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The Use and Abuse of the Rape Treatment Center

From its inception in March 1956 until 1 Feb. 1974, the Dade County Medical Examiner's Office by statute [1] was charged with the medical investigation of all sex crimes, including rape, sodomy, and "any criminal sex offenses." A system set up for this purpose, although slightly disorganized, became operational and appeared to function fairly well. The medical examiner's office performed three functions: managing a telephone answering and calling service for the various doctors on the panel, acting as a fiscal agent for the doctors in submitting their monthly bills to the proper county office, and serving as a central repository for the official reports. Office personnel, although regarding the unit as contrary to the usual functions of medicolegal death investigations, fulfilled their responsibilities.

The office did not publicize this activity but responded promptly to the request of either a police agency or a private party to examine an alleged victim of a criminal sex offense. There were, however, certain unsatisfactory conditions inherent to the situation, not the fault of the medical examiner's office. The doctor had no designated space to interview and examine the alleged victim; he had to rely on the changing needs and availability of space in the county hospital's emergency department. Occasionally, a doctor had to wait outside an occupied cubicle with an hysterical patient at his side for 15 or 20 minutes while some inexperienced intern or resident within was acquainting himself with his patient's problem.

The examining doctors had no standard method of interviewing and inspecting the victim, nor even of writing a report. Each used that particular method which seemed best for himself.

In some instances it was difficult or even impossible to find an unoccupied nurse or female attendant to stand by both as an assistant and a witness. Many times, after waiting 15 minutes or more for any kind of female attendant, the author has proceeded with the risk of an examination without a female in attendance.

Often, no attention was paid to the victim's psyche unless she were obviously hysterical or uncontrollable. Under those conditions, a psychiatric consultation could be secured; otherwise, no one with a psychiatric background would see the victim. Instead, the important points were to treat the patient for any physical injuries sustained during the incident, to give prophylactic medication, and to obtain physical evidence to be used in any future litigation.

No "rape kit" was prepared and ready for instant use. Rather, the doctor would scavenge for whatever instruments or supplies he needed. Several times the author had to wait for a speculum to be sterilized.

Under these primitive conditions, it was no wonder that "only 10 percent of all such crimes are reported" [2] or that there are "a significant number of rapes which women choose not to report to the legal authorities" [3]. This is not to say that these conditions

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were the only reasons for the reluctance of many victims to report the crime. There were and are many other reasons, but it appears that the two chief ones were (1) the callous manner in which the victim was treated by all concerned, including police officers, district attorneys, and defense attorneys, and (2) the belief that nothing but more problems and frustrations would arise by filing a report.

It was necessary and inevitable that a more compassionate and workable program should evolve from the rather elementary and basic system of caring for the rape victim, particularly in view of the increased incidence of the crime. Women's liberation groups, feminists, and consciousness-raising groups instigated a movement which eventually pressured county officials into recognizing an urgent need to treat rape victims more as human beings who had undergone an extremely traumatic experience. Money was appropriated for this cause, and the examination and treatment of sex crime victims were transferred from the Dade County Medical Examiner's Office to the Department of Obstetrics and Gynecology of the University of Miami's Medical School. The medical examiner retained control over sex crime victims who had been killed in the commission of the crime. It is interesting to note that in the 4 years just prior to giving up the service, the Medical Examiner's Office saw, at most, 440 alleged victims annually (Table 1).

TABLE 1—*Rape cases seen by the Dade County Medical Examiner's Office and the RTC.*

Year	Medical Examiner's Office Cases, no.	RTC Cases, no.
1970	297	...
1971	379	...
1972	440	...
1973	337	...
1974	...	659
1975	...	768

With much fanfare, a ribbon-cutting ceremony, and a hot line telephone, 325-RAPE, the Rape Treatment Center (RTC) opened as a functioning unit in January 1974. Not only did the newspapers and radio give much coverage to the event, but frequent spot announcements on television publicized the hot line telephone number. One reporter, in order to test the efficiency of the RTC, went so far as to claim falsely [4] that she had been raped and submitted herself as a patient.

Referring to the RTC, a recent article [5] announced, "Things are different now." They certainly are. For one thing, the use of the hot line guarantees the victim an immediate and direct response from the Crisis Intervention Center regardless of whether the police authorities are notified or not. Previously, a victim was examined only at the request of police or juvenile authorities. If she did come on her own to the hospital, police were routinely notified by the charge nurse and entered the case. The only way the victim could halt this police intervention was to sign a "waiver of non-prosecution."

