

A. F. Schiff,¹ M.D.

An Unusual Case of Pseudo Rape

There are very few people who do not regard rape as a particularly brutal, heinous, and savage crime, far removed from the usual crimes of auto theft, burglary, grand larceny, shoplifting, and even murder, and deserving the most severe penalty the law can offer. On the other hand, there are even fewer people who do not view a man falsely and maliciously accused of rape with amazement, horror, pity, and a "There but for the grace of God go I" attitude.

MacDonald [1] adequately lists the following motivations for false accusations, many of which are generally known to every medical investigator: assault during or after voluntary coitus, blackmail, jealousy, fear of pregnancy or venereal disease, or revenge. He also reports on some reasons which are not so well known: a child's fantasy working overtime, accusation of an unwelcomed stepfather, avoiding parental punishment for returning home beyond the curfew hour, and false accusation by a known prostitute for failure to receive payment for her services.

Szurek [2] relates the strange tale of a 14-year-old girl who accused her father of having had coitus with her. During the investigation, it was learned the charge was false and the motive was a desire for publicity.

Bronson [3] notes that an hysterical parent can be the basis for a false claim of assault. An adult female can transfer her baseless fears to her young daughter. A girl returned from school showing evidence of having been roughly handled by one of the young men in the neighborhood. In her anger, the mother built up a story of rape, influencing the girl along the same lines. Casper [4] tells of a divorce case in which the wife attempted to cast aspersions upon her husband by charging falsely that he had violated their 2½-year-old daughter.

The author [5] has described the case of a young girl jilted by her steady boyfriend for a new girl in the neighborhood. When the new girl moved shortly afterwards to a distant city, the boy returned to his former girlfriend. At a school dance, she seduced him and had sexual intercourse with him in the playground. She reported that she had been raped. After several hours spent untangling the various threads, it was finally learned that she had not been raped, but had given her consent. She had wanted "to teach him a lesson" for abandoning her in favor of the new girl.

Another of the author's reported cases [6] involved a prostitute who was robbed of some jewelry after voluntarily submitting to sexual intercourse. She believed that the case of robbery would be given more attention if she claimed to have been raped. Yet another case involved an 8-year-old girl who reported that on the way to school, a boy took her

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¹Deputy Medical Examiner, Miami, Fla.

by the hand, led her into some bushes, made her pull down her panties, and "stuck his 'ding-dong' into my 'wee-wee.'" After three hours of extensive questioning by a female detective in the presence of a counselor, the girl admitted she had made up the story in the hopes that she would be taken from her parents and given to her grandparents, with whom she spent two days a week and who lavished much attention and care upon her. A last case was that of a 16-year-old girl who had missed one menstrual period and believed herself to be pregnant by her boyfriend. Afraid to reveal her indiscretion to her rather puritanical parents, she related a false account of having been raped.

Recently the author encountered a most unusual case of pseudorape not heretofore met in his hundreds of cases or found anywhere in the literature.

Case Report

At approximately 1:00 a.m. the author was awakened and called to the Rape Treatment Center at the county hospital to interview and examine an alleged victim of sexual assault. He responded immediately, arriving 15 minutes later. The victim gave the hospital officials a fictitious name and a New York state address. She said that after visiting with friends in Miami for the past ten days, she was on her way home to Babylon, New York by bus. While waiting for the 11:30 p.m. bus, she walked outside the bus terminal searching for a chain she thought she had lost. Suddenly, at about 10 p.m., she was grabbed by a white male, pushed into a trailer parked by the curb, thrown to the floor, and sexually assaulted. The alleged victim stated she was warned by the assailant, who then fled, to wait 15 minutes before leaving the trailer. According to the victim, she waited 15 minutes, walked out of the trailer, hailed a taxi, told the driver she had been raped, and requested to be taken to the hospital. She was logged in at 12:20 a.m.

As is the rule, she was asked if she wanted the episode reported to the police. No pressure is brought to bear upon victims to file a report with the police. They are told that it is their decision to make, but the advantages of making out a police report are explained. This victim was adamant in not wanting police involvement.

When the author entered the examining room, he greeted the nurse and the victim who was sitting on the examining table clothed in a white gown. The victim's wearing apparel, hanging neatly from the rack, did not appear to be in disarray, sullied, ripped, or torn. No buttons were missing.

Following standard procedure, the alleged victim was interviewed by asking questions believed pertinent to the case. Some questions, of necessity, are of a very personal nature, but no more personal than the examiner would ask of his own patients.

