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Reconsidering the Recent History of Child Sexual Abuse, 1910–1960

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ABSTRACT

This paper explores how different discursive sites have sought to define and/or deny the actuality and harm of child sexual abuse in the first half of the twentieth century in England and Wales. Primary data from journal and archival sources suggest that there were a range of competing accounts of sexual abuse (usually referred to as sexual assaults or even just as 'outrages'). It is argued that there was not a monolithic silencing of this abuse but a contest over the meaning of childhood, over the sexual innocence of girls, and even over the significance of discovering venereal diseases in babies and in children's homes. The paper suggests that there has been an overemphasis on the silencing potential of psychoanalytic discourses during this period, and insufficient attention paid to the role of the legal establishment and the practices of the criminal justice system in the persistent, but multifaceted, inability to define adult/child sexual contact as abusive or harmful.

INTRODUCTION

It is better that a hundred innocent men should be convicted than that the body of one young girl should be indecently tampered with.[1]

Child sexual abuse remains an apparently insurmountable problem in Western developed societies. Although it is widely acknowledged as an extremely harmful abuse of power and trust it is far from easy, it would seem, to turn this sense of revulsion into policies to protect children and to punish abusers. It is not just that we have learnt that apparent

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'solutions' (like removing children to foster or care homes) are likely to cause further harm and abuse, nor is it that voluntary and professional agencies are indifferent (although some may be), rather it seems that there are too many ways of refusing to acknowledge the abuse in individual instances. We therefore find ourselves in the strange situation of talking extensively about child sexual abuse as a phenomenon, whilst still doing relatively little to help children who are being abused.

This paper offers no solutions to this dilemma, rather I propose to look at this problem of 'knowing' and 'not knowing' about abuse in an historical context. Conventional wisdom would suggest that in the UK we have really only become aware of the phenomenon of child sexual abuse since the early 1980s. Certainly at that time there was an upsurge of concern about it, brought into public consciousness by incest survivors and the second wave Women's Movement. This moment is also associated with some very strong criticisms of psychodynamic social work practices and the selective use of Freudian psychoanalysis which, in the post-war era, had actively silenced children and women who complained of sexual abuse and assaults (Driver and Droisen, 1989; Scott, 1988). But the idea that agencies, professionals and governments did not 'know' about sexual abuse or that there was a monolithic silence prior to the 1980s does a disservice to campaigners and feminists who, following the implementation of the Punishment of Incest Act in 1908 (Bailey and Blackburn, 1979), fought hard to extend the definition of adult–child sexual contact as harmful. Borrowing from Foucault's work on Victorian sexuality (1981) it might be more appropriate to question the assumption that there really was a silence over sexual matters of this kind, or, if there was a silence, to ask who was doing the silencing.

In this paper, therefore, I want to give consideration to a range of discursive sites where the definitions and meanings of adult sexual contact with children were being contested. I shall focus on the five decades between the Punishment of Incest Act 1908 and the start of the 1960s because this has been such a neglected period as far as child sexual abuse is concerned. I will explore four discursive fields, namely medical, political, legal and psychoanalytic. Although I shall treat these four separately, they are far from being discrete disciplinary fields. Individuals often occupy more than one site and there are still to be found in the twentieth century discursive alliances such as the medico-legal alliance which Mort (1987) discusses in relation to the nineteenth century. For the purposes of discussion, however, I shall treat them separately and will explore the ways in which knowledge about adult sexual contact with children is construed and contested as well as considering whether such activities are con-

structed as harmful. In this way I shall try to unpack the silence to the extent of suggesting that there were multiple methods of denying abuse as well as ongoing (noisy) struggles to keep such abuse on the political agenda.

MEDICAL DEBATES

In exploring how the medical profession dealt with adult sexual contact with children it is necessary to consider under what conditions a child or an abusive event might come to medical attention. In pursuing this question I was surprised to discover discussions in the medical literature about outbreaks of venereal diseases in children's homes and children's wards of hospitals and schools. In July 1925 *The Lancet* carried a report which read: 'On Jan. 26th, 1924, 17 girls between 6 and 10 years old, living in an exceptionally well-administered home, were notified as suffering from gonorrhoeal vulvo-vaginitis ...' (11 July 1925, p. 101). It seems that such outbreaks were not uncommon because they were also mentioned in the Royal Commission on Venereal Diseases Final Report in 1916 where it was reported that such outbreaks were frequent.

