

# Safety

## *To You*

by Karla Kuskin

I think I could walk  
through the simmering sand  
if I held your hand.  
I think I could swim  
the skin shivering sea  
if you would accompany me.  
And run on ragged, windy heights,  
climb rugged rocks  
and walk on air:

I think I could do anything at all,  
if you were there.



# Child Deaths

## DEFINITION

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

## SIGNIFICANCE

The child death rate is a reflection of the physical health of children, maternal health, access to health care, 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.<sup>1,2</sup> Recent declines in the U.S. child death rate are due to increased parental education about the effective use of safety products (such as seat belts and car seats) and child safety laws (such as requiring residential smoke detectors and window guards and better product safety labeling).<sup>3</sup>

Nationally, child injuries and deaths disproportionately affect poor children, children under age five, males and minorities. Among children under age 15, Native American children and Black children have the highest child death rates in the nation.<sup>4,5</sup>

In Rhode Island between 2005 and 2009, there were 126 deaths of children ages one to 14 (a rate of 14.1 per 100,000 children).<sup>6,7</sup> Sixty-nine (55%) of these children lived in the core cities,

56 (44%) lived in the remainder of the state and one child's residence (1%) was unknown. Of the 126 deaths, 87 (69%) were due to disease, 24 (19%) were due to unintentional injuries, 10 (8%) were due to intentional injuries (8 homicides and 2 suicides) and five (4%) were due to unknown causes. Unintentional injuries are the leading cause of death for children ages one to 14 in Rhode Island and in the U.S., more than from any single disease.<sup>8,9</sup>

The leading causes of child injury deaths are motor vehicle crashes and drowning. Child injury deaths can be reduced by educating parents about the importance of using safety products, such as seat belts, child safety seats, life jackets and pool fencing, and by passing stricter laws enforcing such use.<sup>10</sup>

In Rhode Island between 2005 and 2009, nine children under age 15 were hospitalized for firearms injuries, and there were two gun-related child deaths.<sup>11</sup>

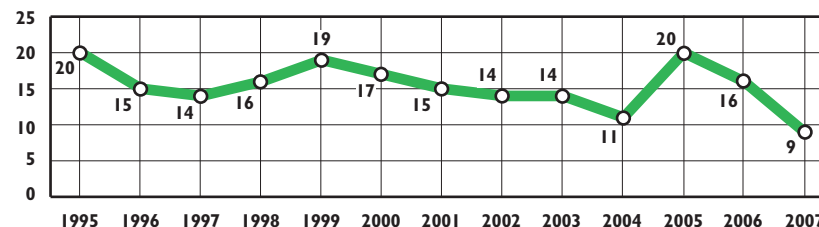
Child Death Rate (per 100,000 Children Ages 1-14)		
	2000	2007
RI	17	9
US	22	19
National Rank*		1st
New England Rank**		1st

\*1st is best; 50th is worst

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

Source: Annie E. Casey Foundation KIDS COUNT Data Center. (2010). *Child deaths: Rate per 100,000*. Retrieved December 16, 2010, from www.kidscount.org/datacenter

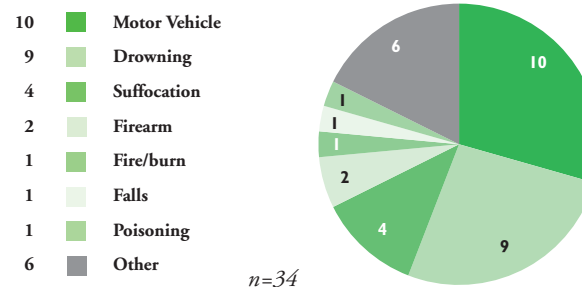
### Child Death Rate per 100,000 Children Ages One to 14 in Rhode Island, 1995-2007



Source: Annie E. Casey Foundation KIDS COUNT Data Center. (2010). *Child deaths: Rate per 100,000*. Retrieved December 16, 2010, from www.kidscount.org/datacenter

◆ In 2007, Rhode Island's child death rate for children ages one to 14 was 9 per 100,000 children, the lowest in the nation.<sup>12</sup>

### Child Deaths Due to Injury, by Cause, Rhode Island, 2005-2009



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2005-2009

◆ Between 2005 and 2009, 34 Rhode Island children ages one to 14 died as a result of injury. Motor vehicle injuries and drowning were the leading causes of child deaths due to injury.<sup>13</sup> Nationally, nearly half of the children under age 15 who died in motor vehicle collisions were not wearing a seat belt or other restraint.<sup>14</sup>

## References

<sup>1</sup> Kendrick, D., Barlow, J., Hampshire, A., Stewart-Brown, S. & Polnay, L. (2008). Parenting interventions and the prevention of unintentional injuries in childhood: Systematic review and meta-analysis. *Child: Care, health and development*, 34(5), 682-695.

<sup>2,3,10</sup> Shore, R. & Shore, B. (2009). *KIDS COUNT indicator brief: Reducing the child death rate*. Baltimore, MD: The Annie E. Casey Foundation.

(continued on page 167)

## DEFINITION

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

## SIGNIFICANCE

The main threats to adolescents' health and safety are risk behaviors, including alcohol, drug 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 collisions, homicides and suicides, all of which are preventable.<sup>1,2</sup>

Factors that protect against teen deaths include parent involvement, access to mental health services designed for adolescents, state policies regulating teens' driving, prevention of teen drinking and reduced access to guns. School and community programs can reduce risk behaviors and support positive and healthy youth development.<sup>3</sup>

Between 2005 and 2009, there were 146 deaths of teens ages 15 to 19 in Rhode Island, a rate of 36.6 per 100,000 teens.<sup>4,5</sup> Of the teens ages 15 to 19 who died between 2005 and 2009, 55 (38%) lived in the core cities and 91 (62%) lived in the remainder of the state.<sup>6</sup>

Of the teen deaths between 2005 and 2009, 33 (23%) were due to disease, 39 (27%) were due to intentional injuries, 68 (47%) were due to unintentional injuries, one (1%) was due to undetermined injury and five (3%) were of unknown causes. Of the intentional injuries, 23 were homicides and 16 were suicides (2 females and 14 males).<sup>7</sup>

According to the *2009 Rhode Island Youth Risk Behavior Survey*, 9% of male high school students and 15% of female high school students reported seriously considering suicide in the previous year. Seven percent of male high school students and 8% of female high school students in Rhode Island reported having attempted suicide in the previous year.<sup>8</sup>

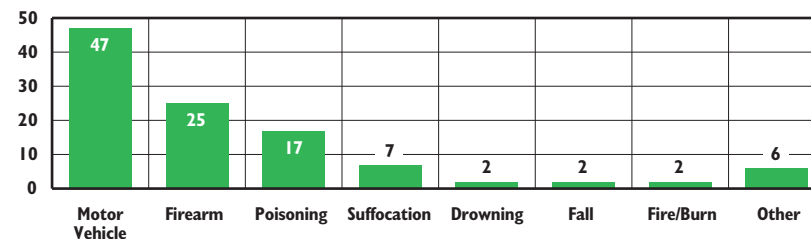
Teen Deaths (Deaths per 100,000 Youth Ages 15-19)		
	2000	2007
RI	52	39
US	67	62
National Rank*		2nd
New England Rank**		2nd

\*1st is best; 50th is worst

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

Source: Annie E. Casey Foundation KIDS COUNT Data Center. (2011). *Teen deaths from all causes: Rate per 100,000*. Retrieved January 3, 2011, from [www.kidscount.org/datacenter](http://www.kidscount.org/datacenter)

Injury Deaths by Cause, Teens Ages 15 to 19, 2005-2009



n=108

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2005-2009. Data from 2009 are provisional. This chart reports deaths of teens residing in Rhode Island. Data reported below reflect teen motor vehicle deaths that occurred in Rhode Island, regardless of residence.

- ◆ Between 2005 and 2009 in Rhode Island, nearly two-thirds (63%) of the 108 teen deaths caused by injury were unintentional. Almost half (44%) of all injury deaths involved motor vehicles.<sup>9</sup>
- ◆ Among the 30 males ages 15 to 19 killed in Rhode Island motor vehicle crashes between 2005 and 2009, 14 (47%) were driving, 12 (40%) were passengers in vehicles driven by other teenage boys ages 15 to 19, two were passengers in vehicles driven by adults, one was a pedestrian and one was a skateboarder. Between 2005 and 2009, 16 teen girls in Rhode Island died in motor vehicle accidents. Of these, four (25%) were driving, three (19%) were passengers in vehicles driven by other teens, seven (44%) were passengers in vehicles driven by adults and two were pedestrians.<sup>10</sup>
- ◆ Seven (39%) teen drivers who died in motor vehicle crashes between 2005 and 2009 had been drinking and nine (38%) teen passengers who died had been drinking.<sup>11</sup>
- ◆ According to the *2009 Rhode Island Youth Risk Behavior Survey*, 23% of Rhode Island public high school students reported that during the month before the survey they rode in a vehicle driven by someone who had been drinking, and 13% reported that they never or rarely wore a seatbelt when riding in a car driven by someone else.<sup>12</sup>

## References

<sup>13</sup> KIDS COUNT indicator brief: *Reducing the teen death rate*. (2009). Baltimore, MD: The Annie E. Casey Foundation.

(continued on page 167)

# Youth Violence

## DEFINITION

*Youth violence* is the number of arrests of youths under age 18 in Rhode Island for assault and weapons offenses and the percentage of high school students who report experiencing violence at school. These two measures of youth violence are used to account for violence that leads to arrest as well as some of the violence experienced by youth that may not come to the attention of the police.

## SIGNIFICANCE

Youth violence refers to a variety of harmful behaviors that youth can experience as victims, witnesses or offenders and that can cause emotional harm, injury, disability or death. Violence and the threat of violence can impact the well-being of youth, families, schools and communities, and can generate high social and economic costs.<sup>1,2</sup>

Effective youth violence prevention addresses environmental and individual risk factors.<sup>3</sup> A comprehensive approach to youth violence prevention includes increasing access to effective early education and after-school programs, building safe and supportive school climates, implementing academic support programs, reducing exposure to violence, increasing access to adult mentoring and supervision, providing behavior management and social skills programs, increasing parenting skills and increasing access to family therapy.<sup>4,5</sup>

Most violent youth only engage in violent behavior during a brief period in their teens. Situational factors such as peer influences and alcohol use can lead to violent acts.<sup>6</sup> Youth at risk for committing violent acts often live in high-poverty and high-crime areas. They are more likely to have histories of aggressive behavior, substance use, mental health issues, association with delinquent peers/gangs, academic failure, family conflict, poor parenting and being victims of child maltreatment.<sup>7,8,9</sup>

Nationally in 2008, almost two-thirds (61%) of children under age 18 reported being exposed to violence as a victim or witness during the previous year, almost one in five (19%) youth ages 14 to 17 reported being injured by a physical assault in the previous year, and 71% of youth ages 14 to 17 reported having ever been assaulted.<sup>10</sup>

In 2008, juveniles made up 16% of all serious violent crime arrests in the U.S. The 2008 Rhode Island juvenile arrest rate for serious violent crimes was 186 per 100,000 youth ages 10 to 17, compared to a rate of 306 per 100,000 youth ages 10 to 17, in the U.S.<sup>11</sup> In 2009 in Rhode Island, there were 734 juvenile arrests for assault offenses and 150 juvenile arrests for weapons offenses, a decline of 10% and 7%, respectively, from 2008.<sup>12</sup> In 2010, violent crimes made up 5% (340) of the 7,493 juvenile offenses referred to Rhode Island Family Court.<sup>13</sup>

## Self-Reported Violent Behavior and Victimization, Rhode Island Public High School Students, 2009

	FEMALES	MALES	TOTAL
Been bullied on school property during the past 12 months	17%	15%	16%
Carried a gun, knife, or club at least once in the past 30 days	5%	16%	10%
Did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school	8%	7%	7%
Were in a physical fight at least once in the past 12 months	19%	31%	25%
Were hit, slapped or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months	11%	11%	11%
Ever physically forced to have sexual intercourse when they did not want to	9%	5%	7%

Source: 2009 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health, Center for Health Data and Analysis.

