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# Onanism and Child Sexual Abuse: A Comparative Study of Two Hypotheses

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**Abstract** For some decades now in the West, there has been a growing social anxiety with regard to a phenomenon which has become known as child sexual abuse (CSA). This anxiety is fed by scientific theories whose cornerstone is the assessment of these experiences as necessarily harmful, due to their presumed serious consequences for the present and future lives of the minors involved in them. This principle, widely held by experts and laypersons alike, was also part and parcel of the danger presumably posed by Onanism, a phenomenon which occupied a similar position in society and medical science in the West during the eighteenth through twentieth centuries. The present work is a comparative review of these two hypotheses and the central objective was to compare the evolution and fundamental elements of the two hypotheses in light of what history tells us about Onanism theory. This comparative analysis will allow a critical look at the assumptions of the CSA hypothesis in order to make evident the similarities to the conceptual model that enabled the Onanism hypothesis in the past.

**Keywords** Child sexual abuse · Masturbation · Onanism

## Introduction

### Child Sexual Abuse as Cultural Narrative

In the last three decades of the previous century, a social anxiety emerged regarding child sexual abuse (CSA), with the appearance of news reports, stories, data, self-proclaimed experts, and legislation relating to a type of experience that today is a staple of the media, the professional literature, and, of course, the collective imagination. This public and media preoccupation, usually tinged with alarmism, would come to be sustained by scientific claims that characterized all erotic relations between minors and adults as pervasively, inevitably, and intensely harmful (Rind, Bauserman, & Tromovich, 1998).

A study of the origins of this current phenomenon brings us to developments in the Western world, especially in the United States, in the second half of the twentieth century. It was at this time that the foundations were laid for what eventually would become the referent hegemony of Western sexual politics: the master narrative of feminine innocence and masculine evil, that of children and women as victims, and that of men and their erotica as guilty (Angelides, 2004, 2005; Mould, 1997). The question of CSA was converted into more than a mere facet of a very distinct type of forcibly orchestrated strategy—feminists, conservatives, protectors of childhood, therapists, and scientists were now allied in a common ideological effort: resorting to "sex" as a menace to children and women, and a cause of disorder, destruction, and domination (Malón, 2004; Money, 1985b).

These groups' proposals would incorporate justifications that the majority considered legitimate, and which were directed toward greater recognition of the problem of social violence against women and children, as well as better social and institutional treatment of it (Goodyear-Smith, 1993, 1996). But in their eagerness to combat what they saw as a terrible plague, many of the experts and activists appear to have let their enthusiasm run away with their scientific rationality, and what could have been a reasonable plan for confronting this problem in a more appropriate way ended up being converted, for many, into a sweeping crusade for what they saw as good. The perhaps unintended but excessive

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impacts of these campaigns began to reveal themselves, taking the form of fabricated abuse cases (Besharov, 1986), false recovered memories and irrational satanic ritual abuse claims (Nathan & Snedeker, 2001; Ofshe & Watters, 1996; Underwager & Wakefield, 1994; Victor, 1996), a climate of suspicion and distrust between men and women (Badinter, 2004), mistaken interpretations of nonsexual contacts between boys and older males (Krivacska, 1989), the problematization of human sexuality (Heins, 1998, 2001; Levine, 2003; Underwager & Wakefield, 1993; Weeks, 1993), the erasure of child sexuality (Angelides, 2004), the diminution of sexual research in general, but especially involving children (Bullough & Bullough, 1996), an overblown climate of victimization (Best, 1997; Dineen, 1996; Jenkins, 1992), the disappearance of basic human and judicial rights in the processing of accusations of sexual crimes (Adams, 1997; Goodyear-Smith, 1996; Wakefield, 2006b), the excessive, uncalled-for, and potentially iatrogenic magnification and dramatization of minor incidents (Weinbach, 1987), and impediments to reasonable and peaceful solutions in cases where such might be beneficial (Goodyear-Smith, 1993; Renshaw, 1982).

From this perspective, the question of CSA was approached as a historical phenomenon (Jenkins, 1998; Malón, 2004), a discourse (Beckett, 1996) or cultural narrative (Kincaid, 1998; Plummer, 1995) that is unique to the West at the end of the twentieth century (Jenkins, 1992, 1998, 2001, 2003). As other authors did from different perspectives (Angelides, 2004, 2005; Beckett, 1996; Best, 1990; Goodyear-Smith, 1993; Levine, 2003; Malón, 2004; Money, 1985a; Nathan & Snedeker, 2001; Ofshe & Watters, 1996; Underwager & Wakefield, 1994; Weeks, 1993), this question was approached by inquiring into the origins and contours of this paradigm, its authors, premises, hypothesis, theories, and the stories that sustain it. These analytical perspectives ultimately allows us to compare CSA in a sociohistorical context with others of past epochs, such as the obsession with anti-onanism of the eighteenth through the twentieth centuries, because in both cases it was a matter of a scientifically articulated cultural narrative in which childhood and eroticism were joined together in an equation of harmfulness as well as individual and collective suffering. This comparison between CSA and Onanism was suggested by Money (1985a, b, 1991, 1999), whose observations this essay proposes to develop further.

Onanism and CSA, while quite different experiences, have many elements in common that could be highlighted (Malón, 2001); however, in this article, the primary focus is on the type of questionable hypotheses shared by both discourses. According to these hypotheses, both the act of masturbation as well as experiences considered "child sexual abuse" are deeds that are necessarily harmful and destructive to children and adolescents. Contrasting the two theories and their arguments illuminates the worrisome problems of today, as well as our mode of confronting them. Basically, this essay demonstrates how, when faced with two distinct problems which nevertheless have many aspects in common, a similar logic may be applied that is applicable to the same scientific and human paradigms within each hypothesis.

It is necessary to be aware that to discuss simultaneously the discourses of CSA and Onanism is to risk an oversimplified generalization. In either case, there are many voices, authors, theories, and elaborate proposals on both sides of the issues. The danger to the health of those who engaged in masturbation was not regarded uniformly or with the same intensity by all authors, or even during all of the many decades of its history (Hare, 1962). That history in the West extends from early in the eighteenth century with the publication of *Onania, or the Heinous Sin of Self-Pollution* (supposedly anonymous, but attributed by some to "Dr. Bekkers," and by Laqueur (2003) to "Marten"), until the middle of the twentieth century when, especially in the United States, a vigorous medical and pedagogical discourse over the dangers of this practice among young people was only gradually winding down (Hare, 1962; Money, 1985b).

The scientific literature regarding what we today call "child sexual abuse" in reality overlaps that relating to masturbation, since, in the past, adults were frequently accused of erotically initiating children and leading them into the depraved vice of masturbation (Neuman, 1975). Freud would be the one who would elevate childhood sexuality to a key theoretical position, and it was at the beginning of the twentieth century that we find the first works that would study these child/adult experiences and their effects on children (e.g., Bender & Blau, 1937; Moll, 1912; Rasmussen, 1934). But the huge explosion in the scientific study of CSA—which had already been assigned this term—began in the 1970s, creating a literature which today is even more voluminous than that concerning Onanism. In it, we encounter a wide variety of opinions and theoretical perspectives regarding the issues of CSA and what implications they have for the minor's present and future life. This wealth of material has made it more difficult to look at the phenomenon objectively and with an appropriate historical distance, given that we are completely immersed in it. Nevertheless, it is desirable to begin the process of building a comprehensive relational overview of these varying and sometimes contradictory perspectives, and this present work is intended to be an initial step toward that goal.

