

# Safety

## Mother's Song to a Baby

First  
this little baby  
has been given life  
through the medicine man's song  
through the medicine man's  
prayer  
for this baby the songs  
have been sung

Next  
the baby's mother  
has taken care of him  
with the songs of the rain gods

This  
little baby  
in his cloud-cradle  
was watched over  
by his mother

It  
was  
nice  
how the clouds  
came up like foam  
and  
as if he  
was among them  
this little baby  
was cared for

By anonymous Native American



# Child Deaths

## DEFINITION

*Child deaths* are 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.<sup>1</sup> Children living in poverty are at the greatest risk for injury and death. Research indicates that poor children are more likely to die at every age and are five times more likely to die from infectious diseases and parasites.<sup>2</sup>

In Rhode Island, between 1998 and 2002 there were 151 child deaths of children ages 1 to 14. Of these deaths, 98 (65%) were due to disease, 42 (28%) were due to unintentional injuries and 7% were due to intentional injuries (9 homicides and 2 suicides).<sup>3</sup> Between 1998 and 2002, Rhode Island had a child death rate of 15.5 per 100,000 children ages 1 to 14.<sup>4</sup>

Unintentional injuries are the leading cause of death for children ages 1 to 14 in Rhode Island, exceeding deaths from

any single disease.<sup>5</sup> These injuries and deaths disproportionately affect poor children, young children, males, children in families with low levels of education and employment, children with developmental disabilities and minority children.<sup>6</sup> In the United States, the child death rate has steadily declined due to constant medical advances and a drop in motor vehicle accidents, the leading cause of injury among children. The death rates for Black and Native American children are higher than the rates for other children.<sup>7</sup>

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 self-sufficient.<sup>8</sup>

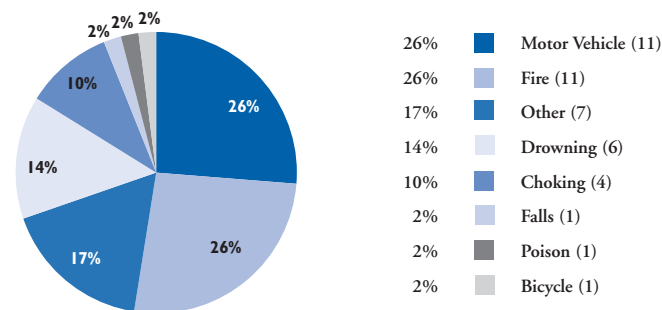
Child Death Rate (per 100,000 Children Ages 1-14)		
	1990	2000
RI	24	17
US	31	22
National Rank*		7th
New England Rank**		5th

\*1st is best; 50th is worst

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

Source: *KIDS COUNT Data Book: State Profiles in Child Well-Being 2003*. (2003). Baltimore, MD: The Annie E. Casey Foundation.

**Child Deaths by Cause of Unintentional Injury, Rhode Island, 1998-2002**



n=42

\* may not total 100% due to rounding

Source: Rhode Island Department of Health, Maternal and Child Health Database, 1998-2002.

◆ In Rhode Island, as well as nationally, motor vehicle accidents are the most common unintentional cause of injury deaths to children ages 1 to 14. Between 1998 and 2002 motor vehicle accidents caused 26% of the unintentional injuries that resulted in child deaths in Rhode Island.<sup>9</sup>

◆ Effective safety products or changing the child's environment can greatly reduce child deaths. Child restraints in cars, functional smoke alarms, reducing speed in residential areas, wearing safety helmets, locking windows and doors, using child proof tops on bottles and containers and blocking stairs with gates are a few examples of preventive measures.<sup>10,11</sup>

## References for Indicators

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

<sup>2,7</sup> *KIDS COUNT Data Book 2003: State Profiles of Child Well-Being*. (2003). Baltimore, MD: The Annie E. Casey Foundation.

<sup>3,4,5,9</sup> Rhode Island Department of Health, Maternal and Child Health Database, 1998-2002.

<sup>6</sup> *Childhood Injury Fact Sheet*. (2000). Washington, DC: National Safe Kids Campaign

<sup>8</sup> Miller, T.R., E.O. Romano, R.S. Spicer. (Spring/Summer 2000). The Cost of Childhood Injuries and the Value of Prevention. *The Future of Children*, Vol.10, No. 1. Los Altos, CA: Center for the Future of Children, The David and Lucile Packard Foundation.

<sup>10</sup> *Child Passengers at Risk in America: A National Study of Restraint Use*. (February 2002). Washington, DC: National Safe Kids Campaign.

<sup>10</sup> *America's Children: Key National Indicators of Well-Being 2003*. (2003). Washington, DC: Federal Interagency Forum on Child and Family Statistics.

<sup>11</sup> Child Accident Prevention Trust. (2002). *Children and Accidents Factsheet*. January 15, 2004, from www.capt.org.uk

## 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. Teens' emotional health, including self-esteem and mental illness, further impacts their 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.<sup>1,2</sup>

According to the *2003 Rhode Island Youth Risk Behavior Survey*, Rhode Island high school students are exposed to numerous risks and frequently engage in risk behaviors. Students report that at least once during the past month, 6% did not go to school because they felt unsafe. During the past year, 5% of students were injured in a physical fight requiring treatment by a health professional and 8% were physically hurt by a boyfriend or girlfriend. Other risk behaviors reported by youth include, attempting suicide in the past

year (8%); riding in a vehicle during the past 30 days driven by someone who had been drinking alcohol (28%); and never or rarely wearing a seatbelt when riding in a car (16%).<sup>3</sup>

Between 1998 and 2002, there were 157 deaths of teens ages 15 to 19. Of these, 43 (27%) were due to disease, 49 (31%) were due to intentional injury and 64 (41%) were due to unintentional injuries (accidents). Of the intentional injuries, 31 were homicides and 18 were suicides. More than two-thirds of the accidental deaths involved motor vehicles.<sup>4</sup>

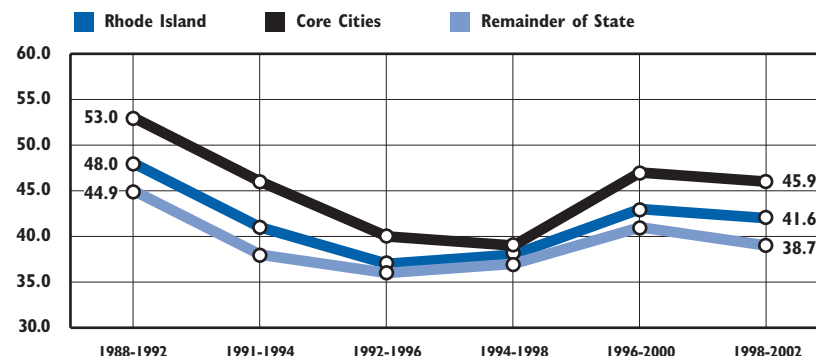
Teen Deaths by Accident, Homicide and Suicide (deaths per 100,000 Children Ages 15-19)		
	1990	2000
RI	35	40
US	71	51
National Rank*		9th
New England Rank**		4th

\*1st is best; 50th is worst

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

Source: *KIDS COUNT Data Book: State Profiles in Child Well-Being 2003*. (2003). Baltimore, MD: The Annie E. Casey Foundation.

Teen Death Rate, Ages 15-19, Rhode Island and Core Cities, 1988-2002



Source: Rhode Island Department of Health, Maternal and Child Health Database, 1988-2002. Data for 2000-2002 are provisional. Data for 1990 are not available. Rates per 100,000 teens age 15-19.

- ◆ During the late 1980s and early 1990s, the core cities and the remainder of the state experienced a decline in the teen death rate.<sup>5</sup>
- ◆ The teen death rate for the core cities remained consistently higher than the rate for the remainder of the state between 1988 and 2002.<sup>6</sup>

## References for Indicators

<sup>1</sup> Resnick, et al. (September 1997). Protecting Adolescents from Harm. Findings from the National Longitudinal Study on Adolescent Health. *Journal of American Medical Association*, Vol. 10, pp. 823-32.

<sup>2</sup> *Youth Violence in the United States. (Fact Sheet)*. (January 2000). Atlanta, GA: Centers for Disease Control and Prevention.

<sup>3</sup> *2001 Rhode Island Youth Risk Behavior Survey*. (2002). Providence, RI: Rhode Island Department of Health.

<sup>4</sup> Rhode Island Department of Health, Hospital Discharge Database, 1998-2002.

<sup>5,6</sup> Rhode Island Department of Health, Hospital Discharge Database, 1988-2002.

