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Sexual Violence, Bodily Pain, and Trauma:

A History

By Joanna Bourke

Abstract:

Psychological trauma is a favoured trope of modernity. It has become commonplace to assume that all 'bad events' – and particularly those which involve violence – have a pathological effect on the sufferer's psyche, as well as that of the perpetrators. This essay explores the ways victims of rape and sexual assault were understood in psychiatric, psychological, forensic, and legal texts in Britain and America from the nineteenth to the late-twentieth centuries. It argues that, unlike most other 'bad events', which were incorporated within trauma narratives from the 1860s, the ascription of psychological trauma was only applied to rape victims a century later. Why and what were the consequences?

Keywords:

Rape, sexual violence, bodily pain, trauma narratives, psychiatry, PTSD, Anglo-American history

Psychological trauma has become a favoured trope of modernity. It has become commonplace to assume that all 'bad events' – and particularly those which involve violence – have a pathological effect on the sufferer's psyche. The words 'bad events' and 'traumatic events' are generally regarded as synonymous. However, as numerous trauma theorists have correctly observed, 'bad events' only become 'traumatic' according to the ascription of meaning. As historian Mark Micale astutely observed,

> trauma – as concept, theory, and experience – requires not just new 'events' but an altered sensibility, a change in the consciousness of change, which now becomes threatening, incomprehensible, and unmasterable (2001: 126).

In this article, I will be exploring the history of Anglo-American responses to the violence of sexual assault in the past two hundred years. Despite the undoubted rise of psychological trauma as the main way modern Anglo-Americans understand reactions to 'bad events', it turns out that the 'trauma trope' was *not* applied to all

‘bad events’. In particular, it was not applied to women who experienced rape or sexual assault. Bodily pain was acknowledged, but not psychological anguish. In other words, in rape narratives we have an example of a ‘bad event’ that was excluded from trauma narratives until a century after the ‘triumph of the psychological’. Why?

‘Bad Events’ and Pathological Psychiatric States

Until the 1860s, the term trauma retained its original Greek meaning – *τραυμα* – as a bodily injury. The notion of a *psychological* rupture only entered public discourse in relation to the crises of industrialisation and war. In 1866 (when Sigmund Freud was still a child), John Eric Erichsen, professor of surgery at University College Hospital in London, first used the word ‘trauma’ in the sense we use it today when he coined the term ‘railway spine’, drawing a link between physical states and nervous disarrangement. ‘In no ordinary accident’, Erichsen concluded in *On Railway and Other Injuries of the Nervous System*,

> can the shock be so great as in those that occur on railways. The rapidity of the movement, the momentum of the person injured, the suddenness of its arrest, the helplessness of the sufferers, and the natural perturbation of mind that must disturb the bravest, are all

> circumstances that of a necessity greatly increases the severity of the resulting injury to the nervous system, and that justly cause these cases to be considered as somewhat exceptional from ordinary accidents (1866: 9).

His central idea was that physical injury to the spinal cord caused nervous symptoms.

When Erichsen revised his book in 1875, under the title *On Concussion of the Spine, Nervous Shock, and Other Obscure Injuries of the Nervous System in Their Clinical and Medico-Legal Aspects*, he was even more forthright in giving psychological shock an independent role to organic lesions in causing nervous disorders. In his words,

> The mental or moral unconsciousness may occur without the infliction of any physical injury, blow, or direct violence to the head or spine. It is commonly met with in persons who have been exposed to comparatively trifling degrees of violence, who have suffered nothing more than a general shock or concussion of the system.

Psychological trauma was 'probably dependent in a great measure upon the influence of fear', he concluded (1875: 195).

By the time Erichsen published his revised text, the importance of fear upon the *mind* (as opposed to the body) was being emphasised by many other physicians. For instance, in *Surgical Injuries*, John Furneaux Jordan argued that the

> principal feature in railway injuries is the combination of the psychical and corporeal elements in the causation of shock, in such a manner that the former or psychical element is always present in its most intense and violent form. The incidents of a railway accident contribute to form a combination of the most terrible circumstances which it is possible for the mind to conceive. The vastness of the destructive forces, the magnitude of the results, the imminent danger to the lives of numbers of human beings, and the hopelessness of escape from the danger, gives rise to emotions which in themselves are quite sufficient to produce shock, or even death itself…. All that the most powerful impression on the nervous system can effect, is effected in a railway accident, and this quite irrespectively of the extent or importance of the bodily injury (1873: 37-8).

Similarly, as Herbert W. Page put it in *Injuries of the Spine and Spinal Cord Without Apparent Mechanical Lesion, and Nervous Shock, in Their Surgical and Medico-Legal Aspects*, 'the emotion of fear alone was sufficient to inflict severe shock on the nervous system' (1883: 162). Similar discussions arose in relation to the traumatic neuroses arising from military combat (Bourke, 1996 and 1999). In the words of

Morton Prince, writing in the 1890s, 'In the early stages of the controversy [over the traumatic neuroses], the tendency was to lay the greatest weight upon the physical element, but of late the tendency is in the opposite direction and to attribute the greatest influence to the emotional or psychological factor' (1897-98: 613-14).

Heightened emotional states – particularly fear states – were increasingly acknowledged to be pathogenetic across a vast range of 'bad events'. Angelo Mosso's influential *La Paura* (1884) had been translated into English in 1896, effectively propagating the devastating physical effects of fear on the human organism. Walter B. Cannon's two monumental books, *Bodily Changes in Hunger, Fear, and Pain* (1915) and *The Wisdom of the Body* (1932) also drew attention to the effects of fear and anger upon the 'nerves'. Not surprisingly, fear was blamed most frequently for the genesis of hysteria. In the words of neurologist Charles Loomis Dana in his *Text-Book of Nervous Diseases and Psychiatry* (1898) the 'most important single exciting factor [in hysteria] is powerful emotion, particularly fear' (cited in Mills, 1909: 239). In 1909, a powerfully argued article by the Professor of Neurology at the University of Philadelphia categorically stated that emotional shock, particularly fear, was the 'chief exciting cause' of hysteria because it affected the central nervous system and 'especially portions of the brain'. 'Physical perturbation', he concluded, 'occurs before or coincident with the psychic disorder, fright, or whatever else, alleged to be the chief agency in causation' (Mills, 1909: 231-31).

These discussions of the relationship between extreme fears arising from severe external threats might seem to be easily applicable to dangers as grave as sexual assault. They were not. Medical and psychiatric personnel generally ignored the psychological responses of rape victims until the 1960s – and, even then, it was rare until the 1970s. An analysis of the vast Anglo-American medical, psychiatric, and legal literature on psychiatric trauma reveals almost (two exceptions are discussed below) no mention of sexual violence as causing neuropsychiatric conditions such as hysteria, panic attacks, or seizures. Indeed, I will be arguing, pathological psychological reactions to sexual assault are noticeably absent

Even more striking, many of the detailed case notes published in psychiatric journals contained symptomatologies that, from the 1970s, would automatically be seen as suggestive of sexual abuse, yet no such connection was made at the time. Thus, in 1925, Charles W. Burr (Professor of Mental Diseases at the University of Pennsylvania) studied the 'mental disorders which occur in children who are apparently healthy at birth and who, during infancy and early childhood, develop normally' yet who break down when they enter into adolescence. He was particularly concerned with youth who were subjected to 'an external strain or stress so great that even the best born child cannot successfully resist'. To illustrate his ideas, he observed girls such as 13-year-old 'T.F.', who had syphilis and was 'apprehensive, fearful…. and flies into a passion when an attempt is made to examine her physically'. Another patient was seven-year-old 'C.B.', of Irish descent,

who had 'the habit of picking at her tongue as if removing a foreign body'. 'Previously', he observed,

> she had been a healthy child and learned without trouble…. She had the physiognomy of fright, but did not behave as if frightened, and denied that she was…. She repeatedly said that there was a hair on her tongue and the picking movements were done to remove it.

