The Frustrations of Family Violence Social Work: An Historical Critique

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Contrary to the view that social work has been characterized by substantial shifts in treatment methods over the last hundred years, an historical study of case records from child protection agencies in Boston, 1880 to 1960, revealed very little improvement or change in the social-work response to family violence cases. The continuity in social-work response rested, at its best, on workers' common-sense apprehension of the complex (intrapsychic, relational, and environmental) causes of family violence, and, at worst, on several constricting ideologies about proper family life: gender assumptions that made women's domesticity and mothering essential; and a public/private dichotomy which assumed that the stable family must be economically self-supporting.

Family violence has been identified as a social problem in the United States (US) for approximately 110 years. It came as a surprise to me, therefore, in the course of an historical study of family violence, to find very little change in the responses of social workers to family violence problems, and no evidence of success in controlling this problem (Gordon, 1988). Sampling 80 years of case records from three Boston child welfare agencies, including the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC), from 1880 to 1960, I found little change in the professional treatment of family violence. Moreover, the continuity was largely one of ineffectiveness-inability to prevent or ameliorate family violence.

These findings contrast with histories of social work which have identified major shifts in its casework practice (Robinson, 1930; Woodroffe, 1962). Shifting diagnostic paradigms certainly affected the definitions of family violence (Gordon, 1988), but did not make much difference in its treatment. A major reason for the difference between these and previous findings is meth-
odological. Previous histories were based on social work conference proceedings, textbooks, and public policy pronouncements—what historians call prescriptive sources, statements of how casework ought to be done. This study was, by contrast, the first historical work to be based on case records, evidence of what was done.

Lack of progress in the handling of family violence cases was not the result of incompetent, lazy, or unfeeling social workers, nor of poor training. Indeed, the case records indicated very little change after the professionalization of social work and the spread of formal training requirements. Rather I argue here that social workers were (and still are) constrained from helping family violence victims by a set of “instructions” they received about proper family life—that it must rest on economic independence and proper gender relations. Given such instructions, social workers were, at worst, blinded to the roots of violence in precisely such ideal families and, at best, double-binded by the conflict between what they heard from clients and the prescriptions of their background, culture, and training. This paper looks at the changing historical manifestations of these constraints and how they affected diagnosis and treatment of family violence.

After an introductory identification of the ideology of proper family life which undergirded social work, the article looks at, first, the nineteenth century punitive orientation of “charities and corrections”; second, the contributions of casework; and third, the influence of psychology upon family-violence social work.

Family Violence and the Proper Family

The arguments here are based on the reading of thousands of case records. But to illustrate how views of proper family life inevitably impinged on treatment of family violence, a single case history will serve better than many statistics. This case was not chosen because it was particularly explicit or clear; indeed its ambiguity and the obscurity of many of the clues will seem familiar to many family case workers. The episodic quality of its narrative, and the vast areas of missing information, are typical, as is its complexity (which I have considerably simplified in what follows); virtually every family violence case occurred in a “multi-problem” family.
1919: Jack and Mary Jones (not their real names) were southern Black migrants to Boston. Jack earned a meager, sporadic living as a waiter. Mary, seven months pregnant with her fourth child, took the three children and ran off. Jack came to the Massachusetts SPCC for help in reclaiming her. She was traced to a confinement hospital and the couple was “reconciled”; there is no evidence of inquiry into Mary's reasons for leaving.

1921: Mary herself came to the MSPCC “desiring to obtain elderly woman to come into her home and care for the chn. as [she] had to go out and do day work [domestic service]. . . . [The case worker] made it quite evident to [the mother] that the desirable thing was for her to stay at home and care for the chn. and have fa obtain a steady position.” There is no evidence of inquiry into the source of Mrs. Jones' decision to work for a living.

1924: A hospital social service worker called the MSPCC: the second-born child, Mabel, was hospitalized with “tuberculosis of the spine”; the other children appeared weak and undernourished, possibly tubercular; Mary was pregnant with her seventh; the hospital considers this a case of child neglect. Released from the hospital, Mabel was supposed to be kept in a “Bradford frame” to correct curvature of her spine. A few months later the MSPCC visitor reported that the free milk the family was receiving had been discontinued because they were uncooperative in keeping Mabel in the frame. “The family are clever enough to pretend to cooperate . . . and then they do as they please. They consult neighbors and friends . . . The income of the family is not sufficient for the chn. to have good nourishment. It is a policy of the [agency] not to supplement wages.”

