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Social Problem or Medical Condition? A Response to Krugman's Proposal

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While we share the originating premise of the article by Krugman and colleagues, that the child protection services system in the United States is "struggling," we depart strongly with their proposal that the medical profession should oversee the management of child abuse and neglect in the U.S. In this brief response, we would like to address three issues that Krugman and colleagues either do not consider, or consider in a dangerously incomplete fashion, when discussing problems that are, in fact, deeply social in nature. First, the authors fail to clearly articulate the problem that their solution is meant to solve, leaving more questions than answers about how exactly the medical profession can "treat" the social origins of abuse and neglect. Second, and related, they ignore the social context of child abuse and neglect, thus ignoring the complicated relationship between the powerful institution of medicine and the often powerless parents subjected to its oversight. And third, they reveal a partial, and somewhat erroneous, understanding of historical and contemporary process of the medicalization of social problems and its consequences. Overall, we believe that by characterizing child abuse and neglect as an individual problem, as an illness amenable to medical intervention and treatment, Krugman and colleagues miss a crucial opportunity to widen (and instead narrow) our perspectives on this troubling social phenomena.

After reading the article by Krugman and colleagues, one is hard-pressed to fully understand the problem their solution is meant to address. While they begin the article pointing out that child protection services in the U.S. are under funded, they quickly suggest that medicine, as a powerful and resource-rich institution, should therefore oversee cases of child abuse and neglect. Social problems and their solutions are rarely matched up that way: if medicine's wealth was being used to solve social problems, higher on the list would be poor people's lack of access to medical care, or even medical school tuition and the subsequent debts of new physicians leading them away from fields like family medicine.

But more fundamentally, we are concerned with the assumption, implicit in the article, that child abuse and neglect are diseases, syndromes — what they refer to as "behavioral dysfunctions of families" — that the medical establishment can solve. Child abuse is not a medical condition, but a social problem. The authors explain that their approach "could mark intra-family violence as much a medical problem as a social one," yet it is unclear as to how exactly this violence could be conceptualized within a medical framework. By conceptualizing abuse and neglect in "medical" terms and advocating medical responses — which the authors oppose to "social" approaches — their proposed solution ignores entirely the structural conditions that often accompany abuse and neglect and that characterize many people's ambivalent, fraught, and antagonistic relationship with the medical care system — a social institution that exerts much power indeed.

Nowhere do Krugman and colleagues discuss the role that poverty, stress, and the absence of resources play in abuse and neglect. What does medicine have to offer families who suffer from multiple stressors, not the least of which is the absence of access to affordable healthcare? How are doctors equipped to deal with these social issues in addition to their clinical responsibilities? At best, the social services "system" in the U.S. offers poor families a patchwork of intermittently available services, with many barriers to access. One noteworthy barrier to healthcare, directly relevant to the authors' proposal, is a physician's "duty to report abuse" that is often used against poor women and women of color. When a poor woman brings a child with a bruise to the doctor, she is well aware that she stands in danger of losing that child to a clearly overburdened child welfare system. We would argue that physicians and the healthcare system, in general, are not "less threatening," as asserted, than the criminal justice system. From the perspective of overstressed, overburdened parents, the power that physicians can wield over their lives cannot be described as "nonpunitive."

The authors' ignorance of medicine's punitive aspects is evident when one considers the specifics of their plan to put the management of child abuse and neglect in the hands of physicians. To initiate this move, they propose following up on families who were reported to Denver Child Protection Services and who were subsequently designated as "not being a case to investigate." Despite this designation as not worthy of investigation, the authors believe that "a significant number of these families were either at risk of being abusive or neglectful." So, if someone calls in a suspicion that a child is being abused, and Child Protection Services investigates and sees no reason to intervene, the authors believe that the medical profession should nonetheless intervene because a report of suspected abuse may nonetheless mean abuse. It is troubling to take families that have already been screened as not abusive and assume that they nonetheless have a high probability of abuse. Even more troubling is the idea that we would then subject these families to interventions, whose negative consequences we know nothing about, under the guise that we are treating a syndrome —— all based on a report that has been judged to be unfounded.

By setting up the distinction between medical and criminal justice approaches to child abuse and neglect, the authors fail to see that the historical examples that they provide actually discredit rather than bolster their proposal. They point to addiction and argue that, 50 years ago, "addictive disorders" were considered "social problems" and were dealt with by law enforcement, as opposed to now, when "understanding the basic biology of addictive disorders has led to better treatment." What's actually happened over those 50 years is the skyrocketing of incarceration rates, with the U.S. imprisoning more people per capita than any other nation, due largely to the imprisonment of people on drug-related charges. "Alternatives" to incarceration for drug users, such as drug courts where people are mandated to drug treatment and intensive judicial supervision rather than jail, actually marry the medical and punitive perspectives of addiction rather than separate them. Increasingly the criminal justice system and the medical establishment team up to provide coerced treatment for an array of problems, such as mental illness, addiction, and violence, that are simultaneously viewed as criminal and medical in nature. Krugman and colleagues' faith that a medical approach would decrease punitive sanctions ignores the historical record and fails to take into account the way that medicine has functioned as an institution of social control with dire consequences for the poorest individuals, many of whom would undoubtedly be affected by this proposal.

It is not the case that medicine invented a "cure" for addiction and then doctors clamored to get drug addicts as patients. While medicine as an institution may want to continually expand its territory, it is not clear that individual physicians — those in addiction medicine, or, in this case, pediatricians, family, or emergency room doctors — are trained or competent to deal with these intensely social problems. Child abuse and neglect are problems that are, in the end, not amenable to medical management.

By thinking that the solution to this complex problem is to put it into the hands of the medical system, we're not just entertaining proposals that will not work. We are, more importantly, further delaying recognition that child abuse and neglect are deeply social problems whose only solution rests in our recognition of their complexity.

Krugman and colleagues make much of the difference between European and American management of child abuse and neglect. We believe the key difference lies not in *where* the resources are coming from, but

the virtual absence of *any* resources in the U.S. After many years of neglecting services for children and families, after decades of cutbacks and the erosion of anything resembling a social welfare system, we are now at a moment in the U.S. when programs that provide access to basic health and social services for children are vetoed because of "excessive" costs. If we blend the medical and child welfare systems, the power to report is greatly enhanced, but what can we actually do to solve the problems, once they are reported? We would suggest, in the interests of preventing and treating child abuse, not shifting (yet more) power to the institution of medicine, but developing a system of family supports that begins to approximate what is considered normal in European countries.