

Safety

Still Night Thoughts

Moonlight in front of my bed-
I took it for frost on the ground!
I lift my eyes to watch the mountain moon,
Lower them and dream of home.

Li Po



Child Deaths

DEFINITION

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

SIGNIFICANCE

The child death rate is a reflection of the physical, mental and emotional health of children, the dangers to which children are exposed in the community, access to and use of safety devices and practices (such as bicycle helmets and smoke alarms), and the level of adult supervision children receive.¹ Between 1997 and 2001 in Rhode Island there were 154 child deaths of children ages 1 to 14. Of these, 68% (104) were due to disease, 27% (41) were due to unintentional injuries and 6% were due to intentional injuries (9 homicides, 0 suicides).²

Unintentional injuries are the leading cause of death for children ages 1 to 14 in Rhode Island and nationally, exceeding deaths from any single disease.³ The 50 injury deaths to children ages 1 to 14 in Rhode Island between 1997 and 2001 were due to motor vehicle collisions (12), fire (11), homicides (9), drowning (6), choking (4), and other (8).⁴ Unintentional injuries and deaths due to such injuries disproportionately affect poor children,

young children, males, rural children, children in families with low levels of education and employment, children with developmental disabilities and minority children.⁵ In the U.S., the death rate for Black children ages 1 to 4 is almost twice that for White children.⁶

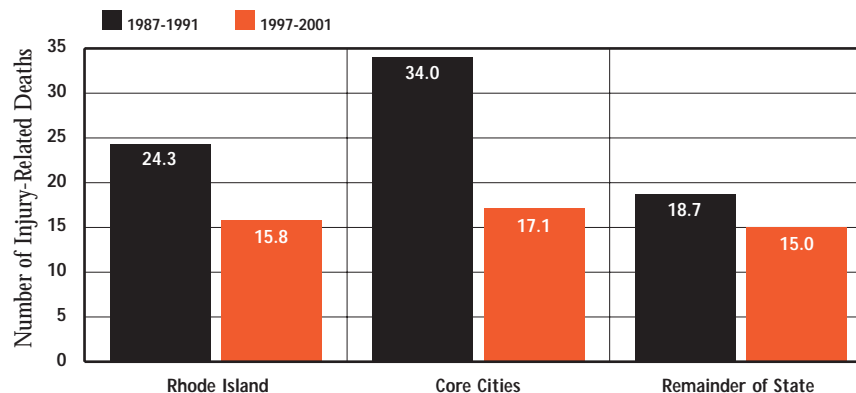
Many of the injuries that do not result in death are extremely costly both financially and in terms of loss of quality of life. Injuries may leave children temporarily or permanently disabled, result in time lost from school, decrease the child's ability to participate in everyday activities, and affect future ability to work and be independent.⁷

Child Death Rate (per 100,000 Children Ages 1-14)		
	1990	1999
RI	24	20
US	31	24
State Rank	7 th	

1st is best; 50th is worst

Source: *KIDS COUNT Data Book: State Profiles in Child Well-Being 2002* (2002). Baltimore, MD: The Annie E. Casey Foundation.

Deaths of Children Ages 1 – 14, Rhode Island, Core Cities and Remainder, 1987-1991 and 1997-2001



Source: Rhode Island Department of Health, Maternal and Child Health Database, 1987-1991 and 1997-2001.

◆ Between 1997 and 2001, Rhode Island's six core cities had a child death rate of 17.1 per 100,000 children ages 1 to 14, as compared with 34.0 child deaths per 100,000 between 1987 and 1991.⁸

◆ Motor vehicle accidents are a leading cause of injury deaths to children ages 1 to 14 in Rhode Island and nationally.⁹ In the U.S., 47% of motor vehicle occupants ages 1 to 4, and more than 65% of motor vehicle occupants ages 5 to 14, who were killed in fatal crashes in 1999 were not properly restrained in a car seat or seat belt.¹⁰

DEFINITION

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

SIGNIFICANCE

The main threats to adolescents' health and safety are risk behaviors, including substance abuse and violence. The emotional health of teens is linked to teen safety. Risk factors for teens include poverty, diminished economic opportunity, neighborhood violence and academic failure. An important factor which protects against risk behaviors is the presence of strong positive relationships with parents, family or other caring adults and engagement in school.^{11,12}

Nationally and in Rhode Island, the two leading causes of death for teens ages 15 to 19 are motor vehicle traffic collisions and firearm deaths.^{13,14} Between 1997 and 2001, 44% of Rhode Island's teen deaths were due to unintentional injuries. Of the 76 teen deaths due to unintentional injuries, 67% (51) were due to motor vehicle collisions.¹⁵ Rhode Island youth surveys reveal that 18% of youth do not use safety belts and that 32% frequently combine alcohol consumption with driving.¹⁶

Teen Deaths by Accident, Homicide and Suicide, (deaths per 100,000 teens ages 15-19)		
	1990	2000
RI	35	25
US	71	53
State Rank	2nd	

1st is best; 50th is worst

Source: *KIDS COUNT Data Book: State Profiles in Child Well-Being 2002* (2002). Baltimore, MD: The Annie E. Casey Foundation.

Injury Deaths to Teens Ages 15 – 19

◆ Between 1997 and 2001, the leading causes of death due to injuries for Rhode Island teens ages 15 to 19 were motor vehicle collisions (51 deaths), homicide (27 deaths), and suicide (20 deaths).¹⁷

Gun Violence

◆ Between 1997 and 2001 in Rhode Island there were 28 gun deaths to teens ages 15 to 19 and 5 gun deaths involving children age 14 and younger.¹⁸ In addition, 60 children were hospitalized with gunshot wounds. Of these, 7 of the victims were younger than age fifteen and 43 were the victims of intentional injuries (assault or self-inflicted).¹⁹

◆ Gun violence disproportionately affects the poor and imposes significant medical, law enforcement and other costs on society as a whole.²⁰ In Rhode Island between 1997 and 2001, 63% of gun injuries to all children occurred in Providence.²¹

References for Indicators

¹ Childhood Injury Fact Sheet (July 1999). Washington, D.C.: Centers for Disease Control and Prevention.

^{2,3,8,9,15,17,18} Rhode Island Department of Health, Maternal and Child Health Database, 1997-2001.

^{4,5} Childhood Injury Fact Sheet (2000). Washington, D.C.: National Safe Kids Campaign

^{6,10,14} America's Children: Key National Indicators of Well-Being (2002). Washington, DC: Federal Inter-agency Forum on Child and Family Statistics.

⁷ Miller, T.R., Romano, E.O., Spicer, R.S. (Spring/Summer 2000). "The Cost of Childhood Injuries and the Value of Prevention" in *The Future of Children*, Vol. 10, No.1. Los Altos, CA: Center for the Future of Children, The David and Lucile Packard Foundation.

¹¹ Resnick, et al (September, 1997) "Protecting Adolescents from Harm. Findings from the National Longitudinal Study on Adolescent Health" in *Journal of American Medical Association*, Vol. 10, pp. 823-32.

¹² "Youth Violence in the United States" (Fact Sheet) (January 2000). Atlanta, GA: Centers for Disease Control and Prevention.

¹⁶ 2001 Rhode Island Youth Risk Behavior Survey (2002). Providence, RI: Rhode Island Department of Health.

^{18,21} Rhode Island Department of Health, Hospital Discharge Database, 1997-2001.

²⁰ Cook, P et al (Summer/Fall 2002). "The Costs of Gun Violence Against Children" in *The Future of Children*, Vol. 12, No.2. Los Altos, CA: Center for the Future of Children, the David and Lucile Packard Foundation.

Homeless Children

DEFINITION

Homeless children is the number of Rhode Island children under 13 years old who received emergency housing services at homeless shelters and domestic violence shelters between July 1, 2001 and June 30, 2002.

SIGNIFICANCE

Poverty, low wages, lack of affordable housing and domestic violence are factors in family homelessness.^{1,2,3} With a large percentage of family income going toward rent, any interruption in income or unexpected expense can place families at risk of homelessness.⁴ In Rhode Island, the average monthly rent for a two-bedroom apartment is \$863. To be considered affordable, this rent would require an annual income of \$34,520, or an hourly wage of \$16.60 working full-time.⁵ This is nearly three times the state's minimum wage of \$6.15 per hour.

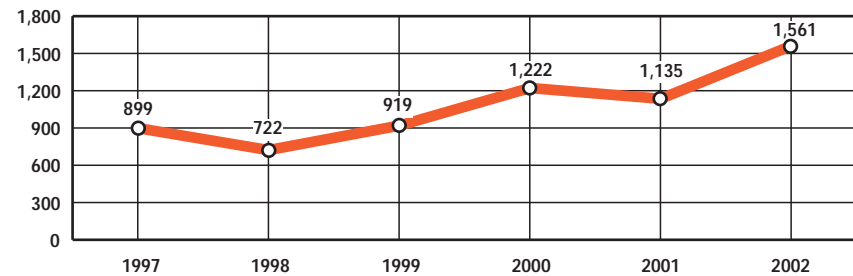
The shortage of affordable apartments and the dwindling availability of subsidized housing have caused many Rhode Island families to double-up, resulting in overcrowded, unstable living conditions. More than a third of families (40%) with children in the Rhode Island shelter system had been doubled up with family members or friends just before moving to the shelter.⁶ Of the 12,000 families enrolled in the Family Independence Program in December of 2002, 30% (3,563) lived in another

person's home or apartment either temporarily or permanently at the time that they applied for FIP.⁷

Family homelessness in the United States has increased during the last 15 years.⁸ In the U.S., 41% of the homeless are families with children.^{9,10} Homeless children are more likely to get sick, have poor nutrition, develop mental health problems, have academic problems, and experience violence than children who are not homeless.¹¹ Infants, toddlers and preschoolers who are homeless develop more slowly and may develop emotional problems serious enough to require professional care.¹²

Between July 1, 2001 and June 30, 2002, an all time high of 1,692 children under age 18 received shelter from Rhode Island's emergency shelter system.¹³ More than half, 974 were age 5 or under, 587 (35%) were ages 6 to 12, and 131 (8%) were ages 13 to 17.¹⁴ Youth between the ages of 13 and 17 are only admitted into the emergency shelter system with adult supervision. Nearly three out of four families (72%) entering the emergency shelter system were headed by a single parent, and 92% of families with children had income below \$15,000 per year.¹⁵ The average length of stay in shelters was 34 nights in 2002 and one of every two shelter users (46%) had been turned away from a shelter at least once in the last year.¹⁶

Children Under Age 13 Living in Shelters, Rhode Island, 1997 – 2002



Source: Rhode Island Emergency Shelter Information Project Annual Reports FY 1997 – FY 2003. Providence RI: Emergency Food and Shelter Board.

