

# 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.<sup>1,2</sup>

The U.S. child death rate has declined over the past three decades but disparities still exist by age group, gender, and 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 boys than girls. The child death rate is also higher for Black children than for children of other racial and ethnic groups.<sup>3,4</sup>

In Rhode Island between 2012 and 2016, there were 90 deaths of children ages one to 14 (a rate of 11.06 per 100,000 children). Of these children, 36 (40%) lived in the four core cities and 54 (60%) lived in the remainder of the state. Of the 90 deaths, 64 (71%) were due to disease, 18 (20%) were due to unintentional injuries, and 8 (9%) were due to intentional injuries (six

suicides and two homicides).<sup>5,6</sup>

Children are particularly vulnerable to unintentional injury deaths due to their size, development, inexperience, and natural curiosity.<sup>7</sup> Unintentional injuries are the second highest cause of death for children ages one to 14 in Rhode Island and the leading cause in the U.S. accounting for more than a quarter of all deaths among children ages one to 14 nationally.<sup>8,9,10</sup>

Nationally, the leading causes of child injury deaths are motor vehicle crashes and drowning.<sup>11</sup> 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).<sup>12</sup>

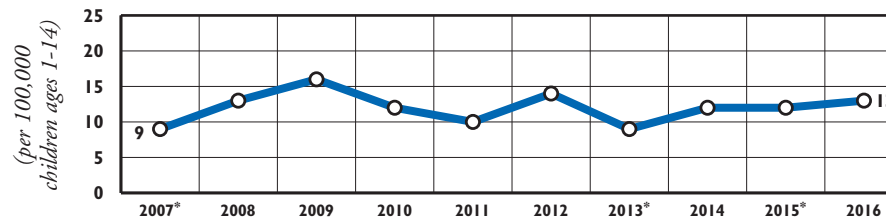
Child Death Rate (per 100,000 Children Ages 1-14)		
	2006	2016
RI	16	13
US	19	17
National Rank*		4th
New England Rank**		3rd

\*1st is best; 50th is worst

\*\*1st is best; 6th is worst

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

**Child Death Rate per 100,000 Children Ages One to 14, Rhode Island, 2007-2016**

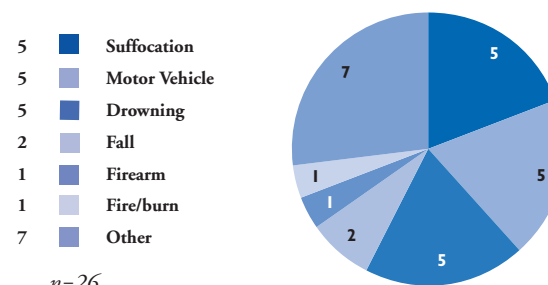


Source: Centers for Disease Control and Prevention, CDC WONDER, wonder.cdc.gov

\*Caution should be used with small numbers in numerators and denominators.

◆ In 2016, Rhode Island's child death rate for children ages one to 14 was 13 per 100,000 children, which was a small increase from 2015. Rhode Island's New England rank improved from fourth in 2015 to third in 2016, and its U.S. rank remained the same at fourth lowest.<sup>13</sup>

**Child Deaths Due to Injury, by Cause, Rhode Island, 2012-2016**



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2012-2016.

◆ Between 2012 and 2016, 26 Rhode Island children ages one to 14 died as a result of injury. Suffocation, motor vehicle crashes, and drowning were the leading causes of child deaths due to injury in Rhode Island during this time period.<sup>14</sup>

## References

<sup>1</sup> 2017 KIDS COUNT data book. (2017). Baltimore, MD: The Annie E. Casey Foundation.

<sup>4</sup> The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

<sup>2,3,10</sup> Infant, child, and teen mortality. (2016). Washington, DC: Child Trends.

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## DEFINITION

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

## SIGNIFICANCE

Adolescents' health and safety can be threatened by a variety of risk behaviors, including alcohol, drug abuse, and violence.<sup>1</sup> Teens' mental health, including mood disorders and depression, further impacts their safety.<sup>2</sup> Nationally, the leading causes of teen deaths are motor vehicle collisions, homicides, and suicides, all of which are preventable.<sup>3,4</sup>

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.<sup>5,6,7</sup>

Between 2012 and 2016, there were 90 deaths of teens ages 15 to 19 in Rhode Island, a rate of 24.1 per 100,000 teens. Of these teens, 30 (33%) lived in the four core cities and 60 (67%) lived in the remainder of the state.<sup>8,9</sup> Of these 90 teen deaths, 37

(41%) were due to unintentional injuries, 24 (27%) were due to intentional injuries (16 suicides and eight homicides), 20 (22%) were due to disease, eight (9%) were due to overdose, and one (1%) was of other or unknown cause.<sup>10</sup>

According to the *2017 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, which was the same as in 2015.<sup>11</sup> Of the 16 youth ages 15 to 19 who died from suicide between 2012 and 2016, 13 were male and three were female.<sup>12</sup> Nationally, depression and suicide among adolescents have increased in recent years, with more females reporting symptoms of depression and attempting suicide nationally than males.<sup>13</sup> Mental health problems, such as depression and substance abuse, are associated with an increased risk of suicide among youth.<sup>14</sup>

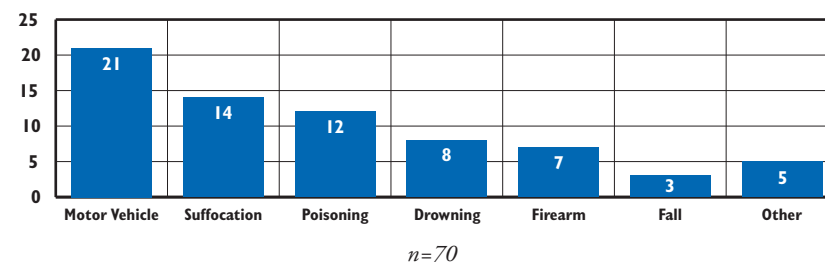
Teen Death Rate (per 100,000 Youth Ages 15-19)		
	2006	2016
RI	34	22
US	63	51
National Rank*		1st
New England Rank**		1st

\*1st is best; 50th is worst

\*\*1st is best; 6th is worst

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

**Injury Deaths by Cause, Teens Ages 15 to 19, Rhode Island, 2012-2016**



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2012-2016. 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 2016 are provisional. Effective October 1, 2015, the International Classification of Disease (ICD) codes changed from the 9th classification to the 10th classification, which may impact comparability across the years.

- ◆ Between 2012 and 2016 in Rhode Island, 64% of the 70 teen deaths caused by injury were unintentional. Thirty percent of all injury deaths involved motor vehicles.<sup>15</sup>
- ◆ Among the 23 teens ages 15 to 19 killed in Rhode Island motor vehicle crashes between 2012 and 2016, ten were driving, ten were passengers in vehicles driven by others, two were bicyclists, and one was a pedestrian.<sup>16</sup>
- ◆ Four (40%) of the teen drivers who died in motor vehicle crashes in Rhode Island between 2012 and 2016 had been drinking and two teen fatalities occurred with adult drivers who had been drinking (waiting for update).<sup>17</sup>
- ◆ Nine (50%) of teen drivers and passengers killed in automobile accidents in Rhode Island between 2012 and 2016 were not wearing a seatbelt.<sup>18</sup>
- ◆ In 2017, 37% 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*. Fourteen percent reported riding in a vehicle driven by someone who had been drinking in the prior month, and 7% reported that they never or rarely wear a seatbelt while riding in a car driven by someone else.<sup>19</sup>

## References

<sup>15</sup> Office of Disease Prevention and Health Promotion. (2014). *Healthy People 2020: Adolescent health*. Retrieved January 19, 2018, from www.healthypeople.gov

<sup>2</sup> *Teen homicide, suicide, and firearm deaths*. (2015). Washington, DC: Child Trends.

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# Youth Violence

## DEFINITION

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

## SIGNIFICANCE

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

Effective youth violence prevention aims to reduce factors that increase risk for violent behavior and promote factors that decrease risk for perpetrating violence.<sup>3</sup> Efforts to prevent youth violence should begin in early childhood and address a wide range of individual, family, and community factors. Effective violence prevention strategies include strengthening youth capacity to choose nonviolence, promoting supportive relationships between youth and adults,

and improving economic conditions and safety in communities.<sup>4</sup>

Youth at risk for committing violent acts often live in high-poverty neighborhoods. 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.<sup>5,6,7</sup> Youth who are victims of violence are at increased risk for physical and mental health problems, academic difficulties, smoking, high-risk sexual behavior, and suicide.<sup>8</sup>

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 16% reported carrying a weapon during the previous month.<sup>9</sup>

The number of youth arrested for violent crimes in the U.S. reached a 33-year low in 2012, with youth making up 12% of all serious violent crime arrests. The Rhode Island juvenile arrest rate for serious violent crimes in 2012 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.<sup>10</sup> In 2016 in Rhode Island, there were 447 juvenile arrests for assault offenses and 123 juvenile arrests for weapons offenses.<sup>11</sup> In 2017, violent crimes made up 10% (274) of the 2,704 juvenile offenses referred to Rhode Island Family Court.<sup>12</sup>

## Bully Status by Gender and Grade Level, Rhode Island, 2017

	MIDDLE SCHOOL		HIGH SCHOOL	
	MALE	FEMALES	MALES	FEMALE
Bullied on School Property	27%	40%	15%	19%
Bullied Electronically	13%	31%	11%	17%
Been in a Physical Fight*	21%	10%	13%	8%

Source: *Youth Risk Behavior Survey*, 2017, Rhode Island Department of Health, Center for Health Data and Analysis.

