The Intersection of Race, Disability and Child Maltreatment: Aboriginal Children With Developmental Disabilities and the Child Welfare System

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Abstract

In this paper we address the intersection of Aboriginal, developmental disability, and child welfare status, in the lives of children identified as having all three of these labels. Disability and child welfare status, like race, are understood as a form of social oppression and institutional discrimination located in social processes and historical contexts as opposed to individual pathology. Many commonalities exist in the histories of Aboriginal people and people with developmental disabilities - experiences of oppression, marginalization, institutionalization, devaluation, and denial of human rights. In the contemporary picture, child welfare services have come to play an important role in the lives of Aboriginal children and children with developmental disabilities. Research indicates that both groups of children are over-represented in child welfare services. Higher rates of maltreatment are indicated to be a factor, as are social, political, economic and attitudinal issues. Aboriginal people typically experience a number of risk factors for both disability and for child welfare involvement. The intersectionality of Aboriginal, disability, and child welfare status, represents a very particular experience, of which little is known. As a group, the experiences and needs of children with all three labels have remained largely invisible to the majority culture and also within disability, child welfare, and Aboriginal research and discourse.

Both the labels "developmentally disabled"[1] and "Aboriginal"[2] have arguably achieved the rank of "master status" labels. Viewed as all encompassing of those so labelled, these master status referents tend also to be misconstrued as discrete, non-overlapping categories. It is a misconception that people can be easily situated within one or the other of these socially constructed dichotomous categories, yet the assumption remains that people are either "developmentally disabled" or "normal", "Aboriginal" or "non-Aboriginal". Further, once so characterized, members of each division are believed representative of a homogeneous group. That such assumed homogeneity is mere myth is demonstrated through the extreme variability, the heterogeneity in terms of race, ability, gender, sexual orientation, social economic status etc., evinced in either classification (Omansky Gordon & Rosenblum, 2001). Child welfare status is an additional means by which a child and family can vary within the categories of "race" and "disability". It may even be a master status label itself. Little

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[1] The variety of impairments and labels encompassed under the larger umbrella term of "disability" necessitates further explication of its usage here. Within the field of disability, "naming" has a long, inglorious (and yet to be resolved) history, far too lengthy and complex to be given adequate attention within the confines of this paper. Developmental disability is variably defined, socially, medically and legally. At a semantic level, "developmental disability" "is a category, a label, assigned to people whose intellectual capacities, communication skills, and/or adaptive behaviour are determined to be developing, or to have developed, at a slower rate or to a less extent than what is deemed to be normal" (Bach, 1999: 33). It is this inclusion of lower intellectual functioning that is held to be key to this definition. As such, it excludes persons whose impairments are not cognitive in nature (although many persons with developmental disabilities have co-occurring physical or sensory impairments), and those whose cognitive impairments do not indicate lower functioning intellectual abilities (such as mental health impairments although, again, many persons labelled developmentally disabled have concomitant mental health issues) (Hughes & Rycus, 1998; Factor & Fulton, 1999). While it is this definition that will be utilized here, the reader is cautioned to acknowledge the ambiguity of semantic understandings of developmental disability that often change when applied to lived experiences of disability as a result of variable contextually determined interpretations of "ability" and "disability" across space and time. Furthermore, following a social model of disability, it is the weaving of social, economic, cultural, political and linguistic factors that create historically situated understandings of "ability" and "disability", not individual pathology (Bach, 1999; Omansky Gordon & Rosenblum, 2001).

[2] The naming of one's self or others is a lynchpin in the process of creating categories of people and the construction of social identities and typically reflects the historical and cultural evolution of terminology imposed by law and public policy, or through the deliberate assertion of new names and identities by members of a category (Omansky Gordon & Rosenblum, 2001). While recognizing that there are distinct differences between the terms "Aboriginal", "First Nations", Indigenous", and "Native" (Bennett & Blackstock, 2003), this paper will use these terms interchangeably but with the understanding of "Aboriginal" as an umbrella term encompassing the others.

attention, however, would appear to have been given to the special and unique situation experienced by children who have been ascribed all three of these referents. This is of concern if, as argued by Omansky Gordon and Rosenblum, master status categories are centred within a complex morass of social ideals, institutional structures, and government policies (2001). Rights and privileges are allowed, or denied, to children by virtue of the categories to which they do, or do not, belong. Laws, regulations and policies at all levels of government impact upon categorization and consequent eligibility for support services. The underlying ideologies that function in the construction of law have the potential to shape policies and structures that serve to protect the rights of children, or that serve instead to harm children through classifications fostering isolation, ostracism, dehumanization and punishment (Omansky Gordon & Rosenblum, 2001). The intent of this paper, then, is an initial exploration into some of the issues relevant to the situation confronting Aboriginal children labelled developmentally disabled involved with child welfare services.