◆ **1,561 children under age 13 received emergency housing in a homeless shelter or a domestic violence shelter in Rhode Island between July 1, 2001 and June 30, 2002.**

Homeless Children and Education

- ◆ **Children who are homeless are more likely to repeat a grade or be suspended. Homeless children are more likely to be learning disabled, but are less likely to receive treatment for their learning disabilities and less likely to receive special education services.¹⁷**
- ◆ **In 2002 Congress reauthorized the McKinney-Vento Homeless Assistance Act to ensure that all homeless children (including preschool children) and youth have equal access to the same free, appropriate education provided to other children and youth. This includes children who are doubled up with friends and relatives, those who are staying in a motel or campground, those who are living in emergency or transitional shelters, and many other living situations.¹⁸**
- ◆ **The Act allows children to remain enrolled in their school of origin the entire time they are homeless, to receive assistance from the school district in obtaining immunization records, and to be provided transportation to and from school, paid for by the school.¹⁹ The McKinney-Vento Act also requires that each school district designate a homeless liaison to identify children living in homeless situations and remove policies and practices that act as barriers to school enrollment, attendance and success for homeless children.²⁰**

References for Indicators

- ^{1,4,10} "Homeless Families with Children" *NCH Fact Sheet #7* (June 2001). Washington, DC: National Coalition for the Homeless.
- ^{2,6,12,17} *Homeless Children: America's New Outcasts* (1999). Newton, MA: The Better Homes Fund.
- ^{3,9} *A Status Report on Hunger and Homelessness in America's Cities* (2003). Washington, DC: U.S. Conference of Mayors.
- ⁵ Rhode Island KIDS COUNT calculations using data from the Rhode Island Housing and Mortgage Finance Corporation, 2002 Annual Rent Survey. Rents greater than 30% of income are considered unaffordable.
- ⁷ Rhode Island Department of Human Services, InRhodes Database, December 2002.
- ^{8,13,14,15,16,25} *Rhode Island Emergency Shelter Information Project Annual Report, July 1, 2001-June 30, 2002* (2003). Providence, RI: RI Emergency Food and Shelter Board.
- ¹¹ *Homeless in America: A Children's Story, Part One* (1999). New York, NY: Homes for the Homeless and The Institute for Children and Poverty.
- ^{18,19,20} "McKinney-Vento 2001 Reauthorization - At a Glance", National Coalition for the Homeless www.nationalhomeless.org, February 2003.
- ²¹ *NCH Fact Sheet #11: Homeless Youth* (1999). Washington, DC: National Coalition for the Homeless.
- ²² Son, A. Jia (May 2002). *Information Packet: Runaway and Homeless Youth*. New York, NY: National Resource Center for Foster Care Permanency and Planning at the Hunter College School of Social Work.
- ²³ *Youth with Runaway, Throwaway, and Homeless Experiences: Prevalence, Drug Use, and Other At-Risk Behaviors* (1995). Washington, DC: U.S. Department of Health and Human Services.
- ²⁴ "How many young people run away from home each year?", The Administration for Children and Families, Family and Youth Services Bureau, February 2003.
- ²⁶ Travelers Aid, Providence, RI, Year-End Reports, 2002.
- ²⁷ National Runaway Switchboard, 2002 Region 1 Statistics, www.nrscrisisline.org.
- ²⁸ Covenant House, Year End Nine-line Statistics, FY2002.
- ^{29,30} Rhode Island Department of Children, Youth and Families, December 2002.

DEFINITION

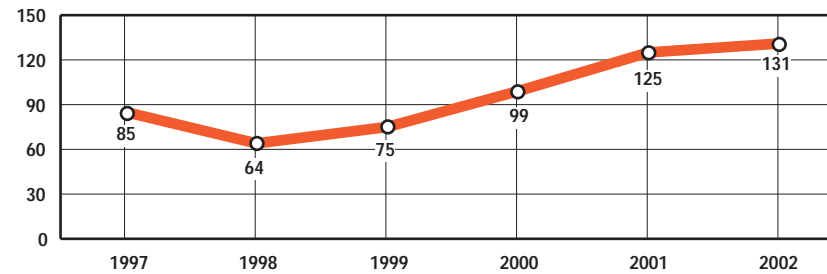
Homeless youth is the number of Rhode Island youth ages 13 to 17 who are homeless or at risk for homelessness, have run away from home, or have been thrown out of their home and not allowed to return.

SIGNIFICANCE

Homelessness among youth has a number of causes, including family problems (such as strained relationships and physical abuse), family homelessness, and residential instability resulting from foster care and institutional placements.²¹ Some runaway youth are considered to be throw-aways who were told or forced to leave a household, or were abandoned or deserted by their parents or guardians.²² Homeless youth are at risk of being physically and/or sexually victimized, abusing drugs and alcohol, attempting suicide, becoming victims or perpetrators of crime, receiving money for sex to meet their basic survival needs, and contracting HIV/AIDS.²³

Although estimates vary, it is projected that there are between 1 million and 1.3 million U.S. youth who run away from home each year.²⁴ Rhode Island does not have an overnight shelter for runaway youth.

Homeless Youth Ages 13 - 17 in Rhode Island's Emergency Shelter System, 1997-2002



Source: Rhode Island Emergency Shelter Information Project Annual Reports FY 1997 – FY 2002. Providence RI: Emergency Food and Shelter Board.

◆ 131 youth entered the Rhode Island emergency shelter system accompanied by a parent or another adult. This is a 54% increase since 1997. This is an underestimate of homeless youth in the state because the emergency shelter system in Rhode Island does not accept unaccompanied children over the age of 12.²⁵

◆ During 2002, 458 Rhode Island youth ages 13 to 17 accessed crisis management services offered by Traveler's Aid and 1,178 calls were made to the Traveler's Aid SAFELINE for runaway youth.²⁶ In 2002 the National Runaway Switchboard received 248 calls, and the Covenant House hotline received 47 crisis calls from youth in Rhode Island.^{27,28}

Department of Children Youth and Families

◆ Night-to-night placements refer to the temporary nightly placement of youths under the care of DCYF who are awaiting permanent foster care placement, a group home/treatment placement, or who have run away from their current placement. During 2002, 487 children and youth were in night-to-night placement at some point during the year, an average of 18 per week.²⁹

◆ As of December 31, 2002, there were 112 individuals under age 19 in DCYF care who were classified as unauthorized absence/runaways.³⁰

Juveniles Referred to Family Court

DEFINITION

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

SIGNIFICANCE

Youth risk factors for involvement in the juvenile justice system and for juvenile violent crime include poverty and diminished economic opportunity, family violence, parental substance abuse, youth substance abuse, mental health problems, truancy, learning disabilities, poor school performance, aggression and association with other high-risk youth.^{1,2} During 2002 in Rhode Island, 5,049 youth were referred to Family Court. Most of the offenses were committed by White youth (60%), followed by Black (16%), Hispanic (12%), and Asian (2%).³

The Rhode Island Family Court has jurisdiction over all juvenile offenders referred for wayward and delinquent offenses. All referrals to Family Court are from state and local law enforcement agencies, except for truancy cases which are referred by local school departments. In Rhode Island in 2002, only 5% (469) of the 9,348 wayward/delinquent offenses for which juveniles were referred to Family Court involved violent offenses.⁴ Approximately one-third of all cases referred to Family Court are diverted instead of proceeding to a formal court hearing. Juveniles who commit crimes

involving drugs may be referred by the Family Court to the Juvenile Drug Court, rather than proceeding through the regular juvenile court system. Juveniles referred to the Drug Court undergo a six-to twelve-month program that includes intensive court supervision, drug treatment, school performance reviews, job placement, and development of social skills and interests outside the drug culture.⁵

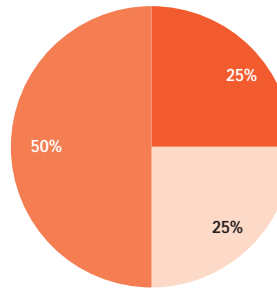
Rhode Island Family Court also administers 27 Juvenile Hearing Boards serving 29 communities and permitting the diversion of juveniles accused of status offenses or misdemeanors. Sanction options in this diversion process include community service, restitution, mental health or substance abuse counseling, and/or a community-based program.⁶ In 2002, 791 referrals were made to Juvenile Hearing Boards.⁷

Just over one in ten (12%) juveniles referred to Family Court for wayward, delinquent and probation violations in 2002 had been referred to Family Court at least twice before.⁸ Prevention, early intervention and positive youth development programs are the most cost-effective approaches to reducing delinquency and recidivism. Successful programs involve highly-trained counselors who work with youth, their families and teachers to promote responsible behavior, implement systems of support and build on strengths.^{9,10}

Juvenile Wayward/Delinquent Offenses Referred to Family Court, Rhode Island, 2002

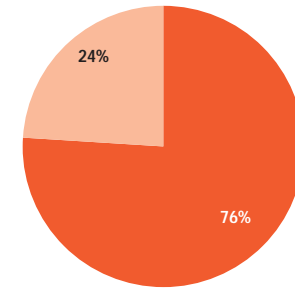
By Residence of Offender

25% Providence
25% Other Core Cities
50% Remainder of State



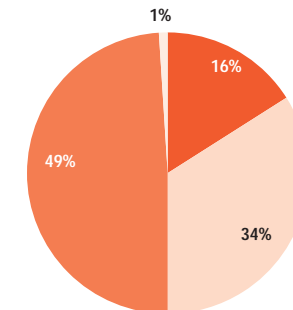
By Gender of Juvenile

76% Male
24% Female



By Age of Juvenile

16% Ages 13 or Younger
34% Ages 14 and 15
49% Ages 16 and 17
1% Over age 17



n=9,348 offenses

Source: Rhode Island Family Court, Juvenile Offense Report, 2002.

