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Author(s): Stephen J. Pfohl

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THE "DISCOVERY" OF CHILD ABUSE*

STEPHEN J. PFOHL

Ohio State University

This paper represents a study of the organization of social forces which gave rise to the deviant labelling of child beating and which promoted the speedy and universal enactment of criminal legislation in the mid-1960s.

Initial consideration is given to an historical survey of social reaction prior to the formulation of a fixed label. Specific attention is focused on the nineteenth-century "house of refuge movement," early twentieth-century crusades by the Society for the Prevention of Cruelty to Children and the rise of juvenile courts. A second section concentrates on the web of cultural values related to the protection of children at the time of the "discovery" of abuse as deviance. A third section examines factors associated with the organizational structure of the medical profession conducive to the "discovery" of a particular deviant label. The final segment of the paper concerns resultant social reaction. The paper synthesizes conflict and labelling perspectives in providing an interpretation of a particular social-legal development.

Despite documentary evidence of child beating throughout the ages, the "discovery" of child abuse as deviance and its subsequent criminalization are recent phenomena. In a four-year period beginning in 1962, the legislatures of all fifty states passed statutes against the caretaker's abuse of children. This paper is a study of the organization of social forces which gave rise to the deviant labeling of child beating and which promoted speedy and universal enactment of criminal legislation. It is an examination of certain organized medical interests, whose concern in the discovery of the "battered child syndrome" manifestly contributed to the advance of humanitarian pursuits while covertly rewarding the groups themselves.

The structure of the present analysis is fourfold: First, an historical survey of social reaction to abusive behavior prior to the formulation of fixed labels during the early sixties, focussing on the impact of three previous reform movements. These include the nineteenth-century "house-of-refuge" movement, early twentieth century crusades by the Society for the Prevention of Cruelty to Children, and the rise of juvenile courts. The second section concentrates on the web of cultural values related to the protection of children at the time of the "discovery" of abuse as deviance. A third section examines factors associated with the organizational structure of the medical profession conducive to the "discovery" of a particular type of deviant label. The fourth segment discusses social reaction. Finally, the paper provides a sociological interpretation of a particular social-legal development. Generically it gives support for a synthesis of conflict and labeling perspectives in the sociology of deviance and law.

THE HISTORY OF SOCIAL REACTION: PREVENTATIVE PENOLOGY AND "SOCIETY SAVING."

The purposeful beating of the young has for centuries found legitimacy in beliefs of its necessity for achieving disciplinary, educational or religious obedience (Radbill, 1968). Both the Roman legal code of "Patria Potestas" (Shepard, 1965), and the English common law

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(Thomas, 1973), gave guardians limitless power over their children who, with chattel-like status, had no legal right to protection.

The common law heritage of America similarly gave rise to a tradition of legitimized violence toward children. Legal guardians had the right to impose any punishment deemed necessary for the child's upbringing. In the seventeenth century, a period dominated by religious values and institutions, severe punishments were considered essential to the "sacred" trust of child-rearing (Earle, 1926:119-126). Even in the late eighteenth and early nineteenth centuries, a period marked by the decline of religious domination and the rise of rationalism and a proliferation of statutes aimed at codifying unacceptable human behavior, there were no attempts to prevent caretaker abuse of children. A major court in the state of North Carolina declared that the parent's judgment of need for a child's punishment was presumed to be correct. Criminal liability was said to exist only in cases resulting in "permanent injury" (*State v. Pendergass*, in Paulsen, 1966b:686).

I am not suggesting that the American legal tradition failed to recognize any abuse of discipline as something to be negatively sanctioned. A few cases resulting in the legal punishment of parents who murdered their children, have been recorded. But prior to the 1960's socio-legal reactions were sporadic, and atypical of sustained reactions against firmly labeled deviance.

Beginning in the early nineteenth century, a series of three reform movements directed attention to the plight of beaten, neglected and delinquent children. These included the nineteenth century "house-of-refuge" movement, the turn of the century crusades by the Society for the Prevention of Cruelty to Children and the early twentieth century rise of juvenile courts. Social response, however, seldom aimed measures at ameliorating abuse or correcting abusive parents. Instead, the child, rather than his or her guardians, became the object of humanitarian reform.

In each case the primary objective was not to save children from cruel or abusive parents, but to save society from future delinquents. Believing that wicked and irresponsible behavior was engendered by the evils of poverty and city life, these movements sought to curb criminal tendencies in poor, urban youths by removing them from corrupt environments and placing them in institutional settings. There they could learn order, regularity and obedience (Rothman, 1970). Thus, it was children, not their abusive guardians, who felt the weight of the moral crusade. They, not their parents, were institutionalized.

