

# **GUIDELINES FOR CHILD ADVOCACY CENTERS IN INDIAN COUNTRY**

## **Children's Advocacy Centers in Indian Country**

### **Overview of the Children's Advocacy Center Movement**

The development of Children's Advocacy Centers (CAC's) during the past 20 years has been a revolution in the way child sexual and physical abuse cases are handled. The realization that child abuse victims were undergoing multiple interviews and, in some cases, being re-traumatized by these multiple interviews led to this revolution. The development of CACs was based on the idea of reducing trauma to child victims through a coordination of services.

CACs have set the trend as the model approach in investigation, prosecution, and intervention in child abuse cases. In 1994 the National Network of Children's Advocacy Centers (later renamed the National Children's Alliance), was created to support the development of CACs throughout the country.

The National Children's Alliance has identified the following uses of a Children's Advocacy Center:

- Interviewing child victims and witnesses
- Interviewing non-offending family members
- Providing assessment and mental health treatment for children and non-offending family members
- Providing on-site consultation for team members
- Conducting multidisciplinary team case review meetings
- Conducting Board of Directors meetings
- Providing a place for liaison staff to work on cases
- Providing a place for interagency meetings
- Providing consistent, comfortable place for all personnel to be introduced to the child; medical exams, court preparation, victim advocacy, meetings with prosecutors
- Providing a place for children and witnesses to wait prior to a court hearing

The outstanding characteristic of the Children's Advocacy Center is the multidisciplinary team approach to investigation, prosecution and treatment in child abuse cases. At the heart of the CAC model are the professionals from different disciplines working together as a team.

## **The Multidisciplinary Team Approach**

CACs coordinate the key services involved in the investigation, prosecution, and treatment in child abuse cases, which may also include child abduction and children as witnesses. Professional representatives from five key disciplines come together at the CAC to work in a team approach on child abuse cases. These five disciplines are: prosecution, law enforcement, medical, child protective services, and mental health.

Ideally, a child would come to the CAC and be interviewed by one interviewer. This interview would be designed to satisfy the needs of both law enforcement and social services/child protective services. These professionals often have different concerns and different requirements by law. However, because CACs are multi-disciplinary, there may be times when both a social worker and a law enforcement officer may conduct a child interview together. While some communities use a joint interview approach, others do not. Some CACs may even hire a professional interviewer to conduct the interview and observe the interview on a TV monitor or through a one-way mirror.

Law enforcement focuses on whether a crime has occurred. There are certain elements to each type of crime and in the forensic interview, the law enforcement officer attempts to establish if any elements of a crime are present. If a crime has occurred, law enforcement needs to identify the alleged or suspected abuser or perpetrator. Therefore, questions aimed at identification of the perpetrator are included in the interview. Certain details, such as the time and location of the crime, are also important from a law enforcement standpoint.

Social Services or Child Protective Services (CPS) workers concentrate on whether a family member has abused a child and if the child is in present danger. CPS workers are responsible for protecting the child from further harm and assisting them in receiving appropriate help for past or on-going abuse, including medical and psychological assistance. CPS workers also have an interest in the perpetrator. If a caretaker is the alleged abuser, CPS personnel can remove the child from the home. Since they can work with the entire family, CPS employees are also able to assess or review family dynamics (e.g. who makes the decisions) and decide upon recommendations regarding other family members (e.g. the need for parenting classes or alcohol treatment programs.)

## **Facility Based Programs**

Most often CACs are facility-based programs where the agencies are located in a building or group of buildings in one area, such as a clinic or hospital. These are located within the community, offering a child-friendly environment. However, rural communities have developed CACs where a facility-based program was unrealistic. Within the CAC movement there has been an emphasis on creating new approaches to allow programs to meet the needs of their own communities. A CAC can be located anywhere in a community: in residential neighborhoods, as part of a larger facility, or even in a strip mall!

Some CACs are part of a larger agency that may provide a variety of services to children. There is an attempt to make the CAC a home-like environment so that the children utilizing the center feel safe and comfortable. The NCA (1994) identifies the ideal center design as including:

- a waiting area for children and their families
- child play areas
- investigative interview rooms
- a place to interview non-offending parent(s)
- separate treatment offices (if treatment is provided)
- conference rooms
- office space for CAC and liaison staff
- kitchen and bathroom facilities
- private entrance for CAC staff and investigative team
- parking for the handicapped.

