“IT’S ALWAYS SILENCE THAT CAUSES THE MOST DAMAGE”:
A CASE STUDY OF THE EARL BRADLEY CHILD SEX ABUSE CASE

by

M. Kristen Hefner

A dissertation submitted to the Faculty of the University of Delaware in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Sociology

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DEDICATION

To the victims and their advocates who remain silenced.
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ABSTRACT

In recent years, several institutional child sexual abuse cases in which a large number of children were victimized over a relatively long period of time have come to the attention of the criminal justice system, policymakers, and the public. To date, our understandings of institutional child sex abuse cases involve 1) media reports of the criminal investigations, the trials, and the punishments that ensued; 2) social commentaries on the cases; 3) commissioned reports that detail the extent of the abuse and the cover-ups that are assumed to be a part of the cases; 4) law review articles on controversial or important legal aspects of the cases; and, 5) commentaries and research that examine the extent of the abuse or simply theorize about how institutional context shaped the abuse. Absent in this coverage are more in-depth examinations of how institutions, organizations and professions – on the ground level - allow these cases to persist.

This dissertation presents a case study of an institutional child sex abuse case that occurred at the hands of a trusted community pediatrician in Delaware (subsequently referred to as the Bradley case). Using 27 in-depth interviews with criminal justice, medical, and victim service professionals involved in the Bradley case, in addition to supplemental documents, such as Bradley’s criminal trial and sentencing transcripts, this dissertation examines how organizational structure, professional norms, and professional relationships shape the ways professionals view, respond to, and treat victims and offenders in our society. Through a constructionist
approach, the study explores the relationship between different institutions pertinent to the Bradley case and how institutions create and reinforce institutional norms and the meaning of these norms through their legal/policy responses to allegations and/or instances of child sexual abuse.

The findings illustrate that victims and others who make claims on their behalf are often silenced when making allegations against more socially powerful offenders. This silence is perpetuated by the structure and culture of professions that preserve and uphold specific ideas about certain groups of people, including both victims, offenders, and other professionals. In the end, professional norms prioritize the voices of already privileged groups, and elite groups protect their own. In addition, different professions are unequally ranked; professionals, for the most part, work within separate silos (i.e. have different goals, operations, relationships to other professionals) which lead to unsupportive or non-existent collaborations across organizations. As a result, professionals within different organizations often do not communicate with one another and, when they do, their communication is often ineffective. Finally, competing claims of justice existed among groups of professionals that created a contradiction between doing the right thing and doing things right. As a result, medical and victim service professionals questioned whether following the rule of law truly brought about justice in the Bradley case. Thus, while there is a growing reliance on the criminal justice system to bring about justice in cases of victimization, organizations and professionals need to work together and increase collaborative work. Future research and additional recommendations for future implementation are also discussed.
Chapter 1

INTRODUCTION

“We must take sides. Neutrality helps the oppressor, never the victim. Silence encourages the tormentor, never the tormented.”
Elie Wiesel, Nobel Peace Prize Acceptance Speech, 1986

In recent years, several institutional child sexual abuse cases in which a large number of children were victimized over a relatively long period of time have come to the attention of the criminal justice system, policymakers, and the public. Two of the most well-known include the Penn State case (Freeh, Sporkin, and Sullivan 2012) and the abuse that occurred within the Catholic Church (for example, see Cumming-Bruce 2014; Dunne 2004; Keenan 2011; Medina and Goodstein 2013; Smale 2016; Smith, Rengifo, and Vollman 2008; Terry 2008; Terry and Ackerman 2008). However, other, less publicized child sexual abuse cases have also come to light including cases within the medical institution and at medical facilities (Cabrera and Weisfeldt 2014; Cowell 2014; Crawford 2010; Mimica 2014) and within the institution of education, including schools in New York, Britain, and, most recently, Rhode Island (Castle 2014; Connor 2015; Kamil 2012; Seelye 2016). For example, child sexual abuse was uncovered at Horace Mann School - an elite private school in New York – in which over 20 faculty and staff were found to have sexually abused more than 64 students spanning around 30 years
(Connor 2015). This dissertation presents a case study of an analogous institutional child sex abuse case that occurred at the hands of a trusted community pediatrician (subsequently referred to as the Bradley case).

Even though cases of institutional child sexual abuse have been given increased public attention in recent times, a lack of empirical research on these cases exists; most examinations of child sexual abuse consider only intra-familial abuse (Wolfe, Jaffe, Jette, and Poisson 2003). Given the recent proliferation of these cases, it is vitally important to examine child sexual abuse that occurs within our society’s social institutions.

A common theme in discussing institutional child sexual abuse cases like the Bradley case is the focus on individual responsibility. According to White and Terry (2008), responses to known cases of institutional child sexual abuse are analogous with the “rotten apple” explanations that are often used in cases of police deviance or corruption. The idea behind this theory is that these occurrences – whether wrongdoing within police departments or child sexual abuse within our society’s social institutions - are a result of a few bad people who perpetrate these offenses and/or conceal them. Regarding the Bradley case, for instance, claims were made that “people” dropped the ball by ignoring or not properly reporting or investigating the allegations of abuse or that “people” covered-up the abuse, resulting in institutions escaping with impunity (for example, see Barrish 2010a; Tarabay 2010). However, the narrative about individual responsibility surrounding these cases fails to take into account institutional and organizational factors that facilitate the ongoing abuse. According to White and Terry (2008):

Like police brutality, the full explanation for child sexual abuse among the Catholic clergy does not rest solely with deviant sexual interests of a few rotten apples. Instead, the profession itself plays a contributing
role much in the same way that the working environment of the police plays a role in police brutality (659).

By attributing blame to individual people in large-scale cases of child sexual abuse – or instances of police wrongdoing - these cases are interpreted as isolated incidents that that cannot be prevented because they occur at the hands of individuals who are either malicious or negligent. However, in rejecting the idea that victimization in our society is exclusively the responsibility of individuals, as is common with sociological approaches, it is crucial to examine the structure, culture, and norms of institutions, organizations, and professions\(^1\) that victims encounter and interact with to construct a richer understanding of incidents of victimization.

**Purpose of the Research Study**

This dissertation examines how organizational structure, professional norms, and professional collaborations shape the ways in which professionals view, respond to, and treat victims and offenders. I explore these issues through the lens of a large-scale child sex abuse case in which a trusted pediatrician in a small community in rural Delaware sexually abused hundreds of his child patients. Through a constructionist approach, the study explores the relationship between different institutions pertinent to the Bradley case and how institutions create and reinforce institutional norms and the

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\(^1\)Important empirical and practical distinctions exist between organizations, institutions, and professions. However, in this dissertation they are, for the most part, used analogously to preserve the confidentiality of the study participants. As a result, I often refer to criminal justice, medical, and victim service institutions and professionals broadly, as opposed to more specific organizations or professions within these broader entities.
meaning of these norms through their legal/policy responses to allegations and/or instances of child sexual abuse. Specifically, this research asks:

1. How do the structure and culture of organizations/institutions/professions shape professionals’ responses to allegations of child sexual abuse?

2. How do the norms of organizations/institutions/professions shape professionals’ responses to claims of victimization and how are norms created and reinforced through their responses to claims of child sexual abuse against Bradley?

3. Are certain voices privileged over others in the institutional responses to allegations of child sexual abuse and if so, to what extent?

To answer the research questions posed, I conducted in-depth interviews with criminal justice, medical, and victim service professionals who had some involvement in the Bradley case, in addition to using supplemental documents, such as Bradley’s criminal trial and sentencing transcripts, to enrich my data with important context.

**Overview of the Bradley Case**

Earl Bradley was a pediatrician in Lewes, Delaware which is in the southern part of the state; it is a coastal community that is comprised mostly of farmlands and wetlands. He was respected in his community and was known for being overly-accommodating to the parents of his child patients, such as examining them on the weekend and being flexible with payments for medical services. His office was described as being like Disneyland; he had carnival rides in the front lawn of his

2Unless otherwise noted, the information on the timeline of events in the Bradley case was obtained from the 2010 Widener University School of Law Independent Report by Linda L. Ammons of the Earl Bradley case (see Ammons 2010).
office, movies playing in the waiting room, and animated characters throughout the building.

On June 23, 2011, Bradley was convicted of 24 counts of child sexual abuse and sentenced to fourteen mandatory life sentences plus 164 years in prison (Bradley v. State of Delaware 2012). However, Bradley’s conviction in 2011 was the culmination of years of sexual abuse allegations dating back as early as 1996 in Delaware and even earlier in Pennsylvania.

**Early Allegations against Bradley**

In 1994, Bradley was hired as a pediatrician by a local hospital in Delaware. He resigned from the hospital in 1997 and was employed by a local medical office, after which time he opened his own pediatric practice. Early allegations against Bradley were made by nurses who worked with Bradley, his young patients’ guardians, and his adopted sister who worked for him for a period of time.

For example, initial concerns surfaced that Bradley performed extensive and unnecessary catheterizations on female children, kissed them inappropriately, and took pictures of the child patients without their caregivers’ awareness. These early concerns were handled internally through the hospital where Bradley worked and were dismissed as legitimate medical practices by the opinions of other medical experts – who were presumably Bradley’s colleagues - and, thus, the allegations were not reported to state authorities. Other doctors would state that the allegations of him performing inappropriate medical procedures on children – such as giving them high doses of antibiotics to induce yeast infections in young girls which would then necessitate a vaginal exam (State of Delaware v. Bradley 2011a) or catheterizing children to obtain urine samples – or inappropriately touching them was not
necessarily improper based on medical standards. As a result, none of the early complaints against Bradley led to any formal legal action.

Signs of declines in Bradley’s professional and moral behavior appeared as early as 2004. The Ammons (2010) report states that Bradley’s adopted sister, Lynda Barnes, who also worked in the doctor’s private practice as an office manager, contacted the Delaware Medical Society (hereafter referred to as the Medical Society) with concerns of the deterioration of Bradley’s personal appearance, professional demeanor, and emotional behavior. In a letter to the Medial Society, Ms. Barnes noted “angry outbursts”, “mood swings” and “troublesome spending habits” (Ammons 2010: 9-11) exhibited by Bradley. A subsequent letter by Ms. Barnes (of which the Medical Society has no record) asserted that Bradley has a history of physically abusing various family members (including his son and sister) and that complaints were made by parents of his child patients that he had inappropriately touched some of his child patients. The letters were discussed by the Medical Society only once since they only asked for evaluation of Bradley’s mental and emotional well-being and did not directly relate to patient care or communicate an official complaint.

The allegations were not brought to the attention of criminal justice professionals until 2005 when a parent of one of Bradley’s child patients filed a complaint that the doctor left with her daughter in the doctor’s office without her approval. In addition, the little girl asked her mother why Bradley “kissed her tongue” (Ammons 2010: 12). The police interviewed both the young child - through an agency designated to interview child victims - and Bradley’s adopted sister, and also subpoenaed the local hospital for records concerning Bradley (which did not provide any alarming information). However, the investigation exposed three other victims and five witnesses who provided statements complaining that Bradley had engaged in
actions with his patients ranging from unusually long vaginal exams to taking photographs of his patients. Bradley himself called the lead detective inquiring about a possible investigation against him; he was informed that an active investigation was underway but was not given any specific information. Similar to earlier inquiries by the local hospital with which Bradley was associated, criminal justice professionals concluded that that there was not enough evidence to prosecute Bradley. This investigation was closed in June 2005.

From September to December 2008, the Delaware State Police received three complaints against Bradley of “inappropriate conduct by Bradley during exams of patients” (Ammons 2010: 17). However, a search warrant of Bradley’s medical office and property was ultimately denied (Ammons 2010; Bradley v. State of Delaware 2012) because, as argued by the judge, the search warrant application was better suited for an arrest warrant (Ammons 2010). However, an arrest warrant was never requested because of the lack of evidence that existed at the time. Consequently, the complaints that emerged in 2008 were unsubstantiated by evidence other than the allegations, despite some efforts by state law enforcement officials.

*Bradley’s Arrest, Conviction, and Sentencing*

Based on the lack of evidence and the denied search warrant application, the 2008 case came to a standstill until December 2009 when complaints emerged from another parent of one of Bradley’s patients (State of Delaware v. Bradley 2011a). As a result, on December 15, 2009 a search warrant application was submitted by the Delaware State Police given sufficient probable cause to do so (Bradley v. State of Delaware 2012). In the affidavit, a detective described the sexual abuse by Bradley of eight of the doctor’s child patients between the ages of three and 12 and statements
from Bradley’s medical colleagues who asserted that patients had moved from Bradley’s practice to their own because of Bradley’s behaviors and actions, such as forcing children to undress, performing unnecessary vaginal exams, and separating the children from their guardians (Bradley v. State of Delaware 2012). The affidavit also included statements from a former staff member of Bradley that the doctor has placed cameras throughout his medical practice (Bradley v. State of Delaware 2012).

Bradley was arrested on December 16, 2009 at his home shortly before the search warrant was enacted. Based on the search warrant, police obtained video and digital cameras in the doctor’s office, medical files of the known victims, and digital storage mechanisms (such as thumb drives) (Bradley v. State of Delaware 2012; State of Delaware v. Bradley 2011a). A detective examined the obtained evidence and saw a video recording of Bradley and a young female child who was visibly upset (Bradley v. State of Delaware 2012). Subsequently, the detective reapplied for an additional search warrant to examine all of the evidence seized, which was approved.

As a result, Earl Bradley was charged with, and later indicted on, multiple charges of rape, assault, and sexual exploitation of a child (Bradley v. State of Delaware 2012). Bradley petitioned to suppress the evidence obtained which was denied by the Superior Court of the State of Delaware (State of Delaware v. Bradley 2011b). Bradley subsequently waived his right to a jury trial and the state proceeded with the bench trial. During the trial, the state of Delaware presented videos made by Bradley that showed him committing acts of sexual violence against his child patients (Bradley v. State of Delaware 2012). According to the Delaware Supreme Court’s opinion of Bradley’s appeal (Bradley v. State of Delaware 2012), the average age of the victims was approximately three years old.
Bradley subsequently appealed the conviction based on the argument that the search warrant executed to obtain evidence used to convict him was faulty. However, Earl Bradley’s conviction was confirmed by the Delaware Supreme Court on September 6, 2012 (Bradley v. State of Delaware 2012). He was ultimately found guilty of all charges and was sentenced to fourteen mandatory life sentences plus 164 years in prison (Bradley v. State of Delaware 2012).

**Organization of Chapters**

Following this brief introduction, the remainder of the dissertation is organized into six additional chapters. Chapter 2 is a review of relevant literature on gendered institutions and organizations, organizational deviance, influence of clients’ social characteristics on professional decision-making, whistleblowing, and legal consciousness. As such, the first section of this chapter argues that the Bradley case occurred within a gendered context that was structured by race, class, gender, and other social characteristics. In addition, I outline Vaughan’s (1996) theory of Organizational Deviance as a theoretical framework for understanding the institutional context in which decisions were made by professionals in the Bradley case. The next sections review literature on the influence of clients’ social characteristics on professional decision-making, claims-making and legal mobilization, and the extent to which different groups in society are able (or unable) to make valid legal claims against injustice and wrongdoing. The final section discusses literature on legal consciousness to explore how people understand the law and legality in relation to

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3Earl Bradley was convicted of fourteen counts of First Degree Rape, 5 counts of Second Degree Assault, and 5 counts of Sexual Exploitation of a Child (Bradley v. State of Delaware 2012).
their own social experiences and positions. Additionally, I argue for the importance of using a gendered institutions approach in examining legal consciousness to elucidate the ways in which the structure and ideas embedded in institutions create disparate outcomes (i.e. inequality) for certain groups.

Chapter 3 provides a detailed discussion of the methodology used in this dissertation. The findings of the study are detailed in Chapters 4, 5, and 6. Chapter 4 argues that the professionals’ responses to early allegations against Bradley are an example of organizational deviance (as theorized by Vaughan 1996, 1999) in which the culture and structure of medical and criminal justice professions influenced professionals’ responses to claims of abuse. Specifically, the chapter demonstrates how privilege is normalized within professions through the silencing of victims and those who make claims on their behalf, through medical professionals’ decision not to report the claims to outside authorities, and through structural secrecy (Vaughan 1996) that constrained the amount of information that was shared among professionals. Thus, professional and institutional hierarchies and professional norms prioritize the voices of already privileged groups in the name of self-preservation and the status quo, rendering the voices of subordinate groups silent.

Chapter 5 illustrates the extent to which the social characteristics of Bradley’s victims influenced their likelihood of communicating legitimate allegations and effectively mobilizing and utilizing the criminal justice system for help. Chapter 6 shows that competing claims of justice existed among groups of professionals; in essence, tension existed between *doing things right* regarding legal procedures and standards and *doing the right thing* by the victims in the case. As a result, medical and victim service professionals questioned whether following the rule of law truly brought about justice in the Bradley case, illuminating competing claims of *justice*
among professionals based on ideological barriers to recognizing victimization. In Chapter 7 I revisit the major findings and contributions of this research, outline some of the practical and policy changes that occurred in Delaware in the wake of the Bradley case, provide additional recommendations for future implementation, discuss several limitations of this research study, and raise possibilities for future research.
Chapter 2
LITERATURE REVIEW

In recent years, several child sexual abuse cases within the social institutions of medicine, education, and religion have been widely publicized and received increased attention in the media. Similar to the Bradley case, each of these cases occurred within powerful social institutions and the perpetrators held trusted position within their respective institutions. Accordingly, these cases are often referred to as cases of institutional abuse (Gallagher 2000) because they are broadly defined as abuse of children by people who work in institutional settings where they come in contact with children, such as within the institutions of religion, education, athletics, and medicine. Cases such as these are often influential in shaping public attitudes, individual behavior, and institutional and political policy and practice (Leon 2011; Miller, Hefner, and Leon 2014).

Even though cases of institutional child sexual abuse have been given increased public attention in recent times, a lack of empirical research on these cases exists; most examinations of child sexual abuse considers only intra-familial abuse (Wolfe et al. 2003). Given the recent proliferation of these cases, it is also important to examine child sexual abuse that occurs within our society’s social institutions. To date, our understandings of institutional child sex abuse cases involve media reports of the criminal investigations, the trials, and the punishments that ensued, social commentaries on the cases, commissioned reports that detail the extent of the abuse
and the cover-ups that are assumed to be a part of the cases (Ammons 2010; Freeh et al. 2012), law review articles on controversial or important legal aspects of the cases (for example, see Cook 2013; Culhane 2013; Ensslin and Phillips 2013; Ferman 2013; Henderson 2013) and commentaries and research that examine the extent of the abuse or simply theorize about how institutional context shaped the abuse (for example, see Cooky 2012; Elavsky 2012; Freeh et al. 2012; Garoian 2012; Giroux and Giroux 2012; Proffitt and Corrigan 2012). Absent in this coverage are more in-depth examinations of how institutions, organizations and professions - in practice - allow these cases to persist.

Given this omission, the Bradley case is empirically, socially, and politically important to examine in light of the context in which the case emerged. Exploring this case sheds light on the institutional responses of multiple organizations and institutions that were involved in the case. For instance, the Bradley case exposes the continued failure of professionals to hold powerful people and organizations responsible for harming those with less power. To this end, this dissertation examines how institutions and organizations shape response to victimization. Specifically, I examine how organizational structure, professional norms, and professional relationships shape the ways professionals view, respond to, and treat victims and offenders in our society.

This dissertation anchors the Bradley case in literature on socio-legal studies, victimization, whistleblowing, and organizations and institutions. As such, this chapter is divided into four sections. The first section discusses gendered institutions and argues that the Bradley case – including the professionals’ responses to allegations against Bradley - occurred within a context that was structured and influenced by the social characteristics of the professionals involved in the case, Bradley, the child
victims and their families, and other whistleblowers. Given the contexts in which cases of institutional child sex abuse occur, it is important to examine the organizational, institutional, and professional contexts in which professionals made decisions regarding allegations of victimization in the Bradley case. Accordingly, I also delineate Vaughan’s (1996) theory of Organizational Deviance as a framework with which to situate the professional decision-making that occurred in the Bradley case.

The second section reviews literature on the ways in which individuals’ social characteristics shape decision-making by professionals in which they come in contact. Specifically, it shows that who victims are – based on extralegal variables, such as their social characteristics – shape the decisions professionals make in their roles with victims and offenders. The next section addresses claims-making and legal mobilization and the extent to which different groups of people are able to effectively create and leverage legal claims against victimization, unfairness, or inequality.

The fourth section explores literature on legal consciousness to provide a foundation for the ways individuals recognize and understand the law and legality relative to their own social characteristics and experiences. In addition, I make the argument for incorporating gendered institutions and legal consciousness approaches to demonstrate how institutional context creates unequal outcomes for different groups.

**Gendered Institutions and Organizations**

Sociological research reveals that social institutions and organizations are not gender-neutral, but are developed from, organized around, and interpreted using a male standpoint (Acker 1992). Broadly, this means that institutions (Acker 1992) and
organizations (Acker 1990) are structured along gendered lines in a way that influences the creation, operation, and outcomes of institutions. In effect, gendered ideas and assumptions shape the development and operation of institutions in ways that reproduce social inequalities (Acker 2010). Organizations and institutions are not only structured along lines of gender, but also around other social characteristics such as race, class, and sexuality. As a result, institutions and organizations are patterned after social relations that exist in larger society and, as a result, operate in ways that create and maintain existing social inequalities.

Martin (2005) examined how professionals - such as law enforcement officers, prosecutors, judges, medical professionals, and victim advocates - process and respond to rape victims. Her central argument is that the structure of organizations and the specific organizational contexts in which professionals handle rape victims (what Martin calls “rape work”) influence professionals’ specific responses to the victims they serve. Martin finds that “rape work” is gendered. While men numerically dominate certain jobs, such as law enforcement, women numerically dominate others (particularly those jobs that entail a certain degree of emotional proximity between worker and victim, such as Rape Crisis Center workers). However, consistent with a gendered organizations framework, Martin (2005) found that the culture and structure of the organizations were more decisive in how professionals treated and responded to rape victims than the gender of the individual workers.

Based on this gendered institutions framework, social institutions support and sustain hegemonic perspectives, which detach institutional efforts from the real, lived experiences of many people in society (Lutze and Symons 2003). As a result, the effectiveness of institutions that are intended to support citizens is questioned. For instance, within the context of domestic violence law, Lutze and Symons (2003) argue
that domestic violence policies are established and implemented within institutions in which power differentials exist between the state, offenders (who are typically male in cases of domestic violence), and victims (whom are often women in these cases). Consequently, domestic violence policies become altered in a way that often renders their implementation ineffective by supporting and reinforcing masculine approaches in the execution of these policies. For example, while mandatory and pro-arrest policies are, on the surface, gender-neutral, they demonstrate a masculine-oriented response to intimate partner violence (Lutze and Symons 2003) by failing to account for the gendered context in which domestic violence occurs (Miller 2003; Miller 2005; Miller and Meloy 2006; Renzetti, 1999). Ultimately, Lutze and Symons (2003) argue that the structural power discrepancies between the state, victims, and offenders must be recognized and addressed before legal policies and practices can support victims and ameliorate domestic violence.

Additionally, professions are hierarchically and unequally ranked relative to one another. In his sociological research on professions and status, Abbott (1988) demonstrates how professions at the top of the hierarchy often possess exclusive control of knowledge, information, skills, and responsibilities related to the profession (Abbott 1988). But not only are professional ranked against others, but hierarchies exist within professions as well. He describes how a division of expert labor (based on the possession of specialized knowledge and formal training) is the basis for professional opposition. Abbot (1988) provides an example of physician assistants and describes how, due to the hierarchical nature of the medical profession, physician assistants (and nurses) are subordinate to doctors because their work is less technical and specialized. As a result of Abbot’s (1988) work, it is imperative to examine the
ways in which knowledge is created and what types of knowledge are valued over others.

In addition to understanding the contexts in which victimization occurs, we must also understand the organizational and institutional contexts in which professionals make decisions regarding allegations of victimization. The Bradley case is complicated by power and status differentials between Bradley, his victims, and the professionals involved in the case, which are based on several established ideologies that position groups differentially throughout society. Therefore, the ways in which organizations and institutions are structured not only affect the individuals who work within them, but also how professionals view and respond to the community members they serve. As a result, it is important to show how power disparities create and reproduce existing social inequalities regarding the work professionals perform with citizens.

Organizational Deviance

After reviewing the agencies involved in the Bradley case over time and the laws regarding the reporting and handling of cases of child sexual abuse in the state of Delaware, the Ammons (2010) report concludes that a case this serious in magnitude could have been prevented if the professionals involved in investigating the allegations “had been more focused and alert, less willing to give Bradley the benefit of the doubt, and if they had scrupulously followed the law” (46). The Ammons report further states, “systems were in place to catch a predator, but, they were either not properly accessed, or when called upon, human and mechanical error prevented the appropriate actions from being taken” (46). Instead of viewing the failed institutional response to the allegations against Bradley as “human or mechanical error” (Ammons 2010: 46), it
is vital to understand the nuances and complexities of the case that hindered an appropriate and effective legal response.

Weber’s theory of bureaucracy (1922/1978) is a useful starting point for understanding how institutional context is important in these types of cases. For Weber, as society progresses, rationality displaces customs, emotions, values, and other factors as primary motivators for human action. He uses the analogy of an “iron cage” in understanding how this increased rationalization entraps people in an inescapable system based on efficiency and control. Within this context, individual people are dehumanized and, consequently, bureaucracies are often unresponsive to the needs of people they are intended to serve. Therefore, based on Weber’s theory of bureaucracy (1922/1978) and the environments in which these large-scale child sex abuse cases occur, it is important to consider and understand the role institutional context plays in these cases.

In addition to Weber’s theory of bureaucracies, Diane Vaughan’s (1996) theory of organizational deviance is useful in contextualizing professionals’ decision making in the Bradley case by understanding the decisions as occurring within specific institutional and organizational contexts. Vaughan (1996, 1999) defines organizational deviance as actions, behaviors, and decisions that occur within organizations that contradict the organization’s objectives and create unexpected, adverse, or even destructive consequences. She formulates this theory to understand the organizational decision-making that culminated in the 1986 Challenger explosion. The explosion occurred because an O-ring seal failed at life-off, due to temperatures that were below the threshold for the shuttle, which resulted in the dismantling of the shuttle. However, this technical failure was not entirely unfathomable because NASA
engineers were aware of deficiencies in the technical design of the O-rings for a period of years.

Vaughan originally hypothesizes that misconduct and deviance occurred within NASA that caused the disaster due to the fact that the organization was flying shuttles with identified defects. In fact, people outside of the organization had determined that NASA had engaged in rule violations/deviance. According to Vaughan (1996: 11), after the explosion, a commission created by then President Ronald Reagan claimed that the disaster resulted from errors in the decision-making process within NASA due to ineffective communication about existing technical problems up the chain-of-command. A subsequent investigation by the U.S. House of Representatives Committee on Science and Technology corroborated many of the Presidential Commission’s conclusions, but provided an additional explanation for the disaster, blaming individual NASA engineers for making poor decisions regarding the technical flaws in the O-rings over time.

However, Vaughan (1996) found that NASA’s actions were described and classified as standard and acceptable within this specific organizational culture. Accordingly, her hypothesis changed: “controversial decisions were not calculated deviance and wrongdoing, but normative to NASA insiders” (Vaughan 2004: 320). Thus, the decisions made by NASA’s engineers were continually validated as conformity to the culture, not misconduct. Vaughan (1996) describes this as the ‘normalization of deviance’ which encompasses three concepts: the production of culture (which explains how NASA employees came to accept greater levels of risk as acceptable), the culture of production (which explains why negotiations were perceived as acceptable and normal given the risks that existed), and structural secrecy (which includes structural aspects of organizations - such as vertical hierarchies, a
division of labor, and the specialization of tasks - that shape how and what information is communicated within an organization and how that information is interpreted by organizational members). Together, these three concepts created a theory of clarifying and explaining NASA’s decision to launch shuttles with known defects. To this end, Vaughan (1996) argues that both the culture and also the structure of organizations shaped individual decision-making in the case. Therefore, instead of blaming individuals within the organization, it is important to understand the organizational context in which individual decisions are made.

Similarly, Fox and Harding (2005) used Vaughn’s (1996) theory to understand how the organizational context of American public schools led to school shootings that occurred within this environment. Specifically, they argue that school shootings represent cases of organizational deviance in which structural secrecy resulted in a deficit of information regarding risks by students who were psychologically or socially distressed. They found that educational personnel were unsuccessful in identifying anguished students who posed a threat to the school as a whole because, while various staff members had some information on about these troubled students, none had all of the information. They attribute the structural secrecy in schools to two processes: task segregation – in which information and tasks are divided among staff - and institutional memory loss – which is the failure of schools to save and employ previous information for future use. Consistent with Vaughan’s (1996) theory, these processes are explicitly incorporated into school protocols to preserve students’ confidentiality and to ensure that students are not judged solely on negative behaviors they may exhibit. As a result, certain information about students is purposefully not communicated among educational staff for the benefit of their students. However, this
fragmentation of information ultimately created a risk to students in an environment that, otherwise, emphasizes their protection.

Many studies of disasters (natural and otherwise) focus on the ways structural and cultural contexts shape the occurrences and outcomes of these events. Klineberg’s (2002) case study examines the social origins of the 1995 Chicago Heat Wave that resulted in the death of hundreds of people. Klinenberg (2002) found significant gender, racial, class, and age differences in mortality and argues that levels of risk vary by social characteristics. In addition, he found that the deaths that resulted from the disaster were because of vulnerabilities in the city’s social environment, such as a relatively large elderly population who lived alone, lacked access to transportation, and did not have relatives or friends nearby, along with a culture of fear that makes it difficult for community members and neighbors to trust one another. Therefore, the deaths were not caused by natural factors (i.e. the heat), but were due to social and structural factors in the form of ineffective and inadequate services that were inaccessible to vulnerable groups.

Even though Klinenberg (2002) takes into account social characteristics, such as age, race, gender, and social class, literature on organizational deviance, on the whole, fails to take into account inequalities and vulnerabilities that specific people possess. Thus, a gap in the literature exists in exploring how the decision-making processes of professionals in organizations and institutions are shaped by the social characteristics of the clients they serve. To this end, structural and cultural explanations can be extended to the professional decision-making processes that occurred in response to allegations of child sexual abuse against Bradley. While in hind-sight the institutional responses may seem to be problematic and insufficient, at
the time, professionals’ decisions were consistent with the goals and standards of the institutions of which the professionals were a part.

**Influence of Clients’ Social Characteristics on Professional Decision-Making**

One way to examine the routine decision-making by people who come into contact with victims is to use the concept of street-level bureaucrats (Lipsky 1980). Street-level bureaucrats include officials within institutions such as education, criminal justice (police, lower courts, attorneys), social welfare, and “other agencies whose workers interact with and have wide discretion over the dispensation of benefits or the allocation of public sanctions” (xi). The significance of these actors is that they not only implement existing policies, but also essentially create policies by applying existing laws and policies based on their discretion and administrative power. As a result, laws and policies are only as effective as the professionals who employ them. Within the Bradley case, professionals often functioned as what Lipsky (1980) describes as street-level bureaucrats and played key roles in responding to the allegations of abuse against Bradley by various people, such as nurses and the victims and their families.

In addition, power imbalances exist between professionals and citizens they come in contact with which, in turn, affects the perspectives and voices that prevail in professional encounters. With regards to power imbalances between victims and professionals, Frohmann (1998) found that prosecutors possess more power, resources, and knowledge than victims within the legal system; consequently, prosecutors use this power to control victims’ willingness to agree with the prosecutor’s representation and portrayal of the sexual assault complaint being made. As follows, prosecutors use their power to manage victims who may cause trouble by
being uncooperative with the criminal justice process. In the end, social inequality between prosecutors and victims is perpetuated through this type of legal interaction in a way that elevates the prosecutor’s voice as dominant over the victims’ voices, perspectives, and opinions.

Like the social relationship between the prosecutors and victims in Frohmann’s (1998) study, the Bradley case is complicated by power imbalances. Within the Bradley case, structural power inequalities exist between various entities and actors, including between Bradley and the child victims, between Bradley and the victims’ families, between the victims’ families and professional ‘experts’, such as other doctors and criminal justice professionals, and between groups of professionals from different institutional and organizational contexts. In all of these instances, disparities exist in the amount of social authority assigned to different groups which influenced the institutional responses to allegations of child sexual abuse by Bradley, both in terms of speed and validation of claims.

Of particular importance to the current dissertation is the ways in which professionals involved in the case perceived and, consequently, responded to the repeated allegations made by Bradley’s child victims, their families, and the nurses over a period of years. Literature suggests that professionals’ perceptions of who victims are – based on extralegal variables, such as their social characteristics – shape the decision they make in their jobs relating to victims and offenders. For example, street-level bureaucrats often make extensive efforts, both professionally and personally, to protect valued clients based on the workers’ subjective assessments of the people they serve (Maynard-Moody and Musheno 2003). Street-level workers attach certain social identities to their clients which, in turn, influence the types, amount, and quality of the services they provide to people.

For example, Frohmann (1991, 1997) illustrates that the voices of certain victims are valued over others. Frohmann (1991) found that prosecutors determine which sexual assault cases will be authorized for formal adjudication and which ones will be rejected as established by the type of sexual acts that occurred during the rape, the type of interaction between the victim and offender after the sexual assault occurred, the timeliness of reporting the rape, and the victim’s demeanor during the prosecutor-victim interview. The examination found that prosecutors often use “ulterior motives” in deciding which cases more forward to formal court hearings which are grounded in normative ideologies about female sexuality. Specifically, these “ulterior motives” assume that the female victims consented to the sexual acts and, for some reason, chose to file a fabricated sexual assault grievance.

Social characteristics - such as race, class, and gender - are important determinants of professional decision-making. Frohmann (1997) found that
prosecutors utilize stereotypical ideas regarding victims based on their race, class, and gender classifications, along with the communities of which they are a part and the location of the crime—termed “discordant locales”—in assessing whether or not sexual assault cases brought forth by victims are rejected or processed by the justice system. Accordingly, prosecutorial discretion is closely connected to social inequalities which are inseparably tied to social geography. According to Frohmann (1997):

Examining how prosecutors construct discordant locales reveals the depth at which we must look to see how race, class, and gender systems are constituted and maintained through legal decisionmaking (553).

Consequently, “place and person descriptions work together⁴ in legal settings” (Frohmann 1997: 533) in a way that perpetuate stereotypical ideologies about race, class, and gender. Legal cases of rape victims who are poor women of color are often dismissed or rejected by prosecutors because of juror biases against this group of women as undeserving, worthless, and even culpable for their own victimization and, thus, not a “real” victim (Frohman 1997). By using stereotypes based on victims’ race, class, and gender statuses, prosecutors perpetuate social ideologies and inequalities that advantage certain people over others. Because power disparities relating to gender, age, and class exist between different actors involved in the Bradley case, it is likely that that structural power inequalities were created and perpetuated by institutional actors valuing certain voices and subordinating others.

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⁴Italics from original article.
Claims-Making

Victims’ Voices and “Real” Victims

Providing victims with a voice is particularly important given the power disparities that often exist between professionals and the citizens with whom they come in contact. Research notes the importance of giving victims a voice in the criminal justice process, specifically. For example, one of the strengths of restorative justice practices is that it provides victims a voice that they are often denied within the formal criminal justice system (Braithwaite 2002; Curtis-Fawley and Daly 2005; Daly and Stubbs 2006; Miller 2011). However, while legal efforts addressing (Tobolowsky, Gaboury, Jackson, and Blackburn 2010) and research on providing victims a voice within the criminal justice system have increased as a result of the victims’ rights movement – particularly with regards to the inclusion of Victim Impact Statements presented to the court (Cassell 2009; Erez 1999; Erez and Rogers 1999) – victims are continually silenced both in and out of the courtroom.

