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Source: *Journal of the History of Sexuality*, Vol. 22, No. 1 (JANUARY 2013), pp. 85-104

Published by: University of Texas Press

Stable URL: <https://www.jstor.org/stable/23322035>

Accessed: 09-09-2019 07:18 UTC

REFERENCES

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Trauma, Body, and Mind: Forensic Medicine in Nineteenth-Century Dutch Rape Cases

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RESEARCH ON THE HISTORY OF TRAUMA has been limited to the history of scientists discovering the concept of trauma as a psychic wound. This perspective, however, obscures previous notions of mental suffering in nonscientific settings. As several historians have stated, a history of trauma before and beyond the advent of scientific, psychological discourse has not been written yet.¹ This article, therefore, investigates alternative discourses to the notion of trauma in a period before psychologists coined the term by considering nineteenth-century Dutch rape cases.

Historians of rape have traced several founding moments in which the selfhood of the victim was accentuated. First, early modernists have argued that from the late sixteenth century rape came to be seen as a sexual crime against an individual woman rather than one against male property where the sexual element was secondary.² Nonetheless, the most important changes in regard to individuality have also been located in the nineteenth century.

I would like to thank Kristine Steenbergh and Geertje Mak for their helpful comments on a previous version of this essay. All translations are my own unless otherwise stated.

¹ See Francisca Loetz, "Sexualisierte Gewalt in Europa, 1520–1850: Zur Historisierung von 'Vergewaltigung' und 'Missbrauch,'" *Geschichte und Gesellschaft* 35, no. 4 (2009): 601; Paul Lerner and Mark S. Micale, "Trauma, Psychiatry, and History: A Conceptual and Historiographical Introduction," in *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870–1930*, ed. Mark S. Micale and Paul Lerner (Cambridge: Cambridge University Press, 2001), 1–27. See also Joost Vijselaar and Onno van der Hart, "The First Report of Hypnotic Treatment of Traumatic Grief: A Brief Communication," *International Journal of Clinical and Experimental Hypnosis* 11, no. 1 (1992): 1–6, for a case of hypnotic treatment of traumatic grief from 1813.

² Nazife Bashar, "Rape in England between 1550 and 1700," in *The Sexual Dynamics of History: Men's Power, Women's Resistance*, ed. London Feminist History Group (London: Pluto, 1983), 41; Manon van der Heijden, "Women as Victims of Sexual and Domestic Violence in Seventeenth-Century Holland: Criminal Cases of Rape, Incest, and Maltreatment in Rotterdam and Delft," *Journal of Social History* 33, no. 3 (2000): 624; Miranda Chaytor, "Husbandry: Narratives of Rape in the Seventeenth Century," *Gender and History* 7, no. 3 (1995): 395–96.

Journal of the History of Sexuality, Vol. 22, No. 1, January 2013

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DOI: 10.7560/JHS22104

Georges Vigarello has shown how in the nineteenth century rape came to be seen as an attack on an individual's body, in contrast to the early modern age, when both perpetrators and victims were regarded as tainted by sin after a rape. Similarly, issues like free will and consent were discussed at great length among legal scholars and doctors during this period: the idea acquired support that a victim could be forced into sexual intercourse by mental threats rather than only by physical violence. Even fainting and hypnosis as contributing factors were debated in professional forums if not in actual court cases. This focus on the mind, however, did not entail references to trauma. Although experts started to pay attention to the emotional damage suffered by raped women at the end of the nineteenth century, Vigarello points out that a discourse on trauma did not exist until the twentieth century. Doctors noted the impact of rape on morals, especially the loss of virginity and the risk of corruption, but did not fear the effect of a woman's distress on her mental life.³

Joanna Bourke, in her recent study of rape, agrees with Vigarello that rape was not considered a traumatic experience before the twentieth century; only then did it come to be regarded as an attack upon a woman's sexual identity and a violation of the self: "This intense focus on the body as marker of identity and as a locus of truth is a profoundly modern conception." Bourke extends her analysis to the language available to *victims* of sexual abuse, not only professionals: "For many working-class women in nineteenth-century Britain and America . . . the harm of sexual abuse was located less in her psychological 'self' and more in her social and economic standing. . . . This is obviously not to deny that female rape victims in the earlier period experienced intense psychological distress. However, the languages of the time made them express their agony more easily in terms of physical and economic ruin as opposed to psychic damage."⁴ In Bourke's view, the absence of psychology as a scientific discourse meant the lack of any language to articulate psychic hurt. Yet her emphasis on the availability of scientific languages neglects the presence of other, more common, languages, like humoral discourse, that could convert psychic wounds into words.

The emphasis on an increasing, perhaps even progressive, importance of the self in rape cases has strongly been influenced by Michel Foucault, who drew attention to nineteenth-century medical discourses on sexuality, their connection to an inner identity, and their power to define normal and abnormal persons.⁵ Following Foucault, several historians have studied the arrival of new scientific discourses on sexuality and identity in the late nineteenth century.

³ Georges Vigarello, *A History of Rape: Sexual Violence in France from the Sixteenth to the Twentieth Century* (Cambridge: Polity, 2001), 130, 161, 197.

⁴ Joanna Bourke, *Rape: A History from 1860 to the Present Day* (London: Virago, 2007), 425–26.

⁵ Michel Foucault, *The History of Sexuality*, vol. 1, *The Will to Knowledge*, trans. Robert Hurley (1976; London: Penguin, 1998).

Studying victims and the role of forensic medicine in nineteenth-century Dutch rape cases, I aim to show that the “rise of the self” in regard to rape and trauma is more complicated than historians have indicated, sketching multiple (both lay and medical) discourses on rape and trauma.⁶ In these different discourses, body-mind dichotomies were vital to a conceptualization of trauma. The various sources, like textbooks on forensic medicine and legal records, show different constellations of body and mind and therefore distinct approaches to mental trauma. The attention devoted to trauma in these sources depended heavily on the purpose of the text and its relation to medical and legal practices. An analysis of the ways in which these sources limit or facilitate expressions of trauma reveals that, contrary to some recent arguments, a discourse on trauma can be found in nineteenth-century interrogation and other legal records pertaining to rape cases, but it is embedded in humoral and nerve paradigms, discourses often shared by physicians and laypersons. In order to examine this articulation of trauma, it is vital to take into account a more elaborate definition of discourse, including practices, and multiple discourses. Thus it is important first to sketch an overview of the historiography in relation to the concept of trauma before outlining new approaches in the history of medicine and legal history that focus on practices rather than discourses. An analysis of Dutch textbooks of forensic medicine will follow, indicating why the concept of trauma is not mentioned in these texts, with examples from legal records that point toward the availability of languages for the expression of trauma.

