

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 2011 and 2015, there were 91 deaths of children ages one to 14 (a rate of 11.05 per 100,000 children). Thirty-five (38%) of these children lived in the four core cities and 56 (62%) lived in the remainder of the state. Of the 91 deaths, 62 (68%) were due to disease, 17 (19%) were due to unintentional injuries, 10 (11%) were due to

intentional injuries (seven suicides and three homicides), and 2 (2%) were due to unknown causes.^{5,6}

Children are particularly vulnerable to injury deaths 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 more than a quarter of all deaths among children ages one to 14 nationally.^{8,9,10}

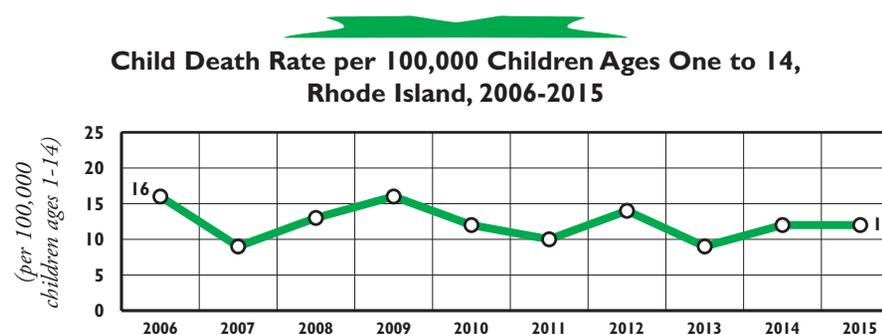
Nationally, the leading causes of child injury deaths are motor vehicle crashes and drowning.¹¹ Child injury deaths can be reduced by raising awareness about injury prevention strategies and the importance of using safety products (such as seat belts), enforcing laws that promote safety (such as speed limits and the mandatory use of child passenger restraints), 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)		
	2005	2015
RI	20	12
US	20	16
National Rank*		4th
New England Rank**		4th

*1st is best; 50th is worst

**1st is best; 6th is worst

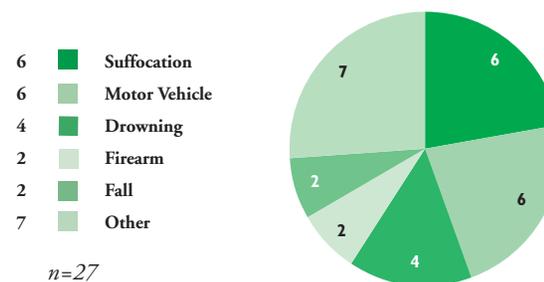
Source: Centers for Disease Control and Prevention, CDC WONDER, wonder.cdc.gov



Source: The Centers for Disease Control and Prevention, CDC WONDER, wonder.cdc.gov. *Caution should be used with small numbers in numerators and denominators.

◆ In 2015, Rhode Island's child death rate for children ages one to 14 was 12 per 100,000 children, the same as in 2014. Rhode Island's New England rank fell from third in 2014 to fourth in 2015 and its U.S. rank remained the same at fourth lowest.¹³

Child Deaths Due to Injury, by Cause, Rhode Island, 2011-2015



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2011-2015.

◆ Between 2011 and 2015, 27 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 2016 KIDS COUNT data book. (2016). 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. (2016). Washington, DC: Child Trends.

(continued on page 182)

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.¹ Teens' emotional health, including mood disorders and depression, further impacts their safety.² Nationally, the most prevalent causes of teen deaths are motor vehicle collisions, homicides, and suicides, all of which are preventable.^{3,4}

Factors that protect against teen deaths include parent involvement, access to mental health services, state regulated teen driving programs, as well as violence and substance abuse prevention programs. School, community, and therapeutic programs such as support groups, parent education interventions, and community improvement initiatives can reduce risk behaviors and support positive youth development.^{5,6,7}

Between 2011 and 2015, there were 97 deaths of teens ages 15 to 19 in Rhode Island, a rate of 26.0 per 100,000 teens. Thirty-five (36%) of these teens lived in the four core cities and 62 (64%) lived in the remainder of the state.^{8,9} Of these 97 teen deaths, 35 (36%) were due to unintentional injuries, 27 (28%) were due to

intentional injuries (18 suicides and nine homicides), 26 (27%) were due to disease, seven (7%) were due to overdose, and two (2%) were of other or unknown causes.¹⁰

According to the *2015 Rhode Island Youth Risk Behavior Survey*, 11% of Rhode Island high school students reported attempting suicide one or more times in the 12 months before the survey was administered, with females (13%) reporting more attempts than males (8%).¹¹ Rhode Island has the eighth highest self-reported suicide attempt rate among ranked states in 2015.¹² Of the 18 youth ages 15 to 19 who died from suicide during that time, 14 were male and four were female.¹³ Nationally, depression and suicide among adolescents have increased in recent years, with more females reporting symptoms of depression and attempting suicide nationally than males.¹⁴ Mental health problems, such as depression and substance abuse, are associated with an increased risk of suicide among youth.¹⁵

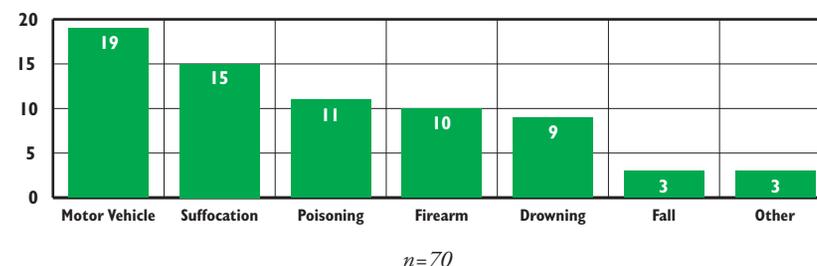
Teen Death Rate (per 100,000 Youth Ages 15-19)		
	2005	2015
RI	36	31
US	64	48
National Rank*		4th
New England Rank**		3rd

*1st is best; 50th is worst

**1st is best; 6th is worst

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

Injury Deaths by Cause, Teens Ages 15 to 19, Rhode Island, 2011-2015



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2011-2015. 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 2015 are provisional.

- ◆ Between 2011 and 2015 in Rhode Island, 60% of the 70 teen deaths caused by injury were unintentional. Twenty-seven percent of all injury deaths involved motor vehicles.¹⁶
- ◆ Among the 20 teens ages 15 to 19 killed in Rhode Island motor vehicle crashes between 2011 and 2015, 12 were driving, seven were passengers in vehicles driven by others, and one was a bicyclist.¹⁷
- ◆ Five (25%) of the teen drivers who died in motor vehicle crashes in Rhode Island between 2011 and 2015 had been drinking and two teen fatalities occurred with adult drivers who had been drinking.¹⁸
- ◆ Seven (44%) of teen drivers and passengers killed in automobile accidents in Rhode Island between 2011 and 2015 were not wearing a seatbelt.¹⁹
- ◆ In 2015, 46% of Rhode Island high school students reported texting or e-mailing while driving on at least one day in the month prior to taking the *Rhode Island Youth Risk Behavior Survey*. Eighteen percent reported riding in a vehicle driven by someone who had been drinking in the prior month, and 6% reported that they never or rarely wear a seatbelt while riding in a car driven by someone else.²⁰ In 2015, Rhode Island ranked 28th, 11th, and fifth best among ranked states on these respective measures.²¹