In this vein, it is necessary to point out that while discussing masturbation and CSA, the major paradigms will be addressed, i.e., the hegemonic thoughts that are present in both discourses, and which—in a larger sense—without exception are or have been considered intrinsically serious and destructive experiences that needed to be strictly pursued and combated. In both cases, authors apparently believe or

have believed that they have discovered a major social malignancy which can be causally related to an endless series of problems and pathologies in later life, a veritable *caput Nili* that constitutes one of the ultimate roots of all human suffering.

## The New Social Malignancy

Child sexual abuse is often defined as a malignancy of epidemic proportions and inevitable catastrophic consequences. The great majority of articles and books about this topic begin by pointing out the seriousness of the situation, defined both by the damage inflicted as well as its pervasiveness. The following is a prime example of this draconian view and its individual and social implications:

> But what if child sexual abuse were a newly discovered disease—a disease that affects up to 20% of women and 10% of men, a disease that forms a potent risk factor for developing a host of mental and physical problems, a disease that, according to a conservative estimate by the U.S. Department of Justice, costs society over $24 billion a year? Imagine what we as concerned scientists would do if we discovered such a disease decimating the lives of our young people…We have seriously underestimated the effects of this problem on our children's health. It is time to recognize that the problem is not solely a product of the action of a few sick individuals; child sexual abuse is a preventable health problem that has been allowed to spread unabated due to scientific and social neglect. (Fink, 2005)

It should be noted early in this discussion that the public—and to some degree scientific—perception is of a new social malignancy, a terrible menace capable of ravaging our society, principally the youngest among us, just as it happened with Onanism in its time, defined in similar terms:

> In my opinion, neither plague, nor war, nor smallpox, nor similar disease, have produced results so disastrous to humanity as the habit of Onanism. It is the destroying element of civilized societies, which is constantly in action and gradually undermines the health of a nation. (Dr. Parisé, cited in Gilbert, 1980, p. 268, Parisé original, 1928)

The disastrous consequences on an individual and collective level are major features of the perhaps questionable data that have been put forth relating to these problems. In both situations, ubiquity is established as a principle. Masturbation was considered a dangerously widespread problem, liable to crop up at any moment: "children and youth would supposedly masturbate themselves in practically any given situation: while reading romance novels, in church, with their hands stuck in their pockets, under their desks, riding on horseback, jumping and swinging, climbing trees" (Elschenbroich, 1979, p. 165). In the case of sexual abuse, this sense—basically that any child can be abused and any adult can be an abuser—comes about through the making of public assertions regarding the classless nature of the problem, which does not distinguish in terms of age, race, sex, or social status. Assertions that, combined with the dissemination of alarming—although sometimes questionable—statistics, are, in reality, based on extremely elastic concepts of sexual abuse, leading to what we might call its "universality."

In a sign of the inauguration of a new perceived menace, as occurred with masturbation in its day, CSA promoters needed to establish a pedagogy of victimization that would instruct and prepare the citizenry—who until then were ignorant—as to how to detect an occurrence of the problem (Best, 1997; Furedi, 2002). Lists of symptoms that allow the abuse to be detected and recognized were established, just as the masturbator used to be identified. Some authors noted not only a formal commonality between these two hypotheses, but a historical link where CSA is the heir to Onanism (Legrand, Wakefield, & Underwager, 1989). Money (1999) states: "The catalog of indicators of sexually abusive behaviors was borrowed from the nineteenth century catalog of the indicators of masturbation" (p. 29), and again: "Kellogg's listing of suspicious signs has been given a new lease on life currently by the professional detectives of CSA. Here is an example of those who have not learned from history being condemned to repeat it, replete with all its dreadful consequences" (Money, 1985b, p. 97). As Legrand et al. (1989) observe, where Kellogg (1881) says "General debility, including exhaustion," CSA literature uses "Complaints of fatigue or physical illness which could mask depression." Similarly, "Failure of mental capacity" becomes "Sudden deterioration in academic performance," "Inability to concentrate in school," or "Sudden drop in school performance." Likewise "Wetting the bed" transmutes into "Display enuresis and/or encopresis; excessive urination," ad infinitum. The terminologies have changed, but not the substance or the simplistic and potentially iatrogenic logic.

According to Rind et al. (1998), some 18 categories of disorders have been claimed to be associated with CSA: problems with alcohol, anxiety, depression, disassociation, eating disorders, hostility, problems relating to others, loss of locus of control, obsessive-compulsive symptoms, paranoia, phobias, psychotic symptoms, self-esteem problems, sexual and social adjustment problems, somatization, suicidal thoughts and actions, and general dysphoria.

But the above constitute only a small portion of those postulated; a study of the opinions of mental health professionals regarding the effects of sexual abuse elicited a total of 42 sequelae designated by those surveyed (Day, Thurlowb, & Woolliscroft, 2003). Other authors continue to propose symptoms that end up connecting practically every child and

adolescent problem to sexual abuse (Catalán, 2004). No less than in the past, all types of erotic expression in childhood—games, exploration of the body, pleasure, tenderness, or sexual curiosity are converted into the symptoms most characteristic of sexual abuse (Echeburúa & Guerricaechevarría, 2000; Kendall-Tackett, Williams, & Finkelhor, 1993; see criticism by Okami, 1992). As a result of the preeminence of abuse as an object of scientific and social interest, the study of "normal" eroticism in prepuberty and adolescence has been pushed aside (Bancroft, 2003, p. xii; Bullough & Bullough, 1996).

While unbiased supporting empirical data are scarce, the CSA discourse converts a wide variety of acts—ranging from the most atrocious violation to the most tender caress—into central life-altering and far-reaching events that are characterized in the most negative of terms. Similarly in the past, masturbation was seen as a practice for which there would have to be serious consequences: "Not all who dedicate themselves to this odious and criminal habit are so cruelly punished, but no one will remain unscathed by it to a greater or lesser degree" (Tissot, 1760/2003, p. 44). In both cases, the victim does not escape the evil; with masturbation, the victim will pay for his/her own vice; in CSA, he/she will be condemned to suffer from the vice of others.

Scientists who actually defend the existence of traumatic consequences in each and every case of CSA are in the minority. Since the beginning of the twentieth century, it has been known that a debatable but significant percentage of those who have these experiences do not show negative symptoms or discomfort in response (Browne & Finkelhor, 1986; Constantine, 1981). Holding to the omnipresence of harm is a failure to recognize and legitimize those cases in which no intrinsic harm has been demonstrated. An additional evasive maneuver is to claim that negative sequelae will show up years later: "Another intriguing issue that separates sexual abuse from some other children's mental health problems is the widespread belief that it frequently entails 'sleeper effects,' or serious symptoms that may not surface until many years later" (Finkelhor & Berliner, 1995, p. 1417).

