

# Safety

## *In Flight*

by Latoya A. Watts

Flying through clouds in the midst of turbulence,  
I am still able to catch glimpses of earth below  
And as I descend towards my destination  
There comes a shake, a gut-wrenching startle that  
reminds me this may not be smooth travels

Despite the rough patch, I surpass.  
Like a fast-moving storm,  
I travail through the bumps  
The end becomes clearer and more details are revealed.  
What were masses in the distance now take on  
definitive shape.  
Blurred images are made crystal clear

Finally, I land knowing that my purpose and mission  
have made it through their testing  
I find my footing  
I trod along with  
my head held high  
and my stride firm



# Child and Teen Deaths

## DEFINITION

*Child and teen deaths* is the number of deaths from all causes among children ages one to 19, per 100,000 children. The data are reported by place of residence, not place of death.

## SIGNIFICANCE

The child and teen death rate is a reflection of access to health care, mental and physical health, community issues (such as environmental toxins and exposure to violence, particularly related to firearms), access to and use of safety devices and practices (such as bicycle helmets, seat belts, and smoke alarms), a variety of risk behaviors including distracted driving and substance use, and the level of adult supervision children and teens receive.<sup>1,2,3</sup>

The U.S. child and teen death rate has declined steadily since 1980, but disparities still exist by age, gender, and race and ethnicity. Children ages one to four and teens ages 15 to 19 die at higher rates than children ages five to 14. The child and teen death rate is higher for boys than girls and higher for Black and Native American children and teens than for other racial and ethnic groups.<sup>4,5</sup>

Children are particularly vulnerable to injury due to their size, development, inexperience, and natural curiosity.<sup>6</sup> In 2020, unintentional injuries were the leading cause of death for children ages one to 14 both in Rhode Island and in

the U.S. Nationally, the leading causes of unintentional injury deaths among children ages one to 14 were motor vehicle crashes and drowning.<sup>7,8</sup> Child injury deaths can be reduced by educating families about injury prevention strategies and the importance of using safety products (such as fencing around pools and the use of helmets during sports), enforcing laws that promote safety (such as the mandatory use of seatbelts and child passenger restraints), and through continued environmental and product design improvements.<sup>9</sup>

Factors that protect against teen deaths include parent and family involvement, safe driving policies (such as zero tolerance on drunk driving, and graduated licenses), as well as violence and substance use prevention programs. Developmentally appropriate health education, access to preventive health care and integrated mental health services, and safe, supportive environments can support positive behavior changes and overall teen health.<sup>10,11</sup>

Child and Teen Death Rate (per 100,000 Children Ages 1-19)		
	2011	2020
RI	15	18
US	26	28
National Rank*	4th	
New England Rank**	2nd	

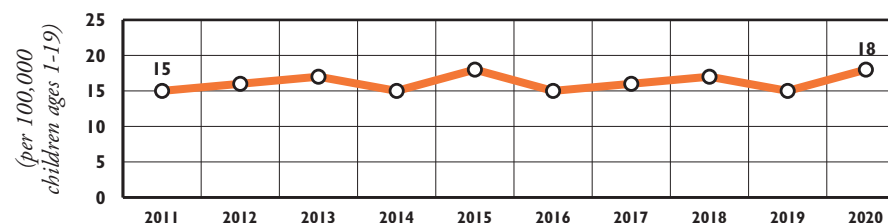
\*1st is best; 50th is worst

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

Source: The Annie E. Casey Foundation KIDS COUNT Data Center, [datacenter.kidscount.org](http://datacenter.kidscount.org).



**Child and Teen Death Rate per 100,000 Children Ages One to 19, Rhode Island, 2011-2020**



Source: The Annie E. Casey Foundation KIDS COUNT Data Center, [datacenter.kidscount.org](http://datacenter.kidscount.org).

◆ In 2020, Rhode Island's child and teen death rate for children ages one to 19 was 18 per 100,000 children and teens, which was an increase from 2019. Rhode Island's child and teen death rate is the fourth lowest in the nation.<sup>12</sup>



**Child Deaths Due to Injury, by Cause, Children Ages One to 14, Rhode Island, 2017-2021**

Drowning	10
Motor Vehicle	<5
Fire/Smoke Inhalation	<5
Suicide	<5
Homicide	<5
Other Injury	6
<b>TOTAL</b>	<b>26</b>

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2017-2021.

◆ Between 2017 and 2021, 26 Rhode Island children ages one to 14 died as a result of injury. Drowning was the leading cause of these child deaths in Rhode Island during this period.<sup>13</sup>



## Teen Deaths Due to Injury by Cause, Teens Ages 15 to 19, Rhode Island, 2017-2021

Motor Vehicle	19
Suicide	17
Firearm	11
Homicide	9
Drowning	<5
Other	5
<b>TOTAL</b>	<b>62</b>

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Vital Records 2017-2021. 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 2017 and 2021 in Rhode Island, 31% of all teen injury deaths involved motor vehicles. Twenty-seven percent of the 62 teen deaths caused by injury were suicide.<sup>14</sup>
- ◆ Among the 23 teens killed in Rhode Island motor vehicle crashes between 2017 and 2021, 16 were driving, four were passengers in vehicles driven by others and three were pedestrians.<sup>15</sup>
- ◆ Four (17%) of the teen drivers who died in motor vehicle crashes in Rhode Island between 2017 and 2021 had been drinking, and two (9%) teen fatalities occurred with adult drivers who had been drinking.<sup>16</sup>
- ◆ Eleven (48%) of the teen drivers and passengers killed in automobile accidents in Rhode Island between 2017 and 2021 were not wearing a seatbelt.<sup>17</sup>
- ◆ In 2021, 27% 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*. Thirteen percent reported riding in a vehicle driven by someone who had been drinking alcohol, and 36% reported that they did not always wear a seatbelt while riding in a car driven by someone else in the month prior.<sup>18</sup>



## Teen Suicide

- ◆ According to the 2021 *Rhode Island Youth Risk Behavior Survey*, 10% of Rhode Island high school students reported attempting suicide one or more times in the 12 months before the survey was administered.<sup>19</sup>
- ◆ Of the 17 youth ages 15 to 19 who died from suicide between 2017 and 2021 in Rhode Island, 76% were male.<sup>20</sup>
- ◆ In 2021 in Rhode Island, 521 teens ages 13 to 19 were admitted to the emergency department after a suicide attempt. Of these attempts, 76% percent of teens admitted were girls, and 24% were boys.<sup>21</sup>
- ◆ In 2021 in Rhode Island, 325 teens ages 13 to 19 were hospitalized after a suicide attempt. Of these hospitalizations, 78% were girls, and 22% were boys.<sup>22</sup>
- ◆ Nationally, even before the COVID-19 pandemic, mental health issues and suicide among adolescents had increased with sharper increases among girls and young women than males. This may be due to the rise in digital media/social media use.<sup>23</sup> Mental health problems, physical or sexual abuse, substance use, exposure to bullying or violence, 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.<sup>24</sup>

## References

- <sup>1,12</sup> The Annie E. Casey Foundation, KIDS COUNT Data Center, [datacenter.kidscount.org](http://datacenter.kidscount.org)
- <sup>24</sup> Cunningham, R. M., Walton, M. A. & Carter, P. M. (2018). The major causes of death in children and adolescents in the United States. *New England Journal of Medicine*, 379(25).
- <sup>3</sup> Goldstick, J. E., Cunningham, R. M., Carter, P. M. (2022). Current causes of death in children and adolescents in the United States. *New England Journal of Medicine*, 386(20).
- <sup>5</sup> *Infant, child, and teen mortality*. (2019). Washington, DC: Child Trends.
- <sup>6</sup> Sleet, D. A. (2018). The global challenge of child injury prevention. *International Journal of Environmental Research and Public Health*, 15(9).
- <sup>7</sup> Centers for Disease Control and Prevention. (n.d.). *Leading causes of death for ages 1-14 in Rhode Island, United States – 2020*. Retrieved February 23, 2023, from [www.wisqars.cdc.gov](http://www.wisqars.cdc.gov)
- <sup>8</sup> Centers for Disease Control and Prevention. (n.d.). *Leading causes of death for ages 1-14, United States – 2020*. Retrieved February 23, 2023, from [www.wisqars.cdc.gov](http://www.wisqars.cdc.gov)

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# Youth Violence

## DEFINITION

*Youth violence* is the number of arrests of youth under age 18 in Rhode Island for violent crime and weapons offenses and the percentage of high school students who report worrying about 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 impacts the well-being of individuals, families, schools, and communities and can generate high social and economic costs.<sup>1,2</sup>

Effective youth violence prevention aims to stop youth violence from happening in the first place and requires an understanding of the factors that influence violence. 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 promoting nurturing family environments that support healthy development, providing high-quality early education, strengthening

youth’s interpersonal, emotional, and behavioral skills, connecting youth to caring adults in the community, and creating protective environments to reduce youth exposure to violence.<sup>3,4</sup>

Individual, family, and community factors often interact to put youth at risk for involvement in youth violence. Living in neighborhoods with high concentrations of poverty and less economic opportunity is a risk factor for becoming involved in youth violence, as is having a history of substance use, association with delinquent peers, poor academic performance, and being a victim of child maltreatment.<sup>5,6,7</sup> Youth who are victims of violence are at increased risk for physical and mental health problems, academic difficulties, smoking, high-risk sexual behavior, and suicide.<sup>8</sup>

Nationally, 22% of students in grades nine through 12 reported being in a physical fight during the previous year, 20% reported being bullied on school property during the previous year, and 13% reported carrying a weapon during the previous month.<sup>9</sup>

In 2020, 8% of youth arrests were for a violent crime in the U.S., a 56% decrease of violent crime arrests among youth since 2010.<sup>10</sup> In 2021 in Rhode Island, there were 360 juvenile arrests for violent crime offenses and 79 juvenile arrests for weapons offense.<sup>11</sup> In 2022, violent crimes made up 4% (160) of the 3,708 juvenile offenses referred to Rhode Island Family Court.<sup>12</sup>



## Bully Status, by Gender and Grade Level, Rhode Island, 2021

	MIDDLE SCHOOL		HIGH SCHOOL	
	FEMALE	MALE	FEMALE	MALE
Bullied on School Property	40%	26%	13%	8%
Bullied Electronically	37%	21%	14%	10%
Been in a Physical Fight	7%	17%	5%	8%

Source: 2021 Youth Risk Behavior Survey, Rhode Island Department of Health, Center for Health Data and Analysis.

