# False Allegations: The Role of the Forensic Psychiatrist

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Forensic psychiatrists are often asked to evaluate allegations that some people make against others, particularly health care providers, persons in authority, and parents in custody battles. Allegations based on sexual misconduct, physical violence, or child abuse carry a particularly charged quality. The sensational nature of such charges is often unsettling, touching emotional issues in both the accused and the examiner.

## Allegations Against Clinicians

When patients make allegations against doctors or other health care professionals, review boards and medical ethics and review committees are often polarized and may find it quite challenging to ascertain the facts. The concepts of "where there's smoke, there's fire" and "there must be at least a grain of truth in every allegation" can be evoked to justify elaborate investigations, which can place the accused in the unfortunate (sometimes impossible) position of trying to disprove a negative. The state ethics committee that the first author chairs reviews many allegations that are credible, as well as others that are not. Dealing with obviously preposterous complaints (e.g., of abductions by aliens) is not the problem. It is much more difficult to unravel overzealous passions raised by any hint that a health care provider (especially a mental health professional) has behaved in a sexually or socially inappropriate manner with a patient.

## Motivations for False Allegations

***Emotional Motivations.*** Some accusers are emotionally troubled, perhaps trying to establish boundaries or seek media attention.

> *In 1994, Kimberly Mays (who had been switched with another infant at birth and was not raised by her biological parents) accused the man who had raised her of sexual abuse. She made the allegation just after meeting her biological parents. The local and national press was filled with reports that the young woman had initially disowned her biological family, then abruptly moved in with them, telling authorities that she had been abused since age 7 by the man who had raised her. Later, she reported that she had fabricated the entire story and that her charges were false. (Orlando Sentinel, 1994)*[1]

A psychological motivation for misrepresenting events and symptoms also occurs in factitious (Munchausen's) syndromes, whether classic or "by proxy." Meadow identified 14 cases of false reports of sexual abuse involving prepubertal children from seven different families, in which the allegations were made by emotionally disturbed mothers.[2] Twelve of the children were alleged to have experienced sexual abuse, one physical abuse, and one both sexual and physical abuse. Thirteen were, or had been, the subjects of factitious reports invented by the mother. The mothers encouraged or taught six of the children to substantiate the abuse allegations.

***Revenge*** is another common motive. In a recent letter to a newspaper "Talking With Teens" column, an adolescent wrote

> *"Dear Dr. Wallace: ... My best friend hates her stepfather. About a month ago, she told me she was going to tell the police that he molested her sexually even though it wasn't true. Well, last week she did just that and has caused a big stink. Her stepfather had to hire a lawyer to defend himself even though he was 100% innocent. He was also tossed out of their house by my friend's mom. The main reason she hates her stepfather is that he made her break up with her 19-year-old boyfriend. My friend is 14. The only people who know that this man is innocent is [sic] my friend, her boyfriend, who also hates him, and me. So that means I am the only one who can save him. What should I do? I really don't want to lose my best friend, and if I speak the truth, I know that she will never talk to me again." (Orlando Sentinel, 1992)*[3]

This month's forensic psychiatry column presents the views of guest columnists Richard C. W. Hall, MD, and Ryan C. W. Hall, BA. Dr. Hall is Courtesy Clinical Professor of Psychiatry at the University of Florida, Gainesville, and has a private practice in Maitland, Florida. Ryan C. W. Hall is a student at the Georgetown University College of Medicine. The views expressed in this column are not necessarily those of the regular columnist, the editors, or the publishers, and should not be construed as specific clinical or legal advice.

***Therapist Error or Collusion.*** *Ramona v. Isabella, Rose & Western Medical Center* (1994)[4] was a watershed lawsuit that dealt with the growing "cottage industry" of (often false) complaints of childhood sexual abuse. It illustrates the risks therapists face when they take active advocacy positions with regard to the credibility and implications of unsubstantiated allegations.

*Holly Ramona, a young woman in psychotherapy, exhibited what her therapist felt were telltale symptoms of sexual abuse. She reportedly dreamed of a snake crawling up her vagina, refused gynecological examinations, and feared men with "pointy canine teeth"—the kind of teeth that reminded her of her father whom she had accused of sexually abusing her. She reported an aversion to whole bananas, melted cheese, and mayonnaise—items, it was claimed, that reflected her trauma over having to perform oral sex on her father. Ms. Ramona had also suffered from bulimia. Her counselor advised the patient's mother that 80% of all bulimia is caused by childhood sexual abuse (an unfounded and untrue statement). After several months of therapy, the patient began having "flashbacks." She was then given sodium amytal to "help her remember" specific details of sexual molestation.*

*Ms. Ramona accused her father of raping her during childhood, and sued him. Although he vehemently denied the accusations, his wife, the patient's mother, filed for divorce. The lawsuit and rumors of abuse also seriously damaged Mr. Ramona's business reputation, causing substantial financial losses. He sued his daughter's therapists, charging that they had planted ideas of abuse in her already unstable mind and in the process ruined his life.*

