



Rhode Island Department of Children, Youth & Families



Picture Source: Family Service of Rhode Island www.familyserviceri.org

Safety Report

October 1, 2017 – September 30, 2020
(FFY18 – FFY20)

Data and Evaluation

March 2021

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Rhode Island Department of Children, Youth and Families (RI DCYF)

Safety Report

October 1, 2017 – September 30, 2020 (FFY18 – FFY20)

Introduction

The Rhode Island Department of Children, Youth & Families mission is to promote child safety, permanency and well-being as well as family and community well-being. Promoting safety and reducing the probability of child maltreatment is first and foremost. Child maltreatment can have adverse lifelong impacts as evidenced by the Adverse Childhood Experience (See page 4). This report provides information on child maltreatment in RI that can be used collaboratively among agencies and organizations whose efforts are aimed at promoting child and family safety and well-being throughout the State of RI.

National

Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, teacher). There are four common types of maltreatment.

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Neglect

In the United States in the year 2018:

- ✓ There were 678,000 victims of child abuse and neglect reported to child protective services (CPS) in 2018.
- ✓ The youngest children are the most vulnerable with children in their first year of life experiencing victimization at about 27 per 1,000 children.
- ✓ CPS reports may underestimate the true occurrence of abuse and neglect. A non-CPS study estimated that 1 in 4 children experience some form of child abuse or neglect in their lifetimes.
- ✓ About 1,770 children died from abuse or neglect in 2018.
- ✓ The total lifetime cost of child abuse and neglect was estimated at \$428 billion in 2015.

<https://www.cdc.gov/violenceprevention/childmaltreatment/index.html>

Rhode Island

The rate of child maltreatment in RI in FFY20 was 13.1 per 1,000 children (children less than 18 years old). The majority of child maltreatment nationally and in RI is in the form of neglect. In FFY19 in RI approximately 56.7% of maltreatment was in the form of neglect. Approximately 79% of children in RI who were victims of maltreatment in FFY20 were age 11 and younger and children under the age of 1 had the highest prevalence of reported maltreatment. This report provides information on RI DCYF Child Protective Services (CPS) investigations, maltreatment, repeat maltreatment and maltreatment in foster care.

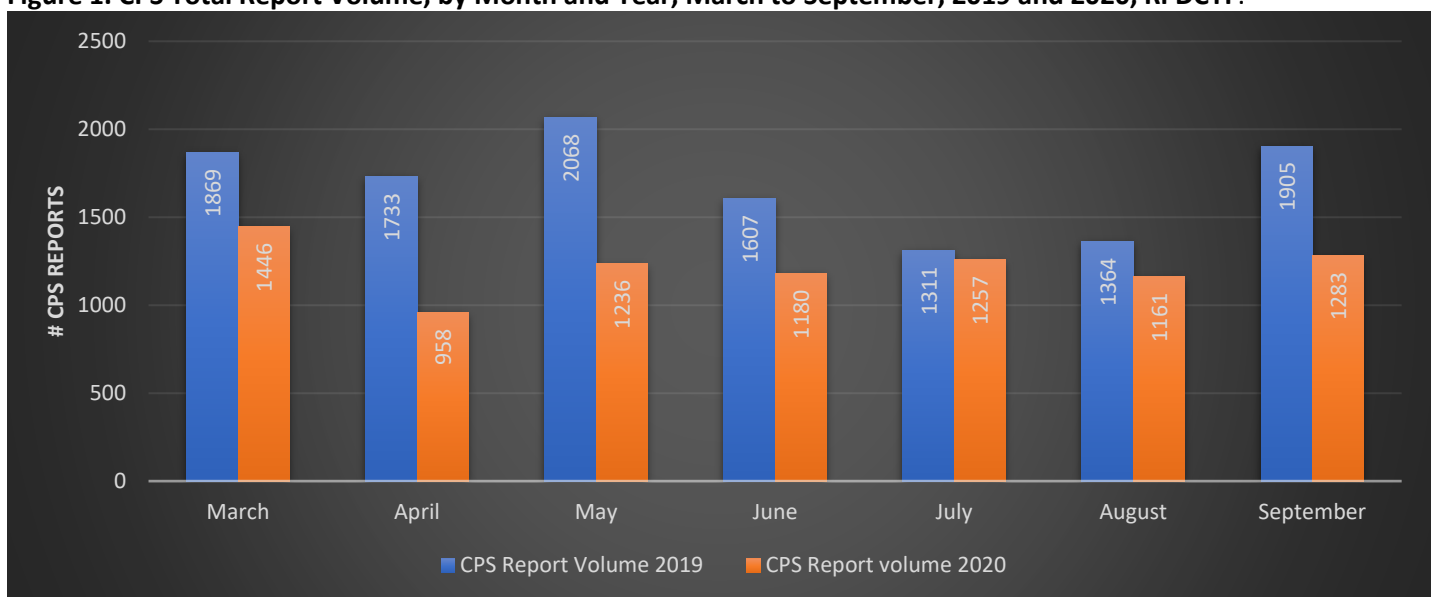
COVID-19

The COVID-19 global pandemic and nation-wide shut down began in March 2020, including Rhode Island school closures beginning March 16th, 2020 for COVID-19 prevention measures. The effects of COVID-19 and subsequent isolation of children, youth, and families resulted in a decrease in CPS reports to the RI DCYF hotline (See Figure 1). Furthermore, there was a decrease in CPS investigations and the number of substantiated investigations compared to the same timeframe in 2019 (See Figures 2 &3). The decrease in CPS reports may be due to less physical interactions between children and reporters, specifically teachers, social workers, and physicians.

The COVID-19 pandemic has also added economic and social stress to families. With the nation-wide shut down, families may have faced loss of income, increased stress related to parental child care and schooling responsibilities, and increased substance use and mental health conditions among adults; all factors that increase the risk of child abuse and neglect. Though the total number of investigations decreased during the COVID months, the percent of indicated investigations increased (See Figures 2 &3). Additionally, there was an increase in the percent of Domestic Violence and Drug/Alcohol Abuse allegations compared to FFY2019 (See Table 3 in Appendix).