- ◆ Violence in schools affects individual victims and disrupts the functioning of entire schools and communities.<sup>13</sup> In Rhode Island in 2017, 7% of high school students (6% of males and 7% of females) reported not going to school due to safety concerns.<sup>14</sup>
- ◆ Victims of bullying are at risk of emotional, behavioral, and mental health problems. Both victims and perpetrators of bullying are more likely to contemplate or attempt suicide.<sup>15</sup>
- ◆ Cyberbullying is bullying that takes place online or by digital communication through text messages, instant messengers, social media, and/or other digital applications.<sup>16</sup> In 2017 in Rhode Island, 21% of middle school students (31% of females and 13% of males) and 14% of high school students (17% of females and 11% of males) reported being electronically bullied.<sup>17</sup>

## Youth Witnessing Violence and Youth Gun Violence

- ◆ 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.<sup>18</sup>
- ◆ Guns are the leading cause of fatal violence to teens and are used in 88% of teen homicides and 41% of teen suicides in the U.S.<sup>19</sup> In Rhode Island between 2012 and 2016, there were 113 emergency department visits, 43 hospitalizations, and seven deaths of children and youth ages 15 to 19 attributed to firearms.<sup>20</sup>

Table 27.

## Youth Violence, Rhode Island

## Youth Violence

CITY/TOWN	COMMUNITY CONTEXT		VIOLENCE IN HIGH SCHOOLS, 2014*		JUVENILE ARRESTS FOR VIOLENCE, 2016		
	VIOLENT CRIME OFFENSES (ALL AGES) 2016	TOTAL POPULATION AGES 11-17 2010	% OF STUDENTS SAW ANOTHER STUDENT BRING A WEAPON TO SCHOOL IN PAST YEAR	% OF STUDENTS IN A PHYSICAL FIGHT AT SCHOOL IN PAST YEAR	# FOR ASSAULT OFFENSES	# FOR WEAPONS OFFENSES	TOTAL # FOR ASSAULT AND WEAPONS OFFENSES
Barrington	4	2,186	14%	6%	1	1	2
Bristol	18	1,545	12%	11%	1	0	1
Burrillville	15	1,526	10%	8%	4	1	5
Central Falls	126	2,089	12%	11%	17	12	29
Charlestown	7	659	23%	9%	0	0	0
Coventry	NA	3,509	23%	8%	11	1	12
Cranston	124	6,984	16%	10%	9	1	10
Cumberland	35	3,271	21%	8%	3	0	3
East Greenwich	8	1,671	13%	5%	2	0	2
East Providence	69	3,730	18%	8%	20	0	20
Exeter	NA	673	11%	7%	NA	NA	NA
Foster	5	467	20%	10%	0	0	0
Glocester	1	1,000	20%	10%	0	0	0
Hopkinton	6	826	23%	9%	2	0	2
Jamestown	1	528	14%	8%	0	0	0
Johnston	43	2,376	24%	11%	14	2	16
Lincoln	20	2,189	12%	7%	5	1	6
Little Compton	0	284	11%	7%	0	0	0
Middletown	14	1,504	12%	9%	5	2	7
Narragansett	11	1,052	21%	6%	5	0	5
New Shoreham	0	64	NA	NA	1	0	1
Newport	62	1,484	24%	10%	15	0	15
North Kingstown	22	2,917	14%	8%	6	1	7
North Providence	43	2,303	17%	7%	20	0	20
North Smithfield	10	1,132	10%	6%	3	0	3
Pawtucket	305	6,268	15%	10%	67	14	81
Portsmouth	18	1,881	11%	7%	4	0	4
Providence	1,031	16,024	18%	10%	147	63	210
Richmond	5	759	23%	9%	5	1	6
Scituate	4	1,143	13%	8%	0	0	0
Smithfield	12	1,729	10%	8%	5	1	6
South Kingstown	13	2,498	16%	9%	5	0	5
Tiverton	22	1,318	13%	12%	5	1	6
Warren	12	777	12%	11%	1	0	1
Warwick	61	6,781	14%	10%	14	1	15
West Greenwich	5	678	11%	7%	2	0	2
West Warwick	60	2,139	13%	9%	7	2	9
Westerly	19	2,003	13%	7%	7	4	11
Woonsocket	212	3,649	22%	12%	32	12	44
State Police/Other	NA	NA	NA	NA	2	2	4
Four Core Cities	1,674	28,030	NA	NA	263	101	364
Remainder of State	749	65,586	NA	NA	184	22	206
Rhode Island	2,423	93,616	16%	9%	447	123	570

## Sources of Data for Table/Methodology

Total violent crime offense data are from U.S. Department of Justice, Federal Bureau of Investigation. (2016). *Crime in the United States 2016: Rhode Island offenses known to law enforcement*. Retrieved March 7, 2018, from [ucr.fbi.gov](http://ucr.fbi.gov)

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

\* 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.

Data on high school students experiencing violence at school are from the 2016-2017 administration of *SurveyWorks!*, Rhode Island Department of Education. 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 can choose to attend high school in North Kingstown or Narragansett.

Juvenile arrests for assault and weapons offenses data are from Mongeau, T. & Tocco, G. (2017). *2016 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

<sup>16</sup> Centers for Disease Control and Prevention. (2015). *Understanding youth violence: Fact sheet*. Retrieved March 8, 2018, from [www.cdc.gov](http://www.cdc.gov)

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# Gun Violence

## DEFINITION

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

## SIGNIFICANCE

Children and youth can experience gun violence as victims of firearm assaults, self-inflicted firearm injuries, or accidental shootings.<sup>1</sup> 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, depression, attachment problems, and conduct disorders) as well as cognitive and attention difficulties, and involvement in the child welfare and juvenile justice systems.<sup>2,3</sup>

In the U.S. during 2016, 59% (1,849) of the 3,155 firearm deaths of children and youth under age 20 were the result of homicide, 35% (1,102) were the result of suicide, 4% (127) were the result of unintentional injuries, 2% (50) were the result of shootings with an undetermined intent, and 1% (27) were the result of a legal intervention (e.g., law enforcement shooting).<sup>4</sup>

In the U.S., firearms are the third leading cause of death among children ages one to 17.<sup>5</sup> Of the 3,155 U.S. children and youth under age 20 killed by firearms during 2016, 84% (2,665) were ages 15 to 19.<sup>6</sup> In the U.S., 2016 marked the highest number of child and teen gun related deaths since 2006. Although Black children made up only 14% of all children and teens in the nation in 2016, 43% of all gun deaths were among Black children and teens.<sup>7</sup> Nationally, males ages 15 to 19 are eight times more likely to die from a firearm-related incident than females of the same age. In the U.S. in 2014, 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).<sup>8,9</sup>

Preventing access to guns is an important measure in preventing 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.<sup>10,11,12</sup>

## Gun-Related Deaths, Emergency Department (ED) Visits, Hospitalizations, and Deaths Among Children and Youth, Rhode Island, 2012-2016

AGE	# OF ED VISITS	# OF HOSPITALIZATIONS	# OF DEATHS
1 to 14	57	4	1
15 to 17	47	15	2
18 to 19	66	28	5
<b>TOTAL</b>	<b>170</b>	<b>47</b>	<b>8</b>

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2012-2016. Data for 2016 are provisional.

Note: Effective October 1, 2015, the International Classification of Disease (ICD) codes changed from the 9th classification to the 10th classification, which may impact comparability across the years.

◆ Between 2012 and 2016 in Rhode Island, 8% (8) of the 96 injury deaths of children and youth under age 20 were the result of firearms, down from 12 deaths between 2011 and 2015. Of these, 5% (5) were among youth ages 18 to 19, 2% (2) were among youth ages 15 to 17, and 1% (1) was among children ages 14 or younger. Between 2012 and 2016 in Rhode Island, there was one youth under age 20 who committed suicide using a firearm.<sup>13</sup>

◆ In Rhode Island between 2012 and 2016, there were 170 emergency department visits and 47 hospitalizations of children and youth for gun-related injuries.<sup>14</sup>

## Weapon Carrying Among Rhode Island Public Middle and High School Students, 2017

	FEMALES	MALES	TOTAL
High School students who carried a weapon on school property at least once in the past 30 days	3%	7%	5%
Middle School students who ever carried a weapon	11%	33%	22%

Source: 2017 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health, Center for Health Data and Analysis.