The "House of Refuge" Movement

Originating in the reformist dreams of the Jacksonian era, the so-called "House of Refuge Movement" sought to stem the social pathologies of an industrializing nation by removing young people, endangered by "corrupt urban environments," to institutional settings. Neglect statutes providing for the removal of the young from bad home lives were originally enacted to prevent children from mingling freely with society's dregs in almshouses or on the streets. In 1825, the first statute was passed and the first juvenile institution, the New York House of Refuge, was opened. Originally privately endowed, the institution soon received public funds to intervene in neglectful home situations and transplant children to a controlled environment, where they shared a "proper growing up" with other vagrant, abandoned and neglected youths as well as with delinquents who had violated criminal statutes. Similar institutions were established in Philadelphia and Boston a year later, in New Orleans in 1845, and in Rochester and Baltimore in 1849.

The Constitutionality of the neglect statutes, which formed the basis for the House of Refuge Movement, was repeatedly challenged on the grounds that it was really imprisonment without due process. With few exceptions court case after court case upheld the policy of

social intervention on the Aristotelian principle of “*parens patriae*.” This principle maintained that the State has the responsibility to defend those who cannot defend themselves, as well as to assert its privilege in compelling infants and their guardians to act in ways most beneficial to the State.

The concept of preventive penology emerged in the wording of these court decisions. A distinction between “delinquency” (the actual violation of criminal codes) and “dependency” (being born into a poor home with neglectful or abusive parents) was considered irrelevant for “child saving.” The two were believed to be intertwined in poverty and desolation. If not stopped, both would perpetuate themselves. For the future good of both child and society, “*parens patriae*” justified the removal of the young before they became irreparably tainted (Thomas, 1972:322-323).

The underlying concept of the House of Refuge Movement was that of preventive penology, not child protection. This crusade registered no real reaction against child beating. The virtue of removing children from their homes was not to point up abuse or neglect and protect its victims, it was to decrease the likelihood that parental inadequacies, the “cause of poverty,” would transfer themselves to the child and hence to the next generation of society (Giovannoni, 1971:652). Thus, as indicated by Zalba (1966), the whole nineteenth century movement toward institutionalization actually failed to differentiate between abuse and poverty and therefor registered no social reaction against beating as a form of deviance.

Mary Ellen, the SPCC, and a Short-Lived Social Reaction

The first period when public interest focussed on child abuse occurred in the last quarter of the nineteenth century. In 1875, the Society for the Prevention of Cruelty to Animals intervened in the abuse case of a nine-year old girl named Mary Ellen who had been treated viciously by foster parents. The case of Mary Ellen was splashed across the front pages of the nation's papers with dramatic results. As an outgrowth of the journalistic clamor, the New York Society for the Prevention of Cruelty to Children was formed. Soon incorporated under legislation that required law enforcement and court officials to aid agents of authorized cruelty societies, the NYSPCC and other societies modeled after it undertook to prevent abuse.

Though the police functions of the anti-cruelty societies represented a new reaction to abuse, their activities did not signify a total break with the society-saving emphasis of the House of Refuge Movement. In fact, three lines of evidence suggest that the SPCC enforcement efforts actually withheld a fixed label of deviancy from the perpetrators of abuse, in much the same manner as had the House of Refuge reforms. First, the “saving” of the child actually boosted the number of children placed in institutions, consequently supporting House of Refuge activities (Thomas, 1972:311). Second, according to Falks (1970:176), interorganizational dependency grew between the two reform movements; best evidenced by the success of SPCC efforts in increasing public support to childcare institutions under the auspices of House of Refuge groups. Finally, and perhaps most convincingly, natural parents were not classified as abusers of the great majority of the so-called “rescued children.” In fact, the targets of these savings missions were cruel employers and foster or adopted parents (Giovannoni, 1971:653). Rarely did an SPCC intervene against the “natural” balance of power between parents and children. The firmness of the SPCC's alleged social action against abuse appears significantly dampened by its reluctance to shed identification with the refuge house emphasis on the “industrial sins of the city” and to replace it with a reaction against individuals.

The decline of the SPCC movement is often attributed to lack of public interest, funding problems, mergers with other organizations and the assumption of protection services by

public agencies (Felder, 1971:187). Its identification with the House of Refuge Movement also contributed to its eventual demise. More specifically, the House of Refuge emphasis on the separation of child from family, a position adopted and reinforced by the SPCC's activities, came into conflict with perspectives advocated by the newly-emerging professions of social work and child psychology (Kadushen, 1967:202f). Instead of removing the child from the home, these new interests emphasized efforts to unite the family (Thomas, 1972). This latter position, backed by the power of professional expertise, eventually undercut the SPCC's policy of preventive policing by emphasizing the protection of the home.