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6949a1.htm>

Figure 1. CPS Total Report Volume, by Month and Year, March to September, 2019 and 2020, RI DCYF.



Overall, call volume from March to September 2020 decrease by 28% from the total call volume over March to September 2019.

Source: RI DCYF RICHIST Report 718

Data note: A report may contain more than one child and more than one allegation per child.

Figure 2. CPS Investigations, by Investigation Disposition, by Month and Year, March to September, 2020, RI DCYF.

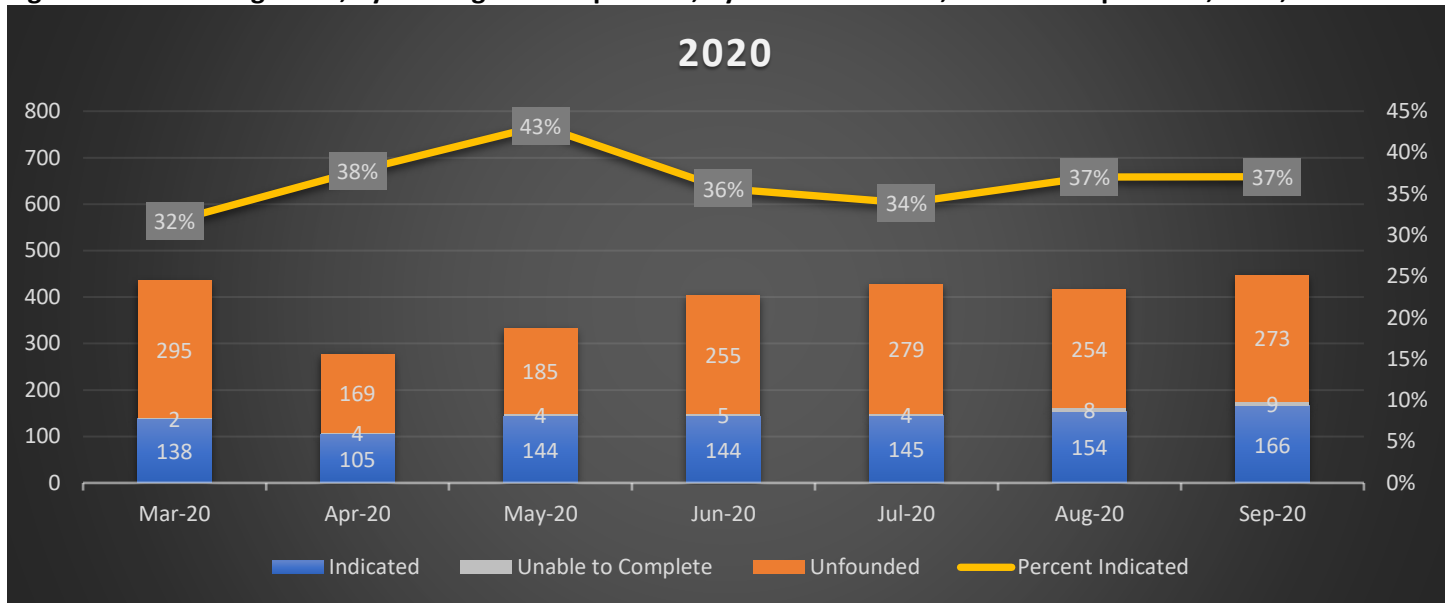
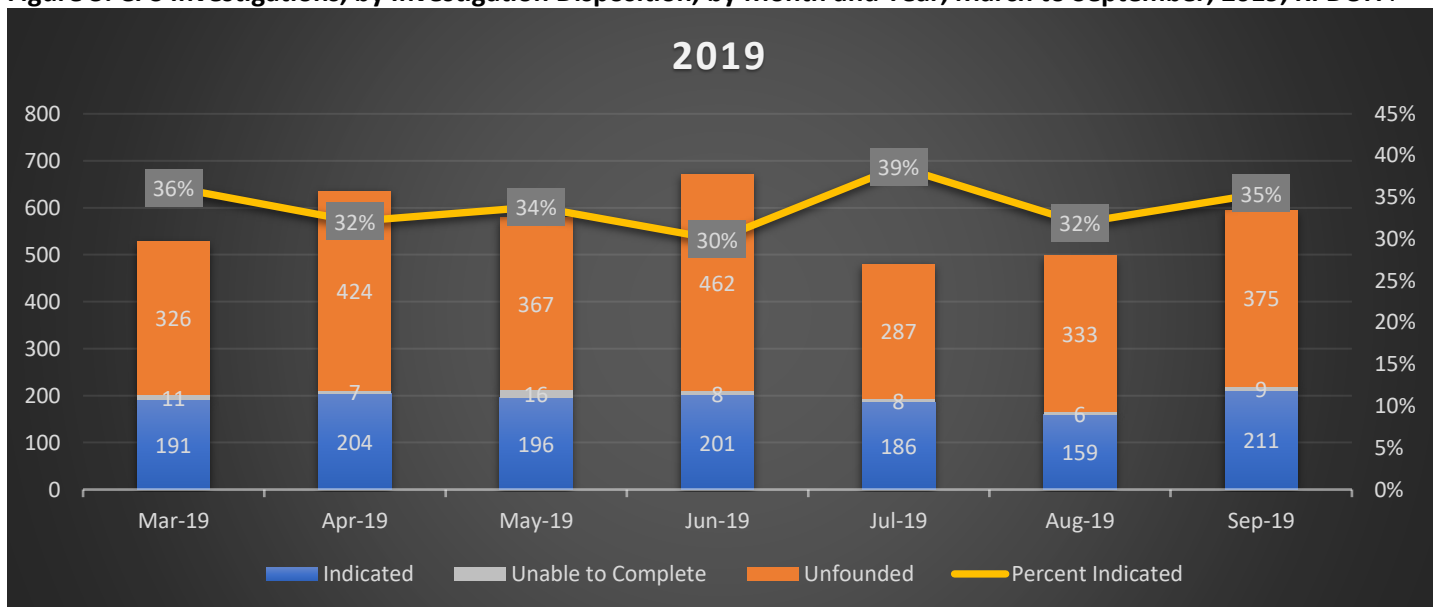


Figure 3. CPS Investigations, by Investigation Disposition, by Month and Year, March to September, 2019, RI DCYF.