Not only are victims silenced once their victimization has been acknowledged and formally addressed by the justice system, but they also are often silenced before their victim-status is recognized as legitimate. In our society, pervasive skepticism and disbelief exist regarding allegations of rape and sexual assault (Corrigan 2013). Research demonstrates that, not only are certain “types” of rape and sexual assault viewed as legitimate over others, but, as illustrated previously by Frohmann’s (1997) findings, certain groups of women are viewed as “real” rape victims.

In addition, social perceptions of sexual assault victims have real consequences for victims; specifically, societal stereotypes of “real” rape victims influence how victims are treated, not only in the criminal justice system, but also in other community service systems, such as the health care system (Campbell 1998; Estrich
1987; Frese, Moya, and Megia 2004; Leon 2011; Maier 2008; Masser, Lee, and McKimmie 2010; Page 2008). In her study of rape victim advocates, Campbell (1998) found that rape victims must fit the stereotypical depiction of a “real” victim before receiving legal, medical, and mental health services. Similarly, Pugh, Ningard, Vander Ven, and Butler’s (2016) study of alcohol-related sexual assaults on college campuses found that bystanders’ assessments of women’s’ worthiness as potential victims are a substantial obstacle to bystanders intervening in these instances. Specifically, when women are perceived by bystanders as being neither worthy of compassion nor culpable for the assault, their ambiguity renders them invisible to bystander interference. Thus, professionals – and citizens - often possess stereotypical notions of sexual assault victims which often influence their responses to and treat of them (Maier 2008).

However, there is some evidence that this may be changing. Du Mont, Miller, and Myhr (2003) found that women who did not fit the stereotypical notion of a “real” victim were as likely as women who did fit this depiction to report their victimization to the police. According to this research, female victims might be rejecting some elements of the rape mythology. But, on the whole, the notion of who does and does not constitute and legitimate or “real” victim of rape or sexual assault is still a pervasive element of the ways in which victims are treated and given a voice by professionals in our society (Caringella 2009; Estrich 1987).

**Claims-making and Legal Mobilization**

Existing research demonstrates the extent to which different groups of people in society – specifically socially marginalized groups, such as women, racial minorities, and low-income citizens - are either capable of making or choose to make
effective claims against injustices and use the law as a method of recourse against wrongdoing (Bumiller 1988; Ewick and Silbey 1998; Hoffmann 2009; Marshall 1998; Merry 1990; Nielsen 2000). Hoffmann (2009) argues that socially marginalized groups may be unable or unwilling to transform claims into formal legal disputes due to power and status differentials that exist within society. Similarly, Marshall (1998) found that the social distance – based on race, class, and gender - between women who were sexually harassed in the workplace and their supervisors resulted in the women’s claims being ignored or disregarded by their employers. This indifference exhibited by the supervisors made legal mobilization by the female employees difficult without the assistance of attorneys to help successfully litigate their claims. Thus, members of less powerful groups may be excluded from constructing valid legal claims and using the law as a method of recourse - at least without the help of agents of transformation (Albiston 2005; Felstiner, Abel, and Sarat 1980) - due to their marginalized statuses.

In addition, Merry (2003) examined how battered women’s experiences with the law contribute to how they view themselves as rights-bearing individuals. She argues that interactions and exchanges with law enforcement officials, such as police prosecutors, judges, and probation officers, domestic violence advocacy workers, and domestic violence shelter staff influence the extent to which battered women assume the identity of a full rights-bearing citizen. She found that a victim’s eagerness to employ her legal rights is contingent upon her experience attempting to proclaim those rights. Specifically, if a victim’s claims were taken seriously by professionals, she was more likely to accept a “rights-defined identity” (Merry 2003: 346). Victims’ identities as being entitled to claiming their victim-status based on responses by professionals has implications for the extent to which victims make claims of victimization or wrongdoing.
Whistleblowing

While victims can make claims of injustice on their own behalf, whistleblowers can also report suspicions or incidents of wrongdoing against others. Whistleblowing is commonly defined as “the disclosure by organization members (former or current) or illegal, immoral, or illegitimate practices under the control of their employers, to persons or organizations that may be able to effect action” (Near and Miceli 1985: 4). Employees are crucial to revealing organizational wrongdoing (Miceli, Near, and Dworkin 2008: 2).

However, in reality, many employees do not report observations or suspicions of wrongdoing (Miceli et al. 2008). According to Miceli et al. (2008) only about 50% of employees who witness wrongdoing report their observations (22). Research suggests that personal (such as demographic variables), situational (such as possessing considerable evidence of wrongdoing, the seriousness of the offense, or fear of retaliation), and organizational (such as organizational structure, distribution of power, and supervisor support) reasons shape the likelihood of employees reporting suspicions or observations of misconduct in organizations (King 1999; Mesmer-Magnus and Viswesvaran 2005; Miceli and Near 1985; Miceli and Near 1992; Miceli et al. 2008; Miceli, Near, Rehg, and Van Scotter 2012; Near and Miceli 1985).

While many employees never report observations or suspicions of wrongdoing either to their supervisors or to external authorities (such as law enforcement), several groups of people did make accusations against Bradley for over a decade, including several of the young victims’ families and Bradley’s adopted sister who worked for him for a period of time. One of the most notable groups of whistleblowers in the Bradley case was the nurses who worked with the former pediatrician at the local hospital. As will be discussed in Chapter 4, the nurses’ claims made to their
supervisors within the hospital were continually invalidated by medical officials and, were handled internally within the hospital and the Medical Society.

Consistent with the nurses’ experiences in the Bradley case, Moore and McAuliffe (2012) found that one of the primary reasons nurses were reluctant to report incidents of wrongdoing is that they did not believe their claims would be heard. Jackson, Peters, Andrew, Edenborough, Halcomb, Luck, Salamonson, and Wilkes (2010) found that nursing staff believe that a culture of silence around reporting exists in the organization within which they work which made it difficult for nurses to report suspicions or observations of wrongdoing. Other reasons include not wanting to cause trouble within the work environment and fear or retaliation (Firth-Cozens, Firth, and Booth 2003; Moore and McAuliffe 2012).

Research also examines the actual experiences of nurses who do blow the whistle on incidents of wrongdoing within the medical profession. For nurses who blow the whistle, many find it to be a very stressful experience (Jackson et al. 2010). In addition, research suggests that many of the reasons nurses are reluctant to report wrongdoing are valid. McDonald and Ahern (2000) found that nurses who reported wrongdoing experienced severe professional consequences in their jobs, including demotion, referral to a psychiatrist, threats, rejection by peers, and pressure to resign.

**Legal Consciousness**

Legal consciousness describes the process by which individuals construct an understanding of the law, legality, and legal rights in relation to their own social and legal experiences which, in turn, influences their experiences with and responses to the law and legality (for example, see Ewick and Silbey 1998). The concept of legal consciousness is useful in the current study because examinations of legal
consciousness are primarily interested in issues of power and authority and the limits of law's ability to produce fair outcomes (McCann 2006). While legal policies and procedures are implemented to protect victims from injustices, scholarship suggests that these procedures are often ineffective in protecting people against or addressing wrongs (Felstiner et al. 1980). In addition, many of the institutional and organizational policies and procedures established to remedy victimization actually perpetuate structural inequalities. As a result, the way law works in reality is not fulfilled by the promises made by law on the books (Bumiller 1988; Marshall 2005).

For example, Marshall (2005) examines the experiences of employees and managers with sexual harassment grievance procedures and argues that institutional policies do not adequately protect employees who experience sexual harassment victimization. She found that managers interpreted the organizations sexual harassment policies in a way that was consistent with the interests of the organization, often dismissing sexual harassment complaints by female employees or defending the offenders. As a result, the managers’ actions influenced the victims’ understandings and responses to their victimization in which they defined sexual harassment narrowly as only including serious forms of harassment, thus benefitting or maintaining the institution's status quo at the expense of victims' rights and claims-making.

Marshall’s (2005) study connects specific laws and legal practices (i.e. sexual harassment) to reveal how laws and the professionals who enact these laws influence the meanings female victims of sexual harassment attribute to their experiences. For Marshall, the legal consciousness of victims in the workplace is an important aspect of how the law works. But examinations of legal consciousness in terms of the law in action must go beyond studying how ordinary people construct legal meanings and how this influences the efficacy of law. Consequently, it is also empirically important
to examine how laws, the legal meanings professionals attribute to the law, and the institutional power (or lack thereof) of professionals shape the institutional responses to claims of victimization.

A gap exists in the sociolegal and legal consciousness literature which exposes a lack of integration of the legal understandings and perceptions of both professionals and non-professional citizens. While research exists examining how ordinary people conceptualize and understand the law in relation to their own lives (Connolly 2002; Engel and Munger 2003; Ewick and Silbey 1998; Hull 2003; Marshall 2005; Merry 1990; Neilsen 2000), few studies examine how institutional actors, most commonly conceptualized as legal actors, perceive the law (for exceptions see Maynard-Moody and Musheno 2003; Sarat and Felstiner 1989; Shdaimah 2009; Yngvesson 1988). Examining the legal consciousness of professionals is important because failing to take into account their legal understandings and perceptions limits our ability to compare and contrast the ways different groups understand and perceive the law, the accessibility of legal avenues for victims, and the institutional responses to victimization. This study expands on existing sociolegal scholarship by examining the ways in which professionals involved in the Bradley case understand the law and legality in relation to their work and decisions made in the case.

**Legal Consciousness and Gendered Institutions**

While Marshall’s (2005) study utilizes a gender-neutral institutional theory of organizational structure, sociological literature solidly notes that social institutions and organizations, such as politics (Hawkesworth 2003; Kenney 1996), bureaucracies (Saidel and Loscocco 2005), law (Britton 2003; McCorkel 2003; Pierce 1995), medicine/health (Zimmerman and Hill 1999), and domestic violence organizations
(Nichols 2011) are gendered (Acker 1992). Again, broadly, this means that institutions (Acker 1992) and organizations (Acker 1990) are structured along gendered lines in a way that create and recreate social inequalities (Acker 2010).

Examinations of legal consciousness are primarily interested in issues of power and often elucidate the limits of law to produce fair legal outcomes (McCann 2006). Similarly, a gendered institutions framework is also concerned with issues of power within social institutions and how power creates and recreates social inequalities.

Studies exist examining how the legal consciousness of ordinary people varies by or is situated within structures of gender, race, class, and sexual orientation to offer a more detailed understanding of legal consciousness (Fleury-Steiner 2004; Harding, 2006; Hull 2003; Marshall 2003; Nielsen 2000; Quinn 2000; Sarat 1990).

Nielsen (2000) explores variations in views about and experiences with public hate speech and the laws established to address these offenses among social groups by examining how the intersection of race and gender shape individuals’ understandings of the law. Specifically, she found that white women and both men and women of color are more likely than white men to report being targets of public hate speech. However, white women and both men and women of color are not more likely than their white counterparts to favor legal interventions of hate speech and disapprove of legal regulation of hate speech for different reasons. White men, for example, are most likely to disfavor legal regulation because they typically hold values associated with freedom of speech. White women and women of color, on the other hand, disfavor legal interventions because they view them as ineffective and because utilizing these laws may exacerbate their victimization. These findings demonstrate that, based on their unique social locations, individuals experience different types of offensive speech and, as a result, understand the efficacy of the law to adequately protect them
from hate speech in different ways. This research suggests that different understandings of the law exist based on individuals’ social positions relating to race and gender and illuminates the idea that individuals’ understandings of and experiences with the law are complex and multifaceted.

Other studies also examine the gendered nature of legal consciousness that attend to issues of gender inequalities in the context of organizations/institutions and law (see Blackstone, Uggen, and McLaughlin 2009; Hoffmann 2005; Martin, Reynolds, and Keith 2002). Hoffmann (2005) found that men and women employed in a taxicab company expected different resolution strategies to workplace complaints. Specifically, she found that men were more likely to use informal workplace grievance procedures to lessen the potential damage filing a formal complaint would have on their relationships with people in power positions within the company. Conversely, female workers often had difficulty establishing relationships with supervisors and, as a result, were more likely to use formal grievance procedures within the workplace because there would be little or no threat to relationships with their superiors. Thus, this study shows the importance of examining how power is distributed within organizations and how power imbalances exist based on social characteristics, such as gender.

While studies exist examining how the legal consciousness of ordinary people varies by or is situated within structures of race, class, gender, and sexual orientation, examinations have yet to use a gendered institutions approach in examining legal consciousness to elucidate the ways in which the structure and ideas embedded in institutions create disparate outcomes (i.e. inequality) for certain groups. Levine and Mellema (2001) argue that law may not be significant at all times and in all situations, particularly for marginalized groups within society. They assert that to assume that
law is ever-salient renders the influence of other social structures, such as race, class, and gender, on individuals’ awareness and understandings invisible. In their examination, Levine and Mellema (2001) reveal how forces other than law, including racial oppression and gender hierarchies, affect the social understandings of women in the street-level drug economy. The scholars suggest that asking the question of ‘how law matters in the lives of people’ is to recognize and accept that law may not be as salient as other social structural forces in all contexts and for all people. To conclude, they argue that other structural variables must be taken into account when examining the ways law matters in the lives of people. This is important in understanding how institutions, as gendered entities, operate. While institutional laws and policies may assume to be objective, the implementation of them is influenced by ideologies of gender, as well as race and class. Under these circumstances, we must understand how law intersects with, and may be secondary to, other structural forces within society and how understandings of gender permeate social institutions in a way that shapes their operation and outcomes.

Combining legal consciousness and gendered institutions approaches allows for an examination of how institutional ideas and structures shaped the institutional responses to claims of victimization in the Bradley case. In terms of criminal justice institutions specifically, scholars have argued that criminal justice institutions and law enforcement agencies are dominated by men or are organized based on male standards (Garcia, 2003) and, as a result, are less reactive when managing and processing female, as opposed to male, crime victims (for example, see Lutze and Symons 2003). As a result, scholars have argued for an increase in the number of female criminal justice practitioners based on the assumption that female criminal justice workers would be more sympathetic and sensitive to the needs of female victims. Studies have
shown that female police personal are more receptive to the needs of female victims than their male law enforcement counterparts. Homant and Kennedy (1985) found female police officers are more likely than their male counterparts to allocate time to listen to the needs of female victims and to provide victims with information that is useful to them.

However, more recent studies have challenged these findings. Alderden and Ullman (2012) found that female police detectives are significantly less likely than their male counterparts to arrest male sexual assault suspects suggesting that, contrary to previous research findings, women are not necessarily less likely than men to ascribe blame to victims of sexual violence. This finding challenges the idea that women are more sympathetic than men to accusations of gendered violence, such as sexual assault victimization, and confirms the feminist assertion that individuals’ social experiences are influenced by the intersection of various social characteristics, such as race, class, and gender (Alderden and Ullman 2012).

These contradictory findings are not unexpected given what is empirically and theoretically known about gendered institutions. According to a gendered institutions framework, institutions are organized and implemented towards a male norm independent of the gender of the individuals who hold positions within any particular institution. This shapes how actors within institutional settings perform their jobs. Portillo (2010) found that the social status of government officials, specifically relating to race, gender, and age, shapes how individual workers experience and implement authority within their respective institution. Specifically, the author found that women, racial minorities, and younger government officials in positions of power rely primarily on formal rules, policies, or laws to act in a certain way because the policies either demand or prohibit a certain response. However, relying on formal
policies often results in the interrogation of their status position within the institution (Portillo, 2010). Conversely, white male government officials, who traditionally possess high levels of social status, rely primarily on this status to invoke authority. Consequently, while all government officials have formal status as a member of their respective institution, an individual’s social status profoundly influences her/his ability to activate their authority. Thus, it is important to utilize a gendered institutions framework to reveal how institutional norms, processes, and practices shape professionals’ responses to claims of victimization against Bradley across various institutional settings, including criminal justice, medical, and victim service professionals.

**Conclusion**

This dissertation examines the structure, culture, and norms of institutions, organization, and professions that victims encounter to construct a richer understanding of incidents of victimization in our society. Specifically, it examines how the structure, culture, and norms of criminal justice, medical, and victim service professions shaped professionals’ responses to allegations of child sexual abuse in the Bradley case. In addition, this research examines the extent to which certain voices are privileged over others in the professional responses to allegations of abuse. As a result, this study reveals what it is about institutions, organizations, and professions – on the ground level – that allows this type of victimization to persist. These inquiries guided the data collection and analysis for this project, which are detailed in the following chapter.
Chapter 3

METHODOLOGY

This study uses a constructionist approach to examine the ways in which organizational structure, professional norms, and professional collaborations/relationships shape how organizations and institutions view, respond to, and treat victims and offenders using the Bradley child sexual abuse case as a case study. To answer the research questions outlined in Chapter 1, I conducted in-depth interviews with medical, criminal justice, and victim service professionals who were involved to some extent in the Bradley case and reviewed supplemental documents, such as Bradley’s criminal trial and sentencing transcripts, media reports, and external reviews. This chapter addresses the methodological approach and related issues pertinent to the study.

Case Study Design

Since this study explores organizational perceptions and treatment of victims and offenders through the lens of the Bradley case, a case study design is utilized. While there is no single definition of a case study and different types emerge in the literature, several common elements do exist. Drawing on multiple scholars (Flyvbjerg 2006; Gerring 2004; Simons 2009), a case study can be defined as a comprehensive, intensive examination of a single or related real-world phenomena- including, but not limited to, an organization, institution, system, or program - for the purpose of
examining and understanding the complex relationships, processes, and perspectives that the phenomenon involves and to aid in the understanding of a broader group of comparable phenomena. Therefore, case studies operate at two levels: they are both studies of specific phenomena as well as studies of broader, related phenomenon (Gerring 2004). Accordingly, the current research examines the Bradley child sex abuse case, specifically, while extending the findings to victimization generally.

Thomas (2011) argues that case studies must encompass two elements: the subject of the case study and the object of the case study. The subject is what is being studied, while the object is the explanation for what is occurring that can either be identified at the beginning of the research process or can emerge as the examination develops. As Thomas (2011) states,

Case studies are analyses of persons, events, decisions, periods, projects, policies, institutions, or other systems that are studied holistically by one or more methods. The case that is the subject of the inquiry will be an instance of a class of phenomena that provides an analytical frame—an object—within which the study is conducted and which the case illuminates and explicates (513).

The current study utilizes a case study design in which the subject of the case study is the institutional/organizational response to the Bradley child sexual abuse case; the objects of the examination are the relationships between and norms within organizations/professions and how these relationships and norms influenced professional responses to the Bradley case and how power and privilege shaped the case, overall.

Case studies often are critiqued as intrinsically possessing sampling bias (for example, see Gerring 2007). More specifically, the argument exists that to focus on a single case is, in itself, a form of sampling bias because within specific circumstances the voices of specific people and thus, specific perspectives, will be represented over
others. For the current study, case study epistemology was chosen deliberately to provide a comprehensive, nuanced understanding of a complex phenomenon – namely the Bradley case.

A case study approach is appropriate for the current study for several reasons. First, a case study design, and specifically an explanatory case study (Baxter and Jack 2008), is designed to empirically examine a phenomenon within a real-life context and to move beyond description to answer questions asking ‘how’ and ‘why’ certain phenomenon occurred (Smith-Maddox and Solorzano 2002; Yin 2003). Accordingly, a case study design is an appropriate epistemology with which to study the Bradley case because I seek to understand perceptions of and decision-making by professionals’ involved in a specific case from various perspectives. As a result, this examination necessitates a qualitative methodology (Corbin and Strauss 2008) and, specifically, in-depth interviews were conducted as a way to gather information about the Bradley case as a specific phenomenon from the perspective of key participants (Miller and Glassner 2011).

Second, case studies are often chosen as an appropriate epistemology when the margins between the phenomenon and the context in which the phenomenon is situated are blurred (Baxter and Jack 2008). In other words, the contexts of specific situations or events must be considered in analyses of the phenomenon. For example, Baxter and Rideout (2006) conducted an in-depth case study of the decision-making processes of second-year nursing students delivering care to patients in an inpatient surgical context by using numerous sources who were able to provide detailed information about the processes. But exploring and understanding the decision-making processes of nursing students cannot be analyzed outside of the institutional context in which the case is situated - the classroom and clinical settings within the nursing
school - because it was within these contexts that the decisions about patient care were made. The study found that the clinical setting is often taxing and nerve-racking for nursing students which is vastly different from the classroom environment. Therefore, the context in which nursing students make clinical decisions complicates the process. Similarly, the context in which decisions regarding the Bradley case must also be considered within the specific contexts in which they were made. To account for the different contexts in which key case decisions were made, the current study explores the perspectives of different key actors – criminal justice, medical, and victim service professionals – and positions their experiences within their respective institutional contexts.

The inclusion of key actors from different institutional and professional contexts not only helps to situate different experiences within their respective contexts but also helps to circumvent the sampling bias critique, noted above, that case studies promote the voices of some specific people or groups over others. Thus, the current examination is structured as a single case with embedded units which allows for within case analyses, between unit analyses, or across unit analyses (Baxter and Jack 2008). While this limitation cannot be fully attenuated, the inclusion of different institutional and professional actors in the case allows for the illumination of various perspectives and experiences. The institutional or professional context of each participant in this case study provides various interpretations and understandings of the Bradley case.

The Bradley case, specifically, was chosen as the subject (Thomas 2011) of the case study because it is unique in comparison to other large-scale child sexual abuse cases, such as the Penn State child sexual abuse case (Freeh et al. 2012) and the child sexual abuse cases that have occurred within the Catholic Church (for example, see
Cumming-Bruce 2014; Dunne 2004; Keenan 2011; Medina and Goodstein 2013; Smale 2016; Smith et al. 2008; Terry 2008; Terry and Ackerman 2008), and offers a detailed site for exploring the institutional response to the case using a sociological, gendered, and socio-legal analysis. While exhaustive and intensive examinations of the Bradley case (Ammons 20105) and the Penn State case (Freeh et al. 2012) exist, they are, for the most part, not grounded in empirical research. This dissertation will provide an in-depth examination of the Bradley case that is grounded in sociological, criminological and sociolegal research.

While empirical studies exist that examine child sexual abuse and subsequent legal proceedings within the Catholic Church (for example, see Dunne 2004; Keenan 2011; Smith et al. 2008; Terry 2008; Terry and Ackerman 2008) and, to a lesser extent, Penn State (Klein, Tolson, and Longo 2013; Lanter 2013), the Bradley case is smaller in number of individuals involved and geographic area. While the Penn State and Catholic Church cases involved various individuals who were legally culpable for the abuse, the Bradley case only involves one offender. In addition, where the Catholic Church case involved numerous dioceses across the U.S. and abroad, the present study involves only one state. This allows for the inclusion of many institutional actors who were involved in the case. However, it is important to note that even though the

5Ammons (2010) is an independent assessment of the Dr. Bradley child abuse case conducted by Linda L. Ammons, Dean of Widener University School of Law as a result of Executive Order No. 16. The Executive Order recommends that, based on prior allegations and the current case against Dr. Bradley, an independent review be conducted into the legal and administrative practices regulating child abuse in the state of Delaware. Linda Ammons was designated as the principal investigator of the examination. The report was submitted to Governor Jack Markell’s office on May 10, 2010.
Bradley case is smaller than similar cases, it is not necessarily less significant in terms of its impact. The Bradley case is empirically, socially, and politically important to use to compare and contrast to other large-scale child sex abuses cases that have emerged under the auspices of powerful institutions, such as the church and collegiate athletics. Exploring this case in-depth sheds light on the institutional responses of multiple organizations and agencies that were involved in the case.

Data

A case study is not itself a methodological design but a phenomenon to be studied using any appropriate method(s) (Simons 2009). For the current study, qualitative interviews were conducted with institutional actors from various institutional contexts related to the case: criminal justice, medical, and victim service professionals. Supplemental documents that are produced within or adjacent to the setting being investigated and which aid in contextualizing and developing a greater understanding of the research subject are often useful in research investigations (Lofland, Snow, Anderson, and Lofland 2006) and were used in the current study. These documents were used to assess the validity of the information obtained in the in-depth interviews and to provide a more complete picture of the timeline of events and occurrences in the Bradley case, the victims involved, and the institutional responses to allegations against Bradley across time. The auxiliary documents employed in the study include, but are not limited to, court transcripts from Bradley’s criminal trial and sentencing, a report of the case conducted by Linda Ammons at Widener Law School (Ammons 2010), and media reports from various media outlets.
Participant Recruitment

Participants were recruited using snowball sampling. Snowball sampling is useful when trying to access difficult-to-reach or hidden populations (Noy 2008) and has been used to access non-heterosexual women (Browne 2005), gang members (Whyte 1993), drug users (Griffiths, Gossop, Powis, and Strang 1993), queer communities (Brown-Saracino 2014), Black, middle-class owners of visual art (Banks 2010), women who experienced infertility (Parry 2005), athletes who attempted to join the NFL (Dufur and Feinberg 2009), and social or professional elites (Moyser and Wagstaffe 1987). Because the identities of the participants essential to the current study were either hidden from public knowledge, social or professional elites, or both, snowball sampling was the most efficient and fruitful way to recruit participants.

As with case studies generally, the argument exists that snowball samples inherently introduce sampling bias because the perspectives of individuals with limited social capital (Bourdieu 1986) will be underrepresented (for example, see Heckathorn 1997; Weiss 1994) because snowball sampling relies exclusively on the referral of participants by word-of-mouth. However, when viewed in a different way, this limitation can also be conceptualized as an asset. Specifically, Noy (2008: 329) argues that snowball sampling is dependent upon and contributes to the “dynamics of natural and organic social networks” and can create a type of social knowledge that is distinct, ever-changing, malleable, and progressive. Thus, snowball sampling can elucidate the subtleties of complex social arrangements in their organic forms and can illustrate the flexible nature of knowledge of and within these arrangements.

To construct a “panel of knowledgeable informants” (Weiss 1994), I recruited professionals from three institutional contexts that were, at least to some extent, involved in the Bradley case: criminal justice, medical, and victim service
professionals. Variations exist regarding the ease with which different social settings, institutions, and organizations can be accessed (Lofland et al. 2006). Here, many of the potential participants in the current study were either “hidden” or social elites and were situated professionally within large bureaucratic organizations with complex organizational structures (Lofland et al. 2006). As a result, to gain initial access to central actors who were involved in the Bradley case, at the onset of the study, I contacted key informants who were involved in the Bradley case through academic colleagues. Specifically, my colleagues communicated with known key actors in the case via e-mail, telephone, or both, to explain the research project, advocate on my behalf, and ask if I can contact them for the research project. These initial contacts activated the snowball sample.

At the end of each interview, participants were asked to provide the names, professional association, and, if available, contact information of others who were involved in the Bradley case and who could provide information that would be useful and important for the study. The referred individuals were sent a participant recruitment letter (see Appendix A) via e-mail. If an e-mail address was not available or accessible, each referred person was contacted by telephone.

While most of the sample was recruited exclusively through these snowball associations, at times participants themselves served as key informants by directly contacting potential participants on my behalf. The key informants served different purposes, such as creating a connection between myself and the potential participants beyond simply providing contact information and reassuring them of the importance and authenticity of the research by having a trusted third-party vouch for me and the research project. I asked participants who reached out to others to communicate several things: 1) to share the purpose of the study, 2) to tell the contacts that their
personally identifying information will be kept confidential 3) to tell them that they do not have to answer questions they are not comfortable or not permitted to answer, 4) to determine if the individual was interested in participating, and 5) to provide them with my contact information or obtain permission for me to contact them. This approach to participant recruitment has previously been used in research studies. Parry (2005) employed this sampling strategy in her research on women’s experiences with infertility to ensure that the potential participants felt comfortable declining to participate in the study if they wished. As follows, one advantage of allowing participants to contact other professionals on my behalf was that it provided them the opportunity to decline participation anonymously. While some participants were successfully recruited through this method, others declined to participate.

Insofar as “gatekeeping” is defined as a person who controls access to research settings or participants (Broadhead and Rist 1976; Hammersley and Atkinson 1995; King and Horrocks 2010), the study participants served as gatekeepers on two levels: 1) by referring subsequent potential participants via snowball sampling; and 2) some participants who were “insiders” (King and Horrocks 2010) into certain professions or occupational settings contacted other key actors and, if appropriate, connected them to me for possible participation. The aforementioned sampling strategies were employed until no new contacts were mentioned by participants and until saturation of the data was reached.

**Participant recruitment difficulties**

A total of 27 professionals participated in the study: 18 victim service professionals, 7 criminal justice professionals, and 2 medical professionals. The relatively lower participation of criminal justice and medical professionals, in
particular, is a reflection of the difficulties that occurred regarding participant recruitment throughout the research process; many key actors from criminal justice, medical, and victim service organizations declined to participate in the study throughout the recruitment process.

Social capital (Bourdieu 1984, 1986) is disseminated and circulated in different ways within social networks (Noy 2008). I observed this in the current study relating to participant recruitment. A related second recruitment difficulty existed in that, when asked to recommend other professionals for potential participation in the study, most participants, at least initially, only mentioned other professionals within their respective organizations or professions; I often had to ask specifically for contacts outside of their direct professional networks.

Similarly, in terms of medical participants, specifically, after almost three months of collecting data, no medical professionals were named by criminal justice or victim service participants as being involved in the Bradley case. While subsequent criminal justice and victim service participants were able to identify medical professionals who had some involvement in the case, they, on the whole, were not personally known to the participants. This suggests that the medical professionals involved in the Bradley case were situated within their own professional silos separate from other institutional actors. This reality connects to subsequent findings which suggest that barriers exist with regards to successful and meaningful collaborations among professionals from diverse institutional contexts.

Professional and personal barriers also existed in the willingness of key actors who were involved in the case to participate in the study. Most of the reasons given by professionals who were unwilling to participate were directly related to their involvement in the Bradley case. Several professionals stated that their professional
involvement in the case was fraught with emotional difficulties as a result of the extent and nature of the victimization that was perpetrated by Bradley. As a result, several professionals declined participation because they were not psychologically ready or willing to discuss their involvement in the case due to the fact that it would raise many of the emotional difficulties they experienced through their professional duties associated with the case. This reaction is not unexpected given what we know about vicarious trauma in professionals who work with crime victims (for example, see Collins and Long 2003; McCann and Pearlman 1990).

In addition, several of the participants – particularly within the medical institution - were hesitant to discuss their involvement in the Bradley case because of the negative attention the case received through news articles (print, broadcast, and Internet mediums), citizen responses to the news articles, and commissioned reports (for example, see Ammons 2010; Barrish 2010\textsuperscript{b}, 2010\textsuperscript{c}). Specifically, the reports emphasized that medical professionals associated with Beebe Medical Center and the Medical Society knew of allegations against Bradley years before any formal legal action was taken against the former pediatrician. A study by Miller et al. (2014) suggests that, while many of the citizens who commented on Internet news reports of the case blamed the victimization, at least in part, on the children’s’ guardians for not providing adequate supervision of their children which was viewed as facilitating the victimization, several did assert that the institutional response to allegations of abuse against Bradley were insufficient. Similarly, Ammons (2010) asserts that the first identified grievance against Bradley occurred in 1996, two years after the former pediatrician was hired by Beebe Medical Center and suggests that formal legal action should have been taken at this time. Thus, a connection exists between depictions of victimization in the media and other reports and cultural perceptions of the attribution
of blame (Miller et al. 2014). As a result of at least the perception of improper handling of early allegations against Bradley when they occurred, many professionals (particularly, medical professionals) were unwilling to participate in the study for fear of further criticism and blame.

Similar anxieties also emerged for a few criminal justice and victim service professionals whom were referred through the snowball sample process. These professionals felt that many of the media reports of the case were inaccurate and hurriedly constructed and, as a result, were hesitant to speak to journalists or anyone who might use the information obtained from the case for personal gain. Consequently, I had to go to great lengths to assure them that I was not a journalist and that I was bound by ethical considerations of confidentiality mandated by the university with which I am affiliated. In the end, most – but not all - of the criminal justice and victim service professionals who were cautious ultimately decided to participate in the study after extensive and often lengthy conversations between them and myself. Their decision to participate, despite their anxieties, was influenced by their desire to have a voice within a context in which individual voices were often rendered silent.

Other key institutional actors declined to participate in the study for professional reasons. For instance, civil litigation was brought against Beebe Medical Center and the Medical Society after Bradley’s arrest, which named specific medical personnel for negligence due to their inaction after early allegations surfaced. As a result, several medical professionals declined participation in the current study due to their connection – whether direct or indirect – to the civil legal proceedings. In addition, based on the information obtained throughout the study from both medical and non-medical actors, many medical professionals were required to sign non-
disclosure agreements indicating that they would not discuss the case in any way – confidentiality notwithstanding - which prohibited their participation.

Additionally, the participants in the study served as gatekeepers by possessing control over my access to potential participants involved in the case through either providing (or failing to) the names of other professionals or contacting them on my behalf. While most of the gatekeepers did not appear to hinder the recruitment process (and, in fact, helped to facilitate recruitment), one criminal justice participant obstructed my communication with a few victim service professionals who worked within the same criminal justice organization as him/her, ultimately impeding their potential participation. However, whether or not they would have decided to participate without his interference is unknown. Specifically, this particular criminal justice professional contacted me and stated that the victim service professionals associated with his organization are not to be interviewed directly in relation to the Bradley case because of their limited knowledge of the legal aspects of the case, even though he subsequently acknowledged their “extensive” work with Bradley’s victims. Again, this reaffirms the conceptualization of the Bradley case as primarily a legal case, thus diminishing the importance of the work non-criminal justice professionals performed in the case.

The process of gaining access to research locations is influenced by embedded meanings and practices inherent in specific settings (Bondy 2013). Social or professional elites are inescapable within bureaucracies and often define and control how organizations are structured and operate (Moyser and Wagstaffe 1987). The inclusion of elite professionals in research studies aimed towards understanding social phenomenon and social processes is important because they often possess power and authority (Harris, Kelly, Hunt, Plant, Kelley, Richardson, and Sitzia 2008), which can
shape the research process. As a result, social elites also often control and manage accessibility to certain populations. On the one hand, elite participants can provide access to participants that might otherwise not be possible. But, conversely, they can also prohibit access to certain people. Both occurred in the current study. Heckathorn (1997) asserts that “masking” (Erickson 1979) may occur in snowball samples where participants will neglect to refer others in order to protect them, particularly when concerns for privacy related to the social phenomenon or population being studied exist. This is similar to the idea of structural secrecy found in Vaughn’s (1996) examination of the 1986 Challenger explosion in which structural aspects of organizations - including hierarchies, a division of labor, and the specialization of tasks - shape the extent to which information is communicated within organizations. Consequently, the criminal justice professional who asserted that the victim service professionals within his/her organization were not to be interviewed may have attempted to mask (Erickson 1979) or conceal their involvement in the Bradley case, thus controlling the information disseminated. As a result of this encounter, I quickly realized that I could learn a lot about the dynamics of people within certain professions, particularly in relation to the idea of power and privilege, by the experiences I had accessing them.

Sample

Recruitment difficulties notwithstanding, a total of 27 professionals who had some involvement in the Bradley case participated in the study. According to the Ammons (2010) report, “an over-reliance on the criminal justice system alone prolonged the abuse and terror experienced by innocent children” (46). However, the institutional responses to the Bradley case go far beyond criminal justice agencies,
both before and after Bradley’s arrest. As a result, I conducted in-depth interviews with professionals involved in the Bradley case, including criminal justice, medical, and victim service professionals.

