

CASE REVIEW

False allegations of rape in adults

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SUMMARY. The term 'false allegation', when applied to rape and assault, is a difficult concept for forensic medical examiners and the police to comprehend. Reliable evidence about how prevalent these allegations are is hard to obtain. This paper is a transcript of the oral presentation given at the 6th Cross-Channel Conference in Clinical Forensic Medicine held in Southampton, May 14-16th, 1998.

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INTRODUCTION

'False allegation' is a term frequently used in discussions of interpersonal crime. Though simple on the surface, the term becomes vague and complex under scrutiny.¹ Allegations of rape are particularly difficult to classify as 'true or false', partly owing to the paucity of any third-party corroboration.

Attempts to obtain any reliable information about 'false allegations' in adults are extremely difficult. The incidence of reporting appears to vary from lows of 0.25% to 100% making one suspect that inordinate biases are clearly at work.²

The following case report illustrates the extreme end of the spectrum of false allegations, as it describes a woman with Münchhausen's syndrome.³ The report is followed by a review of some of the research undertaken to date in adults, and highlights some of the difficulties facing police and forensic medical examiners (FME).

CASE REPORT

A Caucasian female claiming to be 15 years old alleged she was raped and indecently assaulted by a black suspect when she was walking from the refuge in which she was staying to a shop to buy some cigarettes. The assault she described was prolonged, harrowing and complex. (Table 1.)

However, on examination she looked considerably older than her stated years, had bruises consistent

Table 1 List of allegations made by victim.

List of allegations

Threatened with a broken bottle
Pushed into a car in an unlit garage
Subject to oral sex with ejaculation into her mouth
Punched about the head
Bitten on both breasts
Raped
Bugged
Several objects inserted into vagina

with intravenous drug abuse up both forearms and old 'self harm' wounds at the (L) wrist. Furthermore, the breast bruises were finger tip sized and grouped in a pattern consistent with pinching and not bites. Transfer to hospital was undertaken as the various objects seen within the vagina were impossible to remove because of her 'distress'. In hospital an examination under anaesthetic (EUA) enabled nine symmetrically broken pieces of wax crayon to be retrieved from her vagina. She developed a convincing pseudo 'status epilepticus' type of illness 12 hours later, which required admission to the ITU for overnight sedation, intubation and ventilation. Urine toxicology confirmed the presence of morphine and benzodiazepines. She immediately took her own discharge when re-interviewed by the police in light of what they had learned via the police national computer.

Their information confirmed her multiple false aliases, her claims to be a young teenager who had been raped and indecently assaulted in a similar manner, her pattern of self harming and having pseudo fits. She has subsequently been admitted to several other hospitals with similar allegations, and has had at least one further EUA and laparoscopy.

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DISCUSSION

Definitions of false allegations

What exactly does one mean by the term 'false allegation'? Definitions in common use of the word 'false' include 'not true, artificial, lying, or misleading'. Black's law dictionary⁴ adds the following: 'deceitful, intentionally untrue, dishonest, fraudulent, and not according to truth or reality'. It also defines the term 'allegation' as 'the assertion, declaration or statement of a party, i.e. what he expects to prove.'

In addition to these definitions one must consider those allegations which are:

- retracted (for whatever reason),
- malicious (planned allegation of lies)
- not proceeded with (e.g. pressure from suspect/fear of court)
- not proven (no perpetrator found)
- mistaken (interpreting a coercive sexual experience as 'rape', i.e. that a victim has assented rather than consented to sex)
- coerced (the extra-marital affair – trying to appease the husband).

Furthermore, an allegation may be considered to be false with respect to the perpetrator, the act(s) and the setting.⁵

Given the multi-layered complexity of the words 'false allegation', perhaps one of the simplest definitions to use when considering them is that of Margaret Aiken's⁶ who states:

A false allegation is a statement that is unproven and untrue in the spirit of deliberateness or deceit

Role of the police in verifying allegations

Reporting rates by the police for false allegations of rape worldwide vary enormously. One reason for this is the enormous variation within law enforcement agencies in practices of recording crimes of rape. False allegations are often included within the term 'unfounded rape allegation' (a term which includes, amongst other things, situations where the victim cannot be subsequently found, no workable description of the assailant is forthcoming, or the refusal of the victim to prosecute).

Partially in response to the media-highlighted police practices within Thames Valley Police when interrogating a rape victim some years ago, the Metropolitan Police Service have produced codes of practice which are followed by officers investigating allegations of rape. These dictate clearly the situations in which an allegation of rape is recorded as a 'no crime' statistic⁷ (Table 2).

Research findings in connection with false allegations

Studies aiming to unravel and understand the concept and extent of 'false allegations' are generally of two types, either anthropological/sociological or psychological, i.e. statement based.

Kanin studied one police agency in a small metropolitan town in Midwestern USA.² Over a 9 year period, 109 rapes were reported, and of these 41%, i.e. 45 cases, were recorded as false allegations.

This study showed that these false allegations appeared to serve three major functions for the complainants. These were:

1. 56% – providing an alibi
2. 27% – seeking revenge
3. 18% – obtaining sympathy and attention.

Zaparniuk et al. devised a psychological-based research tool known as Statement Validity Analysis (SVA).⁸ It provides a model to analyse statements made by complainants in order to assess their truth or otherwise, and is based on the assumption that, 'Only true statements are influenced by the cognitive processes involved in recall.'