Overall, investigation volume from March to September 2020 decrease by 31% from the total investigation volume over March to September 2019. The percent of investigations indicated saw the largest increase from March to May 2020 (32% to 43% respectively). During April, May, June, August and September 2020, the percent of indicated investigations was higher than percent indicated in the same months in 2019.

Report Source: RI DCYF RICHIST Rpt 726

*Investigations outcomes still Pending are excluded.

Data is unduplicated at the investigation level. There may be multiple children involved in an investigation, but the investigation is counted only once per month.

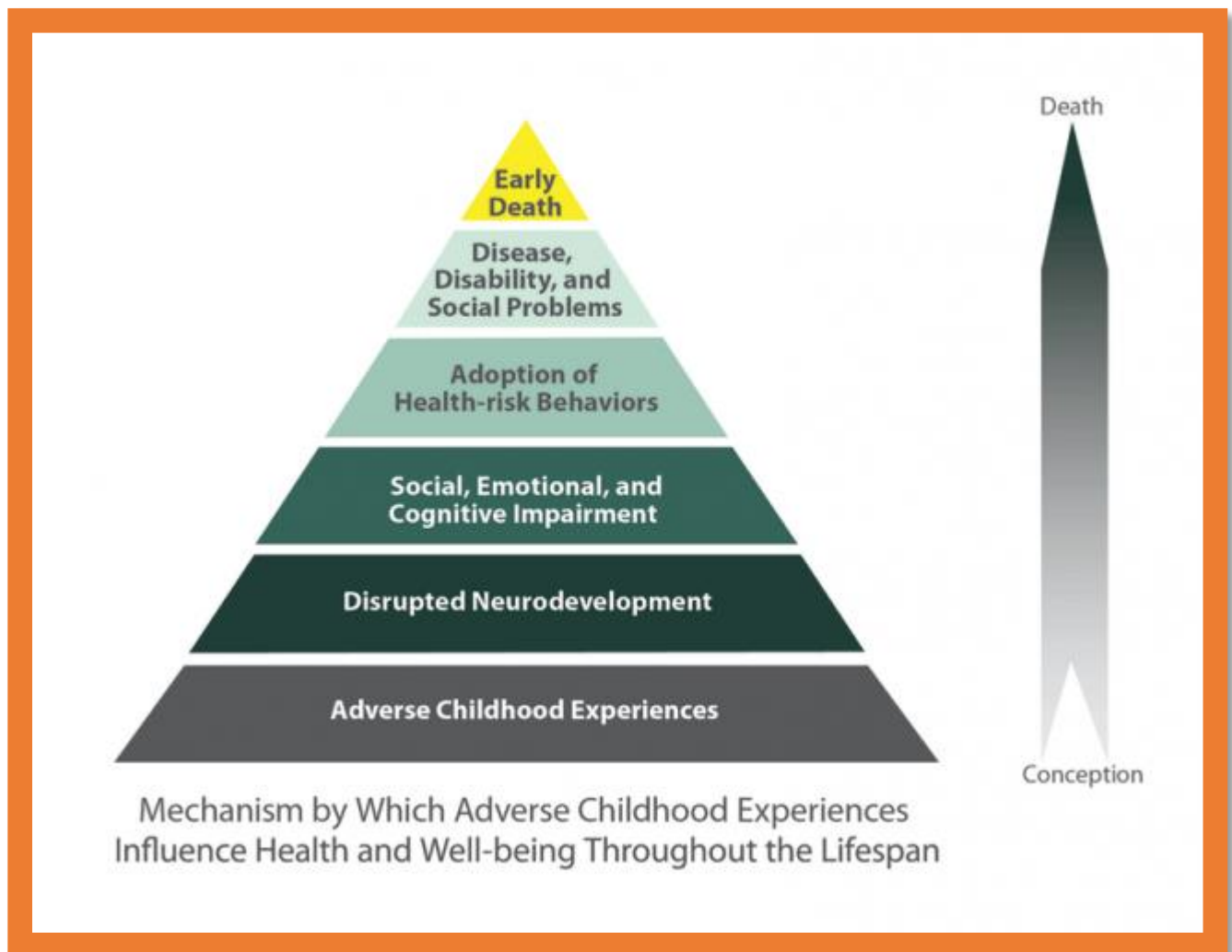
Adverse Childhood Experiences (ACEs)

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs).

The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and later-life health and well-being. The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors. The CDC continues ongoing surveillance of ACEs by assessing the medical status of the study participants via periodic updates of morbidity and mortality data.

The ACE Pyramid represents the conceptual framework for the ACE Study. The ACE Study has uncovered how ACEs are strongly related to development of risk factors for disease, and well-being throughout the life course. Adverse Childhood Experiences have been linked to:

- risky health behaviors,
- chronic health conditions
- low life potential, and
- early death