# Gun Violence

## DEFINITION

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

## SIGNIFICANCE

Gun violence affects all children and youth, not only those who are victims and perpetrators. Gun violence threatens the psychological, emotional, and social well-being of individuals and communities.<sup>1</sup> In the late 1980s and early 1990s the accessibility of handguns became a major safety concern for children and youth in the United States. The youth gun violence epidemic peaked in 1994, when 5,833 young people under age 20 died from firearm injuries.<sup>2</sup> Between 1994 and 2000 in the U.S., the number of firearm-related deaths per year decreased by 48% to 3,012.<sup>3</sup> The gun death rate is still cause for concern. In the U.S., 8 children and teens are killed by gunfire every day, and nearly 90,000 children and teens have died from gunshot wounds since 1979.<sup>4</sup>

Research shows a strong correlation between firearm availability and firearm-related deaths and injuries among children and teens. Between

1988 and 1997, a disproportionately high number of 5-14 year olds died by gunfire in states and regions with the highest levels of gun ownership.<sup>5</sup> The availability of guns in the home significantly increases the risk of suicide and unintentional injury for children under 20 years of age. More than 75% of the guns used in youth suicide attempts and unintentional injuries are stored in the residence of the victim, a relative, or a friend.<sup>6</sup> In the late 1990s, it was estimated that 35% to 40% of American households had guns, and as many as 25% had handguns.<sup>7</sup> A reported 1.4 million homes, with 2.6 million children, have firearms that are stored unlocked and loaded or unlocked and unloaded but stored with ammunition.<sup>8</sup>

Between 1995 and 1999 in the U.S., nearly one third (32%) of child handgun homicide victims were murdered by another child.<sup>9</sup> Factors that place young people at risk for violent perpetration include a history of early aggression, neighborhood violence, poor supervision, exposure to violence in the home, parental drug/alcohol abuse, association with peers engaged in high-risk behavior, low commitment to school, poverty, diminished economic opportunity, high levels of transience and family disruption.<sup>10</sup>

## Gun Deaths, Children Ages 0-19, Rhode Island, 1993-2002

Year	Number of Deaths	Year	Number of Deaths
1993	10	1998	5
1994	6	1999	8
1995	6	2000	10
1996	6	2001	6
1997	4	2002	7
<i>Total</i>	<i>32</i>	<i>Total</i>	<i>36</i>

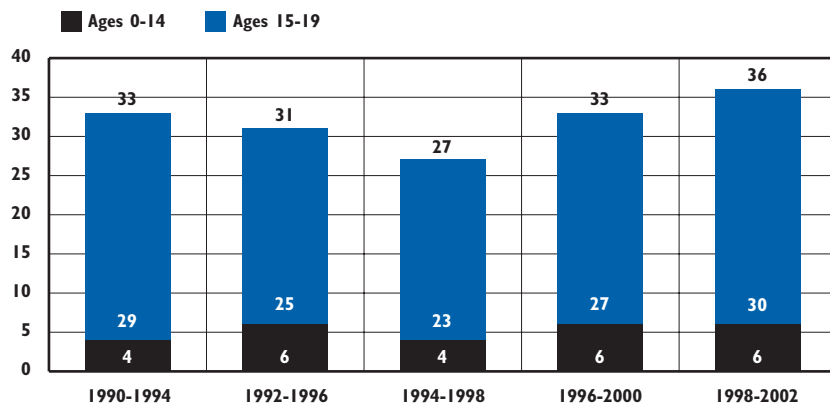
Source: Center for Disease Control and Prevention, Rhode Island Injury Mortality Statistics 1990-1996. Rhode Island Department of Health, Office of Health Statistics, 1995-2002.

◆ Compared to the steady annual decline in the national number of youth firearm deaths per year since 1994, the number of firearm deaths to children under age 20 in Rhode Island declined from 10 in 1993 to 4 in 1997, but increased again in 2000 to 10 deaths.<sup>11</sup> In 2002, 7 Rhode Island children under 20 years of age died by gunfire.<sup>12</sup>

## Risk Factors for Gun Violence

- ◆ Nationally, in 2000, youth ages 17 to 19 were at highest risk for death by firearms in the U.S., with males having a firearm death rate 8 times higher than females.<sup>13</sup>
- ◆ Nationally, the firearm death rate for Black males between ages 15 and 19 is four times that of White males in the same age group.<sup>14</sup> In 2000, the most common cause of death for all adolescents in the U.S. was motor vehicle traffic injury, except for Black males, who were twice as likely to die from a firearm injury as from a motor vehicle traffic injury.<sup>15</sup>
- ◆ In the U.S. Black children and youth are more likely than their White counterparts to be victims of firearm homicide. White children and youth are at higher risk for firearm suicide than their Black counterparts.<sup>16</sup>

## Gun Deaths, Children Ages 0-14 and 15-19, Rhode Island, 1990-2002



Source: Center for Disease Control and Prevention, Rhode Island Injury Mortality Statistics 1990-1996. Rhode Island Department of Health, Office of Health Statistics, 1995-2002.

◆ Between 1998 and 2002 in Rhode Island, 83% of youth gun deaths were to teens ages 15 to 19, and 17% were to children under the age of 15.<sup>17,18</sup>

◆ Of the six New England states, Rhode Island has the 2<sup>nd</sup> highest rate of handgun homicide of victims under 18 years of age.<sup>19</sup>

◆ Children and youth residing in New England are at a lower risk for firearm homicide, suicide and unintentional firearm death than children and youth residing in other regions in the U.S.<sup>20</sup> Compared to other regions in the U.S., New England has the second lowest level of handgun ownership (17% of residents).<sup>21</sup>

## Gun Hospitalizations

◆ Between 1992 and 1996 in Rhode Island there were 121 hospitalizations of children under age 20 for firearm-related injuries. This number declined to 63 hospitalizations between 1998 and 2002. Of these, 8 victims were younger than age fifteen and 55 were teens ages 15 to 19. Forty-five of the 63 hospitalized youths were victims of assault, 13 were victims of unintentional injuries, and 4 were hospitalized for self-inflicted firearm injuries.<sup>22</sup>

◆ Gun violence disproportionately affects low-income people and imposes significant medical, law enforcement, and other costs on society as a whole.<sup>23</sup> Of the youth hospitalized for gun-related injuries between 1998 and 2002, 73% were residents of the core cities with 62% from Providence, 5% from Central Falls, 5% from Pawtucket, and almost 2% from Woonsocket.<sup>24</sup>

### References

- <sup>1,2,13,20</sup> Fingerhut, L.A. & Kaufer Christoffel, K. (Summer/Fall 2002). Firearm-Related Death and Injury among Children and Adolescents. *The Future of Children*, 12(2), 25-37.
- <sup>3,4,8,14,16</sup> *Protect Children Instead of Guns*. (2002). Washington, DC: Children's Defense Fund.
- <sup>5</sup> Miller, M., Azrael, D. & Hemenway, D. (February 2002). Firearm Availability and Unintentional Firearm Deaths, Suicide, and Homicide among 5-14 Year Olds. *Journal of Trauma*, 52(2), 267-275.
- <sup>6</sup> Grossman, D.C., Reay D.T. & Baker, S. (August 1999). Self-inflicted and Unintentional Firearm Injuries Among Children and Adolescents. *Archives of Pediatrics and Adolescent Medicine*, 153(8).
- <sup>7</sup> Wintemute, G.J. (Summer/Fall 2002). Where the Guns Come From: The Gun Industry and Gun Commerce. *The Future of Children*, 12(2), 55-69.
- <sup>9,19</sup> *Kids in the Line of Fire: Children, Handguns, and Homicide*. (2001). Washington, DC: Violence Policy Center.
- <sup>10</sup> *Youth Violence in the United States Fact Sheet*. (2003). Atlanta, GA: National Center for Injury Prevention and Control.
- <sup>11,12</sup> Rhode Island KIDS COUNT analysis of data from Center for Disease Control and Prevention, Rhode Island Injury Mortality Statistics 1990-1996. Rhode Island Department of Health, Office of Health Statistics, 1995-2002.
- <sup>15</sup> *America's Children: Key National Indicators of Well-Being 2003*. (2003). Washington, DC: Federal Interagency Forum on Child and Family Statistics.
- <sup>17,18</sup> Rhode Island KIDS COUNT analysis of data from Center for Disease Control and Prevention, Rhode Island Injury Mortality Statistics 1990-1996, and Rhode Island Department of Health, Hospital Discharge Database 1990-2002.
- <sup>19</sup> Center for Disease Control and Prevention, National Center for Health Statistics, 2000.
- <sup>21</sup> Smith, T.W. and L. Martos. (December 1999). *Attitudes towards and Experiences with Guns: A State-level Perspective*. Chicago: National Opinion Research Center.
- <sup>22,24</sup> Rhode Island Department of Health, Hospital Discharge Database.
- <sup>23</sup> Cook, P. et al. (Summer/Fall 2002). The Costs of Gun Violence Against Children. *The Future of Children*, 12(2), 87-99.

# Homeless Children

## DEFINITION

*Homeless children* is the number of Rhode Island children under 13 years old who received emergency housing services at emergency homeless shelters and domestic violence shelters between July 1, 2002 and June 30, 2003.

