



Child Deaths

DEFINITION

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

SIGNIFICANCE

The child death rate is a reflection of the physical and mental 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 general decrease 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 higher-income children. Among children under age 15, Native American children are twice as likely and Black children are one and a half times as likely to die from accidental injury as White children.⁵

In Rhode Island between 2003 and 2007, there were 125 deaths of children

ages one to 14 (a rate of 13.5 per 100,000 children). Sixty-three (50%) of these children lived in the core cities, 61 (49%) lived in the remainder of the state and one child's residence (1%) was unknown. Of the 125 deaths, 86 (69%) were due to disease, 27 (22%) were due to unintentional injuries, seven (6%) were due to intentional injuries (six homicides and one suicide), two (2%) were due to undetermined injuries, and three (2%) were due to unknown causes. Unintentional injuries are the leading cause of death for children ages one to 14 in Rhode Island, more than from any one single disease.^{6,7}

According to safety experts, 90% of 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 regularly) can significantly reduce the risk of child injury and death.⁸

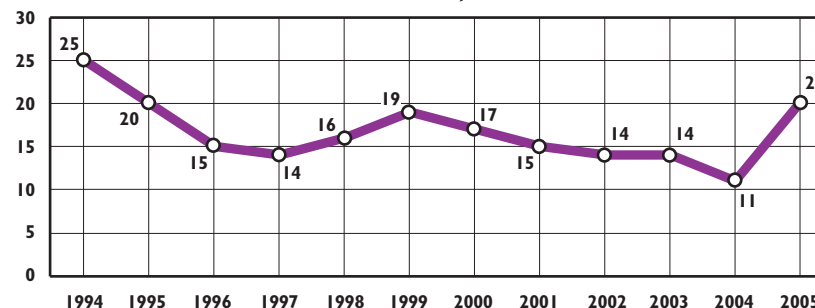
Child Death Rate (per 100,000 Children Ages 1-14)		
	2000	2005
RI	17	20
US	22	20
National Rank*		18th
New England Rank**		5th

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: *Kids count data book: State profiles in child well-being 2008*. (2008). Baltimore, MD: The Annie E. Casey Foundation

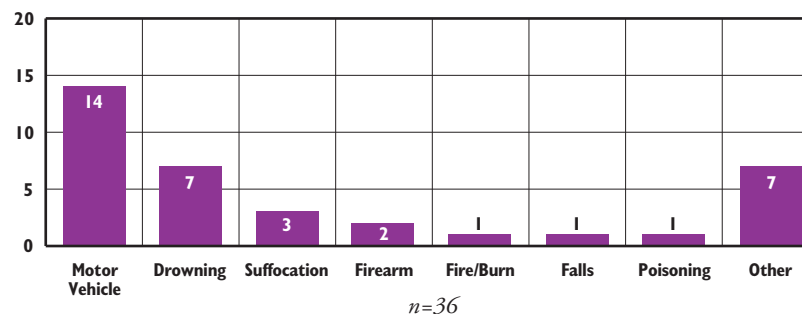
Child Death Rate Per 100,000 Children Ages 1-14 in Rhode Island, 1994-2005



Source: Annie E. Casey Foundation KIDS COUNT Data Center. (2008). *Child deaths: Rate per 100,000*. Retrieved January 28, 2009 from www.kidscount.org/datacenter

◆ 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. In 2005, Rhode Island's child death rate rose to 20 per 100,000, the same as the national rate.^{9,10}

Child Deaths Due to Injury, By Cause, Rhode Island, 2003-2007



Source: Rhode Island Department of Health, Maternal and Child Health Database, 2003-2007.

◆ Between 2003 and 2007, 36 children died as a result of injuries. The leading cause of death due to injury was motor vehicle injuries (39%).¹¹

References

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

^{2,8} 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. Nationally, the most prevalent causes of teen deaths are motor vehicle accidents, homicides and suicides, all of which are preventable. Factors that protect against teen deaths include parent involvement, access to mental health services geared to adolescents, and the availability of school and community programs to reduce risk behaviors and support positive youth development.¹

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. Additionally, 9% of Rhode Island high school students attempted suicide during the 12 months preceding the survey, 28% rode in a vehicle driven by someone who had been drinking in the 30 days prior to the survey, and 14% never or rarely wore a seatbelt when riding in a car.²

Between 2003 and 2007, there were 169 deaths of teens ages 15 to 19 in Rhode Island, a rate of 42.6 per 100,000 teens.^{3,4} Of the teens ages 15 to 19 who died between 2003 and 2007, 36% (60) lived in the core cities and 109 (64%) lived in the remainder of the state. Of teen deaths, 48 (28%) were due to disease, 31 (18%) were due to intentional injury, 83 (49%) were due to unintentional injuries, 3 (2%) were due to undetermined injuries, and 4 (2%) were of unknown cause. Of the intentional injuries, 14 were homicides and 17 were suicides.⁵

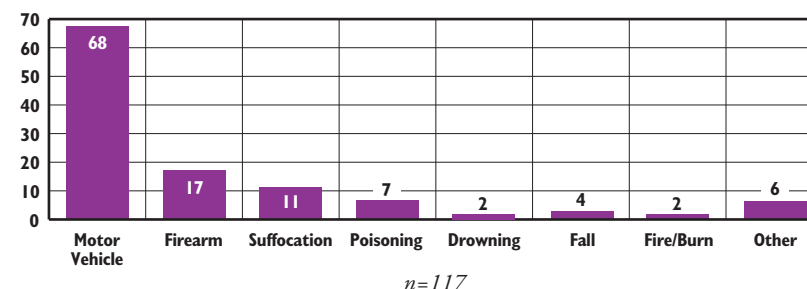
Teen Deaths (deaths per 100,000 Youth 15-19)		
	2000	2005
RI	52	39
US	67	65
National Rank*	2nd	
New England Rank**	1st	

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: *Kids Count data book: State profiles in child well-being 2008*. (2008). Baltimore, MD: The Annie E. Casey Foundation.

Injury Deaths by Cause, Teens Ages 15 to 19, 2003-2007



Source: Rhode Island Department of Health, Maternal and Child Health Database, 2003-2007.

- ◆ Between 2003 and 2007 in Rhode Island, nearly three-quarters (71%) of the 117 deaths caused by injury were unintentional. The majority of the injury deaths (56%) were caused by motor vehicle accidents.⁶
- ◆ Among the 43 teenage boys ages 15 to 19 killed in Rhode Island motor vehicle crashes between 2003 and 2007, 21 (49%) were driving and 15 (35%) were passengers in vehicles driven by other teenage boys ages 15-19. The other seven (16%) were passengers in cars driven by adults or were pedestrians or bicyclists.⁷
- ◆ In Rhode Island between 2003 and 2007, 18 teenage girls died in motor vehicle accidents. Of these, seven (39%) were driving, 10 (56%) were passengers and one was a pedestrian. Twelve (67%) of the teenage girls who died were in vehicles driven by themselves, another teenager or a young adult.⁸
- ◆ More than one-third (36%) of the teen drivers who died in motor vehicle crashes between 2003 and 2007 had been drinking and 38% of teen passengers who died had also been drinking.⁹

References

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

⁴ U.S. Bureau of the Census, Population Estimates, 2003-2007.

² *Rhode Island Youth Risk Behavior Survey, trend analysis report*. (2007). Rhode Island Department of Health, Center for Health Data and Analysis.

^{7,8,9} Department of Transportation, National Center for Statistics and Analysis, Fatality Analysis Reporting System (FARS), 2003-2007. Analysis by the Rhode Island Department of Health, 2008.

^{3,5,6} Rhode Island Department of Health, Hospital Discharge Database, 2003-2007.

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 19, the percentage of homicides involving guns increases with age. The rate decreases thereafter.³

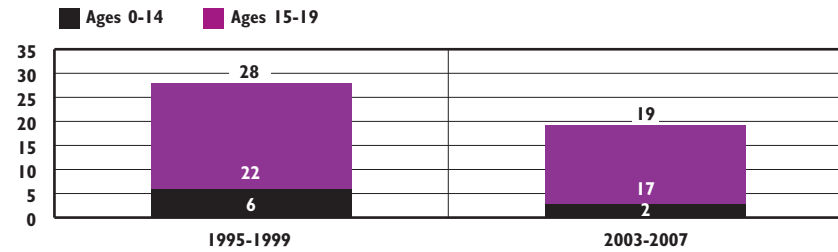
The gun death rate is still a cause of concern for children and youth. Nationally in 2005, youth ages 15 to 24 had a death rate due to firearms of 16.2 per 100,000 youth.⁴ The likelihood of

being a victim of gun violence is linked to gender and race. In the U.S., males ages 15 to 24 are 9.5 times more likely than their female peers to die as a result of gun violence. Black (86.8), Hispanic (33.0) and Native American (32.7) males ages 15 to 24 had a disproportionately higher firearm-related death rate per 100,000 youth than their White (13.9) or Asian (12.1) peers.⁵

Factors that place young people at risk for violent perpetration 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 2003 and 2007, there were 60 gun-related hospitalizations of children ages one to 19. Two-thirds (40) of the 60 hospitalizations were victims of assault, 25% (15) were victims of unintentional injuries, 2% (1) were hospitalized for a self-inflicted firearm injury, and 7% (4) were undetermined. There were 19 deaths of children ages one to 19 attributed to gun violence during this period.⁷

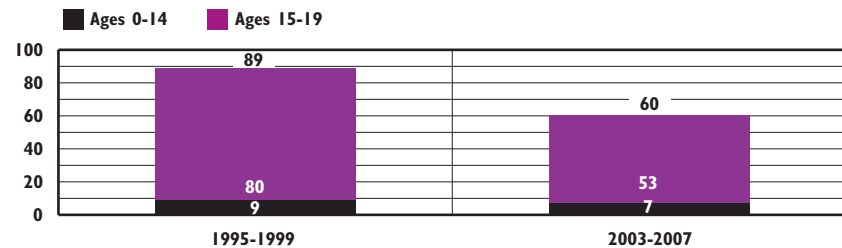
Gun Deaths of Children under Age 20, Rhode Island, 1995-1999 and 2003-2007



◆ Between 2003 and 2007 in Rhode Island, there were 294 deaths of children under age 20, 7% (19) of which were the result of firearms. Of these, 89% (17) represented youth ages 15 to 19, and 11% (2) represented children under the age of 15.

