

Safety

Tree Climbing

by Kathleen Fraser

This is my tree,
my place to be alone in,
my branches for climbing,
my green leaves for hiding in,
my sunshine for reading,
my clouds for dreaming,
my sky for singing,
my tree, my beautiful tree.



Child Deaths

DEFINITION

Child deaths is the number of deaths from all causes to children ages 1 to 14, per 100,000 children. The data are reported by place of residence, not place of death.

SIGNIFICANCE

The child death rate is a reflection of the physical, mental and emotional health of children, the dangers to which children are exposed in the community, access to and use of safety devices and practices (such as bicycle helmets and smoke alarms) and the level of adult supervision children receive.^{1,2} In the United States, the child death rate has declined for all children due to medical advances and a drop in motor vehicle accident deaths.³

Nationally, child injuries and deaths disproportionately affect poor children, younger children, males and minorities.⁴ Low-income children are four times more likely to drown, five times more likely to die in a fire and twice as likely to die in a motor vehicle crash than their peers.⁵ Black and Native American children under age 14 have the highest accidental injury death rates in the U.S. Native American children under age 14 are twice as likely and Black children are one and a half times as likely to die from accidental injury as White children.⁶

In Rhode Island, between 2002 and 2006 there were 133 deaths of children

ages 1 to 14. Of the 133 children, 63 (47%) lived in the core cities, 69 (52%) lived in the remainder of the state and one child's residence (<1%) was unknown. Of these 133 deaths, 91 (68%) were due to disease, 28 (21%) were due to unintentional injuries, 10 (8%) were due to intentional injuries (7 homicides and 3 suicides) and 4 (3%) were due to other causes. Unintentional injuries are the leading cause of death for children ages 1 to 14 in Rhode Island, more than from any one single disease. Between 2002 and 2006, Rhode Island had a child death rate of 14.1 per 100,000 children ages 1 to 14.^{7,8}

According to safety experts, 90% of the unintentional injuries are preventable. Using effective safety products (like child restraints in cars) and creating safe environments (like installing smoke alarms and checking the batteries monthly) can significantly reduce the risk of child injury and death.⁹

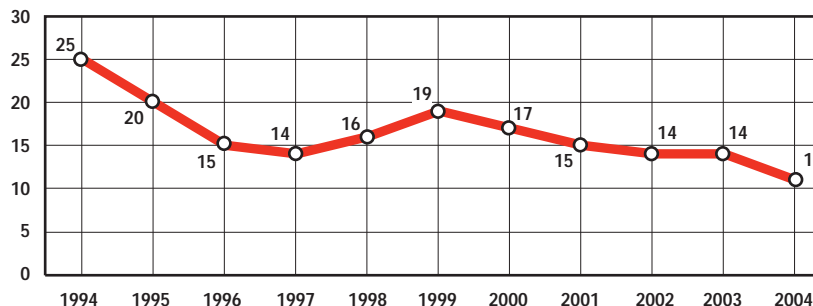
Child Death Rate (per 100,000 Children Ages 1-14)		
	2000	2004
RI	17	11
US	22	20
National Rank*		1st
New England Rank**		1st

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: *Kids count data book: State profiles in child well-being 2007*. (2007). Baltimore, MD: The Annie E. Casey Foundation.

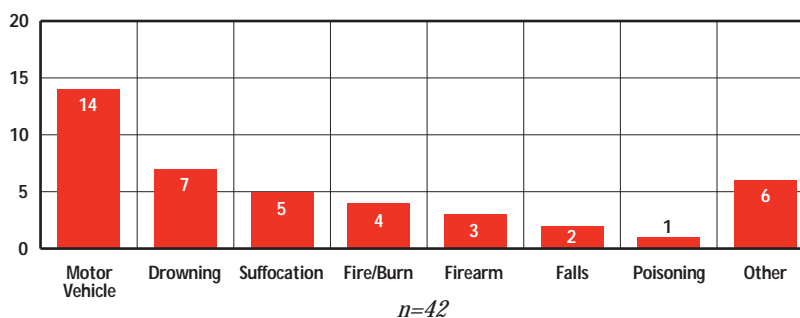
Child Death Rate Per 100,000 Children Ages 1-14 in Rhode Island, 1994-2004



Source: Kids Count State Level Data Online. (2006). *Child deaths: Rate per 100,000: 2003*. Baltimore, MD: The Annie E. Casey Foundation.

◆ Between 1994 and 2004, Rhode Island's child death rate for children ages 1-14 declined from 25 per 100,000 children to 11 per 100,000 children. Rhode Island's child death rate is currently the best in the nation.^{10,11,12}

Child Deaths Due to Injury, By Cause, Rhode Island, 2002-2006



Source: Rhode Island Department of Health, Maternal and Child Health Database, 2002-2006.

◆ Between 2002 and 2006, 42 children died as a result of injury. The leading cause of deaths due to injury were caused by motor vehicles (33%).¹³

References

¹ *Childhood injury fact sheet*. (2004). Washington, DC: National SAFE KIDS Campaign.

^{2,3} Shore, R. (2005). *KIDS COUNT indicator brief: Reducing the child death rate*. Baltimore, MD: The Annie E. Casey Foundation.

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DEFINITION

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

SIGNIFICANCE

The main threats to adolescents' health and safety are risk behaviors, including substance abuse and violence. Teens' emotional health, including self-esteem and mental health, further impacts their safety.¹ Risk factors for teens include drug, alcohol, or tobacco use, poverty, association with delinquent peers, poor family functioning, and academic failure.² Important factors which protect against risk behaviors are engagement in school and the presence of strong positive relationships with parents, family or other caring adults.³

According to the *2007 Rhode Island Youth Risk Behavior Survey*, Rhode Island high school students are exposed to numerous risks and frequently engage in risk behaviors. Students reported the following risk behaviors at least once during the 12 months preceding the survey: 8% had been threatened or injured with a weapon on school property, 26% (34% of males and 19% of females) were in a physical fight and 14% of students were physically hurt by a boyfriend or girlfriend. Other risk

behaviors reported by high school students included: 9% of students attempted suicide during the 12 months preceding the survey, 28% rode in a vehicle driven by someone who had been drinking, and 14% never or rarely wore a seatbelt when riding in a car.⁴

Between 2002 and 2006 there were 172 deaths of teens ages 15 to 19 in Rhode Island, a rate of 43.0 per 100,000 teens.^{5,6} Of the teens ages 15 to 19 who died between 2002 and 2006, 37% (64) lived in the core cities and 63% (108) lived in other cities/towns in Rhode Island. Of teen deaths, 50 (29%) were due to disease, 38 (22%) were due to intentional injury, 80 (47%) were due to unintentional injuries and 4 (2%) were undetermined. Of the intentional injuries, 20 were homicides and 18 were suicides.⁷

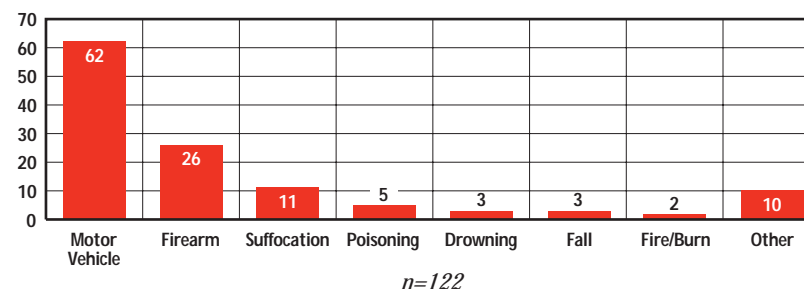
Teen Deaths (deaths per 100,000 Youth 15-19)		
	2000	2004
RI	52	54
US	67	66
National Rank*	12th	
New England Rank**	5th	

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: *Kids Count data book: State profiles in child well-being 2007*. (2007). Baltimore, MD: The Annie E. Casey Foundation.

Injury Deaths by Cause, Teens Ages 15 to 19, 2002-2006



Source: Rhode Island Department of Health, Maternal and Child Health Database, 2002-2006.

- ◆ Between 2002 and 2006 in Rhode Island, more than two-thirds (69%) of the 122 deaths caused by injury were unintentional or undetermined. The majority of the injury deaths (52%) were caused by motor vehicle accidents.⁸
- ◆ Among the 43 teenage boys ages 15 to 19 killed in Rhode Island motor vehicle crashes between 2002 and 2006, 20 (47%) were driving and 16 (37%) were passengers in vehicles driven by other teenage boys ages 15-19. The other 7 (16%) were passengers in cars driven by adults or were pedestrians.⁹
- ◆ In Rhode Island between 2002 and 2006, 15 teenage girls died in motor vehicle accidents. Of these, 6 (40%) were driving, 8 (53%) were passengers and one was a pedestrian. Eleven (73%) of the teenage girls who died were in vehicles driven by themselves, another teenager or a young adult.¹⁰
- ◆ More than one-third (35%) of the teen drivers who died in motor vehicle crashes between 2002 and 2006 had been drinking and 38% of teen passengers who died had also been drinking.¹¹

References

¹ *KIDS COUNT indicator brief: Reducing the teen death rate*. (2005). Baltimore, MD: The Annie E. Casey Foundation.

² Centers for Disease Control & Prevention. (2006). *Understanding youth violence: Fact sheet*. Retrieved January 21, 2008 from <http://www.cdc.gov/injury>

³ Centers for Disease Control & Prevention. (2007). *Youth violence: Fact sheet*. Retrieved January 21, 2008 from <http://www.cdc.gov/ncipc/factsheets/yvfacts.htm>

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Gun Violence

DEFINITION

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

SIGNIFICANCE

Gun violence affects all children and youth, not only those who are victims and perpetrators. Gun violence threatens the psychological, emotional and social well-being of individuals, families and communities.¹

Teens are more likely to be killed by gun violence than older people in the U.S. Since the mid-1990s, gun homicide offender rates for children under age 17 have declined dramatically.² Between 1995 and 2005 in the U.S., the number of homicides committed by children under age 17 with a gun decreased by 60%, from 3,015 homicides in 1995 to 1,217 homicides in 2005. Up until age 17, the rate of deaths due to homicides involving guns increases with age. The rate decreases thereafter.³

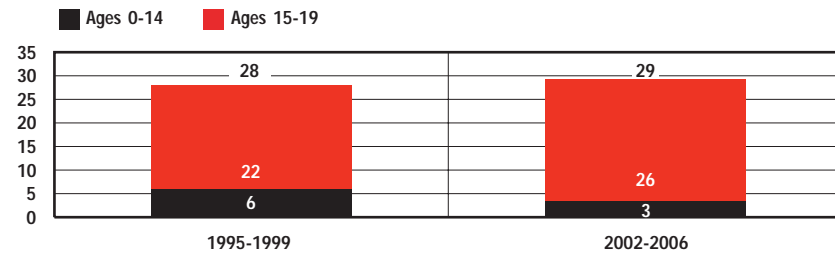
The gun death rate is still a cause of concern for children and youth. Nationally in 2004, youth ages 15 to 24 had a death rate due to firearms of 15.7 per 100,000 residents.⁴ The likelihood

of being a victim of gun violence is linked to gender and race. In the U.S., males ages 15 to 24 are almost 9 times as likely as their female peers to die as a result of gun violence. Black (80.7), Hispanic (32.4) and Native American (25.7) males ages 15 to 24 have a disproportionately higher firearm-related death rate per 100,000 residents than their White (14.3) and Asian (8.8) peers.⁵

Factors that place young people at risk for perpetration of violence include: a history of early aggression, poor supervision, exposure to violence in the home, parental drug/alcohol abuse, association with peers engaged in high-risk behavior, low commitment to school, school failure, diminished economic opportunity, high levels of transience and family disruption.⁶

In Rhode Island, between 2002 and 2006, there were 65 gun-related hospitalizations of children ages 1 to 19. Seventy-four percent (48) of the 65 hospitalizations were victims of assault, 20% (13) were victims of unintentional injuries, 2% (1) were hospitalized for a self-inflicted firearm injury, and 5% (3) were undetermined. There were 29 deaths of children ages 1 to 19 attributed to gun violence.⁷

Gun Deaths of Children Under Age 20, Rhode Island, 1995-1999 and 2002-2006



◆ Between 2002 and 2006 in Rhode Island, 90% of youth gun deaths were to teens ages 15 to 19, and 10% were to children under the age of 15.