References

¹⁵ Office of Disease Prevention and Health Promotion. (2014). *Healthy People 2020: Adolescent health*. Retrieved February 23, 2017, from www.healthypeople.gov

(continued on page 182)

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 2015, 23% of students in grades nine through 12 reported being in a physical fight during the previous year, 20% reported being bullied on school property 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 2015 in Rhode Island, there were 469 juvenile arrests for assault offenses and 79 juvenile arrests for weapons offenses.¹¹ In 2016, violent crimes made up 5% (243) of the 4,964 juvenile offenses referred to Rhode Island Family Court.¹²

Bully Status by Gender and Grade Level, Rhode Island, 2015

	MIDDLE SCHOOL (EVER)		HIGH SCHOOL (CURRENT-PAST MONTH)	
	MALE	FEMALES	MALES	FEMALE
Bullied on School Property	32%	45%	15%	16%
Bullied Electronically	12%	30%	10%	15%
Been in a Physical Fight*	45%	25%	11%	7%

Source: *Youth Risk Behavior Survey*, 2015, Rhode Island Department of Health, Center for Data Analysis. *Physical fight is defined as occurring anywhere for middle school, but only on school property for high school respondents.

- ◆ 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 (7% of males and 5% of females) reported not going to school due to safety concerns.¹⁴
- ◆ Victims of bullying are at risk of poor academic achievement, absenteeism, and forms of aggression. Both victims and perpetrators of bullying are more likely to contemplate or attempt suicide.¹⁵
- ◆ 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.¹⁶
- ◆ Cyberbullying is bullying that takes place online or by digital communication through text messages, instant messengers, social media, and/or other digital applications.¹⁷ 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.¹⁸

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.¹⁹ In Rhode Island between 2011 and 2015, there were 117 emergency department visits, 56 hospitalizations, and ten deaths of youth ages 15 to 19 attributed to firearms.²⁰

Table 27.

Youth Violence, Rhode Island

Youth Violence

CITY/TOWN	COMMUNITY CONTEXT		VIOLENCE IN HIGH SCHOOLS, 2014		JUVENILE ARRESTS FOR VIOLENCE, 2015		
	VIOLENT CRIME OFFENSES (ALL AGES) 2015	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	9	2,186	14%	6%	4	1	5
Bristol	13	1,545	12%	11%	4	0	4
Burrillville	16	1,526	10%	8%	2	0	2
Central Falls	150	2,089	12%	11%	18	5	23
Charlestown	12	659	23%	9%	0	0	0
Coventry	33	3,509	23%	8%	13	2	15
Cranston	114	6,984	16%	10%	11	1	12
Cumberland	22	3,271	21%	8%	5	0	5
East Greenwich	9	1,671	13%	5%	1	0	1
East Providence	57	3,730	18%	8%	10	0	10
Exeter	NA	673	11%	7%	NA	NA	NA
Foster	2	467	20%	10%	0	0	0
Glocester	4	1,000	20%	10%	1	1	2
Hopkinton	5	826	23%	9%	1	0	1
Jamestown	0	528	14%	8%	1	0	1
Johnston	41	2,376	24%	11%	12	2	14
Lincoln	15	2,189	12%	7%	6	1	7
Little Compton	2	284	11%	7%	0	0	0
Middletown	19	1,504	12%	9%	12	0	12
Narragansett	2	1,052	21%	6%	2	0	2
New Shoreham	2	64	NA	NA	0	0	0
Newport	94	1,484	24%	10%	30	1	31
North Kingstown	20	2,917	14%	8%	8	2	10
North Providence	50	2,303	17%	7%	24	3	27
North Smithfield	7	1,132	10%	6%	2	0	2
Pawtucket	293	6,268	15%	10%	55	5	60
Portsmouth	8	1,881	11%	7%	4	0	4
Providence	1,018	16,024	18%	10%	166	42	208
Richmond	4	759	23%	9%	3	0	3
Scituate	3	1,143	13%	8%	0	0	0
Smithfield	12	1,729	10%	8%	8	1	9
South Kingstown	21	2,498	16%	9%	7	0	7
Tiverton	20	1,318	13%	12%	4	1	5
Warren	22	777	12%	11%	1	0	1
Warwick	66	6,781	14%	10%	18	3	21
West Greenwich	3	678	11%	7%	0	1	1
West Warwick	67	2,139	13%	9%	7	2	9
Westerly	18	2,003	13%	7%	5	0	5
Woonsocket	235	3,649	22%	12%	21	4	25
State Police/Other	NA	NA	NA	NA	3	1	4
Four Core Cities	1,696	28,030	NA	NA	260	56	316
Remainder of State	792	65,586	NA	NA	209	23	232
Rhode Island	2,488	93,616	16%	9%	469	79	548

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 2015: Rhode Island offenses known to law enforcement*. Retrieved February 28, 2017, from www.fbi.gov

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

Data on high school students experiencing violence at school are from *SurveyWorks!* student survey, Rhode Island Department of Education, 2014 (the most recent year the survey was administered). 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. (2016). *2015 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 for Youth Violence

^{1,6} Centers for Disease Control and Prevention. (2015). *Understanding youth violence: Fact sheet*. Retrieved March 3, 2017, from www.cdc.gov

^{2,4,5} David-Ferdon, C. & Simon, T. R. (2014). *Preventing youth violence: Opportunities for action*. Atlanta, GA: Centers for Disease Control and Prevention.

(continued on page 182)

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 2015, 58% of the 2,824 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 2,824 U.S. children and youth under age 20 killed by firearms during 2015, 84% (2,381) 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 Deaths, Emergency Department (ED) Visits, Hospitalizations, and Deaths Among Children and Youth, Rhode Island, 2011-2015

AGE	# OF ED VISITS	# OF HOSPITALIZATIONS	# OF DEATHS
1 to 14	51	5	2
15 to 17	53	21	3
18 to 19	64	35	7
TOTAL	168	61	12

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2011-2015. Data for 2015 are provisional.

◆ Between 2011 and 2015 in Rhode Island, 12 (12%) of the 97 injury deaths of children and youth under age 20 were the result of firearms, down from 14 deaths between 2010 and 2014. Of these, 58% (7) were among youth ages 18 to 19, 25% (3) were among youth ages 15 to 17, and 17% (2) were among children ages 14 or younger. Between 2011 and 2015 in Rhode Island, there were two youth under age 20 who committed suicide using a firearm.¹²

◆ In Rhode Island between 2011 and 2015, there were 168 emergency department visits and 61 hospitalizations of children and youth for gun-related injuries, down from 189 and up from 59 respectively, in 2010-2014.¹³

Weapon Carrying Among Rhode Island Public Middle and High School Students, 2015

	FEMALES	MALES	TOTAL
High School students who carried a weapon on school property at least once in the past 30 days	2%	7%	5%
Middle School students who carried a weapon on school property at least once in the past 30 days	2%	2%	2%

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

◆ Nationally and in Rhode Island, male students self-report higher rates of weapon carrying on school property and gun carrying than females. In 2015, Rhode Island high school students ranked 15th lowest among 32 states for self-reported weapon carrying on school property.^{14,15,16}

References

¹ Kochanek, K. D., Murphy, S. L., Xu, J., & Tejada-Vera, B. (2016). Deaths: Final data for 2014. *NVSR*, 65(4).

