

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 access to health care, children's mental and physical health, the dangers to which children are exposed in the community, access to and use of safety devices and practices (such as bicycle helmets and smoke alarms), and the level of adult supervision children receive.^{1,2}

The U.S. child death rate has declined steadily since 1980, but disparities still exist by age, 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 all other racial and ethnic groups.^{3,4}

In Rhode Island between 2013 and 2017, there were 81 deaths of children ages one to 14 (a rate of 10.04 per 100,000 children).⁵ Of these children, 31 (38%) lived in the four core cities and 50 (62%) lived in the remainder of the state. Of the 81 deaths, 57 (70%) were due to disease, 16 (20%) were due to unintentional injuries, and 8 (10%)

were due to intentional injuries (six suicides and two homicides).^{6,7}

Children are particularly vulnerable to injury deaths due to their size, development, inexperience, and natural curiosity.⁸ 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.^{9,10}

Nationally, the leading causes of child injury deaths are motor vehicle crashes and drowning.¹¹ Child injury deaths can be reduced by educating families about injury prevention strategies and the importance of using safety products (such as seat belts and fencing around pools), 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 safely engineered toys and safety surfacing on playgrounds).¹²

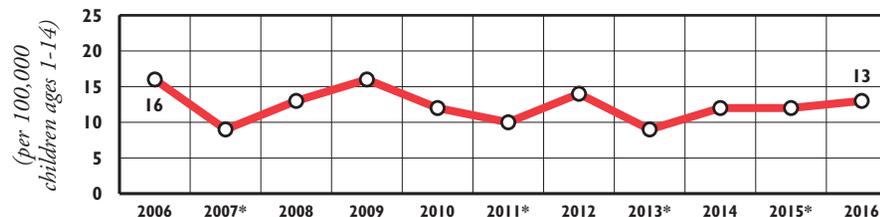
Child Death Rate (per 100,000 Children Ages 1-14)		
	2006	2016
RI	16	13
US	19	17
National Rank*		4th
New England Rank**		3rd

*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, 2006-2016

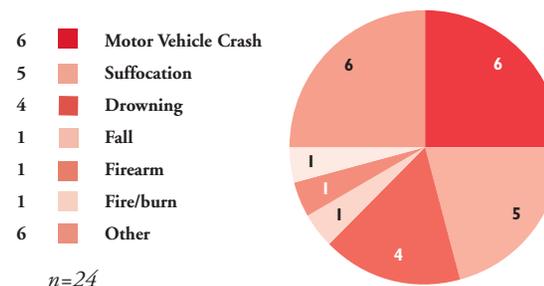


Source: Centers for Disease Control and Prevention, CDC WONDER, wonder.cdc.gov

*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.¹³

Child Deaths Due to Injury, by Cause, Rhode Island, 2013-2017



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2013-2017.

◆ Between 2013 and 2017, 24 Rhode Island children ages one to 14 died as a result of injury. Motor vehicle crashes, suffocation, and drowning were the leading causes of these child deaths in Rhode Island during this time period.¹⁴

References

¹ 2018 KIDS COUNT data book. (2018). Baltimore, MD: The Annie E. Casey Foundation.

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

^{23,10} 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.¹ Teens' mental health, including mood disorders and depression, further impacts their safety.² Nationally in 2016, 75% of teen deaths were accidents, homicides, and suicides, all of which are preventable.^{3,4}

Factors that protect against teen deaths include parent and family involvement, access to mental health services, state regulated teen driving programs, as well as violence and substance abuse prevention programs. Individual and group therapeutic programs in family, school, and community settings can support positive behavior changes and increase mental health awareness.^{5,6,7}

Between 2013 and 2017, there were 94 deaths of teens ages 15 to 19 in Rhode Island, a rate of 25.5 per 100,000 teens. Of these teens, 36 (38%) lived in the four core cities and 58 (62%) lived in the remainder of the state.^{8,9} Of these 94 teen deaths, 36 (38%) were due to unintentional injuries, 26 (28%) were due to

intentional injuries (18 suicides and eight homicides), 21 (22%) were due to disease, and 11 (1%) were due to overdose.¹⁰

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 2015.¹¹ Of the 18 youth ages 15 to 19 who died from suicide between 2013 and 2017, 16 were male and two were female.¹² Nationally, depression and suicide among adolescents have increased in recent years, with more females reporting symptoms of depression and committing suicide nationally than males.¹³ Mental health problems, depression, attempting suicide, substance abuse, experiencing partner violence, and having a family member or friend attempt suicide are associated with an increased risk of suicide or attempted suicide among youth.¹⁴

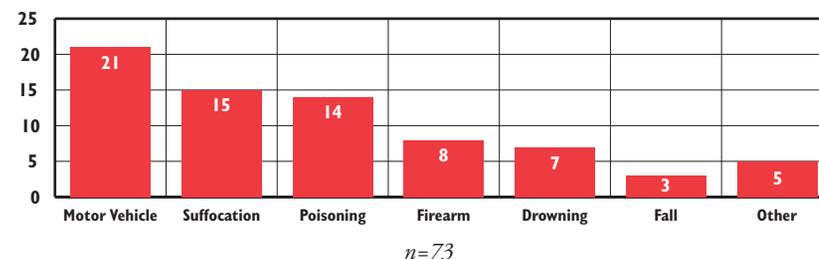
Teen Death Rate (per 100,000 Children Ages 15-19)		
	2006	2016
RI	34	22
US	63	51
National Rank*	1st	
New England Rank**	1st	

*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, 2013-2017



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2013-2017. 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. 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 2013 and 2017 in Rhode Island, 58% of the 73 teen deaths caused by injury were unintentional. Twenty-nine percent of all injury deaths involved motor vehicles.¹⁵
- ◆ Among the 26 teens ages 15 to 19 killed in Rhode Island motor vehicle crashes between 2013 and 2017, 12 were driving, eight were passengers in vehicles driven by others, four were pedestrians, and two were bicyclists.¹⁶
- ◆ Two (17%) of the teen drivers who died in motor vehicle crashes in Rhode Island between 2013 and 2017 had been drinking, and two teen fatalities occurred with adult drivers who had been drinking.¹⁷
- ◆ Ten (59%) of teen drivers and passengers killed in automobile accidents in Rhode Island between 2013 and 2017 were not wearing a seatbelt.¹⁸
- ◆ 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.¹⁹

References

- ¹⁵ Office of Disease Prevention and Health Promotion. (2019). *Healthy People 2020: Adolescent health*. Retrieved February 21, 2019, from www.healthypeople.gov
- ² *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 youth 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.^{1,2}

Effective youth violence prevention aims to stop youth violence from happening in the first place and requires an understanding of the factors that influence violence.³ 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.⁴

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.^{5,6,7} 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.⁸

Nationally in 2017, 24% of students in grades nine through 12 reported being in a physical fight during the previous year, 19% reported being bullied on school property during the previous year, and 16% reported carrying a weapon during the previous month.⁹

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 17.¹⁰ In 2017 in Rhode Island, there were 535 juvenile arrests for assault offenses and 106 juvenile arrests for weapons offenses.¹¹ In 2018, violent crimes made up 5% (234) of the 4,403 juvenile offenses referred to Rhode Island Family Court.¹²

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.¹³ 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.¹⁴
- ◆ 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.¹⁵
- ◆ Cyberbullying is bullying that takes place online or by digital communication through text messages, instant messengers, social media, and/or other digital applications.¹⁶ 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.¹⁷

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.¹⁸
- ◆ 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.¹⁹ In Rhode Island between 2013 and 2017, there were 105 emergency department visits, 40 hospitalizations, and eight deaths of children and youth ages 15 to 19 attributed to firearms.²⁰

Table 28.