TRAUMA, DISCOURSE, AND PRACTICE

The interdisciplinary field of trauma studies, having grown in importance in the last fifteen years, has put the connections between trauma, memory, history, and representation center stage, mostly focusing on the Holocaust and post-traumatic stress disorder (PTSD).⁷ Histories of trauma have, however, predominantly been limited to genealogies of the scientific concept of trauma, thereby concentrating on a history of science.⁸ Thus, it has been described how organized psychological medicine first took up the trauma

⁶ Dutch historiography has neglected both forensic medicine and rape. Van der Heijden (“Women as Victims”) pays some attention to seventeenth-century rape cases in Holland; Stefie Herman studied nineteenth-century rape cases in Flanders (“De grenzen van seksueel geweld: Schuld en schande in Vlaanderen tijdens de negentiende eeuw,” *Tijdschrift voor Sociale Geschiedenis* 28, no. 1 [2002]: 57–80).

⁷ Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore, MD: Johns Hopkins University Press, 1996); Dominick LaCapra, *Representing the Holocaust: History, Theory, Trauma* (Ithaca, NY: Cornell University Press, 1994).

⁸ Ruth Leys, *Trauma: A Genealogy* (Chicago: University of Chicago Press, 2000); Ian Hacking, *Rewriting the Soul: Multiple Personality and the Sciences of Memory* (Princeton, NJ: Princeton University Press, 1995), 183–95.

concept in the 1870s, applying it to the psychic consequences of railway accidents and connecting physical hurt with continual or recurring mental effects. This formulation of the “nervous shock” was subsequently connected to the phenomenon “hysteria” by scientists like Jean-Martin Charcot, Pierre Janet, and Sigmund Freud in the last two decades of the nineteenth century. Conspicuously, according to these scientists, “traumatic hysteria” was at that time mostly found in working-class males rather than in females.⁹

The connection between trauma and sexual abuse was seldom made by the medical profession. One exception was the French authority on forensic medicine Ambroise Tardieu, who already in 1857 had noted the physical *and* psychological damage caused by rape to children.¹⁰ Freud’s abandonment of his seduction theory, substituting fantasy for real childhood sexual abuse as the origin of neurosis, has become infamous.¹¹ In France and England, the work of Freud on trauma caused by sexual abuse in childhood was not very influential until the 1920s, while his work was not applied to the rape of adults until the mid-twentieth century.¹² In the Netherlands, although the work of Freud grew more influential from the second decade of the twentieth century, the idea of trauma as a result of sexual abuse would only gain currency decades later.¹³ For a long time, moreover, child rape was considered more serious than the rape of adult women, whose traumatic experiences often were not addressed by medical professionals.¹⁴

This information, however, raises the question of whether trauma as a psychic wound did not exist before the advent of psychology. Ian Hacking, interested in historical ontology, suggests that trauma was waiting to be discovered by psychologists, fitting into a new episteme. Hacking does not seem to doubt the material existence of trauma before its entrance into psychological discourse, but he does not indicate what forms the expression of trauma might have had before its “discovery.”¹⁵ Joanna Bourke, in arguing for the absence of psychological discourses to articulate psychic damage, points to alternative discourses on honor and socioeconomic standing. Similarly, historians of early modern England like Miranda Chaytor claim that raped women in seventeenth-century England could not speak explicitly about sexual encounters and therefore described sexual assault instead in

⁹ Lerner and Micale, “Trauma, Psychiatry, and History,” 14–15.

¹⁰ Ambroise Tardieu, *Étude médico-légale sur les attentats aux moeurs*, 2nd ed. (Paris: J.-B. Baillière, 1858), 39.

¹¹ Jeffrey Masson, *The Assault on Truth: Freud’s Suppression of the Seduction Theory* (London: Faber, 1984). For a critique on Masson, see Leys, *Trauma*, 19.

¹² Vigarello, *A History of Rape*, 197; Bourke, *Rape*, 186; Louise Jackson, *Child Sexual Abuse in Victorian England* (London: Routledge, 2000), 153.

¹³ Ilse N. Bulhof, *Freud en Nederland* (Baarn, Netherlands: Ambooken, 1983), 18.

¹⁴ Lisa Cardyn, “The Construction of Female Sexual Trauma in Turn-of-the-Century American Mental Medicine,” in Micale and Lerner, *Traumatic Pasts*, 172–201.

¹⁵ Ian Hacking, *Historical Ontology* (Cambridge, MA: Harvard University Press, 2002), 17–20.

terms of torn clothes and damaged belongings.¹⁶ Garthine Walker's narrative analysis of victims' stories of rape in early modern English court cases likewise underlines the constraints posed by legal setting, audience, and individual motives. Emphasizing the use of metaphors, Walker shows how women avoided explicit mentions of sexuality, since the available language on sexuality always implied a woman's consent.¹⁷ These historians all regard discourses in which body and mind seem to be absent as the only alternatives to talking about sexual trauma.

Nineteenth-century Dutch rape victims did not face the same limitations. Not only did they speak about the sexual aspects of the assault, but they also found ways to describe psychic trauma, using available languages on humors, nerves, and emotions. I am not advocating an essentialist approach here, in which psychic trauma is seen as a fixed, transhistorical concept, always experienced in the same way, but one that might be expressed in diverse terms in different periods. Likewise, I am reluctant to apply a "neo-essentialist" approach, such as that recently advocated by Dror Wahrman, who suggests that historians should try to separate the "transhistoric" from the "culturally constructed" elements of phenomena like rape.¹⁸ After all, many studies have shown how difficult it is to separate biological from cultural influences, the two being mutually influential.¹⁹ Instead of a search for origins, I am interested in the availability of a range of discourses for the articulation of an experience like rape in the nineteenth century, keeping in mind the limitations of particular sources in order to answer the question why the concept of trauma might *not* have been used. In court records of Dutch rape cases, there are references to the traumatic consequences of rape, albeit in a discourse different from the professional one, which only gained influence in the twentieth century. In this discourse, body and mind were intertwined.

Apart from distinguishing between scientific psychological discourse on trauma and lay or other discourses, it is also important to address the relationship between discourse and practice, since both are essential to the

¹⁶ Chaytor, "Husbandry," 378–407.

¹⁷ Garthine Walker, "Rereading Rape and Sexual Violence in Early Modern England," *Gender and History* 10, no. 1 (1998): 1–25. See also Anna Clark, *Women's Silence, Men's Violence: Sexual Assault in England, 1770–1845* (London: Pandora, 1987).

¹⁸ Dror Wahrman, "Change and the Corporeal in Seventeenth- and Eighteenth-Century Gender History: Or, Can Cultural History Be Rigorous?," *Gender and History* 20, no. 3 (2008): 598–99. Wahrman advocates a "neo-essentialist" or "corporeal" critique that explores the relationship between cultural construction and ahistorical elements. He praises, among other works, Sharon Block's study of rape in early America: "I have also not ignored some of the obvious continuities related to rape: the blurred boundaries of sexual coercion and consent, the expression of social power through sexual power, the sexual vulnerability that accompanied social vulnerability, the intimacy of women's communities, and the ongoing distrust of many women's claims of rape" (*Rape and Sexual Power in Early America* [Chapel Hill: University of North Carolina Press, 2006], 7, 241).