Background

Incidence of Developmental Disability in the Aboriginal Population

Beginning such an exercise, we look at the incidence of developmental disabilities in the Aboriginal population – a complicated undertaking. Determining the incidence of developmental disability, even for the larger Canadian population, is compromised by ambiguous definitions, variable understandings and problems in recording, measurement and accurate diagnosis (Factor & Fulton, 1999). Statistics Canada's Health and Activity Limitation Survey (HALS), using self-report measures to arrive at an estimate of 1.2%, was criticized as being an under-representation. Theoretically, the percentage of Canadians who are developmentally disabled is thought to be 2.5% (utilizing I.Q. score with a bell curve population distribution as the arbitrating factor), however, estimates fluctuate above and below this mark dependant upon how incidence is determined (Brown, 1999; Factor & Fulton, 1999; Itenson, 1993). Davis reports that children constitute the fastest growing segment of the population of persons labelled disabled (2000).

The rate of developmental disability in Canada's Aboriginal population is believed to be much higher than rates for the majority population. Statistics Canada's Aboriginal Peoples Survey determined the overall disability rate among the adult aboriginal population in 1991 to be 31% as compared to the national disability rate of 13%, the incidence of many categories of disability between two to three times greater than for the general population. Eleven percent of Aboriginal people self-reported having some type of mental impairment compared with 4.3% of the larger population. Overall disability rates were higher for Aboriginal adults than for Aboriginal children as a result of accidents, substance abuse and disease (Connors & Donnellan, 1993; Davies, 1992; Factor & Fulton, 1999). The trend of a higher incidence of disability transfers across Aboriginal cultures, geographic location and official status although there are unique differences among communities (Factor & Fulton, 1999).

Factor and Fulton suggest "the exceptional high rate of disability among Aboriginal people is best measured by facts about their social context" (1999:7). Aboriginal people are at greater risk for educational failure, physical and mental health problems, and social and economic disadvantage (Bennett & Blackstock, 2003; Factor & Fulton, 1999). In addition, they are evaluated and diagnosed as disabled more often, yet are equally at risk of misdiagnosis (Factor & Fulton, 1999). As a result, it is difficult to ascertain the "true" incidence of developmental disability in the Canadian Aboriginal population.

A number of risk factors for developmental disabilities have been identified for the Aboriginal population, poverty being, perhaps, the most important. This and other sociological, political and economic factors combine with biological, neurological and environmental stress factors to create situations of risk. Large families, frequently headed by single mothers, and a short spacing between births may combine with poverty, poor housing, insufficient supports and services, malnutrition, and disease. These factors may contribute to conditions of overcrowding, and to the lack of appropriate stimulation and attention to developmental needs (Connors & Donnellan, 1993; Davies, 1992; Factor & Fulton, 1999).

Prenatally, Aboriginal children are at greater risk of developmental disability. There is a higher incidence of prenatal trauma as one third of Aboriginal teen mothers suffer from a physical assault by a partner during first pregnancy (Factor & Fulton, 1999). As well, there is a high prevalence of Fetal Alcohol Syndrome Disorder (FASD) among Aboriginal populations (Bennet & Blackstock, 2003; Fournier & Crey, 1997), although it must be stressed that FAS is not restricted to Aboriginal peoples as it cuts across all cultures, classes, and races. An increased frequency of physical and/or mental health issues, of developmental disabilities, and of low educational levels in parents, may jeopardize the development of Aboriginal children. A lack of appropriate parenting models for Aboriginal people raised in residential schools, combined with the trauma of forced separation, is similarly argued to have an impact on their ability to parent and meet the developmental needs of their own children. Cumulative inter-generational factors, stemming from the experiences of treaties, oppression, residential schools, absent parents and the alterations in traditional roles, likewise cannot be ignored (Bennett & Blackstock, 2003; Factor & Fulton, 1999; Palmer & Cooke, 1996).

> *According to one elderly medicine man, any mental retardation that existed in the past was caused by 'Navajo things' (i.e. witchcraft, incest, or offending a Yei) and could be cured by the appropriate ceremony. The present-day mental retardation, however, caused by alcohol, accidents, or Anglo diseases such as spinal meningitis, could not, in his opinion, be cured by traditional ceremonies. (Connors & Donnellan, 1993: 275)*

Aboriginal Understandings of Developmental Disability

Traditionally, the Aboriginal family was not considered a singular, isolated entity, but rather as a system that received continuous physical, emotional, social, spiritual, and political nurturance and support from the larger Aboriginal community. The extended family of the newborn included the biological parent(s) siblings, aunts, uncles, maternal and paternal grandparents and great grandparents, and any other adopted family members who had been recognized, or identified themselves, as part of this same family system and were sanctioned through customary beliefs. Within North American Aboriginal communities these traditional values and shared meanings of community and personhood have persisted over time (Bennett & Blackstock, 2003; Connors & Donnellan, 1993). Children are very important and highly valued in Aboriginal communities (Bennett & Blackstock, 2003). The birth of a child results in an increase in esteem for an Aboriginal community. In the past, according to traditional values, children were perceived as "gifts from the spirit world and...they must be treated very gently" (Royal Commission on Aboriginal Peoples, 1997).

