

Aboriginal Children With and Without Developmental Delay: Characteristics of Maltreatment

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Abstract

A secondary analysis of the 2001 national data from the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) is utilized to explore and contrast the maltreatment experiences of Aboriginal children with and without developmental delays reported to child protection services. Both the extent and the typologies of maltreatment for these two groups of children are investigated. In addition, characteristics of the child, the alleged perpetrators, and socio-economic conditions of the child and her/his family are reported. A review of relevant literature reveals a notable dearth of information in this area despite the overwhelming number of Aboriginal children and children with disabilities in receipt of child welfare services. This analysis is a preliminary attempt to address this void and to identify areas for future research.

It is the intent of this paper to present a preliminary description of the typologies and features of child maltreatment experienced by Aboriginal children, with and without developmental delay, reported to Canadian child protection services. Through an examination of data from the 2001 *Canadian Incidence Study of Reported Child Abuse and Neglect* (CIS), this study will explore the types and the extent of maltreatment reported for these two groups of children. In addition, this secondary data analysis will report on the characteristics of the alleged perpetrator(s), the child her/himself, the child's caregiver, and the relevant socio-economic characteristics pertinent to the child's living situation at the time of reporting.

Background

The overrepresentation of Aboriginal children in the Canadian child welfare system has long been acknowledged in the literature (Armitage, 1995;

Davis, 1992; Fournier & Crey, 1997; Hudson & Taylor-Henley, 1995; Johnston, 1983; McDonald, 2000; McKenzie, Seidl, & Bone, 1995). These authors note that while Aboriginal children represent only about 4 percent of the national population of Canada, a disproportionate number of Aboriginal children are involved with the child welfare system. Aboriginal children are five times more likely than non-Aboriginal children to be removed from their families, and far less likely to be returned to their families and communities (McKenzie, 1991). It has been suggested that in the Prairie provinces alone, as many as 50 to 70 percent of children in care are Aboriginal (Coleman, Unrau, & Manyingers, 2001; Fournier & Crey, 1997). It is similarly acknowledged that these numbers might, indeed, be higher if non-status and Metis children were included (Armitage, 1995, Fournier & Crey, 1997).

Similarly, while comprising only 1-3 percent of the general population, children with developmental delay are also over-represented in the child welfare system. An earlier analysis of the CIS revealed that children with developmental delay are involved in 8.6% of the total number of cases of reported child maltreatment (Fudge Schormans & Brown, 2002). This number may also be an under-estimation. It is believed that for children with developmental delay, the actual incidence of child maltreatment is not known. This is, primarily, thought to be a result of barriers to reporting on the part of many children with developmental delay (e.g., fear of reprisal or of not being believed, lack of information, and communication impairments), or a reluctance on the part of non-disabled others to report suspected maltreatment. Another barrier is the misinterpretation by non-disabled others of behavioural indicators of maltreatment; the assumption being that behavioural changes are a function of the disability as opposed to a response to maltreatment (Fudge Schormans, 2003).

Many Aboriginal children and their families face numerous socio-economic disadvantages within their communities, whether these communities are located on, or off, reserve; disadvantages which may, in some cases, increase the risk of child maltreatment and the likelihood of involvement with child welfare services. These disadvantages may include the disintegration of the extended family system and of critical support networks. Poor health outcomes for caregivers (due to infectious diseases and/or inadequate nutrition), and/or other compounding physical and mental health pressures related to diabetes, loss of culture, suicide, alcohol abuse, solvent abuse, and drug abuse are documented (Royal Commission on Aboriginal Peoples, 1996b). Of great importance are the consequences for caregivers of unresolved childhood experiences of neglect and/or emotional, cultural, physical, and sexual abuses taking place during the residential school era.

For some, there are links between these childhood experiences and adult involvement with the child welfare system (Royal Commission on Aboriginal Peoples, 1996b). Also noted are lower education levels, limited economic opportunities, poor housing standards, an over-representation of Aboriginal people in the legal system, a lack of recreational activities, substandard sanitation practices, and the poor maintenance of local building structures, services, and roads. In addition, many of these children and their families must deal with the powerful effects of systemic racism and discrimination (McDonald, 2000; Ministry of Community of Social Services, 1999; Royal Commission on Aboriginal Peoples, 1996a).