Youth Violence, Rhode Island

Youth Violence

CITY/TOWN	COMMUNITY CONTEXT		VIOLENCE IN HIGH SCHOOLS, 2017		JUVENILE ARRESTS FOR VIOLENCE, 2018		
	VIOLENT CRIME OFFENSES (ALL AGES) 2017	TOTAL POPULATION AGES 11-17 2010	% OF STUDENTS WHO WORRY ABOUT VIOLENCE IN SCHOOL	% OF STUDENTS WHO REPORT PHYSICAL FIGHTS IN SCHOOL	# FOR ASSAULT OFFENSES	# FOR WEAPONS OFFENSES	TOTAL # FOR ASSAULT AND WEAPONS OFFENSES
Barrington	10	2,186	9%	4%	4	1	5
Bristol	15	1,545	26%	45%	3	0	3
Burrillville	16	1,526	24%	7%	2	0	2
Central Falls	97	2,089	29%	49%	12	4	16
Charlestown	9	659	10%	12%	0	0	0
Coventry	35	3,509	20%	39%	10	1	11
Cranston	111	6,984	20%	43%	8	1	9
Cumberland	15	3,271	8%	15%	5	1	6
East Greenwich	6	1,671	2%	1%	0	0	0
East Providence	69	3,730	22%	54%	23	3	26
Exeter	NA	673	16%	2%	NA	NA	NA
Foster	7	467	11%	2%	1	0	1
Glocester	3	1,000	11%	2%	1	0	1
Hopkinton	4	826	10%	12%	2	0	2
Jamestown	8	528	14%	21%	0	0	0
Johnston	45	2,376	13%	31%	8	2	10
Lincoln	28	2,189	7%	7%	11	2	13
Little Compton	0	284	27%	21%	0	0	0
Middletown	16	1,504	11%	16%	7	1	8
Narragansett	10	1,052	8%	6%	3	1	4
New Shoreham	0	64	8%	3%	0	0	0
Newport	60	1,484	26%	31%	17	3	20
North Kingstown	18	2,917	14%	14%	15	2	17
North Providence	43	2,303	14%	29%	14	2	16
North Smithfield	8	1,132	5%	1%	2	0	2
Pawtucket	311	6,268	17%	25%	77	15	92
Portsmouth	11	1,881	27%	21%	6	0	6
Providence	960	16,024	19%	15%	184	46	230
Richmond	3	759	10%	12%	5	1	6
Scituate	5	1,143	12%	2%	1	0	1
Smithfield	10	1,729	7%	3%	8	0	8
South Kingstown	14	2,498	9%	5%	9	0	9
Tiverton	21	1,318	6%	10%	2	1	3
Warren	15	777	26%	45%	3	0	3
Warwick	97	6,781	24%	34%	24	2	26
West Greenwich	2	678	16%	2%	0	0	0
West Warwick	66	2,139	12%	7%	11	2	13
Westerly	17	2,003	36%	56%	15	0	15
Woonsocket	221	3,649	23%	42%	41	15	56
State Police/Other	NA	NA	NA	NA	1	0	1
Four Core Cities	1,589	28,030	20%	23%	314	80	394
Remainder of State	797	65,586	15%	22%	221	26	247
Rhode Island	2,386	93,616	16%	22%	535	106	641

Sources of Data for Table/Methodology

Total violent crime offense data are from U.S. Department of Justice, Federal Bureau of Investigation. (2017). *Crime in the United States 2017: Rhode Island offenses known to law enforcement*. Retrieved March 12, 2019, from ucr.fbi.gov

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

Data on high school students experiencing violence at school are from the 2017–2018 administration of *SurveyWorks!*, Rhode Island Department of Education. Percentages reflect students answering frequently or almost always to the question of “how often do you worry about violence at your school” and “how often do students get into physical fights in your school.” *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. Rhode Island total and remainder of state include charter schools, state operated schools, and UCAP.

Juvenile arrests for assault and weapons offenses data are from Mongeau, T. & Tocco, G. (2018). *2017 juvenile detention data*. Providence, RI: Rhode Island Department of Public Safety, Grant Administration Office. A complete list of assault and weapons offenses can be found in the Methodology Section of this Factbook.

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

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

References for Youth Violence

^{1,6} Centers for Disease Control and Prevention. (2015). *Understanding youth violence: Fact sheet*. Retrieved March 6, 2019, from www.cdc.gov

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

³ Centers for Disease Control and Prevention. (2019). *The social-ecological model: A framework for prevention*. Retrieved March 8, 2019, from 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.¹ Gun violence also can impact children and youth when someone they know is the victim or perpetrator of a shooting. Exposure to violence at home, in schools, and in the community can lead to lasting psychological and emotional damage including post-traumatic stress disorder, substance abuse, depression, anxiety, and suicidal ideation as well as cognitive and attention difficulties, and involvement in the child welfare and juvenile justice systems.^{2,3}

In the U.S. during 2017, 56% (1,927) of the 3,443 firearm deaths of children and youth under age 20 were the result of homicide, 38% (1,296) were the result of suicide, 3% (115) were the result of unintentional injuries, 2% (72) was the result of shootings with an undetermined intent, and 1% (33) was the result of a legal intervention (e.g., law enforcement shooting).⁴

Firearms are the third leading cause of death in the U.S. overall among children ages one to 17.⁵ Of the 3,443 U.S. children and youth under age 20 killed by firearms during 2017, 85% (2,912) were ages 15 to 19.⁶ 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.⁷ Nationally, in 2016, males ages 15 to 19 are six times more likely to die from a firearm-related incident than females of the same age. Among teens 15-19 years old in the U.S., the rate of firearm deaths for Black males (61 per 100,000) was more than four times the rate of both Hispanic males (15 per 100,000) and White males (13 per 100,000) in 2016.^{8,9}

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 unintentionally and in an assault or suicide. 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.^{10,11,12}

Gun-Related Emergency Department (ED) Visits, Hospitalizations, and Deaths Among Children and Youth, Rhode Island, 2013-2017

AGE	# OF ED VISITS	# OF HOSPITALIZATIONS	# OF DEATHS
1 to 14	57	7	1
15 to 17	49	14	4
18 to 19	56	23	4
TOTAL	162	44	9

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2013-2017.

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 2013 and 2017 in Rhode Island, nine (11%) of the 81 injury deaths of children and youth under age 20 were the result of firearms, up from eight deaths between 2012 and 2016. Of these, four were among youth ages 18 to 19, four were among youth ages 15 to 17, and one was a child age 14 or younger. Between 2013 and 2017 in Rhode Island, there were three youth under age 20 who committed suicide using a firearm.¹³**

◆ **In Rhode Island between 2013 and 2017, there were 162 emergency department visits and 44 hospitalizations of children and youth for gun-related injuries, down from 170 and 47 respectively, between 2012 and 2016.¹⁴**

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.^{15,16}**

References

¹ Xu, J., Murphy, S. L., Xu, J., Kochanek, K. D., Bastian, B., & Arias, E. (2018). Deaths: Final data for 2016. *National Vital Statistics Reports*, 67(5).

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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 abuse, strained family relationships, substance abuse by a family member, and/or parental neglect. While there are estimated to be more than four million homeless youth in the U.S., there is no standardized definition and standard methodology for measuring homeless youth.^{1,2}

Youth may become homeless when they run away from or are discharged from the foster care system. Youth with foster care histories often become homeless at an earlier age and remain homeless longer than their peers. Youth who “age out” of foster care without permanent families are more likely to experience homelessness.^{3,4}

Youth who identify as lesbian, gay, bisexual, transgender, or 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.^{5,6}

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.^{7,8}

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.⁹ They experience higher rates of physical and mental health problems, substance abuse, chronic physical conditions, and death than youth with stable housing.^{10,11} Homeless youth often have trouble accessing health services because they may lack health insurance, information about their coverage, and/or parental consent for treatment.¹² They may also face difficulties attending school due to a lack of required enrollment records, as well as lack of transportation to school.¹³

Homeless Youth in Rhode Island

- ◆ In 2018, Rhode Island conducted the second annual *Youth Point in Time Count* to assess the number and characteristics of Rhode Islanders ages 14 to 24 with experiences of current, former, or potential housing instability or homelessness. The *2018 Youth Point in Time Count* identified 173 young adults ages 14 to 24 experiencing current, former, or potential housing instability, 67 of whom were currently homeless. Information was also collected on age, gender, race/ethnicity, education level, sexual orientation, unsafe conditions, pregnancy and parenting, and barriers to services.¹⁴
- ◆ During the 2017-2018 school year, Rhode Island public school personnel identified 25 unaccompanied homeless youth.¹⁵
- ◆ In 2018, 256 single youth ages 18 to 24 (69 ages 18 to 20 and 187 ages 21 to 24) received emergency shelter services through the adult emergency shelter system in Rhode Island, compared to 188 18 to 24-year-olds in 2017.^{16,17}
- ◆ In 2017, the National Runaway Safeline handled 64 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 75 in 2016. Nationally, 73% of callers to the Safeline were youth and the remainder were friends, family, and other adults.¹⁸
- ◆ On December 31, 2018, there were 35 youth in the care of the Rhode Island Department of Children, Youth and Families between the ages of 13 and 20 who were classified as AWOL, 15 females and 20 males. These youth were AWOL from either foster care or juvenile justice placements.¹⁹
- ◆ There were an additional 100 youth ages 13 to 17 who received emergency shelter services with their families in Rhode Island in 2018.²⁰ 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.²¹

References

^{1,7,9} Ingram, E. S., Bridgeland, J. M., Reed, B., & Atwell, M. (2016). *Hidden in plain sight: Homeless students in America's public schools*. Washington, DC: Civic Enterprises & Hart Research Associates.

