In our work with Tribal Child Advocacy Centers (CACs) and Native Nations, NCARC has observed that some of the most meaningful learning occurs in peer-to-peer contexts. Stakeholders attempting to form a new Tribally operated multidisciplinary team (MDT), or MDT leaders interested in developing a CAC, want to hear from others who have accomplished these goals before them. While every Tribal community is different, and while the National Children’s Alliance accreditation model is standardized, many stakeholders attempting to develop or enhance the multidisciplinary response to child maltreatment in Indian Country face similar issues.

With that in mind, NCARC staff recently reached out to the Directors of CACs operated by the Choctaw Nation of Oklahoma, the Fort Peck Assiniboine and Sioux Tribes (Montana), the Oglala Sioux Tribe (South Dakota), the Puyallup Tribe (Washington), the Salt River Pima Maricopa Indian Community (Arizona), and the Tulalip Tribes (Washington). Each of these CACs has either successfully completed the National Children’s Alliance accreditation process or is currently seeking accreditation. We asked the Directors questions that we thought might be of interest to others who are interested in developing accredited CACs in their communities. To encourage open conversation, we have de-identified individual responses. The responses have also been edited for clarity and length.
What do you see as the value or some of the benefits of pursuing NCA accreditation?

- “The NCA standards are the absolute gold standard, so measuring up to them is what we should all be doing and striving for anyway. And if you’re going to meet those standards anyway, you might as well have the recognition for doing that.”

- “Once we were a fully accredited center, we were available to be utilized by our FBI partners.”

- “It gives us credibility with our law enforcement partners and our different prosecutors. It tells the community that we’re going to meet every standard that you would expect any other professional to do. And not only are we providing the level of services and the quality that you would expect from another organization, we are focused on you as a Native and ensuring that we are being culturally responsive.”

- “It really helps with our children who have experienced sexual abuse, neglect, and physical abuse by bringing together all of these partners through our multidisciplinary team (MDT) so that we can address and try to resolve the issues. It also provides us with the ability to do forensic interviews here at our center.”

- “As an accredited member we are able to access all types of resources from the National CAC and our State CAC. They provide us with information and funding. For example, right now we’re getting one of the nurses through our Tribal health SANE-certified [certified as a Sexual Assault Nurse Examiner who can do medical examinations]. And they help pay for all of the trainings and stuff, so that’s a plus.”

- “We are able to tap into other funding sources. Also, it opens a whole network of people who do the same work as us.”

- “It communicates that we are meeting the highest standards when working with children and families and that the standards are evidence-based.”

- “All of the standards are very straightforward. The organizational capacity standard helped us to build on what we already have and to address those things that we do not have.”

What was the biggest challenge in pursuing accreditation, and how did you overcome it?

- “We didn’t have a lot of challenges with the MDT. We had the buy-in, and I walked into it with the attitude of not wanting to add to anyone’s plate. Instead, it’s ‘What can I take off your plate?’ And I think that really was helpful.”

- “When you see that huge packet [of accreditation materials], you have the realization that you need to utilize your whole team. I was a forensic interviewer and outreach specialist then when the CAC began pursuing accreditation], so, for example, I completed the section on Forensic Interviewing and gave it back to [the Director at the time]. [The Director] also had a mentor who walked her through the process. That was a person who came from the Regional CAC who also does site reviews, so when she was helping us and reviewing the paperwork, she could point out, ‘This is what they’re going to look at.’”
• “State Chapter CACs often have funds to pay for a consultant to walk you through the process, which is really helpful.”

• “The application process was the biggest challenge. I couldn't do it myself. It took us probably about two to three months to put it together. It is a lengthy process, and it’s best to work backward from when the application is due. The NCA provides you with a listing of all the required standards, and it is a lot. We overcame this through partnerships from the previous years when we were accredited. Luckily, we overcame it through partnerships already in place. They knew what we needed.”

• “The process requires a lot of signatures, and you need a commitment from your MDT partners. The MDT is the most vital standard to start working on to get guidelines and protocols in place.”

• “Once you submit the accreditation application, there may be back-and-forth to make sure there is all the proper documentation, and then they set up a site review. It was an all-day process, and at the end of that, they let you know what you need to work on. For example, we were lacking in mental health capacity. The Indian Health Service (IHS) provided our mental health services, but they had been swamped, and there were times when she [the IHS clinician] couldn’t make it to our meetings. You have to have a mental health professional in attendance for at least three months in a row. And she wasn’t able to. She didn’t show up for about half of the meetings.”

• “It takes a lot of time. While [the MDT response to child maltreatment] has always been a thread of our work, we can now put more time into it with the grant funding we received. We used a community conversational approach to break down barriers of communication. We are out there to collaborate and communicate for the children.”

• “The biggest challenge was that the process was daunting overall. We were already an established CAC. We had an established MDT and established policies, so our questions were about the standards of accreditation. The standards can be extremely overwhelming. We caught ourselves asking, ‘How am I going to be able to complete this?’ I was not sure where to start. What I recommend is to look at all standards and set a goal of meeting one standard per month. And whoever is focused on those services within that standard should be working through it with you [the Director]. Spend time each week on it.”

How has your CAC integrated cultural considerations into your services or operations?

• “The CAC is set up like a family member’s house that you might walk into. You're going to smell that we smudged this morning.”