When space is limited, as it is in many communities, a CAC will often share space with other programs. Office space and housing are often in short supply in Indian Country. Locating a physical space for developing an on-reservation facility may be quite difficult due to this shortage. However, a CAC does not have to be an independent facility. Many tribes have developed interview rooms, which serve as a central location for performing forensic interviews, although medical exams, counseling, and team meetings may take place in another location. It may also be possible to identify an existing building such as a church or community center in which some activities may be centered. The lack of a facility should never discourage the development of a team approach. The team may be able to network with tribal and other programs to work on the development of a facility.

There are potential problems with using any multi-functioning space for an interview room. For example, if the shared space is someone's office, every time there is to be an interview, she/he must vacate her/his office. Scheduling is obviously important. It is disruptive for the staff to have to vacate their office. While such an arrangement may work in the short-term, a more effective long-term arrangement is clearly desirable.

There are other alternatives that may be less confusing. Most tribal communities have hospitals or medical clinics where child abuse examinations occur. Many hospitals also house counseling programs. Such facilities already have two ingredients of a CAC. It may be possible to locate additional office space for other team members, conference room space, and an appropriate interview room.

It is also possible to develop a separate space for a CAC as well as other programs. The Fond du Lac Tribe in Minnesota, for example, has developed such a facility with the assistance of funding from the Office for Victims of Crime Children's Justice Act Discretionary Grant Program for Native Americans. The tribe has donated a house for the program's use. The building has an interview room, office space for a forensic

interview room, and an area for conference meetings. Additionally, there are support groups for women, classes, and prevention activities that also take place here. The community has identified its needs and accommodated them. This program exemplifies tribal financial support for the maintenance of the facility and community support for the program.

Regardless of facility size and office space issues, CACs represent a new approach to child abuse cases and the emphasis is not solely on a building. It is important to recognize that the major factor in developing a CAC is a commitment to a multidisciplinary team approach.

### **Development of CAC's in Indian Country**

The design of the CAC program should be determined by the community's needs. A community should not be discouraged because they cannot identify an ideal facility or do not have the funds to construct a facility. The heart of any CAC needs to be the commitment to a team approach. Developing a multidisciplinary team to work on child sexual and severe physical abuse cases can be the first step in securing a building. It is not necessary that each CAC meet "ideal" standards. In a sense, there is no typical CAC because each CAC reflects the ideals of the community.

Since the opening of the National Children's Advocacy Center in Huntsville, Alabama, the CAC model has gained wide support. There are presently over 500 CAC programs throughout the United States. Some tribal communities have seen the success of this approach and have developed reservation CAC type programs. It is important to acknowledge that the CAC concept stresses the importance of community ownership of the program.

The needs and resources of a tribal program may be different from non-tribal programs. The needs of tribal programs include addressing the complicated issues of jurisdictions in Indian Country, community ownership and commitment to the CAC; sensitivity to culture and tradition; and the need to provide services to a vast geographic area. Resource concerns include; multiple law enforcement agencies who are responsible for providing law enforcement services, child protection, and medical services; lack of funding resources; and lack of available buildings or office space.

### **Unique Needs of Tribal CACs**

The unique status of Indian tribes and their relationship with the federal government adds another layer of complexity to the investigation, prosecution and treatment on child abuse cases. Therefore, before a community develops a CAC in Indian Country there are a number of issues to be addressed; law enforcement and jurisdiction.

**Law Enforcement** - Child sexual abuse crimes in Indian Country often involve two or more law enforcement agencies and judicial jurisdictions. Child abuse cases may include investigations by tribal and federal law enforcement agencies. Federal law enforcement may consist of both Bureau of Indian Affairs officers (BIA) and Federal Bureau of Investigation (FBI) agents. Many tribal communities have a mixture of tribal and federal law enforcement. Tribal law enforcement may include both patrol officers and criminal investigators (CIs). Criminal Investigators are the law enforcement officials responsible for investigation of child sexual abuse cases. Many tribes rely on BIA CIs, while some tribes have their own tribal CIs. On many reservations the FBI has a primary role in investigating child abuse cases. Some tribes are under state jurisdiction due to Public Law 280 (PL-280), therefore making city, county, or state law enforcement officers responsible for the investigation of child sexual abuse cases.

