



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 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.

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 them (Trocmé, et al., 2001, p. 35). All provincial and territorial child protection laws address instances of child neglect or have some type of reference to acts of omission, such as the failure to supervise or protect, as grounds for investigating maltreatment of children.

According to the FNCIS-2008 data analysis² of First Nations versus

non-Aboriginal child maltreatment investigations, the over-representation of First Nations children involved in child welfare is driven by cases involving neglect. There are at least 8 forms of child neglect identified by the FNCIS-2008 study as can be seen in Figure 1.

First Nations families are statistically more likely to have previous child welfare case openings for maltreatment compared to that of non-Aboriginal people (55% vs. 46%) (Sinha, et al., 2011). Most cases of substantiated abuse involved neglect (37% vs. 24%) as opposed to physical abuse, which was commonly substantiated for non-Aboriginal investigations (5% of First Nations investigations compared to 17% of non-Aboriginal investigations).

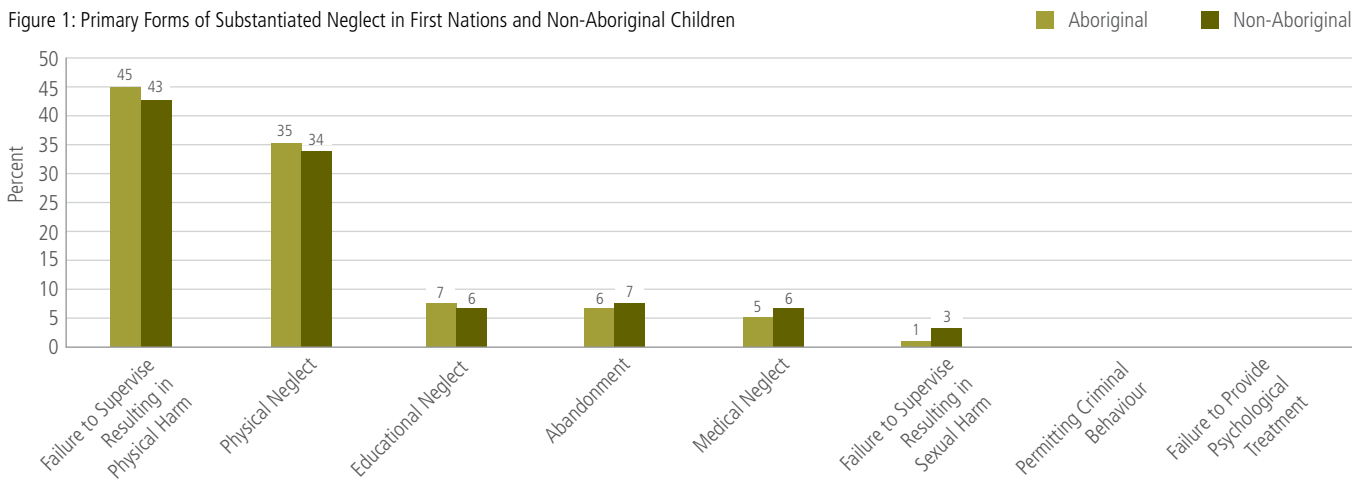
Risk Factors and Over-Representation

Research shows 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 (Sinha, et al., 2011, Trocmé, Knoke, & Blackstock, 2004). These 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 examine the definition of neglect for First Nations children, they find that 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 (Sinha et al., 2011). For instance, the FNCIS-2008 data shows that First Nations families are more often lone caregivers (47% vs. 38%), reliant upon social assistance/Employment Insurance/other benefits, and/or have limited income (49% vs. 26%). The FNCIS-2008 study also shows that in comparison with non-Aboriginal investigations, a greater proportion of First Nations investigations involved families with multiple children. The study identified four or more children in the home in 29% of First Nations

² Because of methodological differences, the results of the data in this fact sheet cannot be directly compared to data from previous studies conducted with Aboriginal agencies (i.e. Trocmé et al., 2006, *Mesmimik Wasatek: Catching a Drop of Light* or Blackstock et al., 2005, *Wen: De: We are Coming to the Light of Day*) or to other analyses of CIS-2008 data.

Figure 1: Primary Forms of Substantiated Neglect in First Nations and Non-Aboriginal Children



Source: Sinha et al., 2011, p. 95. In substantiated neglect investigations, under *Failure to supervise resulting in physical harm*, the percentages represent at least 13.7 per 1,000 First Nations children.

Types of Child Neglect

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 is at substantial risk of being sexually molested or sexually exploited; the caregiver knows or should have known of the 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) because of the caregiver's failure or inability to supervise the child adequately.

4. Physical neglect

The child has suffered or is 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 dental)

The child requires medical treatment to cure, prevent, or alleviate physical harm or suffering and the child's caregiver does not provide, or refuses, 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 is suffering from emotional harm demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour, or a mental, emotional, or developmental condition that could seriously impair the child's development. The child's caregiver does not provide, or refuses, or is 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. A parent awaiting service should not be 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.

8. Educational neglect

Caregivers knowingly allowed chronic truancy (5+ days a month), or failed to enroll the child, or repeatedly kept the child at home. If the child had been experiencing mental, emotional, or developmental problems associated with school, and treatment had been offered but caregivers did not cooperate with treatment, the case was classified under failure to provide treatment as well.

[Sinha et al., 2011, p. 94]

investigations compared to 15% of non-Aboriginal investigations; First Nations families were almost five times more likely to live in crowded housing conditions than non-Aboriginal people (14.7% vs. 2.9%). In the twelve months prior to being investigated, First Nations families are also more likely to have moved multiple times in the year (13% vs. 7%). Substance abuse is also a significant risk factor for maltreatment. Alcohol abuse is noted as a concern for 40% of First Nations female caregivers and 47% of First Nations male caregivers, compared to only 8% of female and 17% of male non-Aboriginal caregivers (Sinha et al., 2011). Drug abuse, criminal activity, cognitive impairment, and lack of social support have previously been found to be statistically more common among Aboriginal parents (Trocmé, Knoke, & Blackstock, 2004).

The over-representation of First Nations children in substantiated child investigations and referrals to child welfare placement is clearly related to the level of caregiver, household, and community risk factors. The intervention needed to deal with neglectful situations is a multifaceted developmental process. It may require teaching parents how to meet their needs and that of their children, but it will also require the provision of culturally-based services targeted at poverty and substance

misuse. In cases of neglect, intervention is more challenging to solve in the short-term (Crosson-Tower, 2002). Complex cases require culturally sensitive assessments, responses, community-based services, treatment approaches, and resources (Wien, Blackstock, Loxley, & Trocmé, 2007). A full solution to the neglect experienced by First Nations children in Canada demands a reorientation of child welfare research, policies, and practices to develop culturally sensitive and effective responses. Meaningful change also requires a much greater focus by child protection authorities on the structural factors contributing to child maltreatment amongst First Nations children, in order to effectively deal with poverty, poor housing, spousal violence, social isolation, and parental substance misuse.

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