◆ In 2002 in Rhode Island, there were 5,049 juveniles (5% of youth ages 10 and 17) referred to Family Court for 9,348 wayward and delinquent offenses.

Juveniles Referred to Family Court

Juvenile Wayward/Delinquent Offenses Referred to Family Court, by Type of Offense, Rhode Island, 2002

29%	Property Offenses	9%	Traffic Offenses
14%	Status Offenses*	5%	Violent Crimes
14%	Disorderly Conduct	2%	Weapons Offenses
12%	Simple Assault	5%	Other**
10%	Alcohol and Drugs		

n = 9,348

*Status offenses are age-related violations 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, escapes from custody, and other offenses.

Source: Rhode Island Family Court, Juvenile Offense Reports for 2002.

Girls in the Juvenile Justice System

◆ Nationally, between 1991 and 2000, juvenile arrests of females increased more than male arrests in most offense categories.¹¹ Studies suggest that there has not been a significant increase in female behavior but rather a change in the response of the justice system. Most girls in the juvenile justice system are non-violent offenders charged with relatively minor status, property and drug offenses.¹²

◆ Many delinquent girls have been affected by sexual and physical abuse, familial substance abuse and domestic violence. Girls often use drugs and alcohol to numb the pain of such childhood trauma. Girls in the juvenile justice system have unique developmental, physical and emotional needs that are not met by current programs, which usually are designed for males.¹³

◆ In Rhode Island, DCYF and the Rhode Island Juvenile Justice Commission have formed an Advisory Committee, now in its second year, to assess the adequacy and availability of gender-specific services for court-involved girls and girls at risk of incarceration. Key goals are to address the consequences of victimization and substance abuse among girls. The effort will assess and develop gender-specific programming and services at the Training School.¹⁴

Juveniles Tried as Adults

◆ When a juvenile has committed a heinous and/or premeditated felony offense or has a history of felony offenses, the Attorney General may request that the Family Court Judge waive jurisdiction so that the juvenile may be tried as an adult in Superior Court. Waiver is mandatory for juveniles age 17 or older who are charged with murder, first degree sexual assault or assault with intent to commit murder.¹⁵

◆ A juvenile may also be “certified” allowing a court to sentence the juvenile to age 21 or beyond if there is otherwise an insufficient period of time in which to accomplish rehabilitation. While the child is still a minor the sentence is served at the Training School; upon reaching the age of majority the youth is transferred to an adult facility.¹⁶

◆ In 2002, the Attorney General’s Office filed 21 motions to waive jurisdiction to try juveniles as adults. Six of these were mandatory waivers. Two motions to waive were withdrawn, one was dismissed and eight juveniles were waived out of Family Court to adult court. In January 2002, there were 10 waiver motions pending before the Family Court.¹⁷

References for Indicator

¹ *Best Practices of Youth Violence Prevention: A Sourcebook for Community Action* (June 2002). Atlanta, GA: Centers for Disease Control and Prevention.

² *Facts About Youth Violence* (Fact Sheet, October 2002). Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

^{3,4,8} *2002 Juvenile Offense Report* (2003). Providence, RI: Rhode Island Family Court.

⁵ Rhode Island Family and Juvenile Drug Court, *Newsletter*, Issue 1: Winter 2000.

⁶ Pirolli, R. (2001). *Juvenile Hearing Board 2000 Year-End Report*. Providence, RI: Rhode Island Family Court.

⁷ Pirolli, R. (2003). *2002 Juvenile Hearing Board Year-End Report Summary* (2003). Providence, RI: Rhode Island Family Court.

⁹ Brown, D. et al (2002). *Barriers and Promising Approaches to Workforce and Youth Development for Young Offenders*. Baltimore, MD: The Annie E. Casey Foundation.

¹⁰ Mendel, R. (2001). *Less Cost More Safety: Guiding Lights for Reform in Juvenile Justice*. Washington, DC: The America Youth Policy Forum.

¹¹ Snyder, R. (November 2002). *Juvenile Arrests 2000*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

^{12,13} *Justice by Gender* (May 2001). Washington, DC: American Bar Association and National Bar Association.

¹⁴ Benedict, A. (November 2001). *Gender-Specific Programming for Girls and Young Women Along Rhode Island’s Continuum of Care*. Cranston, RI: CORE Associates.

^{15,16} R.I. Gen. Laws sections 14-1-7; 14-1-7.1; 14-1-7.2; 14-1-7.3.

¹⁷ Rhode Island Office of the Attorney General, 2002.

Juveniles at the Training School

DEFINITION

Juveniles at the training school is the number of juveniles up to age 21 who were in the care and custody of the Rhode Island Training School at any time during the 2001 calendar year. The total includes youth who spent time at the Training School and/or in other community placements while in the care and custody of the Training School.

SIGNIFICANCE

Juvenile detention facilities must balance public safety with the need for treatment and rehabilitation of young offenders.¹ A combination of persistent school problems, family issues, drug use, and/or unmet mental health and special education needs are associated with risk for involvement with the juvenile justice system. Youth who have been violently victimized are more likely to become violent offenders.²

Nationwide, only a fraction of incarcerated youth are violent and dangerous. Most are incarcerated for drug and property offenses that could be addressed through diversion programs. Black youth are incarcerated at five times the rate of White youth. Community placements can help address the large racial disparity among incarcerated youth.^{3,4,5}

Research indicates that alternatives to incarcerating youth are both more successful in preventing recidivism and

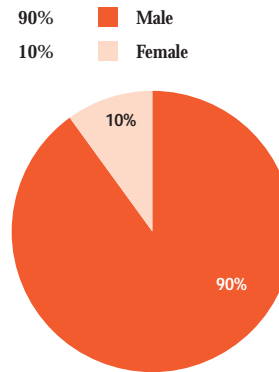
are more cost-effective. Successful efforts use comprehensive community-based strategies that identify risks for youth; focus on prevention, diversion and rehabilitation; and address reintegration into the community.⁶ A graduated system of sanctions, treatment and step-down programs can minimize recidivism.⁷ In general, for delinquent but non-dangerous youth, sanctions such as community service and restitution or diversion to drug court and substance abuse treatment are more effective than incarceration in reducing reoffending, particularly if integrated into comprehensive programming, counseling and supervision.⁸

The Department of Children Youth and Families operates the Rhode Island Training School for Youth, the state's residential detention facility for adjudicated youth and youth awaiting trial. There were a total of 1,061 youth in the care and custody of the Training School at some point during calendar year 2002. Of these, 18% were female.⁹

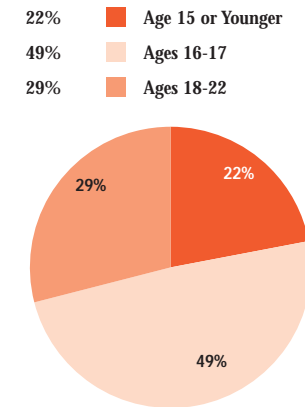
As of December 31, 2002, there were 202 youth on the grounds at the Training School, which is 18 more than its capacity. Of these, 43 were unadjudicated (i.e., awaiting trial). An additional 121 youth were within the care and custody of the Training School but were in temporary home or community placements. Three additional youth were classified as runaways.¹⁰

Juveniles in the Care and Custody of the Rhode Island Training School for Youth, December 31, 2002

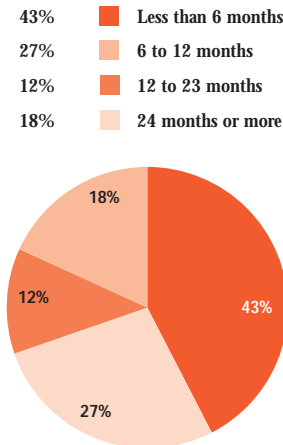
By Gender



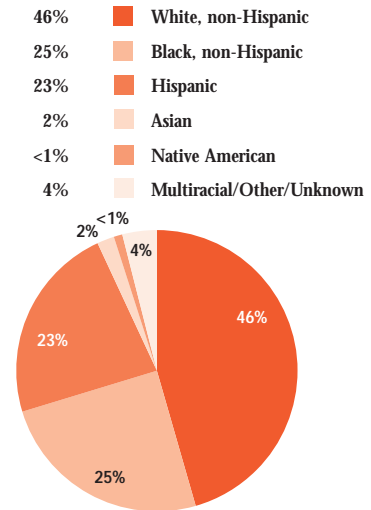
By Age



By Length of Time in Custody



By Race/Ethnicity



n = 165

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), December 31, 2002. Data are for adjudicated youth only and include youth in community placements.