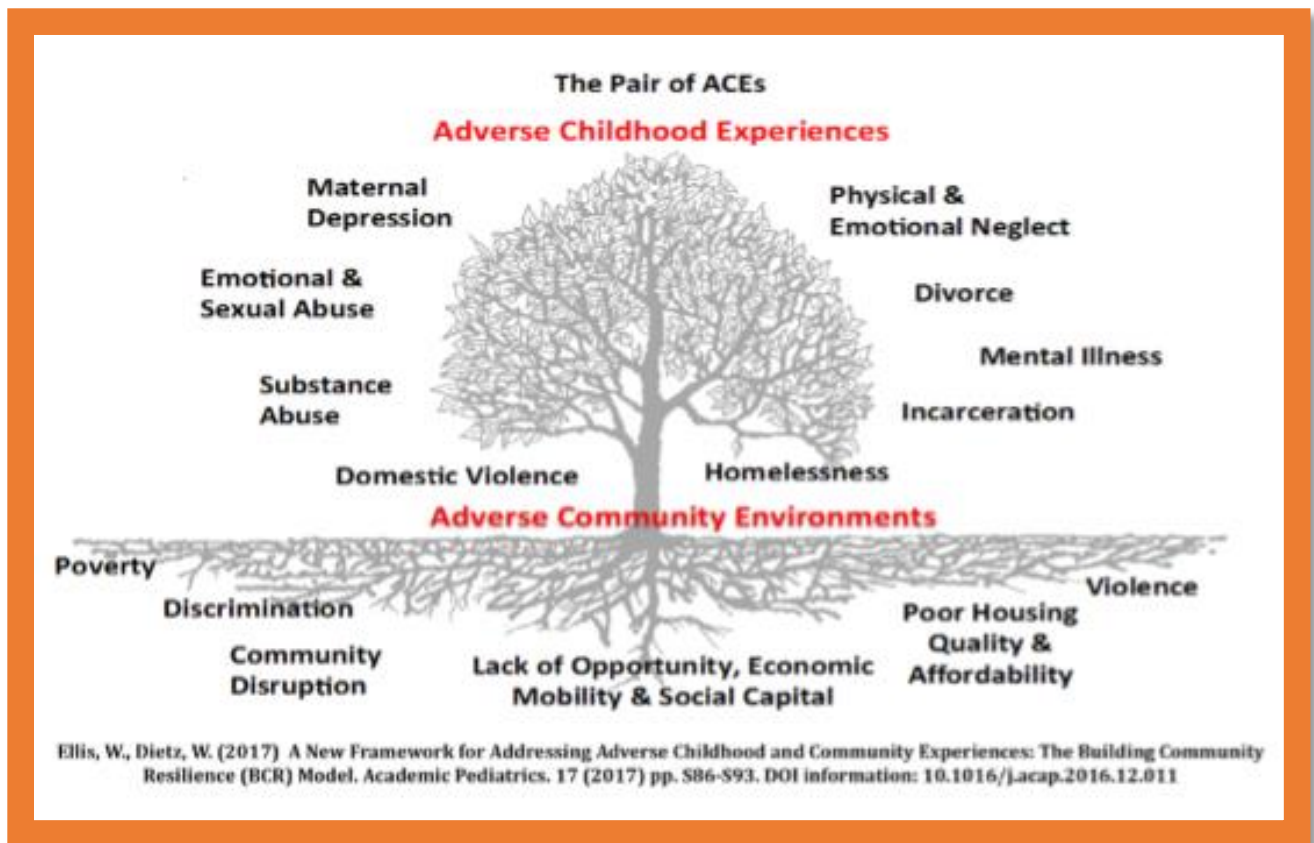


The Building Community Resilience Pair of ACEs

The pair of ACEs tree was illustrated to communicate the relationship between adversity within a family and adversity within a community. Adverse childhood experiences (the leaves) can increase a person's risk for chronic stress and adverse coping mechanisms, and result in lifelong chronic illness such as depression, heart disease, obesity and substance abuse. Physical or sexual violence, and abuse or neglect are often less obvious but can exist as chronic stressors.

The tree is planted in poor soil that is steeped in systemic inequities, robbing it of nutrients necessary to support a thriving community. Adverse community environments (the roots) such as a lack of affordable and safe housing, community violence, systemic discrimination, and limited access to social and economic mobility compound one another, creating a negative cycle of worsening soil that results in withering leaves.

By addressing ACEs as pairs, we are able to more readily engage diverse stakeholders in developing policy goals – policies that will support efforts to address adversities that are embedded in communities, but have their roots in systems.



https://publichealth.gwu.edu/sites/default/files/downloads/RedstoneCenter/Resource%20Description_Pair%20of%20ACEs%20Tree.pdf

Stats at a Quick Glance

Table 1. provides an overview of RI DCYF Child Protection Service (CPS) contact points with families. The overall aim is to leverage a surveillance system that can readily detect and respond to trends at the system level to better inform interventions aimed at promoting child safety as well as child and family well-being.

Percent and Rate of Indicated Maltreatment Trends

If the child and family present an elevated risk or safety concern, a CPS investigation is conducted that results in either an unfounded investigation or indicated investigation. Among families investigated, the percent of children indicated remained approximately the same over the three years (See Table 1). The rate of indicated child victims decreased from FFY18 to FFY20. When a rate decreases slightly while the percent remains the same, it can result from a change in the population size as well as in the number of children investigated. The rate reduction in FFY20 may be attributed to the COVID-19 global pandemic (See Page 4). The median age of indicated child victims across the 4 Federal Fiscal Years remained relatively consistent.

A goal in maintaining child safety is to mitigate the risk of a recurrence. The U.S. Children’s Bureau measure defines repeat maltreatment as a child indicated within 12 months of a previous indicated maltreatment. In FFY20, 10.5% of children experienced a repeat maltreatment. The median age at the time of the initial maltreatment was 5 years old and the median length of time between the two indicated events was 153 days, just over 5 months.

The number of unique children with a report of maltreatment in foster care decreased from FFY19 to FFY20. Throughout this report, foster care is the Federal definition, all children in an out-of-home placement.

Table 1. Stats at a Quick Glance, by Federal Fiscal Year (FFY).

	FFY16	FFY18	FFY19	FFY20
Section 1: Investigations (Maltreatment)				
Number of children investigated	7521	10821	9288	8022
Among children investigated, percent of children indicated	39.2%	33.8%	34.3%	34.0%
Median age at CPS report for indicated child victims (years)	6.0	6.0	6.0	6.0
Rate of indicated child victims (per 1,000 children under 18 years old in Rhode Island)	12.8	16.3	14.3	13.1
Section 2: Repeat Maltreatment*				
Percent of children who had repeat maltreatment within 12 months of the initial maltreatment	9.7%	10.2%	10.5%	
Median age at initial maltreatment (years)	4.0	4.0	5.0	
Median length of time between initial and repeat maltreatment (days)	158.0	161.0	153.0	
Section 3: Maltreatment in Foster Care**				
Number of victimizations of maltreatment in foster care	63	74	84	52
Number of unique child victims of maltreatment in foster care	59	72	78	51
Median age at CPS report (years)	9.0	7.0	11.0	12

*Unadjusted for age. Children’s Bureau adjust for age at initial victimization.