## SIGNIFICANCE

Poverty, low wages, lack of affordable housing and domestic violence are factors in family homelessness.<sup>1,2,3</sup> With a large percentage of family income going toward rent, any interruption in income or unexpected expense can place families at risk of homelessness.<sup>4</sup> The shortage of affordable apartments and the dwindling availability of subsidized housing have caused many Rhode Island families to double-up, resulting in overcrowded and unstable living conditions. Almost half of families (43%) with children in the Rhode Island shelter system had been doubled up with family members or friends just before moving to the shelter.<sup>5</sup>

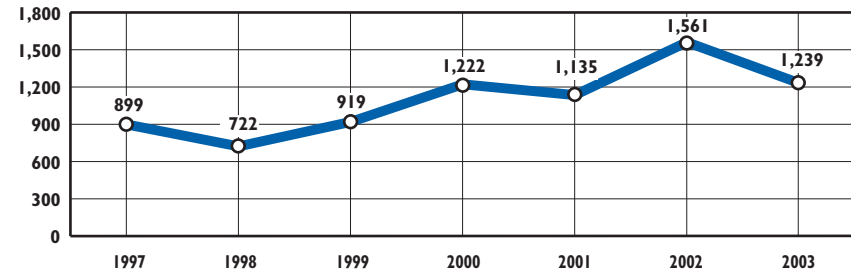
Homeless children are more likely to get sick; develop mental health problems, such as anxiety and depression; have academic problems, including high rates of school mobility and higher rates of learning disabilities diagnoses; and be victims of violence and exhibit delinquent and aggressive behavior than children who are not

homeless.<sup>6,7</sup> Homeless children also go hungry at twice the rate of other children and are likely to experience illnesses such as stomach problems, ear infections, and asthma at higher rates.<sup>8</sup> Infants, toddlers and preschoolers who are homeless develop more slowly and may develop emotional problems serious enough to require professional care.<sup>9</sup>

In 2003 in Rhode Island, families represent 40% of the population receiving emergency shelter.<sup>10</sup> More than two out of three families (68%) entering the emergency shelter system in Rhode Island were headed by a single parent, and 91% of families with children had income below \$15,000 per year.<sup>11</sup>

Between July 1, 2002 and June 30, 2003, 1,450 children under age 18 received shelter from Rhode Island's emergency shelter system.<sup>12</sup> Nearly half, 697 (48%) were age 5 or under, 542 (37%) were ages 6 to 12, and 211 (15%) were ages 13 to 17.<sup>13</sup> Youth between the ages of 13 and 17 are only admitted into the emergency shelter system if accompanied by a parent or other adult.

Children Under Age 13 Living in Shelters, Rhode Island, 1997 – 2003



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

- ◆ In Rhode Island, 1,239 children under age 13 received emergency housing in a homeless shelter or a domestic violence shelter.<sup>14</sup>
- ◆ While fewer children are staying in shelters, the number of families seeking emergency shelter has increased 6% from 2002.<sup>15</sup>
- ◆ The average length of stay in shelters in 2003 was 46 nights, an increase from 34 nights in 2002.<sup>16</sup>

## Homeless Children and Domestic Violence

- ◆ Nationally, approximately half of all women and children experiencing homelessness are fleeing domestic violence. Lack of affordable housing and long waiting lists for assisted housing mean that when many women consider leaving an abusive relationship they must choose between staying with their abuser and ending up homeless.<sup>17</sup>
- ◆ Among female-headed families seeking emergency shelter in Rhode Island in 2003, the most common reasons for needing shelter were domestic violence (40%) and housing costs (23%).<sup>18</sup>
- ◆ In 2003, approximately 873 children received services from Rhode Island's six domestic violence shelters. A total of 377 children spent time in a domestic violence shelter during the same year.<sup>19</sup>

## DEFINITION

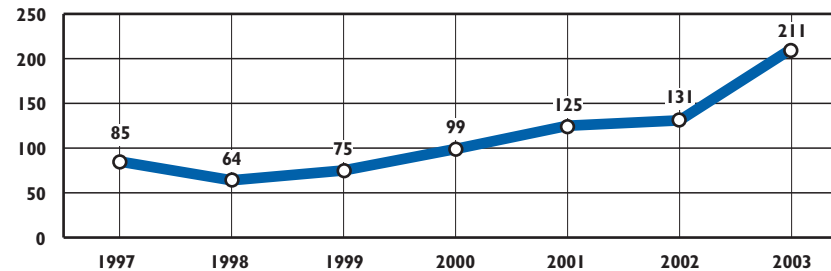
*Homeless youth* is the number of Rhode Island youth ages 13 to 17 who received emergency housing services at emergency homeless shelters and domestic violence shelters between July 1, 2002 and June 30, 2003.

## 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.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup>

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.<sup>4</sup> Rhode Island does not have an overnight shelter for runaway youth.

**Homeless Youth Ages 13 - 17,  
in Rhode Island's Emergency Shelter System, 1997-2003**



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

◆ Between July 1, 2002 and June 30, 2003, 211 youth ages 13 to 17 entered the Rhode Island Emergency Shelter system accompanied by a parent or another adult. This is an increase of 148% 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.<sup>5</sup>

◆ During 2003, 728 calls from Rhode Island youth were made to the Traveler's Aid SAFELINE for runaway youth.<sup>6</sup> In 2003 the National Runaway Switchboard received 266 calls from Rhode Island youth, and the Covenant House hotline documented 394 crisis calls from Rhode Island, with approximately 60% coming from youth, youth advocates, or parents of youth.<sup>7,8</sup>

◆ As of December 31, 2003, there were 120 individuals under age 19 in DCYF care who were classified as unauthorized absence/runaways.<sup>9</sup>

## References for Homeless Children Indicator

- <sup>14</sup> *Homeless Families with Children NCH Fact Sheet #7*. (June 2001). Washington, DC: National Coalition for the Homeless.
- <sup>29</sup> *Homeless Children: America's New Outcasts*. (1999). Newton, MA: The Better Homes Fund.
- <sup>3</sup> *A Status Report on Hunger and Homelessness in America's Cities*. (December 2003). U.S. Conference of Mayors.
- <sup>5, 10, 11, 12, 13, 14, 15, 16, 18</sup> Rhode Island Emergency Shelter Information Project. July 2002-June 2003. (2004). Providence, RI: RI Emergency Food and Shelter Board 8.
- <sup>6</sup> *Homeless in America: A Children's Story, Part One*. (1999). New York, NY: Homes for the Homeless and The Institute for Children and Poverty.
- <sup>7, 8</sup> *What About the Needs of Children Who Are Homeless? National Resource Center on Homelessness and Mental Illness*, [www.nrchmi.samhsa.gov/fact/facts\\_question\\_5.asp](http://www.nrchmi.samhsa.gov/fact/facts_question_5.asp). Retrieved, January 2004.
- <sup>17</sup> National Coalition Against Domestic Violence, 2001.
- <sup>19</sup> Rhode Island Coalition Against Domestic Violence, 2003.

## References for Homeless Youth Indicator

- <sup>1</sup> *NCH Fact Sheet #11: Homeless Youth*. (1999). Washington, DC: National Coalition for the Homeless.
- <sup>2</sup> 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.
- <sup>3</sup> *Youth with Runaway, Throwaway, and Homeless Experiences: Prevalence, Drug Use, and Other At-Risk Behaviors*. (1995). Washington, DC: Family and Youth Service Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.
- <sup>4</sup> *How Many Young People Run Away From Home Each Year?* The Administration for Children and Families, Family and Youth Services Bureau [www.acf.dhhs.gov/programs/fysb/YP-runaway.htm](http://www.acf.dhhs.gov/programs/fysb/YP-runaway.htm), January 2004.
- <sup>5</sup> Rhode Island Emergency Shelter Information Project, July 1, 2002 – June 30, 2003 (2004). Providence, RI: Rhode Island Emergency Food and Shelter Board.
- <sup>6</sup> Travelers Aid, Providence, RI, Year-End Reports, 2002.
- <sup>7</sup> National Runaway Switchboard, 2002 Region 1 Statistics, [www.nrscriisline.org](http://www.nrscriisline.org).
- <sup>8</sup> Covenant House, Year End Nine-line Statistics, FY 2002.
- <sup>9</sup> Rhode Island Department of Children, Youth and Families, December 2003.

# 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 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.<sup>1,2</sup> During 2003 in Rhode Island, 5,338 youth (5% of youth between ages 10 and 17) were referred to Family Court for 9,054 wayward and delinquent offenses. Of these, 517 (6%) involved violent offenses.<sup>3,4</sup>

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. Approximately one quarter 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.<sup>5</sup>

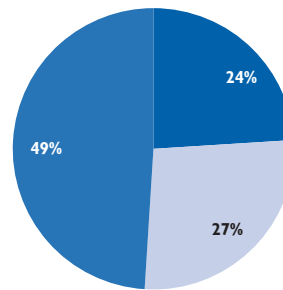
Rhode Island Family Court also administers Juvenile Hearing Boards serving 28 communities and permitting the diversion of juveniles accused of status offenses or misdemeanors. Sanction options in this diversion process include community service, restitution, mental health or substance abuse counseling, and/or a community-based program.<sup>6</sup>

Nine percent of juveniles referred to Family Court for wayward, delinquent and probation violations in 2003 had been referred to Family Court at least twice before.<sup>7</sup> Prevention and early intervention 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 assets and strengths.<sup>8,9</sup>

## Juvenile Wayward/Delinquent Offenses Referred to Family Court, Rhode Island, 2003

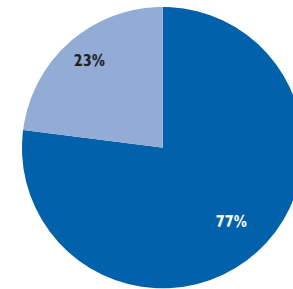
### By Residence of Juvenile

- 24% Providence
- 27% Other Core Cities
- 49% Remainder of State



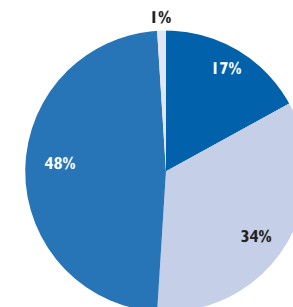
### By Gender of Juvenile

- 77% Male
- 23% Female



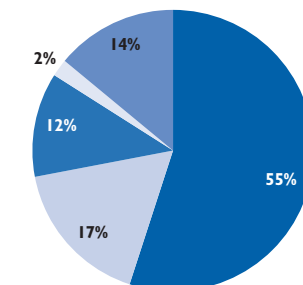
### By Age of Juvenile

- 17% Ages 13 or Younger
- 34% Ages 14 and 15
- 48% Ages 16 and 17
- 1% Over age 17



### By Race and Ethnicity of Juvenile

- 55% White
- 17% Black
- 12% Hispanic
- 2% Asian
- 14% Unknown



*n=9,054 offenses*

Source: Rhode Island Family Court, Juvenile Offense Report, 2003.