- ◆ Violence in schools affects individual victims and disrupts the functioning of entire schools and communities.<sup>13</sup> In Rhode Island in 2021, 9% of high school students reported not going to school due to safety concerns.<sup>14</sup>
- ◆ Bullying adversely affects all children involved, including victims, perpetrators, and witnesses of bullying behaviors. Victims of bullying are at risk of emotional, behavioral, and mental health problems. Both victims and perpetrators of bullying are more likely to contemplate or attempt suicide.<sup>15</sup>
- ◆ In 2022, nearly half (46%) of U.S. teens reported being the victim of cyberbullying (bullied or harassed online, on their cellphone, on social media, etc.).<sup>16</sup> In 2021 in Rhode Island, 29% of middle school students (37% of females and 21% of males) and 12% of high school students (14% of females and 10% of males) reported being electronically bullied.<sup>17</sup>



## Youth Witnessing Violence and Youth Gun Violence

- ◆ Witnessing violence (like domestic violence) can cause emotional, physical, and mental harm, even for children who are not the direct victims of violence. Early, chronic exposure to violence can damage a child’s brain development and condition them to react with fear and anxiety to a range of circumstances.<sup>18</sup>
- ◆ In 2018, for the first time in history, gun violence surpassed motor vehicle accidents as the leading cause of death for U.S. children and teens ages 1-19.<sup>19</sup> In Rhode Island between 2017 and 2021, there were 184 emergency department visits, 20 hospitalizations, and 11 deaths of children and youth ages 15 to 19 attributed to firearms.<sup>20</sup>



Table 27.

## Youth Violence, Rhode Island

## Youth Violence

CITY/TOWN	COMMUNITY CONTEXT		VIOLENCE IN SCHOOLS, 2022		JUVENILE ARRESTS FOR VIOLENCE, 2021		
	TOTAL VIOLENT CRIME OFFENSES (ALL AGES) 2021	TOTAL POPULATION AGES 11-17 2010	% OF HIGH SCHOOL STUDENTS WHO WORRY ABOUT VIOLENCE IN SCHOOL	% OF MIDDLE SCHOOL STUDENTS WHO WORRY ABOUT VIOLENCE IN SCHOOL	# TOTAL VIOLENT CRIME OFFENSES	# FOR WEAPONS OFFENSES	TOTAL # FOR VIOLENT CRIME AND WEAPONS OFFENSES
Barrington	24	2,186	6%	NA	4	0	4
Bristol	43	1,545	22%	13%	0	0	0
Burrillville	38	1,526	14%	18%	1	0	1
Central Falls	144	2,089	23%	29%	5	7	12
Charlestown	17	659	20%	20%	0	0	0
Coventry	109	3,509	14%	16%	18	2	20
Cranston	239	6,984	12%	11%	16	5	21
Cumberland	90	3,271	9%	13%	1	0	1
East Greenwich	27	1,671	7%	8%	2	1	3
East Providence	154	3,730	17%	12%	7	0	7
Exeter	NA	673	6%	7%	NA	NA	NA
Foster	5	467	7%	12%	2	0	2
Gloicester	25	1,000	7%	12%	3	3	6
Hopkinton	17	826	20%	20%	0	0	0
Jamestown	4	528	NA	3%	1	0	1
Johnston	108	2,376	16%	18%	4	3	7
Lincoln	88	2,189	9%	9%	10	2	12
Little Compton	9	284	NA	5%	0	0	0
Middletown	52	1,504	16%	7%	7	3	10
Narragansett	35	1,052	7%	8%	4	0	4
New Shoreham	0	64	3%	8%	0	0	0
Newport	177	1,484	17%	32%	17	0	17
North Kingstown	63	2,917	6%	10%	4	2	6
North Providence	104	2,303	17%	9%	2	1	3
North Smithfield	39	1,132	5%	7%	0	0	0
Pawtucket	618	6,268	22%	22%	58	13	71
Portsmouth	76	1,881	5%	10%	16	0	16
Providence	614	16,024	13%	23%	64	11	75
Richmond	20	759	20%	20%	4	0	4
Scituate	10	1,143	8%	22%	0	0	0
Smithfield	41	1,729	14%	10%	6	3	9
South Kingstown	47	2,498	8%	4%	6	1	7
Tiverton	51	1,318	11%	18%	4	1	5
Warren	60	777	22%	13%	4	0	4
Warwick	257	6,781	17%	19%	18	1	19
West Greenwich	9	678	6%	7%	0	0	0
West Warwick	209	2,139	13%	18%	11	0	11
Westerly	123	2,003	10%	14%	8	2	10
Woonsocket	459	3,649	28%	23%	40	13	53
State Police/Other	126	NA	NA	NA	13	5	18
Four Core Cities	1,835	28,030	18%	23%	167	44	211
Remainder of State	2,370	65,586	11%	13%	180	30	210
Rhode Island	4,331	93,616	13%	16%	360	79	439

## Sources of Data for Table/Methodology

Total violent crime offense data are from Rhode Island Department of Public Safety, Unified Crime Reporting/National Incident Based Reporting, 2021. NA indicates that the data are not available. Exeter, T.F. Green International Airport, and University of Rhode Island arrest numbers are included in the State Police/Other totals. See Methodology section for all offenses included as violent crime offenses.

Total population ages 11 to 17 data are from U.S. Census Bureau, Census 2010, P2,P4.

Data on high school and middle school students worrying about violence at school are from the 2021-2022 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”. *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 violent crime and weapons offenses data are from Rhode Island Department of Public Safety, Unified Crime Reporting/National Incident Based Reporting, 2021. NA indicates that the data are not available. Exeter arrest numbers are included in the State Police/Other totals. See Methodology section for all offenses included as violent crime offenses.

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

## References for Youth Violence

<sup>1,6</sup> Centers for Disease Control and Prevention. (2021). *Risk and protective factors*. Retrieved from cdc.gov

<sup>2,4,5</sup> David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N., & Hall, J. E. (2016). *A comprehensive technical package for the prevention of youth violence and associated risk behaviors*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

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# Gun Violence

## DEFINITION

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

## SIGNIFICANCE

Children and youth can experience gun violence as victims of firearm assaults, self-inflicted firearm injuries, or accidental shootings.<sup>1</sup> Gun violence also can impact children and youth when someone they know is the victim or perpetrator of a shooting. Exposure to violence at home, in schools, and in the community can lead to lasting psychological and emotional damage, including post-traumatic stress disorder, substance abuse, behavioral problems, depression, anxiety, cognitive and attention difficulties, delinquent acts like assault and property destruction, and adult criminal behavior.<sup>2,3</sup>

2021 was the deadliest year for gun violence in U.S. history, and firearm-related injuries remain the leading cause of death in the U.S. among children and youth ages one to 19, surpassing motor vehicle deaths.<sup>4,5</sup> While overall deaths due to firearms increased by 8% from 2020 to 2021, deaths due to firearms among children under age 18 increased by 12.7%.<sup>6</sup> In the U.S., there was a 29% increase in gun-related deaths from 2019 (3,390) to 2020 (4,368).<sup>7</sup> In the U.S.

during 2020, 64% (2,811) of the 4,368 firearm deaths of children and youth under age 20 were the result of homicide, 30% (1,293) were the result of suicide, 3% (149) were the result of unintentional injuries, 2% (90) were the result of shootings with an undetermined intent, and less than 1% (25) were the result of a “legal intervention” (e.g., law enforcement shooting).<sup>8</sup>

Of the 4,368 U.S. children and youth under age 20 killed by firearms during 2020, 83% (3,617) were ages 15 to 19.<sup>9</sup> Nationally in 2020, males ages 15 to 19 were more than seven times more likely to die from a firearm-related incident than females of the same age. Black and Native American children and teens are disproportionately more likely to be hurt or killed by gun violence. Among teens ages 15 to 19 in the U.S., the rate of firearm deaths for non-Hispanic Black males (101.1 per 100,000) was over six times the rate of non-Hispanic white males (15.8 per 100,000) in 2020.<sup>10</sup>

Preventing access to guns is an important measure in preventing firearm-related injuries and death in children and youth. The presence and availability of a gun is strongly associated with adolescent suicide risk. Keeping guns unloaded and locked, as well as storing and locking ammunition separately, reduces the risk of gun-related injury and death by suicide or homicide.<sup>11,12</sup>



## Gun-Related Emergency Department (ED) Visits, Hospitalizations, and Deaths Among Children and Youth, Rhode Island, 2017-2021

AGE	# OF ED VISITS	# OF HOSPITALIZATIONS	# OF DEATHS
1 to 14	50	<5	0
15 to 17	62	<5	<5
18 to 19	72	13	7
TOTAL	184	20	11

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2017-2021.

*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 2017 and 2021 in Rhode Island, 11 (13%) of the 87 injury deaths of children and youth under age 20 were the result of firearms. All of the child deaths due to firearms were among youth over the age of 14.<sup>13</sup> Between 2017 and 2021 in Rhode Island, there were fewer than five youth between the ages of 15 to 19 who committed suicide using a firearm.<sup>14</sup>
- ◆ In Rhode Island between 2017 and 2021, there were 184 emergency department visits and 20 hospitalizations of children and youth for gun-related injuries, a slight decrease from between 2016 and 2020 (189 emergency department visits, and 22 hospitalizations).<sup>15,16</sup>



## Gun Safety Legislation

- ◆ During 2022, the Rhode Island General Assembly passed three significant bills aimed at preventing further firearm-related injuries and violence in Rhode Island. These bills increased the age for purchasing firearms and ammunition from age 18 to 21, created a ban on loaded rifles in public, and limited magazine capacity to 10 rounds of ammunition.<sup>17</sup>
- ◆ The American Academy of Pediatrics recommends public policies to protect children from gun injuries and violence. Among these recommended policies are bans on assault weapons and high-capacity magazines. Rhode Island does not currently have a ban on assault weapons.<sup>18</sup>

(References are on page 184)

# Youth and Young Adult Homelessness

## DEFINITION

*Youth and young adult homelessness* is the number of unaccompanied youth under age 18 who accessed emergency shelter without their families and the number of youth or young adults ages 18 to 24, including young parents, who accessed emergency shelter.

## SIGNIFICANCE

There are three primary causes of homelessness among youth and young adults – family conflict, residential instability resulting from foster care and institutional placements, and economic problems. Many youth run away from home due to abuse, strained family relationships, substance abuse by a family member, and/or parental neglect. The Housing and Urban Development (HUD) *Voices of Youth Count* estimates that there are approximately 700,000 homeless and runaway youth ages 13 to 17 and 3.5 million homeless youth or young adults ages 18 to 25 in the U.S., but the exact number is not known.<sup>1,2</sup>

Youth may become homeless when they run away from or are discharged from the foster care system. Youth who “age out” of foster care without a proper transition plan or permanent families are more likely to experience homelessness. National estimates find that by age 21, 43% of youth who had been in foster care had experienced homelessness.<sup>3,4</sup>

Youth who identify as lesbian, gay, bisexual, transgender, and questioning (or queer) (LGBTQ) are overrepresented in the homeless youth population, some of whom report being forced out of their homes by parents who disapprove of their sexual orientation or gender identity. LGBTQ homeless youth experience greater levels of violence and physical and sexual exploitation than their heterosexual peers while on the streets and in shelters.<sup>5,6</sup>

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

Homelessness often has a negative impact on education, employment, and health outcomes for youth and young adults. Homeless youth are more likely than their peers to be chronically absent, face disciplinary actions, be held back, and drop out of school. They are more vulnerable to physical and sexual violence, pregnancy, substance abuse, mental health problems, bullying, and suicide than youth with stable housing. Homeless youth often have trouble accessing health services because they may lack health insurance, information about their coverage, and/or parental consent for treatment. Black and Hispanic youth are twice as likely to experience homelessness as white youth.<sup>9,10,11,12</sup>