1925: The MSPCC worker, trying to find an institutional placement for Mabel, had her examined at the Boston Psychopathic hospital (a vanguard in psychological testing) which found her to be “definitely sub-normal, but the Drs. thought there was considerable room for improvement if she were under the right environment. Because of her mental condition, she cannot be accepted at Canton. She cannot go to Peabody House because she is colored. She could go to Baldwinville if $5.50 could be paid each week . . . [but] The State will not pay . . .”

1930: Mary Jones, now expecting her eleventh child, approached a priest at the Catholic Charities organization to com-
plain of her husband's sexual abuse of their daughters. Out of the house working, hoping to earn enough to buy their home, she was unable to supervise, she said.

On 1-5-30 Magdalene was supposed to menstruate but did not. . . Finally Magdalene told mo. that fa. had had relations with her. Fa. acknowledged to mo. that he had been with both Magdalene and Leona. He had told them that he wd. kill them if they said anything. He also told mo. . . that he wd. blow her head off if she went to the Pol[ice] or any Soc[iety] and he agreed never to bother them any more but he did not keep to his promise. He had also bothered Sylvia and Genevieve. Fa. claimed that what he did to the chn. did not hurt them. . . About a mon. ago fa. joined the Shiloh Baptist Ch. and she though that he wd. be all right . . . she had not wanted to report to the pol. because of her large fam. and because she was about to become a mo. [But 7 months later] Magdalene told her that fa. was still using her and that he had continued to bother the girls. . . In Dr. Lovell's presence Sylvia [said] that fa. . . had had her use her mouth on him . . . had told her that he wd. knock her teeth down her throat if she ever told. Genevieve told . . . that fa. had had her use her mouth on him and had told her he wd. lick her if she told. . . Mo. said she often wondered why chn. were retarded in sch. and thought that this might have something to do with it as he has used Magdalene and Leona since they were about 6 yrs. old [i.e. for nine years].

This is not a case of abuse made invisible by household privacy; both members of the Jones marriage approached the MSPCC for help, leaving a record trailing over nine years. Mary turned to the agency despite having been thwarted by its intervention only three years previously, an indication of the intensity of her need. Nor were the social workers unresponsive: they found Mary Jones in 1921 when she ran away, tried to solve medical problems in 1924, tried to find a placement for a crippled child in 1925. They did not discover the continuing pattern of abuse because they did not ask the right questions. They did not ask why Mary Jones was so desperate as to run away while seven months pregnant and burdened with three children; they did not ask why she felt it so important to try to develop her own earning power. Although they knew that economic aid might have contributed substantially to the Jones family's relationships, they were frustrated by the relief policies of other agencies: the
use of relief as a reward for proper behavior, as in cutting off the children's milk as punishment for Mary's failure to confine her daughter in an orthopedic frame, or in the policy of not supplementing wages.

The family violence case workers I met were not normally uncaring. Rather they faced the problem of family violence with inadequate tools. Indeed, the lack of progress in "treating" family violence is a result, not of the underdevelopment of the science of social work, but, in part, of its very development. As professionalization separated social work from reform activism, particularly from feminist influence (Austin, 1985; Ehrenreich, 1985; Chambers, 1986), the process promised to free social workers from value-laden judgements; in fact it continued the domination of conventional family values, albeit these were sometimes hidden in specialized diagnostic paradigms. These values can be described, briefly, in two categories: gender arrangements and private-public dichotomies.

First, family social workers have been oriented to uphold a particular sexual division of labor that has been normative for family life since approximately the eighteenth century (Abramowitz, 1985; McIntosh, 1979). This division assigns women the responsibility for child raising and for the emotional and social well-being of the entire family, regardless of their other responsibilities. It assigns men the responsibility for breadwinning regardless of their other burdens. It maintains the fiction of the family wage—the norm that men should earn enough single-handedly to support a family—despite the fact that the majority of men—and the vast majority of working-class men—never earned such a wage; most families were dependent on women's and children's wage labor to survive. The contradiction between ideology and reality in several areas, but especially with regard to the family wage, escalated family conflict, while social workers' guidelines for desirable family life discouraged them from supporting creative solutions. This is the reason for the obtuse nonresponse the caseworker made to Mary Jones' request for a babysitter. In family violence cases this commitment to upholding the conventional sexual division of labor made social workers unsympathetic to women's desire for independence from men, unlikely to look for reasonable motives therein (such as escape from abuse); it equally made social
workers unsympathetic to the pressures on men unable to provide adequately for their families.

