

Pilot Study to Assess the Viability of a Rape Trauma Syndrome Questionnaire

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Abstract

Introduction: Studies have revealed that rape victims undergo a number of psychological symptoms following the attack, which constitute a specific syndrome termed the rape trauma syndrome (RTS). Evidence of the RTS has been admitted as scientific testimony in the prosecution of sexual offences and has been integral in their successful conviction. The present study aims to assess the viability of a questionnaire designed to identify the RTS in victims of alleged rape. **Materials and Method:** A 77-item rape trauma syndrome questionnaire (RTSQ) was developed and administered to 30 women who reported rape and 57 nurses who formed the control group. The data were analysed using the Statistical Package for the Social Sciences (Windows Version 6.0). **Results:** Statistical analysis suggested that the questionnaire was internally consistent and effective in uncovering significant differences between rape victims and controls in their experience of rape trauma symptoms. Rape victims scored significantly higher than controls on the RTS scale. Those who faked rape were also found to endorse a greater number of the rape trauma symptoms than actual rape victims, as well as a greater number of fictitious and unlikely symptoms. **Conclusion:** This pilot study confirmed the viability of the RTSQ and paves the way for a more rigorous examination of its reliability and validity. In the future, the questionnaire may be of use in ascertaining the veracity of victims' claims of rape in the conviction of sexual offences where circumstances are equivocal.

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Introduction

Rape Trauma Syndrome (RTS)

In their 1974 study, Burgess and Holmstrom¹ interviewed a heterogeneous sample of 92 adult females admitted between 1972 and 1973 to the emergency ward of the Boston City Hospital with the presenting complaint of being raped. From the analysis of the responses of these women, the authors identified "an acute reaction to a life-threatening situation", which they termed the "rape trauma syndrome".¹

The RTS constitutes behavioural, somatic and psychological reactions to rape which occur in two phases — an *acute* stage and a long-term *reorganisation* stage. The acute phase starts at the time of rape and continues for the next 2 to 3 weeks, during which time the victim experiences a wide range of intense emotional reactions. In addition, cognitive disorganisation may impair the victim's ability to think calmly and rationally and to engage in

effective problem-solving activities, resulting in erratic and inconsistent behaviours.

The long-term reorganisation phase begins 2 to 3 weeks after the attack and can last for 6 months to a year or longer. Reorganisation efforts revolve around attempts to regain some emotional stability, tackle problems resulting from the sexual abuse, repair disrupted relationships, resume previous sexual relationships and return to work. During this phase, victims report increases in motor activity, experience dreams and nightmares, and develop phobias which were related to the circumstances of the rape.

Studies on the psychological impact of rape on the victim both verified and added to Burgess and Holmstrom's findings.² It was recognised by the American Psychiatric Association as a psychiatric diagnosis when it was included in the *Diagnostic and Statistical Manual of Mental Disorders*, third edition (DSM-III),³ as a post-traumatic disorder, and meets the criteria for post-traumatic stress

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disorder (PTSD) described in *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (DSM-IV).⁴

The Conviction of Rape

Studies have found that the prevalence of rape is relatively high. Beebe et al⁵ found that approximately 15% of patients attending two family medicine clinics in Mississippi reported being victims of rape. In Singapore, with a population of 3 million, the police recorded 118 reports of rape in 1999 and 114 in 2000.⁶

Despite the high rates of reported rape, few reach trial and end in convictions. In the US, less than 1% of rapes and attempted rapes end in convictions;⁷ while in Singapore, 1 in 10 reported rapes end in convictions.⁸ The fact that many victims of rape do not show signs of physical injury disadvantages women in the successful prosecution of sexual offences. Published medical studies in Singapore revealed that only 26% of victims of alleged rape sustained physical injuries.⁹ When such medically-assessable physical indications of rape are lacking, resistance to the rape is in question and the credibility of the complainant is implicated. In these cases, the admission of the RTS as scientific expert testimony would be of help in addressing issues of (i) lack of consent, (ii) the amount of damages amassed by the complainant, and (iii) the expected behaviour of the complainant.¹⁰