Aboriginal children and their families have a different history from their non-Aboriginal counterparts and the multiplicity of issues they frequently must contend with are directly linked to these histories. For the Aboriginal community as a whole, the tackling of any one issue is likened to one "grabbing the tail of a tiger" (Royal Commission on Aboriginal Peoples, 1996a:162) and is compounded by the reality of having to grapple with other 'stripes', or issues, simultaneously. The 'stripes' represent the complex interwoven social, economic, political, and cultural challenges facing many Aboriginal children and their families. These challenges have often been conceptualized as major imbalances, threatening the stability and well-being of Aboriginal peoples (McDonald, 2000), while other writers have described them as the worst kinds of social and economic conditions (Ministry of Community of Social Services, 1999). Having a child with a developmental delay may, for some families, prove to be an additional 'stripe', a stress that has been identified as increasing the risk of child maltreatment. This may be even more true for families already experiencing a number of social, psychological, and/or economic stresses (e.g., families headed by single mothers) (Brown & Fudge Schormans, 2003). A growing body of research literature demonstrates a relationship between disability and maltreatment: the presence of a disability increases the risk of child maltreatment, and child maltreatment conversely increases the risk of disability (Fudge Schormans & Brown, 2002; Fudge Schormans, 2003, Hughes & Rycus, 1998; Sobsey, 1994).

While, as noted, the over-representation of Aboriginal children in the Canadian child welfare system is well known, there is very limited documentation regarding the numbers and experiences of Aboriginal children with developmental delay involved with child welfare services. An early investigation into the situation in Alberta, (Johnston, 1983), indicated that Aboriginal children with developmental delay were, indeed, frequently coming to the attention of child welfare and were part of this landscape.

According to Johnston, in 1979, Aboriginal children with developmental delay represented 3.5% ($n=3,054$) of the total population of Aboriginal children in care in that province. This figure was fairly consistent: 3.8% ($n=2,963$) in 1980, and 3.6% ($n=2,959$) in 1981 and included Status and Non-status Aboriginal children, Metis and Inuit children. Johnston's research notwithstanding, there is, however, is a considerable lack of both historical and current information regarding both the incidence and characteristics of child maltreatment for Aboriginal children with developmental delay. The preliminary findings presented in this paper are an attempt to begin to address this gap.

Table 1. Percentage of Aboriginal Children With and Without Developmental Delay in the care of Canadian Child Welfare Systems: 1979, 1980, and 1981

Aboriginal Children With and Without Developmental Disabilities (1979)							
	Status	Non -status	Metis	Inuit	Total Aboriginal	Total non- Aboriginal	% Aboriginal
No delay	1,570	89	1,502	15	3,176	8,051	39.4%
Delay	39	9	59	0	107	3,054	3.5%
Total:	1,609	98	1,561	15	3,283	11,105	29.6%
Aboriginal Children With and Without Developmental Disabilities (1980)							
	Status	Non -status	Metis	Inuit	Total Aboriginal	Total non- Aboriginal	% Aboriginal
No delay	1,520	67	1,439	19	3,045	7,658	39.7%
Delay	42	8	64	0	114	2,963	3.8%
Total:	1,562	75	1,503	19	3,159	10,621	29.7%
Aboriginal Children with and without Developmental Disabilities (1981)							
	Status	Non -status	Metis	Inuit	Total Aboriginal	Total non- Aboriginal	% Aboriginal
No delay	1,492	60	1,401	22	2,975	7,793	23.2%
Delay	41	8	59	0	108	2,959	3.6%
Total:	1,533	68	1,460	22	3,083	10,752	28.7%

(Data adapted from Johnston, P., (1983), pp. 30-32)

Methodology

Procedures

For this paper, a secondary analysis of the (2001) Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) data was used as the basis for a preliminary inquiry. A national study exploring the incidence of reported child maltreatment, the CIS had a five-fold purpose. It was designed to

examine the rates of four typologies of maltreatment (physical, sexual, emotional abuse and neglect); the severity of maltreatment; child, family, and alleged perpetrator characteristics; the relationship between certain determinants of health and the incidence of child abuse; and, lastly, the short-term outcomes of maltreatment investigations (Trocmé et al., 2001). Making use of a multistage stratified sampling design, 51 sites (out of a possible 327 child welfare sites) were selected across Canada. Using the Maltreatment Assessment Form developed by the CIS, data was collected by child welfare workers conducting investigations at these 51 sites over a 3 month period (from October 1 to December 31, 1998). After screening out cases opened for reasons other than child maltreatment, 5,388 cases involving 7,672 children were selected for inclusion in the study. As a consequence, not included in the study are those cases of maltreatment not reported to child welfare, new allegations involving cases already open at the time of data collection, or allegations concerning those children already in the care of the child welfare agencies participating. A component of the Maltreatment Assessment Form, the Child Functioning Checklist, allowed workers to document child functioning concerns that arose during child maltreatment investigations, including developmental delay. The checklist itself is not a validated measurement instrument with established population norms, subsequently incidence rates are, again, likely to be an underestimation. Child welfare workers completing the Maltreatment Assessment Form identified child functioning concerns as either confirmed (by a formal diagnosis and/or observation) or suspected (but not verifiable at the time of the investigation). As the distinction between confirmed and suspected was not always clear, these two categories were collapsed for analysis.