Second, social workers operated within the constraints of the modern norm of private, nuclear-family child raising and child support. In this system, families are expected to be financially independent; to require help from outside the nuclear family—whether from relatives, charities, or the state—was perceived as deviant and undesirable. The picture of proper family life based on this and the family-wage assumption is and was counter-factual. Today only a small minority (11% in 1984) of American families actually conform to this pattern; most American children will live in single-mother families at some time in their lives. In the family violence cases in my study, only 50% had fathers even as the main, let alone only, contributor to the family income; 17% were mainly supported by mothers, 12% mainly by charities or "welfare," the remainder by an assortment of relatives and children. Just as today the 89% who depend on women's earnings and/or public funds are treated as aberrant, defective, or even pathological. In the family violence cases the casework goal was usually to restore dependence on the father, with little evaluation of the realism of that goal and even less of the potential disadvantages of such dependence for mothers and children.

When these two norms—male breadwinning and family independence—were combined, they could create a trap for family violence victims. Mary Jones was probably trapped in her incestuous household by her fear that on her own she could not keep her children. Mary Jones had several times sought economic and physical independence from her husband, and caseworkers had been unable to help. When Jack was finally prosecuted, caseworkers condemned Mary for not protecting her daughters and argued that she must have known about the incest all along. I think so too. But I also suspect that she knew it would not help to go to the police—because of her economic dependence. The events after he was sentenced to 5–10 years proved her absolutely right: Mary Jones asked poor law authorities for aid to make the mortgage payments on her house, and they refused, admitting also that they did not see how she could afford to rent a tenement sufficient for her large family, recom-
mending instead that the children be adjudged neglected and placed out. The incest perpetrator was caught and punished, but hardly more than his victims. Indeed, this punishing of victims was the most common result in family violence cases (Gordon, 1985 and 1988), because of the refusal to accept that public support of familial child-raising ought to be normal and not merely exceptional.

Nineteenth Century Moralism and Punishment

Although these two norms have remained dominant for nearly two centuries, their expression has changed considerably, adapting to new understandings of poverty and family pathology. In the application of social-work diagnoses, and the treatment preferences that flowed from them, there were three major shifts in the last century: moralism and criminal prosecution in the nineteenth century; casework in the Progressive era; and psychology in the last half century.

Child protection agencies arose in the 1870s throughout the western world; by the end of the decade there were SPCCs in 15 countries and more than half the states in the US. These agencies had a double ancestry—in charity work and in the citizens' law-enforcement activity of the Societies for Prevention of Cruelty to Animals (SPCAs). But it was the latter orientation that dominated (Antler & Antler, 1979), and the SPCCs exploited existing laws as well as lobbying for—in many states, virtually dictating—new laws. These made it easier to get court orders to remove children from their parents and increased the prosecution of parents for abuse (Pleck, 1987). For example, the MSPCC secured legislation in 1882 allowing a probate court judge to appoint the agency as guardian for any ill-treated child under 14; given the great influence of the MSPCC in the courts it effectively gained the power to remove children immediately, without trial, from their parents. Although private, the child protection agencies became virtually an arm of the state, due to their arrogation of police powers, by the end of the 1880s.

Child protectors were aware of the limitations of punitive policies, because of the lack of alternatives to private family child raising, and women's economic dependence. After immediate removal of children from their homes, two forms of legal action
were available: severing parental custody permanently, by hav-
ing the children legally declared neglected, and prosecuting as-
sailants under criminal statutes. Both resulted in the punishment
of victims. Children taken from their parents were most often
placed in worse situations: under-funded prison-like institu-
tions, where fatal epidemics raged and harsh physical punish-
ment was common; unsupervised foster homes where parents
were motivated largely by the desire for children's labor and
where additional cases of child abuse emerged. Massachusetts
was a progressive state in attempting to remedy these abuses—
for example, it pioneered in paying foster parents and attempt-
ing to supervise them—but its efforts were always inadequate.
Prosecution of assailants had equally devastating effects on vic-
tims. Most of those prosecuted were men, leaving women un-
able to support their children. The results were usually
impoverishment and, again, surrender of children to institutions.

Because prosecution of the assailants was so hard on the
victims, the latter often opposed it. Women refused to cooperate
in pressing charges against men; those who did so out of tem-
porary rage were often forced to change their minds quickly.
There were many petitions for pardon of male abusers by des-
perate wives (Gordon, 1988). One 1894 case was typical: a woman
prosecuted her husband for battery and he was sentenced to a
year in jail, but two months later she petitioned for his pardon
because she was forced to live with her stepfather who was also
abusive. Women and children were reluctant to cooperate with
child protectors because they understood that while their abu-
sers might be punished, they would get no help.

