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Responding to a rash of child sexual abuse cases in Arizona and a federally legislated opportunity to craft tribal solutions, the Navajo Child Special Advocacy Program was launched in 1990 to provide Western and Navajo therapy to children who have been sexually abused. With five offices on the reservation, the Program administers sand, art and play therapy, energy psychology and trauma reduction counseling, and provides services and referrals for traditional Navajo therapy. They also conduct forensic interviews. By effectively addressing a pressing but rarely discussed social problem, the Program is helping to create a safe environment that nurtures children and families' physical, mental and spiritual well being.

In spite of the vital importance of protecting and promoting children's physical, emotional and mental well being, research shows that, in the United States as a whole, as many as one out of every four children is or will be a victim of sexual abuse. The effects of such abuse are devastating. Victims experience tremendous pain, confusion, shame and a feeling of hopelessness, and not only they but their families struggle to cope with the horror and stigma of the experience. The problems are particularly pronounced in Indian Country, where sexual abuse occurs at rates about three times the national average. Indian nations must also deal with more prevalent occurrences of the problems with which child sexual abuse is correlated, including alcoholism, substance abuse, poverty and isolation. Sadly, child abuse is often intergenerational, typically perpetrated by someone the victim knows and trusts (such as a relative, family friend or caretaker). As a societal taboo, the abuse goes vastly underreported. Too many governments – both Native and non-Native – are poorly equipped to address child sexual abuse when it occurs, and even fewer possess the necessary institutional capacity to break the cycle of abuse.

Although the “silent problem” of child sexual abuse has long existed on Indian reservations in the Southwest, the Navajo Nation, like many other tribes, did not commit much energy or many resources to addressing it until the mid-1980s. At that time, the issue gained regional and national attention when a federal government-employed teacher on the nearby Hopi Reservation was convicted for molesting dozens of Native children. This shocking incident brought the problem into public discourse and exposed the tribes' and federal government's inadequacies in providing treatment for victims and their families. For the Navajo Nation, the incident prompted self-assessment of its social services. The discoveries were disturbing. Child victims and their families had few resources to turn to for help; the social and legal services that did exist were disorganized and unstructured; treatment was fragmented; and criminal investigations were handled inconsistently and often inappropriately. For the federal

government, the incident at Hopi caused lawmakers to realize that little assistance had been provided by either the Bureau of Indian Affairs (BIA) or the Indian Health Service (IHS) to help Indian nations develop and deliver adequate child protection services for their citizens. Unfortunately, it took a crisis to force tribal and federal policy makers into action.

Both the federal government and the Navajo Nation acted swiftly. Senators John McCain and Dennis DeConcini, among others, introduced federal legislation that created strict rules for reporting sexual abuse within federal agencies working on Indian reservations, and provided tribes with resources needed for establishing child protection services. Seizing the opportunity to address this sensitive issue within their homeland, the Navajo Nation created an ad hoc committee to develop a child sexual abuse program within its Division of Social Services and to seek federal funding made available under the new legislation. The Navajo Nation was one of three Indian nations to subsequently receive federal funds, and in October 1990 the Navajo Child Sexual Abuse Program was born (it was later renamed to Navajo Child Special Advocacy Program).

The Navajo Child Special Advocacy Program (NCSAP) seeks to provide comprehensive outpatient therapeutic services to children between the ages of 3 and 17 who have been traumatized by sexual abuse. The Program's philosophy is that all children of the Navajo Nation are entitled to a safe, healthy and loving environment, which nurtures and protects their emotional, mental, physical and spiritual well being. In order to serve the large, geographically diffuse population, the NCSAP has five offices spread across the Navajo Reservation and employs five clinical supervisory social workers, seven Masters-level therapists and five traditional counselors – all of whom are Navajo. It offers Western-based clinical treatment and therapeutic services, including sand, art and play therapy, energy psychology, and trauma reduction counseling, as well as Navajo-based treatment and services, including indigenous diagnosis and counseling and referrals to medicine persons and traditional healers. Additionally, NCSAP conducts forensic interviews of child victims, which are used by criminal investigators for legal proceedings against the perpetrators. To ensure coordination between treatment, criminal investigation and prosecution, NCSAP works closely with a multidisciplinary team comprised of representatives from the various tribal, state and federal programs and agencies that play a role in preventing and responding to child sexual abuse. Finally, NCSAP regularly engages in community outreach and education in an effort to inform the Navajo citizenry of its services and to raise awareness about the problem of child sexual abuse.

NCSAP's very existence is an outstanding accomplishment. Recognizing that effective self-governance requires tribes to confront even the most highly stigmatized and difficult social problems, the Navajo Nation acted upon its solemn responsibility to foster the existence of a safe and healthy environment for its most vulnerable citizens – its children. The Navajo Nation accepted the challenge of responding to an issue that many communities would rather keep secret. Indeed, good governance mandates that Indian nations be responsive to compelling social problems that threaten the welfare of their citizens.

