

Rhode Island KIDS COUNT

Issue Brief

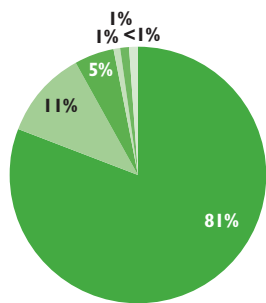
Child Neglect and Abuse in Rhode Island: Prevention and Support for Children and Families

Children need love, affection, and nurturing from their parents and caregivers for healthy physical and emotional development from birth through adolescence. However, parents and caregivers may have difficulty providing this support and may be at increased risk of maltreating their children if they are overwhelmed by multiple risk factors such as poverty, substance abuse, intergenerational trauma, isolation, or unstable housing.¹

Child Neglect and Abuse, Rhode Island, 2021

Victims by Type of Neglect or Abuse*

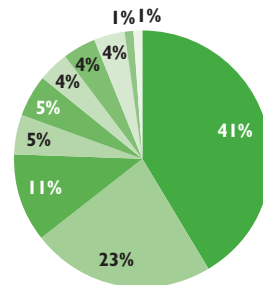
- 81% (2,281) Neglect
- 11% (317) Physical Abuse
- 5% (127) Sexual Abuse
- 1% (42) Other
- 1% (35) Medical Neglect
- <1% (10) Emotional Abuse



n = 2,812*

Indicated Allegations by Nature of Neglect, Rhode Island

- 41% (1,624) Lack of Supervision
- 23% (918) Exposure to Domestic Violence
- 11% (446) Unspecified "Other"
- 5% (199) Inadequate Food or Shelter
- 5% (182) Drug/Alcohol Abuse
- 4% (161) Sexual Abuse
- 4% (161) Neglect Resulting in Physical Injuries
- 4% (154) Excessive/Inappropriate Discipline
- 1% (55) Specific Other Small Categories
- 1% (44) Medical Neglect



n = 3,944**

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHOST), 2021. Percentages may not sum to 100% due to rounding. *This number is greater than the unduplicated count of child victims because children often experience more than one maltreatment event and/or more than one type of abuse. Within each type of abuse, the number of child victims is unduplicated. **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.

◆ In 2021, 81% (2,281) of child neglect or abuse cases in Rhode Island were classified as neglect.² Of the 3,944 indicated allegations (confirmed claims) of neglect of children under age 18, 41% involved lack of supervision and 23% involved exposure to domestic violence. This highlights the importance of access to high-quality, affordable child care, preschool, and after-school programs as well as domestic violence prevention.³

Children at Greatest Risk of Child Neglect and Abuse

- ◆ In 2021 in Rhode Island, there were 1,655 indicated investigations of child neglect and abuse involving 2,520 children. The rate of child neglect and abuse per 1,000 children under age 18 was almost twice as high in the four core cities of Central Falls, Pawtucket, Providence, and Woonsocket (16.5 victims per 1,000 children), where the child poverty rate is the highest, as in the remainder of the state (8.7 victims per 1,000 children).⁴ Providing access to economic resources, housing, health care, child care, early childhood learning programs, and evidence-based home visiting programs to families can prevent the occurrence and recurrence of child neglect and abuse.^{5,6}
- ◆ Nationally, Black and Native American children are involved in the child welfare system at much higher rates than white children, and Latino and certain Asian groups are also overrepresented. This disproportionality exists at multiple decision points in the child welfare system from reports of suspected neglect/abuse to removal to placement types to achieving permanency. While we do not know the exact causes of this disproportionality, structural racism (e.g., policies that have resulted in higher poverty, housing segregation, or lower wealth in Communities of Color), institutional racism (e.g., policies within child welfare that disproportionately place children of one racial group into specific placement types), and racial bias and discrimination (e.g., lack of understanding of different cultural practices or implicit beliefs held by workers about different racial or ethnic groups) all contribute to worse outcomes for Children of Color involved with the child welfare system.^{7,8,9,10}
- ◆ In 2021, almost half (43%) of the victims of child neglect and abuse were young children ages five and younger and one-third (32%) were ages three and younger.¹¹ Nationally and in Rhode Island, very young children are more likely to experience neglect and abuse than older children.¹² Child neglect and abuse that occurs during the first three years often disrupts the development of trusting, secure relationships, and infants and young children who have been maltreated need special attention and services to get on track for positive development.^{13,14}

Emergency Department Visits, Hospitalizations, and Deaths Due to Child Neglect and/or Abuse, Rhode Island, 2016-2020

YEAR	# OF EMERGENCY DEPARTMENT VISITS*	# OF HOSPITALIZATIONS*	# OF DEATHS**
2016	90	15	<5
2017	125	24	<5
2018	110	25	0
2019	88	40	<5
2020	102	98	<5
TOTAL	515	202	5

Source: Rhode Island Department of Health, 2016-2020.