Early in the twentieth century child protectors grew attracted
to the rhetoric of preventive and nonpunitive social work. Many
SPCCs and Humane Societies enthusiastically joined the case-
work-oriented national child welfare establishment. The MSPCC
led the way in condemning the old punitive orientation, partic-
ularly after the appointment of C. C. Carstens as its chief in
1907, and the previous historians of child protection, reading
the new rhetoric, assumed that the transformation was substanc-
tial (Antler & Antler, 1979). But the evidence from case records
suggests that it was minimal.
Casework

Casework virtually redefined family violence. Previously the problem had been conceived as cruelty to children, a concept directing attention to willfully violent assailants and innocent victims, not focused on the family. Indeed, the early child protectors also took up some extrafamilial forms of child abuse, such as school punishment and child labor. The casework approach to child protection established the family as the unit of analysis (the MSPCC's definition of a “case” united all the problems of one family in a single folder) and the source of problems. This was not an inevitable result of the casework method in itself; on the contrary, casework was originally conceived, by Mary Richmond for example, as serving purposes of reform as well as treatment, investigation of the entire environment.

But casework procedure became increasingly adapted to a medical model, identifying pathology in the client (Conrad and Schneider, 1980, pp. 161–171). Its goal was to reconcile family members and to restore family harmony and stability. Casework continued to include societal factors in diagnoses of family violence, but it assumed exclusive family responsibility for these problems (Levine and Levine, 1970; Holbrook, 1983).  

Casework may have actually narrowed the range of help offered to clients. The environmentalist diagnoses did not lead child protectors to lobby for subsidized housing, arrange babysitting or campaign for day nurseries, disability compensation, and public medical care. Nor were they able to offer treatment for the family pathologies they identified. In visiting homes where there had been allegations of family violence, workers could offer sympathy and encouragement, particularly to women who were themselves victims, and these expressions of support were often received positively. In relation to adults who were assailants, and in attempting to protect children, the workers “supervised,” cajoled, and threatened. But all of these interventions rested on an implicit threat of legal action, and there were no programs of therapy or even counselling.

Contrary to the claims and, perhaps, beliefs of the leaders of professional child protection, casework did not lessen the emphasis on law enforcement in the dispensation of cases. The
rate of prosecution of parents for neglect, leading to child removal, declined only insignificantly—from 28.3% of cases between 1880 and 1909 to 25.3% between 1944 and 1960. The MSPCC acknowledged that at the end of the 1940s it still prosecuted in 25% of its cases (Mulford, 1983, p. 4). The rate of court and police involvement also declined only slightly, from 83.5% in the first period to 80% in the last, with a peak during the period of the introduction of casework (90% during 1910–1929).

Lacking any material aid to offer, child protectors could make referrals to relief agencies. These did increase over time, but not sharply: 56% of clients were referred to one or another public agency before 1929, 71% during the Depression, declining to 64% after 1944. Child protectors sometimes advocated for their clients with other agencies, and often succeeded in getting benefits for them. Nevertheless, the referral process, because of the fragmentation of social service responsibilities, was often experienced by clients not as help but as a run-around, the “agency waltz.” Moreover, the casework approach led to an emphasis on supervision, so that when relief was offered it came with many strings for clients, and felt more intrusive. Behind the “supervision” lay the implied threat of prosecution or child removal.

Family violence case workers were systematically limited by other agencies’ restrictions on relief. For example, for most of this period clients could get no relief until they had proven that there were no family members available to provide support. This, of course, induced clients to hide their social networks, and sometimes stimulated relatives to withdraw from involvement with clients. This in turn deprived violent families of needed emotional and social support. Case workers, influenced by norms of family independence, were generally uninterested in, sometimes even hostile to, the kinds of support friends and neighbors could offer. MSPCC agents typically reacted negatively to visiting between friends or neighbors, particularly women, perceiving this activity as lazy, self-centered, purposeless, or motivated by nosyyness. The casework approach continued moralistic, using aid as a reward for good behavior.

Case workers sometimes sought improved housing for their clients. But because they were trained to treat families as autonomous units, they evaluated living conditions without regard
to the social networks around them. Family case workers frequently pressured families to move to “better” neighborhoods, either to upgrade their apartment or to remove their children from bad influences, without recognizing the value of the support of friends and/or kin nearby in the old neighborhood. For example, in 1960 a recently arrived Puerto Rican family, consisting of a mother, five children and two cousins, lived in a basement apartment with two bedrooms, and the MSPCC worker (also a Puerto Rican, it is worth noting) pressured them to move. The clients resisted leaving their solidly Puerto Rican neighborhood, near to many friends and some relatives, a Puerto Rican Catholic church, a Puerto Rican Club, and a settlement house with special programs for Puerto Rican children (Gordon, 1988, case code #6087).