(continued on page 183)

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. While there are estimated to be more than 1 million homeless youth in the U.S., there is no standardized definition and standard methodology for measuring homeless youth.^{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. Youth who “age out” of foster care without permanent families are more likely to experience homelessness.^{3,4}

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. LGBTQ homeless youth experience greater levels of violence and physical and sexual exploitation while on the streets and in shelters than their heterosexual peers.^{5,6}

It can be 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, which risk arrest, assault, and/or contracting sexually transmitted infections.^{7,8,9}

Homelessness often has a negative impact on education, employment, and health outcomes for youth. Homeless youth are more likely to be chronically absent, face disciplinary actions, be held back, and drop out.¹⁰ They experience higher rates of physical and mental health problems, substance abuse, chronic physical conditions, and mortality than youth with stable housing.^{11,12} Homeless youth often have trouble accessing health services because they may lack health insurance (or information about their coverage) and/or parental consent for treatment.¹³ They may also face difficulties attending school due to a lack of required enrollment records, as well as lack of transportation to school.¹⁴

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.¹⁵**
- ◆ **During the 2015-2016 school year, Rhode Island public school personnel identified 36 unaccompanied homeless youth.¹⁶**
- ◆ **In 2016, 44 single youth ages 18 to 20 and 144 young adults ages 21 to 24 received emergency shelter services through the adult emergency shelter system in Rhode Island, compared to 47 18 to 20 year-olds and 125 21 to 24 year-olds in 2015.^{17,18}**
- ◆ **In 2015, the National Runaway Safeline handled 93 crisis phone calls and online crisis chats regarding youth ages 21 and under who were homeless, runaways, or at risk of homelessness in Rhode Island, down from 148 in 2014. Nationally, 72% of contacts to the Safeline were youth and the remainder were friends, family, and other adults.¹⁹**
- ◆ **On December 31, 2016, there were 36 youth in the care of the Rhode Island Department of Children, Youth and Families between the ages of 13 and 19 who were classified as unauthorized absences/runaways (AWOL), 17 females and 19 males, the same total number as last year. These youth were AWOL from either foster care or juvenile justice placements.²⁰**
- ◆ **There were an additional 119 youth ages 13 to 17 who received emergency shelter services with their families in Rhode Island in 2016.²¹ These youth are vulnerable to being separated from their families due to child welfare policies that result in child removal due to homelessness or shelter policies that do not allow males and females to stay together or otherwise do not accommodate families.²²**

References

^{1,8,10} Ingram, E. S., Bridgeland, J. M., Reed, B., & Atwell, M. (2016). *Hidden in plain sight: Homeless students in America’s public schools*. Washington, DC: Civic Enterprises & Hart Research Associates.

^{2,4,7} Fernandes-Alcantara, A. L. (2013). *Runaway and homeless youth: Demographics and programs*. Washington, DC: Congressional Research Service.

(continued on page 183)

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

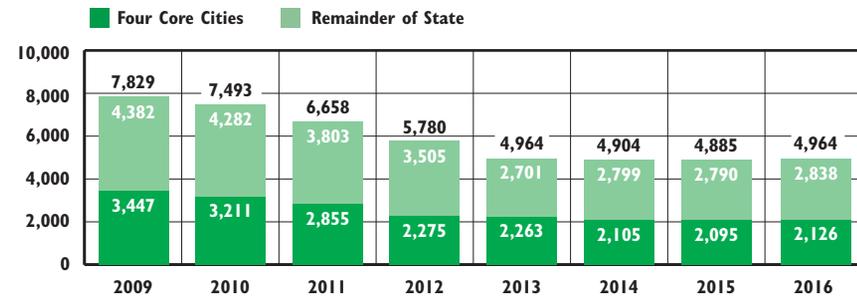
The Rhode Island Family Court has jurisdiction over children and youth under age 18 referred for wayward and delinquent offenses. When a police or school department refers a youth to Family Court, a petition is submitted, accompanied by an incident report, detailing the alleged violation of law.² During 2016 in Rhode Island, 2,634 youth (3% of Rhode Island youth between the ages of 10 and 17) were referred to Family Court, down from 2,770 youth during 2015. The number of offenses referred during 2016 (4,964) increased slightly over 2015, when 4,885 offenses were referred. Of the juvenile offenses in 2016, 243 (5%) involved violent offenses (54% of which occurred in the four core cities). In addition, 566 probation violations also came before the Family Court in 2016.^{3,4,5}

In 2016 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

Using validated assessment tools to determine the risk of re-arrest, prioritizing and addressing the behavior and learning needs of each individual youth, and focusing efforts on youth most likely to reoffend can help prevent recidivism.^{7,8} Sixty-two percent of youth referred to the Rhode Island Family Court in 2016 were referred for the first time, 17% had been referred once before, and 21% 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 Community-based programs that improve 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, 2009-2016



◆ The number of juvenile offenses fell by 38% since 2009, from 7,829 to a low of 4,885 in 2015, before increasing slightly to 4,964 in 2016. The number of children and youth referred to Family Court for wayward and delinquent offenses declined 45% between 2009 and 2016, from 4,825 to 2,634.

◆ In 2016, 71% of offenses referred to the Family Court involved males and 29% females. Forty-six percent of offenses involved White youth, 23% Black youth, 18% Hispanic youth, 1% Asian youth, and 13% of offenses involved youth of some other race or an unknown race.

◆ In 2016, 7% of offenses referred to Family Court involved youth ages 12 or younger, 43% youth ages 13 to 15, 49% youth ages 16 to 17, and 1% of unknown age.

BY TYPE OF OFFENSE

24%	Status Offenses*	4%	Motor Vehicle Offenses
22%	Property Crimes	4%	Weapons Offenses
20%	Disorderly Conduct	3%	Alcohol and Drug Offenses
10%	Simple Assault	8%	Other**
5%	Violent Crimes		

n=4,964

*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, 2009-2016 *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 2016 in Rhode Island, 21% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing, up from 20% in 2015.¹³
- ◆ The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. In 2016, 1,324 juveniles were referred to the Truancy Court by schools, down from 1,353 in 2015. In 2016, 88 juveniles who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication, up from 53 in 2015.¹⁴ 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 2015, there were 33 Juvenile Hearing Boards in Rhode Island. Three communities did not have Juvenile Hearing Boards (Little Compton, Richmond, and South Kingstown), one had no activity (New Shoreham), one had been inactive for two years (North Kingstown), and one was in the process of reorganizing (Providence). 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 345 cases in 2015 (the most recent year for which data are available).¹⁶

LGBT Youth in the Juvenile Justice System

- ◆ 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 safety-related truancy. LGBT youth are more likely to be subjected to profiling, detained for low-level offenses, and victims of assault while in custody. Instituting protective policies and training for adults working in the juvenile justice system about the social, familial, and developmental challenges faced by LGBT youth could help keep them safe and support positive outcomes while they are in the community, in detention, or in correctional settings.^{17,18}