The erosion of the SPCC position was foreshadowed by the 1909 White House Conference on Children. This Conference proclaimed that a child should not be removed from his or her home for reasons of poverty alone, and called for service programs and financial aid to protect the home environment. Yet, the practice of preventive policing and institutionalization did not vanish, due, in part, to the development of the juvenile court system. The philosophy and practice of this system continued to identify abuse and neglect with poverty and social disorganization.

The Juvenile Court and the Continued Shadow of Abuse

The founding of the first juvenile court in Illinois in 1899 was originally heralded as a major landmark in the legal protection of juveniles. By 1920, courts were established in all but three states. Nonetheless, it is debatable that much reform was accomplished by juvenile court legislation. Coalitions of would-be reformers (headed by various female crusaders and the commissioners of several large public reformatories) argued for the removal of youthful offenders from adult institutions and advocated alteration of the punitive, entrepreneurial and sectarian "House of Refuge" institutions (Fox, 1970:1225-29). More institutions and improved conditions were demanded (Thomas, 1972:323). An analysis of the politics of juvenile court legislation suggests, however, that successful maneuvering by influential sectarian entrepreneurs resulted in only a partial achievement of reformist goals (Fox, 1970:1225-26). Legislation did remove juveniles from adult institutions. It did not reduce the House of Refuge Movement's control of juvenile institutions. Instead, legislation philosophically supported and financially reinforced the Movement's "society-saving" operation of sectarian industrial schools (Fox, 1970:1226-27).

The channeling of juvenile court legislation into the "society-saving" mold of the House of Refuge Movement actually withheld a deviant label from abusive parents. Even the reformers, who envisioned it as a revolution in child protection, did not see the court as protection from unfit parents. It was meant instead to prevent the development of "lower class" delinquency (Platt, 1969) and to rescue "those less fortunate in the social order" (Thomas, 1972:326). Again, the victims of child battering were characterized as pre-delinquents, as part of the general "problem" of poverty. These children, not their guardians, were the targets of court action and preventive policies. The courts, like the House of Refuge and SPCC movements before them, constrained any social reaction which would apply the label of deviant to parents who abused their children.

SOCIAL REACTION AT MID-CENTURY: THE CULTURAL SETTING FOR THE "DISCOVERY" OF ABUSE.

The Decline of Preventative Penology

As noted, preventative penology represented the philosophical basis for various voluntary associations and legislative reform efforts resulting in the institutionalization of neglected or abused children. Its primary emphasis was on the protection of society. The decline of pre-

ventive penology is partially attributed to three variables: the perceived failure of "institutionalization," the impact of the "Great Depression" of the 1930's, and a change in the cultural meaning of "adult vices."

In the several decades prior to the discovery of abuse, the failure of institutionalization to "reorder" individuals became increasingly apparent. This realization undermined the juvenile courts' role in administering a pre-delinquency system of crime prevention. Since the rise of juvenile courts historically represented a major structural support for the notion of preventative penology, the lessening of its role removed a significant barrier to concern with abuse as an act of individual victimization. Similarly, the widespread experience of poverty during the Great Depression weakened other beliefs in preventive penology. As impersonal economic factors impoverished a great number of citizens of good moral credentials, the link between poverty and immorality began to weaken.

Another characteristic of the period immediately prior to the discovery of abuse was a changing cultural awareness of the meaning of adult vice as indices of the future character of children. "Parential immoralities that used to be seen as warnings of oncoming criminality in children [became] acceptable factors in a child's homelife" (Fox, 1970:1234). Parental behavior such as drinking, failing to provide a Christian education, and refusing to keep a child busy with useful labor, were no longer classified as unacceptable nor deemed symptoms of immorality transmitted to the young. Hence, the saving of society from the tainted young became less of a mandate, aiding the perception of social harm against children as "beings" in themselves.

Advance of Child Protection

Concurrent with the demise of "society-saving" in the legal sphere, developments in the fields of child welfare and public policy heightened interest in the problems of the child as an individual. The 1909 White House Conference on Children spawned both the "Mother's Aid" Movement and the American Association for the Study and Prevention of Infant Mortality. The former group, from 1910 to 1930, drew attention to the benefits of keeping children in the family while pointing out the detrimental effects of dehumanizing institutions. The latter group then, as now, registered concern over the rate of infant deaths.