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 neglect and abuse.

** Data contain small numbers. Counts from 1-4 are suppressed as <5. Rates should not be calculated from counts <5.

- ◆ Between 2016 and 2020, there were 515 emergency department visits, 202 hospitalizations, and five deaths of Rhode Island children under age 18 due to child neglect and/or abuse.¹⁵ Nationally in 2020, 74% of child maltreatment deaths involved neglect and 43% involved physical abuse (because a victim may have suffered more than one type of maltreatment, these categories are not mutually exclusive).¹⁶

Indicated Investigations of Child Neglect and Abuse, Rhode Island, 2021

CITY/TOWN	# OF CHILDREN UNDER AGE 18	# OF INDICATED INVESTIGATIONS OF CHILD NEGLECT/ABUSE	INDICATED INVESTIGATIONS PER 1,000 CHILDREN	# OF VICTIMS OF CHILD NEGLECT/ABUSE	VICTIMS OF CHILD NEGLECT/ABUSE PER 1,000 CHILDREN
Barrington	4,597	12	2.6	13	2.8
Bristol	3,623	24	6.6	30	8.3
Burrillville	3,576	20	5.6	31	8.7
Central Falls	5,644	71	12.6	114	20.2
Charlestown	1,506	6	4.0	6	4.0
Coventry	7,770	43	5.5	77	9.9
Cranston	16,414	90	5.5	105	6.4
Cumberland	7,535	42	5.6	45	6.0
East Greenwich	3,436	7	2.0	7	2.0
East Providence	9,177	75	8.2	117	12.7
Exeter	1,334	6	4.5	6	4.5
Foster	986	3	3.0	6	6.1
Glocester	2,098	9	4.3	8	3.8
Hopkinton	1,845	7	3.8	11	6.0
Jamestown	1,043	1	1.0	2	1.9
Johnston	5,480	31	5.7	42	7.7
Lincoln	4,751	18	3.8	29	6.1
Little Compton	654	4	6.1	4	6.1
Middletown	3,652	18	4.9	27	7.4
Narragansett	2,269	16	7.1	21	9.3
New Shoreham	163	0	0.0	0	0.0
Newport	4,083	41	10.0	66	16.2
North Kingstown	6,322	22	3.5	47	7.4
North Providence	5,514	67	12.2	101	18.3
North Smithfield	2,456	12	4.9	10	4.1
Pawtucket	16,575	179	10.8	286	17.3
Portsmouth	3,996	16	4.0	20	5.0
Providence	41,634	367	8.8	534	12.8
Richmond	1,849	5	2.7	14	7.6
Scituate	2,272	8	3.5	14	6.2
Smithfield	3,625	3	0.8	13	3.6
South Kingstown	5,416	31	5.7	54	10.0
Tiverton	2,998	17	5.7	23	7.7
Warren	1,940	15	7.7	25	12.9
Warwick	15,825	84	5.3	135	8.5
West Greenwich	1,477	4	2.7	4	2.7
West Warwick	5,746	68	11.8	120	20.9
Westerly	4,787	35	7.3	67	14.0
Woonsocket	9,888	178	18.0	286	28.9
<i>Unknown Residence</i>	<i>NA</i>	<i>12</i>	<i>NA</i>	<i>0</i>	<i>NA</i>
<i>Out of State</i>	<i>NA</i>	<i>37</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>
<i>Four Core Cities</i>	<i>73,741</i>	<i>795</i>	<i>10.8</i>	<i>1,220</i>	<i>16.5</i>
<i>Remainder of State</i>	<i>150,215</i>	<i>860</i>	<i>5.7</i>	<i>1,300</i>	<i>8.7</i>
<i>Rhode Island</i>	<i>223,956</i>	<i>1,655</i>	<i>7.4</i>	<i>2,520</i>	<i>11.3</i>

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 2021. These data include child victims living out-of-state and in unknown residences.

