

“MEASURING DELINQUENCY”

*The observation, scientific assessment and testing of delinquent girls in 20th-century Belgium **

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This article looks at the process of marginalisation undertaken in the context of the administration of juvenile delinquency via assessment theories and practices. Minors (young women) classified as delinquent due to a behaviour seen as not corresponding to social norms (i.e. marginal) were locked away in institutions (i.e. deprived of their freedom), where they were put under observation. This paper is interested in what is and what is meant by observation of delinquent girls. What is the origin (theoretical foundations) of this expertise? And “how does the expert make his expertise?”¹. This paper is organised in two parts. Part one analyses the main processes justifying expertise practices through the development of disciplines interested in the study of the delinquent child. This first part is based on Belgian and international literature about scientific assessment of delinquent people. Part two analyses assessment practices organised in “observation” centres for delinquent girls in Belgium. This second part is based on the study of 189 observation reports from six different observation centres (public or private) for girls. These reports have been consulted via girls’ personal case files from the institution of Bruges, which hosted delinquent, undisciplined, venereal, and pregnant girls between 1922 and 1970.

Marginality is a social construction supported by discourses, procedures, or rulings that determine which behaviours conform to the norm. In some cases, marginality can lead to exclusion through a process justified by these legal rules and social norms of a given society². Any definition of social marginality is dependent on the dominant social and legal norms of a given society. From the 1920s onward, the term “marginal personality” was used to refer to an individual’s inability to adapt to given social structures. Such people, as defined by their contemporaries, are both repulsive and appealing. Stigmatised, marginal people are subject to the special attention of those who define the norms and who are responsible for their enforcement and reproduction. Last but not least, their presence is reassuring for the so-called “normal” people, allowing them to confirm that marginal personalities are different and not acting in the right way. For historians of deviance, the study of marginality in general allows to gain an understanding of the norms and values not necessarily encoded in legislation. But there is an additional interesting aspect of such studies. A number of historians have considered some forms of marginality as illustrating social change, with marginal personalities being the precursors of

future norms³. As a concept, marginality thus has two sides, on the one hand referring to an individual’s inability to adapt to changing social structures and rules, while on the other hand referring to the inability of society and its legitimisation bodies to adapt to sometimes new and hitherto unaccepted social behaviours. Both sides can be taken into account in the context of juvenile delinquency – especially girl delinquency – understood as marginality⁴.

The “observation” of young delinquents started around the beginning of the 20th century, at the same time as the establishment of the first juvenile courts. A range of disciplines that had emerged or had been used in the course of the 19th century helped create child sciences and redefined juvenile delinquency and its causes. New diagnostic fields were established, opening the door to new ways of examining children. The first steps leading to a “rationalisation” of the way juvenile delinquents were looked after were taken at the international level⁵. The 1905 *International Prison Congress* held in Budapest upheld the concept of observation centres set up specifically for juvenile delinquents. Headed by doctors and pedagogues, these centres would use an approach combining psychiatric examinations and pedagogical treatment⁶. In

* This publication was supported by IAP research Project 7/22, ‘Justice and Populations, the Belgian Experience in an International Perspective, 1795-2015’. **1.** JEAN-CHRISTOPHE COFFIN, “Louis Le Guillant : le psychiatre et la jeunesse. Vers la construction d’une expertise ?”, in *Histoire@Politique. Politique, culture, société*, no. 14, mai-août 2011, p. 10. **2.** ROBERT CASTEL, *Les métamorphoses de la question sociale : une critique du salariat*, Paris, Fayard, 1994, p. 15. **3.** *Ibidem*. **4.** ÉLIANE GUBIN (ed.), *Normes et marginalités : comportements féminins aux 19^e et 20^e siècles*, Bruxelles, ULB, 1991; SERGE PAUGAM (ed.), *L’exclusion : l’état des savoirs*, Paris, La Découverte, 1996; ANDRÉ GUESLIN, DOMINIQUE KALIFA, *Les exclus en Europe, 1830-1930*, Paris, Éditions de l’Atelier, 1999; MARTINE XIBERRAS, *Les théories de l’exclusion*, Paris, Armand Colin, 1998; JEAN-CLAUDE SCHMITT, “L’histoire des marginaux”, in JACQUES LE GOFF (ed.), *La nouvelle histoire*, Paris, Éditions Complexe, 2006, p. 277-305. **5.** DIMITRI SUDAN, “De l’enfant coupable au sujet de droits : changements des dispositifs de gestion de la délinquance juvénile (1820-1989)”, in *Déviance et Société*, no. 4, 1997 (21), p. 390. **6.** MARIE-SYLVIE DUPONT-BOUCHAT, “Enfants corrigés, enfants protégés. Genèse de la protection de l’enfance en Belgique, en France et aux Pays-Bas (1820-1914)”, in *Droit et Société*, no. 32, 1996, p. 101.

such a multidisciplinary context, one would have expected psychiatry, by classifying the institutionalised minors, to have enabled treatment to become more individualised as a further aspect of rehabilitation. However, as we can see in this paper, this objective will take several years to be fully realised⁷.

Belgium is considered one of the pioneers in the field of observing minors. Putting juveniles under observation expanded rapidly following the opening of the Central Observation Institution in Mol (*Établissement central d'Observation de Mol*, in the province of Antwerp) in 1913. This state-run institution for boy delinquents played an exemplary role at both the national⁸ and international⁹ levels. In the Belgian context, observation quickly became associated with the placement of the minor in a closed institution, even if the law did not require such institutionalisation. The aim of putting minors under observation was to provide guidance to the juvenile judges, thereby allowing them to select the most appropriate measures (probation, placement in an institution, etc.). However, observation in Belgium went further than a simple assessment preceding a magistrate's initial decision. The latter was in a position to send a minor to such an institution at any moment of his or her "criminal career"

and not just at the time of the first contact with the juvenile justice : minors could be placed, released, placed, and released again in an observation institution or educational institutions several times until their majority. Finally, the practices of assessing juvenile delinquents became increasingly common in the educational institutions themselves, not only in observation institutions.

The first section of this article sketches the disciplines that lay at the basis of the practice of observing minors. The aim is to understand the development of an aetiology applied to juvenile delinquency. This is followed by a study of its application in the observation institutions for Belgian minors, looking specifically at institutionalised girls.

I. The theories behind the principles of observation

Criminal anthropology : a starting point

In the final quarter of the 19th century, criminal justice found itself confronted by a new questioning of the nature of crime¹⁰. Criminals became subjects for study going beyond the boundaries of criminal law. Criminal anthropology crystallised around Cesare Lombroso, an Italian scientist who based his

7. On the development of child psychiatry in Belgium, see VEERLE MASSIN, BENOIT MAJERUS, "Des psychiatres et des enfants : une histoire belge autour du Congrès de 1937", in *Revue d'histoire de l'enfance irrégulière*, PUR, in press. 8. MARGO DE KOSTER, "Tot maat van het recht. De vroege ontwikkeling van de wetenschap van het ontspoorde en criminele kind in het Centrale Observatiegesticht in Mol (1913-1941)", in NELLEKE BAKKER, SJAAK BRASTER, MARJOKE RIETVELD-VAN WINGERDEN, ANGELO VAN GORP, *Kinderen in gevaar. De Geschiedenis van pedagogische zorg voor risicojeugd : Jaarboek voor de geschiedenis van opvoeding en onderwijs 2007*, Assen, Van Gorcum, 2007, p. 94-119. 9. LUDIVINE BANTIGNY, "Sciences du psychisme et centres d'observation en France dans les années 50", in *Revue d'Histoire de l'Enfance irrégulière*, no. 6, octobre 2004, p. 94. 10. FRANÇOISE TULKENS (ed.), *Généalogie de la défense sociale en Belgique (1880-1914)*, Bruxelles, E. Story - Scientia, 1988.

methodology on the observation of criminals¹¹. He drew his inspiration from a series of clinical, physiological, and anatomical studies which, from the start of the 19th century, had looked at the causes of certain forms of human behaviour¹². The roots of these studies dated back to the late 18th century and to the development of a methodology linked to the emergence of “clinical sciences”¹³. Lombroso took a firm stance regarding criminality from an aetiological perspective characterised by determinism¹⁴ in contrast to Lacassagne and the French Lyon school, which opposed the theory that criminals were born as such, instead insisting on the primacy of the social component and the concept of degeneration as causes of criminality. It is now widely accepted that both the French and Italian schools developed an aetiology of criminality based on both social and biological causes, even if primacy was attached to one or the other¹⁵. They were behind a tradition of classifying criminals on the basis of observation, gaining wide acclamation in the medical, political, and social contexts of the late 19th century. Various

branches of medical science (anatomy, legal medicine, psychiatry, alienism – an early form of treating mental illness) became interested in questions seen up to then as belonging to the domain of law and criminal justice. In addition, historiography has highlighted the role of the medical environment in developing these new criminalist theories, with doctors contributing their knowledge and “expertise” for their own benefit, allowing them to gain a prominent position in a domain hitherto belonging to the legal profession¹⁶.