## The Two Hypotheses

If the anti-onanism discourse converted autoeroticism into one of the most contemptible and destructive acts for the individual and the community, then that of CSA has converted every experience of erotic significance between a minor and an adult into one of the worst things that could happen to a child and one of the vilest acts that could be committed by an adult. The adult in these experiences became the universal symbol of evil and villainy, and the abuse victim was installed as the epitome of human suffering. The premise of universal trauma is the scientific expression of CSA dogma, which is promulgated in the tragic rhetoric of pain and devastation, and in which the minors involved are often equated with survivors of horrible experiences, such as concentration camps (Herman, 1992; Ullmann & Hilweg, 2000).

After more than two centuries of preeminence, the masturbatory harm hypothesis was definitively abandoned in the middle of the twentieth century by social scientists who in its place introduced a condescending view in which autoeroticism became an innocuous and even positive experience in a person's development. It was concluded that harm could only come from socially induced stigma and not from the practice itself (Hare, 1962; Money, 1985b; Neuman, 1975). Within a few decades, the discourse went from inculcating the tremendous harmfulness of masturbation to describing it as innocuous and even salubrious:

> By the irony of history, this view—that masturbation is harmful only if, from ignorance or misinformation, the patient worries about it—is all that now survives of the masturbatory hypothesis. Two centuries of indoctrination have taught the public a lesson which it can forget less quickly than can its teachers; and the principal concern of medical writers on the subject is to persuade the public that its fears of the consequences of masturbation are groundless. (Hare, 1962, pp. 9–10)

Jenkins (1998, 2003) has pointed out the existence of cycles throughout the twentieth century in which CSA generated successive waves of anxiety between periods of relative indifference and/or moderation. Other twentieth century authors have described child/adult sexual experiences as unimportant and as being made problematic only by societal reaction (Bender & Blau, 1937; Constantine, 1981; Kinsey, Pomeroy, Martin, & Gebhard, 1953; Schultz, 1973; Ullerstam, 1964). The current social hysteria began to take hold around 1970 and has continued and grown until the present, although there may be some signs that the CSA hypothesis is beginning to lose strength:

> There are cases of persons who develop normally in spite of having suffered sexual abuse. Because of that, we should adopt a perspective in accordance with this reality which would allow us to encourage survivors. Therefore, we must remember that we are all vulnerable to the "clinical fallacy"…and that our point of view is biased by our professional experience, which leads us to pay greater attention to those who do not get better than to those who do and recuperate. (Finkelhor, 1999, p. 206)

Nevertheless, as the above quotation suggests, most continue to be fixated on the CSA hypothesis of harm. These experiences almost invariably are considered to be intrinsically traumatic, and only can be dealt with properly by

disregarding and suppressing any conflicting testimony from the minor, by assuming maximum harm, and by involving both law enforcement and professional intervention (Berliner & Conte, 1993, 1995; Browne, 1996; Finkelhor, 1984; Henry, 1997). Few social scientists pay any attention to the opposing non-harm hypothesis that might better explain any given incident, and the concept that negative social reaction might be the principal, if not sole, source of actual harm to the minor (Constantine, 1981; Goodyear-Smith, 1993; Kinsey et al., 1953; Schultz, 1973) is basically ignored by both academia and the media. The experience is defined as traumatic by nature and in terms of its near and long term effects, and unimportance is unimaginable, just as it was in years past with masturbation.

The causal relationship established between these experiences and various short and long term problems is of the same linearity that was established in years past regarding masturbation. It is certainly one of the most polemic aspects of the entire modern paradigm of CSA, having been the object of intense debate since the 1970s (Bancroft, 2003, pp. 291–379; Finkelhor, 1981), not to mention the incensed reactions generated in the public sphere. To question this hypothesis is heretical anathema, it has evolved into more of a quasi-religious dogma than a scientific hypothesis subject to revision. The case of Rind et al., where for the first time the U.S. Congress condemned a scientific investigation, is illustrative of this assumed omnipotence in the Western world and most especially in the United States (Lilienfeld, 2002a, b; Mirkin, 2000; Oellerich, 2000; Rind, Bauserman, & Tromovitch, 2000; Wakefield, 2006a). These actions suggest that the CSA hypothesis, like the hypothesis of masturbation that preceded it, is largely a question of social and moral perception (Furedi, 2002; Malón, 2004), whose definitive resolution will not so much depend exclusively on scientific data, but on a major change in cultural paradigms regarding the erotic dimensions of human nature.

While its origins are shrouded in ignorance, superstition, and the religious mythology of the biblical sin of Onan, the history of the pernicious harm hypothesis of masturbation is reasonably well understood (Laqueur, 2003). But the specialized historical studies that would allow us to understand the modern hypothesis of CSA as a distinct cause of various problems and disorders are in their infancy, although there have been sociocultural efforts which at least take into account the historical framework that gave rise to this phenomenon (Angelides, 2004, 2005; Jenkins, 1998, 2003; Malón, 2004; Ofshe & Watters, 1996; Weeks, 1993). These studies point out that what was true in the past regarding the masturbatory hypothesis (Elschenbroich, 1979; Foucault, 1995; Neuman, 1975) is still true in how the emerging social panics in the Western world over CSA in the last three decades of the twentieth century correlate with critical social, economic, demographic, cultural, moral, political, and other transformations that have taken place. Changes which clearly originated in the U.S. were articulated in the ethics of abuse (Furedi, 2002), and subsequently radiated to Europe and the rest of the world:

> Whereas in the eighteenth century the anti-sexual onanism doctrine began in Europe and migrated to America, in the twentieth century the migration of the sexual abuse doctrine has followed a different route. It is not that America has exported its anti-sexualism, but rather, that other countries have been primed for anti-sexualism by the same technological and demographic changes that had first paved the way for anti-sexualism in America. (Money, 1999, p. 29)

These processes of transformation affected the worlds of sexuality in general—an area not addressed in detail herein—and especially relationships between generations. Some of them were the transformations and crises in femininity and masculinity (Angelides, 2004, 2005; Osborne, 1989), transformations in demographics and families (Jenkins, 1998, 2003; Nathan & Snedeker, 2001; Victor, 1996) and in the responsibilities of parents towards children (Lipovetsky, 2000), the influence of the gay movement and the social counter reaction (Angelides, 2005), the evolution in feminist strategy and its attacking of erotic masculinity as a weapon of power and domination (Angelides, 2004; Malón 2004; Vance, 1984), and the Puritanism, conservatism, and the politics of Law and Order of the 1980s (Jenkins, 1998; Okami, 1992).

All have brought with them, among many other things, an intense transformation in the concept of childhood and/or youth (Postman, 1994) and its rights and obligations, especially in the areas of affection and sexuality (Heins, 2001; Luker, 1996), and thus regarding relationships with adults. The modern rise of CSA as a dramatic social problem is both a cause and effect of all these transformations (for a complete analysis, see Jenkins, 1998; Malón 2001, 2004; Nathan & Snedeker, 2001; Ofshe & Watters, 1996). In developing what we might call an initial approximation of the historical trajectory of the CSA hypothesis, it is useful to compare it with the equivalent masturbatory hypothesis. To this end, Hare's (1962) progression of the rise and fall of anti-onanism vis-a-vis medical knowledge will be followed.

