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Recovering women: a case study in academic-archive collaboration

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ABSTRACT

How can archives and universities work together to build research skills and confidence among the public? This article examines one model based on a collaboration between The London Archives and the London School of Economics. The project used public involvement in an academic project to scaffold participants' acquisition of research skills and independence, focusing on learning through research. This exploited the open-ended process of enquiry that characterizes much historical research as a mechanism to foster creative research work by novice historians. It did so within a framework that ensured their contributions had wider value. The project also developed an effective way to engage directly with potentially challenging material, exploring strategies for managing trauma-informed archival practice.

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Introduction

Since at least the start of the twenty-first century archives have been seeking to get more and different types of people using their collections and services. This is for both pragmatic – even existential – reasons around demonstrating value to parent and funding bodies as well as more abstract, and for no less important motivations around social justice and documenting alternative histographies. And, of course, because many people who work with archives get enjoyment and meaning from sharing archival materials with fellow enthusiasts and newcomers alike.

One increasingly prominent way that archives are developing their audiences is by taking a more curated approach to their collections. This encompasses a broad range of activities that take the emphasis away from the solo researcher in the reading room, including the use of social media, talks, exhibitions, workshops, and partnerships with formal education institutions.¹ The success of such activities demonstrates the continued appeal of history. However, the ways in which many members of the public use archives often remain relatively narrow and centred on a few common themes, particularly genealogy. Undertaking a self-directed research project in an archive requires more knowledge, expertise, and commitment than visiting a curated display of objects or paintings.² This

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contributes to an observation by The National Archives (TNA) made in 2017 that 'archive use remains low, with only 3 per cent of adults having visited an archive in the last 12 months'.³ The question naturally follows – how can we turn a general interest in history into a pathway to undertaking more autonomous or self-directed archival research?

This paper describes and discusses one public engagement project that attempted to address this challenge. It is authored jointly by an academic and an archive worker. The academic, Patrick Wallis, was engaged with the project from its outset to the present day. The archive worker, Tom Furber, was involved in Phase One and the project evaluation. The project took place at The London Archives (TLA) and had several closely linked objectives. First, it sought to build research skills from the ground up among members of the public who lacked higher-level formal training in historical research, but who possessed an interest and enthusiasm for history. Second, it aimed to engage members of the public in a process of learning-through-research that would provide them with a deep understanding of a historical period and topic. Third, it researched a historical community to generate robust and useful insights into a topic that had real academic value and would produce publishable findings.

These objectives could easily have come into conflict with each other as objectives one and two are open-ended in terms of the amount of time they involve and the tasks undertaken, whereas objective three is often understood in citizen science projects as requiring the non-academic contributor to fulfil a focussed and narrower set of tasks, such as transcription or extracting specific data into a database. That risk was, perhaps, even higher given that the project centred on a potentially challenging set of records that include accounts of traumatic sexual experiences in the late eighteenth century given by young women. These young women were admitted to the Lock Asylum in London after receiving treatment for syphilis – often acquired during a period of sex work – in its partner institution, the Lock Hospital. The nature of this material required the development of approaches to trauma-informed archival practice that we discuss in the paper.

That the project succeeded in managing these tensions suggests the utility of the principles we adopted for the development and delivery of public engagement projects of this kind. First, an emphasis on shared authority that sought to level the voice of all project members and participants. Second, building up and acknowledging the ability, independence, and agency of participants within the research process. Third, acknowledging that trade-offs existed between objectives from the outset, and that these should be embraced as a source of creativity, not a limit on our progress to one specific goal. Fourth, shaping activities within the project by modelling respect and attentive listening that allowed us to work confidently with difficult issues.

The project built upon the increasingly common approach of collaboration between academic and archival experts. As Evans and Wyn Simpson have described, this form of collaboration can enhance the ability to deliver core sector-specific priorities, which in turn furthers the advancement of strategic objectives for both partners.⁴ While talking about 'strategy' often raises questions of grants and resource allocation, the project illustrates a flexible, low cost and responsive approach to collaboration. The project incurred almost no new direct costs and relied on limited investments of time from partners across institutions, key advantages in a period of persistent budget constraints. It did, however, rest on established partnerships that had built trust and understanding through regular 'everyday' interactions to support teaching. These allowed the project to

manage one issue that Green and Lee have highlighted – the potential for mistrust and misunderstanding between archivists and historians.⁵ Although, Green and Lee describe academic and archival collaboration as a collaboration between historians and archivists, in this project TLA was represented by engagement staff not archivists. These key team members contributed essential skills in workshop planning and delivery to the project. This is a point worth stressing as there is a tendency in archival literature to depict archivists as the primary agents and experts in the sector and de-emphasize the contributions of other members of the archive workforce.⁶

The established partnerships between all stakeholders meant that the project was able to adapt organically to the reactions of participants, with the move to Phase two – several years of ongoing research by a group of citizen scholars – based on the interest and enthusiasm of the public who signed up.

