

Safety

Child Deaths

DEFINITION

Child deaths is the number of deaths from all causes among children ages one to 14, per 100,000 children. The data are reported by place of residence, not place of death.

SIGNIFICANCE

The child death rate is a reflection of the physical health of children, maternal health, access to health care, the dangers to which children are exposed in the community, access to and use of safety devices and practices (such as bicycle helmets and smoke alarms), and the level of adult supervision children receive.^{1,2}

The U.S. child death rate has declined over the past three decades but disparities still exist by age group, gender, as well as race and ethnicity. Children ages one to four are more likely to die than children ages five to 14 and the child death rate is higher for male children than female children. The child death rate is also higher for Black children than for children of other racial and ethnic groups.^{3,4}

In Rhode Island between 2010 and 2014, there were 92 deaths of children ages one to 14 (a rate of 10.4 per 100,000 children in that age range). Thirty-five (38%) of these children lived in the four core cities and 57 (62%) lived in the remainder of the state. Of the 92 deaths, 59 (64%) were due to disease, 14 (15%) were due to

unintentional injuries, 12 (13%) were due to intentional injuries (nine suicides and three homicides), and seven (8%) were due to other causes.^{5,6}

Children are particularly vulnerable to injury due to their size, development, inexperience, and natural curiosity.⁷ Unintentional injuries are the leading cause of death for children ages one to 14 in Rhode Island and in the U.S. and account for nearly one-third of all deaths among children ages one to 14 nationally.^{8,9,10}

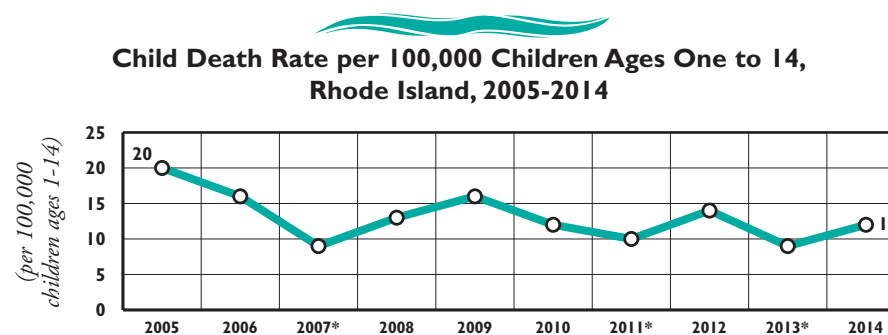
Nationally, the leading causes of child injury deaths are motor vehicle crashes and drowning.¹¹ Child injury deaths can be reduced by educating about injury prevention strategies and the importance of using safety products (such as seat belts), enforcing laws that promote safety (such as speed limits and the mandatory use of child safety seats), and through continued environmental and product design improvements (such as flame-resistant sleepwear and safety surfacing on playgrounds).¹²

Child Death Rate (per 100,000 Children Ages 1-14)		
	2004	2014
RI	11	12
US	21	16
National Rank*		4th
New England Rank**		3rd

*1st is best; 50th is worst

**1st is best; 6th is worst

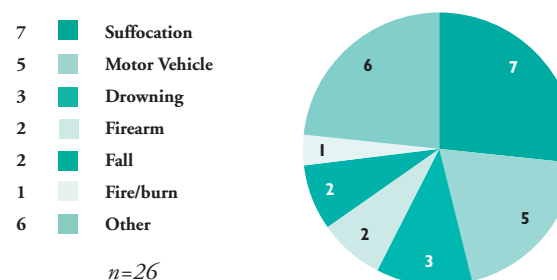
Source: Centers for Disease Control and Prevention, CDC WONDER, wonder.cdc.gov



Source: The Centers for Disease Control and Prevention, CDC WONDER, wonder.cdc.gov. *Caution should be used with small numbers in numerators and denominators (there were 20 deaths or fewer in 2007, 2011, and 2013).

◆ In 2014, Rhode Island's child death rate for children ages one to 14 was 12 per 100,000 children. This was an increase from the rate of 9 deaths per 100,000 children in 2013 and resulted in Rhode Island's rank falling from best to 4th in the U.S.¹³

Child Deaths Due to Injury, by Cause, Rhode Island, 2010-2014



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2010-2014.

◆ Between 2010 and 2014, 26 Rhode Island children ages one to 14 died as a result of injury. Suffocation, motor vehicle crashes, and drowning were the leading causes of child deaths due to injury in Rhode Island during this time period.¹⁴

References

¹ 2015 KIDS COUNT data book. (2015). Baltimore, MD: The Annie E. Casey Foundation.

⁴ The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org.

^{2,3,10} Infant, child, and teen mortality. (2015). Washington, DC: Child Trends.

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DEFINITION

Teen deaths is the number of deaths from all causes among teens ages 15 to 19, per 100,000 teens. The data are reported by place of residence, not place of death.

SIGNIFICANCE

Adolescents' health and safety can be threatened by a variety of risk behaviors, including alcohol, drug abuse, and violence. Teens' emotional health, including self-esteem and mental health, further impacts their safety. Nationally, the most prevalent causes of teen deaths are motor vehicle collisions, homicides, and suicides, all of which are preventable.^{1,2,3,4,5}

Factors that protect against teen deaths include parent involvement, access to mental health services designed for adolescents, state policies regulating teens' driving, prevention of teen drinking, and reduced access to guns. School, community, and therapeutic programs can reduce risk behaviors and support positive and healthy youth development.^{6,7,8}

Between 2010 and 2014, there were 100 deaths of teens ages 15 to 19 in Rhode Island, a rate of 26.0 per 100,000 teens.^{9,10} Thirty-seven of these teens lived in the four core cities and 63 lived in the remainder of the state.¹¹

Of the teen deaths between 2010 and 2014, 32 were due to unintentional injuries, 27 were due to intentional injuries, 27 were due to disease, eight were due to overdose, and six were of other or unknown causes. Of the intentional injury deaths, 15 were suicides and 12 were homicides.¹²

According to the *2015 Rhode Island Youth Risk Behavior Survey*, 11% of Rhode Island high school students reported attempting suicide one or more times during the past 12 months, a decrease from 14% in 2013.¹³ Of the 15 youth ages 15 to 19 who died from suicide between 2010 and 2014 in Rhode Island, 12 were male and three were female.¹⁴ Mental health problems, such as depression as well as substance abuse are associated with an increased risk of suicide among youth.¹⁵

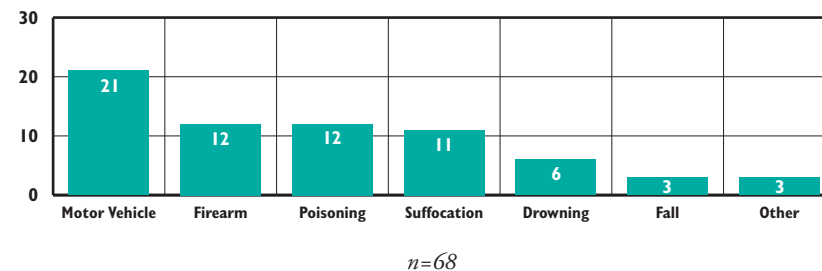
Teen Death Rate (per 100,000 Youth Ages 15-19)		
	2004	2014
RI	54	22
US	66	46
National Rank*		1st
New England Rank**		1st

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: Centers for Disease Control and Prevention, CDC WONDER, wonder.cdc.gov

Injury Deaths by Cause, Teens Ages 15 to 19, Rhode Island, 2010-2014



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2010-2014. This chart and the first bullet below report deaths of teens residing in Rhode Island. Data reported in the second, third, and fourth bullets below reflect teen motor vehicle deaths that occurred in Rhode Island, regardless of residence. Data for 2014 are provisional.

- ◆ Between 2010 and 2014 in Rhode Island, 59% of the 68 teen deaths caused by injury were unintentional. Thirty-one percent of all injury deaths involved motor vehicles.¹⁶
- ◆ Among the 23 teens ages 15 to 19 killed in Rhode Island motor vehicle crashes between 2010 and 2014, 13 were driving, nine were passengers in vehicles driven by others, and one was a bicyclist.¹⁷
- ◆ Six (46%) of the teen drivers who died in motor vehicle crashes in Rhode Island between 2010 and 2014 had been drinking and two teen fatalities occurred with adult drivers who had been drinking.¹⁸
- ◆ Thirteen (65%) of teen drivers and passengers killed in automobile accidents in Rhode Island between 2010 and 2014 were not wearing a seatbelt.¹⁹
- ◆ Eighteen percent of Rhode Island high school students report riding in a vehicle driven by someone who had been drinking in the past month and 6% report that they never or rarely wear a seatbelt while riding in a car driven by someone else. Forty-six percent reported texting or e-mailing while driving on at least one day in the past month.²⁰

References

¹⁶ Shore, R. & Shore, B. (2009). *KIDS COUNT indicator brief: Reducing the teen death rate*. Baltimore, MD: The Annie E. Casey Foundation.

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Youth Violence

DEFINITION

Youth violence is the number of arrests of youths under age 18 in Rhode Island for assault and weapons offenses and the percentage of high school students who report experiencing violence at school. These two measures of youth violence are used to account for violence that leads to arrest as well as some of the violence experienced by youth that may not come to the attention of the police.

SIGNIFICANCE

Youth violence refers to a variety of harmful behaviors that youth can experience as victims, witnesses, or offenders and that can cause emotional harm, injury, or death. Violence can impact the well-being of individuals, families, schools, and communities and can generate high social and economic costs.^{1,2}

Effective youth violence prevention aims to reduce factors that place youth at risk for violent behavior and promote factors that protect youth at risk for perpetrating violence.³ Efforts to prevent youth violence should begin in early childhood and continue through adolescence and address a wide range of individual, family, and community factors. Effective violence prevention strategies include strengthening youth's capacity to choose nonviolence, promoting supportive relationships between youth and adults, and

improving economic conditions and safety in communities.⁴

Youth at risk for committing violent acts often live in high-poverty neighborhoods with limited economic opportunities. They are more likely to have histories of substance use, association with delinquent peers, academic failure, poor family functioning, and be victims of child maltreatment.^{5,6,7} Youths who are victims of violence are at increased risk for developing physical and mental health problems, having academic difficulties, smoking, engaging in high-risk sexual behavior, and suicide.⁸

Nationally in 2013, 25% of students in grades nine through 12 reported being in a physical fight during the previous year, 20% reported being bullied at school during the previous year, and 18% reported carrying a weapon during the previous month.⁹

The number of juveniles arrested for violent crimes in the U.S. reached a 33-year low in 2012, with juveniles making up 12% of all serious violent crime arrests. The Rhode Island juvenile arrest rate for serious violent crimes was 128 per 100,000 youth ages 10 to 17, compared to the U.S. rate of 187 per 100,000 youth ages 10 to 17.¹⁰ In 2014 in Rhode Island, there were 476 juvenile arrests for assault offenses and 110 juvenile arrests for weapons offenses.¹¹ In 2015, violent crimes made up 5% (234) of the 4,885 juvenile offenses referred to Rhode Island Family Court.¹²

Violent Behavior and Victimization, Rhode Island Public High School Students, 2015

	FEMALES	MALES	TOTAL
Been bullied on school property during the past 12 months	16%	15%	16%
Carried a weapon such as a gun, knife, or club on school property one or more of the past 30 days	2%	7%	5%
Did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school	5%	7%	6%
Were in a physical fight one or more times on school property during the past 12 months	7%	11%	9%
Experienced physical dating violence in the past 12 months (among those who have dated someone during the past 12 months)	10%	8%	9%
Were ever physically forced to have sexual intercourse when they did not want to	10%	6%	8%

Source: 2015 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health, Center for Health Data and Analysis.