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 crimes than youth who commit similar crimes but who 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.¹⁹
- ◆ 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 are not fully developed during adolescence due to biological immaturity of the brain.^{20,21}
- ◆ 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.²²
- ◆ In 2016, the Attorney General's Office filed 11 (10 discretionary and one mandatory) motions to waive jurisdiction to try juveniles as adults. Of the discretionary waiver motions, three youth were waived voluntarily, one was waived after a hearing, three waiver motions were denied, and three were pending before the Family Court at the end of 2016.²³
- ◆ 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 were four certification motions filed in 2016 (all of 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.^{24,25}

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 17, 2017, from www.courts.ri.gov

(continued on page 183)

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

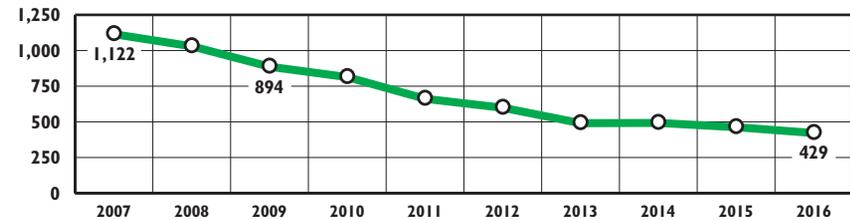
The juvenile justice system is responsible for ensuring community safety by promoting the positive development of youth in its care while recognizing that children have different developmental needs than adults.¹

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}

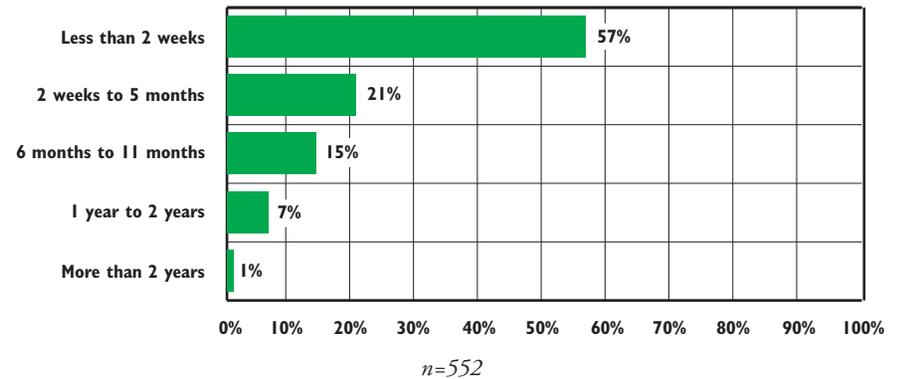
The Rhode Island Department of Children, Youth and Families (DCYF) operates the Rhode Island Training School, the state's secure facility for adjudicated youth and youth in detention awaiting trial. A total of 429 youth (82% male and 18% female) were in the care or custody of the Training School at some point during 2016, down from 470 during 2015. Between 2015 and 2016, the number of females at the Training School decreased by 33% and the number of males decreased by 1%. On December 31, 2016, there were 114 youth in the care or custody of the Training School, 62 of whom were physically at the Training School.⁷

Youth in the Care and Custody of the Rhode Island Training School, Calendar Years 2007-2016



◆ Between 2007 and 2016, the annual total number of youth in the care and custody of the Training School at any point during the year declined from 1,122 to 429. 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 52% between 2009 and 2016.

Discharges from the Rhode Island Training School, by Length of Time in Custody, Calendar Year 2016



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2007-2016. Total discharges (552) are higher than the total number of youth who passed through the Training School (429) due to some youth being discharged from the Training School more than once in 2016.

Youth at the Training School by Age

- ◆ During 2016, there were no children age 10 or under, three children ages 11-12, 74 youth ages 13-14, 217 youth ages 15-16, and 180 youth ages 17-19 held at the Training School.⁸ The average age for youth at the Training School was 15 years.
- ◆ 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 429 youth who were in the care or custody of the Training School at some point during 2016, 21% (92) were admitted at least twice in 2016, and 8% (36) 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 3, 2017, there were 444 youth on the DCYF probation caseload (387 males and 57 females). Two percent of youth on probation were ages 11-13, 25% were ages 14-15, 54% were ages 16-17, and 19% were age 18 or older.²⁰
- ◆ Half (54%) of youth on probation on January 3, 2017 were White, 22% were Black, 2% were American Indian, 1% was Asian, 10% were multiracial, and 11% were of undetermined race. Thirty-two 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 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, and receive harsher treatment than White youth.²³ The federal *Juvenile Justice and Delinquency Prevention Act (JJDP)* 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, 2016
White	64%	49%
Hispanic	21%	34%
Black	6%	28%
Asian	3%	1%
Multi-Racial	5%	10%
Other*	2%	2%
Unknown	NA	10%
<i>n</i> =	223,956	429

◆ Youth of color are disproportionately more likely than White youth to be detained or sentenced to the Training School. During 2016, Black youth made up 28% 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

◆ Seventeen (4%) of the 429 youth in the care or custody of the Training School during 2016 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 (the most recent year for which data are available), 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. 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 2016 was 15 years, students' math skills were on average at the fourth grade level and their reading levels were on average at the fifth grade level at entry to the Training School.

◆ Of the youth in ninth through twelfth grades who received educational services at the Training School during the 2016 academic year, 56% received special education services and had Individualized Education Plans (IEPs).

◆ During 2016, 21 youth graduated from high school while serving a sentence at the Training School (16 earned a GED and five graduated with a high school diploma). An additional 48 youth received post-secondary education services at the Training School during the 2016 academic year.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 teen males and 9% of teen females) is much higher than the general population (2% and 6%, respectively).³⁰

Table 28.

Youth in the Care or Custody of the Rhode Island Training School, 2016

CITY/TOWN	TOTAL POPULATION AGES 13-18	# OF ADJUDICATED YOUTH AT THE RITS	TOTAL # OF YOUTH AT THE RITS
Barrington	1,802	0	0
Bristol	1,780	1	0
Burrillville	1,319	1	4
Central Falls	1,859	5	30
Charlestown	554	0	1
Coventry	3,010	2	11
Cranston	6,184	6	20
Cumberland	2,746	2	5
East Greenwich	1,362	0	2
East Providence	3,243	4	9
Exeter	642	0	2
Foster	430	0	0
Glocester	878	0	2
Hopkinton	693	0	0
Jamestown	436	0	0
Johnston	2,025	2	7
Lincoln	1,851	2	4
Little Compton	228	0	1
Middletown	1,229	2	3
Narragansett	948	0	2
New Shoreham	50	0	0
Newport	1,604	3	12
North Kingstown	2,407	1	2
North Providence	2,027	0	9
North Smithfield	970	0	0
Pawtucket	5,514	9	42
Portsmouth	1,596	1	1
Providence	16,515	48	168
Richmond	637	0	0
Scituate	963	0	0
Smithfield	1,856	1	3
South Kingstown	3,540	1	4
Tiverton	1,115	0	6
Warren	675	0	1
Warwick	5,883	4	16
West Greenwich	568	0	1
West Warwick	1,891	4	17
Westerly	1,705	2	9
Woonsocket	3,112	5	14
Out-of-State	NA	5	21
Four Core Cities	27,000	67	254
Remainder of State	58,847	39	154
Rhode Island	85,847	106	408

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 552 discharges from the Training School during 2016, 27% resulted in stays of two days or less, 29% 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), 2016; and the U.S. Census Bureau, Census 2010.