The first part of the paper presents the aims and delivery of the project. The second part discusses and reflects in greater detail on two aspects of the project: first, our approach to affective histories, as an example of how to approach and work with potentially traumatic material; and second, the shift from output to skill orientation that allowed us to align the development and empowerment of participants as researchers with the academic aims of the project.

Aims and delivery of the project

Source material, context, and aims

This collaboration investigated a unique, previously unstudied historical source: a volume of 'Patient Histories' describing the backgrounds of the young women who were taken into the Lock Asylum for the Reception of Penitent Female Patients (the Lock Asylum) in the 1780s and 1790s. The volume is held in the Royal College of Surgeons of England (RCS) archive.⁷ Although the Lock Asylum has been studied by historians exploring venereal disease and prostitution, the volume had not been examined or discussed in earlier work.⁸

Located in Grosvenor Place near Hyde Park Corner, the Lock Hospital was founded in 1746 by the surgeon William Bromfield. It was the first dedicated voluntary hospital in London for the treatment of venereal disease, primarily syphilis, then a very common infection affecting perhaps one in five residents of London by the time they reached 35 years of age.⁹ In this period, venereal disease was usually treated through the application of mercury either orally or through an ointment or vapour. The course of treatment lasted for over a month, leaving patients debilitated. The Hospital made this costly and difficult therapy available to the poor.

The Lock Asylum was founded by the Lock Hospital's chaplain, the Reverend Thomas Scott, as a complement to the work of the Hospital. Where the Hospital focused on the bodies of the poor, the Asylum targeted their souls. It aimed for the 'reclamation of the cured inmates to virtuous habits'.¹⁰ The Asylum's benefits were expected to be social as well as individual, by preventing women treated in the Hospital from returning to prostitution and instead finding them other forms of work or returning them to their families.

Although the Lock Hospital and Asylum collection now held by the RCS spans the period from 1746 to 1948, when it was absorbed into the National Health Service only this single volume of Patient Histories for the Asylum survives. Uniquely, the volume presents the

biographical details and social circumstances of the patients, rather than their medical histories. Each of the first 250 or so women admitted to the Asylum are recorded, with most having between half and one page of information. The records were produced during the process of admission, when the chaplain to the Asylum met with patients in the Hospital and compiled a narrative of their lives that would help the Asylum's governors decide on whether to offer them a place.

As these biographies make clear, the Lock Asylum took in some of the most marginalized and vulnerable women of its day. The women received from the Hospital were typically young, on average around 20, and were often orphans or otherwise without family. The stories they told the chaplain are frequently tragic, such as the case of Mary Barton (See [Figure 1](#)), who was seduced by one of her employers' apprentices and then abandoned after living with him for a fortnight. Unable to return to her position because of her seduction, she soon used prostitution to support herself. They include a large number who, like Mary, were abandoned after a brief affair or a short-lived period of cohabitation, and many others who survived abuse or rape, often while working as domestic servants or casual labourers. A period of sex work – going 'upon the Town' – was a common, but not universal experience among the women admitted, frequently tied to the loss of employment and impoverishment. The women of the Lock were a part of eighteenth century society whose lives were rarely recorded in documents from this period, and whose experiences are at most known through salacious fictions. The register is an unequalled source on a group who are otherwise lost to history.

The project contained several elements that developed organically as research on the Lock Asylum developed. The first phase of research took place within the framework of undergraduate teaching at the London School of Economics (LSE) and centred on producing a critical edition of the Patient Histories and understanding them as a qualitative source within the context of a course on research skills; the transcribed patient history in [Figure 1](#) was one product of this.

The information contained in the Patient Histories meant there was potential to trace these women in other sources. This was an aspect of the Asylum that went beyond the scope of the work carried out within the LSE course, but which had clear research value in uncovering additional elements of these women's lives and pasts and verifying the accuracy of the stories they presented. The degree to which the women admitted might have embroidered or reshaped their narratives as they engaged with the Asylum's representatives was itself an open question.

The experience of using this source at LSE had also made it clear that reading and engaging with the primary source was, in itself, a valuable mode of learning. The second phase of research – which is the focus of the activities discussed here – explored what could be learned about the lives of the women of the Lock Asylum from external sources. The results of this work by the citizen historian team in this project are illustrated in [Figure 2](#), which summarizes the findings around Mary Barton, based on the information in the Patient History reproduced in [Figure 1](#).

