COMMUNITY AGENCIES AND CHILD ABUSE:

LABELING AND GATEKEEPING*

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Although there is evidence that child abuse has been a part of family relations throughout recorded history (Bakan, 1971; deMause, 1974, 1975; Newberger and Hyde, 1975; Radbill, 1974), child abusers and abused children have been among the missing persons of both professional literature on the family and of social service agency programs. The last ten years has seen a reversal in the trend of "selective inattention" (Dexter, 1958) to the problem of abuse and there is now a "knowledge explosion" in terms of literature and programs which focus on the abuse of children. This attention, while it may mislead some people into believing we are seeing a dramatic rise in the incidence and scope of abuse, has placed a great deal of pressure on those community agencies whose task it is to provide ameliorative services to families. These agencies find that they are called upon to seek out and identify cases of abuse (this active case seeking is a major contributor to the "dramatic rise" in child abuse incidence statistics), and to design and implement programs which treat abused children and their abusive caretakers.

The traditional ideology employed by the community agencies who come face to face with child abuse is that these agencies are reactors to the problem of abuse. This view sees abuse as a personal and family problem which requires individual and family services. As Paulson and Blake state, "the abusive father and mother represent a threat to the community" and it is the task of community agencies to "rehabilitate the parents" (1969: 93).

This paper proposes that agencies are far from simple reactors to social problems; rather, they play major and active roles in defining the nature and scope of the problem. Moreover, the definitions of the problem which they employ determine which cases are likely to be processed and which ones will be missed by these agencies.

CHILD ABUSE: INCIDENCE, CAUSE, AND PREVENTION AND TREATMENT

With the rapid increase in attention focused on the problem of child abuse, community agencies have been under pressure to formulate and institute programs and intervention strategies designed to prevent and treat child abuse. The first effort in developing programs began as a result of the groundbreaking work done by C. Henry Kempe and his colleagues. Kempe's article on "the battered child syndrome" published in 1962 alerted the medical profession to the possibility that a major cause of injuries and deaths in children was willfully inflicted injury administered by a parent or caretaker. The ability to diagnose these injuries was enhanced by technological developments in pediatric radiology which allowed pediatricians to identify previously inflicted injuries (Caffey, 1946, 1957; Silverman, 1953; Woolley and Evans, 1955; Gil, 1970). Once child abuse had captured the attention of a portion of the medical profession it was also identified as a problem by social workers (Elmer, 1967; Young, 1964).

The early works on child abuse focused mainly on estimating the incidence of child abuse and devoting a great deal of time to arguing that abuse was both a widespread and a serious problem in families. Once it had been established that abuse was indeed widespread,[1] the next task was to determine what the etiology of abuse was. The first writings on child abuse (see for example, Kempe et. al., 1962; Steele and Pollock, 1974,; Zalba, 1971; Galdston, 1965), proposed a psychological model of the causes of abuse. This position was challenged by authors proposing that the available data was more supportive of a social psychological theory (Gil, 1970; Gelles, 1973). The recent work (see for example, Newberger et. al. 1975) postulates a multidimensional theory drawing on both psychological and sociological factors to explain the causes of abuse.

Although the question of "cause" of child abuse is still the subject of debate, the recent thrust of work in the area of child abuse has been to design prevention and treatment programs. The Child Abuse Prevention and Treatment Act of 1973 (PL 93-237) allocated sixty-million dollars for the study of child abuse. The bulk of the money is being spent in the development of prevention and treatment programs designed to cut down the estimated high number of cases of abuse per annum.

The effort to develop prevention and treatment modalities has yielded a number of programs which focus on various aspects of the suspected causes of abuse. A sampling of these programs reveals treatment modalities which emphasize behavior modification (Polakow and Peabody, 1975), a combination day care center and treatment center (Ten Broeck, 1974; Galdston, 1975), hospital programs designed to uncover and treat abuse (Wolkenstein, 1975), a community approach to preventing abuse (Lovens and Rako, 1975), the use of volunteers to treat abusive families (Hinton and Sterling, 1975), and a variety of other personal, familial, and community projects designed to either prevent the occurrence of abuse or to provide services to families once abuse has occurred.