## The Ascent and Apogee of the Child Sexual Abuse Hypothesis

There are similarities in the times and circumstances when the two hypotheses under consideration began to appear in writing. Both appear to have originated from clinical observations of seeming "cause and effect" between psychosocial pathologies and, in the first case, masturbation, and then later in incest and non-familial CSA:

> It is easy to understand why the masturbatory hypothesis (that is, the idea that masturbation is a cause of mental disease) should have been proposed. Many mentally disordered patients masturbate openly and frequently, whereas in sane persons the act of masturbation is rarely observed. There is an obvious association between masturbation and mental disorder and … we tend to suppose as causal of a disease any associated activity which is itself thought to be harmful. (Hare, 1962, p. 11)

The first inklings as to the assumed traumatic nature of sexual experiences in childhood with adults arose concurrent with observation of clinical populations in which, it was claimed, one would find an elevated incidence of such abuse relative to non-clinical populations. As Finkelhor and Browne (1985) asserted in their seminal text on the traumatic impact of CSA, "The literature on CSA is full of clinical observations that are thought to be associated with a history of abuse" (p. 530). However, other authors (Gilbert, 1980; Hare, 1962) have noted that an important element in the success of the masturbatory hypothesis in the nineteenth century was the observation of mentally ill persons in asylums masturbating themselves more and more habitually as time went on, and it is reasonable to assume that the hypothesis of CSA as a cause of pathologies could also be associated with a similar phenomenon. Furthermore, the genesis of the CSA hypothesis was concurrent with the increase is assessment and therapy services for the general population that started in the mid-1900s, especially in the U.S. In a society such as this, increasingly "clinicalized" in its mental health options, it is very likely that previous histories of incest and CSA will begin to proliferate. This is certainly abetted by a social and moral climate which facilitated the sharing of the most intimate sexual secrets (Finkelhor, 1984) and in which feminist theory would also begin to show its influence on the therapeutic arena (Herman, 2000; Irvine, 1990; Ofshe & Watters, 1996).

Some authors (Browne & Finkelhor, 1986; Conte, 1985) used the elevated reporting of CSA in clinical settings as confirmation of their hypothesis. Others, however, saw the clinical overrepresentation as a major fault of the hypothesis (Li, West, & Woodhouse, 1993; Rind & Tromovitch, 1997; West, 1998). In reality, there was also a significant clinical literature before and during the 1980s pointing out precisely the fact that a good portion of the minors involved in these experiences did not exhibit serious effects, or, at the very least, their reactions and effects were highly varied (Bender & Blau, 1937; Bender & Grugett, 1952; Brunold, 1964; Constantine, 1981; Henderson, 1983; Weiner, 1978). However, the ascendancy of the CSA hypothesis soon relegated this contrary literature to almost total obscurity.

Masturbation was initially posited as a cause of neurotic disorders and serious mental illness (Hare, 1962), and a viable working hypothesis is that something similar occurred in the case of CSA. It is likely that in the clinical arena of the late nineteenth and early twentieth century, sexual experiences, such as incest, would have been considered as direct causes of serious mental pathologies. Since masturbation was still considered very serious at that time, both of these experiences would have been seen as extremely harmful. As evidence, we find authors who expressed surprise when they encountered minors who had been involved in one or both of these experiences and yet did not show clear signs of mental disturbance (Sloane & Karpinski, 1942; Yorukoglu & Kemph, 1966). Even more startling were reports that some children were willing and active participants in their experiences (Bender & Blau, 1937; Bender & Grugett, 1952).

The "hard" version of the onanism hypothesis—associated with serious clinical pathologies—largely disappeared at the end of the nineteenth century. But the "soft" version—in which fatigue or rebelliousness could be seen as signs or consequences of the vice—persisted through the middle of the twentieth century (Hare, 1962; Money, 1985b), and Spitz (1953) attributed this persistence to, among other related factors, the influence of religious mythology. Likewise, the influence of the "hard" version of the CSA hypothesis seems to have peaked near the end of the twentieth century, although to this day in the U.S. and U.K. it is difficult to see any significant abatement of the associated public hysteria. Nevertheless, the causal relationship of CSA to such maladies as multiple personality or dissociative identity disorders, depression, and so on continues to be argued by many authors (Bass & Davis, 1988; Freyd, 1997, 2003; Putnam, 1991). Conversely, other authors (Gardner, 1995; Nathan & Snedeker, 2001; Ofshe & Watters, 1996; Underwager & Wakefield, 1994) question both the hypothesis and causal relationships. The degree to which the influence of the "hard" hypothesis of CSA has declined in various parts of the world is difficult to estimate, but its effects are still palpable (Freyd et al., 2005; Vázquez, 2004).

Hare (1962) cited other imagined factors (e.g., the waxing and waning of bizarre theories, such as possession by the devil or the influence of the moon) that may have influenced the course of the masturbatory hypothesis. As was suggested earlier, the establishment of insane asylums plus advances in medical knowledge were conducive to an association between masturbation and mental illness, as was the possibility of treating mental disorders as being co-specific with, or the result of, physical problems. There is even a possibility that an actual increase in masturbation in the general public may have occurred (Flandrin, 1984), just as Finkelhor (1984) suggested a similar increase in the occurrence of CSA in the latter half of the twentieth century as part of the "sexual revolution." However, such speculations are very debatable (Gilbert, 1980).

Another factor in the rise of the CSA hypothesis in the latter portion of the twentieth century was the elevation of social science and therapeutic interventions, which took on the semblance of a new religion, with psychiatrists and psychologists as priests and ministers. This—as do most religions—spilled over into politics (Best, 1997; Lipovetsky, 1999; Todorov, 1998), with the circle being completed in the resultant politicization of the social sciences in general. The societal crises and transformations engendered by, among other factors, the sexual revolution and a "counter-culture," gave rise to what Furedi (2002) described as a "culture of fear," from which the pseudo-discipline of victimology was born:

> The new specialty of victimology is a science only in the etymology of its name. In practice it is a branch of the sexosophy of the judicial and punishment industry, not of sexology, the science of sex and sex research. Victimologists are, de facto, the new social-science police. Social-science practitioners have never before been accorded the prestige of having so much power over people's lives. (Money, 1988, p. 9)

Society today tends to have unreasonable expectations of a "perfect life," while the media is fixated on selling scares and stirring up emotions more than on providing factual information. Only with great difficulty is society passing from a patrimonial code of virginity and honor to one based on individual consent (Malón, 2004), in which the absence of meaningful agreement in sex makes the act criminal. Evidence of traumatic consequences is the basis of both civil and criminal charges and findings (Goodyear-Smith, 1993), and the end result is a society that both embraces and promotes litigation and criminal proceedings as the primary means of symbolically resolving its conflicts (Best, 1997; De Georgi, 2005; Furedi, 2002; Goodyear-Smith, 1996; Jenkins, 2001; Underwager & Wakefield, 1994).