There is a paucity of data regarding the ways Aboriginal people define and respond to a child with a developmental disability (Connors & Donnellan, 1993). What information exists reveals significant variability in attitudes concerning children with developmental disabilities between Aboriginal communities and individuals - not unlike the response in the larger Canadian population. In some instances, children with developmental disabilities are included in the larger perception of all children being "gifts". They may even be viewed as being endowed with "special gifts" and the community responds empathetically to these gifts. In these situations, children with disabilities are likely to function as active participants in their family systems and communities (Connors & Donnellan, 1993; Factor & Fulton, 1999). Families and community members work to solidly situate the individual within the family and social setting, as legitimate and active members (Connors & Donnellan, 1993). For example, until very recently the Navajo had no words for disability beyond neutral descriptive terms of particular characteristics (e.g., can't see, slow) on par with hair colour, height and weight. It must be noted, however, that with Western influence, this may be changing. "Before the white man came, we were blind (to disabilities). You brought us the gift of sight. I think we were happier when we couldn't see" (Connors & Donnellan, 1993: 279).

In contrast, for some Aboriginal individuals and communities, disability is viewed as a punishment and responses of shame may lead to the child being hidden, on or off reserve (i.e., institutionalization). Families may leave the community in an attempt to find greater tolerance for their children who have disabilities, or to escape the shame and labelling that families and children might experience should they remain. The sense of shame is reported to be so extensive in some communities that it may appear as if there are no community members with a disability at all (Stuart, 1992). Further, despite the important child-rearing role attributed to extended family and community in many Aboriginal families and communities, it is the birth mother who is most frequently the primary caregiver for a child having a disability. The ideology of communal support may be less of a reality for these families (Stuart, 1992).

Such a dichotomous understanding is insufficient to explain the variability of response to the birth of a child with a developmental disability. Nonetheless, both the Aboriginal family's and the community's attitudes towards the disability and towards the formal social service system impacts upon their willingness to seek and/or accept help from such formalized service systems as child welfare (Factor & Fulton, 1999). An unwillingness to seek help from the social service system may be a result of the history of oppression, conflicts between social service agencies and the Aboriginal community, frequently negative attitudes and judgements between professionals and community members, and different (if not opposing) priorities. This experience is similar to that of the disability community. A very brief review of these histories reveals some of the similarities and helps to set the stage for a discussion of Aboriginal children labelled developmentally disabled involved with child welfare.

Historical Context

Developmental disability. Beginning with Hippocrates, Plato and Aristotle, persons with developmental disabilities have been defined as "deviant other" and controlled through laws and policies which both relieved them of the responsibilities of citizenship and the rights that were conferred to non-disabled persons based upon such citizenship. Persons with disabilities were understood to be of divine (a gift from God) or demonic (arising from the devil) origin, consequently protected by family and state or murdered or allowed to die in the name of the safety of the larger community (Winzer, 1997). Early Christianity similarly adhered to this dichotomous perception, either view serving to establish this group as linked to the supernatural, non-human, as flesh without soul. These disparate attitudes facilitated both their physical (but not spiritual) protection through incarceration in religious monasteries and their persecution by the church during the Crusades and Inquisition (Ingstad, 1995; Wizner, 1997; Young & Quibell, 2000). Institutionalization continued in other forms throughout the history of persons labelled developmentally disabled as the Patrens Patriae (14th century) prerogative imposed an obligation upon the state to provide for those deemed incompetent to provide for themselves (Bach, 1999). The Renaissance belief in the educability of this group led to the creation of large, segregated institutions designed to educate and train labelled persons to take their place in the greater society. Many in this group "failed" to respond as hoped, and, with the advent of the period of Enlightenment, the structures created to educate and protect these labelled persons from a society that did not understand them were gradually transformed into human warehouses. Through custodial control the larger "normal" society was now protected from this deviant underclass (Enns, 1999; Radford, 1994). As the doctrine of moral degeneration underpinning eugenics pervaded discourses of disability, persons labelled developmentally disabled were increasingly regarded as a threat to the moral fibre of the society. Industrialization furthered ideas of personal independence and productivity. Conjoined with positivistic notions of modernity valuing intelligence, reason, and objective scientific knowledge above all else, the way was paved for the continued exclusion, sterilization, and attempts at annihilation of people with developmental disabilities. The latter has been achieved through extermination policies (such as those of the Nazi regime), genetic testing and reproductive technologies, and denial of medical and life saving treatments to this group (Enns, 1999; Radford, 1994; Young & Quibel, 2000).