In Belgium, Lombrosian theories were very quickly rejected by jurists and criminalists who refused to question the principle of responsibility enshrined in criminal law¹⁷. But in this setting, Adolphe Prins played a major role in gaining recognition for the importance of studying, observing, and classifying criminals. Even if Lombrosian theories are not well regarded, categorisation of criminals using observation is now considered a necessity¹⁸. Prins, one of the first to internationalise the

11. D. JONES, *History of criminology: a philosophical perspective*, Westport, CN, Greenwood Press, 1986, p. 83-93. **12.** LAURENT MUCCHIELLI (ed.), *Histoire de la criminologie française*, Paris, L'Harmattan, 1994, p. 7-15; CHRISTIAN DEBUYST, FRANÇOISE DIGNEFFE, ALVARO P. PIRES, *Histoire des savoirs sur le crime et la peine*, vol. 1, De Bruxelles, Boeck-Université, 1995, chapter 5; MARC RENNEVILLE, “L’anthropologie du criminel en France”, in *Criminologie*, no. 2, 1994 (27), p. 185-209. **13.** MICHEL FOUCAULT, *Surveiller et punir. Naissance de la prison*, Paris, Gallimard, 1975, p. 224. **14.** JENNEKE CHRISTIAENS, *De geboorte van de jeugddelinquent (België, 1830-1930)*, Bruxelles, VUB Press, 1999, p. 283-285. **15.** MARC RENNEVILLE, *Crime et folie. Deux siècles d’enquêtes médicales et judiciaires*, Paris, Fayard, 2003, p. 227-239. **16.** KAREL VELLE, *De nieuwe biechtvaders. De sociale geschiedenis van de arts in België*, Leuven, Kritak, 1991; FRÉDÉRIC CHAUVAUD, *Les experts du crime. La médecine légale en France au XIXe siècle*, Paris, Aubier, 2000; PETER BECKER, RICHARD F. WETZELL, *Criminals and their scientists: The history of criminology in international perspective*, Cambridge, Cambridge University Press, 2009. **17.** KAREL VELLE, “De misdaad als kwaad. Het succes van de criminele antropologie”, in LIESBETH NYS, HENK DE SMAELE, JO TOLLEBEEK, KAAAT WILS, *De zieke natie. Over de medicalisering van de samenleving, 1860-1914*, Gröningen, Historische Uitgeverij, 2002, p. 339. **18.** RAF DE BONT, “Met en verzoenen. Louis Vervaeck en de Belgische criminele antropologie, circa 1900-1940”, in *Bijdragen tot de Eigentijdse Geschiedenis*, no. 9, 2002, p. 63-104.

theories of social defence¹⁹, attached just as much importance to biological causes as to social causes in the aetiology of criminality. Greatly influenced by him, the classification, distribution, and sorting of delinquents or criminals were now deemed indispensable in the context of a policy aimed at preventing dangerous individuals from harming themselves or others²⁰. These principles took concrete form via the work of Louis Vervaeck, who was to provide criminal anthropology with new momentum in Belgium. Vervaeck was considered the major Belgian specialist in criminal anthropology, especially through his work in Belgian prison laboratories. However, the majority of his publications were characterised by his admiration for Lombroso, which led to him being termed “hereditarian” after 1910 in scientific circles now captivated by the evolution of psychiatry and still rejecting Lombrosian theories²¹.

The basic principles of criminal anthropology (observation, testing, classification) rapidly gained footing in related yet autonomous

fields of science such as alienism and psychiatry²². People and behaviours deemed abnormal thus slowly gained a place in a medico-anthropological discourse focused *a priori* on criminals rather than insane or feeble-minded people²³. The observation and classification of such alienated persons became the domain of psychiatry, distinct from and even going beyond criminal anthropology, renewing the aetiology of delinquency and criminality.

When Belgium started preparations for a major legal reform targeting young delinquents, there was general agreement among anthropologists, psychiatrists, doctors, and jurists on the need to recognise the importance of social, biological, mental, and hereditary factors as causes of criminal behaviour. In the early years of the 20th century, they finally legitimised the study of children as delinquent subjects – a study that necessarily involved combining scientific observation and the examination of a child’s social and family background.

19. Social defence theory appears in the context of the emergence of criminology and penology at the end of the 19th century. Its ultimate goal is the maintenance of order and protection of the principles of liberalism in the face of a new threat posed by the popular classes. Concepts of “criminal” and “criminality” are redefined. They are not based on the notion of fault anymore but on the notion of risk: the criminal is the individual who is a danger to society. This transformation of the criminal definition upsets all theories of criminal law. Cf. CHRISTIAN DEBUYST, FRANÇOISE DIGNEFFE, ALVARO P. PIRES, *Histoire des savoirs sur le crime et la peine*, t. 2, Bruxelles, Larcier, p. 269-338; VEERLE MASSIN, “Défense sociale et protection de l’enfance en Belgique. Les filles délinquantes de l’école de bienfaisance de l’État à Namur (1914-1922)”, in *Revue d’histoire de l’enfance irrégulière*, PUR, 2007, p. 173-190; ELSA ROLAND, “Rendre l’école obligatoire. Une opération de défense sociale ? Les sciences de l’éducation entre pédagogisation et médicalisation”, in *Tracés, Revue de Sciences humaines*, no. 25, 2013, p. 25-43. **7.** ELS WITTE, JAN CRAEYBECKX & ALAIN MEYNEN, *Politieke geschiedenis...*, p. 66-71; YVES SEGERS & LEEN VAN MOLLE, *Leven van het land...* **20.** FRANÇOISE TULKENS, “Un chapitre de l’histoire des réformateurs. Adolphe Prins et la défense sociale”, in FRANÇOISE TULKENS (ed.), *Généalogie...*, p. 45. **21.** RAF DE BONT, “Met en verzoenen...”, p. 77. **22.** KAREL VELLE, “De misdaad als kwaad...”, p. 338-342. **23.** RAF DE BONT, “Met en verzoenen...”, p. 75.

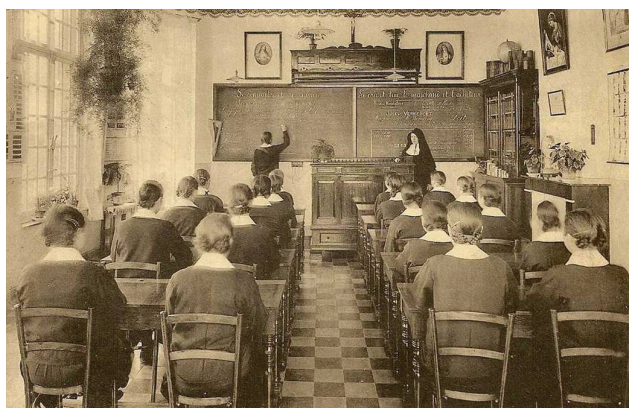
*Pavilion, Établissement
d'Observation de l'État in
Saint-Servais. Postcard,
undated. (Source : SAB,
RK/ROG Brugge)*



*Gardens, Établissement
d'Observation et d'Éducation
de l'État in Saint-Servais.
Postcard, undated. (Source :
SAB, RK/ROG Brugge)*



*Classroom, Établissement
d'Observation et d'Éducation
de l'État in Saint-Servais. Postcard,
undated. (Source : SAB, RK/
ROG Brugge)*



The aetiology of juvenile delinquency : to a child not adapted to social norms

This interest in scientific observation focused initially on the “abnormal” child, who could now be categorised and treated. Basing his work on the Belgian Jean Demoor²⁴, a psychiatrist who had worked on new observation methods for measuring the potential degeneration of children in the late 19th century, Ovide Decroly introduced a pedagogy focused on the screening and schooling of retarded children. Above all, this involved the clinical observation of the subject with a view to allowing classification and, in turn, individualised treatment. Decroly was one of the first to broadly question the relationship between a child’s intelligence and his or her social background. In his view, a delinquent child was unquestionably an abnormal child²⁵. The interest he showed in child delinquency led to him being appointed doctor-inspector of the State Institutions by the Minister of Justice in 1919²⁶.

The aetiology of juvenile delinquency continued to be studied by doctors, psychologists, and psychiatrists, slowly leading to the

emergence of the concept of the “child misfit” (*enfant inadapté*). Georges Heuyer, considered as the founder of child neuropsychiatry in France, wrote his doctoral dissertation on the need for systematic screening of abnormal or delinquent children. This thesis defined a model of nosography in child psychiatry²⁷. Heuyer insisted on the need for diagnostic methods (involving medical, intellectual, and psychiatric aspects) allowing the compilation of a “medico-psychiatric” case file. At the same time, the aetiology of criminality was gaining a new stimulus in the form of psychoanalysis, with Sigmund Freud demonstrating the importance of “affectivity” on whether a person was normal, criminal, or pathological. As a result, a branch of psychoanalytical criminology emerged, mainly driven by the psychologist G. Stanley Hall²⁸, by Adler²⁹, and by the pedagogue Aichorn³⁰. Re-reading the work of Heuyer, we can see that the incursion of psychoanalysis into psycho-pedagogy led him to revise his initial position highlighting hereditariness. He put more emphasis on the role of family upheavals in the aetiology of delinquency and of the mother in the affective development of the child and thus

24. JEAN DEMOOR, “Les enfants anormaux et la criminologie”, in *Revue de l’université de Bruxelles*, Bruxelles, 1899, p. 487-489. 25. MARC DE PAEPE, FRANCK SIMON, ANGELO VAN GORP, “The canonization of Ovide Decroly to a ‘saint’ of the New Education”, in *History of Education Quarterly*, no. 2, 2003 (43), p. 224-249; MARC DE PAEPE, FRANCK SIMON, ANGELO VAN GORP, “L’expertise d’Ovide Decroly dans le cadre de la délinquance et de la criminalité juvénile”, in AURORA FRANÇOIS, VEERLE MASSIN, DAVID NIGET, *Violences juvéniles sous expertise(s), XIXe-XXIe siècles - Expertise and juvenile violence, 19th-21st centuries*, Louvain-la-Neuve, PUL, 2011, p. 47. 26. *Bulletin de l’Office de la Protection de l’enfance*, 1919, p. 109. 27. GEORGES HEUYER, *Enfants anormaux et délinquants juvéniles : nécessité de l’examen psychiatrique des écoliers*, Paris, Steinheil, 1914. 28. G.S. Hall pioneered youth psychoanalysis. See G. STANLEY HALL, *Adolescence, its psychology and its relations to physiology, anthropology, sociology, sex, crime, religion and education*, New York, 1904. 29. Adler, a disciple of Freud, developed the concept of individual psychology. 30. FLORIAN HOUSSIER, “Un pionnier dans l’histoire de la psychanalyse : August Aichorn et le traitement de la délinquance dans la première moitié du 20e siècle”, in *Revue d’Histoire de l’Enfance irrégulière*, no. 6, octobre 2004, p. 45-67.

of the juvenile delinquent³¹. Psychoanalysis focused its attention on the child's personality and moral conscience (*superego*). Psychiatry, under the influence of psychoanalysis, thus imposed the notion of an *enfant inadapté* in the inter-war period³². Such a child was the result of detrimental living conditions shaped by the family, its socio-cultural and economic background, and education. Such a child had prolonged difficulties coming to terms with the social requirements of his or her environment. This new aetiology of juvenile delinquency with its notion of the *enfant inadapté* extended the notion of the juvenile delinquent, implying specific treatment for each "category" of delinquents and requiring the involvement of a psychiatrist³³.