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

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.

References

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

² Gottesman, D. & Schwarz, S. W. (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 March 1, 2017, from www.jjic.org

^{6,13} *No place for kids: The case for reducing juvenile incarceration*. (2011). Baltimore, MD: The Annie E. Casey Foundation.

(continued on page 183)

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 jail or state or federal prison at least once.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 1,857 parents incarcerated in Rhode Island on September 30, 2016 (including those awaiting trial), 93%

(1,730) were fathers and 7% (127) 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. 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.^{11,12}

Of the 1,857 parents incarcerated in Rhode Island on September 30, 2016 (including those awaiting trial), 41% were White, 30% were Black, 26% were Hispanic, and 3% 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, 2016

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	621	390	63%	861
Serving a Sentence	2,476	1,467	59%	3,285
TOTAL	3,097	1,857	60%	4,146

Source: Rhode Island Department of Corrections, September 30, 2016. *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 3,097 inmates awaiting trial or serving a sentence at the ACI on September 30, 2016 and answered the question on number of children, 1,857 inmates reported having 4,146 children. Thirty-six percent of sentenced mothers and 12% of sentenced fathers had sentences that were six months or less.¹⁴
- ◆ Of the 83 sentenced mothers on September 30, 2016, 43% were serving a sentence for a nonviolent offense, 36% for a violent offense, 11% for a drug-related offense, 6% for breaking and entering, and 2% for a sex-related offense. Of the 1,385 sentenced fathers, 45% were serving sentences for a violent offense, 19% for a nonviolent offense, 16% for a drug-related offense, 13% for a sex-related offense, and 6% for breaking and entering.¹⁵
- ◆ Thirty-nine percent of incarcerated parents awaiting trial or serving a sentence on September 30, 2016 had less than a high school diploma, 47% had a high school diploma or a GED, and 13% had at least some college education.¹⁶
- ◆ A supportive family, education, job training, stable housing, employment assistance, medical and mental health services, and substance abuse treatment are critical to parents' successful transition to the community after incarceration and also to support the well-being of their children.^{17,18}
- ◆ Families with parents with a criminal record can experience significant challenges even if the parent has never been incarcerated. A parent's criminal record is often an obstacle to securing employment, participating in education and training programs, accessing housing supports, and obtaining public assistance.¹⁹

Children of Incarcerated Parents

Table 29.

Children of Incarcerated Parents, Rhode Island, September 30, 2016

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2010 TOTAL POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	1	2	4,597	0.4
Bristol	10	19	3,623	5.2
Burrillville	10	24	3,576	6.7
Central Falls	69	169	5,644	29.9
Charlestown	3	3	1,506	2.0
Coventry	20	37	7,770	4.8
Cranston	69	132	16,414	8.0
Cumberland	20	60	7,535	8.0
East Greenwich	5	13	3,436	3.8
East Providence	33	81	9,177	8.8
Exeter	2	3	1,334	2.2
Foster	2	5	986	5.1
Glocester	1	2	2,098	1.0
Hopkinton	3	4	1,845	2.2
Jamestown	3	5	1,043	4.8
Johnston	24	49	5,480	8.9
Lincoln	3	5	4,751	1.1
Little Compton	1	2	654	3.1
Middletown	8	18	3,652	4.9
Narragansett	7	16	2,269	7.1
New Shoreham	0	0	163	0.0
Newport	28	74	4,083	18.1
North Kingstown	8	21	6,322	3.3
North Providence	31	65	5,514	11.8
North Smithfield	4	6	2,456	2.4
Pawtucket	129	289	16,575	17.4
Portsmouth	3	5	3,996	1.3
Providence	486	1,090	41,634	26.2
Richmond	3	8	1,849	4.3
Scituate	1	2	2,272	0.9
Smithfield	5	10	3,625	2.8
South Kingstown	15	29	5,416	5.4
Tiverton	9	22	2,998	7.3
Warren	6	12	1,940	6.2
Warwick	56	97	15,825	6.1
West Greenwich	2	5	1,477	3.4
West Warwick	56	117	5,746	20.4
Westerly	7	16	4,787	3.3
Woonsocket	135	327	9,888	33.1
Unknown Residence	120	280	NA	NA
Out-of-State Residence**	69	161	NA	NA
Four Core Cities	819	1,875	73,741	25.4
Remainder of State	459	969	150,215	6.5
Rhode Island	1,278	2,844	223,956	12.7

Source of Data for Table/Methodology

Rhode Island Department of Corrections, September 30, 2016. Offenders who were on Home Confinement and the awaiting trial population are excluded from this table.

U.S. Census Bureau, Census 2010.

Since the 2007 Factbook, data are reported as of September 30, with the exception of the 2015 Factbook, in which 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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- ^{6,8,9,10} 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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(continued on page 184)

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 (the most recent year for which full data are available), 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 and/or hearing violent incidents), have their lives disrupted by moving or being separated from a parent, and/or may be used by the abusive parent to manipulate or gain control over the victim. Children who are exposed to domestic violence are more likely to be victims of child abuse and neglect than those who are not.^{4,5} Children may also

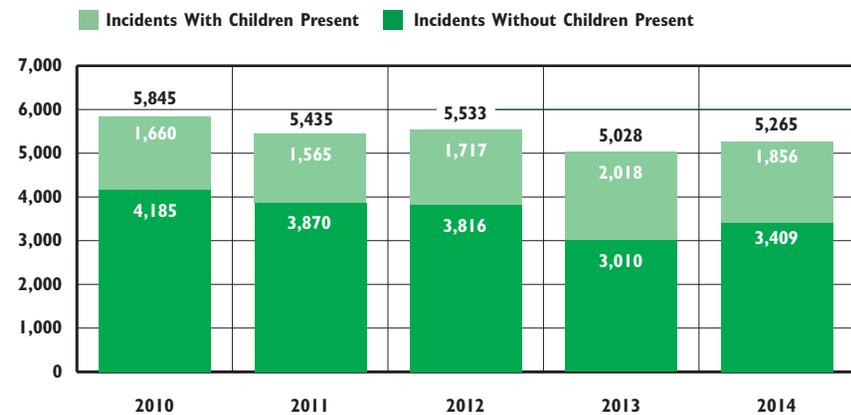
lose a parent to domestic homicide.^{6,7}

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. Children who witness domestic violence are more likely to experience physical, emotional, health, and learning challenges throughout their childhood and adulthood. They are more likely to have concentration and memory problems, and to have difficulty with school performance than children who do not witness domestic violence.^{8,9,10}

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. There is a strong association between witnessing domestic violence as a child and becoming a perpetrator of domestic violence as an adult.^{11,12}

Incidents of domestic violence are historically under-reported. Nationally, it is estimated that 41% of family violence incidents are not reported to police.¹³ Rhode Island data may similarly under-represent the number of domestic violence incidents witnessed by children because not all incidents are reported to police and children may be unwilling to admit that they witnessed the incident.¹⁴

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. *2015 data are not yet complete and will be updated in next year's Factbook.