During the first half of the twentieth century, the Federal Government also met the issue of child protection with legislation that regulated child labor, called for the removal of delinquent youths from adult institutions, and established, in 1930, a bureaucratic structure whose purpose revolved around child protection. The Children's Bureau of HEW immediately adopted a "Children's Charter" promising every child a home with love and security plus full-time public services for protection from abuse, neglect, exploitation or moral hazard (Radbill, 1968:15).

Despite the growth of cultural and structural dispositions favoring the protection and increased rights of children, there was still no significant attention given to perpetrators of abuse, in the courts (Paulsen, 1966:710), in the legislature (DeFrancis, 1967:3), or by child welfare agencies (Zalba, 1966). While this inactivity may have been partly caused by the lack of effective mechanisms for obtaining data on abuse (Paulsen, 1966:910), these agencies had little social incentive for interfering with an established power set—the parent over the child. As a minority group possessing neither the collective awareness nor the elementary organizational skills necessary to address their grievances to either the courts or to the legislators, abused and neglected children awaited the advocacy of some other organized interest. This outside intervention would not, however, be generated by that sector of "organized helping" most closely associated with the protective needs of children—the growing web of child welfare bureaucracies at State and Federal levels. Social work had identified its professional ad-

vance with the adoption of the psychoanalytic model of casework (Zalba, 1966). This perspective, rather than generating a concern with political inequities internal to the family, focused instead on psychic disturbances internal to its members. Rather than challenging the strength of parents, this served to reinforce the role of powerful guardians in the rearing of young.

Nor would advocacy come from the public at large. Without organized labeling interests at mid-century, child abuse had not become an issue publicly regarded as a major social problem. In fact, a fairly general tolerance for abuse appeared to exist. This contention is supported by the findings of a nationwide study conducted by NORC during the period in which laws against abuse were actually being adopted (Gil & Nobel, 1969). Despite the wide-scale publicizing of abuse in this "post-discovery" period, public attitudes remained lenient. Data revealed a high degree of empathy with convicted or suspected perpetrators (Gil, 1970: 63-67). These findings are understandable in light of cultural views accepting physical force against children as a nearly universally applied precept of intrafamilial organization (Goode, 1971). According to the coordinator of the national survey, "Culturally determined permissive attitudes toward the use of physical force in child rearing seem to constitute the common core of all physical abuse of children in American society" (Gil, 1970:141).

While the first half of the twentieth century is characterized by an increasing concern for child welfare, it developed with neither an organizational nor attitudinal reaction against child battering as a specific form of deviance. The "discovery" of abuse, its definition as a social problem and the socio-legal reaction against it, awaited the coalition of organized interests.

THE ORGANIZATION OF SOCIAL REACTION AGAINST THE "BATTERED CHILD SYNDROME"

What organization of social forces gave rise to the discovery of abuse as deviance? The discovery is not attributable to any escalation of abuse itself. Although some authors have recently suggested that the increasing nuclearization of the family may increase the victimization of its offspring (Skolnick & Skolnick, 1971), there has never been any evidence that, aside from reporting inflation due to the impact of new laws, battering behavior was actually increasing (Eads, 1972). The attention here is on the organizational matrix encouraging a recognition of abuse as a social problem. In addressing this issue I will examine factors associated with the organizational structure of the medical profession leading to the discovery of abuse by pediatric radiologists rather than by other medical practitioners.

The "discovery" of abuse by pediatric radiology has often been described chronologically (Radbill, 1968:15; McCoid, 1965:2-5; Thomas, 1972:330). John Coffey (1946) first linked observed series of long bone fractures in children with what he termed some "unspecific origin." Although his assumption was that some physical disturbance would be discovered as the cause of this pattern of "subdural hematoma," Coffey's work prompted a series of further investigations into various bone injuries, skeletal trauma, and multiple fractures in young children. These research efforts lead pediatric radiology gradually to shift its diagnosis away from an internal medical explication toward the ascription of social cause.

In subsequent years it was suggested that what was showing up on x-rays might be the results of various childhood accidents (Barmeyer, *et al.*, 1951), of "parental carelessness" (Silverman, 1953), of "parental conduct" (Bakwin, 1956), and most dramatically, of the "indifference, immaturity and irresponsibility of parents" (Wooley & Evans, 1955). Surveying the progression of this research and reviewing his own investigations, Coffey (1957) later specified "misconduct and deliberate injury" as the primary etiological factors associated with what he had previously labelled "unspecific trauma." The discovery of abuse was on its way. Both in scholarly research (McCoid, 1966:7) and journalistic outcry (Radbill, 1968:16), the last years of the fifties showed dramatically increased concern for the beaten child.