As can be seen, participant researchers used a range of sources to build up information on Mary exploiting common genealogical sources, and also on the other individuals involved in her life and the locations that were mentioned. For Mary Barton, this allowed the identification of a plausible but not certain match to a birth family, the identification of her seducer, and information about her employer at the

Mary Barton

Thursday Nov^r. 29th, 1787

40. Mary Barton aged 21 years last June, Born in Warwickshire. Her Father died when she was six years old, he was a Journeyman Carpenter, her Mother, who has been dead ab^t 3 years, bro't her up to Town, upon the death of her Father, and kept her till she was old enough for Service; She then at the age of 14 years went Servant to M^r Maberly in Long Acre, lived with him abt a year, and afterwards lived in different places till about Ten Months ago when she was seduced by one of the Apprentices in the Family, who left her at the end of a Fortnight. She then made away with her Clothes, & went upon the Town, continued upon the Town abt 3 Months, & contracted the Venereal Disease. Her Sister took her and supported her till she came into the Hospital the 18th Octob^r. on M^r G Drummonds

Letter. Can read, do plain Work and all kinds of Household Work.

Went to Service March 17th 1788.¹

Figure 1. The case of Mary Barton.

time of the events she described occurred. The citizen researchers' work involved evaluating the credibility of connections and developing judgements about the value of widening the network of evidence in different directions, alongside the

Note	Corley Warwickshire Baptism 21 April 1767 Mary daughter of John Burton and Elizabeth Possible baptism of Mary. This Mary was the second of nine children of John and Elizabeth Barton, baptised at Corley.
Source	https://search.findmypast.co.uk/record?id=S2%2FGBPRS%2FWARWICKSHIRE%2FPR-NONEXC%2FCORLEY%2FDR0250-03-00017&parentid=GBPRS%2FWARWICKSHIRE%2FBAP%2F001345169 Warwickshire County Record Office Archive Reference: DRO250/3 Register 1708-1812

Note	Mentions Stephen Maberly and John Maberly of Longacre. Both of these men had apprentices.
Source	https://www.historyofparliamentonline.org/volume/1790-1820/member/maberly-john-1840

Note	More about the Maberly family.
Source	http://www.maberly.name/thrupp.htm

Figure 2. Notes on Mary Barton (case 40).

accumulation of evidence. This integrated the acquisition of higher-level historical evaluation and reasoning skills within the research process.

With only a county, linkage is susceptible to error. However, a Mary-daughter of John Burton and Elizabeth-was baptized in Corley, Warwickshire, on 21 April 1767. She was the second of nine children of John and Elizabeth Barton to be baptized there.¹¹ Her seducer was possibly John Wapshot, who was apprenticed to Stephen Maberly, Parish of St Giles in the Fields, Middlesex, Currier for seven years on 31 July 1784 with a premium of £20; although it could have been another apprentice of John Maberly, also a currier, and brother of Stephen, who was his partner in his business in Long Acre.¹²

One of Mary's two possible employers, Stephen Maberly, described himself as a coach currier of Little Queen Street, Lincoln's Inn Fields, in a petition for damages sustained during the Gordon Riots. He had played an active part in defending the Sardinian Ambassador's Chapel on 2 June 1780 and provided evidence against several of the rioters before the Magistrates. Several days later, his house and stock were destroyed by the mob in reply, imposing damages to the value of £2,072.¹³ His son, John Maberley, the younger, would later become Member of Parliament for Rye and Abingdon, and established a large banking business and linen works. In 1808, a fire would destroy the premises in Castle Street, Long Acre, where Mary had lived.¹⁴

Pre-TLA phase

The initial work on the Lock Asylum Patient Histories was carried out by undergraduates as part of the research training element of their degrees. LSE places a strong emphasis on using archives and developing primary-source-based research skills in their undergraduate Economic History programmes. The Patient Histories were initially identified during a survey of primary material in TLA that could be incorporated into this programme; at that point, part of the collections of the RCS were temporarily held at TLA while major building work occurred at the College's site in Lincoln's Inn Fields.

The Lock Asylum source was selected because it would challenge the students to think about a range of dimensions of social and economic history, including gender, disease, social mobility, inequality, irregular work, and migration, through qualitative micro-historical sources. The connection to histories of health and disease meant that the course lecturers, Professors Patrick Wallis and Eric Schneider, possessed relevant expertise to contextualize and support the project. Because the Patient Histories had not been studied before, the students would be able to make an original contribution to historical research, and have this acknowledged formally with the publication of an edition of the source based on their work.

The Patient Histories were transcribed over three years by successive cohorts of second-year undergraduate students between the 2019 and 2021 academic years. Their learning objectives were centred around a close engagement with the text of the Patient Histories, building from the initial process of gaining palaeographical skills to the challenge of interpreting the ambiguities and silences that run through these accounts. The edition based on their work will shortly be published. As the transcription progressed, students also explored other sources from the Asylum and Hospital and carried out research around the Asylum's donors who funded its activities.