The study participants were categorized into the three primary groups (i.e. criminal justice, medical, and victim advocacy) for two primary reasons. First, participants were categorized based on their profession at the time of their involvement in the Bradley case. At the time of the interviews, some participants held different occupations or had different roles within their professional agency or organization than when they were involved in the case. The reasons for these changes in profession varied. Some participants changed professions as a natural trajectory of one’s professional career. However, in other cases, participants changed jobs or quit the professional roles they held when they worked in association with the Bradley case, at least in part, as a result of their work in the case. Hanna\textsuperscript{6} – a criminal justice professional - stated:

After going through [the Bradley case] and [after] that period of craziness over the last three or four years that I worked for [name of agency], this opportunity or position [her current job] became open. And if I had not been through this [Bradley case] for years, I was perfectly content to stay where I was. I mean, I loved my job.

Regardless of their current professional position, all participants were asked interview questions based on their jobs and professional roles while involved in the Bradley case to reveal the relationships between professions and norms within professions that shaped the institutional responses to allegations of child sexual abuse against Bradley.

\textsuperscript{6}All names used in this study are pseudonyms.
Second, participants were categorized into one of the three groups based on their understandings of and experiences with their professional roles in relation to the Bradley case. For example, if a medical professional was employed by a victim advocate and spoke of his or her role in the case regarding supporting victims then, for purposes of the current study, the participant was categorized as a victim service professional.

Participants in all three institutional/organizational settings had varying levels and degrees of involvement in the Bradley case. In case study research, the research must “bind” the case; in other words, the researcher must not only define what the case is, but also what it is not (Baxter and Jack 2008). For the current study, the conceptualization of the Bradley case does not exclusively refer to the legal case against Bradley – although, notably, all participants did conceptualized the Bradley case primarily in legal terms - nor does it only include individuals who had knowledge of the case while formal or informal investigations were ongoing. Conversely, involvement in the case is broadly defined to incorporate the varying involvement of professionals over time and includes the years before, during, and after Bradley’s arrest. The participants included in the study represent experiences from all of these time periods, whether or not they were cognizant of it at the time. For example, based on the interviews, some victim advocacy agencies were not aware of allegations against or investigations involving Bradley and, in fact, had never heard of Bradley until his arrest garnered significant media attention. While some participants had no involvement in the case until after Bradley’s arrest, all perspectives are important because a lack of involvement in specific parts of the case (i.e. allegations and/or investigation) on the part of specific professionals is significant in and of itself.
because it reveals gaps in the system that may have led to specific responses at specific points in time.

At the end of each interview, participants were asked for their age, race, sex, if they are currently married, if they have children (including stepchildren), and for their education background. As a result, each participant categorized him or herself regarding these social dimensions. Table 1 provides an overview of the sample characteristics of the participants in terms of age, race, sex, family background, and education.

As indicated in Table 1, the majority of participants identified as white (n=23), with only 3 identifying as Hispanic/Latino and one as Black. Most participants are middle-aged (in their 40s and 50s), married, have children, and possess, at least, a college degree (although many possess advanced degrees for specialization in their respective profession).
Table 1  Sample Characteristics: Age, Race, Sex, Family Background, and Education

<table>
<thead>
<tr>
<th>Age</th>
<th>30’s</th>
<th>40’s</th>
<th>50’s</th>
<th>60’s</th>
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<tr>
<td></td>
<td></td>
<td>3 (43%)</td>
<td>3 (43%)</td>
<td>1 (14%)</td>
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<td>7</td>
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<td></td>
<td>(5%)</td>
<td>(33%)</td>
<td>(39%)</td>
<td>(22%)</td>
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<tr>
<td>40’s</td>
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<td>-</td>
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<td></td>
<td>(43%)</td>
<td>(50%)</td>
<td>(50%)</td>
<td>-</td>
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<tr>
<td>50’s</td>
<td>3</td>
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<tr>
<td></td>
<td>(43%)</td>
<td>(50%)</td>
<td>(50%)</td>
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<tr>
<td>60’s</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
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<td></td>
<td>(14%)</td>
<td>(50%)</td>
<td>(50%)</td>
<td>-</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>White</td>
<td>Black</td>
<td>Hispanic/Latino</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>7 (100%)</td>
<td>-</td>
<td>1 (50%)</td>
<td></td>
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<tr>
<td></td>
<td>(100%)</td>
<td>-</td>
<td>(50%)</td>
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<tr>
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<td>-</td>
<td>1 (50%)</td>
<td>-</td>
<td></td>
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<td></td>
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<tr>
<td>Sex</td>
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<td>Female</td>
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<td></td>
</tr>
<tr>
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<td>5 (71%)</td>
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<td>3 (17%)</td>
<td></td>
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<tr>
<td></td>
<td>(71%)</td>
<td>-</td>
<td>(17%)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>2 (29%)</td>
<td>2 (100%)</td>
<td>15 (83%)</td>
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<tr>
<td></td>
<td>(29%)</td>
<td>(100%)</td>
<td>(83%)</td>
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<tr>
<td>Family Background</td>
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<td>Have Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married (currently)</td>
<td>7 (100%)</td>
<td>6 (86%)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>(100%)</td>
<td>(86%)</td>
<td></td>
<td></td>
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<tr>
<td>Have Children</td>
<td>2 (100%)</td>
<td>2 (100%)</td>
<td></td>
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<td></td>
<td>(100%)</td>
<td>(100%)</td>
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<tr>
<td>Education</td>
<td>College/advanced degree</td>
<td>No college degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College/advanced degree</td>
<td>6 (86%)</td>
<td>1 (14%)</td>
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<tr>
<td></td>
<td>(86%)</td>
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<td>No college degree</td>
<td>2 (100%)</td>
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<td>(100%)</td>
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</tbody>
</table>

The sociological literature solidly notes that social institutions and organizations, such as politics (Hawkesworth 2003; Kenney 1996), bureaucracies (Saidel and Loscocco 2005), law (Britton 2003; McCorkel 2003; Pierce 1995), medicine/health (Zimmerman and Hill 1999), and domestic violence organizations...
(Nichols 2011) are gendered (Acker 1990, 1992). The breakdown of males and females in criminal justice and victim service professions in the current study is consistent with scholarship on the gendered nature of institutions and organizations: the majority of criminal justice professionals are male, while the majority of victim service professionals are female. In addition, both of the medical professionals in the current study are female. While research suggests that medicine, as an institution, is gender-typed male, both the professionals in the study are pediatricians, which is a female-dominated medical specialization, much like veterinary medicine (Irvine and Vermilya 2010). Thus, the fact that both medical professionals in the sample are female is not unexpected. While I did attempt to recruit several male medical professionals into the study, all declined the invitation to participate. The gender identification of the professionals plays an important role in contextualizing the findings in subsequent chapters.

**Interviews**

The interview questions focused on two primary areas. First, the interviews explored various aspects of the participants’ jobs and organizational roles, such as primary roles and responsibilities, the primary goals of their respective organization, the extent and nature of collaborations with other professionals, populations primarily served by the organization, the organizational structure, and intra-organizational diversity. Second, the interviews captured the participants’ personal and organizational involvement in the Bradley case and their perspectives of the institutional responses to both allegations of child sexual abuse against Bradley and the victims implicated in the case. Several of the interview questions emerged from Vaughan’s (1996) theory of organizational deviance which suggests that decision-making within organizations is
shaped by organizational culture and structure. Accordingly, the professionals discussed in detail how their specific roles within their respective organizations shaped their professional involvement in the case, including narratives regarding the construction of meaning as it relates to ideas of justice.

The interviews were semi-structured which allowed for flexibility in the questions being asked during the interviews and to account for new areas of inquiry suggested by the participants (Rubin and Rubin 1995). Since the goal of qualitative research is to create accounts of participants’ experiences and understandings as opposed to posing specific and uniform questions to participants and gathering their responses, it is not uncommon and, in fact, is largely advisable for researchers to modify the original interview guide based on insights obtained from participants in the research process (King and Horrocks 2010). This was certainly the case for the current study. For example, during the data collection process, participants both verbally (i.e. through what they said) and physically (i.e. exhibiting strong emotions, such as sadness, by crying) expressed the ways their involvement in the Bradley case affected them personally. As a result, I added this as a “probe” in the interview guide to ask in subsequent interviews since it appeared as an important aspect of the work professionals did in the case. Probing in interviews aims to provide depth of the information obtained by elaborating on specific topics, clarifying information, and/or completing an unfinished or inadequate account or explanation (King and Horrocks 2010: 53). Thus, asking not only how the case affected the participants professionally, but also personally, provided greater depth in the information obtained regarding the impact of the case on professionals.

The semi-structured nature of the interview guide also allowed greater freedom in the sequencing of the questions. While the interview guide was divided into two
parts - eliciting information about the participants’ occupations, generally, and their individual and institutional roles in the Bradley case, specifically – in many cases, the sections were not distinct. As a result, when speaking about their occupations, generally, many participants would either use examples from or refer to their institutional or individual involvement in the Bradley case.

The interviews took place from November 2013 to June 2014. The mean length of the interviews was 1 hour and 40 minutes and ranged in length from 57 minutes to 2 hours and 37 minutes. Of the 27 participants, all consented to being audio recorded using a digital recorder. However, one participant was initially hesitant to allow me to record the interview. This reaction to being audiotaped is not, altogether, unexpected given the confidential and sensitive nature of the Bradley case. As asserted by Warren (2002), every part of the interview, even the audio equipment, provides some significance and meaning for participants, which may vary for different people. The presence of an audio recording device is a physical reminder to participants that a verbal record of what is discussed will exist (Weiss 1994). After discussing measures for ensuring confidentiality at length with the participant and expressing that the recording simply provides an accurate record of what is discussed in the interview, he/she ultimately agreed to allow me to audio tape the interview with the stipulation that I delete it after the transcript was complete (which I did). The participant’s rationale for wanting the audio recording deleted was for fear of being identified based on his/her voice or identifying information provided in the interview that was subsequently not included in the interview transcription.

The majority of the interviews were conducted face-to-face and took place either at the participants’ place of employment or other public location; interviews spanned throughout the state of Delaware. Three participants were interviewed via
telephone because of geographic and scheduling constraints. The same general
questions were asked in each method of interviewing.

**Information acquisition difficulties**

While the participants, on the whole, seemed comfortable with me and with the
research questions, instances occurred when certain participants were hesitant to
answer questions relating to specific information about either the professional roles in
the Bradley case or the case, generally. The difficulties I encountered obtaining
specific, detailed information from the participants were not unexpected given the
difficulties I also experienced in recruiting participants for the study; many of these
same issues shaped the willingness of the participants to provide detailed information
during the interviews.

As stated before, most of the reasons given by professionals for not
participating in the study were directly related to their involvement in the Bradley
case. Several professionals were hesitant or declined to participate because of the
negative attention the case received by the media, community members, and
commissioned reports (for example, see Ammons 2010; Barrish 2010b, 2010c) which
suggested that they had somehow improperly handled the allegations against Bradley.
Similar difficulties also existed in obtaining information from professionals during the
interviews. William, a criminal justice professional, openly discussed his
condemnation for some of the information contained in the Ammons (2010) report and
the professional and personal repercussions people experienced as a result. He stated,
“I don’t think there were negative outcomes except for those persons who were
mentioned by name in the Ammons report in connection [to the case]”. Thus, several
participants – particularly criminal justice professionals – were hesitant to provide
specific information because they were fearful of re-experiencing criticism regarding their roles in the case

Similarly, while many participants eagerly provided information praising their own professional roles in the Bradley case, several were hesitant to provide critical insight regarding the roles of other professionals. When I asked Dawson – a criminal justice professional – what his thoughts were regarding how the allegations or the overall case were handled by medical professionals, he breathed heavily and stated:

I could sit there and, with 20/20 hindsight, be critical of anybody of anything. And it’s just not something I’ve put much thought and energy into, because I leave it to those institutions [about] their reactions and what they need to do. And just from my perspective in doing what I was doing, I wouldn’t want them criticizing me for my] professional work. So…it’s just not something I really have much of an opinion on.

Having experienced professional criticism in the past shaped several of the professionals’ willingness to provide specific information about the case.

In addition, citing confidentiality reasons, a few participants were hesitant to describe the specific social characteristics of Bradleys’ victims and their families with whom they came in contact; several participants had personal or professional connections with the families of some of Bradley victims. For example, Allen, a criminal justice professional began discussing the 2009 allegations that led to Bradley’s arrest and conviction and mentioned that the little girl and her family were related to a criminal justice professional within the state. When I asked him to go in more detail about the child and her family he was reluctant and stated “well, let’s not do that. [The professional] is a contemporary of mine. But that’s the case that resulted in [Bradley] getting arrested”. Thus, at times, difficulties existed in obtaining specific information from the participants about their professional responses to allegations of abuse, their roles in the case, and the social characteristics of Bradley’s victims. But,
difficulties aside, the interviews were fruitful in providing a nuanced understanding of the professional decisions made throughout the case.

**Data Analysis**

The constructionist approach used in this study emphasizes the role of language in the creation of social meaning and acknowledges the existence of multiple, subjective realities (King and Horrocks 2010). Consequently, this study centralizes the idea that knowledge is constructed by participants by means of shared understandings and meanings and focuses on interactions between people and groups in social contexts.

Thick description (Denzin 1989/2001; Geertz 1973), which broadly involves detailed, contextualized accounts of participants’ experiences and understandings, resulted from the interviews. This type of description does not only emphasize obtaining detailed information from participants but also incorporates interpretation of the data throughout the data collection process (Schwandt 2007). According to Shwandt (2007), thick data emerges as a result of interpreting description as opposed to merely obtaining detailed description itself. Correspondingly and consistent with a constructionist approach, Denzin (1989/2001) argues that thick description positions participants’ perspectives and the language used to convey their experiences as central to understanding the intricacies of social phenomenon. For this study, this type of description is important both in terms of illuminating the institutional contexts in which participants are situated and also their experiences in relation to the Bradley case.

In acquiring thick description, the in-depth interviews conducted were semi-structured which, again, not only allowed for flexibility in the sequence and content of
the questions asked (Rubin and Rubin 1995), but also permitted data collection and analysis to occur simultaneously. Collecting and analyzing data concurrently allows researchers to assess the validity and reliability of emergent themes and to assess for conceptual saturation (Corbin and Strauss 2008). As part of the data collection and analysis processes, detailed memos were written after each interview. Memos allow the researcher to engage with the research process and compel them to begin writing from the beginning of the examination (Birks, Chapman, and Francis 2008). These initial memos documented preliminary themes that emerged from the interviews, interconnections between preliminary themes, interconnections between participant experiences and perceptions, defining of pertinent concepts and ideas, and information about the interview experience, including general and notable information about the participant or the interview encounter and notes taken about specific questions during the interview (Lofland et al. 2006; Miles and Huberman 1994; Strauss and Corbin 1990). Constructing memos is an important part of the data analysis process and is an essential step in interpreting, clarifying, and understanding the data collected (Lofland et al. 2006). For the current study, creating detailed memos after each interview facilitated the interpretation of the meanings participants constructed through language used and themes that were common across interviews. They also illuminated variations in perspectives and experiences and served as an initial round of coding.

In addition to creating memos, each interview was transcribed into Microsoft Word documents. Therefore, not only were memos created as a way to concurrently collect and analyze data, the data transcription process was also viewed as an integral part of the research and analysis processes, not independent of the process. As Oliver, Serovich, and Mason (2005) argue, interview transcription influences the remainder of the data analysis process by situating both the research design and the voices of
participants to the forefront of the examination. As the interviews were transcribed, I added information to the initial research memos, situating the emerging themes within each participant’s respective institutional context.

Prior to beginning the formal coding process, I read through all the transcripts and memos several times to become even better acquainted with the data and to reveal themes and ideas that may have been concealed during the first phases of analysis (i.e. data collection, memoing, and interview transcription). The transcripts were subsequently imported into NVivo 10, a qualitative data analysis software package, for organization and analysis.

The data were analyzed through a multi-stage coding process that included a combination of constructivist grounded theory (Allen 2011; Charmaz 2006, 2008) and deductive coding. It is important to note, however, that grounded theory using a constructivist approach (Charmaz 2006, 2008) is different from grounded theory as originally formulated by Glaser and Strauss (1967) and Strauss and Corbin (1990) in that it emphasizes interpretations of subjective meanings (Charmaz 2008). Thus, constructivist grounded theory contests the idea of the existence of an objective reality and illuminates both structural constraints and individual, subjective understandings of social phenomenon in a way that challenges inequality and promotes social justice (Charmaz 2008). For the current study, I wanted to allow for the data speak for itself and also code based on ideas from existing literature.

The examination began with the professionals’ narratives of the work they do within their respective organizations, generally, and in relation to the Bradley case, specifically. I initially used what Charmaz (2006) describes as “incident by incident” coding (53) in which specific incidents or events in the data are coded and conceptualized and, subsequently, compared to previous incidents in the data. For
example, throughout the interviews, several participants used the language of *justice* to describe the work they do with clients. In moving from initial coding to focused coding to axial coding (Charmaz 2006), other participants used the language of *doing the right thing* which, within the context of the interviews, equated to the idea of justice which is associated with larger issues of fairness. Correspondingly, the ideas of *justice* and *doing the right thing* emerged as significant throughout the process of initial and focused coding and developed into a significant part of the subsequent analysis.

I also used deductive codes from existing literature which guided the data collection and analysis. For example, one broad analytic category used was *gendered institutions and organizations*. As a result, interview questions and data codes were constructed that inquired about gendered configurations and aspects of the organization in which the professionals are situated. In addition, throughout the data analysis process, specific inductive subcodes relating to the deductive codes were identified. For instance, within the broad deductive code of *gendered institutions/organizations*, more specific sub-codes, such as *female-dominated professions, male-dominated professions, gender homogeneity, and racial homogeneity* emerged.

As new codes and subcodes emerged throughout the analysis process, it was essential to recode previously coded data to take into account the new information (Corbin and Strauss 2008). I further engaged with the interview data and looked for conceptual similarities and differences between the participants and compared these with the supplementary documents included in the examination which allowed for substantiation of the soundness or validity of the claims being made. Once the
interview coding was complete, I then constructed larger categories of codes that reflected significant themes in the data.

**Confidentiality**

Anonymity through confidentiality is an important part of the research process, because it ensures the protection of participants by reducing the potential harm done to them through their participation in research examinations (King and Horrock 2010; Lofland et al. 2006). Issues surrounding anonymity and confidentiality are particularly important in examining the Bradley case. The state of Delaware covers a small, concentrated geographic area. As a result, personal and professional networks are often close and interconnected. This characterization of networks within the state was exemplified in the current study. For example, while Bradley did seem to target children from families who were in some way socially, culturally, or economically disadvantaged, diversity did exist in the socioeconomic status of the victims’ families, spanning occupations from working in local poultry factories to police officers, attorneys, doctors, judges, and so forth. Thus, as stated, earlier, several of the participants in this research study were personally or professionally connected with the families of some of Bradley victims.

Additionally, connections exist between many of the professionals involved in the case. Even though there was wide geographic variation in the locations of the interviews, often times, professionals involved in the case were familiar with one another both personally and professionally. While this was an asset to obtaining the snowball sample for this research, it demonstrated the importance of maintaining confidentiality and anonymity throughout the project.
While I acknowledged the importance of confidentiality and anonymity before conducting the interviews, my awareness of these issues increased throughout the participant recruitment and data collection processes. Statements by participants – both when negotiating their participation and throughout the interviews – elevated the importance of protecting their identities and the data collected. In fact, one participant only agreed to participate in the project if I ensured her complete anonymity.

Confidentiality concerns were raised during the interviews by a few participants. During one interview, a professional requested that I be vigilant in how I describe him/her and the organization of which he/she is associated in any reports or publications resulting from the research because providing too much detail would increase the possibility that he/she could be identified by other professionals with whom he/she is closely associated. This concern is what Tolich (2004) refers to as internal confidentiality which is the potential for research participants to identify one another based on their connected professional associations. Tolich (2004) juxtaposes this type of confidentiality against external confidentiality which is widely acknowledged in the literature as not identifying participants in research publications or reports. Specifically, he argues that people who are connected professionally or personally are susceptible to potential harm throughout the research process because issues related to internal confidentiality are often unrecognized when conducting examinations.

Several measures were taken to ensure confidentiality throughout the research process, as indicated on the participant consent form and on by the approved IRB application (see Appendices B and D respectively). The participants’ names were initially replaced with alphabetical and numerical identifiers which were, subsequently, replaced with pseudonyms. The document that connected the identifiers
and pseudonym with each participant’s name is kept in a locked file, to which only I have access. In addition, the interviews were conducted and the data transcribed by me exclusively. The audio files and transcripts from each interview are stored as computer files on my password protected computer.

Because context is important in constructionist approaches to understanding social phenomenon, I provided just enough information about each participant to provide context that made their statements and understandings meaningful but was vigilant not to provide too much information about each to compromise their privacy. Therefore, throughout the analysis and writing process, I balanced context and anonymity in deciding how much information to disclose about each participant.

*Data Analysis and Participant Confidentiality*

Important empirical and practical distinctions exist between organizations, institutions, and professions. Organizations are entities comprised of groups of people (referred to as ‘professionals’ in this dissertation) and are created to achieve specific goals (Wharton 2012). Organizations are structured and arranged in a way that is consistent with how decisions are made within them (Hall and Tolbert 2005); as a result, they possess specific rules, processes, procedures, boundaries, social practices, and methods of communicating information. Institutions, on the other hand, are more abstract, theoretical, and wide-ranging (Giddens 1984; Wharton 2012) that are established as society’s standards or rules of the game (North 1991). Accordingly, institutions persist across time and space yet continuously change, are characterized by specific rules, norms, logics, and procedures, are structured by power arrangements, and are interconnected with other social institutions (Martin 2004).
Social institutions are comprised of different types of organizations (Wharton 2012). The institution of medicine is comprised of hospitals, private medical practices, state medical boards, managed care organizations, nursing homes, and the National Board of Medical Examiners, for example; each of these organizations are, in turn, comprised of professionals. Therefore, by itself, a local hospital is an organization but represents the institution of medicine. Similarly, our legal system is comprised of specific organizations that are established to accomplish specific goals such as deterring crime and punishing offenders.

While conceptual and practical distinctions between organizations (including the professionals who comprise them) and institutions exist, in this dissertation they are, for the most part, used analogously to preserve the confidentiality of the study participants. As a result, I often refer to criminal justice, medical, and victim service institutions and professionals broadly, as opposed to more specific organizations or professions within these broader entities.

**Reflexivity**

Qualitative research is not objective but embraces the fact that inquiries are influenced by specific points of view, experiences, and values. As a result, we cannot separate ourselves as researchers from the research process, but, must centralize ourselves within the research inquiry (Berg and Smith 1988; Corbin and Strauss 2008). We are both researchers and humans in the social world and, as such, are engaged in and by the same social phenomena that engross the lives of our research participants.

Understanding my own social position in society, as well as my own biases, became particularly important during the data collection and analysis phases of the
research project. As noted before, while difficulties existing in obtaining specific information about the case from several participants, on the whole, they seemed more willing to let me interview them and to share information with me because we possess similar social characteristics. Specifically, most of the professionals who participated in the study are of similar socioeconomic and education levels as myself. This was particularly relevant in conversations about the participants’ professions. For example, when I asked Hudson, a victim service professional, why he thought the abuse by Bradley continued for so long, he discussed how people who go through medical school or graduate school together develop deep relationships with one another, which can result in giving colleagues the benefit-of-the-doubt when wrongdoing may have occurred. Specifically, he stated:

I can say this and [referring to me] you can say this, too: going to grad school is a pain in the butt and you develop sort of a sense of camaraderie with people who have been through that process. And you realize, potentially, that, you’re fallible and along the way you make mistakes. Perhaps fortunate for me, I’ve never really had the situation where I’ve had to report on a colleague because I’ve never been confronted with that.

Hudson drew on our common experiences as having gone through graduate school to relay his point. Thus, our shared social positions and educational experiences shaped our interactions and the information the participants were willing to share with me.

Additionally, recall that, several participants were hesitant or declined to participate because they – or their colleagues – had been criticized for their decisions and involvement in the Bradley case, particularly by the media. As a result, they were guarded and were cautious about speaking to journalists or anyone who might use the information they provided for personal gain. As a result, I went to great lengths to assure them that I was bound by ethical considerations of confidentiality required by
the university within which I am affiliated. Ultimately, several participants decided to participate due to our shared understanding of university-supported research.

Given that I had read reports and social commentaries about the case prior to conducting the interviews, I also had to be aware that the criticisms that existed regarding the professionals’ roles in the Bradley case did not influence my own assumptions about the decisions they made in the case. Particularly during the data collection and analyses, I had to ensure that I was not shaping the questions asked or misrepresenting the data based on my prior – albeit limited – knowledge of the professionals’ involvement in the case. To address this, I consistently reminded myself and the participants that the focus of this research study is on organizational and institutional context, not individual motives or biases. Thus, reflexively positioning myself in relation to the participants and recognizing prior information I obtained regarding the Bradley case became particularly important throughout the research process.

**Emotional Impact on the Researcher and Participants**

“…Reflexivity enables a critical stance to be taken towards the impact of both the researcher and the context in which the research takes place. This can include a wider political context and more subjective, personal perspectives” (King and Horrocks 2010: 126). One area of personal reflexivity (Willig 2001) that is important to examine is the role that emotion plays in the research process, especially when investigating sensitive topics. Both reasoning and emotions are significant parts of understanding meanings (Lofland et al. 2006). This understanding of emotions as central to recognizing and comprehending meanings is significant to the current study given that it uses a constructivist epistemology as the basis for analysis. In addition,
the role of emotions was particularly salient for both the researcher and participants throughout the current research process.

Given the sensitive nature of the content of the Bradley case, memos were also used as a way to record the researcher’s personal feelings and emotional responses to both the research experience and content discussed in the interviews (Lofland et al. 2006). In this way, the initial memos constructed were akin to research diaries or journals in that they included personal accounts delineating the experiences and feelings of the researcher.

I was surprised by the emotional impact this research project has had on me and was initially hesitant to accept the extent to which the content and experiences were affecting me emotionally. In fact, I did not realize the extent to which the content of the study had impacted or would continue to impact me until the specifics of the case, particularly details in Bradley’s criminal trial transcripts and details disclosed by knowledgeable participants in the research process, continued to migrate to the forefront of my mind without warning. Soon after the project commenced, I acknowledged the importance of being cognizant of my feelings and thoughts throughout the research process by writing about them in the memos I constructed. For me, writing about my emotional responses and experiences as related to the Bradley case throughout the research process was not only a way to document my personal feelings towards the research, but also a cathartic way of dealing with content that was difficult, and at times agonizing, to hear and comprehend.

Acknowledging and recording personal feelings and emotions that emerge from conducting research is an important aspect of the research process and can enrich qualitative inquiries. Specifically, the emotional responses that researchers experience become analytically important to the overall study and, as a result, researchers,
themselves, play an active role in the production of knowledge (Lofland et al. 2006; McCorkel and Meyers 2003). Similarly, Henry (2012) argues that a relationship exists between the emotional responses researchers often experience in the field and the analytic understandings that researchers obtain based on the data. Specifically she states:

…moments of intense emotional engagement, which many researchers record as having experienced during fieldwork, have the potential to lead to rich ethnographic understanding, particularly when such moments productively draw us into participatory cultural performances that help mediate the conceptual divide between meaning and feeling, observer and observed (Henry 2012: 528).

In other words, the acknowledgment of emotional responses on the part of the researcher often engender fruitful and deep understandings of the data which, in turn, enhance the research process, including how findings are analyzed and interpreted.

The interviews did not only evoke emotional responses in me, but also in many of the participants, which took various forms and occurred at different points in the research process. Some participants expressed emotional reactions in response to the Bradley case via e-mail during the process of negotiating their potential participation in the study. For some, even thinking of talking about their personal and organizational involvement in the Bradley case brought up intense emotions that had not been acknowledged in some time and weighed heavily in their decision on whether or not to participate. In other cases, the intense emotions associated with being involved in the case led key actors to decline participation. This information was communicated to the researcher both by key actors directly and via others who had personal or occupational associations with them. As a result, the affective responses key actors had in response to the Bradley case impacted the research process from the onset.
Most of the participants’ emotional expressions took place during the interviews themselves. Some female participants cried during points within their respective interviews, particularly when speaking about the heinous acts Bradley perpetrated against his child victims and the possible effects the sexual abuse had and will continue to have on the victims and their families. While some participants displayed physical emotions induced by speaking about their roles in the Bradley case, others suggested that engaging in the research process brought about unexpected emotions in other ways. For example, some participants stated that they had not thought about the specifics of the Bradley case in some time, since the majority of the focused work relating to the case took place several years prior to the interviews.

Similarly, several participants spoke about the case as if it was something they put in the far recesses of their minds and that this compartmentalization of the specifics of the case was necessary as to not interfere with their professional and personal lives. Pogrebin and Poole (1988) found that police distance themselves from tragedy by using humor (i.e. “jocular aggression”) and other techniques of neutralization (see Sykes and Matza 1957). For the current study, this response was particularly true of participants with children of their own. When asked how her work related to the case impacted her personally, Hanna - a criminal justice professional - asserted:

I knew people who were parents of victims in this case and it’s just the nature of the beast. You couldn’t throw a rock without hitting somebody who was a patient of Bradley’s for as long as he was practicing here. [Participant began to get a bit emotional and started to cry] Myself and anyone else who was exposed to the evidence in this case is damaged ‘cause you can’t un-see it. So it affected me personally because I am forever damaged by that. [Continuing to cry] And I just put it away and don’t think about it. It was more difficult when it was going on and closer to the reviewing of everything. You know, I’d be going somewhere and I’d see a child and I couldn’t put it out of my
head. So it’s easier now. I don’t have that same reaction every time I see a child. But it was difficult. So I kind of feel like I survived it. But, obviously there’s people far more affected than I.

Other research participants used humor as a way of dealing with sensitive emotions produced by remembering and discussing the case. For example, one participant joked and asked if I was going to provide her with counseling because talking about her work in relation to the case brought up thoughts and feelings she hadn’t thought about in a long time. After continuing to experience emotions and thoughts about her involvement in the case after the interview took place, I received an e-mail from her that stated, “It’s funny. Once I met with you my memory has been jostled. LOL”. I responded with “I've heard that a lot. It definitely gets the mind thinking back to it again” to which the participant responded “Yes it does. So, are you providing group therapy for all of us now?! (LOL- Just Kidding!)”. While the participant was most certainly teasing about me providing therapy for the participants based on their recollections and discussions of the Bradley case, the comments are informative because they illustrate the extent to which many of the participants were emotionally affected by their involvement in the case even years after their involvement ceased.

Therefore, the work performed in relation to the Bradley case affected the lives of many of the professionals who were involved in this case. This was evident not only by the content of the participants’ words, but also by the emotions exhibited or coping mechanism used throughout the research process. These reactions are not unexpected given what we know about vicarious trauma. Vicarious or secondary traumatization is broadly understood as the troubling and agonizing psychological consequences that professionals acquire from working with trauma victims (Collins and Long 2003; McCann and Pearlman 1990). Literature shows that the damaging
psychological effects of working with victims of trauma exist for mental health professionals (Collins and Long 2003), social workers (Bride 2007), law enforcement officials (Brown, Fielding, and Grover 1999; Follette, Polusny, and Milbeck 1994), and nurses (Clark and Gioro 1998; Goldblatt 2009), particularly Emergency Room nurses (Dominguez-Gomez and Rutledge 2009). In addition, research suggests that professionals working with victims of sexual assault (Brady, Guy, Poelstra, and Browkaw 1999; Brown et al. 1999; Cunningham 2003; Schauhen and Frazier 1995) and child sexual abuse (Nen, Astbury, Subhi, Alavi, Lukman, Sarnon, Fauziah, Hoesni, and Mohamad 2011) may be more likely to exhibit secondary and traumatic victimization than those working with other types of trauma victims. Thus, the emotional reactions the participants displayed as a result of discussing the Bradley case are consistent with understandings of vicarious trauma in the work professionals perform with victims.

*Emotion Work in the Interview Context*

Simply because participants experience grief or other difficult emotions during the interview process does not necessarily mean they perceive their involvement in the interview as negative or undesirable (King and Horrocks 2010). Wolgemuth, Erdil-Moody, Opsal, Cross, Kaanta, Dickmann, and Colomer (2015) found that research participants understand the emotional aspect of participating in research projects to possess both risks and benefits. One the one hand, participants understood that experiencing emotional pain is one potential risk of participating in research. However, they also understood their participation as allowing them to talk to someone about their emotions relating to the research inquiry and providing them with an
opportunity to self-reflect about their affective responses (King and Horrocks 2010; Wolgemuth et al. 2015).

Qualitative interviewing is an interactional project (Gubrium and Holstein 2003: 32) in which negotiations and exchanges continually take place that shape interactions (King and Horrocks 2010). From a constructionist epistemology, the interview process is co-constructed by all social actors involved. A part of this co-construction of how research interactions unfold is based on the emotion work performed by the researcher, particularly when dealing with sensitive topics. Consequently, inherent in this research project, I often had to engage in emotion work (Hochschild 1979; Pierce 1995) with participants before, during, and after the interviews based on the affective reactions expressed.

Emotion work is a valuable concept for understanding the work that qualitative researchers do in research interactions with participants (Dickson-Swift, James, Kippen, and Liamputtong 2007; Dickson-Swift, James, Kippen, and Liamputtong 2009) particularly in research that involves sensitive topics. The concept of emotion work was initially developed by Arlie Hochschild (1979) as unpaid work that deals with the emotions of other in social interactions. The term does, however, differ from emotional labor (Hochschild 1983/2012) which is work done to manage the emotions of others that is typically performed in a paid occupational setting but they are often used interchangeably.

I engaged in emotion work most often by communicating to the participants that I understood the topic is difficult to think back on and discuss and that the interview could proceed when and in what manner the participants are comfortable. Some participants simply took a few seconds to allow themselves to acknowledge the
emotional responses while others asked to change the course of the interview to discuss a less emotionally invoking question.

The next three chapters present the findings and analysis of the data collection. The first chapter applies Vaughan’s (1996) theory of Organizational Deviance to professional decision-making in the Bradley case. The next chapter discusses claims-making by Bradley’s victims and their families and barriers for certain groups of people to make effective claims against the former pediatrician. The final analysis chapter examines the professional contexts in which decisions and claims were made by professionals in the Bradley case and raises the question of whether justice was truly served.
Chapter 4

“ANY TIME YOU HAVE THE CHICKENS GUARDING THE CHICKENS, YOU’RE ONLY GONNA FIND OUT THAT THE FOX WAS WRONG”: ORGANIZATIONAL DEVIANCE AND PROFESSIONAL DECISION-MAKING

On June 23, 2011, Earl Bradley was convicted of 24 counts of child sexual abuse, involving 103 children, and sentenced to fourteen mandatory life sentences plus 164 years in prison (State of Delaware v. Bradley 2011). After the criminal case against Bradley commenced, direct or implicit blame for facilitating the long-term victimization was attributed to individual people, including the victims’ parents, presumably their mothers (Miller et al. 2014), and individuals within institutional systems that failed to respond to the allegations of victimization in any meaningful way. Specifically, professionals involved in the Bradley case were alleged to have known about the abuse and covered up the incidents, thus enabling the perpetrator to continue with impunity.