In the section of his paper where he drew broader conclusions, he brusquely stated that 'for brevity's sake, I will omit the girls' (although six of his eight detailed case studies involved female patients). Rather than gender, Burr emphasised the influence of racial issues, claiming that 'savages' were less likely to suffer mental disorders in childhood because they lacked 'individuality', unlike Jews who 'produce' not only the 'most geniuses' but also 'the greatest number of degenerates' (1925: 145-61).

On those very rare occasions when rape *was* mentioned, it was given little psychological weight. Thus, in 1905, Hubert N. Rowell published an article in the *California State Journal of Medicine* on neurasthenia in childhood. He casually listed 'masturbation, sudden and severe fright (as from fire, brutal punishment, rape, etc.)' as causative factors, but then went on to draw attention to a vast range of more important features, such as

> Constitutional diseases, as nephritis, rheumatism, rachitic, and pernicious anaemia… errors of refraction, notably astigmatism, serve likewise as causes. Traumatism, as from concussion of the spine, has been known to produce symptoms of neurasthenic type…. Precocious children, urged on to scholastic distinction by overzealous parents, children who are indulged in leading the strenuous society life, who are veritable dolls of fashion, encouraged in keeping late hours, and enjoying all the accessories in keeping late hours and enjoying all the accessories appertaining to high social station furnish the great class from which we gather our juvenile neurasthenics.

Like Burr, Rowell pointed out that children of 'Jewish parenthood' were also prone to nervous ailments (1905: 74).

Mental states in the aftermath of assault typically appeared in only one context: that of *false* accusations of rape. Thus, forensic and psychiatric textbooks routinely discussed hysteria as a condition that *resulted in* false accusations of rape, rather than being *caused by* rape. In 1838, the distinguished authors of *Elements of Medical Jurisprudence* presented a case of a woman who was found in the field, apparently dying of gang rape. She was in a 'paroxysm of hysteria' but was found to be an 'imposter' (Beck and Beck, 1838: 148). In the words of 'Cases of Hysteria and Hysteromania', an anonymous article published in an 1860 issue of the *American Journal of Insanity*, a female hysteric was described as someone who had '*falsely*

charged a labouring man with having made lewd advances to her' (139). 'Paranoid' middle aged women were depicted as similarly prone to believe (erroneously) that they had been violated (Stevenson and Montgomery, 1932: 917). For psychoanalytically-influenced physicians, distorted unconscious drives led to false accusations, as opposed to emerging out of an assault (Orenstein, 1950-51: 684-88). When a patient blamed her psychiatric ailment upon an earlier sexual attack, the accusation itself was proffered as proof of insanity. Thus, in the late 1920s, G. E. Partridge's 'Psychotic Reaction in the Psychopath' (1928-29), presented the case of a patient diagnosed with a psychopathic personality. The woman claimed to have been assaulted when she was fifteen years of age and she 'attributed much of her troubles' to the fact that this man had 'ruined' her. According to her psychiatrist, however, her causal claim was merely further evidence that she was schizophrenic (498). It was significant that one of the reasons this physician doubted a link between the sexual assault and her pathology was because of the time-lag: she was assaulted at the age of fifteen years but became psychiatrically ill eleven years later. As we shall see later, the recognition of a time-lag between the 'bad event' and the psychological effect was one feature that made PTSD an attractive diagnosis for psychiatrists dealing with disturbed women from the 1970s onwards.

The psychological effects of sexual violence first began to be noticed in the late 1950s and 1960s – but only marginally. As late as 1957, a 548-page study on *Sexual Offences* by the Cambridge Department on Criminal Science devoted only a couple of sentences to the emotional responses of rape victims. Even these

sentences were embedded in a section entitled '*Physical* Consequences to the Victim', in which the attention focussed primarily on bodily injuries, venereal diseases, and pregnancy (Radzinowicz: 104). Medical services continued to side-line the psychological effects of rape for victims. According to *Index Medicine* between 1957 and 1966, no public health journal contained articles on rape (Hayman, et al., 1967: 503-4). A search of 381,000 citations between 1963 and 1966 in the National Library of Medicine found only 33 for 'rape', most of which were clinical or dealt with medico-legal aspects (Hayman et al., 1967: 503). According to an American study carried out in the early 1960s, Health Departments in areas with the highest rates of sexual assault had *no* programmes in place to provide 'emergency care' or 'follow-up assistance' to rape victims (Hayman et al., 1967: 503-4). The extent of the dearth of attention to the psychological was revealed in 1974 when a distinguished panel of physicians, hospital administrators, and other medical personnel met to discuss 'Alleged Rape'. Although all the panellists agreed that rape victims had psychological needs arising from their ordeal, they acknowledged that hospitals were ill-equipped to meet these needs. Doctors and nurses were simply untrained. Only two of the 66 hospitals surveyed showed 'any awareness of the possible need for psychological services following a rape and this only occurred if the alleged rape victims received follow-up medical care at the hospital'. Not one hospital offered any type of counselling (Zuspan, 1974: 144-46). Indeed, the care of rape victims was believed to be the responsibility of the chaplaincy, not medical personnel (Zuspan, 1974: 144).

It took until 1970 for the first substantial study of rape trauma to be published. In that year, Sandra Sutherland and Donald J. Scherl published 'Patterns of Response Among Victims of Rape' in the *American Journal of Orthopsychiatry*. They were the first to delineate the 'normal' and predictable psychological after-effects of rape. Four years later, the *American Journal of Psychiatry* published Ann Wolbert Burgess' and Lynda Lytle Holmstrom's detailed analysis of 92 rape victims admitted to the emergency room of Boston City Hospital. Burgess and Holmstrom effectively invented a new diagnosis called 'rape trauma syndrome'. They defined this syndrome as an 'acute stress reaction to a life-threatening situation'. Crucially, they regarded the women sufferers as 'normal', and thus not necessarily requiring any help with 'previous problems' (981-86). In 1976, the journal devoted a substantial portion of an entire issue to the discussion of the psychological effects of rape for the first time. That same year, the *American Journal of Psychoanalysis* also published an important article, 'The Rape Victim: Psychological Patterns of Response' (Symonds, 1976: 27-34).

Indeed, in stark contrast to the earlier period in which psychological trauma was simply not seen as relevant, from the 1970s, sexual assault was widely agreed to be *exceptionally* traumatic, with some feminist therapists going so far as to argue that *all* women were suffering from post-traumatic stress disorder or 'insidious trauma' (for example, Brown: 1995, 107) It was increasingly assumed that *every* 'true' rape victim would require psychiatric help, although there was debate about whether depressive consequences or anxiety syndromes would predominate.

Feminists had not always made this argument. Indeed, earlier generations of feminists were keen to portray women as resilient, not vulnerable, in the face of sexual violence (see Satter: 2003 and Haag: 1996). Social purity and temperance campaigns of the late nineteenth century, for instance, hoped to encourage male continence and end male brutality towards women. These first-wave feminists placed great faith in the ballot and legal reform. Even as late as the 1960s, feminists were prone to argue that 'rape was not the worse thing that could happen to a woman' (Satter: 2003, 451).

In contrast, second-wave feminists from the 1970s onwards moved decisively towards a trauma model and the notion of women's pervasive victimization (for an astute exposition of the different feminist responses, see Mardorossian: 2002). Non-feminist medical personnel increasingly agreed. In 1975, the California Medical Association reminded members that rape was 'one of the most psychologically devastating encounters a person can experience'. They issued a series of 'Guidelines' to all their members, insisting that 'it should be emphasized to the patient that further medical and psychological care are important and necessary', and that victims should 'be made aware of the possibility of nightmares, psychosexual distress and other psychological disturbances' ('Guidelines, 1975: 420-22). The assumption of extreme trauma even entered manuals for law enforcement. *The New Police Surgeon: A Practical Guide to Clinical Forensic Medicine* (1978), a textbook for policemen dealing with rape victims, contended that

> The experience itself [rape] may have precipitated a mental disorder overt or latent. Psychiatric help should be particularly considered when victims have been beaten, tied, held by one and raped by another, or viewed by an audience, a typical sequence in 'gang rape'. It is claimed that almost all rape victims need help to deal with the sense of fear and degradation which so often follows the experience of rape (240).