Phase one - planning and resource creation

In early 2021, one of the LSE course lecturers, Patrick Wallis, approached Tom Furber at TLA to gauge interest in working on a collaborative public engagement project in which members of the public would volunteer to research the life histories of the women admitted into the Lock Asylum using TLA collections.

The LSE and TLA had a good existing relationship going back several years as LSE undergraduates visit TLA every year to work with primary sources as part of their methods course. The idea for a collaboration emerged in the context of the COVID-19 pandemic and TLA was not open for readers at this time. The pandemic was a time of experimentation and reinvention for TLA's Engagement and Learning team and thus they were open to testing new forms of digital engagement. This project was seen as an innovative response to the challenge of developing new audiences outlined in the introduction of this article and a way to increase engagement with TLA's digital resources via Ancestry.

A small project team was assembled. The authors were joined by an Information Officer in TLA's Public Services team who had considerable experience of working with novice researchers, as well as having an excellent knowledge of women's and medical history. The Assistant Archivist at the RCS also joined the team; the RCS hold the Lock Archive and were keen to explore ways to build wider public engagement with their holdings. The

structure of the team reflected institutional partnerships, skills, and expertise, but it also needed to include female partners (the Information Officer and Assistant Archivist both being female). Given the nature of the material, we were very aware of the importance of having women's perspectives and voices present in the planning and delivery of the project, both to avoid any perception that the project was in some way inflected by the male gaze, and to offer participants the opportunity to discuss the research material and issues it raised with female team members if they felt more comfortable. The Information Officer was aware that her gender was a factor in her being approached for the project. And in the evaluation following the project said that 'I think it was ... important to have women involved ... to have me involved as a woman as it were.'¹⁵

During the development phase, the team refined the research objectives, created supporting resources, and planned and promoted the series of three workshops that formed the first part of the public project.

The project required no direct funding. Participants were able to incorporate the limited indirect costs, largely staff time, within their existing set of duties, making use of the flexibility that the pandemic had introduced. The simple digital infrastructure was built on fee-free platforms, particularly Google, that were widely supported and free to users, or employed technologies, such as Zoom and Ancestry, that were available through institutional subscriptions that were already in place.

The research task

We described the research task as:

searching for any evidence we can gather to give us the fullest account we can achieve of these women's lives and backgrounds. We expect that parish records, accessible often through Ancestry, Findmypast, or other genealogical websites, will be the richest source of information. But there may well be other sources suggested by the case itself, or by experience as we gain it. There are no boundaries to where you may want to look.¹⁶

This was operationalized for participants as taking an individual from the transcript of Patient Histories then identifying 'clues,' such as their place of birth, relatives' names, or employer's place of work from the information that had been recorded, that we might expect to have led to a record in some other historical source from the period. These clues were then used as starting points for searches on ancestry.co.uk or other genealogical resources. Framing the research process in this way allowed us to build on cultural norms around 'detective work' that map onto effective historical scholarship practices: scrutiny of sources, cross-referencing, diligence, and the potential for null results.

Emphasis was placed on referencing and recordkeeping, with instructions to include as much detail as possible on any piece of evidence found about a case history and to include screenshot and full source references. This was an important element of the research process that combined a key practical part of research training for participants, while also ensuring that research findings could be cross-checked at a later stage and properly referenced on publication. Researchers were free to move onto other cases as they liked and to work on cases that had been looked at already by other researchers. As the project developed, the research algorithm was deliberately broadened and

researchers were able to work in a largely self-directed way and engage in what one participant described as 'side quests' about related aspects of this history.

Volunteers were provided with an Ancestry link which allowed free access to the parish records from TLA collections that are available on that site. This was important because the context of the pandemic meant that TLA was not open and therefore the free access that could be usually provided on site was not available. Full access to Ancestry is pay-walled and we did not want cost to be a barrier to participation. Providing this link necessitated project participants to be formal volunteers at TLA. A volunteer agreement was produced to recognize this.

In order to ensure that all researchers could appreciate from the outset that the process of research was credible and their work was valuable, we organized the project so that participant researchers could see how their research findings had the potential to contribute directly to publishable research outputs, and that they understood how this process would operate (and the necessarily long time window between commencement and publication).

Resources for participants

To support researchers an eleven-page handbook was created by the project team; it included the background and aims of the project, a guide to the research process, links to key resources, key contacts, worked examples with practical pointers, links to palaeography tutorials, and recommended reading and reference works. Members of the team contributed specialist knowledge, e.g. Patrick Wallis on the academic context and the TLA Information Officer on the genealogical sources. The handbook did not include well-being resources, which on reflection was an omission given the subject matter. The handbook was treated as a working document and evaluation was ongoing and iterative.

