
**CASE CONFERENCE:
MENTAL HEALTH/SOCIAL SERVICE
ISSUES AND CASE STUDIES**

**Little Rascals Day Care Center Case:
The Bitter Lesson, A Healthy Reminder**

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“When you choose to earn your living helping people who are in emotional pain, you’re also making a choice to carry them on your back for a while.”

—Kellerman (1985; p. 69)

When I became involved in evaluating and treating 19 children who attended Little Rascals Day Care Center in Edenton, North Carolina, I was employed by a family violence/rape crisis center as their sexual assault project director. Although my duties were not solely to evaluate and treat child victims of sexual assault, it did encompass approximately 80% of my time. Agency policy dictated

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that service delivery be four-pronged: (1) evaluation, (2) treatment (if abuse was substantiated), (3) family support and guidance, and (4) support through the criminal justice system if warranted.

The rural, small town of Edenton is located in the northeast corner of North Carolina in a region that is often referred to as the Albemarle. It is surrounded by water, farmland and very little industry. By the very nature of the region, treatment resources were not and are not available locally to address the demands of a case involving multi-victims. As this case unfolded, more treatment resources were sought and eventually the majority of the children were seen by therapists ranging in geographic location from Greenville, North Carolina to Virginia Beach, Virginia, a 150 mile span.

Therefore, I was not the sole therapist involved in the longest and most expensive case in North Carolina history, but geographically I was the closest and probably the most experienced with the local court system and its participants. At that time the other therapists were known to me only by name and reputation. As Little Rascals began to unfold we were drawn together by the court process and eventually met.

I do not believe that it was a strategic or tactical choice to involve more than one therapist, but looking back it becomes apparent that it was a fortunate outcome. At no time did we meet to exchange information, nor did we discuss the case with each other. The mere fact that the case involved 90+ children demanded multiple therapists.

Since the 1992 conviction of Robert Kelly for molesting 12 children at his wife's day care, much criticism has been voiced about the case. Questions have been raised regarding "lack of physical evidence," investigation procedures and a conviction gained on "just the children's testimony alone." Looking back to the spring of 1989 when this case was in an embryonic stage, I do not feel that anyone could possibly have conceived of what was to come. The case did not explode, but presented itself in bits and pieces. Certainly, I never visualized myself being professionally involved in a case of this magnitude or the backlash that was to follow.

Parents contacted my agency in various stages of belief and disbelief. Some asked for general information regarding child sexual abuse. In some cases children had already begun to disclose

the abuse to their parents and/or law-enforcement. Many parents disbelieved the rumors, but expressed a need to "just talk with someone." This paper represents one therapist's view of a professional's responsibilities when providing treatment to child victims of crime and the value of the backlash from the guilty verdicts in the Little Rascals Day Care Case.

THE CHANGING BOUNDARIES OF THE THERAPIST WHO TREATS YOUNG CHILD VICTIMS

Historically, therapists were held at bay during the investigation and/or prosecution of child sexual abuse cases. Ten years ago fewer cases were being reported and fewer were being prosecuted. The value of therapy for child victims of sexual abuse was slowly being discovered and the value of therapists to law enforcement, social services and prosecutors was yet to be discovered. A therapist's involvement in a case consisted solely of mental health treatment, and strong boundaries kept them separate from all other aspects. More often, therapists became involved years later when the client presentation was that of adult survivor. A common societal attitude was "the child is little, she/he will forget." We now know that this is not accurate and early therapeutic involvement can lessen many of the dysfunctional behavioral symptoms that often appear later in life.

Just a few years ago inter-agency cooperation was an unknown concept. A lack of understanding and respect between social services, law-enforcement and prosecutors kept the cooperation concept at bay with little hope or interest in changing. A few brave souls began to rock the boat. Social workers, law enforcement officials, judges, prosecutors and therapists realized that their petty territorial squabbles revictimized the child. The child who looked to the system for protection was being lost in the "dance of bureaucratic shuffle." Summitt (1986) eloquently states in the foreword to Kee MacFarlane's *Sexual Abuse of Young Children* (1986):

Child sexual abuse is an intensely controversial, deeply divisive subject. It splits children from parents, mothers from fathers, and families from their friends, neighbors, and rela-

tives. It divides social workers against psychiatrists, therapists against investigators against prosecutors against judges against jurors, and every player against society itself. Each question becomes a dispute and every answer an insult. (p. xi)

At long last, all players in the intervention process are becoming more sophisticated and their knowledge base is swiftly expanding. Social workers, law enforcement and prosecutors are being forced to invest time and energy to keep pace with the rapid changes. As more and more cases are successfully prosecuted, more demands are being placed on the judicial system. As the prosecution steps up its role and becomes more knowledgeable, it only follows that defense attorneys are also being forced to fine tune their skills and seek new avenues in which to better represent their clients.