The fact that rape victims experienced very long term consequences, which could last their entire life, had become mainstream.

The 'Trauma' of Rape

Before the radical shifts that occurred from the 1960s, how was the aftermath of rape discussed? In nineteenth century rape accounts, the term trauma retained its original Greek meaning – *τραυμα* as a bodily injury. When the effects of rape were discussed, attention was paid exclusively to physical and moral realms. As one author explained in 1869, in the aftermath of 'forced love' (meaning, marital rape), women might

> mysteriously waste away, sicken, grow pale, thin, waxen, and finally quit the earth, and send their forms to early graves, – like blasted fruit falling before half ripened,

but no psychological aetiology was spelt out (De St. Leon: 102). More directly, in Alfred Swaine Taylor's *Medical Jurisprudence* (1861), physicians were reminded that it was possible for a young girl to 'sustain all the injury, morally and physically, which the perpetration of the crime can possibly bring down upon her'. However, Taylor went on to describe the injury of rape solely in terms of damage to tissues, venereal encrustations, and death (698 and 687-96). Even Charles Gilbert Chaddock's highly influential chapter 'Sexual Crimes' in *A System of Legal Medicine* (1900) only described the physical consequences of rape. The paragraph entitled 'Secondary Consequences' admitted that 'medico-legal questions may arise concerning the ultimate consequences of rape to the victim', but psychological consequences were markedly absent. In his words,

> Impregnation may result, and place additional liability on the ravisher. Injuries inflicted affect the health of the female; and such injuries may even cause death… Such cases show that death, under such circumstances, may result early or late, in accordance with the immediate cause. Thus it may be due to shock, hemorrhage [sic], sepsis, and to hemorrhages [sic] into the central nervous system.

> Genital wounds may directly or indirectly implicate the peritoneal cavity and lead to a fatal peritonitis (544).

This emphasis on *bodily* injury is particularly suggestive when we listen to the words used to describe the victims' responses to rape. When a woman's response to being raped was discussed, it was generally to insist that she had been rendered 'insensible'. Both in forensic descriptions and in more popular accounts of rape in the nineteenth century, the woman claimed to have become 'insensible' at some point during the attack. It is important to note that 'insensible' does not necessarily mean 'unconscious'. In the words of one report, a servant girl who was raped 'wandered about insensible, till, recollecting her thoughts, she remembered that she had an acquaintance in town… whom she resolved to visit and acquaint her with the barbarous treatment she received' (Colonel Chartes, 1828: np). Reports of rape in newspapers illustrate this point. A rape victim was described as 'very ill, after lying in a fainting state some time' ('Crown Court', 1866: 11). She was 'in a state of fever' ('Scotland', 1822: 3). Maria Powell was 'tousell[ed]' and raped but she claimed that she was 'not quite sensible all the time. I put up my hands and hoped the Lord would have mercy upon me' ('Crown Side', 1828: 3). Another victim was said to be in a 'state of prostration' ('Outrage', 1877: 8). Caroline Fitzgerald was raped by four men in 1900, but she admitted that 'I cannot tell how many of then had connexion with me I [sic] cannot say how many, because it was dark & I lost my senses' (Fitzgerald, nd: np).

Forensic texts such as Horatio Storer's 'The Law of Rape' (1868), also presumed that victims would be rendered 'insensible by fright' (59). Alfred Swaine Taylor's *Medical Jurisprudence* (1861) described rape victims as being rendered 'insensible', and subsequently suffering severe injuries, all of which were physical (687-96). As Francis Ogston predicted in *Lectures in Medical Jurisprudence* (1878), female victims were prone to be rendered 'insensible'. Very unusually, he did accord a role to hysteria arising 'from terror or shame', but it was a 'profound hysteric [sic] *coma*' which only lasted 'some hours' (119). This is a rare use of the word 'hysteric' in rape-narratives and, even here, the important point is that the state of 'syncope' arising from terror was presented as *accompanying* rape rather than constituting a longer-term *effect* of the attack.

Strangely, perhaps, to modern ears, female rape victims in the past claimed to be 'insensible' *in order* to be able to talk about their experiences. Unlike the modern notion that hysteria involves a silencing, an inability to communicate some terrible harm, in the earlier period, hysteria was associated with speech, a glossolalic recitation of suffering. Ironically, it was precisely the testimony of the insensible body that enabled women to speak of violation: it provided incontrovertible proof of her moral virtue. In other words, the 'sensible' body was seductive and either invited abuse or would have been able to repulse any attack. The 'insensible' rape victim testified to 'true' violation.

Thus, the typical rape account in public debates in the nineteenth century placed great emphasis on a woman's 'stout resistance' (Francis Ogston's phrase in *Lectures in Medical Jurisprudence*, 1878), followed by 'insensibility', which allowed the rape to take place. In part, this emphasis on 'stout resistance' was dictated by a legal culture, with its profoundly female-hostile insistence on 'against her will' or that never-defined notion of 'without her consent'.

However, legal culture alone does not explain the almost obsessive recitation of the mantra of being rendered 'insensible'. There were two other reasons, one relating to ideas about the effect of fear and the other to questions of resistance. From the nineteenth century, one school of psychiatric thought of the effects of fear favoured the notion that fear was a 'depressing passion'. In the words of an anonymous author writing in the *American Journal of Insanity* in April 1848, in fear states, the

> action of the heart is diminished, paleness ensues, the pulse becomes small, weak or irregular, and the secretions are suppressed or deranged. When the fear is extreme, or of long continuance, then more dangerous effects arise, such as convulsions, epilepsy, insanity or death.

Often, the author continued, the 'immediate effect of the sudden shock upon the nervous system' was to 'diminish the action of the heart', a consequence of which

was insensibility or death ('Fright a Frequent Cause', 1848: 280 and 284). Under the impulse of terror, shock to the 'nerves' caused bodily organs to collapse.

It is also plausible to suggest that this emphasis on the victim's 'insensibility' was due to the commonly accepted belief that it was actually impossible to rape a resisting woman. In a phrase used time and again in nineteenth-century textbooks of medical jurisprudence, it was 'impossible to sheath a sword into a vibrating scabbard' (Storer, 1868: 55). Metaphorically, the penis was coded as a weapon; the vagina, its passive receptacle. Merely by 'vibrating', this receptacle could ward off attack. Almost without exception, jurists and physicians assumed not only that women would resist any attack on their honour, but (much more importantly) that they were physically strong and thus sure to succeed (Ryan, 1831: 183). Thus, in 1800, a Chief Justice explained to a jury that

> The female frame is strong and nervous, and not subject to fear, and particularly strong in one case, and that is in defence of their chastity (Smith, 1800: 39).

Or, as the authors of a book entitled *Medical Jurisprudence* (1823) put it, 'It is at all times difficult to believe that in a mere conflict of strength, any woman of moderate power of body and mind could suffer violation, so long at least as she retained her self possession' (Paris and Fonblanque: 423). The trick was in the last phrase – 'so long at least as she retained her self possession', that is, does not become insensible.

Insensibility was important for victims and their defenders because it provided a convincing physical reason why some women *failed* to successfully fight off their attackers.

The Invention of Psychological Trauma

There is another reason why this paucity of discussion in British and American forensic, legal, and psychiatric texts of long-term psychological distress as the aftermath of rape is surprising: because the psychological aspects of rape had been examined elsewhere in Europe. In *Étude medico-légale sur les attentats aux mœurs* (1878), eminent French forensic physician Ambroise Tardieu documented hundreds of cases of sexual abuse (mainly of children), carefully delineating the serious psychological consequences of assault. French neurologist Jean-Martin Charcot never paid much attention to sexual assault as a causal factor in the neuroses of his female patients (perhaps not surprising since, for Charcot, the 'bad event' was simply a trigger for a pathology that was fundamentally hereditary), but Freud drew on his work to make such connections. In Freud's early work he insisted that 'At the bottom of every case of hysteria there are *one or more occurrences of premature sexual experience*, [sic] occurrences which belong to the earliest years of childhood' (1896: 203). The work of pioneering French psychologist Pierre Janet and Hungarian psychoanalyst Sándor Ferenczi also provided innumerable examples

of the psychic effects of sexual assault. Janet's patients included women who suffered rape or incest and responded to it by dissociation. According to Janet, frightening experiences could not be successfully integrated into the memory, so they were split off from consciousness. It wasn't until the 1980s that his views were taken up by Anglo-American psychiatrists examining extremes of dissociation in split personalities.