- ◆ Violence in schools affects individual victims and disrupts the functioning of entire schools and communities.<sup>14</sup> In Rhode Island in 2009, 7% of high school students reported not going to school due to safety concerns and 16% had been bullied at school in the past year.<sup>15</sup>
- ◆ Lesbian, gay, bisexual and transgender youth, youth with disabilities and youth with low grades (Ds and Fs) in Rhode Island are more likely than their peers to report being threatened or injured at school and to miss school because they felt unsafe.<sup>16,17,18</sup>
- ◆ Cyberbullying is the willful and repeated cruelty inflicted by sending or posting harmful material online or through a cell phone. Cyberbullied youth may experience feelings of depression, suicidal thoughts, school failure and avoidance and school violence.<sup>19,20</sup> In 2010 in Rhode Island, 11% of middle school students reported being cyberbullied.<sup>21</sup>

## Gun Violence Among Youth

- ◆ Guns are the leading cause of fatal teen violence and are used in more than four out of five (82%) teen homicides in the U.S.<sup>22</sup> In Rhode Island between 2005 and 2009, there were 51 gun-related hospitalizations of youth ages 15 to 19 and 25 deaths of youth ages 15 to 19 attributed to firearms.<sup>23</sup>

Table 26.

## Youth Violence, Rhode Island

## Youth Violence

CITY/TOWN	COMMUNITY CONTEXT, 2009			VIOLENCE IN HIGH SCHOOLS, 2008		JUVENILE ARRESTS FOR VIOLENCE, 2009		
	VIOLENT CRIME OFFENSES (ALL AGES)	% OF CHILDREN IN POVERTY	TOTAL POPULATION AGES 11-17	% OF STUDENTS EVER BROUGHT WEAPONS TO SCHOOL	% OF STUDENTS EVER EXPERIENCED VIOLENCE AT SCHOOL	# FOR ASSAULT OFFENSES	# FOR WEAPONS OFFENSES	TOTAL # FOR ASSAULT AND WEAPONS OFFENSES
Barrington	2	3%	2,033	7%	7%	6	2	8
Bristol	15	10%	1,725	12%	12%	11	0	11
Burrillville	16	6%	1,791	12%	12%	1	1	2
Central Falls	102	41%	1,970	8%	5%	13	7	20
Charlestown	7	5%	666	16%	15%	1	1	2
Coventry	27	6%	3,320	11%	11%	20	1	21
Cranston	120	9%	6,904	10%	9%	15	5	20
Cumberland	22	3%	3,057	15%	16%	6	2	8
East Greenwich	10	4%	1,470	10%	11%	9	7	16
East Providence	67	11%	4,296	18%	16%	24	2	26
Exeter	NA	7%	665	7%	7%	NA	NA	NA
Foster	4	3%	482	16%	14%	0	0	0
Glocester	4	7%	1,166	16%	14%	2	0	2
Hopkinton	5	6%	844	16%	15%	0	0	0
Jamestown	3	1%	553	14%	16%	0	0	0
Johnston	34	9%	2,253	11%	8%	14	1	15
Lincoln	21	6%	2,163	17%	17%	11	3	14
Little Compton	2	1%	336	14%	12%	0	0	0
Middletown	8	6%	1,524	18%	19%	7	1	8
Narragansett	16	9%	1,182	10%	9%	4	0	4
New Shoreham	0	10%	56	10%	15%	1	0	1
Newport	121	24%	1,888	15%	12%	17	4	21
North Kingstown	31	10%	2,641	14%	16%	15	2	17
North Providence	51	10%	2,452	10%	10%	22	2	24
North Smithfield	7	3%	981	7%	7%	6	0	6
Pawtucket	297	25%	6,718	12%	9%	78	19	97
Portsmouth	14	3%	1,729	14%	12%	14	0	14
Providence	1,182	41%	16,349	16%	11%	290	55	345
Richmond	2	4%	772	16%	15%	7	0	7
Scituate	1	4%	1,091	12%	10%	0	0	0
Smithfield	14	4%	1,776	16%	15%	17	0	17
South Kingstown	11	5%	2,637	13%	12%	8	1	9
Tiverton	14	3%	1,407	14%	14%	11	1	12
Warren	19	8%	1,019	12%	12%	3	1	4
Warwick	121	7%	7,780	17%	17%	27	5	32
West Greenwich	3	3%	596	7%	7%	0	0	0
West Warwick	65	18%	2,439	16%	14%	18	0	18
Westerly	27	10%	2,102	14%	13%	7	0	7
Woonsocket	149	32%	3,971	13%	11%	30	27	57
State Police/Other	NA	NA	NA	NA	NA	19	0	19
Core Cities	1,916	34%	33,335	NA	NA	446	112	558
Remainder of State	698	7%	63,469	NA	NA	269	38	307
Rhode Island	2,614	17%	96,804	13%	12%	734	150	884

## Sources of Data for Table/Methodology

Total violent crime offense data are from U.S. Department of Justice, Federal Bureau of Investigation. (2010). *Crime in the United States 2009: Rhode Island offenses known to law enforcement*. Retrieved on January 20, 2011, from [www2.fbi.gov/ucr/cius2009/data/table\\_08\\_ri.html](http://www2.fbi.gov/ucr/cius2009/data/table_08_ri.html)

Child poverty data are from U.S. Census Bureau, Census 2000 Summary File 3, P87 and PCT.50.

Total population ages 11–17 data are from U.S. Census Bureau, Census 2000 Summary File 1.

High school students bringing weapons to school and experiencing violence at school data are from Felner, R. (2008). *2007-2008 student ratings of school safety* (high school SALT Survey). Rock Island, IL: National Center on Public Education and Prevention. SALT data for communities that belong to regional districts reflect the district's overall SALT results. Data from the new *SurveyWorks!* tool that replaced the SALT survey will be available for these behaviors in the 2012 Factbook.

Juvenile arrests for assault and weapons offenses data are from Mongeau, T. & Gilheeny, E. (2010). *2009 juvenile detention data*. Providence, RI: Rhode Island Department of Public Safety, Grant Administration Office. A complete list of assault and weapons offenses can be found in the Methodology Section of this Factbook.

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

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

## References

- <sup>1,4,6</sup> *World report on violence and health*. (2002). Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B. & Lozano, R., eds. Geneva: World Health Organization.
- <sup>2,7</sup> U.S. Centers for Disease Prevention and Control. (2008). *Understanding youth violence: Fact sheet*. Retrieved December 16, 2008, from [cdc.gov/ncipc/factsheets/yvfacts.htm](http://cdc.gov/ncipc/factsheets/yvfacts.htm)
- <sup>3,8</sup> U.S. Surgeon General's Office. (n.d.). *Youth violence: A report of the Surgeon General*. Retrieved on January 28, 2010, from [www.surgeongeneral.gov/library/youthviolence/summary.htm](http://www.surgeongeneral.gov/library/youthviolence/summary.htm)

(continued on page 168)

# Disconnected Youth

## DEFINITION

*Disconnected youth* is the number of Rhode Island youth who are in foster care, involved in the juvenile justice system, teen parents or high school dropouts. Youth may be in more than one of these groups.

## SIGNIFICANCE

As they transition to adulthood, youth are at greater risk when they have weak connections to families, negative social networks or lack communities that can provide emotional and material support and guidance. All youth, regardless of their background or financial status, need the guidance, time and financial help of a stable and secure family. Young people need access to caring adults who can provide information and supports that will help them make good choices for their futures. Youth are more likely to make a successful transition to adulthood when they have the life experiences, adult supports and education that build skills, academic credentials, knowledge and confidence.<sup>1,2</sup>

Disconnected youth often depend on effective public systems to get the supports and resources they need to overcome obstacles and challenges. These youth depend on the child welfare system to help them make strong family connections, the juvenile justice system for fair treatment and

rehabilitative supports, public schools to teach them the skills and knowledge to be independent adults, and the public health and human services systems for the resources to be physically and mentally healthy and meet their family responsibilities.<sup>3,4</sup> When these systems do not work well, youth end up at greater risk for long-term disconnection than when they entered the systems.<sup>5</sup>

Interventions for disconnected youth require strategies that are tailored to the individual strengths and life circumstances of the young person. These interventions can include comprehensive wrap-around services, mental health and substance abuse treatment, independent living transition supports, community, school and workforce reentry supports, mentorship, out-of-school-time programs, parenting supports, and high-quality alternative educational opportunities.<sup>6,7</sup>

Disconnected youth may face additional challenges because they are homeless, have substance abuse issues, and/or identify as lesbian, gay, bisexual, transgender or queer (LGBTQ).<sup>8</sup>

Some disconnected youth reconnect to support systems through employment, school, marriage or the military. However, youth from low-income families and minority youth (who comprise a large share of disconnected youth) are less likely to reconnect than other disconnected youth.<sup>9</sup>

## Disconnected Youth in Rhode Island

### Youth in Foster Care

◆ Youth who age out of foster care without permanent family connections experience high rates of economic hardship, low educational attainment, hunger, homelessness, incarceration, welfare use, unemployment and poor health.<sup>10</sup> On December 31, 2010, there were 977 youth ages 13 to 17 and 218 youth ages 18 to 21 who were in the care or custody of the Rhode Island Department of Children, Youth and Families (DCYF).<sup>11</sup> In Rhode Island in Federal Fiscal Year 2010, 108 youth aged out of foster care to emancipation never having gained permanent placement through reunification, adoption or guardianship.<sup>12</sup>

### Youth at the Rhode Island Training School

◆ Many youth who are incarcerated as juveniles struggle with school re-enrollment, homelessness, mental health problems, substance abuse and poverty when they return to their communities, and they often lack the necessary supports to avoid re-offending.<sup>13</sup> During 2010, 821 youth ages 12 to 21 were in the care or custody of the Rhode Island Training School.<sup>14</sup>

### Teen Parents

◆ Teen pregnancy and parenting threatens the healthy development of teen parents as well as their children. Reduced educational attainment among teen parents puts them at risk of dropping out of school, low wages and poverty.<sup>15</sup> During 2010, there were 885 births to teen mothers under age 20 in Rhode Island.<sup>16</sup>

### High School Dropouts

◆ Youth who drop out of school are at risk of unemployment, poverty, incarceration and poor health.<sup>17</sup> During the 2009-2010 school year, 2,314 students in 7th through 12th grade dropped out of or stopped attending Rhode Island public schools.<sup>18</sup> Between 2007 and 2009, there were an estimated 4,576 Rhode Island youth ages 16 to 19 who were not in school and not working, 58% of whom were high school dropouts.<sup>19</sup>

### References

<sup>1,8</sup> Fernandes, A. L. (2007). *Runaway and homeless youth: Demographics, programs and emerging issues*. CRS Report for Congress. Washington, DC: Congressional Research Service.