Source: Rhode Island Department of Health, Office of Health Statistics, Federal Fiscal Years 1995-1999 and calendar years 2003-2007.

Gun-Related Hospitalizations of Children under Age 20, Rhode Island, 1995-1999 and 2003-2007



◆ There were 60 gun-related hospitalizations between 2003 and 2007 for children and youth under age 20 in Rhode Island. Since 1995-1999, gun-related hospitalizations of children and youth under age 20 fell by 33%.

◆ Seventy-eight percent (47) of the 60 Rhode Island youth hospitalized between 2003 and 2007 for gun-related injuries were residents of core cities (38 from Providence, six from Pawtucket, one from Central Falls, one from Newport, and one from Woonsocket).

Source: Rhode Island Department of Health, Office of Health Statistics, federal Fiscal Years 1995-1999 and calendar years 2003-2007.

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 *Youth Risk Behavior Survey*, compared with 18% nationally.^{8,9} In 2007, 20% of middle school students in Rhode Island reported they had ever carried a weapon.¹⁰

◆ Students are more likely to bring weapons to school when they have weak attachments to school and their parents, have witnessed or experienced interpersonal violence involving weapons, and spend time with delinquent peers. Nationally and in Rhode Island, males are more likely than females to bring a weapon to school.¹¹

◆ Training school resource officers and teachers to direct students to support services if they have histories involving weapons violence either in or out of school can help reduce the number of students who bring weapons to school.¹²

References

¹ 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.

^{2,3} 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.

^{4,5} 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.

⁶ U.S. Centers for Disease Prevention and Control. *Youth violence: Fact sheet*. (2007). Retrieved January 21, 2008 from www.cdc.gov/ncipc/factsheets/yvfacts.htm

⁷ Rhode Island Department of Health, Office of Health Statistics, 2003-2007. Data for 2006 & 2007 are provisional.

◆ 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.¹³

◆ 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 youth.¹⁴

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 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 is to remove guns from the home.¹⁵

◆ Studies show that successful efforts to reduce youth violence work with individual youth, teachers, families and non-parental mentors, and use neighborhood resources and services targeted at youths to prevent violence.¹⁶

^{8,10} *Health risks among Rhode Island public high school students, 2007*. (2008). *Youth Risk Behavior Survey*, Rhode Island Department of Health and Rhode Island Department of Elementary and Secondary Education. (2008). Rhode Island Department of Health, Center for Health Data and Analysis.

⁹ *Youth violence: Facts at a glance*. (2008). Retrieved December 16, 2008 from U.S. Centers for Disease Control & Prevention www.cdc.gov/injury

^{11,12} Watkins, Adam. (2008). Effects of community, school, and student factors on school-based weapon carrying. *Youth Violence and Juvenile Justice*, 6(4), 386-409.

^{13,14,15} Guralnick, S. & Serwint, J. R. (2007). Firearms. *Pediatrics in Review*, 28(10), 396-397.

¹⁶ Molnar, B. E., Cerda, M., Roberts, A. L. & Buka, S. L. (2008). Effects of neighborhood resources on aggressive and delinquent behaviors among urban youths. *American Journal of Public Health*, 98(6), 1086-1093.

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 2008 (July 1, 2007 to June 30, 2008).

SIGNIFICANCE

Lack of affordable housing, unemployment, low-paying jobs, extreme poverty, and decreasing government supports all contribute to the problem of family homelessness. Other causes of family homelessness include domestic violence, the changing demographics of the family, the fraying of social support networks, mental illness, and substance abuse.^{1,2}

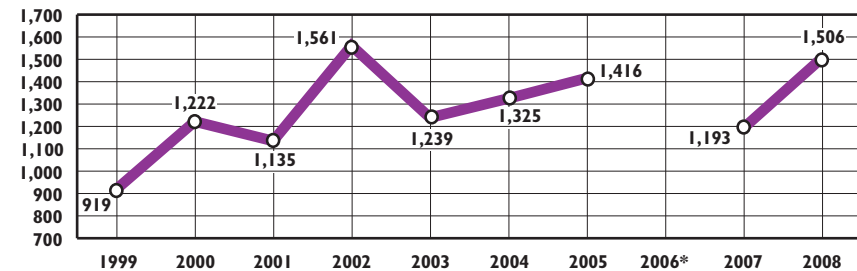
Compared to their peers, homeless children are more likely to become ill, develop mental health issues (such as anxiety, depression, and withdrawal), experience significant educational disruption, and exhibit delinquent or aggressive behaviors. Homeless children go hungry at twice the rate of other children 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.³

Families who have experienced homelessness have higher rates of family separation than other low-income families. Homeless children are 12 times more likely to be placed in foster care than other children. Homelessness is also a barrier to reunification for many families. Studies suggest that more than 30% of children in foster care could return home if their parents had adequate housing.⁴

In Rhode Island, 953 Rhode Island families received emergency shelter between July 1, 2007 and June 30, 2008, a 21% increase from the previous year.^{5,6} More than one in six (18%) of the children in these families had experienced homelessness before.⁷

In Rhode Island, it is likely that several forces contributed to increases in the number of homeless families. Between December 2007 and December 2008, Rhode Island's unemployment rate increased from 5.2% to 9.4%.⁸ At the same time, the average rent for a two-bedroom apartment in Rhode Island increased by 8% and many families (both renters and owners) lost their homes to foreclosure.^{9,10} In 2008, 6,583 properties in Rhode Island were filed for foreclosure, up from 1,838 in 2007.^{11,12}

Children under Age 13 Living in Shelters, Rhode Island 1999 – 2008



Source: Rhode Island Emergency Shelter Information Project 1999 – 2008. *Data were not available for 2006 due to data system issues.

◆ In Rhode Island, 1,506 children under age 13 received emergency housing at homeless shelters and domestic violence shelters in 2008. Of these children, 895 (59%) were under the age of six.¹³

Supporting Homeless Children in Schools

◆ The McKinney-Vento Homeless Assistance Act requires that state and local educational agencies support homeless students by allowing them to enroll in school even if they lack required documents (such as birth certificates or immunization records), allowing them to remain in their “home” school district, and providing transportation when needed.¹⁴

◆ School districts across the U.S. are reporting increases in the number of homeless children in the classroom.¹⁵ Schools can support homeless families by ensuring that families and staff are aware of students’ rights under the McKinney-Vento Act, developing relationships with community agencies serving homeless families, and helping children get food, clothing, school supplies, and other supports they need to succeed in school.¹⁶

References for Homeless Children

^{1,3,4} National Center on Family Homelessness. (2008). *The characteristics and needs of families experiencing homelessness*. Retrieved February 15, 2009 from www.familyhomelessness.org

² *Hunger and homelessness survey: A status report on hunger and homelessness in America's cities*. (2008). Washington, DC: The United States Conference of Mayors.

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DEFINITION

Homeless youth is the number of Rhode Island youth ages 13 to 17 who received emergency housing services at emergency homeless shelters and domestic violence shelters during the State Fiscal Year 2008 (July 1, 2007 to June 30, 2008).

SIGNIFICANCE

Homelessness among youth has a number of causes including family problems (such as strained relationships with parents and physical and sexual abuse), economic hardship, family homelessness, and residential instability resulting from foster care and institutional placements.^{1,2} Studies of homeless youth have found that 40% to 60% of homeless youth have been physically abused, and 20% to 50% have been sexually abused in their homes. One study found that between 20% and 40% of homeless youth identify themselves as gay, lesbian, bisexual, or transgender, and many homeless youth are forced out of their homes by parents who disapprove of their sexual orientation.³

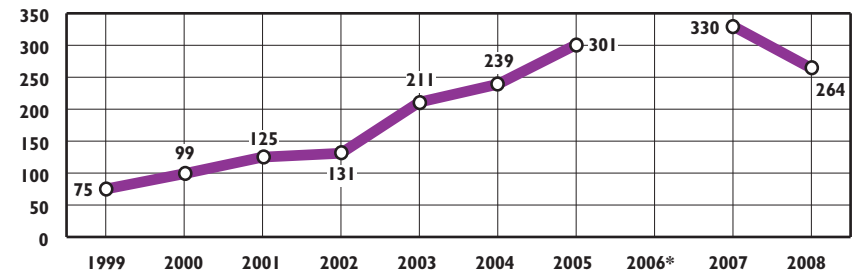
Other youth become homeless because they run away from or are discharged from the foster care system and have nowhere to go. More than one in five homeless youth come directly from foster care, and more than one in four were in foster care in the previous

year.⁴ In fact, studies show that one in five youth who are in foster care at age 16 “exit” foster care by running away.⁵

It is often difficult for homeless youth to obtain the food, clothing and medical care they need and to maintain personal hygiene. While living on the streets, homeless youth face a high risk of both physical and sexual assault. They are highly susceptible to sexual exploitation as a means of obtaining their basic daily needs. Consequently, homeless youth face an increased risk of contracting HIV/AIDS.^{6,7}

Homeless youth are typically disconnected from positive community assets such as education, employment, and health care.⁸ They often experience higher rates of school suspensions and are more likely to repeat grades and drop out of school when compared to their peers.⁹ Three-quarters of homeless youth do not finish high school.¹⁰ Homeless youth also experience higher rates of anxiety, depression, and low self-esteem than youth with stable housing.¹¹ 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.¹²

Homeless Youth Ages 13-17 in Rhode Island's Emergency Shelter System, 1999-2008



Source: Rhode Island Emergency Shelter Information Project, 1999 – 2008. *Data were not available for 2006 due to data system issues.

