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Maureen Kelleher
Northeastern University

SEXUAL ABUSE AT CHARITY HOUSE: A CASE STUDY OF SOCIAL POLICIES IN ACTION

MAUREEN KELLEHER

Northeastern University

This paper explores Wiseman's theory of policy intervention using a case study of institutional abuse for illustration. Social policy intervention is an ongoing process. In this case, a single policy agenda, deinstitutionalization, was modified by a variety of stakeholders and compounded by a series of other child specific policy agenda including child abuse reporting procedures.

The success or failure of social policy is usually judged on the social impact which that intervention achieves. Policy evaluation also often assesses how close the final outcome of the intervention is to the official intention of the policy. While some degree of focus on the final outcome of intervention seems valid, indeed critical, Wiseman (1979) has cautioned that to focus exclusively on the end state misunderstands the degree to which social policy intervention is an ongoing process of change.

The opportunity to develop a theory of policy intervention expands when such intervention is viewed as a process. Researchers can track how abstract goals are translated into specific policies, practices, and procedures. The role of various stakeholders in the social policy—including policy target groups and those responsible for day-to-day implementation of that policy—and their wide variety of strategic reactions ranging from adjustment and acceptance to circumvention, subver-

sion, and open rebellion can be evaluated. And finally, the role of social engineers who may monitor the response to their policies either regularly or in reaction to occasional, severe crises can be assessed.

This paper relies on a case study to test the thesis that is implied in Wiseman's formulation of a tentative theory of social policy; that is, it is the quality of the change process no less than the quality of the official purpose of the intervention that determines the efficacy of the social intervention. Thus, a policy which may be judged a failure along some specified criteria by virtue of the achieved impact may owe its shortcomings as much, if not more, to the *process* of intervention as to the efficacy of the policy itself.

THE CASE STUDY

The decision to close Charity House (a pseudonym), a group care facility for children, may be viewed as a failure of social policy intervention: in this case, the social policy of deinstitutionalization. When Charity House's host state adopted a policy of moving children from state sponsored institutions in the early 1970s, the sponsors of that change had some clear official goals in mind:

1. The developmental needs of children were not being met adequately in existing institutions.
2. Moving this target population into a deinstitutionalized setting would help control the spiralling costs of institutionalized care (Scull, 1977).
3. The smaller deinstitutionalized setting would allow the opportunity for the creation of a home-like environment, and for the utilization of small group therapy.
4. Many of the inherent negative outcomes of institutionalization—from labeling and stigmatizing to violence and abuse—might be avoided.

Charity House, a Nineteenth Century church-sponsored orphanage, became a conduit for the implementation of the policy of deinstitutionalization. A number of important changes were undertaken by Charity House as a way of adjusting to this new policy thrust. Most particularly, the program moved

toward a less restrictive model of care with major modifications in the number of children treated and the types of living arrangements that were made (Kadushin, 1980).

A widely publicized incident of child abuse in the early 1980's invited intense investigation of day-to-day program operations both by the state agency purchasing services and the parent church. The state sent in an evaluation team made up of two state-employed social workers and an applied sociologist (the author) hired from the outside to act as the senior member. The team report assessed day-to-day program issues and concluded that significant goals of deinstitutionalization had gone unfulfilled at Charity House. In response, state social workers gradually reduced the number of children referred to Charity House, and the church announced its decision to close the facility entirely.

The data gathering process followed by the state team adhered to what Patton (1978) calls "utilization-focused evaluation" and Payne (1981) has termed a "critical appraisal" model. This process focuses on helping the institution improve day-to-day program practices. During the evaluation, interviews were held with the program administrator. The evaluation team also toured the facility, interviewed staff members, attended staff meetings, and reviewed records and other pertinent material including daily logs recording both youth and cottage activities. A state report summarized the findings of the team. Once the evaluation process was completed, interviews were conducted with the other team members (both social workers) and state agency administrators to provide additional insight into the process. Finally, local news coverage of the child abuse incident was tracked in order to assess how the event was presented to the general public and the impact of negative publicity on the day-to-day operations of the program.