Historically, parents of children with developmental disabilities were given the message that they were not capable of providing adequate care for their child with a developmental disability and were likewise under extreme pressure, from professional and medical "experts", to institutionalize their children. The full force of professional, medical and community disapproval was accorded parents who defied this dictum, achieved, in part, through the unavailability of resources within the child's home community (Mendelson, 1994). Therefore, while child welfare legislation did not exclude children with disabilities, the historical practices of institutionalization of this group limited their numbers in child welfare care until the 1950's when a radical attitudinal shift occurred. Spurred primarily by a parental advocacy movement, the trend in Canada was towards the closure of institutions for persons labelled developmentally disabled. A number of different elements factored into the de-institutionalization of large numbers of labelled persons between the 1950's and the 1980's. These included evolving attitudes and constructs regarding developmental disability. In addition, there was growing concern over the psychological and social impact of 'labelling', developmental concerns regarding children being raised in institutional settings, community outrage over the conditions and treatment of labelled persons in institutions, and a commitment to the more radical philosophies of normalization and inclusion. The developmental of requisite community services and supports did not, however, keep pace with de-institutionalization. As more and more children labelled developmentally disabled remained in the community, they increasingly came to the attention of child welfare agencies/authorities. (Itenson, 1993; Mendelson, 1994). This outcome was facilitated by Ontario's 1984 Child and Family Services Act, a provision of which permitted parents to place their child with a disability in child welfare care on the basis of that disability and related needs (Itenson, 1993).

Aboriginal people. "In Canada, First Nations peoples have been subjugated, segregated and in some cases, completely annihilated by racist assumptions, policies and actions", whose ultimate goal has been "the elimination of the Indian question" (Bennett & Blackstock, 2003:6, 8). Aboriginal children have been both a primary "target" and victim of these assumptions, policies and actions (Bennett & Blackstock, 2003). Beginning with the passage of the Indian Act in 1876 through to the 1960's, the welfare of Aboriginal children in Canada was almost exclusively under the purview of a policy of assimilation (Bennett & Blackstock, 2003; Davies, 1992; Mendelson, 1994; Palmer & Cooke, 1996; Trocmé, Knoke & Blackstock, 2005). Understood as an aggressive expression of ethnocentricism (Palmer & Cooke, 1996), founded on Victorian certainties stemming from 19th century ideology (Bennett & Blackstock, 2003), assimilationist ideology and practice served to displace traditional Aboriginal governing structures.

The view of Aboriginal people as 'other' and their values and culture as 'inferior' had far-reaching consequences for Aboriginal children. Aboriginal communities were perceived as a "deleterious home influence", as "evil" (Royal Commission on Aboriginal Peoples, 1996:339, 339), "pagan" (Ing, 1991:75), "associated with dirt, disease and death" (Kelm, 1996:52), and as a "permissive culture" (Milloy, 1999:74). Thus, the intent was to "save [Aboriginal] children from the insalubrious influences of home life on reserve" (Kelm, 1996:52) and from their parents and elders, the "old, unimprovable people" (Ing, 1991:74). Such sentiments were legitimized and "civilizing" policies made manifest in the form of the residential school (Milloy, 1999). Dismissing Aboriginal people as inferior, devaluing Aboriginal culture and usurping parental powers, residential schools, under the auspices of religious organizations, deployed "educational" methods to change, to transform or "fix", both the culture and character of Aboriginal children (Bennett & Blackstock, 2003; Mendelson, 1994; Palmer & Cooke, 1996).

In the early twentieth century, Aboriginal children who were identified with severe developmental disabilities were systematically removed from their communities at a very young age, often upon the infant's birth. These children were admitted to the same secluded psychiatric institutions, away from mainstream society, that housed non-Aboriginal children with disabilities (Connors & Donnellan, 1993). As a result of distance and the passage of time, the familial connection between the child and her/his family was, typically, ultimately severed. Institutional placements were often not instigated by the family, instead being dictated by governmental or medical officials against whom many Aboriginal parents felt powerless to resist (Connors & Donnellan, 1993). Echoing societal perceptions of mainstream parents of children with disabilities, Aboriginal parents were generally viewed as lacking the expertise to care for their own children with disabilities within their home communities. Similarly, as a consequence, few (if any) services were made available to assist families to do so (Ing, 1991; Kelm, 1996; Milloy, 1999). Some parents chose instead to hide their child with a disability, often for several years, for fear that the child would be taken from them (Connors & Donnellan, 1993).