What is of interest of course is how the medical profession in the 1920s explained the appearance of gonorrhoea in babies and children.[2] It would seem that throughout this period, and even into the 1980s, the orthodox account relied on the idea of 'fomite' transmission. Thus the source of infection was usually identified as lavatory seats, slipper baths, towels and later through rectal thermometers. The 'original' source was seen as a precociously sexual and hence diseased child entering an institution who then infected all the other children. This was referred to as 'accidental' or sometimes 'innocent' transmission. Thus the editor of *The Lancet* in 1925 remarked, in response to the report above:

> Many little girls are carriers of gonorrhoea as a result of infection by towels, w.c.'s [*sic*], and lavatories, and the youth of a child by no means precludes the possibility of her having gonorrhoea ... No towels, baths, or bedroom chambers should ever be shared by girl children in institutions. ... A similar outbreak observed this year at a convent home for older girls in a home county was traced to infection from one or more imperfectly cured cases of gonorrhoea by towels and baths. (11 July 1925, pp. 101–2)

Such outbreaks did not therefore seem to give rise to any suspicion that the children in an institution might be subject to sexual assaults. Although it was often conceded that a child who entered with the disease might have been assaulted prior to her admission, it was apparently unthinkable for abuse to be going on within the institution. Given that doctors knew perfectly well that adults contracted gonorrhoea through sexual contact it required some fairly far-fetched theories to rely so heav-

ily on ideas of innocent transmission. Of course it is important to appreciate the state of medical knowledge in relation to the transmission of bacterial diseases at this time and I shall return to this point below.

After the Royal Commission on Venereal Diseases (1916) reported, many free clinics were set up to treat VD (Evans, 1992; Hall, 1993). This meant that doctors dealt with these diseases in a much greater volume and the poor were able to get treatment as well as the rich. Thus in the 1920s doctors began to treat gonorrhoea in families and, in addition to the gonorrhoea found in children's homes, they had to explain the existence of gonorrhoea in children who were still living with their parents. Explanations seem to vary according to the class of the patients. Amongst the poor it was argued that transmission occurred because children shared the same bed as their parents (Tod, 1927). Poor hygiene and shared lavatory seats were also seen as sources of infection. For wealthier patients, transmission was blamed on governesses or servants (Fraser, 1925).

Again, what is striking is the way in which the reports of VD in children in the medical literature expressly ruled out the possibility of sexual contact. Tod (1927) states,

> The question of assault has, of course, given rise to much discussion, and recent reports show that *it is not uncommon*, but statistics show that it plays a comparatively small part in the spread of gonorrhoea in these young children. (p. 113, emphasis added)

Later she remarks,

> During five years seventy cases of gonorrhoeal vulvo-vaginitis in children under twelve years of age have been treated, and of these we have been able to trace fifty-one. Of the seventy cases, three were proved to have resulted from criminal assault, in thirty-three cases the mother had a vaginal discharge, in two cases the father was said to have a discharge, while in the remaining thirty-five cases no definite source of infection could be traced. (p. 114)

It is not until the 1980s and 1990s that doctors became alert to the fact that venereal diseases in children should be treated as an indication of sexual abuse (Lawrence *et al.*, 1984; Rawstron *et al.*, 1993; Estreich and Forster, 1992), although even as late as 1982 one specialist in Britain was able to assert: 'Pre-pubertal girls have immature vulvas and vaginal epithelium which is susceptible to invasion by the gonococcus. This usually only occurs when there is overcrowding and faulty personal hygiene'. (Nicol Thin, 1982, p. 105)

However, although these medical accounts minimise the possibility of sexual assault/abuse there was an equally vocal counter-discourse in the

medical literature which saw venereal infections in children as the direct result of rape. These accounts acknowledged that children were being sexually abused as a result of the belief that sexual intercourse with a virgin produced a cure for venereal disease. For example, in 1909 Dr Flora Pollack of the Johns Hopkin Hospital argued that the numbers of children with venereal diseases in New York City was far too high to be explained by the activities of sexual perverts. She put forward her 'infectionist' theory.[3] Infectionists were not, she argued, perverts and took no sexual satisfaction from the rape of a child, rather they were engaged in a logical (although evil) act. Thus, she argued, one could understand the rape of girls as young as 10 months old. She went on to argue: 'The possibilities of towel, bathtub or toilet infections of gonorrhoea are extremely rare, but they offer a very useful shield for a guilty individual, and they also impede justice, and make it extremely difficult to protect children from these assaults,' (1909, p. 147).

The belief that men raped children to rid themselves of venereal diseases was also held in Britain. This view was repeated regularly to the Commissioners on the Royal Commission on Venereal Diseases (1916)[4] and it was still reiterated throughout the 1920s (Smart, 1999). What is most interesting about this account however, is that it desexualised the sexual abuse. The man was said to have no sexual interest in his victim but, equally, she was depicted as completely innocent, little more than an object that was used as a conduit to rid the man of his affliction. In this process, although the man's motives were rendered rational, the harm to children, especially very young children, is made very clear. This discourse of the misplaced cure enabled some sections of the medical profession to speak openly about the sexual abuse of babies and toddlers. Such young children had not been previously included in public debates because the focus of most campaigns had been on pubescent girls. Sections of the medical profession were therefore aligned with the aim of stopping this kind of abuse and generating the conditions under which it would cease to occur. Medical discourse was, in this sense, fragmented, at least in the 1920s and 1930s.

