



Fact Sheet

Understanding Neglect in First Nations Families

According to the findings of the 2003 Canadian Incidence Study on Child Abuse, neglect is the most common form of child maltreatment for Aboriginal¹ children who are reported to Aboriginal and non-Aboriginal child protection agencies across Canada (Roy, Black, Trocmé, MacLaurin & Fallon, 2005).

What is Neglect?

Neglect is defined as a type of maltreatment that refers to the failure to provide needed age-appropriate care. This failure is normally attributed to the caregiver, but emerging evidence is showing that structural risks such as poverty, poor housing and substance misuse sourced at a societal level are the key reasons resulting in Aboriginal children experiencing neglect. Unlike physical and sexual abuse, neglect is usually typified by an ongoing pattern of inadequate care and is readily observed by individuals in close contact with the child. Physicians, nurses, day care personnel, relatives and neighbours are frequently the ones to suspect and report neglected

¹ 'Aboriginal' in this fact sheet refers to First Nations, Métis and Inuit peoples, as cited in the CIS study. First Nations will sometimes be subdivided by *Indian Act* status (status/non-status) or by residence on/off reserve.

TYPES OF CHILD NEGLECT [Trocmé, Knoke, Shangreoux, Fallon, Pitman, & MacLaurin, 2005, pp. 680]. Definitions of neglect vary by child welfare statute, but generally include:

- (1) *Failure to supervise resulting in physical harm to a child:* These include instances where a child suffers or is at substantial risk of suffering physical harm because of the caregiver's failure to supervise and protect a child adequately. This can include situations where a child may be harmed or endangered by a caregiver driving drunk with a child or the caregiver engaging in dangerous criminal activities with the child.
- (2) *Failure to supervise resulting in sexual harm to a child:* The child has been or was at a substantial risk of being sexually molested or sexually exploited and the caregiver knew, or should have known, that there was a possibility of sexual molestation and failed to protect the child adequately.
- (3) *Permitting criminal behaviour:* A child commits a criminal offence (e.g. theft, vandalism or assault) with the encouragement of the child's caregiver, or because of the caregiver's failure or inability to supervise the child adequately.
- (4) *Physical neglect:* The child has suffered, or was at substantial risk of suffering, physical harm caused by the caregiver's failure to care and provide for the child adequately. This includes inadequate nutrition, clothing, and unhygienic dangerous living conditions. There must be evidence or suspicion that the caregiver is at least partially responsible for the situation.
- (5) *Medical neglect:* Includes instances where a child is in need of medical treatment to cure, prevent or alleviate physical harm or suffering and the child's caregiver did not provide, refused, or was unavailable or unable to consent to the treatment. This includes dental services where funding is available to the caregiver.
- (6) *Failure to provide psychological treatment:* The child was at substantial risk of suffering from emotional harm as demonstrated by severe anxiety, depression, withdrawal, self-destructive or aggressive behaviour, or a mental, emotional, or developmental condition that could seriously impair the child's development. The child's caregiver did not provide, or refused, or was unavailable or unable to consent to treatment to remedy or alleviate the harm. This category includes failing to provide treatment for school related problems such as learning and behaviour problems, as well as treatment for infant development problems such as non-organic failure to thrive. Parents awaiting service were not included in this category.
- (7) *Abandonment:* The child's parent has died or was unable to exercise custodial rights and did not make adequate provisions for care and custody, or the child was in a placement and the caregiver refused or was unable to take custody.

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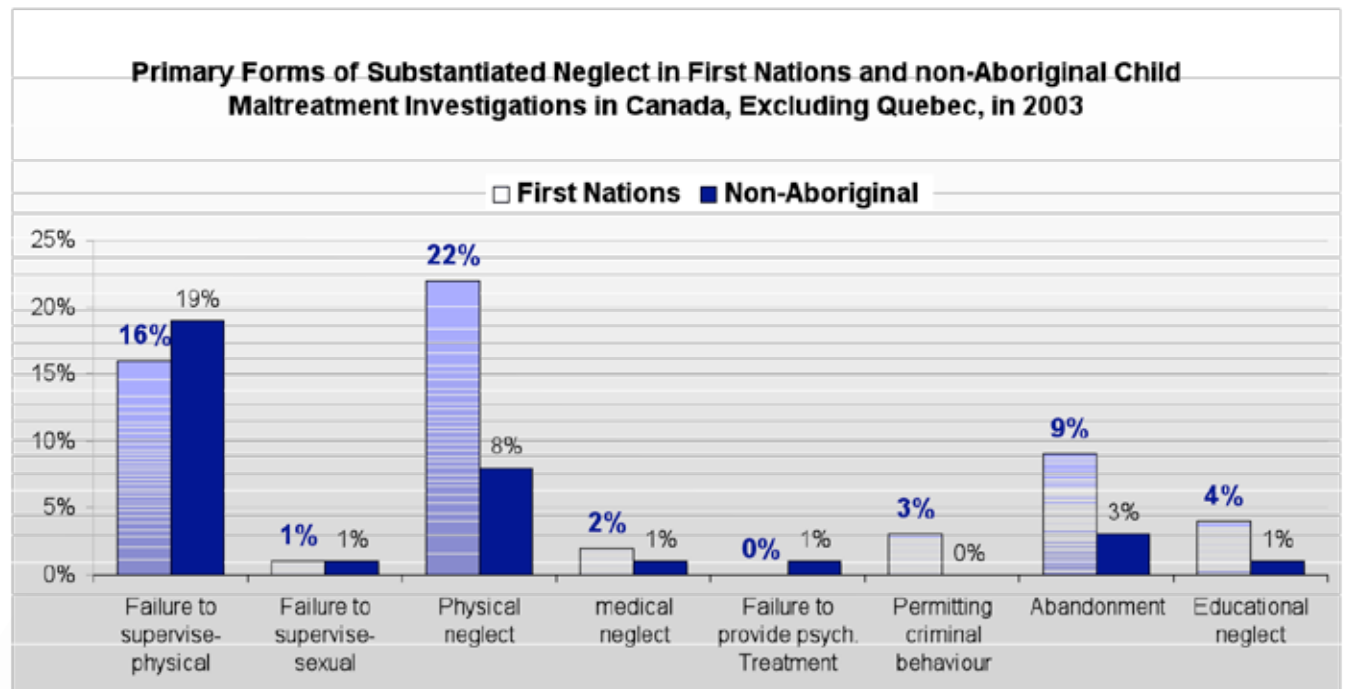
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infants, toddlers and preschool-aged children. Once children are in school, teachers and other school personnel often notice indicators of child neglect such as poor hygiene, poor weight gain, inadequate medical care or frequent absences from school (Roy, Black, Trocmé, MacLaurin & Fallon, 2005).

