and safe living conditions”.

Neglect comprises acts of omission by the caregiver, while abuse includes acts of commission. A neglected child is at augmented danger to also experience psychological, physical, or sexual abuse. Types of child neglect include medical, supervision, safety, education, dental, nutrition, prenatal drug exposure, shelter (home), hygiene, clothing, nurturance, and affection (love) [4].

Discussion

Age parameters

Child maltreatment is the abuse and neglect of children under 18 years of age experience. Approximately 3 out of 4 children—or 300 million children ranging in the age group of 2 – 4 years regularly experience physical chastisement or psychological ferocity at the hands of parents or caregivers. Around 1 in 5 women and 1 in 13 men account for being sexually abused as a child between the ages of 0–17 years. One hundred and twenty million girls and young women under the age of 20 years have experienced some form of forced sexual contact. There is an estimated 40,150 homicide deaths in children under 18 years of age every year, some of which are probably due to child abuse. This estimate almost undoubtedly underestimates the actual degree of the problem, as a significant proportion of deaths owing to child maltreatment are inaccurately ascribed to drowning, burns, falls, and other causes [5].

Signs and symptoms of SCAN

Abuse recognizes no boundaries. It occurs in every country, at every socioeconomic level, in all races and ethnicities, and spans all education levels [6]. The physical abuse of children by their parents remained unknown and was brought to light with widespread attention and focus only after the publication of the article “The Battered Child Syndrome” in 1962—although the existence of child maltreatment could be traced back to centuries [7]. A literature review in 1993 that included a worldwide perspective of child abuse across countries concluded that the awareness of child abuse varied between societies, with more countries beginning to focus efforts on this area.

The countries considered included Africa, North America, South America, Asia, Australia, and Europe. The lack of data on the incidence of child abuse was noted in many of these countries; however, researchers attempted to rectify this data shortfall [8]. The prevalence of actual and SCAN has since led to legislation requiring the mandatory reporting of cases in some countries [9].

SCAN signs include sudden aggressive behavior, depression, anxiety, frequent absence from school, a lack of desire to go home, and a withdrawal from friends and other activities (Table 1).

Physical abuse	Sexual abuse	Psychological abuse	Neglect
Unexplained bruises, burn marks, fractures, and bite marks. Far-fetched explanations for the injuries. Explanations not matching the injuries.	Inappropriate sexual knowledge. Blood in child’s underwear. Pregnancy. Sexually transmitted diseases. Confirmation from the child of sexual abuse.	Lack of self-esteem. Withdrawal from friends and family. Refusal to go to school. Avoidance of social gatherings. Decrease in performance at school.	Poor hygiene. Inadequate clothing. Hoarding of food. Stealing. Poor school attendance. Lack of appropriate medical attention.
Common signs and symptoms: depression, anxiety, poor performance at school, attempts at running away, drug abuse.			
Adapted from https://www.mayoclinic.org/diseases-conditions/child-abuse/symptoms-causes/syc-20370864			

Table 1: Signs and symptoms of SCAN.

Physical abuse, in particular, may be detected by unexplained bruises, burns, and even fractures. Sexual abuse is harder to detect without a medical examination. However, the presence of blood in a child's underwear, inappropriate questions about sexual organs, pregnancy, and sexually transmitted diseases in teenagers having reached puberty are indicators of abuse. Psychological abuse is reflected by a complete withdrawal of the child from all social activities, a drop in performance levels, and self-confidence and esteem loss.

The signs of neglect are poor hygiene, inadequate clothing, stealing, coveting food, and being overweight or underweight. The specific signs vary depending on the abuse, although these signs are not conclusive of SCAN. Signs should be considered only as indicators or red flags that warrant further attention. Often, parental behavior— a belligerent attitude, constant belittling of the child, preventing the child from other social interactions, offering vague explanations of bruises are also indicators of abuse.

Medical diagnosis is relevant in the detection of SCAN. A medical opinion by a certified physician provides an accurate way to determine if specific physical injuries result from SCAN or not. The diagnosis should be specific for small children who cannot provide a verbal recount of the event. The manifestations of any clinical symptoms in abused children are identified by thorough medical examinations. Nevertheless, a misdiagnosis or an oversight by an untrained physician often hinders the identification of abuse.