References to the belief that intercourse with a virgin cures venereal disease seems to have disappeared in Britain by the 1940s but the belief in fomite and accidental transmission in children (but not adults) was still strong.[5] Thus, after the Second World War the dominant medical discourse available to 'explain' venereal diseases in children consisted of denial and lack of recognition. The insight into the extensiveness and harm of sexual abuse available until the 1930s is either lost or put to one side in order to win the co-operation of parents in the treatment of

infected children. The Report of the Departmental Committee on Sexual Offences Against Young Persons in 1925, for example, makes it clear that doctors were often faced with either treating their young patients and staying quiet about possible abuse, or raising suspicions and having the child/ren removed from treatment. Throughout this period fathers had absolute power over their children and could easily remove them from treatment and refuse medical examinations. Even the NSPCC could not examine a raped child without her father's consent, and convicted abusers could make their children live with them on release from prison because paternal rights were sacrosanct.

POLITICAL DEBATES

Immediately after the ending of the First World War, feminists and child protectionists resumed the cause of protecting girls from sexual exploitation. They put various Private Members' Bills before parliament and subsequently a Joint Select Committee of both Houses was formed in 1918 to consider the common element of these bills, the main aim of which was to protect girls under 16 from indecent assault. Parliament was dissolved before the Committee reported and so a new Joint Select Committee was formed in 1920. After the Committee made its recommendations a Private Member's Bill was introduced but it fell for lack of time, and so in 1922 the government introduced its own bill which was passed as the Criminal Law Amendment Act 1922. Subsequently, further pressure on the government resulted in the Home Office setting up the Departmental Committee on Sexual Offences Against Young Persons (1924-5) which made extensive policy recommendations on how to deal with the sexual abuse of young people. Although these recommendations were seen as too radical and too child-centred to be implemented, all this lobbying and government activity does show that there was intense concern about the sexual abuse of children between the wars.

The main focus of the feminists and purity campaigners at this time was to extend protection to girls from forms of sexual assault that fell short of rape. As the law stood, before 1922 a man could engage in an act of indecency with a girl under the age of 16 years and then defend himself by claiming that she consented or by claiming that he thought she was over 16 years. It was recognised that many men were escaping conviction through these loopholes, and that charges of rape were often reduced to indecent assault and so even very serious offences were going unpunished. Mr Archibald John Allen, the representative of the bishop of London, in giving evidence to the Joint Select Committee in 1920 stated:

> There are an appalling number of indecent assaults on children all over the country. ... These cases are so numerous that some further protection is absolutely required for children. As to rescue homes – it seems a shocking thing that there should be rescue homes for children between 13 and 16 – the Salvation Army have very large numbers in their homes. The Church of England have places which are full of children who have been tampered with at these early ages. I saw an article published in 1915 stating that in 29 years the NSPCC had dealt with over 32,000 cases of children; it was in the 'Church Times' – 32,204 girl child victims of immorality, and in 1914 in London alone 119 cases were dealt with. (Joint Select Committee *Report*, 1920, p. 884)

The campaigners wanted a clear boundary at the age of 16 years to prevent any sexual contact with girls. The aim of the Medical Women's Federation was to gain recognition of the serious harm that any form of premature sexual interference could cause. Dr Jane Walker of the Federation stated:

> To awaken or excite the dormant passions of a child or young person by such means prematurely is to confound its sense of right and wrong, and to give it a false view of human and social relationships and duties which it is very difficult to correct later. The physical and mental balance is often upset, and healthy development hindered. Not only unfortunate impressions but severe neurosis may persist in later life as a consequence if such experiences. (Joint Select Committee *Report*, 1920, p. 887)

Dr Walker's insight into the harm of sexual abuse appears to be very 'modern' and it shows the extent to which some feminists in the 1920s held views which are very similar to their feminist granddaughters in the 1980s.

The aim of the Moral Purity and the feminist campaigners was to convince parliament that young women were vulnerable to sexual exploitation and that there was little protection for them against men who defined children as sexually desirable. It is clear that they thought that to extend childhood (as some wanted, to the age of 18) would remove girls from this sexualising gaze.[6] It is significant that they sought to explain sexual precociousness in young women as an outcome of sexual abuse, rather than following the patriarchal conventional view that saw precocious and immoral girls inviting sex and seducing older men. Even the assistant permanent under secretary of state at the Home Office, Sir Ernley Blackwell, seemed to lean in this direction when he gave evidence to the Joint Select Committee. He stated, 'I do not think it is an answer to say that the girl was the temptress at that age, that a girl of 15½ was the temptress. I should want to go back and know how she became that sort of girl at 15½. I think you have to protect her', (Joint Select Committee, 1920, 866). This construction of young women as victims of men was, to a considerable extent, successful in that legal protections were some-

what extended and the question of how to protect young women stayed on the public agenda throughout the 1920s. However there was extremely strong resistance to this discursive construction of men as dangerous and of young women as victims.