Risk Factors for Involvement in the Juvenile Justice System

School Failure

◆ A survey of educational records of Training School youth confirms significant academic difficulty. Based on a random review of 86 records on December 1, 2002, 64% (55) had no records available or no records indicative of grades for the past two years. Of the 25 students who had any school records for the previous two years, 13 (52%) had failing grades and 12 (48%) had passing grades.¹¹

◆ During 2002, the average age of students at the Training School was 17. Their average self-reported grade placement was 9th grade and their average reading and math grade level was 7th grade.¹²

Unmet Needs for Special Education, Mental Health, or Substance Abuse Services

◆ The cause of delinquent behavior may be directly related to a child's undetected and/or inadequately treated disability, particularly addictive and mental health disorders.^{13,14} At the Rhode Island Training School on December 1, 2002, 41% of adjudicated and unadjudicated students were receiving special education services, almost twice the rate of students receiving special education services in Rhode Island public schools in 2002. Most (83%) of Training School students receiving special education services were receiving such services due to behavior disorders and 17% due to learning disabilities.^{15,16}

◆ On December 1, 2002, 12% of students at the Training School were receiving psychiatric care and 55% were receiving substance abuse treatment.¹⁷

◆ Appropriate special education and mental health services are critical to both prevent delinquency and assist in rehabilitation. School failure, unexcused absences, chronic disciplinary problems and grade retention may be associated with a disabling condition that has not been detected.¹⁸

History of Child Abuse or Neglect

◆ Thirty-seven percent of the adjudicated youth within the care and custody of the Training School on December 31, 2002 (including community placements) had at some point in their childhood been victims in an indicated incident of abuse or neglect.¹⁹

Prevention of Recidivism Among Delinquent Youth

◆ On December 31, 2002, 67% of the 326 youth in the care and custody of the Training School had been admitted to the Training School at least twice and 19% had been admitted to the Training School at least four times.²⁰

◆ Research indicates that early identification and treatment of youth at risk for chronic delinquency and immediate, intensive intervention involving the youth and his or her family in counseling, all-day academic programming and substance abuse treatment or counseling are effective in reducing chronic delinquency.²¹

◆ For serious, repeat, and violent juvenile offenders, the quality of rehabilitative services is critical, because most will return to the community. A successful model of rehabilitation for serious and violent juveniles includes intensive academic and physical work, earning "credit" through behavior to hasten release, trained staff and small staff/inmate ratios and groups, and a heavy focus on transition planning and aftercare services.²²

References

^{1,13,18} Puritz, P. et al. (1998). *Beyond the Walls: Improving Conditions of Confinement for Youth in Custody*. Washington, DC: American Bar Association Juvenile Justice Center and U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

² Shaffer, J. et al. (December 2002). *Violent Victimization as a Risk Factor for Violent Offending Among Juveniles*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

^{3,6,7} *Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders* (1998). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

⁴ Devine, P. et al. (December 1998). *Disproportionate Minority Confinement: Lessons Learned From Five States*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

⁵ *Minorities in the Juvenile Justice System, 1999 National Report Series* (December 1999). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

^{8, 21, 22} Mendel, R. (2001). *Less Cost, More Safety: Guiding Lights for Reform in Juvenile Justice*. Washington, DC: American Youth Policy Forum.

^{9,10,19,20} Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2002.

^{11,12,15,17} Rhode Island Training School for Youth, 2002.

¹⁴ Teplin, L. (January 2001). *Assessing Alcohol, Drug, and Mental Disorders in Juvenile Detainees, OJDP Fact Sheet*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

¹⁶ Rhode Island Department of Elementary and Secondary Education, Office of Special Education, 2002.

Children of Incarcerated Parents

DEFINITION

Children of incarcerated parents is the number of children with a parent in prison per 1,000 children under age 18. The data are reported by the place of the parent's last residence before entering prison.

SIGNIFICANCE

Between 1991 and 1999 in the U.S., the number of children with imprisoned fathers increased 58% and the number of children with imprisoned mothers increased 98%.¹

As a result of parental incarceration, and the crimes and arrests that precede it, most children experience disruption in their homes, a series of temporary caregivers or placement in foster care, financial hardship, and lack of contact with their parents.² Children of incarcerated parents are at greater risk for many negative behaviors including poor academic achievement, substance abuse, and criminal behavior and incarceration.^{3,4} Most children with incarcerated parents live in poverty before, during, and after their parents' incarceration and many have been exposed to violent or traumatic experiences.^{5,6}

Despite the large and increasing numbers of incarcerated parents, the children they leave behind remain a

hidden population with little attention paid to their special needs. The corrections system does not formally recognize these children. Their care arrangements are often handled informally by family members, so they rarely come to the attention of a child welfare agency. While the children may experience problems at school or in other areas of their lives, these problems are often not recognized as being related to the incarceration of a parent.^{7,8}

During the past twenty years, there has been a steady increase and change in the make-up of the prison population, due partly to stricter sentencing guidelines and mandatory sentences, particularly for drug-related offenses.⁹ One in three mothers in state prison committed drug-related crimes. Mothers are more likely than fathers to report drug use in the month prior to their arrest.¹⁰

Seventy percent of imprisoned parents in the U.S. do not have a high school diploma. More than one-quarter of fathers and half of mothers were unemployed in the month before their arrests.¹¹ Upon release from prison, a successful transition to the community often requires ongoing substance abuse or mental health services, adequate housing and assistance entering the job market.¹²



Incarcerated Parents in Rhode Island

- ◆ Of the 209 women in Rhode Island who were at the Rhode Island Department of Corrections (RIDOC) on December 31, 2002, 76% reported they have children. Of the 3,176 incarcerated men, 52% reported they have children.
- ◆ Of the 126 women with children who were serving a sentence at the RIDOC on December 31, 2002, 60% were serving a sentence for a nonviolent offense and 17% for a drug offense. Another 17% had committed violent offenses and 6% were serving sentences for other reasons. Of the 1,336 men with children serving sentences, 22% were serving sentences for nonviolent offenses, 22% for drug offenses, 35% for violent offenses and 20% for breaking and entering, sex offenses or other/unknown offenses.
- ◆ Of the 1,779 parents incarcerated in 2002 in Rhode Island, 49% were White, 29% were Black and 21% were Hispanic.

Source: Rhode Island Department of Corrections, December 2002.



Incarcerated Parents and Their Children in the United States

- ◆ Children of incarcerated fathers are three times more likely to be in the care of their other parent (the mother) than children of incarcerated mothers. The increasing incarceration of women is particularly disruptive for children, who are likely to lose their primary caretaker when a mother is incarcerated.^{13,14}
- ◆ Male offenders facing sentencing are more likely to be employed outside the home than female offenders, and employment history is often considered in sentencing. Female offenders, in contrast, are more likely to have primary parenting responsibilities, yet these responsibilities and the related well-being of children are rarely considered in sentencing decisions.¹⁵

Table 20.

Children of Incarcerated Parents, Rhode Island, 2002

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2000 TOTAL POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	2	3	4,745	0.6
Bristol	8	12	4,399	2.7
Burrillville	12	23	4,043	5.7
Central Falls	80	171	5,531	30.9
Charlestown	3	5	1,712	2.9
Coventry	29	66	8,389	7.9
Cranston	90	186	17,098	10.9
Cumberland	16	29	7,690	3.8
East Greenwich	5	13	3,564	3.6
East Providence	53	119	10,546	11.3
Exeter	9	22	1,589	13.8
Foster	1	3	1,105	2.7
Glocester	5	9	2,664	3.4
Hopkinton	3	4	2,011	2.0
Jamestown	2	3	1,238	2.4
Johnston	35	72	5,906	12.2
Lincoln	11	27	5,157	5.2
Little Compton	0	0	780	0.0
Middletown	7	16	4,328	3.7
Narragansett	13	37	2,833	13.1
New Shoreham	1	3	185	16.2
Newport	62	151	5,199	29.0
North Kingstown	16	30	6,848	4.4
North Providence	30	51	5,936	8.6
North Smithfield	3	8	2,379	3.4
Pawtucket	154	316	18,151	17.4
Portsmouth	4	10	4,329	2.3
Providence	651	1,483	45,277	32.8
Richmond	3	4	2,014	2.0
Scituate	3	5	2,635	1.9
Smithfield	6	12	4,019	3.0
South Kingstown	14	28	6,284	4.5
Tiverton	5	6	3,367	1.8
Warren	11	24	2,454	9.8
Warwick	60	113	18,780	6.0
West Greenwich	3	5	1,444	3.5
West Warwick	47	109	6,632	16.4
Westerly	23	39	5,406	7.2
Woonsocket	101	276	11,155	24.7
<i>Unknown Residence</i>	<i>198</i>	<i>408</i>	<i>NA</i>	<i>NA</i>
<i>Core Cities</i>	<i>1,095</i>	<i>2,506</i>	<i>91,945</i>	<i>27.3</i>
<i>Remainder of State</i>	<i>684</i>	<i>1,395</i>	<i>155,877</i>	<i>8.9</i>
<i>Rhode Island</i>	<i>1,779</i>	<i>3,901</i>	<i>247,822</i>	<i>15.7</i>

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Corrections based on self-reports from prisoners at the Adult Correctional Institution in Cranston, Rhode Island as of December 31, 2002.

*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.

References for Indicator

^{1,10,11,13} Mumola, C. (August 2000). *Incarcerated Parents and Their Children*. Washington, DC: Bureau of Justice Statistics, US Department of Justice.

