

# Safety

## Quiet Girl

I would liken you  
To a night without stars  
Were it not for your eyes.  
I would liken you  
To a sleep without dreams  
Were it not for your songs.

–Langston Hughes



# 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

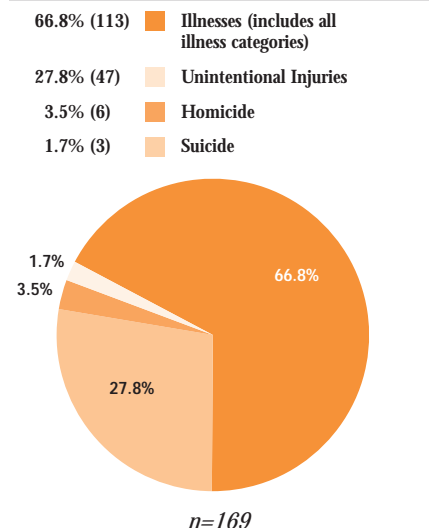
The child death rate is a reflection of the physical health of children, the dangers to which children are exposed at home and in the community, and the level of adult supervision children receive.<sup>1</sup> Rhode Island has the lowest child death rate in the country.<sup>2</sup>

Unintentional injury is the single leading cause of death for children ages 1 to 14 in Rhode Island and nationally.<sup>3,4</sup> Of the 169 child deaths in Rhode Island between 1994 and 1998, more than one-quarter (28%) were due to unintentional injuries.<sup>5</sup> This percentage is higher than for any specific illness category. Between 1994 and 1998 there were 56 deaths due to injuries among Rhode Island children ages 1 to 14.<sup>6</sup> Of these injury deaths, nearly half (22) were caused by fire and car accidents.<sup>7</sup>

The child death rate due to unintentional injuries is an underestimate of the impact of unintentional injuries on child health. For every childhood death caused by injury, there are 34 hospitalizations, 1,000 emergency department visits,

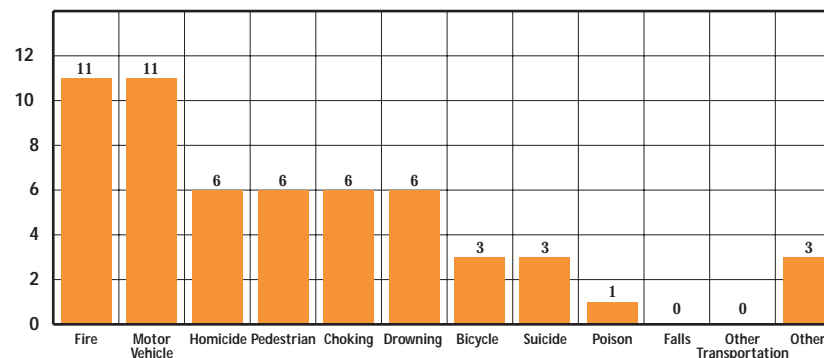
many more visits to private physicians and school nurses, and an even larger number of injuries treated at home. Nationally, 20-25% of all children sustain an injury severe enough to require medical attention, missed school, and/or bed rest.<sup>8</sup> Many of the injuries that do not result in death leave children temporarily or permanently disabled, result in time lost from school, and decrease the child's ability to participate in everyday activities.<sup>9</sup>

**Child Deaths by All Causes, Children Ages 1 to 14, Rhode Island, 1994-1998**



Source: Rhode Island Department of Health, Maternal and Child Health Database, 1994-1998.

**Cause of Injury Deaths, Children Ages 1 to 14, Rhode Island, 1994-1998**



*Cause of Injury (n=56)*

Source: Rhode Island Department of Health, Maternal and Child Health Database, 1994-1998. Data for 1996-1998 are provisional.

## Risk Factors for Childhood Injury

- ◆ Unintentional injuries disproportionately affect poor children, young children, males, and minorities. Black children have the highest death rate of any ethnic group. In the U.S., the death rate for black children ages 1 to 4 is twice that for white children.<sup>10</sup>
- ◆ Factors that may increase a child's risk of injury include lack of education, young maternal age, multiple siblings, dilapidated housing, and unsafe play areas.<sup>11</sup>
- ◆ The vast majority of unintentional injury-related deaths among children occur in the evening hours when children are most likely to be out of school and unsupervised.<sup>12</sup>
- ◆ Motor vehicle accidents are a leading cause of injury deaths to children ages 1 to 14 in Rhode Island and nationally. Two-thirds of the motor vehicle occupants 0-14 years old who are killed in fatal crashes are unrestrained (i.e. infants and young children who are not in properly installed car seats and older children whose seatbelts are not fastened).<sup>13</sup>

Table 17.

## Child Deaths, Rhode Island, 1994-1998

CITY/TOWN	NUMBER OF CHILDREN AGES 1-14	NUMBER OF CHILD DEATHS	RATE PER 100,000
Barrington	15,695	3	NA
Bristol	17,025	5	NA
Burrillville	17,930	2	NA
Central Falls	19,300	3	NA
Charlestown	6,455	0	NA
Coventry	30,045	4	NA
Cranston	57,505	3	NA
Cumberland	25,320	2	NA
East Greenwich	11,450	0	NA
East Providence	42,160	13	NA
Exeter	6,045	2	NA
Foster	4,745	2	NA
Glocester	10,145	1	NA
Hopkinton	7,445	1	NA
Jamestown	4,485	1	NA
Johnston	20,835	4	NA
Lincoln	15,265	2	NA
Little Compton	2,930	0	NA
Middletown	19,030	0	NA
Narragansett	11,390	2	NA
Newport	22,730	1	NA
New Shoreham	675	0	NA
North Kingstown	24,270	4	NA
North Providence	21,615	7	NA
North Smithfield	8,920	1	NA
Pawtucket	65,495	12	NA
Portsmouth	16,315	4	NA
Providence	151,095	38	NA
Richmond	6,345	4	NA
Scituate	9,390	1	NA
Smithfield	15,515	5	NA
South Kingstown	19,180	0	NA
Tiverton	12,140	3	NA
Warren	9,610	3	NA
Warwick	71,880	12	NA
Westerly	20,030	6	NA
West Greenwich	3,635	1	NA
West Warwick	25,840	7	NA
Woonsocket	42,310	10	NA
<i>Core Cities</i>	<i>300,930</i>	<i>64</i>	<i>21.3</i>
<i>Remainder of State</i>	<i>591,260</i>	<i>105</i>	<i>17.8</i>
<i>Rhode Island</i>	<i>892,190</i>	<i>169</i>	<i>18.9</i>

### Source of Data for Table/Methodology

Rhode Island Department of Health, Maternal and Child Health Database, 1994-1998. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls. Data for 1996-1998 are provisional.