^{2,4} Fernandes-Alcantara, A. L. (2018). *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.¹

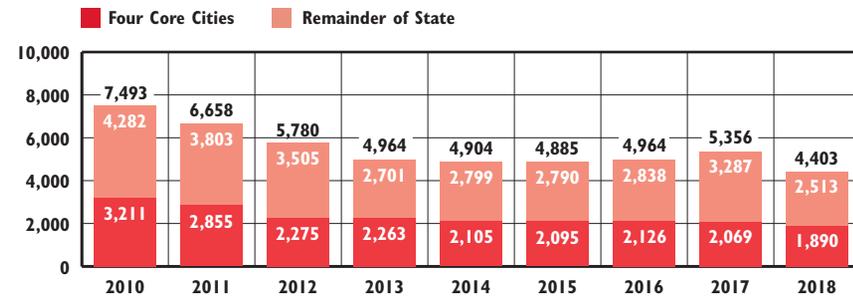
The Rhode Island Family Court has jurisdiction over children and youth under age 18 referred for wayward and delinquent offenses. When a police officer or school department refers a youth to Family Court, a petition is submitted, accompanied by an incident report, detailing the alleged violation of law.² During 2018 in Rhode Island, 2,565 youth (2% of Rhode Island youth between the ages of 10 and 17) were referred to Family Court, down from 2,704 youth during 2017. The number of offenses referred during 2018 (4,403) decreased from 2017, when 5,356 offenses were referred. Of the juvenile offenses in 2018, 234 (5%) involved violent offenses (55% of which occurred in the four core cities).^{3,4,5}

In 2018 in Rhode Island, 20% of juvenile offenses referred to Family Court were committed by youth from Providence, 22% were committed by youth from the other three core cities, and 57% were committed by youth living in the remainder of the state.⁶

Using validated assessment tools to determine the risk of re-arrest, prioritizing and addressing the behavior and learning needs of each individual youth, and focusing efforts on youth most likely to reoffend can help prevent recidivism.^{7,8} Sixty-five percent of youth referred to the Rhode Island Family Court in 2018 were referred for the first time, 16% had been referred once before, and 19% had been referred at least twice before.⁹

Research shows that incarceration of youth is not cost-effective and leads to worse public safety outcomes and higher recidivism rates than the use of community-based alternatives to incarceration.¹⁰ Community-based programs that improve a youth's skills, relationships, and insight are more effective at preventing recidivism than those that emphasize discipline and threat of consequences. Effective interventions include individual, group, and family counseling, mentoring programs, academic and vocational training, case management services, and restorative justice practices.¹¹

Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2010- 2018

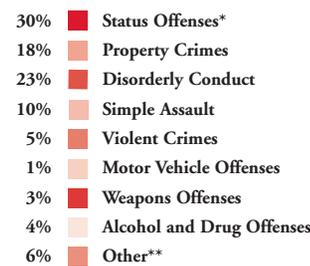


◆ The number of juvenile offenses fell by 41% since 2010, from 7,493 to a low of 4,403 in 2018. The number of children and youth referred to Family Court for wayward and delinquent offenses declined 40% between 2010 and 2018, from 4,288 to 2,565.

◆ In 2018, 66% of offenses referred to the Family Court involved males and 34% females. Forty-one percent of offenses involved White youth, 25% Black youth, 15% Hispanic youth, 1% Asian youth, and 18% of offenses involved youth of Some other race or an unknown race.

◆ In 2018, 10% of offenses referred to Family Court involved youth ages 12 or younger, 43% youth ages 13 to 15, 46% youth ages 16 to 17, and 1% of unknown age.

BY TYPE OF OFFENSE



n=4,403

*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, 2010-2018 Juvenile Offense Reports. Percentages may not sum to 100% due to rounding.

Youth Referred to Family Court

Alternatives to Incarceration for Juvenile Offenders in Rhode Island

- ◆ Juvenile courts have a wide range of options for handling juvenile offenders, including restitution, community service, revocation of driving privileges, counseling, substance abuse treatment, and probation.¹² In 2018 in Rhode Island, 43% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing, down from 45% in 2017.¹³
- ◆ The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. In 2018, 1,729 juveniles were referred to the Truancy Court by schools, up from 1,264 in 2017. In 2018, 72 juveniles who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication, down from 110 in 2017.¹⁴ Juveniles referred to the Drug Court undergo a six- to twelve-month program that includes intensive court supervision, drug treatment, and educational and employment services.¹⁵
- ◆ In 2017, 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 preparing to receive referrals (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 362 cases in 2017 (the most recent year for which data are available).¹⁶

LGBT Youth in the Juvenile Justice System

- ◆ Many lesbian, gay, bisexual, and transgender (LGBT) youth experience family rejection, conflicts at home, and bullying and harassment in school due to their gender identity or sexual orientation. These factors increase LGBT youth's risk of family court involvement for status offenses (like running away), survival behavior (like engaging in commercial sexual activity), and safety-related truancy. LGBT youth are more likely to be subjected to profiling, detained for low-level offenses, and victims of assault while in custody. Instituting protective policies and training for adults working in the juvenile justice system about the social, familial, and developmental challenges faced by LGBT youth could help keep them safe and support positive outcomes while they are in the community, in detention, or in correctional settings.^{17,18}

Juveniles Tried as Adults

- ◆ Youth tried and punished in the adult court system are more likely to re-offend and to commit future crimes than youth who commit similar crimes but who are in juvenile systems. Adolescents in the adult criminal justice system are at risk for sexual and physical victimization, and disruptions in their development, including identity formation, learning, and relationship skills.¹⁹
- ◆ Behavioral research shows that most youth offenders will stop breaking the law as part of normal development and that adolescents are less able than adults to weigh risks and consequences and to resist peer pressure. Research also shows that judgment and decision-making skills are not fully developed during adolescence due to biological immaturity of the brain.^{20,21}
- ◆ When a juvenile has committed a heinous and/or premeditated felony offense or has a history of felony offenses, the Rhode Island Attorney General may request that the Family Court Judge conduct a waiver hearing so that the juvenile may be tried as an adult in Superior Court.²²
- ◆ In 2018, the Attorney General's Office filed 21 (all of which were discretionary) motions to waive jurisdiction to try juveniles as adults. Of 21 discretionary waiver motions, one waived voluntarily and six remain pending before the Family Court at the end of 2018.²³
- ◆ A juvenile in Rhode Island also may be "certified," allowing the Family Court to sentence the juvenile beyond age 19 if there is otherwise an insufficient period of time in which to accomplish rehabilitation. There were four certification motions filed in 2018 (all of which resulted in certification). While the child is a minor, the sentence is served at the Training School. The youth can be transferred to an adult facility upon reaching age 19, if the Court deems it appropriate.^{24,25}

References

¹ Development Services Group, Inc. (2015). *Risk factors for delinquency-Literature review*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. Retrieved March 11, 2019, from www.ojjdp.gov

² Rhode Island Family Court. (n.d.). *About the Family Court*. Retrieved March 11, 2019, from www.courts.ri.gov

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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

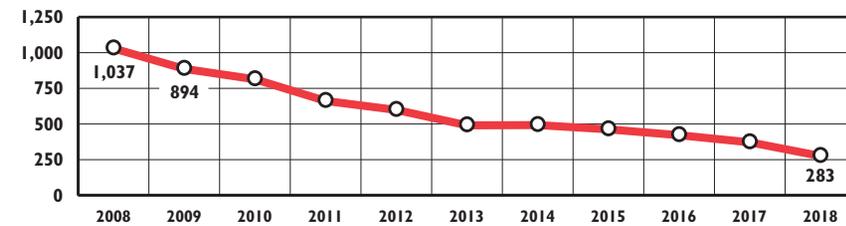
The juvenile justice system is responsible for ensuring community safety by promoting the positive development of youth in its care while recognizing that children have different developmental needs than adults.¹

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

Juvenile justice systems have a range of options for monitoring and rehabilitating youth in addition to incarceration, including probation, restorative justice programs, and evidence-based treatment programs such as Functional Family Therapy, 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.^{4,5,6}

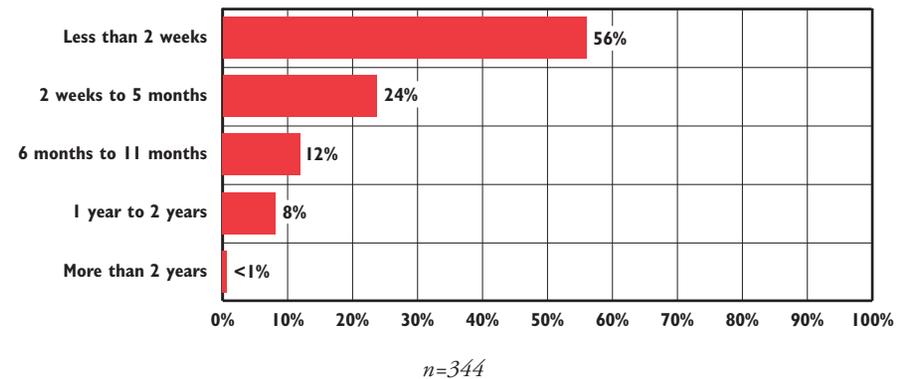
The Rhode Island Department of Children, Youth and Families (DCYF) operates the Rhode Island Training School, the state's secure facility for adjudicated youth and youth in detention awaiting trial. A total of 283 youth (80% male and 20% female) were in the care or custody of the Training School at some point during 2018, down from 383 during 2017. Between 2017 and 2018, the number of females at the Training School decreased by 17% and the number of males decreased by 28%. On December 31, 2018, there were 95 youth in the care or custody of the Training School, 51 of whom were physically at the Training School.⁷

Youth in the Care and Custody of the Rhode Island Training School, Calendar Years 2008-2018



◆ Between 2009 and 2018, the annual total number of youth in the care and custody of the Training School at any point during the year declined from 894 to 283. 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 68% between 2009 and 2018.