^{2,3,8,12} Beatty, C. (1997). *Parents in Prison: Children in Crisis: An Issue Brief*. Washington, DC: Child Welfare League of America.

^{4,5,14,15} Krisberg, B. et al (October 2001). "The Plight of Children Whose Parents Are in Prison" in *NCCD Focus*. Washington, DC: National Council on Crime and Delinquency.

⁶ Seymour, C. (1998). "Children with Parents in Prison: Child Welfare Policy, Program, and Practice Issues" *Child Welfare*, Vol. 77, No.5, (September/October 1998). Washington, DC: Child Welfare League of America.

^{7,9} Seymour, C. B. and Wright, L. E. (2000). *Working with Children and Families Separated by Incarceration: A Handbook for Child Welfare Agencies*. Washington, DC: CWLA Press.

Children Witnessing Domestic Violence

DEFINITION

Children witnessing domestic violence is the percentage of reported domestic violence incidents in which children under age 18 were present in the home. The data are based on police reports of domestic violence in 2001. 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

National research indicates that millions of children are exposed to domestic violence each year.¹ In Rhode Island in 2001, police reports indicate that children were present in 35% of domestic violence incidents reported.² National surveys of mothers indicate that 80% to 90% of children in homes where there is domestic violence are aware of the abuse.³

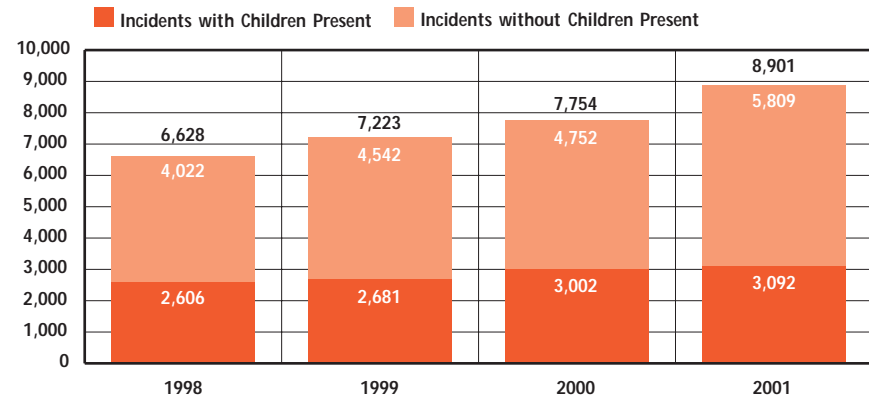
Children are exposed to domestic violence in several ways. They may witness or hear violent events, become directly involved by trying to intervene, or experience the aftermath of violence by seeing their mother's emotional and physical injuries or damage done to their homes.⁴ Children who are exposed to domestic violence are much more likely to be victims of child abuse and

neglect.⁵ The greater the intensity of the violence against an adult partner, the more likely it is that children are abused as well.⁶

Exposure to violence in the home impairs cognitive, academic and social functioning.⁷ Infants may fail to thrive and may not develop attachments to caregivers. Preschool and school-age children who witness domestic violence are more likely to be aggressive and to have behavior problems. They are more prone to depression, anxiety, fear, phobias, sleep disruption, and low self-esteem. Although many children experience these negative effects as a result of exposure to domestic violence, some children emerge from the experience relatively unscathed. A child's age and temperament, the severity and frequency of the violence, and the availability of adults who can emotionally protect or sustain the child greatly affect the child's response.⁹

The effects of exposure to domestic violence can last into adulthood. For males, growing up in a violent home is the strongest predictor of becoming a batterer in the teen and adult years. Both men and women who grow up in violent homes are at increased risk for depression and other trauma-related symptoms.¹⁰

Domestic Violence Incidents, Rhode Island 1998-2001



- ◆ The number of domestic violence incidents reported to Rhode Island police increased from 6,628 in 1998 to 8,901 in 2001. The number of reported incidents with children present increased from 2,606 in 1998 to 3,092 in 2001.

Source: Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit, 1998-2001. Includes domestic violence reports from local police and Rhode Island State Police.

Rhode Island's Response to Domestic Violence

- ◆ Rhode Island's statewide network of six shelters and advocacy programs provides services to victims of domestic violence, including shelter, advocacy, counseling and education. During 2002, 455 women and 359 children spent time in a domestic violence shelter. Rhode Island's domestic violence agencies provided services to 921 children including therapy, individual counseling, expressive arts therapy, and child care. The shelters also provide school-based domestic violence prevention programs.¹¹
- ◆ During Rhode Island's 2002 legislative session, a number of bills were passed that strengthen legal protections for victims of domestic violence. These provisions make stalking a felony on the first offense; allow bail and probation violators to be held without bail until the next court session; prohibit discrimination in housing against victims of domestic violence; and strengthen requirements that domestic violence be taken into account in structuring child visitation.¹²

Children Witnessing Domestic Violence

Table 21.

Domestic Violence Incidents with Children Present, Rhode Island, 2001

CITY/TOWN	TOTAL NUMBER OF DOMESTIC VIOLENCE INCIDENT REPORTS	TOTAL NUMBER OF INCIDENTS IN WHICH A CHILD WAS PRESENT	% OF INCIDENTS WITH CHILDREN PRESENT
Barrington	57	19	33%
Bristol	203	58	29%
Burrillville	103	51	50%
Central Falls	159	72	45%
Charlestown	44	16	36%
Coventry	261	95	36%
Cranston	436	147	34%
Cumberland	124	38	31%
East Greenwich	48	15	31%
East Providence	256	103	40%
Exeter	NA	NA	NA
Foster	19	5	26%
Glocester	94	25	27%
Hopkinton	47	22	47%
Jamestown	10	2	20%
Johnston	420	133	32%
Lincoln	81	31	38%
Little Compton	17	5	29%
Middletown	163	59	36%
Narragansett	124	45	36%
Newport	446	152	34%
New Shoreham	8	1	13%
North Kingstown	293	112	38%
North Providence	299	100	33%
North Smithfield	74	25	34%
Pawtucket	845	302	36%
Portsmouth	164	54	33%
Providence	1,733	564	33%
Richmond	17	4	24%
Scituate	35	19	54%
Smithfield	116	38	33%
South Kingstown	138	42	30%
Tiverton	196	72	37%
Warren	259	71	27%
Warwick	430	171	40%
Westerly	170	63	37%
West Greenwich	18	6	33%
West Warwick	244	95	39%
Woonsocket	622	218	35%
<i>Rhode Island State Police</i>	<i>128</i>	<i>42</i>	<i>33%</i>
<i>Core Cities</i>	<i>4,049</i>	<i>1,403</i>	<i>35%</i>
<i>Remainder of State</i>	<i>4,724</i>	<i>1,647</i>	<i>35%</i>
<i>Rhode Island</i>	<i>8,901</i>	<i>3,092</i>	<i>35%</i>

Children and Domestic Violence in Rhode Island

◆ Rhode Island police officers use special reporting forms to document children's exposure to domestic violence. The attending officer may check any combination of three boxes: Were children present during the incident? Did children witness the incident? Did children hear the incident?¹³

◆ In 2001, police officers reported that in 2,288 incidents the children saw their parent being abused and in 2,553 incidents the children heard (but did not see) their parent being abused.¹⁴

◆ Table 21 underrepresents the number of incidents of domestic violence in which a child was present because police reports are not fully completed in all cases. Additionally, many cases of domestic violence are never reported to police.

◆ Table 21 underestimates the total number of children who experienced domestic violence in their homes, because more than one child may be present at an incident.

Source of Data for Table/Methodology

The number of domestic violence incident reports and the number of incidents in which children were present are based on the Domestic Violence and Sexual Assault/Child Molestation Reporting Forms received by the Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit between January 1, 2001 and December 31, 2001.

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 for Indicator

¹ Domestic Violence and Children: Analysis and Recommendations" in *The Future of Children: Domestic Violence and Children*, Vol. 9, No. 3 (Winter 1999). Los Altos, CA: Center for the Future of Children, The David and Lucile Packard Foundation.

^{2,14} Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit. Based on data from Domestic Violence and Sexual Assault/Child Molestation Reporting Forms received from police departments between January 1, 2001 and December 31, 2001.

^{3,5,10} *Domestic Violence and Its Impact on Children* (Fact Sheet)(2000). Washington, DC: Children's Defense Fund.

^{4,7,8} Fantuzzo, J. and Mohr, W. (1999), "Prevalence and Effects of Child Exposure to Domestic Violence" in *The Future of Children: Domestic Violence and Children*, Vol. 9, No. 3 (Winter 1999). Los Altos, CA: Center for the Future of Children, The David and Lucile Packard Foundation.

⁶ *The Co-occurrence of Intimate Partner Violence Against Mothers and Abuse of Children* (1999). Atlanta, GA: Centers for Disease Control and Prevention.

⁹ McAlister Groves, B. "Mental Health Services for Children Who Witness Domestic Violence" in *The Future of Children: Domestic Violence and Children*, Vol. 9, No. 3 (Winter 1999). Los Altos, CA: Center for the Future of Children, The David and Lucile Packard Foundation.

¹¹ The Rhode Island Coalition Against Domestic Violence. Data for period from January 1, 2002 to December 31, 2002.

¹² "Top Priority Bills Passed This Year" in *Voices against Violence* (Summer/Fall 2002). Vol. 11, No.2. Providence, RI: Rhode Island Coalition Against Domestic Violence.

¹³ Rhode Island Domestic Violence and Sexual Assault Reporting Form.