# Juveniles Referred to Family Court

## Juvenile Wayward/Delinquent Offenses Referred to Family Court, by Type of Offense, Rhode Island, 2003

28%	Property Offenses	8%	Traffic Offenses
13%	Status Offenses*	6%	Violent Crimes
16%	Disorderly Conduct	3%	Weapons Offenses
13%	Simple Assault	5%	Other**
9%	Alcohol and Drugs		

*n* = 9,054

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

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

Source: Rhode Island Family Court, Juvenile Offense Reports for 2003.

## School-Based Strategies for Delinquency Prevention for Youth with Disabilities

◆ Youth with disabilities, particularly those with learning disabilities and serious emotional disorders, are overrepresented in correctional settings.<sup>10</sup> The absence of early intervention programs in schools and increasing pressure to achieve performance standards encourage schools to push out underachieving or difficult to manage youth into juvenile justice and alternative school settings through expulsion, suspension and higher drop out rates.<sup>11</sup>

◆ In Rhode Island, in 2002-2003, 21% of students in public schools were enrolled in special education but 31% of suspensions involved students enrolled in special education. In three school districts more than 40% of suspensions involved students with Individualized Education Plans (IEPs).<sup>12</sup> Twenty-six percent of students with disabilities in Rhode Island drop out.<sup>13</sup>

◆ Effective school-based prevention and delinquency management programming for youth with disabilities is culturally competent, includes low students/teacher ratios, positive behavior management, individualized interventions, structured classrooms, family involvement, and comprehensive services.<sup>14</sup>

## 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.<sup>15</sup>

◆ 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 a minor, the sentence is served at the Training School; upon reaching age 21 the youth is transferred to an adult facility.<sup>16</sup>

◆ In 2003, the Attorney General’s Office filed 21 motions to waive jurisdiction to try juveniles as adults. Six of these were mandatory waivers. Five motions to waive were withdrawn, one was denied, and seven juveniles were waived out of Family Court to adult court. In January 2004, there were 8 motions pending before the Family Court.<sup>17</sup>

### References for Indicator

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

<sup>2</sup> *Youth Violence, Fact Sheet*. (January 2004). Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Retrieved February 2004 from <http://www.cdc.gov>.

<sup>3,7</sup> *2003 Juvenile Offense Report*. (2004). Providence, RI: Rhode Island Family Court.

<sup>4</sup> US Bureau of the Census, Census 2000.

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

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

<sup>7</sup> Pirolli, R. (2004). *2003 Juvenile Hearing Board Year-End Report Summary*. Providence, RI: Rhode Island Family Court.

<sup>8</sup> Brown, D. et al. (2002). *Barriers and Promising Approaches to Workforce and Youth Development for Young Offenders*. Baltimore, MD: The Annie E. Casey Foundation.

<sup>9</sup> Mendel, R. (2001). *Less Cost More Safety: Guiding Lights for Reform in Juvenile Justice*. Washington, DC: The America Youth Policy Forum.

<sup>10,11,14</sup> Mears, D. et al. (November 2003). *Addressing the Needs of Youth with Disabilities in the Juvenile Justice System: The Current State of Knowledge*. Washington, DC: The Urban Institute, Justice Policy Center.

<sup>12,13</sup> Rhode Island Department of Elementary and Secondary Education, 2003.

<sup>15,16</sup> Rhode Island General Laws, Sections 14-1-7; 14-1-7.1; 14-1-7.2; 14-1-7.3.

<sup>17</sup> Rhode Island Office of the Attorney General, 2003.

# 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 2003 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.<sup>1</sup> 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.<sup>2</sup>

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. Increased community placements can help address the large racial disparity among incarcerated youth.<sup>3</sup>

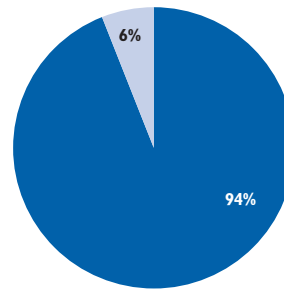
Research indicates that alternatives to incarcerating youth are both more successful in preventing recidivism and are more cost-effective. Successful efforts are comprehensive, community-based and family-focused, with intensive counseling, treatment and transition services for reintegration into the community.<sup>4,5</sup> For some delinquent youth, community-based alternatives such as community service, restitution, or diversion to drug court or substance abuse treatment are more effective at reducing re-offending than incarceration.<sup>6,7,8</sup>

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 1,060 youth in the care and custody of the Training School at some point during calendar year 2003. Of these, 18% were female.<sup>9</sup> As of December 31, 2003, there were 189 youth on the grounds at the Training School. Of these, 38 were unadjudicated (i.e., awaiting trial). An additional 126 youth were within the care and custody of the Training School in temporary home or community placements. Twelve additional youth were classified as runaways.<sup>10</sup>

## Juveniles\* in the Care and Custody of the Rhode Island Training School for Youth, December 31, 2003

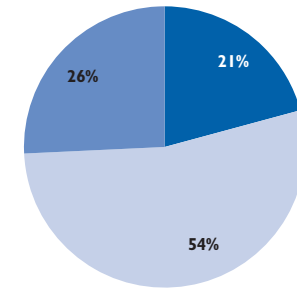
By Gender

94% Male  
6% Female



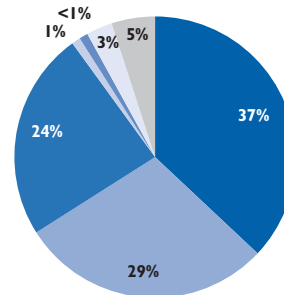
By Age

21% Age 15 or Younger  
54% Ages 16-17  
26% Ages 18-22



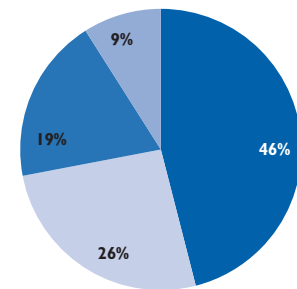
By Race/Ethnicity

37% White, non-Hispanic  
29% Hispanic  
24% Black, non-Hispanic  
1% Asian  
<1% Native American  
3% Multiracial/Other  
5% Unknown



By Length of Time in Custody

46% Less than 6 months  
26% 6 to 12 months  
19% 12 to 23 months  
9% 24 months or more



n = 276

\*Data are for adjudicated youth only and include youth in community placements.

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), December 31, 2003.



## Rhode Island Youth at the Training School: A History of Risk Factors

### School Failure

◆ A survey of educational records of Training School youth confirm significant academic difficulty. Based on a random review of 77 records of adjudicated students on December 1, 2003, 46% (35) had no records available or no records indicative of grades for the past two years. Of the 42 students who had any school records for the previous two years, 19 (45%) had failing grades and 23 (55%) had mixed or passing grades.<sup>11</sup>

◆ During 2003, the average age of students at the Training School was 16. Their average self-reported grade placement was 9th grade and their average reading and math grade level was 6th grade.<sup>12</sup>

### Need for Special Education, Mental Health and 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.<sup>13,14</sup> At the Rhode Island Training School on December 1, 2003, 46% of adjudicated students were receiving special education services, more than twice the rate of students receiving special education services in Rhode Island public schools in 2003. Most of the Training School students receiving special education services were receiving such services due to behavior disorders (74%) and learning disabilities (18%).<sup>15,16</sup>

◆ On December 1, 2003, 17% of students at the Training School were receiving psychiatric care and 60% were receiving substance abuse treatment.<sup>17</sup>

◆ 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.<sup>18</sup>

### History of Child Abuse and Neglect

◆ Forty-two percent (120) of the adjudicated youth within the care and custody of the Training School on December 31, 2003 had at some point in their childhood been victims of documented child abuse or neglect.<sup>19</sup>



## Prevention of Recidivism Among Delinquent Youth

◆ Of the 1,060 youth who were at the Training School at some point during 2003, 23% had been admitted previously. One-third (33%) of the youth who passed through the Training School during 2003 were from Providence, 10% were from Pawtucket, 6% were from Woonsocket, 4% were from Newport, 4% were from Central Falls, and 3% were from West Warwick.<sup>20</sup>

◆ 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.<sup>21</sup>

◆ For serious, repeat and violent juvenile offenders, the quality of rehabilitative services is critical, since 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.<sup>22</sup>

### References

<sup>1,13,18</sup> Puritz, P. et al. (January 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.