Repeated facial trauma is a characteristic of physical child abuse. Physicians, dentists, and pediatric dentists are uniquely suited to identify these injuries [10]. Approximately 50% of all injuries are noted in the orofacial region; 15% target the head. Hence, the head and neck regions are the most commonly injured in children [11,12].

Abusive head trauma, otherwise known as a shaken baby syndrome, results in brain injury in infants and young children [13]. Unfortunately, it is difficult to detect due to the lack of external signs. A meta-analysis of 24 studies identified the clinical signs significantly associated with abusive head trauma: subdural or retinal hemorrhage, cerebral ischemia, skull fractures with intracranial injury, long bone and rib fracture in the absence of prior history [14]. Of course, other non-abuse causes of such trauma should be investigated and ruled out, such as accidents and sporting injuries.

While anogenital examinations of victims of sexual abuse are frequently negative, sexual abuse typically causes prepubertal genital bleeding, mandating the need for routine prepubertal genital examinations in females [15].

The epidemic number of SCAN worldwide emphatically indicates early detection and diagnostic accuracy in identifying abused children. Unfortunately, child abuse is often not identified when it occurs, and the screening methods have not been adequate. An analysis of 13 studies dealing with physical, sexual, and psychological abuse and physical neglect revealed a lack of the sensitivity of tools for detecting abused children [16].

In many instances, physical abuse was detected only upon the presentation of clinical symptoms. Thus, child abuse screening plays a vital role in the early detection of abused children. In general, an unstructured face-to-face interview was considered better at identifying physical abuse than the standard paper and pencil screens [17]. The emergency departments at hospitals are implementing a routine head-to-toe examination of children to detect SCAN. Contrary to expectations, such screening instruments are viewed favorably by parents [18]. Indeed, a combination of a screening checklist with a complete top-to-toe physical examination of 12,198 patients admitted to the emergency department significantly increased the number of test positives, leading to many child abuse cases being reported [19].

The scenario for reporting child abuse has changed drastically in recent years. Many countries have systems in place to respond to reports of child abuse. However, the socioeconomic and cross-cultural differences between developed and developing countries across continents significantly impacts the identification, prevention, and management of child abuse. In reality, SCAN is often overlooked or not reported due to the complex legal procedure inherent to its reporting.

Among healthcare professionals, physicians play a crucial role in detecting, identifying, and reporting SCAN. However, their capabilities are greatly influenced by the lack of formal training in this area, starting from their stint as medical students to residents and even young physicians.

The distinctions between physical abuse, psychological abuse, emotional abuse, and neglect

Physical abuse is defined as a non-accidental bodily injury inflicted on a child by hitting, slapping, pushing, pulling, biting, burning, violent shaking, or any other physical means to control the child. Sexual abuse is any sexual contact or exploitation of the child, or allowing such to be committed by another offender. Sexual acts include rape, fondling, indecent exposure, and the use of the child in any sexually explicit manner. Emotional abuse is more common than psychological abuse and is also a means of control, similar to physical abuse. It frequently takes the form of threatening to leave the child, being severely critical to shouting, or name-calling. Although emotional abuse is often considered to encompass psychological abuse, the latter aims to convince the child that it is incompetent or even crazed.

While abuse is extreme, neglect—whether physical or emotional— has a similar impact on the child as abuse. Physical neglect involves refusing to provide food, clothing, medical care, adequate shelter or supervision, and abandonment. Emotional neglect includes the refusal to spend time or displaying affection towards the child. More often, child abuse and neglect are recurrent patterns of behavior involving regular attacks that harm the child with damage directly related to the length of the abusive behavior. Young children are most at risk of physical abuse, whereas sexual abuse is more prevalent in children who have reached puberty or adolescence. Adolescents are also more likely to be abused by strangers or acquaintances from the community, while young children are often abused by a parent or relatives [20]. Adolescent cases have been stated to include more violence [20]. Often, each country or state has its laws and definitions of what constitutes abuse and procedures to allow intervention on behalf of the child [21,22].