◆ Violence in schools affects individual victims and disrupts the functioning of entire schools and communities.¹³ In Rhode Island in 2015, 6% of high school students reported not going to school due to safety concerns and 16% had been bullied at school in the past year.¹⁴

◆ Witnessing violence can cause emotional, physical, and mental harm, even for children who are not the direct victims of violence. Early, chronic exposure to violence can damage a child's brain development and condition them to react with fear and anxiety to a range of circumstances.¹⁵

◆ Cyberbullying is bullying that takes place through computers, cell phones, and other electronic devices.¹⁶ In 2015 in Rhode Island, 21% of middle school students (30% of females and 12% of males) and 12% of high school students (15% of females and 10% of males) reported being electronically bullied.¹⁷

Gun Violence Among Youth

◆ Guns are the leading instrument of fatal violence to teens and are used in 88% of teen homicides and 41% of teen suicides in the U.S.¹⁸ In Rhode Island between 2010 and 2014, there were 136 emergency department visits for gunshot injuries, 53 hospitalizations, and 12 deaths of youth ages 15 to 19 attributed to firearms.¹⁹

Table 26.

Youth Violence, Rhode Island

Youth Violence

CITY/TOWN	COMMUNITY CONTEXT		VIOLENCE IN HIGH SCHOOLS, 2014		JUVENILE ARRESTS FOR VIOLENCE, 2014		
	VIOLENT CRIME OFFENSES (ALL AGES) 2014	TOTAL POPULATION AGES 11-17 2010	% OF STUDENTS SAW ANOTHER STUDENT BRING A WEAPON TO SCHOOL IN PAST YEAR	% OF STUDENTS IN A PHYSICAL FIGHT AT SCHOOL IN PAST YEAR	# FOR ASSAULT OFFENSES	# FOR WEAPONS OFFENSES	TOTAL # FOR ASSAULT AND WEAPONS OFFENSES
Barrington	4	2,186	14%	6%	1	1	2
Bristol	12	1,545	12%	11%	4	0	4
Burrillville	14	1,526	10%	8%	2	0	2
Central Falls	134	2,089	12%	11%	17	13	30
Charlestown	5	659	23%	9%	1	0	1
Coventry	25	3,509	23%	8%	15	0	15
Cranston	106	6,984	16%	10%	8	2	10
Cumberland	18	3,271	21%	8%	6	1	7
East Greenwich	4	1,671	13%	5%	0	0	0
East Providence	52	3,730	18%	8%	16	1	17
Exeter	NA	673	11%	7%	NA	NA	NA
Foster	11	467	20%	10%	1	0	1
Glocester	4	1,000	20%	10%	0	0	0
Hopkinton	4	826	23%	9%	0	0	0
Jamestown	2	528	14%	8%	2	0	2
Johnston	42	2,376	24%	11%	8	2	10
Lincoln	12	2,189	12%	7%	1	0	1
Little Compton	1	284	11%	7%	1	0	1
Middletown	19	1,504	12%	9%	10	3	13
Narragansett	5	1,052	21%	6%	7	0	7
New Shoreham	0	64	NA	NA	0	0	0
Newport	95	1,484	24%	10%	33	7	40
North Kingstown	29	2,917	14%	8%	4	2	6
North Providence	49	2,303	17%	7%	13	1	14
North Smithfield	3	1,132	10%	6%	2	0	2
Pawtucket	208	6,268	15%	10%	52	10	62
Portsmouth	13	1,881	11%	7%	6	3	9
Providence	927	16,024	18%	10%	162	48	210
Richmond	5	759	23%	9%	3	0	3
Scituate	3	1,143	13%	8%	0	0	0
Smithfield	6	1,729	10%	8%	12	1	13
South Kingstown	14	2,498	16%	9%	9	0	9
Tiverton	19	1,318	13%	12%	8	0	8
Warren	16	777	12%	11%	2	0	2
Warwick	84	6,781	14%	10%	21	2	23
West Greenwich	8	678	11%	7%	1	0	1
West Warwick	61	2,139	13%	9%	5	0	5
Westerly	25	2,003	13%	7%	7	3	10
Woonsocket	219	3,649	22%	12%	32	8	40
State Police/Other	NA	NA	NA	NA	4	1	5
Four Core Cities	1,488	28,030	NA	NA	263	79	342
Remainder of State	770	65,586	NA	NA	209	30	239
Rhode Island	2,258	93,616	16%	9%	476	110	586

Sources of Data for Table/Methodology

Total violent crime offense data are from U.S. Department of Justice, Federal Bureau of Investigation. (2015). *Crime in the United States 2014: Rhode Island offenses known to law enforcement*. Retrieved January 19, 2016, from www.fbi.gov

Total population ages 11–17 data are from U.S. Census Bureau, Census 2010.

High school students experiencing violence at school data are from *SurveyWorks!* student survey, Rhode Island Department of Education, 2014. Percentages reflect students answering yes to the question of whether “they saw a student with a weapon like a gun, knife, or club at this school” and “they were in a physical fight at school” in the 12 months prior to the survey. *SurveyWorks!* data for communities that belong to regional districts reflect the district’s overall survey results. Students from Little Compton attend high school in Portsmouth and students from Jamestown attend high school in North Kingstown. Due to a change in the *SurveyWorks!* question format, the weapons data in *Violence in High Schools* cannot be compared to previous Factbooks. In earlier years, the *SurveyWorks!* survey asked students if they had brought a weapon to school in the past year; since then, students are asked if they had seen another student with a weapon at school in the past year.

Juvenile arrests for assault and weapons offenses data are from Mongeau, T. & Tocco, G. (2015). *2014 juvenile detention data*. Providence, RI: Rhode Island Department of Public Safety, Grant Administration Office. A complete list of assault and weapons offenses can be found in the Methodology Section of this Factbook.

NA indicates that the data are not available. Exeter arrest numbers are included in the State Police totals.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

- ^{1,6} *Understanding youth violence: Fact sheet*. (2015). Retrieved January 19, 2016, from www.cdc.gov
- ^{2,4,5,9} David-Ferdon, C. & Simon, T. R. (2014). *Preventing youth violence: Opportunities for action*. Atlanta, GA: Centers for Disease Control and Prevention.

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Gun Violence

DEFINITION

Gun violence is the number of firearm-related deaths and hospitalizations to Rhode Island children and youth under age 20. The data are reported by place of residence, not place of death, injury, or hospitalization.

SIGNIFICANCE

Children and youth can experience gun violence as victims of firearm assaults, self-inflicted firearm injuries, or accidental shootings.¹ Gun violence also can impact children and youth when someone they know is the victim or perpetrator of a shooting. Exposure to violence at home, in schools, and in the community can lead to lasting psychological and emotional damage (such as increased fear, anxiety, and depression, attachment problems, and conduct disorders), as well as cognitive and attention difficulties, and involvement in the child welfare and juvenile justice systems.^{2,3}

In the U.S. during 2014, 57% of the 2,549 firearm deaths of children and youth under age 20 in the United States were the result of homicide, 36% were the result of suicide, 4% were the result of unintentional injuries, 1% was the result of shootings with an undetermined intent, and 1% was the result of a legal intervention (e.g., law enforcement shooting).⁴

While the number of children and youth killed by guns has decreased since peaking in the early 1990s, firearms remain one of the leading causes of deaths for youth ages 15 to 19 in the United States.^{5,6} Of the 2,549 U.S. children and youth under age 20 killed by firearms during 2014, 82% (2,089) were ages 15 to 19. Children under age 15 have the lowest rates of firearm-related deaths of any age group.⁷

Nationally, males ages 15 to 19 are eight times more likely to die from a firearm-related incident than females of the same age. Among teens in the U.S., the rate of firearm deaths for Black males (47 per 100,000) was more than three times the rate of Hispanic males (13 per 100,000) and more than four times the rate of White males (11 per 100,000) in 2014.⁸

Preventing access to guns is the most reliable measure to prevent firearm-related injuries and death in children and youth. The presence and availability of a gun is strongly associated with adolescent suicide risk. Possessing a gun also increases a person's risk for being shot in an assault. Keeping guns unloaded and locked, as well as storing and locking ammunition separately, reduces the risk of gun-related injury and death by suicide or homicide.^{9,10,11}

Gun-Related Emergency Department (ED) Visits, Hospitalizations, and Deaths Among Children and Youth, Rhode Island, 2010-2014

AGE	# OF ED VISITS	# OF HOSPITALIZATIONS	# OF DEATHS
1 to 14	53	6	2
15 to 17	62	20	3
18 to 19	74	33	9
TOTAL	189	59	14

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2010-2014. Data for 2014 are provisional.

◆ **Between 2010 and 2014 in Rhode Island, 14 (15%) of the 94 injury deaths of children and youth under age 20 were the result of firearms, down from 19 deaths between 2009-2013. Of these, 64% (9) were among youth ages 18 to 19, 21% (3) were among youth ages 15 to 17, and 14% (2) were among children ages 14 or younger. Between 2010 and 2014 in Rhode Island, there was one youth under age 20 who committed suicide using a firearm.¹²**

◆ **In Rhode Island between 2010 and 2014, there were 189 emergency department visits and 59 hospitalizations of children and youth for gun-related injuries, down from 198 and 73, respectively, in 2009-2003.¹³**

Weapon Carrying Among Rhode Island Public High School Students, 2015

	FEMALES	MALES	TOTAL
Carried a weapon on school property at least once in the past 30 days	2%	7%	5%

Source: 2015 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health, Center for Health Data and Analysis.

◆ **In Rhode Island, male students report higher rates of weapon carrying on school property and gun carrying than females. Rhode Island rates are consistent with national figures.^{14,15,16}**

References

¹ Murphy, S. L., Kochanek, K. D., Xu, J., & Heron, M. (2015). Deaths: Final data for 2012. *NVSR*, 63(9). Retrieved January 12, 2016, from www.cdc.gov

² U.S. Department of Justice, Attorney General's National Task Force on Children Exposed to Violence. (2012). *Report of the U.S. Department of Justice National Task Force on Children Exposed to Violence*. Retrieved from www.justice.gov

³ Child Trends. (2013). *Children's exposure to violence*. Retrieved January 12, 2016, from www.childtrendsdatabank.org

^{4,7} Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (n.d.). *Web-based Injury Statistics Query and Reporting System (WISQARS)*. Retrieved January 13, 2016, from www.cdc.gov/ncipc/wisqars

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DEFINITION

Homeless and runaway youth is the number of youth in Rhode Island who accessed emergency shelter services without their families or who were absent without leave (AWOL) from state care placements (including youth in child welfare and juvenile justice community placements).