## Homeless Youth and Young Adults in Rhode Island

- ◆ In 2022, 170 youth or young adults stayed at an emergency shelter, or transitional housing facility in Rhode Island, including three unaccompanied minors, 115 unaccompanied young adults ages 18-24, 30 parenting young adults, and 22 young adults who were sheltered with their parents.<sup>13</sup>
- ◆ In January 2023, outreach workers identified 49 youth or young adults ages 18 to 24 who had slept outside or in their cars for at least one night during the previous 30 days, including seven parenting youth or young adults. No youth under age 18 were identified.<sup>14</sup>
- ◆ Starting in 2022 Family Service of Rhode Island began operating a Basic Center Program that provides up to 21 days of shelter in emergency host homes, food, clothing, and counseling services to youth under age 18. In 2022, three youth under age 18 received emergency shelter services without their families through this program.<sup>15,16</sup>
- ◆ During the 2021-2022 school year, Rhode Island public school personnel identified 19 unaccompanied homeless youth who were living in doubled up situations, in shelters, or unsheltered.<sup>17</sup>
- ◆ On December 31, 2022, there were 25 youth between the ages of 15 and 20 in the care of the Rhode Island Department of Children, Youth and Families who were classified as absent from care (formerly called AWOL), 10 females and 15 males. These youth were absent from either foster care or juvenile justice placements.<sup>18</sup>
- ◆ In 2021, the federal Housing and Urban Development (HUD) agency awarded Rhode Island \$3.5 million in Youth Homeless Demonstration Program (YHDP) funds. These funds are designed to support Rhode Island in developing and implementing a coordinated approach to preventing and ending youth homelessness that centers the voice, agency, and leadership of youth.<sup>19</sup>

## References

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

<sup>2,3,8,10</sup> Fernandes-Alcantara, A. L. (2019). *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

Individual, family, peer, school, and community risk factors (such as learning disabilities, substance use, child welfare involvement, access to firearms, poverty, and exposure to crime) can increase a young person's risk of juvenile delinquency and involvement in the juvenile justice system. An increased number of risk factors and length of exposure can increase a young person's likelihood of involvement, but protective factors, treatment programs, and interventions can prevent involvement.<sup>1</sup>

The Rhode Island Family Court has jurisdiction over children and youth under age 18 referred for wayward and delinquent offenses. When a police or school department refers a juvenile to Family Court, a petition is submitted accompanied by an incident report detailing the alleged violation of law.<sup>2</sup> During 2022, 2,084 youth (2% of Rhode Island youth between the ages of 10 and 17) were referred to Family Court, up from 1,477 youth during 2020 and 1,534 youth during 2021. The number of offenses referred during 2022 (3,708) also increased, but remains

drastically lower than in 2019 (4,630), prior to the COVID-19 pandemic. Of the juvenile offenses in 2022, 160 (4%) involved violent crimes.<sup>3,4</sup>

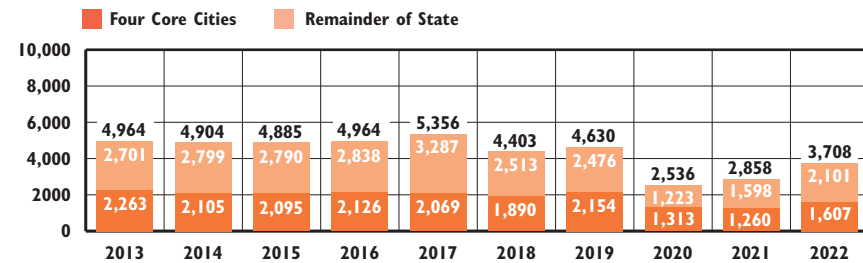
In 2022 in Rhode Island, 20% of juvenile offenses referred to Family Court involved youth from Providence, 23% involved youth from the other three core cities, and 57% involved youth living in the remainder of the state.<sup>5</sup>

Using risk and needs assessments can reduce racial and ethnic bias in juvenile justice sanctions and better predict a youth's likelihood to reoffend than a justice official's professional judgment.<sup>6</sup> Of the youth referred to the Family Court in 2022, 73% were referred for the first time, 15% had been referred once before, and 12% had been referred at least twice before.<sup>7</sup>

Research shows that incarcerating youth is costly and leads to worse public safety outcomes and higher recidivism rates than community-based alternatives.<sup>8</sup> Community-based programs that involve youth and their families and connect youth to role models, education, and resources prevent entry into the juvenile justice system and recidivism better than those that emphasize punishment, discipline, and consequences. Programming must balance adolescents' burgeoning independence, connection to positive peer relationships, and ongoing need for parental guidance.<sup>9</sup>



## Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2013-2022



Source: Rhode Island Family Court, 2013-2022 Juvenile Offense Reports.

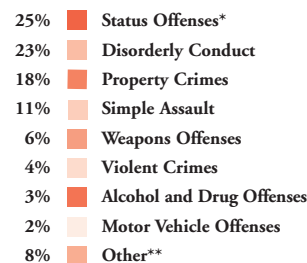
◆ The number of juvenile offenses has fallen by 25% since 2013, from 4,964 to 3,708 in 2022. Although the number of offenses in 2022 is reflective of a recent increase over the past two years, the number of offense referrals have remained lower than prior to the COVID-19 pandemic.<sup>10,11</sup>

◆ Youth of Color are disproportionately referred to the Family Court compared to their representation in the youth population. For example, in 2022, 24% of referred offenses involved Black youth who only make up 6% of the Rhode Island child population.<sup>12,13</sup>

◆ In 2022, 31% of offenses referred to the Family Court involved females and 69% males. In 2022, 19% of offenses referred to Family Court involved youth under the age of 14, 37% youth ages 14 to 15, 43% youth ages 16 to 17, and 1.5% youth of other or unknown age.<sup>14</sup>



## Juvenile Offenses, By Type of Offense, 2022



n=3,708

\*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, sex offenses, escape from custody, computer crimes, etc. Civil violations, contempt of court, and other violations of court orders are not included in the offenses above.

Source: Rhode Island Family Court, 2022 Juvenile Offense Report.

# 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.<sup>15</sup> In 2022 in Rhode Island, 51% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing, up from 45% in 2021.<sup>16</sup>
- ◆ The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. In 2022, 862 youth were referred to the Truancy Court by schools, a significant increase from 214 in 2021 when many schools were still doing distance learning. In 2022, 72 youth who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication, similar to 2021, when there were 71 youth.<sup>17</sup>
- ◆ A community-based option that diverts youth from court involvement is the Juvenile Hearing Board (JHB). Comprised of volunteer community members, these Boards permit the diversion of juveniles accused of lower-level offenses, including status offenses and misdemeanors. Youth who complete sanctions, such as community service, restitution, and counseling, are often able to avoid having a court record following this process. In 2022, there were 36 Juvenile Hearing Boards in Rhode Island. Three communities did not have Juvenile Hearing Boards (Little Compton, Richmond, and South Kingstown). Rhode Island Juvenile Hearing Boards reported hearing 362 cases in 2022.<sup>18,19</sup>



## LGBTQ Youth in the Juvenile Justice Systems

- ◆ Many lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth experience family rejection, conflicts at home, and bullying and harassment in school due to their gender identity or sexual orientation. These factors increase LGBTQ 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. LGBTQ youth are more likely to be subjected to profiling, detained for low-level offenses, and be 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 LGBTQ youth could help keep them safe and support positive outcomes while they are in the community, in detention, or in correctional settings.<sup>20,21</sup>



## Age of Jurisdiction for Family Court

- ◆ The Rhode Island Family Court is responsible for all referrals for wayward and delinquent offenses committed by youth under age 18. Unless discharged previously, these youth will remain under the jurisdiction of the Family Court until they reach age 19.<sup>22</sup>
- ◆ Developmentally, young children are unable to understand court proceedings and participate meaningfully in their defense. They are also more likely to experience trauma through the court process and physical harm if sentenced to custody. Rhode Island is one of 24 states that currently has no minimum age of jurisdiction for Family Court. In New England, Connecticut, Massachusetts, New Hampshire and Vermont have laws that set a minimum age for children to be tried in juvenile court. Research suggests that setting a minimum age of jurisdiction at age 14 would be developmentally appropriate and in the best interest of children, especially Children of Color.<sup>23,24</sup>
- ◆ Behavioral research shows that adolescents are less able than adults to weigh risks and consequences and to resist peer pressure. Their judgment and decision-making skills are still developing. As the adolescent brain continues to develop, most youth offenders will stop breaking the law. Michigan, New York, and Vermont have now raised the age of jurisdiction for juvenile court to include young people who are age 18. Vermont's law will continue to raise the age so that in 2024 all young people up to age 20 will be referred to juvenile court with exceptions for certain violent offenses.<sup>25,26</sup>
- ◆ Because the developmental needs of youth are different than adults, youth involved in the adult court and justice system are at risk for abuse, suicide, and prolonged experiences in solitary confinement. In Rhode Island, youth interact with the adult correctional system in two ways—when they are “waived” to adult court at the request of the Rhode Island Attorney General or when they are “certified” resulting in sentencing beyond age 19 and transfer from the Training School to the Adult Correctional Institutions upon reaching age 19. In 2022, nine motions to waive jurisdiction to try juveniles as adults and seven certification motions were filed. Eight waiver motions were pending at the end of 2022, and two motions to certify were certified.<sup>27,28,29</sup>

*(References are on page 185)*

# Youth in the Juvenile Justice System

## DEFINITION

*Youth in the juvenile justice system* is the number of youth ages 21 or under who were on probation and the number of youth ages 18 and under who were at the Rhode Island Training School at any time during the calendar year.

## SIGNIFICANCE

The juvenile justice system is responsible for ensuring community safety by promoting positive youth development, recognizing that the needs of children and adolescents in the justice system are different than adults. During adolescence, the part of the brain that controls reasoning, weighs consequences, and helps youth consider the implications of their behavior is still developing, and it can be delayed when alcohol or drug use are present. This ongoing brain development means that adolescents make decisions and solve problems differently than adults. Adolescents are more likely to be impulsive, misread social and emotional situations, get into accidents and fights, and engage in risk-taking behaviors. With guidance and support from parents and caring adults, most adolescents will grow out of these behaviors as their brain develops.<sup>1,2,3,4</sup>

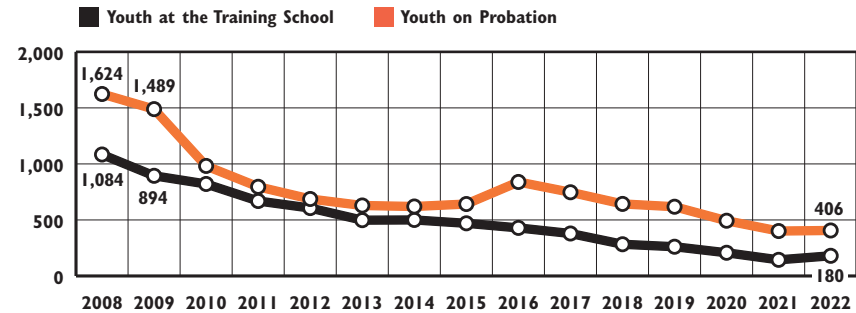
Juvenile justice systems have a range of options for monitoring and rehabilitating youth, including restorative justice programs, evidence-

based treatment programs, probation, and incarceration. Alternatives to incarceration have been shown to be more developmentally appropriate, more effective in preventing recidivism, and more cost effective than incarceration. The most successful programs involve family in treatment and promote healthy development at the individual, family, school, and peer levels.<sup>5,6,7,8</sup>

The Rhode Island Department of Children, Youth and Families (DCYF) Division of Youth Development (formerly Division of Juvenile Corrections) implements a continuum of programs to promote positive development for youth in its care and custody and to reduce recidivism. As part of this continuum, DCYF operates the Rhode Island Training School, the state's secure facility for adjudicated youth and youth in secure detention awaiting trial.<sup>9</sup> On December 31, 2022, 64 youth were in the care or custody of the Training School, 47 of whom were physically at the Training School.<sup>10</sup> The Office of Juvenile Probation provides supervision and supports to maintain youth safely in the community, including youth living at home, in foster care, and in residential treatment programs (temporary community placements).<sup>11</sup> On January 3, 2023, there were 289 youth on probation, up 10% from 262 youth on January 4, 2022.<sup>12</sup>



Youth in the Juvenile Justice System, Calendar Years 2008-2022



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2008-2022. Some youth may have spent time at the Training School and on probation during any calendar year.