A standard form to record research was also produced which included the name of the case then spaces to enter any information that had been found and the source of the information. This form served as a template to assist newer researchers and provided a way to standardize information, a necessity on a collaborative project. An extracted example of this form and how it was then turned into prose is included in [Figure 2](#).

Google Drive was used to create a repository and research infrastructure for the project. As well as the handbook and other useful resources, researchers were able to access the transcript of the Patient Histories and images of the original pages of the volume so that they could check alternate readings of the text. The researchers uploaded completed copies of their research notes to a folder on the Drive and could also check and update a spreadsheet listing all the individual cases and whether they were being researched by someone at that point.

Phase one: large workshops

The Phase One workshops were held on Zoom on 16 March, 20 April, and 18 May 2021. The workshops were advertised on Eventbrite, with 50 tickets made available and all sold out rapidly. 40 different people attended, the vast majority female. No prior experience or knowledge was required of participants, and the project was planned to be inclusive for

a diverse group.¹⁷ During the pandemic TLA ran a series of online events so there was an audience base to draw from, and no specialist advertising was required.

The workshops were structured to provide a development arc that moved from initial introductory and exploratory activities to greater independence and autonomy for participants, who were encouraged to work independently between workshops. The first workshop consisted of an introduction to the background and aims of the project, information on the context of the Lock Hospital and the London hospital system generally, the treatment of venereal disease and the socio-economic conditions of late eighteenth century London. It also outlined what participating in the project would look like in terms of the research process, recording information and the amount of commitment required.

The core practical element of the workshop involved small group work with participants reviewing cases together to identify viable clues and then exploring how they might use these clues to explore sources, such as those on Ancestry, to uncover evidence about the women. These workshop elements were supported by the project team, who moved between groups in the Zoom workspace. The experience possessed by TLA staff in working with novice researchers provided an important ingredient in scaffolding the activities of those participants with less familiarity with the IT/web search environment. Without that expertise within the team, it would have been more challenging to work in such an inclusive way.

The second workshop recapped the elements outlined above to accommodate new participants, before breaking into groups where individual research was discussed and evaluated. The groups offered a forum in which the project team were able to identify common research problems and provided space for peer discussion and support. In between the second and third workshop a more informal catch-up session was led by Patrick Wallis to share progress and discuss questions and challenges. The third and final workshop ran on very similar lines to the second, with addition of an outline of next steps for participating in the project for those who wished to continue.

The workshops were evaluated by feedback forms. Although the return rate was low, with around 10–20 per cent of participants per workshop completing forms, they suggest that the workshops were generally well received with people finding them informative, learning new things, and on the whole enjoying getting started with the research tasks. The feedback underlined the challenge of communicating about what you will be doing when the activity takes an unusual form. Despite it being explicitly stated in the advertising copy and in emails sent to participants in advance, a couple of people were surprised to be doing research and were instead expecting a more traditional talk.

In terms of the project objectives, the Phase One workshops were largely effective. The learning-through-research element worked well. The process of interrogating the Patient Histories for clues and then thinking about sources generated multiple insights for participants, provoked conversations and enquiries that shaped their understanding of women's lives and experiences in the period. This was evident through questionnaires and, particularly, to the project team from conversations within the workshops. The research skills element was more varied, with several participants reporting gains in confidence and understanding about historical sources and research methods. The

research output was effective, but limited in scale from Phase One, which produced a body of initial research findings on around 50 of the women recorded in Patient Histories. Most findings were properly recorded, but with some unsurprising gaps in source notes and additional evidence, as participants did not always follow the full protocol.

Phase two: smaller working group

Following the last of the TLA workshops, the project shifted to a different model. A group of researchers who had joined the initial workshops were keen to continue to study the material. This provided an opportunity to expand the project with the same objectives of building research skills, learning, and research findings.

Comprised of ten female participants and Patrick Wallis, the research group was organized around the existing research infrastructure, but with monthly meetings for participants.¹⁸ These ran for one hour on Zoom, as the research group were spread across England. This format was initially a response to restrictions during the pandemic but was maintained as it allowed participation to continue successfully. Meetings centred on reviewing research findings and discussing their validity and implications, and exploring challenges and strategies where searches were proving unsuccessful. At this stage of the project, the TLA and RCS team members took a step back, with their roles solely being to provide support with volunteer access to Ancestry (although in practice this was unnecessary as the project members used their own subscriptions). In late 2021, the RCS collection returned to its home site in Lincoln's Inn Fields.

The research group continued to work on the project between 2021 and the end of 2024, by which time all the individual entries in the Patient History had been studied and cross-checked against extant sources. The work of the researchers in the workshops and working group is contained in a set of notes that accompany the transcript, as well as informing the introduction. Although presented in a condensed format, the group's work comes to around 17,000 words of text.