The examination revealed a well-developed, well-nourished, coherent, cooperative, composed white female in no acute discomfort, appearing her stated age of 41 years. No evidence of recent violence could be observed on her head, face, neck, body, or extremities. There were no broken fingernails. The external genitalia, normal and adult, were free of trauma.

An internal examination, a sine qua non in cases such as these, was performed as trauma-free and as easily as possible on this woman who claimed to have delivered two children and had been married for more than 20 years. An unlubricated, Graves-type plastic speculum was introduced through a narrow, but stretchable, marital introitus and the vaginal barrel exposed. A very small amount of a whitish material was seen in the posterior vault, removed, and examined microscopically. No spermatozoa were seen. The upper third of the barrel was lavaged with 1 cm³ of sterile water and the aspirate examined microscopically. Again, no spermatozoa could be detected. However, the aspirate was markedly positive for the enzyme acid phosphatase, which is found in great quantities in seminal fluid. A positive acid phosphatase test is basis for reporting "recent sexual intercourse."

The author asked the alleged victim if she desired to report the incident to the police, emphasizing the decision was hers to make. She declined, stating she first wanted to discuss the matter with her husband who was home in New York. No pressure was put on her and the issue was dropped.

The woman was appraised of two complications of the alleged crime:

1. **Pregnancy**—According to the patient, her last menstrual period had begun 20 days prior to the alleged assault. She was told that since she was in the unfertile time of her cycle, there was no reason to fear pregnancy, but that medication was available for those women definitely in their fertile period or who were fearful of conceiving. This patient elected to take a course of diethylstilbesterol, which consists of 25 mg of the medication twice daily for 5 days.

2. **Veneral disease**—Since the assailant's health status is unknown, the advisability of taking prophylactic penicillin is explained to the patient. The decision to accept or reject penicillin or some other antibiotic (if the patient is allergic to penicillin) is left to the patient. It is to be emphasized here that the intramuscular injection into each buttock of 2.4 million units of aqueous procaine penicillin G leaves the patient with painful buttocks. For that reason, some women decline the injections, preferring to take their chances that the assailant was disease-free, rather than bear the pain. This patient decided upon the prophylactic penicillin.

Since the Rape Treatment Center is also concerned with any mental trauma which might have been inflicted upon a victim, a representative of the Crisis Intervention Clinic (CIC) is also notified when an alleged sexual assault victim is brought or comes to the hospital. The author has found the CIC members to be unobtrusive, understanding, and very perceptive. By profession they are either psychiatric nurses or social workers. They provide immediate psychological support, accompanying the victims through all procedures, including police questioning if police are involved. In this case a very cognizant young lady came from the Crisis Intervention Clinic and was almost completely ignored by the alleged victim.

Everyone involved in the case was seriously concerned with the physical and mental well-being of the patient, to the point where the question was raised how she would spend the rest of the night and how she would get home. She responded quickly that the people with whom she had stayed would call for her and take her to their home. This should have raised a hint of suspicion in some minds that supposedly friendly people with whom the patient had stayed were not sufficiently interested to accompany her into a strange hospital after a horrifying experience. The members of the team, however, are not prepared for outright deception.

Briefly, a 41-year-old married woman appeared at the Rape Treatment Center; claimed she had been sexually assaulted in downtown Miami, refused police intervention, but submitted to a medical examination; and accepted medication so as not to become pregnant as a result of the alleged rape and prophylactic penicillin to avoid potential venereal disease. She then disappeared into the night, assumedly picked up by friends who never showed themselves during her ordeal.

Discussion of Subsequent Events

Months before this present rape, the medical investigation and treatment of all sexual assault cases was transferred from the Dade County Medical Examiner's Office to the county hospital's newly formed Rape Treatment Center. In the process, because of an administrative complication and some misunderstanding, the examining physicians were not paid for at least five months. In addition, one night, because of poor communications, the police could not get a physician to see a victim and she was sent home without

being examined and treated. These two unfortunate events led to the false rumor that the doctors were on strike because they hadn't been paid for months. The local press, apparently without confirmation, picked up this rumor and played it for all it was worth.

Approximately a week after the alleged rape, the author was phoned at his office by a woman who identified herself not only by name, but also as a newspaper reporter. In a lengthy conversation, she asked about the strike of the physicians and was told by the author that so far as he was concerned, there was no strike. She requested the names of the three other examining physicians and was told to contact the director of the Rape Treatment Center for that information. "Probably," she replied, "the way Dr. — feels about it is that if one newspaper has given bad publicity, that's what's going to happen with all of them." This answer led the author to believe prior words had passed between Dr. — and the reporter. The author asked the reporter how she had obtained his name. For a moment she appeared flustered, then quickly said, "I don't know; it was just handed to me on a slip of paper."