However, professional decision-making does not take place in isolation but is shaped by the culture and structure of institutions and organizations in which professionals are situated. As a result, this chapter argues that professionals’ responses

7Recall, I am grouping criminal justice, medical, and victim service professionals together as broad professional groups for the remainder of the dissertation in order to comply with confidentiality protections.
to early allegations against Bradley provide an example of organizational deviance in which the professional culture and structure of medical and criminal justice institutions shaped professional decision-making in the case. As such, the first part of the chapter contextualizes the early allegations that emerged against Bradley. Correspondingly, the second part demonstrates how professional privilege is normalized within institutions through the silencing of claims by nurses, medical professionals’ decision not to report the allegations outside of a medical context, and structural secrecy (Vaughan 1996) that limited the sharing of information among professionals. Therefore, the analysis reveals that institutional hierarchies and professional norms prioritize the voices of already privileged groups in the name of self-preservation and the status quo, rendering the voices of subordinate groups silent.

**Institutional Context and Professional Decision-Making**

Like the Bradley case, the narrative of individual responsibility surrounds large-scale child sex abuse cases that have occurred within well-established social institutions. For example, many argue that in the Penn State and Catholic Church cases, the offenders’ superiors and supervisors were aware of the incidents and managed them internally by covering up the incidents or, in some cases, doing little, thus enabling the abusers to continue with impunity. Regarding the Catholic Church case, officials within the Church who were aware of the child sexual abuse either failed to believe the claims by the child victims, particularly initially, (Medina and Goodstein 2013) or “handled” the situation by limiting the offending priests’ religious duties or providing the priests with psychological counseling (John Jay College of Criminal Justice 2004: 94). Similarly, rather than investigate and prosecute the
assistant football coach (the offender), Penn State officials quietly withdrew his
campus privileges while still allowing off-campus access to children through his non-
profit group (Freeh et al. 2012: 108). While many of these actions were conducted
with the intention of stopping the sexual abuse of children, they failed to achieve this
goal and the crimes continued.

A narrative focused on individual responsibility surrounds the Bradley case
and many other large-scale institutional child sex abuse cases. One exception is the
reaction to the child sex abuse that occurred by a trusted coach at Penn State in which
the culture of respect and admiration for the football program at the university was
exalted, thus obscuring both the responses to allegations of the abuse and the
university’s response to these allegations (Freeh et al. 2012). Nonetheless, the
narrative created about individual responsibility surrounding the Bradley case and
other similar cases persists; as a result, this understanding focuses exclusively on the
malfeasance of individuals as the cause of the victimization and, as a result, fails
adequately address institutional and organizational factors that facilitate the ongoing
abuse. By attributing blame to individual people in large-scale cases of child sexual
abuse, these cases are interpreted as isolated incidents that that cannot be prevented
because they occur at the hands of people who are either malicious or negligent. In
rejecting the idea that victimization in our society is exclusively the responsibility of
individuals, a sociological approach finds that it is crucial to examine the structure,
culture, and norms of institutions and organizations that victims encounter and interact
with to construct a richer understanding of incidents of victimization.

Weber’s theory of bureaucracy (1922/1978) is a useful starting point for
understanding how institutional context is important in these types of cases. He uses
the analogy of an “iron cage” in understanding how increased rationalization within
society traps people in an inescapable system based on efficiency and control. Because of this, individual people are dehumanized and, consequently, bureaucracies are often unresponsive to the needs of people they are intended to serve. Based on Weber’s theory of bureaucracy (1922/1978) and the environments in which these large-scale child sex abuse cases occur, institutional context is important in understanding these cases of large-scale child sex abuse.

What remains unknown is what it is, specifically, about institutional context that allows these cases to persist. The theory of organizational deviance is useful in moving the analysis beyond the cultural focus on individual responsibility to a more nuanced understanding of the role organizational structure and institutional culture play in incidents of large-scale child sex abuse cases. Organizational deviance is defined as actions, behaviors, and decisions that occur within organizations that contradict the organization’s objectives and create unexpected, adverse, or even destructive consequences (Vaughan 1996, 1999). Diane Vaughan (1996) formulated this theory to understand the organizational decision-making that culminated in the 1986 Challenger explosion. While outside authorities claimed that the disaster resulted from errors in the decision-making process within NASA due to ineffective communication about existing technical problems up the chain-of-command, Vaughan (1996) argues that both the culture and also the structure of organizations shaped individual decision-making in the case. Instead of blaming individuals within the organization, it is important to understand the organizational context in which individual decisions are made.

In this chapter, I argue that the early allegations that emerged in the Bradley case - which served as the first denunciation against the credibility of victims and whistleblowers in terms of holding Bradley accountable - are an example of
organizational deviance (Vaughan 1999). While Vaughan (1996) examined decision-making within a specific organization – NASA – this chapter considers decisions made within specific social institutions. As a result, this research extends the theory of organizational deviance to social institutions to explain how culture, structure, and norms shape responses to victimization in our society and provides a nuanced understanding of the specific ways in which individuals make decisions regarding victimization in a bureaucratic context.

In Vaughan’s (1996) analysis of the Challenger disaster, she found that “it was not amorally calculating managers violating rules that were responsible for the tragedy. It was conformity” (386). Similarly, in the Bradley case, while conventional wisdom suggests that the continuing victimization by Bradley occurred because medical officials were negligent or attempted to cover-up the abuse, data presented in this chapter shows that decisions to handle the early allegations against the former pediatrician internally by medical professionals were based on the culture and structure of their profession and the professionals’ assessment of the risks associated with reporting suspected abuse to outside authorities. Consequently, the ongoing abuse by Bradley was not a result of malicious individuals, motivated to cover-up the heinous acts, but can be traced to people’s everyday, normative behaviors and decisions that exist within the medical profession.

**Institutional Responsibility and Early Allegations**

According to Ammons (2010), “an over-reliance on the criminal justice system alone prolonged the abuse and terror experienced by innocent children” (46). This was the tip of the iceberg. The fact is that the institutional responses to the Bradley case extend far beyond decisions made by criminal justice officials. The Bradley case
began well before formal legal action was taken against him; his conviction in 2011 was the culmination of years of sexual abuse allegations – dating back as early as 1996 in Delaware - before criminal justice professionals made the decision to prosecute him criminally.

However, even the professionals from the current study characterized the “Bradley case” as primarily a legal case that needed the exclusive attention of professionals in the criminal justice field. The problem with viewing the Bradley case as falling under the exclusive purview of the criminal justice profession is the resulting exoneration of other professionals who were excused from having to make decisions throughout the case, particularly regarding early allegations made against the former pediatrician. Thus, perceiving the case exclusively in legal terms served a utilitarian purpose; it lessened the responsibility of other professionals involved in the case, namely medical professionals, who should have intervened when early allegations surfaced. By the nature of their profession, medical professionals had greater flexibility to assess if Bradley’s actions were nothing more than eccentric behaviors or risk overreacting to allegations against a colleague, which, on the surface, were often ambiguous. It is also important to note that, since criminal justice professionals were not aware of the early allegations against Bradley, they easily deflected blame onto medical professionals for failing to report claims against the former pediatrician.

When asked about the lessons learned from his professional work in the Bradley case, William, a criminal justice professional stated:

I think the most important thing that we learned is something we probably already knew but didn’t internalize well enough which is the reluctance of the healthcare industry to report signs of criminal misconduct being perpetrated by those who work within the industry and, in the Bradley case, a doctor. There were multiple instances in both Pennsylvania - where Doctor Bradley began his practice - and then
here in Delaware...where information reached those entities that should have triggered both an investigating internally by them and led to a report to the criminal justice system under Delaware’s existing statutes. And that didn’t happen in the Bradley case.

However, in an effort to understand the decision-making that occurred in the Bradley case chronologically, this chapter primarily analyzes the early allegations against Bradley that were brought to the attention of professionals within the medical and legal fields and how the characteristics of the victims and professionals shaped decision-making in the case. Decision-making by criminal justice professionals will be discussed in greater detail in Chapter 6.

**Early Allegations against Bradley**

As a pediatrician associated with the local hospital, Bradley would often provide check-ups for newborn babies to cultivate a developing relationship with the family as their pediatric medical provider. Given this early contact in the hospital with newborns, some of the earliest allegations of victimization were made to hospital officials by nurses who worked with Bradley.

None of the professionals in the current study asserted that they were involved with or knew of early allegations against Bradley by nursing staff at the time they occurred. The management of the responses to the early claims was constrained within the medical field – and later within the field of criminal justice – as opposing professions maintained exclusive control over the information (Abbott 1988). However, at the time of their interviews, the professionals were all aware of the major trajectory of events in the case – from early allegations in the mid-1990s to Bradley’s conviction in 2011 - based on media reports, commissioned reports, and formal and informal communication among professionals and community members. For example, several of the professionals discussed ways that community members and other
professionals described the case after Bradley’s arrest. Linda, a victim service professional, scrutinized conversations in the community regarding the validity of facts in the Bradley case. She stated that information she obtained from a colleague who was “professionally close” to Bradley corroborated the accounts that were communicated:

After [Bradley] was arrested, everybody was talking all the time. Again, this is all hearsay. I couldn’t testify to any of this. But [the information was] that he went through nurses because they would see that things were not quite right. And that nurses at the hospital would see certain things. During that time, up until he was sentenced, you would go up to get an x-ray at the hospital and people would be talking about him. I mean, it was everywhere. People were just yackety, yackety, yack [talking about allegations, the case] about it because that’s how they were processing it. So, I have no way to know how accurate any of that is, other than I did have one person who was professionally close [to Bradley]. And, so that kind of gave validity in my assessment process to all these other things I was hearing.

It follows that, after Bradley’s arrest, this narrative was widely disseminated among community members and professionals and corroborated by people who knew of the incidents directly.

In addition, several criminal justice professionals I interviewed had conversations with other professionals who were aware of the incidents firsthand during their investigations leading up to Bradley’s prosecution – including the nurses themselves who made complaints against the former pediatrician - who also corroborated many of the facts of the case. One disturbing narrative discussed in the interviews with professionals from all fields was that Bradley had taken newborn babies from the hospital nursery into stairwells or closets where he presumably perpetrated abuse against the young babies. According to Kathleen, a victim service professional who works within a criminal justice context:
We heard over and over and over again stories of nurses in [the local] hospital. Children would have just been born and [Bradley] would’ve been called because he’s the pediatrician. And he would come into the maternity ward. And he would remove children from their bassinets and take them down the hall and into closets or into stairwells.

These claims were brought to the attention of hospital officials by several nurses. According to Aubrey, a victim service professional, “a nurse reported something about him and then another 10 years went by before they actually did something”. Bradley consistently used this method to perpetuate abuse against his child patients; often he would isolate the children from their caregivers and other adults to facilitate unfettered access to them. Despite that, the professionals interviewed were not involved in responding to early allegations against Bradley, a shared understanding existed among them that nurses, parents, and others had made allegations against Bradley that were ignored, dismissed, or otherwise not handed appropriately.

The early allegations of inappropriate conduct by Bradley were reported by nursing staff to hospital officials with whom they worked, who shared the information with hospital administrators (Ammons 2010). But, the reason allegations of abuse by the hospital’s nursing staff were unknown to the professionals interviewed prior to the legal case that ultimately led to Bradley’s conviction is due to the fact that these early complaints were only handed internally through the local hospital and dismissed as legitimate medical practices by other medical professionals, many of whom were presumably Bradley’s colleagues. According to Hanna, a criminal justice professional, “there were initial reports by a nurse a [the local hospital] about [Bradley] unnecessarily catheterizing young patients…that was not brought to the criminal realm”. Instead, hospital officials reviewed these claims against him and ultimately decided that his actions were “not medically improper per se” (Ammons 2010: 6).
Again, medical professionals maintained exclusive control over both the dissemination of information regarding the allegations and their responses to them (Abbott 1988).

To this end, the early allegations against Bradley by nurses were continually invalidated by medical administrators. As a result, were only handled internally within the hospital and Medical Society and were not reported to state authorities. But to fully understand the decisions made by medical professionals regarding early allegations against Bradley, it is imperative to explore the culture of the medical profession and to analyze it in juxtaposition with other, often competing, institutional contexts (Abbott 1988).

**Professional Privilege and the Normalization of Deviance**

The normalization of deviance (Vaughan 1996, 1999) occurs when individuals within an organization understand ostensibly deviant behaviors and decisions as standard because they correspond to the normative standards of the organization even if they may seem deviant to individuals outside of the organizational context. When decisions are made consistently over time within organizations that, in isolation, do not result in harmful outcomes, the decisions become a routine part of the organizational culture and are validated as acceptable, even though they may eventually lead to detrimental consequences (Vaughan 1996, 1999).

Vaughan’s (1996) definition of organizational deviance is broadly constructed and, as a result, the incidents and consequences of organizational deviance can either be viewed as intentional or unintentional as a result of decisions and actions on the part of individual people within organizations. However, like Vaughn’s analysis of the Challenger explosion in 1986 (Vaughan 1996, 1999), the latter conceptualization of organizational deviance as unintentional is useful in understanding the decision-
making that occurred in the Bradley case over time. This approach is particularly salient with regards to the decisions by medical professionals to internally manage early complaints against the former pediatrician.

From an outsider’s perspective, it may seem unusual to put unrestricted trust in a doctor when evidence exists suggesting that, at the least, he may be engaging in inappropriate behaviors with patients. Presumably medical professionals have encountered similar allegations of abuse in their professional careers that did not result in substantiated wrongdoing. While these decisions in this particular case did, ultimately, lead to long-term, large-scale abuse, they do not always lead to negative outcomes; as a result, professionals weigh the risks and benefits of prioritizing certain voices over others based on professional standards. In this sense, deviance is not understood as wrongdoing on the part of individual people that deviate from recognized norms. Conversely, deviance is understood as professionals conforming to organizational or institutional norms that are customary within specific contexts - such as prioritizing the voices of doctors over those of nurses within the institution of medicine - but, from an outsider’s standpoint, may seem to be out of the ordinary. In other words, bad conduct is normalized with specific organizational contexts (Vaughan 1996, 1999).

Similarly, in her research on the Challenger explosion, Diane Vaughan (1996, 1999) argues that the organizational culture of NASA contributed to the disaster, not wrongdoing conducted by particular individuals. Specifically, the explosion occurred because, due to low temperatures when the launch took place, an O-ring seal failed at lift-off which resulted in the shuttle coming apart. But, based on previous evaluations, NASA engineers understood that there was some risk of the O-rings failing due to known defects in their design, but interpreted the data as falling within an acceptable
range because a certain amount of risk inherently exists in spaceflight due to the relatively new technology and sizable number of uncertainties associated with the large, technical aircrafts (Vaughan 1996). From outside of the organization, the use of “acceptable risk” (Vaughan 1996) in authorizing shuttles for launch seemed deviant or abnormal, but was standard within NASA’s organizational culture.

I argue that the same process occurs within our society’s institutions, namely, medicine and law. After the Bradley case was publicized, medical professionals who were aware of early allegations against Bradley were perceived by outsiders as covering-up or ignoring the abuse (for example, see Crawford 2010). However, absent any malicious wrongdoing, the structure and culture of the medical profession culminated in the acceptance of abuse of hundreds of young children by Bradley for over a decade.

Professional Privilege and Whistleblowing

The Bradley case is complicated by power and status imbalances based on several established ideologies that position groups differentially throughout society. Within the case, structural power inequalities exist between various entities and actors, including between Bradley and his child victims, between Bradley and the secondary victims (i.e. the child victims' parents and guardians), between the secondary victims and professional “experts”, such as other doctors and criminal justice professionals, and between/among the professionals involved in the case. In all of these instances, disparities exist in the varying amount of social authority assigned to different groups which influenced the institutional responses to allegations of child sexual abuse by Bradley both in terms of speed and validation of claims.
The internal management by hospital administrators of early allegations against Bradley illustrates the invalidation of claims by nursing staff, which aided in the continued belief that Bradley was innocent. One way to understand the extent to which claims by nurses were continually disregarded by hospital officials is by explicating the institutional context in which decisions were made regarding the early allegations.

In our patriarchal society, men, on the whole, are conferred social power and dominance in all areas of social life, which denotes the relative subordination of women and children (Kennelly, Merz, and Lorber 2001; Lorber 1994). As a result, power is a primary element of gender relations in our society (Connell 2002). Men are perceived as possessing higher social status and being more competent than women (Conway, Pizzamiglio, and Mount 1996; Ridgeway and Smith-Lovin 1999; Wagner and Berger 1997). As a result, based on the gendered conceptualization in our society, masculine professions – such as medicine - are bestowed higher social status, prestige, and power than more feminine occupations. In our society, doctors are trusted and authoritative professionals in positions of power who are legitimated by their expertise in medical cases (Currie, Lockett, Finn, Martin, and Waring 2012; Freidson 1970). According to the interviews, criminal justice professionals, generally, and, to a greater extent, attorneys, specifically, were similarly perceived as powerful professionals and experts within society. According to James, a criminal justice professional, “doctors and lawyers seem to hang out at the same country clubs”.

Moreover, organizations and occupations are structured in ways consistent with gendered ideologies in our society; the professionals in the current study corroborate this fact. They asserted that criminal justice professionals tend to be male; the only potential exception is those employed in areas of law that deal directly with
children, women, and other victims due to the emotional aspects of these jobs.

According to Louisa, a criminal justice professional:

It’s not that [men are] not empathetic, I think they are. But I think they have a very low threshold for the drama. [There’s] a lot of drama [in this specialty]. A lot of people calling up crying and screaming and [men] have a very low threshold for it, generally.

As a result, and based on Weber’s theory of bureaucracy (1922/1978), certain professionals may, not only be unresponsive to the needs of individual people with whom they come in contact, but may also fail to seriously consider the perspectives of professionals with whom they associate these roles, such as discounting claims made by nursing staff in contrast to more authoritative professionals.

Correspondingly, while medicine is generally a male-dominated field, specialties such as pediatrics tend to be female-dominated because of the cultural association between femininity socially ascribed characteristics, such as caregiving and nurturing. Consistent with this finding, it is no surprise that victim service professionals also tend to be women. Given the inherently emotional and sensitive nature of the field and the belief that women are innately better at handling these needs, several professionals interviewed asserted that victim service work is “women’s work” and, as such, is devalued by society and, consequently, is not as financially lucrative as other fields, particularly those occupations gender-typed as male (Acker 1989; England 2005; England, Budig, and Folbre 2002; England, Hermsen, and Cotter 2000). According to Violet, a victim service professional, ‘women are drawn to helping professions that don’t pay well more than men are”. Similarly, when asked why she thought there were markedly more women than men in victim service professions, Celeste expressed, “it’s not like it’s a big money maker”. Thus, on the whole, medical and legal occupations are socially, culturally, and professionally
perceived as higher status than victim service occupations. As a result, victim service professionals, particularly, are disadvantaged within this hierarchy, both generally and relating to the Bradley case.

Predominately female occupations, such as nursing and victim service work, are what Macdonald and Sirianni (1996) refer to as “emotional proletariat”, in which employees are limited in the amount of power they possess in their jobs, are often closely supervised and controlled by superiors, and must exhibit emotional labor (Hochschild 1983/2012) in their work with patients or clients. This gendered aspect of occupations emerged in the Bradley case in terms of the relative lack of power the nurses possessed who reported suspicions against Bradley as evidenced by the suppression of their claims.

Not only are organizations hierarchically ranked against one another, which will be discussed later in more detail, but are also internally hierarchically organized. Like the other criminal justice professionals, Allen expressed that the attorneys in his office are fairly diverse with regards to gender but that the attorney’s support staff have always been predominately female. He stated, “[the office is] pretty diverse among the attorneys as far as male [and] female. The support staff has pretty much always been female.” Due to the hierarchical nature of the medical profession, specifically, nurses are subordinate to doctors because their work is less technical and specialized (Abbott 1988). As a result, in the Bradley cases, their voices were continually invalidated in favor of the perspectives of physicians, including both Bradley and hospital officials. Failing to problematize these gendered hierarchies perpetuates gender inequality in our society more broadly similar to the ways in which being color-blind to the ways that race structures individuals unequally perpetuates racial inequality (Bonilla-Silva 2013; Fryberg and Stephens 2010; Gallagher 2003).
The professionals, independent of occupational context, readily acknowledged that (male) physicians are, on the whole, more valued, trusted, and authoritative than (female) nurses. Cassandra, a physician, discussed the hierarchical nature of her pediatric medical office regarding power among doctors and nurses. Specifically, she asserted that, in her office and in the medical profession generally, doctors have more power than nurses. When asked why this was she replied, “because, in the end, the whole responsibility – legal, clinical, and everything - is up to us [the doctors]. We have the last word.” Therefore, not only are doctors located at the peak of the medical profession because of their expertise, but they also shoulder more of the responsibility for decision-making within their jobs.

In addition, Louisa specifically discussed the invalidation of the nurses’ complaints by medical administrators. She stated, “we had nurses come to us and say they had complained about him taking babies out of the nursery. And they were told like ‘mind your own goddamn business. You’re a nurse. He’s a doctor’.” Similarly, Kathleen corroborated this. She states:

I remember talking with one nurse who was beside herself because she went all the way up her chain-of-command to complain about what he would do and no one would listen to her. [Repeating a discussion between hospital officials and the nurse]: ‘He was just walking around the [hospital] floor with the baby’. ‘What do you mean he went into a closet?’ ‘He didn’t go into a closet. You’re mistaken. You’re misunderstanding.’ Or ‘he went into that closet to get something’. Or ‘he thought he, he had better phone reception in the, in the stairwell’ was one of the things that she [the nurse] was told.

For Louisa, Kathleen, and other professionals, the nurses’ complaints were constantly discredited because of their subordinated professional status relative to that of Bradley’s. Jillian, a counselor, reinforced the infallibility associated with physicians in our society. When asked why she thought the abuse by Bradley was unsubstantiated
for over a decade, she states, “I think [it was because of] his role in society as a doctor. I think if he had been a really smart monster that was the janitor we might have found something earlier”. Because of his status as a physician, Bradley's denials were repeatedly believed over the nurses who made complaints against him, which allowed the abuse by Bradley to occur with impunity.

Not only are physicians hierarchically ranked above nurses within the medical profession, but also they are socially perceived as benevolent, almost God-like professionals who are incapable of perpetuating such violence. Many of the participants expressed that people could not believe that a doctor could engage in such horrendous acts. According to Patrick, a criminal justice professional, “before Bradley happened, I don’t think anybody could fathom this happening”. Similarly, Beverly, a pediatrician professional, asserted:

Why would we think physicians would be above this? We should not think that just because a person is a pediatrician that they are not at risk to be a person with a sexual interest in children. But it’s not common for people to think of pediatricians as a potential child predator.

Due to Bradley’s professional status, few people questioned him. According to Jamie, a victim service professional, “we don’t question pediatricians”. Many of the parents of Bradley’s patients never challenged Bradley’s medical treatments or procedures because they trusted his professional opinions. According to Patrick:

The parents didn’t question the medical practices of Bradley, at least initially, it doesn’t seem like because they didn’t see it, they’re not doctors. So, when Bradley says ‘I’m gonna give your child a vaginal exam. Here’s why’. He says ‘I just wanna make sure they don’t have a yeast infection or they don’t have this or they don’t have that’ and he would give them some garbage about how a sore throat can cause this. So then your seven year old child is lying on the table draped. It’s an uncomfortable situation. You know your child’s uncomfortable; they squirm a little bit while he’s doing it. There were a few parents that said ‘stop. Stop. I don’t want you to do this anymore’. For the most part,
[the parents thought] that was a difficult exam and it was uncomfortable but that’s the way that goes.

In addition, many of the parents who may have wondered if Bradley’s medical procedures were inappropriate never reported their suspicions to authorities. Patrick continued to say:

Those that did [question Bradley] just left [the practice]. Some that had that kind of mother’s instinct or father’s instinct and they said ‘there’s just something not right here’ and they left [the medical practice].

Many of the professionals shared the understanding that the victims’ parents did not report the former pediatrician because of their socially subordinate status and attendant lack of equal credibility relative to that of Bradley. Kathleen, who works within a criminal justice organization, expressed that when the voices of the children who disclosed and their caregivers who attempted to report the abuse were situated against a medical professional, Bradley’s perspective was the only one heard. She states:

I think the reason this went on for as long as it did was because a single mother with a child who’s disclosing sexual abuse going up against a person of privilege like that is going to have a hard time.

The professionals interviewed readily discussed that the parents of Bradley’s child patients trusted him as a medical professional. But, like all physicians, Bradley was also trusted among other professionals, which offered further protection. According to Violet, “he was a trusted doctor; trusted by his colleagues as well as his patients”. Kathleen contended that other medical professionals in the area supported the idea that Bradley was a trusted physician. In discussing the ways in which parents trusted Bradley, she continued:

…and everyone in the medical community backed that up. You would be seeing your [obstetrician], about to deliver and you would ask ‘do you have any recommendations or referrals for pediatricians’? They were referring you to Earl Bradley.
Similarly, according to Miles, another victim service professional, “I think a fair handful [of medical professionals thought] ‘he’s a physician. Give him a pass’.” Therefore, not only did the guardians of Bradley’s victim not question him, neither did his colleagues.

The dismissal of medical administrators to allegations of abuse by Bradley for over a decade support the “monster” narrative dominant in both popular discourse and public policies surrounding child sex abuse (Leon 2011). The popular metaphor of conceptualizing sex offenders as monsters relies on the misinformed and incorrect assumption that most offenses are randomly perpetrated by strangers (Leon 2011). But Bradley did not fit the “monster” ideology. On the surface, he was a benevolent pediatrician who loved children and went out of his way to ensure that his young patients and their guardians received care. He was perceived as being overly accommodating to his patients by, for example, seeing them on the weekends when it was more convenient for their guardians’ employment schedules, being flexible with service delivery payments when parents would otherwise not be able to afford medical treatment, and by displaying novelties in his medical practice – such as a merry-go-round in the front yard - that created the image that children were truly welcome there.

According to Denise, a victim service professional:

To me, there was a certain level of validation [after the Bradley case that] this bad stuff happens. It really does! [People] want to believe that it’s the stranger down the street hiding in the bushes. It’s not. It’s Uncle Bobby! It’s the pastor!

Bradley simply did not fit the image of a heinous, scary stranger who hurts young children. As a result, Bradley’s voice was privileged over those in subordinated social positions (such as nurses and victims’ parents) which, over time, legitimated his privilege.
As stated previously, the Bradley case is complicated by numerous power differentials between and among the different actors involved in the case, including his child victims, their parents/guardians, the professionals involved in the case, and Bradley himself. While this will be further explored in the following chapter, it is also important to note that the Bradley case is further obscured by issues of gender, race, class, citizenship status, and primary language; many of Bradley’s victims and their caregivers possessed socially marginalized characteristics that also shaped the dismissal of or lack of a timely response to allegations against the former pediatrician.

*Mandatory Reporting of Allegations against Bradley*

Although variation exists among jurisdictions, all states have statutes delineating when suspected child maltreatment, neglect or abuse (subsequently referred to as child maltreatment) should be reported and to whom the reports should be made. Currently, 48 states and the District of Columbia require that specific professionals who, as a function of their jobs, have regular contact with children are obligated by law to report child maltreatment and abuse to child protective service agencies or other applicable authorities for investigation (Child Welfare Information Gateway 2014). These professionals include educational staff, health-care workers, mental health professionals, child care providers, and law enforcement. Moreover, approximately 18 states, including Delaware, require any person who suspects child maltreatment, independent of professional affiliation, to report suspicions of abuse (Child Welfare Information Gateway 2014).

Given the institutional responsibility of professionals to report suspicions of child maltreatment (Child Welfare Information Gateway 2014), the early responses to allegations against Bradley as occurring exclusively within a medical context is
notable; again, almost a decade passed before the allegations were communicated to
criminal justice professionals. Research has established that child maltreatment is
consistently underreported by mandatory reporters due to numerous factors, such as
professionals’ discretionary judgements about the seriousness of the abuse, failure or
inability to recognize the signs and symptoms of abuse, misunderstanding of or
unfamiliarity with reporting laws and procedures, and the fear of negative
consequences of reporting, such as the possibility of becoming involved in court
proceedings (Alvarez, Kenny, Donohue, and Carpin 2004; Ashton 1999; Deisz,
Doueck, George, and Levine 1996; Feng, Chen, Fetzer, Feng, and Lin 2012; Foreman
However, the current study sheds light on another reason why child maltreatment is
underreported by mandatory reporters within the medical field, specifically: the
professional privilege physicians are given in our society.

As a result of the medical administrators’ failure to trust early allegations made
by nurses and their subsequent determination that Bradley had not engaged in
improper or illegal behaviors, hospital administrators did not report the incidents to
state authorities presumably because the allegations of wrongdoing against the former
pediatrician were, in their estimate, unsubstantiated, rendering any legal obligation to
report the claims unnecessary. The internal handling of early allegations against
Bradley by hospital administrators becomes particularly salient in understanding why
mandatory child sexual abuse reporting laws were not mobilized by professionals in
response to early allegations of abuse by the former pediatrician.
**Professional risk of reporting**

While many of the professionals in the current study were hesitant to criticize the decisions made by medical professionals regarding the ways in which the early allegations were handled, they nonetheless believed that the allegations that were reported to medical officials against Bradley should have been reported to the appropriate authorities outside of the medical context. However, professional norms shape how mandatory reporting laws are mobilized in practice. Illuminating the norms of the medical profession, broadly, are essential to understanding the lack of reporting outside of the medical profession that occurred early in the Bradley case.

Several of the participants recognized that possessing power comes with it a significant degree of professional responsibility and risk. Louisa discussed that the higher status one has, the more responsibility and risk coincide with making significant organizational decisions regarding the criminal justice profession, specifically. She stated:

> I like to bring everybody to the table when we have a case that’s under consideration to get everybody’s viewpoint. But I understand, ultimately, the person who’s in charge will make the decision because ultimately, it will be my responsibility if it fails. So, if I decide today [that] no, we’re not going to relocate that victim, and she gets killed, then it will be my decision. And I should be the person responsible if I’ve made the decision.

Similarly, Allen discussed his responsibility as the head of his legal office and asserted, “somebody’s got to be responsible. Sometimes I really didn’t like it but somebody’s got to [do it]”. Thus, an intricate link exists between professional responsibility, risk, and power in terms of decision-making within organizations, generally, including decisions not to report.

It appears that the process of reporting allegations of child maltreatment to the appropriate authorities is straightforward. However, a certain degree of risk exists
when medical professionals report suspicions of wrongdoing against colleagues. The following statement by James illustrates this point:

[Medical professionals] have to evaluate what’s in it for them; what the harm is to them [if they report]. And these people that are involved in this case all had lots to lose. They’re rich doctors, they’re hospital administrators. They are people who have something to lose and, more to the point, they have a lot to preserve.

James believes that hospital officials did not report allegations made against Bradley by the hospital's nursing staff to avoid risking their own jobs and status as physicians. One potential consequence for medical officials reporting claims of child maltreatment is potential litigation if the allegations are unfounded. According to Beverly:

The main source of not being a whistleblower in the healthcare community is concern for civil litigation, retaliation for false allegations, and the fact that if you blew a whistle on someone and then there was inadequate evidence in order to found your concern then that person could potentially bring civil liability against you for defamation of character which could cause you, ultimately, to lose and that could ruin a person’s career.

Several other participants corroborated this finding and stated that medical professionals were scared of being sued by Bradley for inquiry about complaints against him. The following dialogue between myself and Violet that resulted from probing her on earlier comments further demonstrates this point. In discussing why medical professionals failed to report early allegations to authorities outside of the medical context, she claims:

Violet: ‘Cause they were afraid of him.
Interviewer: They were afraid of getting sued?
Violet: Yeah!
Two victim service professionals asserted that, at one point, hospital officials did question Bradley about the allegations against him and, as a result, Bradley threatened to sue the hospital. According to Meredith:

The one time there was a formal response, which was from [the local hospital], Bradley said ‘oh, I’m gonna sue’. And he had such an excellent camouflage persona in terms of being meek and mild and wonderful and the pediatrician that other doctors would even bring their children to ‘cause he was so gentle and caring. So the system, certainly, benefits from any and all scrutiny to implement ways and keep other things from supporting that kind of ‘something ain’t right, but I’m not going to do anything’ response.

Thus, several of the participants acknowledged that medical professionals “don’t want to get entangled in the legalities [of reporting]” (Meredith, victim service professional) and, as a result, often determine that the risk of reporting is not worth the potential liability of doing so.

While mandated reporters who make unsubstantiated reports of child maltreatment in good faith are protected from legal liability (Child Welfare Information Gateway 2012; Kenny 2001), as the current study shows, many are fearful of legal retaliation by colleagues for reporting unsubstantiated allegations. The idea of weighing the risks and benefits of reporting suspicions of child abuse and maltreatment, even though mandated by law, is well-documented in existing literature. Research suggests that the costs of reporting often outweigh the benefits for the state, professionals, families, and children (Hutchison 1993). Hutchison (1993) argues that professionals, specifically, often fail to report suspicions of child maltreatment because of the fear of becoming involved in subsequent legal proceedings and the possible legal liabilities that may result if the allegations are not validated. By failing to report allegations against Bradley, hospital officials were perpetuating the cultural status and privilege of their profession.
For medical professionals, the risk of reporting allegations against Bradley was not worth the potential threat to their own professional careers and the potential legal ramifications that reporting could have ensued. If medical personnel followed through with reporting, they risked jeopardizing their own careers because of potential civil litigation when they only had suspicions that Bradley was engaging in inappropriate behaviors with patients; no physical evidence corroborated the claims.

In addition to risks to the physicians' own careers, reporting Bradley could also have resulted in tarnishing the name of a colleague with whom they were professionally associated, whether or not the allegations were found to be true. Phillip, a victim service professional, states:

If you have professionals who see patients and you suspect something, it’s a bother in the back of your mind but you just don’t have any hardcore evidence [to prove it]. It’s just like an inkling of a thought. You think ‘well I don’t wanna ruin somebody’s career over a thought that I have that probably isn’t accurate. It’s probably just my own imagination’. 'Cause not only can you ruin someone’s career, but you can also ruin your relationship with them if it turns out to be totally untrue. In some cases, you can ruin your own reputation 'cause you’re seen as the bad guy kind of overreacting in a situation. So I think, generally, the doctors that knew him and worked with him had no idea that he was doing what he was doing but thought he was strange. And they weren’t going to report somebody for being strange and then risk ruining someone’s career.

Thinking a fellow doctor is "strange" but then going the next step to report allegations of child maltreatment poses potential risks to professionals/ own career as well as their colleagues.

Several professionals expressed that solidarity exists among physicians that can manifest through disavowing potential threats to the occupation as a whole.

According to Patrick:
I think it’s also ‘look. He’s a doctor. I’m a doctor. I’m not going to cast aspersions on somebody else in my own profession’. I think there was some of that. Just like people think you there’s a blue line where police don’t go after other police. To some extent, the medical profession covers for its own. And, I think, a little bit of that happened here.

Similarly, James asserted, “the Medical Review Board just completely tossed [the accusations] off, because they were in the business of preserving doctors. Any time you have the chickens guarding the chickens, you’re only gonna find out that the fox was wrong.” But criminal justice professionals were not the only ones to express this point. Meredith concurs: “[Medicine is] a closed society. They really do watch out for each other; they are a sect - a group that, unlike so many other professions, has an internal rescue squad”. As Patrick stated above, this type of inter-professional protection also exists among police officers and is often referred to as the “blue code of silence”. Because of their unique professional environments and conditions, loyalty and solidarity among police officers are essential and are deep-rooted aspects of police culture (Skolnick 2011). As a result, the “blue code of silence” often influences the likelihood of whistleblowing within the policing profession (Skolnick 2000; Johnson 2005; Weisburd, Greenspan, Hamilton, Williams, and Bryant 2000; Westmarland 2005). Based on the current data, a similar code of silence may exist among high-status medical professionals, including hospital administrators and doctors.