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

An indicated investigation is an investigated report of child neglect and/or abuse for which a preponderance of evidence exists that child neglect and/or abuse occurred. An indicated investigation can involve more than one child and multiple allegations.

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.

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

The Rhode Island Child Welfare System

- ◆ Responding to reports of child neglect and abuse and ensuring child safety are important functions of child protection systems. Maintaining the capacity to focus on prevention is equally as critical and is cost-effective. In Rhode Island, if an investigation does not reveal maltreatment but family stressors and risk factors are identified, the Department of Children, Youth and Families (DCYF) refers families to community-based support services to reduce the risk of future involvement with DCYF. When maltreatment has occurred, a determination may be made that it is safe for the children to remain at home with support services provided to their family.¹⁷

DCYF Child Protective Services (CPS) Hotline Calls for Reports of Neglect and/or Abuse, Investigations,* and Indicated Investigations, Rhode Island, 2012-2021

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
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
2019	19,401	37% (7,240)	2,249
2020	16,195	35% (5,661)	1,861
2021	14,876	34% (4,978)	1,704

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2012-2021. *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).

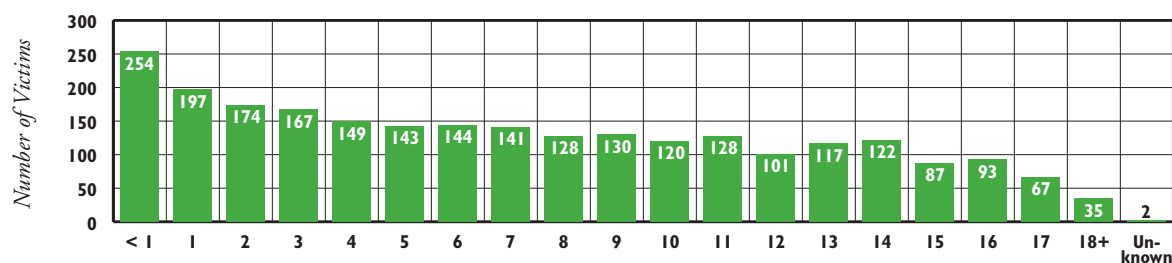
- ◆ From 2019 to 2021 in Rhode Island, the number of unduplicated child maltreatment reports, completed investigations, and indicated investigations all decreased. Some of the decrease in reports is attributed to the sharp decrease in reporting during the early phase of the COVID-19 pandemic when school buildings were closed, as well as targeted prevention efforts focused on ways to help families before a CPS call is warranted.^{18,19}
- ◆ In 2021, 34% (1,704) of the 4,978 completed investigations were indicated investigations in which there is a “preponderance of evidence” that a child has been abused and/or neglected.^{20,21} An additional 59% (8,790) of the total number of unduplicated maltreatment reports were classified as “information/referrals”.²² Information/referrals are reports made to the CPS Hotline that contain a concern about the well-being of a child but do not meet the criteria for an investigation. Criteria for investigation include that the victim is a minor, the alleged perpetrator is responsible for the child’s welfare, there is reasonable cause to believe that neglect or abuse exist, and there is a specific incident or pattern of incidents suggesting that harm can be identified. In 2019, DCYF began using a standardized screening tool to determine whether Hotline reports that do not meet the criteria for investigation should be referred for a family assessment. When essential criteria for investigation are not present, the family assessment may lead to the development of a safety plan with the family, including referral and delivery of other services.²³

Family First Prevention Service Act (FFPSA)

- ◆ The federal *Family First Prevention Services Act (FFPSA)* was enacted as part of the *Bipartisan Budget Act* in 2018. This landmark legislation dramatically altered the federal financing structure for child welfare by allowing federal reimbursement for mental health services, substance abuse treatment, and parenting support for children and youth at imminent risk of removal. *FFPSA* offers the opportunity for the child welfare system to focus on prevention and improving family stability and well-being.

Source: Children’s Bureau, Administration for Children & Families, U.S. Department of Health & Human Services. (2021). *Title IV-E prevention program*. Retrieved March 23, 2022, from www.acf.hhs.gov/cb/title-iv-e-prevention-program

Child Neglect and Abuse by Age of Victim, Rhode Island, 2021



Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2021.