Participants

The analysis presented here contrasts cases involving Aboriginal children with and without developmental delay reported for abuse and neglect along a number of variables. This information is somewhat compromised by limitations in the CIS itself. Ethno-racial information was collected only for the caregiver and not specifically for the child. For the purposes of this analysis, we selected only those children, with or without developmental delay, for whom their caregiver ("A", "B", or "C") was reported to be both Aboriginal and the child's biological parent. As a result, this analysis may have failed to include Aboriginal children living with other caregivers at the time of reporting of alleged abuse and neglect. Further, this analysis makes use of the CIS's broader ethno-racial category, "Aboriginal", and as a consequence, does not distinguish between status/non-status, on/off reserve, Metis, Inuit, or any other categorizations subsumed under the label, "Aboriginal".

As noted, the CIS comprises a total of 7,672 cases of reported child maltreatment. Cases in which the caregiver (A, B, or C) was identified as being Aboriginal and the child's biological parent represent 11.01% ($n=815$) of the total sample. Of these 815 cases, 9.07% ($n=74$) involve Aboriginal children with developmental delay while 90.93% ($n=741$) involve Aboriginal children without delay. Aboriginal children comprise 12.3% of all children labelled developmentally delayed coming to child welfare attention in Canada. Thirty nine percent are between the ages of 4-7 years, and 62.0% are males. (Of note: within the larger sample of children investigated through the CIS, only 51.3% are males, a figure that is more representative of the general population. For children labelled developmentally delayed, irrespective of ethno-racial identity, 60.9% are males. The Aboriginal figure of 62.0%, while extreme as compared to the general population, is not out of the ordinary when compared to the larger developmental delay population. Among the general population of people with developmental disabilities, there are more males than females (Renwick, Fudge Schormans, & Zekovic, 2003).

This study will address the following questions: a) whether Aboriginal children with developmental delay are at increased risk for specific types of maltreatment compared to their non-delayed counterparts; b) who are the alleged perpetrators of maltreatment, and c) what are the pertinent child functioning concerns, caregiver concerns, and household characteristics reported for Aboriginal children with and without developmental delay in this sample?

Results

Typologies of Reported Maltreatment

The CIS addressed four maltreatment categories: physical abuse, sexual abuse, neglect, and emotional maltreatment and allowed for data collection on up to three categories of maltreatment for each investigated case. A series of chi-square analyses was performed in an effort to contrast the number of Aboriginal children with and without developmental delay along the parameters of the typologies of reported maltreatment and the number of reported maltreatment categories per case. Preliminary findings as to the primary types of maltreatment experienced by Aboriginal children with and without developmental delay reveal no statistical difference between the two groups of children. (The primary maltreatment categories in order of frequency of reported occurrence can be seen in Table 2.) Neglect was the most frequently reported primary maltreatment typology for both groups of

children, noted for 56.8% of Aboriginal children with delay and 59.0% of Aboriginal children without delay. Physical abuse was slightly higher for Aboriginal children with delay (18.9%) than for Aboriginal children without delay (18.2%). Sexual abuse was also reported more frequently for Aboriginal children with delay (14.9%) than for their counterparts without developmental delay (9.3%). Aboriginal children with developmental delay were reported as having experienced emotional maltreatment less frequently than their counterparts without developmental delay (9.5% and 13.5%, respectively). When emotional maltreatment was examined more closely, however, it was found that, while there was no significant difference in the rate of reporting of emotional abuse (defined as an act of commission) for the two groups of children, emotional neglect (an act of omission) was reported significantly more often ($\chi^2=15.940$, $p<.001$) for Aboriginal children with developmental delay (18.9%) than for Aboriginal children without delay (6.2%).

Table 2. Percentage of Aboriginal Children With and Without Developmental Delay Reported for Maltreatment

<i>Primary Maltreatment Typology</i>	<i>Development Delay Status</i>			
	<i>With Delay</i>		<i>Without Delay</i>	
Neglect	56.8%	<i>n</i> =42	59.0%	<i>n</i> =437
Physical Abuse	18.9%	<i>n</i> =14	18.2%	<i>n</i> =135
Sexual Abuse	14.9%	<i>n</i> =11	9.3%	<i>n</i> =69
Emotional Maltreatment	9.5%	<i>n</i> =7	13.5%	<i>n</i> =100
Total	100.0%	<i>n</i> =74	100.0%	<i>n</i> =741

What was also found to be significant was the experience of multiple categories of maltreatment. Aboriginal children with developmental delay were significantly more likely ($\chi^2=8.645$, $p=.003$) to be reported for multiple categories of abuse and/or neglect than were their non-delayed counterparts (41.9% and 25.9% respectively). One notable difference was the frequency of reporting for the combination of neglect and emotional maltreatment: 21.6% for Aboriginal children with delay, 13.2% for Aboriginal children without delay.