Impact of SCAN awareness and reporting

Child abuse is a distressing phenomenon that happens throughout the world. The undesirable side effects of child mishandling are innumerable, and the degree of harm it causes the victims is inestimable. There are rules in place regarding the prevention or intervention of child abuse, including state legislature known as mandatory reporting. Hence, mandatory reporting has been a positive mechanism for increased reporting. The United States can exercise influence by executing universal mandatory reporting to benefit all the citizens who are accountable for reporting uncertainties of child abuse. One study examined the efficiency of universal mandatory reporting by comparing a speculative execution of this policy in Pennsylvania to the existing mandatory reporting policy in New York State. The study revealed a positive outcome of an increase in the number of validated reports of child abuse. The results were not statistically significant and consequently indecisive as to whether or not the benefits compensate the expense of this policy alteration—both financial and the probable cost of hurting children involved in unsupported reporting. Due to the media attention regarding abuse at Penn State University and Syracuse University (in the US), mandatory reporting is in the spotlight [23].

SCAN for medical students

The Liaison Committee of Medical Education is responsible for the accreditation of US Medical Schools and sets the standards for the medical education structure [24]. These criteria include receiving instruction on the diagnosis, prevention, reporting, and treatment of abuse. Although the standards of medical education demand learning in areas of child abuse, the curriculum development lies with the medical faculty. Thus, as a result, the curriculum varies across schools. However, the recent advances in this topic have improved the curricula across medical schools [25]. Nevertheless, the competency of medical students education in child abuse is still lacking.

In a study conducted in 1997, Alpert, *et al.* described 95% of medical schools to implement curricula in child abuse and neglect, with required instruction hours ranging from 0 – 16 hours [25]. In the entire four years of the medical school curriculum, the median number of hours on child abuse was reported as two hours and was primarily preclinical.

SCAN for medical residents

The lack of educational training in child abuse is compounded in medical residents. This void is observed explicitly in residents entering pediatrics who have no prior hands-on experience in managing cases of suspected child abuse.

Remarkably, the competence level of medical residents in handling child abuse cases was significantly associated with the number of didactic hours of training, the number of cases concerning child abuse and neglect encountered, and the length of the mandatory rotation, underlining the value of both didactic education and clinical experience in this area [26].

SCAN for physicians

The inadequate training during residency is reflected in the physician or the pediatrician's competency to conduct examinations of physically, emotionally, and sexually abused children. Due to this lacuna, the diagnosis of child abuse may be overlooked. Adequate training of physicians to recognize inflicted injuries saves lives [27]. About 31.2% of abused children with head trauma were misdiagnosed. Misdiagnosis occurred more frequently in very young white children from intact families without additional respiratory complications [27].

Medical training should be to provide all medical students with the core knowledge and skills to identify and assess SCAN. At the residency level, these skills are augmented by acquiring more specialized knowledge regarding the spectrum of injuries that occur and possible diseases that may mimic and lead to misdiagnosis. When physicians encounter more patients, these specific skills will be enhanced, and the physicians will develop an attitude better suited to handle these situations.

Reporting of SCAN

Recognizing SCAN is only the first step that must be followed when reporting it to the appropriate authorities. As a general rule, any perceived danger to a child should be immediately reported to the police, while abuse should be reported to the local child protective services. In the US, each state has its child protective services responsible for responding to SCAN reports. A state-by-state list of contact numbers for reporting SCAN is provided in the Supplementary Information section at the end of this article.

Most child protective services have a 24-hour hotline to report SCAN verbally. Many states require a mandated reporter to file a written follow-up report within a limited time frame after the verbal report. For example, California requires a mandated reporter to file a written report (Form SS 8572) within 36 hours of filing the verbal report. In Pennsylvania, an electronic submission within 48 hours of filing a verbal report is required. The contents of the electronic report should include the name and address of the child and family, age and sex of the victim, where the abuse occurred, the nature and extent of the abuse, the actions taken (medical tests, photographs, X-rays), and the details of the reporter (name, email and telephone number).