Discharges From the Rhode Island Training School, by Length of Time in Custody, Calendar Year 2018



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2008-2018. Total discharges (344) are higher than the total number of youth who passed through the Training School (283) due to some youth being discharged from the Training School more than once in 2018.

Youth at the Training School

Youth at the Training School by Age

- ◆ During 2018, there were no children age 11 or under, four children age 12, 36 youth ages 13-14, 136 youth ages 15-16, and 128 youth ages 17-18 held at the Training School. The average age for youth at the Training School was 16 years.⁸
- ◆ Rhode Island is one of 12 states that has no statutory minimum age for holding children in secure confinement and no minimum age of delinquency jurisdiction.^{9,10}

Promoting Rehabilitation and Preventing Recidivism

- ◆ Nationally and in Rhode Island, youth crime, including violent crime, has fallen sharply since 1995.¹¹ In 2010, the rate at which states hold youth in secure confinement reached a 35-year low, with almost every state reducing the number and percentage of youth held in secure facilities.¹²
- ◆ The Rhode Island Training School is an important resource for the rehabilitation of youth who commit serious offenses and who pose a danger to the community. However, a growing body of research shows that incarceration of youth does not reduce and can even increase criminal behavior, as well as increase recidivism among youth with less serious offense histories. Research also suggests that increasing the length of time a youth is held in secure confinement has no impact on future offending and that sentencing youth to long stays in correctional facilities is an ineffective rehabilitation strategy.^{13,14}
- ◆ Jurisdictions throughout the country have used objective admissions screening tools to limit the use of secure detention to serious offenders. The Rhode Island General Assembly passed a law in 2008 that mandates the use of a screening tool (called a Risk Assessment Instrument, RAI) for Rhode Island youth being considered for secure detention. The RAI has been piloted but has not yet been fully implemented.^{15,16}
- ◆ Of the 283 youth who were in the care or custody of the Training School at some point during 2018, 17% (48) were admitted at least twice in 2018, and 5% (13) were admitted to the Training School three or more times.¹⁷

Probation for Rhode Island Youth

- ◆ The purpose of Juvenile Probation is to provide supervision and monitoring to youth who are under court jurisdiction to ensure that they comply with court orders.¹⁸ The Juvenile Probation division at DCYF serves youth placed in a residential treatment program (temporary community placement) as well as those living at home and in foster care. Youth on probation have access to an array of services to help support them in the community and reduce the likelihood that they will reoffend.¹⁹
- ◆ On January 2, 2019, there were 494 youth on the DCYF probation caseload (418 males and 76 females). Four percent of youth on probation were ages 12-13, 20% were ages 14-15, 55% were ages 16-17, and 20% were age 18 or older.²⁰
- ◆ More than half (59%) of youth on probation on January 2, 2019 were White, 24% were Black, 1% were American Indian, <1% were Asian, 7% were multiracial, and 9% were of undetermined race. Thirty-two percent of youth identified as Hispanic, who may be of any race.²¹

Juvenile Detention Alternatives Initiative (JDAI)

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

Youth at the Training School

Disproportionate Minority Contact in Juvenile Justice Systems

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

Disproportionate Minority Contact in Rhode Island

	% OF TOTAL CHILD POPULATION, 2010	% OF YOUTH IN THE CARE AND CUSTODY OF RHODE ISLAND TRAINING SCHOOL, 2018
White	64%	56%
Hispanic	21%	36%
Black	6%	28%
Asian	3%	1%
Multi-Racial	5%	8%
American Indian	<1%	2%
Unknown	NA	5%
TOTAL	223,956	283

◆ Youth of color are disproportionately more likely than White youth to be in the care and custody of the Training School. During 2018, Black youth made up 28% 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.²⁵

Risk Factors for Rhode Island Youth at the Training School

History of Child Abuse and Neglect

◆ In 2018, 8% (22) of the 283 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.²⁶

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

Behavioral Health Needs

◆ In 2018, 148 youth (112 males and 36 females) received mental health services at the Training School for psychiatric diagnoses other than conduct disorders and substance abuse disorders. During 2018, 82 residents (60 males and 22 females) received substance abuse treatment services. Of these, 56 (all males) received residential substance abuse treatment.²⁸

Educational Attainment

◆ While the average age of youth at the Training School in 2018 was 16 years, students' math skills were on average at the fifth-grade level and their reading levels were on average at the fifth-grade level at entry to the Training School.

◆ Of the 205 youth in ninth through twelfth grades who received educational services at the Training School during the 2018 academic year, 42% (87) received special education services based on Individualized Education Programs (IEPs).

◆ During 2018, 10 youth graduated from high school while serving a sentence at the Training School (7 earned a GED, and three graduated with a high school diploma). An additional 33 youth received post-secondary education services at the Training School during the 2018 academic year.²⁹

Teen Pregnancy and Parenting

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

Table 29.

Youth in the Care or Custody of the Rhode Island Training School, 2018

CITY/TOWN	TOTAL POPULATION AGES 13-18	# OF ADJUDICATED YOUTH AT THE RITS	TOTAL # OF YOUTH AT THE RITS
Barrington	1,802	0	0
Bristol	1,780	0	2
Burrillville	1,319	3	3
Central Falls	1,859	9	17
Charlestown	554	0	1
Coventry	3,010	6	12
Cranston	6,184	5	16
Cumberland	2,746	4	3
East Greenwich	1,362	2	1
East Providence	3,243	2	10
Exeter	642	0	0
Foster	430	0	0
Glocester	878	0	1
Hopkinton	693	0	2
Jamestown	436	0	0
Johnston	2,025	3	5
Lincoln	1,851	2	3
Little Compton	228	0	0
Middletown	1,229	0	1
Narragansett	948	0	2
New Shoreham	50	0	0
Newport	1,604	3	6
North Kingstown	2,407	4	7
North Providence	2,027	1	1
North Smithfield	970	1	0
Pawtucket	5,514	21	39
Portsmouth	1,596	0	0
Providence	16,515	59	98
Richmond	637	0	1
Scituate	963	0	0
Smithfield	1,856	0	0
South Kingstown	3,540	1	3
Tiverton	1,115	0	1
Warren	675	0	1
Warwick	5,883	3	8
West Greenwich	568	0	0
West Warwick	1,891	0	7
Westerly	1,705	3	4
Woonsocket	3,112	11	17
<i>Out-of-State</i>	<i>NA</i>	<i>6</i>	<i>11</i>
<i>Four Core Cities</i>	<i>27,000</i>	<i>100</i>	<i>171</i>
<i>Remainder of State</i>	<i>58,847</i>	<i>37</i>	<i>90</i>
<i>Rhode Island</i>	<i>85,847</i>	<i>143</i>	<i>272</i>

Youth in Detention in Rhode Island

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

◆ Some youth are detained for short periods of time and released at their first court appearance (usually the following business day). Of the 344 discharges from the Training School during 2018, 24% resulted in stays of two days or less, 31% resulted in stays of three days to two weeks, and 45% resulted in stays of more than two weeks.³³

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children’s Information System (RICHIST), 2018; 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 2018 (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

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

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

⁴ Juvenile Justice Information Exchange. (n.d.). *What are community-based alternatives?* Retrieved February 22, 2019, from www.jjic.org

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

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Children of Incarcerated Parents

DEFINITION

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

SIGNIFICANCE

More than five million children in the U.S. have had a parent incarcerated in jail or state or federal prison at some point in their lives.¹ Parental incarceration can contribute to children's insecure attachment to their parent, which can lead to poor developmental outcomes. Children of incarcerated parents experience high rates of physical and mental health problems (including asthma, obesity, and depression) and educational challenges (including grade retention, placement in special education, and suspension). Parental incarceration increases children's risk for learning disabilities, ADHD, conduct problems, developmental delays, and speech problems.^{2,3,4,5}

Nationally, most children of incarcerated parents live with their other parent, a grandparent, or other relatives.⁶ Of the 1,693 parents incarcerated in Rhode Island on September 30, 2018 (including those awaiting trial), 93%

(1,568) were fathers and 7% (125) were mothers.⁷ Nationally, nearly half (48%) of incarcerated parents lived with their children one month prior to incarceration.⁸

Children of incarcerated parents are more likely than other children to be involved with the child welfare system. In the U.S., 40% of children in foster care had experienced parental incarceration at some point in their lives.⁹ These children often represent complex cases for child welfare agencies, involving balancing parental rights with the safety and well-being of the child.¹⁰

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

The criminal justice system disproportionately affects people of color, and in the U.S. 24% of Black children and 11% of Hispanic children will experience parental incarceration compared to 4% of White children.¹³ Of the 1,693 parents incarcerated in Rhode Island on September 30, 2018 (including those awaiting trial), 44% were White, 27% were Black, 25% were Hispanic, and 4% were of another race.¹⁴

Parents at the Rhode Island Adult Correctional Institutions (ACI), September 30, 2018

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	664	432	65%	990
Serving a Sentence	2,104	1,261	60%	3,087
TOTAL	2,768	1,693	61%	4,077

Source: Rhode Island Department of Corrections, September 30, 2018. *Does not include inmates who were missing responses to the question on number of children, inmates on home confinement, or those from another state's jurisdiction.