Although the scope of these projects is quite variable, there is one underlying factor which cuts across all programs established by community agencies to treat abuse--that similarity is the conception that there is some objective category of behavior which we can designate and identify as child abuse. The assumption that there is an objective form of behavior which is "abuse" makes the role of community agencies a reactive one. By reactive, we mean that if the agency sees abuse as an objective phenomenon, then the agency's mandate is to provide some sort of service to counterbalance the problems which cause abuse to occur.

To accept this view of abuse as being an objective phenomenon and to accept the role of the agency as a reactive role, overlooks two important

facets of child abuse. In the first place, there is no objective phenomenon which can be automatically recognized as child abuse (Gelles, 1975). For a child to be diagnosed as abused and for a parent to be accused as an abuser, requires someone to observe a behavior or the consequences of a behavior and then categorize that behavior as abusive. The necessity of having someone label a phenomenon "child abuse" means that personal, social, and structural variables impinge on the process by which a suspected case of abuse becomes a confirmed case. There is evidence that selective labeling occurs in the diagnosis of abuse. Newberger and his colleagues state that there is a "preferential susceptability of poor and minority children to receive the diagnosis child abuse and neglect while children of middle and upper class families may be more often identified as victims of accidents" (1975). Given the assumption that there is no objective phenomenon of abuse, then the role of community agencies and the employees of these agencies becomes far more active. They define what is and what is not child abuse, they decide who is and who is not abused and they prescribe the appropriate treatment or intervention procedure. It is to this point that the balance of the paper is addressed--an examination of the active role played by community agencies in interacting with suspected cases of abuse, and the consequences of the agencies' actions for their clients, for other families who may be abusive, for families who are not abusive, and for our own knowledge of the phenomenon which we call "child abuse."

COMMUNITY AGENCIES AS GATEKEEPERS

Community agencies such as hospitals, health care clinics, schools, public social work agencies, private social work agencies, and the police play an active part in diagnosing and then labeling suspected cases of child abuse.

Sanders (1972) states that there are still a large number of (abuse) cases that go unreported and it is the responsibility of public and private agencies to develop procedures which insure that cases will be reported. In Florida this responsibility was carried to its logical conclusion when the state (with Federal assistance) instituted a statewide telephone number (using a WATS line which could be used at no charge to the caller) for reporting suspected cases of abuse. In the first two years (1971-1973) 48,814 cases were reported to the Florida Division of Family Services (Hurt, 1975: 13).[2]

In the course of receiving reports of suspected abuse over the telephone or in the course of the work activities of police, physicians, school teachers, and social workers, decisions must be made as to whether an injury or a condition reported or observed in a child is "child abuse." The agencies which are confronted with suspected cases of abuse serve as gates and gatekeepers which either admit selected cases as abuse, or turn away cases as not being abuse. The actions of people manning the gates determine who will become a child abuser and an abused child. The implications of these gatekeeping activities go beyond the simple designation of who is or is not an abuser/abused. It is apparent that our current level of knowledge about the causes of child abuse is heavily influenced by the process by which agencies diagnose and label cases "child abuse." Throughout the early studies of child abuse (see for example Kempe, et al. 1962; Gil, 1970; Galdston, 1965; Steele and Pollock, 1974) the causal analyses of child abuse were based on the at-hand cases in physicians', psychiatrists', or social workers' files. This led to the confounding of those variables which made certain people likely to be labeled child abusers with the variables which were causal factors in the act(s) of child abuse (eg. Is low socioeconomic status causally related to child abuse, or are people from the lower socioeconomic groups more likely to

be labeled "child abusers?"). Although current researchers have been alerted to the problems of generalizing about the causes of abuse from at-hand case data (see a critique of child abuse research by Spinetta and Rigler, 1972, for a discussion of methodological problems with research on child abuse), the central problem has not been rectified. For instance, a majority of the new research projects on child abuse which are funded by the Office of Child Development (under funds provided by PL 93-237) have chosen to operationalize the concept "child abuse" by using all those cases which are found in the files of state agencies mandated by state law to be a central registry for child abuse (such as the Protective Services Division of state departments of welfare or social and rehabilitative services).

If we operationalize "child abuse" in this manner, knowledge about the causes of child abuse and suggestions concerning possible intervention strategies are strongly influenced by the actions of those agencies which serve as gatekeepers for suspected cases of child abuse.