What has followed is a sense of relativism and an absence of points of reference, especially in the intensely affected area of eroticism. Victimology claims to fill that void with a promise to "impose order" (Best, 1997) and the abuse/trauma binomial has became the lynchpin of the new victimological order (Furedi, 2002). But even Finkelhor (1999) himself acknowledged that the CSA hypothesis had been exaggerated for the purpose of establishing the seriousness of the CSA problem. Nevertheless, one author after another has expressed his theory of inevitable emotionally traumatic and psychopathological outcomes of CSA (Finkelhor, 1999; Herman, 1992; Leys, 2000; Scott, 1990; Terr, 1988; Ullmann & Hilweg, 2000; Vanderlinden & Vandereycken, 1999).

## The Decline of the Child Sexual Abuse Hypothesis

While the history of the trajectory and collapse of victimology and its CSA hypothesis is yet to be completed, the rise and fall of the masturbatory hypothesis is now a documented record of perhaps well-intentioned but woefully uninformed and misdirected laymen and professionals. It is instructive to consider the factors that seem to be involved in the failure of the latter and how they may relate to the former.

### *From Cause to Symptom*

While initially it was thought that masturbation was the cause of mental deficiencies and illnesses, as more and more observations were accumulated, consideration began to be given to the concept that the mental problems were the cause rather than the effect of this practice, since the normal inhibitions against unconcealed sexuality tend to be muted or absent in the mentally ill. CSA, then, may also be a symptom, rather than the cause, of other social and familial problems (Hyde, 2003). Various authors (Bancroft, 2003, pp. 381–439; Rind & Tromovitch, 1997; Rind et al., 1998; West, 1998) have given consideration to this alternate hypothesis, and Finkelhor (1999) has pointed out that, in a significant number of cases, CSA is in fact associated with preexisting problematic contexts.

### *Ubiquity*

Since early in the twentieth century when Onanism became a public issue, the extent of masturbation became more and more recognized. This was initially used to reinforce masturbation as a terrible social menace, but toward the end of the nineteenth century it became obvious that this ubiquity extended to the general population and was not at all limited to the mentally ill. Nevertheless, rather than weakening the masturbatory hypothesis, it only altered it to assert that only persons with weak constitutions would be adversely affected by this practice, thereby reducing it from a direct cause of psychopathology to a mere risk factor. The same metamorphosis seems to be taking place regarding CSA; severe traumatic effects are now only to be expected in subjects with a previous history of other forms of mistreatment and abuse (Finkelhor, 1999).

Kinsey, Pomeroy, and Martin (1948; see also Kinsey et al., 1953) were the first to quantify extensively the frequency of childhood sexual experiences both with peers and older persons, but rather than creating a sense of harmless ubiquity, these and other data have been used in an attempt to pathologize all such experiences and view them as a menacing epidemic. The recognition that many people masturbate frequently without exhibiting any problems, and that many people with problems masturbate rarely or not at all, combined to contribute to the end of the masturbatory hypothesis. Similar information regarding the effects of CSA, however, has, at best, only resulted in a "softening" of the CSA hypothesis (West, 1998). There are, in fact, atrocious cases of

real CSA, but these relatively rare occurrences fail to justify the retention of this hypothesis as a respected scientific paradigm; such incidents are—and need to be treated as—simple physical assault that just happen to have a sexual component (Rind & Tromovitch, 1997; Rind et al., 1998).

### *Credibility*

It has been said that sex is not a spectator sport. This is true of "normal" heterosexual and homosexual practices as well as masturbation and CSA, so observational evidence is nearly impossible to obtain. The investigator is, therefore, largely dependent on the patient or respondent providing truthful and accurate information, which may or may not be the case. If a nineteenth century physician unquestioningly accepted the patients' accounts attributing their problems to masturbation, this was seized upon as evidence by the proponents of the masturbatory hypothesis. But if the patient denied such practices, these proponents would question his veracity. The following illustrates what the physician was "expected" to find:

> I had the misfortune from my early childhood—I believe between the ages of eight and ten—of acquiring this pernicious habit which, very quickly, ruined my temperament; but above all for some years now I have felt myself submerged in an extraordinary depression; I have very brittle nerves, my hands lack strength, always trembling and continually perspiring; I suffer violent stomach pains, pain in my arms, in my legs, sometimes in my kidneys, in the chest and often in the torso; my eyes are weak and weary; I have an atrocious appetite; and nevertheless I am becoming ever thinner, and my pallor gets worse every day. (Tissot, 1760/2003, p. 47)

More and more, the physicians of the nineteenth century were recognizing that it was impossible to know with certainty who masturbated and with what frequency, and a good portion of claimed scientific and professional knowledge about CSA is similarly faulted. Accurate and truthful information about the existence and extent of CSA, as well as the actual experiences and how those experiences were perceived, are difficult to obtain in a credible manner, especially in large generalized surveys which usually fail to go into any detail (Bancroft, 2003, pp. 291–379). Nevertheless, many of the claims of victimologists are based on just such vague and uncertain information upon which questionable cause and effect assumptions are then built. It is reasonable to believe that self-proclaimed victimological experts disseminating expert opinions of how they believe things ought to be—and thus are—create not only expectations but self-fulfilling prophecies. These expert discourses have been a driving force as well as a beneficiary of a culture in which too many people want to be innocent victims and too few want to be responsible for their own actions (Bruckner, 1996; Hughes, 1994; Sykes, 1992).

In the latter portion of the masturbatory hypothesis era, mental health practitioners began to realize that their patients might invent self-serving stories for the explicit purpose of absolving themselves of responsibility or blame for their own actions. This same skepticism should be in order in CSA cases, but it is considered heresy not to respect the sacrosanct status of someone making such claims in a legal or clinical setting (Mould, 1997). Goffman (1997) went so far as to state that the important thing was not that the stories were true, but that they were "useful." It should be obvious that a person accused of sexual crimes would be quick to resort to claims of sexual abuse, exposure to pornography, and so on, in his own childhood in an attempt to rationalize and excuse his behavior (Heins, 1998), and too many criminologists are ready to accept these assertions as unquestionable truth (Garrido, 2002).

In clinical practice, this type of theory was widely accepted in the last decades of the twentieth century. Accounts of sexual abuse were unquestioningly accepted in therapeutic settings, and any causal connection suggested by the patient was reinforced. For those who did not arrive with a story or a hypothesis, sometimes these were foisted—or even imposed—upon them. One manifestation of this is the now largely discredited "recovered memory" paradigm in which an obligation existed to suspect previous sexual abuse even among those who did not remember it (Bass & Davis, 1988; Freyd, 2003; Putnam, 1991; for critical analyses, see Ofshe & Watters, 1996; Underwager & Wakefield, 1994). It seems grossly illogical that, especially when dealing in a penal context, there should not be extensive threshold questioning to determine the quality of the subject's memories and any generalized potential sources of current problems before resorting to a search for "forgotten" sexual abuse. There is simply too much likelihood and danger that real, exaggerated, or even invented self-serving claims of victimhood, which may be neither a determinant nor a decisive factor, will be claimed (Durrant & White, 1993; Goodyear-Smith, 1993).