The decision to extend the project into Phase two was organic - it reflected the enthusiasm and emotional investment that some of the participants brought to the material. In retrospect, the potential for the large-scale workshops to give birth to a smaller, more durable group of committed public historians appears obvious. We therefore see this as an approach that might be utilized in other projects - an initial phase that consciously provides for the induction, selection, and recruitment of a team for a focused second phase, while delivering the phase's own primary aims of engaging a larger group in the research and learning activities of the project.

Evaluation

Evaluation was built into the project at two stages. The workshops were evaluated by the circulation of thematic evaluation forms to participants following the completion of each workshop, as well as debriefs and self-reflection within the project team. This centred on identifying participants' development around the core objectives and obtaining insights into the format and delivery.

Following the extension of the research group, a second round of evaluation was carried out in 2022. This evaluation employed qualitative research methods and focussed on the experiences of the long-term participant researchers. This qualitative methodology was chosen as it is 'flexible and responsive' and produces data that is 'detailed, rich, and complex'.¹⁹ Four people were interviewed using a thematic topic guide with discussion points that included: affective histories, skills, knowledge, and general reflections on participating in the project, and on live issues around public engagement and public history. Interviews lasted around an hour. They were transcribed and analysed using an iterative-inductive approach. This approach recognizes that we had pre-conceptions about the success and value of the project but requires that we 'hold these ideas lightly' and 'be open to being wrong and tune into things that surprise [us] and challenge [our] pre-conceptions'.²⁰ This dialogic method in part arose from and fitted with our commitment to shared authority. We present our discussion below as a reflection on the project that draws from both evaluation stages.

Discussion and reflection

Affective histories

The source material for this project was sensitive and potentially distressing, including rape, abduction, and coercion. It would have been easy to decide to focus on less challenging material. However, a central ambition of the research project was to recognize and acknowledge these life stories. Indeed, following the affective turn in archival studies noted by Lowry in 2019 that followed the 2016 special issue of *Archival Science Affect and the Archive, Archives and their Affects* we can say that the value of this source is (in part) precisely because of its sensitive nature.²¹

When working with the Patient Histories two concerns were foremost in the project teams' minds.²² The first was that the women who entered the Lock Asylum be talked about respectfully, acknowledging their existence as real people despite their distance in time from today and avoiding moral judgement.

The second concern was trauma. There is a growing recognition that archival documents can potentially create trauma, in that the people working with them can have a distressing emotional response.²³ Wright and Laurent set out core principles for what they term trauma-informed archival practice, listing safety, trust and transparency, choice, collaboration, and empowerment. This approach, they note, does 'not dictate how processes and practices should occur but provide[s] a framework within which to rethink archival work'.²⁴

Our response to both concerns was a combination of modelling and attentive listening. Modelling meant that we made explicit the idea that the women being researched were real people. The team spoke and wrote about the patients with respect. Attentive listening meant that we were alert to how participants discussed the women and were ready to engage with participants about the implications of different kinds of speech and language. No intervention was necessary. We rejected one option, as we decided not to introduce an 'approved' terminology at the start of the volunteer project as we felt this could be off putting and generate anxiety as much as understanding.

From the outset of the workshops, we acknowledged the potentially distressing nature of the material. To manage this, we allowed participants to engage with the material on their own terms, by choosing which life histories to research and to work at their own pace. We were also prepared to offer support or signpost further resources in the case of distress.

Participants were asked for their thoughts on working with sensitive material and how this was handled during the project. Two commented specifically on our approach of modelling respectful language. The response of one participant validated our concern about top-down approaches, commenting:

we, as a general populace, we don't get a memo updating our glossary of terms, do we? ... But unless you're specifically told these things in a non-judgmental way, you, you fear that change. You fear you're going to say the wrong word ... we're not trying to prove a point. We just want to unpick a bit of history

Another participant who was more well versed in Women's History and the History of Medicine said 'I... appreciated ... right at the very beginning ... there was a sense that... no it would not be in any way acceptable to just objectify these women.' When asked how this was conveyed, they said 'I think it was about the tone with which [the project leader] ... made that clear to people that we weren't, we weren't looking at these records for it because they were like exciting ... I think it was quite respectful.'

Strikingly, when asked about the potentially distressing nature of the source material none of the participants reported being concerned by it. The interviewees reported being able to distance themselves from some of the emotive aspects of these histories. For example, one participant commented that 'you come at it from a research thing,' going on to say, 'for us that are still on project we obviously have a good way of just dealing with it.' Another stated: 'I mean, it hasn't upset, you know, it hasn't, I haven't felt upset or, or kind of, you know, emotionally sort of disturbed.'