¹⁹ Anne Fausto-Sterling, *Sexing the Body: Gender Politics and the Construction of Sexuality* (New York: Basic Books, 2000), 1–29.

study of forensic medicine. In the fields of both body and legal history, a focus on practice has recently been advocated. Annemarie Mol has proposed that medical subjects like bodies and diseases only come into being with the practices used to study them and that each technique conveys a different picture, resulting in multiple realities of the body, indeed, where “knowledge is not understood as a matter of reference, but as one of manipulation. The driving question,” she writes, “no longer is ‘how to find the truth?’ but ‘how are objects handled in practice?’ With this shift, the philosophy of knowledge acquires an *ethnographic* interest in knowledge practices.”²⁰

Geertje Mak has applied Mol’s so-called praxiographic approach to the techniques used by late nineteenth-century doctors in their examination of hermaphrodites. Mak contends that a scholarly focus on clinical practice results in conclusions different from an analysis of medical opinions.²¹ A praxiographic approach is thus meant to delve beyond medical discourse. An example of the different body that emerges when different techniques are used is the employment from about 1860 on of the microscope by doctors in Dutch rape cases. The evidence physicians saw when they studied semen stains on linen under a microscope helped to shape an understanding of the body different from, say, the body of a raped child the mother knew by observing her daughter with her own eyes. Mol’s approach is particularly helpful because it concentrates on medical practice; it also reminds us of the multiplicity of practices and thus of bodies.

Still, it is doubtful whether historians can entirely replace discourse by practice. Recent research in legal history in this regard provides helpful suggestions; here, too, we find a new focus on practice. “Doing law,” Rebekka Habermas suggests, involves looking at the ways of interrogation, the format of protocols, the education of legal scholars, the media, forensic medicine, and many other things. It also includes taking into account many different actors (judges, victims, witnesses, journalists), all dynamically interacting and continually changing the structure and contents of law.²² Yet, as Achim Landwehr argues, discourses and practices cannot be separated in legal history. Too often discourse has been associated with an elite, scientific discourse, whereas practice was regarded as the daily reality of nonspecialists. Landwehr points out that discourses and practices are mutually constitutive, since the material act of writing up a legal document, for example, constitutes the enactment of law, thereby performing the law.²³ The same holds

²⁰ Annemarie Mol, *The Body Multiple: Ontology in Medical Practice* (Durham, NC: Duke University Press, 2002), 5, emphasis in original.

²¹ Geertje Mak, “Doubting Sex from Within: A Praxiographic Approach to a Late Nineteenth-Century Case of Hermaphroditism,” *Gender and History* 18, no. 2 (2006): 337.

²² Rebekka Habermas, “Rechts- und Kriminalitätsgeschichte Revisited: Ein Plädoyer,” in *Verbrechen im Blick: Perspektiven der neuzeitlichen Kriminalitätsgeschichte*, ed. Rebekka Habermas and Gerd Schwerhoff (Frankfurt: Campus, 2009), 39–41.

²³ Achim Landwehr, “Jenseits von Diskursen und Praktiken: Perspektiven kriminalitäts-historischer Forschung,” in Habermas and Schwerhoff, *Verbrechen im Blick*, 42–67.

true for forensic medicine: textbooks were based at least in part on practical examinations, and examinations of victims during court cases were noted in texts, which were in turn converted into legal protocols. Discourse and practice were intertwined throughout and mutually constitutive.

It is important to study rape and trauma by looking further than scientific discourse on trauma but not by strictly separating professional and lay discourses. It is also useful to scrutinize the relationship between body and mind in different sources, as each indicates links between discourses and practices. Ultimately, these will show the different opportunities and limitations for the expression of trauma in nineteenth-century Dutch rape cases.

FORENSIC MEDICINE AND RAPE IN THE NETHERLANDS

Before beginning the analysis of Dutch textbooks of forensic medicine, a brief note is in order on relevant Dutch criminal law and on the sources that are available for studying the role of forensic medicine in rape cases in the Netherlands. Until the French occupation of the Netherlands under Napoleon, the Dutch legal system was not a standardized one. In 1811 the French criminal law, the Code Pénal, was introduced. Although the Kingdom of Holland acquired independence in 1813, it was not until 1886 that a new Dutch criminal law was put into practice. This meant that rapes in Holland were prosecuted using the same sections of the law as in France, mostly section 331, indecent assault performed by force. One of the problems with the Code Pénal was that, although the rape of children under the age of fifteen (section 332) was distinguished from the rape of adult persons, the rape of children still had to be proven by evidence of violence. Since young children often did not resist because they did not have the strength, had been tricked into giving permission, or simply were ignorant of what was happening, the formulation of these sections formed a stumbling block for conviction. Some judges, however, showed lenience and concluded that indecent assault of a child was not possible without physical and moral violence.²⁴

In court the definition and proof of violence were debated. Again and again the same dilemma returned: did rape need to be completed (in other words, were both penetration and ejaculation required) for conviction, or did a violent *attempt* at rape alone qualify for conviction under section 331? Nearly always it was concluded that the sexual act in rape need not be completed but that proof of violence was of the utmost importance. A related problem concerned the evidence of violence. The testimony of a victim was taken seriously but needed to be complemented by witnesses' testimonies or physical evidence.

When the new Dutch criminal law was being designed and debated in 1882, the requirement of violence was omitted, so sexual assaults on young

²⁴ *Weekblad van het recht* 4, no. 269 (1842): 2.

children (as well as the insane and the unconscious) executed without violence could be punished more easily.²⁵ A separate section (244) introduced an age of consent (twelve years), protecting children, because rape “could ruin the child’s future completely,” as the minister drafting the law stated.²⁶ The new section on rape (242) contained other novelties: rape was defined as “extramarital” sexual intercourse, an adjective that had always remained implicit in previous laws but making it clear that a husband could not be charged with rape against his wife, and the words “by violence or threat” were added, indicating the possibility of coercion. A new section (243) even addressed the rape of an unconscious woman, testifying to the new attention to matters of the mind like unconsciousness and hypnosis.²⁷