Many tribes run their own Child Protective Services (CPS) programs. However, in PL-280 states or where the tribe does not have its own CPS program, state CPS workers may be responsible for providing child protective services. Those tribes in PL-280 states, which do not provide CPS services, may have a worker who will represent the tribe's interest in the case.

**Jurisdiction** - There may be two law enforcement agencies involved in interviewing the child in addition to the CPS worker. In Indian Country, tribes and the federal government can have parallel or equal jurisdiction over child abuse cases. Non-tribal CACs also involve the coordination of many agencies; however, this type of coordination presents more difficulties in Indian Country because of the involvement of two separate sovereign entities; tribal and state or federal governments. Many professionals unfamiliar with Indian Country are unaware that tribes are considered separate sovereigns. Tribal sovereignty is inherent and empowers tribes to determine their form of government, define conditions for tribal membership, administer justice, enforce laws, regulate domestic relations, and regulate use of property for its members.

Alleged offenders may be prosecuted in two separate sovereigns without double jeopardy attaching. Tribal prosecutors as well as federal prosecutors may want to view the child interview in order to evaluate the case and get a feel for what type of witness the child would be if she or he needs to testify. If the state is involved, a state prosecutor from the District Attorney's Office may also be interested in observing the interview. There may be many professionals who have a legitimate interest in participating in or observing a child's interview.

### **Videotaping**

It is important to acknowledge that the multiple jurisdictions involved in child sexual abuse and severe physical abuse cases in Indian Country make the issue of videotaping

child interviews an important one. Collectively, throughout the United States an ongoing debate exists regarding the positive and negative sides of videotaping child interviews in abuse cases. While some states have taken the position that videotaping is not appropriate for their child abuse cases, others videotape as a standard part of the protocol in a child abuse case. The number of professionals with a legitimate need to observe the interview and the possibility of preserving valuable information has led to a debate over videotaping forensic interviews in Indian Country as well.

### **The Community's role in Development of a CAC :**

Successful local programming must be based both on the community's specific needs as well as the culture's specific needs. Most communities are unique with different problems, challenges, resources, and strengths. Therefore, what appears to be successful in one tribal community may be very different from what works successfully in another. These facts are the basic principles of the Community Readiness Model developed at the Tri-Ethnic Center for Prevention and Research at Colorado State University for working in Native communities. This model is based on identifying specific characteristics related to different levels of problem awareness and readiness for change. In order to stand a chance of success, interventions must be consistent with the awareness of the problem and the level of readiness for change present among residents in that community. If a tribal community is interested in developing a CAC it is important that professionals have a sense of their community's readiness,

It is the tribal community that has primary responsibility for the development of the CAC and it will be the tribal community that will determine the success of a CAC. A commitment to developing a coordinated response of all agencies involved in child sexual abuse cases is essential. It is also important that all agencies of the community involved in the investigation and prosecution of child sexual and severe physical abuse cases be involved in the development of the CAC. However, it is the community that should provide input and decide how the CAC will be most successful. Some tribal communities have set up advisory boards to provide input on planning the CAC from site selection to culturally relevant practices.

### **Interagency and Intergovernmental Agreements**

The development of the CAC involves the creation of a written memorandum of agreement (MOA) between all participating agencies and a memorandum of understanding (MOU) between the two governments involved. The development of such MOUs is a time consuming process, sometimes taking over a year. Despite the time, however, the development of these agreements is worthwhile. They represent a public commitment to handle child sexual abuse cases in an effective and coordinated fashion.

Where multi-agency MOUs are not yet in place, a tribe may choose to develop its own protocol pointing out how the tribe will handle cases which are subject to prosecution in

multiple jurisdictions. Eventually, however, it is necessary to develop a MOU that includes agreements by all agencies participating in the multi-disciplinary team (MDT). Once the tribal and federal (or state/county) prosecutor has signed such a document, they have made a public commitment. If, for example, the U.S. Attorney's Office or tribal prosecutor's office fails to live up to its commitment, they can be held accountable based on the signed MOU or MOA.