The debates on the floor of the house were much more acrimonious than in the Committee chambers and it seems unlikely that the Criminal Law Amendment Act 1922 would ever have made it onto the statute book without government assistance. Reading the debates it is clear that this bill was seen as a major skirmish in the gender wars that had been running since the end of the previous century. A group of male MPs argued that 'it is legislation against one sex more than the other' (Hansard, 5 July 1922 [156] 410). This set the basic focus of the argument, because the men wanted girls and young women to be punished equally alongside the offending men. Thus a series of amendments were tabled that would make it an offence for a girl over 16 years to 'touch' a boy under 16, or which would punish a girl under 16 for consenting to be touched. Attempts were made to exclude girls who were prostitutes under 16 years thus showing the tenacity of the belief that children chose to be sexually immoral and having thus chosen should not be protected. Finally, the other main counter-argument was the belief that the bill would be a blackmailers' charter, allowing unscrupulous girls to trick young men into believing they were over 16 years and then threatening to prosecute them.

There was, on the part of some MPs, an absolute refusal to acknowledge harm done through the sexual exploitation of young women and an absolute unwillingness to acknowledge a power difference between young, working-class girls and older, middle-class men. Their rage against the audacity of the Women's Societies and Purity Groups who were seeking this legislation was almost inchoate. But this rage was an old rage with a long tradition in the British parliament, because it was a threat against privilege. The debate also hinged on the definition of childhood. These politicians did not see 13 or 14-year-old working-class girls as children, but as adults, and so their argument was as much about the meaning of childhood as about sex equality.[7]

The acrimony generated by this attempt to reform legal policy is significant. It reveals just how contested the issues were and how understandings about the sexuality of young women were shifting and being resisted. This debate can be seen as a discursive battle over the meaning of childhood but it was not the sort of battle that could be simply won or lost. Rather it was one that was reformulated and played out in different sites at different times. It is a debate that is still ongoing in the 1990s.

LEGAL DEBATES

The campaigns on sexual matters between 1880 and 1925 had succeeded in criminalising a number of behaviours and thus in bringing new sorts of cases into the criminal courts. The problem was that although the campaigns to criminalise sexual abuses of children had achieved changes to legal statutes, they merely channelled victims through a totally unsympathetic criminal justice system which was (and still is) ill-prepared to deal with the nuances of sexual cases and quite oblivious to the additional harm it might inflict in the process. Thus another forum for debate emerged and this focused on the methods and practices of the police and the criminal trial.[8]

These concerns gave rise to the Departmental Committee on Sexual Offences Against Young Persons which reported in 1925. The Committee took evidence from judges, magistrates, probation officers and the police but also the Moral Purity and Rescue movements (such as the Church Army and various Diocesan Associations for Preventive and Rescue Work) and from feminist groups (such as the Six Point Group, The National Council of Women and the Medical Women's Federation). The problem that the Committee sought to solve was how to increase the conviction rates for sexual offences against children and young people whilst still protecting the rights of the accused. The Report states,

> Many witnesses who are well qualified to form an opinion have maintained firmly that in a great number of trials for sexual offences against young persons the guilty party escapes conviction. This is all the more serious when we remember the careful sifting which most of these cases received before they are brought into court at all. (*Report*, 1926, p. 11)

The significance of this Report was that it was able to perceive the criminal justice system from the perspective of a child, particularly a girl child. Thus it made a huge number of recommendations, including the idea that the police should use specially trained women to deal with victims, that only women doctors should be used, that there should always be women in court and so on. The Report also clearly recognised the traumatic effect on a child of being sexually abused and could appreciate how the trial could exacerbate that trauma. It referred to the problem for the child who is trying to overcome the distress of abuse of being required to remember the offence months later. It acknowledged the harm done by requiring the child to repeat their story continually in different venues. In particular, it recognised the problem of requiring a child to be faced by the accused when she gave evidence.

> We have been informed by witnesses, including one experienced in conducting prosecutions, that it is often fatal to the evidence of a child or young person that he or she should

be put in a witness box immediately facing the dock, from which the accused can stare the witness out of countenance. (*Report*, 1925, p. 40)

It is only in the 1990s in the UK that some of this Committee's recommendations have been put in place. It therefore comes as a surprise that such a comprehensive and child-centred document could have been written as early as the 1920s. The Report also dealt with the specific problem of gaining convictions for incest. The Committee members recognised that mothers often had to protect the main breadwinner and so did not want to prosecute their husbands; they also acknowledged the problem of a father's rights where a man convicted of incest could not be divested of his rights over his child.

The Committee's recommendations had a mixed reaction. The British Medical Association broadly welcomed the recommendations, but acknowledged that there were so many of them and that some were so radical that it was difficult to accept the Report in its entirety. The Magistrates' Association welcomed the Report and took on board those recommendations which were relevant to summary jurisdiction in so far as it sent out notices to courts enquiring about whether they followed the practices outlined. Indeed, *The Magistrate* (the organ of the Magistrates' Association) carried 'reminders' about how the courts should deal with such cases in the 1920s, and the issue of sexual assaults against children (including incest) reappeared in the 1940s and again in the early 1960s. In 1949 they joined with the BMA to produce a joint report on The Criminal Law and the Sex Offender which reiterated some of the reforms recommended by the Departmental Committee.