**At time of report, Children’s Bureau method of bed days calculations had not yet been released – subject to be revised

Annual Safety Report

Section 1: Investigations (Maltreatment), FFY18-FFY20



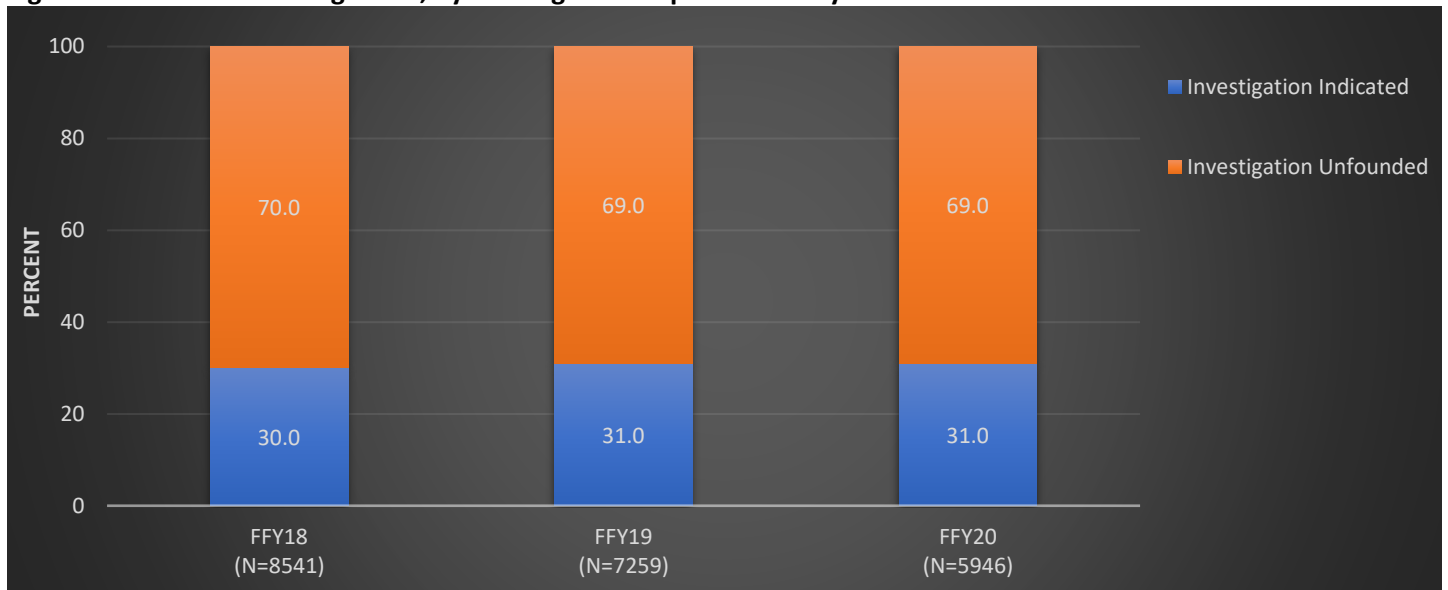
Picture source: Florida Coalition Against Domestic Violence (www.fcadv.org)

Data Presented in Section 1:

The data presented in Section 1 reflect CPS (Child Protection Service) investigations completed during October 1, 2017 – September 30, 2020 (FFY18-FFY20), by federal fiscal year. The data is presented by investigation disposition year, meaning that FFY20 data may include investigations reported in previous years like FFY19 or FFY18 but were completed in FFY20. Children age 18 and older at the time of CPS report are excluded (consistent with Children's Bureau reporting).

Section 1: INVESTIGATIONS (MALTREATMENT)

Figure 4. Percent of investigations, by investigation disposition and year.



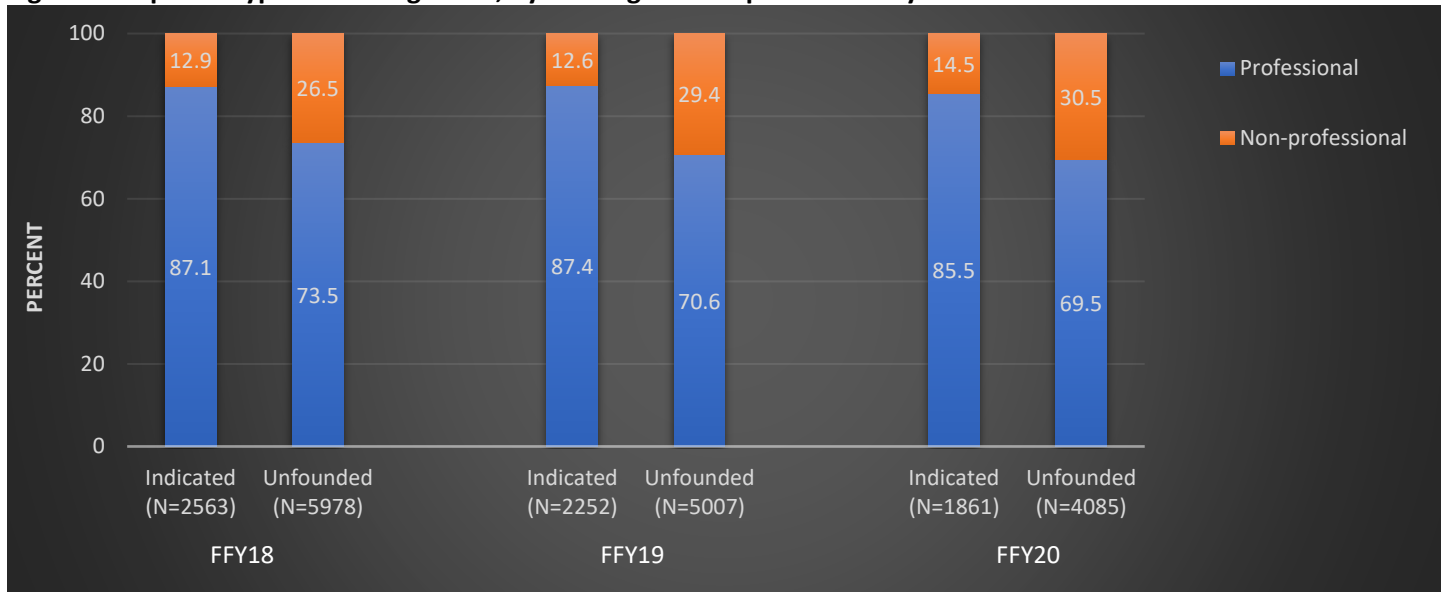
While the total number of investigations decreased from FFY18 to FFY20, the percent of indicated investigations remained the same from FFY19 to FFY20.