The Charity House story might be viewed as an example of the "failure" of social policy intervention. However, careful examination of the process of change rather than of the final outcome alone illuminates substantially the dynamics that led to the closing of Charity House. Since social policies are not created in a vacuum, they must, in Wiseman's words, "sup-

port, deal with, or deflect'' (1979: 7) myriad other social and environmental forces, not the least of which are other social policies which must co-exist within the same environment. To develop the main thesis of this paper concerning the interrelationship between the process of change and the resulting end state of that change, I examine the process of policy intervention and implementation at Charity House. More generally, I argue that the methodology of conducting case studies of policy intervention at the day-to-day implementation level provides an irreplaceable tool for achieving a systematic understanding of the interrelationship between process and outcomes.

CHARITY HOUSE: POLICY IN PRACTICE

Charity House was founded in the mid-1800s as a home for orphans. As such, Charity House's foundation rests on the child saving movement of the mid-nineteenth century and its unique brand of denominationalism, hard work, and lack of individualized treatment (Platt, 1969; Costin, 1984).

In the early 1950s, Charity House relocated in the suburbs. The physical plant, by 1950s standards, was spacious and modern: primarily one story with a main central area which housed offices, a chapel, meeting rooms, and a main kitchen. A long corridor led from the front of the facility to the rear portion, which had a series of ten residential wings that could house up to 120 children. There was a separate school located on the grounds for both residents and day students.

Therapeutic expectations for out-of-home care began to shift dramatically in the 1960s. Project Head Start, Title XX of the Social Security Act, amendments in AFDC legislation, the passage of the Juvenile Justice and Delinquency Prevention Act of 1974, and the implementation of the Child Abuse and Prevention Act all emerged out of concern for children's developmental needs (Jansson, 1984). These policy decisions were at least in part based on ecological assumptions that attempt to recognize the environmental influences that affect children (VanderVen, 1981).

As part of this dramatic shift in the area of policies toward

children, political liberals and welfare professionals with optimistic assumptions about the efficacy of the therapeutic milieu initiated a movement that eventually culminated in the deinstitutionalization of children who previously had been assigned to state facilities, and the placement of many of those children in relatively smaller, community based, and privately run centers (Kadushin, 1980). This move toward deinstitutionalization spurred policy shifts intended to support the underlying assumption of deinstitutionalization; namely, that children should be treated in ways significantly different from traditional treatment methods, some of which dated back to the inception of children's reformatories in the late 1800s (Platt, 1969; Gould, 1976).

The policy of deinstitutionalization appealed to a broad and diverse constituency. To fiscal conservatives, for instance, deinstitutionalization held out the promise of controlling the spiralling costs of institutionalized care (Scull, 1977). To advocates of therapy within small group settings, deinstitutionalization opened the door for the dramatic growth of their preferred therapeutic milieu. And for those with more open-ended humanitarian concerns, deinstitutionalization guaranteed the closing of facilities built in the 1800s with their general warehousing of children, and offered the chance for children to be treated in home-like settings.

Another important aspect of the environmental context that produced deinstitutionalization was the growing theoretical and ideological skepticism toward traditional modes of therapeutic care. Goffman's seminal works of *Asylums* (1961) and *Stigma* (1963) together with the emergence of the popularity of labeling theory as discussed by Becker (1963), Scheff (1966), Lemert (1951) and others helped to portray institutional life and its victims as well as the responsibility of a type of societal response which resulted in the label of deviance. The negative labeling inherent in the process of institutionalizing patients became of significant concern.

While sociologists analyzed the impact of the treating institutions, psychiatrists like Szasz (1961) offered a radical critique of the treatment itself; accusing psychiatric professionals

of inventing diseases that more rightly could be called "problems in living." Treatment of such problems, these critics reasoned, might best take place within an educational setting rather than institutions for the mentally ill.

Deinstitutionalization marked a significant change from traditional models of social control (see Scull, 1977). Especially for children, who sometimes were institutionalized because they were victims of negative family dynamics or guilty of minor infractions of the juvenile justice code, deinstitutionalization marked a dramatic departure in the model of care. This model was given major support by Goldstein, et al.'s (1973) advocacy of "the least detrimental alternative" as opposed to the "best interests of the child" model of intervention. Their work forced practitioners to understand the limits of intervention. Together with the rise of the fragmented but vocal movement for children's rights in the 1960s, the support for deinstitutionalization grew (Margolin, 1978).

Finally, the argument for deinstitutionalization struck an ideological note. Rains (1984) argues, for instance, that twentieth century reforms for juvenile delinquents have been spurred by the belief that children should be placed in family as opposed to institutional settings. This argument held all the more so for non-delinquent children. And while the rehabilitation literature does not overwhelmingly point to the superiority of alternative settings, from an ideological perspective the process of normalization and the use of less-restrictive settings are viewed as clearly advantageous (Kadushin, 1980).