SIGNIFICANCE

There are three primary causes of homelessness among youth – family conflict, residential instability resulting from foster care and institutional placements, and economic problems. Many youth run away due to physical and sexual abuse, strained family relationships, substance abuse by a family member, and/or parental neglect.^{1,2}

Youth may become homeless when they run away from or are discharged from the foster care system. Homeless youth with foster care histories often become homeless at an earlier age and remain homeless longer than their peers.³ When youth “age out” of foster care at age 18 without permanent families, they are more likely to experience homelessness.⁴ While there are estimated to be nearly 1.7 million U.S. youth experiencing homelessness annually, less than 5% of federal spending on homeless programs is for homeless children and youth.^{5,6}

Youth who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ) are overrepresented in the homeless youth population, some of whom report being forced out of their homes by parents who disapprove of their sexual orientation or gender identity.^{7,8} LGBTQ homeless youth experience greater levels of violence and physical and sexual exploitation while on the streets and in shelters than their heterosexual peers.^{9,10}

It is often difficult for homeless youth to obtain needed food, clothing, and shelter, so many turn to prostitution, theft, and/or selling drugs to provide for their basic needs. Consequently, homeless youth face risk of arrest, pregnancy, and/or contracting sexually transmitted infections.^{11,12}

Homeless youth often are disconnected from education, employment, medical, and mental health care.^{13,14} They are more likely than their peers to be suspended, expelled, repeat grades, and drop out.^{15,16,17} Homeless youth experience higher rates of mortality and depression, post-traumatic stress disorder, substance abuse, and other mental health problems than youth with stable housing.^{18,19} Homeless youth also have trouble accessing physical and mental health services because they may be asked for a permanent address, health insurance information, or parental permission for treatment.^{20,21}

Homeless Youth in Rhode Island

- ◆ **Blackstone Valley Community Action Program runs a Basic Center Program and two drop-in centers for unaccompanied and runaway homeless youth in Rhode Island. The drop-in centers are located at the Blackstone Valley Community Action Program’s main site in Pawtucket and at the Institute for the Study and Practice of Nonviolence in Providence. They offer food, clothing, hygiene products, and preventive services and connect youth to host home opportunities. This site became a federal Family and Youth Services Bureau grantee on October 1, 2014.**²²
- ◆ **During the 2014-2015 school year, Rhode Island public school personnel identified 37 unaccompanied homeless youth.**²³
- ◆ **In 2015, 47 single youth ages 18 to 20 and 125 young adults ages 21 to 24 received emergency shelter services through the adult emergency shelter system in Rhode Island, compared to 97 18 to 20 year-olds and 266 21 to 24 year-olds in 2014.**^{24,25}
- ◆ **In 2014, the National Runaway Switchboard handled 148 crisis-related calls regarding youth ages 21 and under who were homeless, runaways, or at risk of homelessness in Rhode Island, up from 104 in 2013. Nationally, 62% of callers to the Switchboard were youth and the remainder were friends, family, probation officers, and other adults.**^{26,27}
- ◆ **On December 31, 2015, there were 36 youth in the care of the Rhode Island Department of Children, Youth and Families between the ages of 12 and 18 who were classified as unauthorized absences/runaways (AWOL), 23 females and 13 males, down from 52 last year. These youth were AWOL from either foster care or juvenile justice placements.**²⁸
- ◆ **There were an additional 160 youth ages 13 to 17 who received emergency shelter services with their families in Rhode Island in 2014.**²⁹ These youth are vulnerable to being separated from their families due to shelter or child welfare policies.³⁰

References

^{1,3,10,11,13,17,30} National Conference of State Legislatures. (2013). *Homeless and runaway youth*. Retrieved February 23, 2016, from www.ncsl.org

² Bardine, D. (2015). *What works to end youth homelessness*. Washington, DC: The National Network for Youth.

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Youth Referred to Family Court

DEFINITION

Youth referred to Family Court is the percentage of youth ages 10 to 17 referred to Rhode Island Family Court for wayward or delinquent offenses.

SIGNIFICANCE

Risk factors for juvenile delinquency and involvement in the juvenile justice system include association with other delinquent youth, cognitive impairments, academic and learning difficulties, poor parental supervision and attachment, child maltreatment, and community disorganization, poverty, and crime.¹

The Rhode Island Family Court has jurisdiction over children and youth under age 18 referred for wayward and delinquent offenses. When a police or school department refers a youth to Family Court, a petition is submitted, accompanied by an incident report, detailing the alleged violation of law.² During 2015 in Rhode Island, 2,770 youth (3% of Rhode Island youth between the ages of 10 and 17) were referred to Family Court, up from 2,713 youth during 2014. Fewer offenses (4,885) were referred to Family Court in 2015 than during the previous year, when 4,904 offenses were referred. Of the juvenile offenses in 2015, 234 (5%) involved violent offenses (55% of which occurred in the four core cities). An

additional 589 probation violations also came before the Family Court in 2015.^{3,4,5}

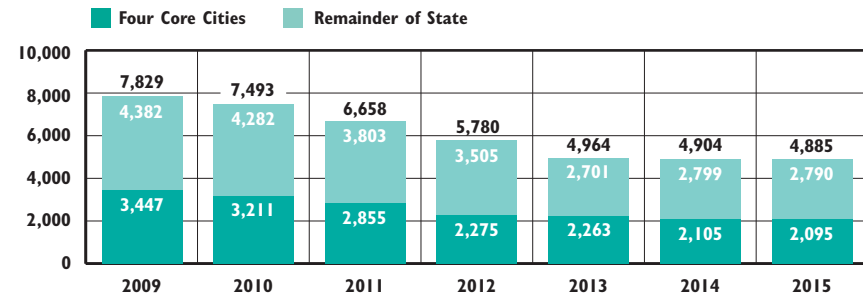
In 2015 in Rhode Island, 24% of juvenile offenses referred to Family Court were committed by youth from Providence, 19% were committed by youth from the other three core cities, and 57% were committed by youth living in the remainder of the state.^{6,7}

Assessing the risk of re-arrest and intervention needs of each youth is necessary for providing appropriate supports to prevent recidivism.⁸ Eighteen percent of youth referred to the Family Court in 2015 had been referred once before, and 20% had been referred at least twice before.⁹

Research shows that incarceration of youth is not cost-effective and leads to worse public safety outcomes and higher recidivism rates than the use of community-based alternatives to incarceration.¹⁰

Programs that facilitate behavior change by improving a youth's skills, relationships, and insight are more effective at preventing recidivism than those that emphasize discipline and threat of consequences. Effective interventions include individual, group, and family counseling, mentoring programs, academic and vocational training, case management services, and restorative justice practices.¹¹

Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2009-2015



◆ The number of children and youth referred to Family Court for wayward and delinquent offenses declined 43% between 2009 and 2015, from 4,825 to 2,770. During the same period, the number of juvenile offenses declined by 38%, from 7,829 to 4,885.

◆ In 2015, 68% of offenses referred to the Family Court involved males and 32% females. Forty-six percent of offenses involved White youth, 22% Black youth, 16% Hispanic youth, 1% Asian youth, and 16% of offenses involved youth of some other race or an unknown race.

◆ In 2015, 8% of offenses referred to Family Court involved youth ages 12 or younger, 43% youth ages 13 to 15, 48% youth ages 16 to 17, and 1% of unknown age.

BY TYPE OF OFFENSE

25%	Status Offenses*	4%	Motor Vehicle Offenses
21%	Property Crimes	3%	Weapons Offenses
21%	Disorderly Conduct	2%	Alcohol and Drug Offenses
11%	Simple Assault	7%	Other**
5%	Violent Crimes		

n=4,885

*Status offenses are age-related acts that would not be punishable if the offender were an adult, such as truancy and disobedient conduct.

**Other includes offenses such as conspiracy, crank/obscene phone calls, computer crimes, and possession of a manipulative device for automobiles, etc. Probation violations, contempt of court, and other violations of court orders are not included in the offenses above.

Source: Rhode Island Family Court, 2009-2015 Juvenile offense reports. Percentages may not sum to 100% due to rounding.

Youth Referred to Family Court

Alternatives to Incarceration for Juvenile Offenders in Rhode Island

- ◆ Juvenile courts have a wide range of options for handling juvenile offenders, including restitution, community service, revocation of driving privileges, counseling, substance abuse treatment, and probation.¹² In 2015 in Rhode Island, 20% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing, the same as in 2014.¹³
- ◆ The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. In 2015, 1,353 juveniles were referred to the Truancy Court by schools. In 2015, 53 juveniles who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication.¹⁴ Juveniles referred to the Drug Court undergo a six- to twelve-month program that includes intensive court supervision, drug treatment, and educational and employment services.¹⁵
- ◆ In 2014, there were 35 Juvenile Hearing Boards in Rhode Island. Four communities did not have Juvenile Hearing Boards (Little Compton, North Providence, Richmond, and South Kingstown). Comprised of volunteer community members, these Boards permit the diversion of juveniles accused of status offenses or misdemeanors. Sanction options in this process include but are not limited to community service, restitution, and counseling. Rhode Island Juvenile Hearing Boards reported hearing 374 cases in 2014 (the most recent year for which data are available).¹⁶

Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts

- ◆ Many lesbian, gay, bisexual, and transgender (LGBT) youth experience family rejection, conflicts at home, and bullying and harassment in school due to their gender identity or sexual orientation. These factors increase LGBT youth's risk of family court involvement for status offenses (like running away), survival behavior (like engaging in commercial sexual activity), and truancy related to safety issues at school. Training and resources for adults working in the juvenile justice system about the specific family, social, and developmental challenges faced by LGBT youth can help support positive outcomes for these youth.¹⁷

Juveniles Tried as Adults in Rhode Island

- ◆ Youth tried and punished in the adult court system are more likely to re-offend and to commit future violent crimes than youth who commit similar crimes but are in juvenile systems. Adolescents in the adult criminal justice system are at risk for sexual and physical victimization and disruptions in their development, including identity formation, learning, and relationship skills.¹⁸
- ◆ Behavioral research shows that most youth offenders will stop breaking the law as part of normal development and that adolescents are less able than adults to weigh risks and consequences and to resist peer pressure. Research also shows that judgment and decision-making skills do not fully develop until the mid-twenties.^{19,20}
- ◆ When a juvenile has committed a heinous and/or premeditated felony offense or has a history of felony offenses, the Rhode Island Attorney General may request that the Family Court Judge voluntarily waive jurisdiction so that the juvenile may be tried as an adult in Superior Court. Waiver of jurisdiction is mandatory for juveniles who are 17 years old and who are charged with murder, first degree sexual assault, or assault with intent to commit murder.²¹
- ◆ In 2015, the Attorney General's Office filed 20 (19 discretionary and one mandatory) motions to waive jurisdiction to try juveniles as adults. Of the discretionary waiver motions, five youth were waived voluntarily, three were waived after a hearing, three waiver motions were amended to certification after the youth pled to an adult sentence, and eight were pending before the Family Court at the end of 2015.²²
- ◆ A juvenile in Rhode Island also may be “certified,” allowing the Family Court to sentence the juvenile beyond age 19 if there is otherwise an insufficient period of time in which to accomplish rehabilitation. There was one certification filed in 2015 (which resulted in certification). While the child is a minor, the sentence is served at the Training School. The youth can be transferred to an adult facility upon reaching age 19, if the Court deems it appropriate.^{23,24}

References

¹ Development Services Group, Inc. (2015). *Risk factors for delinquency-Literature review*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

² Rhode Island Family Court. (n.d.). *About the Family Court*. Retrieved February 25, 2013, from www.courts.ri.gov

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Youth at the Training School

DEFINITION

Youth at the Training School is the number of juveniles age 18 or under who were in the care or custody of the Rhode Island Training School at any time during the calendar year, including youth in community placements while in the care or custody of the Training School.

SIGNIFICANCE

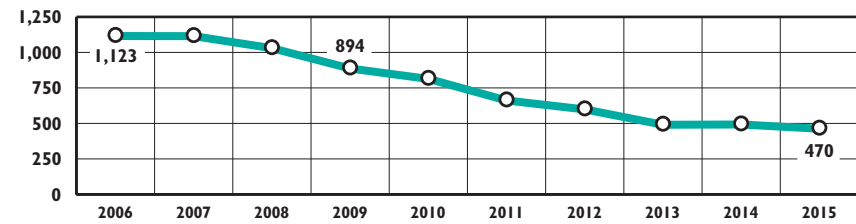
The juvenile justice system is responsible for ensuring community safety by promoting the positive development of youth in its care while recognizing that children have different developmental needs than adults.¹

During adolescence, the brain's executive functions (including the ability to regulate emotions, control impulses, and weigh benefits and risk) have not fully developed. Judgment and decision-making skills continue to grow into the mid-twenties.² Compared to adults, adolescents often show poor self-control, are easily influenced by peers, and less likely to think through the consequences of their actions. Most youth involved in delinquency in adolescence will cease engaging in law-breaking behavior when they become adults as part of the normal maturation process.³

Juvenile justice systems have a range of options for monitoring and rehabilitating youth in addition to incarceration, including probation, restorative justice programs, and evidence-based treatment programs such as Functional Family Therapy, Multi-Systemic Therapy, and Multi-Dimensional Treatment Foster Care. Alternatives to incarceration have been shown to be more effective in preventing recidivism and more cost-effective than incarceration. The most successful programs involve family in treatment and promote healthy development at the individual, family, school, and peer levels.^{4,5,6}