◆ In Rhode Island between 2002 and 2006, there were 305 deaths of children under 20 years of age. Of these deaths, 10% were the result of a gun injury.

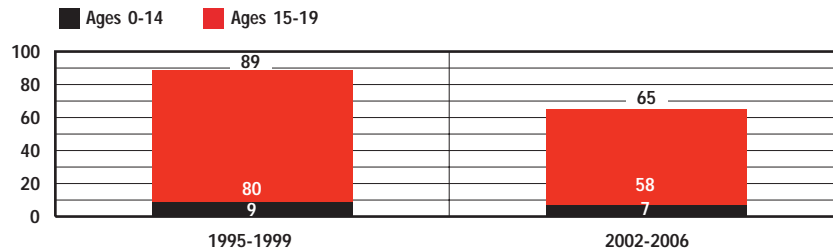
Source: Rhode Island Department of Health, Office of Health Statistics, federal Fiscal Years 1995-1999 and calendar years 2002-2006. Data for 2005 & 2006 are provisional.

Guns in the Home

◆ Research shows a strong correlation between firearm availability and firearm-related deaths and injuries among children and teens. The availability of guns in the home significantly increases the risk of suicide and unintentional injury for children and youth under age 20. The majority of the guns used in accidental shootings of children and youth originate in the residence of the victim, a relative or a friend.⁸

◆ In homes with guns, keeping a gun locked and unloaded and storing ammunition locked and in a separate location reduces the risk of gun injuries to children and teenagers.⁹

Gun-Related Hospitalizations of Children Under Age 20, Rhode Island, 1995-1999 and 2002-2006



◆ There were 65 gun-related hospitalizations between 2002 and 2006 of children under age 20. Since the late-1990s, gun-related hospitalizations of children ages 0-19 fell by 27%.

◆ Seventy-four percent (48) of the 65 youth hospitalized between 2002 and 2006 for gun-related injuries were residents of the core cities (62% from Providence, 8% from Pawtucket, 2% from Central Falls, 2% from Newport, and 2% from Woonsocket).

Source: Rhode Island Department of Health, Office of Health Statistics, federal Fiscal Years 1995-1999 and calendar years 2002-2006. Gun deaths data for 2005 & 2006 are provisional.

Weapon Carrying among Rhode Island Public High School Students, 2007

	Females	Males	Total
Carried a gun, knife, or club at least once in the past 30 days	5%	19%	12%
Carried a gun, knife, or club at least once on school property in the past 30 days	2%	8%	5%
Were threatened or injured with a weapon on school property at least once in the past 12 months	6%	10%	8%

Source: 2007 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health, Office of Health Statistics.

◆ In Rhode Island in 2007, 12% of high school students reported they carried a weapon in the 30 days preceding the survey, compared to 19% of high school students nationally in 2005.^{10, 11} In 2007, 20% of Rhode Island middle students surveyed reported that they have carried a weapon.¹²

Preventing Youth Gun Violence

No single policy or effort will end youth gun violence. However, several strategies implemented simultaneously can mitigate the number of instances and the lethality of gun violence among children and youth.

◆ Reduce the exposure of children and youth to guns in the home by educating parents about the risks that guns pose to their children and increasing awareness of safety measures. The best way to prevent firearm injuries among children and youth is to remove guns from the home.¹³

◆ Reduce children and youth's exposure to guns in the media by increasing parental monitoring of television programming and limiting the time children spend watching television, playing video games and accessing the computer.¹⁴

References

- ¹⁴ Reich, K., Culross, P. L., & Behrman, R. E. (2002). Children, youth, and gun violence: Analysis and recommendations. *The Future of Children: Children, Youth and Gun Violence*, 12(2), 5-23.
- ⁷ Rhode Island Department of Health, Office of Health Statistics, 2002-2006. Data for 2005 & 2006 are provisional.
- ^{8,9,13} Guralnick, S. & Serwint, J. R. (2007). Firearms. *Pediatrics in Review*, 28(10), 396-397.
- ²³ Fox, J. A. & Zawitz, M. W. (2007). *Homicide trends in the United States*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ^{10,12} *Rhode Island Youth Risk Behavior Survey, summary table, weighted data.* (2007). Rhode Island Department of Health, Center for Health Data and Analysis.
- ⁴⁵ National Center for Health Statistics. (2007). *Health, United States, 2007 with chartbook on trends in the health of Americans*. Hyattsville, MD: U.S. Department of Health and Human Services, National Center for Health Statistics.
- ¹¹ U.S. Centers for Disease Control & Prevention. (2007). *Youth violence: Facts at a glance*. Retrieved January 21, 2008 from www.cdc.gov/injury
- ⁶ U.S. Centers for Disease Prevention and Control. (2007). *Youth violence: Fact sheet*. Retrieved January 21, 2008 from www.cdc.gov/ncipc/factsheets/yfacts.htm.

Homeless Children

DEFINITION

Homeless children is the number of Rhode Island children under age 13 who received emergency housing services at emergency homeless shelters and domestic violence shelters during the state Fiscal Year 2007 (July 1, 2006 to June 30, 2007).

SIGNIFICANCE

Lack of affordable housing, poverty and low wages were identified as major causes of family homelessness in the United States in 2007. Other causes of homelessness include unemployment, mental illness, substance abuse, domestic violence and prisoner re-entry.^{1,2} Low-income families spend a large portion of their income on housing, consequently any interruption in income or unexpected expense can place these families at risk of homelessness.³

Compared to their peers, homeless children are more likely to become ill, develop mental health issues (such as anxiety and depression), have academic problems (including high rates of school mobility), be victims of violence and exhibit delinquent or aggressive behaviors.^{4,5} Homeless children go hungry at twice the rate of other children and are more likely to experience illnesses such as stomach problems, ear infections and asthma. Infants, toddlers and preschoolers who are homeless are more likely to have

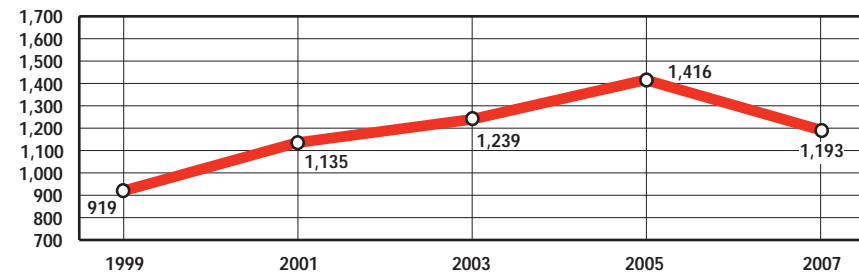
one or more developmental delays compared with poor children living in stable housing.^{6,7}

In a 2007 survey of 23 major U.S. cities, almost one-quarter (23%) of homeless people receiving shelter services were members of families with children. Ten cities reported increases in requests for emergency shelter by homeless families with children during the previous year. Half of the cities surveyed reported that they turned people away due to lack of capacity and limited resources.⁸

In Rhode Island between July 1, 2006 and June 30, 2007, 766 families sought emergency shelter. Of these families, nearly one-quarter (23%) were employed and were earning income. Of families seeking shelter, 90% were female-headed households. Of these households, 52% reported staying with family and friends prior to seeking shelter.⁹

The high rate of home foreclosures has also contributed to increases in the number of homeless families. Rhode Island has higher foreclosure rates than the national average and has the highest foreclosure rate in New England.¹⁰ In December 2007 in Rhode Island there were 308 notices of foreclosure initiated, an increase from 36 foreclosures in January 2007. In total, 2,171 properties were noticed for foreclosure in Rhode Island in 2007.¹¹

Children Under Age 13 Living in Shelters, Rhode Island 1999 – 2007



Source: Rhode Island Emergency Shelter Information Project 1999 – 2007.

◆ In Rhode Island, 1,193 children under age 13 received emergency housing in a homeless shelter or a domestic violence shelter in 2007.¹²

Neighborhood Opportunities Program

◆ The Neighborhood Opportunities Program (NOP) was established in Rhode Island in 2001 to provide funding for the development of affordable housing. NOP also provides funding to cover the difference between the average cost of operating rental units and what very low-income renters (family income less than 50% of the median income) can afford to pay.¹³

◆ The Neighborhood Opportunities Program has helped many homeless families move into affordable housing and also has prevented other families from becoming homeless. As of August 2007, the NOP committed more than \$13 million to the production of 306 housing units for families and leveraged an additional \$188 million in public and private funding.¹⁴ With an annual allocation of \$7.5 million in state funding every year since 2003, NOP has created 1,031 new affordable homes.¹⁵

References for Homeless Children

^{1,6} *Homeless families with children* (Fact sheet #12). (2007). Washington, DC: National Coalition for the Homeless. Retrieved February 6, 2008 from <http://www.nationalhomeless.org/publications/facts/families.html>

^{2,8} *Hunger and homelessness survey: A status report on hunger and homelessness in America's cities*. (2007). Washington, DC: The United States Conference of Mayors – Sodexo, Inc.

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DEFINITION

Homeless youth is the number of Rhode Island youth ages 13 to 17 who are homeless or at risk for homelessness, have run away from home or have been thrown out of their homes and are not allowed to return during state Fiscal Year 2007 (July 1, 2006 – June 30, 2007).