- ◆ Of the 2,768 inmates awaiting trial or serving a sentence at the ACI on September 30, 2018 who answered the question on number of children, 1,693 inmates reported having 4,077 children. Forty percent of sentenced mothers and 16% of sentenced fathers had sentences that were six months or less.¹⁵
- ◆ Of the 83 sentenced mothers on September 30, 2018, 55% were serving a sentence for a nonviolent offense, 30% for a violent offense, 7% for a drug-related offense, 6% for breaking and entering, and 1% for a sex-related offense. Of the 1,178 sentenced fathers, 50% were serving sentences for a violent offense, 19% for a nonviolent offense, 13% for a sex-related offense, 12% for a drug-related offense, and 6% for breaking and entering.¹⁶
- ◆ Thirty-seven percent of incarcerated parents awaiting trial or serving a sentence on September 30, 2018 had less than a high school diploma, 47% had a high school diploma or a GED, and 15% had at least some college education.¹⁷
- ◆ A supportive family, safe and secure housing, assistance obtaining employment, medical and mental health services, and substance abuse treatment are critical to parents' successful transition to the community after incarceration and to support the well-being of their children.^{18,19}
- ◆ Families with parents with a criminal record can experience significant challenges even if the parent has never been incarcerated. A parent's criminal record is often a barrier to housing eligibility, employment opportunities, and access to public benefits. For immigrants, a conviction can lead to deportation.²⁰

Children of Incarcerated Parents

Table 30.

Children of Incarcerated Parents, Rhode Island, September 30, 2018

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2010 TOTAL POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	2	3	4,597	0.7
Bristol	4	9	3,623	2.5
Burrillville	10	24	3,576	6.7
Central Falls	46	113	5,644	20.0
Charlestown	2	2	1,506	1.3
Coventry	22	44	7,770	5.7
Cranston	73	142	16,414	8.7
Cumberland	11	38	7,535	5.0
East Greenwich	5	16	3,436	4.7
East Providence	21	45	9,177	4.9
Exeter	5	12	1,334	9.0
Foster	2	7	986	7.1
Glocester	2	4	2,098	1.9
Hopkinton	5	8	1,845	4.3
Jamestown	2	4	1,043	3.8
Johnston	14	32	5,480	5.8
Lincoln	6	12	4,751	2.5
Little Compton	0	0	654	0.0
Middletown	6	10	3,652	2.7
Narragansett	6	12	2,269	5.3
New Shoreham	0	0	163	0.0
Newport	20	52	4,083	12.7
North Kingstown	13	41	6,322	6.5
North Providence	24	51	5,514	9.2
North Smithfield	4	6	2,456	2.4
Pawtucket	116	269	16,575	16.2
Portsmouth	5	14	3,996	3.5
Providence	403	932	41,634	22.4
Richmond	3	7	1,849	3.8
Scituate	1	2	2,272	0.9
Smithfield	6	8	3,625	2.2
South Kingstown	11	21	5,416	3.9
Tiverton	7	18	2,998	6.0
Warren	8	17	1,940	8.8
Warwick	54	106	15,825	6.7
West Greenwich	1	1	1,477	0.7
West Warwick	48	307	5,746	53.4
Westerly	18	33	4,787	6.9
Woonsocket	95	217	9,888	21.9
Unknown Residence	111	275	NA	NA
Out-of-State Residence**	69	173	NA	NA
Four Core Cities	660	1,531	73,741	20.8
Remainder of State	421	1,108	150,215	7.4
Rhode Island	1,081	2,639	223,956	11.8

Source of Data for Table/Methodology

Rhode Island Department of Corrections, September 30, 2018. 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

- ^{1,4,9} Laub, J. H. & Haskins, R. (2018). *Helping children with parents in prison and children in foster care*. Retrieved January 11, 2019, from <https://futureofchildren.princeton.edu/>
- ² 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 December 22, 2015, from www.cyfc.umn.edu
- ^{3,13} Turney, K. & Goodsell, R. (2018). *Parental incarceration and children's wellbeing*. Retrieved January 11, 2019, from www.futureofchildren.org
- ⁵ 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.
- ^{6,8,10} Child Welfare Information Gateway. (2015). *Child welfare practice with families affected by parental incarceration*. Retrieved January 11, 2019, from www.childwelfare.gov
- ^{7,14,15,16,17} Rhode Island Department of Corrections, September 30, 2018.

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Children Witnessing Domestic Violence

DEFINITION

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

SIGNIFICANCE

An estimated 10 million U.S. children are exposed to domestic violence each year. Rates of partner violence are higher among couples with children than those without children.¹² In Rhode Island in 2016 (the most recent year for which complete data are available), police reports indicate that children were present at 27% of domestic violence incidents resulting in arrests.³

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

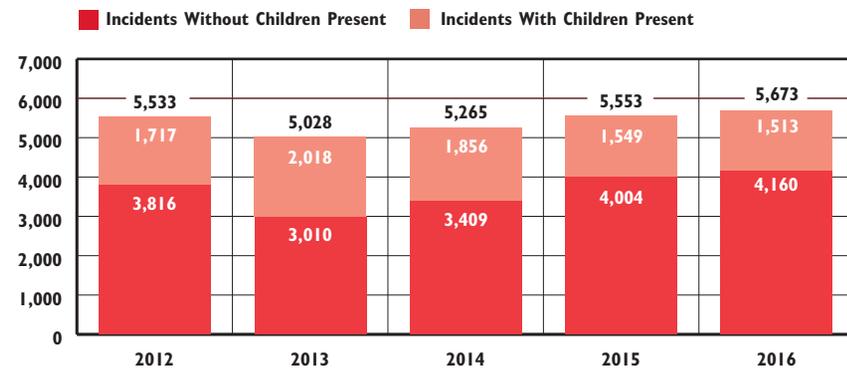
domestic homicide.^{6,7}

Exposure to domestic violence is distressing to children and can lead to mental health problems, including post-traumatic stress, depression, and anxiety, in childhood and later in life. Children who witness domestic violence are more likely to experience physical, emotional, health, and learning challenges throughout their childhood and adulthood. They are more likely to have concentration and memory problems, and to have difficulty with school performance than children who have not witnessed domestic violence.^{8,9,10}

While many children who have witnessed domestic violence show resilience, exposure to violence may impair a child's capacity for partnering and parenting later in life. There is a strong association between witnessing domestic violence as a child and becoming a perpetrator of domestic violence as an adult.^{11,12}

Children are also sometimes injured or killed in domestic violence especially when their parent is planning to leave an abusive relationship. This includes biological children as well as step- and adopted children who live in the household because they are the children of the victimized partner.¹³ It is, therefore, important to put supports in place to ensure the safety of all children living in households experiencing domestic violence.

Domestic Violence Incidents Resulting in Arrest, Rhode Island, 2012-2016



Source: Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit, 2012-2016. Includes domestic violence reports resulting in an arrest by local police and Rhode Island State Police.

◆ In Rhode Island in 2016, there were 5,673 domestic violence incidents that resulted in arrests, up 2% from 5,553 incidents in 2015. Children were reported present in 27% (1,513) of incidents in 2016.¹⁴ Rhode Island police officers document children's exposure to violence on reporting forms by noting the number and ages of minor children living in the home, how many were present during the incident, how many saw the incident and how many heard it.¹⁵

◆ In Rhode Island in 2016, police reported that children saw the domestic violence incident in 1,125 arrests and children heard the incident in 1,254 arrests. These incidents were not mutually exclusive, and more than one child may have witnessed each incident.¹⁶

◆ Rhode Island's statewide network of five domestic violence shelters and advocacy programs provides emergency and support services to victims of domestic violence, dating violence, sexual violence, and stalking.¹⁷ During 2018, the network provided services to 8,514 individuals, including 556 children (down from 8,758 and 604, respectively, in 2017). In 2018, 151 children and 235 adults spent a total of 21,376 nights in domestic violence shelters. During 2018, 71 children and 62 adults lived in domestic violence transitional housing (longer-term private apartments for victims of domestic violence) for a total of 29,679 nights.¹⁸

Children Witnessing Domestic Violence

Table 31. Children Present During Domestic Violence Incidents Resulting in Arrests, Rhode Island, 2016

CITY/TOWN	TOTAL # OF REPORTS	TOTAL # OF INCIDENTS WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	25	9	36%
Bristol	92	21	23%
Burrillville	51	12	24%
Central Falls	195	50	26%
Charlestown	30	8	27%
Coventry	174	51	29%
Cranston	372	105	28%
Cumberland	101	24	24%
East Greenwich	43	11	26%
East Providence	258	59	23%
Exeter*	NA	NA	NA
Foster	24	9	38%
Glocester	19	3	16%
Hopkinton	49	15	31%
Jamestown	8	2	25%
Johnston	108	28	26%
Lincoln	65	25	38%
Little Compton	5	2	40%
Middletown	101	28	28%
Narragansett	65	18	28%
New Shoreham	3	1	33%
Newport	195	34	17%
North Kingstown	87	30	34%
North Providence	164	38	23%
North Smithfield	50	11	22%
Pawtucket	861	267	31%
Portsmouth	122	21	17%
Providence	878	258	29%
Richmond	23	6	26%
Scituate	12	4	33%
Smithfield	50	12	24%
South Kingstown	89	28	31%
Tiverton	69	16	23%
Warren	68	17	25%
Warwick	252	57	23%
West Greenwich	22	5	23%
West Warwick	248	69	28%
Westerly	145	38	26%
Woonsocket	461	106	23%
Rhode Island State Police	89	15	17%
Four Core Cities	2,395	681	28%
Remainder of State	3,189	817	26%
Rhode Island	5,673	1,513	27%

Support for Children Witnessing Domestic Violence

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

Domestic Homicide and Guns

◆ When firearms are present in a domestic violence situation, women are five times more likely to die.²⁰ Between 2006-2015, forty-two percent of Rhode Island women killed by intimate partners were shot to death.²¹

◆ In 2018, "red flag" legislation passed that authorizes the Supreme Court to issue "extreme risk protection orders" requiring the surrender of all firearms from persons determined to be capable of causing personal injury.²²

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, 2016 and December 31, 2016.