### **Culturally Appropriate Practices**

A qualified interviewer is a key component to a successful investigation. In Indian Country, the interviewer also needs to be culturally sensitive. Knowledge and experience in language, tradition, and social structure are important components of a tribal CAC. While most Native American children speak English, some children may live in homes where English is not the primary language. Talking about something extremely sensitive, like sexual acts, may be easier in a person's native language. Many Native children who are primarily English speakers may only know the names of certain body parts in their native language. It is important to have professionals available who are not only bilingual but also knowledgeable about the tribe's traditions, culture and social structure. Such knowledge can avoid misinterpretation of nonverbal communication. Most professionals interviewing children in Indian Country are not necessarily familiar with the child's native language; but, there are a number of ways to conduct the interview while maintaining a culturally responsible approach.

Cultural taboos may inhibit children from discussing certain topics. Understanding family, clan, band, or society relationships may also be important to an interviewer. Interviewers need to be knowledgeable about tribal ceremonies and feast days so they avoid asking inappropriate questions or so that they can assign dates to events which are described in relation to these ceremonies or feasts.

Within tribal communities, there are a variety of types of leaders, including elected leaders, traditional leaders (e.g. village chiefs), spiritual leaders, and religious leaders. A tribal program may incorporate these leaders. For example, spiritual or religious leaders may form part of a treatment "team" which provides services to child victims.

If a community decides to develop a single location in which children will receive services, the manner in which the CAC is physically set-up should also reflect tribal culture. A CAC which looks like the child's home more than an off-reservation house, may help the child feel comfortable.

## **Geographic Location. Of Tribes**

There are challenges to providing services in reservation communities that cover large areas. There are many Indian communities that are very small. Some tribal communities include fewer than a thousand people. Tribal lands range from one square mile to hundreds of miles. Small communities offer the advantage of easy coordination. People working in a small community know each other and are able to stay in touch quite easily. One person may hold two positions (e.g. victim advocate and counselor, or law enforcement officer and forensic interviewer). In small communities, discussions of child abuse cases can take place quickly. A MDT may only have three or four members all of whom work in the same locality, so getting all of the members together for a meeting may not take much effort. Coordinating services to abused children may be easier in a small tribal community than in a larger urban area.

Development of CACs and coordination of professionals in Indian Country often involves traveling long distances in remote areas of the United States. Tribal land bases can vary from a small, close-knit community to reservations covering vast distances, including those located in two or more states. Most tribal communities will only have the resources to develop a single CAC. In a tribal community that encompasses large amounts of land, it can take several hours or even days to travel from one part of the community to another, especially in bad weather. Therefore, it may be difficult to have a CAC that is centrally located. Communities interested in developing CACs in geographically remote areas could consider a mobile unit or using other programs' facilities in a few different locations when the need for an interview arises.

In geographically remote areas professionals and community members will have to develop creative strategies in using the CAC concept to fit their community's needs. The benefits of a CAC, or similar agency, may be diminished by a child having to travel a long distance to reach the CAC. Instead, professionals are encouraged to create programs where the children and families are.

Several rural communities have some type of mobile CAC where the professional travels to the child rather than the child needing to travel to the CAC. One such program exists in New Mexico and serves some of the state's rural communities. The communities that utilize this service provide a suitable interview room within the community. Therefore, child victims in this remote geographic location, benefit from the expertise of professionals from the urban area.

Other communities have allocated funds to pay mileage to volunteers who will provide transportation to child victims. These volunteers will drive the child to an urban area with a CAC or similar program to obtain services. Using volunteers from the community

can help the child to feel more at home. It also saves a Victim Advocate or other service provider several hours in transportation time.

One community, for example, has developed an interview room, complete with one-way mirror, for use in interviewing child abuse victims. This room was housed in an area where other tribal programs were located. However, the land base of the reservation is fairly large. It can take over two hours to drive from one part of the reservation to another. When a child abuse victim who lived over an hour away was to be interviewed, there was not always a person available to transport the child to the interview room and back. After a short time, law enforcement stopped utilizing the interview room because it was inconvenient. This example illustrates the need to be sure that all agencies mandated to investigate are included in the planning process of a CAC and agreements are in place to avoid a situation like this one. When communities develop a site or program without a coordinated approach involving all agencies, problems are bound to arise. Distances and travel time is relative to where a tribe is located. In other more geographically remote areas like Alaska, traveling one or two hours for services may seem quite reasonable to professionals and community members, as that is the norm for all travel.