THE TURBULENT ENVIRONMENT

In the community-based care model, private vendors emerged to fill the growing placement needs of the state after deinstitutionalization. State agencies engaged in a purchase-of-service relationship with these private vendors. The assumption behind this approach was that the state would be in a position to choose selectively the best program based on the individual treatment needs of the child and foster a healthy competition among vendors for the provision of quality care (Costin and Rapp, 1984).

Permanency Planning and Accountability

The political environment that had supported and created the deinstitutionalization movement did not remain static. The idealistic optimism of advocates for deinstitutionalization changed to a mood of critical reflection during the 1980s. While stories of children languishing in institutions had helped to spur the movement for deinstitutionalization, stories of children languishing in group care homes helped to spur the movement of permanency planning. Permanency planning stipulated that any out-of-home placement should be a temporary measure and that a child's roots were with his/her biological or potentially adoptive parents. The policy was compatible with the "least detrimental alternative" model (Goldstein et. al., 1973)

This commitment to permanency planning, together with emerging concerns with the issue of accountability in purchased services came to a head in the early 1980s with state-based movements to reduce taxes, thus curtailing money for human services (and other public services). The "taxpayers' revolt" of the early 1980s, with its emphasis on fiscal accountability and efficiency, forced state agencies into a position of finally asking private vendors what the state was getting for its money in terms of quality of care. Up until then, very little monitoring and evaluation of services had occurred.

Even though Charity House's host state was committed to deinstitutionalization and other related policies, institutions for children still existed. The state had closed its own training schools for delinquents. And a number of large private institutions (like Charity House) had modernized or modified their physical plants in an attempt to make them more home-like and altered their therapeutic goals in part by taking fewer children. Nonetheless, these latter facilities still existed and a phrase in the therapeutic community was developed to describe such a modified program—a deinstitutionalized institution (Kadushin, 1980).

Child Abuse Policy

Violence and abuse have long been an integral, even inevitable part of institutional life (Goffman, 1961; Platt, 1969; Roth-

man, 1971; Sykes, 1971; and Wooden, 1976). Awareness of the issue, particularly as it related to children, rose dramatically in the 1970s with the spreading use of pediatric radiology and the concomitant discovery of the "battered child syndrome" (Kempe et. al., 1962), leading to the adoption of nationwide child abuse reporting procedures (Phohl, 1977). Theorists focused concern further by defining abuse as either physical or emotional acts of commission (Bourne, 1979), or by understanding abuse as the result of the interaction between individual pathology and socio-cultural, ecological phenomena (Zigler, 1979).

In general, the policy response involved a series of state mandated reporting and investigation procedures, commitment to secondary prevention, or after-the-incident prevention (Zigler, 1979). However, an awareness that it is necessary to change an abusive ecology to intervene effectively in instances of abuse (Newberger, 1979), moved some state agencies beyond after-the-fact intervention. When the abuse took place within an alternative setting such as a group home or a deinstitutionalized institution, the host state choose to move toward an evaluation of the ecology of that setting, a step toward primary prevention (Zigler, 1979).

THE CHARITY HOUSE RESPONSE

In the 1970s, with the adoption of both the philosophy of deinstitutionalization and the purchase-of-service system, Charity House became a private vendor for the state. The wings of the plant were called "cottages". Fewer religious staff worked in the facility and more lay staff took over pivotal roles. Charity House began to change into a deinstitutionalized institution. The program moved toward a less restrictive model of care with major modifications in the number of children treated and the type of living arrangements that were made.

Perhaps the most critical change, because of its history of being an orphanage, was the need to re-orient its therapeutic thrust. The policy of permanency planning clashed dramatically with Charity House's traditional "orphanage mentality." Essentially, Charity House now had to adopt a model of care

which emphasized short-term, quality intervention as opposed to their past orientation of raising children until young adulthood and thus working out problems over a long period of time. The model of providing as little state intervention as possible for children clashed with Charity House's past model for long-term intervention.