Duration of Maltreatment

Another statistically significant difference ($\chi^2=10.385$, $p=.016$) between Aboriginal children with developmental delay and those without delay was found when looking at the duration of the primary type of maltreatment.

Aboriginal children with delay are more frequently reported as having experienced multiple incidents of maltreatment lasting for a period of more than six months (50.0% for Aboriginal children with delay and 28.8% for Aboriginal children without delay) and less likely to be reported for a single incident of maltreatment (20.0% for Aboriginal children with delay and 24.2% for Aboriginal children without delay). (Refer to Table 3)

Table 3. Duration of Maltreatment for Aboriginal Children With and Without Developmental Delay

<i>Duration of Maltreatment</i>	<i>Development Delay Status</i>	
	<i>With Delay</i>	<i>Without Delay</i>
Single Incident	20.0% <i>n</i> =10	24.2% <i>n</i> =125
Less than 6 Months	14.0% <i>n</i> =7	16.8% <i>n</i> =87
More than 6 Months	50.0% <i>n</i> =25	28.8% <i>n</i> =149
Unknown	16.0% <i>n</i> =8	30.2% <i>n</i> =156

Table 4. Percentage of Aboriginal Children with and Without Developmental Delay Experiencing Harm as a Result of Maltreatment

<i>Harm Resulting From Maltreatment</i>	<i>Development Delay Status</i>	
	<i>With Delay</i>	<i>Without Delay</i>
Physical Harm	8.1% <i>n</i> =6	9.3% <i>n</i> =69
Phys. Harm Requiring Treatment	50.0% <i>n</i> =3	28.4% <i>n</i> =19
Emotional Harm*	37.0% <i>n</i> =27	16.4% <i>n</i> =121
Emot. Harm Requiring Treatment*	23.3% <i>n</i> =17	8.2% <i>n</i> =60
Impaired as a Result*	30.8% <i>n</i> =16	11.6% <i>n</i> =63
Safety Endangered**	15.2% <i>n</i> =7	6.7% <i>n</i> =36

p*<.000 *p*<.05

When we examine the question of harm resulting from maltreatment (see Table 4) we find no significant difference in the rates of physical harm for Aboriginal children with and without developmental delay (8.1% and 9.3%, respectively). Nor is there any statistically significant difference in the rates with which physical harm required treatment (50.0% for Aboriginal children with delay and 28.4% for Aboriginal children without delay).

The situation changes when we look at emotional harm. In this case the difference between the two groups of children is statistically significant

($\chi^2=18.756$, $p=.000$). The frequency of reporting of signs of emotional or mental harm indicates that 37.0% of children with delay, and 16.4% of children without delay, showed such signs. What is also statistically significant ($\chi^2=21.881$, $p=.000$) is the higher rate at which those Aboriginal children with delay reported for emotional harm were also found to require treatment for that harm (23.3%) as contrasted with their non-disabled counterparts (8.2%).

Alleged Perpetrator(s)

There is no statistical difference between Aboriginal children with and without delay with regard to who the alleged perpetrator of the primary maltreatment type is reported to be. Consistent with the results for all children included in the CIS (Trocmé et al, 2001), the data indicates that the alleged perpetrator, the person(s) suspected of, or substantiated as, having maltreated the Aboriginal child is, most frequently, the child's primary caregiver. The primary caregiver is, typically, a biological parent, and, in Canadian society, most often the child's mother. For Aboriginal children with developmental delay, biological mothers are reported to be the alleged perpetrators in 75.7% of cases, as contrasted with 73.7% for Aboriginal children without delay. When we look at biological fathers, the frequency with which they are reported to be the alleged perpetrator is lower, 24.3% for Aboriginal children with delay and 26.9% for Aboriginal children without delay.

Step-fathers were reported to be the alleged perpetrators for 8.1% of cases involving children with delay, and at a slightly higher rate of 9.9% for cases involving children without delay. Step-mothers were rarely identified as alleged perpetrators (0.0% for children with delay, 0.5% for children without delay). Nor were adoptive parents likely to be reported as the alleged perpetrator (1.4% for children with delay, 0.4% for children without delay). Other relatives were identified as the alleged perpetrator for 2.7% of children with delay, and 5.1% for children without delay. Others (i.e., family friend, parent's boyfriend/girlfriend, child's peer, babysitter, teacher, etc.) were reported for 5.4% of cases involving Aboriginal children with delay and 4.9% with no delay. This CIS data allows for an analysis of strangers as the alleged perpetrator. Similar to the results found for all children in the CIS sample (Trocmé et al, 2001), the rate of reported stranger abuse for Aboriginal children with and without developmental delay is very low (0.0% for Aboriginal children with delay and 0.1% for Aboriginal children without delay).