Participants did, nonetheless, report feeling empathy for the patients. Several expressed a sense of obligation, a feeling that they had a duty to report and record this history, almost as a form of restitution: 'here was an element of like, we're doing this for the sisters. You know, like, we're searching this for them, we're looking this up for them, because we want to know if you did survive.' In fact, the sense of emotional connection was very strong, with one interviewee reflecting on the idea of people disappearing, saying that:

it's about remembering people, real people ... it's like doing them a real service ... honouring them in a way, those women, because you are finding them and you're telling their story, and nobody would have expected that, they wouldn't have expected it. And you don't necessarily expect anybody's ever going to do that for you. But for a moment their lives become important again. I think that's really special.

Participants' responses offer reassurance that the project's approach was valid and well received. We should recognize the possibility that this may be a product of survival bias, as people for whom this approach was not a good fit had left the project by this point. The responses also indicate that sensitivities may emerge that aren't anticipated but will nonetheless need responding to.

The approach of modelling and watchful waiting was based upon the experiences of the practitioners involved. It developed out of their day-to-day engagement with sensitive

histories both in the archive, with the public, and in the classroom with students. It reflects their temperament and values and was conceptualized in the course of developing the project through what we might call micro-reflections – those small insights and learnings that take place often in the moment of sharing, writing, and thinking that take place when communicating and interpreting that past.

The most relevant lesson of the Lock Asylum Project is the value of not avoiding difficult histories, and the importance of allowing them to be engaged with by people on their own terms, but in a context where a clear set of norms and values were in place to encourage respect and dignity.

Skills-centred vs output-centred public participation

'Citizen history' projects have a well-established tradition in historical research, with volunteers from outside of academia playing a major part in recording or processing evidence. Usually, the projects are primarily oriented to the needs of the research team not the participants. A common model is for the non-specialist to do the intellectual grunt work of transcription, data entry, indexing, and checking that will enable the expert to engage with the body of material in a later stage of analysis. Volunteer participation is tightly directed, and their inputs are structured to ensure data quality standards are maintained. These strategies are highly effective where large datasets are being constructed. However, they do not reflect the nature of a large amount of historical research, which engages with sources that are less structured in more flexible, reflexive ways.

In the Lock Asylum Project, our aim was to shift from an output-focus to a skills-centred approach. This required two adjustments: first, the project started with the goal of inculcating general historical research skills including analysing texts for 'clues' that prompt further research, recording, and organizing information, and interrogating the implications of evidence as it was uncovered; second, it sought to build confidence in participants' use of those skills, by giving autonomy and freedom to explore research avenues within and around the project space and supporting and guiding those activities in the group meetings. Taking this move was rooted in a commitment to 'shared authority,' with equality between academic and non-academic participants in the value given to their contribution.

Taking this approach meant accepting trade-offs at the outset. The project's research findings would need to be validated and cross-checked, the pace of work would be slower, and the scope of the work would be more open. For this reason, it was an approach that seemed well suited to the scale of the source as the challenge of investigating 270 lives can be approached more flexibly than studying 10,000.

The other side of the trade-off was the hope that we might achieve more, and uncover more unexpected results, than if the role and scope of participants was tightly defined. This was, ultimately, what happened. Structuring the project work and role of participant researchers in this way made it possible to pursue questions and perspectives that would not have been taken up otherwise. The key pay-off was that different perspectives on the research process came in, and the results were sometimes unexpected.

For example, researchers explored aspects of the period – such as the buildings and sites mentioned in individual patient histories – that would not otherwise have been attended to. They also invested a great deal of effort to uncover fragments of evidence

that would not have been identified during a standardized research process based on a stricter algorithm of tasks. This reflected one unanticipated advantage of this method: it generated a considerable sense of ownership and investment across the participants, particularly in Phase two, and this fuelled their persistent engagement with recalcitrant sources.

One illustration of this is the identification of one of the patient's fathers as Richard Burnham, who was a well-known non-conformist preacher in North London at the time his daughter Sarah was receiving treatment in the Lock Hospital. Burnham was a prominent figure in the history of the Baptist movement, with an entry in the *Oxford Dictionary of National Biography (ODNB)*.²⁵ His portrait is held in the National Portrait Gallery. He was known to his contemporaries for prolific hymn writing and songs like *Jesus! Thou art the sinner's Friend* which are still part of the canon. The entry in *ODNB* makes no mention of Sarah. It appears that she fled from her father's house having been 'debauch'd' and contracting syphilis, 'for fear of it being discover'd.' After leaving home, she worked as a prostitute before coming to the Lock Asylum for treatment.²⁶ This identification, based on matching the locations in which Burnham preached with the places Sarah mentioned in her narrative, was a success for a project that had an explicit intention of recovering the lives of a group that would otherwise be lost to history.