Two key factors—the necessity of supporting a large institutional setting, and a state policy direction that called for minimal intervention—combined to create another critical problem for Charity House: empty beds. The combination of the deinstitutionalization model together with permanency planning (and tighter state budgets) led to the overall placement of fewer children in care and for shorter periods of time. In response, Charity House administrators closed cottage after cottage. In order to keep the program viable, the administration began to branch out and provide a number of new services including a pre-school program and a weekend treatment program. The administration even rented out a wing to members of a religious order who worked at another children's program but slept at Charity House. This constant juggling of services, together with the ever-increasing operating costs of the program created tension and strain among the staff. At the same time that internal issues were becoming problematic, the profile of children placed in care by the state was changing. According to staff estimates, approximately half of the children at Charity had a history of being sexually abused prior to admission to the program. And the majority of the 65 residents at Charity in the early 1980s had been removed from their homes because of abusive or neglectful parental care which resulted in a child who was usually diagnosed by staff as "seriously disturbed".

AN ABUSE INCIDENT INVITES EVALUATION

The state did little regular monitoring of Charity House's strategic response to the new policy of deinstitutionalization. What prompted monitoring was a dramatic public crisis: in this case, an accusation of child abuse within Charity House.

The administrative staff at Charity House had undertaken

the process of training staff and raising the awareness of children about sexual abuse. As a result of this intervention, one young boy reported to his mother that he had been "touched in that way" by a member of the Charity House staff. The mother immediately contacted Charity House administrators who then, according to state-mandated procedures contacted the appropriate state representatives. Both the state and Charity House staff initiated procedures either to substantiate or not substantiate these accusations. (The accused staff person had, incidently, resigned in the middle of the staff portion of the training and was no longer working at Charity House.)

As the state investigation proceeded, it became clear that not only were the accusations founded but that there were a number of other young boys who had been molested. The mother of the first boy became agitated by the length of the investigation procedure. She also felt that the molester would get away without being punished. As a result, during National Child Abuse Week she contacted reporters at a local newspaper. Because of heightened public awareness of the issue of child abuse, local television stations and newspapers covered the allegations.

An inevitable snowballing of allegations began. A series of child abuse allegations were leveled against Charity House by other parents. All of the complaints were investigated by the state. Staff and the administration at Charity House were at first shocked and then angry and depressed by the course of events. Several line staff resigned. None of the additional allegations were substantiated. The church hierarchy initiated its own independent investigation of the entire program along with an assessment of care being provided in other church-affiliated facilities in the state.

It became clear that Charity House staff were overwhelmed by the series of misfortunes that the program was experiencing and appalled by the fact that a staff member had actually sexually harmed some of the children. Charity House staff also were not very well prepared for the accountability demanded by the state.

In several previous instances of institutional abuse, the

state agency administration had sent in an evaluation team to look at program components after abuse was substantiated. The state's Deputy Commissioner decided to use such a team in this case also. Many of the problems that the state team focused on during their evaluation were closely linked to the various policy themes that had emerged in child care during the 1970s and early 1980s. In the concluding analysis particular attention will be paid here to the way in which certain policy initiatives interacted and the impact of that interaction on the effectiveness of the Charity House program.

CONCLUSION: THE "DEINSTITUTIONALIZED" INSTITUTION

With the conversion to a policy of deinstitutionalization, the state faced few options about which private vendors would be called upon to provide services. While a number of privately owned group homes did emerge during the following decade, a number of more traditional institutions continued to provide needed services. As has already been noted, Charity House did make some adjustments to the new therapeutic milieu: calling their wings "cottages" and replacing a number of religious staff. In some ways, however, this shift was superficial. A number of important policies and practices conflicted with the therapeutic assumptions that underlie deinstitutionalization.

The use of physical restraint on children, for instance, has long been an historical problem in institutional settings (Wooden, 1976; Hanson, 1982). In part, the policy of deinstitutionalization was a reaction against the philosophy of custodial control that had been prevalent in child care for over a century. The state attempted to find a balance between two competing policies: first, under certain circumstances children would still need to be restrained, but second, consistent with the thrust of deinstitutionalization, restraint should be minimized as an intervention. The state established a number of regulations regarding the type of restraint that could be used on children and the length of time that a child could be restrained or placed in isolation (the ultimate form of restraint) while in residential care. Because the issue of abuse was a major concern at Charity

House at the time of the evaluation, the state team discussed the issue with Charity House staff.

It quickly became clear to the outside evaluation team that the staff at Charity House fell far short of adopting a strategic response of adjustment and acceptance of a minimal use of restraint. No firm policy or procedure regulated the use of restraints at Charity House. Instead, the use of restraints appeared to be a random and relatively capricious act tied not to any type of program or policy, but rather to the judgment of individual staff members.