NA: Because nearly all cities have a low number of deaths, the death rates are highly variable, and therefore the rates are not provided for cities and towns.

The denominator is the number of children ages 1 to 14 according to the 1990 Census of Population, multiplied by five to compute a rate over five years, 1994-1998.

### References for Indicator

<sup>1</sup> *A Data Book of Child and Adolescent Injury* (1991). Washington, DC: Children's Safety Network.

<sup>2</sup> *KIDS COUNT Data Book: State Profiles of Child Well-Being 1999* (1999). Baltimore, MD: The Annie E. Casey Foundation.

<sup>3,5,6,7</sup> Rhode Island Department of Health, Maternal and Child Health Database, 1994-1998. Data for 1996-1998 are provisional.

<sup>4</sup> National Center for Health Statistics (1998). *Health, United States, 1998 With Socioeconomic Status and Health Chartbook*. Hyattsville, MD: US Department of Health and Human Services.

<sup>8</sup> "Unintentional Injury Factsheet" (1999). Washington, DC: National Center for Injury Prevention and Control.

<sup>9</sup> Lewit, E. M. and Schuurman Baker, L., "Unintentional Injuries" in *The Future of Children*, Vol. 5, Number 1 (Spring 1995). Los Altos, CA: Center for the Future of Children, The David and Lucille Packard Foundation.

<sup>10</sup> *America's Children: Key Indicators of Well-Being* (1999). Washington, DC: Federal Interagency Forum on Child and Family Statistics.

<sup>11,12</sup> "Childhood Injury Fact Sheet" (1997). Washington, DC: National Safe Kids Campaign.

<sup>13</sup> "Unintentional Injury Factsheet: Child Passenger Safety" (1999). Washington, DC: National Center for Injury Prevention and Control.

# Teen Deaths

## 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 transition to adulthood confronts teens of all ages with health and safety risks. Teens are more likely than any other age group to take risks that can cause injury to themselves or others. Factors contributing to teen deaths include risk-taking behavior, the use of alcohol and drugs, and violence.<sup>1</sup>

The 1996 national teen death rate of 78.6 was nearly twice that of Rhode Island.<sup>2</sup> Nationally, the two leading causes of death for teens ages 15 to 19 are motor vehicle traffic accidents and firearm deaths.<sup>3</sup> Between 1985 and 1995, the risk of dying from a firearm injury more than doubled for U.S. teenagers 15 to 19 years of age.<sup>4</sup> In Rhode Island between 1994 and 1998, the two leading causes of teen death were motor vehicle accidents and homicide.<sup>5</sup>

Forty percent of Rhode Island teen deaths are due to unintentional injuries. Of the 58 teen deaths due to unintentional injuries between 1994 and 1998, 57% were due to motor vehicle collisions.<sup>6</sup> The *1997 Youth Risk Behavior Survey* found that — during

the thirty days preceding the survey — only 24% of the teens had always used safety-belts when riding in a car; 36% had driven with someone who had been drinking alcohol; and 33% of 12th graders had driven a car when they had been drinking alcohol.<sup>7</sup>

More than one-quarter (27%) of the deaths among Rhode Island teens are due to intentional injuries (i.e. homicide or suicide). Homicide and suicide claimed the lives of 39 teens between 1994 and 1998.<sup>8</sup> Nationally, males ages 15 to 19 are five times more likely to die of homicide or suicide than females.<sup>9</sup>

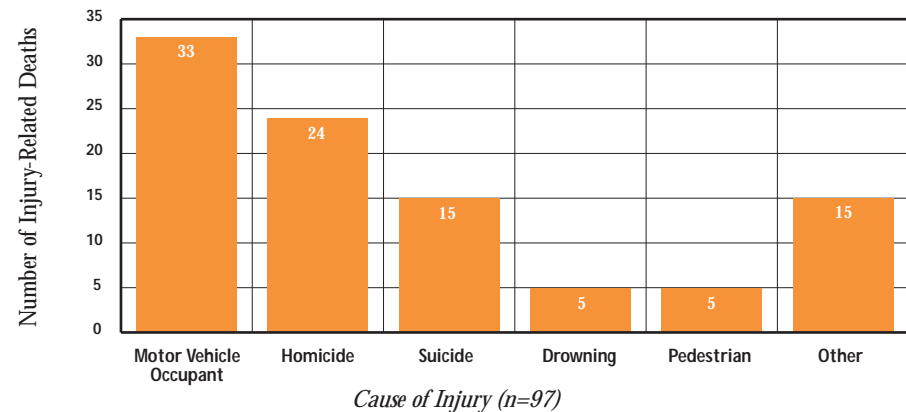
## Gun Deaths Teens \* Ages 15 to 19, Rhode Island, 1990-1998

YEAR	NUMBER OF DEATHS
1990	4
1991	9
1992	3
1993	8
1994	5
1995	6
1996	3
1997	4
1998	5

*\*There were 10 gun deaths to children ages 5 to 14 during this time period.*

Source: National Center for Health Statistics, Vital Statistics (1998). *Rhode Island Mortality Statistics, 1989-1994*. Rhode Island Department of Health, Office of Health Statistics, 1993-1998.

## Cause of Injury Deaths, Teens Ages 15 to 19, Rhode Island, 1994-1998



◆ Between 1994 and 1998, the leading causes of death due to injuries for Rhode Island teens ages 15 to 19 were motor vehicle accidents (33 deaths), homicide (24 deaths), and suicide (15 deaths). An additional 46 teen deaths were due to illnesses.

◆ In Rhode Island, the teen death rate from all causes dropped from 47.1 deaths per 100,000 teens in 1987-1991 to 40.4 deaths per 100,000 teens in 1994-1998. There were 182 teen deaths between 1987 and 1991 compared to 143 teen deaths between 1994 and 1998.

Source: Rhode Island Department of Health, Maternal and Child Health Database, 1994-1998. Data for 1996-1998 are provisional.