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

<sup>3,4,7</sup> A Matter of Choice: Forks in the Road for Juvenile Justice. (Spring 2003). *ADVOCASEY*, Vol. 5, No. 1. Baltimore, MD: The Annie E. Casey Foundation.

<sup>5</sup> Mendel, D. (Spring 2003). Small is Beautiful. *ADVOCASEY*, Vol. 5, No. 1. Baltimore, MD: The Annie E. Casey Foundation.

<sup>6, 21, 22</sup> Mendel, R. (2001). *Less Cost, More Safety: Guiding Lights for Reform in Juvenile Justice*. Washington, DC: American Youth Policy Forum.

<sup>8</sup> Mendel, D. (Spring 2003). And the Walls Keep Tumbling Down. *ADVOCASEY*, Vol. 5, No. 1. Baltimore, MD: The Annie E. Casey Foundation.

<sup>9,10,19,20</sup> Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2002, 2003.

<sup>11,12,15,17</sup> Rhode Island Training School for Youth, December 2003.

<sup>14</sup> 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.

<sup>16</sup> Rhode Island Department of Elementary and Secondary Education, Office of Special Education, 2003.

# 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

In the United States, one in forty children has a parent in prison.<sup>1</sup> Nearly 3.6 million parents are under some form of correctional supervision, including parole.<sup>2</sup> Women prisoners account for approximately 7% of all inmates and are the fastest growing group in the prison population.<sup>3</sup>

The increase is partly due to stricter sentencing guidelines and mandatory sentences, particularly for drug-related offenses.<sup>4,5</sup> Fathers are more likely than mothers to be in prison for violent crimes, whereas mothers are more likely to be in prison for drug-related offenses and fraud.<sup>6</sup>

As a result of parental incarceration, and the crimes and arrests that often 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.<sup>7</sup> Children of incarcerated parents are at greater risk for many negative behaviors including poor

academic achievement, substance abuse, criminal behavior and incarceration.<sup>8,9</sup>

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.<sup>10,11</sup>

Upon release from prison, a successful transition to the community requires that ex-offenders enhance their education, find stable employment, suitable housing, and health care, as well as receive other supportive services to restore the parent-child relationship.<sup>12,13</sup> Seventy percent of imprisoned parents in the U.S. do not have a high school diploma.<sup>14</sup> Ex-offenders face barriers to earning a living, including limited work histories, the lack of skills and credentials, and discrimination by potential employers.<sup>15,16</sup> Ex-offenders must also deal with pressures from previous peer groups, broken relationships and discrimination.<sup>17</sup>



## Incarcerated Parents in Rhode Island

- ◆ Of the 230 women in Rhode Island who were serving a sentence or awaiting trial at the Rhode Island Department of Corrections as of December 31, 2003, 71% reported they have children. Of the 3,432 incarcerated men serving a sentence or awaiting trial, 50% reported they have children.
- ◆ Of the 118 women with children who were serving a sentence at the Rhode Island Department of Corrections on December 31, 2003, 58% were serving a sentence for a nonviolent offense and 21% for a drug offense. Another 15% had committed violent offenses and 5% were serving sentences for other reasons. Of the 1,300 sentenced men with children, 17% were serving sentences for nonviolent offenses, 20% for drug offenses, 41% for violent offenses and 23% for breaking and entering, sex offenses or other/unknown offenses.
- ◆ Of the 1,889 parents incarcerated in 2003, including those awaiting trial in Rhode Island, 49% were White, 29% were Black and 21% were Hispanic.

Source: Rhode Island Department of Corrections, December 2003



## Incarcerated Mothers in the United States

- ◆ Seventy-five percent of women in prison are mothers. Two-thirds of these women are mothers to children under the age of eighteen. At the time of arrest, 72% of these women lived with their children.<sup>18</sup>
- ◆ Twenty-five percent of adult women in prison reported that they had either given birth at some point during the year prior to their incarceration or were pregnant at the time of arrest. In the United States, fewer than 50% of state prisons have adequate policies focused on providing medical care to pregnant inmates, while only 48% offer prenatal services such as prenatal counseling and help finding placements after their children are born.<sup>19</sup>

Table 21.

## Children of Incarcerated Parents, Rhode Island, 2003

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2000 TOTAL POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	2	7	4,745	1.5
Bristol	10	23	4,399	5.2
Burrillville	11	19	4,043	4.7
Central Falls	57	132	5,531	23.9
Charlestown	9	19	1,712	11.1
Coventry	33	71	8,389	8.5
Cranston	97	209	17,098	12.2
Cumberland	17	36	7,690	4.7
East Greenwich	7	21	3,564	5.9
East Providence	47	103	10,546	9.8
Exeter	7	13	1,589	8.2
Foster	4	7	1,105	6.3
Glocester	5	9	2,664	3.4
Hopkinton	4	6	2,011	3.0
Jamestown	4	4	1,238	3.2
Johnston	43	87	5,906	14.7
Lincoln	6	10	5,157	1.9
Little Compton	0	0	780	0.0
Middletown	7	20	4,328	4.6
Narragansett	12	26	2,833	9.2
New Shoreham	3	5	185	NA
Newport	56	120	5,199	23.1
North Kingstown	17	33	6,848	4.8
North Providence	27	56	5,936	9.4
North Smithfield	1	5	2,379	2.1
Pawtucket	158	309	18,151	17.0
Portsmouth	6	10	4,329	2.3
Providence	680	1,568	45,277	34.6
Richmond	3	6	2,014	3.0
Scituate	5	7	2,635	2.7
Smithfield	3	4	4,019	1.0
South Kingstown	12	25	6,284	4.0
Tiverton	4	4	3,367	1.2
Warren	8	18	2,454	7.3
Warwick	70	135	18,780	7.2
West Greenwich	1	1	1,444	0.7
West Warwick	50	103	6,632	15.5
Westerly	15	24	5,406	4.4
Woonsocket	118	270	11,155	24.2
Unknown Residence	148	333	NA	NA
Out of State Residence**	122	248	NA	NA
Core Cities	1,119	2,502	91,945	27.2
Remainder of State	500	1,023	155,877	6.6
Rhode Island	1,889	4,106	247,822	16.6

### Source of Data for Table/Methodology

Data are from the Rhode Island Department of Corrections based on self-reports from prisoners and those individuals awaiting trial at the Adult Correctional Institution in Cranston, Rhode Island as of December 31, 2003.

\*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 reports on those who are under jurisdiction of another state but serving time in Rhode Island and those who are under jurisdiction of Rhode Island, but report an out-of-state address.

NA: Rates were not calculated for cities or towns with less than 500 children under age 18, as rates for small denominations are statistically unreliable.

### References for Indicator

- <sup>1</sup> Adalist-Estrin, A. and Mustin, J. (2003). *Introduction to Children of Prisoners*. Palmyra, VA: The Children of Prisoners Library. Retrieved from [www.fcnetwork.org](http://www.fcnetwork.org)
- <sup>2,6</sup> Parke, R. and Clarke-Stewart, K.A. (2002). *Effects of Parental Incarceration on Young Children*. Prepared for the "From Prison to Home" Conference.
- <sup>3,4</sup> Hirsch, A., et al (May 2002). *Every Door Closed: Facts About Parents With Criminal Records*. Every Door Closed Fact Sheet Series. Washington, DC: Center for Law and Social Policy and Philadelphia, PA: Community Legal Services, Inc.
- <sup>5,10</sup> 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.
- <sup>7,8,11</sup> Beatty, C. (1997). *Parents in Prison: Children in Crisis: An Issue Brief*. Washington, DC: Child Welfare League of America.
- <sup>9</sup> Krisberg, B. et al (October 2001). *The Plight of Children Whose Parents Are in Prison*. NCCD Focus. National Council on Crime and Delinquency.
- <sup>12</sup> Hirsch, A. (Fall 2003). *Opening Every Door: Policies that Strengthen Families after Prison*. *America's Family Support Magazine*. Princeton, NJ: Family Support America.

continued on page 136

# 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 2002. 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.<sup>1</sup> In Rhode Island in 2002, police reports indicate that children were present in 33% of domestic violence incidents reported.<sup>2</sup> National surveys of mothers indicate that 80% to 90% of children in homes where there is domestic violence are aware of the abuse.<sup>3</sup>

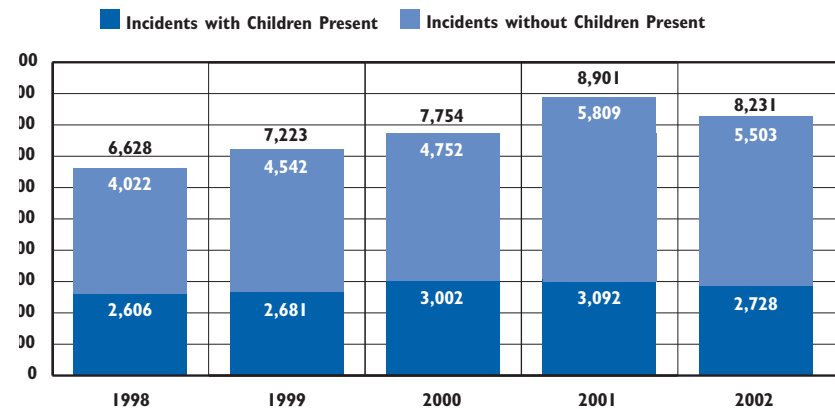
Children are exposed to domestic violence in several ways. They may witness or hear violent events, become directly involved by trying to intervene, or experience the aftermath of violence by seeing their mother's emotional and physical injuries or damage done to their homes.<sup>4</sup> Children who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

domestic violence occur in an estimated 30% to 60% of families where there is some form of family violence.<sup>5</sup> The greater the intensity of the violence against an adult partner, the more likely it is that children are abused as well.<sup>6</sup>

Exposure to violence in the home impairs cognitive, academic and social functioning. 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.<sup>7</sup> 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.<sup>8</sup>

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.<sup>9</sup>

## Domestic Violence Incidents, Rhode Island 1998-2002



Source: Rhode Island Supreme Court Domestic Violence Training Unit, 1998-2002. Includes domestic violence reports from local police and Rhode Island State Police.