- ◆ Between 2008 and 2022, the annual total number of youth at the Training School at any point during the year declined by 83% from 1,084 to 180. The steady decline of youth at the Training School began after a cap of 148 boys and 12 girls on any given day was placed on the Training School population in July 2008.<sup>13,14</sup>
- ◆ A total of 180 youth were at the Training School during 2022, up 25% from 144 during 2021.<sup>15</sup>
- ◆ Between 2008 and 2022, the annual total number of youth on probation during the year declined by 75% from 1,624 to 406. A total of 406 youth were on probation during 2022, similar to 401 youth on probation in 2021, and down 18% from 493 in 2020. Of the 401 youth on probation, 87% (354) were on probation at home, and 13% (52) were on probation in out-of-home placements.<sup>16</sup>
- ◆ Some of the recent year decreases in youth at the Training School and on probation were due to decreases in the number of offenses referred to Family Court, but the Department of Children, Youth and Families and Family Court also instituted procedures to reduce counts because of risks related to the COVID-19 pandemic.

# Youth in the Juvenile Justice System



## Racial and Ethnic Disparities in the Juvenile Justice System

◆ Youth of Color continue to be disproportionately represented at every stage of the juvenile justice system. Nationally, Black youth are five times as likely and American Indian youth are three times as likely to be incarcerated as their white peers.<sup>17</sup>

### Racial and Ethnic Disparities in Rhode Island

	% OF TOTAL CHILD POPULATION, 2020	% OF YOUTH AT THE RITS, 2022	% OF YOUTH ON PROBATION, 2022
American Indian	<1%	2%	1%
Asian	3%	1%	<1%
Black	6%	24%	20%
Hispanic	27%	42%	37%
Multiracial	8%	6%	6%
Pacific Islander	<1%	1%	<1%
White	53%	24%	35%
Unknown	NA	1%	<1%
<b>TOTAL</b>	<b>209,785</b>	<b>180</b>	<b>406</b>

Sources: Rhode Island Child Population data by race are from the U.S. Census Bureau, 2020 Census. Youth at the Training School and on probation data are from the Rhode Island Department of Children, Youth and Families, RICHIST, 2022. Hispanic children may be of any of the race categories. Race categories are non-Hispanic. Percentages may not sum to 100% due to rounding.

◆ During 2022, non-Hispanic Black youth made up 24% of youth at the Training School and 20% of youth on probation, while making up only 6% of the total child population. Hispanic youth made up 42% of youth at the Training School and 37% of youth on probation, while making up 27% of the total child population.<sup>18,19</sup>



## Juvenile Detention Alternatives Initiative (JDAI)

◆ The Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) works in jurisdictions across the U.S. to promote policies and practices that reduce inappropriate and unnecessary secure detention, reduce racial and ethnic disparities, and maintain public safety. JDAI focuses on creating opportunities for positive youth development through proven, family-focused interventions. For most youth in the juvenile justice system, JDAI recommends using high-quality community-based programs that provide supervision, accountability, and therapeutic services. Since 2009, Rhode Island juvenile justice stakeholders have contributed to a statewide JDAI effort that has created a coordinated reform effort to decrease the number and racial disproportionality of youth at the Training School and to increase the use of community-based alternatives to detention.<sup>20</sup>



## Youth in the Juvenile Justice System by Gender

◆ During 2022, 18% of the 180 youth at the Training School were girls and 82% were boys. Similarly, 13% of the 406 youth on probation were girls and 87% were boys.<sup>21</sup>

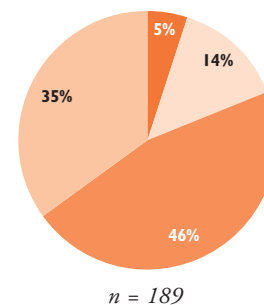
◆ During 2022, the number of girls who passed through the Training School nearly doubled from 19 in 2021 to 32.<sup>22</sup> Nationally, girls have represented a growing share of youth involved in juvenile justice. Girls enter the system with different personal and offense histories and needs than boys. Girls are often detained for non-violent offenses, meaning that they may not pose a public safety threat. Girls in juvenile justice are more likely to have histories of trauma, including physical and sexual abuse, than their peers. Effective programs for girls use a developmental approach that considers trauma history, gender, and culture.<sup>23</sup>



## Youth in the Juvenile Justice System by Age

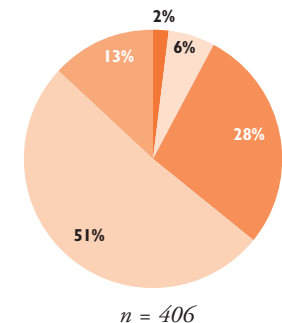
Youth at the Training School by Age, 2022

5% (9)	Under Age 14
14% (26)	Age 14
46% (87)	Ages 15 to 16
35% (67)	Ages 17 to 19



Youth on Probation by Age, 2022

2% (9)	Under Age 14
6% (23)	Age 14
28% (113)	Ages 15 to 16
51% (207)	Ages 17 to 18
13% (54)	Ages 19 to 20

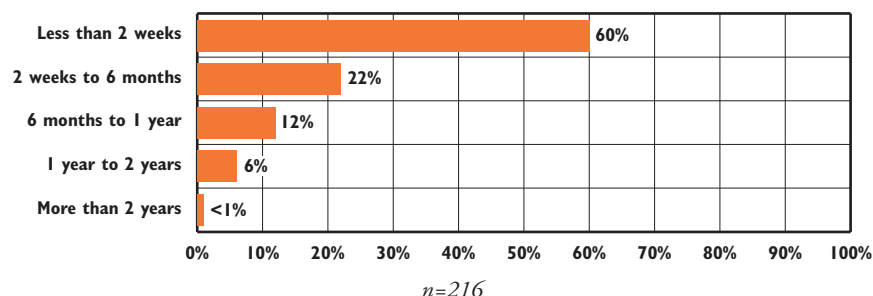


Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2022. Total number of youth at the Training School by age (189) is larger than the total number of youth at the Training School (180) due to some youth having birthdays while at the Training School and therefore being counted twice. Percentages may not sum to 100% due to rounding.

# Youth in the Juvenile Justice System



## Discharges From the Rhode Island Training School, by Length of Time in Custody, 2022



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2022. Total number of discharges (216) is larger than the total number of youth who passed through the Training School (180) due to some youth being discharged from the Training School more than once in 2022. Percentages may not sum to 100% due to rounding.



## Promoting Rehabilitation and Preventing Recidivism

◆ The Division of Youth Development is a resource for rehabilitating youth who have committed serious offenses. Youth who are considered to pose a danger to the community can be confined in the Training School, but a growing body of national research suggests that youth incarceration may increase criminal behavior and recidivism among youth with less serious offenses.<sup>24,25,26</sup> Of the 180 youth at the Training School during 2022, 76% (136) were admitted once, 19% (34) were admitted twice, and 6% (10) were admitted three or more times.<sup>27</sup>

◆ Objective admissions screening tools help limit the use of secure detention to serious offenders and reduce bias in decision making for which youth are sent to secure detention. The Rhode Island General Assembly passed a law in 2008 that mandates the use of a screening tool called the Risk Assessment Instrument (RAI) for youth being considered for secure detention. The RAI has been piloted but has not yet been fully implemented in Rhode Island and needs reevaluation before widespread use in the field.<sup>28,29,30</sup>



## Supporting Youth Development at the Training School

### History of Child Neglect and Abuse

◆ Children who experience child abuse or neglect are at increased risk for developing behavior problems and becoming involved in the juvenile justice system.<sup>31</sup> In 2022, 15% (27) of the 180 youth at the Training School had at some point in their childhood been victims of documented child neglect or abuse.<sup>32</sup>

### Behavioral Health Services

◆ In 2022, 86 youth (48%) of the 180 youth at the Training School received mental health services at the Training School for psychiatric diagnoses other than conduct and adjustment disorders, including 31% (10) of female youth and 51% (76) of male youth. During 2022, 59 youth (33%) of the 180 youth at the Training School received substance abuse treatment services, including 19% (6) of female youth and 36% (53) of male youth. Of these, 42 (39 male and three female) received residential substance abuse treatment.<sup>33</sup>

### Educational Services

◆ While the average age of youth at the Training School in 2022 was 16 years, students' math and reading skills were on average at a fourth-grade level at entry to the Training School. Average grade levels for math and reading increased by about one year at the time of departure.<sup>34,35</sup>

### Special Educational Services

◆ Of the 84 youth ages 14 to 18 who received educational services at the Training School during the 2021-2022 academic year, 50% (42) received special education services based on Individualized Education Programs (IEPs).<sup>36</sup>

### Educational Achievements

◆ During 2021-2022, 14 youth completed high school at the Training School (either graduated with a high school diploma or earned a GED). Four youth received post-secondary education services, 11 youth completed driver's education certification, landscape design, and/or barbering training. Sixty-nine youth completed a culinary program.<sup>37</sup>