- ◆ In 2021 in Rhode Island, one-third (32%) of victims of child neglect and abuse were ages three and younger. Infants and young children who have been maltreated need special attention and services to get on track for positive development.^{24,25}

Services & Supports for Young Children in the Child Welfare System

- ◆ Because young children who have experienced neglect, trauma, or abuse are at significant risk of experiencing developmental delays, the federal *Child Abuse Prevention and Treatment Act* requires states to screen and/or refer infants and toddlers who have experienced neglect or abuse to Early Intervention for eligibility determination and services.²⁶ Rhode Island specifically allows infants and toddlers who have experienced trauma, neglect, or abuse to be determined eligible for Early Intervention under "informed clinical opinion - family circumstances" even if the child does not have a measurable developmental delay or diagnosed condition.²⁷
- ◆ In Rhode Island in State Fiscal Year 2021, there were 693 infants and toddlers involved with indicated cases of child neglect or abuse who were not already enrolled in Early Intervention or screened; 176 (25%) of them were referred to Early Intervention for a full evaluation and 500 (72%) were referred to First Connections for a developmental screening. Outside of direct referrals from DCYF, only 86 additional victims were referred for an Early Intervention evaluation by First Connections or other programs. Of the 262 maltreated infants and toddlers who were referred to Early Intervention (directly or through First Connections), 161 (61%) were determined eligible. Ultimately, only 161 of the 693 children (23%) under age three who were victims of maltreatment were determined eligible for Early Intervention.²⁸
- ◆ Evidence-based family home visiting programs promote positive parenting and provide new and expectant parents with information, support and referrals to community resources. Several family home visiting models have been found to prevent and reduce neglect and abuse.^{29,30} Of the 728 infants and toddlers who experienced child neglect or abuse in Rhode Island in FY 2021, 52 (7%) were enrolled in an evidence-based family home visiting program.³¹
- ◆ Rhode Island has not implemented a specialized social-emotional screening and/or evaluation tool to be used when assessing the mental health needs of infants and young children involved in a substantiated case of neglect or abuse.³² Although states can provide parent-child therapy for any young child with mental health challenges (including children in the child welfare system) through Early Intervention programs, Rhode Island has not yet implemented evidence-based dyadic therapy models in Early Intervention.³³

Programs and Supports to Prevent and Reduce the Impact of Child Neglect & Abuse

Community-Based Support

- ◆ When families are stressed and at risk of future involvement with DCYF or maltreatment has occurred, but a determination has been made that it is safe for the children to remain at home with support services provided to their family, DCYF makes referrals to regional Family Care Community Partnership (FCCP) agencies. The FCCPs work with families to identify appropriate services and resources, including natural supports (persons and resources that families can access independent from formal services).³⁴
- ◆ In 2020, DCYF established a referral line (1-888-RI-FAMILY) that families in the community can call to access home and community-based services that were previously available only through DCYF involvement.³⁵ In 2019, the Department began using a standardized screening tool to determine whether Hotline reports that do not meet the criteria for investigation should be referred for family assessment. When essential criteria for investigation are not present, the family assessment may lead to the development of a safety plan with the family, including referral and delivery of other services.³⁶

Peer Navigators

- ◆ The Parent Support Network of Rhode Island (PSNRI) provides access to peer support for families navigating the child welfare system, children's mental and behavioral health, as well as education-related needs by either connecting them to community resources and services or by providing face-to-face direct service. Their statewide helpline (401-467-6855) offers families the opportunity to speak with peer mentors who have personally experienced similar challenges. These peer mentors provide not only informational support, but also emotional support to parents who may feel overwhelmed by their current circumstances. Agencies can refer parents to PSNRI, but parents can also complete a self-referral. All services are free of charge.³⁷

Support for Families Affected by Substance Abuse

- ◆ In Rhode Island in 2017, legislation was signed into law requiring all health care providers to contact the DCYF Child Protective Services Hotline when there is a case involving a newborn affected by prenatal substance exposure to illicit, non-prescribed, or unknown substances. Health care providers should also call the Hotline in cases where a newborn is affected by prenatal substance exposure due to prescribed medication and there are concerns about child safety. At the time of discharge from the hospital, a Plan of Safe Care is completed by the hospital health care provider for every newborn affected by exposure to substances to address services and supports necessary for the health and well-being of the newborn and caregivers.^{38,39,40} The Rhode Island Department of Health has launched a public awareness campaign to support the unique needs of pregnant people and mothers who use substances and their substance-exposed newborns.⁴¹