However, sociology, psychology, and social psychology were also branches interested in juvenile delinquency, although they were initially found mainly in the Anglo-Saxon world. The American psychiatrist and psychologist William Healy³⁴, the English psychologist Cyril Burt³⁵, and the Glueck husband and wife team³⁶ (he a criminologist and she a social worker) highlighted the social, intellectual, and characterological dimensions of observing juvenile delinquents. Their work led to a "standardisation of criteria", resulting in a "new psychology", as amply

documented by the Belgian sociologist Aimée Racine, an authority on juvenile delinquency in Belgium. In the course of her career, she increasingly focused on what was termed "social psychology", a branch combining psychological and sociological approaches. This new aetiological branch put the focus of examination less on the delinquent and more on the object/purpose of the acts of delinquency and the reasons leading the individual to do what he or she had done³⁷. In the late 1950s, juvenile delinquents were no longer abnormal or misfits but instead not adapted to social norms.

Thus, the child's environment (and the family background in particular) slowly gained in importance in the aetiology of juvenile delinquency, which itself drew on several sciences or disciplines. How the aetiology was defined depended on the intellectual training of the person defining it. Precedence could be given to medical science (psychiatry) or to family and social environment (psychology, sociology, social psychology). However, for all these disciplines, the common feature was the variety of factors causing delinquency, which gives rise to numerous commonalities between the different approaches. These factors could be revealed via any of the disciplines, though with different levels of importance attached

31. NADINE LEFAUCHEUR, "Psychiatrie infantile et délinquance juvénile. Georges Heuyer et la question de la 'genèse familiale' de la délinquance", in LAURENT MUCCHIELLI (ed.), *Histoire de la criminologie française*, Paris, L'Harmattan, 1994, p. 318-331. 32. JEAN-MARIE RENOUARD, *De l'enfant coupable à l'enfant inadapté : le traitement social de la déviance juvénile*, Paris, Centurion, 1990. 33. JEAN-MARIE RENOUARD, "Déviance juvénile : de la gestion de l'inadaptation à l'organisation de l'exclusion", in *Déviance et Société*, Genève, no. 2, 1982 (6), p. 167-184. 34. WILLIAM HEALY, *The individual delinquent*, Boston, Little, Brown and Co, 1915. 35. CYRIL BURT, *The young delinquent*, London, University of London Press, 1925. 36. SHELDON GLUECK, ELEANOR GLUECK, *Five hundred criminal careers*, New York, Knopf, 1930. 37. AIMÉE RACINE, "L'évolution sur le plan scientifique : dans les sciences sociales", in CEDJ, *Évolution d'une notion : la délinquance juvénile*, Bruxelles, 1958, p. 73-75.

to them. Under determinist sciences, the aetiology of delinquency always involved the necessity of a clinical examination based on systematic methods, the results of which were confronted with the other dimensions of the observation. Although the concept of a maladjusted childhood gained a certain foothold, great importance was still attached to the biological dimension of the child's examination. In 1955, Pinatel, a psychiatrist inspired by the work of Heuyer and Decroly, used the term "bio-psycho-social" to describe his approach. In his view, the biological dimension included both hereditary aspects (a mother's alcoholism, tuberculosis, abortion, miscarriage, mental disorders) and personal aspects (enuresis, obstetric complications, a difficult birth, sleepwalking, etc.). He considered 13 % of the children he had studied to be "primitive", living an "instinct-rich life due to it being natural (*une vie instinctive riche, parce que naturelle*)"³⁸. In this discourse, criminal anthropology, long swept away by psychiatry, psychoanalysis, and psychology, becomes tangible.

This overview shows that the aetiology of juvenile delinquency remains a complex reality and that each proposition needs to be embedded in an overall theoretical panorama made up of specific visions and interpretations.

The specific aetiology of female juvenile delinquency

The aetiology of female criminality or delinquency is distinct from the so-called generalist strain, which makes no distinction between genders. Looking at early criminal statistics, the lower level of female criminality was associated with what was considered as a woman's natural inferiority and incapacity³⁹. Nevertheless, the discourse quickly focused on a criminal woman's character and her crime. Characterised by a number of stigmata, a "woman born as a prostitute", a concept upheld by Lombroso and Ferrero, was seen as a subcategory of people born as criminals⁴⁰. Her primitive character was seen as explaining why a criminal woman was above all a liar, immoral, vain, miserly, and jealous, all of which were factors leading her to prostitution and thus to crime⁴¹. This discourse combining female criminality and prostitution went even further⁴², with female criminal anthropology becoming a social issue. Following this determinist train of thought, criminal anthropology and in turn the aetiology of delinquency no longer made any distinction between female criminality and prostitution. The aetiology of female delinquency basically became an aetiology of prostitution, or sexual misconduct in later time periods.

38. JEAN PINATEL, MARC BLANC, PAUL BERTRAND, "L'inadaptation juvénile. Étude de cent rapports d'observation", in *Revue internationale de criminologie et de police technique*, janvier-mars 1955 (9), p. 11. 39. ADOLPHE QUETELET, *Sur l'homme et le développement de ses facultés. Essai de physique sociale*, Paris, Imprimerie De Bachelier, 1835. 40. Even if, according to Lombroso and Ferrero, the "born prostitute" was the exception rather than the rule, most prostitutes were "mildly criminalistic" and became involved in the sex trade because of social factors. 41. CESARE LOMBRISO, GUGLIELMO FERRERO, *La femme criminelle et la prostituée*, Paris, 1896. 42. ALAIN CORBIN, *Les filles de noce. Misère sexuelle et prostitution*, Paris, Aubier, 1978, p. 445-46.

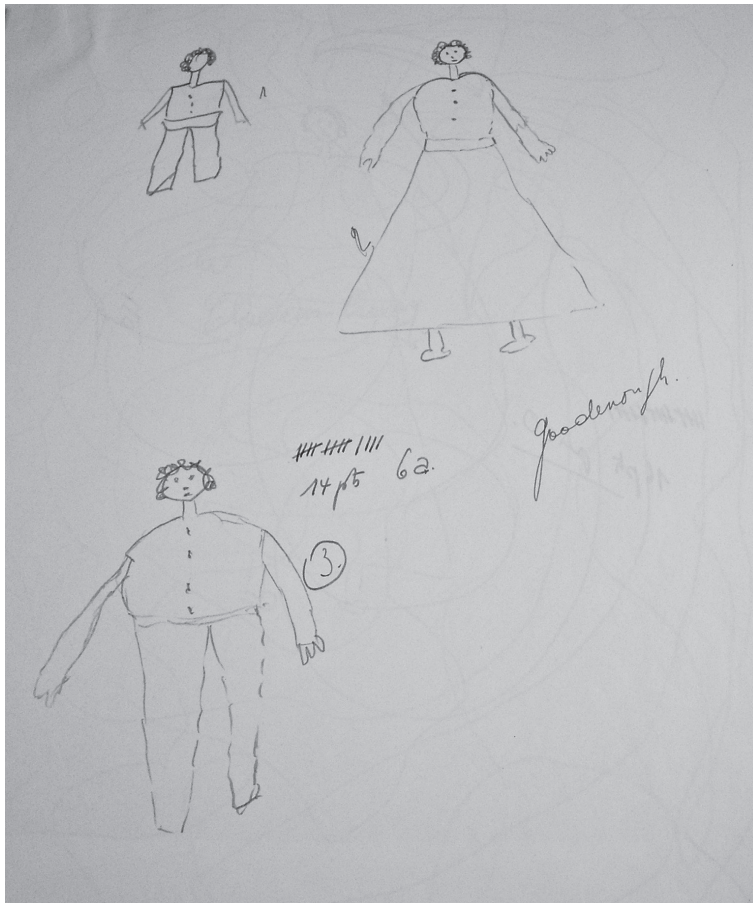
However, the theories on women born as prostitutes were far from being unanimously accepted, as was the case with those on people born as criminals. The opposition between the regulatory and abolitionist factions only served to focus the debate around possible factors leading to prostitution⁴³. While the regulatory faction saw prostitution as a necessary evil and prostitutes as “fallen women”⁴⁴, the abolitionists were in favour of moral education to promote a single sexual standard for men and women. For abolitionists, prostitution is an avoidable phenomenon, and prostitutes are the result of the organisation of society and are, to some extent, victims of society⁴⁵. The end of the 19th century saw the abolitionist perspective gaining in importance, although biological theories did not completely disappear; they became intertwined with social analyses of prostitution and female crime in general. The prophylactic discourse called for a social reform with a view to stamping out prostitution, the source of venereal diseases⁴⁶. This discourse led to prostitutes now being considered as outcomes of a certain environment or of unfortunate circumstances such as poverty or “white slavery” (i.e. the presumed abduction of innocent women and their introduction to prostitution). In Belgium, Vervaeck applied

his “eclectic” criminal anthropology – with an emphasis on biological and social factors – to the question of prostitution, stating that a “woman with hereditary defects and coming from an immoral environment is virtually a prostitute”⁴⁷. He therefore did not abandon Lombroso’s conceptions of prostitution while he concretely worked on the examination of women in Belgian prisons and trained young psychiatrists in his methods.