SIGNIFICANCE

Homelessness among youth has a number of causes, including family problems (such as strained relationships and abuse), economic hardship, involvement in the juvenile justice system, family homelessness and residential instability resulting from foster care and institutional placements. Some runaway youth are considered to be throw-aways who were told or forced to leave a household, or who were abandoned by their parents or guardians.^{1,2}

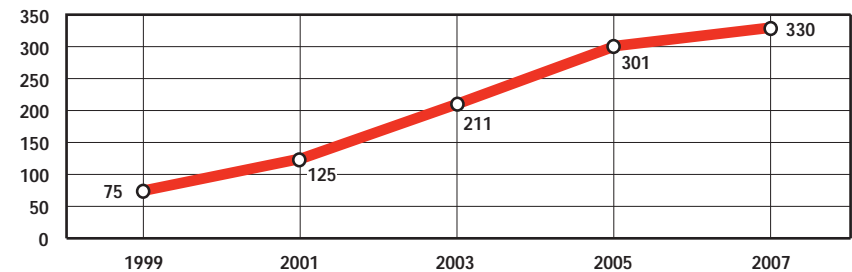
It is often difficult for homeless youth to obtain food, clothing and medical care, as well as find the means to continue their education and maintain personal hygiene. While living on the streets, homeless youth face a high risk of both physical and sexual assault. They are also highly susceptible to sexual exploitation in order to obtain their basic daily needs. Consequently, homeless

youth face an increased risk of contracting HIV/AIDS.^{3,4}

Homeless youth are typically disconnected from positive community assets such as education, employment, and health care.⁵ Homeless youth often experience higher rates of anxiety, depression, and low self-esteem. Health issues can go untreated due to the lack of access to health and mental health care. In addition, homeless youth may not seek health care because they are likely to be asked for a permanent address, health insurance information or parental permission for treatment.⁶

Homeless youth experience higher rates of school suspensions and are more likely to repeat grades and drop out of school than their peers.⁷ The McKinney-Vento Homeless Assistance Act of 2002 required school districts to identify homeless children and youth and remove policies and practices that act as barriers to school enrollment, attendance and success.⁸ McKinney-Vento is due to be reauthorized by Congress in 2008. The inclusion of new resources for emergency shelter, supportive services and providing a framework for greater homeless prevention would strengthen local communities' abilities to provide for the needs of homeless children, youth and families.

Homeless Youth Ages 13-17 in Rhode Island's Emergency Shelter System, 1999-2007



Source: Rhode Island Emergency Shelter Information Project, Annual Reports 1999 – 2007.

◆ **Between July 1, 2006 and June 30, 2007, 330 youths ages 13-17 were documented as having entered the Rhode Island Emergency Shelter system accompanied by a parent or another adult. This number is an underestimate of homeless youth in the state because the Emergency Shelter system in Rhode Island does not accept unaccompanied children over the age of 12 and does not have an overnight shelter for runaway youth.⁹**

◆ **As of December 31, 2007, there were 85 individuals in the care of the Rhode Island Department of Children, Youth and Families who were classified as unauthorized absences/runaways.¹⁰**

◆ **In 2007, the National Runaway Switchboard received 606 calls from youth ages 12-21 in Rhode Island.¹¹**

References for Homeless Youth

- ^{1,3} *Homeless youth* (Fact sheet #13). (2007). Washington, DC: National Coalition for the Homeless.
- ^{2,5,6} U.S Department of Health and Human Services. (2007). *Promising strategies to end youth homelessness: Report to congress*. Washington, DC: U.S. Department of Health and Human Services.
- ⁴ The National Network for Youth and Volunteers for America. (n.d.). *Issue brief: Runaway and homeless youth act reauthorization*. Retrieved February 15, 2008 from <http://www.nn4youth.org>
- ⁷ Toro, P. A., Dworsky, A. & Fowler, P. J. (2007). *Homeless youth in the United States: Recent research findings and intervention approaches*. Washington, DC: U.S. Department of Health and Human Services.
- ⁸ *Education of homeless children and youth* (Fact sheet #10). (2007). Washington, DC: National Coalition for the Homeless.
- ⁹ Rhode Island Emergency Shelter Information Project, July 1, 2006 – June 30, 2007.
- ¹⁰ Rhode Island Department of Children, Youth and Families, December 31, 2007.
- ¹¹ National Runaway Switchboard, 2007.

Juveniles Referred to Family Court

DEFINITION

Juveniles referred to Family Court is the percentage of youth ages 10 to 17 referred to Rhode Island Family Court for all wayward and delinquent offenses.

SIGNIFICANCE

Risk factors for juvenile delinquency and involvement in the juvenile justice system include early antisocial behavior, poor cognitive development, poor parenting, child maltreatment, exposure to family violence, association with other high-risk youth, poor academic performance and family poverty.¹ During 2007 in Rhode Island, 5,275 youth (5% of youth between the ages of 10 and 17) were referred to Family Court for 8,301 wayward and delinquent offenses.^{2,3} Of these, 395 (5%) involved violent offenses, 242 (61%) of which occurred in the core cities.^{4,5}

The Rhode Island Family Court has jurisdiction over all juvenile offenders referred for wayward and delinquent offenses. All referrals to Family Court are from state and local law enforcement agencies, except for truancy cases, which are referred by local school departments.^{6,7} In 2007, 22% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing. In 2007, 2,249 juveniles were referred to the Truancy Court and 346 juveniles

who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court.⁸ Juveniles referred to the Drug Court undergo a six-to-twelve-month program that includes intensive court supervision, drug treatment, and educational and employment services.⁹

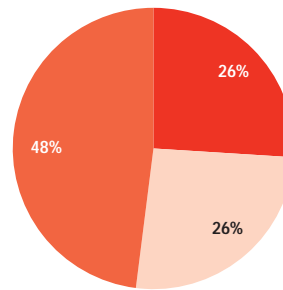
The Family Court also administers 30 Juvenile Hearing Boards that serve 32 communities. Comprised of volunteer community members, these Boards permit the diversion of juveniles accused of status offenses or misdemeanors. Sanction options in this process include community service, restitution and/or counseling. A total of 840 cases were heard before Juvenile Hearing Boards in 2006.¹⁰

Ten percent of juveniles referred to Family Court in 2007 had been referred at least twice before.¹¹ Prevention and early intervention programs are the most cost-effective approaches to reducing delinquency and recidivism. Successful programs are research-based, and involve highly-trained staff who work with youth and their families; offer a wide range of community-based sanctions for non-violent offenders; ensure intensive interventions for youth at risk for becoming chronic offenders; and provide high quality, coordinated mental health, substance abuse treatment, educational, and career development services.¹²

Juvenile Wayward/Delinquent Offenses Referred to Family Court, Rhode Island, 2007

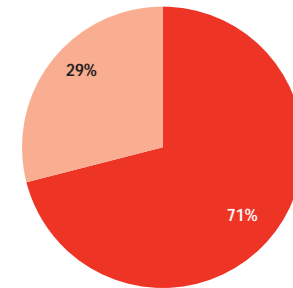
By Residence of Juvenile

26% ■ Providence
26% ■ Other Core Cities
48% ■ Remainder of State



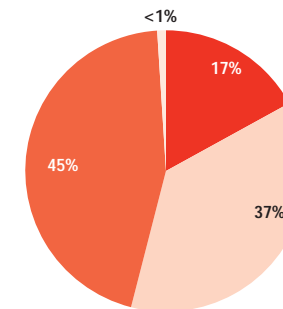
By Gender of Juvenile

71% ■ Male
29% ■ Female



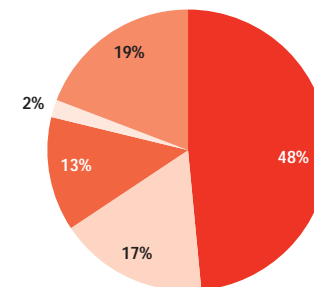
By Age of Juvenile

17% ■ Ages 13 or Younger
37% ■ Ages 14 and 15
45% ■ Ages 16 and 17
<1% ■ Over Age 17



By Race and Ethnicity of Juvenile

48% ■ White
17% ■ Black
13% ■ Hispanic
2% ■ Asian
19% ■ Other/Unknown



n=8,301 offenses

Source: Rhode Island Family Court, Juvenile Offense Report, 2007. Percentages may not sum to 100% due to rounding.

Juveniles Referred to Family Court

Juvenile Wayward/Delinquent Offenses Referred to Family Court, by Type of Offense, Rhode Island, 2007

26%	Property Crimes	5%	Traffic Offenses
19%	Status Offenses*	5%	Violent Crimes
19%	Disorderly Conduct	3%	Weapons Offenses
10%	Simple Assault	5%	Other**
8%	Alcohol and Drug Offenses		

n=8,301

*Status offenses are age-related acts that would not be punishable if the offender were an adult, such as truancy and disobedient conduct.

**Other includes offenses such as conspiracy, crank/obscene phone calls and computer crimes.

Source: Rhode Island Family Court, Juvenile Offense Reports for 2007.

Age of Jurisdiction for the Rhode Island Family Court

◆ The Rhode Island Family Court has jurisdiction over delinquent and wayward children and youth under age 18. Between July 1 and November 8, 2007 there was a temporary change in the age of jurisdiction of the Rhode Island Family Court. The maximum age at which youth could be brought before the Family Court was lowered from 18 to 17 and the maximum age for continued monitoring by the Family Court was lowered from 21 to 19.¹³ This resulted in approximately 500 17-year-olds being charged as adults and referred to adult courts during this 4-month period.¹⁴

◆ On October 30, 2007, the General Assembly increased the age of Family Court jurisdiction back up to age 18. This reversal, which took effect on November 8, 2007, included a provision that would seal the records of youth affected by the change.¹⁵ Because it was not retroactive, the estimated 500 17-year-olds who had been charged as adults during this period remained in the adult legal process.¹⁶

◆ A series of judicial decisions in late 2007 and early 2008 resulted in approximately 400 misdemeanor cases involving 17-year-olds (of the estimated 500 total 17-year-olds charged) being returned from the District Court to the jurisdiction of the Family Court. As of February 2008, the Attorney General's office reported having referred 93 cases involving 17-year-olds to the Superior Court (70 of which had resulted in charges and 23 of which were still being screened).¹⁷

Juveniles Tried as Adults

◆ When a juvenile has committed a heinous and/or premeditated felony offense or has a history of felony offenses, the Attorney General may request that the Family Court Judge waive jurisdiction so that the juvenile may be tried as an adult in Superior Court. Waiver of jurisdiction is mandatory for juveniles age 17 or older who are charged with murder, first degree sexual assault or assault with intent to commit murder.^{18,19}

◆ In 2007, the Attorney General's Office filed 19 motions to waive jurisdiction to try juveniles as adults (3 mandatory and 16 discretionary waivers). Five were waived voluntarily, four were waived after a hearing, and three were withdrawn. As of January 2008, seven motions from 2007 were pending before the Family Court.²⁰

◆ A juvenile also may be "certified" allowing a court to sentence the juvenile beyond age 19 if there is otherwise an insufficient period time in which to accomplish rehabilitation. There were two discretionary certifications in 2007.²¹ While the child is a minor, the sentence is served at the Training School. The youth can be transferred to an adult facility upon reaching age 19, if the court deems appropriate.²² The age of transfer from the Training School to the Adult Correctional Institutions changed from 21 years to 19 years in 2007.²³

References

¹ Wasserman, G. A., Keenan, K., Tremblay, R. E., Coie, J. D., Herrenkohl, T. I., Loeber, R. & Petechuk, D. (2003). Risk and protective factors of child delinquency. *Child Delinquency Bulletin Series* (NCJ Publication No. 193409.). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

^{2,4,5,11} Rhode Island Family Court. *2007 Juvenile offense report*. (2008). Providence, RI: Rhode Island Family Court.

³ U.S. Bureau of the Census, 2006 Population Estimates. Table SC-EST2006-AGESEX_RES.

⁶ *Judiciary of Rhode Island, Rhode Island Family Court home page*. (n.d.). Retrieved February 3, 2008, from www.courts.ri.gov/family/defaultfamily.htm

⁷ *Rhode Island Truancy Court-Overview*. (n.d.). Retrieved February 3, 2008 from www.courts.ri.gov/truancycourt/overview.htm

⁸ Rhode Island Family Court, 2008.