◆ Nationally and in Rhode Island, male students report higher rates of weapon carrying on school property and gun carrying than females. In 2015, Rhode Island ranked 15th among 32 states for self-reported weapon carrying on school property.<sup>15,16,17</sup>

## References

<sup>1</sup> Murphy, S. L., Xu, J., Kochanek, K. D., Curtin, S.C., & Arias, E. (2017). Deaths: Final data for 2015. *National Vital Statistics Reports*, 66(6).

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## DEFINITION

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

## SIGNIFICANCE

There are three primary causes of homelessness among youth – family conflict, residential instability resulting from foster care and institutional placements, and economic problems. Many youth run away due to physical and sexual abuse, strained family relationships, substance abuse by a family member, and/or parental neglect. While there are estimated to be more than one million homeless youth in the U.S., there has not been a standardized definition and standard methodology for measuring homeless youth.<sup>1,2</sup>

Youth may become homeless when they run away from or are discharged from the foster care system. 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.<sup>3,4</sup>

Youth who identify as lesbian, gay, bisexual, transgender, or questioning

(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.<sup>5,6</sup>

It can be difficult for homeless youth to obtain needed food, clothing, and shelter. To meet these basic needs, many turn to prostitution, theft, and/or selling drugs which risks exploitation, arrest, assault, and/or contracting sexually transmitted infections.<sup>7,8,9</sup>

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

## Homeless Youth in Rhode Island

- ◆ In 2017, Rhode Island conducted a pilot *Youth Point in Time Count* to determine the number of youth who were homeless on a single night in July. The *2017 Youth Point in Time Count* identified 80 young adults ages 18 to 24 and five youth under age 18 experiencing homelessness and also collected information on age, gender, race/ethnicity, education level, sexual orientation, history of housing stability, and where the individual spent the previous night.<sup>15</sup>
- ◆ During the 2016-2017 school year, Rhode Island public school personnel identified 31 unaccompanied homeless youth.<sup>16</sup>
- ◆ In 2017, 184 single young adults ages 18 to 24 received emergency shelter services through the adult emergency shelter system in Rhode Island, compared to 188 18 to 24 year-olds in 2016.<sup>17,18</sup>
- ◆ In 2016, the National Runaway Safeline handled 75 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 93 in 2015. Nationally, 74% of callers to the Safeline were youth and the remainder were friends, family, and other adults.<sup>19</sup>
- ◆ On December 31, 2017, there were 45 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 AWOL, 22 females and 23 males. These youth were AWOL from either foster care or juvenile justice placements.<sup>20</sup>
- ◆ There were an additional 131 youth ages 13 to 17 who received emergency shelter services with their families in Rhode Island in 2017.<sup>21</sup> These youth are vulnerable to being separated from their families due to child welfare policies that result in child removal, or shelter policies that do not allow males and females to stay together or otherwise accommodate families.<sup>22</sup>

## References

<sup>1,8,10</sup> 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.

<sup>2,4,7</sup> Fernandes-Alcantara, A. L. (2016). *Runaway and homeless youth: Demographics and programs*. Washington, DC: Congressional Research Service.

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# Youth Referred to Family Court

## DEFINITION

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

## SIGNIFICANCE

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

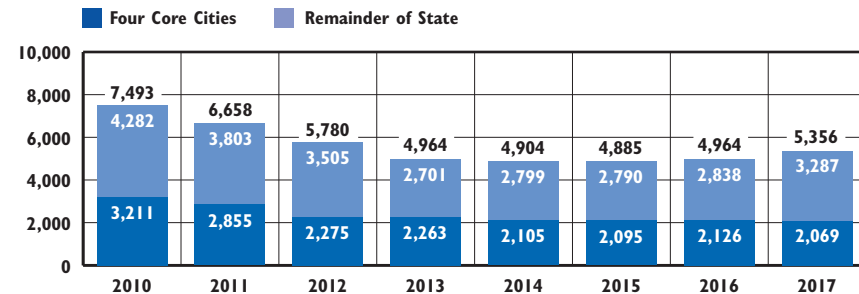
The Rhode Island Family Court has jurisdiction over children and youth under age 18 referred for wayward and delinquent offenses. When a police or school department refers a youth to Family Court, a petition is submitted, accompanied by an incident report, detailing the alleged violation of law.<sup>2</sup> During 2017 in Rhode Island, 2,704 youth (3% of Rhode Island youth between the ages of 10 and 17) were referred to Family Court, down from 2,634 youth during 2016. The number of offenses referred during 2017 (5,356) increased over 2016, when 4,964 offenses were referred. Of the juvenile offenses in 2017, 276 (5%) involved violent offenses (56% of which occurred in the four core cities). In addition, 366 probation violations also came before the Family Court in 2017.<sup>3,4,5</sup>

In 2017 in Rhode Island, 22% of juvenile offenses referred to Family Court were committed by youth from Providence, 17% were committed by youth from the other three core cities, and 61% were committed by youth living in the remainder of the state.<sup>6</sup>

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.<sup>7,8</sup> Sixty-four percent of youth referred to the Rhode Island Family Court in 2017 were referred for the first time, 18% had been referred once before, and 18% had been referred at least twice before.<sup>9</sup>

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.<sup>10</sup> 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.<sup>11</sup>

**Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2010-2017**

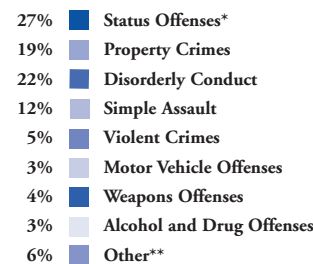


◆ The number of juvenile offenses fell by 29% since 2010, from 7,493 to a low of 4,885 in 2015, before increasing to 5,356 in 2017. The number of children and youth referred to Family Court for wayward and delinquent offenses declined 37% between 2010 and 2017, from 4,288 to 2,704.

◆ In 2017, 73% of offenses referred to the Family Court involved males and 27% females. Forty-seven percent of offenses involved White youth, 21% Black youth, 18% Hispanic youth, 1% Asian youth, and 13% of offenses involved youth of some other race or an unknown race.

◆ In 2017, 8% of offenses referred to Family Court involved youth ages 12 or younger, 43% youth ages 13 to 15, 48% youth ages 16 to 17, and 1% of unknown age.

**BY TYPE OF OFFENSE**



n=5,356

\*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, 2010-2017 Juvenile Offense Reports. Percentages may not sum to 100% due to rounding.



## 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.<sup>12</sup> In 2017 in Rhode Island, 45% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing, up from 21% in 2016.<sup>13</sup>
- ◆ The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. In 2017, 1,264 juveniles were referred to the Truancy Court by schools, down from 1,324 in 2016. In 2016, 110 juveniles who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication, up from 88 in 2016.<sup>14</sup> 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.<sup>15</sup>
- ◆ In 2016, there were 34 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 two were in the process of reorganizing (Central Falls and 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 427 cases in 2016 (the most recent year for which full data are available).<sup>16</sup>

## 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.<sup>17,18</sup>

## Juveniles Tried as Adults

- ◆ 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.<sup>19</sup>
- ◆ 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.<sup>20,21</sup>
- ◆ 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.<sup>22</sup>
- ◆ In 2017, the Attorney General's Office filed 13 (seven discretionary and six mandatory) motions to waive jurisdiction to try juveniles as adults. Of the discretionary waiver motions, two were waived voluntarily and five remain pending before the Family Court at the end of 2017.<sup>23</sup>
- ◆ 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 2017 (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.<sup>24,25</sup>

### References

<sup>1</sup> Development Services Group, Inc. (2015). *Risk factors for delinquency-Literature review*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. Retrieved February 17, 2017 from [www.ojjdp.gov](http://www.ojjdp.gov)

<sup>2</sup> Rhode Island Family Court. (n.d.). *About the Family Court*. Retrieved February 17, 2017, from [www.courts.ri.gov](http://www.courts.ri.gov)

(continued on page 183)

# Youth at the Training School

## DEFINITION

*Youth at the Training School* is the number of youth 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

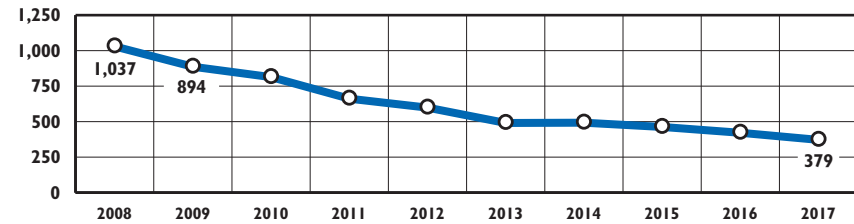
The juvenile justice system is responsible for ensuring community safety by promoting the positive development of youth in its care while recognizing that children have different developmental needs than adults.<sup>1</sup>

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.<sup>2</sup> Compared to adults, adolescents often show poor self control, are easily influenced by peers, and are less likely to think through the consequences of their actions. Most youth involved in delinquency in adolescence will cease engaging in lawbreaking behavior when they become adults as part of the normal maturation process.<sup>3</sup>

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, and Multi-Dimensional Treatment Foster Care. Alternatives to incarceration have been shown to be 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.<sup>4,5,6</sup>