Child Abuse and Neglect

DEFINITION

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

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, lack of a job or a decent place to live, emotional stress, isolation from extended family or friends, drug and/or alcohol abuse, mental illness, or domestic violence.¹ Recent studies confirm that child abuse is linked to increases in poor school performance, juvenile delinquency, running away, substance abuse, suicide, criminal behavior, emotional and mental health problems, promiscuity, and teenage pregnancy.^{2,3,4,5}

Many abusive parents lack essential parenting skills and are struggling with a combination of social and economic issues. Preventing child abuse and neglect requires help with housing, food, and child care as well as parenting education and counseling for substance abuse, domestic violence, and other problems. Families benefit from access to community-based, comprehensive services that are able to flexibly respond to their needs.^{6,7}

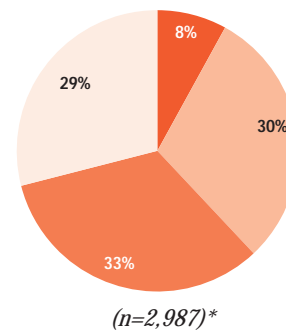
Responding to reports of child abuse and neglect and ensuring child safety in crisis situations are important functions of child protection systems. However, maintaining the capacity to focus on prevention is equally critical and frequently more cost-effective. Currently in Rhode Island, a disproportionate share of the budget of the Department of Children, Youth and Families (DCYF) continues to be spent on high-end costs such as psychiatric hospitalization, juvenile corrections, and residential treatment.^{8,9,10}

In 2002 in Rhode Island, there were 2,209 indicated cases of child abuse and neglect involving 2,987 children, a rate of 7.4 cases per 1,000 children.¹¹ During 2001, there were 29 children hospitalized with the diagnosis of child abuse or neglect.¹²

Child Abuse and Neglect, Rhode Island, 2002

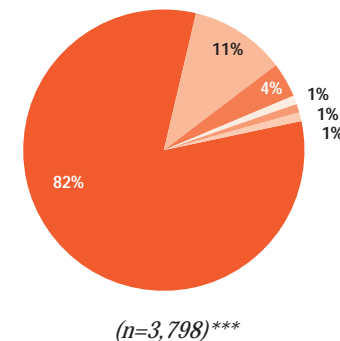
By Age of Victim

- 8% Under Age 1
- 30% Ages 1 to 5
- 33% Ages 6 to 11
- 29% Ages 12 and Older



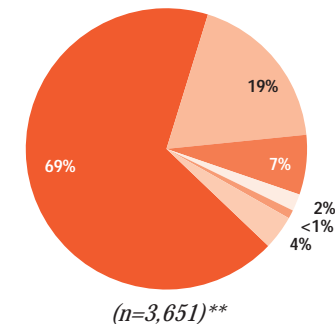
By Relationship of Victim to Perpetrator

- 82% Parents
- 11% Relatives/Household Members
- 4% Child Care Providers
- 1% Foster Parents
- 1% Residential Facility Staff
- 1% Other or Unknown



By Type of Abuse

- 69% Neglect
- 19% Physical Abuse
- 7% Sexual Abuse
- 2% Medical Neglect
- <1% Emotional Abuse
- 4% Other



Notes on Pie Charts

All data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2002. Numbers may not add to 100 due to rounding.

* 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.

DCYF (CANTS)* Hotline Calls for Reports of Abuse and/or Neglect, Investigations, and Indicated Cases, Rhode Island, 1995-2002

YEAR	TOTAL NUMBER UNDUPLICATED CHILD MALTREATMENT REPORTS	NUMBER OF COMPLETED INVESTIGATIONS**	NUMBER OF INDICATED CASES
1995	13,841	8,553	2,781
1996	13,098	8,398	2,541
1997	12,437	8,485	2,577
1998	12,674	8,463	2,459
1999	13,519	7,882	2,628
2000	13,580	7,635	2,234
2001	13,804	7,479	2,261
2002	14,545	7,254	2,209

◆ In 2002, DCYF received 14,545 calls to the Rhode Island Child Abuse Hotline (1-800-RI-CHILD); completed 7,254 investigations of child abuse reports; and determined that there were 2,209 indicated cases in which credible evidence existed that child abuse and/or neglect occurred.

* One investigation can be generated by multiple hotline calls.

Source: All data are from the Rhode Island Department of Children, Youth and Families, 1995-2002.

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

YEAR	NUMBER OF DEATHS	YEAR	NUMBER OF DEATHS
1993	3	1998	3
1994	5	1999	3
1995	5	2000	3
1996	4	2001	5
1997	2	2002	1
Total 1993-1997	19	Total 1998-2001	15

◆ Between 1993 and 2002, 34 children died as a result of injuries due to abuse by a parent or caretaker.

*Based on R.I. Department of Children Youth and Families determination of death due to child abuse or neglect by a parent or caretaker.

Family and Community Centered Practice

◆ The objectives of the Adoption and Safe Families Act of 1997 include the safety, stability and well-being of children. Spurred by these goals, as well as the Act's requirements for adherence to strict timelines, national research has focused on developing new approaches for child welfare systems. Family-centered practice is one such strategy. It seeks to use the strengths of nuclear and extended families and communities in order to be culturally competent and to promote strong networks of both formal and informal community-based resources.¹³

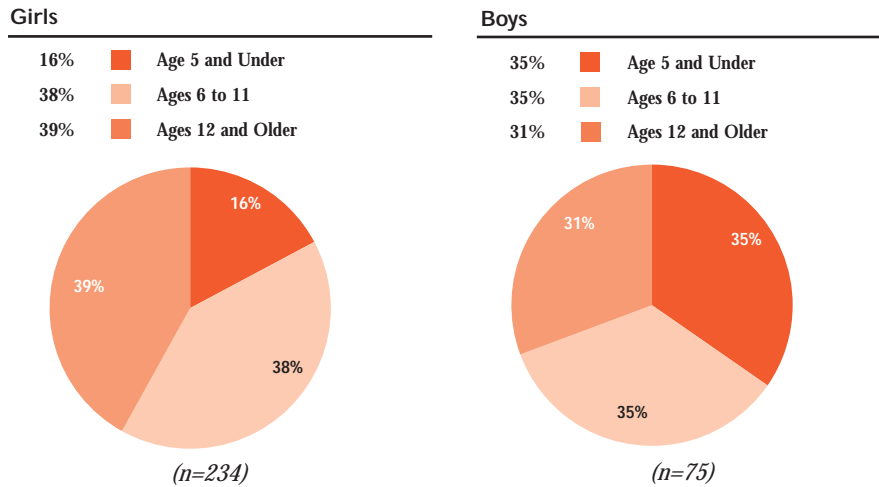
◆ The Family-Centered Practice Initiative is a Rhode Island demonstration project initiated in 2001 that seeks to change DCYF practices in order to better involve families in designing strategies for achieving desired family outcomes. Core practice strategies include full-disclosure, strength-based assessments, family-driven case plans, concurrent planning (i.e., simultaneous planning for reunification with the family and for alternative permanent placement) and the use of professional teams.¹⁴

◆ Recognizing that change within DCYF is not sufficient, the initiative is designed to involve communities and community providers in this new approach and to measure concrete outcome changes achieved for children.¹⁵

◆ As part of bringing the demonstration project to scale throughout the state, in 2003 the initiative will begin providing comprehensive training in family-centered practice to both DCYF staff and community service providers. The initiative also aims to implement neighborhood-based strategies to recruit and train community partners, and resource families to provide family-to-family support within the community.¹⁶

Child Abuse and Neglect

Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2002



◆ In Rhode Island in 2002, there were 309 indicated allegations (confirmed claims) of sexual abuse. Some children were victims of sexual abuse more than once. Multiple allegations may be involved in each indicated investigation. An indicated allegation of abuse is defined as one in which credible evidence was found indicating sexual abuse.

◆ In 76% (234) of the 309 indicated allegations of sexual abuse the victim was a female. More than half of the victims (55% of girls and 70% of boys) were under age 12.

◆ The most frequent perpetrators of sexual abuse were relative caretakers (20%), other household caretakers (17%), step-parents (16%), birth parents (15%) and baby sitters/caretakers (13%). There were two instances of sexual abuse by residential facility staff and two instances of sexual abuse by a day care provider.

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2002.

Maltreatment of Children with Disabilities

◆ Studies indicate that children with disabilities are between two and three times more likely to be maltreated than children without disabilities. Children with emotional and behavioral disorders are at greatest risk of abuse and neglect.¹⁷

◆ A number of factors can contribute to increased rates of abuse and neglect of children with disabilities. Family stress, isolation, lack of supports and training are contributing factors.¹⁸

◆ Institutionalization and care provided by caregivers who may be encouraged to remain emotionally detached can contribute to increased neglect and abuse rates. Societal attitudes and myths may lead to devaluing and/or segregating children with disabilities and may increase abuse rates.¹⁹

◆ The child's physical and emotional reliance on caregivers and lack of understanding of appropriate personal boundaries may increase vulnerability.²⁰

◆ Preventing abuse of children with disabilities requires a combination of strategies aimed at changing societal attitudes about children with disabilities; providing families with parenting education, respite, and access to a variety of supports and services; increasing the knowledge and safety skills of children with disabilities; and effective policies and procedures in settings involving non-familial caregivers, including supervision, training and adequate staff/client ratios.²¹

Table 22.