<sup>2,6,7,15</sup> 2004 KIDS COUNT data book essay: *Moving youth from risk to opportunity*. (2004). Baltimore, MD: Annie E. Casey Foundation.

(continued on page 168)

## DEFINITION

*Homeless and runaway youth* is the number of youth in Rhode Island who accessed emergency shelter services without their families or who were absent without leave (AWOL) from state care placements (including youth in child welfare and juvenile justice community placements).

## SIGNIFICANCE

There are three primary causes of homelessness among youth – family conflict, residential instability resulting from foster care and institutional placements, and economic problems. Many youth run away due to physical and sexual abuse, strained family relationships, substance abuse by a family member and/or parental neglect.<sup>1,2</sup>

Other youth become homeless when they run away from or are discharged from the foster care or juvenile justice systems. In U.S. shelters, more than one in five homeless youth comes directly from foster care and more than one in four were in foster care in the previous year. Homeless youth with foster care histories often become homeless at an earlier age and remain homeless longer than their peers.<sup>3,4</sup> While an estimated two million U.S. youth experience homelessness annually, less than 5% of federal spending on homeless programs supports homeless children and youth.<sup>5</sup>

Youth who identify as gay, lesbian, bisexual, transgender or queer

(LGBTQ) are overrepresented in the homeless youth population, some of whom report being forced out of their homes by parents who disapprove of their sexual orientation or gender identity. LGBTQ homeless youth also experience greater levels of physical and sexual exploitation while living on the streets than their heterosexual peers.<sup>6,7</sup>

It is often difficult for homeless youth to obtain the food, clothing and medical care they need. While living on the streets, many turn to selling drugs, theft or prostitution to provide for their basic needs. Consequently, homeless youth face an increased risk of arrests and are more likely to contract sexually transmitted infections.<sup>8,9</sup>

Homeless youth are often disconnected from community resources such as education, employment and health care.<sup>10</sup> They can have difficulty enrolling in school and are more likely than their peers to be suspended, expelled, repeat grades and to drop out.<sup>11,12</sup> Homeless youth experience higher rates of depression, death, post-traumatic stress disorder, substance abuse and other mental health problems than youth with stable housing. Health issues can go untreated due to the lack of access to health and mental health care. In addition, homeless youth may not seek needed health care because they are likely to be asked for a permanent address, health insurance information or parental permission for treatment.<sup>13,14,15</sup>

## Homeless Youth in Rhode Island

- ◆ **There is one emergency shelter in Rhode Island tailored to the needs of unaccompanied and runaway homeless youth. During Federal Fiscal Year (FFY) 2010, eight unaccompanied youth ages 12 to 18 received Basic Center services (up to 21 days of emergency shelter, food, clothing, counseling and health care referrals) and two youth ages 17 and 18 received Transitional Living services (long-term residential and supportive services) in Rhode Island programs funded through the federal Runaway and Homeless Youth Program.**<sup>16,17,18,19</sup>
- ◆ **One hundred and twenty single youth ages 18 to 20 and 344 young adults ages 21 to 24 received emergency shelter services through the adult emergency shelter system in Rhode Island in 2010, up from 60 and 130, respectively, in 2009.**<sup>20,21</sup>
- ◆ **In 2010, the National Runaway Switchboard handled 98 crisis-related calls regarding youth ages 21 and under who were homeless, runaways or at risk of homelessness in Rhode Island. Nationally, 50% of callers to the Switchboard in 2010 were youth and the other half were friends, family and other adults.**<sup>22</sup>
- ◆ **On December 31, 2010, there were 62 youth in the care of the Rhode Island Department of Children, Youth and Families who were classified as unauthorized absences/runaways (AWOL), 36 of whom were female and 26 of whom were male. These youth were AWOL from either foster care or juvenile justice placements.**<sup>23</sup>
- ◆ **There were an additional 133 youth ages 13 to 17 who received emergency shelter services with their families in Rhode Island in 2010.**<sup>24</sup> **These youth are vulnerable to being separated from their families due to shelter or child welfare policies.**<sup>25</sup>

## References

- <sup>1,4,8,12,25</sup> National Coalition for the Homeless. (2008). *Homeless youth*. (NCH fact sheet #13). Retrieved February 16, 2009, from [www.nationalhomeless.org](http://www.nationalhomeless.org)
- <sup>2,6</sup> Julianelle, 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.

- <sup>3,10,15</sup> 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.

(continued on page 168)

# 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 association with other delinquent youth, neurological and cognitive impairments, academic and learning difficulties, poor parenting, child maltreatment and high levels of community violence.<sup>1</sup>

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.<sup>2,3</sup> During 2010 in Rhode Island, 4,288 youth (5% of Rhode Island youth between the ages of 10 and 17) were referred to Family Court for 7,493 wayward and delinquent offenses, down from 4,825 youth and 7,829 offenses in 2009, and continuing a downward trend over the last three years. Of the juvenile offenses in 2010, 340 (5%) involved violent offenses (63% of which occurred in the core cities). An additional 898 probation violations also came before the Family Court in 2010.<sup>4,5,6</sup>

Youth in urban communities with high poverty concentrations are more likely to be referred for wayward or delinquent offenses. In 2010 in Rhode Island, 25% 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 51% were committed by youth from the remainder of the state.<sup>7</sup>

Nineteen percent of juveniles referred to Rhode Island Family Court in 2010 had been referred once before and 24% had been referred at least twice before.<sup>8</sup> 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.

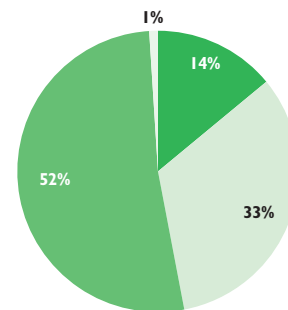
National research shows that an over-reliance on the incarceration of juveniles is not cost-effective and leads to worse public safety outcomes and higher rates of recidivism than the use of community-based alternatives to incarceration.<sup>9</sup>

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.<sup>10</sup>

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

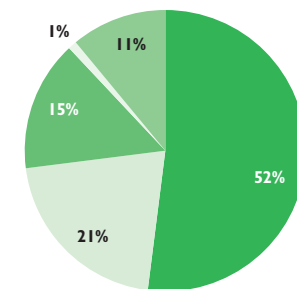
### By Age of Juvenile

14%	■	Ages 13 or Younger
33%	■	Ages 14 and 15
52%	■	Ages 16 and 17
1%	■	Age Unknown



### By Race and Ethnicity of Juvenile

52%	■	White
21%	■	Black
15%	■	Hispanic
1%	■	Asian
11%	■	Other/Unknown



n=7,493 offenses

### By Type of Offense

25%	Property Crimes	5%	Traffic Offenses
20%	Disorderly Conduct	5%	Violent Crimes
17%	Status Offenses*	3%	Weapons Offenses
11%	Simple Assault	6%	Other**
9%	Alcohol and Drug Offenses		

n = 7,493

\*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 of court orders are not included in the offenses above.

◆ In 2010, 71% of juveniles referred to the Rhode Island Family Court were male and 29% were female.

Source: Rhode Island Family Court, 2010 *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.<sup>11</sup> In 2010 in Rhode Island, 21% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing.<sup>12</sup>
- ◆ The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. Between September 1, 2009 and June 30, 2010, 1,757 juveniles were referred to the Truancy Court by schools. In 2010, 227 juveniles who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication.<sup>13</sup> 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.<sup>14</sup>
- ◆ In 2010, there were 26 Juvenile Hearing Boards in Rhode Island that served 27 of Rhode Island's cities and towns. Twelve communities in Rhode Island did not have Juvenile Hearing Boards (Bristol, Central Falls, Exeter, Jamestown, Little Compton, New Shoreham, North Providence, North Smithfield, Richmond, South Kingston, Tiverton and Woonsocket). Comprised of volunteer community members, these Boards permit the diversion of juveniles accused of status offenses or misdemeanors. Sanction options in this process include but are not limited to community service, restitution and counseling. A total of 564 cases were heard before Rhode Island Juvenile Hearing Boards in 2010.<sup>15,16</sup>

## Lesbian, Gay, Bisexual and Transgender Youth in Juvenile Courts

- ◆ Many lesbian, gay, bisexual and transgender (LGBT) youth experience family rejection, conflicts at home and bullying and harassment in school due to their gender identity or sexual orientation. These factors increase LGBT youth's risk of family court involvement for status offenses (like running away), survival crimes (like shoplifting and prostitution), truancy related to safety issues at school and assault charges related to self defense. Training and resources for adults working in the juvenile justice system about the specific family, social and developmental challenges faced by LGBT youth can help support positive outcomes for these youth.<sup>17</sup>

## 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 who commit similar crimes but who are in juvenile systems. 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.<sup>18,19</sup>
- ◆ 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 twenties.<sup>20,21</sup>
- ◆ 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 who are 17 years old and who are charged with murder, first degree sexual assault or assault with intent to commit murder.<sup>22</sup>
- ◆ In 2010, the Attorney General's Office filed 32 (six mandatory and 26 discretionary) motions to waive jurisdiction to try juveniles as adults. Five were certified, 11 were waived and four were withdrawn. As of February 2011, 12 waiver motions from 2010 were pending before the Family Court.<sup>23</sup>
- ◆ A juvenile in Rhode Island also may be "certified," allowing the family court to sentence the juvenile beyond age 19 if there is otherwise an insufficient period of time in which to accomplish rehabilitation. There was one discretionary certification in 2010, and 2 were pending as of February 2011.<sup>24</sup> 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.<sup>25</sup>

### References

<sup>1</sup> Smith, C. A. (2008). Juvenile delinquency: An introduction. *The Prevention Researcher: Preventing Juvenile Delinquency*, 15(1), 3-6.

<sup>2</sup> Rhode Island Family Court. (n.d.). *Judiciary of Rhode Island, Rhode Island Family Court home page*. Retrieved February 8, 2011, from [www.courts.ri.gov/family/defaultfamily.htm](http://www.courts.ri.gov/family/defaultfamily.htm)

(continued on page 168)

# 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 or custody of the Rhode Island Training School at any time during the calendar year, including youth in community placements while in the care or custody of the Training School.

## SIGNIFICANCE

The juvenile justice system 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.<sup>1</sup> Early antisocial behavior, cognitive impairment, inadequate parenting skills, child maltreatment, exposure to family violence, association with other high-risk youth, poor academic performance and poverty increase risk for involvement with the juvenile justice system.<sup>2,3</sup> Youth at risk of juvenile justice systems involvement often come to the attention of public schools, social service agencies and child welfare systems, presenting opportunities to prevent wayward and delinquent behavior.