- ◆ The number of domestic violence incidents reported to Rhode Island police increased from 6,628 in 1998 to 8,901 in 2001 and then declined to 8,231 in 2002. The number of reported incidents with children present increased from 2,606 in 1998 to 3,092 in 2001 and then declined to 2,728 in 2002.
- ◆ 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 2003, 314 women and 377 children spent time in a domestic violence shelter. Rhode Island's domestic violence agencies provided services to 873 children including therapy, individual counseling, expressive arts therapy, and child care. The shelters also provide school-based domestic violence prevention programs.<sup>10</sup>
- ◆ A recent study indicates that Black and Hispanic women in Rhode Island are overrepresented in police reports of domestic violence, and that Black women in more affluent neighborhoods report incidents of domestic violence to police at higher rates than other women. The reasons for these differences are unclear but may be linked to variation in the availability of alternative avenues of assistance, including access to social supports, private counseling and other resources.<sup>11</sup>

# Children Witnessing Domestic Violence

Table 22.

Domestic Violence Incidents with Children Present, Rhode Island, 2002

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	56	16	29%
Bristol	167	56	34%
Burrillville	120	44	37%
Central Falls	165	65	39%
Charlestown	40	15	38%
Coventry	214	73	34%
Cranston	460	186	40%
Cumberland	84	33	39%
East Greenwich	42	13	31%
East Providence	267	98	37%
Exeter	NA	NA	NA
Foster	10	3	30%
Glocester	80	31	39%
Hopkinton	60	27	45%
Jamestown	22	11	50%
Johnston	397	124	31%
Lincoln	97	30	31%
Little Compton	20	6	30%
Middletown	140	38	27%
Narragansett	107	26	24%
New Shoreham	5	0	0%
Newport	392	99	25%
North Kingstown	293	100	34%
North Providence	296	88	30%
North Smithfield	69	18	26%
Pawtucket	915	292	32%
Portsmouth	139	34	24%
Providence	1,359	445	33%
Richmond	19	6	32%
Scituate	34	14	41%
Smithfield	152	35	23%
South Kingstown	144	56	39%
Tiverton	218	77	35%
Warren	208	45	22%
Warwick	449	161	36%
Westerly	157	57	36%
West Greenwich	19	6	32%
West Warwick	171	55	32%
Woonsocket	533	203	38%
Rhode Island State Police	111	42	38%
Core Cities	3,535	1,159	33%
Remainder of State	4,585	1,527	33%
Rhode Island	8,231	2,728	33%



## Children and Domestic Violence in Rhode Island

◆ Rhode Island police officers use special reporting forms to document children's exposure to violence. The attending officer may check any combination of three boxes: Were children present during the incident? Did children witness the incident? Did children hear the incident.<sup>12</sup>

◆ In 2002, police officers reported that in 2,014 incidents the children saw their parent being abused and in 2,241 incidents the children heard (but did not see) their parent being abused.<sup>13</sup>

◆ Table 22 under-represents 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 22 underestimates the total number of children who experienced domestic violence in their homes, since 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, 2002 and December 31, 2002.

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

<sup>1,3,5,6,9</sup> *Domestic Violence and Its Impact on Children.* (Fall 2002). Washington, DC: Children's Defense Fund.

<sup>2,13</sup> 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, 2002 and December 31, 2002.

<sup>4,7,8</sup> Edleson, J. et al. (March 2003). *Parenting in the Context of Domestic Violence.* San Francisco, CA: Judicial Council of California / Administrative Office of the Courts.

<sup>10</sup> The Rhode Island Coalition Against Domestic Violence. Data for period from January 1, 2003 to December 31, 2003.

<sup>11</sup> Pearlman, D. et al. (January-February 2003). Neighborhood Environment, Racial Position, and Risk of Police-Reported Domestic Violence: A Contextual Analysis. *Public Health Reports*, Vol. 118.

<sup>12</sup> 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.<sup>1</sup> 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.<sup>2,3,4,5</sup>

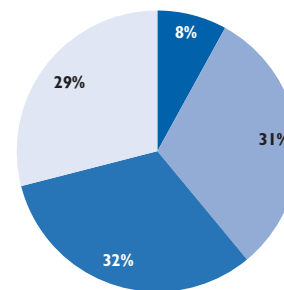
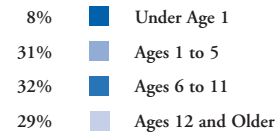
Many abusive parents lack essential parenting skills and are struggling with a combination of social and economic issues. Preventing child abuse and neglect requires help with housing, food, and child care as well as parenting education and counseling for substance abuse, domestic violence, and other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

Responding to reports of child abuse and neglect and ensuring child safety in crisis situations are important functions of child protection systems. Maintaining the capacity to focus on prevention is equally critical and frequently more cost-effective. The absence of appropriate lower-cost placements and community-based family supports and early interventions contributes to a disproportionate share of the budget of the Department of Children, Youth and Families (DCYF) being spent on high-end costs such as psychiatric hospitalization, juvenile corrections, and residential treatment.<sup>8,9,10</sup>

In 2003 in Rhode Island, there were 2,126 indicated cases of child abuse and neglect involving 2,913 children, a rate of 7 cases per 1,000 children.<sup>11</sup>

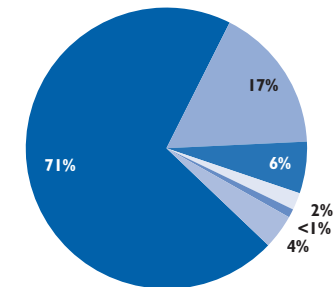
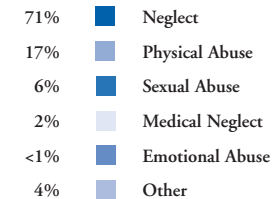
## Child Abuse and Neglect, Rhode Island, 2003

### By Age of Victim



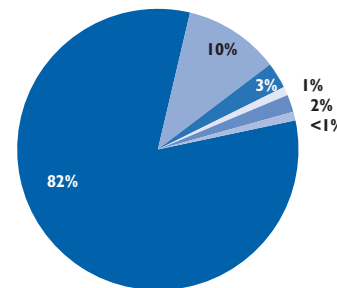
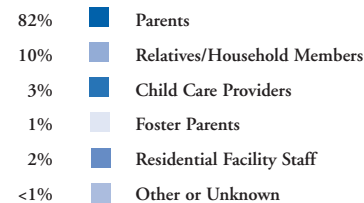
(n=2,913)\*

### By Type of Abuse



(n=3,566)\*\*

### By Relationship of Victim to Perpetrator



(n=3,798)\*\*\*

### Notes on Pie Charts

All data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2003. 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, 1995-2003

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
2003	13,651	6,847	2,126

- ◆ Between 1995 and 2003 the number of child maltreatment reports remained steady but the number of completed investigations, and to a lesser extent, the number of indicated cases, declined.
- ◆ In 2003, 50% of reports resulted in completed investigations and one in three completed investigations resulted in a finding of an indicated case. An indicated case is one in which there is credible evidence that child abuse and/or neglect occurred.
- ◆ During 2003, among the 13,651 maltreatment reports, 5,658 were classified as “early warnings,” that is, instances where an essential criterion for investigation is not present, including that the victim is a minor, the alleged perpetrator is living in the home or responsible for the child’s welfare, there is harm or risk of harm alleged and there is a specific incident or pattern of incidents suggesting that harm can be identified.

*\*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).*

Source: All data are from the Rhode Island Department of Children, Youth and Families, 1995-2003.