The norm of family independence also led many family violence case workers, all employed by private charities, to oppose the entry of public agencies into child welfare. Child protectors opposed state mothers’ pensions, for example, although the impoverishment of single mothers was in itself a major cause of child neglect. Their opposition partly reflected jurisdictional rivalry and fears that the use of tax money would dry up their own sources of support, but also hostility to public aid in general and single-mother families in particular (Gordon, 1985).

Case workers’ repertoire of ways to help were also limited by the policy of promoting “proper” gender relations in the family. Despite the relatively high incidence of wife beating in the case records—22%—child protection workers often resisted strategies that would help women gain independence: divorce, day nurseries, and employment for example. Although divorce lost some of its stigma of immorality, case workers considered it bad for children through the 1960s (Gordon, 1985 and 1988). Child protectors considered it their responsibility to work towards reconciliation of spouses. Yet in many cases of marital violence, child abuse, incest, and child neglect, helping mothers to leave their husbands would clearly have been best not only for the women but for the children; the only alternatives were futile attempts to “reform” the male culprit. In 1943 one mother, who had left her abusive husband, survived with the makeshift child care arrangements typical of many “neglectful” single
mothers: she worked at a cafe from 4 p.m. to 3 a.m., a babysitter stayed with her three children until 11 p.m., and then they were left alone. The MSPCC worker, instead of helping her find better babysitting or another job, reminded her that "Mo's place is at home" (Gordon, 1988, case code #4800). Even when case workers perceived that women's employment was their only option, they often interpreted problems in such a way as to increase women's guilt and anxiety. In 1950–52 a married woman with an alcoholic husband worked nights (in addition to doing all the housework), getting only three to four hours of sleep a night, to supplement his irregular earnings. The MSPCC agent blamed the misbehavior of the couple's two daughters on her employment, but offered no other support for her nor help in leaving the marriage (Gordon, 1988, case code #5782).

The casework approach continued the assumption that women should bear the primary, often exclusive, responsibility for children's welfare. In the child neglect cases—which in this historical study as in contemporary caseloads represent the majority of all family violence cases—women were by definition the culprits, even when there were fathers present. In a recent survey conducted by David Gil, one of the neglect categories was malnourishment. In 100% of the cases in which a father and a mother were both present, the mother was labelled the perpetrator (Light, 1973). Even in cases where fathers had attacked children, physically or sexually, a search for the responsibility of the mother was a common practice (Gordon, 1986). The pattern of blaming women's "nagging" for men's violence has been well documented. The casework approach encouraged, or at least justified, this deflection of responsibility by its insistence on examining the whole family picture, rather than focusing on a specific crime.

Psychology

New developments in psychology in the late nineteenth and early twentieth centuries affected the language and categories of child protectors, as of all social workers. Historians have primarily focused on the impact of Freudianism (Davoren, 1982; Briar and Miller, 1971, p. 9; Field, 1980). In casework, however, the first massive influence of the new psychology came through
the measurement of intelligence and psychic pathologies. These categories were adopted by child protectors to explain abuse. In the Progressive era child-protection agencies began to use the psychological testing and diagnostic services of child guidance centers (Orme and Stuart, 1981). For example, in Boston the Judge-Baker Guidance Center, a national leader among these clinics, was consulted about many MSPCC cases.

Despite the adoption of new diagnostic labels, child protectors did not in fact apply psychotherapy to family violence problems. In this study, there was less than a 4% increase in agency provision of medical or mental health treatment for family violence from 1880 to 1960. There was a substantial increase in commitments to mental institutions—from 27% between 1910 to 1929, to 35% between 1930 and 1943, to 37.5% after 1944. These commitments were virtually all to public institutions, at which little that could be called treatment was offered; they are more accurately considered along with other forms of incarceration.

Even within the area of diagnostics, shifting labels should not in themselves be taken as evidence of substantive change, for there was a great deal of underlying continuity. In order to evaluate this we must review its history, returning briefly to the beginning of our time period. Psychological diagnoses of family violence passed through four major stages: the concepts of depravity and degeneracy; the identification of forms of mental retardation; psychoanalysis and the focus on sexual repression and conflict; and, most recently, psychological parenting theory.