SVA consists of two components: a validity check list, which assesses broad features of the witness' statement; and a Criteria-Based Content Analysis, which assesses the presence or absence of several features that often characterize true statements. In this study they proposed that a credible statement was indicated by the presence of criteria 1–5, plus any two others, or criteria 1–3 plus any four of the others, as listed below in Table 3. However, they concluded that the only criteria which successfully and consistently discriminated reliably was criteria 2, i.e. spontaneous reproduction.

Charles McDowell retrospectively analysed 1000

Table 2 The Metropolitan Police criteria for the recording of a 'no crime' statistic in allegations of serious sexual assault.

Allegation recorded as 'no crime' when:

- The victim admits the allegation was false and makes a written statement of confirmation
- The victim's evidence is substantially contradicted by the forensic examination or an independent witness
- There is substantial evidence that the victim is suffering from delusions
- The victim is making an allegation for a specific and inappropriate reason

Table 3 Criteria for Content-Based Criterion Analysis (CBCA).⁸

Criteria for Content-Based Criterion Analysis (CBCA)

Coherence – Consistency and coherence of statements, collection of different and independent details that form a coherent account of a sequence of events.

Spontaneous reproduction – Narratives are presented in an unstructured fashion, free from an underlying pattern or structure.

Sufficient detail – Abundance of details.

Contextual embedding – Statements that place the event within its spatial and temporal context.

Description of interactions – Descriptions of interrelated actions and reactions.

Reproduction of conversation – Verbatim reproduction of dialogue.

Unexpected complications during the incident – The reporting of either an unforeseen interruption or difficulty, or spontaneous termination of the event.

Unusual details – Inclusion of detail that is not unrealistic, but has a low probability of occurrence.

Peripheral details – Vivid and concrete descriptions of superfluous details.

Accurately reported details not understood – Inclusion of actions and details that are not understood by the witness, but may be understood by the interviewer.

Related external associations – Reference to events or relationships that are external to the event of immediate focus.

Accounts of subjective mental state – Accounts of the witness's own cognitive and emotional state at the time of the event.

Attribution of perpetrator's mental state – Statements inferring the cognitive and emotional state of others involved in the event.

Spontaneous corrections – Spontaneous corrections of one's statements.

Admitting lack of memory – Spontaneous admission of lack of memory.

Raising doubts about one's own testimony – Raising objections to the accuracy of recalled information.

Self-deprecation – Inclusion of unfavourable, self-incriminating details.

Pardoning the perpetrator – Providing explanations or rationalizations for the offender's actions.

Reports of other's action – Reports of other's actions that did not occur in the context of an interaction.

'verified true rape cases' and compared them with 1000 that he described as 'verified false allegations', although he provided no details as to how these statements had been verified as false.⁹ A total of 33 variables were explored covering victimology, offender behaviour and forensic issues. The true and false groups were then compared using stepwise discriminant analysis. Based on this, a threshold checklist was developed with weighted scores ranging from 0 to 5 attached to each yes or no response. The checklist contained a total of 57 items grouped under seven headings (Table 4).

McDowell concluded that an allegation was equivocal if the score was 0–15. A score of 36–75 was regarded as being a false allegation, and a score over 76 he classified as 'overkill'. His top five scoring questions in his checklist are shown in Table 5. Questions 1–4 are under the heading of 'physical and medical evidence', and would be easily noted by any trained FME.

He concluded first that this research tool may be useful as a structured investigative logic device and, second, it may serve as a useful tool in guiding the overall direction of an investigation. However, no study to date has been published using his checklist in any prospective forensic situation.

CONCLUSION

There are common misconceptions that police officers, doctors (particularly FMEs) and other professionals are good at discerning whether someone is telling the truth or not. This article reviewing the concept of false allegations has highlighted some of the

Table 4 McDowell's threshold checklist headings.

| |
|---|
| Initial complaint |
| Nature of the allegation |
| Suspect description |
| Physical and medical evidence |
| Victim's attitude |
| Assailant's communication |
| Victim's personality and lifestyle issues |

Table 5 McDowell's checklist 'top five scoring questions'.

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1. Does the victim display any cross-hatching scratches to the face?
 2. Does the victim display shallow scratches to the face, neck, breasts, thighs or stomach?
 3. Do any lacerations display hesitation wounds?
 4. Does the victim display any writing on her body allegedly done by the assailant?
 5. Does the allegation solve a problem for the victim?
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difficulties in establishing the truth or otherwise of a rape allegation.

A false allegation may, at best, only be regarded as a 'statement that is unproven and untrue in the spirit of deliberateness or deceit'. However, one can conclude that, whilst there is no doubt that false allegations do occur, there is no reliable evidence that false allegations in adults are widespread.

The lack of published research within the UK into the problem of false allegations is alarming, and one may reiterate the words of other professionals who state that there is an urgent need for the Home Office to fund research into the area of False Allegations.⁵

On a cautionary note, professionals outside of the Criminal Justice System should not in any way be setting themselves up as alternative 'determiners of

truth'. However, as an FME, we not infrequently conclude an examination of a victim with some private sense of the truth, or otherwise, of what has been alleged – the so-called 'gut feeling'.

Finally, one of the most important points in this paper regarding false allegations must not be lost: it is that we need to make sense of false allegations in order to discover the purpose served for the victim by such an allegation. Even if it is determined that there has been a false allegation, the case should not be closed. For a person to abuse the process in this way there must be an unmet need.⁶

It was Hippocrates who is credited with this final quote, the parentheses are the authors'.¹⁰

It is more important to know what kind of person has the dis(ease) than what kind of dis(ease) the person has

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