Domestic Violence Prevention

- ◆ Child neglect and abuse is one of many forms of violence across interconnected types of violence including domestic/intimate partner violence, youth violence, sexual violence, and suicidal behavior. Prevention and reduction approaches to child neglect and abuse should include a cross-systems approach to mitigating the interconnectedness of all forms of violence. Prevention methods and community-based, family-centered services need to begin as far upstream as possible and supports should be in place throughout the life course to prevent indirect risk of violence. These supports should include protective factors that reduce social isolation such as activities within schools and communities. There are also individual family risks of violence that also need to be addressed as far upstream as possible. Research has shown that domestic violence, including child neglect and abuse, is less likely to occur when parents have the community supports they need, such as safe and high-quality child care and safe and affordable housing.⁴²

Recommendations

Experiencing child neglect or abuse can have lifelong consequences for a child's health, well-being, and their relationships with others.⁴³ They are at increased risk for delinquency, substance abuse, mental health problems, teen pregnancy, and impaired cognition.^{44,45} For these reasons, it is imperative that we provide the necessary resources and supports to families who are living in poverty or under other stressors, so we can prevent child neglect and abuse and the negative consequences to children, families, and communities.

- ◆ **Prevent and reduce child neglect and abuse** by expanding the use of evidence-based and trauma-informed programming for young children and families at risk of becoming involved with the child welfare system.
- ◆ **Implement Rhode Island's Families First plan** which focuses on prevention and allows child welfare funds to be used to support the mental health services, substance abuse treatment, and in-home parenting skill training needed to prevent child neglect and abuse.
- ◆ **Fund peer mentors** who can provide families at risk of child welfare involvement due to family stressors with information, emotional support, and help connecting to needed services.
- ◆ **Ensure the community-based system of care that keeps children out of DCYF care has adequate funding** to support children and their families who are at-risk of entering the child welfare system and who have entered the child welfare system (e.g., FCCPs).
- ◆ **Address the workforce crisis** that has caused staffing shortages at community-based agencies that provide prevention and other critical services by raising rates that have not kept pace with the cost of providing services.
- ◆ **Ensure that there is a full, continuous, seamless behavioral health system** for children and their parents.
- ◆ **Provide outreach to pregnant and parenting mothers who use substances** to offer treatment and prevent newborns' substance exposure and child neglect and abuse.
- ◆ **Ensure that screening for substance use among pregnant mothers is universal and equitable.**
- ◆ **Fund evidence-based family home visiting programs**, which research shows help to prevent and reduce child maltreatment and can reduce child fatalities from neglect and abuse.
- ◆ **Increase Medicaid rates for Early intervention and First Connections** so programs can recruit and retain skilled staff and families have timely access to these services for their infants and toddlers.
- ◆ **Implement a specialized social-emotional diagnostic system** to be used when assessing the mental health needs of infants and young children involved in a substantiated case of neglect or abuse.
- ◆ **Ensure that high-quality early care and education** is accessible and affordable to all families who need it.
- ◆ **Improve Rhode Island's paid family leave program** by increasing the wage replacement rate and extending the number of weeks to 12.
- ◆ **Increase the supply of affordable housing.**
- ◆ **Recognize and address the interconnectedness of domestic violence, child neglect and abuse, and community violence and take steps to prevent violence** in all these forms by reducing social isolation and providing needed economic and community supports.
- ◆ **Address the implicit racial bias and discrimination, as well as the institutional and structural racism**, that contribute to the over-representation of Children of Color in the child welfare system.
- ◆ **Regularly analyze data disaggregated by race and ethnicity** at all decision points in the child welfare system to identify any points where disproportionality exists or is introduced and disseminate the data broadly.