Why did pediatric radiologists and not some other group “see” abuse first? Legal and social welfare agents were either outside the scene of abusive behavior or inside the constraining vision of psychoanalytically committed casework. But clinicians, particularly hospital physicians and pediatricians, who encountered abused children more immediately, should have discovered “abuse” before the radiologists.

Four factors impeded the recognition of abuse (as it was later labeled). First, some early research maintained that doctors in emergency room settings were simply unaware of the possibilities of “abuse” as a diagnosis (Bain, 1963; Boardman, 1962). While this may be true, the massive symptoms (blood, burns, bruises) emergency room doctors faced far outweighed the lines appearing on the x-ray screens of radiologic specialists. A second line of evidence contends that many doctors were simply psychologically unwilling to believe that parents would inflict such atrocities on their own children (Elmer, 1960; Fontana, Donovan, Wong, 1963; Kempe *et al.*, 1963). This position is consistent with the existing cultural assumptions pairing parental power with parental wisdom and benevolence. Nonetheless, certain normative and structural elements within professional medicine appear of greater significance in reinforcing the physician’s reluctance to get involved, even diagnostically. These factors are the “norm of confidentiality between doctor and client” and the goal of professional autonomy.

The “norm of confidentiality” gives rise to the third obstacle to a diagnosis of abuse: the possibility of legal liability for violating the confidentiality of the physician-patient relationship (Boardman, 1962). Interestingly, although some research connotes doctors’ concern over erroneous diagnosis (Braun, Braun & Simonds, 1963), physicians primarily view the parent, rather than the child, as their real patient. On a strictly monetary level, of course, it is the parent who contracts with the doctor. Additional research has indicated that, particularly in the case of pediatricians, the whole family is viewed as one’s clinical domain (Bucher & Strauss, 1961:329). It is from this vantage point that the impact of possible liability for a diagnostic disclosure is experienced. Although legal liability for a diagnosis of abuse may or may not have been the risk (Paulsen, 1967b:32), the belief in such liability could itself have contributed to the narrowness of a doctor’s diagnostic perceptions (McCoid, 1966:37).

A final deterrent to the physician’s “seeing” abuse is the reluctance of doctors to become involved in a criminal justice process that would take both their time (Bain, 1963:896) and ability to guide the consequences of a particular diagnosis (Boardman, 1962:46). This deterrent is particularly related to the traditional success of organized medicine in politically controlling the consequences of its own performance, not just for medical practitioners but for all who come in contact with a medical problem (Freidson, 1969:106; Hyde, *et al.*, 1954).

The political control over the consequences of one’s profession would be jeopardized by the medical diagnosis of child abuse. Doctors would be drawn into judicial proceedings and subordinated to a role as witnesses. The outcome of this process would be decided by criminal justice standards rather than those set forth by the medical profession. Combining this relatively unattractive alternative with the obvious and unavoidable drain on a doctor’s financial earning time, this fourth obstacle to the clinician’s discovery of abuse is substantial.

Factors Conducive to the Discovery of Abuse by Pediatric Radiology

Why didn’t the above factors inhibit the discovery of abuse by pediatric radiologists as well as by clinicians? First it must be recognized that the radiologists in question (Caffey, Barmeyer, Silverman, Wooley and Evans) were all researchers of children’s x-rays. As such, the initial barrier becomes irrelevant. The development of diagnostic categories was a consequence rather than a pre-condition of the medical mission. Regarding the psychological denial of parental responsibility for atrocities, it must be remembered that the dramatic

character of a beating is greatly reduced by the time it reaches an x-ray laboratory. Taken by technicians and developed as black and white prints, the radiologic remnants of abuse carry with them little of the horror of the bloody assault.

With a considerable distance from the patient and his or her family, radiologists are removed from the third obstacle concerning legal liabilities entailed in violating the doctor-patient relationship. Unlike pediatricians, radiologists do not routinely regard the whole family as one's clinical domain. Of primary importance is the individual whose name or number is imprinted on the x-ray frames. As such, fears about legal sanctions instigated by a parent whom one has never seen are less likely to deter the recognition of abuse.

Given the irrelevance of the first three obstacles, what about the last? Pediatric radiologists are physicians, and as such would be expected to participate in the "professional control of consequences" ethos. How is it that they negotiate this obstacle in favor of public recognition and labelling of abuse?

The Discovery: An Opportunity for Advancement Within the Medical Community

To ask why the general norm of "professional control of consequences" does not apply equally to radiologists as to their clinical counterparts is to confuse the reality of organized medicine with its image. Although the medical profession often appears to outsiders as a separate and unified community within a community (Goode, 1957), and although medical professionals generally favor the maintenance of this image (Glaser, 1960), it is nonetheless more adequately described as an organization of internally competing segments, each striving to advance its own historically derived mission and future importance (Bucher & Strauss, 1961). In analyzing pediatric radiology as one such segment, several key variables facilitated its temporary parting with the dominant norms of the larger medical community. This parting promoted the elevation of its overall status within that community.