## Gun-Related Hospitalizations, Rhode Island, 1994-1998

◆ In Rhode Island from 1994 to 1998, there were 110 children hospitalized with gunshot wounds. Of these, two of the victims were younger than age 5, four were between the ages of 5 and 9, twelve were between the ages of 10 and 14, and ninety-two were between the ages of 15 and 19. Sixty were intentional injuries, 41 were unintentional, and 9 were of undetermined intention.<sup>10</sup>

◆ Between 1994 and 1998, two-thirds (67%) of the 110 gun-related hospitalizations were Providence residents. Between 1996 and 1998, Providence gun-related injuries decreased 62% from 24 hospitalizations to 9 hospitalizations.<sup>11</sup>

Table 18. Teen Deaths, Rhode Island, 1994-1998

CITY/TOWN	NUMBER OF TEENS AGES 15-19	NUMBER OF TEEN DEATHS	RATE PER 100,000
Barrington	5,020	0	NA
Bristol	9,705	2	NA
Burrillville	5,660	1	NA
Central Falls	5,740	2	NA
Charlestown	1,640	2	NA
Coventry	10,695	6	NA
Cranston	21,325	14	NA
Cumberland	9,070	2	NA
East Greenwich	4,040	6	NA
East Providence	14,630	3	NA
Exeter	1,750	1	NA
Foster	1,445	1	NA
Glocester	3,535	1	NA
Hopkinton	2,290	0	NA
Jamestown	1,420	0	NA
Johnston	7,660	2	NA
Lincoln	5,540	3	NA
Little Compton	1,010	1	NA
Middletown	5,650	0	NA
Narragansett	3,910	3	NA
Newport	11,140	5	NA
New Shoreham	125	0	NA
North Kingstown	7,970	1	NA
North Providence	8,705	1	NA
North Smithfield	3,610	1	NA
Pawtucket	22,435	7	NA
Portsmouth	5,310	1	NA
Providence	72,915	35	NA
Richmond	1,815	2	NA
Scituate	3,430	0	NA
Smithfield	9,240	11	NA
South Kingstown	20,300	4	NA
Tiverton	5,020	0	NA
Warren	3,120	3	NA
Warwick	26,290	9	NA
Westerly	6,150	4	NA
West Greenwich	1,295	0	NA
West Warwick	8,990	5	NA
Woonsocket	14,710	4	NA
<i>Core Cities</i>	<i>126,940</i>	<i>53</i>	<i>41.8</i>
<i>Remainder of State</i>	<i>227,365</i>	<i>90</i>	<i>39.6</i>
<i>Rhode Island</i>	<i>354,305</i>	<i>143</i>	<i>40.4</i>

### Source of Data for Table/Methodology

Rhode Island Department of Health, Maternal and Child Health Database, 1994-1998. Data for 1996-1998 are provisional.

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

Because nearly all cities have a low number of deaths, the death rates are highly variable, and therefore the rates are not provided for cities and towns.

The denominator is the number of teens ages 15 to 19 according to the 1990 Census of Population, multiplied by five to calculate a rate over five years, 1994-1998.

### References for Indicator

<sup>1</sup> *Lost Generations: Adolescents in High Risk Settings* (1993). Washington, DC: National Academy Press.

<sup>2</sup> *National Vital Statistics Report* (1998). Vol. 47, No. 9, November 10, 1998. Atlanta, GA: Centers for Disease Control and Prevention.

<sup>3</sup> *America's Children: Key National Indicators of Well-Being* (1999). Washington, DC: Interagency Forum on Child and Family Statistics.

<sup>4</sup> Centers for Disease Control (1999). *Firearm Injuries and Fatalities*. Atlanta, GA: National Center for Injury Prevention and Control.

<sup>5,6,8</sup> Rhode Island Department of Health, Maternal and Child Health Database, 1994-1998.

<sup>7</sup> *1997 Rhode Island Youth Risk Behavior Survey* (1998). Providence, RI: Rhode Island Department of Health.

<sup>9</sup> Centers for Disease Control (1999). *Facts on Adolescent Injury*. Atlanta, GA: National Center for Injury Prevention and Control.

<sup>10,11</sup> Rhode Island Department of Health, Hospital Discharge Database, 1994-1998.

# 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, 1998 and June 30, 1999.

## SIGNIFICANCE

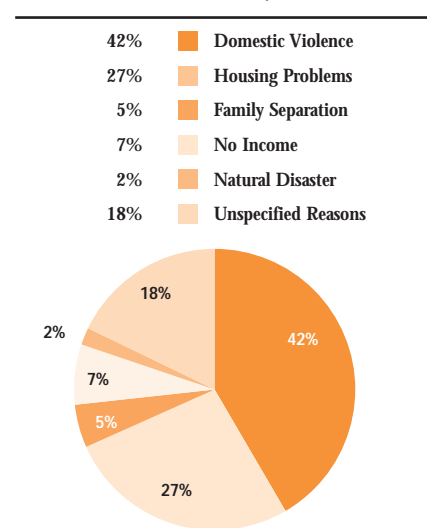
Poverty and lack of affordable housing are factors in family homelessness.<sup>1,2</sup> The shortage of affordable apartments and the dwindling number of housing subsidies have caused many Rhode Island families to “double-up”, resulting in overcrowded, unstable living conditions. With a large percentage of family income going toward rent, any interruption in income or unexpected expense can place families at risk of homelessness.<sup>3,4</sup>

In the U.S., more than 40% of the homeless are women and children — the fastest growing homeless group.<sup>5</sup> Homelessness severely affects the health and well-being of all family members. Stable housing is a basic necessity if a person is going to be productive at work or school. Transience makes it difficult or impossible to obtain and keep a job. Infants, toddlers and preschoolers who are homeless develop more slowly and may develop emotional problems serious enough to require professional care.<sup>6</sup> Children may find it difficult to develop supportive relationships with adults or peers when their lives are disrupted by

temporary moves.

In Rhode Island in 1999, there were 994 children who received shelter from the emergency and domestic violence shelter system: 564 (57%) were age 5 or under, 355 (36%) were ages 6 to 12, and 75 (8%) were ages 13 to 17.<sup>7</sup> Nearly 85% were in single parent families. Nearly two-thirds of the families receiving shelter had incomes below \$15,000 and one-third had no income at all.<sup>8</sup>

Reasons Families Needed Shelter, Rhode Island, 1999



*n=803 families*

*\*Housing problems includes housing costs, legal evictions, relocations, landlord/tenant disputes, and utilities shut-off.*

Source: RI Emergency Shelter Information Project Annual Report, July 1, 1998 – June 30, 1999 (2000). Providence, RI: RI Emergency Food and Shelter Board.

## Homelessness Affects Children’s Health and Education

- ◆ Deprived of the protection and stability a home provides, homeless children have substantially higher levels of acute and chronic illness. They suffer twice as many ear infections, five times more diarrhea and stomach problems, and are four times more likely to have asthma than other children.
- ◆ Nearly 20 percent of homeless children lack a regular source of medical care. One third of homeless children lack essential immunizations and one third have never been screened for lead poisoning.
- ◆ Due to frequent moves and the stress of shelter life, homeless children often suffer from emotional distress. They have more pronounced worries and fears than other children, and are more likely to have serious emotional problems such as anxiety, depression, withdrawal, severe aggression and hostility. Despite higher rates of mental health problems, less than one-third of homeless children receive treatment.
- ◆ Periods of homelessness, or a rapid succession of moves due to an unstable living situation have a negative effect on a child’s education. Homeless children are more likely to repeat a grade and to be suspended. Although homeless children are more likely to be learning disabled, they are less likely to be treated for their learning disabilities and less likely to receive special education services.
- ◆ In 1999, the Better Homes Fund ranked Rhode Island 18th in the U.S. for children at risk of homelessness based on a list of factors. These factors are: the percentage of families living in extreme poverty, foster care rates, children in households with worst case housing need, number of female-headed households, the vacancy rate for affordable housing, the number of school-age homeless children, and the rate of decrease in welfare case loads.