Indicated Cases of Child Abuse and Neglect, Rhode Island, 2002

CITY/TOWN	TOTAL POPULATION OF CHILDREN UNDER AGE 21	NUMBER OF INDICATED CASES OF CHILD ABUSE/NEGLECT	2002 RATE OF CASES OF CHILD ABUSE/NEGLECT PER 1,000 CHILDREN
Barrington	5,211	11	2.1
Bristol	6,294	27	4.3
Burrillville	4,646	21	4.5
Central Falls	6,443	63	9.8
Charlestown	1,952	11	5.6
Coventry	9,438	58	6.1
Cranston	19,854	120	6.0
Cumberland	8,595	41	4.8
East Greenwich	3,861	10	2.6
East Providence	12,060	78	6.5
Exeter	1,790	5	2.8
Foster	1,234	6	4.9
Glocester	2,998	10	3.3
Hopkinton	2,255	10	4.4
Jamestown	1,354	7	5.2
Johnston	6,729	40	5.9
Lincoln	5,720	25	4.4
Little Compton	874	4	4.6
Middletown	4,757	27	5.7
Narragansett	3,897	13	3.3
New Shoreham	203	0	0.0
Newport	7,046	83	11.8
North Kingstown	7,561	46	6.1
North Providence	6,854	47	6.9
North Smithfield	2,674	10	3.7
Pawtucket	20,870	196	9.4
Portsmouth	4,726	12	2.5
Providence	62,125	600	9.7
Richmond	2,221	11	5.0
Scituate	2,944	9	3.1
Smithfield	6,112	8	1.3
South Kingstown	10,393	34	3.3
Tiverton	3,806	22	5.8
Warren	2,809	21	7.5
Warwick	21,330	142	6.7
West Greenwich	1,606	6	3.7
West Warwick	7,746	91	11.7
Westerly	6,094	38	6.2
Woonsocket	12,792	188	14.7
Out of State/Unknown	NA	58	NA
Core Cities	117,022	1,221	10.4
Remainder of State	182,852	988	5.4
Rhode Island	299,874	2,209	7.4

Source of Data for Table/Methodology

Data are from the State of RI Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), number of reports (indicated investigations) for the period January 1, 2002 to December 31, 2002. An indicated investigation is an investigated report of child abuse and neglect for which credible evidence exists that child abuse and/or neglect occurred. An indicated investigation can involve more than one child and multiple allegations.

The denominator is the number of children under the age of 21 according to the 2000 U.S. Census of Population.

References for Indicator

- ^{1,2,6} *America's Children at Risk: A National Agenda for Legal Action* (1993). Chicago, IL: American Bar Association, Working Group on the Unmet Legal Needs of Children and Their Families.
- ^{3,7} "Protecting Children from Abuse and Neglect" in *The Future of Children*, Vol. 8, No. 1 (Spring, 1998). Los Altos, CA: Center for the Future of Children, The David and Lucile Packard Foundation.
- ⁴ English, D. (1998). "The Extent and Consequences of Child Maltreatment" in *The Future of Children*, Vol. 8, No. 1 (Spring, 1998). Los Altos, CA: The David and Lucile Packard Foundation.
- ⁵ Chalk, R. et al. (May, 2002). *The Multiple Dimensions of Child Abuse and Neglect: New Insights into an Old Problem*. Washington, DC: Child Trends.
- ⁸ D'Ambra, L. (September 2001). *DCYF System of Care Task Force Report of the Current Reality Subcommittee*. Providence, RI: Office of the Child Advocate.
- ⁹ *A Review of the Rhode Island Department of Children, Youth and Families* (January 2001). Providence, RI: Rhode Island Public Expenditure Council.
- ¹⁰ *Towards an Organized System of Care for Rhode Island's Children, Youth and Families* (January 2003). The Report of the Rhode Island System of Care Task Force.
- ¹¹ Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System, 2002.
- ¹² Rhode Island Department of Health, Hospital Discharge Database, FY 2001.
- ¹³ *Rethinking Child Welfare Practice under the Adoption and Safe Families Act of 1997* (November 2000). Washington, DC: U.S. Department of Health and Human Services.
- ^{14,15,16} *Family Centered Practice: A New Perspective on Permanency for Rhode Island's Child Welfare System*. Material developed in collaboration with: The Rhode Island Department of Children, Youth and Families; The Child Welfare Institute at Rhode Island College; The National Resource Center for Foster Care and Permanency Planning; The National Child Welfare Resource Center for Family-Centered Practice.
- ^{17, 18, 19, 20, 21} *The Risk and Prevention of Maltreatment of Children with Disabilities* (February 2001). Washington, DC: The Administration for Children and Families, National Clearinghouse on Child Abuse and Neglect.

Children in Out-of-Home Placement

DEFINITION

Children in out-of-home placement is the number of children who have been removed from their families and are in the care of the Rhode Island Department of Children, Youth and Families (DCYF) while awaiting permanent placement. Out-of-home placements include foster homes, placement with a relative or friend, group home, shelter care, residential treatment, and medical facility. Permanent placement includes reunification with the family, adoption or guardianship.

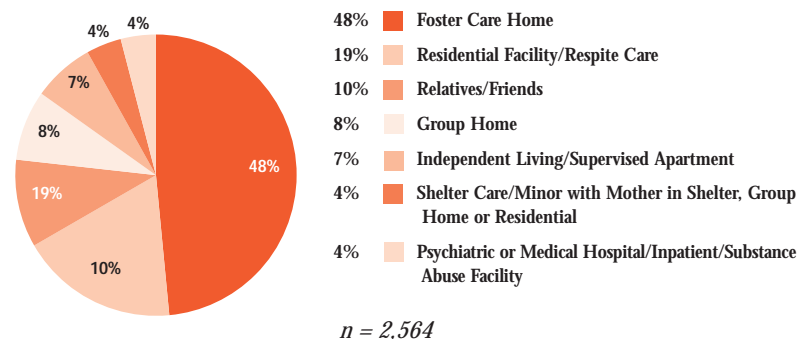
SIGNIFICANCE

Children need stability, permanency and safety in order to develop and flourish. Removal from the home may be necessary for the child's safety and well-being; however, it is disruptive and can be traumatic for both the child and the family.¹ Children who have been abused or neglected are particularly vulnerable and in need of a safe, stable and permanent environment which provides for their well-being. Yet children in out-of-home care frequently remain in temporary placements for extended periods of time, experience multiple placements, lose contact with family members, friends and

neighborhoods, and may experience recurrence of abuse.² Older children may linger in care until adulthood.

Long-term stays in temporary out-of-home placement can negatively affect children, causing emotional, behavioral or educational problems that adversely affect their future well-being and self-sufficiency.³ Children in out-of-home care suffer more frequent and more serious medical, developmental, and mental health problems than nearly any other group of children. Nationally, systemic and service barriers prevent many children in state custody from receiving adequate care. Effective strategies to promote the optimal development of children in out-of-home placement include: assessment on system entry; a comprehensive system of care to address identified health (physical, mental, emotional, behavioral) and educational needs immediately; family involvement; training and education for caregivers; coordinated services and funding strategies; and using a managed care model that addresses the complex needs of children in the child welfare system.^{4,5}

Children in Out-of Home Placement, December 2002



◆ As of December 31, 2002, there were 2,564 children under age 21 in the care of DCYF who were in out-of-home placement.

◆ The total caseload of DCYF on December 31, 2002 was 8,327 including 2,929 children living in their home (with a parent, guardian or step-parent) under DCYF supervision; 2,449 children receiving subsidized adoption supports; 203 children/youth in detention at the Training School or in prison; 37 children in out-of-state placement/ placement with another agency; and 15 children in Job Corps or other placement. An additional 130 children and youth in the care of DCYF were classified as unauthorized absence/runaways.

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2002.

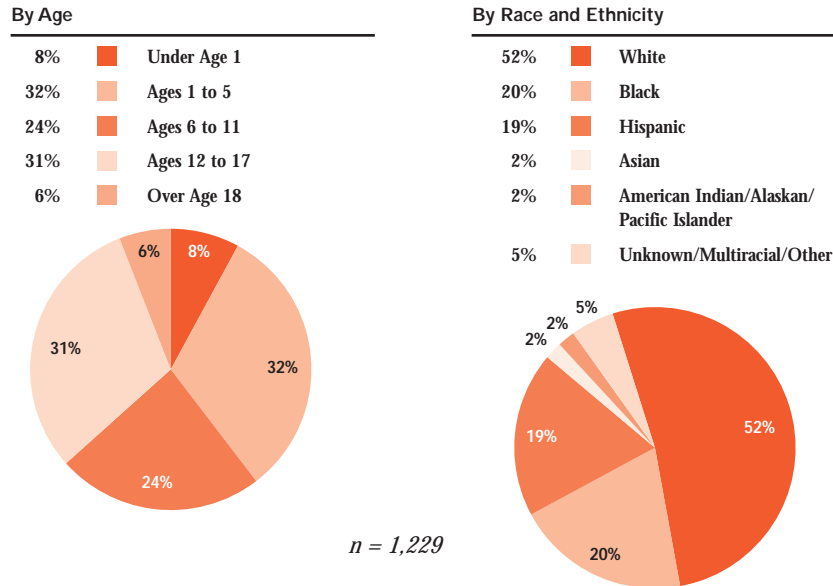
Night-to-Night Placements

◆ Night-to-night placements refer to the temporary nightly placement of youths under the care of DCYF who are awaiting longer-term placements. Night-to-night placements are currently the subject of pending litigation between the Department of Children, Youth and Families and the Office of the Child Advocate, which seeks to eliminate such placements.

◆ In 2002, 487 children (an average of 18 children per week) were placed in night-to-night placements. This was a total of 2,322 bed nights. i.e., instances when a night-to-night placement is used by a child and paid for by DCYF.⁶

Children in Out-of-Home Placement

Children in Foster Care Homes, Rhode Island, 2003



Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), January 2003.