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

YEAR	NUMBER OF DEATHS	YEAR	NUMBER OF DEATHS
1994	5	1999	3
1995	5	2000	3
1996	4	2001	5
1997	2	2002	1
1998	3	2003	4
<i>Total 1994-1998</i>	<i>19</i>	<i>Total 1999-2003</i>	<i>16</i>

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

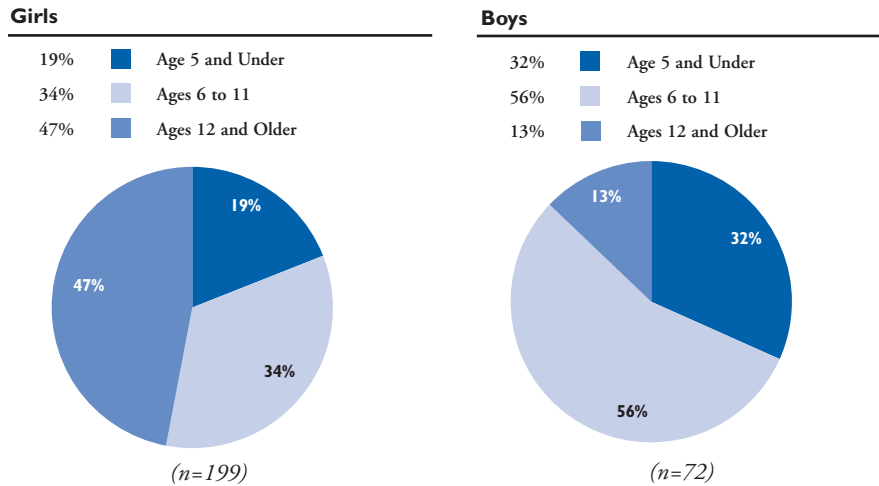
- ◆ Between 1994 and 2003, 35 children died as a result of injuries due to abuse by a parent or caretaker.
- ◆ During 2002, there were 46 children hospitalized with the diagnosis of child abuse or neglect, up from 29 in 2001 and 23 in 2000. The average over five years (1998-2002) was 30 hospitalizations.<sup>12</sup>

## Preventing Child Abuse and Neglect

- ◆ In Rhode Island in 2003, almost three-quarters (71%) of all child abuse and neglect cases were the result of neglect.<sup>13</sup>
- ◆ Families overwhelmed by multiple personal, social, or economic problems may lack the resources to meet their children’s needs and require a variety of readily accessible services and interventions.<sup>14</sup>
- ◆ Connecting families with economic supports, decreasing isolation, and providing easy access to substance abuse and mental health treatment are especially critical.<sup>15</sup>

# Child Abuse and Neglect

## Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2003

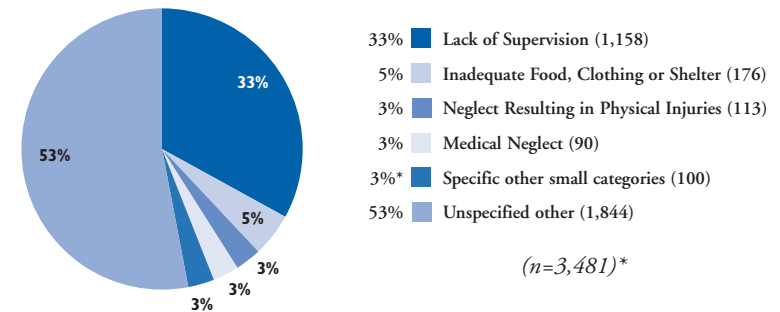


◆ In Rhode Island in 2003, there were 271 indicated allegations (confirmed claims) of sexual abuse. Some children were victims of sexual abuse more than once. Multiple allegations (or claims) may be involved in each indicated investigation. An indicated allegation of abuse is defined as one in which credible evidence was found indicating sexual abuse.

◆ In 73% (199) of the 271 indicated allegations of sexual abuse the victim was a female. Sixty-two percent of the victims (53% of girls and 88% of boys) were under age 12.

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

## Child Neglect, by Nature of Neglect, Rhode Island, 2003



\* 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.

◆ In Rhode Island in 2003, of the 3,481 indicated allegations (confirmed claims) of neglect, 33% involved lack of supervision.

◆ The single largest category of neglect (53%) falls under other. These are instances of neglect that do not fit into any of the other specified categories.

◆ The specific small categories of less than 1% each include: drug and alcohol abuse (28), failure to thrive (23), abandonment (21), educational neglect (9), tying and confinement (6), poisoning (5), emotional neglect (5), excessive/inappropriate discipline (3).

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

Table 23.

Indicated Cases of Child Abuse and Neglect, Rhode Island, 2003

CITY/TOWN	TOTAL POPULATION OF CHILDREN UNDER AGE 21	NUMBER OF INDICATED CASES OF CHILD ABUSE/NEGLECT	2003 RATE OF CASES OF CHILD ABUSE/NEGLECT PER 1,000 CHILDREN
Barrington	5,211	2	0.4
Bristol	6,294	21	3.3
Burrillville	4,646	25	5.4
Central Falls	6,443	80	12.4
Charlestown	1,952	20	10.2
Coventry	9,438	50	5.3
Cranston	19,854	85	4.3
Cumberland	8,595	25	2.9
East Greenwich	3,861	7	1.8
East Providence	12,060	79	6.6
Exeter	1,790	5	2.8
Foster	1,234	2	1.6
Glocester	2,998	12	4.0
Hopkinton	2,255	10	4.4
Jamestown	1,354	5	3.7
Johnston	6,729	25	3.7
Lincoln	5,720	30	5.2
Little Compton	874	6	6.9
Middletown	4,757	18	3.8
Narragansett	3,897	21	5.4
New Shoreham	203	0	0.0
Newport	7,046	75	10.6
North Kingstown	7,561	39	5.2
North Providence	6,854	47	6.9
North Smithfield	2,674	18	6.7
Pawtucket	20,870	233	11.2
Portsmouth	4,726	8	1.7
Providence	62,125	591	9.5
Richmond	2,221	11	5.0
Scituate	2,944	6	2.0
Smithfield	6,112	19	3.1
South Kingstown	10,393	20	1.9
Tiverton	3,806	10	2.6
Warren	2,809	24	8.5
Warwick	21,330	133	6.2
West Greenwich	1,606	9	5.6
West Warwick	7,746	82	10.6
Westerly	6,094	52	8.5
Woonsocket	12,792	179	14.0
Out of State/Unknown	NA	15	NA
Core Cities	117,022	1,240	10.6
Remainder of State	182,852	845	4.6
Rhode Island	299,874	2,100	7.0

### 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, 2003 to December 31, 2003.

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

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

### References for Indicator

- <sup>1,2,6</sup> *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.
- <sup>3,7</sup> Protecting Children from Abuse and Neglect. *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.
- <sup>4</sup> English, D. (1998). The Extent and Consequences of Child Maltreatment. *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.
- <sup>5</sup> Chalk, R. et al. (May, 2002). *The Multiple Dimensions of Child Abuse and Neglect: New Insights into an Old Problem* (Research Brief). Washington, DC: Child Trends.
- <sup>8</sup> D'Ambra, L. (September 2001). *DCYF System of Care Task Force Report of the Current Reality Subcommittee*. Providence, RI: Office of the Child Advocate.
- <sup>9</sup> *A Review of the Rhode Island Department of Children, Youth and Families* (January 2001). Providence, RI: Rhode Island Public Expenditure Council.
- <sup>10</sup> *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.
- <sup>11,13</sup> Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2003.
- <sup>12</sup> Rhode Island Department of Health, Hospital Discharge Database, 1998-2002.
- <sup>14,15</sup> Protecting Children from Child Abuse and Neglect. *The Future of Children*, Vol. 8, No. 1 (Spring 1998). Los Altos, CA: The David and Lucille Packard Foundation.

# 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 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.

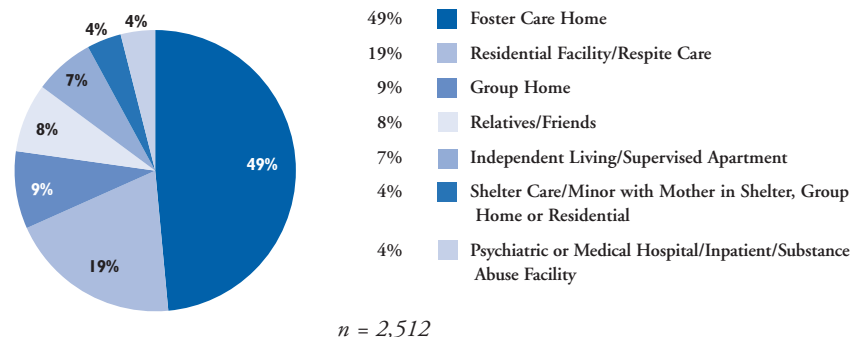
## SIGNIFICANCE

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.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup> 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. 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 for caregivers; coordinated services and funding strategies; and a managed care model that addresses the complex needs of children in the child welfare system.<sup>4,5,6</sup>

National research indicates that youth in state custody have high aspirations, including a college education, but experience serious educational difficulties. Adequate remedial and special education services are needed to ensure that these youth maximize their potential and are prepared for the employment market.<sup>7</sup>

**Children in Out-of Home Placement, December 2003**



◆ As of December 31, 2003, there were 2,512 children under age 21 in the care of DCYF who were in out-of-home placement.

◆ The total caseload of DCYF on December 31, 2003 was 8,245 including: 2,932 children living in their home (with a parent, guardian or step-parent) under DCYF supervision; 2,457 children in adoption placements, most receiving subsidized adoption supports; 190 children/youth in detention at the Training School or in prison; 24 children in out-of-state placement/placement with another agency; and 10 children in Job Corps or other placement.