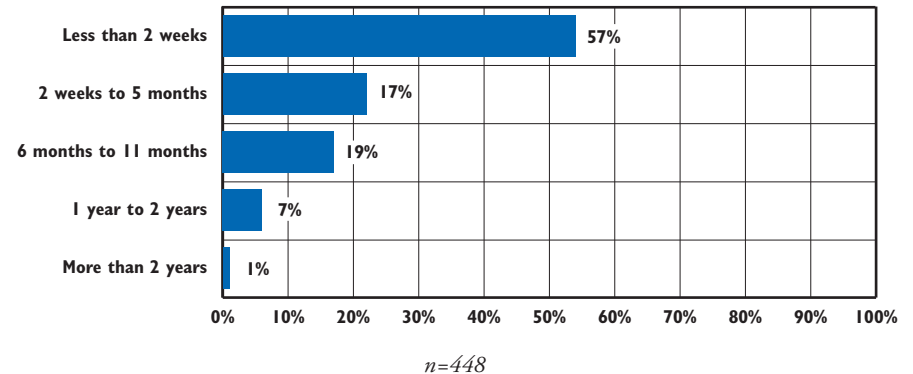
The Rhode Island Department of Children, Youth and Families (DCYF) operates the Rhode Island Training School, the state's secure facility for adjudicated youth and youth in detention awaiting trial. A total of 383 youth (82% male and 18% female) were in the care or custody of the Training School at some point during 2017, down from 429 during 2016. Between 2016 and 2017, the number of females at the Training School decreased by 8% and the number of males decreased by 11%. On December 31, 2017, there were 88 youth in the care or custody of the Training School, 41 of whom were physically at the Training School.<sup>7</sup>

**Youth in the Care and Custody of the Rhode Island Training School, Calendar Years 2008-2017**



◆ Between 2008 and 2017, 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 379. 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 58% between 2009 and 2017.

**Discharges From the Rhode Island Training School, by Length of Time in Custody, Calendar Year 2017**



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2008-2017. Total discharges (448) are higher than the total number of youth who passed through the Training School (379) due to some youth being discharged from the Training School more than once in 2017.

## Youth at the Training School by Age

- ◆ During 2017, there were no children age 10 or under, five children ages 11-12, 66 youth ages 13-14, 191 youth ages 15-16, and 142 youth ages 17-18 held at the Training School. The average age for youth at the Training School was 16 years.<sup>8</sup>
- ◆ 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.<sup>9,10</sup>

## Promoting Rehabilitation and Preventing Recidivism

- ◆ Nationally and in Rhode Island, youth crime, including violent crime, has fallen sharply since 1995.<sup>11</sup> 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.<sup>12</sup>
- ◆ 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.<sup>13,14</sup>
- ◆ 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.<sup>15,16</sup>
- ◆ Of the 379 youth who were in the care or custody of the Training School at some point during 2017, 20% (77) were admitted at least twice in 2017, and 3% (11) were admitted to the Training School three or more times.<sup>17</sup>

## 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.<sup>18</sup> 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.<sup>19</sup>
- ◆ On January 2, 2018, there were 438 youth on the DCYF probation caseload (385 males and 53 females). Two percent of youth on probation were ages 11-13, 23% were ages 14-15, 55% were ages 16-17, and 19% were age 18.<sup>20</sup>
- ◆ More than half (58%) of youth on probation on January 2, 2018 were White, 21% were Black, 1% were American Indian, 11% were multiracial, and 9% were of undetermined race. Thirty-eight percent of youth identified as Hispanic, who may be of any race.<sup>21</sup>

## 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.
- ◆ Since 2009, Rhode Island juvenile justice stakeholders have partnered 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.<sup>22</sup>

# Youth at the Training School

## Disproportionate Minority Contact in Juvenile Justice Systems

◆ Youth of color, 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.<sup>23</sup> The federal *Juvenile Justice and Delinquency Prevention Act (JJDP)* requires states to collect data disaggregated by race and implement strategies to reduce disproportionate minority contact with the juvenile justice system.<sup>24</sup>

### Disproportionate Minority Contact in Rhode Island

	% OF TOTAL CHILD POPULATION, 2010	% OF YOUTH IN THE CARE AND CUSTODY OF RHODE ISLAND TRAINING SCHOOL, 2017
White	64%	56%
Hispanic	21%	37%
Black	6%	30%
Asian	3%	1%
Multi-Racial	5%	8%
Other*	<1%	1%
Unknown	NA	5%
<b>TOTAL</b>	<b>223,956</b>	<b>383</b>

◆ Youth of color are disproportionately more likely than White youth to be in the care and custody of the Training School. During 2017, Black youth made up 30% of youth at the Training School, while making up 6% of the child population.

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.<sup>25</sup>

## Risk Factors for Rhode Island Youth at the Training School

### History of Child Abuse and Neglect

◆ In 2017, 3% (13) of the 383 youth in the care or custody of the Training School had at some point in their childhood been victims of documented child abuse or neglect.<sup>26</sup>

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

### Behavioral Health Needs

◆ In 2017, 149 youth (119 males and 30 females) received mental health services at the Training School for psychiatric diagnoses other than conduct disorders and substance abuse disorders. During 2017, 75 residents (64 males and 11 females) received substance abuse treatment services. Of these, 57 (all males) received residential substance abuse treatment.<sup>28</sup>

### Educational Attainment

◆ While the average age of youth at the Training School in 2017 was 16 years, students' math skills were on average at the sixth grade level and their reading levels were on average at the fifth grade level at entry to the Training School.

◆ Of the 201 youth in ninth through twelfth grades who received educational services at the Training School during the 2017 academic year, 25% (51) received special education services based on Individualized Education Programs (IEPs).

◆ During 2017, 23 youth graduated from high school while serving a sentence at the Training School (21 earned a GED, and two graduated with a high school diploma). An additional 25 youth received post-secondary education services at the Training School during the 2017 academic year.<sup>29</sup>

### 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% teen females) is much higher than the general teen population (2% and 6% respectively).<sup>30</sup>

Table 28.

**Youth in the Care or Custody of the Rhode Island Training School, 2017**

CITY/TOWN	TOTAL POPULATION AGES 13-18	# OF ADJUDICATED YOUTH AT THE RITS	TOTAL # OF YOUTH AT THE RITS
Barrington	1,802	0	2
Bristol	1,780	1	3
Burrillville	1,319	2	9
Central Falls	1,859	4	13
Charlestown	554	0	0
Coventry	3,010	3	10
Cranston	6,184	8	25
Cumberland	2,746	2	4
East Greenwich	1,362	4	4
East Providence	3,243	2	9
Exeter	642	0	1
Foster	430	0	0
Glocester	878	0	2
Hopkinton	693	0	1
Jamestown	436	0	0
Johnston	2,025	1	2
Lincoln	1,851	1	4
Little Compton	228	0	0
Middletown	1,229	1	2
Narragansett	948	0	1
New Shoreham	50	0	0
Newport	1,604	1	10
North Kingstown	2,407	1	7
North Providence	2,027	2	5
North Smithfield	970	0	1
Pawtucket	5,514	11	43
Portsmouth	1,596	1	2
Providence	16,515	34	143
Richmond	637	0	0
Scituate	963	0	0
Smithfield	1,856	0	0
South Kingstown	3,540	2	2
Tiverton	1,115	0	1
Warren	675	0	1
Warwick	5,883	3	9
West Greenwich	568	0	0
West Warwick	1,891	0	9
Westerly	1,705	4	8
Woonsocket	3,112	8	25
Out-of-State	NA	3	16
Four Core Cities	27,000	57	224
Remainder of State	58,847	36	118
Rhode Island	85,847	96	358

## 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.<sup>31,32</sup>

◆ Some youth are detained for short periods of time and released at their first court appearance (usually the following business day). Of the 448 discharges from the Training School during 2017, 27% resulted in stays of two days or less, 30% resulted in stays of three days to two weeks, and 43% resulted in stays of more than two weeks.<sup>33</sup>

### Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children’s Information System (RICHIST), 2017; 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 2017 (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 youth who live in other states but have committed crimes in Rhode Island and have been sentenced to serve time at the Training School. They are not included in the Rhode Island total.

### References

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

<sup>2</sup> 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.

<sup>4</sup> Juvenile Justice Information Exchange. (n.d.). *What are community-based alternatives?* Retrieved January 31, 2018, from www.jjiec.org

<sup>6,13</sup> *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.<sup>1</sup> 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 challenges (including grade retention, absenteeism, and dropping out). Parental incarceration increases children's risk for learning disabilities, ADHD, conduct problems, developmental delays, and speech problems.<sup>2,3,4,5</sup>

Nationally, most children of incarcerated parents live with their other parent, a grandparent, or other relatives.<sup>6</sup> Of the 1,725 parents incarcerated in Rhode Island on September 30, 2017 (including those awaiting trial), 94%

(1,621) were fathers and 6% (104) were mothers.<sup>7</sup> Nationally, nearly half (48%) of incarcerated parents lived with their children one month prior to incarceration.<sup>8</sup>

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. These children often represent complex cases for child welfare agencies, involving balancing parental rights with the safety and well-being of the child.<sup>9</sup>

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.<sup>10,11</sup>

Of the 1,725 parents incarcerated in Rhode Island on September 30, 2017 (including those awaiting trial), 41% were White, 30% were Black, 26% were Hispanic, and 3% were of another race. Sixty-two percent of incarcerated parents with a known in-state residence identified one of the four core cities as their last place of residence.<sup>12</sup>

## Parents at the Rhode Island Adult Correctional Institutions (ACI), September 30, 2017

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	624	381	61%	875
Serving a Sentence	2,265	1,344	59%	3,262
<b>TOTAL</b>	<b>2,889</b>	<b>1,725</b>	<b>60%</b>	<b>4,137</b>

Source: Rhode Island Department of Corrections, September 30, 2017. \*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. Includes inmates who were already sentenced and inmates who were awaiting trial.