In these sections of the law, the role of forensic doctors was not addressed. There was some discussion of these issues in the medical jurisprudence of the period, including in the weekly legal journal *Weekblad van het Regt* (Judicial weekly, published between 1839 and 1943) and in the medical journal *Geneeskundige Courant* (Medical newspaper, published between 1847 and 1912). Nonetheless, forensic medicine in the Netherlands did not exist as a separate, specialized branch in the nineteenth century. Despite several pleas for more regulation and institutionalization, forensic medicine in the Netherlands remained disorganized for a long time. As a result, there was less development in medical jurisprudence and fewer Dutch textbooks on forensic medicine than for other European countries. Indeed, most textbooks on forensic medicine used in the Netherlands were translations of German or French studies. Nevertheless, these and the few originally Dutch textbooks did contain chapters on rape, often centered on determining virginity following rape and almost always about women.²⁸

RAPE IN TEXTBOOKS OF FORENSIC MEDICINE

Any examination of the body was always related to presuppositions on character and mind. The precise nature of these relationships between body and mind informs us on the spaces for and limitations on the expression of trauma. In general, forensic textbooks’ underlining of medical authority

²⁵ I. Teixeira de Mattos and C. M. J. Willeumier, *De artikelen van het nieuwe strafwetboek, die voor de geneeskundigen meer bijzonder van belang zijn te achten: Rapport aan den geneeskundigen raad van Noordholland* (Amsterdam: Brinkman and Van der Meulen, 1882), 27.

²⁶ *Ibid.*, 28.

²⁷ H. J. Smidt, *Geschiedenis van het Wetboek van Strafrecht* (Haarlem, Netherlands: Tjeenk Willink, 1881), 2:291–98.

²⁸ Textbooks of forensic medicine contain only short paragraphs on bodily signs of the rape of men or boys, focusing on ruptures in the anus. In the court records I studied, I did not find any evidence of physicians examining the bodies of perpetrators or victims in cases of men raping other men or boys. For homosexuality in textbooks of forensic medicine, see Gert Hekma, *Homoseksualiteit, een medische reputatie: De uitdoktering van de homoseksueel in negentiende-eeuws Nederland* (Amsterdam: SUA, 1987), 50–57.

obscured attention to victims' psychic trauma. Even though their authors showed some interest in the mind of a woman who claimed to have been raped, they did not portray that woman as the victim of psychological trauma. In contrast to the legal sources discussed later, a notion of trauma is absent from scholarly discourse as presented by forensic scientists.

Potential prerequisites for a rape conviction included the violation of the hymen, desecration of the inner and outer genitalia, and general traces of violence on the body and on clothing. The first and most influential Dutch textbook of forensic medicine, Anthonij Moll's *Leerboek der geregtelijke geneeskunde* (Textbook of forensic medicine), published in 1825, was written because, in the author's view, Dutch ignorance in the field of forensic medicine compared badly to other European countries. Moll, a former prison doctor, devoted several paragraphs to the signs of virginity. He distanced himself from ancient doctors, who regarded dark nipples, murky urine, a hoarse voice, or a thick neck as indicators of virginity, considering as "the most certain signs of physical virginity: full, red, firm and tightly fitting inner and outer labia of femininity, an undamaged hymen, a narrow vagina, full of wrinkles, a solid, smooth condition of the entrance to the womb, without tears, splits, or grooves; tightness of the contracting vagina muscle; short clitoris with protruding foreskin; firm mons Veneris; furthermore firmness of the breasts, and pain and bleeding during the first intercourse. Evidence to the contrary would suspect a damaged virginity."²⁹

Yet none of these signs, Moll continued, either by themselves or in combination, were sufficient to prove virginity conclusively. Even the presence of the hymen could not be regarded as definitive evidence of virginity, "first, because of natural lack, or having the form of the previously mentioned *carunculæ myrtiformes* [the remnants of a ruptured hymen]; second, because it may be ruined by jumping, horse riding, accidental injuries, as well as by a prolapse of the womb and other previous ailments and artificial manipulation; third, as several observations have repeatedly shown, because the hymen, after obvious sexual intercourse, in some, admittedly rare, cases, even until the moment of delivery, may remain intact."³⁰

Moll thus warned that forensic doctors could never make a definitive judgment concerning a woman's virginity after rape. All they could do was compare the available signs and take into account the victim's health and way of life. Even if the doctor concluded it was highly probable that a woman had lost her virginity, Moll still regarded it as utterly impossible to attribute this loss conclusively to intercourse with a man, since touch, "other manipulations

²⁹ A. Moll, *Leerboek der geregtelijke geneeskunde*, 2 vols. (Arnhem, Netherlands: D. K. Muller, 1825), 1:91.

³⁰ *Ibid.*, 1:92. The German doctor J. L. Casper called many of these explanations for a ruptured hymen apart from sex "false stories" (*Practisch Handboek der Geregtelijke Geneeskunde*, trans. C. J. van der Burcht van Lichtenbergh [Tiel, Netherlands: Campagne, 1866], 30).

of ingenious lust,” like “lesbian delights or Sapphic pleasure” might have left traces.³¹ Except for the unusual reference to lesbian love, Moll here presented a common opinion in regard to the role of the doctor in establishing virginity.

Proving virginity following rape was an uncertain business not only because of the ambiguity of bodily signs but also because of the image of women and children as potential liars in textbooks of forensic medicine. Many forensic doctors were warned against trickery, since adult women or the parents of young children might try to frame an alleged rapist.³² Michael van der Meersch Bosch, an Amsterdam doctor and male midwife, claimed that complaints about rape were often unfounded.³³ In general, although doctors’ competence was steered in the direction of the body of the victim and not the mind, the establishment of medical expertise required the analysis of the body in connection with moral character. For instance, Wilhelmus Wehlburg, a physician from Amsterdam, recommended that his colleagues study the character of the alleged victim as well as her age, her upbringing, and the impression the examination made on her.³⁴ Similarly, the German professor in forensic medicine Johann Ludwig Casper, whose work was translated into Dutch several times, called for a “psychological diagnosis”: forensic doctors should study the victim carefully, including lower-class children’s mothers or their relatives, to discover false accusations. Casper unmistakably stated that rape could not be considered an injury since it did not involve long-lasting illness.³⁵ These references to the character of women thus served to help interpretation of signs on the body but do not indicate an awareness of psychic trauma in any way. They do show, however, how body and mind were inextricably connected in these textbooks.

One of the points of debate in legal and medical treatises, in the Netherlands as well as in other countries, was the question whether a healthy adult woman could be raped at all, since she was physically able to resist.³⁶ Moll

³¹ Moll, *Leerboek*, 1:94–95.

³² Stephen Robertson, “Signs, Marks, and Private Parts: Doctors, Legal Discourses, and Evidence of Rape in the United States, 1823–1930,” *Journal of the History of Sexuality* 8, no. 3 (1998): 345–88; Jackson, *Child Sexual Abuse*, 73; Elizabeth Kolsky, “‘The Body Evidencing the Crime’: Rape on Trial in Colonial India, 1860–1947,” *Gender and History* 22, no. 1 (2010): 109–30. Kolsky’s article points to the importance of researching rape in colonial contexts as well as in Europe. Research into rape in the Dutch East Indies is lacking; a recent book like Eric Jones, *Concubines: A History of the Female Underclass in Dutch Asia* (DeKalb: Northern Illinois University Press, 2010) does not pay any attention to sexual abuse. See also Ann Stoler, *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule* (Berkeley: University of California Press, 2002).