The *British Medical Journal* also took up the issue of the treatment of children who were the victims of sexual assaults at the end of the 1950s and early 1960s when there was considerable public concern again over the lack of legal protection for girls who were sexually molested. Indeed the first report of the newly formed Criminal Law Revision Committee in 1959 made recommendations to change the law covering situations where a man induces a child to touch him rather than where a man touches a child. This change to the law, which was eventually implemented in 1962, had also been recommended in 1925.

In the 1930s, there is also evidence that a reforming magistrate called Claud Mullins[9] launched his own campaign to change the way in which the criminal justice system treated the victims of sexual assault. He argued,

Under present conditions jury trials in cases where children are involved are far from being a credit to our system of criminal administration. The psychological injury to a

child caused by having to give evidence in a court-room ... may possibly have effects as bad as the original injury that is being investigated. (Mullins, 1937, p. 55)

So although the recommendations of the Departmental Committee were not accepted immediately (and some never have been) it is possible to see that a concern for the inadequate way that child victims are dealt with rumbled on from the 1930s to the end of the 1950s. One of the main obstacles to the report's attempt to make the criminal justice system more child-centred was the legal profession (Hooper, 1992, p. 65). In an editorial in the *Law Journal* in 1926 the same reasons for resisting the recommendations are listed as appeared in the House of Commons debates in 1922. Reference was made to children who lie or who are pressured into making false allegations and there was a refusal to accept the Departmental Committee's belief that children do not lie about such things. The *Law Journal* was also appalled at the idea that 'women policemen' (sic) and women doctors would be used in these cases because this would disadvantage the man falsely accused as they would be determined to convict him. And finally it would not countenance any measure that would reduce the rights of the accused and called for the criminalisation of any girl where it could be shown that she incited the offence against her.

It was not only the *Law Journal* which campaigned against reform. Evidence from Home Office documents in the Public Records Office show that leading figures who resisted change were the then lord chief justice and the director of public prosecution (HO 45/24867).[10] It therefore becomes apparent that one of the main sites of resistance to any reconceptualisation of child sexual abuse which might actually change procedures came from the legal establishment. Moreover, the place where the most unreconstructed notion of the child as 'vicious' or mendacious was constantly reiterated appears to have been in the courts. Although routine criminal cases were not, and are not, reported in the journals, sexual offences against children gave rise to numerous appeals throughout these decades and so the law reports provide an important source of discursive material. The practices and judgments of the courts seemed to exist in a kind of cultural isolation from the debates going on elsewhere in society about child sexual abuse. Of course the courts could not just change their practices at will, but a reading of the cases from 1920 to 1960[11] shows that nothing of significance changed in this most important site. The reiteration of the need for corroboration and the standard disbelief in children's testimony seemed to drown out the campaigning efforts of the feminists and reformers. It is for this reason that I would argue that it was

the unchanging structure of the legal system during this period that most effectively prevented a wider reconceptualisation of child sexual abuse. Tentatively I would suggest that it was the criminal trial and its attendant procedures which prevented any wide-scale reconceptualisation of the harm of child sexual abuse.

PSYCHOANALYTIC DEBATES

Early Second Wave feminist work on child sexual abuse identified Freudian psychoanalysis and its influence on social work and family therapy as a system of silencing abused children and excusing male abusers (Nelson, 1982; Rush, 1981). More recently, feminist work has acknowledged how the practice of silencing by treating complaints as fantasies was a practice which drew very selectively on Freud's work (Driver and Droisen, 1989; Scott, 1988). Indeed it is now acknowledged that Freud and many psychoanalysts did treat this abuse seriously. 'You must not suppose, however, that sexual abuse of a child by its nearest male relatives belong entirely to the realm of phantasy. Most analysts will have treated cases in which such events were real and could be unimpeachably established,' (Freud, 1917, quoted in Kahr, 1991, p. 205).

This does not mean that psychoanalytically oriented theories were not used as a way of discounting complaints but it does give weight to Miller's (1988) argument that Freud's psychoanalysis did not silence children, but that psychoanalysis provided a new language of disbelief at a time when psychological explanations about human behaviour were gaining scientific credence and in the context of a pre-existing culture of disbelief. But even in the 1950s some analysts were challenging the practice of their own colleagues. In the USA in the 1950s Litin *et al*. published a paper in *Psychoanalytic Quarterly* in which they challenged the assumption that accounts of incest were 'untrue'. It is worth quoting their work at length. In referring to the case of a young woman they state,

> Had the mother refused to believe the girl, a more serious psychiatric illness undoubtedly would have developed. Such a willingness to believe was recommended by Ferenczi. He pointed out that it is important to consider carefully the statements of those patients who can hardly believe their own senses; we thus give them a better means of assessing reality. Incest between father and daughter is far more common than we formerly believed. *We can see now that in years past patients were lost or driven into psychosis by our failure to believe them because of our conviction that much of their accounts must be fantasy*. (Litin *et al*., 1956, p. 43; emphasis added)

This passage makes grim reading because it acknowledges the harm caused by orthodox psychoanalysis but at the same time it is evidence of a fissure in what was once held to be an impervious psychoanalytic mind

set of disbelief. The paper by Ferenczi to which they refer was given at a conference in Wiesbaden in 1932 (Summit, 1988). This paper was later published in *The International Journal of Psycho-Analysis* in 1949. In this paper Ferenczi (1949) returns to Freud's earlier interpretation of neurosis based on Trauma Theory and argues that the analyst should believe the child. It took seventeen years before this paper appeared in English and Olafson *et al*. (1993; following the work of Masson, 1985) claim that his paper was actively suppressed by the psychonalytic establishment in England. Moreover, Ferenczi was clearly treated as a wildchild by established psychoanalytic circles after his death (Balint, 1949) so his work would not have had sufficient kudos to challenge the dominant beliefs. But his work did become known in the 1950s and it would seem that some psychoanalysts were prepared to follow his lead.