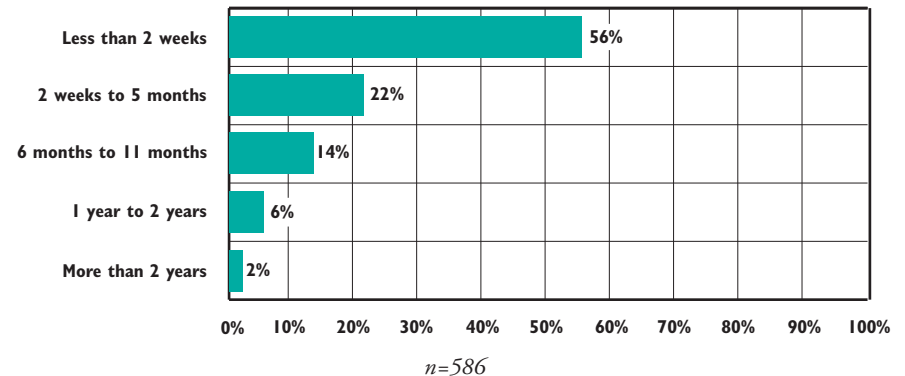
The Rhode Island Department of Children, Youth and Families (DCYF) operates the Rhode Island Training School, the state's secure facility for adjudicated youth and youth in detention awaiting trial. A total of 470 youth (76% male and 24% female) were in the care or custody of the Training School at some point during 2015, down from 500 during 2014. The number of females at the Training School increased by 54% between 2014 and 2015, while the number of males decreased by 16%. On December 31, 2015, there were 136 youth in the care or custody of the Training School, 84 of whom were physically at the Training School.⁷

Youth in the Care and Custody of the Rhode Island Training School, Calendar Years 2006-2015



◆ Between 2006 and 2015, the annual total number of youth in the care and custody of the Training School any point during the year declined from 1,123 to 470. Some of this decline is due to the cap that was placed on the population at the Training School in July 2008 of 148 boys and 12 girls on any given day. The population further declined by 47% between 2009 and 2015.

Discharges from the Rhode Island Training School, by Length of Time in Custody, Calendar Year 2015



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2006-2015. Total discharges (586) are higher than the total number of youth who passed through the Training School (470) due to some youth being discharged from the Training School more than once in 2015.

Youth at the Training School by Age

- ◆ During 2015, there were no children age 10 or under, eight children ages 11-12, 70 youth ages 13-14, 231 youth ages 15-16, and 206 youth ages 17-19 held at the Training School. The average age for youth at the Training School was 15.9 years.⁸
- ◆ Rhode Island is one of 12 states that has no statutory minimum age for holding children in secure confinement and no minimum age of delinquency jurisdiction.^{9,10}

Promoting Rehabilitation and Preventing Recidivism

- ◆ Nationally and in Rhode Island, youth crime, including violent crime, has fallen sharply since 1995.¹¹ In 2010, the rate at which states hold youth in secure confinement reached a 35-year low, with almost every state reducing the number and percentage of youth held in secure facilities.¹²
- ◆ The Rhode Island Training School is an important resource for the rehabilitation of youth who commit serious offenses and who pose a danger to the community. However, a growing body of research shows that incarceration of youth does not reduce and can even increase criminal behavior, as well as increase recidivism among youth with less serious offense histories. Research also suggests that increasing the length of time a youth is held in secure confinement has no impact on future offending and that sentencing youth to long stays in correctional facilities is an ineffective rehabilitation strategy.^{13,14}
- ◆ Jurisdictions throughout the country have used objective admissions screening tools to limit the use of secure detention to serious offenders. The Rhode Island General Assembly passed a law in 2008 that mandates the use of a screening tool (called a Risk Assessment Instrument, RAI) for Rhode Island youth being considered for secure detention. The RAI has been piloted but has not yet been fully implemented.^{15,16}
- ◆ Of the 470 youth who were in the care or custody of the Training School at some point during 2015, 21% (101) were admitted at least twice in 2015, and 6% (28) were admitted to the Training School three or more times.¹⁷

Probation for Rhode Island Youth

- ◆ The purpose of Juvenile Probation is to provide supervision and monitoring to youth who are under court jurisdiction to ensure that they comply with court orders and conditions of probation.¹⁸ The Juvenile Probation division at DCYF serves youth placed in community-based residential settings as well as those living at home and in foster care. Youth on probation have access to an array of services to help support them in the community and reduce the likelihood that they will reoffend.¹⁹
- ◆ On January 4, 2016, there were 516 youth on the DCYF probation caseload (431 males and 85 females). Three percent of youth on probation were ages 11-13, 22% were ages 14-15, 54% were ages 16-17, and 20% were age 18 or older.²⁰
- ◆ Almost half (44%) of youth on probation on January 4, 2016 were White, 24% were Black, 2% were American Indian, 1% was Asian, 8% were multiracial, and 21% were of undetermined race. Twenty-nine percent of youth were identified as Hispanic, who may be of any race.²¹

Juvenile Detention Alternatives Initiative (JDAI)

- ◆ The Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) works in jurisdictions across the U.S. to strengthen juvenile justice systems by promoting policies and practices to reduce inappropriate and unnecessary use of secure detention, reduce racial and ethnic disparities, and improve public safety. JDAI promotes the vision that youth involved in the juvenile justice system are best served using proven, family-focused interventions, and creating opportunities for positive youth development. For youth who are not a threat to public safety, JDAI promotes the use of high-quality community-based programs that provide supervision, accountability, and therapeutic services while avoiding some of the negative outcomes associated with incarceration.
- ◆ In 2009, Rhode Island juvenile justice stakeholders joined in partnership with the Annie E. Casey Foundation to become a statewide JDAI site. The Rhode Island initiative has used JDAI's strategies to focus on reducing unnecessary and inappropriate use of secure confinement and enhancing community-based alternatives to detention.²²

Youth at the Training School

Disproportionate Minority Contact in Juvenile Justice Systems

◆ Minority youth, especially Black youth, are disproportionately represented at every stage of the juvenile justice system. Youth of color are more likely to be arrested, formally charged in court, placed in secure detention, receive harsher treatment, and remain in the system than White youth.²³ The federal *Juvenile Justice and Delinquency Prevention Act (JJDP A)* requires states to collect data and implement strategies to reduce disproportionate minority contact with the juvenile justice system.²⁴

Disproportionate Minority Contact in Rhode Island

	% OF TOTAL CHILD POPULATION, 2010	% OF YOUTH IN THE CARE AND CUSTODY OF RHODE ISLAND TRAINING SCHOOL, 2015
White	64%	32%
Hispanic	21%	33%
Black	6%	23%
Asian	3%	2%
Multi-Racial	5%	7%
Other*	2%	1%
Unknown	NA	2%
<i>n</i> =	223,956	470

◆ Youth of color are disproportionately more likely than White youth to be detained or sentenced to the Training School. During 2015, Black youth made up 23% of youth at the Training School, while making up 6% of the child population.

**Other includes American Indian and Alaska Native, Native Hawaiian and other Pacific Islander, and Some other race.*

Sources: Child Population data by race are from the U.S. Census Bureau, 2010 Census. Youth at the Training School data are from the Rhode Island Department of Children, Youth and Families (DCYF). Percentages may not sum to 100% due to rounding.

Girls in the Juvenile Justice System

◆ Girls make up a growing share of youth involved in the juvenile justice system. Girls in the juvenile justice system enter with different personal and offense histories and needs than their male peers. Girls are more likely than boys to be detained for non-serious offenses and many have experienced traumatic events, including physical and sexual abuse. Effective programs for girls in the juvenile justice system use a developmental approach that addresses the social contexts that influence girls' behavior, including family, peers, and community.²⁵

Risk Factors for Rhode Island Youth at the Training School

History of Child Abuse and Neglect

◆ Thirty-three (7%) of the 470 youth in the care or custody of the Training School during 2015 had at some point in their childhood been victims of documented child abuse or neglect.²⁶

◆ Children who experience child abuse or neglect are at an increased risk for developing behavior problems and becoming involved in the juvenile justice system.²⁷

Behavioral Health Needs

◆ In 2015, 173 youth (128 males and 45 females) received mental health services at the Training School for psychiatric diagnoses other than conduct disorders and substance abuse disorders. During 2015, 115 residents (91 males and 24 females) received substance abuse treatment services at the Training School. Of these, 60 (all males) received residential substance abuse treatment. Eighty-one youth sentenced to the Training School received psychopharmacologic treatment during 2015.²⁸

Educational Attainment

◆ While the average age of youth at the Training School in 2015 was 15.9 years of age, students' math skills were on average at the sixth grade level and their reading levels were on average at the seventh grade level at entry to the Training School.

◆ Of the youth in ninth through twelfth grade who received educational services at the Training School during 2015, 30% received special education services and had Individualized Education Plans (IEPs).

◆ During 2015, 33 youth graduated from high school while serving a sentence at the Training School (25 earned a GED and 8 graduated with a high school diploma). An additional 30 youth received post-secondary education services at the Training School in 2015.²⁹

Teen Pregnancy and Parenting

◆ Nationally, 20% of youth in custody report having a child or expecting a child. The percentage of youth in custody who report they already have children (15% of boys and 9% of girls) is much higher than the general population (2% of boys and 6% of girls).³⁰

Table 27.

Youth in the Care or Custody of the Rhode Island Training School, 2015

CITY/TOWN	TOTAL POPULATION AGES 13-18	# OF ADJUDICATED YOUTH AT THE RITS	TOTAL # OF YOUTH AT THE RITS
Barrington	1,802	0	3
Bristol	1,780	0	1
Burrillville	1,319	0	4
Central Falls	1,859	14	30
Charlestown	554	1	3
Coventry	3,010	9	10
Cranston	6,184	11	22
Cumberland	2,746	3	4
East Greenwich	1,362	1	1
East Providence	3,243	6	16
Exeter	642	1	3
Foster	430	0	0
Glocester	878	0	2
Hopkinton	693	1	1
Jamestown	436	0	0
Johnston	2,025	1	6
Lincoln	1,851	2	5
Little Compton	228	0	0
Middletown	1,229	3	4
Narragansett	948	0	2
New Shoreham	50	0	0
Newport	1,604	8	22
North Kingstown	2,407	2	3
North Providence	2,027	3	9
North Smithfield	970	0	0
Pawtucket	5,514	16	39
Portsmouth	1,596	0	0
Providence	16,515	84	172
Richmond	637	0	0
Scituate	963	1	1
Smithfield	1,856	2	1
South Kingstown	3,540	3	4
Tiverton	1,115	3	6
Warren	675	0	0
Warwick	5,883	7	16
West Greenwich	568	0	0
West Warwick	1,891	7	22
Westerly	1,705	3	7
Woonsocket	3,112	11	31
<i>Out-of-State</i>	<i>NA</i>	<i>11</i>	<i>20</i>
<i>Four Core Cities</i>	<i>27,000</i>	<i>125</i>	<i>272</i>
<i>Remainder of State</i>	<i>58,847</i>	<i>78</i>	<i>178</i>
<i>Rhode Island</i>	<i>85,847</i>	<i>203</i>	<i>450</i>

Youth in Detention in Rhode Island

◆ In Rhode Island, the term “detention” is used to describe the temporary custody of a juvenile, who is accused of a wayward or delinquent offense, at the Training School pending the adjudication of his or her case. The only two legal reasons for pre-trial detention include cases where a youth poses a threat to public safety or is at risk for not attending his or her next court hearing.^{31,32}

◆ Some youth are detained for short periods of time and released at their first court appearance (usually the following business day). Of the 586 discharges from the Training School during 2015, 24% resulted in stays of two days or less, 32% resulted in stays of three days to two weeks, and 44% resulted in stays of more than two weeks.³³

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children’s Information System (RICHIST), 2015; and the U.S. Census Bureau, Census 2010.

Youth included in the adjudicated column may or may not have been in detention at the Training School prior to adjudication.

Total number of youth includes adjudicated and detained youth who were in the care or custody of the Rhode Island Training School during calendar year 2015 (including youth from out of state, those with unknown addresses and those in temporary community placements). Youth with out-of-state and unknown addresses are not included in the Rhode Island, four core cities, or remainder of state totals.