³³ M. van der Meersch Bosch, *Handleiding tot de gerechtelijke geneeskunde* (Amsterdam: Willem van Vliet, 1814), 259. See also Carl Bergmann, *Leerboek der Medicina Forensis voor rechtsgeleerden*, trans. H. H. Hageman Jr. (Utrecht, Netherlands: C. van der Post Jr., 1848), 357.

³⁴ W. G. Wehlburg, *Handboek der geregteelijke geneeskunde, voor Geneeskundigen en Rechtsgeleerden* (Amsterdam: Weytingh and van der Haart, 1844), 98.

³⁵ Casper, *Practisch Handboek*, 37, 42.

³⁶ Robertson, “Signs, Marks,” 350–63.

summarized that many authors had held this opinion, but he approvingly cited the German physician Adolph Henke, who distinguished between physical violence and threats of murder. Moll himself felt that physical violence was vital for a rape conviction and that menace alone did not suffice. Later nineteenth-century authors did not object to including psychological force among the factors leading to rape.³⁷ For instance, Wehlburg agreed with the general claim that an adult woman's strength made her capable of resisting rape. However, he also made several exceptions: rape was indeed possible when a woman had been threatened, exhausted by offering resistance, or knocked out or drugged or when her physique was clearly weaker than her rapist's.³⁸ As Carl Bergmann put it, a suspicious attitude suited the forensic doctor best when faced with a strong woman's claim of rape.³⁹

Technically, of course, it was not the physician's task to establish guilt or innocence. Yet legal questions overlapped with medical ones: whether penetration and ejaculation were necessary for an assault to be qualified as rape or whether pregnancy could result from rape. An extensive judgment of the Dutch High Court (the Hoge Raad, or Court of Appeal), given in 1867, dealt with the first of these questions. The court corrected the verdict of a lower, provincial court, which had stated that rape could only have taken place if penetration and ejaculation could be proved, which in the case it had been considering it could not. The High Court, in contrast, asserted that violence and defilement were the sole criteria of rape. Indeed, whereas the provincial court had claimed that rape was a crime meant to satisfy sexual urges, including conception and reproduction, the High Court stressed that this definition did not correspond to the spirit of the penal law, since why else would the rape of children, who were not fertile, be considered punishable? In its ruling, the High Court referred to Dutch, German, and French legal scholars but also to Moll's book on forensic medicine, agreeing with Moll's rejection of the criteria of penetration and ejaculation on the basis that these were difficult as well as unnecessary to prove for a crime of honor.⁴⁰

A related question concerned whether sexual enjoyment was a necessary condition for conception. In early modern Europe, as Thomas Laqueur has shown, men's and women's bodies were seen as similar, what he called a one-sex model.⁴¹ It was only logical for women to feel pleasure as men did and have similar orgasms. Accordingly, without the female orgasm, conception was thought not to occur. Some historians have conveyed doubt about the prevalence of the one-sex model in the early modern period, and

³⁷ Eduard Caspar Jacob von Siebold, *Handboek der Geregte Geneeskunde*, 2nd ed., ed. and trans. Gerrit Rombouts (Tiel, Netherlands: Campagne, 1854), 105.

³⁸ Wehlburg, *Handboek*, 101.

³⁹ Bergmann, *Leerboek*, 361.

⁴⁰ *Weekblad van het recht* 29, no. 2,873 (1867): 2–3; Moll, *Leerboek*, 1:102.

⁴¹ Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, MA: Harvard University Press, 1992). For an overview of critique on Laqueur, see Wahrman, "Change," 587–89.

in the nineteenth century we only find faint echoes of it. Moll expressed sympathy for the idea that female lust was at least conducive to conception. Yet he also considered cases that did not conform to this rule, like conception during the first, painful sexual intercourse or while the victim was unconscious (since, he noted, we might never know if an unconscious woman might experience “inner” lust).⁴² A few decades later, Casper found the whole suggestion old-fashioned, since “the womb is not steered by the will.”⁴³ Here, a state of mind was disconnected from bodily functions.

Since Dutch law required proof of violence during a sexual assault, and most legal scholars and doctors accepted that penetration and ejaculation did not form necessary preconditions for the conviction of a rapist, most agreed that indecent women could also be raped.⁴⁴ Moll stated that a woman of bad reputation, even “the lowliest occupant of a brothel or street tramp,” had a right of self-determination in terms of her body analogous to criminal law, yet he also stated that in these cases the circumstances had to be very clear in order to prove the crime and that the punishment was rightly lower. Besides, he added, in the eyes of the perpetrator, rape of an indecent woman might seem less indecent and might decrease his own sense of honor and morals.⁴⁵

Even while the authors of these textbooks insisted that physicians should limit themselves to material signs of rape on the body and clothing, part of their professional ethos also entailed a study of character. Moreover, in medical debates important to forensic medicine, like the question whether sexual fulfillment or consciousness was needed for conception, mind and body were directly related. The use of the famous and ambiguous concept of hysteria by forensic doctors indicates a similar interdependency. Hysteria’s symptoms were manifold: nervousness, unconsciousness, and mendacity were all seen in hysterical women. The early nineteenth-century textbook for forensic medicine by Van der Meersch Bosch discussed the question whether an intoxicated or unconscious woman could be impregnated. Answering the question positively, Van der Meersch Bosch referred to hysterical attacks during which the unconscious woman’s genitals remained functional and their stimulation led to the womb’s receptiveness to conception.⁴⁶ Again, we find traces of the early modern association between lust and conception, now connected with the notion of unconsciousness.

Turn-of-the-century court judgments, legal journals, and medical articles referred to other mental components of hysteria.⁴⁷ From the last decades of the nineteenth century, legal scholars and doctors became preoccupied with

⁴² Moll, *Leerboek*, 1:108–10.

⁴³ Casper, *Practisch Handboek*, 40; von Siebold, *Handboek*, 107.

⁴⁴ Von Siebold, *Handboek*, 109.

⁴⁵ Moll, *Leerboek*, 1:109.

⁴⁶ Van der Meersch Bosch, *Handleiding*, 260–61.

⁴⁷ *Weekblad van het regt* 73, no. 9, 169 (1911): 1; *Geneeskundige Courant* 60, no. 12 (1906): 95; *Geneeskundige Courant* 35, no. 10 (1881): 1–2.

questions of hypnosis, drugging with chloroform, unconsciousness, and the effects of such mental alterations on rape.⁴⁸ Dr. Daniel Siegenbeek van Heukelom, addressing the forensic meaning of hypnosis, recommended using hypnosis during court cases to investigate if women who claimed to have been raped while under hypnosis were really susceptible to it. As in cases of women being drugged or anaesthetized, victims could always be “hysterics” trying to frame men.⁴⁹ Here, the word “hysteric” covers the age-old image of the female rape victim as liar. Remarkably, these authors did not make the connection between hysteria and trauma, as psychologists would do a few decades later.