Source: *Homeless Children: America’s New Outcasts* (1999). Newton, MA: The Better Homes Fund.

## DEFINITION

*Homeless youth* is the number of Rhode Island youth ages 13 to 21 who are homeless or at risk of homelessness, have run away from home, or have been thrown out of their home and not allowed to return.

## SIGNIFICANCE

Many homeless and runaway youth are fleeing disruptive and abusive family conditions.<sup>9</sup> Some runaway youth are considered to be “throw-aways” who were told to leave a household, were abandoned or deserted, or tried to return home and were denied access.<sup>10</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>11</sup>

Adolescents who have supportive relationships with their parents, their families, other caring adults, and their school community are healthier and less likely to be involved in high-risk situations than those who lack such supportive relationships. This “connectedness” is a protective factor in the lives of teens regardless of their race, ethnicity, family structure, or poverty status.<sup>12</sup>

## Homeless/Runaway/Throwaway Youth in Rhode Island

### Emergency Shelter System

◆ There were 75 youth between the ages of 13 and 17 who received shelter through the emergency shelter system in Rhode Island between July 1998 and June 1999.<sup>13</sup> This is an underestimate of the number of youth in need of shelter, as many of the emergency and domestic violence shelters do not accept males over the age of twelve.

### Travelers Aid

◆ While there are no accurate data on the total number of homeless and runaway youth in Rhode Island, there has been a steady increase in the number of homeless youth served by Travelers Aid.<sup>14</sup> Rhode Island does not have an overnight emergency shelter for runaway youth.

◆ A total of 975 youth under age 22 accessed services through Travelers Aid from January through December 1999. Of these, 253 were homeless, 326 were runaways/throwaways (under age 18), and 248 were in transitional arrangements, including treatment centers, shelters, or “doubled up” with family members. The remainder (148) were considered to be at-risk for homelessness.<sup>15</sup>

◆ Of the youth that received services in 1999 from Travelers Aid, over half had dropped out of school; 40% were uninsured; 60% were either presently or had in the past been involved with DCYF; and 13% of the youth had children themselves.<sup>16</sup>

◆ In 1999, the Travelers Aid Runaway Youth Project provided street outreach services in Providence, Pawtucket, Central Falls and Newport to 5,715 youth at-risk for homelessness or who were homeless/runaways.<sup>17</sup>

### DCYF Night-to-Night Placements and Unauthorized Absence

◆ In 1999, an average of 20 teen boys and 40 teen girls per month were in “night-to-night placements.” Night-to-night placements refer to the temporary nightly placement of youths under the care of DCYF who are awaiting a permanent foster care placement, a group home/treatment placement, or who have run away from their current placement.<sup>18</sup>

◆ As of December 1999, there were 114 youth in DCYF care who were classified as unauthorized absence/runaways.<sup>19</sup>

## References for Indicators

### Homeless Children

<sup>1,3</sup> National Coalition for the Homeless (1997). “Homeless Families With Children” *NCH Fact Sheet #7* (October 1997). Washington, DC: National Coalition for the Homeless.

<sup>2,5,8</sup> *Homeless Children: America's New Outcasts* (1999). Newton, MA: The Better Homes Fund.

<sup>4</sup> *Children and Their Housing Needs: A Report to KIDS COUNT* (1993). Washington, DC: Center on Budget and Policy Priorities.

<sup>7,8</sup> Rhode Island Emergency Shelter Information Project, July 1, 1998-June 30, 1999 (2000). Providence, RI: RI Emergency Food and Shelter Board.

### Homeless Youth

<sup>9,11</sup> *Youth with Runaway, Throwaway, and Homeless Experiences: Prevalence, Drug Use, and Other At-Risk Behaviors* (1995). FYSB Update. Washington, D.C.: Family and Youth Service Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

<sup>10</sup> Schneider, D. (1995). *American Childhood: Risks and Realities*. New Jersey: Rutgers University Press.

<sup>12</sup> Blum, R.W., & Rinehart, P.M. (1997). *Reducing the Risk: Connections that Make a Difference in the Lives of Youth*. Minneapolis, MN: University of Minnesota, Division of General Pediatrics and Adolescent Health.

<sup>13</sup> Rhode Island Emergency Shelter Information Project, July 1, 1998-June 30, 1999 (2000). Providence, RI: The Rhode Island Emergency Food and Shelter Board.

<sup>14,15,16,17</sup> Travelers Aid, Providence, RI, Year-End Reports, 1995, 1996, 1997, 1998, 1999.

<sup>18</sup> Rhode Island Department of Children, Youth and Families, December 1999.

<sup>19</sup> Rhode Island Office of the Child Advocate, December 1999.

# 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

Poor school performance, including chronic truancy and falling behind one or more grade levels, increases the likelihood of involvement with the juvenile justice system. Other risk factors for juvenile crime and delinquency include poverty, family violence, inadequate supervision, limited education and job skills, substance abuse, and mental health problems.<sup>1,2,3</sup> Most juvenile crime takes place in the after-school and early evening hours.<sup>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-third of all cases referred to Family Court are diverted instead of proceeding to a formal court hearing. In 23 communities, a Juvenile Hearing Board allows juvenile offenders to bypass the formal court process when they are willing to admit their offense. Juvenile diversion options include community service, restitution, mental health or substance abuse counseling,

and/or a community-based program. According to Rhode Island Family Court, community-based diversion programs, rehabilitation options, and community-based placements are not available to all youth who need them.