# Youth in the Juvenile Justice System

Table 28. Youth in the Juvenile Justice System, Rhode Island, 2022

CITY/TOWN	TOTAL POPULATION AGES 13-18 2010	# YOUTH ON PROBATION	# OF PRE- ADJUDICATED YOUTH AT THE RITS	# OF ADJUDICATED YOUTH AT THE RITS	TOTAL # OF YOUTH AT THE RITS
Barrington	1,802	3	1	0	1
Bristol	1,780	2	0	0	0
Burrillville	1,319	5	2	1	3
Central Falls	1,859	23	15	2	16
Charlestown	554	3	0	0	0
Coventry	3,010	9	6	1	6
Cranston	6,184	14	2	3	4
Cumberland	2,746	5	3	0	3
East Greenwich	1,362	4	1	1	2
East Providence	3,243	8	1	2	3
Exeter	642	1	1	0	1
Foster	430	1	1	0	1
Glocester	878	0	0	0	0
Hopkinton	693	1	2	1	2
Jamestown	436	0	0	0	0
Johnston	2,025	4	0	0	0
Lincoln	1,851	6	0	1	1
Little Compton	228	0	0	0	0
Middletown	1,229	6	4	0	4
Narragansett	948	2	0	0	0
New Shoreham	50	0	0	0	0
Newport	1,604	11	5	1	5
North Kingstown	2,407	4	1	1	2
North Providence	2,027	7	3	0	3
North Smithfield	970	1	0	0	0
Pawtucket	5,514	54	13	11	17
Portsmouth	1,596	3	0	0	0
Providence	16,515	97	57	23	61
Richmond	637	0	0	0	0
Scituate	963	1	0	1	0
Smithfield	1,856	1	0	0	0
South Kingstown	3,540	6	0	1	0
Tiverton	1,115	1	0	0	0
Warren	675	7	2	0	2
Warwick	5,883	15	4	0	3
West Greenwich	568	0	0	0	0
West Warwick	1,891	9	1	0	1
Westerly	1,705	3	2	1	2
Woonsocket	3,112	40	16	5	20
Out-of-State	NA	29	15	5	16
Four Core Cities	27,000	214	101	41	114
Remainder of State	58,847	143	42	15	50
Rhode Island	85,847	357	143	56	164



## Youth in Detention in Rhode Island

◆ In Rhode Island, the term “detention” is used to describe the temporary custody of a youth, who is accused of a wayward or delinquent offense, at the Training School pending a hearing in Family Court. The only two legal reasons for pre-trial detention include cases where a youth poses a threat to public safety or is at risk for not attending his or her next court hearing.<sup>38,39</sup>

◆ Some youth are detained for short periods of time and released at their first court appearance (usually the following business day). Of the 216 discharges from the Training School during 2022, 31% resulted in stays of two days or less, 29% resulted in stays of three days to two weeks, and 40% resulted in stays of more than two weeks.<sup>40</sup>

### Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2022; and the U.S. Census Bureau, Census 2010.

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

Total number of youth includes adjudicated and pre-adjudicated youth who were at the Rhode Island Training School during calendar year 2022 (including youth from out of state, those with unknown addresses, and those in temporary community placements). Youth with out-of-state addresses are not included in the Rhode Island, four core cities, or remainder of state totals. One youth has an unknown address but is from Rhode Island and is therefore included in the Rhode Island total but not the core city or remainder of the state total. The total number of youth at the Training School may not equal the sum of adjudicated and pre-adjudicated youth because some youth may have spent time at the Training School both before and after sentencing.

There is no statutory minimum 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 a term of probation or to serve time at the Training School. They are not included in the Rhode Island total.

### References

- <sup>15</sup> Decker, T. (2019). *A roadmap to the Ideal Juvenile Justice System. Youth Research and Evaluation eXchange*. Retrieved March 31, 2023, from <https://youthrex.com>
- <sup>2</sup> Cavanagh, C. (2022). Healthy adolescent development and the juvenile justice system: Challenges and solutions. *Child Development Perspectives*, 16, 141–147.
- <sup>3,26</sup> Mendel, R. A. (2022). *Why youth incarceration fails: An updated review of the evidence*. The Sentencing Project, Research and Advocacy for Reform, Washington, D.C.

(continued on page 185)

# 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 at some point in their lives.<sup>1</sup> Parental incarceration can contribute to children’s insecure attachment to their parent, which can lead to poor developmental outcomes. Children of incarcerated parents experience high rates of physical and mental health problems (including asthma, 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.<sup>2,3,4,5</sup>

Nationally, most children of incarcerated parents live with their other parent, a grandparent, or other relatives.<sup>6</sup> Of the 1,467 parents incarcerated in Rhode Island on September 30, 2022 (including those awaiting trial), 93% (1,361) were

fathers and 7% (106) were mothers.<sup>7</sup> Parents of minor children represent over half of the U.S. prison population.<sup>8</sup>

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

Programs and policies targeting the unique needs of incarcerated pregnant women and mothers can improve outcomes for them and their families. Placing children with family members, providing family counseling and access to mental health care, mentoring, peer support services, and prison transition supports can alleviate the effects of parents’ imprisonment on children and improve the family reunification process.<sup>11,12</sup>

Nationally and in Rhode Island, the criminal justice system disproportionately affects People of Color. In the U.S., 24% of Black children and 11% of Hispanic children will experience parental incarceration compared to 4% of white children.<sup>13</sup> Of the 1,467 parents incarcerated in Rhode Island on September 30, 2022 (including those awaiting trial), 40% were white, 30% were Black, 26% were Hispanic, and 3% were another race.<sup>14</sup>



## Parents at the Rhode Island Adult Correctional Institutions (ACI), September 30, 2022

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	713	490	69%	1,163
Serving a Sentence	1,576	977	62%	2,334
TOTAL	2,289	1,467	64%	3,497

Source: Rhode Island Department of Corrections, September 30, 2022. \*Does not include inmates who were missing responses to the question on number of children, inmates on home confinement, inmates serving at Institute of Mental Health, or those from another state’s jurisdiction.

- ◆ Of the 2,289 inmates awaiting trial or serving a sentence at the ACI on September 30, 2022 who answered the question on number of children, 1,467 inmates reported having 3,497 children. Thirty-nine percent of sentenced mothers and 11% of sentenced fathers had sentences that were six months or less.<sup>15</sup>
- ◆ Of the 56 sentenced mothers on September 30, 2022, 48% were serving a sentence for a violent offense, 34% for a nonviolent offense, 9% for a drug-related offense, and 4% for a sex-related offense. Of the 921 sentenced fathers, 51% were serving sentences for a violent offense, 19% for a nonviolent offense, 15% for a sex-related offense, 11% for a drug-related offense, and 5% for breaking and entering.<sup>16</sup>
- ◆ Thirty-five percent of incarcerated parents awaiting trial or serving a sentence on September 30, 2022 had less than a high school diploma, 51% had a high school diploma or a GED, and 13% had at least some college education.<sup>17</sup>
- ◆ 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.<sup>18,19</sup>
- ◆ 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, maintaining parental rights, and access to public benefits. For immigrants a conviction can lead to deportation.<sup>20</sup>

# Children of Incarcerated Parents

Table 29.

Children of Incarcerated Parents, Rhode Island, September 30, 2022

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2020 POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	1	3	4,489	0.7
Bristol	5	14	2,887	4.8
Burrillville	8	18	3,229	5.6
Central Falls	35	86	6,411	13.4
Charlestown	1	1	1,161	0.9
Coventry	10	21	6,655	3.2
Cranston	55	126	15,744	8.0
Cumberland	7	16	7,550	2.1
East Greenwich	7	19	3,465	5.5
East Providence	17	38	7,886	4.8
Exeter	1	2	1,175	1.7
Foster	1	1	790	1.3
Glocester	1	5	1,896	2.6
Hopkinton	3	8	1,613	5.0
Jamestown	1	2	871	2.3
Johnston	13	29	5,119	5.7
Lincoln	2	4	4,640	0.9
Little Compton	1	4	568	7.0
Middletown	4	11	3,487	3.2
Narragansett	3	7	1,651	4.2
New Shoreham	0	0	189	0.0
Newport	13	25	3,660	6.8
North Kingstown	6	13	5,496	2.4
North Providence	15	42	5,802	7.2
North Smithfield	2	3	2,274	1.3
Pawtucket	78	193	16,455	11.7
Portsmouth	1	1	3,444	0.3
Providence	289	667	41,021	16.3
Richmond	4	9	1,627	5.5
Scituate	4	7	1,866	3.8
Smithfield	8	18	3,411	5.3
South Kingstown	5	10	4,339	2.3
Tiverton	3	8	2,723	2.9
Warren	4	7	1,826	3.8
Warwick	43	109	14,034	7.8
West Greenwich	2	4	1,251	3.2
West Warwick	28	53	5,787	9.2
Westerly	13	36	3,826	9.4
Woonsocket	74	196	9,467	20.7
Unknown Residence	154	393	NA	NA
Out-of-State Residence**	55	125	NA	NA
Four Core Cities	476	1,142	73,354	15.6
Remainder of State	292	674	136,431	4.9
Rhode Island	768	1,816	209,785	8.7

## Source of Data for Table/Methodology

Rhode Island Department of Corrections, September 30, 2022. Offenders who were in home confinement and the awaiting trial population are excluded from this table.

U.S. Census Bureau, Census 2020, P2,P4.

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

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- <sup>3,13</sup> Turney, K., & Goodsell, R. (2018). Parental incarceration and children's wellbeing. *Future of Children*, 28(1), 147-160.
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(continued on page 185)

# 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 15.5 million U.S. children are exposed to domestic violence each year. Rates of partner violence are higher among couples with children than those without children.<sup>1,2</sup> In Rhode Island in 2021 (the most recent year for which full data are available), police reports indicate that children were present at 24% of domestic violence incidents resulting in arrests.<sup>3</sup>

Children can be exposed to domestic violence in several ways. They may witness it directly (by seeing and/or hearing violent incidents), have their lives disrupted by the chaos of an unsteady and hostile environment, and/or may be used by the abusive parent to manipulate or gain control over the victim. Children exposed to domestic violence may also lose a parent to domestic homicide.<sup>4,5,6</sup> Children who are exposed to domestic

violence are often victims of physical abuse, and they are at an increased risk of entering into abusive relationships or becoming an abuser themselves.<sup>7,8</sup>

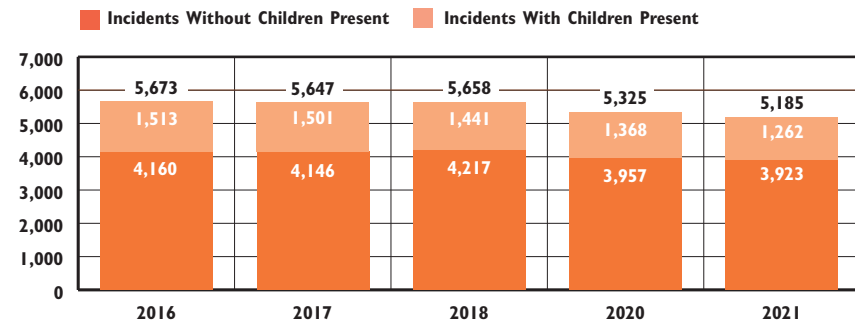
Exposure to domestic violence is distressing to children and can lead to mental health problems, including post-traumatic stress, depression, and anxiety, in childhood and later in life. Children who witness domestic violence are more likely to experience physical, emotional, health, and learning challenges throughout their childhood and adulthood. They are more likely to have concentration and memory problems, and to have difficulty with school performance than children who have not witnessed domestic violence.<sup>9,10,11</sup>

While many children who have witnessed domestic violence show resilience, exposure to violence may impair a child's capacity for partnering and parenting later in life. This cycle can be broken through honest conversations with — and positive coping strategies taught by — supportive adults.<sup>12,13</sup>

Children can be 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 and are children of the victimized partner.<sup>14</sup> 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, 2016-2018, 2020, 2021



Source: Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit, 2016-2018, 2020, 2021. Includes domestic violence reports resulting in an arrest by local police and Rhode Island State Police.