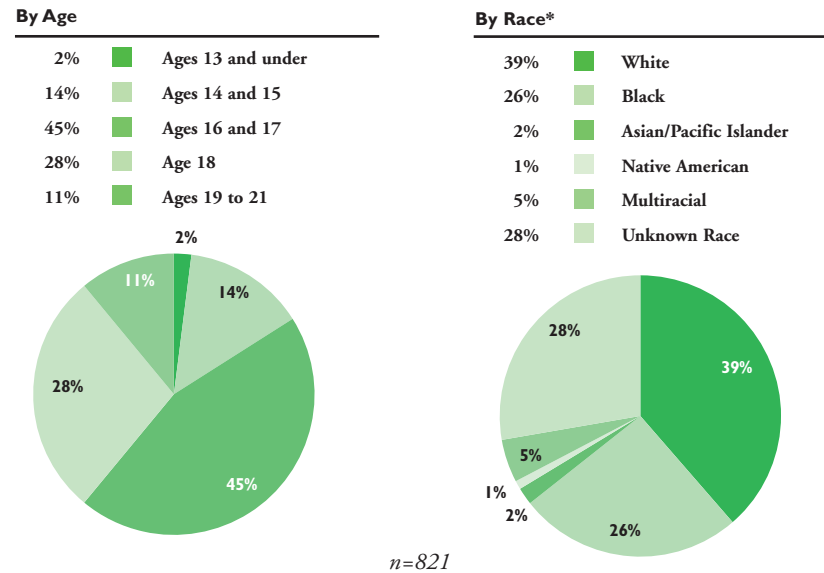
Juvenile justice systems have a range of options for monitoring and rehabilitating juvenile offenders in addition to incarceration, including

electronic monitoring, day and evening reporting centers, skills training programs, community-based therapy for youth and families and substance abuse treatment.<sup>4</sup> 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.<sup>5,6</sup>

The Rhode Island Department of Children, Youth and Families (DCYF) operates the Rhode Island Training School, the state's residential detention facility for adjudicated youth and youth in detention awaiting trial. A total of 821 youth (81% male and 19% female) were in the care or custody of the Training School at some point during 2010, down from 894 in 2009. On January 1, 2011, there were 259 youth in the care or custody of the Training School, 121 of whom were physically at the Training School.<sup>7</sup>

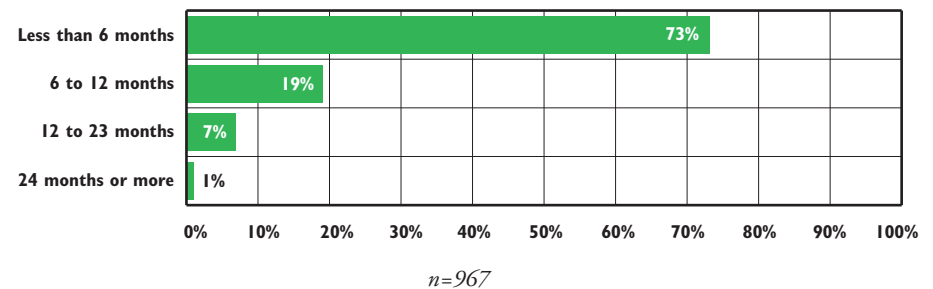
In 2008, the Rhode Island General Assembly instituted a cap on the number of detained and adjudicated youth at the Training School. On any given day, the limit is 148 boys and 12 girls.<sup>8</sup>

## Juveniles in the Care or Custody of the Rhode Island Training School, Calendar Year 2010



\*In 2010, 238 youth (29%) in the care or custody of the Rhode Island Training School were identified as Hispanic. Hispanic youth may be of any race. Totals may not sum to 100% due to rounding.

## Discharges From the Rhode Island Training School, by Length of Time in Custody, Calendar Year 2010



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2010. Total discharges (967) are higher than the total number of youth who passed through the Training School (821) due to some youth being discharged from the Training School more than once in 2010.

## Disproportionate Minority Contact in Juvenile Justice Systems

◆ At every point in juvenile justice systems in the U.S., minority youth (both males and females) are likely to receive harsher treatment than White youth for comparable offenses. 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), waived to adult court and 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 part in the overrepresentation of minority youth in juvenile justice systems.<sup>9,10,11,12</sup>

## Disproportionate Minority Contact in Juvenile Justice Systems

	% OF TOTAL CHILD POPULATION 2007-2009	% OF JUVENILES DETAINED BY POLICE 2009	% OF JUVENILE OFFENSES REFERRED TO FAMILY COURT, 2010	% OF JUVENILES WHO PASSED THROUGH THE TRAINING SCHOOL, 2010	% OF JUVENILES ADJUDICATED TO THE TRAINING SCHOOL, DEC. 31, 2010	% OF JUVENILES ON PROBATION JAN. 4, 2011
White	74%	53%	52%	39%	40%	43%
Black	8%	25%	21%	26%	27%	22%
Asian	3%	2%	1%	2%	6%	3%
Native American	1%	<1%	NA	1%	2%	1%
Multi-Racial	4%	NA	NA	5%	2%	4%
Other/Unknown	10%	<1%	11%	28%	23%	27%
Hispanic	19%*	19%	15%	29%*	31%*	23%*

◆ Youth of color are disproportionately more likely than White youth to have contact with juvenile justice systems in Rhode Island. Black youth made up 27% of youth adjudicated to the Training School despite making up 8% of the child population. Hispanic youth made up 29% of youth who passed through the Rhode Island Training School in 2010, while they were 19% of the state's child population.

Sources: *Child Population* data by race are from the U.S. Census Bureau, American Community Survey, 2007-2009. *Police Detentions* are from the Juvenile Detention Data Summaries submitted by Rhode Island Police Departments to the Rhode Island Justice Commission, 2009. *Family Court Referrals* are from the Rhode Island Family Court, 2009. *Passed Through the Training School* are from the Rhode Island Department of Children, Youth and Families (DCYF), 2010. *Adjudicated to the Training School* are point-in-time data from DCYF for January 1, 2011. *Probation* are point-in-time data from DCYF for January 4, 2011. \*Hispanics in these columns also are included in other racial categories. NA means data was not available for this racial category.

## Risk Factors for Rhode Island Youth at the Training School

### History of Child Abuse and Neglect

◆ Fifty-eight (22%) of the 259 youth in the care or custody of the Training School on January 1, 2011 had at some point in their childhood been victims of documented child abuse or neglect.<sup>13</sup>

◆ Nationally, youth in child welfare systems are 2.5 times more likely to enter the juvenile justice system if they are placed in group homes instead of foster care homes.<sup>14</sup>

### Behavioral Health Needs

◆ In 2010, 146 adjudicated youth (118 males and 28 females) were prescribed psychiatric medications for psychiatric diagnoses other than conduct disorders and substance abuse disorders. In 2010, 52 male residents the Training School received residential and outpatient substance abuse treatment services through the CEC/CiviGenics Straight Ahead Program.<sup>15</sup>

### Educational Attainment

◆ In 2010, students' math skills were on average at the 5th grade level and their reading levels were on average at the 6th grade level at entry to the Training School.<sup>16</sup>

◆ Of the 878 youth in 7th through 12th grade who received educational services at the Training School during 2010, 171 (19%) received special education services. Ninety-three (54%) of these youth had emotional disorders, 56 (33%) had learning disabilities and 22 (13%) had other health impairments.<sup>17</sup>

◆ During 2010, 62 youth graduated from high school while serving a sentence at the Training School (46 received a GED and 16 graduated with a high school diploma). An additional 100 youth received post-secondary education services at the Training School in 2010.<sup>18</sup>

### Teen Pregnancy and Parenting

◆ Nationally, 20% of youth in custody report having a child or expecting a child. The percentage of youth in custody who report they already have children (15% of boys and 9% of girls) is much higher than the general population (2% of boys and 6% of girls).<sup>19</sup>

# 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 and are more likely than boys to report knowing the victim. 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 two times as likely to be charged with a status offense as boys. Nationally, there has been an increase in the arrest of girls for altercations within the family due to changes in arrest policies related to violence in the home.<sup>20,21</sup>

## 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 the community. For youth who do not pose a danger to public safety, 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.<sup>22,23</sup>

◆ 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.<sup>24,25</sup>

◆ Peer influences can be 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 lead to negative outcomes.<sup>26,27</sup>

## Probation for Rhode Island Youth

◆ The Juvenile Correctional Services Division of DCYF includes the Training School 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.<sup>28</sup>

◆ On January 4, 2011, there were 982 youth on the DCYF probation caseload. One-quarter (24%) of youth on probation were ages 11 to 15, 54% were ages 16 to 17 and 22% were ages 18 to 21.<sup>29</sup>

◆ Almost half (43%) of youth on probation on January 4, 2011 were White, 22% were Black, 3% were Asian, 1% were Native American, 4% were multiracial and 27% were of unknown race. Approximately one-quarter (23%) of youth were identified as Hispanic. Hispanic youth may be of any race.<sup>30</sup>

## Prevention of Recidivism Among Delinquent Youth

◆ Of the 821 youth who were in the care or custody of the Training School at some point during 2010, 25% (207) were admitted at least twice in 2010, and 4% (36) were admitted to the Training School three or more times in 2010.<sup>31</sup>

◆ There are three evidence-based interventions that repeatedly have been shown in scientific trials to reduce recidivism among delinquent youth, all of which involve the youth and his or her family in counseling and other treatments, and all of which cost less than incarceration.<sup>32</sup>

◆ Effective reentry programs that include pre-release planning, access to services and active case management for at least a year after release can enable youth to successfully reintegrate into their communities. Reentry services are most effective when they recognize youths' diverse needs, are located where youth live, provide individualized services, concentrate on ensuring school enrollment and success, focus on permanent family/guardianship connections, include access to mental health and substance abuse treatment, include employment supports and provide housing assistance when needed.<sup>33</sup>

## Youth in Detention in Rhode Island

◆ In 2010, there were 976 admissions to detention at the Training School that did not lead to adjudications to the Training School or Temporary Community Placements (TCP). Of these, 23% resulted in stays of two days or less, 32% resulted in stays of three days to two weeks, and 45% resulted in stays of more than two weeks.<sup>34</sup>

◆ Fifty of the 52 unadjudicated youth in detention on December 31, 2010 had been there for more than two months; many youth who stay in detention for long periods of time are waiting for waivers to the adult system.<sup>35</sup>

Table 27.