The highly influential and widely discussed work of such theorists in identifying an 'inner' psychological space which was either traumatised by unconscious forces (the mimetic approach) or responded passively to external impressions in ways that were traumatic (the anti-mimetic approach) have led many cultural theorists to assume that psychological ideas were seminal in the construction of the modern subject. However, I have been arguing, it took until the late twentieth century for 'trauma' to slip under the skin into a psychological space in Anglo-American narratives of the sexual violation of adult women.

Explanations for the failure of trauma theory to be applied to adult victims of sexual assault fall into two categories: psycho-sociological and psychoanalytic. The early psycho-sociological studies of trauma focussed on 'bad events' relating to industrialisation (railway travel and modern warfare). These studies were being carried out at a time where the areas undergoing most rapid social change were public spheres, dominated by men. Notions of trauma thus arose out of white male experiences. As a consequence, when rape victims did not act in ways predicted by

this industrial/war trauma model (for instance, delaying reporting a series of 'bad events'), their emotional reactions were easily discounted. Railway accidents and war were seen as wholly 'unnatural' events, a brutal abreaction of civilisation. In contrast, rape was situated within 'normal' sexual practices. Railway passengers and soldiers were conceived of as passive victims of calamity: in contrast, it was often asked, might rape victims be complicit in their misfortune? It was assumed that women did not need the diagnosis of psychological trauma because the *social* trauma of attack could be recognised: in contrast, men required an additional explanation for why they 'broke up'. Furthermore, in the case of both railway accidents and war, the issue at stage was fiscal – compensation and pensions – rather than criminal liability. Even in cases where sexual violence was visceral, the wounds raw and plain for all to see, there was still no need to appeal to notions of psychological trauma because the perpetrator could be individualised and the 'solution' sought within penal law.

It might even be argued that it was precisely because rape was seen to be such a serious bodily injury that women were not liable to suffer traumatic neuroses as a result of it. This was what Freud meant in *Beyond the Pleasure Principle* (1920), when he argued that *physical* injury could serve to protect victims from the development of traumatic neurosis. In his words, 'a wound or injury inflicted simultaneously works as a rule against the development of a neurosis'. Freud was referring to the traumas of war, but identical reasoning was applied to women who had been violently sexually assaulted (Tanay, 1969: 1039-46).

These psycho-sociological studies of trauma easily elided the long-term psychological after-effects of women's experience of rape, but more psychoanalytically-informed trauma theories were also not easily mapped onto women who had been raped in adulthood. In large part, this is because psychoanalytic theories were heavily biased towards aetiologies of trauma located either within infancy and early childhood or within the unconscious.

This is most clearly illustrated by turning to the work of Freud. Freud's early seduction theory, which illuminated discussions about the relationship between childhood sexual trauma and later psychological effects, provided little space for women's experience of rape *in adulthood*. According to one reading of Freud, it was not the traumatic event itself that led to trauma but two non-traumatic events: the first being the initial sexual assault (not experienced as traumatic because the child could not grasp its meaning) and the second being the *memory* of that event which had been sparked by another non-traumatic event. This dynamic could not easily be employed to account for the responses of women raped as sentient adults.

It became even more difficult to draw inference of sexual abuse from the theories of the 'late Freud'. AS is well known, by "On the Origin of the Psycho-Analytic Movement" (1914), Freud had given up on "seduction" theory. In his words,

> Influenced by Charcot's view of the traumatic origin of hysteria, one was readily inclined to accept as true and aetiologically significant the statements made by patients in which the ascribed their symptoms to passive sexual experiences in the first years of childhood – to put it bluntly, to seduction. When this aetiology broke down under the weight of its own improbability and contradiction in definitely ascertainable circumstances, the result at first was helpless bewilderment. Analysis had led back to these infantile sexual traumas by the right path; and yet they were not true. The firm ground of reality was gone.... If hysterical subjects trace back their symptoms to traumas that are fictitious, then the new fact which emerges is precisely that they create such scenes in *phantasy*, [sic] and this psychical reality requires to be taken into account alongside practical reality. (17-18)

In 1925, Freud mused in his autobiographical study about his jettisoning the 'seduction hypothesis'. In his words,

> The majority of my patients reproduced from their childhood scenes in which they were sexually seduced by some grown-up person.... I believed these stories.... When, however, I was at last obliged to recognize that these scenes of seduction had never taken place, and that they were only phantasies which my patients had made up, or

> which I myself had perhaps forced on them, I was for some time completely at a loss…. When I had pulled myself together, I was able to draw the right conclusion from my discovery…. I had in fact stumbled for the first time upon the Oedipus complex (34-5).

Freud’s move towards the role of the unconscious did not mean that he disbelieved patients who gave accounts of being assaulted. In his ‘Autobiographical Study’, he also admitted that ‘seduction during childhood retained a certain share, though a humbler one, in the aetiology of neuroses’. However, henceforth the mimetic approach was dominant. In other words, both the ‘early’ and ‘late’ Freud (and his followers) could minimise the psychologically pathological effects of rape on adult women.

There were other reasons, however, why psychological trauma was not portrayed as an inevitable consequence of rape. Nineteenth-century alienists placed great emphasis on hereditary factors as leading to insanity. Indeed, theorists such as Jean-Martin Charcot denied that trauma was a ‘principal, originating cause of the nervous disorder’ but ‘operated secondarily, as the triggering mechanism of a hereditarily grounded malady’, as the historian Micale has explained. Micale points out that there are many references in the work of French psychiatrists to sexual abuse in childhood and adolescence but they did not classify these cases as traumatic hysterias. In his words:

> French fin-de-siècle physicians evidently saw and described sexual aspects of these cases, and in regard to female hysterics they recorded instances of rape in the earlier lives of their patients. However, they notably failed to theorize, that is, to reflect on the causal significance of sexual experience in the genesis of the disorder in either gender.

Rape was mentioned 'only in a passing, narrative manner' and 'in a medical literature formally addressed to other subjects' (119 and 126).

Sexual Violence and 'Frigidity'

There are two exceptions to my argument that psychiatric texts prior to the 1970s ignored the long-term psychological effects of rape. Women who had been raped were said to have become sexually voracious (not a common argument) or frigid (very common) as a consequence. Occasionally, female rape victims were portrayed as being freed from their sexual inhibitions. Thus, in 1954, New York-based psychoanalyst Morris Factor observed how one of his patients was 'eroticised' by an attempted rape in her home. This 'prim and proper' woman became 'gay and singing'. Her 'more careless attitude… permitted her to allow her skirt to climb over her knees, to raise her skirt to scratch her thigh, and the like'. Factor claimed that this was because of the 'bribability of the superego': as he explained, 'Since the

patient has in actuality suffered from fright and shock, the superego winks at the behavior of the ego, and is much more complaisant toward impulses from the id' (1954: 243-44).

Much more commonly, the experience of sexual assault was believed by early sexologists (particularly in the 1920s) to lead to psychiatric disorders related to 'frigidity'. For instance, in 1929, two psychiatrists treated a fourteen-year-old schoolgirl called 'O. D.' whom they diagnosed as suffering dementia praecox. The rape of her sister (which she witnessed) and her attempted rape were noted as events with no lasting psychiatric significance, except for the fact that she 'did not care for the opposite sex on account of unfortunate experiences with boys early in childhood' (Kasanin and Kaufman, 1929: 328-31).