There is no statutory lower age limit for sentencing, however adjudicated children under age 13 typically do not serve sentences at the Training School.

An “out-of-state” designation is given to youth whose parent(s) have an address on file that is outside of Rhode Island or to a youth who lives in another state, but commits a crime in Rhode Island and is sentenced to serve time at the Training School. They are not included in the Rhode Island total.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

^{1,3,5,14,23} National Research Council. (2013). *Reforming juvenile justice: A developmental approach*. Committee on Assessing Juvenile Justice Reform, R. J. Bonnie, R. L. Johnson, B. M. Chemers, & J. A. Schuck, Eds. Committee on Law and Justice, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

² Gottesman, D. & Wile Schwarz, S. (2011). *Juvenile justice in the U.S.: Facts for policymakers*. New York, NY: Columbia University, National Center for Children in Poverty.

⁴ Juvenile Justice Information Exchange. (n.d.). *What are community-based alternatives?* Retrieved February 9, 2016, from www.jjic.org

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Children of Incarcerated Parents

DEFINITION

Children of incarcerated parents is the number of children with parents serving sentences at the Rhode Island Department of Corrections per 1,000 children under age 18. The data are reported by the place of the parent's last residence before entering prison and do not include Rhode Island children who have parents incarcerated at other locations.

SIGNIFICANCE

More than five million children in the U.S. (7% of all U.S. children) have had a parent incarcerated in state or federal prison at one time or another.¹

Parental incarceration can contribute to children's insecure attachment to their parent, which can lead to poor developmental outcomes. Children of incarcerated parents experience high rates of physical and mental health problems (including asthma, depression, and anxiety) and educational problems (including grade retention, absenteeism, and dropping out). Parental incarceration increases children's risk for learning disabilities, ADHD, conduct problems, developmental delays, and speech problems.^{2,3,4,5}

Nationally, most children of incarcerated parents live with their other parent, a grandparent, or other relatives.⁶ Of the 1,870 parents incarcerated in Rhode Island on September 30, 2015 (including those awaiting trial), 94%

(1,756) were fathers and 6% (114) were mothers.⁷ Nationally, nearly half (48%) of incarcerated parents lived with their children one month prior to incarceration.⁸

Children of incarcerated parents are more likely than other children to be involved with the child welfare system. In the U.S. in 2013, 8% (almost 20,000) of children who entered foster care did so at least in part due to the incarceration of a parent.⁹ These children often represent complex cases for child welfare agencies, involving balancing parental rights with the safety and well-being of the child.¹⁰

Programs and policies targeted at the unique needs of incarcerated pregnant women and mothers can improve outcomes for them and their families.¹¹ Keeping siblings together, providing family counseling and access to mental health care, mentoring, peer support services, and prison transition supports can alleviate the worst effects of parents' imprisonment on children and improve the family reunification process.¹²

Of the 1,870 parents incarcerated in Rhode Island on September 30, 2015 (including those awaiting trial), 43% were White, 32% were Black, 23% were Hispanic, and 2% were of another race. Sixty-four percent of incarcerated parents with a known in-state residence identified one of the four core cities as their last place of residence.¹³

Parents at the Rhode Island Adult Correctional Institutions (ACI), September 30, 2015

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	620	394	64%	906
Serving a Sentence	2,548	1,476	58%	3,316
TOTAL	3,168	1,870	59%	4,222

Source: Rhode Island Department of Corrections, September 30, 2015. *Does not include inmates who were missing responses to the question on number of children, inmates on home confinement, or those from another state's jurisdiction.

- ◆ Of the 3,168 inmates awaiting trial or serving a sentence at the ACI who were surveyed as of September 30, 2015 and answered the question on number of children, 1,870 inmates reported having 4,222 children. Forty-five percent of sentenced mothers and 14% of sentenced fathers had sentences that were six months or less.¹⁴
- ◆ Of the 78 sentenced mothers on September 30, 2015, 59% were serving a sentence for a nonviolent offense, 28% for a violent offense, 5% for a drug-related offense, 5% for breaking and entering, and 3% for a sex offense. Of the 1,398 sentenced fathers, 46% were serving sentences for a violent offense, 20% for a nonviolent offense, 13% for a sex-related offense, 13% for a drug-related offense, and 7% for breaking and entering.¹⁵
- ◆ Forty-one percent of incarcerated parents awaiting trial or serving a sentence at the ACI on September 30, 2015 had less than a high school degree education, 47% had a high school diploma or a GED, and 12% had at least some college education.¹⁶
- ◆ A supportive family, education, job training, stable housing, employment assistance, health services, and substance abuse treatment are critical to the parents' successful transition to the community after incarceration and also to support the well-being of their children.^{17,18}
- ◆ Nationally, nearly half of all children (between 33 and 36.5 million) have at least one parent with some sort of a criminal record. These families can experience significant challenges even if the parent has never been incarcerated. A parent's criminal record is often an obstacle to securing employment, accessing housing supports, and obtaining public assistance.¹⁹

Children of Incarcerated Parents

Table 28.

Children of Incarcerated Parents, Rhode Island, September 30, 2015

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2010 TOTAL POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	2	3	4,597	0.7
Bristol	10	24	3,623	6.6
Burrillville	7	19	3,576	5.3
Central Falls	49	102	5,644	18.1
Charlestown	3	6	1,506	4.0
Coventry	28	52	7,770	6.7
Cranston	74	138	16,414	8.4
Cumberland	18	53	7,535	7.0
East Greenwich	5	15	3,436	4.4
East Providence	30	77	9,177	8.4
Exeter	2	3	1,334	2.2
Foster	2	4	986	4.1
Glocester	5	8	2,098	3.8
Hopkinton	3	7	1,845	3.8
Jamestown	1	2	1,043	1.9
Johnston	24	61	5,480	11.1
Lincoln	4	4	4,751	0.8
Little Compton	1	2	654	3.1
Middletown	11	30	3,652	8.2
Narragansett	8	14	2,269	6.2
New Shoreham	0	0	163	0.0
Newport	24	54	4,083	13.2
North Kingstown	10	33	6,322	5.2
North Providence	32	63	5,514	11.4
North Smithfield	2	2	2,456	0.8
Pawtucket	145	334	16,575	20.2
Portsmouth	2	3	3,996	0.8
Providence	521	1,188	41,634	28.5
Richmond	1	3	1,849	1.6
Scituate	1	2	2,272	0.9
Smithfield	6	9	3,625	2.5
South Kingstown	13	27	5,416	5.0
Tiverton	6	15	2,998	5.0
Warren	4	11	1,940	5.7
Warwick	53	95	15,825	6.0
West Greenwich	4	8	1,477	5.4
West Warwick	60	117	5,746	20.4
Westerly	7	17	4,787	3.6
Woonsocket	114	260	9,888	26.3
Unknown Residence	109	260	NA	NA
Out-of-State Residence**	75	191	NA	NA
Four Core Cities	829	1,884	73,741	25.5
Remainder of State	463	981	150,215	6.5
Rhode Island	1,292	2,865	223,956	12.8

Source of Data for Table/Methodology

Rhode Island Department of Corrections, September 30, 2015. Offenders who were on Home Confinement and the awaiting trial population are excluded from this table.

U.S. Census Bureau, Census 2010.

In the 2007-2014 Factbooks, data are reported as of September 30, while previous Factbooks reported data as of December 31. In the 2015 Factbook, data were reported as of October 10, 2014.

*Data on the number of children are self-reported by the incarcerated parents and may include some children over age 18. Nationally and in Rhode Island, much of the existing research has relied upon self-reporting by incarcerated parents or caregivers.

**Data on Out-of-State Residence includes inmates who are under jurisdiction in Rhode Island, but report an out-of-state address. Inmates who were from another state's jurisdiction, but serving time in Rhode Island, are not included in the Rhode Island, four core cities, or remainder of state rates, nor are those with an unknown residence.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

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- ^{6,8,9} Child Welfare Information Gateway. (2015). *Child welfare practice with families affected by parental incarceration.* Retrieved December 22, 2015, from www.childwelfare.gov
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Children Witnessing Domestic Violence

DEFINITION

Children witnessing domestic violence is the percentage of reported domestic violence incidents resulting in an arrest in which children under age 18 were present in the home. The data are based on police reports of domestic violence. Domestic violence is the use of physical force, or threat of force, against a current or former partner in an intimate relationship, resulting in fear and emotional and/or physical suffering.

SIGNIFICANCE

An estimated 10 million U.S. children are exposed to domestic violence each year. Rates of partner violence are higher among couples with children than those without children.¹² In Rhode Island in 2014, police reports indicate that children were present at 35% of domestic violence incidents resulting in arrests.³

Children can be exposed to domestic violence in a number of ways. They may witness it directly (by seeing or hearing violent incidents in their homes or families), have their lives disrupted by moving or being separated from a parent, and/or may be used by the batterer to manipulate or gain control over the victim.⁴ Children who are exposed to domestic violence are more likely to be victims of child abuse and neglect than those who are not.⁵

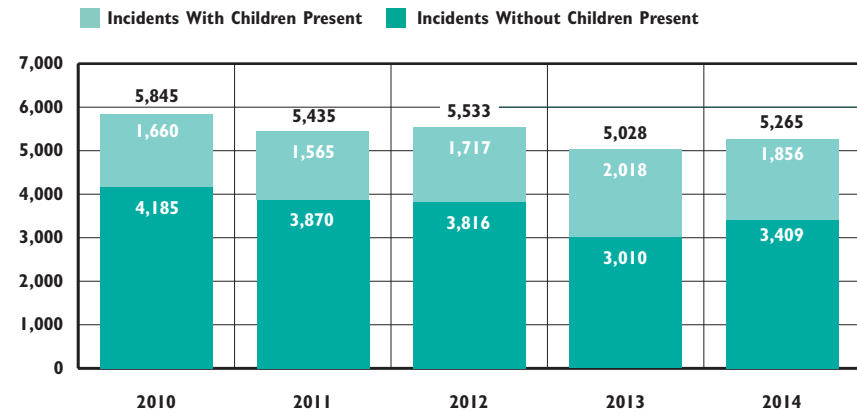
Children may also lose a parent to domestic homicide.⁶

Exposure to domestic violence is distressing to children and can lead to mental health problems, including post-traumatic stress, depression, and anxiety, in childhood and later in life.⁷ Children who witness domestic violence are more likely to experience physical, emotional, health and learning challenges. They are more prone to have concentration and memory problems and to have difficulty with school performance than children who do not witness domestic violence.^{8,9}

While many children who have witnessed domestic violence show resilience, exposure to violence may impair a child's capacity for partnering and parenting later in life.¹⁰ There is a strong association between witnessing domestic violence as a child and becoming a perpetrator of domestic violence as an adult.¹¹

Incidents of domestic violence are historically under-reported. Nationally, it is estimated that 41% of family violence incidents are not reported to police.¹² Similarly, Rhode Island data may under-represent the number of domestic violence incidents witnessed by children because not all incidents are reported and children may be unwilling to admit that they witnessed the incident.¹³

Domestic Violence Incidents Resulting in Arrest, Rhode Island, 2010-2014



Source: Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit, 2010-2014. Includes domestic violence reports resulting from an arrest by local police and Rhode Island State Police.