### Youth in the Care or Custody of the Rhode Island Training School, 2010

CITY/TOWN	TOTAL POPULATION AGES 13-21	# OF DETAINED YOUTH	# OF ADJUDICATED YOUTH	TOTAL # OF YOUTH
Barrington	2,009	2	2	4
Bristol	3,525	3	2	5
Burrillville	2,067	--	3	2
Central Falls	2,625	3	23	26
Charlestown	755	--	2	1
Coventry	3,688	16	7	23
Cranston	8,499	7	24	31
Cumberland	3,325	8	6	14
East Greenwich	1,397	1	1	2
East Providence	5,092	12	10	22
Exeter	730	0	0	0
Foster	512	0	0	0
Glocester	1,251	0	1	1
Hopkinton	912	0	3	3
Jamestown	536	1	2	3
Johnston	2,624	3	7	10
Lincoln	2,260	5	5	10
Little Compton	351	0	0	0
Middletown	1,647	3	5	8
Narragansett	2,798	0	3	3
New Shoreham	70	0	0	0
Newport	3,755	14	10	24
North Kingstown	2,773	6	10	16
North Providence	3,045	13	7	20
North Smithfield	1,073	1	1	2
Pawtucket	8,298	34	42	76
Portsmouth	1,723	8	5	13
Providence	33,871	109	223	332
Richmond	783	0	0	0
Scituate	1,155	2	1	3
Smithfield	3,890	3	2	5
South Kingstown	6,532	2	6	8
Tiverton	1,523	7	3	10
Warren	1,208	4	1	5
Warwick	8,863	20	11	31
West Greenwich	599	1	0	1
West Warwick	3,177	18	8	26
Westerly	2,414	2	9	11
Woonsocket	5,034	5	34	39
Out of State	NA	11	20	31
Core Cities	56,760	183	340	523
Remainder of State	79,629	128	139	267
Rhode Island	136,389	322	499	821

#### Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2010; and the U.S. Census Bureau, Census 2000.

Data are for adjudicated and detained youth who were in the care or custody of the Rhode Island Training School during calendar year 2010 (including youth from out of state, those with unknown addresses and those in temporary community placements). Youth with out-of-state and unknown addresses are not included in the Rhode Island, core cities or remainder of state totals.

The total number of youth includes youth who were detained and/or adjudicated to the Training School as well as youth who received Temporary Community Placement (TCP) adjudications. Youth who received TCP adjudications are included in the adjudicated column. Youth who are counted in the detained column did not receive adjudications to the Training School or TCP. Youth included in the adjudicated column may or may not have been in detention at the Training School prior to adjudication.

\* The number of detained youth is the difference between the total number of youth and the number of adjudicated youth.

-- The number of detained youth could not be calculated for these communities. A youth's reported residence may change between the time of detention and adjudication.

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.

#### References

<sup>1</sup> Grisso, T. (2004). *Double jeopardy: Adolescent offenders with mental disorders*. Chicago, IL: University of Chicago Press.

<sup>2,10</sup> Smith, C. A. (2008). Juvenile delinquency: An introduction. *The Prevention Researcher: Preventing Juvenile Delinquency*, 15(1), 3-6.

(continued on page 169)

# Children of Incarcerated Parents

## DEFINITION

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

## 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.<sup>1</sup> Having an incarcerated parent can negatively impact the quality of a child's attachment to their parent, which can lead to anxiety, withdrawal, hyper-vigilance, low self-esteem and other reactive behaviors.<sup>2,3</sup>

As a result of parental incarceration, children may face social stigma, disruptions in their homes, temporary caregivers or placements in foster care, financial hardship and an increased risk of child abuse and neglect.<sup>4,5</sup> Compared to other children, children of incarcerated parents also are at greater risk for poor academic achievement, housing instability and mental health problems, including aggressive behavior.<sup>6,7,8,9</sup>

Nationally, most children of incarcerated parents live with their other parent (84%), a grandparent (15%) or other relatives (6%).<sup>10</sup> Relative caregivers

often experience significant economic hardship. They may be unaware that they are eligible for services, they may be worried about stigma, they may have previously been denied benefits or they may have privacy concerns.<sup>11</sup>

Children of incarcerated parents are more likely to be involved with the child welfare system, and represent complex cases for child welfare agencies. These children have often been exposed to parental substance abuse, mental illness, domestic violence and extreme poverty.<sup>12,13</sup>

Programs targeted at the unique needs of incarcerated pregnant women and mothers can improve outcomes for them and their families.<sup>14</sup> Keeping siblings together, family counseling, access to health and mental health care, mentoring, peer supports and prison transition supports can alleviate the worst effects of parents' imprisonment on their children and improve the family reunification process.<sup>15</sup>

Of the 1,763 Rhode Island parents incarcerated on September 30, 2010, including those awaiting trial, 49% were White, 28% were Black, 21% were Hispanic, and 2% were Native American, Asian or another race. Nearly two-thirds (65%) of incarcerated parents with a known in-state residence identified one of the core cities as their last place of residence.<sup>16</sup>

**Parents at the Rhode Island Adult Correctional Institutions, September 30, 2010**

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	480	321	67%	480
Serving a Sentence	2,161	1,442	67%	2,862
<b>Total</b>	<b>2,641</b>	<b>1,763</b>	<b>67%</b>	<b>3,342</b>

Source: Rhode Island Department of Corrections, September 30, 2010. \*Does not include inmates who were missing responses to the question on number of children, inmates on home confinement or those from another state's jurisdiction.

- ◆ Of the 2,641 inmates awaiting trial or serving a sentence who were surveyed as of September 30, 2010 and answered the question on number of children, 1,763 inmates reported having 3,342 children. Thirty-one percent of incarcerated mothers had one to five year sentences and 27% of incarcerated fathers were sentenced to more than ten years.<sup>17</sup>
- ◆ Of the 101 sentenced mothers on September 30, 2010, 43% were serving a sentence for a nonviolent offense, 34% for a violent offense, 14% for drug-related offenses, 5% for breaking and entering and less than 1% for sex-related offenses. Of the 1,341 sentenced fathers, 43% were serving sentences for violent offenses, 17% for nonviolent offenses, 14% for drug-related offenses, 10% for breaking and entering and 15% for sex-related offenses.<sup>18</sup>
- ◆ Fifty-eight percent of incarcerated parents awaiting trial or serving a sentence on September 30, 2010, had less than a high school degree and 7% had less than a ninth-grade education. Thirty-four percent of parents awaiting trial or serving a sentence had a high school diploma or a GED and 8% had some college education.<sup>19</sup>
- ◆ Inadequate education, poor housing, unemployment and poor health put parents at risk of incarceration.<sup>20</sup> A supportive family, education, job training, stable housing, employment assistance, medical assistance and substance abuse treatment are critical to the parents' successful transition to the community after incarceration and also support the well-being of their children.<sup>21</sup>
- ◆ Maintaining positive and healthy familial bonds between children and their incarcerated parents can be important to the children's emotional well-being, reducing the negative effects children experience as a result of the parent's absence. Preservation of this bond also can have positive effects on the rehabilitation of incarcerated parents.<sup>22</sup>

# Children of Incarcerated Parents

Table 28.

## Children of Incarcerated Parents, Rhode Island, September 30, 2010

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2000 TOTAL POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	0	0	4,745	0.0
Bristol	9	17	4,399	3.9
Burrillville	9	16	4,043	4.0
Central Falls	49	107	5,531	19.3
Charlestown	7	13	1,712	7.6
Coventry	29	61	8,389	7.3
Cranston	76	159	17,098	9.3
Cumberland	16	30	7,690	3.9
East Greenwich	8	23	3,564	6.5
East Providence	32	71	10,546	6.7
Exeter	7	18	1,589	11.3
Foster	0	0	1,105	0.0
Glocester	5	7	2,664	2.6
Hopkinton	2	8	2,011	4.0
Jamestown	3	8	1,238	6.5
Johnston	25	61	5,906	10.3
Lincoln	8	9	5,157	1.7
Little Compton	1	7	780	9.0
Middletown	5	10	4,328	2.3
Narragansett	11	23	2,833	8.1
New Shoreham	0	0	185	0.0
Newport	31	72	5,199	13.8
North Kingstown	13	32	6,848	4.7
North Providence	26	53	5,936	8.9
North Smithfield	4	7	2,379	2.9
Pawtucket	123	231	18,151	12.7
Portsmouth	2	4	4,329	0.9
Providence	435	984	45,277	21.7
Richmond	4	6	2,014	3.0
Scituate	2	5	2,635	1.9
Smithfield	10	17	4,019	4.2
South Kingstown	10	29	6,284	4.6
Tiverton	5	10	3,367	3.0
Warren	9	17	2,454	6.9
Warwick	72	126	18,780	6.7
West Greenwich	1	3	1,444	2.1
West Warwick	53	86	6,632	13.0
Westerly	19	33	5,406	6.1
Woonsocket	91	219	11,155	19.6
Unknown Residence	157	333	NA	NA
Out-of-State Residence**	73	176	NA	NA
Core Cities	782	1,699	91,945	18.5
Remainder of State	430	883	155,877	5.7
Rhode Island	1,212	2,582	247,822	10.4

### Note to Table

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

### Source of Data for Table/Methodology

Rhode Island Department of Corrections, September 30, 2010. Offenders who were on Home Confinement and the awaiting trial population are excluded from this table.

U.S. Census Bureau, Census 2000.

\*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.

### References

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- <sup>2</sup> Nesmith, A. & Ruhland, E. (2008). Children of incarcerated parents: Challenges and resiliency in their own words. *Children and Youth Services Review*, 30, 1119-1130.
- <sup>3,5,9,15</sup> De Masi, M. E. & Tueten Bohn, C. (2010). *Children with incarcerated parents: A journey of children, caregivers and parents in New York state*. New York, NY: Council on Children and Families.

(continued on page 169)

# Children Witnessing Domestic Violence

## DEFINITION

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

## SIGNIFICANCE

Millions of U.S. children are exposed to domestic violence each year. National studies indicate that rates of partner violence are higher among couples with children than those without children.<sup>1,2</sup> In Rhode Island in 2009, police reports indicate that children were present at 29% of domestic violence incidents resulting in arrests.<sup>3</sup>

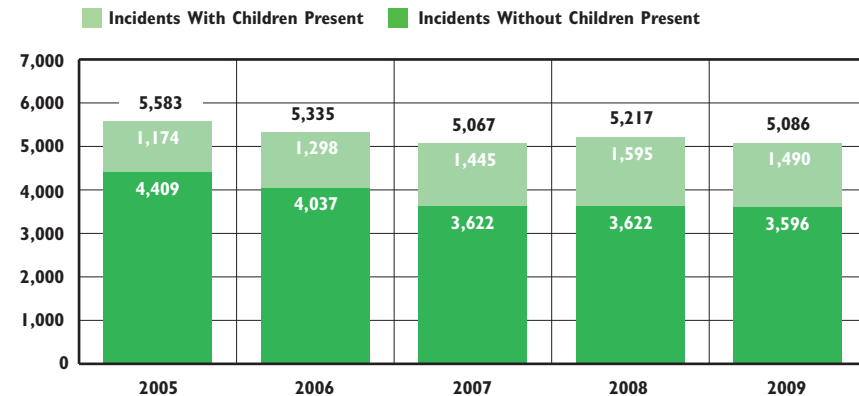
Children are exposed to domestic violence in several ways. They may see or hear violent events, be used during the event, experience the aftermath of violence by seeing their parent's injuries or damage done to their homes, and/or experience the removal of a parent from the home or by moving themselves. Children who are exposed to domestic violence are much more likely to be victims of child abuse and neglect than those who are not.<sup>4,5</sup>

Exposure to violence can affect brain development and impair cognitive, academic and social functioning. Children who witness domestic violence are more likely to have social, emotional, health and learning problems. They are more prone to depression, anxiety, fear, posttraumatic stress disorder, concentration and memory problems, and difficulty with school performance than children who do not witness domestic violence.<sup>6,7</sup>

Research suggests exposure to inter-parental violence increases the likelihood that individuals will perpetrate (particularly men) or be the victims of violence during dating and marriage.<sup>8</sup> While some children may show resilience, exposure to violence may impair a child's capacity for partnering and parenting later in life.<sup>9</sup>

Many domestic violence incidents are never reported to police. National estimates are that 41% of family violence incidents are not reported to police.<sup>10</sup> Rhode Island data also likely under-represent the number of domestic violence incidents in which children were present because not all incidents are reported, police reports are not always complete, children may not admit having witnessed the incident and parents may not know or admit that the child witnessed the event.<sup>11</sup>

## Domestic Violence Incidents Resulting in Arrest, Rhode Island, 2005-2009



Source: Rhode Island Supreme Court Domestic Violence Training Unit, 2005-2009. Includes domestic violence reports resulting in an arrest from local police and Rhode Island State Police.