- ◆ Between July 1, 2007 and June 30, 2008, 264 youths ages 13-17 entered the Rhode Island Emergency Shelter system accompanied by a parent or another adult.¹³
- ◆ Rhode Island has a limited number of beds designated for runaway and unaccompanied homeless youth.¹⁴ Between October 1, 2007 and September 30, 2008, 15 unaccompanied youth received Basic Center services (up to 15 days of shelter) and seven received Transitional Living services (up to 18 months of housing and supportive services).^{15,16,17}
- ◆ As of December 31, 2008, there were 81 youth in the care of the Rhode Island Department of Children, Youth and Families who were classified as unauthorized absences/runaways.¹⁸
- ◆ In 2008, the National Runaway Switchboard handled 201 calls from or about youth ages 12-21 in Rhode Island.¹⁹

References for Homeless Youth

- ^{1,4,7,11} National Coalition for the Homeless. (2008). *Homeless youth (NCH fact sheet #13)*. Retrieved February 16, 2009 from www.nationalhomeless.org
- ^{2,8,12} 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, Administration for Children and Families.
- ⁶ The National Network for Youth & Volunteers of America. (n.d.). *Issue brief: Runaway and Homeless Youth Act reauthorization*. Retrieved February 15, 2008 from www.nn4youth.org
- ^{3,5,10} Juliane, P. (2008). *Using what we know: supporting the education of unaccompanied homeless youth*. Washington, DC: The National Association for the Education of Homeless Children and Youth.

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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 wayward or 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

The Rhode Island Family Court has jurisdiction over juvenile offenders under age 18 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.^{2,3} During 2008 in Rhode Island, 5,242 youth (5% of Rhode Island youth between the ages of 10 and 17) were referred to Family Court for 8,790 wayward and delinquent offenses. Of these, 386 (4%) involved violent offenses, 242 (63%) of which occurred in the core cities. An additional 957 probation violations also came before the Family Court in 2008.^{4,5}

Males are more likely than females to be involved in the juvenile justice system. In 2008, 26% of juveniles referred to the Rhode Island Family

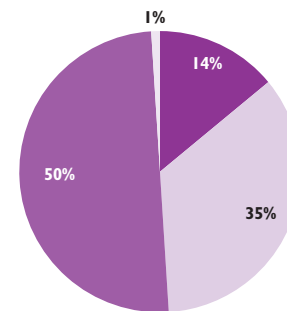
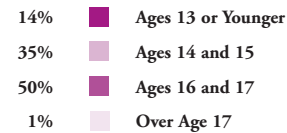
Court were female and 74% were male. Youth in urban communities with high poverty concentrations also are more likely to be referred for wayward or delinquent offenses. In 2008 in Rhode Island, 26% of juvenile offenses referred to Family Court were committed by youth from Providence, 24% were committed by youth from the other five core cities and 50% were committed by youth from the remainder of the state.⁶

Fifteen percent of juveniles referred to Rhode Island Family Court in 2008 had been referred once before and 11% had been referred at least twice before.⁷ The rehabilitation of youth and the prevention of recidivism (repeat offending) with the goal of protecting of public safety are key elements of juvenile justice systems. National research shows that an over-reliance on the incarceration of juveniles is not cost-effective and leads to worse public safety outcomes and higher rates of recidivism than the use of community-based alternatives to incarceration.⁸

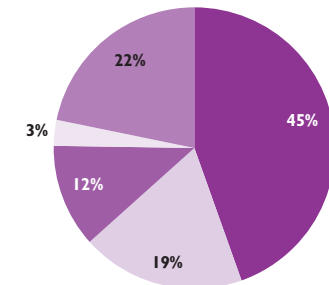
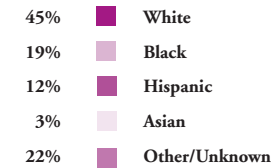
Key components of successful community-based programs to prevent juvenile recidivism are the provision of intensive family therapy and an acknowledgment of the critical role families, homes and communities play in resolving delinquency. Successful programs also work with youths' strengths and provide a wide range of services and resources tailored to the needs of youth and their families.^{9,10}

Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2008

By Age of Juvenile



By Race and Ethnicity of Juvenile



n=8,790 offenses

By Type of Offense

28%	Property Crimes	5%	Traffic Offenses
19%	Disorderly Conduct	4%	Violent Crimes
17%	Status Offenses*	3%	Weapons Offenses
10%	Simple Assault	5%	Other**
8%	Alcohol and Drug Offenses		

n=8,790

*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. Probation violations, contempt of court and other violations are not included in the offenses above.

Source: Rhode Island Family Court, 2008 *Juvenile Offense Report*. Percentages may not sum to 100% due to rounding.

Juveniles Referred to Family Court

Alternatives to Incarceration for Juvenile Offenders in Rhode Island

- ◆ Juvenile courts have a wide range of options for handling juvenile offenders, including: restitution, community service, home curfews, academic supports, counseling, substance abuse treatment and probation.¹¹ In 2008 in Rhode Island, 22% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing.¹²
- ◆ The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. In 2008, 2,229 juveniles were referred by schools in Rhode Island to the Truancy Court and 232 juveniles who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication.¹³ 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.¹⁴
- ◆ There are 30 Juvenile Hearing Boards in Rhode Island that serve 32 communities. Three of the existing Juvenile Hearing Boards were not active in 2007 (Providence, Exeter and Central Falls) and seven communities in Rhode Island did not have Juvenile Hearing Boards (Jamestown, Little Compton, New Shoreham, North Providence, Richmond, South Kingston and Tiverton). 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 counseling. A total of 804 cases were heard before Juvenile Hearing Boards in 2007.¹⁵
- ◆ Using effective community-based programming for preventing or treating the behavior of delinquent and violent youth costs significantly less than incarceration and has been shown in repeated studies to be more effective than incarceration at reducing recidivism.¹⁶

Juveniles Tried as Adults

- ◆ Youth tried and punished in the adult court system are more likely to re-offend and to commit future violent crimes than youth handled in juvenile systems for equivalent offenses. Counseling, therapeutic services, job training and educational services form the basis of rehabilitation in youth correctional environments. Youth placed in adult correctional facilities are less likely to receive appropriate services.^{17,18}
- ◆ Behavioral research shows that most youth offenders will stop breaking the law as part of the normal maturation process and that adolescents are less able than adults to weigh risks and consequences and to resist peer pressure. Research also shows that judgment and decision-making skills do not fully develop until the early 20s.^{19,20}
- ◆ When a juvenile has committed a heinous and/or premeditated felony offense or has a history of felony offenses, the Rhode Island Attorney General may request that the Family Court Judge 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.²¹
- ◆ In 2008, the Attorney General's Office filed 28 motions to waive jurisdiction to try juveniles as adults (7 mandatory and 21 discretionary waivers). Nine were waived voluntarily, nine were waived after a hearing, three were withdrawn, two were dismissed, one was denied by the Chief Judge and three waivers were of unknown type. As of January 2009, three motions from 2008 were pending before the Family Court.²²
- ◆ A juvenile in Rhode Island may also be “certified” allowing the Family 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 2008.²³ While the child is a minor, the sentence is served at the Training School. The youth can be transferred to an adult facility upon reaching age 19, if the court deems it appropriate.²⁴

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

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

^{4,6,7} Rhode Island Family Court. *2007 Juvenile offense report*. (2008). Providence, RI: Rhode Island Family Court.

⁵ U.S. Bureau of the Census, 2007 Population Estimates. Table SC-EST2006-AGESEX_RES.

^{8,9,16,17,19} *A road map for juvenile justice reform: 2008 KIDS COUNT essay summary*. (2008). Baltimore, MD: Annie E. Casey Foundation.

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Juveniles at the Training School

DEFINITION

Juveniles at the Training School is the number of juveniles age 21 or under who were in the care and custody of the Rhode Island Training School at any time during 2008, including youth in 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 maintain public safety.¹ Early antisocial behavior, cognitive impairment, inadequate parenting skills, child maltreatment, exposure to violence, association with other high-risk youth, poor academic performance, and poverty increase risk for involvement with the juvenile justice system.^{2,3} Youth at risk often come to the attention of public schools, social service agencies and child welfare systems, presenting opportunities to prevent juvenile justice system involvement.