◆ In Rhode Island in 2014, there were 5,265 domestic violence incidents that resulted in arrests, up 5% from 5,028 incidents in 2013. Children were reported present in 35% (1,856) of incidents in 2014.¹⁴ Rhode Island police officers document children's exposure to violence on reporting forms by noting the number and ages of minor children living in the home, how many were present during the incident, how many saw the incident and how many heard it.¹⁵

◆ Rhode Island police reported that children saw the domestic violence incident in 1,165 arrests and children heard the incident in 1,283 arrests during 2014. These incidents were not mutually exclusive and more than one child may have witnessed the incident.¹⁶

◆ Rhode Island's statewide network of six domestic violence shelters and advocacy programs provides services to victims, including shelter, transitional housing, advocacy, individual and group counseling, and education.¹⁷ During 2015, the network provided services to 8,934 individuals, including 587 children. In 2015, 254 children and 250 adults spent a total of 18,776 nights in domestic violence shelters. Sixty-one children and 48 adults lived in domestic violence transitional housing (longer-term private apartments for victims of domestic violence) during 2015.¹⁸

Children Witnessing Domestic Violence

Table 29. Children Present During Domestic Violence Incidents Resulting in Arrests, Rhode Island, 2014

CITY/TOWN	TOTAL # OF REPORTS	TOTAL # OF INCIDENTS WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	40	9	23%
Bristol	79	21	27%
Burrillville	53	18	34%
Central Falls	171	72	42%
Charlestown	32	11	34%
Coventry	133	50	38%
Cranston	318	136	43%
Cumberland	110	41	37%
East Greenwich	36	8	22%
East Providence	228	97	43%
Exeter**	NA	NA	NA
Foster	28	11	39%
Glocester	24	5	21%
Hopkinton	31	11	35%
Jamestown	5	2	40%
Johnston	161	53	33%
Lincoln	50	25	50%
Little Compton	9	0	0%
Middletown	100	35	35%
Narragansett	69	29	42%
New Shoreham	3	1	33%
Newport	230	67	29%
North Kingstown	88	35	40%
North Providence	227	60	26%
North Smithfield	50	24	48%
Pawtucket	678	242	36%
Portsmouth	75	19	25%
Providence	794	302	38%
Richmond	23	9	39%
Scituate	25	8	32%
Smithfield	57	16	28%
South Kingstown	88	38	43%
Tiverton	83	32	39%
Warren	74	35	47%
Warwick	284	93	33%
West Greenwich	21	5	24%
West Warwick	285	81	28%
Westerly	135	59	44%
Woonsocket*	295*	72*	24%*
Rhode Island State Police	73	24	33%
Four Core Cities	1,938	688	36%
Remainder of State	3,254	1,144	35%
Rhode Island	5,265	1,856	35%

Support for Children Witnessing Domestic Violence

◆ With the help of caring adults, children who have witnessed domestic violence can develop resilience and thrive. Effective therapeutic interventions often focus on supporting parents and can include increasing parenting skills, assisting parents in addressing mental health issues, and supporting parents' efforts to live in safe environments. Other strategies include connecting children to adult mentors, identifying and nurturing areas of strength, and encouraging children to contribute to their families or communities in a positive way.¹⁹

Source of Data for Table/Methodology

The number of domestic violence incident reports in which an arrest was made and the number of incidents in which children were present are based on the Domestic Violence and Sexual Assault/Child Molestation Reporting Forms sent by Rhode Island law enforcement to the Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit between January 1, 2014 and December 31, 2014.

The data are only the incidents during which an arrest was made in which children were present, and do not represent the total number of children who experienced domestic violence in their homes. More than one child may have been present at an incident.

*Data for Woonsocket are provisional.

**Reports of domestic violence in Exeter are included in the Rhode Island State Police numbers. Rhode Island State Police numbers are included in the Rhode Island state totals.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

- Gilbert, A., Bauer, N., Carroll, A., & Downs, S. (2013). Child exposure to parental violence and psychological distress associated with delayed milestones. *Pediatrics*, 132(6), e1577-e1583.
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- ^{3,13,14,16} Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit. Based on data from Domestic Violence and Sexual Assault/Child Molestation Reporting Forms, 2010-2014.
- Stop Violence Against Women. (2010). *Effects of domestic violence on children*. Retrieved March 2, 2016, from www.stopvaw.org
- Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse and Neglect*, 34(2010), 734-741.
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(continued on page 180)

Child Abuse and Neglect

DEFINITION

Child abuse and neglect is the total unduplicated number of victims of child abuse and neglect per 1,000 children. Child abuse includes physical, sexual, and emotional abuse. Child neglect includes emotional, educational, physical, and medical neglect, as well as a failure to provide for basic needs.

SIGNIFICANCE

Children need love, affection, and nurturing from their parents and caregivers for healthy physical and emotional development. Experiencing child abuse or neglect can have lifelong consequences for health, well-being, and relationships with others. Parents or caregivers are at increased risk for maltreating children in their care if they are overwhelmed by multiple risk factors such as poverty, divorce, substance abuse, and/or mental health problems.¹ The immediate effects of child abuse and neglect include isolation, fear, injury, and even death. Children who have been maltreated are at increased risk for delinquency, truancy, substance abuse, mental health problems, teen pregnancy, impaired cognition, and low academic achievement.^{2,3}

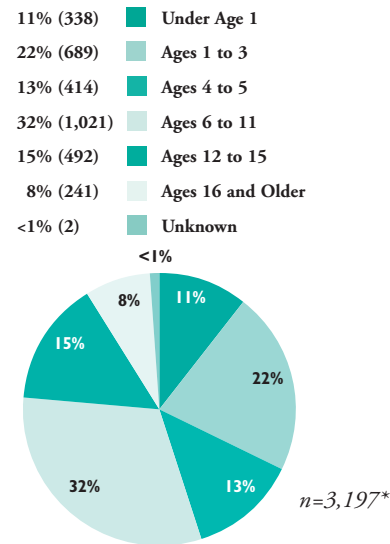
Responding to reports of child abuse and neglect and ensuring child safety are important functions of child protection systems. Maintaining the capacity to focus

on prevention is equally critical and more cost-effective. In Rhode Island, if an investigation does not reveal maltreatment but family stressors and risk factors are identified, Child Protective Services (CPS) refers families to community-based support services to reduce the risk of future involvement with the Department of Children, Youth and Families (DCYF). When maltreatment has occurred, a determination may be made that it is safe for the children to remain at home when families are willing to work with community providers. In both of these cases, DCYF makes referrals to regional Family Care Community Partnerships (FCCP) agencies. They work with the family to identify appropriate services and resources, including natural supports (persons and resources that families can access independent from formal services).⁴

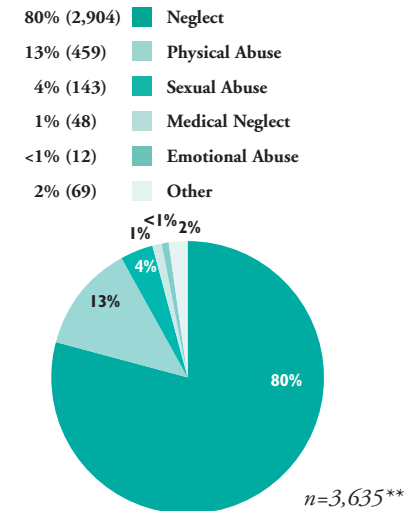
In 2015 in Rhode Island, there were 2,227 indicated investigations of child abuse and neglect involving 3,197 children. The child abuse and neglect rate per 1,000 children under age 18 was nearly two times higher in the four core cities (20.3 victims per 1,000 children) compared to the remainder of the state (10.6 victims per 1,000 children). Almost half (45%) of the victims of child abuse and neglect in 2015 were young children under age six and almost one-third (32%) were ages three and younger.⁵

Child Abuse and Neglect, Rhode Island, 2015

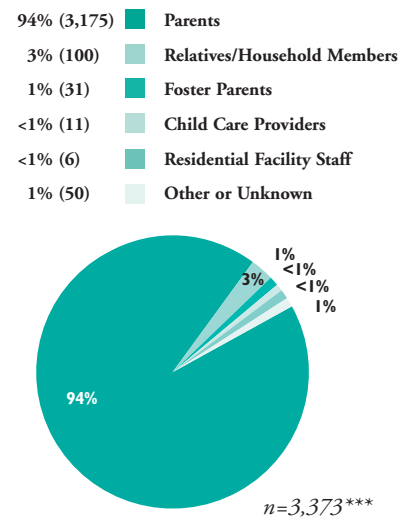
By Age of Victim*



By Type of Neglect/Abuse**



By Relationship of Perpetrator to Victims***



Notes on Pie Charts

*These data reflect an unduplicated count of child victims. The number of victims is higher than the number of indicated investigations. One indicated investigation can involve more than one child victim.

**This number is greater than the unduplicated count of child victims because children often experience more than one maltreatment event and/or more than one type of abuse. Within each type of abuse, the number of child victims is unduplicated.

***Perpetrators can abuse more than one child and can abuse a child more than once. This number is a duplicated count of perpetrators based on the number of abuse and neglect incidents. Under Rhode Island law, DCYF's Child Protective Services can only investigate alleged perpetrators who are legally defined as caretakers to the victim(s), except in situations of child sexual abuse by another child.

Source: Rhode Island DCYF, Rhode Island Children's Information System (RICHIST), 2015. Percentages may not sum to 100% due to rounding.

DCYF Child Protective Services (CPS) Hotline Calls for Reports of Abuse and/or Neglect, Investigations,* and Indicated Investigations, Rhode Island, 2006-2015

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
2006	14,957	59% (8,841)	2,862
2007	13,542	54% (7,363)	2,396
2008	12,204	51% (6,214)	1,913
2009	12,189	52% (6,362)	2,075
2010	13,069	53% (6,956)	2,392
2011	13,382	49% (6,520)	2,225
2012	13,540	50% (6,784)	2,266
2013	13,905	50% (6,975)	2,294
2014	14,735	51% (7,573)	2,413
2015	14,402	45% (6,470)	2,227

Source: Rhode Island Department of Children, Youth and Families, RIC HIST, 2006-2015.

*One investigation can be generated by multiple hotline calls. Investigations can result in a finding of indicated, unfounded, or unable to complete (as when essential party cannot be found).

◆ After increasing annually between 2011 and 2014, the number of child maltreatment reports, completed investigations, and indicated investigations declined between 2014 and 2015 in Rhode Island. Between 2014 and 2015, the numbers of unduplicated child maltreatment reports decreased by 2%, completed investigations decreased by 15%, and indicated investigations decreased by 8%. In 2015, 34% (2,227) of the 6,470 completed investigations of child maltreatment were indicated.⁶ An indicated investigation is one in which there is a preponderance of evidence that child abuse and/or neglect occurred.⁷

◆ Of the 14,402 maltreatment reports in 2015, 47% (6,749) were classified as “information/referrals” (formerly “early warnings”).⁸ Information/referrals are reports made to the CPS Hotline that contain a concern about the well-being of a child but do not meet the criteria for an investigation. Criteria for investigation include that the victim is a minor, the alleged perpetrator is a legal caretaker or is living in the home, there is reasonable cause to believe that abuse or neglect circumstances exist, and there is a specific incident or pattern of incidents suggesting that harm can be identified. When essential criteria for investigation are not present, the report may lead to a referral to other services or to the information being passed on to a DCYF caseworker (depending on whether the family is active with DCYF).^{9,10}

Emergency Department Visits, Hospitalizations, and Deaths Due to Child Abuse and/or Neglect, Rhode Island, 2010-2014

YEAR	# OF EMERGENCY DEPARTMENT VISITS	# OF HOSPITALIZATIONS	# OF DEATHS**
2010	161	31	0
2011	159	38	2
2012	153	25	1
2013	133	34	3
2014	102	44	1
TOTAL	708	172	7

Source: Rhode Island Department of Health, 2010-2014. Data for 2013 and 2014 are provisional.

**Due to a change in data source, data for child deaths due to child abuse and/or neglect are only comparable with Factbooks since 2013.