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.

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

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

References

- Gilbert, A. L., Bauer, N. S., Carroll, A. E., & Downs, S. M. (2013). Child exposure to parental violence and psychological distress associated with delayed milestones. *Pediatrics*, 132(6), e1577-e1583.
- Berger, A., Wildsmith, E., Manlove, J., & Steward-Streng, N. (2012). *Relationship violence among young adult couples*. Washington, DC: Child Trends.
- ^{3,14,16} Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit. Based on data from Domestic Violence and Sexual Assault/Child Molestation Reporting Forms, 2012-2016.
- Stop Violence Against Women. (2010). *Effects of domestic violence on children*. Retrieved March 8, 2019, from www.stopvaw.org
- Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse and Neglect*, 34(2010), 734-741.
- ^{6,8} Wathen, C. N. & MacMillan, H. L. (2013). Children's exposure to intimate partner violence: Impacts and interventions. *Pediatrics & Child Health*, 18(8), 419-422.

(continued on page 184)

Child Abuse and Neglect

DEFINITION

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

SIGNIFICANCE

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

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

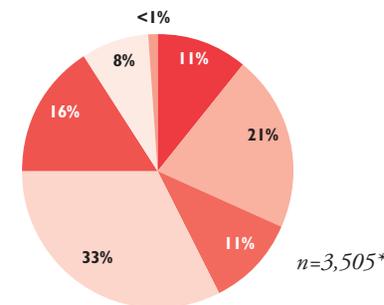
equally critical and more cost-effective. In Rhode Island, if an investigation does not reveal maltreatment but family stressors and risk factors are identified, Child Protective Services (CPS) refers families to community-based support services to reduce the risk of future involvement with the Department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

In 2018 in Rhode Island, there were 2,430 indicated investigations of child abuse and neglect involving 3,505 children. The rate of child abuse and neglect per 1,000 children under age 18 was almost two times higher in the four core cities (21.5 victims per 1,000 children) than in the remainder of the state (11.2 victims per 1,000 children). About half (49%) of the victims of child abuse and neglect in 2018 were young children under age six and almost one-third (32%) were ages three and younger.⁵

Child Abuse and Neglect, Rhode Island, 2018

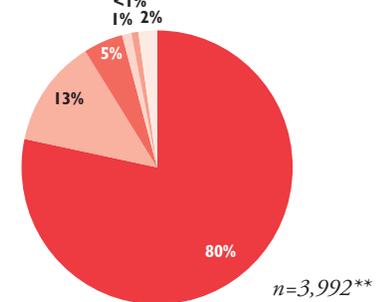
By Age of Victim*

11% (372)	Under Age 1
21% (742)	Ages 1 to 3
11% (395)	Ages 4 to 5
33% (1,148)	Ages 6 to 11
16% (550)	Ages 12 to 15
8% (297)	Ages 16 and Older
<1% (1)	Unknown



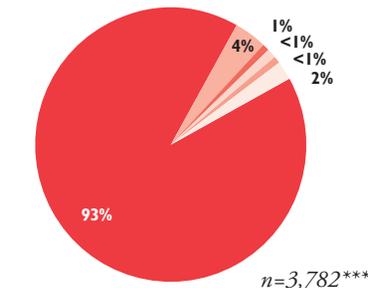
By Type of Neglect/Abuse**

80% (3,186)	Neglect
13% (501)	Physical Abuse
5% (185)	Sexual Abuse
1% (42)	Medical Neglect
<1% (14)	Emotional Abuse
2% (64)	Other



By Relationship of Perpetrator to Victims***

93% (3,506)	Parents
4% (140)	Relatives/Household Members
1% (51)	Foster Parents
<1% (13)	Child Care Providers
<1% (7)	Residential Facility Staff
2% (65)	Other or Unknown



Notes on Pie Charts

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

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

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

Source: Rhode Island DCYF, Rhode Island Children's Information System (RICHIST), 2018. Percentages may not sum to 100% due to rounding.

DCYF Child Protective Services (CPS) Hotline Calls for Reports of Abuse and/or Neglect, Investigations,* and Indicated Investigations, Rhode Island, 2008-2018

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
2018	21,837	38% (8,296)	2,430

Source: Rhode Island Department of Children, Youth and Families, RIC HIST, 2008-2018.

*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).

◆ From 2017 to 2018 in Rhode Island, the number of unduplicated child maltreatment reports increased by 37%, and the number of completed investigations increased by 25%. The number of indicated investigations stayed about the same. In 2018, 29% (2,430) of the 8,296 completed investigations of child maltreatment were indicated, cases in which there is a “preponderance of evidence that a child has been abused and/or neglected”.^{6,7}

◆ Of the 21,837 maltreatment reports in 2018, 52% (11,300) were classified as “information/ referrals” (formerly “early warnings”).⁸ Information/referrals are reports made to the CPS Hotline concerning the well-being of a child that do not meet the criteria for an investigation. Criteria for investigation include that the victim is a minor, the alleged perpetrator is responsible for the child’s welfare, there is reasonable cause to believe that abuse or neglect exists, and there is a specific incident or pattern of incidents suggesting that harm can be identified. In February of 2019, the Department began implementation of the Family Functioning Assessment model to conduct the Family Assessment Response (FAR) by CPS Caseworkers. When essential criteria for investigation are not present, the (FAR) may lead to a referral to the development of a safety plan with the family, including voluntary referral and delivery of other services in the community.⁹

Emergency Department Visits, Hospitalizations, and Deaths Due to Child Abuse and/or Neglect, Rhode Island, 2013-2017

YEAR	# OF EMERGENCY DEPARTMENT VISITS*	# OF HOSPITALIZATIONS*	# OF DEATHS**
2013	133	34	3
2014	102	44	1
2015	92	28	0
2016	79	8	1
2017	107	18	2
TOTAL	515	132	7

Source: Rhode Island Department of Health, 2013-2017.

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 2013 and 2017, there were 515 emergency department visits, 132 hospitalizations, and 7 deaths of Rhode Island children under age 18 due to child abuse and/or neglect.¹⁰ Nationally, 75% of child maltreatment deaths involved neglect and 42% involved physical abuse (because a victim may have suffered more than one type of maltreatment, these categories are not mutually exclusive).¹¹

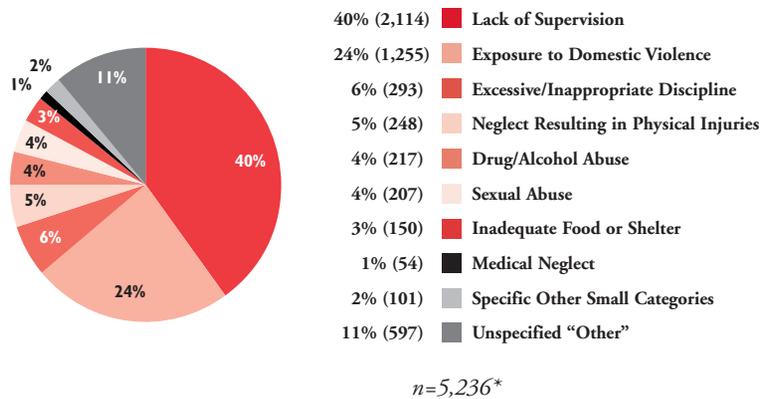
Child Abuse and Neglect in Rhode Island Communities

◆ 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.¹² 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.^{13,14}

◆ In 2018, Rhode Island had 14.6 child victims of abuse and neglect per 1,000 children, the same rate as in 2017. Woonsocket (35.7 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 (23.4), Newport (22.8), North Providence (22.7), Pawtucket (24.7), and West Warwick (23.1).¹⁵

Child Abuse and Neglect

Indicated Allegations of Child Neglect, by Nature of Neglect, Rhode Island, 2018



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2018.