At the beginning of the 20th century, psychiatry very quickly established a link between the delinquency of young women and sexuality via hormonology and endocrinology, thus reaffirming the biological nature of female delinquency. Heuyer still confirmed this point of view in the inter-war period, continuing to uphold it even in the late 1950s, even though he updated his discourse somewhat, adding the notion of maladjustment and insisting on the need for the young women to be subjected to a psychiatric examination.

“Do we need to insist on the ever greater necessity of subjecting young women to a medical and psychiatric examination when it is blatantly evident that their behavioural problems are of a sexual and hormonal nature?”⁴⁸

43. For an analysis of the discourse on prostitution and its links to juvenile delinquency, see MARGO DE KOSTER, *Weerbaar weerspannig of crimineel? Meisjes en jonge vrouwen tussen emancipatie en delinquentie tijdens de eerste helft van de twintigste eeuw*, PhD in History, Vrije Universiteit Brussel, 2003, p. 36-59. 44. SOPHIE DE SCHAEPEDRIJVER, “Reglementering van prostitutie, 1844-1877 : opkomst en ondergang van een experiment”, in *Revue belge d’histoire contemporaine*, no. 16, 1985 (3-4), p. 473-506. 45. CHRISTINE MACHIELS, *Les féminismes face à la prostitution aux XIXe et XXe siècles (Belgique, France, Suisse)*, PhD in History, Université catholique de Louvain / Université d’Angers, 2011. 46. Alain Corbin underlines the uniqueness of the prophylactic discourse on venereal disease, which superseded the religious, moral, educational, and psychiatric discourses : ALAIN CORBIN, *Les filles de nocces...*, p. 390-505. 47. Quoted in ALAIN CORBIN, *Les filles de nocces...*, p. 496. 48. GEORGES HEUYER, “L’évolution sur le plan scientifique : dans les sciences médicales et psychologiques”, in CEDJ, *Évolution d’une notion...*, p. 43.



"I want you to make a picture of a person ". Example of the Goodenough Test, *Établissement d'Éducation de l'État in Bruges*, 1957. (Source : SAB, RK/ROG Brugge)

But this purely psychiatric and biological point of view was by no means unanimously accepted. The early 20th century saw Freudian theories having a major impact on the aetiology of female delinquency. Against the background of the sexual nature generally attributed to female delinquency, Freud's notion of frustration⁴⁹ was taken up by the upcoming branch of psychology which saw a girl's puberty as a period when such frustration would be expressed, possibly taking the form of delinquency – above all sexual delinquency. Nevertheless, the psychiatrists and psychologists Healy and Burt retained a biological dimension via the notion of “precocity”, stating that physical maturity could create an imbalance between desires and their repression, leading to sexual misconduct and thus to delinquency. For her part, the Belgian Aimée Racine insisted on the role of a girl's environment and family background in causing delinquency, highlighting “class morals” out of line with the social and legal standards⁵⁰. In doing so, she was inspired by the American sociologist W.I. Thomas⁵¹, in whose view girls condemned for their sexual misconduct were not so much immoral as *amoral*, as they had never been confronted with any code of morals, whatever its form⁵².

There was thus an exclusively biological psychiatric discourse reducing female delinquency to a question of hormones; a psy-

chological, sociological, and psychoanalytical discourse associating such delinquency to experiences in early childhood, social problems during puberty, and a critical family situation; and a more generalist discourse explaining a young woman's misconduct by both her environment and her physical characteristics. In 1953, Dr Paul Le Moal stated that there were three types of possible factors explaining why young women became prostitutes : social causes (the war, the economic crisis, cinemas, workplace influences), family causes (family upheavals as well as educational, affective, and moral shortcomings), and individual causes (intellectual backwardness, character problems, affectivity problems, and endocrinal problems)⁵³. This overview of the aetiology of female juvenile delinquency shows that the different discursive trends were continually being integrated, digested, and reinterpreted.

II. Observation centres and report writers

The introduction of observation centres in Belgium

Article 21 of the 1912 Child Protection Law stated that “when a juvenile court has doubts about the physical or mental state of a child, it may place it under observation and submit it to a medical examination by one or more specialists”⁵⁴. The court was free to call on the

49. SIGMUND FREUD, *Trois essais sur la théorie sexuelle*, Paris, PUF, 2010. 50. AIMÉE RACINE, *Les enfants traduits en justice. Étude d'après trois cent dossiers du tribunal pour enfants de l'arrondissement de Bruxelles*, Liège, Georges Thone Editeur, 1935, p. 97-98. 51. W.I. THOMAS, *The unadjusted girl*, Boston, Little, Brown and Company, 1923. 52. AIMÉE RACINE, *Les enfants traduits...*, p. 101. 53. DR LE MOAL, “Le vagabondage féminin. Causes psycho-physiologiques de la prostitution. Quelques thérapeutiques”, in *Rééducation*, mars-avril 1954 (Special Issue), p. 15-27. 54. *Pasinomie*, Bruxelles, 15 mai 1912.

services of an independent doctor⁵⁵, whether a specialist or not. However, observation was to take place within observation centres. Observation thus had two official goals. First, it helped a court select the right measure to be applied to the minor. Secondly, it allowed a “rational” classification of the young delinquents aimed at best organising their rehabilitation. Based on these two goals, the observation centres had three tasks : to perform the psycho-pedagogical examination of the institutionalised minors, to develop the criteria necessary for their classification, and to suggest appropriate treatment or rehabilitation measures⁵⁶.

In 1912 a pilot observation scheme was set up at the Saint-Hubert institution for boys. Maurice Rouvroy, a teacher, experimented with several different techniques allowing the standardisation and individualisation of the methods and the assessment of a child’s responsibility and educability⁵⁷; standardised methods must enable individualised examination and should lead to a personalised solution. This provisional department was transferred to Mol in September 1913⁵⁸. The successes achieved in Mol led not just to the setting up of further observation centres but also to the reform of the regulations governing observation practices. As of 1919,

observation was no longer reserved solely to cases where courts had considered a child to be “abnormal”. Henceforth, all minors placed in an educational institution had to first spend time in an observation centre⁵⁹. As of 1921, the state welfare schools’ (*Écoles de Bienfaisance de l’État*) juvenile delinquents became the state education institutions’ (*Établissements d’éducation de l’État*). The range of children they accepted increased, and the powers of observation centres were enhanced, as they were now free to send minors to a state education institution of their choice without having to gain court consent⁶⁰. Finally, as of 1931, a minor could be sent to an observation centre several times in the course of his or her time as a ward of court, such as in the case of being sent down again after having been released more than six months previously⁶¹.

Although the Namur State Welfare School for Girls had operated a provisional observation department since 1914, the latter did not officially become a state observation centre until 1922. It was progressively relocated to Saint-Servais, in buildings designed as pavilions⁶², between 1921 and 1926. Within just a short period of time, further observation centres for girls set up on the initiative of private institutions were to open their doors : the *Institut Sainte-Marguerite de*

55. Aurore François, *Guerres et délinquance juvénile ...*, p. 252-255. 56. These two goals and three tasks have been defined by Jenneke Christiaens, *De geboorte...*, p. 322-323. 57. Maurice A. Rouvroy, “L’observation médico-pédagogique des enfants de justice”, in *Revue de l’Éducation Surveillée*, Imprimerie administrative, no. 6, 1947, p. 34. 58. Émile Delacollette, *Contribution...*, Partie II, p. 11. 59. Letter from the Head of the Child Protection Office to the Head of the Bruges institution for delinquent girls, 03/01/1923 (State Archives Beveren : SAB, RK/ROG Brugge, no. 584). 60. *Recueil des Circulaires et instructions émanés du Ministère de la Justice*, 1922, p. 290. 61. Instruction from the Head of the Child Protection Office, 19/11/1931 (SAB, RK/ROG Brugge, no. 44). 62. The “pavilion style” had become a predominant style for care institutions between the end of the 19th century and the mid-20th century. The aim was to separate patients by type of illness or injury and to foster individual treatment.

Cortone in Antwerp (Kiel), which took in girls from all over Belgium, had its observation section made official in 1922⁶³, as did the *Saint-Benoît à Wandre* institution (Liege) in the late 1920s⁶⁴. The *Bon Pasteur d'Evere* (Brussels) opened up its observation section in 1931⁶⁵.

However, an analysis of practices shows that it remained difficult to organise the observation because of problems related to the information flow, due to the lack of available places and the non-respect of obligation of this type of examination. Throughout the period studied (1914-1965), the observation centres regularly received minors without any information or instructions from the courts or public prosecutors, creating difficulties in drawing up the reports. Similarly, education institutions were sent minors without any observation report, even though the latter existed. Besides the lack of information, the absence of observation proved to be another problem. In a number of cases, minors were sent to state education institutions without any previous observation, giving rise to complaints on the part of the latter⁶⁶. Finally, the number of places available in the centres proved to be insufficient, leading to criticism mainly related to the length of observation : children were

often subjected to a period of observation lasting more than six months, which was considered to be too long. This contradictory statement – a lack of places and placements that were too long – often appeared in debates, especially in the legislative chambers. The situation was worsened by the fact that placing a child under observation was in most cases a temporary measure taken before any court ruling. This raised questions in terms not just of the respect of children's rights but also of discipline, as the observed youths quickly got bored and embittered, giving up any attempt to behave well before their cases were judged by the courts⁶⁷.