◆ Between 2010 and 2014, there were 708 emergency department visits, 172 hospitalizations, and seven deaths of children in Rhode Island under age 18 due to child abuse and/or neglect.¹¹ Nationally, 71% of child maltreatment deaths involved neglect and 47% involved physical abuse (because a victim may have suffered more than one type of maltreatment, these categories are not mutually exclusive).¹²

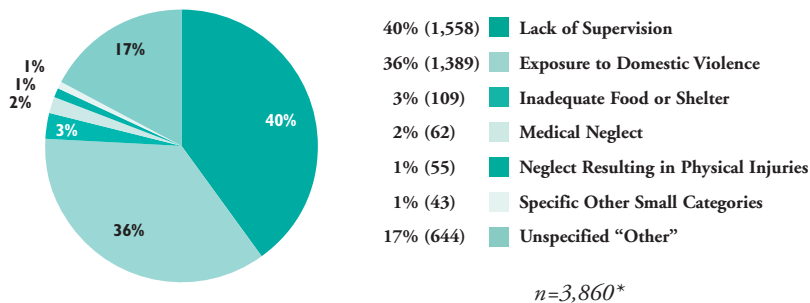
Child Abuse and Neglect in Rhode Island Communities

◆ Many parents at risk of abusing and/or neglecting their child lack essential parenting skills and are struggling with a combination of social and economic issues. These families can benefit from programs that enhance social supports, parental resilience, and knowledge of parenting and child development.¹³ In addition, providing access to basic needs, child care, early childhood learning programs, and evidence-based home visiting programs (such as the Nurse-Family Partnership) to families with multiple risk factors can prevent the occurrence and recurrence of child abuse and neglect.^{14,15,16}

◆ In Rhode Island in 2015, the child abuse and neglect rate was 13.8 per 1,000 children, down from a rate of 14.5 per 1,000 children in 2014. With a rate of 31.4 victims per 1,000 children, Woonsocket had the highest rate of child victims of abuse and neglect in the state. Other cities and towns with rates higher than 20 victims per 1,000 children were Newport (26.9), Central Falls (26.8), West Warwick (25.9), Pawtucket (25.0), and Warren (21.1).¹⁷

Child Abuse and Neglect

Indicated Allegations of Child Neglect, by Nature of Neglect, Rhode Island, 2015



◆ The importance of adequate capacity, affordability, and quality of child care, preschool, other early childhood programs, and after-school opportunities is highlighted by the fact that of the 3,860 indicated allegations (confirmed claims) of neglect to children under age 18 in Rhode Island in 2015, 40% involved lack of supervision.

◆ The second largest category of neglect (36%) is “exposure to domestic violence.” These are instances where the neglect is related to the child witnessing domestic violence in the home.

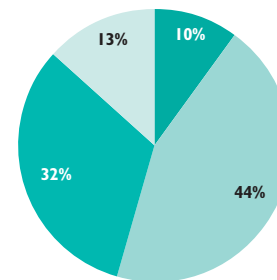
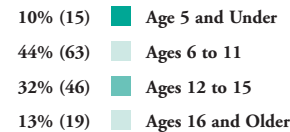
◆ The “specific other small categories” include: drug and alcohol abuse (15), educational neglect (13), tying/close confinement (8), excessive/inappropriate discipline (5), emotional neglect (1), and failure to thrive (1).

**The total refers to indicated allegations of neglect. Some children were victims of neglect more than once. Multiple allegations may be involved in each indicated investigation. Numbers do not include indicated allegations of institutional neglect.*

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2015.

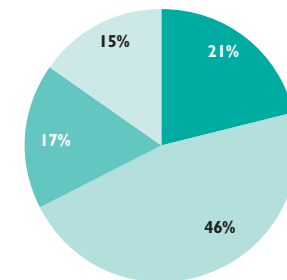
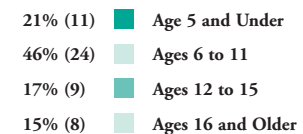
Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2015

Girls



n=143

Boys



n=52

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2015. Percentages may not sum to 100% due to rounding.

◆ In Rhode Island in 2015, there were 195 indicated allegations (confirmed claims) of child sexual abuse. Some children were victims of sexual abuse more than once. The victim was a female in 73% (143) of the 195 indicated allegations of sexual abuse. Fifty-five percent of the female victims were known to be under age 12 while 67% of the male victims were under age 12.¹⁸

◆ The perpetrator is a relative or person known to the victim in the majority of cases of child sexual abuse. Sexual abuse by family members is more common than sexual abuse by strangers.¹⁹

Table 30.

Indicated Investigations of Child Abuse and Neglect, Rhode Island, 2015

CITY/TOWN	# OF CHILDREN UNDER AGE 18	# OF INDICATED INVESTIGATIONS OF CHILD ABUSE/NEGLECT	INDICATED INVESTIGATIONS PER 1,000 CHILDREN	# OF VICTIMS OF CHILD ABUSE/NEGLECT	CHILD ABUSE/NEGLECT VICTIMS PER 1,000 CHILDREN
Barrington	4,597	9	2.0	14	3.0
Bristol	3,62	18	5.0	23	6.3
Burrillville	3,576	35	9.8	35	9.8
Central Falls	5,644	90	15.9	151	26.8
Charlestown	1,506	11	7.3	13	8.6
Coventry	7,770	58	7.5	79	10.2
Cranston	16,414	92	5.6	130	7.9
Cumberland	7,535	59	7.8	83	11.0
East Greenwich	3,436	15	4.4	29	8.4
East Providence	9,177	108	11.8	146	15.9
Exeter	1,334	14	10.5	11	8.2
Foster	986	7	7.1	6	6.1
Glocester	2,098	13	6.2	17	8.1
Hopkinton	1,845	15	8.1	27	14.6
Jamestown	1,043	4	3.8	6	5.8
Johnston	5,480	24	4.4	52	9.5
Lincoln	4,751	37	7.8	43	9.1
Little Compton	654	2	3.1	3	4.6
Middletown	3,652	43	11.8	38	10.4
Narragansett	2,269	13	5.7	15	6.6
New Shoreham	163	2	12.3	2	12.3
Newport	4,083	72	17.6	110	26.9
North Kingstown	6,322	53	8.4	72	11.4
North Providence	5,514	55	10.0	84	15.2
North Smithfield	2,456	12	4.9	22	9.0
Pawtucket	16,575	271	16.3	415	25.0
Portsmouth	3,996	17	4.3	25	6.3
Providence	41,634	480	11.5	620	14.9
Richmond	1,849	8	4.3	15	8.1
Scituate	2,272	10	4.4	19	8.4
Smithfield	3,625	20	5.5	19	5.2
South Kingstown	5,416	32	5.9	47	8.7
Tiverton	2,998	23	7.7	40	13.3
Warren	1,940	22	11.3	41	21.1
Warwick	15,825	86	5.4	107	6.8
West Greenwich	1,477	3	2.0	7	4.7
West Warwick	5,746	113	19.7	149	25.9
Westerly	4,787	46	9.6	69	14.4
Woonsocket	9,888	237	24.0	310	31.4
Four Core Cities	73,741	1,078	14.6	1,496	20.3
Remainder of State	150,215	1,151	7.7	1,598	10.6
Rhode Island	223,956	2,229	10.0	3,094	13.8

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), Calendar Year 2015.

Victims of child abuse/neglect are unduplicated counts of victims with substantiated allegations of child abuse and/or neglect. More than one victim can be involved in an investigation.

An indicated investigation is an investigated report of child abuse and/or neglect for which a preponderance of evidence exists that child abuse and/or neglect occurred. An indicated investigation can involve more than one child and multiple allegations. City/town reports of indicated investigations omit certain investigations, particularly those where there are data entry errors affecting location. For this reason, the totals of indicated investigations in the city/town table may differ from the chart with reports/investigations and indicated cases.

Data cannot be compared to Factbooks prior to 2009. The denominator is the number of children under age 18 according to the U.S. Census 2010 and the numerator is an unduplicated count of child victims. Previous Factbooks used children under age 21 as the denominator and the indicated investigations as the numerator to calculate the rate of indicated investigations per 1,000 children.

In 2008, Rhode Island lowered the eligibility age for entry into DCYF services to under age 18, although some children remain eligible for services after their 18th birthday.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

^{1,13,14} U.S. Department of Health and Human Services, Administration for Children and Families. (2015). *Making meaningful connections: 2015 prevention resource guide*. Washington, DC: Government Printing Office.

² *Long-term consequences of child abuse and neglect*. (2013). Washington, DC: U.S. Department of Health and Human Services, Children's Bureau, Child Welfare Information Gateway.

(continued on page 180)

Children in Out-of-Home Placement

DEFINITION

Children in out-of-home placement is the number of children who have been removed from their families and are in the care of the Rhode Island Department of Children, Youth and Families (DCYF) while awaiting permanency. Out-of-home placements include foster care homes, group homes, shelter care, residential facilities, and medical facilities. Permanency can be achieved through reunification with the family, adoption, or guardianship.

SIGNIFICANCE

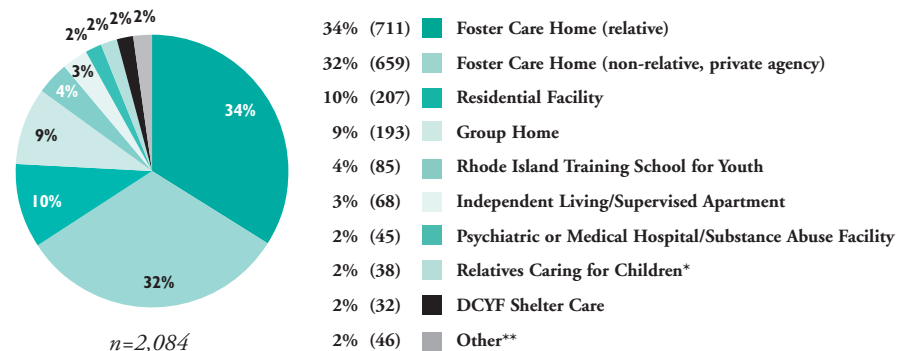
Children need stability, permanency, and safety for healthy development. Removal from the home may be necessary for the child's safety and well-being; however, critical connections and a sense of permanency may be lost when a child is placed out-of-home.¹ Permanency planning efforts should begin as soon as a child enters the child welfare system so that a permanent living situation can be achieved as quickly as possible.² The federal *Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections Act)* promotes permanency through supports for relative guardianship and incentives for adoption.³

Rhode Island children in out-of-home care often experience multiple placements, lose contact with family

members, and may have overlooked educational, physical, and mental health needs.⁴ Children in out-of-home care suffer more frequent and more serious medical, developmental, and mental health problems than their peers.^{5,6} Long-term stays in care can cause emotional, behavioral, or educational problems that can negatively impact children's long-term well-being and success.⁷ Children in foster care are more likely than their peers to change schools, be suspended, qualify for special education, repeat a grade, and drop out of school.⁸ Appropriate supports and services can help youth in care maximize their potential and ensure that they are prepared for higher education and work.⁹

Children of color are overrepresented at all decision points in the child welfare system, including reporting, investigation, substantiation, placement, and exit from care. Minority children in child welfare systems experience significantly worse outcomes, have more placement changes, receive fewer supports, stay in the child welfare system longer, are less likely to be adopted or reunited with their families, have fewer contacts with caseworkers, less access to mental health and substance abuse services, and are placed in detention or correctional facilities at higher rates than White children.¹⁰

Children in Out-of-Home Placement, Rhode Island, December 31, 2015



*Relatives caring for children are classified as an out-of-home placement by DCYF, despite the fact that these relatives did not receive monetary payments from DCYF to care for the children and the children were never removed and never needed to be removed from the relatives' homes. In these cases, the relative caring for the child initiated contact with DCYF to receive assistance from the agency.

**The placement category "Other" includes: runaway youth in DCYF care or those with unauthorized absences (35), pre-adoptive homes (8), and minors with a mother in shelter/group home/residential facility (3).

◆ As of December 31, 2015, there were 2,084 children under age 21 in the care of DCYF who were in out-of-home placements.

◆ The total caseload of DCYF on December 31, 2015 was 7,089, including 2,413 children living in their homes under DCYF supervision and 2,527 children living in adoption settings. This total caseload shows a third consecutive annual increase after years of decline, increasing from 7,078 in 2014.

◆ The total DCYF caseload also includes 54 children in out-of-state placements/other agency custody, six children receiving respite care services, one youth in Job Corps, and four children in other placements.

◆ On December 31, 2015, 400 children living in a residential facility or group home, a decline of 11% from 449 children on December 31, 2014. The percentage of children in out-of-home placement who were in a relative foster care home increased from 31% on December 31, 2014 to 34% on December 31, 2015.