⁹ *Rhode Island Family Court, Juvenile drug court*. (n.d.). Retrieved February 3, 2008 from www.courts.ri.gov/family/drugcourt.htm

¹⁰ Pirolli, R. (2007). *Rhode Island Family Court 2006: Juvenile Hearing Board report*. Providence, RI: Rhode Island Family Court.

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(continued on page 154)

Juveniles at the Training School

DEFINITION

Juveniles at the Training School is the number of juveniles up to age 21 who were in the care and custody of the Rhode Island Training School at any time during the 2007 calendar year. The total includes youth who spent time at the Training School and/or in other community placements while in the care and custody of the Training School.

SIGNIFICANCE

The juvenile justice system has three primary obligations: to identify and respond to the needs of the young people in its care; to protect youth from legal jeopardy; and to keep the public safe from youth who will harm others.¹ Early antisocial behavior, cognitive impairment, inadequate parenting skills, child maltreatment, exposure to family violence, association with other high risk youth, poor academic performance, family poverty and exposure to chronic violence in school or neighborhoods are associated with risk for involvement with the juvenile justice system.^{2,3}

Delinquent behavior among youth in the U.S. has been declining over the last 15 years.⁴ Only a fraction of incarcerated youth are violent and dangerous. Most are incarcerated for drug and property offenses that could be addressed through diversion

programs.⁵ In the U.S., Black youth are more likely than White juveniles to be arrested, formally charged, held in secure detention pending court, and incarcerated in both juvenile and adult correctional settings.⁶

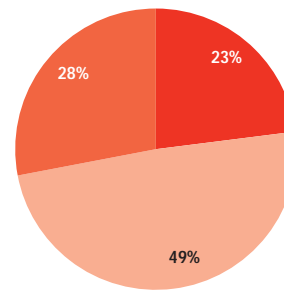
Research indicates that alternatives to incarcerating youth are more successful in preventing recidivism, more cost-effective, and can lessen the disproportionate confinement of minority youth. Successful efforts are comprehensive, community-based and family-focused, with intensive treatment and transition services for reintegration into the community.^{7,8} For some youth, community-based alternatives such as community service, restitution or diversion to behavioral health treatment (for mental health problems and/or substance use) are more effective at reducing re-offending than incarceration.^{9,10,11}

The Rhode Island Department of Children, Youth and Families (DCYF) operates the Rhode Island Training School for Youth, the state's residential detention facility for adjudicated youth and youth awaiting trial. A total of 1,122 youth (80% male and 20% female) were in the care and custody of the Training School at some point during calendar year 2007. On January 1, 2008, there were 158 youth on the grounds at the Training School, 22 under capacity.¹²

Adjudicated Juveniles, Rhode Island Training School for Youth on January 1, 2008

By Age

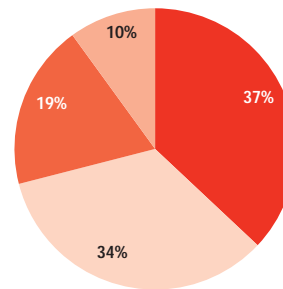
- 23% Ages 14-15
- 49% Ages 16-17
- 28% Ages 18-20



n=262

By Length of Time in Custody

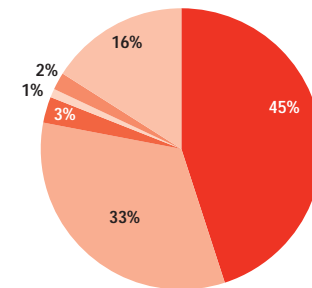
- 37% Less than 6 months
- 34% 6 to 11 months
- 19% 12 to 23 months
- 10% 24 months or more



n=262

By Race*

- 45% White
- 33% Black
- 3% Asian
- 1% Native American
- 2% Multiracial
- 16% Unknown Race



n=262

* All categories are mutually exclusive. On January 1, 2008, 74 adjudicated youth (28%) at the Rhode Island Training School were identified as Hispanic. Hispanic youth may be of any race.

Source: Rhode Island Department of Children, Youth and Families, RIC HIST, January 1, 2008.

Alternatives to Juvenile Incarceration

- ◆ The Rhode Island Training School is an important resource for the rehabilitation of youth who commit serious offenses and who pose a danger to themselves or the community. For youth who do not pose a danger to themselves or others, expanding Rhode Island's capacity to provide effective community-based alternatives to incarceration is essential.
- ◆ High-quality research-based alternatives to incarcerating youth are more successful in preventing recidivism and are significantly more cost-effective. Successful diversion efforts are comprehensive, community-based and family-focused, with intensive counseling and treatment.^{13,14} Peer influences are often a significant factor in the development of antisocial behavior and placing delinquent youth together may reduce positive program impacts and may lead to negative outcomes.¹⁵
- ◆ Programs that offer transition services for reintegration into the community are important as well. For some wayward and delinquent youth, community-based alternatives that include components such as family involvement, community service, restorative justice, or diversion to drug court or substance abuse treatment can be more effective at reducing re-offending than incarceration.^{16,17}

Highest Level Current Charges of Youth Incarcerated at the Training School, January 2008

CHARGE	# BOYS	% BOYS	# GIRLS	% GIRLS
Crimes against property	24	22%	1	8%
Felony assault	20	18%	2	15%
Violation of probation	20	18%	0	---
Illegal substance-related crime	13	12%	2	15%
Simple assault	7	6%	3	23%
Obstruction, resist, escape	6	5%	1	8%
Possession of a weapon	6	5%	3	23%
Sex crime	4	4%	0	---
Traffic: Driving w/out a license, DUI	2	2%	1	8%
Unknown charge	8	7%	0	---
Total Youth*	110	100%	13	100%

Source: Rhode Island Department of Children, Youth and Families, week of January 14, 2008. *Data were gathered for the 110 boys adjudicated to the RITS and the 13 girls in residence at the RITS (9 adjudicated and 4 detained).

Risk Factors for Rhode Island Youth at the Training School

History of Child Abuse and Neglect

- ◆ Nearly half (47%) of the adjudicated youth in the care and custody of the Training School on January 1, 2008 had at some point in their childhood been victims of documented child abuse or neglect.¹⁸

Behavioral Health Needs

- ◆ Nearly one-third (31%) of the adjudicated or detained females (4 of 13) and 14% of the adjudicated males (15 of 110) at the Training School during the week of January 10, 2008 were receiving psychotropic medications.¹⁹
- ◆ During 2007, 60 males participated in the six-month residential substance abuse treatment program at the Training School, designed specifically for youth offenders.²⁰ Half of youth at the Training School during the week of January 10, 2008 were receiving outpatient substance abuse treatment.²¹

Teen Pregnancy and Parenting

- ◆ Two of 13 adjudicated or detained females at the Training School during the week of January 10, 2008 were pregnant. Nine of the 110 adjudicated males at the Training School during this period reported already being a parent and 2 reported being an expectant parent.²²

Educational Attainment

- ◆ A review of 123 randomly-selected records of adjudicated male students and adjudicated or detained female students at the Training School on January 15, 2008 found 27 students (22%) had no school records available. Of those with school records, 12 (13%) had failed all classes before entering the Training School. Approximately half of students at the Training School receive special education services.²³ Although the average age of youth tested at the Training School is 16.7, the average pre-test scores for both reading and math skills were at fifth grade levels.²⁴

- ◆ During the 2006-2007 school year, 69 adjudicated youth graduated from high school while serving a sentence at the Training School. Forty-four of these students graduated with a General Educational Development (GED) diploma and 25 graduated with a high school diploma.²⁵

Juveniles at the Training School



Prevention of Recidivism Among Delinquent Youth

- ◆ Of the 1,122 youth who were at the Training School at some point during 2007, 24% (268) had been admitted previously. One quarter (66) of the youth previously admitted had been at the Training School three or more times.²⁶
- ◆ Research indicates that early identification and treatment of youth at risk for chronic delinquency, and immediate, intensive interventions involving the youth and his or her family in counseling, all-day academic programming and substance abuse treatment or counseling are effective in reducing chronic delinquency.²⁷
- ◆ For serious, repeat and violent juvenile offenders, the quality of rehabilitative services is critical, since most youth will return to their communities. Successful models for the rehabilitation of serious and violent youth include intensive and individualized academic programs, supervision by well-trained staff, an intentional focus on transition planning and aftercare services, and the development of vocational skills.²⁸



Probation for Rhode Island Youth

- ◆ The Juvenile Correctional Services Division of DCYF includes the Rhode Island Training School for Youth and Juvenile Probation and Parole. Juvenile Probation and Parole works to rehabilitate youth in the community to ensure public safety and full compliance with court orders and conditions of probation. Adolescents are placed on probation by the Family Court either as an alternative to incarceration at the Training School or as the final part of their sentence after being incarcerated at the Training School. Parole is not currently used for youth in Rhode Island.²⁹
- ◆ On December 31, 2007, there were 1,313 youth on the DCYF probation caseload. One quarter (25%) of youth on probation were ages 11-15, 48% were ages 16-17 and 26% were ages 18-21.³⁰ Half (50%) of youth on probation were White, 27% were Black, 2% were Asian, 1% were more than one Race and 19% were of unknown race. More than one quarter (27%) of youth were identified as Hispanic (Hispanic youth may be of any race).³¹



Age of Jurisdiction for the Rhode Island Family Court

- ◆ The Rhode Island Family Court has jurisdiction over delinquent and wayward children and youth under age 18. Between July 1 and November 8, 2007 there was a temporary change in the law establishing the age of jurisdiction of the Rhode Island Family Court. The maximum age at which youth could be brought before the Family Court was lowered from 18 to 17 and the maximum age for continued monitoring by the Family Court was lowered from 21 to 19.³² This resulted in approximately 500 17-year-olds being charged and referred to adult courts during this 4-month period.³³
- ◆ On October 30, 2007, the General Assembly increased the age of Family Court jurisdiction back up to age 18. This reversal, which took effect on November 8, 2007, included a provision that would seal the records of youth affected by the change.³⁴ The reversal was not retroactive, leaving the estimated 500 17-year-olds who had been charged as adults during this period in the adult legal process.³⁵
- ◆ A series of judicial decisions in late 2007 and early 2008 resulted in approximately 400 misdemeanor cases involving 17-year-olds (of the estimated 500 total 17-year-olds charged) being returned from the District Court to the jurisdiction of the Family Court. As of February 2008, the Attorney General's office reported having referred 93 cases of 17-year-olds to the Superior Court (70 of which had resulted in charges and 23 of which were still being screened).³⁶
- ◆ Between July 1, 2007 and November 8, 2007, 59 youth who were 17 years old (53 males and 6 females) were charged as adults and awaited trial at the Adult Correctional Institutions (ACI), 45 of whom were subsequently released. An additional 6 males were sentenced to the ACI during this period, 4 of whom were incarcerated at the ACI and released before the repeal of the law and 2 of whom remained incarcerated at the ACI after the repeal of the law.³⁷
- ◆ Research on adolescent brain development and effective juvenile justice programs support laws that treat 17-year-olds as juveniles. Scientific evidence shows that judgment and decision-making skills do not fully develop until the early 20s. Youth placed in adult correctional facilities are less likely to receive counseling, therapeutic, job training or educational services, which form the basis of rehabilitation in youth correctional environments. Youth are more likely to re-offend after serving adult sentences than after serving juvenile sentences.³⁸

Juveniles at the Training School

Table 24. Youth at the Rhode Island Training School, 2007

CITY/TOWN	TOTAL POPULATION AGES 13-21	NUMBER OF YOUTH
Barrington	2,009	8
Bristol	3,525	7
Burrillville	2,067	11
Central Falls	2,625	59
Charlestown	755	2
Coventry	3,688	17
Cranston	8,499	53
Cumberland	3,325	26
East Greenwich	1,397	0
East Providence	5,092	48
Exeter	730	4
Foster	512	2
Glocester	1,251	4
Hopkinton	912	2
Jamestown	536	0
Johnston	2,624	10
Lincoln	2,260	6
Little Compton	351	0
Middletown	1,647	8
Narragansett	2,798	2
New Shoreham	70	1
Newport	3,755	27
North Kingstown	2,773	14
North Providence	3,045	20
North Smithfield	1,073	5
Pawtucket	8,298	132
Portsmouth	1,723	5
Providence	33,871	385
Richmond	783	4
Scituate	1,155	0
Smithfield	3,890	6
South Kingstown	6,532	14
Tiverton	1,523	9
Warren	1,208	9
Warwick	8,863	49
West Greenwich	599	0
West Warwick	3,177	30
Westerly	2,414	12
Woonsocket	5,034	71
Out of State	NA	51
Unknown	NA	9
Core Cities	56,760	704
Remainder of State	79,629	358
Rhode Island	136,389	1,062

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2007.