- ◆ Of the 2,889 inmates awaiting trial or serving a sentence at the ACI on September 30, 2017 who answered the question on number of children, 1,725 inmates reported having 4,137 children. Twenty-seven percent of sentenced mothers and 15% of sentenced fathers had sentences that were six months or less.<sup>13</sup>
- ◆ Of the 77 sentenced mothers on September 30, 2017, 45% were serving a sentence for a nonviolent offense, 35% for a violent offense, 13% for a drug-related offense, 4% for breaking and entering, and 3% for a sex-related offense. Of the 1,267 sentenced fathers, 47% were serving sentences for a violent offense, 18% for a nonviolent offense, 15% for a drug-related offense, 12% for a sex-related offense, and 6% for breaking and entering.<sup>14</sup>
- ◆ Thirty-seven percent of incarcerated parents awaiting trial or serving a sentence on September 30, 2017 had less than a high school diploma, 49% had a high school diploma or a GED, and 13% had at least some college education.<sup>15</sup>
- ◆ A supportive family, access to 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.<sup>16,17</sup>
- ◆ Families of 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.<sup>18</sup>

# Children of Incarcerated Parents

Table 29.

## Children of Incarcerated Parents, Rhode Island, September 30, 2017

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2010 TOTAL POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	1	1	4,597	0.2
Bristol	4	12	3,623	3.3
Burrillville	14	30	3,576	8.4
Central Falls	48	122	5,644	21.6
Charlestown	4	5	1,506	3.3
Coventry	17	34	7,770	4.4
Cranston	76	163	16,414	9.9
Cumberland	16	43	7,535	5.7
East Greenwich	8	18	3,436	5.2
East Providence	29	71	9,177	7.7
Exeter	3	5	1,334	3.7
Foster	4	9	986	9.1
Glocester	4	7	2,098	3.3
Hopkinton	5	8	1,845	4.3
Jamestown	2	4	1,043	3.8
Johnston	20	42	5,480	7.7
Lincoln	2	3	4,751	0.6
Little Compton	0	0	654	0.0
Middletown	9	15	3,652	4.1
Narragansett	5	9	2,269	4.0
New Shoreham	0	0	163	0.0
Newport	26	76	4,083	18.6
North Kingstown	9	25	6,322	4.0
North Providence	36	81	5,514	14.7
North Smithfield	3	3	2,456	1.2
Pawtucket	144	318	16,575	19.2
Portsmouth	0	0	3,996	0.0
Providence	432	983	41,634	23.6
Richmond	4	10	1,849	5.4
Scituate	3	6	2,272	2.6
Smithfield	6	8	3,625	2.2
South Kingstown	14	30	5,416	5.5
Tiverton	7	17	2,998	5.7
Warren	5	11	1,940	5.7
Warwick	54	96	15,825	6.1
West Greenwich	2	4	1,477	2.7
West Warwick	47	306	5,746	53.3
Westerly	10	21	4,787	4.4
Woonsocket	101	253	9,888	25.6
Unknown Residence	110	265	NA	NA
Out-of-State Residence**	60	148	NA	NA
Four Core Cities	725	1,676	73,741	22.7
Remainder of State	449	1,173	150,215	7.8
Rhode Island	1,174	2,849	223,956	12.7

### Source of Data for Table/Methodology

Rhode Island Department of Corrections, September 30, 2017. 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.

### References

- <sup>14</sup> Murphey, D. & Cooper, P. M. (2015). *Parents behind bars: What happens to their children?* Retrieved January 15, 2018, from [www.childtrends.org](http://www.childtrends.org)
- <sup>2</sup> Shlafer, R. J., Gerrity, E., Ruhland, E., & Wheeler, M. (2013). *Children with incarcerated parents- Considering children's outcomes in the context of family experiences.* Retrieved January 15, 2018, from [www.cyfc.umcn.edu](http://www.cyfc.umcn.edu)
- <sup>3</sup> Uggen, C. & McElrath, S. (2014). Parental incarceration: What we know and where we need to go. *Journal of Criminal Law and Criminology*, 104(3), 597-604.
- <sup>5</sup> Turney, K. (2014). Stress proliferation across generations? Examining the relationship between parental incarceration and childhood health. *Journal of Health and Social Behavior*, 55(3), 302-319.
- <sup>6,8,9</sup> Child Welfare Information Gateway. (2015). *Child welfare practice with families affected by parental incarceration.* Retrieved January 15, 2018, from [www.childwelfare.gov](http://www.childwelfare.gov)
- <sup>7,12,13,14,15</sup> Rhode Island Department of Corrections, September 30, 2017.

(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.<sup>12</sup> In Rhode Island in 2015 (the most recent year for which full data are available), police reports indicate that children were present at 28% of domestic violence incidents resulting in arrests.<sup>3</sup>

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 also more likely to be victims of child abuse and neglect than those who are not.<sup>4,5</sup> Children may

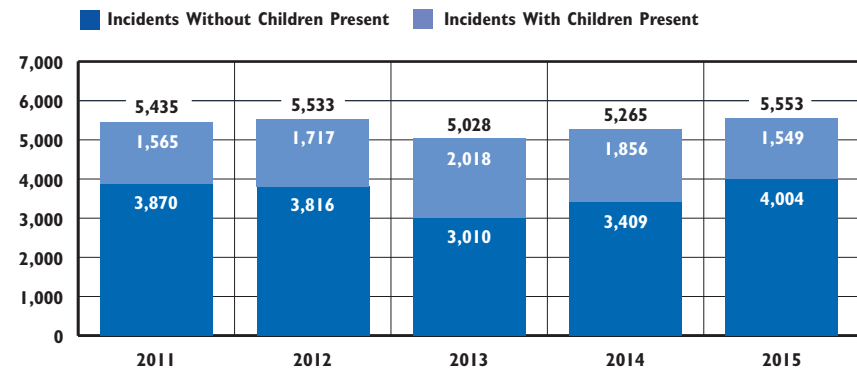
also lose a parent to domestic homicide.<sup>6,7</sup>

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 have not witnessed domestic violence.<sup>8,9,10</sup>

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.<sup>11,12</sup>

Incidents of domestic violence are historically under-reported. Nationally, it is estimated that 41% of family violence incidents are not reported to police.<sup>13</sup> Rhode Island data suggest similar under-reporting of 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.<sup>14</sup>

## Domestic Violence Incidents Resulting in Arrest, Rhode Island, 2011-2015



Source: Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit, 2011-2015. Includes domestic violence reports resulting in an arrest by local police and Rhode Island State Police.

◆ In Rhode Island in 2015, there were 5,553 domestic violence incidents that resulted in arrests, up 5% from 5,265 incidents in 2014. Children were reported present in 28% (1,549) of incidents in 2015.<sup>15</sup> 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.<sup>16</sup>

◆ In Rhode Island in 2015, police reported that children saw the domestic violence incident in 1,130 arrests and children heard the incident in 1,255 arrests. These incidents were not mutually exclusive, and more than one child may have witnessed each incident.<sup>17</sup>

◆ Rhode Island's statewide network of five domestic violence shelters and advocacy programs provides services to victims, including shelter, transitional housing, advocacy, individual and group counseling, and assistance with the legal system.<sup>18</sup> During 2017, the network provided services to 8,758 individuals, including 604 children (up from 8,710 and 447, respectively, in 2016). In 2017, 261 children and 278 adults spent a total of 26,758 nights in domestic violence shelters. During 2017, 117 children and 111 adults lived in domestic violence transitional housing (longer-term private apartments for victims of domestic violence) for a total of 21,688 nights.<sup>19</sup>

# Children Witnessing Domestic Violence

Table 30. Children Present During Domestic Violence Incidents Resulting in Arrests, Rhode Island, 2015

CITY/TOWN	TOTAL # OF REPORTS	TOTAL # OF INCIDENTS WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	37	16	43%
Bristol	85	17	20%
Burrillville	62	19	31%
Central Falls	147	41	28%
Charlestown	30	9	30%
Coventry	125	45	36%
Cranston	357	86	24%
Cumberland	120	43	36%
East Greenwich	36	9	25%
East Providence	271	83	31%
Exeter**	NA	NA	NA
Foster	15	6	40%
Glocester	14	4	29%
Hopkinton	44	15	34%
Jamestown	6	3	50%
Johnston	126	22	17%
Lincoln	51	20	39%
Little Compton	9	4	44%
Middletown	98	19	19%
Narragansett	68	18	26%
New Shoreham	207	61	29%
Newport	4	1	25%
North Kingstown	79	18	23%
North Providence	187	54	29%
North Smithfield	53	12	23%
Pawtucket	764	204	27%
Portsmouth	99	19	19%
Providence	942	290	31%
Richmond	31	11	35%
Scituate	20	7	35%
Smithfield	47	9	19%
South Kingstown	80	26	33%
Tiverton	68	25	37%
Warren	67	17	25%
Warwick	310	89	29%
West Greenwich	155	45	29%
West Warwick	18	4	22%
Westerly	268	71	26%
Woonsocket*	362	86	24%
Rhode Island State Police	91	21	23%
Four Core Cities	2,215	621	28%
Remainder of State	3,247	907	28%
Rhode Island	5,553	1,549	28%

## Source of Data for Table/Methodology

The number of domestic violence incident reports in which an arrest was made and the number of incidents in which children were present are based on the Domestic Violence and Sexual Assault/Child Molestation Reporting Forms sent by Rhode Island law enforcement to the Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit between January 1, 2015 and December 31, 2015.