As this chapter demonstrates, a circular relationship exists between the norms of the medical profession and reporting behavior. Specifically, the professional culture of and norms within the medical field reinforce the practice of non-reporting in the name of professional preservation. Like NASA’s engineers (Vaughan 1996), the decision of medical officials not to report allegations of child abuse against Bradley to authorities outside of the medical context was an “acceptable risk” given the culture of
professional preservation that exists within the medical field. Within this context, non-reporting is normalized and is an accepted part of the medical culture.

**Structural Secrecy, Professional Hierarchies, and the Role of Inter-Organizational Collaborations**

For Vaughan (1996), structural secrecy within NASA played an important role in normalization of deviance the 1986 *Challenger* explosion. Consistent with Weber’s (1922/1971) ideal-type of bureaucracy - which is characterized by being oriented around specific goals, efficiency, a hierarchical division of labor, impersonal rules, and specialized roles - she defines structural secrecy as structural aspects of organizations - such as vertical hierarchies, a division of labor, and the specialization of tasks - that shape how and what information is communicated within an organization and how that information is interpreted by organizational members. Within NASA, the severity of the O-rings’ defects were not effectively communicated to management levels and, as a result, they were often unaware of the specific technical issues that existed with the mechanism’s design. I argue that a similar phenomenon occurred in the Bradley case.

A few victim service professionals acknowledged that several children whom they were providing clinical care for prior to Bradley’s arrest were eventually identified as victims of Bradley (but not until after Bradley was apprehended by law enforcement officials and the prosecution commenced). While the practitioners suspected that the children were victims of abuse, no indications surfaced naming Bradley as the perpetrator. According to Jillian, “prior to [Bradley’s arrest], we already had a number of clients that [we] were serving that were Bradley’s victims. And we discovered that after the whole story broke”. I probed Jillian and asked “so the
clients you had before Bradley’s arrest that were patients of Bradley, they were here because of other issues that didn’t have anything to do with Bradley?”. She responded:

Well, some of them did. I mean, there were behavioral problems, acting out issues. There was actually one family where there was definite suspicion that [the child] was being sexually abused given her behaviors and a lot of red flags. At one point she said her father [sexually abused her]. That was investigated and found to be unfounded. And then she was on tape [as one of Bradley’s victims]; she and her sister. So, [Bradley’s victims] were in treatment already for other issues; a lot of behavior problems.

She continued to say:

And they had other issues as well. So they may have been autistic or had ADHD. But we didn’t know at that time [that they were abused by Bradley] until they were identified [on the videotapes].

When I asked her if any red flags existed that pointed specifically to Bradley as the potential perpetrator, she replied “not at Bradley. Uh, huh”. It is important to note that children with developmental delays would have been less likely than children without these disabilities to disclose the abuse or, if they did disclose, their claims would have been questioned due to their other co-existing vulnerabilities. Even so, if the early allegations against the former pediatrician had been communicated to authorities outside of the medical context, the abuse of children by Bradley may have been recognized earlier.

Much of the information that is known and publicized about early allegations against Bradley portrayed only medical officials as recipients of suspicions. However, one victim service professional in the current study was also aware of an allegation against Bradley before any formal legal action was taken against him. This was the allegation by Jane Doe #1 which will subsequently be discussed in more detail. As a result of the allegation by Jane Doe #1, this professional – along with the victim and
her parents - reported the allegations to professionals outside of a medical context, which aided in Bradley’s arrest and conviction.

In addition, recall that other victim service professionals were treating children who presented symptoms of being abused but were only identified as Bradley’s victims after his arrest. However, these suspicions or knowledge were not communicated to other professionals. If professionals from different professional contexts routinely collaborated then a possible increase of child patients presenting symptoms of abuse could have raised suspicions and spurred investigations. Certainly, community service providers and other mental health practitioners do not routinely report information obtained by patients to protect their confidentiality. This is similar to structural secrecy that Fox and Harding (2005) contend contribute to shootings in American public schools; while schools protect the privacy of students by not sharing their private information, this type of structural secrecy led to the loss of important information regarding the school shooters. However, another reason victim service professionals did not report their clinical knowledge to other professionals, at least in part, is because they were constrained by inter-organizational hierarchies that exist among professionals that rendered her voice virtually silent. Thus, in terms of organizational deviance, instead of a hierarchical loss of information within a single organization, information regarding suspicions of abuse by various victim service professionals - which could have been used to corroborate the allegations received by hospital administrators - was not communicated to medical professionals as a result of inter-organizational hierarchies.

On the whole, the professionals in the current study recognized that professions are unequally ranked. This recognition was the most pronounced by victim service workers, which is not unexpected given that power and privilege within
society tend to be invisible to those who possess them. This relational hierarchy also has implications for relationships and collaborations between organizations.

Many participants acknowledged the importance of inter-organizational collaborations in their jobs. Gloria, a victim service professional, states, “that’s a big key to being successful; you have to have that collaboration with other agencies”. However, they also noted specific challenges that exist in inter-organizational collaborations including 1) negotiating different, often competing, professional goals; and 2) the enormous amount of time and effort it takes to collaborate. Importantly, participants faced the challenge of collaborating with other professionals while negotiating inter-organizational hierarchies.

According to Linda, in her experience as a victim service professional, despite being an expert, doctors and attorneys are often unwilling to listen to her professional advice, particularly if they have no established relationship. She states, “doctors [are] not certain that any kind of input from me is worth listening to, if they haven’t met me. Attorneys [are] the same way”. She provides a possible explanation for why this may be. Specifically, she states that doctors and attorneys often view therapists as “not as professional or maybe not having a level of expertise to really contribute”.

Similar to Linda, other victim service professionals asserted that doctors and attorneys often view victim service professionals as less skillful and authoritative than themselves. In discussing her work with criminal justice professionals specifically, Meredith states, “I’m well aware that law enforcement8 looks at counselors and therapists as tootsie-capootsie little fairy-dairy crazies”. When asked why she thought criminal justice professionals possess these beliefs, she replied:

8Meredith uses the term ‘law enforcement’ to refer to criminal justice professionals broadly.
The social sciences are a soft science. And, I think that, overall, those of us who work within the field are very comfortable working [in what] I call shades of gray. Whereas law enforcement in both the investigative arm, police and prosecutors think very clearly in black-and-white. They’re very linear and it is more in terms of absolutes: it is right or it is wrong. So there is the potential for conflict [or] disagreement.

Meredith’s assertion suggests that criminal justice professions are viewed as masculine because they use concrete evidence in investigating criminal behavior, as opposed to social sciences that work in “shades of gray”. Not surprisingly, the latter occupations are comprised mostly of female professionals. The same gendered characterization can be made for medical professionals, particularly doctors; as a “hard” science, the medical field is culturally valued and perceived as superior due to its association with masculine characteristics in our society (Epstein, Seron, Oglensky, and Saute 1999).

Rochelle, a victim service professional, expressed that she does not often collaborate with criminal justice professionals because their perspectives on working with community members are more analytical, and less sensitive to handling the needs of clients. Even though many victim service professions require degrees and advanced training, attorneys and doctors are granted expert status that is elevated in importance over the work of the victim service professionals because the former are “masculine” jobs that are perceived as being more technical and precise (Abbott 1988).

Victim service professionals who work within a criminal justice context face the same challenges as those who work outside the legal environment. Kathleen discussed the hierarchy that exists between legal officials and victim service professionals. She expresses that the victim service division is an ancillary service within the larger criminal justice organization and because of this, is viewed as secondary in importance to the legal component. She asserts that there is “certainly a
hierarchy. The mission of the office is about prosecuting cases, not about making people feel good”. Kathleen’s assertion that a hierarchical relationship exists among diverse jobs within the criminal justice organizations for which she works is consistent with research on the gendered nature of the legal profession (Miller 1999; Pierce 1995). Pierce (1995) found that the work performed within law firms is gendered and, consequently, is hierarchically ranked in a way that positions male attorneys as superior and female paralegals as subordinate. Miller’s (1999) research on policing makes a similar conclusion. Specifically, she found that traditional policing – conceptualized as primarily combatting crime – rejects characteristics and skills associated with femininity, which are the very skills necessary to effective community policing. However, because of the gendered nature of police work, community policing, which relies heavily on skills and attributes associated with femininity, is relegated to the margins of police work and is viewed as subordinate to traditional policing. Consequently, not only do occupational hierarchies exist among diverse occupations, but also within specific organizations.

Socio-legal research suggests that barriers exist for victims to make claims against victimization or wrongdoing (Bumiller 1988; Felstiner et al. 1980; Hoffmann 2003; Miller and Sarat 1980; Nielsen 2000). However, as the current study illustrates, barriers also exist for certain professionals, particularly those in subordinated occupations, to make effective claims for the clients they serve. On the whole, victim service work is less valued than legal (and medical) work and falls on the bottom of the inter-organizational hierarchy below both medicine and law. As a result, similar to nurses within a medical context, the perspectives and opinions of victim service professionals are often dismissed in favor of more dominant voices in higher status occupations.
Several participants also discussed the extent to which professionals in diverse occupations are trained to collaborate with others. According to Miles, “therapists in general think of systems and so we’re trained to think about ‘how does this part fit with that?’ We’re not really trained to be [isolated]”. But, this is often not true for medical and criminal justice professionals. According to Kathleen, “attorneys, as a class, aren’t very good at collaborating. They’re trained to think as individuals and to work as individuals. So when they get out in the big world and they have to learn how to work in a team it can be very difficult for them.” Similarly, Linda asserted that, “I think there are some people that come through law school and medical school and they go places where they’re encouraged to have an integrative collaborative approach. But there are others that aren’t”. On the whole, attorneys and doctors are trained to work exclusively within their own discipline, which is a barrier to successful professional collaborations.

To this end, diverse institutions, organizations, and professions work within separate silos; in other words, disparate professions possess different, often opposing, goals, operations, practices, and relationships in relation to others. Professionals work within specific institutional contexts that are shaped by cultural ideas of gender and social class and operate in ways that often silence the voices of marginalized groups, in this case, victim service professionals. Because of this, opportunities for potentially meaningful collaborations are missed, leading to a lack of information with which to construct a more complete picture of injustices in our society. Consequently, a growing reliance on medical, and also criminal justice, professionals renders the voices of professionals within subordinate occupations invisible.

In addition, structural secrecy existed that led to the loss of information that could have been used to corroborate the early allegations against Bradley made to
medical officials by nurses to provide a more complete picture of potential abuse that occurred. In essence, the unequal hierarchical relationships between professionals within medical and victim service organizations obstructed the communication of potentially important information by victim service professionals.

Jane Doe #1: Credibility and the emergence of the legal case

Even though allegations against Bradley surfaced as early as 1996 in Delaware, the claims were not brought to the attention of criminal justice professionals until 2005 by the parents of one of Bradley’s child patients (Ammons 2010). In addition, a separate investigation was opened by another law enforcement agency in 2008. Nonetheless, in both cases, it was concluded that there was not enough evidence to substantiate the claims and bring criminal charges against Bradley. According to William:

The allegations against Bradley in ’05 or ’06 were things that raised suspicions but, the problem is that, because he was a pediatrician, he obviously had greater license to touch children than might otherwise be the case. So, the allegations were strange but were not even clearly criminal and it wasn’t clear that they were true. So, the prosecution went nowhere at that time. Now, obviously, we didn’t know about the other things in Bradley’s background (i.e. early allegations) that were, at that time, in the confidential purview of the [local hospital].

Ultimately, these claims to criminal justice officials were not viewed as being inappropriate because they occurred within the context of a medical examination in which Bradley was professionally allowed to touch babies and young children. After presenting the evidence in both cases to criminal justice officials, it was concluded that there was not enough evidence to move forward with the investigations and prosecute Bradley; thus, both investigations were closed, failing to lead to any meaningful legal action despite some effort by state law enforcement officials.
According to the Ammons (2010) report, the case came to a standstill until later the following year when complaints emerged from another one of Bradley’s child patients. However, an important aspect of the case that was not revealed in the Ammons (2010) report – but I uncovered in my interviews – identifies this victim and what shaped the treatment of her complaints as they emerged as significant within a criminal justice context. The transcript of Bradley’s criminal trial (State of Delaware v. Bradley 2011) refers to the child who “broke the case” as Jane Doe #1; the professionals in the current study provide descriptions of this child and how her claims came to be viewed as credible within a criminal justice context. According to Allen, “this child complained in the case after leaving the doctor’s office. And so they went to the police. And that’s what broke [the case]”. The social characteristics of the other victims who made allegations against Bradley will be explored further in the next chapter.

According to the interviews I conducted, there were four primary reasons why the allegations made by Jane Doe #1 were different from previous allegations: 1) the allegations by the child were clear and consistent; 2) the allegations established criminal behavior on the part of Bradley, above-and-beyond simply being strange or creepy; 3) this particular victim was socially advantaged with regards to the social characteristics of her and her family; and, 4) a victim service professional advocated on behalf of the victim and elevated her claim as credible within a criminal justice context. The latter two reasons why Jane Doe #1’s claims were viewed as credible are particularly important to the current discussion. According to Miles, “the community had to wait until there was a believable enough witness to begin some process”.

Jane Doe #1 was described as a blonde haired, blue-eyed, middle-class, Caucasian two year old whose family had significant personal and professional
connections throughout the state. Meredith understood that the prominence of Jane Doe #1’s family were facilitated bringing the allegations to the attention of criminal justice professionals. She stated:

> Well, the parents had called, I don’t know who. I think they called the police only because they’re local folks who have connections. They would be less likely to pick up the phone and just call DFS than they would be to call Captain So-and-so with the State Police or the head of their town cops, [as opposed to] just say ‘hey, Fred…’.”

Supplemental sources also confirm that Jane Doe #1’s mother reported the claims against Bradley to a retired member of the Delaware State Police who subsequently alerted law enforcement officials of the allegations (State of Delaware v. Bradley 2011a). Similarly, recall that in Chapter 3, in extending his earlier assertion, Allen stated that the child whose allegations led to Bradley’s conviction was a family member of a criminal justice professional within the state. When asked to discuss this further, he was reluctant. He stated, “well, let’s not do that. [The professional] is a contemporary of mine. But that’s the case that resulted in [Bradley] getting arrested”.

The participants in the current study noted the various vulnerabilities that Bradley’s child patients and/or their caregivers possessed and the extent to which Bradley exploited their vulnerabilities to gain virtually unfettered access to his victims. By constructing Jane Doe #1 as credible in relation to the other victims who previously attempted to make claims against Bradley, the professionals who heard these claims finally acted. Jane Doe #1 was viewed as a 'real' victim, reinforcing the cultural image of a victim who is young, white, and middle-class, whose family had the cultural, social, and economic capital to make their voices heard. She was a believable victim because of social characteristics and capital that she and her parents possess. Underprivileged parents who lack these advantages may not have the time
and resources to make claims of victimization to authorities who would listen, may not fully understand their rights, and may easily be intimidated or have their claims dismissed by authority figures (such as Bradley or the police). As a result, guardians from socially marginalized statuses are less likely to serve as effective advocates for their children, as demonstrated by how their voices and their victimization claims were ignored or suppressed for a period of years.

In addition, to Jane Doe #1’s family’s social and professional connections, her parents were also able to seek help from victim service professionals who assisted in making sure that their complaints against Bradley were both voiced and heard. Aubrey, one of the victim service professionals interviewed, works for an organization to which the child was initially referred by an agency (that works in partnership with both child victims and criminal justice professionals) after she provided, what they believed to be, credible and consistent allegations from the child. She stated, “[my organization was] treating the client that turned out to be the most credible witness to make the whole thing go forward” prior to Bradley’s arrest. She continued to say:

Apparently [the referral agency] had been seeing a lot of little kids who had been alleging things [against Bradley]. But, what was pretty typical of a young child is that they recant [their statements]. And do they recant on purpose because they’re lying? No. It’s just natural for a child each time they tell the story to morph the story a little bit and has a lot to do with who they’re talking to and wanting to please whoever is examining them. But this little two and a half year old was not only consistent with her story, she started telling it and she didn’t stop telling it. And she told and she told and she told until someone listened to her. [So] she was quite credible. But she was the first credible witness going forward with the [referral agency]. So [they] had been listening to the other kids but they didn’t really have anything that was credible moving forward.
After the child divulged additional information to the therapist, Aubrey asserted that the practitioner who worked with the victim “provided support to the family” and communicated the supplementary information to the referral agency.

Several of the participants asserted that working with therapeutic and counseling professionals is often inaccessible to people lower socioeconomic status because, for them, therapy and counseling are often viewed as luxuries that become secondary in importance to necessities such as shelter and food. Celeste, a community therapist, discussed therapy as a luxury in the context of lower income communities. Specifically, she asserted that many people do not follow through with long-term counseling because they have more immediate needs to attend to. When discussing the families she worked with for therapeutic treatment after Bradley’s arrest, she states, “the people that were lower income didn’t follow through. [They] maybe came to one appointment if they came to one”. When asked why she thought this was she replied,

Well, the one woman I’m thinking about, transportation was an issue. I think life was more chaotic [for them]. You know, therapy can sometimes be a luxury in the scheme of ‘I don’t have enough money to or I barely have enough money to feed my family or pay my rent’.

Therefore, people in lower socioeconomic groups are less likely than those in higher socioeconomic groups come in contact with victim service professionals who may be able to advocate on their behalf or assist when victimization has occurred. Even though non-profit organizations often make concerted efforts to ensure that the needs of low income clients are met, such as accepting Medicaid or providing services through grant funding, often times community members view therapeutic interventions as an indulgence, particularly when more immediate needs are unfulfilled. As a result, the assistance of victim service professionals is often unavailable to certain socio-demographic groups, increasing the likelihood that their
victimization will go unrecognized. As a result, Jane Doe #1 and her parents were privileged in having their claims heard because of their social position; they were a middle-class family who had substantial personal and professional connections with professionals who they could communicate their allegations and who provided ongoing support to both the little girl and her family which allowed their claims to be heard and acknowledged. But, presumably, the victim service professional was empowered to come forward because the case had already been initiated by an outside agency that regularly partners with criminal justice agencies; she did not make the initial allegations herself and the child’s credibility had already been established by professionals within the referral agency.

Consistent with Vaughan’s (1996) analysis, structural secrecy existed in the Bradley case that influenced the types of information communicated, the ways information is communicated, and how information is interpreted by professionals. Without the support of the therapist who advocated on her behalf, Jane Doe #1’s voice may not have been taken seriously. Similarly, without the formal reporting of the case by other professionals, the therapist’s voice may have also been silenced. Due to ineffective or absent communication, professionals involved in the Bradley case were often unaware of information that could have been useful in bringing to light the full extent of the abuse prior to 2009.

**Conclusion**

In this chapter, I argue that ignoring or trivializing early allegations against Bradley known to medical officials are an example of organizational deviance. The ongoing abuse by the former pediatrician occurred within an institutional context in which certain voices are valued over others; the perspectives of nurses who worked
with Bradley and victim service providers were subordinated at the expense of more
dominant professional voices, thus rendering their claims silent and perpetuating the
idea that Bradley was innocent. According to Meredith, “it was the fragmentation of
the investigation prior, plus the individual players and their own biases and practices
and a lot of child cases just were not thoroughly investigated [and] followed-up on”.

The decisions made by medical professionals to internally manage the early
allegations against Bradley were based on a structural and cultural context in which
the decision did not seem overtly dangerous; in their estimate, little risk existed that
Bradley was abusing his patients since hard proof had not surfaced. The small risk that
did exist illustrates the gendered nature of occupations; deciding not to fully
investigate the risk raised by nurses and parents was outweighed by both the higher
status, respect, and prestige afforded the former pediatrician and the potential
professional risks individual medical officials could face if they reported suspicions
against Bradley.

In addition, the information known to medical professionals regarding
inappropriate actions by Bradley was incomplete and could have been supplemented
by clinical information known to victim service professionals; however, significant
communication of this information was precluded by inter-organizational hierarchies
that unequally position professionals relative to one another until a therapist advocated
on behalf of the victim who “broke the case”. Thus, the tendency of professionals to
work in separate silos influenced the medical professionals’ ability to objectively and
thoroughly evaluate the information they had about potential abuse by Bradley and
prevented them from fully realizing the victimization that was occurring. To this end,
the ongoing victimization by Bradley was an unintended consequence of the routine,
normative behaviors and decisions that occur within the medical profession, not a
malicious cover-up by medical administrators. Nevertheless, medical officials who were aware of early allegations treaded an ethical line, choosing to err on the side of self-preservation and rendering the claims of Bradley’s victims invisible in relation to their own. The ethical mandate of medical professionals to ‘first do no harm’ was contradicted in their decisions to handle the early allegations internally. Implicit in this directive is that, in some cases, inaction is best course of action when dealing with patients due to the increased risk of acting. However, regarding the Bradley case, inaction on the part of medical professionals led to the continued abuse of hundreds of young children and, ultimately, only protected the status and profession of medical officials themselves.

In the next chapter, I show how power and privilege played out in the Bradley case and ultimately suppressed the articulation of many of the victims’ claims. Thus, a number of conditions and situations positioned the victims as voiceless and prevented effective legal action.
Chapter 5

POWER, PRIVILEGE, AND THE SUPPRESSION OF VICTIMS’ CLAIMS

The Bradley case is complicated by power and status differentials between Bradley, his victims, and the professionals involved in the case. Of notable importance is that Bradley’s victims were, on the whole, socially marginalized due to their race, gender, social class, ethnicity, language, and/or citizenship statuses. This chapter demonstrates how the social position of Bradley’s victims shaped the likelihood that their claims of abuse against the former pediatrician were viewed as legitimate and, in turn, how their positions affected their ability to successfully leverage the criminal justice system for help.

The first section presents the social characteristics of Bradley and his young victims and discusses the power imbalances that complicate this case. Illuminating and analyzing the social characteristics of Bradley and his victims is important in understanding the strategic selection and cultivation Bradley used to target the victims and their caregivers. While this section focuses on the individual level demographic characteristics of Bradley and his victims, these differences speak to larger issues of structural inequalities in our society that facilitate child sexual abuse by offenders who possess interpersonal and institutional power over their victims. As such, the second section illustrates how stereotypical depictions of victims and offenders in our society perpetuate social inequalities that advantage certain groups over others. Ultimately, several circumstances created a situation in which Bradley’s victims were either voiceless or dismissed. Thus, this chapter reveals
the various interpersonal and institutional levels at which power and privilege functioned to disadvantage and suppress the claims of Bradley’s victims.

**Power, Privilege, and the Validation of Claims**

*Vulnerability and Victim Claims-Making*

Most of the victims included in Bradley’s criminal trial were identified through the videos obtained by law enforcement from his medical practice showing Bradley engaging in sexual abuse with his patients. A handful of other victims were identified through self-disclosures to various professionals. However, the actual number of victims far exceeds the number reported; supplemental sources reveal that over 900 claims have been made by victims for civil compensation due to child sexual abuse they experienced (Duncan 2012; Doe v. Bradley 2012; Parra 2012).

Although aggregate data that outlines specific information on the social characteristics of Bradley’s victims have not been made public, various sources of data paint a general picture of the demographics of the victims who were identified, including information on age, verbal ability, gender, race/ethnicity, language, immigration status, and socioeconomic class. On the whole, most of Bradley’s victims were the ones who were the least able to mobilize the criminal justice system for help because they were, in some way, vulnerable based on their social characteristics. I will show that, as a result of their social, economic, and cultural vulnerabilities, the voices of these victims and their families were suppressed, allowing for Bradley to abuse young patients for years.

Professionals working with the victims described the diversity of victims’ social characteristics existed, spanning racial, ethnic, and socioeconomic boundaries.
However, several characteristics did emerge as notable. The professionals interviewed noted specific vulnerabilities of Bradley’s child patients and/or their caregivers and how Bradley was able to exploit these vulnerabilities to gain virtually unfettered access to his victims. On the whole, Bradley’s victims were exceptionally young; most of the victims were under three years old at the time of the abuse and some were as young as three months of age (State of Delaware v. Bradley 2011). According to Allen, a criminal justice professional, “[the] youngest was about 3 months. Oldest, as I recall, was about 14. …the vast majority were [very] young. And the assumption always was that…they would have no memory. So…they were a better victim from his standpoint.” They were “better” victims because their young ages posed a barrier to their reporting victimization or experiences of Bradley’s abuse. As William, a criminal justice professional, stated “the victims’ marginal status was their age.”

In our society, children are viewed as vulnerable and needing the protection and guidance of adults. Lansdown (2010) notes that children are intrinsically vulnerable for two reasons: first, they are physically under-developed and weak and, second, they have a general lack of experience and knowledge about the world of which they are a part. As a result of this dependency, inherently unequal power relations exist between adults and children and, as such the case, between Bradley and his young victims. In this context, the children were virtually powerless against Bradley and were unable to understand, communicate about, and stop the horrendous acts of violence perpetrated against them.

Professionals from criminal justice, medical, and victim service organizations believe that Bradley selected very young children because they could not verbally report the violence they experienced. Two victim service professionals also asserted that some of Bradley’s victims had developmental disabilities which further
compromised their ability to communicate effectively. In speaking about Bradley’s victims with disabilities, Phillip, a victim service professional, stated:

Either consciously or subconsciously he chose them as victims, ‘cause he kind of knew that they wouldn’t be able to tell or that if they did say anything to anyone that it would be misconstrued or misunderstood or they wouldn’t be able to identify him. I mean, that probably played a factor in his choices [of victims] and also in the fact that it often went on for years undetected.

Thus, as Kathleen, another victim service professional who works within a criminal justice organization, states, Bradley “perpetrated crimes against children who were voiceless.” Similarly, William asserted that, “a child can’t report a crime until he or she can speak and speak with precision and a vocabulary sufficient to alert a caregiver that something awful has happened”. Therefore, barriers clearly existed that prevented victims from making claims of victimization against Bradley.

Besides age, another notable characteristic of Bradley’s victims was their gender. Most of the child victims were female; according to a news report, of the 103 victims identified based on the video evidence, 102 were female (CNN Wire Staff 2010). In addition, while Bradley’s victims spanned diverse socioeconomic groups – from children of working class families to those of judges and doctors - he explicitly targeted parents with fewer resources or authority and “was very careful about choosing the parents that were lower SES [socioeconomic status]” (Linda, a victim service professional). According to Cadence, another victim service professional, “a lot of [Bradley’s patients] had Medicaid”. Patrick, a criminal justice professional, described why low-income parents often took their children to Bradley for medical services:

If [your] Medicaid ran out, you went to Earl Bradley. He would find a way to get you in. And that’s part of the manipulation. [The parents would] say ‘well how much are you gonna charge me?’ [Bradley would
respond] ‘Oh, we’ll just deal with that later’. They were grateful for that. And because they were so grateful, they didn’t ask questions. So he knew that he could get to them and they weren’t gonna ask questions.

Kathleen provided further information:

[Bradley] didn’t have an on-call service; you had his personal cell phone. And, so, when you called his cell phone at three o’clock in the morning because you were thinking you needed to take your child into an Emergency Room and you needed his referral to get there, he would say ‘hey, listen. I know that you’re struggling financially. It’s gonna cost you $100 in the Emergency Room. I’ll meet you in my office in fifteen minutes’.

Thus, in many cases, the guardians of Bradley’s victims often did not question the doctor’s advice, judgment, or treatments because they were financially dependent on him for medical care and were impressed by his willingness to make extraordinary efforts in accommodating them and caring for their children.

In addition, a relatively large number of Bradley’s victims came from Spanish speaking families, many of whom were undocumented. This is noteworthy given that most of the population in Sussex County is white, with Hispanics or Latinos only comprising about 9% of the population (U.S. Census Bureau 2014). Several criminal justice and victim service professionals acknowledged that the Hispanic population was particularly vulnerable to criminal victimization in the community, generally. Sage, a Latina victim service professional, discussed the increased risk of victimization that Hispanic immigrants face. She asserted:

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9The term ‘Hispanic’ is used throughout this dissertation because it is commonly used to refer to individuals who speak Spanish.

10In the interview, Sage self-identified as Latina.
they would come to [the community agency] for a specific service – let’s say transportation or they need a doctor or whatever it may be – and maybe 8 out of 10 were victims of one way or the other. You know, mugged because they got paid, they don’t bank, they had their money in their pocket and they got mugged on their way home after going to the cash service agencies.

Not only were Hispanic immigrants in the area subject to victimization in the community at-large, but they also constituted a relatively large percentage of Bradley’s victims. Grace, a victim service professional, has been employed by several organizations in Delaware that work to address the needs of the Hispanic immigrant population, spanning before and after Bradley’s arrest. She explained that Bradley's practice included a relatively large number of Hispanic patients because of Bradley’s willingness to provide them with medical treatment regardless whether or not they had medical insurance. As a result, families in the area referred Bradley to others through word-of-mouth as a provider who would accommodate families independent of their ability to pay. She stated:

I know that somehow [Bradley] got ‘in’ with that community because I remember some of my clients saying [they were referred to him through] word-of-mouth. Or, ‘I heard my cousin goes there, so I started taking my kid there’. You know, that kind of thing.

But professionals who did not work specifically with the local Hispanic community were also aware of Bradley’s relatively large immigrant patient base. Jillian, a victim service professional, asserted that “the migrant worker population was a big population of Dr. Bradley’s. And he knows where to find them. So, he sought that out.” Similarly, according to Hudson, another victim service professional, “I don’t have the racial or ethnic background [of the victims]. Although I do know that there were a significant number of kids who were either Hispanic and/or Spanish speaking.”

Often times, ethnicity and other socio-demographic characteristics combine to create particular types of disadvantage for certain groups. Grace expressed that many
immigrant families in the area are also economically disadvantaged. She states, “a lot of them live more than one family in one very small [home]. Lots of trailer parks, overcrowded, and below poverty level”. Bradley’s medical practice was beneficial for this group, as it was often the only option for obtaining pediatric care for these children due to their economic, language, and sometimes citizenship, vulnerabilities; their caregivers were grateful for this option and, as a result, often did not question Bradley’s actions or medical recommendations.

Immigrant groups often do not report victimization to criminal justice professionals. Several victim advocates discussed the strong respect that immigrant families have for authority figures, especially doctors, which is consistent with literature on cultural values in Hispanic communities (Triandis, Lisansky, Marin, and Betancourt 1984). Sage stated, “It’s a very trusting community, to a certain extent. They trust authority figures like a pastor, a priest, a doctor, an executive. What they say goes. You don’t argue. You don’t question.” While most people in society automatically defer a certain degree of respect and authority to doctors, Hispanic immigrants tend to attribute an exaggerated amount of respect to these professionals, which can lead to reluctance to challenge abuses of power by trusted authority figures.

However, a few victim advocates, most of whom work closely with the Hispanic immigrant population in Delaware, stated that this infinite trust of authority figures, including doctors, does not extend to criminal justice professionals. As Sage stated, “they don’t trust when it comes to police officers because they’re not sure where they’re coming from or if they’re going to take advantage of them.” When I asked her why this was, she expressed that Hispanic immigrants do not trust legal officials because of the fear of being deported due to their undocumented status. She states:
Because if they were victimized, if they were a victim of any type of crime, they could call the police and they would report the crime. Weeks later that same individual, that victim, would somehow be deported, although they’d done nothing wrong. I guess it was wrong that they were here undocumented. But law enforcement shouldn’t play a part in that [immigration enforcement], in my opinion. They should see the person as ’you’re a victim. You reported a crime. Let’s look into that’, rather than, ‘okay, you don’t have a legal status, I’m going to call an ICE [U.S. Immigration and Customs Enforcement] agent’. You know? So that’s why they didn’t trust [criminal justice professionals].

Miles, another victim service professional, echoed this idea: “that was actually a big problem with Bradley. Many of the patients were immigrants that refused to share anything with the police for fear that they would really kind of catch them and deport them.” Immigrants often do not have adequate access to law enforcement resources and/or are hesitant to report crimes to police (Davis and Erez 1998; Davis and Hendricks 2007; Davis, Erez, and Avitabile 2001; Menjivar and Bejarano 2004). Thus, the Hispanic community was increasingly vulnerable to victimization due to their undocumented status, which often prevented them from alerting criminal justice professionals of their victimization experiences, including victimization by Bradley.

Another notable barrier is the lack of Spanish speaking professionals with whom the Hispanic immigrant community members can contact for help. As Grace asserts, “Caucasians are more widely represented in the counseling field, like the helping professions. I know that there aren’t enough Hispanic Spanish speaking [counselors]. [And] we’re working on it”. Similarly, Cassandra, a Hispanic pediatric medical provider, discussed the lack of Spanish speaking physicians in the area, indicating that she was one of only a few who are available to patients.

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11In the interview, Cassandra self-identified as Hispanic.
According to Cadence, many young children of immigrant families speak only Spanish at home because they have not yet learned to communicate in English. She stated, “at that point, they’re not in school yet. They don’t start speaking English until they go to Kindergarten or preschool.” Literature suggests that language barriers impact communication between doctors and patients which, ultimately, shapes the doctor-patient relationship (for example, see Ferguson and Candib 2002) and, undoubtedly, increased the vulnerability of Bradley’s victims and their caregivers.

The barriers noted are consistent with existing research on claims-making regarding the experiences of victims with reporting their victimization. Gleeson (2010) found that undocumented workers are often reluctant to make claims of wrongdoing against them because of an ever-present fear of deportation. Consequently, ethnicity, non-English language, and families’ undocumented status together cumulatively increased the vulnerability of Bradley’s victims by decreasing the likelihood that they would report suspicions to the appropriate authorities.

Overall, the assertion by the professionals interviewed that a great deal of diversity existed in the social characteristics of Bradley’s victims is, at least to some extent, accurate. For the most part, Bradley’s victims varied in terms of their age, verbal ability, gender, race/ethnicity, language, socioeconomic class, and citizenship status. But notable commonalities did exist. The main commonality of the victims is they possessed at least one socially marginalized characteristic and, in many cases, the victims were cumulatively disadvantaged at the intersection of several. Taken together, the social characteristics of Bradley’s victims created axes of vulnerability that systematically and cumulatively suppressed the abuse they faced at the hands of the trusted pediatrician.
For example, consistent with intersectionality theory (Andersen and Collins 2010; Baca Zinn and Thornton Dill 1996; Burgess-Proctor 2006; Collins 2000; Crenshaw 1991), intersecting the gender of Bradley’s victims with their young age creates an axis of vulnerability that, structurally, helps explain the relative powerlessness of some of the young victims. The abuse of children in our society is intricately related to structural power relations shaped by race, class, gender, and age (Kelly and Pringle 2009). According to Taefi (2009), “girls are marginalized within the category of children as female, and within the category of women as minors” (345). Given this understanding, young girls are marginalized by both their gender and age. In our society women and girls are ascribed less power, status, and privilege than men and boys. In the cases where the victims were very young girls, the intersection of gender and age produced a unique axis of vulnerability that aided in the cumulative defenselessness of these victims and their families against the relatively powerful social position Bradley possessed. This cumulative vulnerability also occurred with the victims’ other social characteristics. Thus, the suppression of claims by Bradley’s victims reveals the socially constructed nature of privilege and subordination in our society and is an example of how cultural politics - as “the domain in which meanings are constructed and negotiated, where relations of dominance and subordination are defined and contested” (Jackson 1991: 200) – played out in this case.

Ultimately, the vulnerabilities of many of Bradley’s victims and their families limited their ability to make legitimate allegations of abuse to professionals. The silencing of victims was a combination of their inability to report and not being believed by professionals when they made claims against Bradley. According to Violet, a victim service professional, “I think there were parents who tried to report and, maybe because they didn’t have the physical evidence [or] maybe because these
were people who didn’t know how to make themselves heard, nothing was done”. Thus, not only were Bradley’s victims were unable to report their experiences or suspicions to authorities, but they were also unable to make valid claims to legal authorities based on other relatively vulnerable social characteristics.