In the time period spanning the 1940's to the 1980's there was growing recognition on the part of social workers and other non-Aboriginal professionals that Aboriginal children should not grow up in institutional settings (Armitage, 1993; Bennett & Blackstock, 2003; Fossett-Jones, 1990; Lundy, 1997; Trocmé et al., 2005). In a process mirroring that of institutionalized children with developmental disabilities, there began a gradual closing of the residential schools. The policy of assimilation was to be replaced by a policy of integration. Child welfare, as opposed to the residential school, became the central institutional instrument in this strategy of integration. This entitlement of Aboriginal children to receive the same legal and social protections as non-Aboriginal children, through the child welfare system, gradually emerged in the 1940's. In 1947, the Canadian Welfare Council and the Canadian Association of Social Workers petitioned the Senate and House Committee to extend its existing provincial child welfare jurisdiction to federal lands, namely to Aboriginal families, resulting in amendments to the Indian Act in 1951. Once again, the impetus for this petition stemmed from historical (and eurocentric) concerns over the perceived negative living conditions, augmented by disapproval of the practice of informal adoptions (which they believed must be somehow regulated), in Aboriginal communities (Bennett & Blackstock, 2003; Fossett Jones, 1990; Mendelson, 1994).

This "well-intended" initiative by the Canadian Welfare Council and the Canadian Association of Social Workers had a negative impact on many Aboriginal families in Canada and has resulted in an alarming overrepresentation of Aboriginal children (including those with developmental disabilities) placed in state-run institutions by the child welfare system. Arguably reflecting philosophies of "assimilation" more than of "integration", the administration of child welfare services became the tool by which to suppress Aboriginal culture as Aboriginal children were separated from their families and communities, apprehended and placed, almost without exception, in non-Aboriginal care arrangements (Mendelson, 1994; Palmer & Cooke, 1996). Little emphasis was placed on family reunification (Trocmé et al., 2005). More recently, however, there has been an increased involvement and autonomy of Aboriginal people in the operation of child welfare services in Canada and greater sensitivity in this sector towards Aboriginal concerns and cultural differences (Bennett & Blackstock, 2003; Davies, 1992; Mendelson, 1994; Trocmé et al., 2005).

Contemporary Context. The ideological, policy, and practice shifts affecting Aboriginal children and children with developmental disabilities has resulted in growing numbers of both groups of children coming to the attention of the child welfare system. But what is the incidence of Aboriginal children labelled developmentally disabled involved with the child welfare sector? To better understand the situation, we will look first at incidence figures for Aboriginal children and for children labelled developmentally disabled.

Aboriginal children and families are over-represented within the child welfare system (Armitage, 1993; Bennett & Blackstock, 2003; Factor & Fulton, 1999; Palmer & Cooke, 1996; Trocmé et al., 2000; Trocmé et al., 2005). While recently believed to be tapering off, nationally estimated rates of Aboriginal children in child welfare care were reportedly 2.7 times greater than non-Aboriginal children with Aboriginal children representing an alarming 20% of all children in care (Davies, 1992). The Child Welfare League of Canada puts the figure at 40% (Trocmé et al., 2005). Palmer and Cooke (1996) assert the rate to be four to five times greater, despite the fact that Aboriginal people comprise a mere 4.4% of the Canadian population (Government of Canada, 2001). Fournier and Crey (1997) report that in Canada's prairie provinces (Manitoba, Alberta, and Saskatchewan), Aboriginal children represent 50 - 70% of all children in care. Trocmé et al., (2005) cite a figure of 80% for some Canadian provinces. Employing data from the 1998 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS), 8% of children of Aboriginal heritage living off-reserve were coming to child welfare attention while an additional 5% living on-reserve were similarly involved with child welfare (Trocmé et al, 2000).

Revealing a similar over-representation, North American estimates of children with developmental disabilities in child welfare care range up to 40% (Garbarino, Brookhouser & Authier, 1987; Hughes & Rycus, 1998; Itenson, 1993), an equally alarming number if, as stated earlier, only approximately 2.5% of the general population has a developmental disability. In the CIS, the proportion of children with developmental delay is 8.7% of all children coming to the attention of child welfare authorities. If we look at the number of children presenting with any type of disability or child functioning concern in the CIS, this number rises to approximately 24%.