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

\*Data for Woonsocket are provisional.

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

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

## References

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- Berger, A., Wildsmith, E., Manlove, J., & Steward-Streng, N. (2012). *Relationship violence among young adult couples*. Washington, DC: Child Trends.
- <sup>3,14,15,17</sup> Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit. Based on data from Domestic Violence and Sexual Assault/Child Molestation Reporting Forms, 2011-2015.
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- <sup>6,8</sup> Wathen, C. N. & MacMillan, H. L. (2013). Children's exposure to intimate partner violence: Impacts and interventions. *Pediatrics & Child Health, 18*(8), 419-422.

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## 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.<sup>20</sup>

## Domestic Homicide and Guns

◆ When firearms are present in a domestic violence situation, women are five times more likely to die.<sup>21</sup> Between 2006-2015, forty-two percent of Rhode Island women killed by intimate partners were shot to death.<sup>22</sup>

◆ Under the Protect Rhode Island Families Act, convicted domestic abusers are restricted from owning firearms. Signed into law in 2017, this legislation requires that domestic abusers convicted of misdemeanor domestic violence crimes and those subject to court-issued final protective orders, forfeit any guns in their possession within 24 hours.<sup>23</sup>



# 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.<sup>1</sup> 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.<sup>2,3</sup>

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

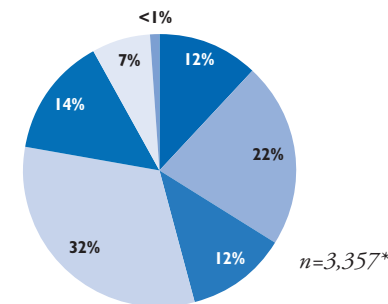
equally critical and more cost-effective. In Rhode Island, if an investigation does not reveal maltreatment but family stressors and risk factors are identified, Child Protective Services (CPS) refers families to community-based support services to reduce the risk of future involvement with the Department 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 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).<sup>4</sup>

In 2017 in Rhode Island, there were 2,404 indicated investigations of child abuse and neglect involving 3,357 children. The rate of child abuse and neglect per 1,000 children under age 18 was more than two times higher in the four core cities (23.5 victims per 1,000 children) than in the remainder of the state (10.2 victims per 1,000 children). About half (52%) of the victims of child abuse and neglect in 2017 were young children under age six and one-third (34%) were ages three and younger.<sup>5</sup>

## Child Abuse and Neglect, Rhode Island, 2017

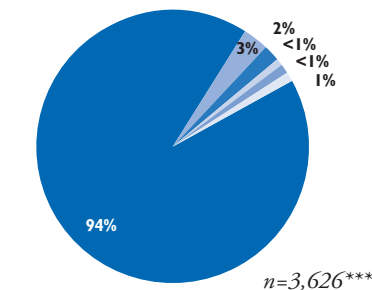
By Age of Victim\*

- 12% (397) Under Age 1
- 22% (742) Ages 1 to 3
- 12% (412) Ages 4 to 5
- 32% (1,087) Ages 6 to 11
- 14% (480) Ages 12 to 15
- 7% (237) Ages 16 and Older
- <1% (2) Unknown



By Relationship of Perpetrator to Victims\*\*\*

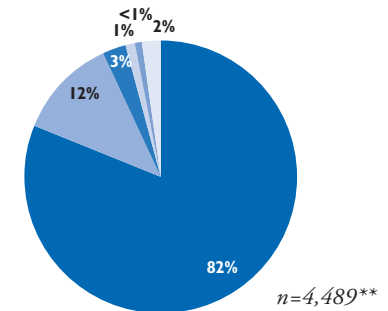
- 94% (3,404) Parents
- 3% (113) Relatives/Household Members
- 2% (57) Foster Parents
- <1% (9) Child Care Providers
- <1% (11) Residential Facility Staff
- 1% (32) Other or Unknown



Source: Rhode Island DCYF, Rhode Island Children's Information System (RICHIST), 2017. Percentages may not sum to 100% due to rounding.

By Type of Neglect/Abuse\*\*

- 82% (3,701) Neglect
- 12% (521) Physical Abuse
- 3% (116) Sexual Abuse
- 1% (53) Medical Neglect
- <1% (15) Emotional Abuse
- 2% (83) 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.



## DCYF Child Protective Services (CPS) Hotline Calls for Reports of Abuse and/or Neglect, Investigations,\* and Indicated Investigations, Rhode Island, 2008-2017

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
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
2017	15,945	42% (6,628)	2,404

Source: Rhode Island Department of Children, Youth and Families, RIC HIST, 2008-2017.

\*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).

◆ Between 2016 and 2017 in Rhode Island, the numbers of unduplicated child maltreatment reports, completed investigations, and indicated investigations all increased. This followed two years of declines in the numbers of both completed and indicated investigations. In 2017, 36% (2,404) of the 6,628 completed investigations of child maltreatment were indicated.<sup>6</sup> An indicated investigation is one in which there is a “preponderance of evidence that a child has been abused and/or neglected.”<sup>7</sup>

◆ Of the 15,945 maltreatment reports in 2017, 48% (7,703) were classified as “information/referrals” (formerly “early warnings”).<sup>8</sup> Information/referrals (IR) 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 exist, and there is a specific incident or pattern of incidents suggesting that harm can be identified. In 2017, DCYF reinstated a practice of doing a second review of all maltreatment calls initially classified as IR within 24 hours to either confirm IR status or to reclassify for investigation. 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 case-worker (depending on whether the family is active with DCYF).<sup>9,10</sup>

## Emergency Department Visits, Hospitalizations, and Deaths Due to Child Abuse and/or Neglect, Rhode Island, 2012-2016

YEAR	# OF EMERGENCY DEPARTMENT VISITS*	# OF HOSPITALIZATIONS*	# OF DEATHS**
2012	153	25	1
2013	133	34	3
2014	102	44	1
2015	92	28	0
2016	79	8	1
<b>TOTAL</b>	<b>559</b>	<b>139</b>	<b>6</b>

Source: Rhode Island Department of Health, 2012-2016. Data for 2015 and 2016 are provisional.

Note: Effective October 1, 2015, the International Classification of Disease (ICD) codes changed from the 9th classification to the 10th classification, which may impact comparability across the years.

\*The number of Emergency Department visits and the number of hospitalizations include both suspected and confirmed assessments of child abuse and neglect.

\*\*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 2012 and 2016, there were 79 emergency department visits, eight hospitalizations, and six deaths of Rhode Island children under age 18 due to child abuse and/or neglect.<sup>11</sup> 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).<sup>12</sup>

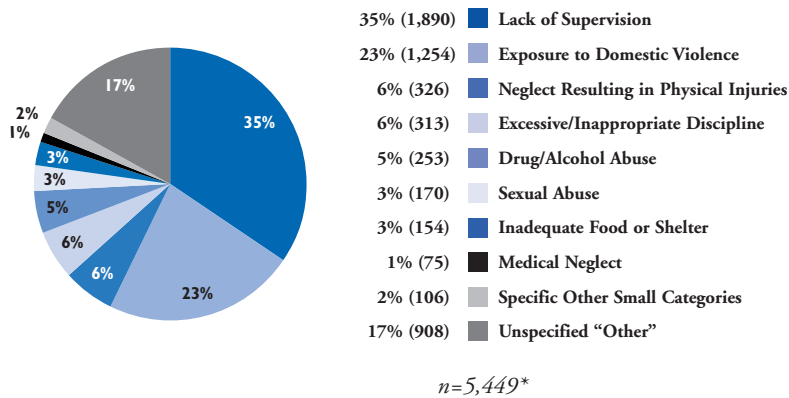
## Child Abuse and Neglect in Rhode Island Communities

◆ 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.<sup>13</sup> 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.<sup>14,15,16</sup>

◆ In 2017, Rhode Island had 14.6 child victims of abuse and neglect per 1,000 children, up from a rate of 12.3 per 1,000 children in 2016. Woonsocket (35.9 victims per 1,000 children) 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 (30.8), Newport (27.9), Pawtucket (24.1), and West Warwick (25.9).<sup>17</sup>

# Child Abuse and Neglect

**Indicated Allegations of Child Neglect, by Nature of Neglect, Rhode Island, 2017**



\*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.