Multiple Alleged Perpetrators

Just over twenty percent (20.4%) of all Aboriginal children were reported as having experienced maltreatment involving multiple perpetrators. There is no statistically significant difference between the two groups of children. What warrants attention, however, is that biological parents are implicated in all cases involving multiple alleged perpetrators. Two biological parents are reported to be the alleged perpetrators in 78.6% of cases involving Aboriginal children with developmental delay as contrasted with 67.8% of children without delays. For one biological parent and a step-parent, the frequency of report is much lower (21.4% for Aboriginal children with delay and 30.3% for Aboriginal children without delay). One biological parent and an other are reported for 2.0% of Aboriginal children who do not have developmental delay, and 0.0% for children with delay.

Child Concerns: Physical and Mental Health

The Child Functioning Checklist on the Maltreatment Assessment Form allows for assessment of 19 different child concerns, of which developmental delay is one. The two groups in this study were contrasted along the remaining 18 variables. Statistically significant differences were found for 7 of these variables although it must be noted that the 'n' values are sometimes low (refer to Table 5).

Table 5. Percentage of Child Functioning Concerns for Aboriginal Children with and Without Developmental Delay

Child Concerns	Development Delay Status	
	With Delay	Without Delay
Sub. Abuse Related Birth Defects*	31.1% n=23	3.6% n=27
Psychiatric Disorder*	4.1% n=3	.3% n=2
Self-Harm***	9.5% n=7	3.5% n=26
Behaviour Problems***	24.3% n=18	15.1% n=112
Irregular School Attendance**	24.3% n=18	12.1% n=90
Physical/Developmental Disability*	9.5% n=7	1.3% n=10
Special Education*	16.2% n=12	2.0% n=15

* $p < .000$, ** $p < .01$, *** $p < .05$

The rate of report for substance abuse-related birth defects is significantly higher ($\chi^2 = 87.955$, $p < 0.001$) for Aboriginal children with delay (31.3%, $n = 23$) than for Aboriginal children without delay (3.6%, $n = 27$). Psychiatric disorders were also reported significantly more often ($\chi^2 = 15.801$, $p < 0.001$)

for the group with developmental delay (4.1%, $n=3$) than for the group without (.3%, $n=2$) (however, the numbers of reported cases are very low). Reported rates of self-harming behavior were similarly statistically significant ($\chi^2=6.132$, $p<0.05$), being higher for Aboriginal children with delay (9.5%, $n=7$) than for the non-delayed group (3.5%, $n=26$).

The data indicates a higher frequency of reported behaviour problems for Aboriginal children with delay (24.3%, $n=18$) than without delay (15.1%, $n=112$), a finding that is statistically significant ($\chi^2=4.257$, $p<0.05$). Aboriginal children with developmental delay are also more likely to experience irregular school attendance (24.3%, $n=18$) than their non-delayed counterparts (12.1%, $n=90$) ($\chi^2 = 8.681$, $p<0.01$), and to be enrolled in special education classes (16.2%, $n=12$ and 2.0%, $n=15$, respectively). This difference is also statistically significant ($\chi^2= 42.306$, $p<0.001$). A final statistically significant difference concerns physical/developmental disability. Again, Aboriginal children with delay ($\chi^2 = 21.667$, $p<0.001$) are more frequently reported for additional physical/developmental disability (9.5%, $n=7$) than Aboriginal children with no developmental delay (1.3%, $n=10$).

Primary Caregiver Characteristics

To explore maltreatment for Aboriginal children with and without delay, this analysis included an examination of the living situations of these two groups of children. Keeping in mind that the alleged perpetrator of maltreatment is, most often, the child's primary caregiver (typically, a biological parent), included is an investigation into the characteristics of the primary caregiver.

For Aboriginal children with developmental delay, the primary caregiver is significantly more likely to be older ($\chi^2 = 20.604$, $p<0.01$) than the primary caregivers of Aboriginal children without delay. Sixty nine percent are over the age of 30 years, with a higher percentage of caregivers for Aboriginal children with developmental delay being age 41 years or older than for children without delay. For Aboriginal children without delay, there is an almost even split, with 48.8% of caregivers reported to be 30 years of age or less and the remainder reported to be aged 31 years or older. The primary caregiver was overwhelmingly female for both groups of children (95.5% with delay, 90.6% without delay) and, typically, noted English as their primary language (84.9% with delay, 90.2% without delay). The education level of the primary caregiver was also contrasted for the two groups of children, however, no significant differences were found. The majority of caregivers reported education levels of secondary school or less (59.5% for Aboriginal children with delay, 47.1% for Aboriginal children without

delay). A cautionary note is warranted in interpreting education level: education level is unknown for 36.5% of primary caregivers of children with delay, and 45.1% of those for children without delay.