Admissibility of RTS as Scientific Expert Testimony

The RTS has so far been admissible in court to (a) prove lack of consent;¹¹⁻¹⁶ (b) prove amount of damages from rape in legal suit;^{17,18} (c) defend culpable behaviour;^{19,20} and (d) explain the behaviour of the victim that appears inconsistent with the claim of rape — e.g., delays in reporting the crime,²¹ memory loss,²² and inconsistent statements.²³ In Singapore, the RTS has also been admitted as scientific testimony in the conviction of rape.²⁴

Rape Trauma Syndrome Questionnaire (RTSQ)

As the RTS may be seen to play an increasingly prominent role in the future conviction of sexual offences, it is expected that a questionnaire would serve as a convenient and accessible way to identify evidence of the RTS in victims of alleged rape who do not display physical signs. Such a discriminative tool may, thus, be used to ascertain the veracity of victims' claims of rape in the conviction of sexual offences where circumstances are equivocal.

The objective of this study was to develop and assess the viability of a questionnaire to be used for this purpose. The hypothesis that rape victims would endorse more symptoms of the RTS as compared to a control group would be tested.

The questionnaire should also be able to discriminate between those who attempt to fake rape and those who

have actually been raped. It is expected that an uninformed person who attempts to fake rape is likely to endorse more of the rape trauma symptoms than an actual rape victim is likely to experience. This is because she has no criteria for determining the number of symptoms a rape victim is likely to experience and is likely to endorse more items in an effort to convince investigators of her reported experience. A second hypothesis, therefore, is that the number of rape trauma symptoms endorsed by those who attempt to fake rape would be higher than those who had actually been raped.

In addition, the person who attempts to fake rape is likely to endorse more Lie items than both actual rape victims and controls, because she is not informed of the actual symptoms of the RTS and has no actual experience that she could use to guide her responses. It is hypothesised then that those who attempt to fake rape would endorse a higher number of Lie items than the actual rape victims as well as the control group. Individual items in the questionnaire would also be analysed for their utility in discriminating between groups.

Finally, it is expected that the more recently the alleged incident occurred, the more intensely the victim is likely to experience the RTS. It is believed that the intensity of the RTS experienced would decrease with time as the victim reorganises her life and learns to cope with the experience. It is thus hypothesised that the number of rape trauma symptoms experienced would increase in relation to how recently the alleged incident reportedly occurred.

Materials and Methods

Sample

A total of 87 subjects participated in the present study. The study sample consisted of 30 adult females who reported rape between 1985 and 1997. Sixteen were classified as "confirmed" rape cases. These were cases that had actually been convicted as rape. The other 14 were classified as "ambiguous", which included cases that had been convicted on lesser charges, such as outrage of modesty. Of the 30 subjects in the study group, 18 were Chinese, 10 were Malays and the remaining 2 belonged to other races. Their ages ranged from 16 to 50 years. Fifty-seven nurses, within a similar age group, formed the comparison group.

Procedure

Questionnaires were sent out to 150 females who had reported rape between 1985 and 1997 through the Criminal Investigation Department of the Singapore Police Force. Thirty-two questionnaires were returned, 2 of which were invalid due to missing data.

Questionnaires were also administered to 68 nurses in

two phases. In the first phase, they were instructed to endorse responses which reflected their personal experiences within the recent few weeks. Upon completion of phase I, questionnaires were collected and a new set of the same questionnaire was distributed. Subjects were then instructed to “put [themselves] in the position of someone who is trying, on purpose, to frame another person of rape in order to get him into trouble with the law or to destroy his reputation”, and “answer these test questions in such a way as to convince the investigators that you have actually been raped”. Eleven questionnaires were invalid due to missing data.

Measure

The RTSQ included 77 items, 64 of which assessed features of the rape trauma syndrome (RTS Scale), while 13 items formed the Lie Scale (Appendix A).