### **Resource Issues**

Jurisdictional issues involving interviewing child abuse victims are complex enough but the jurisdiction over various other resources makes the development of a multi-agency, multi-disciplinary team a challenge. Tribes may decide to utilize existing medical and mental health services instead of providing those services on site in a CAC. Many CACs refer children and families to other programs when the CAC is not able to offer medical or counseling services on-site. In many Indian communities the Indian Health Service (I.H.S.) provides medical services. I.H.S. may provide medical and behavioral health services or the tribe may provide one or both of these services. A tribal CAC which offers or refers children for medical examinations and psychological counseling will also need to include I.H.S. and/or tribal health programs and traditional healers in the planning process.

In a community where I.H.S. provides medical care and the tribe runs the behavioral health service, both agencies will need to agree on how to provide services to child sexual abuse victims. I.H.S. physicians typically work within I.H.S. hospitals or clinics. To be a part of the CAC, a MOD will need to be developed, specifying the types of medical services to be provided, the personnel to provide the services, methods of information sharing, and participation on the CAC multi-disciplinary team (MDT). Tribal communities in which I.H.S. provides both counseling and mental health services will have to negotiate a MOD regarding both services. Most I.H.S. clinics and hospitals already conduct medical evaluations of children involved in abuse cases. If a physician is to be housed within a separate CAC facility, issues regarding record keeping, provision of supplies, etc. will need to be addressed.

Staffing of the CAC may be accomplished by drawing from existing personnel, such as an I.H.S. physician, a tribal mental health counselor, law enforcement personnel, and a tribal or county social services forensic interviewer. Or a CAC may develop its own staff made up of trained personnel and independent of any other agency. There may also be a combination where some staff come from other agencies and some are staff of the CAC program.

One example of negotiating alternative means to finance a CAC and combine resources is the Alaska Cares CAC in Anchorage. It has substantial funding from I.H.S. and serves a large number of Alaskan Native children and families. This is just one example of negotiating alternative means to finance a CAC and combine resources. Tribal behavioral health programs often employ paraprofessionals, such as counselors or advocates. In some cases, one person may provide a variety of services (e.g. a victim advocate who provides counseling as well as victim advocacy).

### **Overcoming Resource Challenges**

In order to effectively address resource challenges the following critical issues must be addressed:

- staffing a CAC
- services provided by a CAC
- financial constraints
- use of local resources

In the past, it has been difficult for tribes to obtain all essential services from federal agencies. I.H.S., for example, has stated that they are unable to meet all of the mental health needs of child abuse victims through existing mental health programs. While the federal government is obligated by treaty to provide such services, I.H.S. is severely under-funded to meet all of their obligations. Similarly, in Indian Country where the federal government has concurrent jurisdiction over child abuse cases, child sexual abuse is a major issue. And although there have been a large number of child sexual abuse cases, there have been relatively few criminal prosecutions. It has only been in the relatively recent past decade that child abuse in Indian Country has been under federal jurisdiction. It has taken time for U.S. Attorney's and the FBI to acknowledge their responsibilities to investigate and prosecute these cases. Public outcry over multiple victim molestations in Indian Country may have hastened these acknowledgements.

Similarly, public acknowledgement by federal, county, state, and tribal agencies of their responsibilities in child abuse cases in a signed MOU can help tribal communities hold other governmental agencies accountable to perform their duties. Signed agreements can also assure that turf or territorial issues are avoided by clear understanding of which agency will perform specific tasks.

Where financial considerations impact an agency's ability to perform their duties, the multidisciplinary team can help to develop alternatives. Where funding for counseling is limited, the team may decide that it is appropriate to use some available funds to hire a paraprofessional to work as part of the CAC multidisciplinary team.

Lack of financial resources can be a barrier, but CAC advocates have been innovative. Although most tribes do not have access to an entire building or house to donate for use as a CAC, the tribal communities are adept at using available resources. A community may decide to develop their MDT and to brainstorm about how to obtain a facility to house a CAC. When the tribal government announces plans to build a new building, the MDT may lobby for one or more rooms in the facility to use for interviewing and counseling. The CAC facility may have to be developed over time.