We are in the midst of a revolution in how we approach cases involving young child victims. Professionals are becoming keenly aware that multiple interviews risk contamination and, more importantly, are emotionally unhealthy for the child. The once distinct boundaries of the therapist who provides treatment to young child victims are being softened and becoming increasingly ambiguous. Corwin (1990) stated that interviewing children in suspected cases of maltreatment is one of the more important challenges in the field today. He discusses how critical the interviewing process is and how important that the disclosures be accurate and reliable.

The revolution taking place dictates that the therapist who treats the young victim can no longer be an isolationist. We need to be more cognizant that our approach, manner of asking questions and note-taking will be highly scrutinized and can either be beneficial or cause great damage to the case. Working with child victims of sexual assault automatically couples you with the system; it is not a choice. Professionals are recognizing the fact that to treat and support one population, the child, and ignore the secondary population, the family and/or caretaker, can slow or hinder the healing process (Friedrich, 1990; Hagans & Case, 1988). If the family or caretakers are supported and informed through all phases of the case (disclosure, investigation, Department of Social Services, judicial), their anxiety level is usually considerably lower and this in turn provides a more calm, supportive, healing atmosphere for the child victim.

THE THERAPIST'S RESPONSIBILITIES

MacFarlane and Krebs (1986) wrote that the interview with the young child may be conducted for entirely therapeutic purposes, but mandatory reporting laws apply to the disclosures. They also indicated that therapists are often put in the dual role of child evaluator and evidence-gatherer. My role as treatment provider to child victims and their families is not that of evidence-gatherer; but in response to mandatory reporting laws, I often become a source of information. MacFarlane and Krebs conclude that this is not an easy role to juggle and often impossible to separate, particularly when evaluating young child victims. It seems the very legal process that questions the dual relationship also demands the dual role.

A therapist can become invaluable when information is needed regarding a pre-school child. It is imperative that the therapist be aware that the system is most likely going to be seeking and using information from those evaluations. This is why it is crucial that the therapist's questions be clear and non-leading. Anyone having contact with the child victim becomes a link in the case. A weak link in the process jeopardizes the case; the case being the *child*. Cases that fall apart have a rippling effect. The person receiving the last and largest ripple is the child, the one we are sworn to protect.

Law enforcement and child protective service workers are usually trained to ask questions in a non-leading manner. Myers (1992) includes a "Suggestibility of Focused and Leading Questions" scale in his book. He gives a helpful explanation of the types and degrees of questioning. Therapists can greatly benefit from attending basic interviewing courses geared for law-enforcement and/or child protective service workers.

Increasingly, prosecutors are relying on the therapist's opinion as to the child's emotional ability to stand the rigors of court and to provide support for that child and caretakers if testifying becomes necessary. Therapists should develop a healthy understanding of the court process. Mayer (1990) addresses a therapist's position and responsibilities when working with young children. She advises professionals to be familiar with the reporting laws in their states or provinces and how they affect the therapist's role.

THE BITTER LESSON, A HEALTHY REMINDER

The backlash spewed from the guilty verdicts in the Little Rascals Day Care case have been painful and difficult to hear and live with. Those of us who advocate for the rights of children often feel that the gains made on their behalf over the past few years are eroding under falsehoods propagated by individuals who's motives are undetermined.

Summitt (1985) wrote that the peoples of this nation address the problem of child sexual abuse like the three monkeys: see no evil, hear no evil and speak no evil. The backlash is also almost too terrible to hear. But it serves as a bitter reminder that without controversy, we can easily become complacent.

A therapist who works with child victims cannot afford to become complacent or over-zealous. We must continually reexamine who we are, what we do and how we do it. None of us is above reproach.

Little Rascals Day Care, a multi-victim/multi-perpetrator case, is something for which no one can be fully prepared. But, as with life in general, we hopefully learn from our past experiences to better handle those we are about to face. The therapist who provides treatment to young sexually abused children does not practice in isolation; the job is multi-faceted. You must be prepared to meet unexpected challenges. For me, the unexpected challenge was not in providing treatment and support to the child and family victims of Little Rascals, but in surviving and learning from the backlash.

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