It was during this period that several people started calling for observation practices not solely addressing wards of the court before they were sent to an institution. Starting in the 1950s, a number of courts made use of medico-pedagogical counselling⁶⁸, run either privately or by the state, while the psycho-medico-social (PMS) centres set up at the initiative of the Ministry of Public Education became accessible to the judicial authorities as of 1956⁶⁹. These open centres dealt mainly with minors not subject to institutionalisation and who, in many cases, were not even sent there by a juvenile court.

63. *Bulletin de l'Office de la Protection de l'enfance*, 31 juillet 1922. 64. The oldest observation report from Wandre studied by us dates back to 1929, cf. case files 1922-1965 (SAB, RK/ROG Brugge). 65. AIMÉE RACINE, *Les enfants traduits en justice...*, p. 29. 66. Based on the study of 265 individual case files from the State Institution of Bruges (1922-1965). 67. *Annales parlementaires. Chambre des représentants*, séance du 23 mars 1956, p. 8. 68. "Non-resident observation" generally involved several sessions at a rate of one a week, cf. O.P.E., *Protection de l'enfance et de la jeunesse. Projets de réforme*, Ministère de la Justice, 1963, p. 28. 69. Royal Decree of 04/05/1956. The PMS centres were "day" centres for examining minors, usually at the request of their parents or teachers. Sixteen such state-run centres existed in 1956, cf. Circular of the Minister of Justice Albert Lilar to children's judges and crown prosecutors of the Kingdom, 14 November 1956 (SAB, RK/ROG Brugge, no. 31).

The observation reports studied

Documents on the observation of girls dating back to that period would have us believe that observation took place in a scientific manner, in line with what is said in discourses about the practices used for boys⁷⁰. However, a closer look at these texts relativises any such scientific basis. The focus was put on factual and spontaneous observation, although this was virtually ranked as being “scientific” : “As a starting point : psychological facts of an experimental or simply fortuitous nature”⁷¹. Thus, observation consisted basically in merely watching the behaviour of the girls in their day-to-day lives. In 1949 at Saint-Servais, the closing down of the observation pavilion shows that precedence was now given to observing the social reactions of girls in their interactions with other girls already in the education phase.

In the context of this study, 179 observation reports from six different observation centres (state-run or private) were studied. They came from the case files of delinquent girls institutionalised at the State Education Institution in Bruges, a centre that specialised in difficult cases, girls with venereal diseases, and young or pregnant mothers. In the majority of cases, these files list the institutionalisation history of the girls before being sent to Bruges and contain the observation reports. Studying the files of an education institution proved to be indispensable to get to know observation practices, as the pre-1950 files from the state-

run Saint-Servais observation centre had been destroyed, while the archives of the private institutions remain missing. In many cases, the observation covered several months or even several years before the child was sent to Bruges. Of the 265 Bruges files studied, several did not contain copies of observation reports. A number of girls had not been subject to observation, whereas others had been observed several times. Twenty-seven girls had had at least two stays in a closed observation centre, and three of them had been placed under observation more than twice. Of the 179 observation reports found in these files, 147 came from the *Etablissement d’Observation de l’État de Saint-Servais* (EOESS, 1922-1964); 23 from the *Institut Sainte-Marguerite de Cortone* (ISMC, 1926–1964), including one from a branch in Chimay (1946)⁷²; five from the *Poste d’observation de Wandre* (1929-1942); three from the *Bon Pasteur d’Evere* (1935-1939); and one from the *Institut du Sacré-Cœur d’Auderghem* (1950).

The report writers

Up until the 1940s, the EOESS was run by nuns from the order of the *Sœurs de la providence* in Champion⁷³. From the outset (1914) until 1946, observation was in the hands of the deputy-abbess and the nuns, some of whom had a teaching degree⁷⁴. It seems that these nuns had no specific training in psychology or psychiatry but had been trained in observation practices by Maurice Rouvroy⁷⁵. However, the EOESS did benefit from the services of

70. MME NACKERS, “L’École de bienfaisance de l’État pour filles à Namur”, in *La Protection de l’enfance. Bulletin mensuel*, 1922, p. 522. 71. “St-Servais-lez-Namur, par une religieuse éducatrice”, in *Revue de l’Éducation Surveillée...* p. 61-67. 72. The ISMC operated a second branch in the French-speaking region at Chimay. This also carried out observation work, cf. case files (SAB, RK/ROG Bruges). 73. MARIE-SYLVIE DUPONT-BOUCHAT, *De la prison à l’école...* 74. MME NACKERS, “L’École de bienfaisance de l’État pour filles...”, p. 522.

75. MAURICE ROUVROY, “L’observation médico-pédagogique...”, p. 36.

a doctor, who was to become a specialist in venereal diseases⁷⁶. From 1922 until 1947, the Saint-Servais observation reports were thus written by the teacher, the doctor, and either the abbess or her deputy. In 1946, the nuns were replaced by nuns from the order of the *Filles de la Croix* from Liege. Co-signing the reports together with the teacher and the doctor, the institution's new deputy-abbess, Sister Veys, had a "doctorate in pedagogical science". In 1949, a psychologist joined the team, and in 1952 the doctor was replaced by a psychiatrist. In 1958 a social worker was hired, bringing the team up to five: the deputy-abbess, teacher, psychologist, psychiatrist, and social worker. This composition remained unchanged until 1964.

In contrast to this slow but steady development of a qualified team, the speed at which the ISMC (Kiel, Antwerp) adapted was remarkable. While the first reports coming from this institution and dating back to 1926 were signed solely by the head mistress, Abbess Ignace, by 1928 they were being co-signed by the psychiatrist, Dr Meeus, and a teacher. In 1936 and 1937, a social worker appeared on the scene (i.e. 22 years before Saint-Servais), while the resident psychiatrist was now Dr Dellaert, who had joined the team in 1932 and was to stay on until 1956, a period of almost 25 years⁷⁷. The ISMC team of three in the late 1930s (headmistress, social worker, and psychiatrist) remained constant until 1962, the date of the last report from the ISMC found in the Bruges archives. At no time was a psychologist part of the team.

Providing less information, the few other observation reports studied were compiled by the teacher, headmistress, and doctor (*Bon Pasteur*) or just by the teacher and head (the Wandre observation unit). All were written before 1946.

Therefore, professionalisation did not happen at the same time in all of the observation institutions. A scientific approach was guaranteed from the start by a doctor, even if he was not a specialist. A psychiatrist was present at the ISMC nearly 25 years before the public institution of Saint-Servais. From there, it is noteworthy that the reports from the EOESS and the ISMC are structured in a very similar way, suggesting that they were based on the same template, probably issued by the Ministry of Justice. Both focus on a girl's background, medical situation, intelligence and knowledge, psychological situation (as of 1949-1950), character and morals, and occupational leanings, concluding with a summary and proposals for further treatment. Any differences relate more to the content and the amount of effort invested by the writer. The ISMC reports are much longer (6-8 pages) than those of the EOESS (3-4 pages) and dwell more on moral aspects. Once a psychiatrist joined the team, the section on a girl's background started taking up 4 to 5 pages, describing in depth not only the girl's background but also that of her parents and grandparents. Test results only started appearing in the ISMC reports in 1948, just one year before the EOESS.

76. EUGÉNIE RECHT, *Les maladies vénériennes*, Bruxelles, Ligue nationale belge contre le péril vénérien, 1954. 77. RENÉ DELLAERT, "Le rôle du médecin...", p. 45.

III. An in-depth look at the observation reports

A girl's background

The description of a girl's background was based on information from the courts, on social investigations, and on the statements made by the girl herself on entering the observation centre. In some cases, these statements were the sole source of information available. The institution was thus in a bit of a quandary when the accounts given by the girl were not very coherent or when she refused to answer the questions. Even if doubts were sometimes raised regarding what a girl said, in some cases it was faithfully transcribed. The accounts, sometimes copied from source documents, dwell on the conduct of the parents, their relationship to their children, and the degree of harmony within the family. In the late 1920s, this analysis of the family background grew in scope, dwelling on the morals of grandparents, uncles or aunts, or even cousins, which were seen as "proof" of a hereditary problem. Although the majority of observation reports refer to parents separating or at odds with each other, their problems with alcohol or poverty, their inability to bring up their children (whether they beat them or just let them do what they wanted), their misconduct, their common-law partners, or even their disappearance, which resulted in the girl being placed in an orphanage, this was not the rule. A number of parents were seen as honest, down-to-earth workers living in great harmony with each other. The question of what caused a girl's misconduct thus remained open. Beginning in the late 1930s, the accounts attached greater importance to

the mother, the reasons why she got married with her husband, her appearance, and the influence she could have on her daughter. This interest grew steadily after the Second World War, with the mother-child relationship and early childhood experiences becoming the fundamental criteria explaining deviance and a lack of adaptation. The evolution of theoretical conceptions on the origin of juvenile delinquency, the development of psychological sciences, and also the development of psychoanalysis were thus sensitive in practices. Through this, the family members, especially the mother, were strongly made guilty.