Credibility is critical and verification can be problematic. Making a determination in CSA—especially if someone's freedom is at stake—in the absence of empirical and demonstrable factual evidence is a methodological error of the first order of which victimology is too often guilty. What is called for, instead of flimsy assumptions, is precision, rigor, and coherence in both empirical studies and practical applications (Rind et al., 1998).

### *The Traumatic Mechanism*

Both the masturbation hypothesis and the CSA hypothesis have assumed resulting trauma, but neither has provided a credible mechanism for the creation of that trauma. Before the 1700s, it was customary for masturbation to be condemned for

religious rather than medical reasons (Neuman, 1975), but by the end of the nineteenth century, Hare (1962) noted that explaining this lack of medical causation had become a problem, as was explaining why masturbation should be more harmful than other forms of sexual activities. One ancient and superstition-based theory was that the "wasting" of semen was debilitating (Foucault, 1993), although the second century physician Galen recommended regular evacuation, claiming that excess retention could generate disturbances. Tissot (1760/2003) felt that even heterosexual copulation for reproductive purposes, when carried to excess, would be harmful, but for reasons that are not clear, he maintained that masturbation was worse. Most authors of that period agreed, although there were those whose generalized sexophobia resulted in the position that all sex was harmful, especially in younger people.

Since there were no obvious physiological differences between ejaculation as a result of masturbation or intercourse, emotional harm as a result of guilt and shame were proposed as the source of both physical debilitation and madness. But it was found that there were people—both sane and otherwise—who felt neither guilt nor shame about masturbation, and there were others who, although experiencing this guilt and shame, did not become either physically or mentally ill. Others assumed that since masturbation was—in their eyes—an "unnatural act" that led to improper and perhaps incomplete gratification, it would result in nervous tension as in Kahn's "unhealthy fantasy" (Wettley, 1959).

Likewise, in the case of CSA, there are many proposed mechanisms for the creation of trauma, none of which stand up under rigorous examination. They fail to explain, for instance, why and how an agreeable and consensual relationship or an experience of an indifferent nature should be as equally injurious as an unpleasant or even violent experience. Nor do they give any valid reasons why a caress of the genitals or viewing erotic images are more harmful than an emotional or physical assault. Or how some very emotionally intense and painful experiences—parents divorcing, being given up for adoption, and so on—are considered relatively innocuous, while other similar, but perhaps less life-changing, experiences become traumatic simply because they include a sexual component. And finally, why an erotic experience with a peer is not always seen as traumatic whereas the identical experience with an older person is.

Attempts by victimologists have been—and continue to be—made to identify some element that legitimately would make CSA experiences something particular harmful, as well as distinguishable from all others. From the question of the inequality of power between child and adult, to guilt, shame, secretism crossing over into deceit (Freyd, 2003) of a traumatic character that would be followed by "post-traumatic stress disorder" (Wolfe, Gentile, & Wolfe, 1989), there have been various proposals for explaining the assumed harmful effects of child/adult sex. Finkelhor and Browne (1985) hypothesized four "traumatogenic dynamics": traumatic sexualization, deceit, defenselessness, and stigmatization, and claimed these explained the traumatic specificity of CSA, something that is different from other otherwise equally severe trauma. But even a cursory examination of these shows they are found in other than CSA experiences, all are not always present, nor are they necessarily intrinsic to the child's experience; they are, in fact, largely extrinsic societal artifacts.

Other venues for the victimological researcher are issues based on our Western antisexual tradition and its problematization of the body, pleasure, and eroticism (Malón, 2004; Money, 1985b; Underwager & Wakefield, 1993). But these also are obviously extrinsic to a child's experiences, only coming into play when they are culturally imposed and enforced. This, then, leads to the conclusion that if these victimological and cultural artifacts were absent, the problems with consensual child/adult sex would cease to exist. Even the Finkelhor and Browne model above suggests that when all four of their traumatogenic elements are not present, experiences are not unconditionally injurious, but may be of slight degree and ephemeral nature. Constantine (1981) pointed out that transient reactions to questionable or unpleasant experiences rarely progress to long term trauma, and Seligman (1993) noted that children are amazingly resilient.

In the presence of these and the many other incoherent theories of the contemporary CSA paradigm, one can only conclude that not all of these experiences are traumatic, nor are all of them so in the same way. Differentiating degrees of seriousness of sequelae are active issues among researchers (Beitchman et al., 1992; Beitchman, Zucker, Hood, daCosta, & Akman, 1991; Browne & Finkelhor, 1986; Conte, 1985; Kendall-Tacket et al., 1993). Nevertheless, the generalized admissions of these shades of gray have not served to seriously weaken the CSA hypothesis in terms of its general message, especially its public perception. On the contrary, in many cases, researchers have difficulty accepting the fact that sometimes these experiences don't mean anything at all, as is demonstrated in the concept of "asymptomatic victims" (Browne & Finkelhor, 1986). The demise of the CSA hypothesis would not mean that true cases of real sexual assault of children should or would no longer be regarded as traumatic, injurious, or criminal—assault is assault, and there are both social science applications and legal penalties for such antisocial and criminal behaviors. But neither is there reason or excuse for continuing to find—and even to create—childhood trauma when it does not, or otherwise would not, exist.

## The Persistence of the Two Hypotheses

By the beginning of the nineteenth century, a considerable body of evidence questioning the validity of the masturbatory hypothesis had accumulated, yet this paradigm continued more or less unabated for another century before finally dwindling away in the mid twentieth century. Hare (1962) notes:

> Viewed from the vantage point of history, the surprising thing about the masturbatory hypothesis is that it lasted so long. Its fall was not brought about by fresh discoveries or new techniques. The evidence which destroyed it could, in principle, have been obtained in the time of Pinel (1745–1826). Indeed, except for the prevalence surveys, the evidence had always been there for the taking. (p. 15)

The exact beginning of the CSA hypothesis is not easily pinpointed, but the more activistic and invasive forms arose—not from science but from ideology and advocacy—starting in the 1970s, and, though subjected to a similar body of contradictory evidence from the beginning, show little—if any—signs of abating yet today. Hare proposed three types of reasons for this otherwise inexplicable durability: medical and moral conservatism, the usefulness of such hypotheses, and fallacies in reasoning which hindered critical scientific inquiry:

### *Conservatism*

Hare noted that the sheer weight of authority supporting the masturbation hypothesis discouraged discussion and questioning, and therefore there were few who attempted to conduct empirical investigations such as was done concerning the actual influence of the moon on so-called "lunatics." At the very most, peripheral aspects and effects might be questioned, but not fundamental premises. Another consequence of conservatism was the deliberate confounding of ethnocentric morality with medicine and science, and thus "immoral" acts such as masturbation were assumed without further proof to be injurious to health. The relationship of conservatism to the CSA hypothesis is similar, and will be addressed in detail below.