References

- ^{1,5,43} U.S. Department of Health and Human Services, Administration for Children and Families. (2019). *Strong & thriving families: 2019 prevention resource guide*. Retrieved April 2, 2021, from www.childwelfare.gov
- ^{2,3,4,11,18,20,22,24} Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2012-2021.
- ⁶ Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- ⁷ U.S. Department of Health and Human Services, Administration for Children and Families, Child Welfare Information Gateway. (2021). *Child welfare practice to address racial disproportionality and disparity*. Retrieved March 25, 2022, from childwelfare.gov
- ⁸ Watt, T. & Kim, S. (2019). Race/ethnicity and foster youth outcomes: An examination of disproportionality using the national youth in transition database. *Children and Youth Services Review*, 102, 251-258.
- ⁹ Miller, O. & Esenstad, A. (2015). *Strategies to reduce racially disparate outcomes in child welfare*. Washington, DC: Center for the Study of Social Policy.
- ¹⁰ Apollon, D., Keheler, T., Medeiros, J., Ortega, N.L., Sebastian, J., & Sen, R. (2014). *Moving the race conversation forward: How media covers racism and other barriers to productive racial discourse*. Retrieved June 29, 2020, from race-forward.org
- ¹² U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2022). *Child maltreatment 2017*. Retrieved March 24, 2022, from www.acf.hhs.gov
- ¹³ ZERO TO THREE (2017). *The basics of infant and early childhood mental health: A briefing paper*. Retrieved March 24, 2022, from www.zerotothree.org
- ^{14,25} Cole, P., Gebhard, B., & Ullrich, R. (2017). *The child welfare system: A critical support for infants, toddlers, and families*. Washington, DC: Zero to Three and CLASP. Retrieved March 24, 2022, from www.clasp.org
- ¹⁵ Rhode Island Department of Health, Hospital Discharge Data and Vital Records, 2016-2020.
- ¹⁶ U.S. Department of Health and Human Services, Children's Bureau. (2022). *Child maltreatment 2020*. Retrieved February 2, 2022, from www.acf.hhs.gov
- ¹⁷ Rhode Island Department of Children, Youth and Families, Child Protective Services, 2018.
- ^{19,34} Rhode Island Department of Children, Youth and Families. (n.d.). *Program: Family Care Community Partnerships (FCCPs)*. Retrieved February 7, 2022, from www.dcyf.ri.gov
- ²¹ Rhode Island Department of Children, Youth and Families. (n.d.). *Program: Field investigations*. Retrieved January 13, 2020, from www.dcyf.ri.gov
- ^{23,36} *Child Protective Services rules and regulations*, 214-RICR-20-00-1. (2021). Retrieved April 2, 2021, from sos.ri.gov
- ^{26,32,33} Smith, S., Ferguson, D., Burak, E. W., Granja, M. R., & Ortuzar, C. (2020). *Supporting social-emotional and mental health Needs of young children through Part C Early Intervention: Results of a 50-state survey*. Retrieved February 21, 2021, from www.nccp.org
- ²⁷ *Rhode Island Early Intervention certification standards policies and procedures: IV. Eligibility determination*. (2018). Cranston, RI: Rhode Island Executive Office of Health and Human Services.
- ^{28,31} Department of Children, Youth and Families, Interagency data, State Fiscal Year 2021.
- ²⁹ Sandstrom, H. (2019). *Early childhood home visiting programs and health*. Retrieved March 11, 2022, from www.healthaffairs.org.
- ³⁰ Casey Family Programs (2018). *Which home visiting programs are effective in reducing child maltreatment?* Retrieved March 11, 2022, from www.casey.org
- ³⁵ Rhode Island Department of Children, Youth and Families. (n.d.). *Program: Support and Response Unit (SRU)*. Retrieved February 1, 2022, from www.dcyf.ri.gov
- ³⁷ Parent Support Network of Rhode Island. (n.d.) *Our services: Child & family support*. Retrieved March 20, 2022, from psnri.org/
- ³⁸ Rhode Island General Assembly. S-0672. Regular Session (2017).
- ³⁹ Bagalman, E. & Sacco, L.N. (2016) *The Comprehensive Addiction and Recovery Act of 2016 (S. 524): Comparison of Senate- and House-passed versions*. Washington DC: Congressional Research Service.
- ⁴⁰ Rhode Island Department of Children, Youth and Families. (2018). *Infant plans of safe care guidance document*. Retrieved March 24, 2022, from www.dcyf.ri.gov
- ⁴¹ Parent Support Network of Rhode Island. (n.d.). *Pregnant? Using? We can help*. Retrieved February 22, 2022, from www.psnri.org/help
- ⁴² Centers for Disease Control and Prevention. (2016). *Preventing multiple forms of violence: A strategic vision connecting the dots*. Atlanta, GA: Division of Violence Prevention, National Center for Injury Prevention and Control. Retrieved March 20, 2022, from www.cdc.gov
- ⁴⁴ Child Welfare Information Gateway. (2019). *Long-term consequences of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- ⁴⁵ Vasileva, M., & Petermann, F. (2016). Attachment, development, and mental health in abused and neglected preschool children in foster care: A meta-analysis. *Trauma, Violence & Abuse*, 1(16), 1-16.
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