Data notes:

- Data unduplicated by investigation.
- Investigation level data reflect investigation level findings. A child may have indicated investigation even if all allegations are unfounded due to another child in the same investigation case being indicated.

REPORTER CALLS INVESTIGATIONS (MALTREATMENT), continued

Figure 5. Reporter type of investigations, by investigation disposition and year.



Rhode Island is a mandatory reporting state wherein any person witnessing or having suspicion of child maltreatment are required to notify RI DCYF. Reporters can be classified into two subpopulations, reporters who are reporting in their professional role, “professional”, and reporters who are reporting not in a professional role, “non-professional”. Over the three years, professionals made a greater percentage of reporter calls associated with indicated investigations compared to unfounded investigations (See Figure 5).

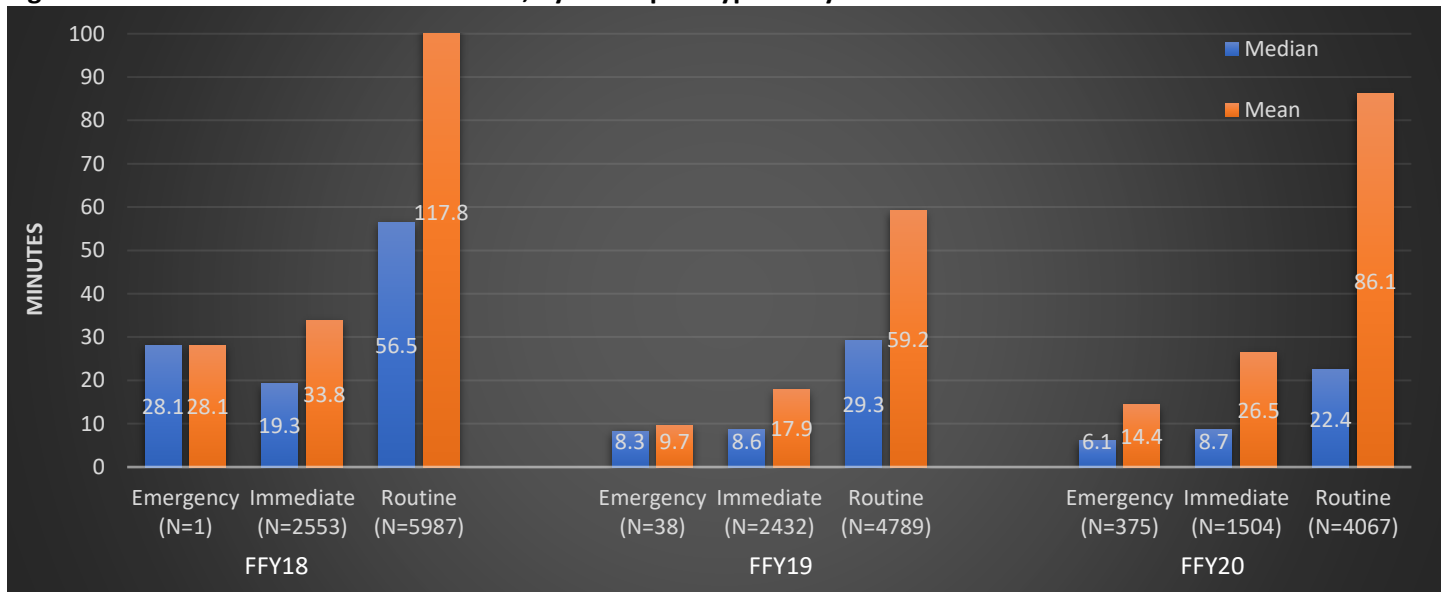
Data notes:

- Data unduplicated by investigation and duplicated by child. Each investigation is counted once, but a child may be counted more than once if had multiple investigations.
- Professional includes reporter type of assistant principal, attendance officer, CPI, child advocate office, child care, child day care center, child day care home, clinic or hospital physician counselor, courts, DCYF attorney, DCYF probation/parole officer, DCYF social worker, DHS personnel, dental professional, Department of Corrections personnel, emergency services personnel, hospital social worker, medical examiner, mental health personnel, nurse (LPN), nurse (RPN), other child care provider, other DCYF staff, other law enforcement personnel, other medical personnel, other school personnel, other social services personnel, police, pre-school/nursery school, principal, private agency social worker, private physician, psychologist, school nurse, school social worker and teacher.
- Non-professional includes reporter type of babysitter, father/father substitute, friend/neighbor, institutional staff personnel, landlord, mother/mother substitute, not noted by report taker, other reporting source, relative or family, sibling and victim.