The first crucial element is that pediatric radiology was a marginal specialty within organized medicine. It was a research-oriented subfield in a profession that emphasized face-to-face clinical interaction. It was a safe intellectual endeavor within an overall organization which placed a premium on risky pragmatic enterprise. Studies of value orientations among medical students at the time of the "discovery" of abuse have suggested that those specialties which stress "helping others," "being of service," "being useful," and "working with people" were ranked above those which work "at medical problems that do not require frequent contact with patients" (Cahalan, 1957). On the other hand, intellectual stimulation afforded very little prestige. Supporting this conclusion was research indicating that although forty-three percent of practicing physicians selected "close patient relations" as a mandate of their profession, only twenty-four percent chose "research" as worthy of such an evaluation (Philips, 1964). Pairing this ranking system with the profession's close-knit, "fraternity-like" communication network (Hall, 1946), one would expect research-oriented radiologists to be quite sensitive about their marginal evaluation by colleagues.

Intramedical organizational rankings extend along the lines of risk-taking as well as patient-encounters. Here, too, pediatric radiologists have traditionally ranked lower than other medical specialties. Becker's (1961) study of medical student culture suggests that the most valued specialties are those which combine wide experiences with risk and responsibility. These are most readily "symbolized by the possibility of killing or disabling patients in the course of making a mistake" (Freidson, 1969:107). From this perspective, it is easy to understand why surgery and internal medicine head the list of the most esteemed specialties. Other research has similarly noted the predominance of surgeons among high elected officials of the American Medical Association (Hall, 1946). Devoid of most risk taking, little involved in life or death decisions, pediatric radiologists are again marginal to this ethos of medical culture.

The “discovery” of child abuse offered pediatric radiologists an alternative to their marginal medical status. By linking themselves to the problem of abuse, radiologists became indirectly tied into the crucial clinical task of patient diagnosis. In addition, they became a direct source of input concerning the risky “life or death” consequences of child beating. This could represent an advance in status, a new basis for recognition within the medical profession. Indeed, after initial documentation of abuse, literature in various journals of radiology, roentgenology and pediatrics, articles on this topic by Wooley and Evans (1955) and Gwinn, deWin and Peterson (1961) appeared in the *Journal of the American Medical Association*. These were among the very few radiologic research reports published by that prestigious journal during the time period. Hence, the first factor conducive to the radiological discovery of abuse was a potential for intraorganizational advance in prestige.

The Discovery: An Opportunity for Coalition Within the Medical Community

A second factor encouraging the discovery of abuse by relatively low-status pediatric radiologists concerns the opportunity for a coalition of interests with other more prestigious segments within organized medicine. The two other segments radiologists joined in alliance were pediatrics and psychodynamically oriented psychiatry. By virtue of face-to-face clinical involvements, these specialties were higher ranking than pediatric radiology. Nevertheless each contained a dimension of marginality. Pediatrics had attained valued organizational status several decades prior to the discovery of abuse. Yet, in an age characterized by preventive drugs and treatments for previously dangerous or deadly infant diseases, it was again sliding toward the margins of the profession (Bucher & Strauss, 1961). Psychodynamic psychiatry (as opposed to its psychosomatic cousin) experienced marginality in dealing with non-physical problems.

For both pediatrics and psychodynamic psychiatry, links with the problem of abuse could partially dissipate the respective marginality of each. Assuming a role in combatting the “deadly” forces of abuse could enlarge the “risky” part of the pediatric mission. A symbolic alliance of psychodynamic psychiatry with other bodily diagnostic and treatment specialties could also function to advance its status. Neither of these specialties was in a position to “see” abuse before the radiologists. Pediatricians were impeded by the obstacles discussed above. Psychiatrists were blocked by the reluctance of abusive parents to admit their behavior as problematic (Steele & Pollock, 1968). Nonetheless, the interests of both could perceivably be advanced by a coalition with the efforts of pediatric radiologists. As such, each represented a source of potential support for pediatric radiologists in their discovery of abuse. This potential for coalition served to reinforce pediatric radiology in its movement toward the discovery of abuse.

The Discovery: An Opportunity for the Application of an Acceptable Label

A crucial impediment to the discovery of abuse by the predominant interests in organized medicine was the norm of controlling the consequences of a particular diagnosis. To diagnose abuse as social deviance might curtail the power of organized medicine. The management of its consequences would fall to the extramedical interests of formal agents of social control. How is it then, that such a diagnosis by pediatric radiology and its endorsement by pediatric and psychiatric specialties, is said to have advanced these specialties within the organization of medicine? Wasn't it more likely that they should have received criticism rather than acclaim from the medical profession?