◆ In Rhode Island in 2021, there were 5,185 domestic violence incidents that resulted in arrests, down 3% from 5,325 incidents in 2020. Children were reported present in 24% (1,262) of incidents in 2021.<sup>15</sup> Rhode Island, police officers document children's exposure to violence on reporting forms by noting the number and ages of minor children living in the home, how many were present during the incident, how many saw the incident, and how many heard it.<sup>16</sup>

◆ In Rhode Island in 2021, police reported that children saw the domestic violence incident in 945 arrests and children heard the incident in 1,050 arrests. These incidents were not mutually exclusive, and more than one child may have witnessed each incident.<sup>17</sup>

◆ Rhode Island's domestic violence shelters and advocacy programs provide emergency and support services to victims of domestic violence, dating violence, sexual violence, and stalking.<sup>18</sup> During 2022, Rhode Island's domestic violence shelters provided services to 10,181 individuals, including 451 children. In 2022, 165 children and 178 adults spent a total of 27,694 nights in domestic violence shelters, 79 children and 57 adults lived in domestic violence transitional housing (longer-term private apartments for victims of domestic violence). Ninety-one children and adults moved into permanent supportive housing, and 225 accessed Rapid Re-housing.<sup>19,20</sup>

# Children Witnessing Domestic Violence

Table 30. Children Present During Domestic Violence Incidents Resulting in Arrests, Rhode Island, 2021

CITY/TOWN	TOTAL # OF INCIDENTS RESULTING IN ARREST	TOTAL # OF INCIDENTS RESULTING IN ARREST WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	26	12	46%
Bristol	51	15	29%
Burrillville	67	19	28%
Central Falls	111	38	34%
Charlestown	25	5	20%
Coventry	121	34	28%
Cranston	272	57	21%
Cumberland	117	24	21%
East Greenwich	18	3	17%
East Providence	165	34	21%
Exeter*	NA	NA	NA
Foster	5	2	40%
Glocester	13	4	31%
Hopkinton	20	5	25%
Jamestown	5	1	20%
Johnston	139	25	18%
Lincoln	52	9	17%
Little Compton	4	1	25%
Middletown	72	13	18%
Narragansett	37	8	22%
New Shoreham	5	0	0%
Newport	150	27	18%
North Kingstown	73	15	21%
North Providence	124	37	30%
North Smithfield	77	20	26%
Pawtucket	744	178	24%
Portsmouth	106	31	29%
Providence	1,039	287	28%
Richmond	15	5	33%
Scituate	11	5	45%
Smithfield	56	12	21%
South Kingstown	73	24	33%
Tiverton	52	12	23%
Warren	51	10	20%
Warwick	363	87	24%
West Greenwich	10	2	20%
West Warwick	286	67	23%
Westerly	146	32	22%
Woonsocket	424	95	22%
Rhode Island State Police	60	7	12%
Four Core Cities	2,318	598	26%
Remainder of State	2,807	657	23%
Rhode Island	5,185	1,262	24%



## 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 and assisting parents in addressing mental health issues. Other strategies include connecting children to adult mentors, nurturing areas of strength, and encouraging children to contribute to their families or communities in a positive way.<sup>21</sup>



## Domestic Homicide and Guns

◆ When firearms are present in domestic violence situations, women are five times more likely to die. Nationally, nearly half of all women murdered are killed as a result of domestic violence.<sup>22</sup>

◆ In 2018, "red flag" legislation passed that authorizes the Rhode Island Supreme Court to issue "extreme risk protection orders" requiring the surrender of all firearms from persons determined to be capable of causing personal injury and prevents them from purchasing, receiving or attempting to purchase or receive firearms.<sup>23</sup>

### 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, 2021 and December 31, 2021.

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

- <sup>1</sup> Chamberlain, L. (2018). *Futures without violence: Updated comprehensive review of interventions for children exposed to domestic violence*. Retrieved from promising.futureswithoutviolence.org
- <sup>2</sup> Berger, A., Wildsmith, E., Manlove, J., & Steward-Streng, N. (2012). *Relationship violence among young adult couples*. Retrieved from childtrends.org
- <sup>3,15,17</sup> Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit. Based on data from Domestic Violence and Sexual Assault/Child Molestation Reporting Forms, 2016-2018, 2020, 2021.
- <sup>4</sup> National Domestic Violence Hotline. (n.d.). *Children as an abusive mechanism*. Retrieved from thehotline.org
- <sup>5,9</sup> National Coalition Against Domestic Violence. (2023). *Domestic violence and children*. Retrieved from ncadv.org
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(continued on page 186)



# Child Neglect and Abuse

## DEFINITION

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

## SIGNIFICANCE

Children need love, affection, and nurturing from their parents and caregivers for healthy physical and emotional development. Experiencing child neglect or abuse can have lifelong consequences for a child's health, well-being, and relationships with others. Parents and caregivers are at increased risk for maltreating children if they are overwhelmed by multiple risk factors such as poverty, substance abuse, intergenerational trauma, isolation, or unstable housing.<sup>1</sup> Children who have been maltreated often face long-term consequences including chronic health and psychological problems. They are at increased risk for delinquency, substance use disorders, mental health problems, teen pregnancy, and impaired cognition.<sup>2,3</sup>

Responding to reports of child neglect and abuse and ensuring child safety are important functions of child protection systems. Focusing on prevention is equally critical and more cost-effective. In Rhode Island, if an investigation does not reveal

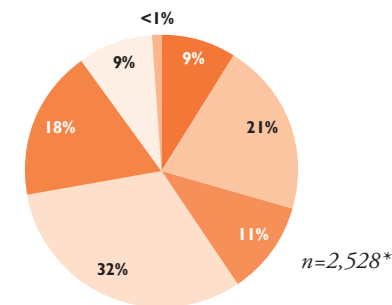
maltreatment but family stressors and risk factors are identified, the Department of Children, Youth and Families (DCYF) refers families to community-based support services to reduce the risk of future involvement with DCYF. When maltreatment has occurred, a determination may be made that it is safe for the children to remain at home with support services provided to their family.<sup>4</sup> In both cases, DCYF makes referrals to regional Family Care Community Partnership (FCCP) agencies that work with families to identify services and resources, including natural supports (persons and resources that families can access independent from formal services).<sup>5</sup> In 2020, DCYF established a referral line (1-888-RI-FAMILY) through the Support and Response Unit (SRU) that families in the community can call to access home and community-based services previously available only through DCYF involvement.<sup>6</sup>

In 2022 in Rhode Island, there were 1,700 indicated investigations of child neglect and abuse involving 2,395 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 (16.2 victims per 1,000 children) as in the remainder of the state (8.8 victims per 1,000 children). Forty-one percent of the victims of child neglect and abuse were young children ages five and under and almost one-third (30%) were ages three and younger.<sup>7</sup>

## Child Neglect and Abuse, Rhode Island, 2022

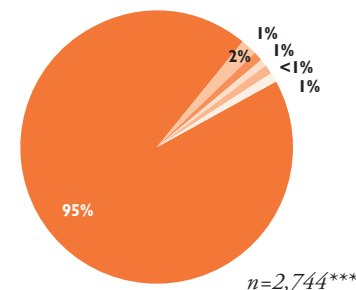
### By Age of Victim\*

9% (221)	Under Age 1
21% (535)	Ages 1 to 3
11% (282)	Ages 4 to 5
32% (797)	Ages 6 to 11
18% (464)	Ages 12 to 15
9% (224)	Ages 16 and Older
<1% (5)	Unknown



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

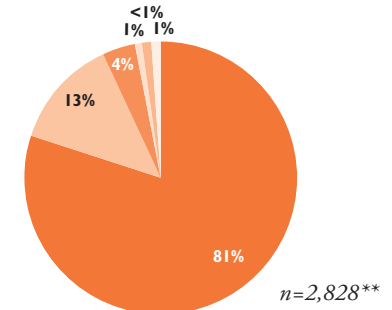
95% (2,604)	Parents
2% (55)	Relatives/Household Members
1% (21)	Residential Facility Staff
1% (19)	Foster Parents
<1% (7)	Child Care Providers
1% (38)	Other or Unknown



Source: Rhode Island DCYF, Rhode Island Children's Information System (RIChist), 2022. Percentages may not sum to 100% due to rounding.

### By Type of Neglect/Abuse\*\*

81% (2,280)	Neglect
13% (368)	Physical Abuse
4% (112)	Sexual Abuse
1% (25)	Medical Neglect
<1% (13)	Emotional Abuse
1% (30)	Other



### Notes on Pie Charts

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

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

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



## DCYF Child Protective Services (CPS) Hotline Calls for Reports of Neglect and/or Abuse, Investigations, \* and Indicated Investigations, Rhode Island, 2013-2022

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
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
2022	14,417	33% (4,742)	1,749

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2013-2022.

*\*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 2018 to 2022 in Rhode Island, the number of unduplicated child maltreatment reports decreased by 34%, the number of completed investigations decreased by 43%, and the number of indicated investigations decreased by 28%. In 2022, 37% of the 4,742 completed investigations were indicated investigations in which there is a “preponderance of evidence” that a child has been abused and/or neglected. The sharp decrease in reporting at the onset of the COVID-19 pandemic can be attributed to when school buildings were closed, however more recent declines are likely due to targeted, ongoing prevention efforts by DCYF focused on helping families before a CPS call is warranted.<sup>8,9,10</sup>

◆ Of the 14,417 maltreatment reports in 2022, 60% (8,692) were classified as “information/referrals”.<sup>11</sup> 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 family assessment, which may lead to the development of a safety plan with the family, including referral and delivery of other services.<sup>12</sup>



## Emergency Department Visits, Hospitalizations, and Deaths Due to Child Neglect and/or Abuse, Rhode Island, 2017-2021

YEAR	# OF EMERGENCY DEPARTMENT VISITS*	# OF HOSPITALIZATIONS*	# OF DEATHS**
2017	126	24	<5
2018	110	25	0
2019	85	38	<5
2020	100	98	<5
2021	76	105	0
<b>TOTAL</b>	<b>497</b>	<b>290</b>	<b>&lt;5</b>

Source: Rhode Island Department of Health, 2017-2021.

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.*

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

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

◆ Between 2017 and 2021, there were 497 emergency department visits, 290 hospitalizations, and <5 deaths of Rhode Island children under age 18 due to child neglect and/or abuse.<sup>13</sup> Nationally in 2021, 78% 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).<sup>14</sup>



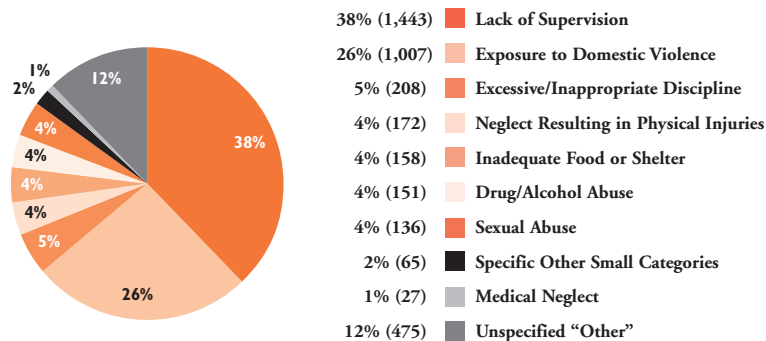
## Child Neglect and Abuse in Rhode Island Communities

◆ Many parents at risk of child neglect and abuse may lack experience with and knowledge of essential parenting skills and are struggling with a combination of social and economic issues. These families can benefit from programs that enhance social supports, parental resilience, and knowledge of parenting and child development.<sup>15</sup> 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.<sup>16,17</sup>

◆ In 2022, Rhode Island had 11.4 child victims of neglect and abuse per 1,000 children. Woonsocket (28.5 victims per 1,000 children) had the highest rate of child victims of neglect and abuse in the state.<sup>18</sup>

# Child Neglect and Abuse

**Indicated Allegations of Child Neglect,  
by Nature of Neglect, Rhode Island, 2022**



*n=3,842\**

Source: Rhode Island Department of Children, Youth and Families, RIC HIST, 2022.