Given the fact that agencies and their members are key gatekeepers in determining who is abused and play a major part in the social construction of knowledge about child abuse, it would be beneficial to turn our attention to the various factors and processes which influence the activities of community gatekeepers and determine what is child abuse and who are child abusers.

Child Abuse and Occupational Ideology

The subject of community agency gatekeeping and labeling has been partially addressed by Lena and Warkov's examination of occupational perceptions of child abuse and neglect (1974) and Viano's survey of attitudes toward child abuse among American professionals (1974). Both studies report that the amount of knowledge and interest in the topic of child abuse varies by professional

group. Viano found that many professionals were uninterested in the issue of abuse and uncooperative in dealing with the problem (1974:3). Nurses, social workers, clergy, and the police were the only professional groups who stated that they would get personally involved in an abuse case (1974:7). Viano found that educators avoid personal involvement with abuse (1974:7-8). Lena and Warkov's investigation of occupational perceptions focused on how child abuse was defined and the factors which professionals felt were important causal variables in instances of child abuse. Lena and Warkov concluded that there was a fair degree of similarity between occupational groups on what constitutes abuse (1974:7). They went on to propose that professional groups share a perception or "occupational ideology" (Caplow, 1964) of the social problem of child abuse (1974:9).

The similarity of definitions of abuse found by Lena and Warkov is probably due to the fact that they sampled their respondents at seminars on child abuse, and it is likely that only those professionals already interested and informed on the topic of child abuse attended the seminars. Viano's findings that perceptions vary between professional groups probably portrays a more accurate picture of the outlook on child abuse held by community agencies.

Based on the work already done on occupational and professional perceptions of child abuse and on our own research on the social construction of child abuse (Gelles, 1975 states the basic theoretical position of this research), an initial proposition might be that the occupational and organizational mandate of a community agency determine how active it will be in identifying cases of child abuse, how likely the employees of the agency are to label particular cases "abuse," and the type of cases which are labeled "child abuse."

It is clear that an agency which does not see itself responsible for providing services to families suspected of child abuse and agencies who do

not see it as their responsibility to locate cases of child abuse will simply not locate many cases. They may either overlook cases (i.e. classify a broken arm or leg as an accident), or they may label only those cases which they see as their agency's prime priority. An example of the former strategy of overlooking child abuse was found among physicians. A plastic surgeon who was questioned about his willingness to report suspected child abuse cases states flatly that "I'm not a detective, that is not my job." It was clear that he meant that he viewed his mandate as being restricted to plastic surgery and that the cause of the condition which required the surgery was not in his occupational or professional domain. In another instance, a physician specializing in internal medicine completely overlooked evidence from an X-ray series that revealed numerous healed fractures of the arms and ribs. He referred the case to another service in the hospital without a mention of the possible causes of the fractures or the likelihood that he was treating a case of child abuse. An example of the latter phenomenon of selective perception of child abuse also is seen in the actions of physicians and hospitals. Research on child abuse done in hospital settings typically reports very few cases of child neglect (non-physical injury). It is possible that child neglect cases do seek treatment from physicians and emergency rooms in hospitals; however, those physicians who are trained to identify child abuse typically equate abuse to physical injury or trauma (for instance, Kampe et. al.'s paper in 1962 which opened up the area of child abuse for the medical profession restricted the devinition of child abuse to physical trauma and injury). Social work agencies, by virtue of their training, occupational mandate, and diagnostic equipment and experience, are far more likely to diagnose cases of child neglect than child abuse (eg. social workers do not have the benefit of X-ray technology to assist their diagnosis).

There are a number of factors which influence the occupational and professional mandate of community agencies. Some of these shall be discussed in detail in the following sections. One major factor which we shall discuss here is political and eocnomic considerations. It is interesting to note that the increase in concern of community agencies with the topic of child abuse coincided with the deepening economic recession of the last few years. Perhaps this is the result of the fact that the economy caused the incidence of abuse to increase. However, it is possible that the economy and the inflation eroded community agencies' financial base. It is conceivable that the economic problems agencies encountered caused them to attempt to broaden their professional mandate to attract more funds. It is not uncommon to hear community agencies discuss their concern with child abuse together with their concern with attracting state or federal grants. Child abuse, being a priority of federal funding agencies, may have come under the occupational mandate of many community agencies as they struggled to attract new capital to sustain their program.