From the time the victim/patient is met in the emergency department lobby by a member of the RTC, there is an uninterrupted continuum of interviewing, examining, treating, and counselling with as little annoyance or embarrassment as possible under trying circumstances. There is no standing at the admissions desk, no waiting, no pressuring of any kind, and no slack in courteous treatment even when the victim's story may be open to suspicion. The whole approach of solicitude for the victim is a responsive commitment of the RTC to accept all victims at face value and to respect their confidentiality if requested not to notify the authorities of a crime. One of the ideological concepts of the RTC is to draw into the RTC as many victims as possible, especially those women who

formerly would not have sought any comfort or treatment, but, instead, would have suffered in silence. Table 1 shows the number of cases entered into the RTC's log from the beginning to the present. In one year there was almost a 100% increase in victims. To one who peruses the figures, it may appear that the various estimates of police officials on the ratio of report-nonreport victims may be conservative.

Some people may congratulate the RTC for bringing many more victims "in from the cold," women who, under other circumstances, would hesitate to report the crime. The author has no doubt that many bona fide victims have responded to the RTC's offer of assistance. However, it seems to him that in some instances the publicity has backfired by bringing into the RTC many more questionable cases than were formerly seen. Many alleged victims are taking advantage of the RTC's open-handed policy and have not been completely honest with RTC personnel. For example, the author has spoken to women who have come to the RTC 3, 4, and even 5 days after an alleged incident. The details of their stories were vague and seem to have been woven of pure fantasy. Often an alleged victim wants no police intervention although she claims to know the assailant. Her chief purpose in presenting herself at the RTC is treatment of an annoying vaginal discharge which many times turns out to be gonorrhoeal. The author suspects this patient could have gone to her own private physician or to a gynecology clinic. However, word has gotten around that there is no waiting for care at the RTC and, more important, no fee is charged although the cost to the county (and, subsequently, the taxpayer) has been figured at the minimum to be approximately \$66.

Another type of patient at the RTC is the prostitute who either was not paid the agreed-upon fee or who doubled her fee after the "trick." Recently, a 29-year-old woman came to the RTC claiming to have been sexually assaulted. When the police ran a routine check on her while she was at the RTC, it was learned she had been arrested twice for prostitution, once for loitering, once for forgery, and once for assault and battery. The man in the case had been apprehended and readily admitted he had had coitus with the alleged victim but had balked at paying for her services when she doubled the original fee.

One is not to presume that a prostitute is not entitled to the full protection of the law. It has been emphasized many times that she should be given the same consideration as anyone else. However, the police, the state's attorney, and, finally, the jury view with great skepticism whatever she says.

A 19-year-old woman, with a much-aggravated air, was brought to the RTC by police with the following story: she had purchased gas at a service station close to her motel and had been overcharged \$10. She contacted a police officer in a patrol car, asking his assistance in recovering her \$10. The officer, according to her, said he would be off duty in 15 minutes, at which time he would return and help her. He did return shortly, and the woman claimed that he "came into the room and forced himself upon me. He was such a big man and I was such a tiny girl, I didn't think I could fight my way out of it." Then she added, "He'll pay for this."

When contacted, the officer reluctantly admitted that he had had sexual intercourse with the alleged victim, but that she had initiated the action and that afterwards he had refused to pay her. After an investigation, the case was marked "Unfounded."

A 27-year-old woman claimed to have been accosted on the street in broad daylight by two men in a car. One jumped out and pushed her into the car. She was given some white tablets and lost consciousness. She posed the question, "Have I been raped?" She had not been, and the motive for the account she gave was never learned.

Another case was that of a 19-year-old female who alleged that at 3 a.m. she had met an unknown male who, at her request, agreed to give her a ride home. However, once in the car, the alleged assailant drove to a deserted warehouse district and raped her. Afterwards, the couple drove to a liquor lounge, the girl went in alone, purchased a

bottle of Scotch whisky, came out, and reentered the vehicle. Officers in a patrol car noticed the victim hanging out of the car window and flagged the car to the curb. The girl stated that the man had raped her. While interrogating the two, the officers noted an unusual bulge in the girl's pubic area. Investigation proved the bulge to be about ½ oz (14 g) of marijuana and the girl was placed under arrest. Because she had made an accusation against the driver, she was taken to the RTC for examination. Evidence pointed to recent sexual intercourse. After much questioning of the victim, the case was marked "Exceptionally cleared."