- ◆ In Rhode Island in 2014 (the most recent year for which full data are available), 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 2014.¹⁵ 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.¹⁶
- ◆ 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.¹⁷
- ◆ 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.¹⁸ During 2016, the network provided services to 8,710 individuals, including 447 children (compared to 8,934 and 587, respectively, in 2015). In 2016, 237 children and 241 adults spent a total of 21,476 nights in domestic violence shelters. Eighty-one children and 51 adults lived in domestic violence transitional housing (longer-term private apartments for victims of domestic violence) during 2016.¹⁹

Children Witnessing Domestic Violence

Table 30. 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.²⁰

Source of Data for Table/Methodology

*Data for 2015 were incomplete at the time of publication and will be published in next year's Factbook. 2014 data are repeated here.

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.

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- 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.

(continued on page 184)

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 or caregivers for healthy physical and emotional development. Experiencing child abuse or neglect can have lifelong consequences for a child's 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, 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

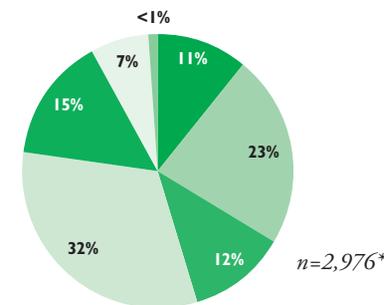
equally critical and more cost-effective. In Rhode Island, if an investigation does not reveal maltreatment but family stressors and risk factors are identified, Child Protective Services (CPS) refers families to community-based support services to reduce the risk of future involvement with the Department 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 2016 in Rhode Island, there were 2,074 indicated investigations of child abuse and neglect involving 2,971 children. The child abuse and neglect rate per 1,000 children under age 18 was more than two times higher in the four core cities (19.8 victims per 1,000 children) compared to the remainder of the state (8.7 victims per 1,000 children). Almost half (46%) of the victims of child abuse and neglect in 2016 were young children under age six and one-third (34%) were ages three and younger.⁵

Child Abuse and Neglect, Rhode Island, 2016

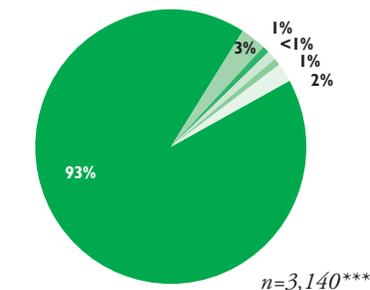
By Age of Victim*

11% (327)	Under Age 1
23% (685)	Ages 1 to 3
12% (345)	Ages 4 to 5
32% (957)	Ages 6 to 11
15% (438)	Ages 12 to 15
7% (222)	Ages 16 and Older
<1% (2)	Unknown



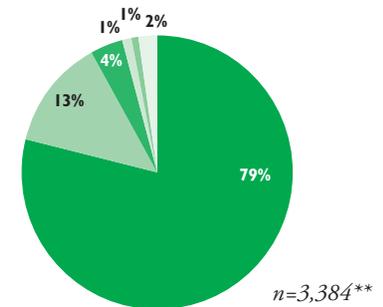
By Relationship of Perpetrator to Victims***

93% (2,929)	Parents
3% (97)	Relatives/Household Members
1% (32)	Foster Parents
<1% (7)	Child Care Providers
1% (23)	Residential Facility Staff
2% (52)	Other or Unknown



By Type of Neglect/Abuse**

79% (2,673)	Neglect
13% (450)	Physical Abuse
4% (134)	Sexual Abuse
1% (50)	Medical Neglect
1% (18)	Emotional Abuse
2% (59)	Other



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 and neglect, 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, 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), 2016. 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, 2007-2016

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
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
2016	14,942	40% (5,935)	2,074

Source: Rhode Island Department of Children, Youth and Families, RIC HIST, 2007-2016.

*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 2015 and 2016, the numbers of unduplicated child maltreatment reports increased by 4%, completed investigations decreased by 8%, and indicated investigations decreased by 7%. In 2016, 35% (2,074) of the 5,935 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 14,942 maltreatment reports in 2016, 53% (7,948) 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, 2011-2015

YEAR	# OF EMERGENCY DEPARTMENT VISITS	# OF HOSPITALIZATIONS	# OF DEATHS**
2011	159	38	2
2012	153	25	1
2013	133	34	3
2014	102	44	1
2015	92	28	0
TOTAL	639	169	7

Source: Rhode Island Department of Health, 2011-2015. Data for 2014 and 2015 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 2011 and 2015, there were 639 emergency department visits, 169 hospitalizations, and seven deaths of Rhode Island children under age 18 due to child abuse and/or neglect.¹¹ Nationally, 73% of child maltreatment deaths involved neglect and 44% involved physical abuse (because a victim may have suffered more than one type of maltreatment, these categories are not mutually exclusive).¹²

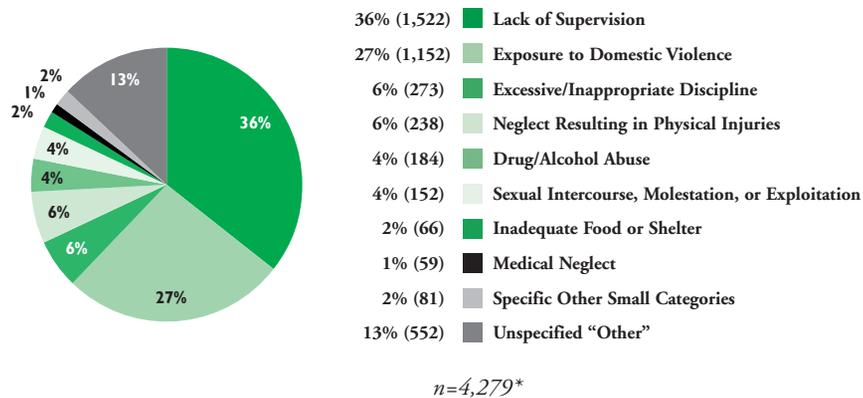
Child Abuse and Neglect in Rhode Island Communities

◆ Many parents at risk of child abuse and neglect 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 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 2016, Rhode Island had 12.3 child victims of abuse and neglect per 1,000 children, down from a rate of 13.8 per 1,000 children in 2015. With a rate of 29.2 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 Central Falls (25.7), and Pawtucket (22.1).¹⁷

Child Abuse and Neglect

Indicated Allegations of Child Neglect, by Nature of Neglect, Rhode Island, 2016



◆ 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 4,279 indicated allegations (confirmed claims) of neglect to children under age 18 in Rhode Island in 2016, 36% involved lack of supervision.