◆ As of January 2, 2003, there were 1,229 children in foster care homes. Of these, 561 (46%) were in non-relative foster homes, 545 (44%) were in relative foster homes, and 123 (10%) were in the care of private agencies. Four additional children were in respite care. In Rhode Island and nationally there is an ongoing shortage of foster parents.^{7,8}

References for Indicator

¹ "Protecting Children from Abuse and Neglect" in *The Future of Children*, Vol. 8, No.1 (Spring 1998). Los Altos, CA: Center for the Future of Children, The David and Lucile Packard Foundation.

² *Child Welfare Outcomes 1998, Annual Report* (2000). Washington, DC: U.S. Department of Health and Human Services.

³ Lovejoy, Anna (October 2000). *A Place to Call Home: State Efforts to Increase Adoptions and Improve Foster Care Placements*. Washington, DC: National Governor's Association Center for Best Practices.

⁴ *Health Care Needs of Children in the Foster Care System* (May 2002). Washington, D.C.: Georgetown University Child Development Center.

◆ The Adoption and Safe Families Act of 1997 (ASFA) recognizes that the broad goals of child protection systems are child safety, permanency and well-being. Preventing the recurrence of abuse or neglect, ensuring the safety of children in out-of-home placement, and maximizing stability of placements are the paramount concerns which the Act seeks to address.

◆ Of the 1,624 Rhode Island children who were victims of abuse or neglect during the first six months of federal fiscal year 2001 (whether or not they were removed from the home), 11.0% (179) experienced one or more recurrences of abuse or neglect within 6 months, down from 12.6% in 1998.⁹

◆ In FY 2001, 21% (1,710) of children who had been in out-of-home care for less than one year had experienced 3 or more placements, down from 27% in FY 1998. Three or more placements were experienced by 45% of children who had been in care between 12 and 23 months, down from 47% in 1998; 54% of children who had been in care for 24-35 months experienced three or more placements (no change from 1998).¹⁰

◆ One measure of well-being is the level of educational services and special education supports that children who have special needs are receiving while in DCYF custody. The Educational Surrogate Parent Program at the Office of the Child Advocate advocates for children's special educational needs while in out-of-home care. As of December 2002, the Surrogate Program had 1,028 open cases on children with special educational needs.¹¹

⁵ Knitzer, J. (2001). *Improving the Odds for Healthy Development of Young Children in Foster Care*. New York, NY: National Center for Children in Poverty.

^{6,11} Office of the Child Advocate, January 2003.

⁷ *Recruiting Foster Parents* (2002). Washington, D.C.: Department of Health and Human Services, Office of Inspector General.

⁸ *Retaining Foster Parents* (2002). Washington, D.C.: Department of Health and Human Services, Office of Inspector General.

^{9,10} National Child Abuse and Neglect Data System, Detailed Case Data Component, Annual Foster Care Database, January-September, 1998, 1999, 2000, 2001 and FY 1998, 1999, 2000, 2001.

Adoption and Permanency

DEFINITION

Adoption and permanency is the percentage of children in out-of-home care who transition to a permanent placement through adoption, reunification or guardianship. Data are for all children who were in out-of-home placement during federal fiscal year 2001.

SIGNIFICANCE

The uncertainty of multiple, prolonged or unstable out-of-home placements has negative effects on children's emotional well-being, identity formation, and sense of belonging, impacting behavior, academic achievement and long term self-sufficiency.^{1,2} Youth who age out of care without finding a permanent placement or who spend significant parts of their adolescence in foster care suffer disproportionately from poverty, unemployment, academic failure, incarceration and premature parenting.³

One of the goals of the federal Adoption and Safe Families Act of 1997 (ASFA) is to ensure that children exit out-of-home placement to permanent placement, i.e. reunification, adoption or guardianship, as quickly as possible without jeopardizing the child's safety. Effectiveness in achieving permanency

must include the interrelated measures of how quickly permanency is achieved, the proportion of children for whom it is achieved, and the lasting success of the permanent placements.⁴ In addition, increasing attention is being paid to the long-term personal, social, academic and economic outcomes achieved for children who leave the child welfare system.^{5,6,7}

National experience indicates that particular attention must be paid to populations of children for whom permanency may be more difficult to achieve. This includes older children, children with disabilities and minority children.^{8,9} Planning for permanency requires a mix of family-centered and legal strategies designed to ensure that children and youth have safe, caring, stable and lifelong families in which to grow up.¹⁰

In Rhode Island, during federal fiscal year 2001, 29% (1,049) of the 3,615 children in out-of-home placement exited care to a permanent placement.¹¹

Percentage of Children in Out-of-Home Care Exiting Care to a Permanent Placement, Rhode Island, FY 2001

Of the 3,615 children in out-of-home placement in FY 2001, twenty-nine percent (1,049) exited care to a permanent placement.

Children Who Exited Foster Care in FY 2001

	All Exits	With Disability	Age 12 or More at Entry
Adoption	14%	12%	N/A
Guardianship	3%	3%	2%
Reunification with Parents	69%	65%	72%
Other	14%	19%	24%
Missing	1%	<1%	2%
<i>Total Number</i>	<i>1,227</i>	<i>242</i>	<i>561</i>

◆ In FY 2001 there were 3,615 children in out-of home placements. Of these, 1,227 children exited care. Of the children who exited care, 1,049 children exited to a permanent placement such as adoption, guardianship or reunification. This was 86% of those exiting care but 29% of those in out-of-home placement.

Source: U.S. Department of Health and Human Services, Adoption and Foster Care Analysis and Reporting System (AFCARS) Annual Foster Care Database, FY 2001. Throughout this indicator, fiscal year refers to federal fiscal year, Oct. 1 - Sept 30.

Children Aging Out of Foster Care*

◆ Children who do not exit care promptly may eventually "age out," never having found a permanent placement. In FY 2001, 77 Rhode Island children exited out-of-home placement to emancipation. Of these, 81% were older than age 12 at entry into care.¹²

◆ Successful permanency planning for older children must be individualized to the youth's situation and open to an expanded range of permanency options including adoption (both with and without continued contact with birth parents or other family members), subsidized guardianships, permanent relative placement and planned long-term foster care.¹³

*Foster care refers to all out-of home placements, consistent with language used in federal reports.

Length of Time to Adoption or Reunification, Rhode Island, FY 1998-2001

	Adoption		Reunification	
	1998	2001	1998	2001
Less than 24 months	28%	44%	75%	86%
More than 24 months	63%	55%	6%	11%
Missing data	9%	1%	19%	3%

◆ The percentage of children in the Rhode Island child welfare system who were adopted in less than 24 months increased from 28% in FY 1998 to 44% in FY 2001.

◆ The percentage of children in the Rhode Island child welfare system who were reunified with their family of origin in less than 24 months increased from 75% in FY 1998 to 86% of children in FY 2001.

Source: U.S. Department of Health and Human Services, AFCARS Annual Foster Care Database, FY 1998 and 2001.

Children Re-Entering Foster Care after Prior Episode, FY 1998-2001

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

◆ In FY 2001, 34% of children in Rhode Island who entered out-of-home placement were re-entering after a prior episode, up from 27% in 1998.¹⁴

◆ Research indicates that adoptions are most likely to be successful when agencies provide accurate information about the circumstances of the children to be adopted, assist families with obtaining compensatory education services for the children, and offer flexible, long-term, post-adoptive services.¹⁵ Specialized support is particularly critical for families adopting children with special needs, and may need to include family and child therapy and respite care.¹⁶

Adoptions of Children in DCYF Care, 2002

◆ In calendar year 2002, 254 children in the care of DCYF were adopted in Rhode Island. Of these children, 52% were White, 20% were Black, 14% were Hispanic and 14% were other racial/ethnic groups or unknown.

◆ Of the children adopted, 54% were under age 6, 37% were between age 6 and 11 and 9% were age 12 or older.

◆ As of December 31, 2002, 207 children in the care of DCYF were awaiting adoption. Of these children, 49% were White, 25% were Black, 21% were Hispanic and 5% were other racial/ethnic groups or unknown.

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2002.

References

- ¹ Lovejoy, A (October 2000). *A Place to Call Home: State Efforts to Increase Adoptions and Improve Foster Care Placements*. Washington, DC: National Governor's Association Center for Best Practices.
- ^{2,10} "Preface to Contemporary Issue in Permanency Planning" in *Child Welfare* (March/April, 2002). Vol. LXXXI, #2.
- ³ Wertheimer, R. (December 2002). "Youth who 'Age Out' of Foster Care: Troubled Lives, Troubling Prospects" in *Child Trends Research Brief*. Washington, DC: Child Trends.
- ⁴ *Child Welfare Outcomes 1998, Annual Report* (2000). Washington, DC: U.S. Department of Health and Human Services.
- ⁵ Billing, A. (May 2002). *Children Cared for by Relatives: What Do We Know about Well-Being?* Washington, DC: Urban Institute.
- ^{6, 8} Rosenau, N. (September 2000). "Do We Really Mean Families for All Children? Permanency Planning for Children with Developmental Disabilities" in *Policy Research Brief*. Vol 1, No. 2. Minneapolis, MN: University of Minnesota.
- ^{7, 9,13} Kemp, S. et al. "Beyond Termination: Length of Stay and Predictors of Permanency for Legally Free Children" in *Child Welfare* (January/February, 2002). Vol LXXXI, #1.
- ^{12,14} U.S. Department of Health and Human Services, AFCARS Annual Foster Care Database, FY 2001. Missing data in 1998 (25%) and to a lesser extent in 1999 (5%) may be responsible for some of the differential.
- ¹⁵ Barth, R. (2000). "What Works in Permanency Planning: Adoption" in *What Works in Child Welfare*. Washington, DC: CWLA Press.
- ¹⁶ McGlone, K. et al. "Psychological Stress in Adoptive Parents of Special-Needs Children" in *Child Welfare* (March/April 2002). Vol.LXXXI, #2.