There is evidence too, in the British material, of conflicting tendencies and ambiguities. In 1963 a forensic psychiatrist and his research assistant published a pamphlet entitled *Child Victims of Sex Offences* (Gibbens and Prince, 1963). In this pamphlet they reproduced most of the findings of the American research on child sexual abuse which was in the psychoanalytic tradition of denial. But the pamphlet then proceeded to make a list of recommendations which would make it less traumatic for a child to give evidence in court and to make it easier to convict men of these offences. In fact the pamphlet reiterates many of the reforms listed in the 1925 Departmental Committee Report on Sexual Offences Against Young Persons. Of course, it is quite possible to hold that men who commit such offences should be punished, whilst at the same time finding that few cases of sexual abuse are 'real' cases (Estrich, 1987). But even though this might have been part of the mind-set of these authors, they also made it clear that sexual abuse could be perfectly real even though it could not be proven in a court of law. In other words, they recognised that the legal forum provided the most arid of sites for children looking for support and protection. Indeed there is evidence in the 1950s that some social work practitioners also saw the criminal justice system as a major problem in bringing cases of child sexual abuse to justice. For example, the *British Journal of Psychiatric Social Work* carried a discussion of ways of improving the criminal justice system's treatment of child victims (Reifen, 1958). It seems true that the growth in this approach was matched by a slowly growing belief that the offender also needed treatment rather than punishment (Mullins, 1934; Fairbairn, 1935; Gillespie, 1935), but this should not detract from the fact that there were voices raised against both the silencing of children and the inadequacies of the legal system in dealing with this form of abuse.

CONCLUSION

There is evidence that many groups including moral purity, feminist and child protection organisations, were rethinking all forms of sexual abuse of children between 1910 and 1960. A crucial part of these activities were their attempts to define adult/child sexual contact as a form of harm. Initially this harm was defined as moral, then it focused on physical harm as well, and ultimately concentrated more exclusively on psychological harm. In trying to define child sexual abuse as a moral harm the reformers encountered the argument that no moral harm was caused to children because (1) they were not actually children (at least if they were over 10 or 13 years of age), and (2) no harm was done because the girls were already immoral (vicious). In defining child sexual abuse as a physical/health threat to children the reformers focused on venereal diseases. But the counter arguments from parts of the medical profession deflected this ultimately with debates on 'innocent' transmission and also by de-sexualising sexual transmission by suggesting that men who engaged in this behaviour were misguidedly seeking a cure for VD. The shift to the psychological terrain had two aspects to it. The first was the focus on the damage done to children by the criminal justice system. This harm was either denied by the legal establishment or acknowledged but tolerated in the interests of justice for the accused. The second was the focus on direct psychological harm. It is here that a specific interpretation of psychoanalytic theories became influential in denying harm by treating the original complaint as a fantasy.

Opposition to recognising child sexual abuse as a form of harm therefore varied in content and over time but it is important to recognise that it was not always successful in totally defeating the argument. Moreover, it seems problematic to suggest that the issue itself was simply silenced. It seems there were no major campaigns on this issue during the war years and in the 1950s (as there had been in the 1920s and 1930s) but there were consistent calls to improve the criminal justice system to make it easier for children to give evidence. This focus by reformers reflected the fact that the criminal justice system remained a major obstacle to practical interventions where sexual abuse was occurring. It has been the legal system (although not necessarily individual judges and juries) that has consistently and unerringly failed to believe[12] children throughout the twentieth century. The influence of psychoanalytic orthodoxy about childhood fantasies may have helped to deflect children away from the criminal courts, but, had they got that far, they would have there received short shrift. The *poisonous pedagogy* of psychoanalysis (the tendency to disbelieve children) to which Miller (1988) refers was, as she suggests, a

part of our cultural heritage before psychoanalysis gave it a new form and mode of expression. I am not therefore trying to suggest that it is wrong to identify psychoanalysis as one of the obstacles to understanding child sexual abuse. But I want to suggest that it is problematic to isolate this discourse from the cultural context into which it was launched thus giving the impression that it was only the Freudian 'cover-up' (Rush, 1981) that stood between children and a proper recognition of sexual abuse.