That same year, Gladys C. Terry set out to explore the issue more rigorously by investigating the sexual lives of 100 married women. Terry started with the supposition that there was a 'relationship between certain types of early events and conditions and certain types of adult behavior'. She observed that amongst her sample of 100 women there was a subgroup who either had 'an inadequate capacity for response to the sex act with their husbands, i.e., they do not have the fully releasing climax (orgasm) with which the sex act normally terminates for women' or they were 'seriously dissatisfied with their marriages'. Could there be some experiences shared by these women that distinguished them from the more contented wives? Terry was able to identify two distinctive groups within her

sample. Group A were women who had been 'victims of an incestuous aggression' during their youth while Group X had never experienced 'early sexual aggression'. She found that 88 per cent of women in Group A had serious difficulties in 'marital sex relationship by reason of their strongly negatively conditioned reactions to it'. Indeed, none of the women in Group A had experienced orgasm. All of these women 'evinced symptoms which are classified… as neurotic – they are badly adjusted and highly unstable women'. In contrast, nearly 88 per cent of women in Group X experienced orgasm in the sex act most of the time. Women who had been exposed to 'terrifying sex aggression' in childhood, Terry concluded, had been 'conditioned' to 'react with feelings of fear and shame to all sex curiosities and impulsions' and were thus prone to 'develop a psychoneurosis' (1929: 881-99).

In 1927, Nathaniel Brush (the chairman of the California Medical Association Congress) also appealed to the exposure of a woman to a 'bad sexual event' to explain why some wives were unable to find sexual satisfaction. Brush presented the case of a woman who 'was genuinely in love with her husband' but 'not more than three times in her married life had she experienced any sexual feelings, and then only to a mild degree, never to the point of orgasm'. Brush immediately concluded that there must be some 'inhibitory force… preventing her from experiencing the desired climax'. Analysis uncovered the fact that when she was seventeen or eighteen, her fiancé had attempted to rape her. She had never told anyone about this trauma but had subsequently engaged in obsessive home-cleaning rituals. She believed that the assault had 'besmirched her', and her house

(‘symbolizing herself’) therefore had to be cleaned inside and out, every day. Brush diagnosed psychaesthenia (1928: 565-71).

Another study of the 1930s, published in the *Monographs of the Society for Research in Child Development*, reported that only one-third of women who had been ‘subjected to premarital aggression’ reported ‘satisfactory orgasm capacity in marriage’ compared with two-thirds of women who had not experienced sexual aggression prior to marriage. Rape ‘inhibited psychosexuality’ (Willoughby, 1937: 47-8).

Social versus Sexual Identity

As argued thus far, in texts prior to the 1970s sexual abuse was not regarded as having causal significance in the development of emotional disorders, except for increasing the woman’s risk of frigidity. This is not to imply, however, that in the earlier period the effects of rape were entirely absent from the debates. However, the *nature* of the long-term effects was profoundly different in the earlier and latter periods. In shorthand, it is helpful to think of it as a shift from rape as an attack on social identity to that of individual sexed subjectivity. In other words, public narratives of violation in the earlier period located the harm of sexual abuse less in the woman’s emotional or inner ‘self’ and more in her social and economic standing.

Thus, these early accounts obsessively detailed the pain of defloration, the horror of ejaculation ('leaving wet'), and, as one victim put it, being 'done over' (Smith, 1800: 31). Sexual attack only entered public discourse when it could be conceived of as an affront to a woman's ability to support herself or maintain her respectability within the family and community. As a consequence, women emphasised physical injury and the threat of pregnancy. The abuser was 'spoiling' or 'ruining' her gendered social position (Hamilton Arnold, 1989: 35-56). It was not assumed that the offence attacked sexual identity.

The tort of seduction reified this assumption in law. By taking cases of sexual assault to a *civil* court under the tort of seduction, a woman's agency was conceived of entirely in terms of the harm done to her father though loss of her labour because of her pregnancy, disgrace, or unmarriagability. As a major way in which rapists were legally 'held accountable' for their actions, the tort of seduction was premised around a social as opposed to an individual identity. Of course, this 'social' identity was a profoundly patriarchal one. In the UK, even after the Married Woman's Property Act of 1882, only the father was seen as requiring compensation for the economic harm of his daughter's rape. When mothers sued for compensation (as in a landmark case in 1902), it was decreed that the Act 'did not change this principle' because the Act dealt with 'real property... not mere fiction' ('The Action of Seduction', 1902: 6-7).

The social nature of the sexual attack can be further illustrated by observing that, until the twentieth century, women resisting rape typically screamed 'murder!', rather than 'rape!'. In the words of Mrs Rebecca Fay, giving evidence in 1810 about her rape, 'I endeavoured to cry out murder; but he pressed my mouth so hard against his breast that I could not be heard' (Wakely, 1810: 5). Maria Powell 'was in such a fright.... When he was ill-using me, I cried out murder once, and he told me if I did so again, he would stop my mouth with something, and said he would give me 5s' ('Crown Side', 1828: 3). Susannah Tuerena, raped in 1880, became periodically 'insensible' while being raped by two men, but in between these bouts of insensibility, she said, 'I still screamed "Murder" and "Help"... I said "Murder, help, Mrs Curtis"' (Tuerena, nd: np). Sixty-year-old Mary Manington of Spitalfields in 1842 'called out "murder" lustily' ('Marylebone', 1842: 7). Or, as 17-year old Justina Hall of Pedmore, cried out when attacked in 1829, 'I called out, "Murder, you rogue, loose me"', and she then 'scrat [sic] him' ('Worcester', 1829: 3). In 1900, Caroline Fitzgerald screamed 'murder' and when the police arrive she screamed 'Oh God, you scoundrels' to her attackers. Her husband agreed, saying that, when he returned home that night, he 'perceived a wonderful change in the appearance of my wife; instead of cheerfulness, gloom and silent grief seemed to be praying on her spirits' and, when she told him what had happened in his absence she 'burst into tears and exclaimed, the villain Wakely, he has murdered me, he has ruined me forever' (Wakely, 1810: 11). The victim was portrayed as grieving her own death: as another report described a wife who was raped by her boarder, she laboured 'under strong affections of grief' (67-8).

The language is significant since 'murder' indicates that the attack was destroying a woman by setting her outside the social. In the words of the author of *A Treatise on Forensic Medicine or Medical Jurisprudence* (1815),

> The poignard of the assassin is mercy when compared with this; for that only destroyed life; but this embitters existence, renders it the less estimable, and therefore the less desirable. (Bartley: 40).

The victim was 'compelled to suffer the pollution her soul abhors' (Bartley, 1815: 40). In contrast, the cry of 'rape' implies a destruction of sexual subjectivity. The sexualisation of the female victim's body later in the century enabled a speaking of it but this simply entailed a shift from being a silent object (the 'insensible' woman) to a speaking sex (violated genitalia). In the latter case, the harm was more individualised and bound to an isolated psyche, as opposed to a social body or moral dominion.

Of course, many acts of violence *were* explicitly attacks on the body politic. Examples include the mass rapes of 'Peeler's' wives carried out by 'Captain Rock's men' in Ireland in 1822 ('Ireland', 1822: 3) or in Adlington (Lancashire) in 1831 by men claiming they were 'unioning' against the womenfolk of men who refused to join the union ('Lancaster', 1831: 6). In the contemporary period, rape has been conceived in this way only in two contexts: the dominant strand of feminist

discourse of the post-1970s period (for a detailed analysis, see Bourke: 2007) and (linked, of course) the discourse of rape in military situations such as the war in the former Yugoslavia (Campbell, 2002: 150-62).

But the social, as opposed to sexed-individual, nature of rape dominated all public accounts of violation in the earlier period. Typically, as the authors of *Medical Jurisprudence* lamented in 1823, it was assumed that although rape violated the 'quick sense of honor, the pride of virtue, which nature, to render the sex amiable, hath implanted in the female heart' – nevertheless, the 'injurious consequences to *society* are in every respect complete' (Paris and Fonblanque, 1823: 426, my emphasis).