*Courtroom testimony illustrated the unusual pattern of events that led to the allegations against Mr. Ramona. The California jury found that the culprit was not the father, but rather two therapists who had helped his daughter "remember" alleged abuse that never occurred. They awarded Mr. Ramona $500,000 in damages. The foreman said the jury "felt that there was nothing done [by the therapists] that was malicious. It was more a case of negligence."[5] This became a landmark case and struck a blow against the increasingly controversial techniques of recovered-memory therapy.*

***Accusation to Protect Oneself from Consequences of Other Behavior.*** Children, especially, commonly use false accusations to avoid punishment for (often minor) family or social misbehavior.

*Several years ago, our office had occasion to see a young high school student who was emotionally distraught because, she said, a teacher had fondled her. She had failed one of her courses, and when confronted by her father, told him that she had failed because the teacher was punishing her for refusing his advances. The father became enraged, called the sheriff (an old friend), and had his daughter file sexual assault charges.*

*The teacher was arrested. The local newspaper featured the story prominently. Although the teacher strongly denied any inappropriate contact with the young woman, it was a matter of his word against hers. Even his wife was not sure whether or not to believe him.*

*When the student was being interviewed, she broke into tears and said the situation had gotten totally out of hand. She reported that her father's anger at her failed grade took her by surprise and "that (accusing her teacher) was the first thing that came to my mind." After making the allegation, she felt trapped in her lie and unable to withdraw it.*

*With the girl's knowledge and permission, we called both her father and the sheriff. Charges were subsequently dropped, but the teacher's standing and career in the community were ruined. He and his wife ultimately sold their home and moved to another state.*

***Mixed Motivations: Emotional Needs and Revenge When Needs Are Not Met***

*A young woman with borderline personality disorder complained to a county medical society that her psychiatrist had behaved in a sexually inappropriate manner with her. After a series of assessment interviews, she finally said that she had been angry at her psychiatrist, that he had not given her the attention she wanted, and that she made up the charges to get even. Although she candidly admitted that he had never touched her, she said that she was "sure that he wanted to."*

*Her physician was subjected to a lengthy series of hearings, but the accuser left the state prior to the conclusion of the formal complaint process. The charges were dropped when she refused to pursue them further or attend a hearing to tell her story. The doctor had been made to "pay the price" for not meeting her narcissistic and borderline needs in the way she wished at the time.*

**Assessment Guidelines**

This group of examples suggests that false allegations occur in a variety of contexts, and emphasizes the need for psychiatrists evaluating such charges to be painfully objective and to realize that false allegations do occur with some regularity. Knight noted that "a significant

proportion of allegations of rape and indecent assault reported to the police are found to be untrue. This is often hotly denied by women's groups, but is an indisputable fact... However, (it is) equally true... that only a minority of real sexual assaults are reported to authorities" (p. 134).[6] Myers noted that some 45% of allegations of sexual abuse in the United States are unsubstantiated.[7]

Forensic psychiatrists and other mental health professionals must remember that although allegations are often genuine, there is an almost equal number of cases—if Myers' data are to be believed—in which they are not. Complete and objective assessment is always required, and especially so when accusations emerge in contexts such as the following:

- Certain kinds of mental illness and character traits (particularly in allegations against clinicians). One should note poor doctor-patient relationships, whether real or perceived, patients with psychotic or delusional symptoms, certain hysterical and factitious disorders, some fragmenting or dissociative disorders,[8] and those with substantial borderline, inadequate, and/or passive personality traits[9]
- Divorce proceedings
- Child custody proceedings
- Situations with the potential for substantial financial reward
- Situations in which the accuser has an emotional or characterological reason to avoid discovery, prosecution, or confrontation with legal (or parental) authority (e.g., those with antisocial personality traits, some substance abusers)
- A history of repeated past allegations, particularly if they have not been fully investigated
- Unusual timing of the accusation or alleged event (e.g., alleged "date rape" within an otherwise close and stable relationship, or accusations made only when some sort of secondary purpose or reward is evident).

Obtaining a full and complete history, including gathering corroborating information, can make the difference between finding the truth and causing lasting harm to an innocent person.