It is also important to understand the nature and longevity of the power struggle involved in trying to define adult sexual contact with children as harmful (see Hooper, 1992). There were a multiplicity of different interests which emerged at different times in opposition to seeing child sexual abuse as a problem or as harmful. They were not a coalition but the effect of a range of these different forms of resistance was to stall radical change in the treatment of child sexual abuse for almost a century. Perhaps, following Foucault, we should cease to see this under-researched era in the history of child sexual abuse merely as a period of silence and more as a moment of immense verbosity which calls for further research. It might be useful to identify the varied and opposing counter-discourses in order to appreciate that the complexity of the problem of child sexual abuse has been grappled with on and off since the passing of the 1908 Incest Act.

NOTES

1 Editorial, *Law Journal* 1926, p. 61–97. This comment was made as an ironic criticism of the philosophy of the Departmental Committee on Offences Against Young Persons in 1926 which the legal establishment felt had gone much too far in tilting the balance in favour of children and away from the accused.

2 Gonorrhoea is more significant here than syphilis because syphilis can be passed to an infant *in utero* and so it was fairly endemic. Although similar reasons for the transmission of syphilis were given as for the transmission of gonorrhoea, the picture is less clear with the former because of maternal transmission. See Taylor (1985) for a discussion of these issues and how they were treated in the nineteenth century.

3 These infections are never accidental or innocent and this is the important point I wish to bring out in this paper (Pollack, 1909, p. 144).

4 One example came from Mr J E Lane FRCS who was called as a witness. A commissioner asked him:

> In the last three years you say you have had 29 girls between the ages of 4 and 14 admitted to the hospital with acquired venereal disease. I suppose in most of those cases the disease was acquired innocently? Lane: In a large proportion of those cases presumably it was. But there is a method of contagion that I can explain to you, which will account for some of these very young children becoming affected. … A certain superstition exists that if a man has contracted venereal disease and he can have connection with a virgin he will transmit the disease to her and himself escape free. (Royal Commission on Venereal Diseases, *Final Report*, 1916, p. 96).

5 'The usual cause of infection is sharing a bed with infected parents, but sometimes there is a history of sexual assault', (King and Nicol, 1964, p. 170).

> Genital gonorrhoea in young girls causes a vulvo vaginitis, the vagina being lined with columnar epithelium until puberty. Sexual transmission or assault is the cause of only a minority of cases. It usually occurs when

the child sleeps in the same bed as infected parents. In the past epidemics have been reported from various institutions, the infection having been spread by commonly used towels or unsterilized thermometers, (Schofield, 1972 p. 144).

6 The Medical Women's Federation wanted the age of consent raised to 18 years so that 'thousands of young girls would then be inaccessible to men who would be obliged to look upon them as children and cease to consider them as possible partners for sexual purposes. Such a measure might possibly reduced the large number of middle-aged and elderly men who resort to these girls'. Dr Jane Walker, Minutes of Evidence, Report by the Joint Select Committee on the Criminal Law Amendment Bill, July 1920, p. 888.

7 'There is the fundamental assumption that one sex is vicious and the other is entirely pure', Lieut.-Colonel Moore-Brabazon, Hansard 5 July 192 [156] 411.

8 The National Vigilance Association was particularly active in this direction. It collected newspaper cuttings on criminal trials across the country documenting the lenient treatment being handed out to convicted offenders.

9 Mullins was a stipendiary magistrate in London and he worked to a radical agenda of reform on a number of issues. He was convinced of the importance of psychological factors and felt that male sex offenders needed treatment. But he did not follow the trend of disbelieving the child. He states, 'I have never seen a child giving evidence before a jury without a feeling of horror. Personally I would rather face any result than allow a child of mine to do this' (1937, p. 56). He therefore recommended setting up a new form of tribunal to make the experience less terrifying for children.

10 These documents are the focus of a separate paper (Smart, 1999).

11 A sample of cases consulted is as follows: R. *v*. Graham 1910 (4 CAR 218); R. *v*. Crocker 1924 (17 CAR 45); R. *v*. Ross 1924 (18 CAR 141); R. *v*. Killick 1924 (18 CAR 120); R. *v*. Parker 1924 (18 CAR 103); R. *v*. Bramhill 1934 (24 CAR 79); R. *v*. Gregg 1934 (24 CAR 12); R. *v*. Dent 1944 (29 CAR 120); R. *v*. Campbell 1956 (39–40 CAR 95).

12 It would not be necessary to accuse a child of lying to do this. If a man is found innocent the effect is that the child's account has not been validated. It is also the case that the criminal justice system does not have to actively disbelieve a child. Simply by treating the child as the accused's legal equal in the trial, it ignores the immense power imbalance between the two in favour of the adult.

REFERENCES

Bailey, V. and S. Blackburn, (1979), 'The Punishment of Incest Act 1908: a case study in law creation', *Criminal Law Review*, 708–18.

Balint, M. (1949), 'Sandor Ferenczi, Obit 1933', *The International Journal of Psycho-Analysis*, 30:4, 215–19.

Departmental Committee on Sexual Offences Against Young Persons (1925), *Report*, Hansard, Cmd 2561 xv 905.

Driver, E., and A. Droisen (eds.) (1989), *Child Sexual Abuse: Feminist Perspectives*, Macmillan, Basingstoke.