In the late nineteenth century, child protectors identified psychological defects which were hereditary, or at least congenital and permanent, notably depravity and degeneracy. These were group, not individual, categories, as much moral as descriptive, often correlating visible physical attributes with moral capabilities, and often inextricable from class assumptions about the inferiority of the poor. These diagnoses often referred to “types,” considering individuals as representatives of (ethnic and religious) groups: “she is a typical low-grade Italian (Gordon, 1988, case code #2059A). Clients were labelled shiftless, worthless, “ignorant type,” uncouth, coarse, “low type,” and particularly often, “of weak character (Gordon, 1988)." In fact,
these categories were used well into the twentieth century, after the supposed adoption of secular and environmentalist values by agencies. A quantification of all the racial, religious and class slurs used by caseworkers to label clients in this study revealed no decrease in Progressive era, not even among the professional clinicians at the Judge Baker Guidance Center and Boston Psychopathic Hospital (Gordon, 1988, chapter 3; Lundbeck, 7).

There is a particular history of the psychological diagnoses of alcohol abuse, always highly correlated with family violence, which forms a microcosm of the approach to family violence. In the late nineteenth century, drinking was conceived more as a social than an individual problem; like "depravity" it was a characteristic of inferior groups. Moralism about drinking, however, increased towards the end of the century, and the child protectors began to view it as willful defiance. Thus an 1888 diagnosis:

The drunkard is a criminal, because he wilfully, by his inebriation, destroys that institution which, as we have said, lies at the basis of the civil and social order. The inebriate, then, by his wilfull persistence in drunkenness, makes himself a criminal, and unfitted to care for the morals of his children; and, therefore, the general conclusion . . . is that the children must be taken from drunken parents (NCCC, 1888, 133).

At the turn of the century, alcoholism came to be regarded fully as an individual vice, product of a personality problem widely known as "weak character," to be combatted by moral exhortation and environmental improvement. Half a century later, alcoholism was medicalized, understood as a physiological addiction and illness. The theoretical difference was great: from a symptom of fundamental inferiority to a personal weakness to an illness of indeterminate occurrence, implying in theory no original fault in its victim.

Had this medical diagnosis led to better remedies for alcoholism, it would have been beneficial. However, the historical evidence suggests otherwise. Alcoholism in general and alcohol-related family violence was reduced. Average per capita consumption of spirits declined more than 50% during the nineteenth century. In this study, drunken violence constituted 87% of cases in 1880, 60% in 1960. But social work intervention was not responsible for this change; rather general improvements in
diet, housing, and other aspects of the standard of living, combined with women's increased economic power (lessening their and their children's dependence on male wages) reduced liquor consumption and the numbers of children living with alcoholic parents (Lender and Martin, 1982).

In the early twentieth century child protectors began using individualized categories of mental deficiency to explain improper parenting. There was, however, a substantial gap between professional psychological categories and their use by family violence case workers. By the turn of the century, many US textbooks on "amentia," as mental deficiency was called by its scholars, were delineating specific types of mental retardation (Barr, 1904, chapter III), and in 1906 Henry Goddard introduced calibrated "intelligence" testing into the US. In the family violence agency case records, however, the use of the catch-all category, feeble-mindedness, increased after 1910. As late as the 1940s, and in the records of the most professionally vanguard of the agencies, Judge Baker, clinicians continued to use the older, unrefined and untested categories of mental ability: "low mentality," "low-grade individual," "ignorant type." These subjective labels coexisted with supposedly "objective" testing. Like most testing agencies in the early twentieth century, Judge Baker clinicians administered profoundly culturally biased tests. Immigrant children were offered such test items as:

The _____ are often more contented _____ the rich.
To eat _____ one is _________ is a ________ pleasure.
What holiday comes in December?
What people were in America when the white men came? (Gordon, 1988, case code #7027.)

The class content of their categories—in the use of terms like "common" or "refined"—was common as late as the 1930s; so was equivocation between categories of intelligence and morality, even criminality, as in "moral imbecility" as an explanation for child abuse.

Categories of cognitive ability presumably described biological capacity and thus carried no implications for treatment—rather they tended to support enforcement solutions, such as incarceration. The psychiatric categories associated with Freud, sexual repression and conflict, were different in that regard,
since they promised the possibility of personality adjustment. In fact the sexual theme reached child-welfare workers not directly from Freud's work but from William Healy, founder and director of the Judge Baker Guidance Center in Boston, who was distinctly not a Freudian. Reacting to the static labels derived from testing, Healy focussed on conflicts in individual mental life as the source of trouble and the key to treatment (Healy, 1918, pp. 22–31).