The suppression or silencing of victims’ claims is common in institutional child sexual abuse cases because the perpetrators in these cases hold trusted positions within their respective institutions (i.e. priests, doctors, and coaches). In both the Penn State and Catholic Church cases people were aware of the abuse and either covered it up or did not report it to the appropriate authorities. In the Catholic Church cases, specifically, officials who knew of the abuse well before any formal legal action was taken and either did not believe the children’s allegations (Medina and Goodstein 2013) or enacted discreet sanctions, such as simply limited the extent and type of duties the priests held or arranging for them to attend counseling sessions (John Jay College of Criminal Justice 2004: 94). Thus, in the Bradley, Penn State, and Catholic Church cases, the victims’ allegations were suppressed because they did not possess the social authority needed to make their claims valuable.

The Construction of a Legitimate Victim-Status

Research suggests that power imbalances exist among groups of victims and offenders – based on their social characteristics - that are manifested in their unequal treatment within the criminal justice system. Regarding offenders, specifically, Fleury-Steiner (2004) found that jurors in capital cases make decisions regarding the administration of the death penalty based on offenders’ social characteristics in way that maintains existing social inequalities in society.
Research notes similar decision-making processes based on the social characteristics of victims. For example, Frohmann (1991) found that prosecutors often use “ulterior motives” in deciding which cases more forward to formal court hearings which are grounded in normative ideologies about female sexuality. Specifically, these “ulterior motives” assume that the female victims consented to the sexual acts and, for some reason, chose to file a fabricated sexual assault grievance. Correspondingly, Frohmann (1997) found that prosecutor utilize “discordant locales” – which are stereotypical ideas regarding victims based on their race, class, and gender classifications - in assessing sexual assault cases brought forth by victims. In using stereotypes based on victims’ race, class, and gender statuses, prosecutors perpetuate social ideologies and inequalities that advantage certain people over others.

Because power disparities relating to gender, age, social class, ethnicity, language, and citizenship status exist in the Bradley case between the victims and their families whose claims were suppressed and Jane Doe #1 - who elevated the case as legitimate within a criminal justice context - structural power inequalities were created and perpetuated by professionals valuing certain voices over others. As asserted in Chapter 4, privileged voices in the Bradley case – most prominently Bradley’s – continually outweighed the voices of many of the child victims and their families who were socially, culturally, and economically marginalized. The continual suppression of the victims’ allegations against Bradley reified depictions of both the ideal offender and also the ideal victim.

The fragility of the victims’ claims perpetuated the myth that most sexual assaults are committed by strangers, not by trusted community members who hold professional positions. As James, a criminal justice professional, asserts, “doctors don’t do this”. This perception of doctors being benevolent – a glaring contrast to the
cultural perception of sex offenders in our society - is widespread. Denise, a victim service professional, asserted that if the video evidence acquired by police depicting Bradley abusing children was not obtained by legal officials, Bradley’s criminal charges would have probably been reduced to misdemeanor charges. When asked why this was, she stated, “because society would not have believed that a pediatrician could do this to these babies”.

In addition, by elevating the voice of Jane Doe #1 over those of other, more marginalized victims, professionals also constructed an image of who counts as an appropriate victim. Scholars argue that tough-on-crime policies legislated on behalf of specific crime victims – such as Megan’s Law – actually harm victims by creating images of victims as white, middle-class women and children (for example, see Janus 2006; Leon 2011; Schultz 2005; Wood 2005). We also see this in the Bradley case; Jane Doe #1 and her family possessed socially advantageous characteristics that positioned their voices as more persuasive than those of her marginalized counterparts. As a result, the medical and criminal justice professionals who received allegations of abuse or wrongdoing against Bradley had the power to create images of appropriate offenders and victims, albeit unconsciously.

Much like the priests within the Catholic Church and Penn State’s assistant coach, Bradley did not fit the “monster” ideology often believed to be true about sex offenders in our society (Leon 2011). In the same way, many of Bradley’s victims who made claims against the former pediatrician were not treated as a “real” victim, particularly when juxtaposed against the social, economic, and cultural advantages Jane Doe #1 possessed. While specific images of appropriate offenders and victims existed, professionals were unable to directly connect those perceptions to their responses – or lack thereof – to allegations of abuse by Bradley. In essence, the
symbolic representations of appropriate offenders and victims were constructed in ways that are socially, economically, and culturally similar to the professionals themselves, perpetuating the privilege of already advantaged social groups.

**Conclusion**

This chapter illustrates the differences in power and privilege between victims and offenders. The power imbalances that existed in the Bradley case exacerbated the criminal justice response to allegations against the former pediatrician. Most of the victims and their families encountered obstacles to either making claims against Bradley or having their claims acknowledged as legitimate. According to Meredith, a victim service professional, “it’s always silence that causes the most damage”. In the end, the vulnerability of Bradley’s victims shaped their ability to make legitimate claims in different ways, including failing to make claims to criminal justice officials for fear of negative repercussions and not being taken seriously by professionals when allegations were made. Ultimately, several circumstances created a situation in which most of the victims’ claims were dismissed. Thus, this chapter demonstrates the various interpersonal and institutional levels at which power and privilege functioned in the Bradley case to suppress the abuse of children at the hands of a trusted pediatrician.

In the next chapter, I argue that competing claims of *justice* among criminal justice, medical, and victim service professionals problematize the extent to which justice was fully achieved in the Bradley case. While no one person is responsible for the ongoing abuse – besides Bradley himself – professional norms shape the extent to which claims of victimization are acknowledged and addressed within specific institutional contexts.
Chapter 6

DOING THE RIGHT THING VERSUS DOING THINGS RIGHT: THE INFLUENCE OF PROFESSIONAL NORMS ON COMPETING CLAIMS OF FAIRNESS

While the early allegations against Bradley were exclusively handled by medical officials associated with the local hospital, the claims were eventually brought to the attention of criminal justice officials in 2005 as a result of claims made by the parents of one of Bradley’s child patients. However, the relatively long period of time between initial allegations against Bradley and the involvement of the criminal justice system raises questions of fairness and justice

This chapter examines claims-making by professionals in the Bradley case that occurred against the cultural politics of victims’ silence. Based on professional norms, within a criminal justice context, many of the victims’ voices were silenced until video evidence was discovered that made their allegations irrefutable. However, some professionals – namely those within the medical and victim service fields - questioned whether following the rule of law truly brought about justice in the Bradley case, illuminating competing claims of justice among professionals based on ideological barriers to recognizing victimization.

The ideas of fairness and procedural justice are well documented in the socio-legal literature with regards to the ways in which citizens perceive fairness within the legal context and how procedural fairness legitimates authority figures and the
institutions of which they are a part (Tyler 1984, 1988, 1990, 2000, 2003, 2006; Tyler and Huo 2002). Broadly, research on procedural justice consistently finds that institutional actions are viewed as legitimate and fair when citizens perceive that the legal processes and procedures that led to the outcome are fair, just, and unbiased. But procedural justice does not always bring about substantive justice regarding perceptions of fairness within our justice system. Berrey, Hoffman, and Nielsen (2012) argue that by focusing exclusively on individual-level perceptions, existing scholarship on procedural justice fails to take into account 1) variations in people’s understandings of fairness and 2) interpretations of fairness at the institutional level. According to these scholars, what is largely missing is an understanding of how institutional and social context shapes individual perceptions of fairness within the legal environment.

Berrey et al. (2012) use the term “situated justice” to describe the relational nature of fairness that is shaped by the specific contexts in which individuals are situated. According to this approach, perceptions of justice, equality, and fairness must be assessed “within the institutional constraints and power dynamics that form and reform them” (Berrey et al. 2012: 8). This situated justice approach allows for an examination of how individuals’ perceptions of fairness are formed given their unique experiences in specific institutional contexts. Not only does a situated justice approach define victims’ perspectives, it is also the case that professionals make decisions based on assessments of justice and fairness.

As such, the Bradley case exemplifies a disjunction between ‘law-on-the-books’ and ‘law-in-action’ that characterizes much socio-legal scholarship (for example, see Baker 2001; Bumiller 1988; Marshall 2005; Pound 1910; Sarat and Silbey 1988; Young 2014). While law is ostensibly neutral in terms of accessing
justice, it is clear in the Bradley case that the former pediatrician was given the benefit-of-the-doubt until the accusations against him could no longer be ignored. Thus, a contradiction exists between doing the right thing with regards to trusting and believing the allegations against Bradley earlier and following the letter of the law. On the one hand, from the standpoint of the criminal justice profession, doing the right thing means following a longstanding legal framework that aims to avoid miscarriages of justice. On the other hand, however, following the law often leads to unaddressed victimization by the criminal justice system due to procedural constraints. As a result, professional norms shaped claims of victimization in the Bradley case in a way that rendered the former pediatricians’ child patients virtually voiceless for over a decade.

**Professional Norms**

*Professional Goals as Normative*

Professions are normative in that they operate based on values that are specific to each occupational context, which are often encapsulated in the mission or goals of each organization. While the participants’ professional duties often involve working with specific populations of people, such as immigrants, children, or victims of sexual abuse, they all, independent of organizational context, asserted that the central goal of their organizations is to help people. However, there are conceptual and instrumental differences in the ways criminal justice, medical, and victim service professionals understand the goal of “helping people” based on cultural norms present in their organizations. For instance, criminal justice professionals conceptualize helping people by providing justice to abstract groups of people through precise legal procedures. Conversely, medical and victim service professionals understand their roles as treating and healing individual people through specific services and standards
of care. The language and approach professionals use in these different professions illuminate the disparate ways in which the overall goal of “helping” is operationalized within specific professional contexts.

**Criminal Justice Professionals’ Understandings of Justice**

While the specific objectives of various criminal justice professionals vary based on their individual roles within the justice system, the professionals agreed that their overarching goal is to help citizens by providing fair treatment for and working in the best interests of people in order to generate equitable outcomes. According to Patrick, an attorney, “our job is obviously to protect people”. Similarly, James, a law enforcement officer, asserted “like any police department the goal is to make people safe”.

Within a criminal justice context, this broad goal of helping and protecting citizens ranges from safeguarding citizens’ Constitutional rights to apprehending dangerous criminals. The language used by these professionals is important in interpreting how the idea of helping people is normatively understood within their specific professional contexts (i.e. a criminal justice context). Elucidating the normative culture of the criminal justice profession creates an understanding for why formal legal action was not taken against Bradley for over a decade after complaints against him surfaced.

The language of _justice_ was pronounced in the discussions with criminal justice professionals, specifically, when considering the role of fairness in their

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12All participants referenced in this section are criminal justice professionals unless otherwise noted.
professions and associating it with doing the right thing. When discussing how he
defines success in his criminal justice profession, Allen stated, “if you can walk away
and say that justice was served then you’re [successful]”. This is not unexpected given
the function of justice in the American legal context. Similarly, according to William,
“my client is justice; my job is to do the right thing. And in the context of a
prosecutor’s life, that can be everything from seeking a death sentence and winning
one, to dropping the charges to protect an innocent person and everything in between”.
Similarly, Dawson asserted that, “your main concern as a lawyer is to do the legal
work and get it right”. Consequently, not only do criminal justice professionals strive
to do the right thing by their clients, but they also must perform the work appropriately
and accurately based on legal standards.

For criminal justice professionals, the idea of justice is deeply embedded in the
work they do with citizens. When asked about the goals of her criminal justice job that
focuses specifically on violence within families, Louisa stated that the main goal of
her organization with reference to children is to:

- protect children and families from violence, to ensure that children
  have a voice in the process - both the criminal process and the civil
  process - to make sure that the interest of the child defendant are
  accorded appropriate respect to ensure the child victims are heard.

For these professionals, doing the right thing and helping people largely means
protecting the rights of both victims and defendants by following precise and accepted
legal procedures. According to William:

- our mission is to do justice, to make sure the right thing happens in
cases, to make sure that the rights of victims are advanced in the
system, [and] to zealously safeguard the constitutional rights of the
defendant that we prosecute. Because that’s our obligation as well. The
Delaware Supreme Court says frequently and rightly so that we
represent everyone in the court room, particularly including the defendant.

William discussed the rights of defendants in greater detail. He asserts:

The notion of what justice is comes to us from several sources. It comes to us from the United States Constitution and the Delaware Constitution that provide the basic structural framework for criminal prosecutions, in part, by guaranteeing all citizens certain procedural rights in the context of a criminal prosecution. In a system of law like America’s, justice is, I guess one could say, the right result fairly achieved. Process matters. So, a factually guilty person who is convicted in an unconstitutional proceeding has not received justice. So, it’s got to be a fair trial. The hard part is assuming that a defendant is guilty and assuming that we can prosecute him within the rules set forth by the Constitutions of the United States and Delaware. And assuming that if Delaware Code defines the crime, is it always justice to convict the defendant of everything he or she is charged with? Answer, no. Justice is done in the resolution of the case down the road.

Consistent with assertions by other criminal justice professionals, Hanna expressed that justice does not always mean bringing legal charges against individuals who are thought to have committed a crime. Conversely, providing justice sometimes means not initiating and carrying out a criminal prosecution if sufficient evidence does not exist with which to proceed. In discussions with Hanna, she asserted “just to give justice to a victim or their family members is a very satisfying thing. And I include defendants in that too, because, sometimes that’s what needs to happen to have it be the right thing”. She continued, saying, “sometimes the right thing to do is not to do that [prosecute] even if they’ve been criminally charged. Each case is different and you just have to develop a sense of good judgment about when to go forward and when not to”.

Similarly, Patrick discussed the professional tensions involved with sometimes not being able to prosecute a potential defendant based on the procedural restrictions
inherent to the criminal justice context. Specifically in the context of sexual abuse cases, he stated:

There are times when the detective and I are sitting there watching an interview [with a child victim] and we would love to pull [information] of this child because we know there’s a block there. So, a lot of times we’re left with a hole in the case, maybe a non-prosecutable case, because we’ve pulled everything we can out of this child under the restrictions that we have and we walk away from that [case]. It’s not where we want to be, but it’s where we have to be. Those are the rules.

Thus, following legal standards and procedures sometimes means not having the ability to prosecute a case to ensure legal fairness even if indications exist suggesting that a crime occurred.

Though the idea of procedural justice is well documented in the socio-legal literature (Tyler 1984, 1988, 1990, 2000, 2003, 2006; Tyler and Huo 2002), my research demonstrates the ways in which citizens perceive fairness within the legal context and how procedural fairness legitimates the authority of legal officials and institutions of which they are a part. The current study extends this focus to interpreting criminal justice professionals’ understandings of justice as well, not just citizens who come in contact with the legal system. In other words, the criminal justice professionals, on the whole, believe they help people by adhering to legitimate, precise, and accepted legal practices and procedures, whether that means bringing about a criminal prosecution or not, depending on specific situations. Thus, helping people within the legal context lies within legal procedures and decisions; it’s about treating people fairly, not only in terms of the outcomes of cases, but also regarding the legal process.

This conceptualization of justice as defined by adhering to legal procedures was significant in the Bradley case. As described previously, allegations were made
against Bradley beginning in 1996 by nursing staff, his sister, and the caregivers of his child patients but were handled internally through the local hospital and dismissed as legitimate medical practices by other medical professionals, many of whom were presumably Bradley’s colleagues. The allegations did not come to the attention of criminal justice professionals until 2005 when a local law enforcement agency began an investigation in which they reached the conclusion that there was not enough evidence to bring criminal charges against Bradley. A similar investigation was conducted by another law enforcement agency in late 2008 with the same result.

Several of the criminal justice professionals in the study argued that while many of the early complaints against Bradley were peculiar or unsettling, no legal evidence existed that indicated that Bradley had violated any criminal laws. The early allegations mostly included anecdotes that Bradley left the examination room with young children or engaged in unconventional or unusual medical procedures, neither of which is illegal. According to William, “the [early] allegations were strange but were not even clearly criminal”. Similarly, Hanna stated:

Basically what there was prior to 2009 were sort of a general like creepy unease which is not a crime, but sort of overly affectionate and a general kind of ‘creepy’. And then there were these questionable physical examinations, which could’ve had a legitimate explanation. Well, that’s not rising to the level of [criminal]. [What we had was] creepy, overly affectionate, and somewhat questionable but maybe ultimately perfectly legitimate and justifiable based on, medical research and literature. It’s just not enough. So, ‘til December of 2009 that’s the summary of the evidence that there was: kinda creepy, overly affectionate, and maybe we questioned some of his physical examinations or medical procure, the necessity of it.

Louisa also recalled a story of a police officer who attended a pediatric appointment at Bradley’s practice with her sister-in-law and niece. Bradley took the child into another room, which happened to be his office, to examine her and the
officer was like “what the hell?’. She followed him to the office, opened the door, and Bradley had the child on his desk, facing her, and taking her pants off. She grabbed her niece and walked out the door. I asked Louisa if the officer reported the incident and she responded, “No! She just thought ‘it wasn’t a criminal act but it creeped me out’”. At this point, there was no concrete evidence that Bradley had crossed the threshold from strange to criminal. And, in fact, as shown in Chapter 4, no one thought Bradley was engaging in these heinous acts with babies and toddlers; they simply believed that his behavior was strange, eccentric, and unorthodox.

In addition to Bradley’s actions characterized as only being “creepy”, early complaints of abuse against Bradley were also not legally actionable because, according to the criminal justice professionals, they did not possess the evidence necessary to move forward with the case. Even though multiple allegations existed – from Bradley patients and their families, nurses who worked with him, and his adopted sister - evidence necessary to move forward with the case did not exist until late 2009 when a judge approved a search warrant application submitted by police which uncovered video evidence of Bradley abusing his patients. But the path leading up to and following the approved warrant was far from effortless. It is widely known and accepted that, in 2008, a previous search warrant application was denied. According to Allen, “they had tried to get a search warrant [in 2008] and it had not been granted”.

James discussed the complexity of obtaining the appropriate evidence needed to bring formal charges against Bradley based on the allegations against him. He asserted:

In this particular case we got phone calls from the investigators because they were trying to strategize: ‘how are we going to do this? What are we looking for? What do we need? What language do we need to
include in a search warrant? What considerations do we have for a search warrant? Because the one thing you don’t want to do is get into a search warrant and find out that you didn’t ask for three things that you should have and the [evidence you didn’t ask for] is staring you in the face. Now you can correct that because you can go back and get another search warrant. But that’s terribly inefficient and you risk a lot of problems that way. If you think you have a complex or, certainly, a high-profile case you would start calling people with expertise: ‘hey, this is what we have. What do you think? What can you tell me?’ And, in this case, they’re calling and they’re saying ‘explain electronics to us. Explain medical records. How are they stored? How are they transmitted? Are we gonna go in there and find medical records locally?

Protected by the Fourth Amendment against unreasonable searches and seizures, barring a few exceptions, legal officials must have probable cause to obtain a search warrant (Burkoff 1987), which is a greater burden of proof than merely a suspicion. William discussed the importance of due process in our society’s criminal justice system and argued that the criminal prosecution against Bradley likely would have commenced earlier if these standards were not in place. He stated:

Well, umm, there might be countries where Bradley would have been prosecuted

in ’05 or ’06 if there wasn’t a requirement umm, of probable cause before you searched persons’ effects. Or if there wasn’t a requirement of probable cause before you make an arrest and if there wasn’t a presumption of innocence. And certainly if we lived in a place where you could search someone’s home or office whenever you felt like it uh, and the person was guilty until presumed innocent, that prosecution would have begun sooner.

As a result of due process, most of the criminal justice professionals defended the judge’s decision to deny the search warrant in 2008 based on legal standards. According to Louisa, “they had an investigation on him but a search warrant was denied. They did the best they could, I think”. Similarly, according to Patrick, “we tried to get a search warrant [but it] wasn’t granted. I think there were good legal
reasons that it wasn’t granted”. Given the fact that claims made by children are often viewed as unreliable within the criminal justice realm, children’s assertions alone do not meet the necessary burden of proof needed to proceed with a criminal investigation or prosecution. According to Dawson, “this isn’t a civil case where you just say ‘hey, let’s throw it up and see how things go’. It’s a criminal case and either you have the evidence or you don’t.” Thus, professionals recognize that tangible, visible evidence is valued, viewed as credible, and recognized as ‘truth’ in our society, particularly within a criminal justice context.

As asserted before, the request of the second search warrant was based on the 2009 allegation by Jane Doe #1 and her family, and also included many of the previous claims by victims against Bradley. According to Patrick:

What we did is we got the search warrant for his practice because we wanted to get all these medical files both for our victim that we just had - the two year old - but also for these other people that made allegations before. They were a part of our search warrant with all these, kind of, improper vaginal exams. And so that’s when we found the videos.

Thus, the video evidence uncovered by police went beyond any evidence that existed up to this point; ultimately, the video evidence was necessary to validate the previous claims by Bradley’s victims.

Without concrete, tangible evidence – above and beyond the complaints voiced by Bradley’s nurses, patients, and their caregivers that Bradley sexually abused his child patients - criminal justice professionals felt stymied and refused to intervene until late in 2009 despite their professional ability to do so. The norms of the criminal justice profession, in terms of helping people, include protecting the rights of both victims and defendants by following established legal procedures. From a criminal justice perspective, investigating and bringing charges against Bradley before it was
procedurally appropriate would have been premature given the lack of evidence that existed pursuant to early allegations of abuse. Thus, the work criminal justice professionals perform must adhere to strict rules and procedures about the appropriateness of bringing criminal charges against a potential defendant.

Limitations to procedural justice

Louisa’s personal experience as a criminal justice professional involved in the Bradley case illustrates the pervasiveness of justice as a norm within the legal context as defined by legal procedures and outcomes and the contradictions it raises. When the Bradley case was identified as a legitimate case that required the attention of criminal justice professionals, Louisa felt a personal and professional responsibility to identify and locate Bradley’s victims in order to provide services that they may need as a result of the highly traumatic victimization. However, her sense of personal and professional responsibility to the victims was in stark contrast to the goals of the Department of Justice as a whole. Louisa stated that, “the Department of Justice was clear as to what our goal was; their job is to get the guy locked up and they did that.” Therefore, goal of the criminal justice professionals involved in the case was to prosecute Bradley for the crimes he committed against the child he abused but not to help the victims beyond prosecuting their offender.

Louisa asserted that she was met with resistance – mostly passive, but some active resistance - from other criminal justice professionals who understood their goal exclusively as providing justice through legal processes and outcomes. She recounted that several law enforcement officers were angry with her for trying to locate and reveal as many of Bradley’s victims as possible in order to connect them with non-legal assistance, such as medical and victims’ services. In her words, the other
criminal justice professionals stated, “you’re just trying to find more victims. We don’t need more victims. We have enough to put [Bradley] away forever”. She continued to say:

What I’m worried about is that little girl who told her mother that Dr. Bradley used to lick my pee-pee and put his finger in me. That’s who I’m worried about! That, to me, is my job [too].

While justice may have ultimately been served by prosecuting Bradley to the fullest extent of the law, Louisa experienced cognitive dissonance in relation to her organization’s role in the Bradley case and questioned whether or not they did the right thing in this case with regards to helping the victims specifically.

Based on the goals and norms of the legal profession, however, helping Bradley’s victims individually was not within Louisa’s professional duties as an attorney. Criminal justice professionals aim to help people through either criminally prosecuting people based on sufficient evidence and probable cause or averting criminal prosecution when sufficient evidence does not exist. As a result, Louisa’s attempt to challenge the norms of the criminal justice field regarding helping victims specifically (not just generally through Bradley’s prosecution) was met with resistance from other criminal justice professionals.

The resistance Louisa experienced illustrates the intransigent nature of criminal justice organizations in terms of their normative values and goals. The inflexible nature of law has implications for the ability of victims to access legal resources as a result of wrongdoing. As asserted previously, the Bradley case represents the disconnection between ‘law-on-the-books’ and ‘law-in-action’ (for example, see Baker 2001; Bumiller 1988; Marshall 2005; Pound 1910; Sarat and Silbey 1988; Young 2014), creating conflict between doing the right thing and adhering to the rule of law. As demonstrated by Louisa’s experience, following the law often causes
victimization to go unaddressed by the criminal justice system. Thus, the norms of the criminal justice profession shaped professionals’ responses to claims of victimization in a way that rendered Bradley’s victims virtually voiceless for over a decade.

In term of the decision-making of criminal justice professionals in the Bradley case, the amorphous, vague concept of justice outweighed the victimization of hundreds of children. This is not to say that individual professionals engaged in wrongdoing in the legal decisions that were made – or omitted – beginning with early allegations against the former pediatrician. On the contrary, Bradley’s continued abuse flourished for over a decade partially due to the emphasis on formal procedures by professionals who comprise criminal justice organizations is another example of the ways in which deviance is normalized within specific institutional contexts (Vaughan 1996).

The decision-making by criminal justice professionals throughout the case was consistent with normative standards within the organization broadly and was based on the concept of justice within the legal field. Through ensuring justice, Bradley was protected by legitimate legal procedures for years. For example, in adhering to the Fourth Amendment to the U.S. Constitution, law enforcement officials could not search Bradley’s medical practice without a valid search warrant which required probable cause to legitimate such a search. Similarly, prosecutors could not commence a criminal prosecution against Bradley without the necessary evidence needed to do so through procedurally justified means. Herein lies justice. However, within this context, justice applied only to Bradley; the unintended consequence of emphasizing procedural justice (Tyler 1984, 1988, 1990, 2000, 2003, 2006; Tyler and Huo 2002) in the Bradley case is that hundreds of children were abused by the former pediatrician. As a result, justice was obtained at the expense of the safety of hundreds of children.
which is the essence of organizational deviance; the long-standing abuse by Bradley was a consequence of criminal justice professionals’ adherence to justice and deviated from the criminal justice system’s central goal of helping victims.

**Professional norms, impression management, and false legitimacy**

The over-reliance on professional norms by criminal justice officials in the interviews is understood by several of the victim service professionals’ perceptions of the Department of Justice’s role in the coordinated community response after Bradley’s arrest. According to Hudson, criminal justice professionals felt they needed to create an impression – in a community forum – they were tough-on-crime and would prosecute Bradley to the fullest extent of the law because they were unable – or unwilling – to intervene earlier:

The [Department of Justice] would host these big meetings at the high school and [invited] all these people. And I remember Beau Biden was standing up there and he was saying ‘I can’t say right now what the outcome of this investigation will be, but…’ and then he turns to one of his aides and he says ‘but, I don’t think that life in prison is out of the question. Do you!?!?’ And, [the aide] goes ‘that’s right!’ It was very important, obviously, for them to be irate because, as it turns out, they were approached before by a girl who alleged that Bradley had French kissed her in [his] office. And they kind of brushed her off. I’m not quite clear on who [specifically] was involved in this. But somehow the Attorney General’s Office\(^\text{13}\) kind of stepped in and said, you know, ‘we’re not gonna follow up on that’. And so [they] looked bad. And so it seemed very important that they appeared irate and angry.

Similarly, when also discussing the coordinated response after Bradley’s arrest, Aubrey, another victim service professional, stated, “I think it was a lot of posturing.

\(^\text{13}\)Analogous to the Delaware Department of Justice noted throughout.
‘Look what we’re doing now’.” When I asked why she thought they did this, she stated that they need to create an image they were concerned about public safety:

‘We’re gonna protect you, Delaware’. Even though it’s after-the-fact. I think all of Delaware had to really scramble there because of them ignoring this guy for so long. Or turning their back or not paying attention. What were all the excuses for why they didn’t listen to the nurse that tried to report him?

Criminal justice officials created a tough-on-crime appearance to both illustrate to the community that they are taking the case seriously, but also to thwart any negative backlash against them that a miscarriage of justice existed in the case.

And this same type of “posturing” by criminal justice professionals also occurred in their interviews with regards to defending their responses to the allegations of abuse in the name of professional norms. Hudson continued to discuss that, as a professional who works with victimization in our society, he understands this type of self-preserving response:

I think genuinely, for a lot of people, this perhaps was the first time that they had come face-to-face with a big-scale perpetrator. And the people that work with me had a very different perspective, because we’ve seen these guys all along. And it wasn’t that we weren’t angry about what happened. But if I was angry every day because of what grown men do to children I’d have a hard time doing this job. Frankly, I compartmentalize stuff sometimes. And, to a, degree that allows me to do my work [and] accept that it [happens]. So, I think there was some posturing. And I think it was intended to give these people who are kind of just like in shock some outlet. They needed it at that moment. I think it was important that people be able to - especially at the beginning - be able to kind of vent. You know, this was horrible. It was disgusting. It was a betrayal. It was all those things.

Even well-intentioned people who are passionate about social justice often justify their actions and decision in order to illustrate to both the community and themselves that they did all they could. But, by doing so, criminal justice officials created a false
consciousness that masked the injustices maintained by the criminal justice system while, at the same time, preserving their legal legitimacy. And, furthermore, they perpetuated the belief that procedural justice is more important than substantive justice in terms of responding to allegations of victimization. As shown in the Chapter 4, similar to the ways criminal justice professionals deflected blame onto medical professionals for failing to report claims against Bradley to state authorities, by relying on pervasive legal standards and professional norms in their responses to allegations of abuse, they limited their own responsibility in the case.

**Medical and Victim Service Professionals’ Understandings of Justice**

The goal of helping people was noted by medical and victim service professionals as a profoundly rewarding aspect of both their professional duties, generally, and in terms of their work in the Bradley case, specifically. When asked about personal and professional gratifications as a result of her job, Jillian, a victim service professional, asserted that “the main satisfaction is getting kids the treatment that they need, helping families in that way to recognize that there is a need and then helping them access that”. Similarly, when discussing her work with clients in a mental health setting, Violet, another victim service professional stated:

> when I’m sitting here and I’m trying to hear something that isn’t being said [by a client] and then I think I get it and I say something [to them] in response to it and the person says [makes noise as if in shock or having a revelation] ‘You’re so right!’ and [it’s] something they hadn’t thought of. So, [it’s satisfying] when I can help someone have an epiphany about themselves.

As with the criminal justice professionals, the language and terminology used by medical and victim service professionals is significant in understanding how helping people is normatively conceptualized within their professional contexts. The
distinction in language used by criminal justice professionals juxtaposed against the
language used by medical and victim service professionals is important in
understanding the normative culture of each.

While criminal justice professionals employed the terminology of *justice* in
describing how they professionally help citizens, medical and victim service
professionals did not. Conversely, medical and victim service professionals
emphasized *doing the right thing* in their occupations by assisting specific people or
victims in recovering or progressing. Specifically, victim service professionals used
words such as support and empower and medical professionals used the terminology
of providing care when discussing their professional duties. Sage, a Latina victim
service professional, asserted that the principal goal of the organization with which she
is associated is:

> to empower Hispanic immigrants residing in [our] County. Our focus is
mainly on adults. We provide programs and services specifically for the
adults to help them, integrate into the community. So we didn’t work
directly with the children but there is obviously a connection because
empowering their parents would [also] help the children in the long-
term.

Similarly, in discussing success in her job, Beverly, a medical professional, stated
“success rests upon [my] ability to make sure that my patients are well cared for”. The
implication is that, unlike criminal justice professionals who make decisions that are
more impersonal for the people with whom they come in contact, medical and victim
service professionals provide therapeutic support to people in order to facilitate their
physical and psychological restoration. Thus, for the latter professionals, expressive
(Anderson 1995; Garland 2001) or substantive (Weber 1922/1978) justice is equally as
important as instrumental justice in providing fair treatment for victims.
Most of the medical and victim service professionals who worked with Bradley’s victims, their families, and the community only did so after the concrete evidence of the abuse surfaced and after many of the victims were either identified on the videos or came forward as potential victims after the abuse was publicized. For example, several victim service professionals conducted community forums for victims and the broader community to obtain information about the case and victim services they could utilize as a result of the abuse. According to Celeste, a victim service professional:

Immediately [after Bradley’s arrest], we had a couple of public meetings for the public to ask questions. And, we made ourselves available for, not only counseling services but kind of like triage. In that meeting people were asking questions and coming out to talk with us, as well as other clinicians [who were] there. So, we made a group available to victims immediately.

Gloria, another victim service professional, expressed similar ways victim service professionals aided the victims and the community after Bradley’s arrest and discussed the importance of doing so. She stated that her professional role in the case was:

- to obviously deal with the victims or victims’ families; providing resources, public outreach, doing personal contacts with family members to reach out to families, collaborating with that police officer to make sure that the resources and referrals are provided to family members, putting some community events together.

She added:

When something impacts the community it’s really important to give information that you can. It’s just a matter of filling in the blanks, even if it’s just bits of information at a time. So setting up some community events where people can come in and get some information. And, again, it’s a matter of getting resources out there to people; letting people know where they can call or what they can do. Sometimes it’s a matter of just venting or having a private room where victims or families can gather so that they’re not out with the general public because some people [didn’t want to] be identified because maybe they
want their loved ones protected or something. So it’s just really a matter of trying to be respectful of victims and families.

Other victim service professionals provided training to local medical professionals regarding identifying sexual abuse in children. Hudson’s victim service organization obtained financial assistance from the state to deliver this type of training. As he discussed:

We had a contract to provide training to professionals, particularly targeting the pediatricians. So we set up a sort of a lecture series for them and we brought people from out-of-town to talk to them about interviewing children who have been sexually abused and also talked with them about what reactions these children might have entering a pediatricians office after a history of being abused.

But while most of the victim service professionals were pleased with the coordinated community response – as Meredith, a victim service professional, referred to it – after Bradley’s arrest, several questioned whether or not they did the right thing by the victims in the Bradley case. For example, Kathleen, a victim service professional who works within a criminal justice organization, questioned whether or not justice was truly served in the Bradley case. She argues that while justice was served in the eyes of the law because Bradley was ultimately convicted and punished, other aspects of the case were inadequate, including repairing the harm perpetrated by Bradley for all victims and altering the culture that silences victims. She states:

We did not exhaust all resources. We played it conservative; the ultimate goal was to hold a sex offender accountable and to remove him from our community and that’s what we [as the Department of Justice] did. It didn’t mean that we found out the whole truth of what he did. It doesn’t mean that we reached every victim. [It doesn’t mean] that we worked and used our leadership to make a change within the community and culture for them to understand and recognize the impact that child sexual abuse has on children and on families. We didn’t do all that we could. And that’s because it would have required much more resources. And, at a certain level, people made a decision that it wasn’t worth the effort.
Therefore, doing the right thing is not always clear-cut even given the pervasiveness of organizational norms in the work professionals perform with citizens. Often times, professionals’ understandings of doing what is right are at odds with the norms of the organizations of which they are a part. In Kathleen’s statement above, while legal norms mean following the law, this does not always result in doing the right thing, which was the concern of a few victim service professionals. Several questioned whether or not the abuse could have been recognized both within the criminal justice and therapeutic realms sooner. As Daria expressed, “could it have been maybe found out sooner? I don’t know. Maybe. Because obviously there had been prior allegations”.

Similarly, Linda, another victim service professional, elaborated on the question of whether or not the abuse could have been recognized earlier specifically within a criminal justice context. In discussing the judicial decision to deny the early search warrants that law enforcement officials submitted to the court, she stated,

[The judges] hands were tied by our legal system. But he was doing his job. That was his role. Had the information been aggregated in the proper way there would’ve been a picture to give to the judge that would have allowed him to do something sooner. But there wasn’t.