Mandatory reporting of SCAN

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN) has conducted surveys every two years since 1982 to stay current on developing laws and policies addressing child abuse and strengthening strategies where needed. The reports were published in *World Perspectives on Child Abuse*. Results of a survey of 73 countries classified as low- and middle-income countries (73.7%) and high-income countries (62.8%) reported having a national mandatory reporting law for child maltreatment [28]. However, there is a lack in these laws' enforcement and consistency across different countries, making these data difficult to interpret. Although many countries have adopted a legislative or policy-based approach to SCAN reporting, the US, Canada, and Australia are the three major countries that implement mandatory reporting of SCAN to prevent and curb child abuse [9].

Mandatory reporting is legally required by certain professions, primarily health care providers and educators. These professionals are likely to have regular contact with children and are trained to detect signs of abuse and neglect, and therefore are suitable to report the cases to child services [9]. In the United States, all physicians are legally required to report SCAN and are often called upon as expert witnesses in court [29]. Specific US states and all Canadian provinces (except the Yukon Territory) have adopted mandatory reporting for all of its citizens. However, there remains a lack of training in most of the population in detecting signs of abuse.

Importantly, in particular, physicians have a professional and ethical responsibility to report SCAN, especially if the reporting physician senses a repeat of such behavior, and being in is in the best interest of the child. Child welfare laws also obligate physicians to report SCAN, the failure of which renders them subject to adverse legal action.

Guidelines for physicians regarding mandatory reporting of SCAN are summarized below:

1. Physicians must comply with the legal, professional, and ethical duties of their profession.
2. Advice on reporting responsibilities in case of doubt may be obtained from the corresponding medical association.
3. Reasonable suspicion of child abuse or neglect must be reported to child services.
4. Any sign of physical, emotional, sexual, and psychological abuse must be reported.
5. Any risk that the child is likely to be physically, emotionally, sexually, or psychologically abused must be reported.
6. Any treatment essential to the child's physical well-being and development that is not consented to by the parent or guardian must be reported.
7. SCAN must be reported by the physician who detected it and not by a third party.

Medical residents hold a temporary medical license and, in general, perform less complex medical procedures. As they provide medical care to the patient, they must report SCAN evidence to their superior and the local authorities. Child maltreatment training has been incorporated into the medical curriculum and practical training in recent times. Besides, the value of including the reporting of child abuse to the state authorities has also been explicitly realized [30,31].

As medical students have little to no contact with patients before their clinical rotations, their obligations concerning SCAN lie in their civic responsibilities, and no legal mandates exist regarding the reporting of SCAN. It is of interest to note that medical students, despite their lack of clinical experience, are equally able to identify SCAN in case studies [32].

Comparative life of the abused or neglected child before and after recognizing and reporting SCAN

Most child abuse or neglect victims lead traumatic lives and, in the long-term, undergo depression, anxiety, and other physical and psychological trauma. These disorders, in turn, may impact cognitive and behavioral attitudes. The consequences of experiencing abuse or neglect vary from victim to victim, depending on the frequency, duration, and types of the abuse. In some instances, the effects are chronic and debilitating, while others suffer less adverse outcomes. A child's behavior is reflected in its emotional status. Given the stress of an abusive life, abused children feel unsafe and intimidated with feelings of distress and frustration daily. They develop attachment disorder symptoms, displaying control and anger issues, along with an exaggerated aversion to physical affection [6]. When an adolescent gets repeatedly beaten, he contemplates running away. In the case of a child in the same situation, any child's absence is well noticed and often reported by a neighbor, the school, friends, relatives, or people in the community, thereby hampering any means of escape. Suicide attempts are also disproportionately high in children suffering repeated abuse [33].

Even after SCAN reporting and the child's removal from an abusive environment, abuse or neglect victims' lives are pervaded with problems. Feelings of shame associated with the stigma of undergoing abuse dramatically interferes with a child's recovery from abuse [34]. Many survivors harbor fears of visiting a hospital or physician, which impacts the medical care they receive. They struggle to cope and find it challenging to deal with the intimate aspects of a relationship given their abuse. Survivors may also feel guilty due to the abuse, such as in instances where they indulge in unhealthy behaviors such as alcohol and substance abuse. Specifically, children who have undergone sexual abuse tend to depend on alcohol and other psychoactive substances. They may also exhibit behavioral problems, including aggression [35]. Suicidal inclination has also been observed in victims of sexual abuse.