CPS SCREEN-IN TIME

INVESTIGATIONS (MALTREATMENT), continued

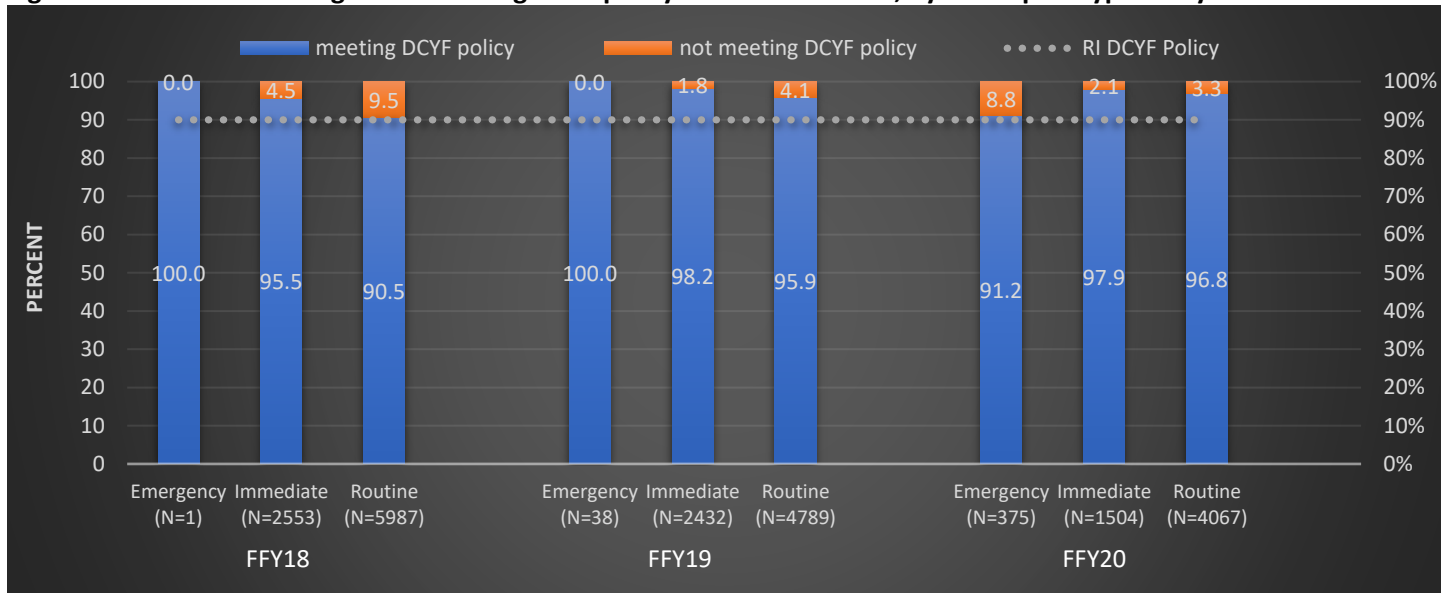
Figure 6. Median and Mean screen-in time, by CPS report type and year.



CPS (Child Protection Service) screen-in time reflects the time between when the CPS report was created by the CPS call floor and the time the CPS supervisor reviews and forwards the report to the Child Protective Investigator (CPI). The current DCYF policy requires **emergency reports to be screened within 30 minutes, immediate reports in 120 minutes (2 hours)** and **routine reports in 240 minutes (4 hours)**. In FFY20, there was an increase in the mean screen-in times for emergency, immediate, and routine reports (See Figure 6). In both FFY19 and FFY20 the percent of investigations meeting the DCYF policy on screen-in time met or exceeded 90% (See Figure 7). Median, the middle most count, references the separation of upper-half, longer time to screen versus lower-half, shorter time to screen. Mean is used to determine outliers of times to screen.

In 2017 and 2018, CPS saw an increase in the number of reports to the CPS Call Floor, seemingly in part due to the criminal prosecution of two school administrators who failed to report separate incidents of alleged sexual abuse of students by school personnel. In 2016 a law was passed which mandated the reporting and investigation of sexual abuse of a child by an employee of a school system. Reports came into the Department by educators, some of which appeared to have no firsthand knowledge of an alleged incident, rather seemingly out of an abundance of caution. Some of these reports did not meet criteria for maltreatment and previously may not have come to DCYF's attention. In addition, the number of reports meeting criteria also increased. As the result, the volume of report processing challenged the resources to meet policy. In July of 2018, investigation priorities were changed from Emergency, Immediate and Routine to Priority 1, Priority 2, and Priority 3. The associated response times were also changed and DCYF Policy was updated to reflect these changes. In July of 2019, the Structured Decision-Making (SMD) Hot Line Screening Tool was implemented to promote consistent practice related to the screening of CPS reports. These efforts were designed to improve efficiency and promote enhanced outcomes.

Figure 7. Percent of investigations meeting DCYF policy on screen-in time, by CPS report type and year.



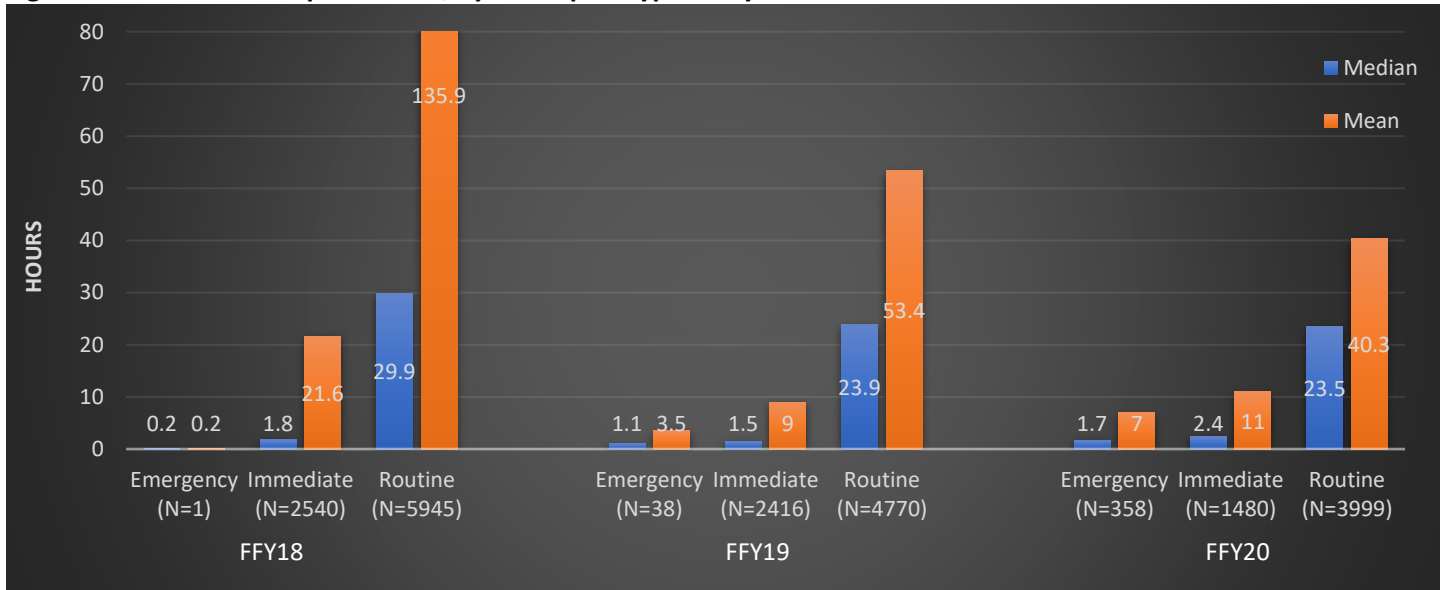
Data notes:

- Data unduplicated by investigation and duplicated by child. Each investigation is counted once, but a child may be counted more than once if had multiple investigations.