Violent crimes among youth in the U.S. have declined over the last 15 years. In 2005 and 2006, there was a slight increase nationally in arrests of juveniles for violent crimes, while juvenile arrests for property crimes continued to decline.^{4,5} Nationally, less than one-quarter of adjudicated youth

were incarcerated for violent felonies. Most are incarcerated for non-violent drug and property offenses or violations of court orders/probation.^{6,7}

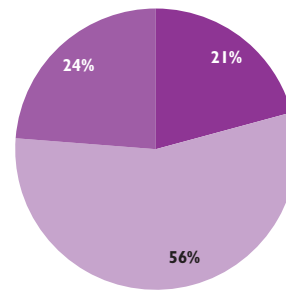
Juvenile justice systems have a range of options for monitoring and rehabilitating juvenile offenders in addition to incarceration, including: electronic monitoring, day/evening reporting centers, skills training programs, community-based therapy for youth and families and substance abuse treatment.⁸ Alternatives to incarcerating youth have been shown to be more successful in preventing recidivism and more cost-effective than incarceration. Programs that are community-based, intensive, sustained, and involve the families of the youth in individualized treatment programs are the most successful.^{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 in detention. A total of 1,084 youth (81% male and 19% female) were in the care and custody of the Training School at some point during 2008. On January 1, 2009, there were 305 youth in the care and custody of the Training School, 159 of whom were physically at the Training School.¹²

Adjudicated Juveniles, Rhode Island Training School for Youth on January 1, 2009

By Age

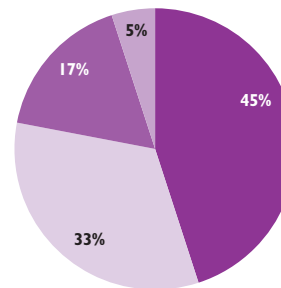
- 21% Ages 13-15
- 56% Ages 16-17
- 24% Ages 18-21



n=305

By Length of Time in Custody

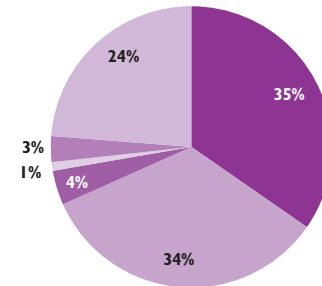
- 45% Less than 6 months
- 33% 6 to 11 months
- 17% 12 to 23 months
- 5% 24 months or more



n=305

By Race*

- 35% White
- 34% Black
- 4% Asian
- 1% Native American
- 3% Multiracial
- 24% Unknown Race



n=305

*On January 1, 2009, 89 adjudicated youth (29%) adjudicated to 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, RICHIST, January 1, 2009. Percentages may not sum to 100% due to rounding.

Highest Level Current Charge 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	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	0%
Traffic: Driving w/out a license, DUI	2	2%	1	8%
Unknown charge	8	7%	0	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).

Disproportionate Minority Representation in Juvenile Justice Systems

◆ At every point in juvenile justice systems, minority youth (both males and females) are more likely to receive harsher treatment. Disproportionate minority representation has been shown not to be the result of higher rates of offending by youth of color. Minority youth are more likely than White youth to be detained, formally charged in juvenile court, placed in a secure facility (and less likely to receive probation), more likely to be waived to adult court and more likely to be incarcerated as an adult once waived to the adult system. In addition, a national review of more than 150 studies has shown that racial bias plays a definite part in the overrepresentation of minority youth in juvenile justice systems.^{13,14,15}

◆ In particular, it has been clearly documented that Black youth in the United States receive different and harsher treatment than White youth for similar offenses, accumulating disadvantage at each step of the juvenile justice process. Black youth made up 16% of the U.S. youth population between 2002 and 2004, but comprised 28% of juvenile arrests, 30% of adjudicated youth, 35% of youth waived to adult court and 58% of youth admitted to state adult prisons. National data on Hispanic youth in juvenile justice systems show that they also face disproportionate representation but the data are less clear in part because of poor record keeping on ethnicity in many jurisdictions.¹⁶

Risk Factors for Rhode Island Youth at the Training School

History of Child Abuse and Neglect

◆ More than two-fifths (42%) of the 305 adjudicated youth in the care and custody of the Training School on January 1, 2009 had at some point in their childhood been victims of documented child abuse or neglect.¹⁷

◆ Nationally, youth in child welfare systems who enter group homes are 2.5 times more likely than youth with similar backgrounds who are served in foster care homes to enter the juvenile justice system.¹⁸

Behavioral Health Needs

◆ In 2008, all youth adjudicated to the Training School received counseling services as part of their service plans, and 156 youth received mental health services for psychiatric diagnoses other than conduct disorders and substance abuse disorders.¹⁹ During 2008, 54 males participated in the 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 two reported being an expectant parent.²²

Educational Attainment

◆ Of the 96 students at the Training School on January 15, 2008 with school records, 12 (13%) had failed all classes before entering the Training School.²³ The average pre-test scores for both reading and math skills for students at the Training School were at fifth grade levels and the average post-test scores were sixth grade. Approximately half of the students at the Training School receive special education services.²⁴

◆ During the 2007-2008 school year, 78 adjudicated youth graduated from high school while serving a sentence at the Training School. Fifty-eight of these students graduated with a GED and 20 graduated with a high school diploma.²⁵

Juveniles at the Training School



Girls in the Juvenile Justice System

◆ Girls in the juvenile justice system enter with different personal and offense histories and needs than their male peers. Girls are less likely than boys to commit violent offenses. The majority of offenses committed by girls are property crimes and status offenses (age-related acts that would not be punishable if the offender were an adult, such as truancy). Girls are disproportionately arrested for running away from home. Girls in the juvenile justice system are very likely to have histories of physical and sexual abuse and exposure to violence. As a result, they may have a higher prevalence of self-abusive behaviors, mental health issues (like depression and post-traumatic stress disorder), substance use and suicide attempts, requiring support services tailored to their needs.^{26,27}



Alternatives to Juvenile Detention and 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 detention and incarceration is essential.

◆ The rehabilitation of youth and the prevention of recidivism (repeat offending) with the goal of protecting public safety are key elements of juvenile justice systems. National research shows that an over-reliance on the incarceration of juveniles is not cost-effective and leads to worse public safety outcomes and higher rates of recidivism than the use of community-based alternatives to incarceration.^{28,29}

◆ Key components of successful community-based programs to prevent juvenile recidivism include intensive family therapy and an acknowledgment of the critical roles that families, homes and communities play in resolving delinquency. Successful programs also work with youths' strengths and provide a wide range of services and resources tailored to the needs of youth and their families, including academic and job skills assistance, substance use and mental health treatment and supports.^{30,31}

◆ Peer influences are often a significant factor in the development of antisocial behavior. Placing delinquent youth together (such as in a Training School) may reduce positive program impacts and may even lead to negative outcomes.³²



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.³³

◆ On December 29, 2008, there were 1,259 youth on the DCYF probation caseload. One-quarter (24%) of youth on probation were ages 11-15, 50% were ages 16-17 and 26% were ages 18-21. Almost half (45%) of youth on probation were White, 26% were Black, 2% were Asian, 3% were more than one race and 23% were of unknown race. More than one-quarter (27%) of youth were identified as Hispanic. Hispanic youth may be of any race.³⁴



Prevention of Recidivism among Delinquent Youth

◆ Of the 1,084 youth who were at the Training School at some point during 2008, 25% (258) had been admitted previously. One-quarter (64) of the youth previously admitted had been at the Training School three or more times.³⁵

◆ Early identification and interventions for youth at risk of chronic delinquency, and immediate, evidence-based interventions involving the youth and his or her family in counseling and other treatment are effective in reducing chronic delinquency.^{36,37}

◆ Programs that offer transition services for post-incarceration reintegration into the community are important for reducing recidivism as well. For serious, repeat and violent juvenile offenders, the quality and intensity of rehabilitative services is particularly critical, since most youth will eventually return to their communities. Successful models for rehabilitation of chronically delinquent youth include addressing multiple needs at once, family involvement, counseling, interpersonal skills training, substance abuse treatment, intensive academic programs, and vocational skills training.^{38,39,40}

Juveniles at the Training School

Table 24. Youth at the Rhode Island Training School, 2008

CITY/TOWN	TOTAL POPULATION AGES 13-21	NUMBER OF YOUTH
Barrington	2,009	11
Bristol	3,525	3
Burrillville	2,067	7
Central Falls	2,625	48
Charlestown	755	4
Coventry	3,688	16
Cranston	8,499	50
Cumberland	3,325	28
East Greenwich	1,397	1
East Providence	5,092	36
Exeter	730	1
Foster	512	3
Glocester	1,251	3
Hopkinton	912	7
Jamestown	536	1
Johnston	2,624	10
Lincoln	2,260	11
Little Compton	351	0
Middletown	1,647	13
Narragansett	2,798	3
New Shoreham	70	0
Newport	3,755	32
North Kingstown	2,773	11
North Providence	3,045	18
North Smithfield	1,073	6
Pawtucket	8,298	113
Portsmouth	1,723	9
Providence	33,871	388
Richmond	783	1
Scituate	1,155	2
Smithfield	3,890	6
South Kingstown	6,532	8
Tiverton	1,523	7
Warren	1,208	8
Warwick	8,863	38
West Greenwich	599	0
West Warwick	3,177	36
Westerly	2,414	19
Woonsocket	5,034	79
Out of State	NA	45
Unknown	NA	2
Core Cities	56,760	696
Remainder of State	79,629	294
Rhode Island	136,389	1,037

Cap on the Number of Youth at the Rhode Island Training School

◆ In 2008, the Rhode Island General Assembly instituted a cap on the Rhode Island Training School detained and adjudicated populations. This cap of 148 males and 12 females can be achieved either by reducing the number of admissions or by reducing the length of stay.⁴¹

◆ In 2007, 73% of admissions to detention at the Rhode Island Training School resulted in stays of seven days or less. Of these short admissions, 24% led to adjudication to the Training School or Temporary Community Placements (TCP), while the remainder resulted in release.⁴²

◆ Of youth discharged from the Training School in calendar year 2008 (including both adjudicated and detained youth), 84% were there for six months or less, 9% for six months to a year, 6% for one to two years, and 2% for two or more years. Three of the 15 youth in detention on January 1, 2009 had been there for more than 10 months while waiting for waivers to the adult system.⁴³

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2008.