In most cases, child neglect includes situations in which children have suffered harm, or their safety or development has been endangered as a result of the caregiver's failure or inability to provide for or protect children. All provincial and territorial child protection laws address instances of child neglect or some type of reference to acts of omission, such as the failure to supervise or protect, as grounds for investigating maltreatment of children. There are at least 8 forms of child neglect identified by the CIS-2003 study (Roy, Black, Trocmé, MacLaurin & Fallon, 2005) (see box). According to the CIS-2003 data analysis of First

Nations versus non-Aboriginal child maltreatment investigations, the most common types of neglect substantiated amongst First Nation populations were the following:

- » The most common form was physical neglect (22% for First Nations vs. 8% for non-Aboriginal children). This percentage represents at least 6.69 investigations per 1,000 children);
- » The second most frequent form of neglect was failure to supervise, leading to physical harm (16% among the First Nations population compared to 19% for the non-Aboriginal population).
- » An estimated 9% (or 1,126 child investigations) involved abandonment, which was an issue in only 3% of non-Aboriginal investigations;
- » Educational neglect was the primary form of



substantiated neglect in 4% (or 452 cases) of First Nations investigations while it was much lower in the non-Aboriginal population at 1%;

- » Permitting criminal behaviour was the primary form of substantiated neglect in an estimated 3% (or 309 First Nations child investigations) while it appeared to be non-existent for non-Aboriginal children;
- » Medical neglect was found in 227 cases (or 2%) of First Nations investigations compared to only 1% of the child investigations for the non-Aboriginal population;
- » Concerns about the failure to protect children from sexual abuse was found in an estimated 161 (or 1%) cases of First Nations child investigations (adapted from Trocmé, MacLaurin, Fallon, Knoke, Pitman, & McCormack, 2005, pp. 28-31).

We know that the risk factors for maltreatment can reflect the situation of the child, the situation of the parents, or broader social factors, and that these risk factors vary according to the type of maltreatment. The risk factors, which include low socio-economic status, parental illness, spousal violence, social isolation and many others, are associated with a greater likelihood of maltreatment, but they do not necessarily cause the maltreatment.

When researchers unpack the definition of neglect for First Nations children, poverty, substance misuse and poor housing are some of the key factors contributing to the over representation of First Nations children amongst substantiated child welfare cases. For instance, the CIS data shows that Aboriginal families tend to be younger (49.5% of the Aboriginal sample of parents were 30 years or younger compared to 35.6% from

the Caucasian sample) and more often single (56.5% vs. 51.2%), dependent on social assistance (58.1% vs. 37.7%), and living in unsafe housing (7.9% vs. 4.6%). These families are more likely to have moved multiple times in the year prior to the study (17% vs. 8.3%). Aboriginal families are statistically more likely to have previous child welfare case openings (67.1% vs. 46.3%). Most cases of substantiated abuse involve neglect (57.9% vs. 34.9%) as opposed to physical abuse. Alcohol abuse is noted as a concern for almost two-thirds of the Aboriginal parents, compared to 22 percent of Caucasian parents. Drug abuse, criminal activity, cognitive impairment, and lack of social support are also statistically more common among Aboriginal parents (Trocmé, Knoke, & Blackstock, 2004).

The overrepresentation of First Nations children in substantiated child investigations and referrals to child welfare placement is clearly related to the level of the caregiver, household and community risk factors. The finding that neglect is the primary type of child maltreatment experienced by First Nations children in Canada calls for a reorientation of child welfare research, policy and practice to develop culturally sensitive and effective responses. Effecting change also calls for a much greater emphasis by child protection authorities on the structural factors contributing to child maltreatment amongst First Nations children such as poverty, poor housing and parental substance misuse.

References

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DE LA SANTÉ AUTOCHTONE

National Collaborating Centre for Aboriginal Health | www.nccah.ca
3333 University Way, Prince George, British Columbia V2N 4Z9 Canada
Tel: 250.960.5986 Fax: 250.960.5644 Email: nccah@unbc.ca