Rape was conceived of as a social insult in other ways as well: the injury was not limited to the violated woman. In narratives of sensibility, those who witnessed or heard of a woman's distress were able to prove their sensibility by also having a 'nervous' response. The mental suffering of family and friends caused *their* nerves to fail as well. Mothers of raped women swooned; they became 'insensible' ('Winter Assizes', 1850: 6). Friends claimed to have fainted when they heard the news. The rapist not only 'deeply wounded the feelings, honor, and happiness' of the victim but also drove her 'injured husband almost to despair' (Graham, 1812: 76). Raped women such as Ann Macdonald, a nineteen-year-old servant at a public-house at Dinning in 1821 may have had to be 'assisted to bed' where she 'was never well since', but her father, too, was incapacitated by 'agitation and distress'. Interestingly,

Macdonald lost her case against her accuser because, as the judge *disapprovingly* noted, she had 'preserved presence of mind during the violence of her struggle'. She was supposed to become 'insensible' ('Durham', 1821: 3).

This is a world away from the individualised, sexualised accounts of rape that arose in later periods, where rape became an attack upon a woman's sexual identity, creating a 'psychic wound', a 'violation of the self', since a person's identity was much more likely to be defined in terms of sexuality. As opposed to either the social body or the disordered female one, this intense focus on the *sexed* body as marker of identity and as a locus of truth is a profoundly modern conception.

Outside of feminist accounts, as the twentieth century progressed, both the rapist and his victim were individualised. We have already seen this in connection with the shift from social to psychological for the rape victim, but in the context of the rapist, too, there was a shift from what was initially seen as an *act* involving sexual violation to it being conceived of as the outward expression of individual *identity* ('the rapist'). The designation 'rapist' is modern, first used as late as 1883. There are parallels here with Foucault's discussion of homosexuals. In the course of the nineteenth century, the homosexual and (I argue) the rapist 'became a personage, a past, a case history, and a childhood, in addition to being a type of life, a life form, and a morphology' (Foucault, 1978: 43). Medical and psychiatric literature first began propagating the idea that people engaged in sexually abusive practices were not simply expressing their 'tastes' but were a discrete category of human in

the late nineteenth century. In popular discourse, too, there was a shift from him being conceived of as part of a social *category* (that is, itinerant men in the early C19; men hailing from degenerate races from the 1870s; and youth immersed in sub-cultures of violence in the 1930s) to being conceived as having a psychological identity (the 1950s psychopath; the 1960s authoritarian personality; and the man with a psychosexual disorder in the 1970s) (Bourke, 2007).

This is not to reduce the argument about individualisation and sexualisation simply to new psychological understandings of the self, although for the purposes of my argument in this article, I have emphasised that aspect. Economic and social context remain central. The individualisation of rape was also an offshoot of the separation of women from their families and communities that took place in processes of industrialisation and urbanisation. Slightly later, technologies linked to avoiding pregnancy also meant that the wider anxieties about the responsibility of local authorities for illegitimate children arising from 'forced seduction' (as sexual abuse was often termed under tort law) no longer exerted the same financial and moral imperative.

It is obviously also not to deny that female rape victims in the earlier period experienced intense emotional distress. In the period examined here, the languages of the time enabled them to publicly express their agony more easily in terms of physical and economic ruin as opposed to emotional pain or psychological damage.

Post-Traumatic Stress Disorder

From the 1970s, the most successful medical and legal narrative of rape-trauma in Britain and America came in the form of Post-Traumatic Stress Disorder or PTSD. When Abram Kardiner first invented the term 'post-traumatic stress disorder' in 1941, he did not intend it to apply outside of war neuroses. Yet, by the 1970s, it had broadened considerably. In 1974, a member of the Health Services Administration in Washington DC was able to compare rape victims to 'soldiers after combat', believing that both needed to 'abreact the dramatic event…. with someone who can listen sympathetically' (Zuspan, 1974: 143). With the war in Vietnam and the admission of PTSD into the American Psychiatric Association's third edition of their *Diagnostic and Statistic Manual of Mental Disorders* in 1980, such comparisons began to be made even more frequently. As a physician at St Mary's Hospital in Manchester put it in 1991, in rape victims 'there is often a change of personality similar to that described in First World War soldiers after their experiences in the trenches, and more recently in Vietnam veterans' (Duddle, 1991: 27). Ellen Dye and Susan Roth went even further, arguing in 1991 that Vietnam veterans and rape 'survivors' were 'two paradigmatic trauma populations' that were exceptionally similar and therefore could and should be discussed together (103-14).

This expansion in the application of PTSD to non-war traumas was not inevitable. Not all moral harms are fashioned into medico-legal ones: fears inspired by combat, for instance, were admitted but not the terror arising from unemployment or severe poverty. What was the advantage in looking at rape trauma through the lens of PTSD?

Unlike other diagnoses, PTSD had a number of features that made it conducive to being applied to rape survivors. It placed significance on an 'outside' 'bad event' that had an 'inside' effect. It was largely applied to experiences occurring in adulthood, rather than infancy. Compared with other mental illnesses, the disorder was burdened with less stigma – it enabled the sufferer to remain 'good'.

Furthermore, for psychiatrists of a range of perspectives, PTSD allowed for a bewilderingly large range of symptoms – any number of which might only appear after a long time-lag (unlike railway spine or shell shock). Most important, as Joseph Davis persuasively argues in *Accounts of Innocence* (2005), although the disorder was 'predicated on a movement from the traumatic event to the symptoms… in practice it leaves open the possibility of moving in the other direction, from the symptoms to the trauma' – or the 'embodied memory'. Feminist analysts found this helpful when faced with distressed women, the source of whose pain was obscure. It allowed therapists and patients to bypass questions of victim complicity. Finally, it embraced any number of explanatory theories. PTSD was a label given to symptoms; it remained neutral as to explanation. In terms of institutional power, this was

auspicious, allowing the full range and diversity of the therapy industry to invest in its propagation.

Conclusion

The historical change in public discussions of the effects of rape from the social ('external') to the psychological ('internal') had three significant effects. First, in the earlier period, rape was regarded as impossible because it was assumed that a non-consenting woman could always (unless 'insensible') effectively resist attack, while in the later accounts, rape was not possible because of unconscious complicity on the part of the victim. As David Abrahamsen, criminologist and former director of scientific research at Sing Sing prison in New York, put it in his influential *The Psychology of Crime*,

> the victim herself unconsciously also may tempt the offender. The conscious or unconscious biological and psychological attraction between man and woman does not exist only on the part of the offender toward the woman but also on her part toward him, which... [is] the impetus for his sexual attack.... We sometimes find this seductive inclination even in young girls (1960: 161).

This appeal to shared biological and psychological drives was used to explain why rape victims often felt guilty for what had happened: they were guilty.

As a consequence, the act of diagnosing psychological trauma was readily used by psychiatrists against the victims. Not only did rapists defend themselves by arguing that did not match the psychological profile of a typical rapist (Lauderdale, 1984: 1380), but the victim too was required to exhibit the 'correct' symptoms. Thus, in Spencer v. General Electric Co, the fact that an alleged victim had, since the rape, engaged in consensual sexual activity – while traumatic stress disorders predicted a loss of interest in sexual activity – was used to cast doubt on the rape (Waddle and Parts, 1989: 412). The influential jurist John Wigmore made a similar point, arguing that

> no judge should ever let a sex offense charge go to the jury unless the female complainant's social history and mental makeup have been examined and testified to by a qualified physician.

His reason for this was less concern for the victim but to protect men from false accusations of rape by 'female types of excessive or perverted sexuality' (Iles, 1985: 959). Observers proved highly reliant on signs of emotional distress in judging the severity of any assault. In the words of one study, participants presented with a number of case studies of raped women were highly reliant on 'overt expressions of psychological distress' in evaluating the attack (Krulewitz, 1982: 651). In the words

of the authors of 'The Medical Examination of Alleged Rape', published in *The Western Journal of Medicine* in 1974,

> For the innocent victim, [rape] is a very traumatic and emotional ordeal. If the woman appears to be distraught, emotionally upset or frightened, this would tend to support her story. Conversely, a casual or almost nonchalant attitude after an alleged vicious and forcible attack might cause some doubt about the truth of the history (Root, Ogden, and Scott, 1974: 331).