Regarding the girls themselves, the focus was on previous periods of institutionalisation and on the reasons behind their stealing, running away, or misconduct. Before the 1950s, the reports focused on "shameful" relationships, whether with a "fiancé", passing boys, married men, or soldiers. The facts were generally stated in a non-prudish and very often accusatory way. Prostitution was rarely mentioned, though references increased during the Second World War and the immediate post-war period. However, the reports slowly became less finger-pointing, with a girl's immoral behaviour seeming to have become a factor of similar weight to that of her behaviour within the family or in other institutions. The circumstances behind the misconduct were no longer always described, except when they crossed the line between what was morally acceptable and what was unacceptable, as was the case when a girl referred to multiple sexual conquests or when her partners had a profile that shocked the observers : married men, family members,

Acuité auditive " normal.
 Sensibilité auditive " "
 Goût : " "
 Olfaction " "
 Sens tactile " "
 Mesures Anthropologiques
 Taille : 1,55 petite
 Poids : 63 kg lourde
 Taille arabe : 85 1/2 cm. jambes courtes.
 Grande envergure : 1,60 m. bras assez longs.
 Thorax : circonf. sus man. : 90 cm
 sous man. : 87 cm
 85-85 cm.
 Spirométrie : 2.000 cm³ normal.
 Dynamométrie : de 20 à 25 forte.
 Crâne : circonférence : 54 1/2 cm.
 diamètre antio-postérieur : 19. } normal.
 diamètre bipariétal : 13,5 cm
 diamètre frontal. trans : 11 1/2.

Développement Intellectuel
 L'esprit d'observation est extrêmement développé chez Madeleine et devenu habituel par la répétition constante il est pour la jeune fille une source alimentaire et informative, pour l'attention tenace enregistrée aisément par la mémoire qui les évoque tout aussi facilement. Toutefois cette évocation est extrêmement influencée par l'imagination : elle crée alors spontanément des formes nombreuses et fugaces suggérant constamment des intuitions nouvelles, ces

Anthropologic examination of "Madeleine". (Observation Report, ISMC, 1937)

boys younger than 14, men over the age of 50, or people with mental deficiencies. So, if a girl's sexuality was initially considered as the heart – and the source – of her deviant behaviour, this sexuality lost importance over the period, because it slowly became acceptable for “girls” to have an active sexuality, as long as it was within the bounds of “normality” for this time.

The medical examination

Medical examinations developed greatly over the period looked at. The exams carried out by the EOESS and the ISMC differed greatly, depending on the presence or absence of a psychiatrist. Up until the 1950s, EOESS exams were limited to a physical examination of the girls, possibly including hereditary aspects. The records focus on the following : weight, height, sight, hearing, whether the girl was still a virgin, menstrual cycles, venereal diseases, and skin diseases. Each report ended with a concluding statement, for instance : “Excellent state of health, but suffering from syphilis”⁷⁸. In the early 1940s, these physical checks were complemented by endocrine examinations (palpation of the thyroid) and vaccinations. The doctor dwelt on a parent's possible alcohol or heart problems and a mother's possible venereal diseases. The ISMC medical reports for the same period were much more extensive. While the physical checks were similar to those of the EOESS, they were much more comprehensive, covering the respiratory system, nervous system, thyroid system, urogenital system, cardiovascular system, and sense organs. In addition, “anthropometric” examinations were carried out, with stigmata

of degeneration, morphology, and anthropological measurements being recorded between 1928 and 1950 :

“Signs of degeneration : asymmetric skull and face, protruding zygoma, handle-shaped or sessile ears; thick lips, a wide mouth, hypertrophic tonsils.

Morphology : large

Height 1.55 : small

Weight 63 kg : heavy

Height when seated : 85.5 : short legs

Arm span : 1m60 : arms quite long (...)”⁷⁹.

A comparison between the EOESS and ISMC medical check results is no longer possible after 1950, as the ISMC stopped including them in their reports. Physical examinations at the EOESS became much more comprehensive from 1951 onwards, covering a girl's physical constitution, respiratory system, digestive system, cardiovascular system, endocrine system, bones and skin, nervous system, and urogenital system. But in 1953, the year the psychiatrist joined the team, the medical reports changed, now including a real psychiatric report distinguishing between a girl's physical and mental states. The mental examination remained “clinical”, without any formal structure : it was a narrative of the doctor. At the end of the day, it depended on the characteristics shown by the girl in question : affectivity; possible depressiveness; psychasthenia; base or pathological facts; psychological influences, especially the influence of the mother; and temperament (childish, frustrated, lymphatic, difficult, introverted, etc.). The medical reports always ended with a remark on the influence of the girl's mental

78. Case file 150 : Bertha T., EOESS Report, 18 March 1926 (SAB, RK/ROG Brugge, no. 720).

79. Case file 85 : Madeleine S., ISMC Report, 4 October 1937 (SAB, RK/ROG Brugge, no. 839).

state and on the rehabilitation measures to be taken : “Marked depressive tendencies (to be observed), minor obsessions, a wish to die (...) More generally, instability. A certain amount of psychotherapy is necessary, while the general and vocational education is to be done using normal methods”⁸⁰.

Testing intelligence and knowledge

We need to distinguish between two periods : the one preceding the introduction of the mental tests and the one following it (1948 at the ISMC, 1949 at the EOESS).

The first period is characterised by a relatively subjective assessment of a girl’s intelligence, observing her day-to-day behaviour, attitude in class, capabilities as a pupil, and level of knowledge. The writer (probably the teacher) dwelt on such capabilities as concentration and attention, intellectual flexibility, effort or performance, judgement, reasoning, organisation, and imagination. The concept of abstraction, whether an acquired capability or not, regularly figured in reports from the 1940s onwards. On the basis of these various capabilities, an overall opinion was given : “Very sharp (intelligent), combines quickly”⁸¹ or of “low intelligence, as seen in her capabilities and her exercises”⁸². In many cases, the opinion given also confirmed that educational rehabilitation would be difficult, if not impossible, but

nevertheless needed to be undertaken : “despite everything, providing this girl with a form of education would be charitable”⁸³. The reporting changed slightly in the 1930s : one became more blaming in regard to the morality of girls, specifically in the field of intellectual abilities. While it still dwelt on a girl’s capabilities and school performance, these were now almost systematically seen in relation to a girl’s morals. Immorality alone was used as an explication for a number of faults, both intellectual and in class : “her intelligence is not below average, but is stymied by a premature moral deviance”⁸⁴.

In 1948 and 1949, Kiel and Saint-Servais respectively introduced mental tests. These kinds of tests were belatedly used, even though they were the subject of important scientific research since the early years of the 20th century among pedagogues and psychiatrists⁸⁵. The two institutions made use of two main types of testing : “efficiency tests” aimed at assessing intellectual capabilities and “projective tests” aimed at exploring a girl’s personality, with a particular focus on conative and affective aspects⁸⁶. Initially, the institutions used only the efficiency tests, enabling them to determine a girl’s IQ, her mental age (in comparison to her biological age), or both. The first tests of this type used at the ISMC were Pintner-Paterson⁸⁷, Healy

80. Case file 2520 : Marie-Paule L., EOESS Report, 6 January 1961 (SAB, *RK/ROG Brugge*, no.953). **81.** Case file 110 : Maria-Theresia V., EOESS Report, 17 February 1922 (SAB, *RK/ROG Brugge*, no. 717). **82.** Case file 1890 : Marcelle S., EOESS Report, 30 November 1944 (SAB, *RK/ROG Brugge*, no. 806). **83.** Case file 240 : Pauline V., ISMC Report, 28 August 1928 (SAB, *RK/ROG Brugge*, no. 732). **84.** Case file 561 : Rosine C., EOESS Report, 17 January 1938, (SAB, *RK/ROG Brugge*, no. 769). **85.** VEERLE MASSIN, BENOIT MAJERUS, *Des psychiatres et des enfants...* **86.** Cf. HENRI WALLON, *Les tests...*; PIERRE PICHOT, *Les tests...* **87.** Performance scale made up of 10 different tests, including : reassembling a picture from its component parts (jigsaw puzzle), imitating a sequence of movements, arranging cubes, interlocking forms, substituting a symbol for a figure, labyrinths [the Porteus Maze], and completing a picture [Healy].

I, Healy II⁸⁸, Terman⁸⁹, Terman-Merrill⁹⁰, and Grace-Arthur⁹¹, while the first ones used at the EOESS were Terman, Pintner-Paterson, and Healy I, the ones best known at that time. Right from the beginning, the two observation centres used several efficiency tests for each case with a view to gaining a “comprehensive overview of global intellectual activity”⁹². Both institutions used verbal tests to assess language and its use, as well as performance tests confronting the girl with practical problems. The latter revealed a girl’s ability to think things through, her dexterity, and her perseverance. The results of the various tests were seldom identical, often ending with differences in IQ and mental age. These were then used as a basis for establishing an average. In certain cases, different IQs were simply listed side by side. Test results did not lead to any specific “classification” except with regard to mental deficiency, determined when an IQ was lower than 70.

“Intelligence and capabilities : Terman : 8 years 2 months, Pintner : 7 years, Healy I : 7 years. IQ : 54. Mentally retarded, Alice is aware of her inferiority and is afraid of it being noticed. Very emotional and easily influenced, the results of the various tests must always take the emotional factor into account. Her attention wanders and she is slow to understand. The Terman test shows

just how weak her judgement is : she is totally unable to abstract (...), the Healy results are just as pitiful (...) The Pintner test to assess her practical intelligence was also not brilliant : the girl works slowly, not methodically, and the problem posed exceeds her mental capacity. Her movements are not very sharp and hesitant”⁹³.

In the course of the 1950s the Wechsler-Bellevue test providing a verbal IQ and a performance IQ became generally used, tending to replace all other aptitude tests. It was the only efficiency test used at Saint-Servais after 1960.