By employing a rather unique labelling process the coalition of discovery interests were able to convert the possible liability into a discernible advantage. The opportunity of generating a medical, rather than socio-legal label for abuse provided the radiologists and their

allies with a situation in which they could both reap the rewards associated with the diagnosis and avoid the infringement of extra-medical controls. What was discovered was no ordinary behavior form but a "syndrome." Instead of departing from the tradition of organized medicine, they were able to idealize its most profound mission. Possessing a repertoire of scientific credibility, they were presented with the opportunity "to label as illness what was not previously labeled at all or what was labeled in some other fashion, under some other institutional jurisdiction" (Freidson, 1971:261).

The symbolic focal point for the acceptable labeling of abuse was the 1962 publication of an article entitled "The Battered Child Syndrome" in the *Journal of the American Medical Association* (Kempe *et al.*, 1962). This report, representing the joint research efforts of a group of radiologic, pediatric, and psychiatric specialists, labelled abuse as a "clinical condition" existing as an "unrecognized trauma" (Kempe, 1962:17). It defined the deviance of its "psychopathic" perpetrators as a product of "psychiatric factors" representing "some defect in character structure" (Kempe, 1962:24). As an indicator of prestige within organized medicine, it is interesting to note that the position articulated by these labellers was endorsed by the editorial board of the AMA in that same issue of *JAMA*.

As evidenced by the AMA editorial, the discovery of abuse as a new "illness" reduced drastically the intra-organizational constraints on doctors' "seeing" abuse. A diagnostic category had been invented and publicized. Psychological obstacles in recognizing parents as capable of abuse were eased by the separation of normatively powerful parents from non-normatively pathological individuals. Problems associated with perceiving parents as patients whose confidentiality must be protected were reconstructed by typifying them as patients who needed help. Moreover, the maintenance of professional autonomy was assured by pairing deviance with sickness. This last statement is testimony to the power of medical nomenclature. It was evidenced by the fact that (prior to its publication) the report which coined the label "battered child syndrome" was endorsed by a Children's Bureau conference which included social workers and law enforcement officials as well as doctors (McCoid, 1965:12).

The Generation of the Reporting Movement

The discovery of the "battered child syndrome" was facilitated by the opportunities for various pediatric radiologists to advance in medical prestige, form coalitions with other interests, and invent a professionally acceptable deviant label. The application of this label has been called the child abuse reporting movement. This movement was well underway by the time the 1962 Children's Bureau Conference confirmed the radiological diagnosis of abuse. Besides foreshadowing the acceptance of the sickness label, this meeting was also the basis for a series of articles to be published in *Pediatrics* which would further substantiate the diagnosis of abuse. Soon, however, the reporting movement spread beyond intraorganizational medical maneuvering to incorporate contributions from various voluntary associations, governmental agencies, as well as the media.

Extramedical responses to the newly discovered deviance confirmed the recognition of abuse as an illness. These included reports by various social welfare agencies which underscored the medical roots of the problem. For instance, the earliest investigations of the problem by social service agents resulted in a call for cooperation with the findings of radiologists in deciding the fate of abusers (Elmer, 1960:100). Other studies called for "more comprehensive radiological examinations" (Boardman, 1962:43). That the problem was medical in its roots as well as consequences was reinforced by the frequent referral of caseworkers to themselves as "battered child therapists" whose mission was the "curing" of "patients" (Davoren, 1968). Social welfare organizations, including the Children's Division of the American Humane Association, the Public Welfare Association, and the Child Welfare League,

echoed similar concerns in sponsoring research (Children's Division, 1963; DeFrancis, 1963) and lobbying for "treatment based" legislative provisions (McCoid, 1965).

Not all extramedical interests concurred with treatment of abusers as "sick." Various law enforcement voices argued that the abuse of children was a crime and should be prosecuted. On the other hand, a survey of thirty-one publications in major law journals between 1962-1972 revealed that nearly all legal scholars endorsed treatment rather than punishment to manage abusers. Lawyers disagreed, however, as to whether reports should be mandatory and registered concern over who should report to whom. Yet, all concurred that various forms of immunity should be granted reporters (Paulsen, 1967a; DeFrancis, 1967). These are all procedural issues. Neither law enforcers nor legal scholars parted from labelling abuse as a problem to be managed. The impact of the acceptable discovery of abuse by a respected knowledge sector (the medical profession) had generated a stigmatizing scrutiny bypassed in previous eras.