Why are the figures for Aboriginal children and children with developmental disabilities so disproportionate to the general population of children coming to child welfare attention? To begin, all children are vulnerable to violence and abuse because of their relative powerlessness in relation to adults (Doe, 1994), a powerlessness arguably exacerbated by the labels "Aboriginal" and "disabled". Chrisjohn, Young and Maroun (1997) claim higher rates of maltreatment for Aboriginal children, particularly those having had residential school experiences. Davies (1992) further cites a number of other factors pertinent to the over-representation of Aboriginal children and families in child protection services. First, non-Aboriginal social workers steeped in eurocentric traditions and definitions often lack sensitivity to and awareness of the cultural background of Aboriginal children and the variable child-rearing practices. The residual case-based approach of "white" child welfare agencies assessed child-care by white, middle class, eurocentric standards (Palmer & Cooke, 1996). The cultural genocide resulting from the residential school system that decimated many Aboriginal communities and made scarce the number of appropriate models of effective parenting is argued by Davies (1992) and Trocmé et al., (2005) to be a key factor. Elsewhere, the large representation of Aboriginal children in care is attributed to cultural conflict, and to provincial and federal jurisdictional disputes (Sinclair, Phillips & Bala, 1991). The socio-economic contexts of some Aboriginal communities can create complex and multiple disadvantages and challenges that place Aboriginal children at risk for maltreatment and involvement with child welfare services (Trocmé et al., 2005). Unequal power relationships and mistrust are believed intrinsic to the experiences of non-white families with the child protection system. They are also believed to lead to reluctance to report abuse (for fear of removal of the child and/or reprisals from the community opposed to child welfare intervention) (Bernard, 1999).

A number of authors make the case for a reciprocal relationship between child maltreatment and developmental disability. Disability may be both a "cause" and an "effect" of maltreatment. It is, by now, well documented that persons with developmental (and other) disabilities are at greater risk for abuse and maltreatment (Bernard, 1999; Davis, 2000; Doe, 1994; Fudge Schormans, 2003, Hughes & Rycus, 1998; Garbarino et al., 1987; Sobsey, 1994). The most direct effect of disability upon vulnerability to abuse is that this group of children may have more limited ability to fend off or escape from an attack (Sobsey, 1994). They are at greater risk of being denied life saving treatment or the very right to life (Doe, 1994; Sobsey, 1994). Further, they are more physically dependent upon carers and more conditioned to comply with authority. A lack of sexual knowledge may make it harder for them to discern what is abusive and give voice to it (Bernard, 1999). They are also less likely to be believed when they do disclose maltreatment (Fudge Schormans & Brown, 2002). Increased vulnerability (and decreased ability to recover from abuse) may result from social isolation, segregation, and more limited access to persons other than the carers, families, and professionals who are frequently implicated in their abuse (Doe, 1994; Sobsey, 1994). Communication impairments exacerbate problems of reporting and being understood (Bernard, 1999; Doe, 1994; Fudge Schormans, 2003). All of the above figure in the ease with which they are labelled "targets" of abuse (Davis, 2000). According to Sobsey (1994), the most dangerous abuses may be those that "masquerade" as "treatment" (i.e., behaviour "management" and drug "therapies"), and the most frightening and elusive offenders being those who pose as "caregivers", "friends" and "supporters".

A number of disability related factors can be correlated with increased stress levels for families and carers, such stress being correlated with child maltreatment (Hughes & Rycus, 1998). Among them are the degree or severity of the impairment, the intensity of direct personal care required, and the carers' ability to provide such (due either to personal factors or to the sufficiency of supports available). The child's temperament and degree and type of responsiveness; the visibility of the impairment; and life expectancy of the child are also important factors. Employing a social model of disability lens, equally important are the personal and social meanings ascribed to the disability by others. The impact of cultural responses to disability (attitudes of devaluation, dehumanization, objectification, depersonalization, blame, disenfranchisement, asexualization, distancing, and imposed hopelessness) cannot be ignored (Bernard, 1999; Sobsey, 1994). These social constructions contribute to a "just world" theory in which the victims of abuse are somehow viewed as having "deserved" it (Sobsey, 1994). Parents' or carers' perception of the child with a disability as "different" is highly correlated with child maltreatment. Significantly, the availability (or lack) of formal and informal supports may be a key component (Hughes & Rycus, 1998; Garbarino et al., 1987; Itenson, 1993).

As an effect of maltreatment, Hughes and Rycus (1998) make direct links between neglect and developmental disability (demonstrated through delayed or arrested child development) and between physical abuse and developmental disability (as evinced in central nervous system damage or brain injury).

Contributing factors to the abuse of children with disabilities include the following myth: that the abuse of children with disabilities just doesn't happen; and, if it does happen, it is less harmful as the children are not capable of understanding what has happened to them (Bernard, 1999). The general public's paternalistic belief that persons with disabilities are treated with kindness reduces the likelihood that their stories will be heard, believed, and acted upon. In its failure to accept that much of the violence perpetrated against persons with disabilities is knowingly imposed, the justice system is suffused with ableism and a doctrine of benign neglect creating significant inequities for labelled persons. This limited access to justice sanctions and perpetuates further abuse and victimization (Bernard, 1999; Davis, 2000; Doe, 1994). In addition, conceptualizations of persons with developmental and communication impairments as "prosecution-proof" victims and "non-credible" witnesses render the prosecution and conviction of perpetrators of abuse against these children a rare event indeed (Bernard, 1999; Doe, 1994; Richler, 1994). Diagnostic overshadowing, by means of which the child's behavioural and emotional responses to abuse are explained instead as a function of their impairment, also figures into this equation (Bernard, 1999).