The best prevention strategies for most adolescent risk behaviors (including crime and substance abuse) enable youth to develop caring, supportive relationships within their families, schools, peer groups, and community. Effective programs focus on truancy reduction, substance abuse services, youth mental health services, mentoring, conflict resolution, after-school tutoring, vocational training, recreation, community service and leadership development.<sup>5,6,7</sup> Programs are most effective when they are comprehensive, community-based, culturally-appropriate and initiated early in a child's development.<sup>8</sup>

Rhode Island is one of six states participating in the U.S. Justice Department Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Comprehensive Strategy which is designed to improve the effectiveness of the juvenile justice system; provide appropriate prevention methods to children, families, and communities; and, intervene in the lives of first-time offenders with structured programs and services.<sup>9</sup>

## Juvenile Wayward/Delinquent Offenses Referred to Family Court, by Type of Offense, Rhode Island, 1999

33%	Property Offenses	5%	Violent Crime Offenses
16%	Status Offenses*	5%	Traffic Offenses
12%	Disorderly Conduct	2%	Weapons Offenses
11%	Simple Assaults	5%	Other**
11%	Alcohol and Drugs		

*n* = 7,901

\*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 false fire alarms, conspiracy, aiding and abetting, crank/obscene phone calls, and sex offenses other than rape.

◆ In 1999, there were 4,402 juveniles referred to Family Court for 7,901 offenses. Since 1998, the number of juveniles referred to Family Court has decreased by 6% (from 4,700 juveniles in 1998 to 4,402 in 1999); the number of offenses has decreased by 15% (9,272 offenses in 1998 versus 7,901 in 1999).

◆ Between 1988 and 1999, the percentage of Rhode Island youths ages 10 to 17 who were referred to Family Court increased from 3.4% to 4.6%.

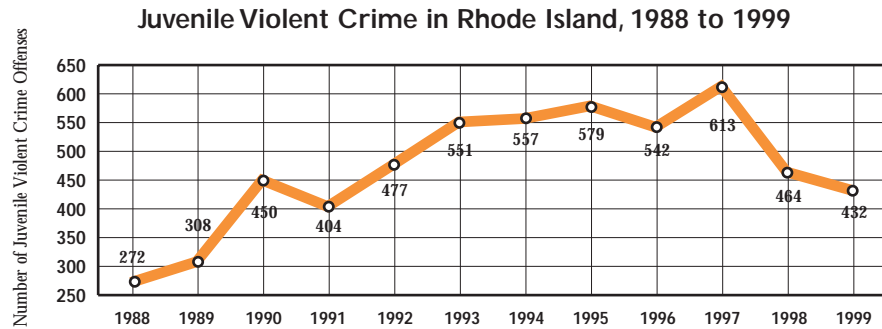
Source: Rhode Island Family Court, 1988, 1998 and 1999 Juvenile Offense Reports.

## Rhode Island's Juvenile Drug Court

◆ 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. Drug Court participants have offenses ranging from possession of marijuana to possession of heroin and have used drugs an average of three times per week.<sup>10</sup>

◆ The focus of the Juvenile Drug Court is treatment and rehabilitation. 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>11</sup>

## Juveniles Referred to Family Court



◆ The juvenile violent crime rate increased from the late 1980s to the late 1990s, peaking in 1997. The juvenile violent crime rate began to decline in 1998 and in 1999 was at its lowest level since 1991.<sup>12</sup>

◆ Between 1990 and 1999, violent crime offenses accounted for 5.3% of all offenses for youth ages 10 to 17.<sup>13</sup>

◆ The core cities of Providence, Pawtucket, Woonsocket, Newport and Central Falls accounted for 57% of all juvenile violent crime in 1999 and for 42% of all juveniles referred for any offense. The juvenile crime rate, including the rate for violent crimes, decreased in the core cities between 1997 and 1999.<sup>14</sup>

### Juveniles Tried as Adults

◆ In 1999, the Attorney General's Office filed 30 motions for waiver of jurisdiction to try juveniles as adults, one automatic certification and two drug certifications. Fourteen of these motions were granted; three were certified; eight were withdrawn to the Rhode Island Training School, one discretionary waiver was dismissed; and seven are pending.<sup>15</sup>

### The Rhode Island Training School for Youth

◆ The Department of Children, Youth, and Families operates the Rhode Island Training School for Youth, the state's 174-bed residential detention facility for adjudicated youths and those awaiting trial.

◆ As of December 1, 1999, there were 186 youths at the Training School, which is 7% over capacity. During 1999, a total of 1,157 youth passed through the Training School.<sup>17</sup>

◆ The Training School population ranges in age from 10 to 22; the average age is 16.8 years; 90% of the residents are male. Two-thirds of the youth at the Training School are ethnic or racial minorities.<sup>18</sup>

◆ The mean reading level of the total Training School population is fifth (5.8) grade; and the mean mathematics level is fifth (5.5) grade. A survey of educational records of Training School youth confirms significant academic difficulty. Based on 42 records reviewed, only 12 youth were attending school one year prior to detention/adjudication and had passing grades.<sup>19</sup>

#### References for Indicator

<sup>1</sup> *Juvenile Offenders and Victims: A National Report* (1995). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, US Department of Justice.

<sup>2</sup> *Great Transitions: Preparing Adolescents for a New Century* (1995). New York: Carnegie Council on Adolescent Development.

<sup>3,7</sup> Bilchik, S. (July 1998). *OJJDP Fact Sheet #82*. "Mental Health Disorders and Substance Abuse Problems Among Juveniles." Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

<sup>4</sup> Chaiken, M.R. (June 1998). *Issues and Practices in Criminal Justice: Kids, COPS, and Communities*. Washington, DC: U.S. Department of Justice, National Institute of Justice and The Carnegie Corporation of New York.

<sup>5,9</sup> *Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders* (1995). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, US Department of Justice.

<sup>6,8</sup> *Combating Violence and Delinquency: The National Juvenile Justice Action Plan* (1996). Washington, DC: Coordinating Council on Juvenile Justice and Delinquency Prevention.

<sup>12,13,14</sup> Rhode Island Family Court, RIJSS Intake Statistics, Year End Reports, 1990 to 1999.

<sup>10,11</sup> Rhode Island Family and Juvenile Drug Court, *Newsletter*, Issue 1: Winter 2000.

<sup>15,16</sup> Rhode Island Office of the Attorney General, 1995 to 1999.

<sup>17,18,19</sup> Superintendent's Office, RI Training School for Youth, January 1999.