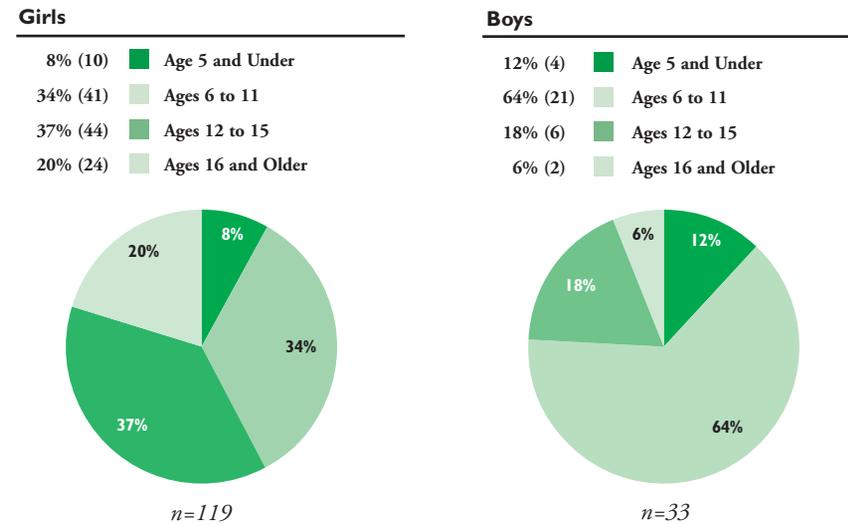
◆ The second largest category of neglect (27%) is “exposure to domestic violence.” These are instances where the neglect is related to the child witnessing domestic violence in the home.

◆ The “specific other small categories” include: emotional abuse (21), educational neglect (16), corporal punishment (13), tying/close confinement (9), abandonment (8), inadequate clothing (6), inappropriate restraint (6), and emotional neglect (2).

**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, 2016.

Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2016



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2016. Percentages may not sum to 100% due to rounding.

◆ In Rhode Island in 2016, there were 152 indicated allegations (confirmed claims) of child sexual abuse. Some children were victims of sexual abuse more than once. The victim was a female in 78% (119) of the 152 indicated allegations of sexual abuse. Forty-three percent of the female victims were known to be under age 12, while 76% 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 31.

Indicated Investigations of Child Abuse and Neglect, Rhode Island, 2016

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	7	1.5	15	3.3
Bristol	3,623	21	5.8	28	7.7
Burrillville	3,576	21	5.9	29	8.1
Central Falls	5,644	81	14.4	145	25.7
Charlestown	1,506	8	5.3	10	6.6
Coventry	7,770	54	6.9	64	8.2
Cranston	16,414	104	6.3	130	7.9
Cumberland	7,535	28	3.7	48	6.4
East Greenwich	3,436	14	4.1	24	7.0
East Providence	9,177	70	7.6	90	9.8
Exeter	1,334	4	3.0	5	3.7
Foster	986	5	5.1	14	14.2
Glocester	2,098	6	2.9	13	6.2
Hopkinton	1,845	12	6.5	19	10.3
Jamestown	1,043	5	4.8	6	5.8
Johnston	5,480	37	6.8	40	7.3
Lincoln	4,751	31	6.5	40	8.4
Little Compton	654	0	0.0	2	3.1
Middletown	3,652	27	7.4	34	9.3
Narragansett	2,269	15	6.6	20	8.8
New Shoreham	163	0	0.0	0	0.0
Newport	4,083	72	17.6	72	17.6
North Kingstown	6,322	29	4.6	42	6.6
North Providence	5,514	67	12.2	82	14.9
North Smithfield	2,456	8	3.3	9	3.7
Pawtucket	16,575	282	17.0	366	22.1
Portsmouth	3,996	27	6.8	27	6.8
Providence	41,634	484	11.6	663	15.9
Richmond	1,849	3	1.6	4	2.2
Scituate	2,272	17	7.5	18	7.9
Smithfield	3,625	6	1.7	11	3.0
South Kingstown	5,416	39	7.2	38	7.0
Tiverton	2,998	27	9.0	41	13.7
Warren	1,940	21	10.8	37	19.1
Warwick	15,825	73	4.6	106	6.7
West Greenwich	1,477	2	1.4	6	4.1
West Warwick	5,746	85	14.8	110	19.1
Westerly	4,787	42	8.8	68	14.2
Woonsocket	9,888	175	17.7	289	29.2
Four Core Cities	73,741	1,022	13.9	1,463	19.8
Remainder of State	150,215	987	6.6	1,302	8.7
Rhode Island	223,956	2,009	9.0	2,765	12.3

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 2016.

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 city/town table includes fewer indicated investigations than 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 youth 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 184)

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

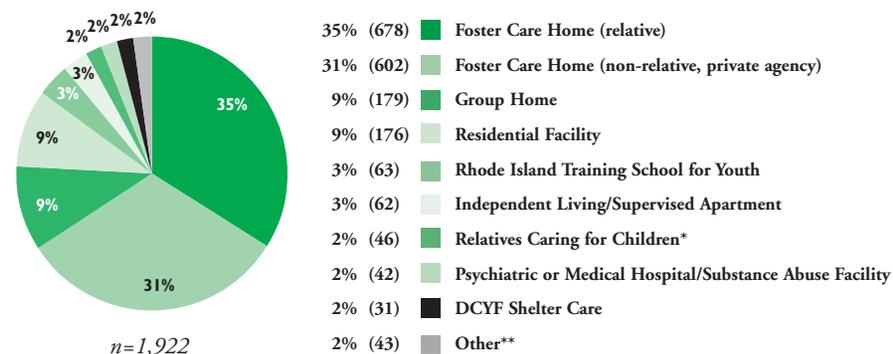
Children need stability, permanency, and safety for healthy development. Removal from the home may be necessary for the child's safety and well-being; however, critical connections and a sense of permanency may be lost when a child is placed out-of-home.¹ Permanency planning efforts should begin as soon 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 physical, 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, screening, investigation, assessment, recruiting and retaining resource families, and permanency.¹⁰ 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.¹¹

Children in Out-of-Home Placement, Rhode Island, December 31, 2016



*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 (36), pre-adoptive homes (5), and minors with mother in shelter/group home/residential facility (2).

- ◆ As of December 31, 2016, there were 1,922 children under age 21 in the care of DCYF who were in out-of-home placements.
- ◆ The total caseload of DCYF on December 31, 2016 was 6,699, including 2,141 children living in their homes under DCYF supervision and 2,566 children living in adoption settings. After an increase in caseload numbers for the past two years, this total caseload shows a decrease from 7,089 in 2015.
- ◆ The total DCYF caseload also includes 63 children in out-of-state placements/other agency custody, three children receiving respite care services, one youth in Job Corps, and two children in other placements.
- ◆ On December 31, 2016, 355 children were living in a residential facility or group home, a decline of 11% from 400 children on December 31, 2015. The percentage of children in out-of-home placement who were in a relative foster care home increased from 34% on December 31, 2015 to 35% on December 31, 2016.

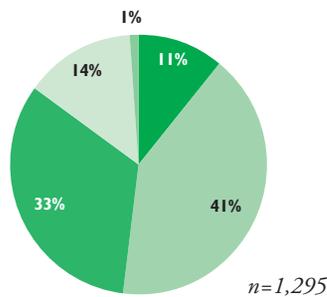
Source: RI Department of Children, Youth and Families, RICHIST, 2006-2016.