The 64 RTS Scale items were constructed to reflect the findings of a study by Burgess and Holmstrom documenting the common psychological effects experienced by rape victims as well as the DSM-IV description of the post-traumatic stress disorder (PTSD) to which the RTS is related. The common psychological effects of rape victims were described in the Burgess and Holmstrom paper under the following subheadings: (a) somatic reactions (physical trauma, skeletal muscle tension, gastrointestinal irritability, gastrourinary disturbance); (b) emotional reactions; (c) motor activity; (d) nightmares; (e) traumatophobia (described as a phobic reaction to a traumatic situation)²⁵ and compounded reactions (such as depression, suicidal behaviour and alcoholism). Questionnaire items were constructed based on Burgess and Holmstrom's descriptions of these symptoms. For instance, Burgess and Holmstrom reported that “forty-four of the 92 victims changed residences within a relatively short period of time after the rape. There was also a strong need to get away...”.¹ Thus, the item, “I feel I must move to another address” was developed to reflect this finding. Other items were constructed to reflect PTSD symptoms described in the DSM-IV.⁴ For instance, the item “memories of awful experiences suddenly come to my mind” reflects the flashbacks associated with PTSD. Items belonging to each of these groups were distributed randomly throughout the questionnaire. Some of the items were phrased in a contrary manner to reduce response bias and their scores were reversed when computing the RTS sum total.

The Lie scale items were modelled after common lie scale items in standard psychometric questionnaires. The items were randomly embedded in the questionnaire to sieve out false complainants. These ‘lie’ items are fictitious symptoms and are unlikely to be found either in actual rape victims or other psychiatric conditions.

Each of the items was rated along a 4-point scale. The responses for each scale differed depending on the phrasing and content of the item. For instance, the responses for the item “I have tension headaches” were “not at all”, “just the usual”, “more than usual” and “much more than usual” while those for the item “I have a good appetite” were “better than usual”, “usual”, “some loss of appetite” and “appetite is poor”.

Statistical Analysis

The results were analysed using the Statistical Package for the Social Sciences – Windows Version 6.0. Cronbach alpha was used to determine the internal consistency of the questionnaire, while two-sided tests of significance were conducted to compare group differences on the instrument. The level of significance for the independent groups *t*-tests was set at $P = 0.05$. In addition, Pearson correlation coefficient was used to study the association between the RTS score and the reported date of the alleged incident.

Results

Internal Consistency of the Instrument

Cronbach alpha for the RTS scale was 0.93 for the sample of nurses as well as victims. This suggests that the questionnaire had high internal consistency.

Comparisons of Means Across Groups

Independent groups *t*-tests were conducted to assess the instrument's ability to discriminate between the following groups: (1) controls and victims; (2) controls and those faking rape; (3) victims and those faking rape; and (4) “confirmed” and “ambiguous” cases (Tables I and II).

The results of the independent groups *t*-tests revealed a significant difference between victims and controls on the RTS scale ($P = 0.01$). Victims (mean = 17.23; SD = 13.58)

TABLE I: TWO-TAILED SIGNIFICANCE FOR RTS AND LIE SCALES

Comparison groups	Two-tailed significance for RTS	Two-tailed significance for LIE
Controls – Victims	.007 (df = 85)	.083 (df = 38)
Controls – Faking rape	.000 (df = 112)	.000 (df = 67)
Victims – Faking rape	.000 (df = 85)	.000 (df = 84)
Confirmed – Ambiguous	.092 (df = 19)	.036 (df = 16)

Ambiguous: cases that were convicted under lesser offence;

Confirmed: cases that were convicted as rape;

Controls: control group;

Faking rape: group of subjects attempting to fake rape;

LIE: Lie scale;

RTS: Rape Trauma Syndrome Scale;

Victims: group of subjects who reported rape

TABLE II: MEANS FOR RTS AND LIE SCALES

Group	No. of cases	RTS mean	LIE mean
Controls	57	10.17	0.76
Faking rape	57	53.68	8.14
Victims	30	17.23	1.50
Confirmed	16	13.88	0.69
Ambiguous	14	22.64	2.43

Ambiguous: cases that were convicted under lesser offence;

Confirmed: cases that were convicted as rape;

Controls: control group;

Faking rape: group of subjects attempting to fake rape;

LIE: Lie scale;

RTS: Rape Trauma Syndrome Scale;

Victims: group of subjects who reported rape

were found to be significantly higher on the RTS scale than the control group (mean=10.17; SD=10.04). This supported the hypothesis that rape victims would endorse a higher number of RTSQ items as compared to the controls.

A significant difference was also found between victims and those who fake rape ($P = 0.00$). Those who fake rape (mean = 53.68; SD = 13.58) were found to be significantly higher than the victims (mean = 17.23; SD = 13.58) on the RTS scale. This supported the hypothesis that those who fake rape are likely to endorse more of the RTS symptoms than the actual victims.