Training School data are for 1,084 youth who were in the care and custody of the Rhode Island Training School during calendar year 2008 (including youth from out-of-state, those with unknown addresses and those in temporary community placements).

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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- ^{6,11,13,29,36,38} 2008 KIDS COUNT data book essay: *A road map for juvenile justice reform*. (2008). Baltimore, MD: Annie E. Casey Foundation.
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(continued on page 158)

Children of Incarcerated Parents

DEFINITION

Children of incarcerated parents is the number of children reported by parents serving sentences at the Rhode Island Department of Corrections as of September 30, 2008 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 1.7 million children in the U.S. have a parent incarcerated in state or federal prison, and a quarter of minor children with a parent in prison are under age five.¹ Having an incarcerated parent can negatively impact the quality of a young child's attachment to their parent, which can lead to anxiety, withdrawal, hyper-vigilance, and depression.²

As a result of parental incarceration, children may face disruptions in their homes, temporary caregivers or placements in foster care, financial hardship and an increased risk of child abuse and neglect.³ Compared to other children, children of incarcerated parents are at greater risk for poor academic achievement, impaired emotional and behavioral development, depression, criminal behavior and incarceration.^{4,5,6}

Nationally, most children of incarcerated parents live with their other

parent (84%), a grandparent (15%), or other relatives (6%).⁷ Grandparents and other relative caregivers often experience significant economic hardship. They may not receive the support or services that they need or are entitled to 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

Children who are involved with the child welfare system and have parents who have been involved with the criminal justice system are 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

In Rhode Island in 2008, two-thirds of incarcerated parents with a known in-state residence identified one of the core cities as their last place of residence. The rate of children of incarcerated parents in the core cities (20.7 per 1,000 children) is nearly four times the rate in the remainder of the state (5.5 per 1,000 children).¹⁰



Parents at the Rhode Island Adult Correctional Institutions, 2008

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	545	385	71%	881
Serving a Sentence	2,449	1,618	66%	3,474
Total Inmates	2,994	2,003	67%	4,355

Source: Rhode Island Department of Corrections, September 30, 2008. *Does not include inmates who were missing responses to the question on number of children.

- ◆ Of the 2,994 inmates awaiting trial or serving a sentence who were surveyed as of September 30, 2008 and answered the question on number of children, 2,003 inmates reported having 4,355 children. The median length of sentence of inmates who reported having children was three and a half years for males and one year for females.¹¹
- ◆ Of the 2,003 Rhode Island parents incarcerated in 2008, including those awaiting trial, 47% were White, 30% were Black, 21% were Hispanic, and 1% were Native American, Asian or another race.¹²
- ◆ Of the 119 sentenced mothers, 48% were serving a sentence for a nonviolent offense, 25% for a drug offense, 20% had committed a violent offense, 5% were serving sentences for breaking and entering, and 1% for sex-related offenses. Of the 1,499 sentenced fathers, 39% were serving sentences for violent offenses, 21% for drug offenses, 16% for nonviolent offenses, 14% for sex-related offenses, and 9% for breaking and entering.¹³
- ◆ For most incarcerated parents, a supportive family, education and training, stable housing, employment assistance, medical assistance, and substance abuse treatment contribute to the well-being of their children and a successful transition to the community upon re-entry.¹⁴
- ◆ Maintaining positive and healthy familial bonds between children and their incarcerated parents is crucial to the children's emotional well-being because it can reduce the negative effects children experience as a result of the parent's absence. Preservation of this bond can also have positive effects on the rehabilitation of incarcerated parents.¹⁵

Children of Incarcerated Parents

Table 25.

Children of Incarcerated Parents, Rhode Island, September 30, 2008

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2000 TOTAL POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	4	10	4,745	2.1
Bristol	9	25	4,399	5.7
Burrillville	11	21	4,043	5.2
Central Falls	55	113	5,531	20.4
Charlestown	7	10	1,712	5.8
Coventry	20	39	8,389	4.6
Cranston	70	139	17,098	8.1
Cumberland	14	32	7,690	4.2
East Greenwich	11	32	3,564	9.0
East Providence	36	77	10,546	7.3
Exeter	4	10	1,589	6.3
Foster	3	4	1,105	3.6
Glocester	3	3	2,664	1.1
Hopkinton	6	17	2,011	8.5
Jamestown	2	5	1,238	4.0
Johnston	27	60	5,906	10.2
Lincoln	5	9	5,157	1.7
Little Compton	0	0	780	0.0
Middletown	6	8	4,328	1.8
Narragansett	10	20	2,833	7.1
New Shoreham	2	4	185	21.6
Newport	40	89	5,199	17.1
North Kingstown	10	24	6,848	3.5
North Providence	22	41	5,936	6.9
North Smithfield	4	6	2,379	2.5
Pawtucket	105	205	18,151	11.3
Portsmouth	1	3	4,329	0.7
Providence	530	1,187	45,277	26.2
Richmond	4	6	2,014	3.0
Scituate	5	9	2,635	3.4
Smithfield	7	11	4,019	2.7
South Kingstown	14	30	6,284	4.8
Tiverton	3	4	3,367	1.2
Warren	8	18	2,454	7.3
Warwick	66	121	18,780	6.4
West Greenwich	2	4	1,444	2.8
West Warwick	43	82	6,632	12.4
Westerly	21	48	5,406	8.9
Woonsocket	88	227	11,155	20.3
Unknown Residence	255	537	NA	NA
Out-of-State Residence**	85	184	NA	NA
Core Cities	861	1,903	91,945	20.7
Remainder of State	417	850	155,877	5.5
Rhode Island	1,278	2,753	247,822	11.1

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, 2008. Offenders who were on Home Confinement and the awaiting trial population are excluded from this table.

*Data on the number of children are self-reported by the incarcerated parents and may include some children over age 18. Nationally and in Rhode Island, much of the existing research has relied upon self-reporting by incarcerated parents or caregivers.

**Data on Out-of-State Residence includes inmates who are under jurisdiction in Rhode Island, but report an out-of-state address. Inmates who were from another state's jurisdiction, but serving time in Rhode Island are not included in the Rhode Island, core cities or remainder of state rates.

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

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(continued on page 158)

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 2007. 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 studies indicate that 80% to 90% of children in homes where there is domestic violence are aware of the abuse.² In Rhode Island in 2007, police reports indicate that children were present in 29% 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

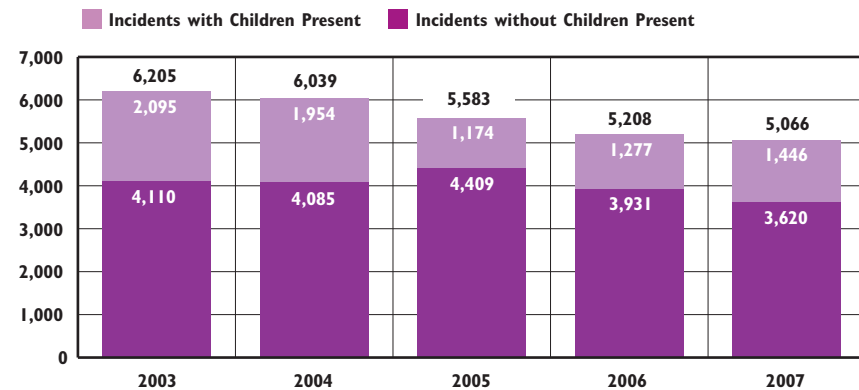
families where there is some form of family violence. It is more likely that children are abused in families in which the violence against the mother is more frequent.⁵

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 face some combination of social, emotional, health, and learning 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, 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, 2003-2007



Source: Rhode Island Supreme Court Domestic Violence Training Unit, 2003-2007. Includes domestic violence reports resulting in an arrest from local police and Rhode Island State Police. Data for 2007 are provisional.

- ◆ In 2007, there were 5,066 domestic violence incidents that resulted in arrests. Children were present in 29% (1,446) of these incidents. Police officers reported that children saw their parent being abused in 1,239 incidents, and children heard their parent being abused in 1,357 incidents resulting in arrests. These incidents were not mutually exclusive.¹³
- ◆ In 2007, children were present in 224 of the 1,982 (11%) domestic violence incidents reported by police officers that did not result in an arrest.¹⁴
- ◆ 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.¹⁵

Children Witnessing Domestic Violence

Table 26. Domestic Violence Incidents Resulting in Arrest with Children Present, Rhode Island, 2007

CITY/TOWN	TOTAL # OF REPORTS	TOTAL # WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	39	9	23%
Bristol	86	20	23%
Burrillville	55	17	31%
Central Falls	161	56	35%
Charlestown	26	5	19%
Coventry	155	54	35%
Cranston	338	91	27%
Cumberland	94	31	33%
East Greenwich	34	6	18%
East Providence	190	72	38%
Exeter*	NA	NA	NA
Foster	15	1	7%
Glocester	19	0	0%
Hopkinton	46	14	30%
Jamestown	12	5	42%
Johnston	127	26	20%
Lincoln	48	14	29%
Little Compton	9	5	56%
Middletown	92	25	27%
Narragansett	68	8	12%
New Shoreham	2	0	0%
Newport	140	22	16%
North Kingstown	110	33	30%
North Providence	180	41	23%
North Smithfield	37	6	16%
Pawtucket	410	89	22%
Portsmouth	83	25	30%
Providence	822	282	34%
Richmond	20	9	45%
Scituate	24	9	38%
Smithfield	82	22	27%
South Kingstown	74	21	28%
Tiverton	98	16	16%
Warren	71	22	31%
Warwick	321	104	32%
West Greenwich	20	0	0%
West Warwick	325	86	26%
Westerly	122	37	30%
Woonsocket	416	131	31%
Rhode Island State Police	95	32	34%
Core Cities	2,274	666	29%
Remainder of State	2,697	748	28%
Rhode Island	5,066	1,446	29%

Children and Domestic Violence in Rhode Island

◆ Between 2003 and 2007, the total number of domestic violence incidents resulting in an arrest decreased from 6,205 to 5,066. The percentage of such incidents with children present also declined from 34% in 2003 to 29% in 2007.¹⁶

◆ 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?" and "Did children hear the incident?"¹⁷

◆ 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 2008, 329 women and 367 children spent a total of 21,414 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 661 children. The shelters also conduct school-based domestic violence prevention programs.¹⁸

◆ 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.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, 2007 and December 31, 2007. Data for 2007 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.