Child maltreatment, neglect and/or the need for temporary or permanent care are the reasons children with developmental disabilities come to the attention of child welfare authorities. The fiscal emphases of both federal and provincial governments on reduced social service spending and the concurrent expectation that individuals, families and communities "pick up the slack" has meant that the supports and services available to families having a child with a developmental disability have been drastically reduced. Yet the short and long-term needs of these children are understood to be escalating (Fulton & Schwartz, 1993). An unintended consequence has been the increasing numbers of parents accessing child welfare services as a "last resort", given the child welfare system's ability to both access and fund the provincial children's residential system (Itenson, 1993; Keyes, 1984). In Ontario, in recent years, even this last resort has become more difficult to access as funding formulas and definitions of "child maltreatment" become narrower and more restrictive.

The Intersection of Race, Disability, and Child Welfare Status

Employing a social constructionist perspective and an interpretive frame of analysis, Omansky Gordon & Rosenblum (2001), argue the existence of a set of homogeneous characteristics inherent in the constructs of race and disability. We would assert that the construct of "child welfare status" is analogous. Along with gender, sex and sexual orientation, the status of "race", of "disability", and of "child welfare" are constructed through four consecutive social processes: naming people; aggregating and disaggregating people; dichotomizing and stigmatizing people; and denying people the attributes valued within that particular cultural and historical context. A group is first named, defined and rendered a discrete group or entity through law, social and institutional policy, and social practice. Following this argument (Omansky Gordon & Rosenblum, 2001), the dichotomies of "disabled"/"normal", "Aboriginal"/"white", "child welfare ward"/"non-ward" allow for the stigmatization of one half of this set, of those groups defined "other" (the "disabled Aboriginal wards of child welfare") by the dominant groups (the "normal white non-wards"). Negative and devalued attributes are ascribed (i.e., "pitiable", "monster", "eternal child", "dependent" for persons labelled disabled; "savage", "lazy", "wagon-burner", "drunken Indian", "ignorant", "dependent" for Aboriginal persons;

and "social burden", "damaged goods", and "dependent" for children in child welfare care). The result is a stigmatized identity, institutionalized exclusionary practices, social segregation and isolation, and dehumanizing practices (Omansky Gordon & Rosenblum, 2001, Stuart, 1992). As earlier noted, the impact of colonization and attempts at assimilation revealed in the archaeology of Aboriginal experience supports this analysis. The history of persons labelled disabled is similarly replete with oppressive experiences of stigmatization, segregation, institutionalization and attempts at annihilation. In much the same manner, children in child welfare care are labelled, categorized, stigmatized and segregated from their families and home communities. Reconceptualized this way, disability and child welfare status, like race, are viewed as a form of social oppression and institutional discrimination, located within historical contexts and social processes as opposed to individual pathology. Membership in an oppressed group affords members political, social, economic, and cultural degradation stemming from structures of domination and subordination premised upon ideologies of superiority and inferiority (Charlton, 2000).

What is the impact of the intersection of race, disability and child welfare status? The authors were unable to find literature specific to this particular group, consequently, much of the following discussion is conjecture based upon related literature. Investigating the experience of black persons labelled disabled, Stuart challenges as inadequate the conceptual framework that views the experience of disability within an ethnic minority as a "double oppression" (1992). The notion of double oppression suggests that Aboriginal children labelled disabled must cope with the dis-abling experience of impairment within a social environment that discriminates on the basis of race. But it is much more than this. Drawing upon the example of black women, Stuart demonstrates that black women's experiences of oppression were different from those of white women in both substance and intensity (1992). Making use of Stuart's analysis we can surmise that the experiences of Aboriginal children labelled disabled will differ from those of Aboriginal children without disabilities, and also from those of non-Aboriginal children labelled disabled. The situation cannot be understood simply within the parameters of the parallelism of race and disability, but, rather, must be recognized as a unique form of simultaneous oppression, an interlocking context of experiences of oppression on many fronts (Stuart, 1992; Erevelles, 1996).

Anti-racist writers and those writing from the platform of the disability movement assert that marginalization is the "quintessential" experience for non-whites and for persons with disabilities in western societies (Stuart, 1992). Aboriginal children, and children labelled disabled, diverge from accepted and socially (and culturally) constituted "norms". Both are presumed to be biologically (and consequently socially) deficient, both occupy minds and bodies rejected by the larger society in which they find themselves (Omansky Gordon & Rosenblum, 2001). Consequently, Aboriginal children labelled disabled face not only the risk of marginalization from the larger western, white and able-bodied society, but additional marginalization as well. Racism exists within the community of persons labelled disabled and ableism is found within minority communities. Marginalized within already marginalized communities, there exists the potential for the experiences of this group to be rendered invisible (Erevelle, 1996: Omansky Gordon & Rosenblum, 2001). Child welfare status is postulated to further marginalize children. There is a strong stigma attached to such status (Davis & Hagen, 1996), "one that reflects the low esteem in which the poor, the failures, and the illegitimate have traditionally been held in our society" (Steinhauer, 1991:67). Conjoined with status as "Aboriginal" and "disabled", it is this unique form of oppression that serves to distinguish this group and which demands for them construction and understanding of a distinct and separate identity (Stuart, 1992).