# Children and Domestic Violence

## DEFINITION

*Children and 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 1998. 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

Domestic violence is a serious social issue that affects all communities and cuts across racial, ethnic and economic lines.<sup>1</sup> It is estimated that one-fifth to one-third of all women are assaulted by a partner or ex-partner during their lifetime.<sup>2</sup> In Rhode Island in 1998, police reports indicate that children were present in 39% of domestic violence incidents reported.<sup>3</sup> National surveys of mothers indicate that 87% of children have witnessed the abuse in homes where there is domestic violence.<sup>4</sup>

Children who experience adult domestic violence in their homes suffer trauma even if they, themselves, are not physically harmed. Children may experience violent events in the home in several ways. They may witness their mother being abused, hear their mother's cries or a batterer's threats, and/or observe the results of a violent event

through their mother's injuries or broken furniture.<sup>5</sup>

Exposure to domestic violence can limit children's cognitive development and their ability to form close attachments.<sup>6</sup> Children who witness domestic violence experience anxiety, fear, sleep disruption, depression, post-traumatic stress disorder, and have problems in school.<sup>7,8</sup> Children who experience violence over a period of time are more likely to have serious emotional and behavioral problems, including violent behavior.<sup>9</sup>

Children who grow up in violent homes are much more likely to become abusive partners or victims of abuse in adulthood. Over 80% of abusive partners had themselves either been victims of child abuse or had witnessed their mothers being abused.<sup>10</sup> Children in homes where a parent is abusive to a spouse are at increased risk of child abuse. More than half of men who abuse their female partners also abuse their children.<sup>11</sup>

There are six shelter and advocacy programs in Rhode Island that offer services to children who witness domestic violence. Services include group therapy, individual counseling, expressive arts therapy, and child care. In 1999, the six domestic violence agencies provided services to 1,335 Rhode Island children; of these, 387 children spent time in a domestic violence shelter.<sup>12</sup>

## The Effects of Family Violence on Children

### Infants

- ◆ Have a propensity to illness, irritability and sleep problems.
- ◆ May experience separation anxiety because the victim of abuse may have difficulty addressing their needs.
- ◆ May be injured in a battering incident if they are caught between parents.

### Toddlers

- ◆ May feel responsible for the violence. May be open to discuss their feelings.
- ◆ May be reluctant to leave their mother, fear being alone, and regress to earlier stages of development.

### Elementary School Age Children

- ◆ May suffer from emotional problems, including a sense of shame and guilt out of a belief that they should be able to prevent the violence.
- ◆ Boys learn that violence is an appropriate way to resolve conflict. They are often disruptive and act aggressively toward people and objects.
- ◆ Girls may learn that victimization is inevitable. They are likely to be withdrawn, passive and cling to their mother.

### Teenagers

- ◆ May run away or may feel that they cannot leave home because they must protect their mother or younger siblings.
- ◆ May engage in delinquent behavior and become involved with the juvenile justice system.
- ◆ Boys may become abusive in their dating relationships or may model their abusive parent's behavior toward their mother or sisters.
- ◆ Girls may accept threats and violence from boyfriends.

Source: Wilson, K.J. (1997). "The Effects of Family Violence on Children," in *When Violence Begins at Home*. Alameda, CA: Hunter House Publications.

Table 19.

Domestic Violence Incidents with Children Present, Rhode Island, 1998

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	28	49%
Bristol	74	32	43%
Burrillville	70	24	34%
Central Falls	213	93	44%
Charlestown	22	8	36%
Coventry	193	60	31%
Cranston	396	151	38%
Cumberland	116	42	36%
East Greenwich	44	17	39%
East Providence	276	121	44%
Exeter	NA	NA	NA
Foster	8	5	63%
Glocester	70	34	49%
Hopkinton	41	19	46%
Jamestown	5	1	20%
Johnston	290	116	40%
Lincoln	55	26	47%
Little Compton	16	9	56%
Middletown	176	62	35%
Narragansett	116	40	34%
Newport	312	104	33%
New Shoreham	7	2	29%
North Kingstown	176	66	38%
North Providence	177	59	33%
North Smithfield	63	34	54%
Pawtucket	810	306	38%
Portsmouth	103	30	29%
Providence	603	272	45%
Richmond	23	8	35%
Scituate	31	17	55%
Smithfield	84	36	43%
South Kingstown	69	27	39%
Tiverton	65	22	34%
Warren	180	85	47%
Warwick	466	198	42%
Westerly	257	84	33%
West Greenwich	23	11	48%
West Warwick	290	100	34%
Woonsocket	564	224	40%
<i>Core Cities</i>	<i>2,502</i>	<i>999</i>	<i>40%</i>
<i>Remainder of State</i>	<i>4,039</i>	<i>1,574</i>	<i>39%</i>
<i>Rhode Island</i>	<i>6,541</i>	<i>2,573</i>	<i>39%</i>

## Children and Domestic Violence in Rhode Island

◆ Based on police reports from cities and towns in Rhode Island between January 1, 1998 and December 31, 1998, children were present during 2,573 (39%) of the 6,541 reported cases of domestic violence. An additional 87 incidents were reported to state police; police reported that children were present at 33 of these incidents.<sup>13</sup>

◆ Police officers reported that in 1,711 incidents the children saw their parent being abused and in 2,067 incidents the children heard their parent being abused. These numbers are based on police reports in which 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>14</sup>

◆ Table 19 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 19 underestimates the total number of children who experienced domestic violence in their homes, since more than one child may be present at the 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, 1998 and December 31, 1998.

### References for Indicator

- <sup>16</sup> *The Impact of Domestic Violence on Children: A Report to the President of the American Bar Association* (1994). Chicago: American Bar Association Center for Children and the Law.
- <sup>2</sup> Osofsky, J. (1995). “Children Who Witness Domestic Violence: The Invisible Victims.” *Social Policy Report: Society for Research in Child Development*, Vol. IX, No. 3.
- <sup>3,13,14</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, 1998 and December 31, 1998.
- <sup>4</sup> Rhode Island Coalition Against Domestic Violence (1997). “Children and Domestic Violence” (Fact Sheet).
- <sup>5,7</sup> Wilson, K.J., “The Effects of Family Violence on Children,” in *When Violence Begins at Home*. Alameda, CA: Hunter House Publications, 1997.
- <sup>8</sup> National Resource Center on Domestic Violence (1999). “Problems Associated with Children’s Witnessing of Domestic Violence.” [Internet]
- <sup>9,10</sup> Carter, J., et al. *Domestic Violence in Civil Court Cases: A National Model for Judicial Education*. San Francisco: The Family Violence Prevention Fund.
- <sup>11</sup> Edleson, J. (1998) *The Overlap Between Child Maltreatment and Woman Abuse*. Minneapolis: Minnesota Center Against Violence and Abuse.
- <sup>12</sup> The Rhode Island Coalition Against Domestic Violence. Data for the period from January 1, 1999 through December 31, 1999.