◆ In Rhode Island in 2009, there were 5,086 domestic violence incidents that resulted in arrests. Children were reported present in 29% (1,490) of these incidents.<sup>12</sup> 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?"<sup>13</sup>

◆ Police reported that children saw the domestic violence incident in 1,174 arrests and children heard the incident in 1,279 arrests during 2009. These incidents were not mutually exclusive and more than one child may have witnessed the incident.<sup>14</sup>

◆ Rhode Island's statewide network of six shelters and advocacy programs provides services to victims of domestic violence, including shelter, transitional housing, advocacy, individual and group counseling, and education. During 2010, the network served 7,980 women, 2,132 men and 603 children. In 2010, 268 children and 263 adults spent a total of 20,173 bed nights in a domestic violence shelter in Rhode Island.<sup>15,16</sup>

# Children Witnessing Domestic Violence

Table 29. Children Present During Domestic Violence Incidents Resulting in Arrests, Rhode Island, 2009

CITY/TOWN	TOTAL # OF REPORTS	TOTAL # OF INCIDENTS WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	42	11	26%
Bristol	80	15	19%
Burrillville	43	13	30%
Central Falls	143	54	38%
Charlestown	19	1	5%
Coventry	187	50	27%
Cranston	329	87	26%
Cumberland	107	31	29%
East Greenwich	47	16	34%
East Providence	207	65	31%
Exeter	NA	NA	NA
Foster	21	1	5%
Glocester	21	8	38%
Hopkinton	28	9	32%
Jamestown	6	2	33%
Johnston	118	25	21%
Lincoln	42	12	29%
Little Compton	10	5	50%
Middletown	118	32	27%
Narragansett	61	15	25%
New Shoreham	8	3	38%
Newport	164	41	25%
North Kingstown	113	37	33%
North Providence	158	33	21%
North Smithfield	46	17	37%
Pawtucket	590	164	28%
Portsmouth	96	22	23%
Providence	767	268	35%
Richmond	30	14	47%
Scituate	27	8	30%
Smithfield	88	19	22%
South Kingstown	72	31	43%
Tiverton	76	18	24%
Warren	75	15	20%
Warwick	317	97	31%
West Greenwich	19	4	21%
West Warwick	314	84	27%
Westerly	111	36	32%
Woonsocket	322	116	36%
Rhode Island State Police	64	11	17%
Core Cities	2,300	727	32%
Remainder of State	2,786	763	27%
Rhode Island	5,086	1,490	29%

## Support for Children Witnessing Domestic Violence

◆ Rhode Island is not among 22 states with legislation to address the issue of children who witness domestic violence. These states have statutes that specifically define the “circumstances that constitute witnessing” as well as the “legal consequences” incurred by a person convicted for domestic violence that was witnessed by a child.<sup>17,18</sup>

◆ These 22 states provide that convictions of domestic violence witnessed by a child will have legal consequences that vary by state and may include harsher sentences, increased fines, payment for counseling for the child victim and/or supervised visitation requirements (when visitation is part of a child custody agreement).<sup>19,20</sup>

◆ Rhode Island children often witness domestic violence before or during custody and visitation exchanges.<sup>21</sup> Rhode Island is not among the 24 states with legislation that requires family court to provide for the safety of a child and non-offending parent during visitation with an abusive parent.<sup>22</sup>

◆ Effective interventions for children who have witnessed domestic violence depend on legal protections as well as coordination among schools, early education programs, pediatric health care, mental health programs, child welfare, courts and law enforcement. These service systems can identify and address emergent problems related to healthy child development.<sup>23</sup>

## Source of Data for Table/Methodology

The number of domestic violence incident reports in which an arrest was made and the number of incidents in which children were present are based on the Domestic Violence and Sexual Assault/Child Molestation Reporting Forms sent by Rhode Island law enforcement to the Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit between January 1, 2009 and December 31, 2009.

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

- McDonald, R., Jouriles, E., Ramisetty-Mikler, S., Caetano, R. & Green, C. (2006). Estimating the number of American children living in partner-violent families. *Journal of Family Psychology, 20*(1), 137-142.
- Child Welfare Information Gateway*. (2003). Children and domestic violence: A bulletin for professionals. Washington, DC: Administration of Children, Youth and Families, Children's Bureau.
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- <sup>6,23</sup> Cohen, E., McAlister Groves, B. & Kracke, K. (2009). *Understanding children's exposure to violence. Moving from evidence to action: The Safe Start series on children exposed to violence: Issue Brief #1*. North Bethesda, MD: Safe Start Center, Office of Juvenile Justice and Delinquency Prevention, Office of Justice Program, U.S. Department of Justice.

(continued on page 169)

# 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.<sup>1</sup> The immediate effects of child abuse and neglect include isolation, fear, inability to trust, injury and even death. Child maltreatment also can lead to juvenile delinquency, substance abuse, mental health problems and teen pregnancy. Child abuse and neglect are both connected to impaired cognition and low academic achievement in adolescence.<sup>2,3</sup>

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

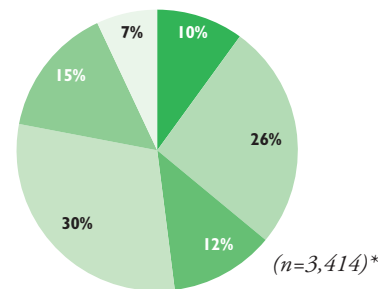
equally critical and more cost-effective. In Rhode Island, if an investigation does not reveal maltreatment but family stressors and risk factors are identified, Child Protective Services (CPS) refers families to community-based support services to reduce the risk of future involvement with the Department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

In 2010 in Rhode Island, there were 2,223 indicated investigations of child abuse and neglect involving 3,414 children. The child abuse and neglect rate per 1,000 children under age 18 was more than two times higher in the core cities (21 victims per 1,000 children) compared to the remainder of the state (8.8 victims per 1,000 children). Almost half of the victims of child abuse and neglect in 2010 were young children under age six and more than one-third (35%) were age three and younger.<sup>5</sup>

## Child Abuse and Neglect, Rhode Island, 2010

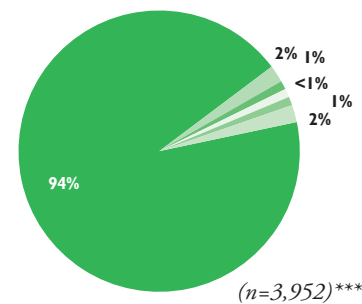
### By Age of Victim\*

10% (327)	■ Under Age 1
26% (872)	■ Ages 1 to 3
12% (423)	■ Ages 4 to 5
30% (1020)	■ Ages 6 to 11
15% (517)	■ Ages 12 to 15
7% (255)	■ Ages 16 and Older



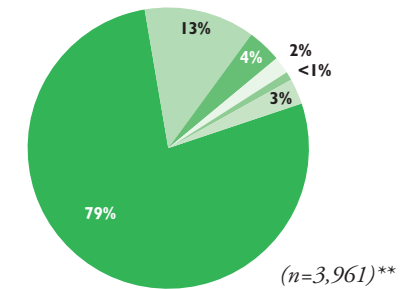
### By Relationship of Perpetrator to Victims\*\*\*

94%	■ Parents
2%	■ Relatives/Household Members
1%	■ Child Care Providers
<1%	■ Foster Parents
1%	■ Residential Facility Staff
2%	■ Other or Unknown



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

79%	■ Neglect
13%	■ Physical Abuse
4%	■ Sexual Abuse
2%	■ Medical Neglect
<1%	■ Emotional Abuse
3%	■ 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.

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2010. 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, 2001-2010

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
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
2009	12,189	52% (6,362)	2,075
2010	13,069	53% (6,956)	2,392

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2001-2010.

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

- ◆ The percentage of unduplicated child maltreatment reports for which there were completed investigations declined from 59% in 2006 to 52% in 2009, and rose to 53% in 2010. The number of unduplicated child maltreatment reports to the CPS Hotline was lower in 2009 than at any point in the past decade.<sup>6</sup> In 2010, there were 2,392 indicated investigations based on child maltreatment investigations, 34% of all completed investigations. The percentage of completed investigations that were indicated has remained fairly stable over the past decade.<sup>7</sup> An indicated investigation is one in which there is a preponderance of evidence that child abuse and/or neglect occurred.<sup>8</sup>
- ◆ Of the 13,069 maltreatment reports in 2010, 4,942 were classified as “information/referrals” (formerly “early warnings”).<sup>9</sup> Information/referrals are reports made to the CPS Hotline that contain a concern about the well-being of a child but do not meet the criteria for an investigation. Criteria for investigation include that the victim is a minor, the alleged perpetrator is a legal caretaker or is living in the home, there is reasonable cause to believe that abuse or neglect circumstances exist, and there is a specific incident or pattern of incidents suggesting that harm can be identified. When essential criteria for investigation are not present, the report may lead to a referral to other services or to the information being passed on to a DCYF case-worker (depending on whether the family is active with DCYF).<sup>10</sup>

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

YEAR	NUMBER OF DEATHS	YEAR	NUMBER OF DEATHS
2001	5	2006	1
2002	1	2007	0
2003	4	2008	0
2004	3	2009	2
2005	4	2010	0
<i>Total 2001-2005</i>	<i>17</i>	<i>Total 2006-2010</i>	<i>3</i>

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2001-2010.