In short, the authors of forensic textbooks not only explained which bodily signs could denote rape but also offered their opinions about female character and asserted their ability to recognize fraud. These texts thereby served to underscore the authority of forensic doctors; their scientific expertise was contrasted both with the malice of the female trickster and with the ignorance of the unscientific midwife. Doctors who wrote textbooks of forensic medicine were rather condescending about the expertise of midwives. They claimed midwives were not to be trusted, part of the larger trend that saw the rise of physicians as a professional group at the cost of the knowledge of midwives.⁵⁰ Again, male expertise was constructed against an image of unprofessional women. Whereas at first sight their inconclusive statements in relation to rape might not seem to fit this image, their “ignorance” might also be interpreted as offering the possibilities of a myriad of scientific options, awareness of which more than demonstrated scientific competence. As Nancy Tuana has argued, an “epistemology of ignorance” should address how ignorance is constructed, actively preserved, and “linked to issues of cognitive authority, doubt, trust, silencing, and uncertainty.”⁵¹ Not only the emphasis on successful diagnoses and treatments and the suppression of evidence of the contrary might bolster medical authority, but the expression of not knowing, in the sense of leaving open several possibilities, might also accomplish this task.⁵²

In conclusion, while textbooks of forensic medicine clearly show a primary commitment to a careful study of bodily signs, these are often connected with moral judgments of character or, especially in the later nineteenth

⁴⁸ *Weekblad van het regt* 67, no. 8,194 (1905): 1, no. 8,208 (1905): 2.

⁴⁹ D. E. Siegenbeek van Heukelom, “De forensische beteekenis van hypnose en suggestie,” *Tijdschrift voor strafrecht* 4 (1890): 120–21.

⁵⁰ W. Koster, *Leerboek der Gerechtelijke Geneeskunde voor artsen en rechtsgeleerden*, 2nd ed. (Tiel, Netherlands: H. C. A. Campagne, 1877), 23; Van der Meersch Bosch, *Handleiding*, 253.

⁵¹ Nancy Tuana, “Coming to Understand: Orgasm and the Epistemology of Ignorance,” *Hypatia* 19, no. 1 (2004): 195.

⁵² See Karen Nolte, “‘Zum Besten der Menschheit, und zur Ehre der Kunst’: Ärztliche Autorität in Fallberichten über Gebärmutterkrebsoperationen um 1800,” in *Medizinische Schreibweisen: Ausdifferenzierung und Transfer zwischen Medizin und Literatur (1600–1900)*, ed. Nicolas Pethes and Sandra Richter (Tübingen, Ger.: Max Niemeyer, 2008), 245–64.

century, with mental conditions like unconsciousness and hysteria. The absence of notions of psychic trauma in these sources might be explained not only by the lack of a psychological discourse, as Bourke and Vigarello suggest, but also by a concern for establishing medical authority in the realm that physicians knew best and the accompanying neglect of the psychological consequences on rape victims. After all, these doctors were not being called in to provide a cure or medicine. Yet it was exactly this last goal that opened up space to speak about mental trauma in encounters between victims and local doctors and to which the legal records bear witness.

BODY, MIND, AND TRAUMA IN COURT CASES

A conspicuously different picture is drawn about rape and whether it was considered traumatic to the self by looking at Dutch court records, including so-called *visa reperta*, reports of bodily examinations made by local doctors who were called in as expert witnesses. The records of 140 cases of rape, dating from 1811 to 1886, can be found in the archives of the provincial courts of North Holland. A majority of these cases concerned the rape of children and young girls, and five of these were cases of incest. Thirteen cases were rapes by men of men, homosexuality not being punishable as such under the Code Pénal. Most of these last cases were sexual assaults of young boys, although a few could be classified as consensual sex. Rape was often first addressed by local or municipal courts, but the French law assigned major crimes involving violence automatically to the higher provincial courts.

In 42 of the 140 court cases, that is, approximately 30 percent, one or more medical experts were involved, mostly a doctor, sometimes an apothecary. Only in one case was the examination done by a nearly illiterate midwife. In early modern Europe, midwives were often responsible for the examination of women's bodies in local courts of law.⁵³ The total number of medical experts involved in these court cases was probably higher, since the extensive case files have been lost for a number of cases, and these cases might have included medical testimonies. Moreover, often the mother of the child (or in some cases a neighbour or a relative) first examined the raped child's body. In the first decades of the nineteenth century, parents regularly took their child to a doctor to gain evidence to accuse the perpetrator, but later it was often the investigating police or judiciary who ordered a medical examination of the victim. Interestingly, the perpetrator's body was hardly ever subject to investigation.

In most cases, physicians inspected the state of the internal and external genitalia as well as possible other injuries on the body. In twelve cases, they made statements on the condition of the hymen: in about half the cases, the hymen was considered intact; in the other half, it was broken. Sometimes a

⁵³ Block, *Rape*, 106–12; Laura Gowing, *Common Bodies: Women, Touch and Power in Seventeenth-Century England* (New Haven, CT: Yale University Press, 2003), 71.

doctor could not find the hymen but did not want to conclude that intercourse had taken place. For instance, in 1861 a fourteen-year-old servant girl claimed to have been raped. The first doctor who examined her merely concluded that it was highly probable that intercourse had taken place. The magistrate thought this medical report did not suffice and ordered an examination by a second physician, who wrote in his report: "From what I found, although lacking more certain evidence, I have concluded a high probability of intercourse having taken place, although I cannot be certain, since with females, often the hymen is also broken by coincidence, without intercourse, or its opening is naturally wide."⁵⁴ This medical doctor professed his uncertainty in regard to the bodily signs. In another case, the medical experts differed amongst themselves. In 1814 in Amsterdam, a nine-year-old Jewish girl was sexually assaulted by a fifty-nine-year-old man, who put his finger in her vagina. Her grandfather, with whom she and her mother were living, immediately sent for a physician, who concluded that her genitals were heavily inflamed and the hymen was broken. The magistrate, however, ordered another physical examination and appointed three doctors, one a professor, to perform it. They claimed the girl's external genitals looked normal and the hymen was present, but her internal genitals were red and swollen.⁵⁵ Interestingly, these three doctors disagreed with the first one, who thought the hymen was ruptured. The accused was acquitted, but it is unclear why. Probably it had not been proved conclusively that the defendant had used violence, a condition for conviction under section 331. One might speculate that the disagreement amongst the medical doctors did not help the case. What is more, the one doctor who thought the hymen was broken was Jewish, like the victim, and so possibly prejudice worked against the Jews and in favor of the non-Jewish doctors.