# Child Abuse and Neglect

## DEFINITION

*Child abuse and neglect* is the total number of indicated cases of child abuse and neglect per 1,000 children. “Indicated case” means that credible evidence exists that child abuse and/or neglect occurred following an investigation of an abuse report. An indicated case can involve more than one child. Child abuse includes physical, sexual, and emotional abuse. Child neglect includes physical, emotional, 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 dropout rates, juvenile delinquency, running away, substance abuse, suicide, criminal behavior, emotional disturbances, promiscuity, and teenage pregnancy.<sup>2,3,4</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>5,6</sup>

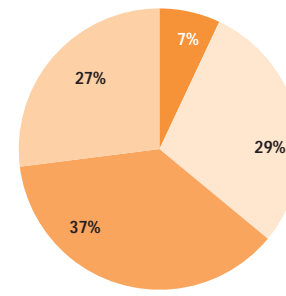
An increasing number of children entering relative and non-relative foster care homes have significant emotional, behavioral and medical needs, including developmental delays, low birth weight, congenital diseases, and health problems due to prenatal drug exposure.<sup>7</sup> Current estimates indicate that between 50% and 80% of families involved with child protective services are dealing with a substance abuse problem.<sup>8</sup> The complex needs of the children require adequate support for foster parents and a comprehensive array of services and supports in the community.<sup>9,10</sup>

In 1999 in Rhode Island, 3,485 children were determined by DCYF to be victims of abuse and neglect. There were 608 children under the age of 3 who were abuse and neglect victims; of these, 236 were infants under the age of one.<sup>11</sup> Between July 1, 1998 and June 30, 1999, there were 24 children hospitalized with the diagnosis of child abuse or neglect.<sup>12</sup>

## Indicated Cases of Child Abuse and Neglect, Rhode Island, 1999

### By Age of Victim

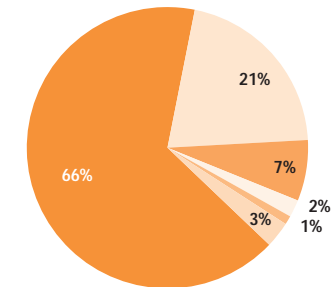
- 7% Under Age 1
- 29% Ages 1 to 5
- 37% Ages 6 to 11
- 27% Ages 12 to 18



(n=3,485)\*

### By Type of Abuse

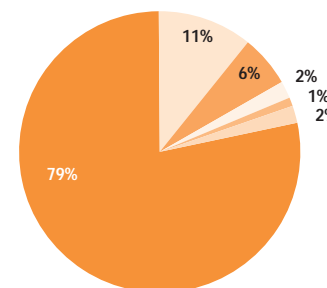
- 66% Neglect
- 21% Physical Abuse
- 7% Sexual Abuse
- 2% Medical Neglect
- 1% Emotional Abuse
- 3% Other



(n=4,416)\*\*

### By Relationship of Victim to Perpetrator

- 79% Parents
- 11% Relatives/Household Members
- 6% Child Care Providers
- 2% Foster Parents
- 1% Residential Facility Staff
- 2% Other or Unknown



(n=4,452)\*\*\*

### Notes on Pie Charts

All data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 1999. Numbers may not add to 100 due to rounding.

\* The number of victims is higher than the number of indicated cases. One indicated case can involve more than one child victim. Data reflect an unduplicated count of child victims.

\*\* This number reflects maltreatment events, not children. Children often experience more than one type of abuse. For example, if a child were physically and sexually abused, two maltreatment events would be counted.

\*\*\* 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, 1994-1999

YEAR	TOTAL NUMBER UNDUPLICATED CHILD MALTREATMENT REPORTS	NUMBER OF COMPLETED INVESTIGATIONS**	NUMBER OF INDICATED CASES
1994	13,968	8,478	2,732
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

◆ In 1999, DCYF received 13,519 calls to the Rhode Island Child Abuse Hotline (1-800-RI-CHILD); completed 7,882 investigations of child abuse reports; and determined that there were 2,628 indicated cases in which credible evidence existed that child abuse and/or neglect occurred.

◆ In 1999, the average number of families per DCYF caseworker was 14; and the average number of children per caseworker was 23.

\* Child Abuse and Neglect Tracking System

\*\* One CANTS investigation can be generated by multiple hotline calls.

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

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

YEAR	NUMBER OF DEATHS	YEAR	NUMBER OF DEATHS
1990	4	1995	5
1991	7	1996	4
1992	4	1997	2
1993	3	1998	3
1994	5	1999	3
		<b>1990-1999 Total</b>	<b>40</b>

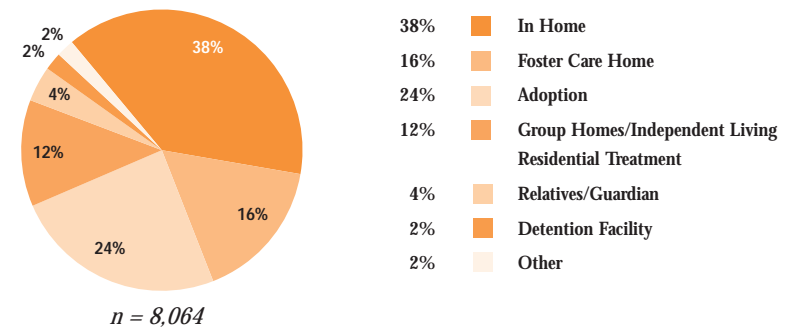
◆ Between 1990 and 1999, forty children died as a result of injuries due to abuse by a parent or caretaker.

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

## DCYF Caseload:

On December 31, 1999 the total active caseload of the Rhode Island Department of Children, Youth and Families was 8,064 children. This number includes 1,901 children in adoptive homes, whose adoptive parents receive subsidies or other financial support. This does not count the children in pending child abuse and neglect investigations or children enrolled in DCYF community-based programs. This is an increase of 4% since December 1995 when the total active caseload was 7,760 children.<sup>13,14</sup>

## Children in DCYF Care by Living Arrangement



Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 1999. Percentages may not add up to 100% due to rounding.

◆ Out-of-home placements include foster homes (relative, non-relative and specialized), placement with a relative or guardian, group home, shelter care, residential treatment, and medical facilities. As of December 31, 1999, there were 3,056 Rhode Island children under age 21 in the care of DCYF in out-of-home placements. An additional 114 were classified as runaways.<sup>15</sup>

◆ Night-to-night placements refer to the temporary nightly placement of youths under the care of DCYF who are awaiting foster care placement or a group home/treatment placement or who have run away from their current placement. Between January and December 1999, there was an average of 60 night-to-night placements per month. This is a decrease from last year when there was an average of 76 night-to-night placements per month. In 1999, an average of 20 teen boys and 40 teen girls per month were in night-to-night placements.<sup>16</sup>

# Child Abuse and Neglect

## Implementing the Adoption and Safe Families Act

◆ The Adoption and Safe Families Act of 1997 prompted fundamental changes in the way the nation's foster care system is managed. Prior to the changes, some children remained in temporary, out-of-home care while prolonged attempts were made to reunite them with their biological family. Under the amended provisions states are required to find these children a safe, permanent home more quickly. The law shortens the time frame for a child's first permanency hearing, offers states financial incentives for increasing the number of adoptions, and sets new requirements for states to petition for termination of parental rights.<sup>17,18</sup>