Occupational Power and Labeling

Viano discovered that the professional group which was least likely to become personally involved with child abuse was educators. The clergy was found to be somewhat timid in its willingness to be involved, social workers were split in their opinion, and the professional group which stated they would plunge headlong into the problem was the police (1974:8). Our discussions with educators (teachers and counselors), social workers, and physicians indicated that there were differences in willingness to get involved in reporting cases of child abuse in these professions. Interestingly, educators reported that they suspected large numbers of their pupils as being abused, but they had little desire to report abuse cases (thus, violating state law which mandates

reporting). One explanation of why educators are so reluctant to get involved and why police, and to a certain extent physicians, are more likely to report cases of abuse is occupational power.[3] We propose that the higher the occupational power, the more likely a member of that occupation is to report a suspected case of child abuse. Physicians possess high occupational power by virtue of their prestigious position in the occupational hierarchy. The policeman's occupational power derives from his position as a law enforcer and the fact that he is a member of the only profession permitted to carry a weapon and use legitimate violence to enforce laws and rules. At the other end of the continuum, educators have a low degree of power because they are employees of the community who are delegated a narrow jurisdiction over the behavior of children and families. Teachers and counselors are aware of their low power in the community and are quite reluctant to offend the school board or parents by initiating child abuse reports.

Professional-Client Relations

A number of examinations of occupations and professions have focused on the complex relations which occur between client and professional (see Freidson, 1960; and Goffman, 1961 for examples). These relationships are crucial in determining the structure and nature of the professional relationship. In the case of child abuse we find that the degree of personal relations between the agency worker and the suspected case of abuse strongly influences how likely the agency is to report a client as an abuser and implement programs designed to treat and prevent abusive acts. Physicians report that they are more likely to report a case of child abuse in the course of their work in clinics or emergency rooms than in their private practice. A House Office on a pediatrics service stated:

> "Given the same condition or injury, a child who is seen in an emergency room is five times more likely to be diagnosed as abused than a child who is seen in a private practice."

Physicians and social workers report that they are much more reluctant to suspect abuse and neglect in families where they have established an enduring relationship. The fact that the more impersonal the relationship, the more chance there is that abuse will be observed and reported may partially explain Viano's finding that police are more likely to become involved in cases of abuse while the clergy and educators are much more timid in their involvement (1974).

The aspect of professional-client relations is evident in the problems encountered by educators in their interaction with suspected cases of child abuse. Educators typically are drawn into suspected cases of abuse either by observing injuries in their students or when the student confides to the educator that their parent or caretaker is abusing the student. Teachers, counselors, and principals are thrust into the role of possible "double agents" if they use their observations or the reports they receive from their students as evidence in a reported child abuse case. Educators are torn between their legal responsibility to report abuse and the possibility that if they report a case they will erode the trust that students place in them when they seek counseling or guidance. The more typical resolution of this dilemma is that educators rarely report suspected child abuse cases.

"NORMAL" CHILD ABUSE

The previous section outlines some factors which influence which agencies are likely to deal with child abuse, what types of child abuse or neglect

they focus on, and what factors influence their decison to report a case of child abuse. In this section we would like to explore the types of individuals who are "caught" abusing their children and then examine what factors cause particular individuals and families to be vulnerable to the label "child abuser."

Newberger and his colleagues have pointed out that there is a preferential susceptibility of poor and minority children to receive the diagnosis of child abuse and neglect (1975). We would propose that given similar conditions of the child, community agencies are more likely to label families with socially marginal status (ethnic outgroups, low socioeconomic status, low power) as child abusers, while labeling families with greater prestige and status as having children who are victims of accidents. This proposition stands as an alternative hypothesis to the one which states that there is a causal association between social and economic marginality and child abuse. While we tend to agree with the latter hypothesis (see Gelles, 1973), we also are inclined to follow the lead of Horowitz and Liebowitz who state that social deviance and political marginality are closely associated--in other words, those people who are low in political and social power are most likely to be labeled society's deviants (1967). It appears that the "poor are public" in the sense that their behavior is much more open to public scrutiny and public intervention. Because of this, they may be more vulnerable to the designation of "abused/abuser."