Finally, the hypothesis that those who fake rape (mean = 8.14; SD = 3.62) would score significantly higher than both victims (mean = 1.50; SD = 2.13) and controls (mean = 0.76; SD = 1.14) on the Lie scale was supported ($P = 0.00$).

In addition to testing the above 3 hypotheses, two-sided tests for significance were also conducted across the “confirmed” and “ambiguous” victim groups on both the RTS and Lie scales. Results revealed that there was no significant difference between the “confirmed” (mean = 13.88; SD = 8.51) and “ambiguous” (mean = 22.64; SD = 16.68) victim groups on the RTS scale ($P = 0.09$). However, a significant difference was found between the “confirmed” and “ambiguous” victim groups on the Lie scale ($P = 0.04$). The “ambiguous” group of victims (mean = 2.43; SD = 2.71) was found to be significantly higher than the “confirmed” group of victims (mean = 0.69; SD = 0.95) on the Lie scale. The reason for the higher Lie rating for the “ambiguous” group of victims is unclear. It may be possible that respondents within the “ambiguous” group of victims had a greater need to exaggerate their symptoms in order to convince investigators of their experience. It may also be possible that these respondents suffered greater distress as a result of having their cases convicted under lower charges, which may have resulted in their endorsing a higher number of Lie items.

Date of Distressful Incident and RTS Score

A significant positive correlation was found between the reported date of the alleged incident and the RTS score, Pearson correlation coefficient = 0.46, $P < 0.05$. Hence, the more recently the reported rape occurred, the higher the number of rape trauma symptoms experienced by rape victims. This is in line with the hypothesis that the intensity of RTS experienced would decrease with time as the victim reorganises her life and learns to cope with the experience.

Discussion

The main objective of this study was to design and assess the viability of an instrument to identify evidence of the RTS in victims of alleged rape in order to ascertain the veracity of claims of rape in the conviction of sexual offences where circumstances are equivocal, such as when medically-assessable physical indications of rape are lacking, resistance to the rape is in question and the credibility of the complainant is implicated.

The results of the study suggests that the RTSQ was internally consistent and was effective in uncovering significant differences between victims of rape and a control group of nurses in their experience of symptoms clustered under the RTS. Statistical analysis showed that rape victims scored significantly higher than controls on the RTS scale, and supported findings that victims of rape experienced a number of symptoms listed under the RTS that were not commonly experienced by those who have not been raped. The questionnaire was also able to discriminate between scores of those who faked rape and those who have actually been raped. Those who faked rape were found to endorse a greater number of the rape trauma symptoms than the actual rape victims. In addition, those who faked rape were found to endorse a greater number of fictitious and unlikely symptoms.

This pilot study confirmed the viability of the RTSQ and paves the way for a more rigorous examination of its reliability and validity. Efforts will be made to address the weaknesses and limitations of the present study in the areas of sample size and data analysis. A larger and better-controlled sample of rape victims will be used in the validation study and efforts will be made to obtain a better-matched group of controls. Factor analysis, which could not be performed in this pilot study due to the small sample size, can be included in the statistical analysis of subsequent studies. Cut-off scores will be obtained to facilitate the discrimination of respondents suffering from the RTS from those who are not. Different cut-off scores may need to be obtained for respondents in different phases of the RTS. These scores can subsequently be usefully applied in aiding the identification of the RTS in victims of alleged rape.

The instrument can be helpful to the forensic expert to concur with his clinical assessment of the alleged rape victim and provide corroborative information that she is indeed suffering from the RTS. The identification of the RTS in the alleged rape victim would subsequently be useful in order to (a) prove lack of consent;¹¹⁻¹⁶ (b) prove amount of damages from rape in legal suit;^{17,18} (c) defend culpable behaviour;^{19,20} and (d) explain the behaviour of the victim that appears inconsistent with the claim of rape — e.g., delays in reporting the crime,²¹ memory loss,²² and inconsistent statements.²³ The RTS should be admissible if (a) the evidence presented only shows the typical reaction to rape and does not make any legal conclusions as to whether the victim was raped, (b) the expert is qualified, (c) a proper foundation is laid, (d) cross-examination of the expert is allowed, and (e) the defense can introduce its own expert testimony of the RTS.¹⁰ As with any psychometric instrument, it is important to bear in mind that the RTSQ is not diagnostic of the RTS and should be used only to augment clinical assessment by a forensic expert trained in its use. It cannot be used as a scientific test that accurately and reliably determines that a rape has occurred.²⁶

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APPENDIX A

(NB: DO NOT GIVE YOUR NAME PLEASE). THANK YOU.