Two months after the interview, examination, and treatment of a 41-year-old woman who claimed to have been raped, a newspaper article [7] appeared which began "I have just been raped. Can you please get someone to help me?" The fourth paragraph, after this startling announcement, read, "I was at the hospital to find out how a rape victim is treated at the new Rape Center and I was pretending to be a rape victim."

The reporter, writing under the same name she had given the author in the telephone call to him, seemed critical of every facet of aid given to her. For example, the report of the CIC worker's statement "'It's happened to a lot of my friends,' she said, trying to empathize" went on "I winced. That is the wrong thing to tell a rape victim."

Of the author, she said, "He was wearing moccasins and a striped T-shirt and looked like he'd just gotten out of bed." (The examination took place at approximately 1:30 a.m.).

Of the internal examination, she said. "The pelvic examination was more uncomfortable than most."

Obviously, the diethylstilbesterol made the patient nauseous. Thereby, even the telephone came in for its share of criticism: "The next morning, I tried the rape number again but it was out of order. It stayed that way for six hours. I reported it to the telephone company and the hospital switchboard."

It is amazing how an individual writing under a by-line can be so inaccurate in her account. Concerning the time, she stated "She kept a light, easygoing conversation going for an hour before the doctor arrived." The time from when the patient was logged in at the hospital to the author's arrival was much less than an hour. She got the name of the nurse who was with her most of the time wrong. The "massive shot of antibiotic in each hip" was incorrect in dosage. She wrote that the author wore "a striped T-shirt." He did not. In her fantasy, the writer noted "Dr. Arthur Schiff shook hands with me while I was in that improbable position," that is, in stirrups. The author, in the many hundreds of victims and alleged victims he has been called to see, has never shaken hands with any of them.

Discussion

The author remembers, as a boy, all arguments and disputes concerning current events were often terminated by one authoritative statement "It has to be true; I read it in the paper." Reading a supposed fact in the newspaper was irrefutable evidence of its veracity; it was the gospel written in black and white. As time passed, however, and as the author was able to recognize many errors, misstatements, and ways of presenting slanted news, his childhood faith became eroded to the point where he read everything in the lay press *cum grano salis*. In action and in person, he found the "gentlemen of the

press" abominable. He recalls clearly the year 1953 when his ship, the *S.S. General Weigel*, was the first to enter New York harbor bearing Korean veterans and how these same "gentlemen of the press" shoved and pushed each other out of the way in a typical mob scene in order to get at a particularly decorated war veteran.

In this report, it is clearly reprehensible that an intelligent (?) newspaper woman would report to authorities that she had been raped in order to get a newspaper story. In the same vein, one would expect this woman to enter a doctor's office and complain of severe right lower quadrant pain in order to learn how a surgeon would remove her appendix. Nor would it be too farfetched for her to cry "Fire" in a crowded auditorium, night club, or theater in order to study the reaction of people.

It appears the main objective in the newspaper world is to "get the story," not to provide a public service. Further, it appears that ethics, moral principles, and responsibility are unknown words to those people who are known collectively and euphemistically as "The Fourth Estate."

The author surmises that before embarking upon her misadventures, the reporter consulted an attorney who probably warned her to steer clear of the police. The attorney would know that making a false report of the commission of a crime is a misdemeanor [8] in Florida of the first degree, punishable by a fine not to exceed \$1000 [9] or "by a definite term of imprisonment in the county jail not exceeding one year" [10]. The latter may have influenced her determination not to file a police report or have any relationship with the police.

Furthermore, in her zeal to obtain a by-line story, the author supposes that the reporter gave no heed to the expense involved and borne by the taxpayers in presenting herself falsely as a rape victim. It has been estimated that for every victim or alleged victim who presents herself at the Rape Treatment Center, Dade County spends a minimum of \$100 for the physician's fee; medication; hourly wages of nurses, CIC members, uniformed police officers, and homicide detectives; and clerical work. Depending upon circumstances, this expense can easily and quickly rise to \$400 or \$500.

Summary

A case has been reported which adds a new and unusual dimension to false rape allegation and gives a heretofore unknown motive for a woman to claim a bogus rape. A female newspaper reporter entered a hospital, stated falsely that she had been sexually assaulted, allowed herself to be interviewed and then examined by the author, and accepted and took medication, all because she wanted to "find out how a rape victim is treated at the new Rape Center and I was pretending to be a rape victim."

Rape center workers must be alert to spurious claims of unprincipled and deceitful women.

References

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[8] FSA 817.49.

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[10] FSA 775.082 (5) (a).

3200 Kirk St.
Miami, Fla. 33133