The clinic therapists' emphasis on inner conflict correlated with disapproval of corporal punishment as a primary disciplinary technique. (The view that children obey out of fear of pain stems from a linear, not a conflict, model of learning.) Parents were counselled not to rely on beatings for discipline.¹¹ These admonitions to gentler methods, however, did not themselves rest on a conflict model of learning because they remained mere recommendations; clinics like Judge Baker did not offer long-term therapy or counselling. Nor did family violence clients get referrals elsewhere—rates of psychiatric referrals moved only from 17% during 1915–1930 to 18.5% thereafter.¹²

Recently a post-Freudian psychoanalytic school of thought, object relations theory, influenced child protection discussion and particularly custody decisions. Focusing on early infant attachments, the emphasis on “psychological parenting” prioritizes continuous and exclusive mother-child relations, beginning soon after birth, and suggests that multiple and shifting relationships can weaken ego development. Some child development experts have argued that absence of early mother-child bonding may explain and even predict child abuse. What is relevant here is that object-relations theory has been used to provide yet another argument for the normative sexual division of labor, particularly for women's exclusive responsibility for parenting. The theory has also been invoked to insist on family independence and delegitimize nonnuclear family child raising (Arney, 1980; Breines and Gordon, 1983; Gordon, 1984).

Leaving aside these criticisms of the various psychoanalytic theories—Freudian and object relations—we return to the question, what difference did they make in practice? No therapeutic programs were developed to compensate for the neurotic patterns thus identified. Worse, the theories themselves may have
served to block other forms of help, by locating the problems exclusively in intrapsychic patterns and by stipulating as healthy only patterns in which women played conventional mothering roles.

Sources of Future Progress

Little progress in the treatment of family violence by social work agencies occurred between 1880 and 1960, despite drastic shifts in theory and rhetoric. Although social workers have been frequently scapegoated for these failures, in fact the shortcomings of individual case workers were the smallest part of the problem. Indeed, the case records suggest that individual social workers contributed more, on average, than the official policy of the agencies they represented. Many family violence clients were helped because case workers exceeded their job description, acting in the original spirit of casework, understanding that family violence problems emerge from a combination of social-structural, intrapsychic, and relational stresses, and resisting the tendency towards fragmentation in modern social services. They faced a variety of obstacles, inadequate funding and oversized case loads prominent among them. It is important that the stinginess of the social service system derives from the norms discussed above, expecting families to be economically independent and women to bear the sole responsibility for child-raising, expecting case workers' roles to be confined to emergency intervention to shore up male-dominated nuclear families.

There was, however, one exception to this bleak picture: there was distinct progress in the situation of battered women. Despite the fact that there were no agencies devoted to the problem of wife-beating, and that the child protective agencies attempted to exclude it from their jurisdictions, battered women in fact succeeded in getting more help from the agencies than did abused children. Battered women grew steadily more vociferous in complaining over time, in demanding support for leaving abusive men, and in persuading case workers to support them in obtaining separations, divorces, and independent households. By contrast, children's levels of complaints did not change over time. (This is not because children did not seek out agency help; on the contrary they frequently complained to out-
siders about parental treatment, but no more so recently than in the early years of this study.) Women’s greater assertiveness did not arise because they hated being beaten more than they had previously; the evidence from the earlier years suggests that they resisted it in every possible way except the one most effective way—leaving the abuser. Turning to that remedy resulted from their greater chances for economic independence, a gain not felt by children. Obviously young children are not capable of independence; the comparable solutions for abused children would have been either support for female-headed households where men were the abusers, or good quality alternative placements where there was no adequate parent.

Three factors can be identified as particularly influential in improving women’s capacity for escape from abuse: aid to single mothers (state mothers’ pensions from about 1910, federal AFDC after 1936); increased women’s employment; and the influence of the women’s-rights movement. Increased employment for women was of course mainly a product of industrial development, but the campaign against child labor contributed, and feminist activism was influential in both. Employment opportunities made it of course much easier for women to escape abusive situations, as did aid to single mothers. Before such aid, many mothers had faced the choice of remaining in abusive marriages or losing their children to institutions; aid thus not only helped many women to protect themselves and their children, but it also saved many children from institutionalization. Aid to single mothers also helped children whose mother was their abuser or neglecter, by improving her living and working conditions. But no major reforms improved the destiny of children removed from their parents.