◆ In 1999 in Rhode Island, 324 petitions for termination of parental rights (TPR) were filed in Rhode Island Family Court. During 1999, there were 385 TPRs granted (some of these were filed in previous years). In 1997, the Rhode Island General Assembly passed a law which would allow Family Court to establish a voluntary mediation program for termination of parental rights and child protection matters.<sup>19</sup>

◆ As of July, 1999 there were 140 Rhode Island children waiting to be adopted.<sup>20</sup>

## Children Turning Age 18 While in Foster Care

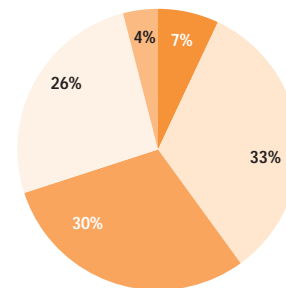
◆ Nationally, over 25,000 children age out of the foster care system, reaching the age of 18 without being adopted. In Rhode Island, teens represent one-quarter of the children in foster care. In 1999, Congress passed the "John H. Chafee Foster Care Independence Act" that provides federal funding for foster care teens after they turn 18. The resources are meant to help teens leaving the foster care system make a successful transition to self-sufficiency as adults.<sup>21</sup>

## Children in Foster Care Homes, Rhode Island, 1999

◆ In Rhode Island as of December 1999, there were 1,318 children in foster care homes. Of these, 51% percent of the children were in non-relative foster homes, 41% were in relative foster homes, and 8% were in the care of private agencies. There were 529 licensed foster care homes, 404 certified foster care homes, and 111 licenses pending.<sup>22</sup>

By Age

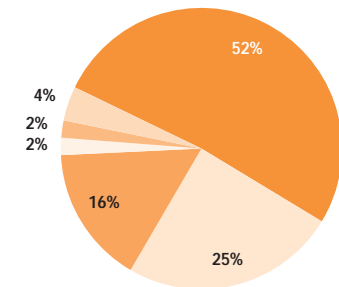
7%	Under Age 1
33%	Ages 1 to 5
30%	Ages 6 to 11
26%	Ages 12 to 17
4%	Age 18+



n=1,318

By Race and Ethnicity

52%	White
25%	Black
16%	Hispanic
2%	Asian
2%	American Indian
4%	Unknown



n=1,318

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), December 1999.

◆ Child abuse and neglect happens to children of all races, in all kinds of communities, in all economic classes. But national data indicate that poor families and families of color are more likely to be identified by the child welfare system and are more likely to have their children removed and placed in foster care. Once in foster care, children of color are more likely to remain there for long periods of time, and to experience multiple placements in different homes.<sup>23</sup>

Table 20.

Indicated Cases of Child Abuse & Neglect, Rhode Island, 1999

CITY/TOWN	TOTAL POPULATION OF CHILDREN UNDER AGE 21	NUMBER OF INDICATED CASES OF CHILD ABUSE/NEGLECT	1999 RATE OF CASES OF CHILD ABUSE/NEGLECT PER 1,000 CHILDREN
Barrington	4,487	9	2.0
Bristol	6,186	44	7.1
Burrillville	5,109	27	5.3
Central Falls	5,579	106	19.0
Charlestown	1,783	21	11.8
Coventry	8,880	52	5.9
Cranston	17,558	138	7.9
Cumberland	7,523	34	4.5
East Greenwich	3,346	11	3.3
East Providence	12,520	75	6.0
Exeter	1,710	8	4.7
Foster	1,358	5	3.7
Glocester	2,944	10	3.4
Hopkinton	2,123	15	7.1
Jamestown	1,282	4	3.1
Johnston	6,309	40	6.3
Lincoln	4,543	36	7.9
Little Compton	867	3	3.5
Middletown	5,598	28	5.0
Narragansett	3,757	15	4.0
Newport	7,858	84	10.7
New Shoreham	184	3	16.3
North Kingstown	6,993	69	9.9
North Providence	6,846	72	10.5
North Smithfield	2,724	11	4.0
Pawtucket	19,655	255	13.0
Portsmouth	4,716	17	3.6
Providence	52,674	700	13.3
Richmond	1,766	7	4.0
Scituate	2,809	9	3.2
Smithfield	5,955	5	0.8
South Kingstown	9,612	35	3.6
Tiverton	3,752	22	5.9
Warren	2,851	32	11.2
Warwick	21,596	160	7.4
Westerly	5,771	65	11.3
West Greenwich	1,067	5	4.7
West Warwick	7,818	128	16.4
Woonsocket	12,511	263	21.0
Out of State/Unknown	NA	45	NA
Core Cities	98,277	1,408	14.3
Remainder of State	182,343	1,215	6.7
Rhode Island	280,620	2,623	9.3

### 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 cases) for the period January 1, 1999 to December 31, 1999.

An indicated case is an investigated report of child abuse and neglect for which credible evidence exists that child abuse and/or neglect occurred. An indicated case can involve more than one child.

The denominator is the number of children under the age of 21 according to the 1990 Census of Population.

### References for Indicator

<sup>1,2,5,7,9,23</sup> American Bar Association (1993). *America's Children at Risk: A National Agenda for Legal Action*. Chicago: American Bar Association, Working Group on the Unmet Legal Needs of Children and Their Families.

<sup>3,8,8</sup> "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.

<sup>4</sup> *Hidden Casualties: The Relationship between Violence and Learning* (1995). Washington, DC: The National Health and Education Consortium.

<sup>10</sup> *Family to Family: Tools for Rebuilding Foster Care* (1999). Baltimore: MD: Annie E. Casey Foundation.

<sup>11,14,15,22</sup> Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 1999.

<sup>12</sup> Rhode Island Department of Health, Hospital Discharge Database, FY 1998-1999.

<sup>13</sup> Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 1995, 1999.

<sup>16,19,20</sup> Rhode Island Office of the Child Advocate, 1999.

<sup>17</sup> GAO (December 1999). *Foster Care: States' Early Experiences Implementing the Adoption and Safe Families Act*. Washington, DC: United States General Accounting Office.

<sup>18</sup> "Summary of The Adoption and Safe Families Act of 1997" (1997). *Factsheet: CWLA Interactive*. Washington, DC: Child Welfare League of America.

<sup>21</sup> Child Welfare League of America (October 13, 1999). "CWLA Testimony Submitted to the Senate Finance Committee on Health Care for the Hearing on the Health Care Needs of Children in the Foster Care System." [Internet, www.cwla.org]