The proliferation of the idea of abuse by the media cannot be underestimated. Though its stories were sensational, its credibility went unchallenged. What was publicized was not some amorphous set of muggings but a "syndrome." Titles such as "Cry rises from beaten babies" (*Life*, June 1963), "Parents who beat children" (*Saturday Evening Post*, October 1962), "The shocking price of parental anger" (*Good Housekeeping*, March 1964), and "Terror struck children" (*New Republic*, May 1964) were all buttressed by an awe of scientific objectivity. The problem had become "real" in the imaginations of professionals and laymen alike. It was rediscovered visually by ABC's "Ben Casey," NBC's "Dr. Kildare," and CBS's "The Nurses," as well as in several other television scripts and documentaries (Paulsen, 1967b: 488-89).

Discovered by the radiologists, substantiated by their colleagues, and distributed by the media, the label was becoming widespread. Despite this fact, actual reporting laws were said to be the cooperative accomplishments of zealous individuals and voluntary associations (Paulsen, 1967b:491). Who exactly were these "zealous individuals"?

Data on legislative lobbyists reveal that, in almost every state, the civic committee concerned with abuse legislation was chaired by a doctor who "just happened" to be a pediatrician (Paulsen, 1967b:491). Moreover, "the medical doctors who most influenced the legislation frequently were associated with academic medicine" (Paulsen, 1967b:491). This information provides additional evidence of the collaborative role of pediatricians in guiding social reaction to the deviance discovered by their radiological colleagues.

Lack of Resistance to the Label

In addition to the medical interests discussed above, numerous voluntary associations provided support for the movement against child abuse. These included the League of Women Voters, Veterans of Foreign Wars, the Daughters of the American Republic, the District Attorneys Association, Council of Jewish Women, State Federation of Womens Clubs, Public Health Associations, plus various national chapters of social workers (Paulsen, 1967b, 495). Two characteristics emerge from an examination of these interests. They either have a professional stake in the problem or represent the civic concerns of certain upper-middle class factions. In either case the labelers were socially and politically removed from the abusers, who in all but one early study (Steele and Pollock), were characterized as lower class and minority group members.

The existence of a wide social distance between those who abuse and those who label, facilitates not only the likelihood of labelling but nullifies any organized resistance to the label by the "deviant" group itself. Research findings which describe abusers as belonging to no outside-the-family associations or clubs (Young, 1964) or which portray them as iso-

lates in the community (Giovannoni, 1971) reinforce the conclusion. Labelling was generated by powerful medical interests and perpetuated by organized media, professional and upper-middle class concerns. Its success was enlarged by the relative powerlessness and isolation of abusers, which prevented the possibility of organized resistance to the labelling.

THE SHAPE OF SOCIAL REACTION

I have argued that the organizational advantages surrounding the discovery of abuse by pediatric radiology set in motion a process of labelling abuse as deviance and legislating against it. The actual shape of legislative enactments has been discussed elsewhere (DeFrancis, 1967; Paulsen, 1967a). The passage of the reporting laws encountered virtually no opposition. In Kentucky, for example, no one even appeared to testify for or against the measure (Paulsen, 1967b, 502). Any potential opposition from the American Medical Association, whose interests in autonomous control of the consequences of a medical diagnosis might have been threatened, had been undercut by the radiologists' success in defining abuse as a new medical problem. The AMA, unlikely to argue against conquering illness, shifted to support reporting legislation which would maximize a physician's diagnostic options.

The consequences of adopting a "sick" label for abusers is mirrored in two findings: the low rate of prosecution afforded offenders and the modification of reporting statutes so as exclusively to channel reporting toward "helping services." Regarding the first factor, Grumet (1970:306) suggests that despite existing laws and reporting statutes, actual prosecution has not increased since the time of abuse's "discovery." In support is Thomas (1972) who contends that the actual percentage of cases processed by family courts has remained constant during the same period. Even when prosecution does occur, convictions are obtained in only five to ten per cent of the cases (Paulsen, 1966b). And even in these cases, sentences are shorter for abusers than for other offenders convicted under the same law of aggravated assault (Grumet, 1970:307).

State statutes have shifted on reporting from an initial adoption of the Children's Bureau model of reporting to law enforcement agents, toward one geared at reporting to child welfare or child protection agencies (DeFrancis, 1970). In fact, the attention to abuse in the early sixties has been attributed as a factor in the development of specialized "protective interests" in states which had none since the days of the SPCC crusades (Eads, 1969). This event, like the emphasis on abuser treatment, is evidence of the impact of labelling of abuse as an "illness."

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