Training School data are for 1,062 youth who passed through the Training School during calendar year 2007.

There is no statutory lower age limit for sentencing, however adjudicated children under the age of 13 typically do not serve sentences at the Training School.

An "out-of-state" designation is given to youth whose parent(s) have an address on file that is outside of Rhode Island or to a youth who lives in another state, but commits a crime in Rhode Island and is sentenced to serve time at the Training School.

Total Population Ages 13-21 data are from the U.S. Census Bureau, 2000.

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³ Wasserman, G. A., Keenan, K., Tremblay, R. E., Coie, J. D., Herrenkohl, T. I., Loeber, R. & Petechuk, D. (2003). Risk and protective factors of child delinquency. *Child Delinquency Bulletin Series*. (NCJ Publication No. 193409). Rockville, MD: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

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^{8,10,14} Mendel, D. (2003). And the walls keep tumbling down. *ADVOCASEY*, 5(1), 18-27.

^{9,17,27,28} Mendel, R. A. (2001). *Less cost, more safety: Guiding lights for reform in juvenile justice*. Washington, DC: American Youth Policy Forum.

¹¹ *Criminal neglect: Substance abuse, juvenile justice and the children left behind*. (2004). New York, NY: National Center on Addiction and Substance Abuse, Columbia University.

^{12,18} Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2007.

¹⁵ Dodge, K. A., Dishion T. J. & Lansford, J. E. (2006). Deviant peer influences in intervention and public policy for youth. *Social Policy Report: Giving Child and Youth Development Knowledge Away*, 20(1), 3-19.

^{19,21,22} Rhode Island Department of Children, Youth and Families, week of January 14, 2008.

²⁰ Rhode Island Training School, Civigenics, Straight Ahead Program, 2007.

^{23,24,25} Rhode Island Training School, DCYF Alternative Education, January 2008. Specialized schools are defined as specialized programs that exist separately from public schools, and do not include alternative or special programs within a public school system.

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²⁹ Rhode Island Department of Children, Youth and Families, Juvenile Correctional Services Division, February 2008.

^{30,31} Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), Juvenile Probation and Parole, December 31, 2007.

^{32,34} Rhode Island Senate Committee on Health and Human Services. (January 2008). *Our commitment to children: Oversight of the Rhode Island Department of Children, Youth and Families*. Providence, RI: Rhode Island Senate.

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Children of Incarcerated Parents

DEFINITION

Children of incarcerated parents is the number of children reported by a parent serving a sentence at the Rhode Island Department of Corrections as of September 30, 2007 per 1,000 children under age 18. The data are reported by the place of the parent's last residence before entering prison.

SIGNIFICANCE

Approximately 1.5 million children in the U.S. have a parent incarcerated in state or federal prison, and almost one-quarter (22%) of minor children with a parent in prison are under age 5.¹ Having an incarcerated parent often negatively impacts the quality of a young child's attachment to their parent, which can lead to anxiety, withdrawal, and depression.²

As a result of parental incarceration, many children experience disruption in their homes, a series of temporary caregivers or placements in foster care, financial hardship and lack of contact with their parents.³ Compared to other children, children of incarcerated parents are at greater risk for poor academic achievement, impaired emotional, behavioral and psychological development, depression, criminal behavior and incarceration.^{4,5,6}

Children of incarcerated parents remain a hidden population with little attention paid to their needs. The

children's care arrangements are often handled informally by family members, so they rarely come to the attention of child welfare agencies or other support systems.⁷ Relative caregivers often experience significant economic hardship. Relative caregivers may not receive the support or services that they need because they do not know that they are eligible, they wish to avoid the stigma attached to receiving assistance, they have been erroneously denied benefits or because they do not wish to expose their family to scrutiny by public agencies.⁸

Research shows that children who are involved with the child welfare system and have parents who are involved with the criminal justice system are some of the most complex cases child welfare agencies encounter. These children are generally exposed to more risk factors than other children, including parental substance abuse, mental illness, domestic violence and extreme poverty.^{9,10}

In Rhode Island in 2007, more than two-thirds (68%) of incarcerated parents with a known in-state residence identified one of the core cities as their last city of residence. The rate of children of incarcerated parents in the core cities (23.3 per 1,000 children) is nearly 4 times the rate in the remainder of the state (6.0 per 1,000 children).¹¹



Parents at the Rhode Island Adult Correctional Institutions, 2007

	INMATES SURVEYED	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	536	373	70%	816
Serving a Sentence	2,545	1,678	66%	3,704
Total Inmates	3,081	2,051	67%	4,520

Source: Rhode Island Department of Corrections, September 2007. **Does not include inmates who were missing responses to the question on number of children.*

- ◆ **Of the 3,081 inmates awaiting trial or serving a sentence who were surveyed as of September 30, 2007 and answered the question on number of children, 2,051 reported having 4,520 children. The median length of sentence of inmates who reported having children was three years for males and one year for females.¹²**
- ◆ **Of the 2,051 Rhode Island parents incarcerated in 2007, including those awaiting trial, 49% were White, 29% were Black, 31% were Hispanic, and 1% were American Indian, Asian or another race.¹³**
- ◆ **In Rhode Island, fathers are more likely to be in prison for violent crimes than mothers, who are more likely to be in prison for non-violent offenses. Of the 132 sentenced mothers, 49% were serving sentences for nonviolent offenses, 23% for a violent offenses, 22% for drug offenses, 5% for breaking and entering, and 1% for sex-related offenses. Of the 1,546 sentenced fathers, 38% were serving sentences for violent offenses, 21% for drug offenses, 18% for nonviolent offenses, 14% for sex-related offenses, and 9% for breaking and entering.¹⁴**
- ◆ **A successful transition to the community upon reentry should include education and training, stable housing, employment, medical assistance, and substance abuse treatment.^{15,16}**
- ◆ **Maintaining positive and healthy familial bonds between children and their incarcerated parents is crucial to the children's emotional well-being. Preservation of this bond can also have positive effects on the rehabilitation of incarcerated parents.¹⁷**

Children of Incarcerated Parents

Table 25.

Children of Incarcerated Parents, Rhode Island, September 30, 2007

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2000 TOTAL POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	2	8	4,745	1.7
Bristol	11	31	4,399	7.0
Burrillville	7	12	4,043	3.0
Central Falls	58	131	5,531	23.7
Charlestown	9	16	1,712	9.3
Coventry	17	31	8,389	3.7
Cranston	70	150	17,098	8.8
Cumberland	10	18	7,690	2.3
East Greenwich	7	22	3,564	6.2
East Providence	49	112	10,546	10.6
Exeter	4	8	1,589	5.0
Foster	5	8	1,105	7.2
Glocester	6	10	2,664	3.8
Hopkinton	7	12	2,011	6.0
Jamestown	3	5	1,238	4.0
Johnston	25	58	5,906	9.8
Lincoln	4	9	5,157	1.7
Little Compton	0	0	780	0.0
Middletown	10	13	4,328	3.0
Narragansett	13	41	2,833	14.5
New Shoreham	1	3	185	16.2
Newport	40	88	5,199	16.9
North Kingstown	10	24	6,848	3.5
North Providence	32	69	5,936	11.6
North Smithfield	4	7	2,379	2.9
Pawtucket	125	265	18,151	14.6
Portsmouth	5	8	4,329	1.8
Providence	561	1,300	45,277	28.7
Richmond	4	6	2,014	3.0
Scituate	6	10	2,635	3.8
Smithfield	6	10	4,019	2.5
South Kingstown	16	31	6,284	4.9
Tiverton	3	4	3,367	1.2
Warren	6	9	2,454	3.7
Warwick	70	139	18,780	7.4
West Greenwich	2	4	1,444	2.8
West Warwick	52	101	6,632	15.2
Westerly	17	40	5,406	7.4
Woonsocket	110	259	11,155	23.2
Unknown Residence	203	434	NA	NA
Out-of-State Residence**	88	198	NA	NA
Core Cities	946	2,144	91,945	23.3
Remainder of State	441	928	155,877	6.0
Rhode Island	1,387	3,072	247,822	12.4

Note to Table

Due to a change in methodology, *Children of Incarcerated Parents* in this Factbook cannot be compared to Factbooks prior to 2007. Previous Factbooks reported data as of December 31st. The data are now reported as of September 30th. The *Children of Incarcerated Parents* rate is based upon the sentenced population only. Prior to the 2006 Factbook, the rate was based on both the sentenced and awaiting trial populations.

Source of Data for Table/Methodology

Rhode Island Department of Corrections, September 30, 2007. Offenders who were on Home Confinement and the awaiting trial population are excluded from this analysis.

*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.

** "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 excluded from this analysis.

The denominator is the total population of children under age 21 according to the U.S. Bureau of the Census, 2000 Census.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

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(continued on page 154)

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 in 2006. 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

Millions of children are at risk of being exposed to domestic violence each year.¹ National surveys indicate that 80% to 90% of children in homes where there is domestic violence are aware of the abuse.² In Rhode Island in 2006, police reports indicate that children were present in 25% of domestic violence incidents resulting in arrests.³

Children are exposed to domestic violence in several ways. They may witness or hear violent events, become directly involved by trying to intervene, or experience the aftermath of violence by seeing their parent's emotional and physical injuries or damage done to their homes.⁴ Children who are exposed to domestic violence are much more likely to be victims of child abuse and neglect than those who are not. Child maltreatment and domestic violence

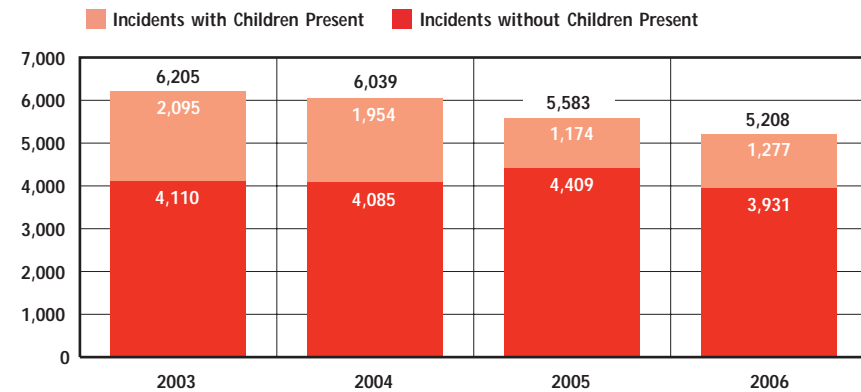
occur in an estimated 30% to 60% of families where there is some form of family violence. It is more likely that children are abused in families in which the violence against the mother is more frequent.⁵

Exposure to violence in the home can affect brain development and impairs cognitive, academic and social functioning. Children who witness domestic violence are more likely to be aggressive and to have behavioral problems. They are more prone to depression, anxiety, fear, phobias, sleep disruption, low self-esteem and concentration and memory problems.^{6,7,8}

Effective interventions for children who have witnessed domestic violence depend on collaborative working relationships among child protective services caseworkers and community organizations, including domestic violence agencies, police departments, physical and mental health care providers, early childhood programs and schools, and faith groups.⁹

Witnessing inter-parental violence increases the likelihood that individuals will perpetrate (particularly men) or be the victims of violence during dating and marriage.¹⁰ Men and women who grow up in violent homes are at increased risk for depression, other trauma-related symptoms, and for using and abusing alcohol and other drugs.^{11,12}

Domestic Violence Incidents Resulting in Arrest, Rhode Island, 2003-2006



Source: Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit, 2003-2006. Includes domestic violence reports resulting in an arrest from local police and Rhode Island State Police. Data for 2006 are provisional.