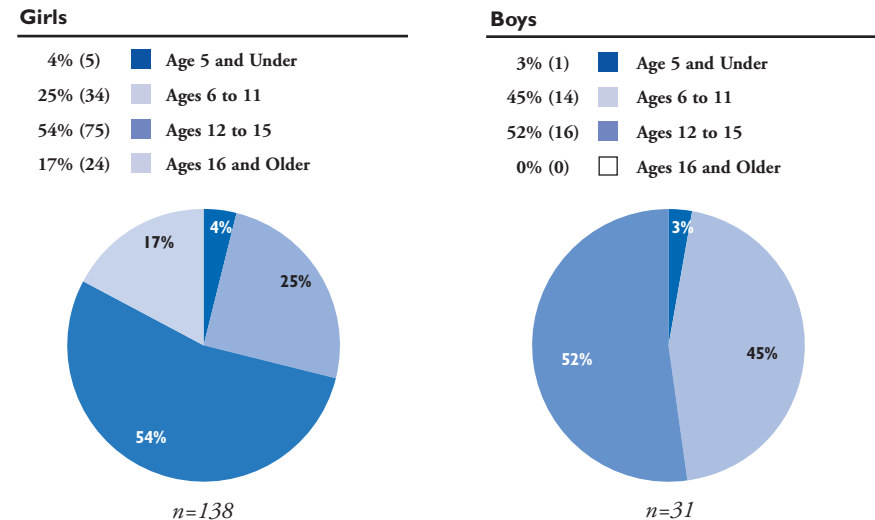
Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2017.

◆ Of the 5,449 indicated allegations (confirmed claims) of neglect to children under age 18 in Rhode Island in 2017, 35% involved lack of supervision. This highlights the importance of access to high-quality, affordable child care, preschool, and after-school programs.<sup>18</sup>

◆ The second largest category of neglect (23%) is “exposure to domestic violence.” These are instances where the neglect is related to the child witnessing domestic violence in the home.<sup>19</sup>

◆ The “specific other small categories” include: educational neglect (29), tying/close confinement (19), emotional abuse (15), abandonment (12), inappropriate restraint (11), corporal punishment (9), malnutrition/starvation (7), poisoning/noxious substances (2), and emotional neglect (2).<sup>20</sup>

**Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2017**



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2017.

◆ In Rhode Island in 2017, there were 169 indicated allegations (confirmed claims) of child sexual abuse. Some children were victims of sexual abuse more than once. The victim was a female in 82% (138) of the 169 indicated allegations of sexual abuse. Twenty-eight percent of the female victims were known to be under age 12 while 48% of the male victims were under age 12.<sup>21</sup>

◆ In the majority of sexual abuse cases, the perpetrator is a relative or person known to the victim, and sexual abuse by a stranger is less likely.<sup>22</sup>

Table 31.

Indicated Investigations of Child Abuse and Neglect, Rhode Island, 2017

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	12	2.6	13	2.8
Bristol	3,623	45	12.4	57	15.7
Burrillville	3,576	27	7.6	23	6.4
Central Falls	5,644	104	18.4	174	30.8
Charlestown	1,506	15	10.0	12	8.0
Coventry	7,770	75	9.7	69	8.9
Cranston	16,414	104	6.3	157	9.6
Cumberland	7,535	53	7.0	72	9.6
East Greenwich	3,436	11	3.2	18	5.2
East Providence	9,177	79	8.6	120	13.1
Exeter	1,334	10	7.5	11	8.2
Foster	986	5	5.1	4	4.1
Glocester	2,098	13	6.2	15	7.1
Hopkinton	1,845	29	15.7	34	18.4
Jamestown	1,043	2	1.9	5	4.8
Johnston	5,480	51	9.3	56	10.2
Lincoln	4,751	31	6.5	35	7.4
Little Compton	654	0	0.0	1	1.5
Middletown	3,652	29	7.9	37	10.1
Narragansett	2,269	16	7.1	16	7.1
New Shoreham	163	1	6.1	1	6.1
Newport	4,083	77	18.9	114	27.9
North Kingstown	6,322	39	6.2	60	9.5
North Providence	5,514	60	10.9	63	11.4
North Smithfield	2,456	11	4.5	16	6.5
Pawtucket	16,575	285	17.2	400	24.1
Portsmouth	3,996	15	3.8	24	6.0
Providence	41,634	540	13.0	805	19.3
Richmond	1,849	4	2.2	3	1.6
Scituate	2,272	20	8.8	11	4.8
Smithfield	3,625	10	2.8	14	3.9
South Kingstown	5,416	26	4.8	43	7.9
Tiverton	2,998	26	8.7	37	12.3
Warren	1,940	19	9.8	27	13.9
Warwick	15,825	111	7.0	122	7.7
West Greenwich	1,477	5	3.4	6	4.1
West Warwick	5,746	87	15.1	149	25.9
Westerly	4,787	52	10.9	81	16.9
Woonsocket	9,888	226	22.9	355	35.9
Four Core Cities	73,741	1,155	15.7	1,734	23.5
Remainder of State	150,215	1,170	7.8	1,526	10.2
Rhode Island	223,956	2,325	10.4	3,260	14.6

### 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 2017.

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 children remain eligible for services after their 18th birthday.

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

### References

<sup>1,13,14</sup> U.S. Department of Health and Human Services, Administration for Children and Families. (2016). *Building community, building hope: 2016 prevention resource guide*. Washington, DC: U.S. Government Printing Office.

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

(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

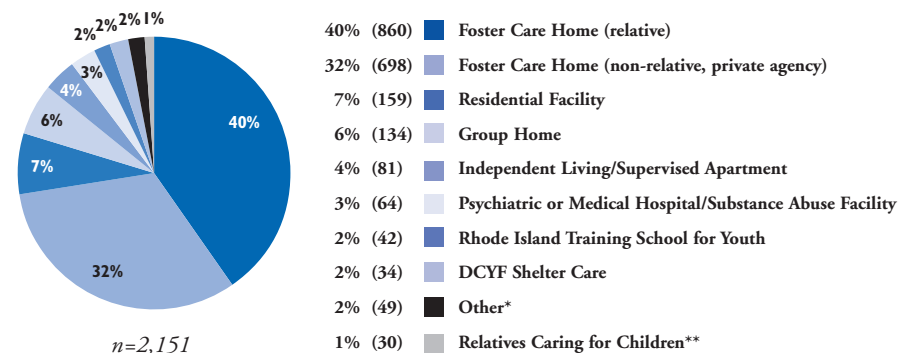
Children need stability, permanency, and safety for healthy development. Removal from the home may be necessary for the child's safety and well-being; however, critical connections and a sense of permanency may be lost when a child is placed out-of-home.<sup>1</sup> Permanency planning efforts should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

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.<sup>4</sup> Children in out-of-home care suffer more frequent and more serious medical, developmental, and mental health problems than their peers.<sup>5,6</sup> Long-term stays in care can cause emotional, behavioral, or educational problems that can negatively impact children's well-being and success.<sup>7</sup> 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.<sup>8</sup> Appropriate supports and services can help youth in care maximize their potential and ensure that they are prepared for higher education and work.<sup>9</sup>

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.<sup>10</sup> 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.<sup>11</sup>

**Children in Out-of-Home Placement, Rhode Island, December 31, 2017**



\*The placement category "Other" includes: runaway youth in DCYF care or those with unauthorized absences (45), pre-adoptive homes (1), and minors with their mother in shelter/group home/residential facility (3).

\*\*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.

◆ As of December 31, 2017, there were 2,151 children under age 21 in the care of DCYF who were in out-of-home placements, and 57 were in out-of-state placements/other agency custody.

◆ The total DCYF caseload on December 31, 2017 was 7,133, including 2,318 children living in their homes under DCYF supervision and 2,599 children living in adoption settings.

◆ Of the foster families caring for children age 12 and older on September 22, 2017, 48% (129) were relative kinship families, 20% (53) were non-relative kinship families, and 31% (83) were non-kinship families.

◆ On December 31, 2017, 293 children were living in a residential facility or group home, a decline from 355 children on December 31, 2016 and 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 35% on December 31, 2016 to 40% on December 31, 2017.

Source: RI Department of Children, Youth and Families, RICHIST, 2016-2017.

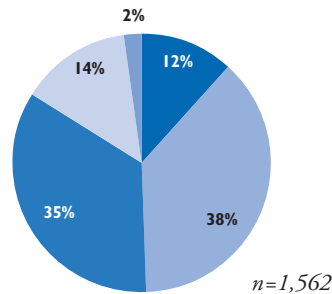
Note: A relative kinship foster family may be an aunt, grandparent, cousin, or adult sibling. A non-relative kinship foster family may be a stepparent, family friend, or adult who has a bond with the child. A non-kinship foster family is not known to the child.