References

- Family Violence Prevention Fund. (2008). *The facts on children and domestic violence*. Retrieved February 4, 2009 from www.endabuse.org/userfiles/file/children_and_families/children.pdf
- Children's Defense Fund. (2002). *Domestic violence and its impact on children* (Fact Sheet). Washington, DC: Children's Defense Fund.
- 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, 2007 and December 31, 2007.
- U.S. Department of Health and Human Services. (2007). *Child witness to domestic violence*. Washington, DC: Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau.
- In harm's way: *Aiding children exposed to trauma*. (2005). Denver, CO: Grantmakers in Health.
- Rosewater, A. & Goodmark, L. (2007). *Steps toward safety: Improving systemic and community responses for families experiencing domestic violence*. San Francisco, CA: Family Violence Prevention Fund.

(continued on page 158)

Child Abuse and Neglect

DEFINITION

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

SIGNIFICANCE

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, or depression.¹ Child maltreatment can lead to 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.

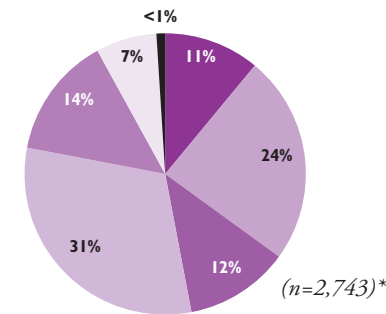
In Rhode Island, if an investigation does not reveal maltreatment but family stressors and risk factors are identified, Child Protective Services (CPS) refers families to community-based support services to reduce the risk of future involvement with the Department of Children, Youth and Families (DCYF).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

In 2008 in Rhode Island, there were 1,913 indicated investigations of child abuse and neglect involving 2,743 children. The child abuse and neglect rate per 1,000 children under age 18 was more than two times higher in the core cities (17.0 victims per 1,000 children) compared to the remainder of the state (7.0 victims per 1,000 children). Almost half (47%) of the victims of child abuse and neglect in 2008 were young children under age six and more than one-third (35%) were ages three and younger.⁵

Child Abuse and Neglect, Rhode Island, 2008

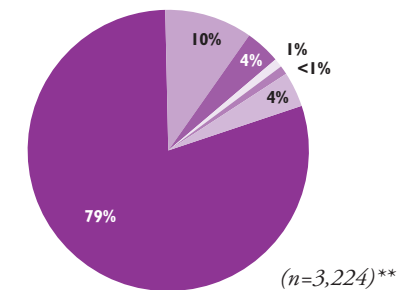
By Age of Victim*

11% (312)	Under Age 1
24% (654)	Ages 1 to 3
12% (326)	Ages 4 to 5
31% (859)	Ages 6 to 11
14% (390)	Ages 12 to 15
7% (200)	Ages 16 and Older
<1% (2)	Unknown



By Type of Neglect/Abuse**

79%	Neglect
10%	Physical Abuse
4%	Sexual Abuse
1%	Medical Neglect
<1%	Emotional Abuse
4%	Other



Notes on Pie Charts

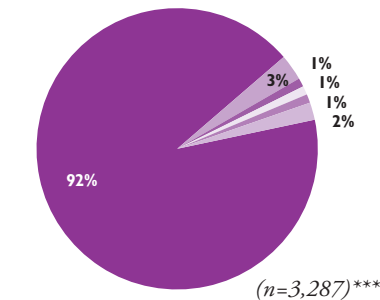
* These data reflect an unduplicated count of child victims. The number of victims is higher than the number of indicated investigations. One indicated investigation can involve more than one child victim.

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

By Relationship of Perpetrator to Victims***

92%	Parents
3%	Relatives/Household Members
1%	Child Care Providers
1%	Foster Parents
1%	Residential Facility Staff
2%	Other or Unknown



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2008. 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, 1999-2008

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
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
2008	12,204	51% (6,214)	1,913

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2008.

* One investigation can be generated by multiple hotline calls. Investigations can result in a finding of indicated, unfounded or unable to complete (as when an essential party cannot be found).

◆ The percentage of unduplicated child maltreatment reports for which there were completed investigations declined from 59% in 2006 to 51% in 2008. The number of unduplicated child maltreatment reports to the CPS Hotline was also lower in 2008 than at any point in the past decade.⁶ In 2008, there were 1,913 indicated investigations based on child maltreatment investigations, 31% of completed investigations. The percentage of completed investigations that were indicated has 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 12,204 maltreatment reports in 2008, 5,019 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 (if the family is active with DCYF).¹⁰

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

YEAR	NUMBER OF DEATHS	YEAR	NUMBER OF DEATHS
1999	3	2004	3
2000	3	2005	4
2001	5	2006	0
2002	1	2007	0
2003	4	2008	0
<i>Total 1999-2003</i>	<i>16</i>	<i>Total 2004-2008</i>	<i>7</i>

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 1999-2008.

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

◆ Between 1999 and 2008, 23 children died as a result of injuries due to abuse by a parent or caretaker.¹¹ During 2007, there were 32 children hospitalized with the diagnosis of child abuse or neglect, the same as in 2006, compared with 34 in 2005, 22 in 2004 and 28 in 2003.¹²

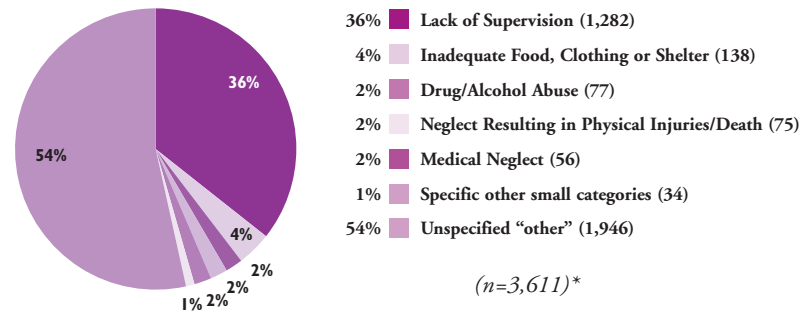
Child Abuse and Neglect in Rhode Island Communities

◆ Many parents at risk of child abuse and neglect lack essential parenting skills and are struggling with a combination of social and economic issues. These families benefit from access to community-based, comprehensive services that are able to respond flexibly to their needs.¹³ Preventing the occurrence and recurrence of child abuse and neglect requires family support systems such as evidence-based home visiting programs, access to high quality child care, parenting education, vocational training, and counseling and treatment for substance abuse and mental health problems.^{14,15,16}

◆ In 2008, the six core cities had the highest rates of child victims of abuse and neglect per 1,000 children out of all Rhode Island communities. Warren (18.3) and Johnston (13.0) also had child abuse and neglect rates higher than that of the state as a whole (10.7). Child abuse and neglect rates in the core cities ranged from a low of 14.4 per 1,000 children in Providence to a high of 28.2 per 1,000 children in Woonsocket.¹⁷

Child Abuse and Neglect

Indicated Allegations of Child Neglect, by Nature of Neglect, Rhode Island, 2008

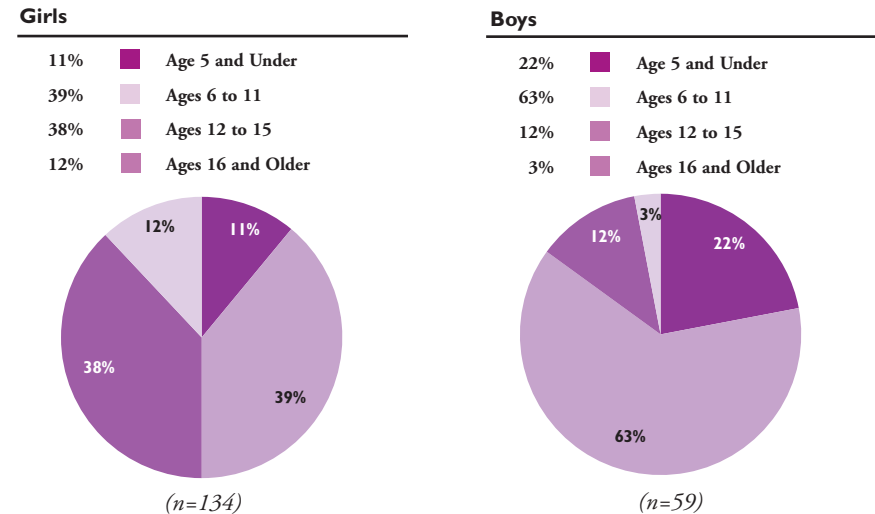


- ◆ The importance of adequate capacity, affordability and quality of child care, preschool, other early childhood programs, and quality after-school opportunities is highlighted by the fact that of the 3,611 indicated allegations (confirmed claims) of neglect in Rhode Island in 2008, 36% involved lack 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 (10), educational neglect (8), failure to thrive (7), excessive/inappropriate discipline (5), tying or confinement (5), and emotional neglect (2).