Thus, psychiatrists were invited to examine the complainant to discover if her emotional behaviour indicated that she was a 'true' rape victim. Some psychiatrists were particularly pro-active in deciding whether the complainant had a 'psychiatric condition that may have caused her to fantasize the sexual assault, even if she truly believed that it happened' (Melanson, 1994: 960-62). By codifying the languages of pain, the languages of psychology and psychoanalysis appropriate the voices of those experiencing that pain. They were, inevitably, a disciplining voice.

Second, the tying of sexual acts more tightly into notions of the self and identity enabled the broadening of accepted definitions of rape to include forced sexual encounters between spouses and acquaintances. As sex became linked increasingly to psychological events, shifting away from genitals and reproduction, the 'wrongs' of date, acquaintance, and marital rape acquired much greater

significance. It also opened a space for the discussion of male rape. These were attacks not simply on the body but on the very integrity of the self.

Third, the shift away from the social, and the increased psychologising of rape, also contributed to a change in the perceived appropriate *response* to abuse. Thus, we can trace a move away from demands for material reparation by the perpetrator towards mandated psychological healing of the victim *and* the perpetrator. Thus, in the earlier period (as I noted earlier) the tort of seduction gave money to fathers for the loss of their daughter's earnings. The victim, too, might attempt to force her abuser to marry her. Because the crime was to *public* morality, the crime could be redressed if the victim married her rapist or if he paid money to her or her family.

Demands that financial or moral reparations be made to the woman and her family were in stark contrast to later narratives in which what was required was 'cure' of individual psyches. Politics and material inequalities are jettisoned; exchanged for speech-acts, or the redemptive potential of confessional speech. As feminist theorist Carine M. Mardorossian has argued in 'Toward a New Feminist Theory of Rape' (2002), much modern feminist thought portrays rape victims as 'irremediably and unidirectionally shaped by the traumatic experience of rape and hence incapable of dealing with anything but their own inner turmoil'. Rape speaks to a woman's 'inner self' as opposed to a 'criminal act' (743-75). The trauma

narrative further implied that *potential*-victims act to prevent their own traumatisation.

Furthermore, victims of sexual assault were not the only ones seen as requiring psychological counselling. Others were also included in the disciplining purview of the psychological profession. Thus, as the senior registrar in psychiatry at the Royal Free Hospital in London forcefully insisted in an article in the *British Medical Journal* in 1986, the *partners* of victims were 'the forgotten victims' of rape. 'A characteristic syndrome occurs in the partners', he argued, and the syndrome mirrored the 'phases' through which the traumatised women went (Bateman, 1986: 1306). Even more strikingly, perpetrators of sexual violence were also increasingly seen to possess a psychic wound that required psychological healing. This was the assumption behind the attempt in 1977 to include rape in DSM III and the World Health Organisation's *International Classification of Disease* (ICD – 8) (Groth and Burgess, 1977: 400-1).

Finally, the forensic texts and medico-legal texts explored in this article have been instrumental in attempting to 'make sense' of sexual violence. Their efforts have been crucial to the process of constructing not only 'the sex victim and sex offender' but sexuality itself. The shifts in the way rape was narrated had a major impact on all women, not merely on those subjected to sexual violence. Rape narratives don't simply represent experience, but help to constitute it. Rendering 'insensible', the cries of 'murder' (as opposed to 'rape'), the shift from an emphasis

on the insensible body to the psychological self, and the gradual admittance of individualised sexual subjectivity as opposed to social identity have had dramatic effects on feminist praxis as well as legal conceptions of the female body.

References

Abrahamsen, David (1960), *The Psychology of Crime*. New York: Columbia University Press

'The Action of Seduction' (14 November 1902), *The New Irish Jurist and Local Government Review*, III

Bartley, Onesipherous W. (1815), *A Treatise on Forensic Medicine or Medical Jurisprudence*. Bristol: Barry and Son

Bateman, Anthony W. (17 May 1986), 'Rape: The Forgotten Victim', *British Medical Journal*, 292

Beck, Theodric Romeyn and John B. Beck (1838), vol. 1, *Elements of Medical Jurisprudence*. Philadelphia: Thomas, Cowperthwait and Co.

Bourke, Joanna (1996), *Dismembering the Male: Men's Bodies, Britain, and the Great War*. London: Reaktion and Chicago: University of Chicago Press

Bourke, Joanna (1999), *An Intimate History of Killing: Face-to-Face Killing in Twentieth Century Warfare*. London: Granta and New York: Basic Books

Bourke, Joanna (2007), *Rape: A Cultural History from 1860s to the Present*. London: Virago, 2007 and New York: Shoemaker and Hoard

Bourke, Joanna (2011), *What It Means to be Human: Reflections from 1791 to the Present*. London: Virago, 2007 and Berkeley: Counterpoint

Brown, Laura S. (1995), 'Not Outside the Range: One Feminist Perspective on Psychic Trauma', in Cathy Caruth, ed., *Trauma: Explorations in Memory*. Baltimore, MD: John Hopkins University Press

Brush, Nathanial H. (November 1928), 'The Psychæsthenic Reaction', *American Journal of Psychiatry*

Burges, S. H. (ed.) (1978), *The New Police Surgeon: A Practical Guide to Clinical Forensic Medicine*. London: Hutchinson

Burgess, Ann Wolbert and Lynda Lytle Holmstrom (1974), 'Rape Trauma Syndrome', *American Journal of Psychiatry*

Burr, Charles W. (July 1925), 'The Mental Disorders of Childhood', *American Journal of Psychiatry*

Campbell, Kirsten (autumn 2002), 'Legal Memories: Sexual Assault Memory and International Humanitarian Law', *Signs: Journal of Women in Culture and Society*, 28.1

'Cases of Hysteria and Hysteromania' (October 1860), *American Journal of Insanity*, xvii.2

Chaddock, Charles Gilbert (1900), 'Sexual Crimes', in Hamilton, Allen McLane and Godkin, Lawrence (eds.), *A System of Legal Medicine*, vol. 2, 2nd edition. New York: E. B. Treat and Co.

Chartes, Colonel (1828), *The Remarkable Trial for Rape of the Infamous Colonel Chartes*. London: Smith

'Crown Court' (8 March 1866), *The Times*

'Crown Side' (18 August 1828), *The Times*

Dana, Charles Loomis, *Text-Book of Nervous Diseases and Psychiatry*, 4th edition (London: J. & A. Churchill, 1898)

Davis, Joseph E. (2005), *Accounts of Innocence: Sexual Abuse, Trauma, and the Self.* Chicago: University of Chicago Press

Duddle, M. (January 1991), 'Emotional Sequelae of Sexual Assault', *Journal of the Royal Society of Medicine*, 84

'Durham, Tuesday, August 21. Crown Court – Rape' 27 August 1821, *The Times*

Dye, Ellen and Susan Roth (spring 1991), 'Psychotherapy with Vietnam Veterans and Rape and Incest Survivors', *Psychotherapy,* 28.1

Erichsen, John Eric (1875), *On Concussion of the Spine, Nervous Shock, and Other Obscure Injuries of the Nervous System in Their Clinical and Medico-Legal Aspects*. London: Longman, Green and Co.