- ◆ **Between 2003 and 2006 the total number of domestic violence incidents resulting in an arrest decreased from 6,205 to 5,208. The percentage of such incidents with children present also declined from 34% in 2003 to 25% in 2006.¹³**
- ◆ **Rhode Island police officers use special reporting forms to document children's exposure to violence. The attending officer may check any combination of three boxes: "Were children present during the incident?" "Did children witness the incident?" "Did children hear the incident?"¹⁴**
- ◆ **Rhode Island's statewide network of six shelters and advocacy programs provides services to victims of domestic violence, including shelter, advocacy, counseling and education. During 2007, 317 women and 361 children spent a total of 20,123 bed nights in a domestic violence shelter. Rhode Island's domestic violence agencies provided services including therapy, individual counseling, expressive arts therapy and child care to 704 children. The shelters also conduct school-based domestic violence prevention programs.¹⁵**

Children Witnessing Domestic Violence

Table 26.

Domestic Violence Incidents Resulting in Arrest with Children Present, Rhode Island, 2006

CITY/TOWN	TOTAL # OF REPORTS	TOTAL # WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	33	10	30%
Bristol	104	24	23%
Burrillville	37	13	35%
Central Falls	203	61	30%
Charlestown	40	3	8%
Coventry	181	66	36%
Cranston	338	83	25%
Cumberland	119	15	13%
East Greenwich	37	8	22%
East Providence	217	62	29%
Exeter*	NA	NA	NA
Foster	13	2	15%
Glocester	24	0	0%
Hopkinton	43	2	5%
Jamestown	12	2	17%
Johnston	82	7	9%
Lincoln	61	11	18%
Little Compton	7	1	14%
Middletown	87	33	38%
Narragansett	88	13	15%
New Shoreham	5	2	40%
Newport	169	23	14%
North Kingstown	127	30	24%
North Providence	164	31	19%
North Smithfield	37	6	16%
Pawtucket	454	90	20%
Portsmouth	77	19	25%
Providence	838	226	27%
Richmond	19	11	58%
Scituate	21	6	29%
Smithfield	75	23	31%
South Kingstown	73	32	44%
Tiverton	82	7	9%
Warren	80	26	33%
Warwick	341	99	29%
West Greenwich	13	0	0%
West Warwick	320	68	21%
Westerly	106	42	40%
Woonsocket	380	98	26%
Rhode Island State Police	101	22	22%
Core Cities	2,364	566	24%
Remainder of State	2,743	689	25%
Rhode Island	5,208	1,277	25%

Children and Domestic Violence in Rhode Island

◆ In 2006, police officers reported that children saw their parent being abused in 1,230 incidents resulting in arrest, and heard their parent being abused in 1,341 incidents resulting in arrest. These incidents were not mutually exclusive.¹⁶

◆ In 2006, children were present in 246 of the 2,017 (12%) incidents reported by police officers that did not result in an arrest.¹⁷

◆ The data under-represent the number of domestic violence incidents in which children were present, regardless of whether an arrest was made, because police reports are not fully completed in all cases.¹⁸

◆ The data under-represent domestic violence incidents in Rhode Island because many cases of domestic violence are never reported to police. In the U.S. between 1998 and 2002, it is estimated that 59% of family violence incidents were reported to police.¹⁹

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, 2006 and December 31, 2006. Data for 2006 are provisional.

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.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

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- ^{3,14,16,17,18} Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit. Based on data from Domestic Violence and Sexual Assault/Child Molestation Reporting Forms received from Rhode Island law enforcement between January 1, 2006 and December 31, 2006.
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Child Abuse and Neglect

DEFINITION

Child abuse and neglect is the total number of indicated investigations of child abuse and neglect per 1,000 children. "Indicated investigation" means that a preponderance of evidence exists that child abuse and/or neglect occurred following an investigation of an abuse report. An indicated investigation can involve more than one child and multiple allegations (claims) of different forms of abuse. Child abuse includes physical, sexual and emotional abuse. Child neglect includes emotional, educational, physical and medical neglect, as well as a failure to provide basic needs.

SIGNIFICANCE

Preventing child abuse and neglect is critical to helping children grow into strong, healthy, productive adults and good parents. Children are at increased risk for maltreatment if their parents or caregivers are overwhelmed by multiple problems such as inadequate income, family stressors, isolation from extended family or friends, drug and/or alcohol abuse, depression, or domestic violence.¹ Child abuse and neglect are linked to increases in low academic achievement, juvenile delinquency, substance abuse, behavioral, emotional and mental health problems, teenage pregnancy, adult criminality and increased likelihood of

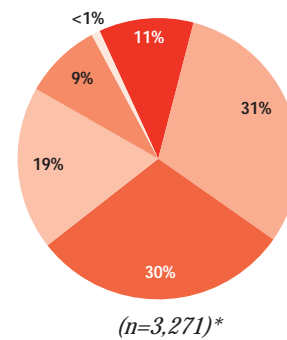
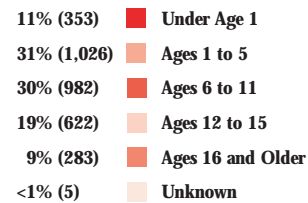
becoming an adult victim of physical or sexual abuse.^{2,3}

Responding to reports of child abuse and neglect, and ensuring child safety are important functions of child protection systems. Maintaining the capacity to focus on prevention is equally critical and more cost-effective. In Rhode Island in situations where an investigation does not reveal maltreatment but family stressors and risk factors are identified, Child Protective Services (CPS) refers families to community-based support services to reduce the risk of future involvement with the Department of Children, Youth and Families (DCYF). In 2006 the CPS Case Monitoring Unit was developed to provide more intense service coordination and monitoring to families where maltreatment has occurred or is highly likely to occur. Initial reviews indicate that the majority of families involved with the Case Monitoring Unit have been successfully engaged in services and have not been the subjects of subsequent child protective investigations.⁴

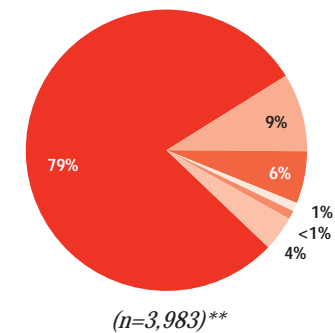
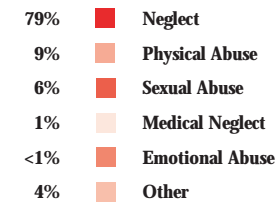
In 2007 in Rhode Island, there were 2,396 indicated investigations of child abuse and neglect involving 3,271 children.⁵ Of the 3,271 children who were victims of child abuse and neglect, 42% were under the age of 6. Children under age one are the fastest growing segment of the child welfare population.⁶

Child Abuse and Neglect, Rhode Island, 2007

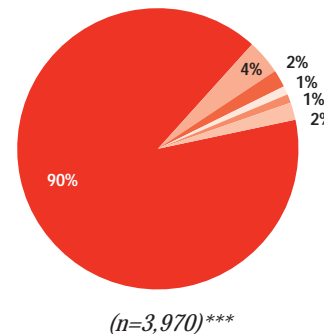
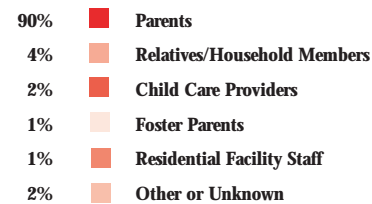
By Age of Victim*



By Type of Abuse**



By Relationship of Perpetrator to Victims***



Notes on Pie Charts

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

** This number is greater than the unduplicated count of child victims because children often experience more than one maltreatment event and/or more than one type of abuse. Within each type of abuse, 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 their number of victims. Under Rhode Island law, Child Protective Services can only investigate alleged perpetrators who are legally defined as caretakers to the victim(s), except in situations of child sexual abuse by another child.

Source: Rhode Island Department of Children, Youth and Families, RIC HIST, 2007. Percentages may not sum to 100% due to rounding.

DCYF Child Protective Services (CPS) Hotline Calls for Reports of Abuse and/or Neglect, Investigations,* and Indicated Investigations, Rhode Island, 1998-2007

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
1998	12,674	67% (8,463)	2,459
1999	13,519	58% (7,882)	2,628
2000	13,580	56% (7,635)	2,234
2001	13,804	54% (7,479)	2,261
2002	14,545	50% (7,254)	2,209
2003	13,651	50% (6,847)	2,126
2004	13,341	52% (6,890)	2,095
2005	13,144	55% (7,188)	2,260
2006	14,957	59% (8,841)	2,862
2007	13,542	54% (7,363)	2,396

◆ Between 1998 and 2007 the percentage of unduplicated child maltreatment reports for which there were completed investigations declined from 67% in 1998 to a low of 50% in 2002 and 2003 and back to 54% in 2007.

◆ In 2007, 33% of completed investigations based on child maltreatment reports were indicated. The percentage of investigations that were indicated remained fairly stable over the past decade.⁷ An indicated investigation is one in which there is a preponderance of evidence that child abuse and/or neglect occurred.⁸

◆ Of the 13,542 maltreatment reports in 2007, 4,924 were classified as “information/referrals” (formerly “early warnings”).⁹ Information/referrals are reports made to the CPS Hotline that contain a concern about the well-being of a child but do not meet the criteria for an investigation. Criteria for investigation include that the victim is a minor, the alleged perpetrator is a legal caretaker or is living in the home, there is reasonable cause to believe that abuse or neglect circumstances exist, and there is a specific incident or pattern of incidents suggesting that harm can be identified. When essential criteria for investigation are not present, the report may lead to a referral to other services or to the information being passed on to a DCYF case-worker (depending on if the family is active with DCYF).¹⁰

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2007.

* 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).