This open research agenda meant that the Lock Asylum Project was not a solution to academic time or budgetary constraints in the way that conventional citizen history projects sometimes have been. However, it did enable a real connection to be made between the wider objectives of the project and its execution, and it brought its own less predictable rewards in the kinds of material that were uncovered because of the freedom and growing skills of participants. It is worth flagging one final potential ethical dimension to the citizen history/science projects: was there still invisible labour being supplied here without due acknowledgement? We were conscious of the risk of this from the outset. Our response is twofold: first, that the participants should gain an enhancement in skills and - depending on the individuals involved - a sense of satisfaction from their contribution; second, we committed from the outset that all participants would be given named credit for their involvement in the research in the published works that followed from the project. This was set out in the handbook and underlined at the outset of Phase One.

Conclusion

This article has presented and evaluated a collaborative project between The London Archives and the London School of Economics. The project sought to provide a widely accessible way for people without formal training in higher-level research skills to gain the ability and confidence to undertake self-directed archival research. It did so by capitalizing on their general interest in history and scaffolding learning in the context of an open-ended mentored research project. The project also allowed participants to develop insight and understanding into a specific period and topic. It did so at a low direct cost by relying on open-access resources and a low indirect (time/wage) cost by aligning the mentoring work supplied by the team with their existing research and engagement objectives, providing high value for money. A measure of the success of the project is

that it sustained participants' engagement over a period of four years. The insights gained have met the test of producing publishable academic findings.

The success of the project highlights two points for wider consideration. First, potentially difficult histories can and should be engaged with in a public project such as this. Concerns about the impact of the depictions of sexual violence and abuse contained in the sources were effectively addressed by setting norms that could be demonstrated and upheld through modelling and watchful waiting. Indeed, the participant responses to the qualitative evaluation suggest that the affective nature of the material provided a strong motivation for participants to stay engaged with the project. Second, a skills-centred approach to public participation can sustain motivation while providing insights and findings that would not have emerged under a narrower task algorithm. By producing new research and by developing new researchers the project supported the strategic objectives of both academic and archive partners.

Notes

1. Haunton and Salzedo, "Connecting Archives and Public History."
2. Royal Commission on Historical Manuscripts, *Archives at the Millennium*.
3. The National Archives, *Archives Unlocked*.
4. Evans and Simpson, "Collections-Based Collaboration."
5. Green and Lee, "From Transaction to Collaboration."
6. The National Archives, *Archives and Higher Education*; and The National Archives, *Archives Sector Workforce Development*.
7. "Patient Histories" 1787–1808, MS 22/6/10 Records of the London Lock Hospital and Rescue Home, Royal College of Surgeons Archive, London.
8. Siena, *Venereal Disease*. see also; Donna, "Two Medical Charities"; Innes Williams, *The London Lock*; and Dabhoiwala, *The Origins of Sex*.
9. Sreter and Siena, "Extent of Syphilis Infection."
10. Rea, "London Lock Asylum Patient Histories."
11. "Register of baptisms, marriages and burials, 1686–1812", DRO250/3, Warwickshire County Record Office, Warwick.
12. "City (Town) Registers," 1779 – 1840, TS 11/976, The National Archives, London.
13. "Treasury Solicitor and HM Procurator General, Papers." 1779 – 1840, TS 11/976, The National Archives, London.
14. Fisher, "MABERLY, John (d. c.1840)."
15. The terms male and female are not used to indicate or imply a gender binary but because those are the terms used by project team. If project members had used other terms to describe their gender we would have reported them. TLA is sensitive to and inclusive of all gender and sex identities.
16. This project description was included in the project handbook shared with participants through Drive.
17. TLA is sensitive to and inclusive of all gender and sex identities, and we recognize the complexity and limitations of language that can occur when describing the gender composition of events. This assessment was made through a combination of direct knowledge, self-definition and observation. It is necessarily imprecise hence our use of qualitative rather than numerical description.
18. The terms male and female are not used to indicate or imply a gender binary but because those are the terms used by project team. If project members had used other terms to describe their gender we would have reported them. TLA is sensitive to and inclusive of all gender and sex identities.
19. O'Reilly, *Qualitative Research Methods*.

20. Ibid.
21. Lowry, "Radical Empathy;" and Cifor and Gilliland, "Affect and the Archive."
22. These concerns arose independently from discussion within the project team. But they are also an example of what Cifor and Caswell describe as Radical Empathy in the Archives. Concern about respect for the patients is an aspect of their proposed first affective responsibility and concern for trauma their third affective responsibility. See Caswell and Cifor, "Empathy in the Archives."
23. Sexton, "Introducing the Legacies."
24. Wright and Laurent, "Safety, Collaboration, and Empowerment."
25. Thorpe and Manley, *Burnham, Richard (Bap. 1749, d. 1810)*.
26. "Patient Histories," Royal College of Surgeons Archive.

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