Primary Caregiver Concerns

As with the children included in the CIS, the caregivers were also rated along a number of functioning concerns. The percentage of primary caregivers for Aboriginal children with and without developmental delay described by each of these concerns is presented in Table 6. What is noteworthy is that the reported rate of functioning concerns for both groups is high. The majority of Aboriginal caregivers were described as having at least one functioning concern (86.5% for Aboriginal children with delay, 81.4% for Aboriginal children without delay). Contrasting the percentages of caregivers for the two groups along specific concerns reveals some important differences. For every category except alcohol abuse, primary caregivers of Aboriginal children with delay were reported more often than were caregivers of Aboriginal children without delay although this difference is not always a statistically significant one.

Three times as many primary caregivers of children with developmental delay were reported as having a cognitive impairment ($\chi^2=20.000, p<0.001$) than caregivers of children with no delay (21.6%, $n=16$ & 6.7%, $n=50$, respectively). Mental health concerns were also significantly more likely to be noted ($\chi^2= 19.803, p<0.001$) for the group with delay (41.9%, $n=31$) than for the group without delay (19.6%, $n=145$). In addition, primary caregivers of Aboriginal children with delay reported personal histories of child maltreatment significantly more often ($\chi^2=17.967, p<0.001$) than did caregivers of children without developmental delay (68.9%, $n=51$, and 43.2%, $n=320$, respectively).

While the differences between the two groups are not statistically significant for the remainder of the caregiver functioning concerns, they are included here as the percentages for both groups would still appear to warrant attention. As noted, the percentages for the primary caregivers of Aboriginal children with developmental delay is higher for all variables except for alcohol abuse. Almost 11% (10.8%) of primary caregivers of Aboriginal children with delay ($n=8$) present with additional health concerns. The rate for caregivers of children without delay is 6.7% ($n=50$). Drug abuse is reported for 33.8% ($n=25$) and 26.9% ($n=199$) of caregivers of children with and without delay, respectively. Criminal activity is reported for 24.3% ($n=18$) caregivers in cases involving a child with a delay as contrasted with

16.5% ($n=122$) of cases without a delay. Just over forty percent ($n=30$) of caregivers of Aboriginal children with delay are described as having few social supports. For caregivers of children without delay, the reported rate is 33.6% ($n=249$). The reported rate of alcohol abuse is 54.1% ($n=40$) for primary caregivers of Aboriginal children with developmental delay and 64.8% ($n=480$) for caregivers of children without delay.

Table 6. Percentage of Caregiver Concerns for Primary Caregivers of Aboriginal Children With and Without Developmental Delay

Caregiver Concerns	Development Delay Status	
	Aboriginal Children with Delay	Aboriginal Children without Delay
Any Concern	86.5% $n=64$	81.4% $n=603$
Cognitive Impairment*	21.6% $n=16$	6.7% $n=50$
Mental Health*	41.9% $n=31$	19.6% $n=145$
Maltreated As A Child*	68.9% $n=51$	43.2% $n=320$
Physical Health	10.8% $n=8$	6.7% $n=50$
Drug Abuse	33.8% $n=25$	26.9% $n=199$
Alcohol Abuse	54.1% $n=40$	64.8% $n=480$
Criminal Activity	24.3% $n=18$	16.5% $n=122$
Few Social Supports	40.5% $n=30$	33.6% $n=249$

* $p<.000$

Household Characteristics

Socio-economic conditions for Aboriginal children with and without developmental delay were examined by looking at the characteristics of the households of the primary caregivers, for these two groups of children. Making use of five variables in the CIS, (household family structure, family income estimate, family income source, housing accommodation, and unsafe housing conditions), the two groups are contrasted (refer to table 7).

More than one half of both groups of children (55.4% for children with delay, 52.0% for children without delay) were reported to be living in a household headed by a single female parent. This rate is higher than that found for the general population of children involved in the larger CIS study. Less than one quarter of Aboriginal children with (23.0%) and without (22.3%) developmental delay lived with both biological parents. Almost 18% of these two groups of Aboriginal children resided with a biological parent and a step/common-law/adoptive parent (17.6% of children with delay, 17.8% of children without delay).