However, she later asserts that warning signs that existed – presumably in the form of allegations that surfaced against Bradley over time – were dismissed by professionals and, had they been given greater credence, the abuse could have been prevented years earlier:

There’s evidence that they didn’t listen when red flags were there. And, as a personal consumer, I find the same thing. And so, to me, that even strengthens my conviction that there were probably years that they could’ve done something [sooner].
Several of the victim service professionals also expressed that they worked with a number of Bradley’s victims before his arrest but did not know Bradley was the perpetrator; in hindsight, they wished they would have recognized the warning signs in their clinical work with the victims. According to Phillip,

Some of his patients were already our patients; they were already coming to us for treatment. We just had no idea that he was the one who was the perpetrator because it was never disclosed. And we knew that this child had behavioral problems and we either knew that they were physically or sexually abused by someone but we didn’t know who. With hindsight, looking at some of the behavioral problems the kids had we realized that ‘oh, they probably were a victim’ but we never knew that they were a victim [before the case broke]. We just knew that there was some behavioral problem with the child

Similarly, Jillian voiced that she wished she would have been able to recognize the abuse earlier in her clinical work with patients who were later identified as Bradley’s victims. She stated:

It was pretty gut-wrenching and horrifying. Coulda, woulda, shoulda. Like the one case that I was working with, she was a pretty severe victim but hadn’t disclosed at that time. [But] in hindsight, how do you know? It was pretty mind-blowing that that was going on. I mean, I’ve looked at the records. What else could have [been done]? You look back and say ‘okay. So, what was missed? What didn’t happen?’

Thus, for medical and victim service professionals, doing the right thing in cases of victimization does not always align with following formal procedures, as is the case within a criminal justice context. As a result, these professionals questioned whether or not justice was truly served in the Bradley case; while Bradley was ultimately convicted for the abuse, warning signs existed throughout time suggesting that much of the abuse could have been prevented earlier.
Doing the Right Thing versus Doing Things Right:
“It’s All about Who’s Driving the Bus”

About half of the professionals, independent of their occupational or institutional context, mentioned that each type of organization – criminal justice, medical, and victim service - has different ways of achieving their respective organizational goals that often compete with and contradict one another. According to Meredith, “each of us within a systems response works from our own template. Do we not? And they [sometimes] clash”. Similarly, Hudson states,

Every organization has its mission. And so, it’s kind of the quintessential story about, the blind man and the elephant: one blind man touches the [elephant’s] trunk and says ‘this is a snake’. And another one touches the legs and says ‘this is a tree’.

As a result, distinctive organizations view and approach their work in various ways to achieve the goals set forth by their respective professions. Hudson discussed how the goals of his organization often come in conflict with government protection agencies. He states:

For example, when [a government protection agency] works on a case and we work on a case, their mission is safety. And my job is the emotional well-being of a child. I can give a very concrete example of where we had very different views on a particular case involving a young boy who had witnessed a cousin or a neighbor [being harmed]. He was living with his mom and his mom’s boyfriend. And he witnessed a boy, a neighbor who had been left with the mom, sitting in a bathtub and boiling water was gushing out of the faucet. And after he’d been removed from the home and placed with his aunt and able to get him to begin with a therapist to talk about what happened, he really began to open up. Well, time passes and [the government protection agency] says ‘okay, we’ve got to move him back to mom’. And we’re like ‘wait a minute. We’re starting to make progress here’. They’re saying ‘but mom’s done with her parenting courses. The home’s safe. He can be moved back.’ We said ‘yeah, but that’s not in the kid’s best interest’. So, from their perspective, if the situation is safe enough that the kid can’t be bruised, there isn’t a mark that can be left on them nobody is going to come into their bedroom and sexually violate them,
then the home is ready. From our perspective, the kid’s got Post-Traumatic Stress Disorder and cutting therapy short is going to jeopardize his well-being in the future.

For Hudson, the goal of helping children through providing therapeutic interventions often means delaying family reintegration to ensure their long-term well-being; from his professional perspective, this is the right thing to do.

The different tactics that professionals utilize to achieve the shared goal of helping people often result in the goals of certain professions being prioritized over others. When the ways in which professionals achieve their organizational and institutional goals differ from those of another institution, they are inclined to advocate for their own stances. Meredith asserts:

The template of what I’m obligated to do as a mental health therapists and the ethics around that and my ethical mandates and my therapeutic intents can clash with what the Justice Department’s intents are. So the obstacles would be that I absolutely am gonna follow my ethical mandate, but I’m gonna do it in such a way that I’m going to work very hard to do it with absolute respect and collaboration with the other systems players because that’s how the child’s best interests are, ultimately, served.

Similarly, James expresses:

Everybody has their own agenda. And, if my agenda can help you with yours, that’s fine. I hope my agenda doesn’t interfere with yours. And if it neither hurts nor helps then we need to go on our separate ways and everybody do their own thing. If it hurts your position, then we probably need to find a way to work around it or find out whose position is more important.

While both professionals understand the importance of collaboratively working with others in order to serve and help the victims, James, asserts that this is not always possible; in these cases, the position of one organization will outweigh others in importance. Ultimately, professionals will advocate for their own positions which may
result in fragmented working relationships. This was found to be true in the Bradley case.

The professionals discussed the collaborations relating to the case primarily as a “coordinated response” in which legal, medical, and victim service professionals, among others, collaborated to provide services to the victims and their families after Bradley’s arrest. The Bradley case necessitated this type of coordinated response because of the different issues that were relevant in the case, many of which made the case unique as compared to other sexual abuse cases, such as the relatively large number of victims. Meredith discussed the need for an immediate coordinated response after Bradley’s arrest:

You have families [and] parents that are overwhelmed with shock, with grief, with denial, with rage. ‘Oh, you're seeing who? Well are you in therapy? Or who’s your…? There was none of that; not that the parents had to deal with. They were immediately connected. They knew who their social worker was with the Department of Justice. They knew who to call. They had their therapist contacted. Everybody was talking to everybody, seamlessly. So some people needed to move immediately. Some people needed transportation. And some people needed to tap into the Victims’ Compensation Fund. So we needed them onboard and in the loop. And it just worked, practically seamlessly.

Other professionals interviewed also discussed the immediate need to join the services and expertise of various professional partners to members of the community who were affected. According to Louisa:

We have to be able to get people what they need and we have to do it quickly. So pulling all those people to the table that day and being able to say ‘we have a crisis and we need to respond and this is how we propose to respond. What are your ideas?’

Therefore, the collaborations that occurred in the Bradley case, for the most part, were implemented to respond to existing victimizations that had occurred for over a decade.
While the coordinated response following Bradley’s arrest involved professionals from diverse organizations, it was primarily consistent with the norms of the criminal justice system in a few ways. First, professionals collaborated and attempted to help victims retroactively as a result of Bradley’s arrest and the emergence of video evidence of the abuse, which is consistent with the reactive response to crime and victimization within the criminal justice system. This is evidenced by the coordinated community response mentioned earlier. Most of the participants discussed the response positively regarding the cohesion that existed among both professionals and the community. According to Beverly:

I think that the community in Delaware was a very cohesive community. And I think that that was good because, even if people were not seeking support from professionals, I wouldn’t doubt that they were seeking support from each other. And the reason I believe that is because I have a picture of the bulldozers that were destroying Dr. Bradley’s office when that happened and the crowd that was present when that happened and how elated people were when they saw his office being destroyed in the community. That was a good example of how I believe many people - whether they were personally affected because their children were victims of his or whether they were just outraged as community watch kinds of people – I was glad to see that kind of reaction because it really emotes resilience and their feeling that at least this eye-sore is not here anymore to remind us the dark period in our community’s history.

Daria stated that “I think that, across the country, people are trying to move towards a more coordinated response to allegations of abuse”. But, as this case shows, responding retroactively to large-scale cases of child sexual abuse – which is the reactive strategy the criminal justice system traditionally utilizes - fails to prevent this type of victimization from occurring in the first place. Instead, practices and processes must be implemented to intervene in these cases well before they become large in magnitude.
Additionally, within the coordinated response, the medical and victim service professionals were relegated as professionals who played an ancillary role in the both the case and the coordinated response following Bradley’s arrest. According to Jillian, “it’s all about who’s driving the bus, who’s in charge of the case”. As illustrated in Chapter 4, different organizations and professions are hierarchically ranked relative to one another in a way that privileges the voices of some professionals over others. This resulted in structural secrecy in the Bradley case (Vaughan 1996) that prevented the communication of warning signs of abuse among professionals early in the case. Thus, the hierarchical placement of different professionals shaped the working relationships among them and posed challenges to negotiating inter-organizational hierarchies.

Regarding the coordinated response, professionals constructed a centralized location where victims, potential victims, victims’ families, and community members in general could go to acquire and provide information and assistance. Gloria stated:

You had one central location that they could come [to]; they could talk to a detective if they had information or questions. They could talk to an advocate if they needed referrals or counseling or something. They could get medical records. I think the thought behind that [was that this was] a pretty big incident that involved an awful lot of victims and impacted the community, obviously, in a big way.

For the most part, the professionals spoke highly of the collaborative efforts after Bradley’s arrest. As Sage asserted, “I think that we were able to come together and respond fairly quickly to meet [the needs]”. But the centralized “clearinghouse” (as several of the professionals referred to it as) was led and regulated by legal professionals within the Delaware Department of Justice and professionals from criminal justice, medical, and victim service fields recognized this. According to Louisa, who was involved in the guiding the coordinated response, “I know a lot of people will probably say ‘well, [name of professional] took over and we had to do
what she told us.’ Therefore, even though non-criminal justice professionals were involved in the response, the efforts were directed by officials within the criminal justice field. This supplements the argument put forth in Chapter 4 that the Bradley case was primarily viewed as legal in nature; other types of professions were viewed as ancillary.

Several medical and victim service professionals discussed their subordinate roles in the response. In discussing the communication among professionals during the response, Celeste stated:

We were kind of in the loop in terms of whenever anything was happening with the case; the Attorney General’s Office was keeping us informed so that we could, best support the people that were impacted.

When asked what types of information the Attorney General’s Office provided throughout the process, she replied:

Well, just what was going on with the trial. They would let us know when there were bumps in the trial or if something was gonna be in the newspaper we often found out ahead of time so that we could be prepared. They kept us abreast of [information regarding when] the warrant was being questioned. They didn’t give us a tremendous amount of details. But, you know, enough so that we could be supportive.

The challenge of negotiating inter-organizational hierarchies was only mentioned as problematic by victim service professionals and, in fact, half of the victim service professional discussed this challenge. The failure of legal and medical professionals to directly discuss this challenge is not unexpected given that power and privilege are often invisible to those in powerful and privileged positions. The fact that the coordinated community response to the case after Bradley’s arrest was led and regulated by criminal justice professionals within the Department of Justice positioned them as leaders both in terms of the legal and non-legal aspects of the case and
relegating the perspectives of non-legal professionals to secondary in importance. In this sense, criminal justice professionals possessed the most power and authority throughout the case because, as noted in Chapter 4, they are afforded a level of prestige and respect not attributed to victim service professions. As a result, instrumental justice – as conceptualized by criminal justice professionals - prevailed as more significant throughout the case that the expressive or substantive justice maintained by medical and victim service professionals.

**Conclusion**

From a legal perspective, justice was served because Bradley was ultimately held accountable for his crimes. But, many of the victims remained unaccounted for, both prior to and after Bradley’s arrest, because helping each victim individually, for the most part, is beyond the scope of criminal justice professionals’ duties. An exception to this is reflected in the approval of a class action settlement by the Delaware Superior Court that proposed a total cash payment of nearly $123 million (minus attorney expenses and fees), in addition to medical services provided by Beebe Hospital, to settle potential claims from more than 900 of Bradley’s victims (*Doe v. Bradley* 2012). However, both Bradley’s conviction and the civil settlement are legal solutions that fail to bring about systemic change in elevating the voices of victims. While legal efforts addressing (Tobolowsky et al. 2010) and research on providing victims a voice within the criminal justice system have increased as a result of the victims’ rights movement – particularly through the inclusion of Victim Impact Statements presented to the court (Cassell 2009; Erez 1999; Erez and Rogers 1999) – victims are continually silenced both in and out of the courtroom. As a result, several professionals questioned whether justice was fully achieved in the Bradley case.
Correspondingly, justice and doing the right thing are not exclusively about holding an offender accountable, but also about creating a culture in which victims are prioritized. By doing so, specific victims are not only helped after a crime occurs but are also given a central voice when making claims against socially powerful people who perpetrate their victimization. Therefore, doing things right does not always bring about justice outside of a criminal justice context.

The ways in which professionals in disparate organizational contexts conceptualize helping people is consistent with the ideas of *doing the right thing* versus *doing things right*. On the one hand, the normative nature of the criminal justice profession emphasizes helping people abstractly and doing things right which entails following recognized and/or codified rule, standards, and procedures. On the other hand, the norms of medical and victim service professionals focus on doing the right thing in terms of empowering and caring for specific clients. Even though medical and victim service professionals do not directly work within the field of law, they work with clients who often come in contact with the criminal justice system, including both victims and offenders. The distinction between helping abstract versus specific individual people or groups is significant. Viewing people abstractly within the field of law situates law as an instrument for legal reparations that, ironically, masks or reinforces social inequalities. In other words, by viewing people abstractly within a criminal justice context, the specific social contexts in which people’s lives are situated are rendered invisible in the name of objectivity and fairness. By treating individuals as abstractions, law renders specific claims of victimization and the social inequalities that perpetuate victimization invisible, creating a culture of silence around victimization. Conversely, viewing people individually within the medical and victim service contexts makes visible the specific social contexts of individual’s lives, thus
allowing for a more complete understanding of how social inequalities shape life experiences. However, as the Bradley case demonstrates, the voices of subordinated groups were still not heard due to the ideological barriers that silence the claims and perspectives of professionals outside of a criminal justice context.
Chapter 7

DISCUSSION AND CONCLUSION

Exposure to cases of institutional child sexual abuse within the institutions of athletics, religion, education, and medicine has been increasing in the public arena. Similar to the Bradley case, each of these cases occurred within powerful social institutions and the perpetrators held trusted positions within their respective institutions, such as priests, doctors, teachers, and athletic coaches. However, a lack of empirical research exists about these types of cases. Given that institutional context is central in understanding these incidents, this dissertation examines what it is about institutions, organizations, and professions – on the ground level – that facilitate this type of victimization. Thus, to provide a rich understanding of how professionals respond to allegations of abuse in our society, this research examined 1) the structure, culture, and norms of institutions, organizations, and professions that victims encounter and 2) the extent to which certain voices of privileged over others.

Summary of Major Findings and Contributions

Importance of Professional and Institutional Contexts

Institutional child sex abuse cases are referred to as such because they are defined as child abuse that occurs by people who work in institutional settings with children as a part of their jobs (Gallagher 2000). Given this, institutional,
organizational, and professional context is important in understanding these cases of, often, large-scale child sexual abuse. This dissertation shows that these cases may not simply reflect the behavior of evil or immoral people within these institutions, but rather illuminate the structure and culture in which they occur. In addition, professional decision-making does not take place in isolation but is shaped by the professionals’ institutional and organizational context. As such, they are normative behaviors that occur within these settings. I argue that the professionals’ responses to the allegations against Bradley - particularly the early allegations that surfaced and were handled within the medical and criminal justice professions - are an example of organizational deviance in which professional culture, structure, and normative standards shaped professional decision-making in the case.

As the interview data revealed, medical professionals decided to handle the allegations against Bradley internally; these early allegations stemmed from the victims, their parents, and nurses and colleagues who worked with Bradley, including his adopted sister. These professional judgments were based on a structural and cultural context in which their decisions did not seem shortsighted or dangerous because, in their assessment, little risk existed that Bradley was harming or abusing children or engaging in other suspicious behaviors with his patients; at this point, tangible proof did not exist. In addition, Bradley’s status as a respected physician provided him with protection, as his colleagues held him in high regard, a position difficult to tarnish even given the allegations that surfaced. Given this, the medical administrators who knew of the allegations against Bradley chose not to fully explore them, resulting in Bradley’s sexual abuse of hundreds of his child patients to continue with impunity.
Consistent with state and national mandatory reporting laws and policies, all of the professionals in the current study expressed that the allegations known to medical officials should have been reported to the appropriate authorities outside of the medical context. However, professional norms shape how mandatory reporting laws are mobilized in practice. According to the interview data, medical professionals faced risks if they reported the allegations, including jeopardizing their own and Bradley’s careers if the allegations proved to be false. These professionals functioned as street-level bureaucrats (Lipsky 1980) and used discretion in deciding to what extent, if any, to implement mandatory reporting laws. In the end, the medical professionals’ decision to handle the allegations within their own profession and not report them to external authorities was made for the sake of self-protection. Thus, professional norms reinforce the practice of non-reporting in the name of professional preservation; by failing to report the allegations that surfaced against Bradley, medical officials perpetuated the cultural status and privilege of their profession.

Furthermore, medical professionals’ knowledge regarding Bradley’s actions was undeveloped and incomplete because professional hierarchies hindered the communication of potentially important information regarding child sexual abuse. Specifically, a few victim service professionals were providing clinical services for children who presented symptoms of being abused but were only later identified as Bradley’s victims. However, they did not report this information to others, at least in part, because they were constrained by inter-organizational hierarchies that exist among professionals that rendered her voice virtually silent.

Research demonstrates that obstacles exist for victims to make efficacious claims on their own behalf (Bumiller 1988; Felstiner et al. 1980; Hoffmann 2003; Miller and Sarat 1980; Nielsen 2000). However, this dissertation suggests that, given
professional hierarchies, barriers also are affected by status. For professionals within professions that are perceived as less prestigious, less technical, and ancillary, making effective claims for the clients with whom they work was unfeasible. In the Bradley case, structural secrecy - which includes structural aspects of organizations, such as vertical hierarchies, a division of labor, and the specialization of tasks - that shape how and what information is communicated within an organization and how that information is interpreted by organizational members (Vaughan 1996) - contributed to the loss of information that could have been used to corroborate the early allegations communicated to medical administrators to create a more complete picture of the horrendous abuse that hundreds of young children experienced.

This research illustrates how privilege is normalized within professions though the silencing of claims by nurses and the children’s families, medical professionals’ decision not to report the allegations outside of the medical profession, and the structural secrecy (Vaughan 1996) that constrained the sharing of information among professionals. Bradley’s long-term offending occurred within professional contexts in which certain voices are valued over others. Institutional hierarchies and professional norms prioritize the voices of already privileged groups in the name of self-preservation and the status quo, rendering the voices of subordinate groups silent.

In the end, the decision by medical administrators to manage the allegations exclusively within the medical profession was not perceived as problematic or as a mistake because the ideologies that influenced their decisions were so culturally strong that they silenced any evidence (i.e. numerous allegations) that Bradley may have been engaging in wrongdoing. Consistent with Vaughan’s (1996) theory of organizational deviance, this was not a case of wrongdoing on the part of individuals that deviated from recognized norms. Conversely, professionals in the case were
conforming to institutional standards that are customary within this specific context. Consistent with Weber (1922/1978), medical administrators made their decisions based on rational calculations. As a result, failure to recognize Bradley’s offending for over a decade was an unintended consequence of the routine, normative behaviors and decisions that occur within professions.

**Legal Consciousness and Gendered Institutions:**

*Competing Claims of Justice and Fairness*

This research reveals that competing claims of justice exist among professionals based on ideological barriers to recognizing victimization. As a result, the Bradley case typifies a disjunction between ‘law-on-the-books’ and ‘law-in-action’ that characterizes much socio-legal scholarship (for example, see Baker 2001; Bumiller 1988; Marshall 2005; Pound 1910; Sarat and Silbey 1988; Young 2014).

From a criminal justice and legal perspective, justice was served because Bradley was ultimately held accountable for his crimes and the process to achieving this end also respected his legal rights as a defendant. However, while many victims were either identified through the videos obtained from Bradley’s medical practice or through self-disclosures, it is well-known that the actual number of victims far exceeds the number identified. Supplemental sources note that over 900 claims have been made by victims for civil compensation due to child sexual abuse by Bradley (Duncan 2012; *Doe v. Bradley* 2012; Parra 2012). Thus, many of Bradley’s young victims were unaccounted for throughout the criminal case. From a criminal justice standpoint, helping each victim individually is, for the most part, beyond the scope of criminal justice professionals’ duties. However, some medical and victim service professionals continue to wonder whether following the rule of the law truly brought about justice in this case.
The ways in which criminal justice, medical, and victim service professionals conceptualize helping people can be categorized as *doing things right* versus *doing the right thing*. Concerning the former, the normative nature of criminal justice professions emphasizes helping people abstractly and doing things right which entails following recognized and/or codified rules, standards, and procedures. However, the norms of medical and victim service professionals focus on doing the right thing with regards to helping specific clients with which they work.

This distinction is consistent with the “ethic of justice” versus the “ethic of justice” approaches (Gilligan 1982). While an ethic of care emphasizes feminine qualities - such as a concern for others - and focuses on reducing individual harm, an ethic of justice emphasizes masculine characteristics – such as the importance of rules – and focuses on universally applicable abstract rules and procedures. This distinction is evident in the current findings when comparing the perspectives of professionals from diverse institutional contexts.

Based on their understandings of their professional roles, criminal justice professionals exemplify an “ethic of justice”, while victim service and medical professionals characterizes an “ethic of care”. In terms of criminal justice professionals, Nicholson (2000) argues our current criminal justice system is centered around legal positivism in which expert knowledge, evidentiary rules, fact-finding, and scientific proof are prioritized over anecdotal evidence like the kind that existed in the Bradley care for over a decade. Juxtaposing the professional emphases of the participants in this study also illustrates the gendered nature of institutions, organizations, and professions. Consistent with a gendered institutions approach, masculine professions – such as medicine and law - are granted higher social status, prestige, expert status, and power than more feminine occupations, such as victim
service professions (Abbott 1988; Epstein et al. 1999). Thus, the gendered nature of institutions, organizations, and professions shape how professionals view justice in relation to their work with clients.

Nicholson (2000) argues that the focus on expertise and technical evidence is problematic because the criminal justice system should focus on helping individual people instead of prioritizing winning an adversarial game between abstract subjects. The distinction between helping abstract versus specific individual people or groups is significant. Viewing people abstractly within the field of law situates law as an instrument for legal reparations that, ironically, masks or reinforces social inequalities. In other words, by viewing people abstractly within a criminal justice context, the specific social contexts in which people’s lives are situated are rendered invisible in the name of objectivity and fairness. By treating individuals as abstractions, law renders specific claims of victimization and the social inequalities that perpetuate victimization invisible, creating a culture of silence around victimization. Conversely, viewing people individually within the medical and victim service contexts makes visible the specific social contexts of individual’s lives, thus allowing for a more complete understanding of how social inequalities shape life experiences.

A situated justice approach (Berrey et al. 2012) is useful in recognizing the ways in which organizational norms shape professionals’ understandings of fairness – or doing the right thing - in the work they do with citizens. It is important to understand individual perceptions of fairness based on one’s own experiences within criminal justice institutions, including interactions with criminal justice professionals and resources one has available with which to participate in the legal system. Therefore, this approach takes into account both the structural constraints within the criminal justice context as well as the broader social contexts in which people’s
experiences are located to construct a more complete understanding of how individuals evaluate fairness within the inherently unequal context of law (Berrey et al. 2012).

Berrey et al.’s (2012) study of situated justice examines perceptions of fairness for individuals who have directly been involved in employment civil rights litigation. In their study, tangible and distinct experiences with the legal system shape people’s evaluations of fairness within the legal system. For these scholars, concrete legal experiences are the foundation for an examination of legal fairness. While Berrey et al. (2012) emphasize the importance of studying fairness within the context of concrete legal disputes, I argue that this view limits our ability to understand how non-criminal justice professionals create understandings of legal fairness in relation to people with whom they come in contact. In addition, socio-legal research suggests that barriers exist for people to make formal, legal claims of victimization (Felstiner et al. 1980).

In addition, focusing on disputes that are formally acknowledged by the legal system limits our understandings of how individuals who are unable to formalize formal legal disputes understand ideas of justice and fairness in legal processes and outcomes (see research on procedural justice Tyler 1984, 1988, 1990, 2000, 2003, 2006; Tyler and Huo 2002). While the latter is not within the scope of the current examination, the former is of particular importance in understanding how organizational norms shape professionals’ assessments of justice and fairness – or doing the right thing – which, in turn, shape the decisions they make. Thus, the diverse contexts in which professionals are situated are important in creating a more complete understanding of legal fairness.

Despite the pervasiveness of legal standards, the criminal justice professionals involved in the case could have done more to prevent the abuse as a result of their
awareness of the allegations beginning in 2005. While the separate legal investigations in 2005 and 2008 into the complaints were closed due to a lack of evidence with which to proceed, law enforcement and other criminal justice officials could have continued their inquiries into the claims that surfaced. During the interviews, for the most part, the criminal justice professionals willingly discussed the downfalls relating to the search warrant application and how it could have been more effectively drafted and executed (although they ultimately defended it based on Delaware Superior Court’s decision that the warrant and the seizure of the video evidence was constitutional). However, they were reluctant to discuss potential failures over time in their investigation of the allegations against Bradley and, instead, claimed that they did all they could with the evidence that existed at the time.

*Silo-ing of Professionals and Challenges to Effective Collaborations*

Individuals work within specific professional contexts that often have different goals, procedures, and relationships to other professionals. As a result, and as this dissertation shows, professionals within different institutions and organizations work within separate silos. Because of this, they often do not communicate with one another and, when they do communicate with one another, they often do not speak the same language.

In addition, different professions are unequally ranked in relation to one another which leads to unsupportive or non-existent collaborations. The concept of structural secrecy also applies here in that it contributed to the loss of information that could have been used to create a more complete picture of Bradleys’ horrific actions. Specifically, several victim service professionals treated patients that presented symptoms of being abused. However, due to the hierarchical nature of professions and
challenges in creating effective collaborations, they did not communicate this information to other professionals. As a result, the tendency of professionals to work in separate silos compromised the medical professionals’ ability to objectively and thoroughly evaluate the information they had since it was not linked to reliable data from other professionals about the child sexual abuse.

_Persistence of Victims’ Silence_

In our society, when victims claim they have been raped or sexually assaulted, pervasive skepticism and disbelief abound (Corrigan 2013). Even though much progress has been made by victims’ rights advocates, researchers, and practitioners in terms of emphasizing the importance and implementing ways of providing victims with a voice in the process, cases like Bradley’s show that victims are often without an authentic voice when articulating allegations of abuse. This is particularly salient when victims make claims of abuse against more socially powerful offenders because professions are structured in a way that perpetuates specific ideas about social groups. Consequently, despite the progress made in the area of victims’ rights and ensuring that victims have a voice, many victims are still silenced, particularly female and child victims of men’s sexual violence.

Other large-scale institutional child sexual abuse cases corroborate this; for example, victims were also silenced in the Penn State and Catholic Church child sex abuse cases. People in authority were aware of the abuse and either covered up the incidents or did not report them, allowing the offenders to continue with impunity. In the Penn State case, employees associated with the university did not report allegations of child sexual abuse by the assistant football coach, Jerry Sandusky, to law enforcement or other appropriate state authorities; they simply revoked his
campus privileges while still allowing him access to children off-campus via his non-profit group activities (Freeh et al. 2012: 13, 108). Similarly, in the Catholic Church cases, religious officials who knew of the abuse either failed to believe the youth’s claims (Medina and Goodstein 2013) or managed the abuse by restricting the priests’ duties or providing them with counseling (John Jay College of Criminal Justice 2004: 94). The failure of officials within these organizations to act in any meaningful way impeded justice by silencing the voices of hundreds of child victims.

The silencing of victims occurs outside of institutional child sexual abuse cases, as well. Recently, the media has reported women’s allegations of various types of sexual assault against Bill Cosby; several dozen complaints have surfaced, with the women maintaining that they did not initially report for fear of not being seen as credible. Cosby was given the benefit-of-the-doubt because of his privileged status as a wealthy, male celebrity; similar to a pediatrician or priest, this type of prominent identity is prioritized and idealized in our society.

The rape culture in our society that encourages the dismissal of victims’ allegations of sexual assault is a product of our patriarchal ideas in which social status shapes the ways claims of victimization are acknowledged and responded to. On the one hand, as a society, we find it shocking that these incidents occur. On the other hand, however, our responses to these incidents belie a different story because victims’ are often dismissed, ignored, or silenced.

In these institutional child sexual abuse cases, the allegations were only accepted as truth when they could no longer be denied. In the Bradley case, the video tapes provided the necessary evidence of the former pediatrician’s sexual abuse. Similarly, it took over 50 women making allegations against Cosby (McDonald 2015; Puente 2015) for many people in society – including criminal justice officials - to
believe there might be some validity to their claims. In the Penn State Case, allegations by victims and others surfaced over 13 years\(^\text{14}\) before Sandusky was arrested in 2011 (Freeh et al. 2012). In all cases, their offenders’ privileged statuses as male, public figures provided them with a layer of protection that led people to believe their denials. Thus, social and professional status shapes how victims are treated and how seriously their claims of victimization are taken. The social and professional prestige of Bradley, Sandusky, and Cosby – as well as others over time - outweighed the claims of victims who were primarily female, children, and/or otherwise socially marginalized.

In addition, this dissertation demonstrates a lack of a clear and consistent response to allegations of child sexual abuse. Bradley’s child victims and/or their caregivers were vulnerable because of their race, gender, social class, ethnicity, language, and citizenship status, and Bradley exploited their vulnerabilities which gave him unfettered access to his victims. As a result of the victims’ marginalized positions, they were unable to formulate and articulate claims of abuse, hence failing to mobilize the criminal justice system for help. Additionally, stereotypical depictions of victims and offenders in our society reinforced Bradley’s advantage over his child victims. Specifically, Bradley was continually given the benefit-of-the-doubt despite evidence – in the form of allegations against him – suggesting that he was abusing children.

It took until Jane Doe #1, the child who “broke the case” because her family possessed the cultural, social, and economic capital to make the case against Bradley

\(^{14}\)The first allegation against Sandusky surfaced in 1998 by one of his child victims; he was not arrested until November 2011 (Freeh et al. 2012).
proceed. When juxtaposed against the other families who made allegations earlier against Bradley, it is clear that professional responses to allegations of abuse facilitate the denial of victim-status for certain groups of people – namely the relatively powerless – and are inconsistent.

**Lessons Learned From the Bradley Case**

Even though the Bradley case culminated in the sexual abuse of hundreds – if not thousands – of young children in Delaware\(^{15}\), professionals within the state aimed to learn from the case to try to ameliorate future harm. According to Miles, a victim service professional, “[an] example that they did the right thing is, afterwards, they put things into effect so that this would be less likely to occur [again]”. Most notably, changes in laws, policies, and practices within the state were implemented as a result of this horrendous situation. Nine bills were signed in to law by legislators in Delaware with the intent of enhancing safeguards for children and patients within the state (State of Delaware 2010\(^{a}\)). The revisions were based, in part, on recommendations from the Ammons’ (2010) report (State of Delaware 2010\(^{a}\)) and many are consistent with the findings of this dissertation. According to State of Delaware (2010\(^{a}\)), the new laws include, but are not limited to, the following:

1. Increasing the number of public members on the Delaware Board of Medical Practice

2. Promoting the mandatory reporting of suspicions of child abuse and other inappropriate professional practices by medical practitioners

\(^{15}\)Supplemental sources note that over 900 claims have been made by victims for civil compensation due to child sexual abuse by Bradley (Duncan 2012; Doe v. Bradley 2012; Parra 2012). Presumably, victims exist that remain unaccounted for.
3. Allowing the Delaware Board of Medical Practice to enforce fines for practitioners and institutions who fail to report suspicions of child abuse

4. Increasing fines for inappropriate professional conduct by physicians

5. Requiring that a chaperone or supervisor be in the medical room with patients under the age of 16 when they are going through a physical examination and that doctors notify parents that they have the right to have a chaperone present during an examination of their child

6. Recommends additional education and training relating to child abuse for professionals and creates educational requirements for physicians, police, and prosecutors, specifically

7. Requires all Delaware physicians to undergo the same background checks that are already required for teachers and other professionals who work with children in the state

In addition to improving patient care and providing increased protections for patients and children within the state, these laws are intended to improve communication among agencies and professionals.

In response to the Bradley case, the Delaware Department of Justice, Prevent Child Abuse Delaware, and the YMCA have joined forces to create and implement a program – “Stewards of Children” through the Darkness to Light Foundation - aimed at educating and training adults throughout the state on child abuse prevention, including recognizing the signs of child abuse and the importance of reporting suspicions (Biden 2014; Darkness to Light 2013). Gloria, a victim service professional, spoke briefly about the training:

They had [a] goal of getting, not just like service providers and police and such, but even the community trained. And the basic premise of this training is not [just] about just protecting your kid, but we need to protect all kids. So if you see something or you know something or whatever it really is our duty to [report]. We’re looking out for all kids. So I really saw a big push for that training.
Thus, policymakers and practitioners were committed to creating changes to enhance the protection of children and patients throughout Delaware.

**Implications and Recommendations**

Beyond the legal and practical changes enacted in Delaware after the Bradley case, several additional implications of and recommendations based on the current research can be raised. First, as discussed in Chapter 4, the professionals understood the Bradley case as primarily a legal case that required the attention of professionals in the criminal justice system. However, understanding and interpreting the case from this narrow perspective 1) excuses the decisions made by professionals outside of the criminal justice system and, thus, lessens their responsibility; 2) situates individual people as abstractions, rendering claims of victimization and the social inequalities that lead to victimization invisible; and, 3) omits the voices and perspectives of other professionals who have meaningful and important insights to contribute. As this dissertation reveals, while Bradley was ultimately convicted and punished, other aspects of the case’s management were inadequate, including repairing the harm perpetrated by Bradley for all victims and altering the culture that silences victims. As a result, incidents of victimization need to be understood as more than legal or criminal in nature and should take into account the perspectives of professionals who work outside of a legal context.

To do so, professionals and citizens – both within and outside of a criminal justice context - must be trained to 1) understand and recognize child sexual abuse that occurs both within and outside of families and to elucidate the institutional contexts in which many of these cases occur; 2) recognize the signs associated with child abuse; 3) highlight the importance of and procedures to report suspicions of abuse to the
appropriate authorities; and, 4) to emphasize that non-legal professionals possess important insights regarding suspicions of child abuse and need to be a part of legal inquiry. This type of community education is imperative in order to increase the recognition and contributions of professionals outside of a criminal justice context.

Additionally, medical professionals work in a context that values self-preservation and the status quo. Thought doctors are supposed to “do no harm” and look out for the well-being of their patients, they sometimes fail to protect the people who need the most protection (for example, children). In order for the medical profession to provide adequate protection to their patients, administrators must listen to the health care workers who often perform the most patient care: nurses. As a part of their jobs, nurses often act as advocates for patients. But, in order to be effective advocates, nurses must have autonomy in their jobs and be able to voice complaints or concerns of illegal, immoral, or unethical behavior without fear of repercussion. Therefore, institutional changes need to be made to ensure that complaints made by nurses are authentically listened to and addressed. The American Nurses Association has and continues to assist nurses who act as whistleblowers on behalf of patients (American Nurses Association 2012). Nonetheless, state boards should also support nurses in making allegations regarding inappropriate conduct. The Delaware Board of Medical Licensure and Discipline and the Delaware Board of Nursing function to 1) create professional standards; 2) endorse and disseminate rules and regulations; and, 3) arbitrate and resolve complaints against medical professionals who engage in wrongdoing, including enforcing disciplinary actions as necessary (Delaware Division of Professional Regulation a b). In addition to punishing medical professionals who engage in misconduct, these boards should endeavor to protect professionals who
make allegations of wrongdoing against colleagues, particularly those who are relatively powerful within a medical context.

In addition, allegations by victims, their guardians, and whistleblowers advocating on their behalf need to be taken seriously. This argument has been made over and over again by victims’ rights advocates and researchers who study victims’ rights. But, despite the progress in this area, many victims are still silenced. Thus, it is vital that victims have their voices heard. As evidenced by Jane Doe #1 and her family’s experience, victims should have access to professionals who are able to advocate on their behalf when making allegations of abuse against offenders. Most advocacy services are only available to victims after they make successful claims of victimization. Thus, victim advocacy programs should expand their scope to include victims who need support accusing their offenders.