Discovering Cases

The literature on child abuse is in almost total agreement on one basic point, the most difficult task facing community agencies is that of uncovering, discovering, and investigating suspected cases of child abuse (Sanders, 1972). This is perhaps due to two facts; first, the family is society's most private institution (Laslett, 1973), thus most abusive behavior occurs in the privacy

of the home, and second, the portrait of the child abuser-as-psychopath is so heinous a picture that it may motivate many families to cover-up all but lethal instances of abuse.

To reach the population of abusers who are defined as requiring social services, agencies develop a variety of strategies to investigate cases of suspected abuse. These strategies become the standard social screening techniques by which cases of abuse are uncovered.

One technique used by community agencies is to apply their standard of parent-child relations to the behavior they observe between their client and the client's child. We spoke to a pediatrician who informed us that the case she reported as abuse was detected when she noticed that an injured child was quite distant from his mother and quite friendly with the physican. This was in stark contrast to the typical situation pediatricians e perience when children resist the doctor and cling to the parent. This pediatrician used her previous experience with children to detect an abnormality which she associated with abuse.

The second example is provided by Paulson and Blake (1969) who advise that effective diagnoses of child abuse can be accomplished if the attending physician looks for discrepancies between the nature and extent of the child's injury and the history of that injury provided by the accompanying person (see also Kempe et. al. 1962 for the same advise to physicians). Newberger and Hyde (1975) illustrate this procedure when they describe a case where a massive hematoma overlying the left eye of a ten month old was accounted for by the parent as being caused by a broom which, almost in defiance of the laws of physics and gravity, was propelled by the mother's foot in the baby's crib where it struck the child.

Thus, the social screening devices used by community agencies makes use

of yardsticks of normal parent-child interaction and perceived deviations from these yardsticks as indicators of possible abuse, and the "accounts" (Lyman and Scott, 1970) used by parents to explain injuries. This indicates that the physical condition of the child is a necessary but not sufficient criterion for the diagnosis.

Investigating Cases

As in the case of discovering cases of child abuse, certain screening processes are used during the investigation phase of child abuse detection. In most instances where a case of child abuse is suspected, the community agency investigates the case, either by interviewing the suspect or visiting the family. The interviews with suspected abusive parents are typically guided by the agency's knowledge and reading on the subject of child abuse. Many social work agencies make use of Helfer and Kempe's book, Helping the Battered Child and His Family (1972). These agencies use the personal interview to screen families for the various social and psychological factors which are considered to be causal factors in acts of child abuse. Other agencies may make use of various writings on child abuse, or may make use of the agency's previous experience with abuse cases.

The most interesting screening devices are employed by agencies in the course of home visits. We have interviewed (informally) a number of private and public social workers and a surprising consistency emerges in their discussion of home visits to suspected cases of child abuse. We learned that the smell of urine and feces are prime indicators of the likelihood of child abuse occuring in a family. Agency workers who have investigated child abuse frequently describe the home as disorganized, with no set time for meals, children running around with tattered or no clothing, and the powerful smell

of urine and feces striking the worker as s(he) enters the home.

There are a number of other factors, which vary by agency, which are used to identify child abuse. The medical agencies typically screen families by looking for premature births, difficult deliveries, and developmental abnormalities in children. Social work agencies are more keenly aware of familial organization and structural componants such as single parent families and patterns of delivering meals to family members. Educators, unlike other agencies, have to rely on the accounts by the children to learn about child abuse. Thus, teachers, counselors, and school administrators depend on the accounts offered by the alledged victims of child abuse.

"Normal" Abuse

The result of the techniques used to develop screening procedures for discovering and investigating cases of child abuse and the experience gained as a result of these discoveries and investigations produce a "normal" picture of child abuse, in the minds of the workers in community agencies (see Sudnow, 1964 for dicussion of the idea of "normal" deviance as viewed by those individuals who interact with deviants). Each community agency develops a stereotyped or "normal" portrait of the typical abuser, the typical family in which abuse takes place, the circumstances which produce abuse, the time of day, day of week, and time of the year abuse occurs. These portraits become an occupational shorthand by which agencies can expedite their discovery, investigation, and provision of services to families labeled "abusive." While these techniques are almost inevitable in the course of human interaction, and are often efficient, they have unintended consequences which we shall discuss in the concluding section of this paper.

