UNDERSTANDING NEGLECT IN FIRST NATIONS FAMILIES

According to the findings of the First Nations Canadian Incidence Study on Reported Child Abuse and Neglect conducted in 2008 (FNCIS-2008), neglect continues to be the most common form of child maltreatment for First Nations children reported to First Nations and non-Aboriginal child protection agencies in Canada.

What is Neglect?

Neglect is defined as a type of maltreatment that refers to a caregiver’s failure to provide, or inability to provide, a minimal standard of age-appropriate care (Sinha et al., 2011). Child welfare frequently attributes the failure to the caregiver implying the caregiver has the ability to influence the assessed risks. However, evidence suggests that societal structural risks outside of the caregiver’s realm of control, such as poverty, poor housing, and substance misuse related to residential schools and other colonial trauma, are the key factors driving the over-representation of substantiated neglect cases among First Nations children. Neglect is less dramatic and less obvious than the bruises of physical or sexual abuse, and therefore more difficult to see (Crosson-Tower, 2002). Unlike physical and sexual abuse, neglect is usually typified by an ongoing pattern of inadequate care.

1 The FNCIS-2008 (Sinha et al., 2011) is the largest study of child welfare investigations involving First Nations children ever conducted in Canada. The FNCIS-2008 study includes analyses of the Canadian Incidence Study 2008 data, which includes investigations involving First Nations children that were conducted by 90 provincial territorial agencies and 22 First Nations and urban Aboriginal agencies. The sample analyzed by the FNCIS-2008 includes information on 3,106 investigations involving First Nations children and families living in reserve communities and off reserve areas; these data are compared with information about 12,240 investigations involving non-Aboriginal children.
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, *Mëmmimik 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.

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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 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.

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.

References