Examining the annual family income estimate, we find that low annual incomes are reported for both groups in this study. The difference between the two groups is, however, statistically significant ($\chi^2=18.254$, $p<0.01$). Aboriginal children with developmental delay are more likely to be living in a home with an annual income of less than \$15,000 (45.9%, $n=34$) than are their non-delayed counterparts (30.6%, $n=226$). Furthermore, contrasting the source of annual family income reveals another statistical difference ($\chi^2=21.092$, $p<0.001$). Aboriginal households including a child with a developmental delay report lower levels of both full and part-time employment and are much more likely to rely on Social Assistance, Unemployment, or other benefits (82.4%, $n=61$), than are Aboriginal households that do not include children with delay (56.2%, $n=412$). Both groups are, however, more likely to report Social Assistance/Other Benefits/Unemployment as the primary source of income than was found for the larger CIS sample.

The type of housing accommodation is a third statistically significant difference ($\chi^2=12.489$, $p<0.05$) between Aboriginal children with and without developmental delay. As contrasted with children without delay, children with delay less frequently reside in a purchased home (7.6%, $n=56$, and 1.4%, $n=1$, respectively) and more frequently live in shelters or other accommodations. There is no statistically significant difference between the two groups with regard to the safety of living accommodations. Ten point eight percent of Aboriginal children with delay were reported to be living in unsafe housing conditions as contrasted with 6.6% of Aboriginal children without delay.

Table 7: Percentage of Household Characteristics for the Primary Caregivers of Aboriginal Children With and Without Developmental Delay

Household Characteristics	Development Delay Status			
	<i>with Delay</i>		<i>without Delay</i>	
<i>Household Family Structure</i>				
Both Biological Parents	23.0%	$n=17$	22.3%	$n=165$
Biological Parent with Step/				
Common-law/Adoptive Parent	17.6%	$n=13$	17.8%	$n=132$
One Biological Parent & Other	1.4%	$n=1$	2.2%	$n=16$
Lone Female	55.4%	$n=41$	52.0%	$n=385$
Lone Male	2.7%	$n=2$	5.7%	$n=42$

(continued)

Table 7: (cont'd)

	Development Delay Status			
	with Delay		without Delay	
<i>Family Income Estimate**</i>				
\$15,000/year	45.9%	n=34	30.6%	n=226
\$15-24,999/year	33.8%	n=25	31.2%	n=230
\$25-40,999/year	5.4%	n=4	9.8%	n=72
\$41-57,999/year	0.0%	n=0	2.2%	n=16
\$58-80,000/year	4.1%	n=3	1.1%	n=8
>\$80,000/year	0.0%	n=0	0.0%	n=0
Unknown	10.8%	n=8	25.2%	n=186
<i>Household Source of Income*</i>				
Full Time Employment'	8.1%	n=6	16.5%	n=121
Part-time/Seasonal Employment	1.4%	n=1	10.6%	n=78
Social Assistance/Other Benefits/				
Unemployment	82.4%	n=61	56.2%	n=412
Unknown Sources	5.4%	n=4	14.6%	n=107
No Source of Income	2.7%	n=2	2.0%	n=15
<i>Housing Accommodations***</i>				
Public Rental	21.6%	n=16	18.6%	n=138
Private Rental	43.2%	n=32	46.9%	n=347
Purchased Home	1.4%	n=1	7.6%	n=56
Shelter/Hotel	4.1%	n=3	1.6%	n=12
Other	25.7%	n=19	15.8%	n=117
Unknown	4.1%	n=3	9.5%	n=70
Unsafe Housing Conditions Noted				
Yes	10.8%	n=8	6.6%	n=49

* $p < .000$, ** $p < .01$, *** $p < .05$

Discussion

As an introductory examination into the characteristics of child maltreatment experiences for Aboriginal children with and without developmental delay, this analysis presents a number of preliminary findings and raises additional questions for future inquiry.

The reported rates of primary types of maltreatment experienced by Aboriginal children do not differ on the basis of the presence of a developmental delay. Aboriginal children with and without developmental delay are most likely to be reported for neglect, followed by physical abuse. For Aboriginal children without delay, the third most frequently reported typology of maltreatment is emotional maltreatment and the fourth is sexual abuse. This pattern resembles that of the larger CIS sample that included children of all ethnic and racial backgrounds (Trocmé et al., 2001). The pattern for Aboriginal children with delay, however, is somewhat different with sexual abuse being the third most often reported category of maltreatment and emotional maltreatment being the fourth. As noted elsewhere (Fudge Schormans & Brown, 2002), lower reported rates of emotional maltreatment for children with developmental delay may be explained by difficulties related to detecting and/or reporting emotional maltreatment, especially for children with communication impairments. Interestingly, within the category of emotional maltreatment, Aboriginal children with developmental delay are significantly likely to experience more emotional neglect than emotional abuse. In addition, the presence of a delay would seem to increase the risk of emotional/mental harm that requires treatment. Equally alarming is the finding that Aboriginal children with developmental delay are significantly more likely to experience multiple types and incidents of maltreatment and that these abuses typically span a longer duration than do the maltreatment experiences of Aboriginal children without developmental delays. What is not known is whether these differences can be explained solely by the noted difficulties associated with reporting. They might also be a function of the higher care demands for children with developmental delay (compounded by a concomitant lack of family supports) (Hughes & Rycus, 1998), of devaluation and stigma rooted in discriminatory attitudes towards people with disabilities (Sobsey, 1994), or a combination of these or other factor(s).