COMMUNITY AGENCY GATEKEEPING: CONSEQUENCES

One of the more obvious consequences of community agency gatekeeping is the fact that whatever screening and investigation devices are used, agencies are going to make mistakes in their diagnoses of abuse. In short, agencies are going to not only discover cases of child abuse, they are also going to have a number of false positives (cases labeled abuse which are not) and false negatives (cases not labeled abuse which are). To illustrate this point, let us assume that a screening device was established for use by all community agencies which would diagnose child abuse with a 99% level of accuracy. And, let us assume that this device was used by all community agencies to screen 100,000,000 individuals 18 years of age or older for signs of abuse. If there are 10,000 cases of abuse a year in the United States, this technique is going to uncover most of these cases. However, using this technique will also mean that 1,000,000 families will be labeled abusive by mistake (see Light, 1974 for the statistical procedure used in coming up with these figures).

Thus, using a very precise screening technique we are going to 1. spend a great deal of time and money providing services to famlies which do not require them, and 2. (and obviously most important), we are going to subject 1,000,000 families to the stigma and damage of being falsely labeled child abusers.

The illustration which we provided is not particularly realistic (since neither the screening device, nor the procedure for screening all families exist), but there is a point to be made by this illustration. It articulates the basic problem which must be addressed by community agencies in their interaction with suspected cases of child abuse. Each agency must make the pragmatic and philosophic decision as to how aggressive it will be in seeking

cases of child abuse. In other words, what type of "error" does it want to make--missing cases or falsely accusing families. At this point in time, given the social constraints imposed by agency and occupational power and the sensitivity of interpersonal relations, it appears that most agencies are willing to accept false negatives to protect themselves from the consequences of false positive diagnoses.

The Agency "Waltz"

In the course of interviewing members of 80 families on the subject of intrafamilial violence (Gelles, 1974), we spoke with a number of people who had prolonged interaction with community agencies and who had histories of high physical violence between husband and wife and parent to child. One of the more interesting findings derived from these interviews was that we learned that despite the fact that many of these families could have been reported as "abusing" their children, none were. The families explained that they really had not made much of an attempt to conceal the fact that they had injured a child with physical punishment. They seemed to be concerned that they had never received much help from the agency, and this was in part due to what one woman called "the agency waltz." The "agency waltz" was, as our respondent described it, a technique used by agencies to get people the kind of services they desired. What happens is that a parent goes to an agency with a single complaint, but in the course of the intake interview other problems are discussed. The agency then refers the family to another agency more qualified to deal with the total range of problems. This agency refers the family to a third or fourth agency. By this time, only the most persistent families are left in the system, the rest having fallen between the seams of the social service system as a consequence of the "agency waltz."

The fact that there are numerous private and public agencies delegated the task of providing basic and needed services to families is the result of political, economic, and social processes which we are not qualified to discuss. However, we have seen the consequences of this system, and the consequences are that the decentralized system of human services results in many cases of child abuse falling away from the social service system. The newspapers often report cases of fatal incidents of child abuse where the police, courts, and social agencies all knew about the family's history of child abuse, but where no agency had taken the responsibility to do anything.

The gatekeeping process, combined with multiple agencies and multiple agency mandates means that many if not most cases of child abuse will go undetected and without services.

The Services Provided

There is little doubt that community agencies do help many or even most of their clients. In the case of child abuse, there are reports of various intervention procedures and strategies working "wonders" with abusive families. Almost every agency and every agency worker can point to particular cases which were aided through community agency intervention. We will not, nor can we, dispute these achievements. But we can point out that the particular ways programs are set up by community agencies, are located in the community, and staffed, determine which type of individual is likely to be identified, treated, and treated successfully. The person who brings a child to a medical center and confides in a doctor is systematically different from an individual who seeks private family counseling for an abuse problem and from an individual who is identified by a social work agency. Thus, in most cases, services provided by agencies are client-specific--they work for particular clients and are dismal failures with others. The clients who do not "thrive" under agency programs either move

to another agency (the "agency waltz" revisited) or drop away from the agency system. Agencies are like social "magnets," they repel as well as attract cases. This being the case, the services provided are derived as a result of the complex series of interactions between agencies and clients which determine what kinds of problems the agency will deal with and what kinds of clients they will interact with.