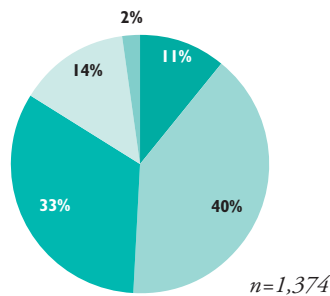
Source: RI Department of Children, Youth and Families, RICHIST, 2006-2015.

Children in Out-of-Home Placement

Children and Youth in Out-of-Home Placement by Type of Setting and Age, Rhode Island*

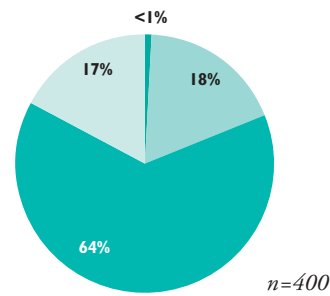
In Foster Care Homes

11%	(157)	Under Age 1
40%	(553)	Ages 1 to 5
33%	(451)	Ages 6 to 13
14%	(186)	Ages 14 to 17
2%	(27)	Ages 18 and Over



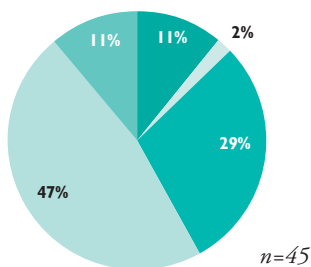
In Group Homes and Residential Facilities**

0%	(0)	Under Age 1
<1%	(1)	Ages 1 to 5
18%	(73)	Ages 6 to 13
64%	(257)	Ages 14 to 17
17%	(69)	Ages 18 and Over



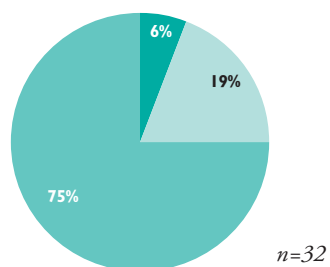
In Medical Facilities***

11%	(5)	Under Age 1
2%	(1)	Ages 1 to 5
29%	(13)	Ages 6 to 13
47%	(21)	Ages 14 to 17
11%	(5)	Ages 18 and Over



In Shelter Care

0%	(0)	Under Age 1
6%	(2)	Ages 1 to 5
19%	(6)	Ages 6 to 13
75%	(24)	Ages 14 to 17
0%	(0)	Ages 18 and Over



*Pie charts show data for a single point-in-time (Foster Care Homes-January 4, 2016; Group Homes and Residential Facilities, Medical Facilities, and Shelter Care-December 31, 2015.)

**Residential facilities do not include psychiatric hospitals, medical hospitals, or the Rhode Island Training School.

***Medical facilities data includes medical hospitals (10), psychiatric hospitals (33), and substance abuse treatment facilities (2).

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), January 2016. Percentages may not sum to 100% due to rounding. Data do not match chart on previous page due to different report dates.

Safety, Permanency, and Well-Being

Fostering Connections

◆ The federal *Fostering Connections Act* promotes kinship care and family connections by requiring states to notify relatives when a child is placed in foster care and providing funding for states offering kinship guardianship assistance payments.¹¹ Rhode Island's guardianship assistance program defines kin broadly and includes any adult who has a close and caring relationship with the child, including godparents, caretakers, close family friends, neighbors, and clergy.¹²

Placement Stability

◆ In Federal Fiscal Year (FFY) 2015, 10.9% of the 1,274 children who had been in out-of-home care for less than one year had experienced three or more placements, down from 12.4% in FFY 2014. Three or more placements were experienced by 24.7% of the 728 children who were in care between 12 and 24 months, down from 25.1% in FFY 2014. Fifty-five percent of the 582 children who had been in care for 24 months or more experienced three or more placements.¹³

Recurrence of Abuse and Neglect

◆ Of the 1,649 Rhode Island children who were victims of abuse or neglect during FFY 2015 (whether or not they were removed from the home), 9.3% experienced one or more recurrences of abuse or neglect within six months, up from 8.8% in FFY 2014. The national standard is 6.1% or fewer.¹⁴

Shelter Care

◆ The number of children in shelter care (facilities providing emergency care to eight children or less for no more than 90 days each) decreased from 40 on December 31, 2014 to 32 on December 31, 2015. Two of these Rhode Island children in shelter care were under age six, six were ages six to 13, and 24 were age 14 and older.¹⁵

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Permanency for Children in DCYF Care

DEFINITION

Permanency for children in DCYF care is the percentage of children in out-of-home care who transition to a permanent living arrangement through reunification, adoption, or guardianship. Data are for all children who were in out-of-home placement with the Rhode Island Department of Children, Youth and Families (DCYF) during the Federal Fiscal Year.

SIGNIFICANCE

The uncertainty of multiple, prolonged, or unstable out-of-home placements can negatively affect children's emotional well-being, which has an impact on behavior, academic achievement, and the formation of secure relationships.^{1,2} Particular attention must be paid to populations of children for whom permanency may be more difficult to achieve, including older children, minority children, sibling groups, and children with mental, emotional, or behavioral health needs.^{3,4,5} Planning for permanency requires a mix of family-centered and legal strategies designed to ensure that children and youth have safe, stable, and lifelong connections with caring adults.^{6,7,8}

Reunification with parents is the most common permanency outcome for children who have been in foster care.⁹ When reunification is not possible,

child welfare agencies focus on placing children in another permanent family through adoption or guardianship.¹⁰ Federal law requires states to notify relatives when a child is placed in foster care, provides funding for states offering kinship guardianship assistance payments, provides incentive payments for adoptions of older children and children with special needs, and requires that states inform families considering adopting a child in foster care about the availability of the federal adoption tax credit.^{11,12,13}

Children and youth who live in families (kinship or non-kinship) while in the child welfare system are better prepared to thrive in permanent homes, whether through reunification, adoption, or guardianship.¹⁴

Youth who age out of foster care experience high rates of economic hardship (inability to pay rent, utilities, etc.), low educational attainment, homelessness, unemployment, and poor physical and mental health. They are more likely to enter the criminal justice system, become young parents, and enroll in public assistance programs.¹⁵

The federal *Fostering Connections Act of 2008* and *Strengthening Families Act of 2014* provide a range of incentives and strategies for states to support children and youth while in foster care as well as permanency.^{16,17}

Exits from Foster Care*, Rhode Island, FFY 2015

	ALL EXITS	WITH DISABILITY	OVER AGE 12 AT ENTRY
Adoption	19%	22%	1%
Guardianship	11%	6%	5%
Reunification	54%	49%	57%
Aged Out	13%	NA**	29%
Other	4%	23%	8%
TOTAL NUMBER	741	245	289

Source: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual report for FY 2015*. (2016). New Haven, CT: Prepared by the Consultation Center, Yale University School of Medicine for the Data Analytic Center of the Rhode Island Department of Children, Youth and Families. Percentages may not sum to 100% due to rounding.

*Foster Care refers to all out-of-home placements, consistent with language used in federal reports.

**Children with a disability who age out are included in the "other" category.

◆ In Federal Fiscal Year (FFY) 2015, 741 children in out-of-home placement in Rhode Island exited foster care. Of the children who exited, 84% exited to permanency (adoption, guardianship, or reunification). Children who were over age 12 when they entered foster care were more likely to age out of care without achieving permanency.¹⁸

◆ In FFY 2015, 13.4% of children in Rhode Island who entered out-of-home placement re-entered care within 12 months of a prior episode, above the national standard of 8.6%.¹⁹

Reunification, FFY 2015

◆ The percentage of children in the Rhode Island child welfare system who were reunified with their family of origin in less than 12 months from the time of removal from the home decreased from 72.8% in FFY 2014 to 68.0% in FFY 2015. The national standard is 76.2% of reunifications occurring within 12 months of the child's removal.²⁰

◆ In 2015, 80% of child maltreatment cases in Rhode Island involved neglect.²¹ Poverty, parental substance abuse, and mental health problems are leading contributors to neglect. Achieving timely and successful reunification requires access to substance abuse and mental health treatment, as well as interventions designed to improve the economic status of families.²²

Subsidized Guardianship, FFY 2015

◆ The federal *Fostering Connections Act* provides funding for states offering kinship guardianship assistance payments. Rhode Island's guardianship assistance program defines kin broadly as any adult who has a close and caring relationship with the child, including godparents, caretakers, close family friends, neighbors, and clergy.²³ Rates of children exiting foster care to guardianship in Rhode Island increased from 8.1% in FFY 2014 to 10.8% in FFY 2015.²⁴

Adoptions of Children in DCYF Care, 2015

◆ During Calendar Year 2015, 231 children in the care of DCYF were adopted in Rhode Island, up from 212 in 2014. Of these children, 58% were White, 23% were multiracial, 16% were Black, <1% were American Indian, and 2% were of unknown race. Twenty-nine percent of children adopted in 2015 were Hispanic (belonging to any race category).²⁵

◆ Of the 231 children adopted, 62% were under age six, 32% were ages six to 13, and 5% were age 14 or older.²⁶

Rhode Island Children Waiting to be Adopted, September 30, 2015

◆ On September 30, 2015, there were 305 Rhode Island children in the care of DCYF who were waiting to be adopted. Of these, 1% of children were under age one, 35% were ages one to five, 31% were ages six to 10, 23% were ages 11 to 15, 10% were ages 16 and older, and <1% were of unknown age.²⁷

◆ Of all waiting children, 42% were White, 28% were Hispanic (of any race), 17% were Black, 11% were Two or more races, 1% were Asian, <1% were Native American, and <1% were of unknown race/ethnicity.²⁸

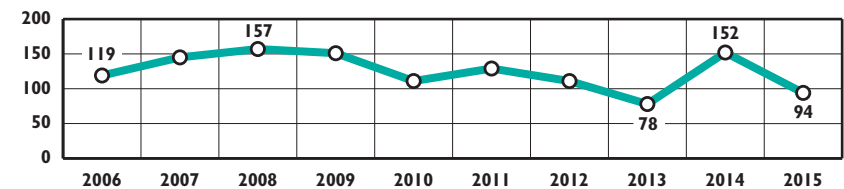
◆ Of the 305 children waiting to be adopted, 35% (106) were children of parents whose parental rights had been legally terminated.²⁹

◆ In FFY 2015, 39% of children in the Rhode Island child welfare system were adopted within 24 months from the time of removal from their home, down from 42% in FFY 2014. Rhode Island exceeded the national standard of 32% of adoptions occurring within 24 months of the child's removal in FFY 2015.³⁰

Youth Aging Out of Foster Care

◆ Youth who exit foster care to adulthood never having gained permanency through adoption, guardianship, or reunification are considered to have "aged out" of foster care. As of July 1, 2007, youth in Rhode Island age out of the foster care system at age 18, a change from age 21 in previous years. Youth with serious emotional disturbances, autism, or a functional developmental disability continue to have their cases managed by DCYF and remain legally entitled to services through age 21.³¹

Rhode Island Youth Aging Out of Foster Care, FFY 2006-2015



Source: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual reports for FY 2006-2015*. New Haven, CT: Prepared by the Consultation Center, Yale University School of Medicine for the Data Analytic Center of the Rhode Island Department of Children, Youth and Families.

◆ The number of Rhode Island youth who exited foster care never having gained permanency through reunification, adoption, or guardianship decreased from 152 during FFY 2014 to 94 during FFY 2015.³²

◆ Beginning January 1, 2014, the federal *Affordable Care Act (ACA)* allows youth who have aged out of foster care to have Medicaid coverage until age 26, regardless of their income. This provides former foster youth the same access to health coverage as other young adults, who are allowed to remain on their parents' commercial health coverage until age 26.³³

◆ If states extend foster care to age 21, an option that the federal *Fostering Connections Act* encourages, the potential benefits in terms of increased educational attainment, reduced reliance on public assistance, and increased earnings will more than offset the costs to states.³⁴

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