Citing the case of James Byrd Jr., an African American murdered by White Supremacists in the mid 1990's, Davis (2000) proposes that talk of "disability" is frequently obscured in the discussion of "race". Mr. Byrd was also labelled disabled, however, his impairment was largely neglected in media accounts of his murder. Davis differentially uses the construct "intersectionality" to explain that the way in which race eclipses disability is similar to the manner in which gender is often obliterated by race. Similarly, within child welfare the label developmental disability is typically accepted as secondary to the primary determination of child maltreatment. Knowledge of disability and interventions specific to this group are largely missing from child welfare services (Hughes & Rycus, 1998). While child protection discourse marginalizes the experiences of abused children with disabilities, they marginalize even further those of the abused child with a disability from a minority culture (Bernard, 1999).

Davis (2000) critiques as "ableist" the perceptions of race as a "stronger" category, or of disability as constituting a "less serious" category of oppression. Nonetheless, disability arguably occupies a different space in Western society than do either race or gender, and violence against a person of colour with a disability may be seen more of a function of race than of the disability. Within academia, the media, and general society, race and gender are addressed more comprehensively than is disability, which remains largely ignored. Certainly, there is a dearth of literature addressing the experience of Aboriginal children labelled disabled as compared to the body of literature dealing with Aboriginal identity alone. Similarly, disability literature infrequently addresses the issue of race, yet in the absence of consideration of race we can know little of the subjective realities or interpretative frame of reference of the child with a disability from a racial minority standpoint (Bernard, 1999; Erevelle, 1996; Stuart, 1992). Political theorists and activists tend to revolve around a "single-axis framework" (Davis, 2000: 333) thus further marginalizing people who do not fit cleanly into a recognized minority status. As a result of one's membership in a "weaker" class, persons who fall into this intersection of multiple categories of oppression will be confined to the margins of the "stronger" class. Davis exhorts us that "(d)isability is not a category that should be obliterated by race or gender. Rather, all these forms of oppression should walk, or wheel, side by side" (1992: 337). Which "oppressed identity" is deemed most important (to the individual and/or to others) will also likely vary among people and over time, space, and circumstance (Omansky Gordon & Rosenblum, 2001). Oppression stemming from disability is as complex and multi-levelled as any other form of oppression and must be recognized as most often being only a partial experience of oppression. The combination of oppressive experiences based upon ability, race, gender, class, sexual orientation, etc., will profoundly affect the particularities of any individual lived experience of disability (Charlton, 2000).

The simultaneous effects of oppression because of disability and oppression because of race will construct very particular responses to the experience of child abuse and maltreatment, both the child's response and those of the people involved with them. This challenges more generally accepted understandings of the homogeneity of the children in child welfare care, their experience of abuse and the system's response (Bernard, 1999). As the number of stigmatizing categories increases, there is a concomitant rise in the perceived opportunity for, and risk of, abuse and parallel increase in the likelihood the crime will go unnoticed, unreported, disbelieved and unpunished (Davis, 2000). Thus the intersection of marginalized identities has complex repercussions. Through the marginalization and lack of understanding of the lived experiences of this group, carers and professionals may fail to guarantee the child's right to be protected from harm. Children may be further victimized by professional responses that ignore the abuse, operate from a different "threshold for intervention" for Aboriginal children labelled developmentally disabled, and/or sustain (or even intensify) the vulnerability and isolation of children thereby actually increasing their risk of harm (Bernard, 1999).

Conclusion

It has been the authors' intent with this paper to forge an introductory exploration into some of the issues facing this group of children in an attempt to lay the groundwork for further study. As should be clear, there are many similarities between the oppression experienced by Canada's Aboriginal children and the country's children labelled developmentally disabled. Subjugation, segregation, institutionalization, stigmatization, and even attempts at annihilation, and the underlying dehumanizing assumptions and biased and value-laden ideologies are shared features in the histories of both groups of children. The intersection of these two statuses, further complicated by involvement with the child welfare system, creates a unique experience of oppression, abuse and vulnerability, one that is, arguably, far from being adequately acknowledged or understood. The lived experience, the factors pertinent to its existence and perpetuation, and the outcomes of this vulnerability demand further investigation, if we are to begin to appropriately and effectively support Aboriginal children with developmental disabilities in child welfare care.

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