IMPLICATIONS FOR SOCIAL POLICY

This paper has reviewed the subject of community agency labeling and gatekeeping of cases of child abuse. We have discussed the gatekeeping role played by community agencies and have identified a number of factors which influence the activities of community gatekeepers and determine what cases of child abuse will be diagnosed. Lastly, the paper briefly discussed some of the consequences of agency gatekeeping.

The concluding section of the paper focuses on some policy implications which can be inferred from a review of the gatekeeping and labeling activities of community agencies.

Who Shall be Protected?

It is clear that despite good intentions and training, community agencies will make errors of diagnosis in screening children and families for child abuse. As the definition of child abuse is broadened to include such things as "mental injury" and "psychological abuse," the error factor in diagnosing suspected cases will increase. While X-rays can yield convincing evidence of current and previous physical abuse, no such technology exists for diagnosing mental or psychological abuse.

Secondly, as the definition of child abuse is broadened, the cost of screening cases is increased. More attention must be paid to the parents, children, and home environment if the subtle symptoms of non-physical abuse are to be recognized.

It might be wise for community agencies to determine which children are at greatest risk, and strive to protect them as well as possible. By identifying the most seriously at-risk children, agencies can reduce the error factor in diagnosis to a manageable level, and also provide direct services to children and families within reasonable budgetary constraints. While, in an ideal world, it would be desirable to protect all children and guarantee them the right to a risk-free childhood, it is simply not within our knowledge or resources to protect all children who might be physically, sexually, or psychologically abused.

Agency Cooperation

The idiosyncratic methods used by agencies to diagnose and treat suspected cases of child abuse often put abused children and abusive parents on a never ending merry-go-round of agency visits. Although child abuse research has revealed abuse as a phenomenon with multiple causes, the multidimensional theory has not yet been translated into agency practice. There is a desperate need for more inter-agency cooperation, both in diagnosing and in treating cases of abuse.

Information Control

The groundbreaking research on child abuse revealed a problem that went on under the eyes of the medical and social service profession. In many instances, cases of abuse went unnoticed because abusive parents would "hospital-hop"

with their children. Thus, each admission of an injured child came with no prior medical or social history. Physicians and hospital social workers were often unable to determine if the injury was the result of an idiosyncratic event, or was part of an on-going pattern of abuse. To improve on diagnosing cases of abuse, states instituted central clearinghouses for child abuse reports. These clearinghouses offered physicians and social workers information on their clients which they could use to determine if a child had been abused.

Although these clearinghouses are beneficial, they pose a clear and serious danger to the families who have been reported as child abusers. If the clearinghouses do not up-date and clean their files on confirmed and non-confirmed cases of abuse, many families run the risk of being permanent falsely identified cases of abuse. The potential for misuse of these clearinghouse files becomes evident when reports are issued that juvenile delinquents are found to have been abused as children. One can easily foresee a situation where child abuse clearinghouse records are used to monitor children from infancy to their teens, looking for the first signs of delinquency. A graver misuse of the records could come if law enforcement agencies could use child abuse records as means of screening suspects for crimes. Clearly, the data which we collect on suspected cases of child abuse must be collected, maintained, and used in a manner which protects individuals and families from gross infringements on their personal rights.

FOOTNOTES

1. "Established" should be interpreted with the caveat that it has not been empirically established exactly what the incidence of child abuse is. Depending on the definition employed and the methodological strategies used to measure incidence, estimates ranges from 6,000 cases per annum (Gil, 1970), to perhaps 10 million cases per annum (Gelles, 1975). Thus, we believe that child abuse has been "established" as being widespread more as a result of the acceptance of the idea that it is widespread than the result of hard data.
2. The ability to uncover cases of child abuse produced more problems than it solved for the state of Florida. In the first place, the state did not have the financial or programmatic resources to follow up each and every report. Secondly, the level of knowledge about child abuse, its causes and solutions, was, and is still, not advanced enough for the state to provide ameliorative services to all those callers requesting it for themselves or others.
3. This willingness to get involved varies despite state law which protects all occupations and all individuals reporting child abuse from criminal or civil prosecution.

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