### *Useful Hypotheses*

Hare further noted that in medicine any hypothesis is better than nothing, and that hypotheses tend to be embraced more for being useful than for necessarily being true. The masturbatory hypothesis was useful for propping up a morality in constant crisis by conflating and confounding sickness with sin, and at the same time allowing the emerging psychiatric practitioners to offer a quasi-rational theory for the identification, prevention, and cure of various ills. This hypothesis proved useful well into the twentieth century, not on medical grounds or for medical purposes, but for symbolic and moral purposes.

Likewise, the equally unscientific CSA hypothesis was found to be useful in supplying supposedly scientific rationales for theories of an ideological and moral nature (Malón, 2004), thus offering society a supposed means by which to solve one of its problems. This hypothesis was closely allied and associated with the growing assertion that all problems of adults could be attributed to childhood trauma of one sort or another, which increasingly manifested itself in abdication of personal responsibility for one's own actions. While it is transparently obvious that children who are treated well have a better chance of becoming well adjusted and functioning adults, an entire abuse industry came into existence not so much to attend to the real needs of children, but to rationalize, justify, and supposedly provide theories and techniques to cure these maladjusted adults (Furedi, 2002). The "child sex abuse industry" parasitized and grew out of the general abuse industry, and the victimologists that founded both the formalized CSA and the child sex abuse industry thus justified their existence and aggrandized their prestige (Jenkins, 1998, pp. 217–218), echoing what Gilbert (1980) described as the "anomaly of status," or the mismatch between the prestige of mental health professionals and the actual knowledge on hand (Dineen, 1996; Furedi, 2002; Szasz, 1988; Zilbergeld, 1983).

In the same way that the emerging mental health profession claimed self-evident conclusions in their investigations of onanism, victimologists claimed solid evidence of a causal connection between CSA and subsequent emotional and psychological problems. However, a careful and thorough reading of some of the outstanding reviews of the literature on the demonstrable effects of CSA (Beitchman et al., 1991, 1992; Browne & Finkelhor, 1986; Constantine, 1981; Conte, 1985; Kendall-Tackett et al., 1993; Kilpatrick, 1992; Rind & Tromovitch, 1997; Rind et al., 1998) suggest that many victimological authors have made unsubstantiated assertions resulting in erroneous observations and conclusions, thus undermining their own hypothesis (Levitt & Pinnell, 1995).

### *Fallacious Reasoning*

Hare continued by examining various fallacies of conception and reason which he felt would have favored the persistence of the masturbatory hypothesis. The first of these was the previously mentioned "skewed sample fallacy," in which samples for study were drawn from populations already known to have clinical or legal problems which may not be in any way related to the condition or illness under study.

Another dealt with false analogies, such as equating the effects of masturbation with those of alcohol consumption.

Victimologists likewise equated any event of erotic significance involving a minor and an adult with physical and/or emotional abuse or other similar maltreatment (Finkelhor, 1981). Feminism also encouraged and employed false analogies when they equated a caress with physical assault, and sexual arousal with impending or actual violence.

A third error was that of the misuse of "causal nomenclature" to describe so-called "masturbatory insanity," in which the term does not fairly describe a condition, but rather presumes a causal relationship which precluded any further investigation. This same causal nomenclature is a prominent feature of victimological terminology—victim, perpetrator, molester, survivor—constitute foregone conclusions without bothering to examine circumstances or facts (Money, 1999; Rind & Bauserman, 1993), and everyday reactions of minors, such as surprise and alarm, are automatically assumed to lead inevitably to extreme trauma and suffering (Constantine, 1981). This abuse of language is reactive as well, in that opposing or positive terminology is thereby suppressed, limiting alternate approaches and hypotheses on these issues (Goodyear-Smith, 1993; Nelson, 1989), and is further exacerbated by a failure on the part of victimologists to differentiate properly between concepts of correlation and causation.

A fourth error was the therapeutic fallacy, in which a causal hypothesis was assumed to prescribe an effective and appropriate method of treatment. If this treatment was applied and there was any improvement in the condition, it was then assumed that this treatment was the sole cause for the improvement. But this improvement could also be due to extraneous factors, it could be due to reasons which did not support the causal hypothesis, or it could be completely spontaneous (Dineen, 1996). Treatment for masturbation was aimed at stopping the practice, whereas with consensual or non-consensual child/adult sex, the interference puts an end to the relationship, independently of the child's genuine role, experience, feelings and desires, and then the question becomes the appropriateness of further interventional therapy, which Oellerich (2001) felt was far from certain.

A final fallacy cited by Hare was the "self-fulfilling prophecy." In the case of masturbation, there is little doubt that much emotional—and even physical—harm was engendered because the patient was made to feel that such harm was the inevitable result of his masturbation. The same could hold true in CSA; the child "victim" is told that he/she has been terribly harmed and needs to be healed, and the child becomes convinced that it is necessary to respond by becoming mentally or physically ill. It doesn't matter that the child may have felt his experience was consensual, wanted, and experienced as positive (Riegel, 2000; Sandfort, 1984), the CSA harm assumption is enforced. Even adults may revisit and redefine as negative, especially at the hands of a victimologically oriented mental health operative, childhood experiences that at the time of their occurrence were essentially benign or even meaningless. If patients are reluctant to accept victimhood, it may be imposed upon them under the assumption that it is necessary to begin the healing process. Sometimes, however, this pressure drives the patient to conceal experiences which might, in fact, better be discussed, resulting in nothing but ignorance (Bullough & Bullough, 1996).

Sometimes these attempts to invoke the CSA hypothesis can proceed to *reductio ad absurdum*. In total oblivion and disregard of all the obvious and well known risk factors for young people to take up smoking (peers, family, advertising), a report generated by Al Mamun, Alati, and O'Callaghan (2007) contained the following observation:

> This study shows that CSA is associated with young adult nicotine disorder. The results extend the public health significance of findings in this area and highlight the importance of not only intensifying public health efforts to address substance use problems among those who have experienced CSA, but of early intervention, so that emerging risky behaviours may be targeted in the earliest stages. (p. 647)

If we replace "nicotine disorder" with "low-self esteem," "suicidal tendencies," "maladjustment," ad infinitum, the implicit logic is the same, and the fallacies that have been enumerated repeat themselves. It becomes apparent that the ultimate intended effect of all of these hypotheses and investigations is to convince both the minor and associated adults that this life has been almost irrevocably destroyed.

## Conclusions

The failed hypothesis of Onanism and the faulted and failing hypothesis of CSA are ultimately intertwined. The second is heir to the first in that the historical continuity and parallelism are self-evident, as was repeatedly noted by Money (1985a, b, 1991, 1999). Although the biblical sin of Onan was not masturbation, but the refusal to inseminate his deceased brother's wife, the very term "Onanism" served as a bridge between religion and science, melding religious sinfulness with the need for both social intervention and medical management. The concept of masturbatory waste was the antithesis of a wholesome life that was to be attained through sports, healthful eating (especially Kellogg's Corn Flakes), and sexual abstinence. Even after the last flames of anti-onanism finally flickered out in the mid-1900s, the anti-erotic phoenix that sustained this hypothesis would rise from the ashes with even increased vigor (Money, 1985a) in its new avatar of child/adult sexuality. The successful CSA discourse, along with the menaces of teen pregnancy, AIDS, rape, and so on, would be established as a major feature of the re-establishment of the erotic as a preeminent source of threat and harm (Malón, 2004).