SCAN has also been linked to the onset of psychiatric disorders arising in childhood [36]. Domestic violence and sexual abuse appear to specifically affect regions of the brain (auditory, visual, and somatosensory cortex) that process experience. Scientific evidence also points to alterations in brain development pathways that affect sensory systems, networks, and circuits that control emotional regulation [37]. Hence, it is not surprising that many survivors have some kind of psychological disorder that requires lifelong treatment to maintain normality. Thus, even years after past abuse has ceased, follow-up care in trauma clinics, counseling centers, and victim support organizations are indispensable to the victim's health.

Physician's standpoint before and after reporting SCAN

Given the plethora of information and the importance of recognizing, treating, and preventing SCAN, the question of not knowing what to do and how to report SCAN is no longer applicable. The appropriate child welfare agency and the state licensing board provide clear information on the physician's obligations and duties.

One of the greatest mistakes a physician can make is not knowing the pertinent laws regarding SCAN. Failure to report abuse, failure to recognize abuse, and failure to report abuse promptly are punishable by law. However, a lack of adherence to mandatory laws has been observed, and several factors have been identified that lead to the low reporting rates. A lack of training and uncertainty of the diagnosis, negative consequences to the child and family, family violence, previous experiences, and a fear of legal action from the parties involved are the several factors that affect the decision to report SCAN by a physician [38–41]. Besides, the variability in manifestations of child abuse making diagnosis difficult, the complexity of reporting laws, and the duty of a possible court appearance as a witness are compelling factors that lead physicians to ignore the signs or raise concerns that the facts are insufficient to file a report. The dilemma for a physician to report or not to report is not easy to resolve. Here, it is essential to note that physicians may be held legally responsible if they fail to diagnose child abuse, neglect, or have reasonable suspicion and yet fail to report it, especially if the child suffers harm due to such abuse or neglect.

A primary concern facing all physicians is the conflict between mandatory reporting and the ethical duty to maintain physician-patient confidentiality. However, the laws concerning the breaking of confidentiality are clearly defined (www.amboss.com). Such statutory exceptions to physician-patient confidentiality exist, for example, when it comes to public health and safety. The reporting of child abuse affords a similar exception, and physicians are allowed to break confidentiality when in suspicion that the child will be abused again in the future.

Legislation to defend children against abuse

Owing to its disturbing impact, shielding children from abuse and neglect is an essential role of governments. Besides action plans, governments play a significant role in monitoring the safety of children by endorsing and implementing legislation to avoid child abuse and protect children's rights. Legislation may be leveraged, compelling actions concerning child abuse, including corporal punishment banning, child marriage, statutory rape, and mutilation of the female genital. The advancement executed by the Member States in imple-

menting the WHO European Child Maltreatment Prevention Action Plan (2015–2020) at its midpoint was reported. Data was collected using a survey of government-appointed national data coordinators of 49 participating countries in the region. Results demonstrated reasonable progress is being made overall in attaining the WHO Action Plan’s goals. Progress of national policy for preventing child maltreatment has improved across the region, with three-quarters of countries reporting an action plan. Nonetheless, reporting must be up-to-date through robust national data. Scrutiny of child maltreatment is still inadequate in several countries, with data systems in low- and middle-income countries most in requirement of the establishment.

Legislation to prevent maltreatment is extensive; however, better enforcement is warranted. The execution of child maltreatment prevention programs, including home-visiting, parenting education, school, and hospital-based initiatives, has been enhanced, but the assessment of impact is needed.

According to the 41 Member States addresses who took part in consecutive surveys conducted in 2013 and 2017, the number of countries enacting laws to prevent child maltreatment since 2013 has increased [42].

Day-to-day news covers numerous articles on severe child abuse, more often sexual abuse, highlighting the horrors encountered by the children and the reality of the issue. Ultimately, it is the physician’s professional responsibility to address this serious health issue. Therefore, the following are considered crucial for the reporting physician’s civic and professional duties and responsibilities. The time invested in SCAN reporting, the procedures and the paperwork, the fear of legal action from the parent or guardian upon disclosure of the crime, and finally, the court appearances.