Clearly there was an "institutional mentality" in operation at Charity House. The response to children presumed to be "out of control" provides an illustration of how institutional assumptions prevailed in this deinstitutionalized setting. Particularly when "out-of-control" children were in different cottages, staff were faced with two problems: isolation from other support systems and the fear of contamination (i.e., that other children would become out-of-control). Neither of these concerns allowed the staff the luxury of assessing the individualized treatment needs of the children involved, including restraint, even though concern with individualized treatment was a major impetus for changing from an institutional model of care. The staff appeared trapped in the institutional model of response.

Undoubtedly the physical environment of Charity House made it difficult to implement a philosophy of deinstitutionalization. Because of the sheer size of the plant, control and security became persistent issues. For instance, staff often locked bedroom doors during the day. At other times, access between cottages was denied or the large gymnasium was shut off. Because no policies on these matters existed, the use of control appeared to be capriciously determined by the judgments of individual staff members and not tied to any specific treatment or therapeutic model. The use of physical restraints and other steps taken by the staff in the interest of control seemed to undermine the sense of independence and development that deinstitutionalization was meant to foster.

In addition to the constraints of the physical plant, the

nature of the staff members themselves reflected far more the old realities of institutionalized settings than the new demands of a deinstitutionalized therapeutic milieu. While there were a number of qualified and trained staff members at Charity House, serious problems nonetheless existed. For instance, the overnight staff had little or no formal training in the area of child care. Further, they were regularly excluded from mandatory in-house training sessions held for daytime staff. The reasoning behind the hiring choices of overnight staff reflected an assumption that this staff would serve mainly in a custodial mode, a mode regularly found in institutional settings on the overnight shift. The reason given for their lack of in-house training was scheduling difficulties. But because of these difficulties, this staff became the weak link in creating a therapeutic environment. This lack of trained night staff unquestionably weakened Charity House's possible ability to detect early signs that sexual abuse might be occurring in the institution.

The clinic staff was another group that did not receive training in the area of sexual abuse and often missed other training opportunities. For them also, the problem of missing this specific training was significant. Prior to the substantiation of sexual abuse, one of the abused children talked with a clinic nurse over a period of time about having an "itch in my privates". He was checked for various problems, but nothing became apparent. Abuse was never suspected, although, the child was probably giving as clear a cue as he could under the circumstances.

The isolation of any staff group from training creates a hierarchy of knowledge and skills within a setting, long a criticism of traditional institutional models. This hierarchy causes alienation, stress, and staff burn-out (Mattingly, 1981). In an active treatment setting, all staff should be regularly trained—no shift or type of work should be excluded. The confidant that a child seeks out in a therapeutic milieu not only should have specialized knowledge in order to respond immediately to the child's needs, but also should know how to use other staff to create a strong supportive environment for the child. This is the ideal of a deinstitutionalized model. But in reality, direct

service workers who ultimately have the "greatest responsibility for therapy and greatest functional power for therapy have the least education and status" (Kadushin, 1980: 614). The training mode at Charity House was instead more consistent with a model of care that supposedly had been abandoned with the coming of deinistitutionalization.

Charity House seemed comfortable with a model more closely aligned to the assumption of custodial care, punishment and containment treatment. Charity House leadership seemed unwilling or unable to overcome the institutional inertia that formed the bias toward a punishment/containment model. At the same time, reliance on untrained custodial night staff and undertrained clinical day staff followed a care model which may have been more appropriate, or at least common, in an institutional setting but this personnel policy served to undermine further the successful implementation of deinstitutionalization.

The mixing of child populations at Charity House, sometimes regardless of age and sex, made it difficult to coordinate treatment. This mixture was in part a result of the small numbers of children referred to Charity and their broad range of needs; the small numbers and broad range of needs related both to the thrust for deinstitutionalization and to permanency planning. So the diversity of the youth population affected the provision of quality care in contradictory ways. The size of the facility called for regimentation and the therapeutic need of the child called for individualization (Kadushin, 1980).

At the same time, Charity House administrators could not afford to operate the program with a large number of beds empty: the physical plant was too expensive to operate. A respite care program was developed which allowed for children who lived with their families to spend periodic weekends at Charity House—this program helped defray operating expenses.