So in a first time, testing is mainly related to the intellectual domain. But the institution and the experts (psychiatrist and psychologist) focused increasingly on the inner lives of girls, their thoughts, their feelings, and their subconscious mainly via projective tests. Projective tests were first used at the EOESS in 1953. In contrast to the ISMC, the state-run institution made great use of these tests, with each girl being subject to several. The reports from 1953 show that the following tests were used : the Brown-Ottawa test with its focus on emotional equilibrium, the Fables of Düss and Thomas⁹⁴ (projective story-telling methods), the Szondi test, the Rosenzweig frustration

88. The Healy tests are pictorial completion tests. They are also used in projective techniques.

89. The Terman test (aka Stanford Revision) is an extension of the Binet-Simon scale used in IQ testing. **90.** The main criticism of the Binet-Simon scales is that they basically measure a subject’s verbal intelligence. In response to this criticism, the Terman-Merrill test constitutes a revision of the Terman test, introducing a greater number of non-verbal tests. **91.** Grace-Arthur is a whole set of performance tests, very similar to that of Pintner-Patterson (Knox Cubes, the Seguin Form Board, the Stencil Design Test, Healy’s Picture Completion tests, the Alexander Scale). **92.** HENRI WALLON, “Les tests...”, p. 1. **93.** Case file 454 : Alice L., EOESS Report, 15/03/1950, (SAB, *RK/ROG Brugge*, no. 869). **94.** Story-telling tests devised by Louisa Düss and, at a later date, Madeleine Thomas. They focus on dreams, wishes, stories, fancies, and family conflicts, and their interpretation takes place at a symbolic level.

énereux.

Nous négligeons pas aussi les travaux ménagers devant lesquels Bertha semble un peu gauche.

* * *

CONCLUSION.

Bertha est suffisamment intelligente, mais elle est entraînée par son tempérament passionné, sans centre poids; le domaine affectif offre quelques anomalies.

On s'efforcera: 1) de traiter son affection vénérienne.

2) de lui permettre d'apprendre un métier.

Il serait extrêmement sage de maintenir Bertha très longtemps sous une surveillance affective et en profiter pour ses sentiments affectifs et moraux.

Mère Grace / M. Meus

18.3.26
INSTITUT S^{TE} MARGUERITE
SECTION D'OBSERVATION
Chaussée St-Bernard, 197
ANVERS-KIEL

15 sept. 1926.

Bertha est proposée au cours de perfectionnement pour la Cuisine. Cela lui permettra d'acquiescer en août 1927, le diplôme de "cuisinière".

Conclusions on "Bertha". [Observation Report. Institut Sainte-Marguerite de Cortone (Anvers/Kiel), 18.3.1926]

test⁹⁵, the Koch tree (a drawing), and the tests of Bernreuter-Ottawa and Passalong (Alexander)⁹⁶. In addition, there was an interview and a test of behaviour, with a particular focus on a girl's interaction with the group. Each year, the number of projective tests used at the EOESS grew⁹⁷, with assessments starting to give precedence to the psychological and psychoanalytical characteristics of the girls under observation. It was now considered that discussion and observation of facts in everyday life are not enough. The tests became an indispensable measurement tool, which allowed the institution to determine what the girl is to society in a scientific way. The multiplication of tests for a single case can give a big heterogeneity feeling within the expertise itself. IQ tests do not actually lead to a representation of the girl; they simply situate her on a reference scale. Projective tests that are based on stories supplemented by girls or drawings they have made themselves open the door to their imagination and to a facet of their personality. But other tests called "projective" seem, through an analysis of the psyche, give a hard, severe image of these girls (e.g. Szondi test).

Morals and character

The section on a girl's character and morals seems to have been the right place for reporting impressions, beliefs, and assessments, at least

until the 1940s. In it, a girl's behaviour was subjected to critical analysis, with teachers commenting on her character, morals, emotionalism, sensitivity, vanity, and honesty. A girl's relationship to others (authorities, companions) was studied in depth. In the course of the 1920s, such descriptions went hand in hand with rehabilitation recommendations giving pride of place to *prayer*: religion seems best placed to improve the situation of girls. A girl's physiognomy, heredity, environment, behaviour at table, gestures, and oral expression were all considered sources of information on indiscipline, frivolity, sensuality, vice, (sexual) instincts, perversity, etc. There are so many references to immorality in the reports that these seem to serve as arguments justifying girls' links with sexuality. The importance attached to affectivity (especially family-related), emotionalism, and an independent spirit steadily grew throughout the 1930s and 1940s. The ISMC now focused less on morals, with the psychiatrist giving precedence to a girl's mental balance – psychopathic behaviour, neuroses, psychoses, perversion, hysteria, and paranoia – even though this did not prevent a moral judgement. The 1940s showed a growing interest in negative maternal examples, with the mother and family now viewed as the sources of all defects: "The low mental capital and the shortcomings in a girl's

95. Characters are drawn and placed in positions of frustration. The person being examined then has to think how the character will react in such a situation. 96. Games in which different-sized squares and rectangles have to be shifted around, moving from an initial to a final configuration. 97. In 1954, these were complemented by Murray's TAT (Thematic Apperception Test) – in which a series of pictures depicting characters in ambiguous situations are presented to the subject, who then has to explain what the picture represents, what has happened to the character for him to be in such a situation, and how the story ends – and by the *Beroepskeuze* (vocational guidance). In 1955, Symonds' Picture-Story Test and Bellak's CAT were added. In 1956, the Rorschach Test and the Lüscher Test started being used.

upbringing caused by a weak mother explain the behavioural problems experienced at a critical age⁹⁸. While the 1950s saw precedence given to projective tests, the 1960s saw key importance being attached to what a girl had to say for herself. However, the reporting remained subjective, despite being more scientific and more comprehensive.

Educability, recommendations, conclusions

The EOESS was the only institution to specifically report on a girl's "educability" (between 1925 and 1950). In two or three sentences at maximum, a forecast was given : rehabilitation was seen as "certain", "possible", "partial", "doubtful", "difficult", or "impossible". For rehabilitation to be certain, a girl needed to have shown impeccable morals, "malleability", "docility", and particular "sensitiveness". Rehabilitation was considered possible when a girl still needed to be kept under surveillance; time, educational means, and a "firm hand" were considered useful. The staff considered rehabilitation to be "partial", "doubtful", or "hard work" when a girl displayed a high degree of atavism; immorality or "personal tendencies" (to homosexuality); physical or mental problems; a lack of honesty, will, or sincerity; instability; and sensuality, even if she had certain redeeming qualities. Finally, the forecast was not good for girls with bad habits, who were precocious, displayed "mental shortcomings", or had a "perverse nature" or other defects : "General educability : vice has such a great

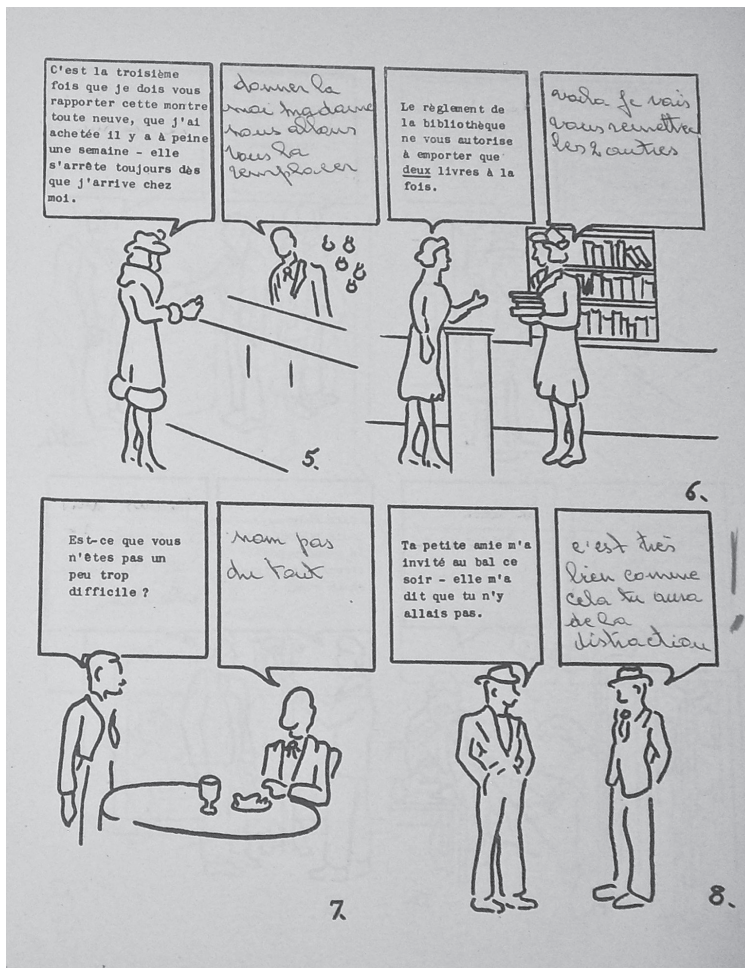
hold on this young girl that it will be difficult or even impossible to extirpate it"⁹⁹. The section "summary and recommendations" set forth in concrete terms which measure was seen as best for the girl. In most cases, a transfer to another educational institution was recommended, usually the one attached to the observation centre. The observation centres were thus a guarantee of the financial success and survival of the educational institutions to which they belonged. The Saint-Servais centre was the only one to recommend transfers to other institutions in the specific case of girls considered "abnormal" or when they were pregnant or suffered from venereal disease.

Between 1925 and 1950, the ISMC did not provide any specific diagnosis or forecast, instead issuing concrete recommendations regarding rehabilitation or treatment, such as "the tendencies to dishonesty need to be systematically fought at a practical level"¹⁰⁰. These recommendations refer to medical treatment, schooling and vocational training, the necessity to continue institutionalisation, etc. This way of doing things was adopted by the EOESS in 1949–1950. These similarities appeared once Saint-Servais came under professional management and started employing a psychiatrist.