The scope and effect of the masturbatory hypothesis was not limited to medical theory circumscribed by professional knowledge, but rather was embodied as a great and noble social reform movement, in which activists, such as Tissot (1760/2003), regarded the inappropriate dissipation of semen as leading ultimately to the degeneration of the individual and of the species. Implicit in the hypothesis was that the degradation of behavior was an indication of the degeneration of the race, and that certain immoral behaviors—especially of an erotic nature—would lead to the mental and physical deterioration of the individual and all of his offspring. What was at stake was more than curing a patient or preventing an illness, it was the future of humanity, which meant that those who combated masturbation were nothing less than "the guardians of civilization" (Hare, 1962). This spirit of a redemptive crusade would stop at nothing, and any preventative mechanism was considered valid in order to prevent such an alarming wickedness from multiplying.

The CSA hypothesis has followed a similar course after arising within a non-scientific framework of ideology and advocacy which—like the masturbatory hypothesis—claimed to account for all sexual concerns by resorting to a single explanation: the feminist espoused concept of the inherent evil of masculine eroticism (Angelides, 2004, 2005; Mould, 1997). When dealing with supposed CSA, the Hippocratic admonition to "first do no harm" was quite often ignored as the mental health professional crossed over into becoming an activist and soldier in what he sees as a battle against the perversity of child/adult sexual encounters (Goodyear-Smith, 1993). Gilbert (1980) concluded that "the linkage between masturbation and evil consequences was not a product of observation, but of ideology. [This linkage] was assumed, and it is the reasons for this assumption that must be examined." (p. 273). There are good reasons to believe that the motivations and practices of victimological CSA experts are quite similar, an unsavory situation that ethical scientists should feel obligated to investigate and evaluate (Malón, 2004).

One position implicit in each hypothesis is that masturbation or erotic child/adult experiences are "wrong" because they are violations of a postulated "natural order" or "divine commandment." This assumed wrongness is then extrapolated to "immorality" and from there to mental illness. Our moral and cultural beliefs about sexuality, our fears, and our taboos are thus given an air of legitimacy by the "expert discourses" that are generated. In the case of unwanted sexual contact, harm is claimed thus to be magnified, while in cases where the minor insists the activity was consensual and benign, this claim becomes the exclusive basis for harm. Hare's "moral conservatism" has already been noted, in which he described this position as abetting the durability of the masturbation hypothesis and insulating it from valid examination and criticism for centuries. It has always been dangerous to question popular social paradigms such as the above, as was so well demonstrated in the previously discussed case of Rind et al. versus the U.S. Congress. Even the mildest of criticisms must be couched in self-protective terms, as did Fleming in 1838:

> I hope I shall not be accused of having written an apologia for self-abuse; my object has simply been to question the correctness of the view that self-abuse is so very often the only or the principal cause of the mental disorder. (cited in Hare, 1962, p. 5)

Victimologists have promulgated a simplistic and monolithic paradigm of harm in child and adolescent sexual encounters with adults and even with older youths, but this view completely fails to account for the complexity that many would prefer to believe does not exist. There is ample evidence, some of which is even acknowledged by victimologists themselves (Browne & Finkelhor, 1986), that some such encounters are not unwanted, and are not independently seen as harmful by the younger. Riegel (2007) has reported empirical data confirming this variability in boys' perceptions, as have other authors (e.g., Constantine, 1981; Sandfort, 1984). At the other end of the spectrum are encounters that are experienced as abusive, humiliating, and degrading, but even in these the erotic component is not necessarily the most significant factor. The vast majority of child/adult sexual encounters no doubt fall along the spectrum between these two extremes; nevertheless, by lumping all of these experiences together under the single rubric of CSA, victimologists of today fall into the same errors and excesses as did the anti-onanists of decades and centuries ago. In both cases, what lies underneath is certainly the same paradigm, reinforcing a negative perception of the individual, eroticism, and the body. Likewise, the erotic is placed under suspicion anew, designated as a sphere particularly likely to generate harm and suffering.

Hare (1962) concluded his review of the masturbatory hypothesis with a reflection on the complexity of attempting to validate any causal hypothesis within the social sciences. The battle to support or refute the CSA hypothesis will most probably go on for years, decades, or—like masturbation—centuries, since supporting or disproving a causal hypothesis in this field with any degree of confidence is very difficult, even with empirical research and analysis. At the very most, empirical data can provide some degree of support for or against the CSA hypothesis, but the debate is unlikely to be concluded with any finality in either direction in the foreseeable future. With the actual state of research (Kilpatrick, 1992; Levitt & Pinnell, 1995; Rind et al., 1998; Rind & Tromovitch, 1997), perhaps it would be well to give consideration to applying Hare's (1962) conclusion regarding the masturbation hypothesis to the CSA hypothesis:

> There is no way of disproving the masturbatory hypothesis—or, indeed, any causal hypothesis in psychiatry where there is no associated objective and measurable change in the patient; all we can say, from the evidence, is that the association between masturbation and mental disorder is weak and inconstant and that therefore, if masturbation is a causal factor, it is probably not a very important one. (p. 19)

In attempting to deal with what they perceived as a serious and pervasive problem of CSA, victimologists created and promoted an apocalyptic academic and public perception in which emotions and hysteria have prevailed over rationality and reason (Jenkins, 1998; Underwager & Wakefield, 1994). Such irrationality would seem to be impervious to scientific and empirical investigations, measurement, evidence, and quantitative analyses. The fundamental problem apparently lies deep within our Western culture, concerns our most basic sexual and erotic indoctrination, and can only be resolved by an enlightenment in our individual and collective existential paradigm of sexuality. The analysis of Hare (1962) had the advantage of being entirely retrospective, whereas this present paper is about the origins, evolution, and future of a paradigm in which both society and academia are currently immersed, making diagnosis difficult and prognosis even more so. If, because of deficiencies, contradictions, exaggerations, and fallacies the CSA hypothesis eventually is discredited and abandoned, as was the masturbation hypothesis for the same reasons, the social implications and consequences are unclear. While the end of the Onanism hysteria signaled the acceptance and endorsement of masturbation, the reasonings in this paper do not necessarily argue for similar acceptance or endorsement of sexual contact between children and older persons; this remains an unresolved question for which this author does not claim to have any new answers. However, the current moralistic and simplistic answers are woefully inadequate, perhaps even iatrogenic, and much objective research and subjective soul-searching lie ahead before satisfactory solutions can even begin to be agreed upon. It would seem crucial, however, that hyperbole and hysteria be disavowed and that academia and society move forward together in a rational dialogue which hopefully will lead to the creation of a viable relational ethic—both erotic and otherwise—between minors and adults that goes beyond the victimologically assumed elements of trauma and pervasive harm.

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