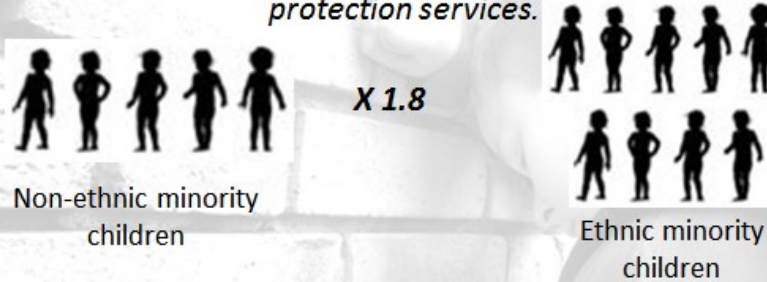




3.2.2 Child Maltreatment – Immigrant and Refugee Children

In 2003, ethnic minority children from 0 to 15 years had a 1.8 times greater likelihood to be over-represented in child protection services.



For every 5 non-minority Canadian children in child protection services, there were 9 ethnic minority children in these services.

Graphic created by CICH using data from Trocmé N, Fallon B, MacLaurin B, et al. Canadian incidence study of reported child abuse and neglect — 2003: major findings. Ottawa: Minister of Public Works and Government Services Canada; 2005.
Graphic created by CICH using an image from Vector Stock.

While the prevalence and incidence of child maltreatment among immigrant and/or refugee children in Canada are unknown, the evidence on maltreatment among ethnic minority children in the United States and Canada suggests that some ethnic minority children are disproportionately over- and under-represented in child protection services.¹

The Canadian incidence study of reported child abuse and neglect (2003) found that ethnic minority children 0 to 15 years of age had a 1.8 times greater likelihood to be over-represented in child protection services, whereas white and Arab children were under-represented. The higher rates were found among Aboriginal, Black, Latino and Asian children (the latter group for only physical abuse).² Yet, there was no evidence that child maltreatment was higher in immigrant families. Immigrant and refugee families may be particularly vulnerable to the harms that can occur because of legal and institutional interventions consequent to false-positive screening results, such as over-reporting for child maltreatment and unnecessary separation of the child from his or her family.

¹Pottie K, Greenaway C, Feightner J, Welch V, Swinkels H, Rashid M, Narasiah L, Kirmayer LJ, Ueffing E, MacDonald NE, Hassan G, McNally M, Khan K, Buhrmann R, Sheila Dunn S, Dominic A, McCarthy AE, Gagnon AJ, Rousseau C, Tugwell P, and coauthors of the Canadian Collaboration for Immigrant and Refugee Health. Evidence-based clinical guidelines for immigrants and refugees. CMAJ 2011; 183(12): E824 – E925.

²Trocmé N, Fallon B, MacLaurin B, et al. Canadian incidence study of reported child abuse and neglect — 2003: major findings. Ottawa (ON): Minister of Public Works and Government Services Canada; 2005. Cited in Pottie K, Greenaway C, Feightner J, Welch V, Swinkels H, Rashid M, Narasiah L, Kirmayer LJ, Ueffing E, MacDonald NE, Hassan G, McNally M, Khan K, Buhrmann R, Sheila Dunn S, Dominic A, McCarthy AE, Gagnon AJ, Rousseau C, Tugwell P, and coauthors of the Canadian Collaboration for Immigrant and Refugee Health. Evidence-based clinical guidelines for immigrants and refugees. CMAJ 2011; 183(12): E824 – E925

Implications

Immigrant children and youth and their families come from a wide variety of cultural and linguistic backgrounds. Upon arrival, new immigrants tend to be healthier than the Canadian-born population, both because of immigrant-selection processes and because of certain socio-cultural aspects of health behaviours. However, refugees are more vulnerable and not able to enjoy the same measure of good health at the time of arrival. However, at least for adults, there is a decline in this “healthy immigrant effect” soon after arrival.