Please read this carefully:

We would like to know if you have had any medical problems and how your health has been over the past few days or weeks. Please answer ALL the items below simply by underlining or circling the answer which you think most nearly applies to you. Please note that we want you to tell us about *present* or *recent* complaints, not those that you have had in the past.

Please read each statement carefully and answer ALL the items. Thank you very much for your co-operation.

Recently (in the past few days or weeks)		1	2	3	4
1	I have been feeling well and in good health	True	Just the usual	Not quite true	Not true
2	I have been feeling in need of a good tonic (e.g. Chinese herbs, medicine, vitamins)	Not at all	Just the usual	More than usual	Much more than usual
3	I have soreness and bruising on parts of my body	Not at all	Just the usual	More than usual	Much more than usual
4	I see light flashes in front of my eyes	Not at all	Not that I am aware	Sometimes	Very often
5	I have experienced a wide range of emotions (e.g. fear, anger, anxiety, depression, etc)	Not at all	Just the usual	More than usual	Much more than usual
6	I keep hearing music in my left ear	Not at all	Not that I am aware	Sometimes	Very often
7	I develop irritation and discomfort in my throat although I don't have a cold, cough or sore throat	Not at all	Just the usual	More than usual	Much more than usual
8	I have tension headaches	Not at all	Just the usual	More than usual	Much more than usual
9	When I am with people, I can hear very strange things	Not at all	Not that I am aware	Sometimes	Very often
10	I feel very tired & fatigued (exhausted)	Not at all	Just the usual	More than usual	Much more than usual
11	Memories of awful experiences suddenly come to my mind	Not at all	Not that I am aware	More than usual	Much more than usual
12	I can sleep at night	Quicker than usual	Usual	Takes longer than usual	Takes much longer than usual
13	I have stomach pains	Not at all	Less than usual	Usual	More than usual
14	I have no problem urinating	True	Just the usual	Some difficulty	I feel pain & burning sensation
15	I have a good appetite	Better than usual	Usual	Some loss of appetite	Appetite is poor
16	I can do my work well	Better than usual	Just the usual	Less than usual	Much less than usual
17	I am embarrassed when meeting people	Not at all	Just the usual	More than usual	Much more than usual
18	I enjoy my normal day-to-day activities	More than usual	Just the usual	Less than usual	Much less than usual
19	I feel as if I must injure myself or someone else	Not at all	Just the usual	More than usual	Much more than usual
20	I fear for my safety	Not at all	Just the usual	More than usual	Much more than usual
21	I feel scared or panicky	Not at all	Just the usual	More than usual	Much more than usual
22	I blame myself for something that has gone wrong	Not at all	Just the usual	More than usual	Much more than usual
23	I feel I must move to another address	Not at all	Just the usual	More than usual	Much more than usual
24	I feel I must go to another country where no one knows me	Not at all	Just the usual	More than usual	Much more than usual
25	I feel very nervous	Not at all	Just the usual	More than usual	Much more than usual
26	I have pleasant dreams	More than usual	Just the usual	Not at all true	Just the opposite
27	I am not afraid of sex	True	Just the usual	More afraid	Much more afraid
28	I want to change my telephone numbers or have it unlisted	No such need at all	Just the usual	More than usual	Much more than usual

Appendix A (Cont.)