Estrich, S. (1987), *Real Rape*, Harvard University Press, Cambridge, MA.

Estreich, S. and G. E. Forster (1992), 'Sexually transmitted diseases in children: Introduction' *Genitourinary Medicine*, 68: 1, 2–8

Evans, D. (1992), 'Tackling the "Hideous Scourge": the creation of the venereal disease treatment centres in early twentieth-century Britain', *Social History of Medicine*, 5:3, 413–33

Fairbairn, W. R. D. (1935), 'Medico-psychological aspects of the problem of child assault', *Mental Hygiene*, April, 1–16.

Ferenczi, S. (1949), 'Confusion of tongues between the adult and the child', *International Journal of Psycho-Analysis*, 30:4, 225–30.

Foucault, M. (1981), *The History of Sexuality, vol. 1*, Penguin, Harmondsworth.

Fraser, K. (1925), 'Vulvovaginitis in children: an account of its etiology, symptomatology and management, with a summary of sixty-three cases occurring in South Africa', *British Journal of Venereal Diseases*, 1:268–76.

Gibbens, T. C. N. and J. Prince (1963), *Child Victims of Sex Offences*, Institute for the Study and Treatment of Delinquency, London.
Gillespie, R. D. (1935), *The Need for a Medical Mental Examination of Persistent Sexual Offenders*, Memorandum issued by the Joint Committee on Sexual Offences, London.
Hall, L. A. (1993), '"The Cinderella of medicine": sexually transmitted diseases in Britain in the nineteenth and twentieth centuries', *Genitourinary Medicine*, 69:4, 314–19.
Hooper, C. A. (1992), 'Child sexual abuse and the regulation of women: variations on a theme', in C. Smart (ed.), *Regulating Womanhood*, Routledge, London.
Joint Select Committee of the House of Lords and House of Commons (1920), *Report*, Hansard (222) xi 851.
Kahr, B. (1991), 'The sexual molestation of children: historical perspectives', *Journal of Psychohistory*, 19:2, 191–214.
King, A. and C. Nicol (1964), *Venereal Diseases*, Cassell, London.
Lawrence, S. N., J. Goldenring and S. Carpenter (1984), 'Nonsexual Transmission of Sexually Transmitted Diseases: An Infrequent Occurrence', *Paediatrics*, 74:1, 67–76.
Litin, E. M. Griffin, M. E. and A. M. Johnson (1956), 'Parental Influence in Unusual Sexual Behaviour in Children', *Psychoanalytic Quarterly*, 25:37–55.
Masson, J. (1985), *The Assault on Truth*, Penguin, Harmondsworth.
Miller, A. (1988), *Thou Shalt Not Be Aware*, Pluto Press, London.
Mort, F. (1987), *Dangerous Sexualities*, Routledge and Kegan Paul, London.
Mullins, C. (1934), 'How should the sexual offender be dealt with?' *Medico-legal and Criminological Review*, 2: 236–62.
Mullins, C. (1937), 'Children in the courts', *The Law Journal*, 83:55–6.
Nelson, S. (1982), *Incest: Fact and Myth*, Stramullion Co-operative Ltd, Edinburgh.
Nicol Thin, R. (1982), *Lecture Notes on STDs*, Blackwell, Oxford.
Olafson, E., D. L. Corwin and R. C. Summit (1993), 'Modern history of child sexual abuse awareness: cycles of discovery and suppression', *Child Abuse and Neglect*, 17:7–24.
Pollack, F. (1909), 'The acquired venereal infections in children', *Johns Hopkin Hospital Bulletin*, 20: 218, 142–49.
Rawstron, S.A., K. Bromberg and M. R. Hammerschlag (1993) 'STD in children: syphilis and gonorrhoea', *Genitourinary Medicine*, 69: 1, 66–75.
Reifen, D. (1958), 'The child as victim of a sexual offence: a new method of investigation in Israel', *British Journal of Psychiatric Social Work*, 4:3, 11–17.
Royal Commission on Venereal Diseases (1916), *Final Report*, Hansard Cd. 8189, xvi. 1.
Rush, F. (1981), *The Best Kept Secret*, Tab Brooks, Blue Ridge Summit, PA.
Schofield, C. B. S. (1972), *Sexually Transmitted Diseases*, Churchill Livingstone, London.
Scott, A. (1988), 'Feminism and the seductiveness of the "real event"', *Feminist Review*, 28:88–102.
Smart, C. (1999), 'A history of ambivalence and conflict in the discursive construction of the "child victim" of sexual abuse', *Social & Legal Studies*, 8:3, 391–409.
Summit, R. C. (1988), 'Hidden victims; hidden pain: societal avoidance of child sexual abuse' in G. E. Wyatt and G. J. Powell (eds.) *Lasting Effects of Child Abuse*, London, Sage, pp. 39–60.
Taylor, K. J. (1985), 'Venereal disease in nineteenth-century children', *Journal of Psychohistory*, 12:4, 431–64.
Tod, M. C. (1927), 'Gonorrhoeal vulvo-vaginitis in children', *British Journal of Venereal Diseases*, 3:113–21.