Rhode Island Child Deaths Due to Child Abuse and/or Neglect*

YEAR	NUMBER OF DEATHS	YEAR	NUMBER OF DEATHS
1998	3	2003	4
1999	3	2004	3
2000	3	2005	4
2001	5	2006	0
2002	1	2007	0
Total 1998-2002	15	Total 2003-2007	11

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 1998-2007.

* Based on Rhode Island Department of Children, Youth and Families determination of death due to child abuse or neglect by parent or caretaker.

◆ Between 1998 and 2007, 26 children died as a result of injuries due to abuse by a parent or caretaker.¹¹

◆ During 2006, there were 32 children hospitalized with the diagnosis of child abuse or neglect, compared with 34 in 2005, 22 in 2004 and 28 in 2003.¹²

Child Abuse and Neglect in Rhode Island Communities

◆ In 2007, the core cities had the highest rates of indicated investigations of child abuse and neglect out of all Rhode Island communities. All six core cities, North Providence, Warren and Westerly had rates equal to or higher than that for the state as a whole.

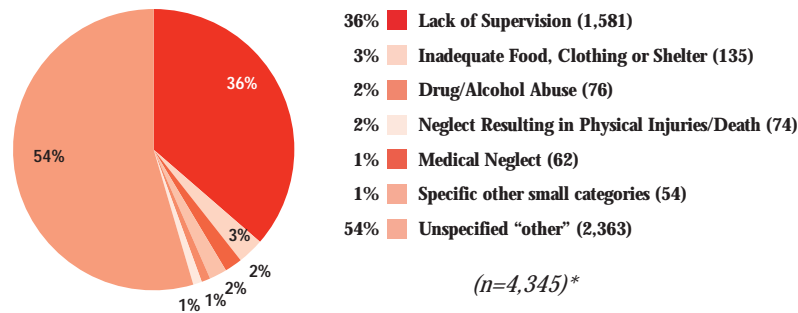
◆ In 2007, 58% of indicated investigations of child abuse and neglect occurred in the core cities, which contain 39% of the state’s population under age 21.

◆ The rates of indicated investigations of child maltreatment in the core cities ranged from a low of 7.8 per 1,000 children in Newport to a high of 19.1 per 1,000 children in Woonsocket.

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2007; U.S. Bureau of the Census, Census 2000.

Child Abuse and Neglect

Child Neglect, by Nature of Neglect, Rhode Island, 2007



◆ The importance of adequate capacity, affordability and quality of child care, preschool, other early childhood programs, and quality after-school opportunities is highlighted by the fact that of the 4,345 indicated allegations (confirmed claims) of neglect in Rhode Island in 2007, 36% involved lack of supervision.

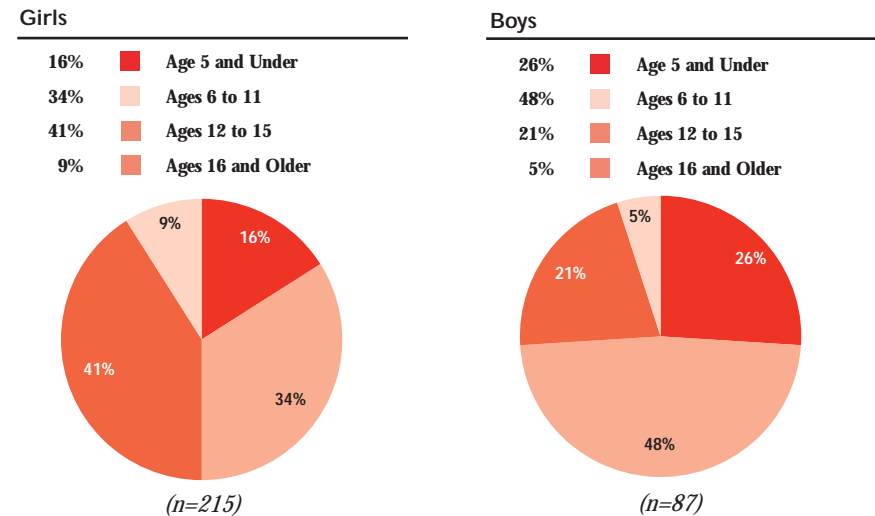
◆ The single largest category of neglect (54%) is “unspecified other.” These are instances of neglect that do not fit into the other specified categories.

◆ The “specific other small categories” include: abandonment (13), tying or confinement (17), failure to thrive (8), emotional neglect (8), excessive/inappropriate discipline (5), educational neglect (1), malnutrition/starvation (1), and poisoning/noxious substances (1).

* The total refers to indicated allegations of neglect. Some children were victims of neglect more than once. Multiple allegations may be involved in each indicated investigation. Numbers do not include indicated allegations of institutional neglect.

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2007. Percentages may not sum to 100% due to rounding.

Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2007



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2007.

◆ In Rhode Island in 2007, there were 302 indicated allegations (confirmed claims) of sexual abuse. Some children were victims of sexual abuse more than once.¹³

◆ In 71% (215) of the 302 indicated allegations of sexual abuse, the victim was a female. Fifty-seven percent of all victims, 50% of the female victims, and 75% of the male victims were under age 12.¹⁴

Table 27. Indicated Investigations of Child Abuse and Neglect, Rhode Island, 2007

CITY/TOWN	TOTAL POPULATION OF CHILDREN UNDER AGE 21	# OF INDICATED INVESTIGATIONS OF CHILD ABUSE/NEGLECT	INDICATED INVESTIGATIONS PER 1,000 CHILDREN
Barrington	5,211	5	1.0
Bristol	6,294	26	4.1
Burrillville	4,646	33	7.1
Central Falls	6,443	94	14.6
Charlestown	1,952	13	7.2
Coventry	9,438	65	6.9
Cranston	19,854	117	5.9
Cumberland	8,595	30	3.5
East Greenwich	3,861	4	1.0
East Providence	12,060	92	7.6
Exeter	1,790	6	3.4
Foster	1,234	4	3.2
Glocester	2,998	8	2.7
Hopkinton	2,255	14	6.2
Jamestown	1,354	2	1.5
Johnston	6,729	39	5.8
Lincoln	5,720	26	4.5
Little Compton	874	3	3.4
Middletown	4,757	19	4.0
Narragansett	3,897	15	3.8
New Shoreham	203	1	4.9
Newport	7,046	55	7.8
North Kingstown	7,561	56	7.4
North Providence	6,854	67	9.8
North Smithfield	2,674	10	3.7
Pawtucket	20,870	211	10.1
Portsmouth	4,726	15	3.2
Providence	62,125	633	10.2
Richmond	2,221	8	3.6
Scituate	2,944	6	2.0
Smithfield	6,112	14	2.3
South Kingstown	10,393	20	1.9
Tiverton	3,806	26	6.8
Warren	2,809	33	11.7
Warwick	21,330	141	6.6
West Greenwich	1,606	2	1.2
West Warwick	7,746	112	14.5
Westerly	6,094	63	10.3
Woonsocket	12,792	244	19.1
Out of State	NA	42	NA
Unknown	NA	18	NA
Core Cities	117,022	1,349	11.5
Remainder of State	182,852	988	5.4
Rhode Island	299,874	2,337	7.8

Preventing Child Abuse and Neglect

◆ Many abusive parents lack essential parenting skills and are struggling with a combination of social and economic issues. Families benefit from access to community-based, comprehensive services that are able to respond flexibly to their needs.¹⁵

◆ Preventing the occurrence and recurrence of child abuse and neglect requires family support systems such as access to high quality early childhood education, parenting education, education and training to increase family economic security, and treatment services for substance abuse and mental health problems.¹⁶

◆ One study showed that high quality early care and education programs that involve parents in the classroom, provide vocational and educational training, and home visits can reduce maltreatment of children under age 17.¹⁷

◆ On December 31, 2007, there were more than 1,000 infants and toddlers (birth through age 3) in the care of DCYF, comprising 31% of the caseload.¹⁸

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), number of reports (indicated investigations) for the period January 1, 2007 to December 31, 2007.

City/town reports of indicated investigations omit certain investigations, particularly those where there are data entry errors affecting location. For this reason, the city/town table of indicated investigations reports fewer indicated investigations than does the chart with reports/investigations and indicated cases.

The denominator is the total population of children under age 21 according to the U.S. Bureau of the Census, 2000 Census.

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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 permanent placement. Out-of-home placements include relative, non-relative and private agency foster homes, and placements with step parents, group homes, shelter care, residential treatment facilities, and medical facilities. Permanent placement includes reunification with the family, adoption or guardianship.

SIGNIFICANCE

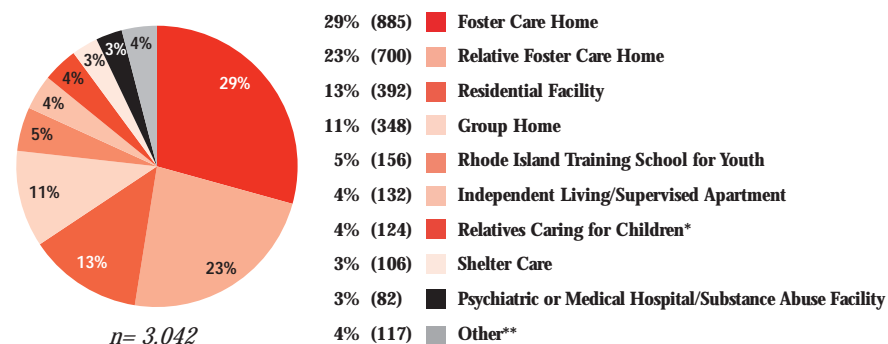
Children need stability, permanency and safety in order to develop and flourish. Removal from the home may be necessary for the child's safety and well-being; however, it is disruptive and compromises a child's developmental progress.¹ Children who have been abused or neglected are particularly in need of a safe, stable and permanent environment which provides for their well-being. Yet Rhode Island children in out-of-home care frequently experience multiple placements, lose contact with family members, and often have overlooked educational, physical, and mental health needs.²

Children in out-of-home care suffer more frequent and more serious medical, developmental, and mental health problems than their peers.^{3,4} Long-term stays in out-of-home placements can negatively affect children, causing emotional, behavioral or educational problems that adversely affect their future well-being and self-sufficiency.⁵

Effective strategies to promote the optimal development of children in out-of-home placements include: assessment on system entry; a comprehensive care system to immediately address physical, mental, emotional, behavioral and educational needs; family involvement; training for caregivers; coordinated services and funding strategies; and a managed care model to address the complex needs of children in the child welfare system.^{6,7}

National research indicates that youth in the child welfare system have high aspirations, including completing a college education, but many experience serious educational difficulties. Adequate remedial and special education services are needed to ensure each youth maximizes his or her potential and is prepared for future education and the employment market.⁸

Children in Out-of Home Placement, December 31, 2007



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

***The placement category "Other" includes: runaway youth in DCYF care or those with unauthorized absences (85), pre-adoptive homes (20), minors with mother in shelter/group home/residential facility (10), and step parents (2).*

◆ **As of December 31, 2007, there were 3,042 children under age 21 in the care of DCYF who were in out-of-home placements, an 8% decrease from 2006 (3,311). More than half (52%) of children in out-of-home placements on December 31, 2007 were in foster care, 44% of whom were in relative foster care homes.**

◆ **The total caseload of DCYF on December 31, 2007 was 8,843 including: 3,138 children living in their homes under DCYF supervision; 2,663 children living in adoption placements, all except one receiving subsidized adoption supports; 34 children in out-of-state placements/placements with another agency; 9 children receiving respite care services; and 21 youth in Job Corps, prison or other placements.**

◆ **Older youth in placement often transition to adulthood while still in care. On December 31, 2007, 132 Rhode Island youth were in an independent living arrangement or supervised apartment setting under the care of DCYF, down from 203 in 2006. Of youth in funded independent living programs in 2007, 43% were 19-21 years old.**

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), December 31, 2006 & December 31, 2007.