The impact of professionalisation

The study of the observation reports reveals a great continuity, both from one institution to the next and from a chronological

98. Case file 182 : Victoire D., EOESS Report, 20 January 1941 (SAB, RK/ROG Brugge, no. 846). 99. Case file 85 : Madeleine S., EOESS Report, 7 January 1932 (SAB, RK/ROG Brugge, no. 839). 100. Case file 109 : Philomena M., ISMC Report, s.d. (1937) (SAB, RK/ROG Brugge, no. 840).



The Rosenzweig Test, example of "Liliane", EOESS, 1960.

perspective. The inclusion of a psychiatrist in the observation team made no difference to the nature and aim of a report. Although practices changed, the extent of change was relative. At the end of the day, the report's structure responded to the developments in the aetiology of juvenile delinquency, giving it a structured and scientific aspect and providing legitimacy to the observation practices, even before the inclusion of psychiatrists or psychologists in the teams. The scientific jargon used by the specialists boosted this legitimacy. Even so, in reality, the impact of psychiatry on the reports remained limited, even though the use of tests changed this situation somewhat. Reports gained a new "scientific objectivity", this time via psychology. However, references to such tests diminished over time. Throughout the period studied, moral judgement prevailed, regardless of who wrote the report or which method was used. This did not mean that recourse to psychiatry and psychology mingled with more subjective considerations of a girl's morality. What it did mean was that psychiatry, as was later the case with psychology, was itself founded on assumptions based on moral judgement. The experts simply continued using the same parameters adopted by their less specialised predecessors. Looked at in an overall context, the observation reports remained, throughout the period studied, focused on selected information elements, thereby revealing a major chronological consistency.

IV. Conclusions

The establishment of observation centres was part of a wider context developed in the late 19th century within political, judicial, and medical spheres, where the individual offender needed to be evaluated and was evaluated. In Belgium, observation centres opened shortly after the creation of juvenile courts (1912); children and young people were considered a *bio-psycho-social* unit that had to be analysed from a social, moral, and medical point of view. The study of the theories and practices related to the observation of young delinquent people is very revealing about the late and relative professionalisation in these observation centres; the significant influence of religious, pedagogic, and psychiatric practices on reports; how behaviours considered immoral or anti-social can be gradually reconceptualised by the medical profession; the way these reports stigmatise (socially, sexually, medically) the young delinquent people, especially girls; and the relative non-effective results of these reports on reintegration or rehabilitation practices.

Inspired by criminal anthropology, moulded by psychiatry, and modified by psychoanalysis, psychology, and sociology, the principles of categorising institutionalised minors took concrete shape in observation centres from 1913 onwards. Their establishment

bears witness to the rapid adoption of these “scientific” principles by the Belgian administration and policy-making bodies. Even so, they did not become widespread, with observation within a closed institution being for the most part reserved for those minors considered to be most difficult or the most vulnerable. The courts preferred to call on experts when needed, in an approach resembling a search for legitimisation as much as a need for objectivity¹⁰¹. Studying the institutional network reveals a number of similarities between the closed observation centres but also major disparities. The most important differences concern the level of professionalism – or the place accorded to specialists – in the way things were done. We have thus seen that the *Institut Sainte-Marguerite de Cortone* had its own resident psychiatrist and social worker more than 20 years before the state-run EOESS at Saint-Servais. On the other hand, this state-run institution in Namur operated right from the start with a doctor whose training was not that different from that of a psychiatrist in the early days of child psychiatry, while the level of professionalism at Saint-Servais exceeded that of Sainte-Marguerite de Cortone once it really got going in the 1950s. During the period studied, the role of the psychiatrist extended gradually, conquering

new fields in society, until it became dominant after the ‘50s, because he also had new support from the state through the Ministry of Justice¹⁰². These institutions also need to be understood as partners developing in a competitive environment, and the role of psychiatry in observation practices should be neither neglected nor overestimated. Child psychiatry experienced important developments in the interwar period, notably internationally¹⁰³, and specialists performed psychiatric interventions on young delinquents early in Belgium¹⁰⁴. Yet religious and pedagogic professions probably had as much influence on reports and their role in the long term.

The successive examination of the theories and practices suggests that the initial ones did not necessarily set the direction for the following ones. Even when not compiled by specialists but for the most part by nuns, the structure of the observation reports and the topics they focus on suggest that they were the outcome of discussions on the causes of deviant behaviour. The result of subjective – and suggestive – observations of a girl’s intelligence or moral values, the reports paint a picture reflecting her family background, whether from a genetic or social perspective. The presence of specia-

101. MICHEL CHAUVIÈRE, “Les ruses de l’expertise”, in AURORE FRANÇOIS, VÉERLE MASSIN, DAVID NIGET (ed.), *Violences juvéniles...*, p. 277. **102.** NICOLAS HENCKES, “Reforming psychiatric institutions in the mid-twentieth century : a framework for analysis”, in *History of Psychiatry*, no. 22, (2), p. 164-181. **103.** *Premier Congrès International de Psychiatrie Infantile, Paris, 24 juillet au 1er août 1937*, S.I.L.I.C., Paris, 1937. **104.** JEAN DEMOOR, “Que doit être l’expertise médico-légale d’un enfant ?”, in *Revue de Droit pénal et de criminologie*, 1907, p. 289-302; DR VERMEYLEN, “L’examen mental des délinquants”, in *Revue de Droit pénal et de criminologie*, 1922, p. 854-874; PAUL VERVAECK, *Délinquance et criminalité de l’enfance. Rapport de médecine légale psychiatrique*, Paris, Masson et Cie Éditeurs, 1935.

lists added a scientific dimension, while the influence of criminal anthropology remained perceptible right up to the early 1950s. Similarly, recourse to deterministic principles never disappeared completely. But they were progressively complemented and then overtaken by a practice directly derived from psychoanalysis and psychology, as seen in the observation reports that became increasingly tinged by the influence of the family context on a girl's mental development (her *ego*, her *superego*). Doctors and psychiatrists led the medical discipline to other areas of knowledge, but without turning their backs on their basic training. The importance attached to the environment in which a girl grew up, not in terms of heredity but in terms of the appropriation of forms of human functioning (what could be termed as *habitus*), increased in the late 1940s and became paramount from 1950 onwards, i.e. after the recruitment of psychologists and psychiatrists in the state-run observation centres. The family context in which a girl spent her early childhood and the role played by her mother in determining her moral values and affectivity featured highly in the report, even though the results of the biological examination remained paramount. A girl's subconscious was tested, and her feelings as well as what she had to say for herself were finally acknowledged by means of an interview. These new aspects enabled an institution to categorise the girls in line with an established norm.

This progressive appropriation and superimposition of various disciplines associated with the categorisation of juvenile delinquents and with their protection shows that each specialist drew on his own scientific background. This background had been constructed in the field by pioneers who had seized the opportunity to create new specialities. In many cases, these pioneers were asked to work in the same field as certain nuns who inevitably played a pioneering role, if only through their overall care responsibilities¹⁰⁵. The institutions for juvenile delinquents were a godsend for a medical profession wanting to strengthen its legitimacy and modernise its practice¹⁰⁶. In the same way, doctors and especially psychiatrists, assisted by psychologists, gave to observation practices a technicality that also provided them more legitimacy. They translated into medical terms the social and moral judgements of girls. The renewal of their practice on the basis of psychoanalysis and psychology did not mean that the specialists turned their backs on psychiatry. The psychiatrists themselves made use of these two disciplines, which enabled the observation centres to give juvenile delinquency a more positive image and to envisage an improvement in a girl's condition and her possible rehabilitation through work on the subconscious. However, we should not forget two things. First, the psychiatry and psychology used were based on considerations linked to a moral judgement stemming from early forms of psychiatry or

105. See also HERVÉ GUILLEMAIN, *Diriger les consciences, guérir les âmes. Une histoire comparée des pratiques thérapeutiques et religieuses (1830-1939)*, La Découverte, Coll. L'espace de l'histoire, 2006. **106.** JACQUES DONZELOT, *La police des familles*, Paris, Les Éds Minuit, 1977, p. 121.

other disciplines and maintained throughout the period studied. The “medical morality”¹⁰⁷ changed its methods and speeches, but it remained a “built” moral. Second, the reports sent to the magistrates and to future receiving institutions retained basically the same structure and scope throughout the period studied. This should lead us to relativise the impact of the emergence of the expert “psychiatrist” or “psychologist”. Although the arrival of new specialists gave greater scope to what a girl under observation had to say for herself, it made no difference to the image of a young “deviant” : a young child who should be locked up because he or she is different. Positions taken on the future of the young were rare, as were concrete proposals for rehabilitation. If before the 1950s the writers initially expressed pessimism, they were more confident afterwards but would never move beyond proposals that, in most cases, would not be followed.

In my view, the observation of these institutionalised girls must be seen as an

examination taking place over a long period of time. The impact of the observation report greatly exceeded any guidance regarding a measure announced shortly after its compilation, as the report’s contents were to follow the young person from one measure to the next, from one institution to the next.

“The examination, surrounded by all its documentary techniques, makes each individual a ‘case’ : a case which at one and the same time constitutes an object for a branch of knowledge and a hold for a branch of power”¹⁰⁸.

The observation of institutionalised girls serves as a perfect illustration of how such a “case” was constructed and how these marginalised girls were socially disqualified, as set forth in the observation reports. These reports were no reflection of reality but instead painted the picture the institution wanted to see, with a view to legitimising a court’s action and the institutionalisation practices.

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107. JEAN-CHRISTOPHE COFFIN, “Louis le Guillant...”, p. 4. 108. MICHEL FOUCAULT, *Discipline and punish... the birth of the prison*, London, Penguin, 1991, p. 191. Emphases in original.