Conclusion

The reporting of child abuse and neglect has changed drastically in recent years. Many countries have policies regarding the reporting of child abuse and neglect. However, the socioeconomic and cross-cultural differences between developed and developing countries significantly influence the identification, prevention, and management of child abuse and neglect. Child abuse and neglect are commonly missed or go unreported due to complicated legal procedures.

Physicians perform a central role in detecting, identifying, and reporting SCAN. However, their capabilities to do so are considerably affected by a lack of formal training—while medical students, residents, or new physicians.

Child abuse is a significant public health concern with unfavorable outcomes that can carry into adulthood, adversely affecting the child’s physical, psychological, and emotional development. Approximately 25% of all children endure some form of abuse during their life. Any child’s negligence (a minor—under 18 years of age) by an adult resulting in harm or injury is regarded as child abuse.

Physical abuse is characterized as a non-accidental bodily injury perpetrated on a child by hitting, slapping, pushing, pulling, biting, burning, violent shaking, or any other physical means to repress the child. Sexual abuse is any contact or exploitation of the child, including performing and forcing sex acts upon the child. Sex acts include rape, fondling, indecent exposure, and the exploitation of the child in any sexually explicit manner. Emotional abuse is more widespread than psychological abuse, serving as a means of control. Related to physical abuse, it can take the form of threatening to leave the child, being severely scolding, shouting, or name-calling. Although emotional abuse comprises psychological abuse, the latter aims to persuade the child that they are incompetent, stupid, or crazed.

While abuse is extreme, neglect—whether physical or emotional—also impacts the child caused by abuse. Physical neglect includes refusing to provide food, clothing, medical care, adequate shelter or supervision, and abandonment. Emotional neglect includes the refusal to spend time or demonstrating affection towards the child. Child abuse and neglect are often repetitive behavior patterns involving frequent attacks that harm the child with damage directly related to the length of the abusive behavior.

Abuse knows no bounds. It occurs in every country, at every socioeconomic level, in all races and ethnicities, and spans all education levels. The indications of child abuse and neglect include unpredictable, aggressive behavior, depression, anxiety, frequent absence from school, wavering to return home, and a retreat from friends and activities. Physical abuse is surmised due to unexplained bruises, burns, or fractures. Sexual abuse is more challenging to detect without a medical examination. The signs of neglect are poor hygiene, inadequate clothing, stealing, obsessive desire for food, and being overweight or underweight.

Repeated facial injury is a characteristic of physical abuse. Physicians, dentists, and particularly pediatric dentists are uniquely placed to identify such injuries. Abusive head trauma, known as a shaken baby syndrome, results in brain injury in infants and young children. Nonetheless, it is hard to recognize due to the absence of external signs. While anogenital examinations of victims of sexual abuse are frequently negative, sexual abuse produces prepubertal genital bleeding, requiring routine prepubertal genital examinations in females.

Specialized and distinct knowledge is vital in recognizing and reporting SCAN for medical students, medical residents, and physicians. Further legislation is imperative to protect children against abuse and neglect. Public health programs advancing the awareness of the scope of child abuse and neglect and its identification are urgently needed. The abused or neglected child's life, well-being, and future can be significantly and decidedly improved with the cessation of the abuse and neglect.

Conflict of Interest Statement

The authors declare that this paper was written in the absence of any commercial or financial relationship that could be construed as a potential conflict of interest.

Supplementary Information

A state-by-state list of numbers for reporting SCAN is available on the child welfare website (<https://www.childwelfare.gov>).

In case of an emergency, professional crisis counselors are also available 24 hours a day, 7 days a week, by dialing the national hotline (1.800.4.A.CHILD or 1.800.422.4453).

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Citation: Kerna NA, Holets HM, Hafid A, Pruitt KD, Carsrud NDV, Nwokorie U, Flores JV, Nomel R, Waugh S. "SCAN: A Succinct and Practical Guide for Recognizing and Reporting Suspected Child Abuse and Neglect". *EC Paediatrics* 10.7 (2021): 63-74.

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Volume 10 Issue 7 July 2021

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