As in textbooks of forensic medicine, it was common for physicians called in to give their opinion in court even to state that they could not present clear-cut conclusions. In six or seven cases, doctors concluded that rape had taken place; in an equal number of cases, they were certain that rape had not occurred; in a majority of cases (about twelve), they did not know. This ignorance may be explained differently. The high number of insecure medical conclusions points to the difficulty of making observations and, thus, to the unreliability of medical evidence. In some cases, the presentation of such uncertainty might have bolstered the authority of physicians, but, contrary to the self-fashioning in textbooks of forensic medicine, it does not seem to have played an important role in the everyday practice of local doctors. Since physicians often complained about their duties as forensic doctors—the fees they received were considered too low, the process took too much time, and they preferred a permanent, specialized forensic doctor,

⁵⁴ Noord-Hollands Archief, Haarlem (hereafter NHA), Archief Provinciaal Gerechtshof (hereafter APG), inventory number (hereafter inv. no.) 305, file 3230, 1861.

⁵⁵ NHA, Archief Hof van Assisen (hereafter AHA), inv. no. 122, file 113, 1814.

paid by the government like the French court-appointed doctors, a system that did not exist in the Netherlands—their inconclusive statements might also be interpreted as signs of disinterest.⁵⁶ Moreover, the self-proclaimed expertise of judges on everything, including the body, also meant that medical expertise was not overruling. Rather, it was simply one of the means of evidence that was always compared to witnesses' statements and physical evidence like clothing, and so doctors' statements might be disregarded as readily as used in judgments.

Tears and stains on garments seem to have been as important as signs of violence on the body. Both witnesses and victims always mentioned torn clothes and broken jewelry as a result of sexual assaults. Especially after 1860, physicians used microscopes to check for semen stains on linen and garments. It seems this expertise brought them more acknowledgment, since it was more reliable and it was a technical expertise that laymen, including judges, did not command. Before the microscope was used, neither textbooks of forensic medicine nor reports made by forensic physicians contained information on exactly *how* to examine their patients. Apart from observation with the naked eye, it remains unclear how victims of sexual assault were examined. Only one doctor revealed that he “examined the girl [a sixteen-year-old servant girl] and did not find, neither internally nor externally, any swelling or violation of the genitals, either by face, or by finger; that he did not continue the internal examination, not to damage what he believed to be undamaged.”⁵⁷ Practices generally remain obscured; what found its way into the *visum repertum* was often inconclusive. In contrast to the textbooks of forensic medicine, these doctors never mentioned the possibility of a fraudulent woman.

It is undeniable that physicians, called in either by the victim for treatment or by relatives or the judiciary for an official examination, never directed their primary attention to psychological damage incurred by the victim. However, that does not mean they always limited themselves to observations on the body. In a number of cases, the victim is said to have suffered from fright (*schrik*) during the sexual assault, showing how body and mind were also related in medical diagnosis. For instance, in 1842 physician Cornelis Maats examined a nineteen-year-old girl who claimed to have been raped. He found that her shirt and underpants were fully covered in fresh blood, a result of a “*fluxus uteri*, probably caused by terrible fear and fright; . . . her nervous system was badly shaken as a result of the assault.” He gave her unidentified medicine.⁵⁸ In 1846 an unnamed doctor bled an assaulted woman because she was “strongly affected.”⁵⁹ In 1852 a doctor

⁵⁶ The doctors' complaints are listed in J. C. van den Broecke and P. van den Broecke, *De uitoefening der geregelijke geneeskunde in Nederland: Hare gebreken, middelen tot herstel derzelve* (Utrecht: C. van der Post, 1845).

⁵⁷ NHA, APG, inv. no. 44, file 1662, 1851.

⁵⁸ NHA, APG, inv. no. 82, file 161, 1842.

⁵⁹ NHA, APG, inv. no. 39, file 826, 1846.

concluded that an eighteen-year-old woman had not been raped. He found scratches on her face, and her right wrist was red because of extravasations. She was throwing up bloody phlegm, but “that could have been an effect of nervousness as well as of the assault.”⁶⁰ Ten years later, twenty-year-old Cornelia only partly told her account of an assault to Doctor Smeltjes, who treated her for “a light nervous indisposition” and prescribed two potions against her fright. He did not physically examine her, since she had not told him she had pains between her legs.⁶¹ In 1867 a mother was interrogated in court and declared that her fourteen-year-old daughter, Etje, had come home bewildered and crying after a sexual assault. In response to the judge’s questions (and the previous questions from the police), the mother answered that she had not physically examined her daughter, nor had the assault had negative consequences for her daughter’s nervous system, apart from a little shaking the next day.⁶² Interestingly, in this case the police and the judiciary actively enquired after the physical *and* psychological effects of the attack, pointing to the intertwining of body and mind.

Obviously, the mental condition of the victim was interpreted in the prevalent humoral and nervous paradigms, in which bodily injuries and mental conditions were strongly connected. Vehement emotions like fright could cause strong bodily reactions, and somatic remedies like being bled were often recommended. This popular discourse was shared by doctors and laypersons alike. For instance, it was commonly believed that a woman’s menstruation could suddenly come to a halt when she had been terrified.⁶³ Therefore, the statements of lay witnesses do not differ much from the doctors’ on these psychosomatic issues. For example, a father declared in court that his nine-year-old daughter was ill, lying in bed with a fever and convulsions. He suspected her illness to be caused by her fright during the attack.⁶⁴ Similarly, a number of relatives stated that the rape victim could not speak when she arrived home after the assault.

Historians of doctor-patient relationships have indicated how in the eighteenth century patients and doctors often used the same discourse, a mixture of medical and lay terms. Laymen also actively participated in medicine.⁶⁵

⁶⁰ NHA, APG, inv. nos. 11 and 45, file 1726, 1852.

⁶¹ NHA, APG, inv. no. 318, file 3436, 1862.

⁶² NHA, APG, inv. no. 351, file 3983, 1867.

⁶³ Barbara Duden, *The Woman beneath the Skin: A Doctor’s Patients in Eighteenth-Century Germany* (Cambridge, MA: Harvard University Press, 1991), 69. See also NHA, AHA, inv. no. 223, file 852, 1819. This view might still be popular: in a recent interview, the Dutch actress Kitty Courbois (born 1937) described how her menstruation suddenly stopped after a pan of boiling hot water was poured over her leg. The doctor claimed the shock had terminated her menstrual cycle (Margriet van der Linden, interview with Kitty Courbois, *Opzij*, no. 7 [2010]: 28).

⁶⁴ NHA, AHA, inv. no. 165, file 412, 1817.