*\*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 3,842 indicated allegations (confirmed claims) of neglect of children under age 18 in Rhode Island in 2022, 38% involved lack of supervision. This highlights the importance of access to high-quality, affordable child care, preschool, and after-school programs.<sup>19</sup>

◆ The second largest category of neglect (26%) is “exposure to domestic violence.” These are instances where the neglect is related to the child witnessing domestic violence in the home.<sup>20</sup>

◆ The “specific other small categories” include educational neglect (22), emotional abuse (9), emotional neglect (8), inappropriate restraint (8), tying/close confinement (7), abandonment (4), corporal punishment (4), and failure to thrive (3).<sup>21</sup>

**Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2022**

◆ In Rhode Island in 2022, there were 136 indicated allegations (confirmed claims) of child sexual abuse and seven of these cases, were reported as school-based sexual molestation/exploitation. Some children were victims of sexual abuse more than once. There were 117 (86%) female victims and 19 (14%) male victims with confirmed allegations. Thirty-two percent of the female victims were under age 12, while 37% of the male victims were under age 12.<sup>22</sup>

◆ In the majority of child sexual abuse cases, the perpetrator is a relative or person known to the victim. Sexual abuse by a stranger is less likely.<sup>23</sup>

**Early Intervention & Infants and Toddlers  
Involved with the Child Welfare System**

◆ Because maltreated infants and toddlers are highly likely to have a developmental delay, federal law requires states to screen and/or refer infants and toddlers who have experienced neglect or abuse to Early Intervention (EI) for eligibility determination and services.<sup>24</sup> Rhode Island specifically allows infants and toddlers who have experienced trauma, neglect, or abuse to be determined eligible for EI through “informed clinical opinion – family circumstances” even if the child does not have a measurable developmental delay or disability.<sup>25</sup>

◆ In Rhode Island in State Fiscal Year 2022, there were 679 children under age three who were victims of child neglect or abuse or involved with an indicated case. Of these, 179 (26%) were referred directly to EI for evaluation, 453 (67%) were instead referred to First Connections for a developmental screening, 31 (5%) were already referred or enrolled in EI, and 16 (2%) were not referred. Of the 245 infants and toddlers referred to EI for evaluation by DCYF or by First Connections, 140 (57%) were determined eligible for EI. Of the 679 children, there were 356 (52%) who did not receive a developmental screening or an evaluation even after referral. Of all 679 victims, 21% were determined eligible for EI.<sup>26</sup>

Table 31.

Indicated Investigations of Child Neglect and Abuse, Rhode Island, 2022

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	4,489	6	1.3	10	2.2
Bristol	2,887	22	7.6	30	10.4
Burrillville	3,229	26	8.1	36	11.1
Central Falls	6,411	71	11.1	114	17.8
Charlestown	1,161	9	7.8	17	14.6
Coventry	6,655	43	6.5	78	11.7
Cranston	15,744	98	6.2	136	8.6
Cumberland	7,550	31	4.1	52	6.9
East Greenwich	3,465	7	2.0	7	2.0
East Providence	7,886	52	6.6	74	9.4
Exeter	1,175	6	5.1	14	11.9
Foster	790	3	3.8	7	8.9
Glocester	1,896	12	6.3	12	6.3
Hopkinton	1,613	9	5.6	8	5.0
Jamestown	871	2	2.3	3	3.4
Johnston	5,119	26	5.1	31	6.1
Lincoln	4,640	31	6.7	47	10.1
Little Compton	568	2	3.5	4	7.0
Middletown	3,487	15	4.3	11	3.2
Narragansett	1,651	15	9.1	20	12.1
New Shoreham	189	0	0.0	0	0.0
Newport	3,660	35	9.6	47	12.8
North Kingstown	5,496	27	4.9	21	3.8
North Providence	5,802	60	10.3	82	14.1
North Smithfield	2,274	8	3.5	16	7.0
Pawtucket	16,455	170	10.3	243	14.8
Portsmouth	3,444	12	3.5	13	3.8
Providence	41,021	377	9.2	563	13.7
Richmond	1,627	7	4.3	18	11.1
Scituate	1,866	10	5.4	15	8.0
Smithfield	3,411	11	3.2	26	7.6
South Kingstown	4,339	28	6.5	21	4.8
Tiverton	2,723	26	9.5	35	12.9
Warren	1,826	19	10.4	23	12.6
Warwick	14,034	93	6.6	120	8.6
West Greenwich	1,251	3	2.4	2	1.6
West Warwick	5,787	78	13.5	111	19.2
Westerly	3,826	52	13.6	58	15.2
Woonsocket	9,467	198	20.9	270	28.5
Unknown Residence	NA	11	NA	0	NA
Out of State	NA	39	NA	NA	NA
Four Core Cities	73,354	816	11.1	1,190	16.2
Remainder of State	136,431	884	6.5	1,205	8.8
Rhode Island	209,785	1,700	8.1	2,395	11.4

## 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 2022. 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 2020 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.

## References

- <sup>1,15,16</sup> U.S. Department of Health and Human Services, Administration for Children and Families. (2019). *Strong & thriving families: 2019/2020 prevention resource guide*. Retrieved February 2, 2023, from [www.childwelfare.gov](http://www.childwelfare.gov)
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(continued on page 186)



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

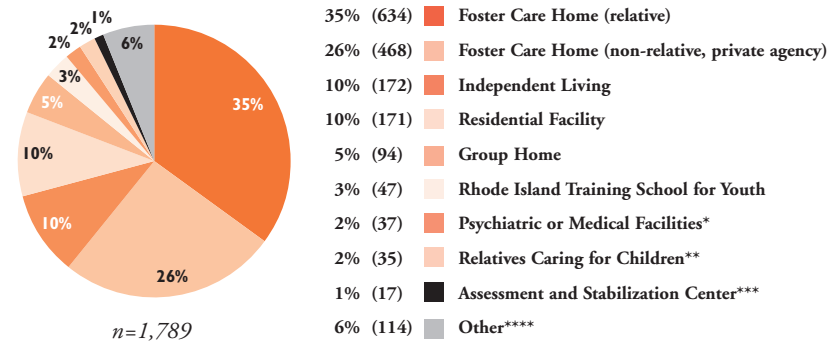
Rhode Island children in out-of-home care can experience multiple placements, lose contact with family

members and siblings, and may have overlooked educational, physical, and mental health needs.<sup>4</sup> Children in out-of-home care suffer more frequent and more serious medical, developmental, and mental health problems than their peers.<sup>5</sup> For children in foster care, mental and behavioral health is the largest unmet health need.<sup>6</sup> Long-term stays in care can cause emotional, behavioral, or educational problems that can negatively impact children's long-term well-being and success.<sup>7</sup> Children in foster care are about twice as likely as their peers to be absent from school or to be suspended and are nearly three times more likely than their peers to be expelled from school. Appropriate supports and services can help ensure that youth are prepared for higher education and work.<sup>8</sup> As of the 2017-2018 school year in Rhode Island, data on reading and math proficiency and high school graduation is publicly available for students in foster care.<sup>9</sup>

Children of Color are overrepresented at various points in the child welfare system, including reporting, screening, investigation, and assessment, and child welfare systems often fail to find and retain foster and adoptive Families of Color. Children of Color in child welfare systems are more likely to be removed from their homes, remain in the child welfare system longer, have parental rights terminated, and are less likely to reunify with their families.<sup>10</sup>



**Children in Out-of-Home Placement, Rhode Island, December 31, 2022**



\*Medical facilities data include medical hospitals (10) and psychiatric hospitals (27).

\*\*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 contacted DCYF to receive assistance from the agency.

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

\*\*\*\*The placement category "Other" includes out-of-state/other agency (78), runaway youth in DCYF care or those with unauthorized absences (25), prison (3), and other (8).

Source: RI Department of Children, Youth and Families, Rhode Island Children's Information System (RIChist), 2022. Percentages may not sum to 100% due to rounding.

◆ As of December 31, 2022, there were 1,789 children under age 21 in the care of DCYF who were in out-of-home placements.<sup>11</sup>

◆ The total DCYF caseload on December 31, 2022 was 6,316, including 1,974 children living in their homes under DCYF supervision and 2,553 children living in adoption settings.<sup>12</sup>

◆ The total DCYF caseload also included 78 children in out-of-state placements/other agency custody, three serving a prison sentence, and eight youth in other placements.<sup>13</sup>

◆ On December 31, 2022, 265 children were living in a residential facility or group home, a slight increase from 258 children on December 31, 2021. The percentage of children in out-of-home placement who were in a relative foster care home slightly decreased from 37% (715) on December 31, 2021 to 35% (634) on December 31, 2022.<sup>14,15</sup>

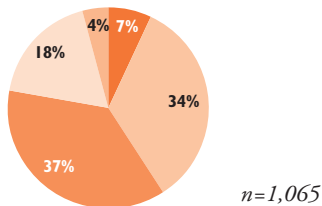


# Children in Out-of-Home Placement

## Children in Out-of-Home Placement, by Type of Setting, Age, and Race and Ethnicity, Rhode Island

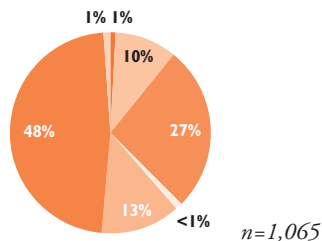
In Foster Care Homes  
by Age

7% (74)	Under Age 1
34% (360)	Ages 1 to 5
37% (390)	Ages 6 to 13
18% (195)	Ages 14 to 17
4% (46)	Ages 18 and Over



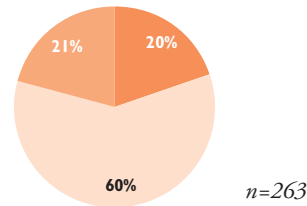
In Foster Care Homes  
by Race and Ethnicity

1% (6)	Asian
10% (109)	Black
27% (288)	Hispanic*
<1% (5)	American Indian and Alaska Native
13% (140)	Multiracial
48% (509)	White
1% (8)	Other or Unknown



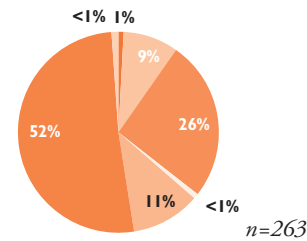
In Group Homes and Residential Facilities  
by Age

0% (0)	Under Age 1
0% (0)	Ages 1 to 5
20% (52)	Ages 6 to 13
60% (157)	Ages 14 to 17
21% (54)	Ages 18 and Over



In Group Homes and Residential Facilities  
by Race and Ethnicity

1% (2)	Asian
9% (24)	Black
26% (68)	Hispanic*
<1% (1)	American Indian and Alaska Native
11% (29)	Multiracial
52% (138)	White
<1% (1)	Other or Unknown



\*Hispanic children may be of any of the race categories.