Financial resources are always a consideration in developing new programs, especially programs related to children. Funding for CACs in Indian Country is growing. The Office for Victims of Crime has provided funds for a demonstration project for Victims of Crime. The National Children's Alliance has also made funding available for developing CAC programs and provides funding for CACs who are members of NCA. Tribal communities will need to make an on-going financial commitment to developing and maintaining a CAC. The donation of a tribal building and/or the payment of electricity and water bills for the CAC are the types of support which tribes are currently providing to reservation-based CACs.

### **Identifying Strengths in Tribal Communities**

Tribal communities have a myriad of strengths that can be beneficial for the development of a CAC and working together for the benefit of the tribe is a common approach. Often, there are community members who are considered "experts"; tribal elders, those with special skills and knowledge. These elders may be warrior chiefs or religious leaders. Following Native practices of community and individual health and healing with a holistic approach is critical. The idea of convening a group of people with expertise in the four aspects of a person's life (spiritual, mental, physical, and emotional) to help a child who has been hurt fits well into American Indian traditional practices. Locating and involving these elders is important

The use of local resources, such as traditional healers is also important. It is sometimes easy to overlook available resources. Tribal elders and spiritual leaders are able to provide valuable input as members of an advisory board. Some tribal CAC initiatives have incorporated the use of elders on their advisory boards and in the program as well.

## **Indian Country Commitment to CACs and MOU Development in Indian Country**

Many tribal communities have been utilizing a multidisciplinary team approach to child abuse cases for several years. The majority of tribal communities have Child Protection Teams (CPTs) or Multidisciplinary Teams (MDTs), or both. The 1995 U.S. Attorney General Guidelines for Victim and Witness Assistance states that federal prosecutors must consult with local Multidisciplinary Teams (United States Department of Justice Office of the Attorney General, 1995). These guidelines state that:

- The court and the attorney for the Government shall work with established Multidisciplinary child abuse teams designed to assist child victims and child witnesses, and shall consult with such Multidisciplinary child abuse teams as appropriate...

For example, the Salt River Pima-Maricopa Indian Community has developed a multidisciplinary child sex abuse protocol which clearly acknowledges the roles of the tribal prosecutor, tribal social services, U.S. Attorney's Office, and the public health service Indian medical center, in handling child sexual abuse cases. The protocol addresses issues such as prosecution jurisdiction, initiation of federal prosecution, criminal investigations, coordination of prosecutions, and communication with other agencies. The MOU has been signed by all the participating agencies. Tribes in Oklahoma have a similar MOU with the three federal districts in Oklahoma as well as the BIA and FBI.

Several tribes, which lack the financial resources to develop their own CAC facility, utilize existing non-Indian programs. The Ute Mountain Ute in Colorado use the Four Corners CAC in nearby Cortez, Colorado. Many tribes in New Mexico travel to Albuquerque's Children's Safehouse. Using off-reservations services has the potential disadvantages of including traveling long distances and professional staff that are unresponsive to cultural issues. It is up to the CAC and tribal communities using these services to ensure that culturally appropriate services are available. Tribal members may provide training to non-Indian staff or may serve as volunteers to the CAC board, recruit Native staff to work in the center and share training resources in working with tribal communities. The National Children's Alliance has an on-going commitment to providing culturally

sensitive services to all children, including American Indian and Alaska Native children.

victims and their families. Additional services, including a co-dependency support group, also take place in the facility. The MDT meets on an "as needed" basis and includes children's protective services, law enforcement, and the family counselor. The team will add a physician once a physician trained in child abuse exams is identified, The Mashantucket Pequot have a separate stand alone CAC facility which also provides emergency placement for tribal children. The CAC at Ft. Thompson began as a program of the Domestic Violence Shelter and has not only a counselor available but also a Physician's Assistant who provides the medical exams. This program also includes a telemedicine component and has a good working relationship with the multiple law enforcement agencies in their area.

**Conclusion**

There is a national movement to minimize trauma to child abuse victims during the investigation, prosecution, and treatment of abuse cases. The reduction of trauma is being accomplished through the coordination of all agencies involved in a multidisciplinary approach. MDTs have been developed throughout the country, with many such teams in Indian Country. Tribal communities recognize that child abuse victims need the community's support and protection.