* 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, 2008. Percentages may not sum to 100% due to rounding.

Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2008



- ◆ In Rhode Island in 2008, there were 194 indicated allegations (confirmed claims) of sexual abuse. Some children were victims of sexual abuse more than once. In 69% (134) of the 194 indicated allegations of sexual abuse, the victim was a female. Half (50%) of the female victims were under age 12 while 85% of the male victims were under age 12.

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2008. Percentages may not sum to 100% due to rounding. Note: Total victims equals 194 as one victim had no gender reported.

Table 27.

Indicated Investigations of Child Abuse and Neglect, Rhode Island, 2008

CITY/TOWN	# OF CHILDREN UNDER AGE 18	# OF INDICATED INVESTIGATIONS OF CHILD ABUSE/NEGLECT	INDICATED INVESTIGATIONS PER 1,000 CHILDREN	# OF VICTIMS OF CHILD ABUSE/NEGLECT	VICTIMS PER 1,000 CHILDREN
Barrington	4,745	5	1.1	8	1.7
Bristol	4,399	15	3.4	19	4.3
Burrillville	4,043	25	6.2	32	7.9
Central Falls	5,531	83	15.0	103	18.6
Charlestown	1,712	9	5.3	11	6.4
Coventry	8,389	43	5.1	42	5.0
Cranston	17,098	131	7.7	172	10.1
Cumberland	7,690	24	3.1	24	3.1
East Greenwich	3,564	14	3.9	13	3.6
East Providence	10,546	59	5.6	75	7.1
Exeter	1,589	10	6.3	12	7.6
Foster	1,105	4	3.6	6	5.4
Glocester	2,664	6	2.3	7	2.6
Hopkinton	2,011	17	8.5	13	6.5
Jamestown	1,238	4	3.2	6	4.8
Johnston	5,906	54	9.1	77	13.0
Lincoln	5,157	23	4.5	34	6.6
Little Compton	780	4	5.1	3	3.8
Middletown	4,328	24	5.5	38	8.8
Narragansett	2,833	16	5.6	18	6.4
New Shoreham	185	2	10.8	1	5.4
Newport	5,199	58	11.2	91	17.5
North Kingstown	6,848	31	4.5	51	7.4
North Providence	5,936	36	6.1	60	10.1
North Smithfield	2,379	10	4.2	19	8.0
Pawtucket	18,151	234	12.9	303	16.7
Portsmouth	4,329	4	0.9	7	1.6
Providence	45,277	452	10.0	650	14.4
Richmond	2,014	9	4.5	17	8.4
Scituate	2,635	6	2.3	6	2.3
Smithfield	4,019	20	5.0	14	3.5
South Kingstown	6,284	35	5.6	56	8.9
Tiverton	3,367	14	4.2	28	8.3
Warren	2,454	33	13.4	45	18.3
Warwick	18,780	92	4.9	116	6.2
West Greenwich	1,444	6	4.2	8	5.5
West Warwick	6,632	66	10.0	102	15.4
Westerly	5,406	38	7.0	48	8.9
Woonsocket	11,155	197	17.7	315	28.2
Unknown	NA	0	NA	4	NA
Core Cities	91,945	1,090	11.9	1,564	17.0
Remainder of State	155,877	823	5.3	1,086	7.0
Rhode Island	247,822	1,913	7.7	2,650	10.7

Note to Table

Data can not be compared to previous Factbooks. The denominator is the number of children under age 18 according to the US Bureau of the Census, Census 2000 and the numerator is an unduplicated count of child victims. Previous Factbooks used children under 21 as the denominator and the indicated investigations as the numerator to calculate the rate of indicated investigations per 1,000 children. In 2008, Rhode Island lowered the eligibility age for entry into DCYF services to under age 18, although some children remain eligible for services after their 18th birthday.

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), calendar year 2008.

Victims of child abuse/neglect are unduplicated counts of victims with substantiated allegations of child abuse and/or neglect.

An indicated investigation is an investigated report of child abuse and/or neglect for which a preponderance of evidence exists that child abuse and/or neglect occurred. An indicated investigation can involve more than one child and multiple allegations. City/town reports of indicated investigations omit certain investigations, particularly those where there are data entry errors affecting location. For this reason, the city/town table includes fewer indicated investigations than the chart with reports/investigations and indicated cases.

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

References

^{1,2,16} Horton, C. (n.d.). *Protective factors literature review: Early care and education programs and the prevention of child abuse and neglect*. Washington, DC: Center for the Study of Social Policy.

³ Office of Justice Programs. (2004). *Violence against women: Identifying risk factors*. Washington, DC: U.S. Department of Justice.

^{4,8,10} Rhode Island Department of Children, Youth and Families, Child Protective Services, 2008 & 2009.

^{5,6,7,9,11,17} Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2008.

(continued on page 159)

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

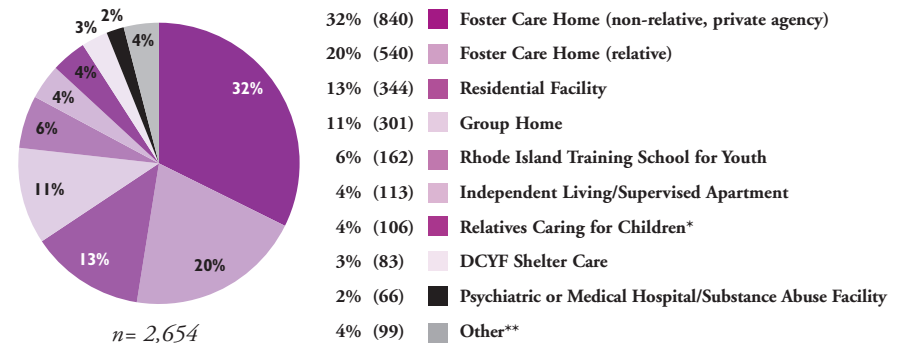
SIGNIFICANCE

Children need stability, permanency and safety in order to develop and flourish. Removal from the home may be necessary for a child's safety and well-being; however, it is disruptive and can compromise a child's developmental progress.¹ Children who have been abused or neglected are particularly in need of a safe, stable and permanent environment that provides for their well-being. Permanency planning efforts should begin as soon as the child enters the child welfare system. *The Adoption and Safe Families Act* of 1997 requires states to monitor progress on a specific set of outcomes and indicators related to children's safety, permanency and well-being.²

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.³ Children in out-of-home care suffer more frequent and more serious medical, developmental, and mental health problems than their peers.^{4,5} Long-term stays in out-of-home placements can cause emotional, behavioral or educational problems that adversely affect their future well-being and self-sufficiency.^{6,7} Many children in foster care drop out of school, change schools multiple times and require remedial services. A full array of supports and services are needed to ensure that all youth maximize their potential, and are prepared for higher education and work.⁸

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.⁹

Children in Out-of Home Placement, December 31, 2008



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

***The placement category "Other" includes: runaway youth in DCYF care or those with unauthorized absences (81), pre-adoptive homes (7), minors with mother in shelter/group home/residential facility (8), step parents (2) and trial home visit (1).*

- ◆ **As of December 31, 2008, there were 2,654 children under age 21 in the care of DCYF who were in out-of-home placements, a 20% decrease since 2006 (3,311).**
- ◆ **The total caseload of DCYF on December 31, 2008 was 8,203, including 2,824 children living in their homes under DCYF supervision and 2,729 children living in adoption placements. This is a 13% decrease in the DCYF caseload since 2006 (9,414).**
- ◆ **The total DCYF caseload also includes 33 children in out-of-state placements/other agency custody; eight children receiving respite care services; 11 youth in a prison other than the Rhode Island Training School; and eight children in other placements.**
- ◆ **On December 31, 2008, 113 Rhode Island youth were in an independent living arrangement or supervised apartment setting, a decline of 44% from 203 youth in 2006. Just over half (64) of the 113 youth in independent living arrangements were ages 18 and older. Older youth often transition into adulthood while still in care.**

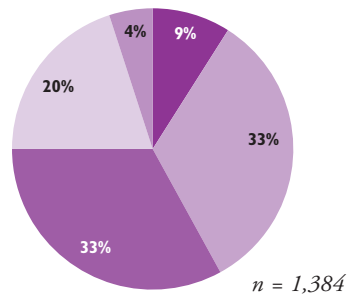
Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2006 - 2008.

Children in Out-of-Home Placement

Children and Youth in Out-of-Home Placement, by Type of Setting and Age, Rhode Island, January 2009

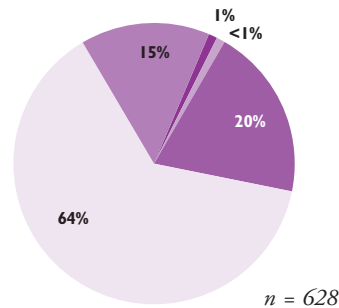
In Foster Care Homes

9% (129)	Under Age 1
33% (463)	Ages 1 to 5
33% (458)	Ages 6 to 13
20% (282)	Ages 14 to 17
4% (52)	Ages 18 and over



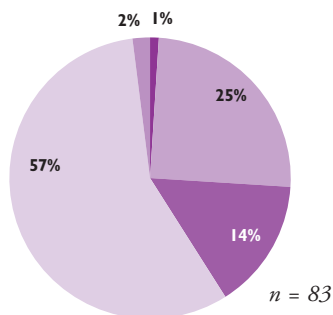
In Group Homes and Residential Facilities*

1% (5)	Under Age 1
<1% (3)	Ages 1 to 5
20% (126)	Ages 6 to 13
64% (399)	Ages 14 to 17
15% (95)	Ages 18 and over



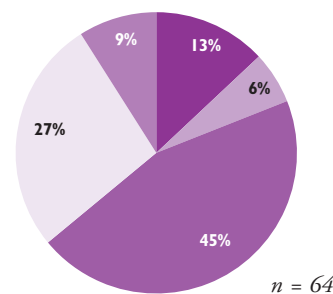
In Shelter Care

1% (1)	Under Age 1
25% (21)	Ages 1 to 5
14% (12)	Ages 6 to 13
57% (47)	Ages 14 to 17
2% (2)	Ages 18 and over



In Medical Facilities**

13% (8)	Under Age 1
6% (4)	Ages 1 to 5
45% (29)	Ages 6 to 13
27% (17)	Ages 14 to 17
9% (6)	Ages 18 and over



*Residential facilities do not include psychiatric hospitals, medical hospitals, or the Rhode Island Training School.
 **Medical facilities include medical hospitals (18), psychiatric hospitals (42) and substance abuse treatment facilities (4).