While the creation of a tribal child sexual abuse program is laudable, so too is the Navajo Nation's commitment to developing and maintaining a first-rate program. Four aspects of NCSAP deserve particular attention.

First, through meticulous data collection and management, NCSAP and its partner agencies have been able to gain a better understanding of the scope and patterns of child sexual abuse. For example, NCSAP discovered that in 1999 alone, 861 sex abuse cases were substantiated and almost 7,000 reports of abuse and neglect were reported. They also

learned that 88 percent of child abuse cases involve children under the age of five and that 85 percent of parents are victims of childhood sexual abuse. As upsetting as these figures are, NCSAP understands that data collection, coupled with detailed internal performance tracking, enables it to measure progress and structure services to best meet institutional objectives.

Second, the NCSAP has tailored itself to meet the specific needs of the Navajo people, demonstrating that culture is an important consideration in service provision. As noted, one of NCSAP's most unique characteristics is its combination of Western and Indigenous therapeutic approaches, an integration that ensures cultural relevancy and, likely, strengthens sexual abuse treatment. More comprehensively, the philosophy of K'e (whose central tenants are responsibility, respect and harmony in relationships) runs throughout all of NCSAP's activities. For example, traditional counselors provide education on the Navajo clan system, parenting, child development and other Navajo traditional beliefs and practices, and they provide referrals to medicine persons who can perform ceremonies and prescribe herbal medicines. Also, NCSAP brings services directly to its clients and serves entire families. Interaction between NCSAP staff often occurs in the Navajo language, takes place in a home/hogan setting where the victim or family is most comfortable, and includes non-offending members of the family, a practice which reflects NCSAP's understanding that the family plays a key role in a child's healing process and in restoring K'e.

Third, NCSAP has developed an effective forensic interview process that has enhanced the ability of tribal, state and federal authorities to prosecute sex offenders. Because sexually abused children sometimes do not show physical signs of abuse, forensic interviews are one of the most important components of a child sex abuse investigation; in fact, legal prosecution often hinges upon the details obtained in the interview process. Despite their importance, there was no formal protocol for conducting forensic interviews prior to NCSAP's creation. Interviews were often conducted by non-qualified individuals (such as school personnel), and cases were lost. Worse, because of overlapping jurisdictional lines and a multitude of legal authorities, a child might have suffered the additional trauma of being interviewed multiple times by multiple individuals. Today, all cases of sexual abuse follow a standardized procedure: Child Protective Services assigns a primary social worker to a case, and the social worker contacts a qualified forensic interviewer to conduct and video/audio tape the interview. The tape is then forwarded to the appropriate legal authority (tribe, state, federal government) for prosecution. Since NCSAP took on the role of forensic investigator and instituted a coordinated set of procedures, the process not only has become more focused on the care of the victim, but conviction rates have also increased.

Finally, NCSAP has accomplished the almost insurmountable task of coordinating the efforts of separate agencies by forming a core discipline group to address child sexual abuse. Members of the group include criminal investigators, prosecutors, social workers, therapists, IHS physicians and mental health staff, BIA school authorities and professionals in other Navajo government departments. The multidisciplinary group meets monthly. In addition to these efforts, NCSAP is actively involved in several intertribal child sexual abuse alliances, in order to develop and share best practices. This multidisciplinary approach improves efficiency in service provision by eliminating process redundancy, clarifies the roles of the numerous agencies involved in addressing child sexual abuse (which are articulated in detail in a protocol manual), and is allowing NCSAP and the Navajo Division of Social Services to assume greater control of processes that were once managed exclusively by the BIA and the FBI.

The Navajo Child Special Advocacy Program is confronting and dealing with an extremely

difficult, yet common, social problem in Native America. NCSAP's exemplary work provides much-needed treatment for Navajo society's most at-risk individuals and families, demonstrating that it is indeed possible to treat children with the protection, dignity and respect they deserve. It is a worthwhile example for other governments, Indian and non-Indian, to follow.

Lessons:

- Good governance mandates that Indian nations be responsive to compelling social problems, and often, the response requires coordination between tribal and federal agencies. Creating multidisciplinary teams, developing detailed protocols and working closely with other tribal and non-tribal agencies are several ways to craft effective institutional responses.
- Successful programmatic intervention begins with extensive data collection and information management. Maintaining clear records and detailed data enables tribal programs to track progress and tailor services to best meet community needs.
- Matching social services to community needs may require the integration of Western and indigenous practices. For example, Western therapy can be integrated with traditional approaches to healing.

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