There is a combined effort from the federal government, the National Children's Alliance and tribal communities to develop a coordinated response to the investigation, prosecution, and treatment in child abuse cases. Children's Advocacy Centers offer an excellent model for developing such a response. For too long, tribal communities have felt that cases of child physical and sexual abuse have not been adequately addressed by tribal, state, or federal courts and they have struggled with the question of how to improve the judicial response.

There are model tribal programs already in existence and many programs that are in the developmental stages. As tribal communities decide how to develop an appropriate response to child abuse, the CAC model offers an excellent approach for communities to consider. Given the unique issues and status of Indian tribes, an assessment of community readiness is imperative to ensure success of any child abuse programming in tribal communities.

Amended by Beverly J. Wilkins November, 2004. Contents adapted with permission from the U.S. Department of Justice Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention: OVC and CCAN: Guidelines for Child Advocacy Centers in Indian Country. Project Staff: Director - Dolores Subia Bigfoot, Ph.D., CCAC OUHSC; Coordinator - Lana Grant, CCAN OUHSC; OVC Program Specialist -Cathy Sanders, OVC, OJP, DOJ. Authors: Roe Bubar of Bubar and Hall Consultants; Teresa Cain of Cain Consulting; Eidell Wasserman, of Wasserman, Leviton, and Hodder Consultants.

## Resources

### **National Children's Alliance**

1612 K Street, NW Suite 500  
Washington, DC 20006  
Phone-202-548-0090  
Fax - 202-548-0099  
E-mail - [Thuizar@nca-online.org](mailto:Thuizar@nca-online.org)  
Teresa Huizar, Executive Director

### **Native American Children's Alliance**

PO Box 18288  
Cleveland, OH 44118  
Phone -216-373-6862  
Fax - 216-255-5188  
E-mail – [linda@nativechildalliance.com](mailto:linda@nativechildalliance.com)  
Linda Logan, Executive Director

### **Southern Regional Children's Advocacy Ctr.**

(Serving: MD, VA, NC, SC, AL, GA, FL, MS, LA, TN, KY, AR, TX, DC, DE, OK, WV)  
210 Pratt Avenue, NE Huntsville, AL 35801  
Phone-256-327-3752  
Fax- 256-327-3859 Toll Free-1-800-747-8122  
E-mail: [cdoggett@nationalcac.org](mailto:cdoggett@nationalcac.org)  
[Cym Doggett](#), Project Director

### **Western Regional Children's Advocacy Center**

(Serving: MT, WY, CO, NM, AZ, UT, NV, ID, OR, WA, AK, HI, CA)  
423 South Cascade Avenue  
Colorado Springs, CO 80903  
Phone- 719 884-0378  
Fax- 710-884-0009  
Toll Free-1-866-592-4272  
E-mail - [wrcacdirector@cacppr.org](mailto:wrcacdirector@cacppr.org)  
Doug Miller, Project Director

### **National Children's Advocacy Ctr.**

210 Pratt Avenue, NE  
Huntsville, AL 35801  
Phone-256-533-5437  
Fax - 256-534-6883  
E-mail – [cnewlin@nationalcac.org](mailto:cnewlin@nationalcac.org)  
Chris Newlin, Executive Director

### **Midwest Regional CAC** (Serving:

OH, IN, MI, IL, WI, MO, IO, MN, KA, NE, SD, ND)  
Midwest Children's Resource Ctr.  
Garden View Medical Bldg.  
347 North Smith Ave., Suite 401  
St. Paul, MN 55102  
Phone-615-220-6750  
Fax-615-220-6770  
E-mail - [mrcac@childrenshc.org](mailto:mrcac@childrenshc.org)  
Jane Braun, Project Director

### **Northeast Regional CAC** (Serving:

Maine, NH, VE, NY, MA, CN, RI, PA, NJ)  
4 Terry Drive, Suite 16  
New Town, PA 18940  
Phone-215-860-3 111  
Fax- 215-860-3112  
E-mail - [alvnn@eacphila.org](mailto:alvnn@eacphila.org)  
Anne Lynn, Project Director