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

## Night-to-Night Placements

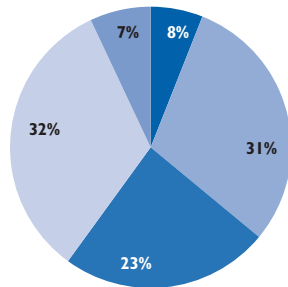
◆ Night-to-night placements refer to the temporary nightly placement of youths under the care of DCYF who are awaiting longer-term placements. Night-to-night placements are the subject of ongoing litigation between the Department of Children, Youth and Families and the Office of the Child Advocate, which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

◆ In 2003, an average of 13 children per week were placed in night-to-night placements for a total of 1,547 bed nights i.e., instances when a night-to-night bed is occupied by a child and paid for by DCYF. In 2002, an average of 18 children per week were placed in night-to-night placements for a total of 2,322 bed nights.<sup>8</sup>

## Children in Foster Care Homes, Rhode Island, 2004

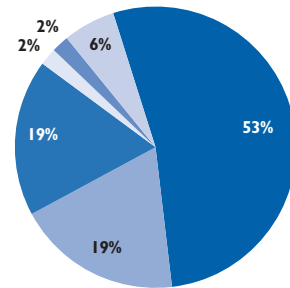
### By Age

8%	Under Age 1
31%	Ages 1 to 5
23%	Ages 6 to 11
32%	Ages 12 to 17
7%	Over Age 18



### By Race and Ethnicity

53%	White
19%	Black
19%	Hispanic
2%	Asian
2%	American Indian/Alaskan/ Pacific Islander
6%	Unknown/Multiracial/Other



n = 1,246

◆ As of January 2, 2004, there were 1,246 children in foster care homes. Of these, 531 (43%) were in non-relative foster homes, 575 (41%) were in relative foster homes, 132 (11%) were in the care of private agencies and eleven (1%) were in respite care. In Rhode Island and nationally there is an ongoing shortage of foster parents.<sup>9,10</sup>

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), January 2004.

### References for Indicator

<sup>1</sup> Protecting Children from Abuse and Neglect. (Spring 1998). *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.

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

<sup>3</sup> 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.

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

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

<sup>6</sup> Vandivere, S. et al. (December 2003). *Children in Foster Homes: How Are They Faring?* (Research Brief). Washington, DC: Child Trends.

◆ 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 1,532 Rhode Island children who were victims of abuse or neglect during the first six months of federal fiscal year 2002 (whether or not they were removed from the home), 10.2% (156) experienced one or more recurrences of abuse or neglect within 6 months, down from 12.6% in 1998.<sup>11</sup>

◆ In FY 2002, 18% of the 1,797 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 40% of children who had been in care between 12 and 23 months, down from 47% in 1998; 53% of children who had been in care for 24-35 months experienced three or more placements (compared with 54% in 1998).<sup>12</sup>

◆ Research shows disparate treatment of children of color as they enter the foster care system and while they are in the system. Black and Hispanic families are more likely than non-Hispanic White families under similar circumstances to be reported for child abuse and neglect and to have their child removed and placed in foster care. Once in foster care, children of color are more likely than non-Hispanic White children to remain there for longer periods of time, to receive fewer familial visits, fewer contacts with caseworkers, fewer written case plans, and fewer developmental assessments.<sup>13</sup>

<sup>7</sup> McMillen, C. et al. (July/August 2003). *Educational Experiences and Aspirations of Older Youth in Foster Care in Child Welfare*, Vol. LXXXII, # 4.

<sup>8</sup> Office of the Child Advocate, January 2004.

<sup>9</sup> *Recruiting Foster Parents*. (May 2002). Washington, DC: Department of Health and Human Services, Office of Inspector General.

<sup>10</sup> *Retaining Foster Parents*. (May 2002). Washington, DC: Department of Health and Human Services, Office of Inspector General.

<sup>11,12</sup> *Safety, Permanency and Well-being in Rhode Island: Child Welfare Outcomes Annual Report for 2002*. (NCANDS, DCDC, AFCARS Annual Foster Care Database, FY 1998, 1999, 2000, 2001, 2002). The Consultation Center, Yale University School of Medicine, for the U.S. Department of Human Services.

<sup>13</sup> Stukes Chipungu, S. and T.B. Bent-Goodley. (Winter 2004). Meeting the Challenges of Contemporary Foster Care. *The Future of Children*, Vol. 14, No. 1.

# 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 2002.

## 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.<sup>1,2</sup> 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.<sup>3</sup>

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.<sup>4</sup> 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.<sup>5,6,7</sup>

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.<sup>8,9,10</sup> 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.<sup>11</sup>

## Percentage of Children in Out-of-Home Care Exiting Care to a Permanent Placement, Rhode Island, FY 2002\*

	All Exits	With Disability	Over Age 12 at Entry
<b>Adoption</b>	<b>14%</b>	<b>10%</b>	<b>&lt;1%</b>
<b>Guardianship</b>	<b>2%</b>	<b>1%</b>	<b>2%</b>
<b>Reunification</b>	<b>70%</b>	<b>66%</b>	<b>73%</b>
<b>Other</b>	<b>13%</b>	<b>22%</b>	<b>23%</b>
<b>Missing</b>	<b>1%</b>	<b>1%</b>	<b>2%</b>
<i>Total Number</i>	<i>1,378</i>	<i>232</i>	<i>662</i>

◆ In FY 2002 there were 3,742 children in out-of-home placement. Of these, 1,378 children exited care. Of the children who exited care, 86% exited to a permanent placement such as adoption, guardianship or reunification. Children exiting to a permanent placement account for 32% of all children in out-of-home placement.<sup>12</sup>

Source: *Safety, Permanency, and Well-Being in Rhode Island: Child Welfare Outcomes Annual Report for 2002.* (AFCARS Annual Foster Care Database, FY 2002) The Consultation Center, Yale University School of Medicine, for the U.S. Department of Health and Human Services.

## 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 2002, 62 Rhode Island children exited out-of-home placement to emancipation. Of these, 82% were older than age 12 at entry into care.<sup>13</sup>

◆ Youth who age out of foster care experience high rates of poverty, homelessness, unemployment, incarceration and poor health. Youth who receive more training and services, have real work experience and have positive support systems prior to exiting foster care experience better outcomes after exiting foster care. Research indicates that specialized mental health services and transition systems that extend beyond the age of discharge are crucial for the success of these youth.<sup>14</sup>

\*Foster care refers to all out-of-home placements, consistent with language used in federal reports. \*Throughout this indicator, fiscal year refers to federal fiscal year, Oct. 1-Sept. 30. Permanent placement indicates adoption, reunification or guardianship.

## Length of Time to Adoption or Reunification, Rhode Island, FY 1998-2002

	Adoption		Reunification	
	1998	2002	1998	2002
Less than 24 months	28%	45%	75%	84%
More than 24 months	63%	53%	6%	14%
Missing data	9%	2%	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 45% in FY 2002.
- ◆ The percentage of children who were reunified with their family of origin in less than 24 months increased from 75% in FY 1998 to 84% of children in FY 2002.

Source: The Consultation Center, Yale University School of Medicine, for the U.S. Department of Health and Human Services. *Safety, Permanency, and Well-Being in Rhode Island: Child Welfare Outcomes Annual Report for 2002.* (AFCARS Annual Foster Care Database, FY 1998 and 2002)

## Children Re-Entering Foster Care after Prior Episode, FY 1998-2002

- ◆ 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 2002, 31% of children in Rhode Island who entered out-of-home placement were re-entering after a prior episode, up from 27% in 1998.<sup>15</sup>
- ◆ The majority of child maltreatment cases involve neglect. The greatest contributors to neglect are poverty, parental substance abuse and/or mental illness. Achieving timely and successful reunification requires access to substance abuse and mental health treatment.
- ◆ Parents striving for reunification with their children may also require in-home services, parenting skills training, assistance in meeting basic needs (food, housing, income), child care, and specific strategies to decrease isolation and strengthen community supports.<sup>16</sup>

## Adoptions of Children in DCYF Care, 2003

- ◆ In calendar year 2003, 256 children in the care of DCYF were adopted in Rhode Island. Of these children, 52% were White, 17% were Black, 16% were Hispanic and 15% were other racial/ethnic groups or unknown.
- ◆ Of the children adopted, 59% were under age 6, 24% were between age 6 and 11 and 17% were age 12 or older. As of December 31, 2003, 210 children in the care of DCYF were awaiting adoption. Of these children, 44% were White, 29% were Black, 22% were Hispanic and 6% were other racial/ethnic groups or unknown race or ethnicity.

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2003.

## References for Indicator

- 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.
- <sup>211</sup> Preface to Contemporary Issues in Permanency Planning. (March/April, 2002). *Child Welfare*, Vol. LXXXI, #2.
- <sup>3</sup> Wertheimer, R. (December 2002). *Youth who 'Age Out' of Foster Care: Troubled Lives, Troubling Prospects.* Child Trends Research Brief. Washington, DC: Child Trends.
- <sup>4,12,13,15</sup> *Child Welfare Outcomes Annual Report for 2002. (AFCARS Annual Foster Care Database, FY 2002.)* The Consultation Center, Yale University School of Medicine, for the U.S. Department of Health and Human Services, Safety, Permanency, and Well-Being in Rhode Island. Note: Missing data in 1998 (25%) may be responsible for some of the differential.
- <sup>5</sup> Billing, A. (May 15, 2002). *Children Cared for by Relatives: What Do We Know about Well-Being?* New Federalism: National Survey of America's Families (Series). Washington, DC: Urban Institute.
- <sup>6,8</sup> Rosenau, N. (September 2000). Do We Really Mean Families for All Children? Permanency Planning for Children with Developmental Disabilities. *Policy Research Brief*, Vol 1, No. 2. Minneapolis, MN: University of Minnesota.
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