For the Aboriginal children in this study, both those with and without developmental delay, the alleged perpetrator was most often reported to be the child's biological mother. Typically, the child lived in a single mother-led home. Further, as has been mentioned, neglect (lasting 6 months or more) is the most frequently reported primary type of maltreatment for both groups of children. As has been reported in previous studies of children with developmental delay included in the CIS (Brown & Fudge Schormans, 2003; Fudge Schormans & Brown, 2002), there may be a relationship among these findings, one that warns us against simplistic "mother-blaming". In Canada, mothers typically still retain primary responsibility for child rearing, especially if the child has a disability. Single mothers,

particularly those parenting a child with a disability, often experience multiple life stressors that may increase the risk of child maltreatment (Brown & Fudge Schormans, 2003; Fudge Schormans & Brown, 2002). Neglect may be understood as a form of maltreatment impacted by overwhelming demands placed upon parents (and inadequate supports) that may occur over a longer period of time.

The results of this study do, indeed, lend credence to the research literature noting that parents of children with disabilities often must deal with numerous, inter-related life stressors. The results similarly support the documented psychological/social/economic/and cultural stressors experienced by many Aboriginal people. The Aboriginal children with developmental delay in this study presented with many more child functioning concerns than their non-disabled counterparts. (The question is thus raised of whether the difference is a function of the disability, of the experience of maltreatment, of caregiver issues and/or living conditions, or some combination of these or other factors?) Similarly, while both the caregivers of Aboriginal children with and without developmental delay were found to experience high rates of caregiver functioning concerns and household characteristics linked to an increased risk of child maltreatment, the situation seems to be exacerbated by the presence of a developmental delay. Markedly high rates of health concerns, drug and alcohol abuse, criminal activity, and low levels of social support are reported equally among the two groups of caregivers. Beyond this, the caregivers of the Aboriginal children with developmental delay demonstrate a pronounced difference with more frequent reporting of additional cognitive impairment and mental health concerns, and with childhood histories of maltreatment. It would be interesting to examine these differences more closely. The importance of the socio-economic conditions of the caregivers of Aboriginal children with disabilities cannot, however, be overlooked. This group of caregivers is found to have disconcertingly low annual incomes (many earning less than \$15,000 per year), and an over-reliance on social assistance as the primary source of that income. These findings again beg the question, not answerable here, of whether the presence of a developmental disability, in and of itself, is sufficient to explain this difference? Do the care demands of a child with a disability impact upon opportunities for employment, thus necessitating reliance on social assistance? What are the societal expectations of parents when they have a child with a disability? What supports are made available to this group of parents? Again, (how) do larger forces of discrimination and devaluation play a role?

Conclusion

Earlier in this paper we cited literature pointing to the many layers of disadvantage, or 'stripes', experienced by many Aboriginal people in Canada. Within the context of child maltreatment, this analysis of data in the CIS would seem to further demonstrate the vulnerability and marginalization of many Aboriginal children and their families. The over-representation of Aboriginal families in child welfare systems is clear. In addition, Aboriginal children make up a large percentage of the group of children with developmental delay coming to the attention of child welfare. What is now evident is that 'disability' appears to make a difference, although this difference is not yet clearly understood. It would appear that for some families, the presence of a developmental delay may increase an Aboriginal child's (and family's) vulnerability and the risk of child maltreatment. The CIS is, however, descriptive disallowing the inference of any cause and effect relationship. Future research is required that more carefully and thoroughly examines the difference disability makes.

Overall, the results point to a particularly vulnerable population that may not currently be adequately identified, nor well understood, protected or served (Ministry of Community of Social Services, 1999). Aboriginal children with developmental delays, and their families need a culturally appropriate "comprehensive plan of action" (Royal Commission on Aboriginal Peoples, 1996a) that will assist them to address their very specific needs. This plan of action must be geared towards meeting both cultural needs and those related to disability and not make the mistake of prioritizing one over the other.

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