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

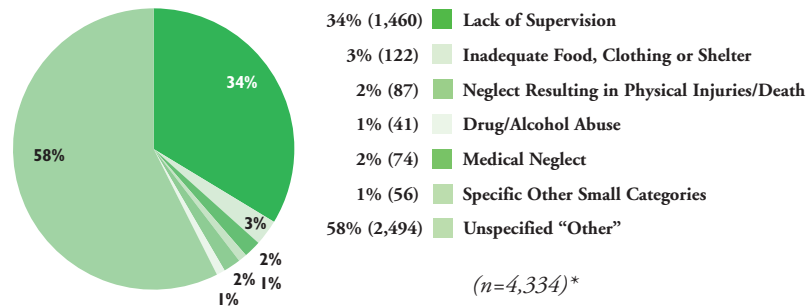
- ◆ Between 2001 and 2010, 20 children died as a result of injuries due to abuse by a parent or caretaker. In 2010, no children died as a result of child abuse and/or neglect.<sup>11</sup> During 2009, there were 22 children under age 18 in Rhode Island hospitalized with the diagnosis of child abuse or neglect, a 29% percent decrease from 31 in 2008. There were 32 child hospitalizations due to abuse in 2007, 31 in 2006, and 32 in 2005.<sup>12</sup>

## 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.<sup>13</sup> Helping families access income supports, medical care, high-quality child care and Pre-K programs, parent education and support, treatment for substance abuse and mental health problems and offering evidence-based home visiting programs, such as the Nurse-Family Partnership, to families at risk can prevent the occurrence and recurrence of child abuse and neglect.<sup>14,15,16,17</sup>
- ◆ In 2010, the six core cities had the highest rates of child victims of abuse and neglect, with an average of 21.0 per 1,000 children. Warren (17.5), North Providence (14.7) and Tiverton (14.0) also had child abuse and neglect rates higher than that of the state as a whole (13.3). Child abuse and neglect rates in the core cities ranged from a low of 17.2 per 1,000 children in Pawtucket to a high of 28.3 per 1,000 children in Newport.<sup>18</sup>

# Child Abuse and Neglect

**Indicated Allegations of Child Neglect, by Nature of Neglect, Rhode Island, 2010**



◆ The importance of adequate capacity, affordability and quality of child care, preschool, other early childhood programs and quality after-school opportunities is highlighted by the fact that of the 4,334 indicated allegations (confirmed claims) of neglect to children under age 18 in Rhode Island in 2010, 34% involved lack of supervision.

◆ The single largest category of neglect (58%) is “unspecified other neglect.” These are instances of neglect that do not fit into the other specified categories.

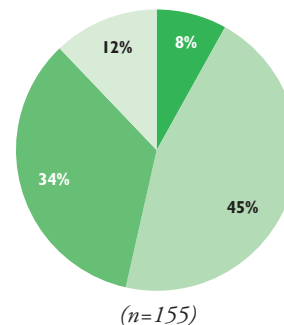
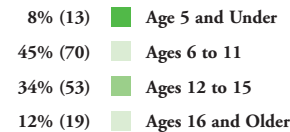
◆ The “specific other small categories” include: tying or confinement (1), failure to thrive (11), excessive/inappropriate discipline (6), abandonment (7), educational neglect (24) and emotional neglect (7).

\* 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.

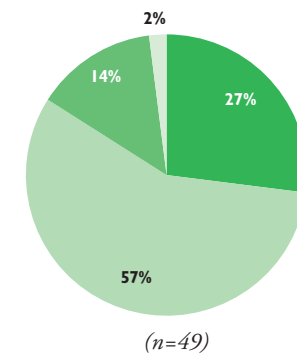
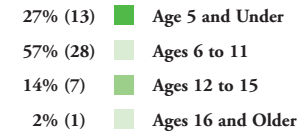
Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2010. Percentages may not sum to 100% due to rounding.

**Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2010**

**Girls**



**Boys**



◆ In Rhode Island in 2010, there were 207 indicated allegations (confirmed claims) of child sexual abuse. Some children were victims of sexual abuse more than once. In 75% (155) of the 207 indicated allegations of sexual abuse, the victim was a female. Just over half (54%) of the female victims were known to be under age 12 while 84% of the male victims were under age 12. In three cases, the gender of the child was not reported.

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2010. Percentages may not sum to 100% due to rounding.

Table 30.

Indicated Investigations of Child Abuse and Neglect, Rhode Island, 2010

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	6	1.3	19	4.0
Bristol	4,399	32	7.3	46	10.5
Burrillville	4,043	31	7.7	41	10.1
Central Falls	5,531	83	15.0	129	23.3
Charlestown	1,712	11	6.4	22	12.9
Coventry	8,389	66	7.9	88	10.5
Cranston	17,098	141	8.2	148	8.7
Cumberland	7,690	32	4.2	55	7.2
East Greenwich	3,564	17	4.8	14	3.9
East Providence	10,546	71	6.7	119	11.3
Exeter	1,589	12	7.6	13	8.2
Foster	1,105	5	4.5	4	3.6
Glocester	2,664	4	1.5	17	6.4
Hopkinton	2,011	17	8.5	16	8.0
Jamestown	1,238	4	3.2	10	8.1
Johnston	5,906	51	8.6	56	9.5
Lincoln	5,157	27	5.2	25	4.8
Little Compton	780	3	3.8	3	3.8
Middletown	4,328	31	7.2	50	11.6
Narragansett	2,833	18	6.4	26	9.2
New Shoreham	185	1	5.4	1	5.4
Newport	5,199	65	12.5	147	28.3
North Kingstown	6,848	38	5.5	67	9.8
North Providence	5,936	64	10.8	87	14.7
North Smithfield	2,379	8	3.4	9	3.8
Pawtucket	18,151	221	12.2	313	17.2
Portsmouth	4,329	19	4.4	20	4.6
Providence	45,277	513	11.3	867	19.1
Richmond	2,014	3	1.5	8	4.0
Scituate	2,635	16	6.1	21	8.0
Smithfield	4,019	20	5.0	22	5.5
South Kingstown	6,284	42	6.7	42	6.7
Tiverton	3,367	29	8.6	47	14.0
Warren	2,454	18	7.3	43	17.5
Warwick	18,780	136	7.2	164	8.7
West Greenwich	1,444	3	2.1	4	2.8
West Warwick	6,632	122	18.4	172	25.9
Westerly	5,406	60	11.1	63	11.7
Woonsocket	11,155	182	16.3	304	27.3
Unknown	NA	1	NA	1	NA
Core Cities	91,945	1,186	12.9	1,932	21.0
Remainder of State	155,877	1,036	6.6	1,370	8.8
Rhode Island	247,822	2,223	9.0	3,303	13.3

**Note to Table**

Data can not be compared to Factbooks prior to 2009. 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 2010.

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

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

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

**References**

<sup>1,17</sup> *Strengthening families and communities: 2011 resource guide.* (2011). Children's Bureau, U.S. Department of Health and Human Services. Retrieved on February 28, 2011, from [www.childwelfare.gov/pubs/guide2011/guide.pdf](http://www.childwelfare.gov/pubs/guide2011/guide.pdf)

<sup>2</sup> *Long-term consequences of child abuse and neglect.* (2008). Washington, DC: Child Welfare Information Gateway, Children's Bureau, U.S. Department of Health and Human Services.

(continued on page 170)

# 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 care homes, group homes, shelter care, residential facilities, shelter care and medical facilities. Permanent placements include reunification with the family, adoption or guardianship.

## SIGNIFICANCE

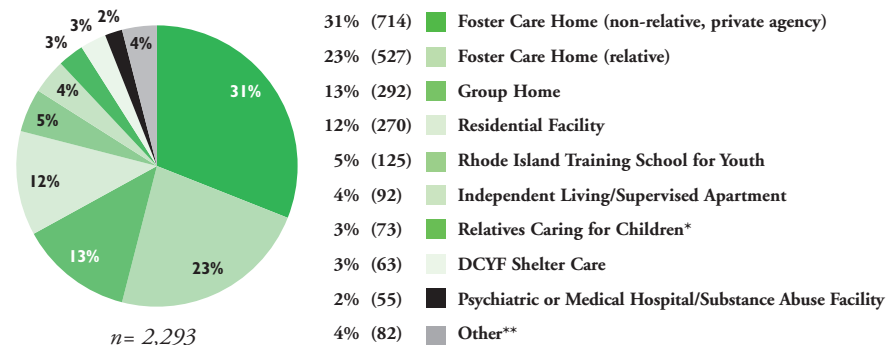
Children need stability, permanency and safety for healthy development. Removal from the home may be necessary for the child's safety and well-being; however, it is disruptive and can compromise a child's developmental progress. Children who have been abused or neglected are particularly in need of a 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 so that children can attain a permanent placement as soon as possible.<sup>1,2</sup> The federal *Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections Act)* promotes permanency through supports for relative guardianship and incentives for adoption.<sup>3</sup>

Rhode Island children in out-of-

home care frequently experience multiple placements, lose contact with family members, and often have overlooked educational, physical and mental health needs.<sup>4</sup> Children in out-of-home care suffer more frequent and more serious medical, developmental and mental health problems than their peers.<sup>5,6</sup> Long-term stays in care can cause emotional, behavioral or educational problems that can negatively impact children's long-term well-being and success.<sup>7</sup> Children in foster care are more likely than their peers to change schools, be suspended, qualify for special education, repeat a grade and drop out of school.<sup>8</sup> Appropriate supports and services can ensure that all youth maximize their potential and are prepared for higher education and work.<sup>9</sup>

Research shows that children of color are overrepresented at all decision points in the child welfare system, including reporting, investigation, substantiation, placement and exit from care. Minority children in child welfare systems experience significantly worse outcomes, have more placement changes, receive fewer supports, stay in the child welfare system longer, are less likely to be adopted or reunited with their families, have fewer contacts with caseworkers, less access to mental health and substance abuse services and are placed in detention or correctional facilities at higher rates than White children.<sup>10</sup>

**Children in Out-of-Home Placement, Rhode Island, December 31, 2010**



\* *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 (62), pre-adoptive homes (9), minors with mother in shelter/group home/residential facility (3), and step-parents (8).*

- ◆ **As of December 31, 2010, there were 2,293 children under age 21 in the care of DCYF who were in out-of-home placements, a 31% decrease from 3,311 in 2006.**
- ◆ **The total caseload of DCYF on December 31, 2010 was 7,384, including 2,344 children living in their homes under DCYF supervision and 2,698 children living in adoption placements. This is a 22% decrease in the DCYF caseload, down from 9,414 in 2006.**
- ◆ **The total DCYF caseload also includes 38 children in out-of-state placements/other agency custody; three children receiving respite care services; four youth in a prison other than the Rhode Island Training School; and one child in other placement.**
- ◆ **On December 31, 2010, there were 92 Rhode Island youth in an independent living arrangement or supervised apartment setting, a decline of 55% from 203 youth in 2006. Twenty-one percent (19) of the 92 youth in an independent living arrangement were ages 18 and older.**

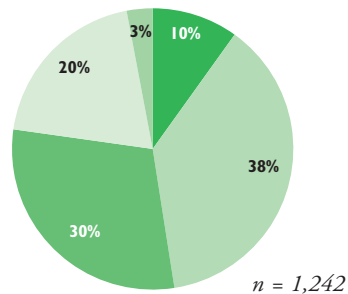
Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2006 and 2010.