*A university professor was accused of attempting to impose sexual activity on a coed with threats that, should she fail to satisfy him sexually, she would receive a failing mark in his class. The coed also alleged that he had fondled her and called her repetitively at her home. Her charges, which were made in elaborate detail, initially sounded credible and were taken seriously by the university. The professor was placed on administrative leave.*

*Toward the end of her evaluation, the complainant reported that she was distressed that one cannot trust teachers, saying "they always do this sort of thing." When questioned about whether or not she had experienced this in the past, she reported that she had been sexually accosted by both the principal of her high school and a band director. In addition, several years earlier she had filed charges of rape against a local sailor. Her allegations had caused considerable harm to all the men she accused.*

*The low probability that the same woman would be the victim of four separate sexual assaults led to a careful inquiry into the previous cases. We learned from her parents that the allegations against the high school principal and the band director had been shown to be unfounded, and that they also suspected that her complaint of having been raped by the sailor was an attention-seeking device. When this information was made available to the university, the charges against the professor were dropped.*

*In another case, a police officer was accused of trying to drag an intoxicated woman into the woods to have sex with her. During a careful inquiry, she reported that a similar situation had occurred in a faraway state under similar circumstances (when she had been stopped by a highway patrolman for driving while intoxicated and speeding). The fact that there had been two allegations made under almost identical circumstances, and the alternative possibility that the woman was attempting to avoid being held responsible for driving while intoxicated, weakened the credibility of her allegations.*

Many ethics guidelines and state statutes require therapists to encourage their patients to report certain abuses to protective or law enforcement agencies. Matters may be made worse, however, rather than better, if the therapist presses the patient to report before assessing the situation thoroughly and objectively.

Psychiatrists and other clinicians involved in evaluating allegations must remain impartial, be aware of their own biases, and resist inappropriate pressure by other members of the assessment team (who may have their own agendas or identify too strongly with the accuser). The assessment should be methodical and cautious, especially when forensic proof is lacking. Even when forensic evidence is present, mental health professionals should remember that they are not qualified to interpret data that are outside their area of expertise. Conclusions should be reached only after carefully reviewing all objective facts (and understanding when such facts are lacking or incomplete), carrying out a detailed history and examination, and seeking corroborating material from disinterested sources. Opinions should be couched in terms of relative probability, not certainty, with appropriate disclaimers to describe (often inevitable) weaknesses in the assessment process.

### Techniques to Avoid During Assessment

Regressive techniques (especially hypnosis), inferences about early sexual trauma from dreams or symptoms (such as gastrointestinal complaints), and nonstandardized or non-validated "tests" such as figure drawing should never be used as primary (or even secondary) evidence of abuse. Although some of these are helpful in treatment as therapeutic material or points of association or discussion, they are far too generic and unreliable to be a basis for professional opinions about real events, much less for reporting or prosecution.

Sometimes the person being evaluated has already seen an attorney. If so, it is important to understand as much as possible about the legal context of the assessment, and to inform the evaluee of one's role and "agency" (i.e., for whom one is an "agent"—an attorney? the police? a judge?). The attorney should not be present during the assessment unless it is absolutely unavoidable. Except in extraordinary circumstances (such as for the safety of the clinician or evaluee), interviews should be individual only. In my view, this caveat also applies to teams of evaluators; most situations call for only one clinician and one evaluee.

The clinician should be aware that lawyers often coach their clients about what to expect (and sometimes what to say) in assessments. One may ask about this in some innocuous way (e.g., "Is there anything in particular that your lawyer wanted you to tell me?"), and try to ascertain whether or not the evaluee has reviewed diagnostic criteria (for example, the DSM criteria for posttraumatic stress disorder).

Children should not be seen without appropriate permission from a parent or guardian. Group interviews of, for example, children or adults who allege abuse in a school or workplace should be avoided except for superficial (e.g., introduction) purposes. Even then, care should be taken not to introduce bias or information that might encourage collusion (conscious or unconscious) among accusers.

### The Last Word

The clinician has a responsibility to be fair to both the accused and the accuser. One should make a careful, detailed review of the allegation and the accuser's mental state and circumstances. Some key factors to be considered in the evaluation of any allegation are listed in Table 1. Relatively unsupported allegations should be examined with cautious skepticism and an unwillingness to jump to absolute conclusions in the absence of specific, credible evidence.

Finally, forensic evaluation should be done by qualified, experienced clinicians who have some understanding of both the clinical and the legal issues involved. It is often very difficult to find the truth, especially when most or all of the "evidence" is self-reported or subjective. Psychiatrists and other mental health professionals are not policemen or investigators; when we place ourselves in those roles, we usually do a bad job. Nevertheless, we can contribute in many cases, provided we have appropriate knowledge and training, and know our limitations and stay within them.

**Table 1. Some factors to be considered in evaluating patients' allegations**

1. Is accuser creditable?
2. Is story consistent and believable?
3. Is there an ulterior motive (e.g., revenge, reward, mischief)?
4. Have other allegations been made previously? Does a pattern of allegations exist?
5. Has the patient been counseled about his/her charges by someone with a vested interest?
6. Is there any physical evidence of misdeeds?
7. What is the reputation of the accused?
8. How does the accused respond to the charges?
9. Are issues of child custody, property settlement, divorce, or lawsuit involved?
10. Is there a personality disorder (e.g., antisocial, narcissistic, borderline) in either party?
11. Is there a history of alcohol or substance abuse in either party?

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