A bill was enacted in Delaware after the Bradley case that promotes the reporting of suspicions and allegations of child abuse by medical professionals by, among other things, increasing the potential civil penalties for those who fail to report child abuse (State of Delaware 2010a). State and federal protections exist for whistleblowers (National Conference of State Legislatures 2010). In fact, Delaware has in place the “Whistleblowers’ Protection Act” (State of Delawareb). These safeguards must be emphasized to protect professionals who report ‘good faith’ suspicions or allegations of child abuse from legal liability, not only to increase the penalties for those who fail to report.

A few additional recommendations have been addressed by professionals and policymakers in Delaware in the wake of the Bradley case. First, as this case illustrates, responding retroactively to large-scale cases of child sexual abuse – which is the reactive strategy around which the criminal justice system is centered – fails to
prevent victimization from occurring in the first place. Instead, practices and policies must be implemented to intervene in these cases well before they occur, including many of the preventative measures the state of Delaware has recently taken such as passing laws to strengthen mandatory reporting policies and training professionals within the state on how to recognize and report suspicions of child sexual abuse.

Second, elite professionals (i.e. attorneys and physicians) need to understand and be open to the ideas that other professionals (i.e. victim service professionals) have specific and meaningful expertise that is worth listening to. In other words, the ideas and perspectives of all professionals need to be valued. Specifically, victim service professionals should be acknowledged and understood as professionals who have understandings of phenomena that often complement those in other professions; as shown in this dissertation, victim service and other professionals – including those in the fields of medicine and education – are often able to identify signs of child sexual abuse before the cases come to the attention of criminal justice professionals because they work closely with children as a part of their occupations. Consistent with assertions in the Ammons (2010) report, a dependency and reliance on the criminal justice system exacerbated the extent of the abuse by failing to take into account other perspectives, opinions, and knowledge. While there is a growing reliance on the legal system to respond to incidents of victimization, professionals from different institutional and organizational contexts must work together to increase effective collaboration and coordination. To accomplish this, professionals from different institutional and organizational contexts should engage in trainings and workshops with one another to better understand the roles and responsibilities of each. In addition to raising an awareness of the different professional roles that exist within a
community, this will also help create meaningful connections among professionals and increase collaborative efforts.

Many of the professionals interviewed spoke positively of their involvement in multi-disciplinary groups – such as teams through the Child Advocacy Center and the centralized “clearinghouse” that existed after Bradley’s arrest – for integrating information and bringing professionals together. However, as evidenced in this study, these joint efforts, at times, broke down, particularly in the beginning of the Bradley case. In addition, the collaborative efforts were not sustained after the Bradley case culminated. Thus, professionals from all organization types must work to create long-lasting collaborations through consistent communication and teamwork.

Recall from Chapter 5 that a lack of Spanish speaking professionals exists in southern Delaware to address the needs of the Hispanic immigrant community. In addition, undocumented immigrants often do not have adequate access to law enforcement resources because they are afraid to report crimes to the police for fear of deportation. An increase in Spanish-speaking professionals within the community could bridge these gaps. While this work already takes place in southern Delaware to the extent possible given the limited number of Spanish speaking professionals, organizations should endeavor to increase the number of bilingual professionals to better accommodate and support victims.

However, in Chapter 6, I show that legal solutions often fail to bring about systemic changes that elevate the voices of victims. Kathleen, a victim service professional, is also unconvinced that legal changes alone will bring about universal, widespread change. She states, “just because we passed a bunch of laws people might think that this sort of thing is less likely to happen and it isn’t. It’s just as likely to happen today as it happened five years ago”. When I asked her why, specifically, she
did not think the legal changes would create any meaningful changes she replied, “because, you can dictate people’s behavior with the laws but, unless you engage the various disciplines in doing business differently, I think it will have less of an impact because it’s not getting at the cause of why this exists”. Even though professionals throughout Delaware are establishing and implementing changes with the hopes of reducing cases of child sexual abuse in the future, social, institutional, and professional norms are robust and difficult to change. However, Kathleen was very enthusiastic about the Stewards of Children program (Biden 2014; Darkness to Light 2013) because, in her words, it is “trying to change people’s behavior” and also the way people think about and understand child sexual abuse.

Because institutional, organizational, and professional norms are difficult to change, I also propose individual- and community-level recommendations based on this dissertation. Recently, a supervisory nurse in North Carolina organized a protocol in which nurses document child abuse injuries by taking pictures to document the abuse (Maguire 2016). The photographic evidence captured by the nursing staff has been used in the prosecution of child sex offenders within the state (Maguire 2016). Thus, an additional recommendation is for nurses to more effectively document child abuse injuries they see in their jobs through photography or having other nurses verify the injuries or other warning signs. The additional documentation of physical or behavioral signs of abuse will create a paper trail to corroborate nurses’ allegations which will, in turn, make their claims more robust and believable.

In addition, this dissertation found that a dependency existed on the criminal justice system in the Bradley case. However, non-legal professionals, such as counselors and teachers, are often able to identify signs of child sexual abuse before they come to the attention of the criminal justice system because these professionals
work closely with children as a part of their jobs. As a result, professionals must engage with other community members in order to increase the social cohesion that exists within the community to create a safe environment for victims. For this type of collective efficacy to be effective, community members must develop trust and solidarity with one another through ongoing interactive engagement.

**Study Limitations**

Several limitations of this research study exist. Because of the complexities associated with the Bradley case, participant recruitment was impeded due to professionals’ unwillingness or hesitation to participate because of emotional difficulties, earlier criticism of their involvement in the case, and their on-going involvement in civil legal proceedings. As a result, the sample size for the study is relatively small, particularly for medical and criminal justice professionals. While small sample sizes are characteristic of qualitative inquiries, the limited number of medical and criminal justice professionals limits the extent to which the findings can be interpreted and generalized because of the skew in the number of participants towards victim service professionals. In addition, the professionals who are represented in the sample were primarily involved in the case after Bradley’s arrest and subsequent conviction. Due to the participant recruitment difficulties articulated previously, many of the professionals referred to the study who were involved in early allegations against Bradley were either unwilling or unable to participate due to legal and professional constraints.

Second, participants were asked to recall information retrospectively from their involvement in the Bradley case several years before the interviews took place. Therefore, the possibility exists that the participants were unable to recall some of the
details of their professional involvement in the case. However, as demonstrated in the interviews, the professionals were profoundly impacted by the case and communicated details that may have been forgotten in less noteworthy cases.

The final limitation is also a finding of the study. My experience recruiting and interviewing professionals involved in the Bradley case raises questions and challenges regarding trust and silence of participants within the research setting. Specifically, it was apparent that many of the professionals I spoke with were, at least to some extent, distrustful of how the information they provided would be presented and perceived. As discussed in Chapter 3, a few criminal justice and victim service professions believed many of the critical media reports of the cases were inaccurate and not thoroughly investigated and, as a result, did not want to speak to anyone whose accounts of the case might bring about further criticism. Given that several professionals mentioned and discussed the negative attention the case received primarily through the media, citizen responses to the case, and commissioned reports, it is not unexpected that the professionals were distrustful of discussing both the case generally and their professional roles in the case.

As a result of the perceptible distrust of many of the professionals, they may have provided responses in a way that is socially desirable due to the risk of being adversely judged for their professional decisions. This seemed to occur with criminal justice professionals in the current study; they seemed much less willing to discuss certain topics about the case than both medical and victim service professionals, which could reflect their legal roles in the case. In addition, it became clear through professionals declining to participate and even occasionally appearing to be closed-off during the interviews, that they did not want to divulge their experiences and accounts associated with the Bradley case. This occurred most frequently with medical and
criminal justice professionals. As a result, these elite professionals potentially inhibited more meaningful debate or dialogue of the case through their explicit or implicit silence. Thus, structural secrecy (Vaughan 1996) existed throughout the research process because the professionals involved in the case restricted and controlled the amount and types of information that was shared about the case. In addition, they used their silence as a way to perpetuate the status of their professions by insulating themselves from vulnerability and exposure. Therefore, this study raises questions of what it means to be trusted as a researcher within the research context and how silence is used in research as a way for participants to shield themselves from criticism and exposure.

This research also raises questions regarding the limitations of procedural justice and whether or not perceptions of fairness in the Bradley case can truly exist in a situation in which so many people were silenced and harmed for so long. From a legal perspective, the Bradley case was successful and procedurally fair because Bradley was ultimately held accountable for his crimes through routine legal standards and rules. But, as a situated justice (Berrey et al. 2012) approach contends, fairness is shaped by specific contexts in which people are situated. In the Bradley case, many people were harmed beyond the reach of the formal justice system, including not only the victims and their families, but also the community at-large and the professionals involved in the case. Of important note, as illustrated throughout this dissertation, many professionals’ voices – particularly those in professions that are perceived as less prestigious and ancillary – were silenced throughout the Bradley case which generated an additional layer of ‘harm’ that occurred. Thus, while the case theoretically may seem like a success because Bradley will spend the rest of his life in prison, the on-going plight of the victims, the community, and the professionals
involved in the case illustrates persistent suffering that did not end with Bradley’s conviction. Thus, as I argue in Chapter 6, limitations of understanding fairness exclusively based on procedural justice exist. In the end, the criminal justice system’s criterion of justice fails to take into account the harm that occurs to individuals, which remains suppressed under the pretense of legal fairness. However, despite these limitations, this study makes important theoretical and practical contributions that are strengthened by the acquisition of rich data, thick description, and the use of relevant supplemental sources.

**Future Research**

This dissertation focused on an in-depth examination of perceptions of and decision-making by professionals’ involved in the Bradley case; it raises several possibilities for future research both regarding the Bradley case, specifically, and with similar cases. In addition to the professionals involved in the case, other important perspectives to examine are those of Bradley’s victims’ families and caregivers. The current study illustrates that the families/caregivers of Bradley’s victims played an important role in making allegations against the former pediatrician. Parents of child sexual abuse victims experience, at least initially, secondary victimization related to the abuse of their children (Manion, McIntyre, Fireston, Ligezinska, Ensom, and Wells 1996; McCourt, Peel, and O’Carroll 1998). Secondary traumatic stress reactions are broadly defined as symptoms consistent with post-traumatic stress disorder (PTSD) exhibited by a trauma victim’s caregiver as a result of the patient’s experience (Pearlman and Saakvitne 1995).

Given all of this, future research should examine 1) the extent to which the parents of Bradley’s victims recognized that Bradley was, at the least, engaging in
inappropriate behaviors with their children and how this could help other caregivers identify such clues; 2) the decision-making processes of Bradley’s victims’ families regarding whether or not to make allegations against the former pediatrician and how they weighed the advantages and disadvantages of such decisions; 3) the experiences of those who did make allegations of wrongdoing against him and how this would influence their willingness to report abuse in the future; and 4) how secondary victims were impacted by their child’s (or children’s) victimization. 

Furthermore, several laws and policies were revised and nine bills were signed into law (State of Delaware 2010a) by legislators in Delaware after the Bradley case. As a result, future research should examine the Delaware state child sex abuse laws and associated legislative discourse before and after the Bradley case to examine the language used in creating and revising these policies. Discourse analyses of legislative texts occurring around specific legal debates and/or changes can elucidate how institutional actors view and, thus, respond to citizens. In addition, research should examine how the newly created and revised laws and policies are implemented in order to assess their effectiveness.

For example, Mona Lynch (2002) conducted a study examining legislative discourse surrounding federal sex offender lawmaking. Lynch (2002) argues that lawmaking is not exclusively influenced by rationality in terms of controlling potential safety risks to society. Conversely, she argues that legislative activity is pervaded by emotional expressions and legislative apprehension in the form of repulsion and anxiety of social contamination because of the fear that social boundaries will be crossed between “the pure and the dangerous” (2002: 532). While Lynch (2002) focuses her attention on describing legislative discourse relating to recent sex offender lawmaking, she argues that this type of analysis could be extended to a variety of
judicial dialogues. For the current study, it is important to examine both Delaware state child sexual abuse laws and policies before and after the case as well as the related legislative arguments to access the types of discourse utilized in legal/policy changes relating to child sexual abuse in the state. This analysis could also be extended to child sexual abuse laws in other states. In addition, follow-up interviews should be conducted with professionals to assess the effectiveness of legal and policy changes enacted after the Bradley case via their professional perspectives.

Furthermore, my dissertation also brought to light the psychological effects that professionals dealing with trauma victims often experience. Literature exists noting the link between professionals’ work with trauma victims and vicarious trauma (for example, see Brady et al. 1999; Bride 2007; Brown et al. 1999; Collins and Long 2003; Cunningham 2003; Dominguez-Gomez and Rutledge 2009; Goldblatt 2009; McCann and Pearlman 1990; Nen et al. 2011). However, existing literature fails to take into account how ideas of gender affect the manifestation of vicarious trauma in professionals. Thus, future research should include an analysis of professionals’ vicarious trauma in response to their work to examine the extent to which these responses are gendered and how gendered vicarious trauma may affect how professionals respond to and treat victims.

This dissertation also demonstrates that the silencing of victims reflects power and privilege that exist in our society. Even though legal efforts addressing and research on providing victims a voice within the criminal justice system have increased as a result of the victims’ rights movement, victims’ voices – particularly victims of gendered and sexual violence - are still silenced in our society (Tobolowsky et al. 2010). As a result, future research should continue to examine the extent to
which victims are provided a voice in relation to their victimization and ways to better address and listen to victims who make claims of injustice or wrongdoing.

To this end, this dissertation moves beyond understanding institutional child sexual abuse cases as simply the result of evil or immoral people and provides a richer understanding of the ways in which institutional, organizational, and professional context shape these cases. My hope is that this research is the beginning – not the end – of discussions regarding the ways in which these cases occur and persist in our society. I urge professionals, policymakers, and citizens to continue to engage in meaningful dialogues about not only ways to respond to child sexual abuse incidents, but also how to prevent them.
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16Earl Bradley’s trial transcript on file with the author.

17Earl Bradley’s sentencing transcript on file with the author.


Appendix A

PARTICIPANT RECRUITMENT LETTER

To whom it may concern,

My name is Kristen Hefner and I am a graduate student in the Department of Sociology & Criminal Justice at the University of Delaware. For my dissertation, I am conducting research that explores how organizations create norms and standards within their organizations and how these norms and standards play out in specific contexts or situations. Specifically, for this research, I am interested in how the norms and standards of your organization influenced your organization's response to allegations of abuse by Dr. Bradley and to better understand the decisions that were made by your organization in terms of the allegations.

I am interested in conducting interviews with a diverse sample of central figures from organizations and institutions associated with the Dr. Bradley case. The interview can take place wherever you prefer, whether it is at your place of employment or a public location, such as a library or the University of Delaware. The interviews will take approximately one to two hours to complete. With your consent, the interviews will be audio recorded to ensure the accuracy of what is being said. However, your identity, name, and answers will be kept confidential. During the interview, I will ask you questions about the organization of which you are a part and your role within the organization, the organizational structure, and your organization's role in the response to allegations of abuse by Bradley.

If you are interested in participating, know of someone else who might be, or have any questions about the research, feel free to contact me at mkhefner@udel.edu. I am more than happy to meet with you in person or talk over the phone to discuss this research in more detail.

Sincerely,
Kristen Hefner
Doctoral Candidate
Department of Sociology & Criminal Justice
University of Delaware
Appendix B

CONSENT FORMS

University of Delaware
Informed Consent Form

Title of Project: A Case Study of the Institutional Responses to the Dr. Earl Bradley Child Sexual Abuse Case

Principal Investigator (s): Mary Kristen Hefner and Dr. Susan L. Miller (advisor)
Other Investigators: N/A

You are being asked to participate in a research study. This form tells you about the study including its purpose, what you will do if you decide to participate, and any risks and benefits of being in the study. Please read the information below and ask the research team questions about anything we have not made clear before you decide whether to participate. Your participation is voluntary and you can refuse to participate or withdraw at any time without penalty or loss of benefits to which you are otherwise entitled. If you decide to participate, you will be asked to sign this form and a copy will be given to you to keep for your reference.

WHAT IS THE PURPOSE OF THIS STUDY?
The purpose of this study is to learn more about the relationships between law enforcement, medical professionals, and victim service workers and to understand your organization's responses to allegations of child sexual abuse against Dr. Earl Bradley for the researcher’s doctoral dissertation. You are being asked to take part in this study because you worked, at least to some extent, in investigating allegations against Dr. Bradley.

WHAT WILL YOU BE ASKED TO DO?
The interviews will be conducted at your place of employment or another public location (such as a library). Your participation is expected to take approximately 1 – 2 hours. Brief follow-up interviews may be conducted. During the course of this study, the following will occur: You will enter the interview room, and the informed consent form will be presented, explained, and signed. You will be encouraged to ask any questions about the research project itself or your participation and I will address any concerns you may have. Information will be collected about your organizational experiences with the Dr. Earl Bradley case. You will be asked questions about the organization for which you work, including information about the organizational structure of and your role within the organization, and questions about the work your organization did in relation to the Dr.
Earl Bradley case. Each interview will be audio recorded to ensure accuracy of the information collected. If you do not wish to be audiotaped, you can still participate in the study. In this case, handwritten notes will be taken. At the conclusion of the interview, you will be thanked for your time and provided a copy of the consent form.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?
This is a non-invasive study with minimal risks to the study participants. The interview questions asked pertain to your employment and occupational role in the Dr. Earl Bradley child abuse case. Therefore, the researcher does not foresee any physical, psychological, social, financial, or legal risks to you, as a participant. While this study does involve a criminal trial, the trial concluded in 2011. Thus no information discussed is pertinent to an on-going criminal investigation or trial.

WHAT ARE THE POTENTIAL BENEFITS?
You will not benefit directly from taking part in this research. However, the knowledge gained from this study may contribute to our understanding of the legal, medical, and victim service responses to a large-scale child sexual abuse case and to help professionals better understand and respond to these cases in the future.

HOW WILL CONFIDENTIALITY BE MAINTAINED?
The researcher will make every effort to keep all research records that identify you confidential to the extent permitted by law. The researcher will assign each participant a pseudonym, or fake name, to ensure the confidentiality of your identity and your answers. Only the researcher will know which pseudonym matches which real name. The list linking the pseudonyms to each participant’s identity will be kept on the researcher’s password protected computer.

Each interview will be audiotaped and transcribed. The audio-tapes and transcripts from the interviews will be stored as computer files on the researcher’s password protected computer and will not be made available in their entirety to any other source or person other than the researcher. In the event of a publication or presentation resulting from the research, no personally identifiable information will be made public. Data will be presented in the aggregate so you will not be identified. Upon completion of the researcher’s doctoral dissertation and any publications based on these data, the audio tapes and computer files will be erased, and your personally identifying information shredded. The interview recordings and transcriptions of the interviews will be kept on the researcher’s password protected computer indefinitely. The data obtained from the interviews may be used in future research on the Bradley case.

Your research records may be viewed by the University of Delaware Institutional Review Board, but the confidentiality of your records will be protected to the extent permitted by law. No examination materials will be made to any other source.
WILL THERE BE ANY COSTS RELATED TO THE RESEARCH?
There are no costs associated with participating in this study.

WILL THERE BE ANY COMPENSATION FOR PARTICIPATION?
There will not be any compensation for participation in this study.

DO YOU HAVE TO TAKE PART IN THIS STUDY?
Taking part in this research study is entirely voluntary. You do not have to participate in this research. If you choose to take part, you have the right to stop at any time. If you decide not to participate or if you decide to stop taking part in the research at a later date, there will be no penalty or loss of benefits to which you are otherwise entitled. Your refusal will not influence current or future relationships with the University of Delaware. No conditions exist when your participation will be terminated by the investigator.

WHO SHOULD YOU CALL IF YOU HAVE QUESTIONS OR CONCERNS?
If you have any questions about this study, please contact the Principal Investigator, Kristen Hefner, at mkhefner@udel.edu.

If you have any questions or concerns about your rights as a research participant, you may contact the University of Delaware Institutional Review Board at 302-831-2137.

Your signature below indicates that you are agreeing to take part in this research study and that you agree that our conversation will be audiotaped. You have been informed about the study’s purpose, procedures, possible risks and benefits. You have been given the opportunity to ask questions about the research and those questions have been answered. You will be given a copy of this consent form to keep.

By signing this consent form, you indicate that you voluntarily agree to participate in this study.

_________________________________________  ______________
Signature of Participant                     Date

_________________________________________
Printed Name of Participant

Consent to tape recording of interview:

I agree to have the interview tape recorded.
______ Yes ________No
I would prefer that handwritten notes be taken. Please do not tape record the interview. 

______ Yes ______ No

___________________ Initials of participant
Title of Project: A Case Study of the Institutional Responses to the Dr. Earl Bradley Child Sexual Abuse Case

Principal Investigator(s): Mary Kristen Hefner and Dr. Susan L. Miller (advisor)
Other Investigators: N/A

You are being asked to participate in a research study. This form tells you about the study including its purpose, what you will do if you decide to participate, and any risks and benefits of being in the study. Please read the information below and ask the research team questions about anything we have not made clear before you decide whether to participate. Your participation is voluntary and you can refuse to participate or withdraw at any time without penalty or loss of benefits to which you are otherwise entitled. If you decide to participate, you will be asked to give verbal consent and a copy will be given to you to keep for your reference.

WHAT IS THE PURPOSE OF THIS STUDY?
The purpose of this study is to learn more about the relationships between law enforcement, medical professionals, and victim service workers and to understand your organization's responses to allegations of child sexual abuse against Dr. Earl Bradley for the researcher’s doctoral dissertation. You are being asked to take part in this study because you worked, at least to some extent, in investigating allegations against Dr. Bradley.

WHAT WILL YOU BE ASKED TO DO?
The interviews will be conducted over the phone. Your participation is expected to take approximately 1 – 2 hours. Brief follow-up interviews may be conducted.

During the course of this study, the following will occur: The informed consent form will be presented and explained over the phone. Verbal consent will be obtained. You will be encouraged to ask any questions about the research project itself or your participation and I will address any concerns you may have. Information will be collected about your organizational experiences with the Dr. Earl Bradley case. You will be asked questions about the organization for which you work, including information about the organizational structure of and your role within the organization, and questions about the work your organization did in relation to the Dr. Earl Bradley case. Each interview will be audio recorded to ensure accuracy of the information collected. If you do not wish to be audiotaped, you can still participate in the study. In this case, handwritten notes will be taken. At the conclusion of the interview, you will be thanked for you time and provided a copy of the consent form.
WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?
This is a non-invasive study with minimal risks to the study participants. The interview questions asked pertain to your employment and occupational role in the Dr. Earl Bradley child abuse case. Therefore, the researcher does not foresee any physical, psychological, social, financial, or legal risks to you, as a participant. While this study does involve a criminal trial, the trial concluded in 2011. Thus no information discussed is pertinent to an on-going criminal investigation or trial.

WHAT ARE THE POTENTIAL BENEFITS?
You will not benefit directly from taking part in this research. However, the knowledge gained from this study may contribute to our understanding of the legal, medical, and victim service responses to a large-scale child sexual abuse case and to help professionals better understand and respond to these cases in the future.

HOW WILL CONFIDENTIALITY BE MAINTAINED?
The researcher will make every effort to keep all research records that identify you confidential to the extent permitted by law. The researcher will assign each participant a pseudonym, or fake name, to ensure the confidentiality of your identity and your answers. Only the researcher will know which pseudonym matches which real name. The list linking the pseudonyms to each participant’s identity will be kept on the researcher’s password protected computer.

Each interview will be audiotaped and transcribed. The audio-tapes and transcripts from the interviews will be stored as computer files on the researcher’s password protected computer and will not be made available in their entirety to any other source or person other than the researcher. In the event of a publication or presentation resulting from the research, no personally identifiable information will be made public. Data will be presented in the aggregate so you will not be identified. Upon completion of the researcher’s doctoral dissertation and any publications based on these data, the audio tapes and computer files will be erased, and your personally identifying information shredded. The interview recordings and transcriptions of the interviews will be kept on the researcher’s password protected computer indefinitely. The data obtained from the interviews may be used in future research on the Bradley case.

Your research records may be viewed by the University of Delaware Institutional Review Board, but the confidentiality of your records will be protected to the extent permitted by law. No examination materials will be made to any other source.

WILL THERE BE ANY COSTS RELATED TO THE RESEARCH?
There are no costs associated with participating in this study.

WILL THERE BE ANY COMPENSATION FOR PARTICIPATION?
There will not be any compensation for participation in this study.
DO YOU HAVE TO TAKE PART IN THIS STUDY?
Taking part in this research study is entirely voluntary. You do not have to participate in this research. If you choose to take part, you have the right to stop at any time. If you decide not to participate or if you decide to stop taking part in the research at a later date, there will be no penalty or loss of benefits to which you are otherwise entitled. Your refusal will not influence current or future relationships with the University of Delaware.
No conditions exist when your participation will be terminated by the investigator.

WHO SHOULD YOU CALL IF YOU HAVE QUESTIONS OR CONCERNS?
If you have any questions about this study, please contact the Principal Investigator, Kristen Hefner, at mkhefner@udel.edu.
If you have any questions or concerns about your rights as a research participant, you may contact the University of Delaware Institutional Review Board at 302-831-2137.

If you agree to participate, please tell me that you give your consent. This will indicate that you understand that your participation is voluntary, that you have been informed about the study’s purpose, procedures, possible risks and benefits, that your identity will be kept confidential, and that you have been given the opportunity to ask any questions.

Date: _________________________
Name of participant: ____________________________________________
Signature of person conducting interview: ___________________________

If you agree to tape recording of the interview, please tell me that you give your consent.

Consent to tape recording of interview:
I agree to have the interview tape recorded.
_____ Yes _______No

I would prefer that handwritten notes be taken. Please do not tape record the interview.
_____ Yes _______No

Name of participant: ________________________________
Appendix C

INTERVIEW GUIDE

Interview Protocol

Criminal Justice, Medical, Victim Service Professionals

Questions about occupation and role within agency/organization
1. I want to begin by asking you about your job and your role with [name of agency/organization]. Tell me about your job with [name of agency/organization]. (PROBES: How long have you worked for [insert agency]? What is your current position/job – duties/responsibilities/supervision/etc.?)
2. What attracted you to this type of work?
3. How do you define success in your job?
4. What are the main satisfactions and frustrations in this line of work?

Questions about the organization (generally)
5. Tell me about your organization.
   a. Mission/goals of the organization (PROBE: What goals does your organization prioritize?)
   b. How are the goals achieved within the organization?
   c. Does your organization collaborate with other organizations? If so, what organizations (PROBE: law enforcement, medical, child advocacy). In what capacity? If not, why not?
      i. What are the benefits of working with other organizations?
      ii. What are the challenges of working with other organizations?
6. Tell me about the people/communities your organization serves. (PROBE: Who are they (race, class, gender, etc.)? Are there specific groups of people you serve more than others? If so, why do you think this is?)
7. What types of information are less likely to be shared with all members of the organization? (PROBE: With whom is the information shared/not shared?) What types of cases do you typically take? How does your organization prioritize cases? Are there voices/positions that have more power than others? If so, who has the most power within the organization? Who has the least power within the organization? What do you think of this organizational structure? How does your organization assess risk/danger/threats?)
8. Has the organizational structure of [insert agency] changed over time? (PROBE: If so, in what ways?)
9. Is there a lot of racial and gender diversity in your organization? (PROBE: if yes, why? If not, why not?)
10. Do you think race, gender, and social class play a role in the work your organization does? Note: You can discuss each (race, class, gender) separately. Let’s start with race… (PROBE: If so, in what ways? Give specific examples. How do they each affect the work your organization does? Do you think they affect the work positively or negatively? If not, why do you not think they play a role?)

Questions about the Earl Bradley case, the doctor, allegations, victims, etc.
11. Now I want to ask you about your work in relation to the Dr. Earl Bradley case. How and when did you first hear about the case? (PROBE: Did you first hear about it personally (i.e. news, friends, etc.) or professionally (i.e. in relation to your job)? Did you hear rumors? Is this typically how you hear about cases that come to the attention of your organization? What makes it the same or different? (Other questions: Did you know about the Bradley case prior to your organization getting involved?)
12. What was your organization/agency’s role and your professional role in the case?
13. Tell me about the allegations of child sexual abuse against Dr. Bradley that your organizations received (i.e. the cases you heard). (PROBES: What were the allegations you received? Who were the allegations by - what was the race, class, gender of the children and their families who brought claims against Bradley to you? Were some allegations/claims taken more seriously/more believable than others? If so, which ones – be specific, who what why? (PROBES: Did the race, class, and/or gender of the claims makers influence how seriously the claims were taken? If so, how? Why?)
14. Tell me about your organization’s response to the allegations against Bradley. (PROBE: How did your organization respond to the allegations? What led you/them to that response?)
15. What are your perceptions of how the case was handled by your agency? (PROBE: Were the decisions made by your agency controversial within the organization? If so, why? Other than Bradley, have there been any other controversial cases within the organization? Are there parts of the case you feel could have been handled better [more effectively, efficiently, more thoroughly, etc.] If so, what were they? How could they have been handled better?)
16. From a professional standpoint, what did you learn from the management of the case? (PROBE: Did the work you did in relation to the Bradley case affect you professionally/personally and, if so, how?)
17. In your opinion, why do you think the abuse by Dr. Bradley continued for so long? (i.e. what factors influenced the continuation of the abuse – institutional, legal, victims, parents, etc.?)
18. Do you think this same response could have happened somewhere else or do you think there is something unique to this area? Or the crime? Or the victims? (PROBE: is there something about lower Delaware that had an effect on the abuse going on for so long)? (Such as it being less populated, or…?) If so, why? If not, why not?)

19. What changes would you make in how child sexual abuse cases are handled by [insert agency]? Were there things that you think could have been done differently by your agency/other agencies?

20. Have there been any negative outcomes (i.e. repercussions, consequences, effects) within your agency as a result of the Bradley case?

**Concluding Questions**

21. Is there anything else you would like to add or anything else you want me to know about your organization's involvement (or the involvement of other organizations) in the Dr. Bradley case that we haven't already talked about?

22. Is there anything else you would like to add or anything else you want me to know about your individual involvement in the Dr. Bradley case that we haven't already talked about?

23. Tell me a little about yourself:
   a. Age
   b. Race
   c. Sex
   d. Family background
      i. Are you a parent?
      ii. Are you married? Domestic partnership?
   e. Education
Appendix D

IRB APPROVAL FORMS
DATE: October 2, 2013

TO: Mary Kristen Hefner
FROM: University of Delaware IRB

STUDY TITLE: [520377-1] A Case Study of the Institutional Responses to the Dr. Earl Bradley Child Sexual Abuse Case

SUBMISSION TYPE: New Project

ACTION: APPROVED
APPROVAL DATE: October 2, 2013
EXPIRATION DATE: October 1, 2014
REVIEW TYPE: Expedited Review

REVIEW CATEGORY: Expedited review category # 6, 7

Thank you for your submission of New Project materials for this research study. The University of Delaware IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a study design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the study and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the study via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the signed consent document.

Please note that any revision to previously approved materials must be approved by this office prior to initiation. Please use the appropriate revision forms for this procedure.

All SERIOUS and UNEXPECTED adverse events must be reported to this office. Please use the appropriate adverse event forms for this procedure. All sponsor reporting requirements should also be followed.

Please report all NON-COMPLIANCE issues or COMPLAINTS regarding this study to this office.

Please note that all research records must be retained for a minimum of three years.
Based on the risks, this project requires Continuing Review by this office on an annual basis. Please use the appropriate renewal forms for this procedure.

If you have any questions, please contact Nicole Farnese-McFarlane at (302) 831-1119 or nicolefm@udel.edu. Please include your study title and reference number in all correspondence with this office.
DATE: November 18, 2013

TO: Mary Kristen Hefner
FROM: University of Delaware IRB

STUDY TITLE: [520377-2] A Case Study of the Institutional Responses to the Dr. Earl Bradley Child Sexual Abuse Case

SUBMISSION TYPE: Amendment/Modification

ACTION: APPROVED

APPROVAL DATE: November 18, 2013
EXPIRATION DATE: October 1, 2014
REVIEW TYPE: Expedited Review

Thank you for your submission of Amendment/Modification materials for this research study. The University of Delaware IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a study design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the study and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the study via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the signed consent document.

Please note that any revision to previously approved materials must be approved by this office prior to initiation. Please use the appropriate revision forms for this procedure.

All SERIOUS and UNEXPECTED adverse events must be reported to this office. Please use the appropriate adverse event forms for this procedure. All sponsor reporting requirements should also be followed.

Please report all NON-COMPLIANCE issues or COMPLAINTS regarding this study to this office.

Please note that all research records must be retained for a minimum of three years.

Based on the risks, this project requires Continuing Review by this office on an annual basis. Please use the appropriate renewal forms for this procedure.
If you have any questions, please contact Nicole Farnese-McFarlane at (302) 831-1119 or nicolefm@udel.edu. Please include your study title and reference number in all correspondence with this office.
DATE: December 11, 2013

TO: Mary Kristen Hefner
FROM: University of Delaware IRB

STUDY TITLE: [520377-4] A Case Study of the Institutional Responses to the Dr. Earl Bradley Child Sexual Abuse Case

SUBMISSION TYPE: Amendment/Modification

ACTION: APPROVED

APPROVAL DATE: December 6, 2013
EXPIRATION DATE: October 1, 2014
REVIEW TYPE: Expedited Review

Thank you for your submission of Amendment/Modification materials for this research study. The University of Delaware IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a study design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the study and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the study via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the signed consent document.

Please note that any revision to previously approved materials must be approved by this office prior to initiation. Please use the appropriate revision forms for this procedure.

All SERIOUS and UNEXPECTED adverse events must be reported to this office. Please use the appropriate adverse event forms for this procedure. All sponsor reporting requirements should also be followed.

Please report all NON-COMPLIANCE issues or COMPLAINTS regarding this study to this office.

Please note that all research records must be retained for a minimum of three years.

Based on the risks, this project requires Continuing Review by this office on an annual basis. Please use the appropriate renewal forms for this procedure.
If you have any questions, please contact Nicole Farnese-McFarlane at (302) 831-1119 or nicolefm@udel.edu. Please include your study title and reference number in all correspondence with this office.
DATE: December 11, 2013

TO: Mary Kristen Hefner
FROM: University of Delaware IRB

STUDY TITLE: [520377-3] A Case Study of the Institutional Responses to the Dr. Earl Bradley Child Sexual Abuse Case

SUBMISSION TYPE: Amendment/Modification

ACTION: APPROVED

APPROVAL DATE: December 11, 2013
EXPIRATION DATE: October 1, 2014
REVIEW TYPE: Expedited Review

Thank you for your submission of Amendment/Modification materials for this research study. The University of Delaware IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a study design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the study and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the study via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the signed consent document.

Please note that any revision to previously approved materials must be approved by this office prior to initiation. Please use the appropriate revision forms for this procedure.

All SERIOUS and UNEXPECTED adverse events must be reported to this office. Please use the appropriate adverse event forms for this procedure. All sponsor reporting requirements should also be followed.

Please report all NON-COMPLIANCE issues or COMPLAINTS regarding this study to this office.

Please note that all research records must be retained for a minimum of three years.

Based on the risks, this project requires Continuing Review by this office on an annual basis. Please use the appropriate renewal forms for this procedure.
If you have any questions, please contact Nicole Farnese-McFarlane at (302) 831-1119 or nicolefm@udel.edu. Please include your study title and reference number in all correspondence with this office.