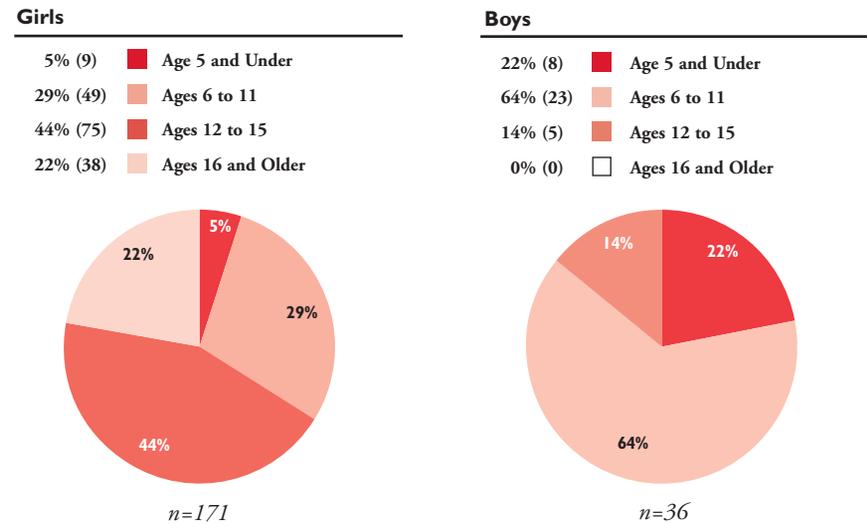
*The total refers to indicated allegations of neglect. Some children were victims of neglect more than once. Multiple allegations may be involved in each indicated investigation.

◆ Of the 5,236 indicated allegations (confirmed claims) of neglect to children under age 18 in Rhode Island in 2018, 40% involved lack of supervision. This highlights the importance of access to high-quality, affordable child care, preschool, and after-school programs.¹⁶

◆ The second largest category of neglect (24%) is “exposure to domestic violence.” These are instances where the neglect is related to the child witnessing domestic violence in the home.¹⁷

◆ The “specific other small categories” include: educational neglect (34), tying/close confinement (16), abandonment (14), emotional neglect (11), corporal punishment (8), failure to thrive (8), emotional abuse (6), inappropriate restraint (3), and poisoning/noxious substances (1).¹⁸

Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2018



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2018.

◆ In Rhode Island in 2018, there were 207 indicated allegations (confirmed claims) of child sexual abuse. Some children were victims of sexual abuse more than once. The victim was a female in 83% (171) of the 207 indicated allegations of sexual abuse. Thirty-four percent of the female victims were under age 12 while 86% of the male victims were under age 12.¹⁹

◆ 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.²⁰

Table 32.

Indicated Investigations of Child Abuse and Neglect, Rhode Island, 2018

CITY/TOWN	# OF CHILDREN UNDER AGE 18	# OF INDICATED INVESTIGATIONS OF CHILD ABUSE/NEGLECT	INDICATED INVESTIGATIONS PER 1,000 CHILDREN	# OF VICTIMS OF CHILD ABUSE/NEGLECT	CHILD ABUSE/NEGLECT VICTIMS PER 1,000 CHILDREN
Barrington	4,597	7	1.5	7	1.5
Bristol	3,623	32	8.8	39	10.8
Burrillville	3,576	28	7.8	31	8.7
Central Falls	5,644	101	17.9	132	23.4
Charlestown	1,506	22	14.6	29	19.3
Coventry	7,770	58	7.5	90	11.6
Cranston	16,414	125	7.6	151	9.2
Cumberland	7,535	46	6.1	66	8.8
East Greenwich	3,436	7	2.0	15	4.4
East Providence	9,177	98	10.7	128	13.9
Exeter	1,334	7	5.2	6	4.5
Foster	986	5	5.1	11	11.2
Glocester	2,098	12	5.7	15	7.1
Hopkinton	1,845	15	8.1	23	12.5
Jamestown	1,043	2	1.9	5	4.8
Johnston	5,480	46	8.4	72	13.1
Lincoln	4,751	37	7.8	42	8.8
Little Compton	654	3	4.6	6	9.2
Middletown	3,652	33	9.0	55	15.1
Narragansett	2,269	21	9.3	16	7.1
New Shoreham	163	0	0.0	0	0.0
Newport	4,083	65	15.9	93	22.8
North Kingstown	6,322	33	5.2	52	8.2
North Providence	5,514	85	15.4	125	22.7
North Smithfield	2,456	8	3.3	14	5.7
Pawtucket	16,575	283	17.1	410	24.7
Portsmouth	3,996	31	7.8	32	8.0
Providence	41,634	521	12.5	687	16.5
Richmond	1,849	6	3.2	13	7.0
Scituate	2,272	8	3.5	14	6.2
Smithfield	3,625	11	3.0	28	7.7
South Kingstown	5,416	29	5.4	45	8.3
Tiverton	2,998	24	8.0	31	10.3
Warren	1,940	27	13.9	30	15.5
Warwick	15,825	123	7.8	168	10.6
West Greenwich	1,477	9	6.1	12	8.1
West Warwick	5,746	109	19.0	133	23.1
Westerly	4,787	57	11.9	85	17.8
Woonsocket	9,888	227	23.0	353	35.7
Four Core Cities	73,741	1,132	15.4	1,582	21.5
Remainder of State	150,215	1,229	8.2	1,682	11.2
Rhode Island	223,956	2,361	10.5	3,264	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 2018.

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 2018, Rhode Island increased the eligibility for voluntary extended DCYF services to under age 21.

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

References

^{1,2,13} U.S. Department of Health and Human Services, Administration for Children and Families. (2018). *Keeping children safe and families strong in supportive communities: 2018 prevention resource guide*. Washington, DC: U.S. Government Printing Office.

² 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, assessment and stabilization centers, residential facilities, and medical facilities. Permanency can be achieved through reunification with the family, adoption, or guardianship.

SIGNIFICANCE

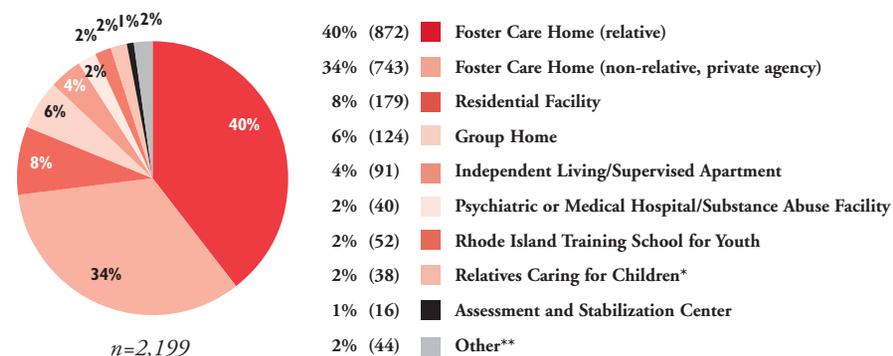
Children need stability, permanency, and safety for healthy development. Removal from the home may be necessary for the child's safety and well-being; however, critical connections and a sense of permanency may be lost when a child is placed out-of-home.¹ Permanency planning efforts should begin as soon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

Rhode Island children in out-of-home care often experience multiple placements, lose contact with family members, and may have overlooked

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

Children of color are overrepresented at all decision points in the child welfare system, including reporting, screening, investigation, assessment, recruiting and retaining resource families, and permanency.¹⁰ Children of color 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 reunited with their families or adopted, have fewer contacts with caseworkers, less access to mental health and substance abuse services, and are placed in detention or correctional facilities at higher rates than White children.¹¹

Children in Out-of-Home Placement, Rhode Island, December 31, 2018



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

**The placement category "Other" includes: runaway youth in DCYF care or those with unauthorized absences (35), pre-adoptive homes (6), and minors with their mother in shelter/group home/residential facility (3).

◆ As of December 31, 2018, there were 2,199 children under age 21 in the care of DCYF who were in out-of-home placements.

◆ The total DCYF caseload on December 31, 2018 was 6,907, including 2,008 children living in their homes under DCYF supervision and 2,642 children living in adoption settings.

◆ The total DCYF caseload also includes 51 children in out-of-state placements/other agency custody, one child receiving respite care services, three youth in Job Corps and three children in other placements.

◆ On December 31, 2018, 303 children were living in a residential facility or group home, an increase from 293 children on December 31, 2017. The percentage of children in out-of-home placement who were in a relative foster care home (40%) remained the same on December 31, 2018 as it was on December 31, 2017.

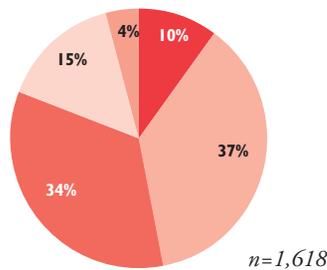
Source: RI Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2017-2019. Percentages may not sum to 100% due to rounding.