⁶⁵ Roy Porter, “Lay Medical Knowledge in the Eighteenth Century: The Evidence of the Gentleman’s Magazine,” *Medical History* 29 (1985): 138–68.

Therefore, there might not have existed a very big gap between the medical knowledge of doctors and that of laypersons.⁶⁶ Moreover, Nancy Theriot has considered how doctors, patients, and families interpreted illness together even in the nineteenth century. While the physician needed the patient to formulate her life story and therefore left her some discretion, at the same time he steered questions to her based on his medical expertise. Theriot concludes that female patients helped construct scientific medical knowledge about women's health.⁶⁷ At least in terms of the psychosomatic consequences of rape, when a patient came to a local doctor for help, victim, relatives, and physician seem to have shared the same discourse in which body and mind were intertwined. The humoral discourse, centered on fright and its consequences, was paramount. Looking for a cure, the female victim described her own fright and its psychosomatic causes, which were then corroborated by the physician, who applied medicine. These practices later found their way into the interrogation records on sexual assault.

Parents frequently testified to the psychological consequences of the sexual assaults on their children. As a witness in court, one mother was asked whether her child was as healthy and the same as before the assault. She answered that her eleven-year-old daughter was quieter and less playful but seemed healthy.⁶⁸ The parents of fifteen-year-old Christina Stoop declared that their daughter was very cheerful and good-humored before the assault but had completely changed into a melancholic girl afterward.⁶⁹ Likewise, fifteen-year-old Aaltje Hesselman came home with torn clothes, very frightened and confused; she refused to eat and did not want her mother to leave her. She remained timid for a few days, during which she repeatedly complained about pain and was very surly, even to her mother.⁷⁰

In all these narratives, a change in the character of children was noted. It is probably no coincidence that these accounts concern children. It seems that witnesses, judges, and doctors had little difficulty admitting the psychological effects of sexual assault on children. In contrast to textbooks of forensic medicine, in medical practice children were seen as innocent victims. As mentioned above, the only forensic doctor who paid attention to the psychological consequences of rape in the mid-nineteenth century, the French physician Tardieu, restricted himself to children. Another exception was the early twentieth-century work of the Dutch sexologist Jacobus Schoondermark Jr., who mentioned both physical and psychological effects of rape on children. Besides venereal diseases and moral corruption,

⁶⁶ See, for example, Duden, *The Woman*; Michael Stolberg, *Homo patiens: Krankheits- und Körpererfahrung in der frühen Neuzeit* (Cologne: Böhlau, 2003).

⁶⁷ Nancy M. Theriot, "Negotiating Illness: Doctors, Patients and Families in the Nineteenth Century," *Journal of the History of the Behavioral Sciences* 37, no. 4 (2001): 361.

⁶⁸ NHA, APG, inv. no. 321, file 3495, 1863.

⁶⁹ NHA, AHA, inv. no. 442, file 2237, 1830.

⁷⁰ NHA, AHA, inv. no. 533, file 2821, 1835.

he referred to the lasting effect of “serious psychic attacks, like fright, fear, pain and excessive irritability . . . leading to very serious phenomena in the childish mind.”⁷¹ Thus both parents and local doctors involved in court cases seemed to have been convinced of the presence of psychological trauma in children after a sexual assault, whereas these effects were rarely addressed in textbooks of forensic medicine.

An important factor in modern psychological trauma is the long-lasting nature of its effects, as seen in the return of disturbing memories or a substantial change in behavior. Due to the short-term evidence provided by the sources, it is difficult to establish any view on the long-term effects of rape. Yet there are a few indicators of lasting physical or psychological change, and not only in young children. Twenty-six-year-old Maria Roozenburg, for example, stated that, due to the violence of the attack against her, about a month later she was still very nervous, and her hands hurt.⁷² Most accounts, however, were given only a few days after the attack. Gerritje de Graaf (age unknown, but older than fifteen) remained very nervous and disconcerted for a few days.⁷³ Maartje Kraakman (age unknown, but over fifteen) long afterward felt “not well, tightness of the chest and pain in the lower back.”⁷⁴ These answers might have been steered by questions concerning the damage to the victim. This sort of evidence could influence the sentencing, since lasting physical damage leading to an incapacity to work could effect an additional conviction. However, these accounts also testify to the conspicuous opportunity accorded to talk about both bodily and psychical wounds.

The historiography of rape has paid increasing attention to questions of selfhood and other mental factors. Whereas from the late sixteenth century rape came to be seen as a violation of an individual woman, only from the nineteenth century did the mental aspects of rape come to the fore. These remained limited, however, to a question of consciousness, free will, or hypnosis. Several historians have argued that only in the twentieth century did a discourse of trauma become available to experts and victims of sexual abuse. Here I have tried to show how this chronology might be complicated. Historians have focused too much on discourses constructed by psychologists and sexologists and have paid little attention to the coexistence of multiple—lay and medical—discourses, discourses that might more fruitfully be regarded as mutually constitutive with practices.

The divide between textbooks of forensic medicine and the testimony of court cases on the foremost issues of rape is particularly wide and indicative

⁷¹ J. Schoondermark Jr., *Een zevental sexueele gebreken: Impotentia, onanie, nymphomanie, lesbische liefde, verkrachting, ontmaagding, venerie*, 4th ed. (Amsterdam: Moransard, 1906), 56–58.

⁷² NHA, APG, inv. no. 82, file 165, 1842.

⁷³ NHA, Gerechtshof Amsterdam (hereafter GA), inv. nos. 7 and 18, file 1105, 1882.

⁷⁴ NHA, GA, inv. nos. 2 and 14, file 338, 1877.

of this multiplicity of discourses. Since the textbooks revolved around the authority of forensic physicians in establishing whether rape had occurred, the question of the psychic effects of rape never came to the fore, and hysteria was never connected to trauma. Doctors involved in court cases, in contrast, partook in a discourse on emotion shared by many in which the female victims were considered to be suffering from shock. It was in the attempt to provide a cure, then, that a space was opened up to speak of mental suffering, if not yet separated from bodily manifestations. In the case of children, the change of character so often noted after an attack comes closest to our modern notion of trauma.

Regarding the differences between scientific discourse and lay or local medical talk, an interesting parallel may be drawn with research into the history of homosexuality. Theo van der Meer, for example, has demonstrated that, previous to medical knowledge on homosexuality as an inner identity, a more “commonsense” knowledge about the existence of a third sex and about moral pathology existed among laypeople in Holland in the eighteenth century.⁷⁵ Historians of trauma in the early modern period and the nineteenth century might take more account of these multiple discourses on body and mind.

⁷⁵ Theo van der Meer, “Sodomy and Its Discontents: Discourse, Desire, and the Rise of a Same-Sex Proto-something in the Early Modern Dutch Republic,” *Historical Reflections/Reflexions historiques* 33, no. 1 (2007): 66.