Recently (in the past few days or weeks)		1	2	3	4
29	I carried on activities without knowing later what I have been doing	Not at all	Just the usual	More than usual	Much more than usual
30	I find I need my family's support	Not at all	Just the usual	More than usual	Much more than usual
31	I enjoy going out of the house	More than usual	Just the usual	Not at all	Just the opposite
32	I like to be alone	More than usual	Just the usual	Not at all	Just the opposite
33	I like to be in crowds	More than usual	Just the usual	Not at all	Just the opposite
34	I have fear of people behind me	Not at all	Just the usual	More than usual	Much more than usual
35	I need pills to help me sleep	Not at all	Just the usual	More than usual	Much more than usual
36	Although I appear calm to others I am very troubled inside	Not at all	Just the usual	True	Very true
37	I feel like vomiting	Not at all	Just the usual	More than usual	Often
38	I feel like taking revenge on someone	Not at all	Just the usual	More than usual	Often
39	I walk in my sleep	Not at all	Just the usual	More than usual	Much more than usual
40	I believe things are going very nicely for me nowadays	Very true	True	Not true	Just the opposite
41	I feel very confident of myself	Very true	True	Not true	Just the opposite
42	I trust men	More than usual	Just the usual	Much less than before	Lost all trust
43	I need to contact or visit my close friends	Less than usual	Just the usual	More than usual	Much more than usual
44	I feel helpless	Not at all	Just the usual	More than usual	Often
45	I am not afraid of venereal (sexually transmitted) diseases or AIDS	No fear at all	Just the usual	More fear than usual	Much more fear than usual
46	I eat cakes and ice cream	Much more than usual	More than usual	Just the usual	Less than usual
47	I have suicidal thoughts	Not at all	Just the usual	More than usual	Much more than usual
48	I feel numb	Not at all	Just the usual	More than usual	Much more than usual
49	I can organise my thoughts and ideas	Better than usual	Just the usual	Worse than usual	Very much worse than usual
50	I feel my behaviour is consistent from day to day	True	Just the usual	Not my usual	Erratic and unusual
51	I can concentrate on what I am doing	True	Just the usual	Worse than usual	Much worse than usual
52	Children irritate me	Not at all	Just the usual	More than usual	Much more than usual
53	I jump or startle easily	Not at all	Just the usual	More than usual	Much more than usual
54	I feel cheerful	More than usual	Just the usual	Less than usual	Much less than usual
55	I have a lot of interests or hobbies	True	Just the usual	Much less than usual	Lost all interests
56	I don't have guilt feelings	True	Just the usual	More guilt than usual	Much more guilt than usual
57	I expect to have a good marriage and family life	True	Just the usual	Have changed expectation	Lost expectation
58	I have flashbacks (repeated images) of an unpleasant event	Not at all	Just the usual	More than usual	Often
59	I have peace of mind	True	Just the usual	Much less than usual	Just the opposite
60	I feel everything seems unreal, like a dream	Not at all	Just the usual	More than usual	Much more than usual
61	I am afraid to handle money	Not at all	Just the usual	More than usual	Much more than usual
62	I feel guilty for something which I cannot tell anyone	Not at all	Just the usual	More than usual	Much more than usual

Appendix A (Cont.)

Recently (in the past few days or weeks)		1	2	3	4
63	I feel sad and cry suddenly	Not at all	Just the usual	More than usual	Much more than usual
64	I feel ashamed of what had happened to me	Not at all	Just the usual	More than usual	Much more than usual
65	I feel everyone has been fair to me	True	Just the usual	Not at all true	Just the opposite
66	I am disappointed that my plans are spoilt	Not at all	Just the usual	Much more than usual	True
67	I don't mind hearing people talking about sex	True	Just the usual	Don't like it now	Avoid it
68	I don't have any menstrual problems	True	Just the usual	More than the usual	Much more than usual
69	I have control over my mind	Better than usual	Just the usual	Much less than usual	No control at all
70	I have fear or negative feelings about sex	Not at all	Just the usual	More than usual	Much more than usual
71	I am upset by health regulations	Not at all	Just the usual	More than usual	Much more than usual
72	I drink alcohol	Not at all	Just the usual	More than usual	Much more than usual
73	I can enjoy myself (e.g. karaoke, games, dancing, music, etc.)	More than usual	Just the usual	Much less than usual	Just the opposite
74	I feel my ears are not the same size anymore	No such feeling	Just the usual	More than usual	Much more than usual
75	I feel I am floating like a balloon	No such feeling	Just the usual	More than usual	Much more than usual
76	I keep hearing the sound of an alarm clock	Not at all	Just the usual	More than usual	Much more than usual
77	I have frightening nightmares	Not at all	Just the usual	True	Very true