# Children in Out-of-Home Placement

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

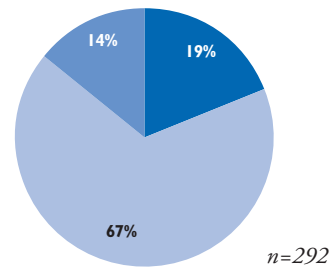
### In Foster Care Homes

12%	(181)	■	Under Age 1
38%	(586)	■	Ages 1 to 5
35%	(542)	■	Ages 6 to 13
14%	(214)	■	Ages 14 to 17
2%	(39)	■	Ages 18 and Over



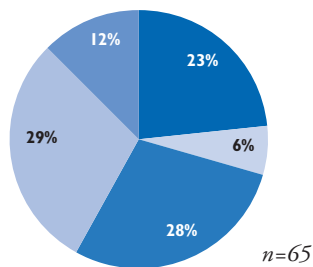
### In Group Homes and Residential Facilities\*\*

0%	(0)	□	Under Age 1
0%	(0)	□	Ages 1 to 5
19%	(55)	■	Ages 6 to 13
67%	(196)	■	Ages 14 to 17
14%	(41)	■	Ages 18 and Over



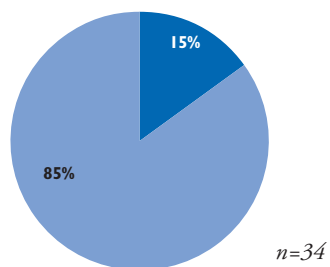
### In Medical Facilities\*\*\*

23%	(15)	■	Under Age 1
6%	(4)	■	Ages 1 to 5
28%	(18)	■	Ages 6 to 13
29%	(19)	■	Ages 14 to 17
12%	(8)	■	Ages 18 and Over



### In Shelter Care

0%	(0)	□	Under Age 1
0%	(0)	□	Ages 1 to 5
15%	(5)	■	Ages 6 to 13
85%	(29)	■	Ages 14 to 17
0%	(0)	□	Ages 18 and Over



\*Pie charts show data for a single point-in-time (Foster Care Homes-January 2, 2018; Group Homes and Residential Facilities, Medical Facilities, and Shelter Care-December 31, 2017.)

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

\*\*\*Medical facilities data includes medical hospitals (26), psychiatric hospitals (39), and substance abuse treatment facilities (0).

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), January 2018. 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.<sup>12</sup> 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.<sup>13</sup>

### Congregate Care

◆ In Rhode Island, of the 422 adolescents age 12 and older who entered out-of-home placement for the first time in FY 2017, 67.1% (283) entered congregate care settings, including group homes, residential facilities, and emergency shelters as a first placement. Of the 171 children assessed by RI DCYF from January 1, 2017 to August 31, 2017, who were deemed appropriate for foster care but then placed into congregate care, 85% (145) were teens.<sup>14,15</sup>

### Racial and Ethnic Disparities

◆ In Rhode Island in FY 2017, Black, Multiracial, and Hispanic youth ages 10 to 17 were overrepresented in entering into an out-of-home placement compared to their RI census population. Black Non-Hispanic children (45.2%) and Hispanic children (39.7%) who experienced out-of-home placement during were placed in congregate care as their first placement compared to their White peers (27.8%).<sup>16</sup>

### 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) increased from 31 on December 31, 2016 to 34 on December 31, 2017. Five of these Rhode Island children in shelter care were ages six to 13; and 29 were age 14 and older.<sup>17</sup>

### References

<sup>1</sup> 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.

<sup>2</sup> U.S. Department of Health and Human Services, Administration for Children and Families. 1998. *Program instruction: Adoption and Safe Families Act of 1997.* Retrieved January 10, 2018, from www.acf.hhs.gov

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# Permanency for Children in DCYF Care

## DEFINITION

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

## SIGNIFICANCE

The uncertainty of multiple, prolonged, or unstable out-of-home placements can negatively affect children's emotional well-being, which has an impact on behavior, academic achievement, and the formation of secure relationships.<sup>1,2</sup> 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.<sup>3,4,5</sup> 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.<sup>6,7,8</sup>

Reunification with parents is the most common permanency outcome for children who have been in foster care.<sup>9</sup> When reunification is not possible, child welfare agencies focus on placing children

in another permanent family through adoption or guardianship.<sup>10</sup> 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.<sup>11,12</sup>

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.<sup>13</sup> 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.<sup>14</sup>

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.<sup>15</sup> The *Family First Prevention Services Act*, enacted February 2018, will provide federal funds for prevention services for children at risk of entering foster care and their families.<sup>16</sup>

## Exits from Foster Care\*, Rhode Island, FFY 2017

	ALL EXITS	OVER AGE 12 AT ENTRY
Adoption	23%	3%
Guardianship	10%	7%
Reunification	55%	59%
Aged Out	7%	17%
Other**	5%	14%
<b>TOTAL</b>	<b>1,048</b>	<b>357</b>

Source: RICHIST RPT406D. 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.

\*\*Other includes discharge reason of absent from care, detained at the Rhode Island Training School, living with other relatives, or transfer to another agency.

Note: Percentages include some children over age 18 who are still in the care of DCYF.

◆ In Federal Fiscal Year (FFY) 2017, 65% of children under age 18 in the care of DCYF exited foster care. Of the children who exited, 97% exited to permanency (reunification, guardianship, living with other relatives, or adoption). Children who were over age 12 when they entered foster care were more likely to age out of care without achieving permanency.<sup>17</sup>

◆ Among Rhode Island children who entered foster care during State Fiscal Year (SFY) 2015, 22% re-entered care within 12 months of achieving permanency (exited to guardianship, reunification, or living with a relative).<sup>18</sup>

## Reunification, FFY 2016

◆ In FFY 2017, 65% of children under age 18 in the care of DCYF were reunified with their family of origin in less than 12 months from the time of removal from their home.<sup>19</sup>

◆ In FFY 2017, 57% of indicated child maltreatment in Rhode Island involved neglect.<sup>20</sup> 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.<sup>21</sup>

# 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.<sup>22</sup> Rates of children exiting foster care to guardianship in Rhode Island increased from 10.8% in FFY 2015 to 11.3% in FFY 2016. In FFY 2017, 11.7% of children under 18 in the care of DCYF exited foster care to guardianship.<sup>23,24</sup>

## Adoptions of Children in DCYF Care, 2017

◆ During Calendar Year 2017, 261 children in the care of DCYF were adopted in Rhode Island, similar to the 265 children adopted in 2016. Of these children, 50% were White, 31% were multiracial, 19% were Black, <1% were American Indian or of unknown race. Twenty-five percent of children adopted in 2017 were Hispanic (belonging to any race category).<sup>25</sup>

◆ Of the 261 children adopted, 68% were under age six, 26% were ages six to 13, and 6% were age 14 or older.<sup>26</sup>

## Rhode Island Children Waiting to be Adopted, March 19, 2018

◆ On March 19, 2018, there were 249 Rhode Island children in the care of DCYF who were waiting to be adopted. Of these, 1% of children were under age one, 43% were ages one to five, 25% were ages six to 10, 23% were ages 11 to 15, and 8% were ages 16 to 17.<sup>27</sup>

◆ Of all waiting children, 50% were White Non-Hispanic, 32% were Hispanic (any race), 8% were Black Non-Hispanic, 10% were Multiracial or other Non-Hispanic, and 1% were of unknown race/ethnicity.<sup>28</sup>

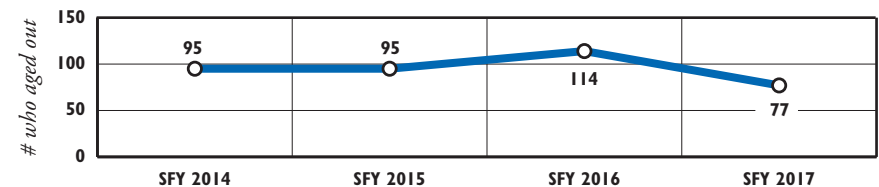
◆ Of the 249 children waiting to be adopted, 21% (52) were children of parents whose parental rights had been legally terminated.<sup>29</sup>

◆ In FFY 2017, 40% of children under age 18 exiting foster care to adoption were adopted within 24 months from the time of removal from their home.<sup>30</sup>

## 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. On June 9, 2017, DCYF instituted a memorandum to all staff stating that children in DCYF care working on a GED or enrolled in high school can only be terminated from foster care at the age of 18 with approval from the Director of DCYF or a designee.<sup>31,32</sup>

### Rhode Island Youth Aging Out of Foster Care, SFY 2014-2017



Source: Rhode Island Department of Children, Youth and Families, RICHIST 2013-2017.

◆ The number of Rhode Island youth who exited foster care never having gained permanency through reunification, adoption, or guardianship increased from 95 during SFY 2015 to 114 during SFY 2016, then decreased to 77 in SFY 2017.<sup>33</sup>

◆ 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.<sup>34</sup>

◆ 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.<sup>35</sup>

#### References

<sup>1</sup> Wedeles, J. (n.d.). *Placement stability in child welfare*. Retrieved March 5, 2018, from [www.oacas.org](http://www.oacas.org)

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

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