Children in Out-of-Home Placement

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

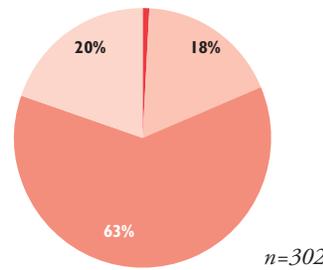
In Foster Care Homes

10%	(167)	Under Age 1
37%	(595)	Ages 1 to 5
34%	(549)	Ages 6 to 13
15%	(243)	Ages 14 to 17
4%	(64)	Ages 18 and Over



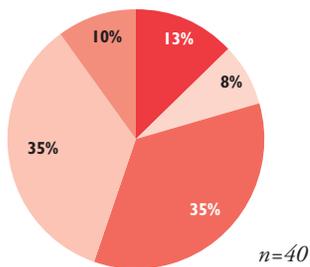
In Group Homes and Residential Facilities**

0%	(0)	Under Age 1
<1%	(1)	Ages 1 to 5
18%	(53)	Ages 6 to 13
63%	(189)	Ages 14 to 17
20%	(59)	Ages 18 and Over
<1%		



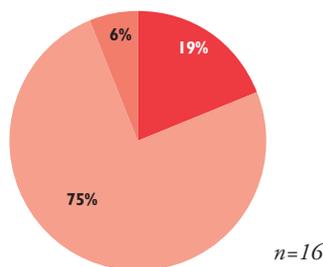
In Medical Facilities***

13%	(5)	Under Age 1
8%	(3)	Ages 1 to 5
35%	(14)	Ages 6 to 13
35%	(14)	Ages 14 to 17
10%	(4)	Ages 18 and Over



In Assessment and Stabilization Centers****

0%	(0)	Under Age 1
0%	(0)	Ages 1 to 5
19%	(3)	Ages 6 to 13
75%	(12)	Ages 14 to 17
6%	(1)	Ages 18 and Over



*Pie charts show data for a single point-in-time (Foster Care Homes-January 2, 2019; Group Homes and Residential Facilities, Medical Facilities, and Assessment and Stabilization Centers - December 31, 2018.)

**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).

****Assessment and Stabilization Centers are described as an emergency placement.

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), January 2019. Percentages may not sum to 100% due to rounding. Data do not match chart on previous page due to different report dates.

Safety, Permanency, and Well-Being

Fostering Connections

◆ The federal *Fostering Connections Act* promotes kinship care and family connections by requiring states to notify relatives when a child is placed in foster care and providing funding for states offering kinship guardianship assistance payments.¹² Rhode Island's guardianship assistance program defines kin broadly and includes any adult who has a close and caring relationship with the child, including godparents, caretakers, close family friends, neighbors, and clergy.¹³

Family First Prevention Services Act

◆ The *Family First Prevention Services Act (FFPSA) of 2018* enables states to use funds from the entitlement of Title IV-E of the Social Security Act that pays for child welfare, for "time-limited" services aimed at preventing the use of foster care in cases of maltreatment. States can spend money on services to address mental health issues, in-home parent skill-based programs, and substance abuse treatment. Parents or relatives caring for children who are at risk of entering foster care and youth in foster care who are pregnant or parenting are eligible for services through FFPSA.¹⁴

Pivot to Prevention

◆ In April of 2018, DCYF launched Pivot to Prevention, the Department's new operational direction to focus on child safety as a public health issue. DCYF will work with state partners to address poverty, substance abuse and serious mental health issues, and family violence in the community, whether or not families become involved with the Department.¹⁵

Congregate Care

◆ Older youth are more likely to be placed in congregate care settings (e.g., group homes, residential facilities) than young children. In Rhode Island during 2018, 302 of the children and youth in out-of-home placement were in group homes or residential facilities. Of those, 82% (248) were age 14 and older.¹⁶

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 Rhode Island census population. Black Non-Hispanic children (45.2%) and Hispanic children (39.7%) who experienced out-of-home placement were placed in congregate care as their first placement more often compared to their White peers (27.8%).¹⁷

(References are on page 185)

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 under age 18 who entered out-of-home placement with the Rhode Island Department of Children, Youth and Families (DCYF) during a 12-month period.

SIGNIFICANCE

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

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

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

Children and youth who live in families (kinship or non-kinship) while in the child welfare system are better prepared to thrive in permanent homes, whether through reunification, adoption, or guardianship.¹³ Youth who age out of foster care experience high rates of economic hardship (inability to pay rent, utilities, etc.), low educational attainment, homelessness, unemployment, and poor physical and mental health. They are more likely to enter the criminal justice system, become young parents, and enroll in public assistance programs.¹⁴

The federal *Fostering Connections Act of 2008* and *Strengthening Families Act of 2014* provide a wide range of incentives and strategies for states to support children and youth while in foster care as well as permanency.¹⁵ 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.¹⁶

Children Achieving Permanency, by Discharge Reason, Rhode Island, Entry Cohort FY 2017*

DISCHARGE REASON	NUMBER	PERCENTAGE	MEDIAN DAYS IN PLACEMENT
Reunification with Parents	366	91%	179.5
Guardianship	20	5%	259
Adoption – Direct Consent	9	2.2%	228
Living with Relative(s)	6	1.5%	171
Adoption	1	.3%	338
Total Number	402	100%	187

Source: *Permanency Report: Children in Foster Care FY16 - FY18*. (n.d.) Rhode Island Department of Children, Youth and Families. *Data cannot be compared to Factbooks prior to 2018. The data are now reported by entry cohort and represent children who achieved permanency within 12 months of entering out-of-home placement, excluding children who entered care at age 18 or older. Permanency includes reunification, guardianship, living with relative, adoption, and reunification.

◆ Of the 1,156 Rhode Island children in entry cohort FY 2017, 35% (402) children in out-of-home placement in Rhode Island exited foster care to permanency (reunification, guardianship, living with other relatives, or adoption) within 12 months of entering out-of-home placement. Children who were over age 12 when they were removed were more likely to exit care without achieving permanency.¹⁷

◆ Among Rhode Island children in entry cohort FY 2017 who achieved permanency, 38.3% entered congregate care as a first placement. Children who were over age 12 when they entered out-of-home placement were more likely to enter congregate care as a first placement.¹⁸

Reunification, Entry Cohort FY 2017

◆ Of children in entry cohort FY 2017, 91% of children under age 18 achieved permanency through reunification with their family of origin within 12 months of entering out-of-home placement.¹⁹

◆ Poverty, parental substance abuse, and mental health problems are leading contributors to neglect. Achieving timely and successful reunification requires access to substance abuse and mental health treatment, as well as interventions designed to improve the economic status of families.²⁰

Permanency for Children in DCYF Care

Subsidized Guardianship, Entry Cohort FY 2017

◆ The federal *Fostering Connections Act* provides funding for states offering kinship guardianship assistance payments. Rhode Island's guardianship assistance program defines kin broadly as any adult who has a close and caring relationship with the child, including godparents, caretakers, close family friends, neighbors, and clergy.²¹ The number of children who achieved permanency through guardianship in Rhode Island decreased from 6.8% in entry cohort FY 2016 to 5% in entry cohort FY 2017.²²

Adoptions of Children in DCYF Care, 2018

◆ During Calendar Year 2018, 255 children in the care of DCYF were adopted in Rhode Island, similar to the 261 children adopted in 2017. Of these children, 67% were White, 22% were multiracial, 11% were Black, and 1% were of Unknown race. Thirty-three percent of children adopted in 2018 were Hispanic (belonging to any race category).²³

◆ Of the 255 children adopted in 2018, 70% were under age six, 25% were ages six to 13, and 5% were age 14 or older.²⁴

Rhode Island Children Waiting to be Adopted, March 25, 2019

◆ On March 25, 2019, there were 252 Rhode Island children in the care of DCYF who were waiting to be adopted. Of these, 39% of children were ages zero to five, 30% were ages six to 10, 22% were ages 11 to 15, and 8% were ages 16 and over.^{25,26}

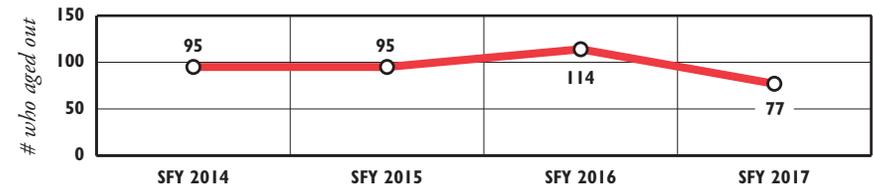
◆ Of all waiting children, 46% were White Non-Hispanic, 28% were Hispanic (any race), 11% were Black Non-Hispanic, and 14% were Multiracial or other Non-Hispanic.²⁷

◆ Of the 252 children waiting to be adopted, 19% (49) were children of parents whose parental rights had been legally terminated.²⁸

Youth Aging Out of Foster Care

◆ Youth who exit foster care to adulthood never having gained permanency through adoption, guardianship, or reunification are considered to have "aged out" of foster care. The *Voluntary Extension of Care Act (VEC)* passed in Rhode Island in 2018, provides a legal entitlement to voluntary extended foster care services until age 21. 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. DCYF began the implementation process for VEC program in July 2018. As a result, data reporting the number of Rhode Island youth aging out of foster care is in transition while the program is implemented and SFY 2018 data were not yet provided.^{29,30}

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



Source: Rhode Island Department of Children, Youth and Families, RICHIST 2014-2017.

◆ 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, and then decreased to 77 in SFY 2017.³¹

◆ 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 26.³²

◆ States that extend foster care to age 21, an option encouraged in the *Fostering Connections Act*, will more than offset the costs for the potential benefits in terms of increased educational attainment, reduced reliance on public assistance, and increased earnings.³³

References

¹ Wedeles, J. (n.d.). *Placement stability in child welfare*. Retrieved March 14, 2019, from www.oacas.org

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

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