• “Just the design of the place, these kiddos walk in and there’s artwork on the walls that represents their culture. One of our investigators dug through our Tribal directory and found somebody whose job is to keep track of our nation’s art. And she brought in wagons full of art, coloring books, stories in book form.”
• “We are cognizant of the different familial relationships and the fact that we may have more people than just Mom and Dad living in a home, and that’s fine. That’s normal. These are still families. These are still children.”

• “It is one of our goals to do holistic healing here, to have drum circles, to do smudging, to do those kinds of things. And I can’t wait until we bring that to fruition.”

• “We are doing a tour of our nation’s community centers. Going out there and telling the elders and the people that do lunch there. Once a month, we’re at a different center telling them what we’re doing here [at the CAC], how we’re succeeding, and how this is really great for the nation. We had a whole box of hats, gloves, blankets, and baby caps that were all crocheted by the elders to give away to the families that come to see us. These issues affect so many more people than you realize. For the elders of the nation to see how much we do, and value the children and families, has been really good for the whole Tribe.”

• “I think that we do things very creatively to reach out in a culturally sensitive way. For example, one of the things that I’m very proud of is that our therapist who offers evidence-based trauma therapies provides EMDR [Eye Movement Desensitization and Reprocessing Therapy, which involves using eye and other bodily movements while reprocessing trauma memories] using a drum. Where normal EMDR would involve tapping on yourself, you can accomplish the same goal by putting the drum in front of you and tapping on that. So, this is the therapy that keeps on giving because they utilize the drum in therapy, and the drum is also a cultural activity that can carry over beyond therapy. The healing still continues. So, we give drums to all of our kids, whether they already have them or not. Our kids are on a spectrum: some can be very culturally involved, and some may have no cultural involvement at all. So, this may be their first cultural item.”

• “For us and our Tribe, cedar is very important, so we have integrated cedar throughout the building.”

• “I think that representation is another piece. It’s not something we are actively doing. It just happens to be who we are. We have a Native preference in hiring—that’s part of the Tribe. But it’s so important for us that when our kids walk in, and they see me, as a forensic interviewer and now as a program manager, they walk in and say, ‘Oh, you look like me.’ I’ll have older kids who law enforcement comes to me and says, ‘Oh, we tried to talk to this kid, but they were like, “I don’t want to talk to some random white lady.” And I’m like, ‘Well, ask them if they’d like to talk to a Native lady. Because I’m here and I’m happy to do that.’”

• “Just, you know, allowing people to be where they’re at, knowing that culture is helpful and healing, and asking them how much of that they would like us to help them with. If they want to smudge here, they’re welcome to do that. And if that’s not their thing, that’s not their thing. If they would like us to help them get involved with traditional healing, if they would like help with transportation to a cultural event, if they would like to come out and do an event with their family, and if they just want us to talk to their family about doing it with them—we will help with any of these things.”

• “We have our employees who aren’t from here go through our history museum and attend cultural events on the reservation. We make sure employees have that space to soak in the
cultural information. It’s important for them to experience it versus just learning about it. We have had staff do resiliency training involving creating moccasins. We also have had cultural instructors come in to teach a craft, which allows the staff to learn our history through the process of making the items.”

• “Being in community is one of the most important things for us in our work. So, we have to have that outreach specialist or that community outreach portion. It is so important for us. We are at so many events with our little table and our little tablecloth and saying hi and waving to people and giving out candies and Pokémon cards and little this and that and whatever. So that people see our faces and know that we find all of these community events important and that we know being out there is just as important as being here in the office and available if they knock on the door or call. Being in community, for Indian Country and Native communities, is so important. We do trainings in all our child-serving agencies, not just our Tribal child protection but also daycares and schools. You should be out there doing your mandated reporting training, training on reporting child abuse and neglect, or training on normal child behaviors and what’s not normal. Those are all things that show you’re in community with them. You’re reaching out. They know who you are. They know who to call if kids disclose to them. They know if they have questions, or if something is freaking them out, they can just pick up the phone and call you. And I think that that is one of the biggest things that becomes so much more than you would think.”

• “We ask our clients if they want any cultural services or healing services depending on what they need or require. It’s about them being comfortable. We have two Tribes on different ends of the reservation, so there are cultural differences. We determine what part of the reservation they come from and consider that when asking them what services they might prefer. It’s about providing the family help following their preferences.”

• “We have integrated various words from our language throughout the center. We provide Native crafts to children and families who are receiving therapy. For example, ribbon skirts, medallions, earrings, weaving. We get our building cleansed once a quarter. We had a member who provided an underwater coastal mural, and we have other Native artwork around the building.”

• “We started with prayer as a grassroots effort, and we are led by prayer. Prayer and our Children’s Code are the blueprints for our work. We have a traditional staff to help us focus. That staff came together as a result of a four-day prayer session. Our society is traditionally matriarchal, and many of the efforts are led by women. For example, there is a Grandmother group. The members of that group serve as my mentors.”

For more information about NCA-member Tribal CACs, see NCARC’s Tribal CAC Directory. We also invite you to join our monthly peer learning call, during which Tribal CAC and MDT professionals discuss shared challenges and offer guidance based on what has worked in their communities. To sign up for the call, email NCARC Director Deanna Chancellor.

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