Erichsen, John Eric (1866), *On Railway and Other Injuries of the Nervous System*. London: Walton and Maberly

Factor, Morris (1954), 'A Woman's Psychological Reaction to Attempted Rape', *The Psychoanalytic Quarterly*, 23

Fitzgerald, Caroline (nd), 'Papers', (UK) National Archives CRIM 1/63/9

Foucault, Michel (1978), *The History of Sexuality. Volume 1: An Introduction*, translated by Robert Hurley. London: Allen Lane

‘Fright a Frequent Cause of Insanity, and Sometimes a Cure’ (April 1848), *American Journal of Insanity*

Freud, Sigmund (1962, 1st 1896), ‘The Aetiology of Hysteria’, in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, trans. James Strachey in collaboration with Anna Freud, vol. iii. London: The Hogarth Press

Freud, Sigmund (1925), ‘An Autobiographical Study’, *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, 1st 1896, trans. James Strachey in collaboration with Anna Freud, vol. iii. London: The Hogarth Press

Freud, Sigmund (2003), *Beyond the Pleasure Principle and Other Writings*, trans. John Reddick. London: Penguin

Freud, Sigmund (1957, 1st 1914) “On the History of the Psycho-Analytic Movement”, in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, trans. James Strachey in collaboration with Anna Freud, vol. xiv. London: The Hogarth Press

Graham, John Andrew (1812), *Speeches*. New York: np

Groth, A. Nicholas and Ann Wolbert Burgess (July 1977), ‘Rape: A Sexual Deviation’, *American Journal of Orthopsychiatry*, 47.3

‘Guidelines for the Interview and Examination of Alleged Rape Victims’ (November 1975), *The Western Journal of Medicine*, 123.5

Haag, Pamela (summer 1996), ‘”Putting Your Body on the Line”: The Question of Violence, Victims, and the Legacies of Second-Wave Feminism”. *Differences: A Journal of Feminist Cultural Studies*, 8.2

Hamilton Arnold, Marybeth (1989), ‘’The Life of a Citizen in the Hands of a Woman’: Sexual Assault in New York City, 1790 to 1820’, in Kathy Peiss and Christina Simmons (eds.), *Passion and Power. Sexuality in History*. Philadelphia: Temple University Press

Hayman, Charles R., Frances R. Lewis, William F. Stewart, and Murray Grant ((June 1967), ‘A Public Health Program for Sexually Assaulted Females’, *Public Health Reports,* 82.6

‘Ireland’ (16 April 1822), *The Times*

Janet, Pierre Maria Felix (1894), *Etat mental des hysteréiques* (Paris: np

Janet, Pierre Maria Felix (1930), *L’Automatisme psychologique*, 1st 1889. Paris: np

Jordan, John Furneaux (1873), *Surgical Injuries*. London: J. & A. Churchill

Kardiner, Abram (1941), *The Traumatic Neuroses of War*. New York: Paul B. Hoeber

Kasanin, Jacob and Moses Ralph Kaufman (September 1929), 'A Study in the Functional Psychoses in Childhood', *American Journal of Psychiatry*

Krulewitz, Judith E. (1982), 'Reactions to Rape Victims: Effects of Rape Circumstance, Victim's Emotional Response, and Sex of Helper', *Journal of Consulting Psychology*, 29.6

'Lancaster, Tuesday, March 15. Crown Court' (19 March 1831), *The Times*

Lauderdale, Helen J. (winter 1984), 'The Admissibility of Expert Testimony on Rape Trauma Syndrome', *The Journal of Criminal Law and Criminology*, 75.4

Leon, De St., Count (1869), *Love and Its Hidden History*, 4th ed. Boston: William White and Co.

Mardorossian, Carine M. (spring 2002), 'Toward a New Feminist Theory of Rape', *Signs: Journal of Women in Culture and Society*, 27.3

‘Marylebone’ (17 June 1842), *The Times*

Melanson, Joan (15 March 1994), ‘Psychiatrist’s Release of Confidential Information Causes Controversy in Halifax’, *Canadian Medical Association Journal*, 150.6

‘Midland Circuit. Lincoln’ 11 March 1846, *The Times*

Micael, Mark S. (2001), ‘Jean-Martin Charcot and *les névroses traumatiques*: From Medicine to Culture in French Trauma Theory of the Late Nineteenth Century’, in Mark S. Micale and Paul Lerner (eds.), *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870-1930*. Cambridge: CUP

Mills, Charles K. (October 1909), ‘Hysteria, What It Is and What It Is Not’, *American Journal of Psychiatry*

‘Northern Circuit. York, July 17’ 20 July 1852, *The Times*

Ogston, Francis (1878), *Lectures in Medical Jurisprudence*. London: J & A. Churchill

Orenstein, Leo L. (1950-51), ‘Examination of the Complaining Witness in a Criminal Court’, *American Journal of Psychiatry*, 107

‘Outrage’ (7 September 1877), *The Times*

Page, Herbert W. (1883), *Injuries of the Spine and Spinal Cord Without Apparent Mechanical Lesion, and Nervous Shock, in Their Surgical and Medico-Legal Aspects*. London: J. & A. Churchill

Paris, John Ayrton and J. S. M. Fonblanque (1823), *Medical Jurisprudence*. London: Phillips

Partridge, G. E. (1928-29), 'Psychotic Reaction in the Psychopath', *American Journal of Psychiatry*, 8

Prince, Morton (1897-98), 'Traumatic Neuroses' in Alfred Lee Loomis and William Gilman Thompson (eds.), *A System of Practical Medicine by American Authors*. Philadelphia: Lea Brothers and Co.

Radzinowicz, L. (1957), *Sexual Offences. A Report of the Cambridge Department of Criminal Science*. London: Macmillan

Root, Irving, Wendell Ogden, and Wayne Scott (April 1974), 'The Medical Examination of Alleged Rape', *The Western Journal of Medicine*, 120.4

Rowell, Hubert N. (March 1905), 'Neurasthenia in Childhood', *California State Journal of Medicine*, III.3

Ryan, Michael (1831), *A Manual of Medical Jurisprudence*. London: Renshaw and Rush

Satter, Beryl (July 2003), 'The Sexual Abuse Paradigm in Historical Perspective: Passivity and Emotion in Mid-Twentieth-Century America, *The Journal of the History of Sexuality*, 12.3

'Scotland. Perth Circuit Court' (21 September 1822), *The Times*

Smith, Edward (1800), *Smith's Trial*. Cork: J. Cooper

'Spring Assizes. Northern Circuit, Newcastle, Feb. 28' (2 March 1863), *The Times*

Stevenson, G. H. and S. R. Montgomery (March 1932), 'Paranoid Reaction Occurring in Women of Middle Age', *American Journal of Psychiatry*

Storer, Horatio R. (1868), 'The Law of Rape', *The Quarterly Journal of Psychological Medicine and Medical Jurisprudent*, ii

Sutherland, Sandra and Donald J. Scherl (1970), 'Patterns of Response Among Victims of Rape', *American Journal of Orthopsychiatry*

Symonds, Martin (1976), ‘The Rape Victim: Psychological Patterns of Response’, *American Journal of Psychoanalysis*, 27

Tanay, Emanuel (1969), ‘Psychic Trauma and the Law’, *Wayne Law Review*, 15

Tardieu, Ambroise (1878), *Étude medico-légale sur les attentats aux mœurs*. Paris: J. B. Bailliére et Fils

Taylor, Alfred Swaine (1861), *Medical Jurisprudence*, 12th edition. London: np

Terry, Gladys C. (March 1929), ‘A Study in Psycho-Dynamic Patterns’, *American Journal of Psychiatry*

Tuerena, Susannah (np), ‘Papers’, (UK) National Archives CRIM 1/3/1

Waddle, Jeffrey T. and Mark Parts (1989), ‘Rape Trauma Syndrome: Interests of the Victim and Neutral Experts’, *University of Chicago Legal Forum*

Wakely, Charles (1810), *Trial of Charles Wakely for a Rape on Mrs. Rebecca Fay*. New York: McCarty and White

Willoughby, Raymond Royce (1937), ‘Sexuality in the Second Decade’, *Monographs of the Society for Research in Child Development*, 2.3

‘Winter Assizes. York, Dec. 17, ‘Extraordinary Charge of Rape’ (19 December 1850), *The Times*

‘Worcester, Tuesday, August 4’ (6 August 1829, *The Times*

Zuspan, Frederick P. (April 1974), ‘Alleged Rape: An Invitational Symposium’, *The Journal of Reproductive Medicine*, 12.4

BIOGRAPHY:

Joanna Bourke is Professor of History at Birkbeck, University of London. Amongst other books, she is the author of *Rape: A Cultural History from 1860s to the Present* and, in 2011, published *What It Means to be Human: Reflections from 1791 to the Present*. She currently writing a book on the history of pain from the eighteenth century to the present, supported by a grant from the Wellcome Trust. Website: www.bbk.ac.uk/history/jb