At a policy level, deinstitutionalization and respite care appear highly compatible. At the delivery level the two social policies came into conflict, creating serious costs for the full time residents.

The mixing of residents undercut the goals of the therapeu-

tic milieu. Each cottage unit was regularly disrupted by problem children who were outsiders to the on-going group process. This regular disruption also interfered with the momentum to place children back into their homes or alternative adoptive settings. Weekends became a period of time characterized by a time-out quality, a luxury more typical of a traditional orphanage model than the ideal deinstitutionalized system the state had adopted for child care. The mixing of respite care in this deinstitutionalized setting, then, involved a response both to a new social policy direction and to the demands of the physical plant to fill empty beds. Little attention was paid to the manner in which those contradictory policies would interact at the delivery level and to the adverse impact of that interaction on the quality of services.

DISCUSSION

Wiseman (1979: 3) has suggested that in order to enhance our understanding of the process of change that results from the intervention of social policy, we need to understand "the divergence of official policy goals and day-to-day operations". At Charity House, the official goals of deinstitutionalization and the day-to-day operationalizing of that policy and related agendas such as permanency planning and child abuse reporting procedures were widely divergent. Charity House engaged in a variety of reactions to the various policy interventions. While they fell short of open rebellion, a number of reactions—calling building wings cottages, for instance—amounted to little more than coping behavior, while other responses can be viewed as behavior that either circumvented or inadvertantly subverted the official policy goals of the state's social service division. For its part, the state failed to monitor on a regular basis the response strategies of Charity House to its policy. And lacking a systematic understanding of how policy was being operationalized at Charity House, the state could not fully appreciate the degree to which Charity House was supporting, dealing with, or deflecting the social policies meant to guide the treatment of children. Only the response to a dramatic crisis allowed the opportunity for such an evaluation.

The case study of Charity House offers an opportunity to

understand more fully how distance can be created between the official goals of social policy and the daily operationalizing of that policy. The occurrence of an abuse incident itself should not be viewed as a sign of a flawed implementation process; the type of abuse incident described herein can and often does occur within a variety of therapeutic settings. It is more critical to understand that a number of aspects inherent in Charity House's daily operationalizing of policy—the search for control, the sense of employee isolation, the experience and knowledge level of key staff, and the mixed client population—represented a response that fell short of complete acceptance and adjustment.

To conclude from this examination of the end state of deinstitutionalization at Charity House that the policy itself failed, however, overlooks the dynamics of change at Charity House. What failed to check some of the chronic problems at Charity House including abuse was not the failure of any one such policy initiative, but rather Charity House's failure to adjust adequately to the new social policy thrust: allowing instead for the old custodial/containment model of treatment to linger. The state shares responsibility for its failure to monitor Charity House's daily response and to assure proper adjustment and compliance. The state itself inadvertently abetted in circumventing response to appropriate policy initiatives by its decision to implement a significant portion of the deinstitutionalization thrust, especially as it related to children, within existing institutional environments. While efforts were made to adapt the institutional milieu to a deinstitutionalized therapeutic environment, those efforts tended to be superficial rather than programmatic and systematic. Deinstitutionalization and its related children's policies did not fail on their own terms; they were undermined by the persistence of the previous model of child care.

The confusion surrounding the reevaluation of deinstitutionalization as a social policy points to another key conclusion. Because policies often are created in response to environmental changes or in reaction to specific implementation problems and often by separate government agencies, they rarely are ap-

proached in a holistic, systematic manner (Finsterbusch, 1980). But the manner in which the myriad social policies interact both between themselves and with the external environment is essential to the understanding and evaluation of those policies. A partial or fragmented understanding of social policy implementation can lead to a seriously flawed understanding of the dynamics of implementation. In turn, that misunderstanding can, and often does, have serious implications in the future direction of social policy. It is critical, then, both in terms of analysis and the quality of services provided by the policy-making agencies, to avoid such an analytical fallacy.

The case study of policy at the delivery level becomes an irreplaceable tool in achieving a systematic understanding of the process of policy implementation and institutionalization. Such an approach allows social scientists to analyze the interaction of myriad forces that make up an applied policy and, as in the case of Charity House, track unanticipated consequences (Merton, 1936). When combined with a utilization-focused evaluation of a particular action setting, social scientists are offered the opportunity to move beyond the research stage to becoming what Wiseman (1979) has referred to as active agents of social change.

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