What is striking about these improvements for women is that none of them came directly from social work intervention. They came rather from social reforms, fought for in the political arena. Some nonprofessional charity workers in the late nineteenth and early twentieth centuries had been part of the reform coalition, but by the Progressive era most social workers were opposed to these reforms. By contrast the kinds of reforms that might have benefitted child abuse victims—well paid foster care, for example—did not happen.
When clients did benefit from their contact with social work agencies, it was mainly because of their own activism in pressuring case workers. Because child protection work has been oriented to law enforcement did not mean that its typical clients were resistant to outside intervention. On the contrary, the Jones case, in which both victims and assailants asked for help, was representative. Moreover, once on the case load, clients actively pursued their own goals in negotiations and struggles with case workers. Their own standards and aspirations for family life shaped their demands as well as their ability to take help when it was offered (Gordon, 1986).

Social work did contribute importantly to solving family violence problems, but indirectly: case workers often helped raise women's and children's consciousness of having rights. But they rarely did so as a result of professional theories about family conflict. Rather social work counselling often reinforced clients' sense of outrage and helped them feel entitled through advocating for them with other agencies. Above all, the best case workers learned from some clients how to help others. Social workers with sensitive "ears" have served as a vital conduit through which those at the bottom of society, with little political or social influence, could nevertheless make their needs known, and forcefully. Mothers' pensions was one reform that was stimulated from that bottom-up process of communication (Gordon, 1985).

This is not to suggest that the social workers' virtues were instinctive. Their counselling and listening skills were the result of training, experience, and some of the best of social work theory about the complex art of helping. Still, the record suggests that only in combination with material resources and social reform could social work help prevent family violence. This does not mean that material aid alone can stop family violence. It bears repeating here that poverty, unemployment, and "stress"—whatever that abstraction means—do not in themselves cause family violence; most people suffering from those problems are not violent or neglectful. I am arguing rather for the necessity of maintaining an approach to family violence that consolidates the psychological and material, the personal and social. Without a larger public demand for more spending on social services,
not only to violent families but, on a preventive basis, to all, there is reason to question the value of social work and social science research about the etiology and treatment of family violence.

References


**Footnotes**

1. The study randomly sampled records from the MSPCC, the Boston Children's Service Association (BCSA), and the Judge Baker Guidance Center (JBGC). Five hundred and two cases were coded and analyzed, and several thousand read. The findings and research methodology appear in Gordon, 1988.
2. I do not mean to imply that the case records represent an “objective” source. I have spelled out elsewhere some of the problems of bias in such records. see Gordon, 1988, Appendix A.
3. These intelligence tests were hopelessly biased against those without education. Moreover, children so deprived of good nutrition and health were frequently backward in cognitive as well as physical development.
4. Although women were equally often child abusers, men were more often prosecuted for two reasons: first, because many men were prosecuted for wife beating; second, because case workers knew that the threat of removing children was not sufficient to strike fear into them, while it worked well with women.
5. Commonwealth of Massachusetts, Governors’ Papers, Pardons Granted, Box 17 #67.
6. This is partly because Progressive-era professionals exaggerated how bad the nineteenth amateur child protectors had been. Their law-enforcement...
approach did not blind them to environmental influences; their list of causes of family violence was not so different from that which results from contemporary research: poverty, alcohol abuse, unemployment, overcrowding, illness, isolation.

7. Some critiques of the “medical model” have associated it with the involvement of physicians in defining and reporting child abuse from the 1960s, and with the diagnosis of the newly rediscovered child abuse in terms of psychopathological parents, by Kempe, Steele, and Pollack, for example (Gelles, 1973; Breines and Gordon, 1983). I am arguing here, in contrast, that the medical model began much earlier, in the Progressive era with the first development of case work.

8. In the nineteenth century, when social work was not professionalized, child protectors felt less restricted as to what they could offer clients. Agents offered gifts of clothing, taught sewing and “American” styles of cooking, took children on outings, for examples.

9. Clearly an underestimate since (a) the agencies were only supposed to protect children, not women, and (b) the figure includes only those cases in which an agency worker took enough cognizance of a woman’s complaints to include them in the case record.

10. The last was particularly important to the understanding of family violence, revealing as it does the Protestant image of a divided psyche, an existence beset by temptation, with virtue characterized above all by the ability to say no to impulses.

11. Indeed, the Judge Baker approach, and perhaps the whole therapeutic approach to problems with children, accelerated a parent-blaming trend in dealing with delinquency. Previous to the nineteenth century self-consciousness about child raising, popular psychology assumed no particular connection between parental methods and how children “turned out.” By contrast, the poor parents in this study did not characteristically, even as late as the 1960s, accept responsibility for the bad behavior of their children.

12. In the 1940s, MSPCC director Robert M. Mulford claimed, psychiatric consultation became standard procedure for his agency (Mulford, 1983, 4). This claim was not borne out by our analysis of the case records.