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), January 5, 2009. Percentages may not sum to 100% due to rounding. Data do not match table on previous page due to different report dates.

Safety, Permanency and Well-Being

Placement Stability

◆ In Federal Fiscal Year (FFY) 2008, 16.9% of the 1,733 children who had been in out-of-home care for less than one year had experienced three or more placements, up from 13.4% in FFY 2004. The national standard is 13.3%. Three or more placements were experienced by 36% of the 990 children who were in care between 12 and 24 months, compared to 37% in FFY 2004. Almost two-thirds (65%) of the 1,309 children who had been in care for 24 or more months experienced three or more placements (compared with 68% in FFY 2004).¹⁰

Recurrence of Abuse While in Foster Care

◆ Of the 1,466 Rhode Island children who were victims of abuse or neglect during FFY 2008 (whether or not they were removed from the home), 9.6% experienced one or more recurrences of abuse or neglect within six months, up from 7.8% in FFY 2004 but down from 13.3% in FFY 2007. The national standard is 6.1% or fewer.¹¹

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. There were no night-to-night placements in 2008.¹²

Shelter Care

◆ The number of children in the care and custody of the state who were in shelter care decreased from 106 on December 31, 2007 to 83 on December 31, 2008. Of the 83 children in DCYF shelter care on January 5, 2009, 22 were young children under age six; 12 were ages six to 13; and 49 were ages 14 and older.¹³

References

¹ Harden, B. J. (2004). Safety and stability for foster children: A developmental perspective. *The Future of Children*, 14(1), 31-47.
² Lutz, L. (2003). *Achieving Permanence for Children in the Child Welfare System: Pioneering Possibilities Amidst Daunting Challenges*. Retrieved March 3, 2009 from www.hunter.cuny.edu/socwork/nrcfcppl/downloads/achieving-permanence.pdf

³ U.S. Department of Health and Human Services, Administration for Children and Families. (2004). *Final report: Rhode Island child and family services review*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

(continued on page 159)

Permanency for Children in DCYF Care

DEFINITION

Permanency for children in DCYF Care is the percentage of children in out-of-home care who transition to a permanent placement through reunification, adoption or guardianship. Data are for all children who were in out-of-home placement during Federal Fiscal Year 2008 (October 1, 2007 – September 30, 2008).

SIGNIFICANCE

The uncertainty of multiple, prolonged or unstable out-of-home placements can negatively affect 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 children's safety. 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.^{4,5}

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.^{6,7,8} 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.^{9,10,11}

Youth who age out of foster care experience high rates of economic hardship (inability to pay rent, utilities, etc.), low educational attainment, hunger, homelessness, unemployment, and poor health. These youth are more likely to enter the criminal justice system, become teen parents and enroll in public assistance programs.¹²

Part of permanency planning for all children and youth in care includes providing systemic, developmentally appropriate and continuous services that adequately prepare them for adulthood. Child welfare agencies can develop systems that ensure that they are making progress in achieving youth outcomes in the areas of employment, education, housing, life skills, personal and community engagement, personal and cultural identity, physical and mental health, and access to legal information and documents, including medical and educational histories.¹³

Exits from Foster Care*, Rhode Island, FFY 2008

	ALL EXITS	WITH DISABILITY	OVER AGE 12 AT ENTRY
Adoption	17%	20%	1%
Guardianship	4%	2%	2%
Reunification	63%	56%	68%
Aged Out	10%	NA**	17%
Other	5%	23%	11%
Total Number	1,521	517	661

Source: *Safety, permanency and well-being in Rhode Island: Child welfare outcomes annual report for FY 2008 (Draft)*. (2009). 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. Percentages may not sum to 100% due to rounding. *Foster Care refers to all out-of-home placements, consistent with language used in federal reports. **Children with a disability who age out are included in the "other" category.

◆ In Federal Fiscal Year (FFY) 2008, 1,521 children in out-of-home placement in Rhode Island exited care. Of the children who exited care, 84% exited to a permanent placement (adoption, guardianship or reunification). Children with disabilities were somewhat more likely than other children to exit to adoption and less likely to exit to reunification with their biological family.¹⁴

◆ Success in reducing the duration of foster care placement must be measured in conjunction with rates of re-entry into the system (i.e., the failure rate of the permanent placement). In FFY 2008, 18% of children in Rhode Island who entered out-of-home placement were re-entering care within 12 months of a prior episode, down from 21% in FFY 2004. Despite this decrease, Rhode Island children re-enter care at more than twice the rate of the national standard (8.6%).¹⁵

Reunification

◆ The percentage of children in the Rhode Island child welfare system who were reunified with their family of origin in fewer than 12 months from the time of removal from the home decreased from 71% in FFY 2004 to 66% of children in FFY 2008. The national standard is 76% of reunifications occurring within 12 months of the child's removal.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, child care and specific strategies to decrease isolation and strengthen community supports.¹⁷

Adoptions of Children in DCYF Care, 2008

- ◆ In calendar year 2008, 270 children in the care of DCYF were adopted in Rhode Island. Of these children, 60% were White, 20% were Black, 19% were of another race or were multiracial, and 1% were of unknown race. Twenty-six percent of children adopted in 2008 were Hispanic (belonging to any race category).¹⁸
- ◆ Of the children adopted, 62% were under age six, 30% were ages six to 13 and 8% were ages 14 to 17.¹⁹

Rhode Island Children Waiting to be Adopted, September 30, 2008

- ◆ On September 30, 2008, there were 458 Rhode Island children in the care of DCYF who were waiting to be adopted. Of these, 8% were under age one, 27% were ages one to five, 28% were ages six to 10, 32% were ages 11 to 15, 4% were ages 16 and older, and 2% were of unknown age.²⁰
- ◆ Of all waiting children, 43% were White, non-Hispanic, 26% were Hispanic (of any race), 18% were Black, non-Hispanic, 8% were two or more races, 2% were Native American, 1% were Asian or Pacific Islander, and 2% were unknown.²¹
- ◆ Of the 458 children waiting to be adopted, 258 (56%) were children with parents whose parental rights had been legally terminated.²²
- ◆ Over the past five years, the age breakdown of children waiting to be adopted has grown increasingly younger. In 2004, half (51%) of all children waiting to be adopted were under age 11 while in 2008, almost two-thirds (63%) of waiting children were under age 11.²³
- ◆ The percentage of children in the Rhode Island child welfare system who were adopted within 24 months from the time of removal from their home decreased from 50% in FFY 2004 to 38% in FFY 2008, compared with 31% in FFY 2007. The national standard is 32% of adoptions occurring within 24 months of the child's removal.²⁴

Rhode Island Youth Aging Out of Foster Care, FFYs 1999-2008

YEAR	# WHO AGED OUT	YEAR	# WHO AGED OUT
FFY 1999	43	FFY 2004	82
FFY 2000	82	FFY 2005	103
FFY 2001	77	FFY 2006	119
FFY 2002	62	FFY 2007	145
FFY 2003	85	FFY 2008	157
Total FFY 1999-2003	349	Total FFY 2004-2008	606

Source: Safety, permanency and well-being in Rhode Island: Child welfare outcomes annual reports for FFY 1999-2008. 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 and Families.

- ◆ In Rhode Island between FFY 1999 and FFY 2003, 349 youth aged out of foster care never having gained permanent placements through reunification, adoption or guardianship. This number increased by 74% to 606 for the period between FFY 2004 and FFY 2008.²⁵
- ◆ Since 2004, between 65% and 77% of youth who aged out of foster care in Rhode Island were older than age 12 at entry into care.²⁶ In FFY 2008, 157 Rhode Island youth exited out-of-home placement to emancipation. Of these youth, 73% (115) were older than age 12 at entry into care.²⁷
- ◆ 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 21.²⁸
- ◆ Youth who age out on their 18th birthday are entitled to health insurance coverage through RIte Care until their 21st birthday and may be eligible for education assistance. Some youth between the ages of 18 and 21 are enrolled in a voluntary aftercare service network that provides limited case management support and a stipend for housing and other living expenses.²⁹

References

¹⁶ Haskins, R., Wulczyn, F. & Webb, M. B. (2007). Using high-quality research to improve child protection practice: An overview. In R. Haskins, F. Wulczyn & M. B. Webb (Eds.), *Child protection: Using research to improve policy and practice*. (Chapter 1, 1-33). Washington, DC: The Brookings Institution.

²⁹ Mallon, G. P. & Leashore, B. R. (2002). Preface to contemporary issues in permanency planning. *Child Welfare*, 81(2), 91-99.

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