Children in Out-of-Home Placement

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

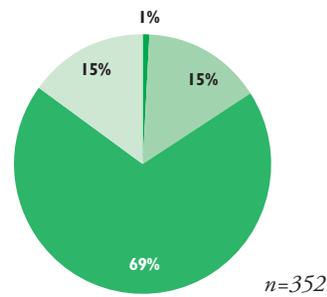
In Foster Care Homes

11%	(141)	Under Age 1
41%	(536)	Ages 1 to 5
33%	(426)	Ages 6 to 13
14%	(176)	Ages 14 to 17
1%	(16)	Ages 18 and Over



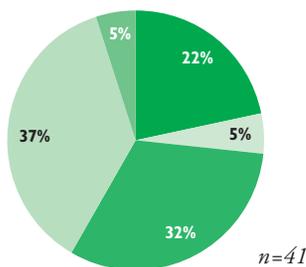
In Group Homes and Residential Facilities**

0%	(0)	Under Age 1
1%	(2)	Ages 1 to 5
15%	(53)	Ages 6 to 13
69%	(244)	Ages 14 to 17
15%	(53)	Ages 18 and Over



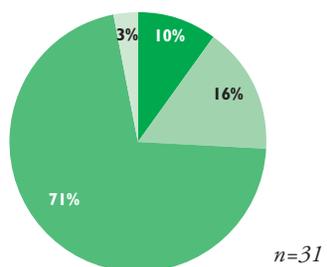
In Medical Facilities***

22%	(9)	Under Age 1
5%	(2)	Ages 1 to 5
32%	(13)	Ages 6 to 13
37%	(15)	Ages 14 to 17
5%	(2)	Ages 18 and Over



In Shelter Care

0%	(0)	Under Age 1
10%	(3)	Ages 1 to 5
16%	(5)	Ages 6 to 13
71%	(22)	Ages 14 to 17
3%	(1)	Ages 18 and Over



*Pie charts show data for a single point-in-time (Foster Care Homes-January 3, 2017; Group Homes and Residential Facilities, Medical Facilities, and Shelter Care-December 31, 2016.)

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

***Medical facilities data includes medical hospitals (14), psychiatric hospitals (27), and substance abuse treatment facilities (0).

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), January 2017. 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.¹² 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.¹³

Placement Stability

◆ In Federal Fiscal Year (FFY) 2016, 11.2% of the 1,289 children who had been in out-of-home care for less than one year had experienced three or more placements, up from 10.9% in FFY 2015. Three or more placements were experienced by 26.7% of the 827 children who were in care between 12 and 24 months, up from 24.7% in FFY 2015. Fifty-one percent of the 737 children who had been in care for 24 months or more in FFY 2016 experienced three or more placements, down from 54.8% in FFY 2015.¹⁴

Recurrence of Abuse and Neglect

◆ Of the 1,495 Rhode Island children who were victims of abuse or neglect during FFY 2016 (whether or not they were removed from the home), 6.8% experienced one or more recurrences of abuse or neglect within six months, down from 9.3% in FFY 2015. The national standard is 6.1% or fewer.¹⁵

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 32 on December 31, 2015 to 31 on December 31, 2016. Three of these Rhode Island children in shelter care were under age six; five were ages six to 13; and 23 were age 14 and older.¹⁶

References

¹ Williams-Mbengue, N. (2008). *Moving children out of foster care - The legislative role in finding permanent homes for children. Permanency: A key concept for children in foster care.* Washington, DC: National Conference of State Legislatures.

² U.S. Department of Health and Human Services, Administration for Children and Families. 1998. *Program instruction: Adoption and Safe Families Act of 1997.* Retrieved March 3, 2017, from www.acf.hhs.gov

(continued on page 184)

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}

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.¹³

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.¹⁴

The federal *Fostering Connections Act of 2008* and *Strengthening Families Act of 2014* provide a wide range of incentives and strategies for states to support children and youth while in foster care as well as permanency.¹⁵

Exits from Foster Care*, Rhode Island, FFY 2016

	ALL EXITS	WITH DISABILITY	OVER AGE 12 AT ENTRY
Adoption	23%	22%	2%
Guardianship	11%	7%	6%
Reunification	48%	42%	49%
Aged Out	12%	NA**	29%
Other	6%	29%	15%
TOTAL NUMBER	1,220	381	430

Source: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual report for FY 2016*. (2017). 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) 2016, 1,220 children in out-of-home placement in Rhode Island exited foster care. Of the children who exited, 82% 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.¹⁶

◆ In FFY 2016, 13.2% 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%.¹⁷

Reunification, FFY 2016

◆ 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 68% in FFY 2015 to 65.9% in FFY 2016. The national standard is 76.2% of reunifications occurring within 12 months of the child's removal.¹⁸

◆ In 2016, 56% of child maltreatment cases in Rhode Island involved neglect.¹⁹ 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.²⁰

Permanency for Children in DCYF Care

Subsidized Guardianship, FFY 2016

◆ 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.²¹ Rates of children exiting foster care to guardianship in Rhode Island increased from 10.8% in FFY 2015 to 11.3% in FFY 2016.²²

Adoptions of Children in DCYF Care, 2016

◆ During Calendar Year 2016, 265 children in the care of DCYF were adopted in Rhode Island, up from 231 in 2015. Of these children, 58% were White, 28% were multiracial, 10% were Black, <1% were American Indian, 2% were Asian and 2% were of unknown race. Thirty-one percent of children adopted in 2016 were Hispanic (belonging to any race category).²³

◆ Of the 265 children adopted, 61% were under age six, 33% were ages six to 13, and 6% were age 14 or older.²⁴

Rhode Island Children Waiting to be Adopted, September 30, 2016

◆ On September 30, 2016, there were 275 Rhode Island children in the care of DCYF who were waiting to be adopted. Of these, 2% of children were under age one, 43% were ages one to five, 26% were ages six to 10, 21% were ages 11 to 15, and 9% were ages 16 and older.²⁵

◆ Of all waiting children, 40% were White, 27% were Hispanic, 16% were Black, 16% were Two or more races, <1% were Asian, <1% were Native American, and 1% were of unknown race/ethnicity.²⁶

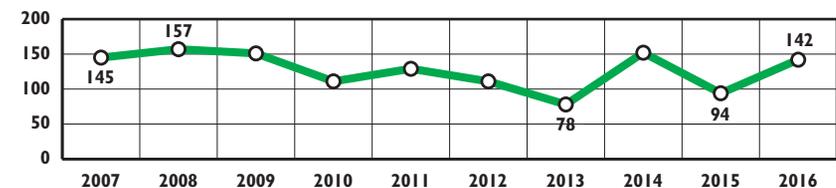
◆ Of the 275 children waiting to be adopted, 32% (88) were children of parents whose parental rights had been legally terminated.²⁷

◆ In FFY 2016, 40% of children in the Rhode Island child welfare system were adopted within 24 months from the time of removal from their home, up from 39% in FFY 2015. Rhode Island exceeded the national standard of 32% of adoptions occurring within 24 months of the child's removal in FFY 2016.²⁸

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 21.²⁹

Rhode Island Youth Aging Out of Foster Care, FFY 2007-2016



Source: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual reports for FY 2007-2016*. 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.

◆ The number of Rhode Island youth who exited foster care never having gained permanency through reunification, adoption, or guardianship increased from 94 during FFY 2015 to 142 during FFY 2016.³⁰

◆ 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 26.³¹

◆ 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.³²

References

¹ Wedeles, J. (n.d.). *Placement stability in child welfare*. Retrieved March 9, 2017, from www.oacas.org

²³ Walsh, W. A. & Mattingly, M. J. (2011). *Long-term foster care – Different needs, different outcomes*. Durham, NH: The Carsey Institute.

(continued on page 185)