Children in Out-of-Home Placement

Night-to-Night Placements

◆ Night-to-night placements refer to the temporary nightly placement of children in the care of DCYF who are awaiting longer-term placements. In 2007 (excluding September and October), there were 163 children placed in night-to-night placements for a total of 179 bed nights.⁹

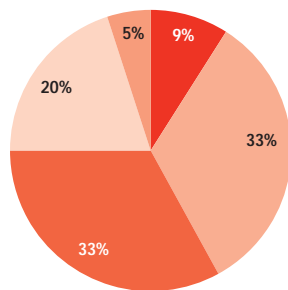
Children in Foster Care Homes, Rhode Island, January 2, 2008

By Age

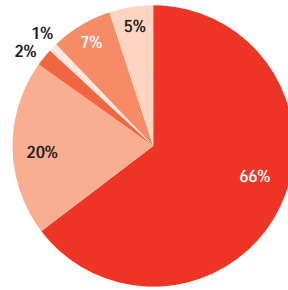
9% (148)	Under Age 1
33% (524)	Ages 1 to 5
33% (525)	Ages 6 to 13
20% (313)	Ages 14 to 17
5% (77)	Ages 18 and over

By Race and Ethnicity

66% (1,045)	White
20% (314)	Black
2% (24)	Asian
1% (17)	Native American
7% (115)	Multiracial
5% (72)	Unknown/Other



n = 1,587



Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), January 2, 2008. Percentages may not sum to 100% due to rounding. There were 361 (23%) Hispanic children and youth in foster care in Rhode Island on January 2, 2008. Hispanic children can be of any race.

◆ On January 2, 2008, there were 1,587 children in foster care homes. Of these, 702 (44%) were in relative foster homes, 538 (34%) were in non-relative foster homes, and 347 (22%) were at private agencies.¹⁰ Children of color are overrepresented in foster care. There is an ongoing shortage of foster parents in Rhode Island and nationally, especially parents of color.¹¹

Safety, Permanency and Well-Being

◆ The Adoption and Safe Families Act of 1997 (ASFA) recognizes that the broad goals of child protection systems are preventing the recurrence of abuse or neglect, ensuring the safety of children in out-of-home placements, and maximizing the stability of placements.¹²

◆ Of the 1,758 Rhode Island children who were victims of abuse or neglect during federal Fiscal Year (FFY) 2007 (whether or not they were removed from the home), 13% experienced one or more recurrences of abuse or neglect within 6 months, up from 11% in FFY 2003. The national standard is 6% or fewer.¹³

◆ In FFY 2007, 16% of the 2,039 children who had been in out-of-home care for less than 1 year had experienced 3 or more placements, down from 29% in FFY 2003. Three or more placements were experienced by 36% of children who had been in care between 12 and 23 months, down from 42% in FFY 2003; 64% of children who had been in care for 24 or more months experienced three or more placements (compared with 73% in FFY 2003).¹⁴

◆ Research shows disparate treatment of children of color as they enter the foster care system and while they are in the system. Black and Hispanic families are more likely than non-Hispanic White families under similar circumstances to be reported for child abuse and neglect and to have their children removed and placed in foster care. Once in foster care, children of color are more likely than non-Hispanic White children to remain in placement for longer periods of time and to receive fewer familial visits, fewer contacts with caseworkers, fewer written case plans, and fewer developmental or psychological assessments.¹⁵

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(continued on page 154)

Adoption and Permanency

DEFINITION

Adoption and permanency is the percentage of children in out-of-home care who transition to a permanent placement through adoption, reunification or guardianship. Data are for all children who were in out-of-home placement during federal Fiscal Year 2007 (October 1, 2006 – September 30, 2007).

SIGNIFICANCE

The uncertainty of multiple, prolonged or unstable out-of-home placements can negatively effect children's emotional well-being, identity formation and sense of belonging, impacting behavior, academic achievement, health and long term self-sufficiency.^{1,2,3} One of the goals of the federal Adoption and Safe Families Act of 1997 (ASFA) was to ensure that children exit out-of-home placement to permanent placement, (i.e. reunification, adoption or guardianship) as quickly as possible without jeopardizing the child's safety.⁴ Effectiveness in achieving permanency must include the interrelated measures of how quickly permanency is achieved, the proportion of children for whom it is achieved, and the lasting success of the permanent placements.⁵ Long-term personal, social, medical, academic and economic outcomes for children who leave the

child welfare system should also be included in permanency planning.^{6,7}

Particular attention must be paid to populations of children for whom permanency may be more difficult to achieve. This includes older children, males, children with disabilities and minority children.^{8,9,10} Planning for permanency requires a mix of family-centered and legal strategies designed to ensure that children and youth have safe, stable and lifelong connections with caring adults.^{11,12,13}

In order to provide coordination and support to achieve timely and meaningful permanency outcomes for all children and youth in out-of-home care, the Rhode Island Department of Children, Youth and Families (DCYF) created Permanency Support Teams (PST) in each region. PSTs are comprised of state and local community partners and consult with the Family Service Unit to improve the timeliness of establishing permanency goals. Permanency goals include: children reunified safely with their families, children adopted by relative or non-relative families, or children in permanent living arrangements with legal guardians. In other cases, children are connected to permanent resources through connections with caring adults in their lives, adoption networks, or visiting resource programs.¹⁴

Exits from Foster Care*, Rhode Island, FFY 2007

	ALL EXITS	WITH DISABILITY	OVER AGE 12 AT ENTRY
Adoption	15%	22%	1%
Guardianship	3%	2%	2%
Reunification	68%	56%	72%
Aged Out	9%	NA**	15%
Other	6%	20%	11%
Total Number	1,576	509	757

Source: *Safety, permanency and well-being in Rhode Island: Child welfare outcomes annual report for FY 2007 (Draft)*. (2008). New Haven, CT: Prepared by The Consultation Center, Yale University School of Medicine for the Data Analytic Center of the Rhode Island Department of Children Youth & Families. Totals may not sum to 100% due to rounding. *Foster Care refers to all out-of-home placements, consistent with language used in federal reports. **Children with a disability who age out are included in the other category.

◆ **In federal Fiscal Year (FFY) 2007, 1,576 children in out-of-home placement in Rhode Island exited care. Of the children who exited care, 86% exited to a permanent placement (adoption, guardianship or reunification). Children who entered care after age 12 or who had disabilities were less likely to exit to adoption or guardianship in FFY 2007.**¹⁵

Children Re-Entering Foster Care after Prior Episode, FFY 2003-2007

◆ **Success in reducing the duration of foster care placements must be measured in conjunction with rates of re-entry into the system (i.e., the failure rate of the permanent placement).**

◆ **In FFY 2007, 18.2% of children in Rhode Island who entered out-of-home placement were re-entering care within 12 months of a prior episode, down from 20.3% in FFY 2003. Despite this decrease, Rhode Island children re-enter care at more than twice the rate of the national standard (8.6%).**¹⁶

◆ **The majority of child maltreatment cases involve neglect. The greatest contributors to neglect are poverty, parental substance abuse and/or mental illness. Achieving timely and successful reunification requires access to substance abuse and mental health treatment, in-home services, parenting skills training, assistance in meeting basic needs (e.g., food, housing, income), child care and specific strategies to decrease isolation and strengthen community supports.**^{17,18}

Adoptions of Children in DCYF Care, 2007

- ◆ In calendar year 2007, 256 children in the care of DCYF were adopted in Rhode Island. Of these children, 55% were White, 23% were Black, 2% were Asian, 18% were of another race or were multiracial, and 1% were of unknown race. Twenty-six percent of children adopted in 2007 were Hispanic (belonging to any race category).¹⁹
- ◆ Of the children adopted, 61% were under age 6, 29% were between ages 6 and 13 and 10% were between ages 14 and 18.²⁰
- ◆ During 2007, 188 children in the care of DCYF were awaiting adoption. Of these children, 61% were White, 23% were Black, 2% were Asian, 11% were of another race or were multiracial, and 4% were of unknown race. Thirty-one percent of children awaiting adoption in 2007 were Hispanic (belonging to any race category).²¹

Length of Time to Adoption or Reunification, Rhode Island, FFY 2003 and 2007

	ADOPTION		REUNIFICATION	
	2003	2007	2003	2007
Less than 12 Months	10%	3%	68%	73%
Between 12-24 Months	41%	28%	20%	19%
More than 24 Months	50%	69%	11%	8%

Source: Safety, permanency and well-being in Rhode Island: Child welfare outcomes annual report for FY 2007 (Draft). (2008). New Haven, CT: Prepared by The Consultation Center, Yale University School of Medicine for the Data Analytic Center of the Rhode Island Department of Children Youth & Families.

- ◆ The percentage of children in the Rhode Island child welfare system who were adopted in 24 months or less decreased from 51% in FFY 2003 to 31% in FFY 2007. The national standard is 32% of adoptions occurring within 24 months of the child's removal.²²
- ◆ The percentage of children in the Rhode Island child welfare system who were reunified with their family of origin in less than 12 months increased from 68% in FFY 2003 to 73% of children in FFY 2007. The national standard is 76% of reunifications occurring within 12 months of the child's removal.²³

Rhode Island Youth Aging Out of Foster Care

- ◆ Children who do not exit care promptly may eventually "age out," never having gained a permanent placement. In FFY 2007, 145 Rhode Island youth exited out-of-home placement to emancipation. Of these youth, 77% (111) were older than age 12 at entry into care.²⁴
- ◆ Youth who age out of foster care experience high rates of economic hardship (inability to pay rent, utilities, etc.), low educational attainment, homelessness, food insecurity, unemployment, and poor health. These youth are more likely to enter the criminal justice system, become teen parents and enroll in public assistance programs.²⁵
- ◆ As of July 1, 2007, youth in Rhode Island age out of the foster care system at 18 years old, a change from age 21 in previous years. Youth with serious emotional disturbances, autism or a functional developmental disability will continue to have their cases managed by DCYF and remain legally entitled to services through age 21.²⁶
- ◆ Youth who age out on their 18th birthday are entitled to health insurance coverage until their 21st birthday and may be eligible for education assistance. Some youth between the ages of 18 and 21 will be enrolled in a voluntary aftercare service network that will provide limited case management support and a stipend for housing and other living expenses.²⁷
- ◆ As of July 1, 2007, 312 motions to terminate Family Court involvement were filed involving young adults ages 18 and older. Of these, 266 motions were granted, with 97 becoming effective upon the youth's enrollment in after care services. As of February 2008, there were 51 young adults enrolled in after care services and 142 referrals had been made to the program (including those who turned age 18 after July 1st).²⁸

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³ U.S. Department of Health and Human Services, Child Welfare Information Gateway. (2006). *Postadoption services: A factsheet for families*. Washington, DC: Child Welfare Information Gateway.

⁴ *Concept and history of permanency in U.S. child welfare*. (n.d.). Retrieved February 4, 2008 from the Child Welfare Information Gateway at www.childwelfare.gov/permanency/overview/history.cfm

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