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2022-2023. Pie charts show data for a single point-in-time: Foster Care Homes on February 28, 2023 and Group Homes and Residential Facilities on December 31, 2022. Data may not match chart on previous page due to different report dates. Residential facilities do not include psychiatric hospitals, medical hospitals, the Rhode Island Training School, out-of-state/other agency custody or residential facility placements pending contract. Percentages may not sum to 100% due to rounding.

## Ensuring Children Grow Up in Families

◆ Whenever safely possible, it is important to support families so that children can remain at home with their parents. *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 for parents and relatives caring for children. Rhode Island received approval from the federal Administration for Children & Families to begin implementing the *FFPSA* over five years starting in Federal Fiscal Year 2022.<sup>16,17</sup>

◆ If children cannot remain safely at home with family supports, out-of-home placement with a kinship foster family may be the best option. Children in kinship foster families have been shown to have fewer mental health and behavioral issues, as well as increased educational and placement stability.<sup>18</sup> *The Fostering Connections Act* promotes kinship care and family connections by requiring states to notify relatives when a child is placed in foster care and providing funding for states offering kinship guardianship assistance payments.<sup>19</sup> Rhode Island defines kin broadly and includes any adult who has a close and caring relationship with the child.<sup>20</sup> On December 31, 2022, of the 1,102 children in foster care placements in Rhode Island, 58% (634) were in kinship foster families.<sup>21</sup>

◆ Children in foster families experience better outcomes related to placement stability, education, and delinquency compared to children in congregate care settings.<sup>22</sup> Some youth who require intensive services for mental health needs can benefit from the care provided in a treatment foster care home, which is often more cost effective than residential treatment homes and provides the structure and familiarity of a home environment.<sup>23</sup>

◆ Adolescents are more likely to be placed in group homes and residential facilities than younger children. In Rhode Island on December 31, 2022, of the 263 children placed in groups homes and residential facilities, 80% (211) were ages 14 and older.<sup>24</sup>

◆ Black children in Rhode Island are one and a half times as likely to be in both foster care and congregate care placements. Multiracial children are also more than one and a half times as likely to be in foster care.<sup>25,26</sup>

(References are on page 186)

# 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

Children who are removed from their families suffer trauma leading into and including removal. This trauma compounds when children remain in foster care for years and are moved to different placements.<sup>1</sup> Multiple, prolonged, and unstable placements can negatively affect children's academic achievement, mental health, ability to develop healthy connections, and future earnings.<sup>2,3,4</sup> Many of these factors can also affect these children's likelihood of reaching permanency.<sup>5</sup>

Planning for permanency begins with increasing placement stability so children are living in safe, caring foster families that can support them in exiting to permanency as soon as possible. Strategies to improve permanency include prioritizing kinship care, placement matching to ensure that first placements are successful, improving supports for children and foster families,

and increasing caseworker training and retention efforts.<sup>6</sup>

Reunification with parents is both the primary goal and the most common permanency outcome. When reunification is not possible, child welfare agencies focus on placing children in another permanent family through adoption or guardianship, a legal arrangement where an adult is named a child's caregiver and given custody and legal authority to make decisions about the child, often without terminating parental rights.<sup>7,8,9</sup>

Children and youth who live with families while in the child welfare system are better prepared to thrive in permanent homes. To promote permanency through placements with family members, federal law requires states to notify relatives when a child is placed in foster care, provides funding for states offering kinship guardianship assistance, provides incentive payments for adoptions of older children and children with special needs, and requires that states inform families about the availability of the federal adoption tax credit.<sup>10,11</sup>

Older youth who age out of foster care without permanency are at risk for low educational attainment, homelessness, unemployment, and unintended pregnancy. *The Families First Prevention Services Act* allows states to extend eligibility for services up to age 23 to help youth transition to independent living with better outcomes into adulthood.<sup>12,13</sup>



## Among Rhode Island FY 2021 Entry Cohort, Children Who Achieved Permanency Within 12 Months, by Discharge Reason

DISCHARGE REASON	NUMBER	PERCENTAGE	MEDIAN DAYS IN PLACEMENT
Reunification with Parents	167	88%	231
Guardianship	12	6%	271
Adoption – Direct Consent	4	2%	314
Living with Relative(s)	3	2%	72
Adoption	4	2%	350
<b>Total Number</b>	<b>190</b>	<b>100%</b>	<b>240</b>

Source: *Permanency analytic report FY21 Entry Cohort* Rhode Island Department of Children, Youth and Families. \*Data cannot be compared to Factbooks prior to 2018 because of differences in reporting methodology. Permanency includes reunification, guardianship, living with relative, adoption, and reunification.

◆ Of the 770 Rhode Island children in the FY 2021 entry cohort, 25% (190) of children in out-of-home placement exited foster care to permanency (reunification, guardianship, living with other relatives, or adoption) within 12 months of removal. In part, residual COVID-19 impacts contributed to lower permanency outcomes.<sup>14,15</sup>

◆ Of the 190 children in the FY 2021 entry cohort who achieved permanency within 12 months, 57% were under age six, 21% were ages six to 11, and 22% were ages 12 and older. Fourteen percent of these children were Black, 29% of children were Hispanic (of any race), 13% were Multiracial or other, 43% were white, and 1% were of unknown race.<sup>16</sup>

◆ Among the 190 Rhode Island children in the FY 2021 cohort who achieved permanency within 12 months, 88% achieved permanency through reunification with their family of origin. Child welfare agencies can promote reunification by setting policies and practices that include comprehensive family assessment, active case management, and reunification and post-reunification services tailored to the family's needs.<sup>17,18</sup>

◆ Rhode Island's guardianship assistance program defines kin as any adult who has a close and caring relationship with the child, including godparents, caretakers, close family friends, neighbors, and clergy. Among the 190 children in the FY 2021 cohort who achieved permanency within 12 months, 6% achieved permanency through guardianship.<sup>19,20</sup>

◆ Of the 924 Rhode Island children in the FY 2020 entry cohort, 20% (181) exited foster care to permanency within 12 months of removal, and 34% (315) exited foster care to permanency in 13 to 24 months.<sup>21</sup>

# Permanency for Children in DCYF Care

## Voluntary Extension of Care (VEC)

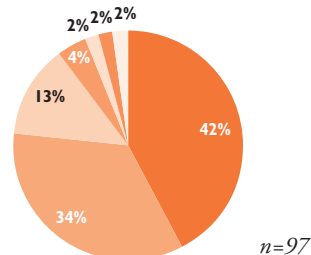
◆ In 2018, Rhode Island established the VEC program, allowing youth in foster care ages 18 to 21 the option of continuing to receive services. VEC helps older youth in care transition to adulthood by supporting them in making life decisions about housing, education, employment, health care, social services, and social activities while providing guidance in decision-making and when challenges arise. To remain enrolled, youth must meet education or employment requirements.<sup>22</sup>

◆ On November 30, 2022, 97 youth ages 18 to 21 were enrolled in VEC with approved court petitions. An additional six youth were in VEC case management and six were in transition to VEC. Of these 97 youth, 68% were female and 32% were male. Thirteen percent were age 18, 29% were age 19, 57% were age 20, and 1% were age 21. Seventeen percent were Black, 28% were Hispanic (of any race), 5% were Multiracial/Other, and 51% were white.<sup>23</sup>

◆ Of the 97 youth in VEC on November 30, 2022, 38% were continuing their education. Additionally, 56% had some form of employment, including 18 youth who were employed full time, and 31 who were employed part time. Forty-four percent were not employed.<sup>24</sup>

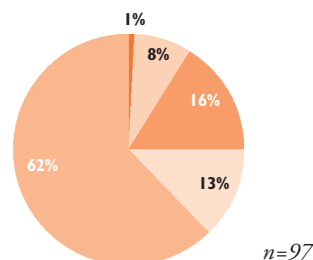
Housing for Youth in VEC

42% (41)	With Relative/Kin
34% (33)	Apartment Alone
13% (13)	Apartment with Others
4% (4)	Dormitory
2% (2)	Paid Independent Living
2% (2)	Homeless
2% (2)	Temporary Housing



Education for Youth in VEC

1% (1)	Enrolled in High School
8% (8)	Enrolled in GED
16% (15)	Full-time Post-Secondary
13% (13)	Part-time Post-Secondary
62% (60)	Not Currently Enrolled



Source: Rhode Island Department of Children, Youth and Families, November 30, 2022.

## Effects of COVID-19 on Youth in VEC

◆ During the COVID-19 pandemic, youth were navigating the transition to adulthood with record unemployment, housing instability, and educational disruption, and that impact is still affecting outcomes for youth in care. In December 2020, the *Consolidated Appropriations Act (CAA)* was passed, which increased federal funding for extended foster care, education/training, and housing to support older youth in foster care during the ongoing pandemic. It also created a moratorium on youth aging out of foster care and required states to engage youth who may have left foster care. The *CAA* also provided funding to states to provide extended foster care through a youth's 26th year, funding which normally would have covered youth up to age 21 (or 23 in some states). These provisions were in effect until September 30, 2021. On October 1, 2021, Rhode Island extended eligibility to age 23 until September 20, 2022.<sup>25,26,27</sup>

## Adoptions for Children in DCYF Care

◆ During calendar year 2022, 242 children in the care of DCYF were adopted in Rhode Island, up 91% from 2020. Of these children, 58% were under age six, 33% were ages six to 13, and 9% were age 14 or older. Thirteen percent were Black, 27% were Hispanic (of any race), 17% were Multiracial, less than 1% were Pacific Islander, and 42% were white.<sup>28</sup>

◆ On January 3, 2023, there were 159 Rhode Island children in the care of DCYF who were waiting to be adopted. Of these children, 34% were under age six, 28% were ages six to 10, 35% were ages 11 to 15, and 3% were ages 16 and older. Nine percent were Black, 26% were Hispanic (of any race), 26% were Multiracial or other, and 40% were white.<sup>29</sup>

◆ Of the 159 children waiting to be adopted, 25% (39) were children of parents whose parental rights had been legally terminated.<sup>30</sup>

◆ Of the 315 Rhode Island children in the FY 2020 entry cohort who reached permanency in 13 to 24 months, 14% were adopted.<sup>31</sup>

### References

<sup>1,3,5</sup> Casey Family Programs. (2018). *Strong families strategy brief: What impacts placement stability?* Retrieved from [www.casey.org](http://www.casey.org)

<sup>2</sup> Wedeles, J. (n.d.). *Placement stability in child welfare.* Retrieved from [www.oacas.org](http://www.oacas.org)

(continued on page 186)