Another case involved a 15-year-old, self-admitted prostitute who had been in Miami less than 24 h. She went to a motel room with two men and, for reasons known only to the three of them, was beaten with a coat hanger and a wet towel. After the beating, both men had intercourse with the girl. They then left the room. The girl phoned her mother in New York, telling her of the incident. The mother called the probation officer who, in turn, notified the Dade County Public Safety Department. Knowing the above account, the investigating officer still brought the alleged victim to the RTC.

From these cases, which are only a few of many, one can see some kind of a screening method must be put into effect. Otherwise, in time, the RTC will lose its original purpose.

On hearing the word "rape" the authorities are galvanized into action. They are afraid not to believe an alleged victim. If the RTC refuses service to a spurious rape victim, the question is always uppermost in everyone's mind: "What if she goes to the newspapers?" One high official, privately interviewed, asked, "Can you just see the headlines: 'Rape Victim Refused Aid At RTC!'" Despite the truth or falsity of the allegations, the author's source indicated that the news media would have a field day.

It would also appear that feminists are standing by for one misstep, one wrong move, to jump into the fray, either because they are seeking individual notoriety or because they believe fiercely in the cause they are fostering. As Ricketts [6] aptly put it: "Supporters of Women's Lib are noted for ferreting out one thing or another that is not to their liking and putting it to rights— *their* rights."

In any event, the authorities and elected officials are overly cautious.

Nothing unfavorable, depreciatory, or disparaging can be said of any woman alleging rape despite the circumstances and despite the fact that there may be no substance to the charges. It seems as though the pendulum has swung completely over to the other side from the time the desk sergeant could look down at the rape victim standing before him and question, "How can you say you got raped, lady? I don't see any marks on you."

Recently, a local newspaper [7] headlined, "Study of Rape Cases Finds Victims Subjected to Unnecessary Anguish." How the study was made is unknown to the author, but such is not the case at the Dade County RTC. Because organizations like Women Organized Against Rape and the National Organization for the Prevention of Rape and Assault have demanded it, women have been placed on special rape squads and in some instances are in charge of these squads. In many cities, officers have attended "sensitivity" classes. The alleged victim does not have to wait in line along with other emergency cases, but she is rushed through to a physician. The author has seen many women catered to when there has been much doubt in his mind as to whether the alleged incident did, in fact, occur. Everyone must keep a straight face and go through the motions, otherwise—as one examiner put it—"there'd be hell to pay."

The author, who has attended sensitivity classes, is far from unfeeling when it comes to a bona fide victim, but believes a screening method should be put into operation based on certain criteria:

1. The time which has elapsed between the alleged incident and the hour when the victim presents herself to the RTC should be considered. One of the author's patients, who raised grave doubts in his mind about the authenticity of her account, came to the

RTC 5 days after the alleged incident. She gave no reasonable explanation for the 5-day delay in reporting the episode. If a victim cannot decide within a 3-day period whether she wishes to consult with the RTC, then she should be routinely referred to the gynecology clinic. After that time delay, no physical evidence can be obtained.

2. Regardless of how deep the empathy a man or woman may feel toward the alleged rape victim, the investigating officer—and it is assumed he or she is an experienced one—should have some leeway in deciding whether to bring the victim to the RTC. If he believes the account to be patently false, he should not be inhibited or coerced by the word “rape.” He should explain to the victim the various flaws in her story. The author was present once when two investigators were interviewing an alleged victim, a known prostitute. After the investigators pointed out several contradictions in her story, she suddenly stood up, uttered an obscenity, and flounced out of the office.

3. At the present time, the triage nurse and the charge nurse in the emergency department merely function as cogs in the machinery. As soon as the rape victim announces herself, the triage nurse hurriedly pages the charge nurse who, in turn, hurriedly calls the doctor and the nurse who will accompany the victim. If the triage nurse were to be given the authority to ask more questions other than the patient’s name, address, date of birth, and next of kin, she could learn whether the victim wanted police intervention, whether she would file charges, whether she would prosecute, whether she felt she needed psychiatric assistance. Many times all a victim desires is medication to avoid pregnancy and prophylactic medication for disease. In those instances, the RTC need not be used at all.

Summary

The author acknowledges the fact that the new system of managing alleged rape victims via the RTC is superior to the former method. The RTC has performed very well, giving aid and succor to rape victims. However, it appears that the unit has attracted some individuals who are not completely truthful and have given fraudulent accounts to investigators. Methods have been suggested to screen out these persons.

References

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