# Children in Out-of-Home Placement

## Children and Youth in Out-of-Home Placement by Type of Setting and Age, Rhode Island, January 2011

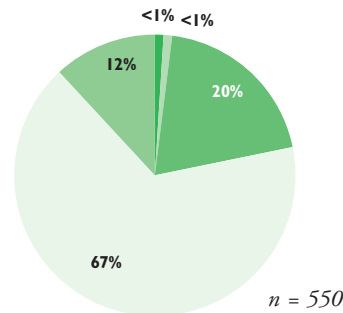
### In Foster Care Homes

10%	(120)	Under Age 1
38%	(470)	Ages 1 to 5
30%	(375)	Ages 6 to 13
20%	(243)	Ages 14 to 17
3%	(34)	Ages 18 and Over



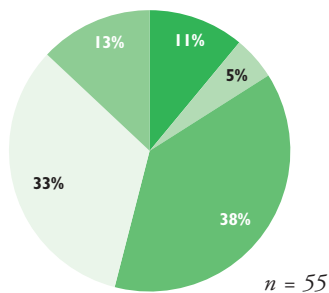
### In Group Homes and Residential Facilities\*

<1%	(2)	Under Age 1
<1%	(2)	Ages 1 to 5
20%	(112)	Ages 6 to 13
67%	(366)	Ages 14 to 17
12%	(68)	Ages 18 and Over



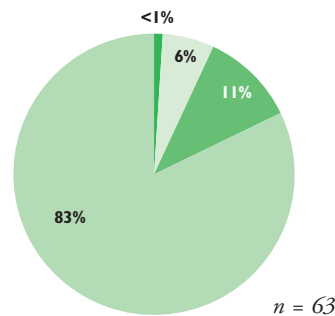
### In Medical Facilities\*\*

11%	(6)	Under Age 1
5%	(3)	Ages 1 to 5
38%	(21)	Ages 6 to 13
33%	(18)	Ages 14 to 17
13%	(7)	Ages 18 and Over



### In Shelter Care

<1%	(1)	Under Age 1
6%	(4)	Ages 1 to 5
11%	(7)	Ages 6 to 13
83%	(52)	Ages 14 to 17



\*Residential facilities do not include psychiatric hospitals, medical hospitals or the Rhode Island Training School.  
 \*\*Medical facilities include medical hospitals (12), psychiatric hospitals (37) and substance abuse treatment facilities (6).

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), January 5, 2011. Percentages may not sum to 100% due to rounding. Data do not match chart on previous page due to different report dates.

## Safety, Permanency and Well-Being

### Fostering Connections

◆ The federal *Fostering Connections Act* promotes kinship care and family connections by requiring states to notify relatives when a child is placed in foster care and providing funding for states offering kinship guardianship assistance payments.<sup>11</sup> Rhode Island's guardianship assistance program defines kin quite broadly and includes any adult who has a close and caring relationship with the child, including godparents, caretakers, close family friends, neighbors and clergy.<sup>12</sup>

### Placement Stability

◆ In Federal Fiscal Year (FFY) 2010, 14.1% of the 1,694 children who had been in out-of-home care for less than one year had experienced three or more placements, up from 11.6% in FFY 2009. The national standard is 13.3%. Three or more placements were experienced by 35.4% of the 731 children who were in care between 12 and 24 months, down from 38.0% in FFY 2009. Almost two-thirds (65.6%) of the 1,022 children who had been in care for 24 months or more experienced three or more placements, compared to 65.3% in FFY 2009.<sup>13</sup>

### Recurrence of Abuse While in Foster Care

◆ Of the 1,539 Rhode Island children who were victims of abuse or neglect during FFY 2010 (whether or not they were removed from the home), 9.8% experienced one or more recurrences of abuse or neglect within six months, down from a recent peak of 13.3% in FFY 2007. The national standard is 6.1% or fewer.<sup>14</sup>

### Shelter Care

◆ The number of children in shelter care fell from 83 on December 31, 2008 to 63 on December 31, 2010.<sup>15</sup> Of the 208 children in DCYF shelter care between July 1, 2009 and June 30, 2010, half (104) were children ages birth to four and half (104) were ages 5 to 12.<sup>16</sup>

### References

<sup>1</sup> Harden, B. J. (2004). Safety and stability for foster children: A developmental perspective. *The Future of Children*, 14(1), 31-47.

<sup>2</sup> Lutz, L. 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/nrcfcpp/downloads/achieving-permanence.pdf

(continued on page 170)

# 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 with the Rhode Island Department of Children, Youth and Families (DCYF) during the Federal Fiscal Year.

## 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, which have an impact on behavior, academic achievement, health and long-term self-sufficiency.<sup>1,2,3</sup> Particular attention must be paid to populations of children for whom permanency may be more difficult to achieve, including older children, males, children with disabilities and minority children.<sup>4,5,6</sup> 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.<sup>7,8,9</sup>

One of the goals of the federal *Fostering Connections to Success and Increasing Adoptions Act of 2008* is to promote permanency through relative or kinship guardianship and adoption.

The *Fostering Connections Act* requires states to notify relatives when a child is placed in foster care, provides funding for states offering kinship guardianship assistance payments, provides incentive payments for adoptions of older children and children with special needs, and requires that states inform families considering adopting a foster child about the availability of the adoption tax credit.<sup>10,11</sup>

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 physical and mental health. These youth are more likely to enter the criminal justice system, become teen parents and enroll in public assistance programs.<sup>12</sup>

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, community connections, personal and cultural identity, physical and mental health, and access to legal information and documents, including medical and educational histories.<sup>13</sup> The *Fostering Connections Act* encourages states to extend foster care beyond age 18 by providing federal reimbursement for foster care, adoption and guardianship assistance payments for youth up to the age of 21.<sup>14,15</sup>

## Exits from Foster Care\*, Rhode Island, FFY 2010

	ALL EXITS	WITH DISABILITY	OVER AGE 12 AT ENTRY
<b>Adoption</b>	<b>15%</b>	<b>17%</b>	<b>&lt;1%</b>
<b>Guardianship</b>	<b>8%</b>	<b>5%</b>	<b>3%</b>
<b>Reunification</b>	<b>63%</b>	<b>56%</b>	<b>70%</b>
<b>Aged Out</b>	<b>9%</b>	<b>NA**</b>	<b>15%</b>
<b>Other</b>	<b>6%</b>	<b>22%</b>	<b>12%</b>
<b>Total Number</b>	<b>1,241</b>	<b>410</b>	<b>539</b>

Source: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual report for FY 2010*. (2011). 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) 2010, 1,241 children in out-of-home placement in Rhode Island exited care. Of the children who exited care, 86% exited to a permanent placement (adoption, guardianship or reunification). Children with disabilities were somewhat more likely than other children to exit to adoption and less likely to exit to reunification with their biological family.<sup>16</sup>

◆ In FFY 2010, 16% of children in Rhode Island who entered out-of-home placement re-entered care within 12 months of a prior episode, almost twice the national standard (8.6%).<sup>17</sup>

## Reunification

◆ The percentage of children in the Rhode Island child welfare system who were reunified with their family of origin in less than 12 months from the time of removal from the home increased from 68% in FFY 2009 to 71% of children in FFY 2010. The national standard is 76% of reunifications occurring within 12 months of the child's removal.<sup>18</sup>

◆ In FFY 2010, the vast majority (88%) of child maltreatment cases in Rhode Island involved neglect.<sup>19</sup> 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.<sup>20</sup>

## Subsidized Guardianship, FFY 2010

◆ The federal *Fostering Connections Act* provides funding for states offering kinship guardianship assistance payments. Rhode Island's guardianship assistance program defines kin broadly as any adult who has a close and caring relationship with the child, including grandparents, caretakers, close family friends, neighbors, and clergy.<sup>21</sup> In FFY 2010, 8% of children in foster care exited care to guardianship, up from 2% in FFY 2006.<sup>22</sup>

## Adoptions of Children in DCYF Care, 2010

◆ During calendar year 2010, 206 children in the care of DCYF were adopted in Rhode Island. Of these children, 69% were White, 14% were Black, 17% were of another race or were multiracial. Twenty-eight percent of children adopted in 2010 were Hispanic (belonging to any race category).<sup>23</sup>

◆ Of the children adopted, 65% were under age six, 30% were ages six to 13 and 6% were ages 14 to 17.<sup>24</sup>

## Rhode Island Children Waiting to be Adopted, September 30, 2010

◆ On September 30, 2010, there were 339 Rhode Island children in the care of DCYF who were waiting to be adopted. One percent of waiting children were under age one, 28% were ages one to five, 26% were ages six to 10, 32% were ages 11 to 15, 11% were ages 16 and older, and 4% were of unknown age.<sup>25</sup>

◆ Of all waiting children, 35% were White, non-Hispanic, 39% were Hispanic (of any race), 16% were Black, non-Hispanic, 8% were Two or more races, 1% were Native American, 2% were Asian and 1% were of unknown race/ethnicity.<sup>26</sup>

◆ Of the 339 children waiting to be adopted, 201 (59%) were children with parents whose parental rights had been legally terminated.<sup>27</sup>

◆ In FFY 2010, 41% of children in the Rhode Island child welfare system were adopted within 24 months from the time of removal from their home, down from 49% in FFY 2006 but up from 31% in FFY 2007. The national standard is 32% of adoptions occurring within 24 months of the child's removal.<sup>28</sup>

## Rhode Island Youth Aging Out of Foster Care, FFYs 2001-2010

YEAR	# WHO AGED OUT	YEAR	# WHO AGED OUT
FFY 2001	77	FFY 2006	100
FFY 2002	62	FFY 2007	141
FFY 2003	85	FFY 2008	158
FFY 2004	82	FFY 2009	151
FFY 2005	103	FFY 2010	108
<b>Total FFY 2001-2005</b>	<b>409</b>	<b>Total FFY 2006-2010</b>	<b>658</b>

Source: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual reports for FY 2001-2010*. 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.

◆ Between FFY 2006 and FFY 2010, there were 658 Rhode Island youth who aged out of foster care with no permanent placement. This was a 61% increase from the previous five year period when 409 youth aged out of care.<sup>29,30</sup>

◆ In FFY 2010, 108 Rhode Island youth exited out-of-home placement to emancipation, never having gained permanent placement through reunification, adoption or guardianship.<sup>31</sup>

◆ As of July 1, 2007, youth in Rhode Island age out of the foster care system at age 18, a change from age 21 in previous years. Youth with serious emotional disturbances, autism or a functional developmental disability continue to have their cases managed by DCYF and remain legally entitled to services through age 21.<sup>32</sup>

◆ If states extend foster care beyond age 18, an option that the *Fostering Connections Act* encourages, the potential benefits in terms of increased educational attainment, reduced reliance on public assistance and increased earnings will more than offset the costs to states.<sup>33,34</sup>

### References

<sup>1</sup> 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.

<sup>3,5,8</sup> Samuels, G. M. (2008). *A reason, a season or a lifetime: Relational permanence among young adults with foster care backgrounds*. Chicago: Chapin Hall Center for Children at the University of Chicago.

<sup>4,9</sup> Kemp, S. P. & Bodonyi, J. M. (2002). Beyond termination: Length of stay and predictors of permanency for legally free children. *Child Welfare*, 81(2), 58-125.

<sup>26,7</sup> Avery, R. (2010). An examination of theory and promising practice for achieving permanency for teens before they age out of care. *Children and Youth Services Review*, 32, 399-408.

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