CPS RESPONSE TIME

INVESTIGATIONS (MALTREATMENT), continued

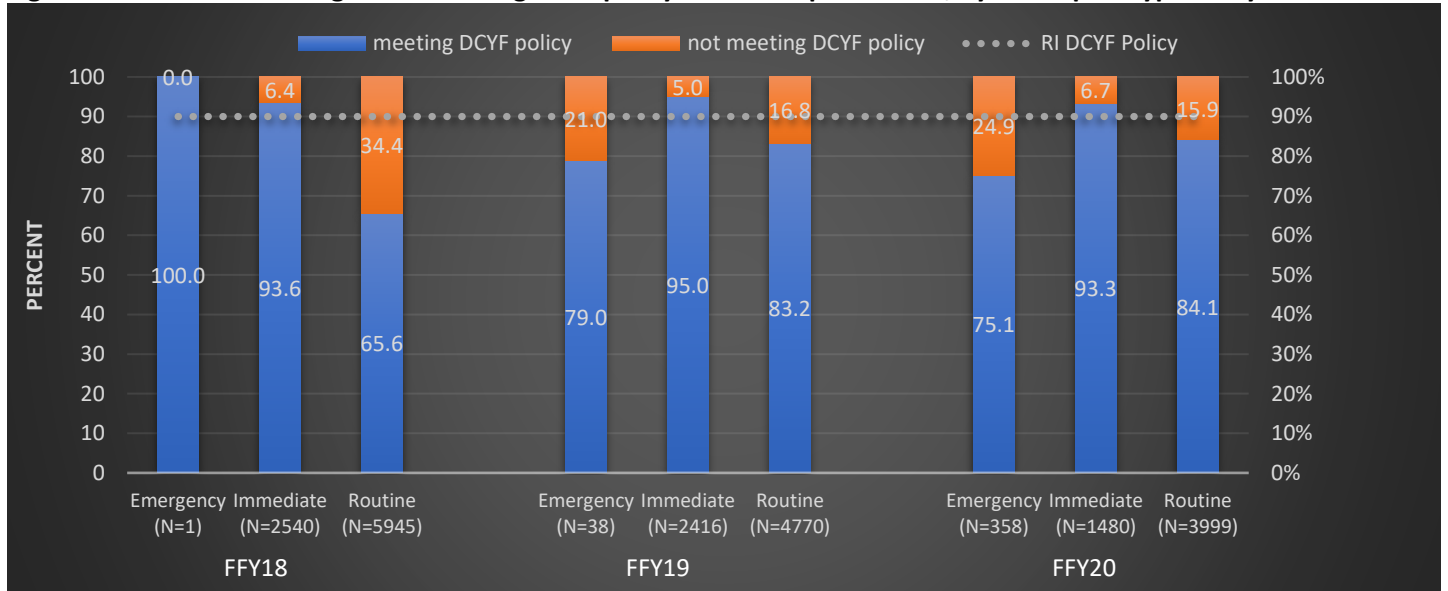
Figure 8. Median CPS response time, by CPS report type and year.



CPS (Child Protection Service) response time reflects time between the supervisor acceptance of the report and the first attempted, phone or face to face contact with any person in the investigation case. The current DCYF policy requires **emergency reports to be responded within 4 hours, immediate reports in 12 hours and routine reports in 48 hours**. Adherence to emergency response time was redefined to **within 2 hours** and was implemented on July 1, 2018. In FFY20, there was an increase in the median and mean response times for routine reports (See Figure 8). In FFY20, the percent of Immediate investigations meeting the DCYF policy on CPS response time was 93% (See Figure 9). Median, the middle most count, references the separation of upper-half, longer time to response versus lower-half, shorter time to response. Mean is used to determine outliers of times to report response. These CPS response times were revised in policy to align with the Structured Decision-Making Tool in July of 2019.

During 2018, the volume of CPS investigations resulting from the increased volume of CPS reports challenged staffs' ability to respond in accordance with policy. In November of 2019, the SAFE Practice Model was implemented. At the same time, the Family Functioning Assessment and its related tools were launched in our electronic case record. These two practice changes were designed to enhance practice, and safety and well-being outcomes for children and families. These practice changes also involved new validated instruments that were implemented in the Department's data system. Review of the data yielded unexplained decreased response times. After careful review of the cases, it was determined that most investigations were initiated in a timely manner but there were data system related issues associated with the new instruments. The data system items were corrected, and additional staff training was administered.

Figure 9. Percent of investigations meeting DCYF policy on CPS response time, by CPS report type and year.



Data notes:

- Data unduplicated by investigation and duplicated by child. Each investigation is counted once, but a child may be counted more than once if had multiple investigations.
- Data missing (55 in FFY18, 90 in FFY19; and 109 in FFY20) response time are excluded.

CPS REPORT DISPROPORTIONALITY INVESTIGATIONS (MALTREATMENT), continued

Figure 10. Percent of screened-in child victims of maltreatment and population estimate of children under 18 years old in Rhode Island, by race, ethnicity and year.



Over the three years presented, children who are Black or African American or Multiracial are disproportionately represented with screened in CPS reports compared to RI 2019 population estimates from the U.S. 2019 Census estimates (See Figure 10).

Data source: U.S. Census 2017, 2018, 2019 population estimate by sex, age, race and Hispanic for children under 18.

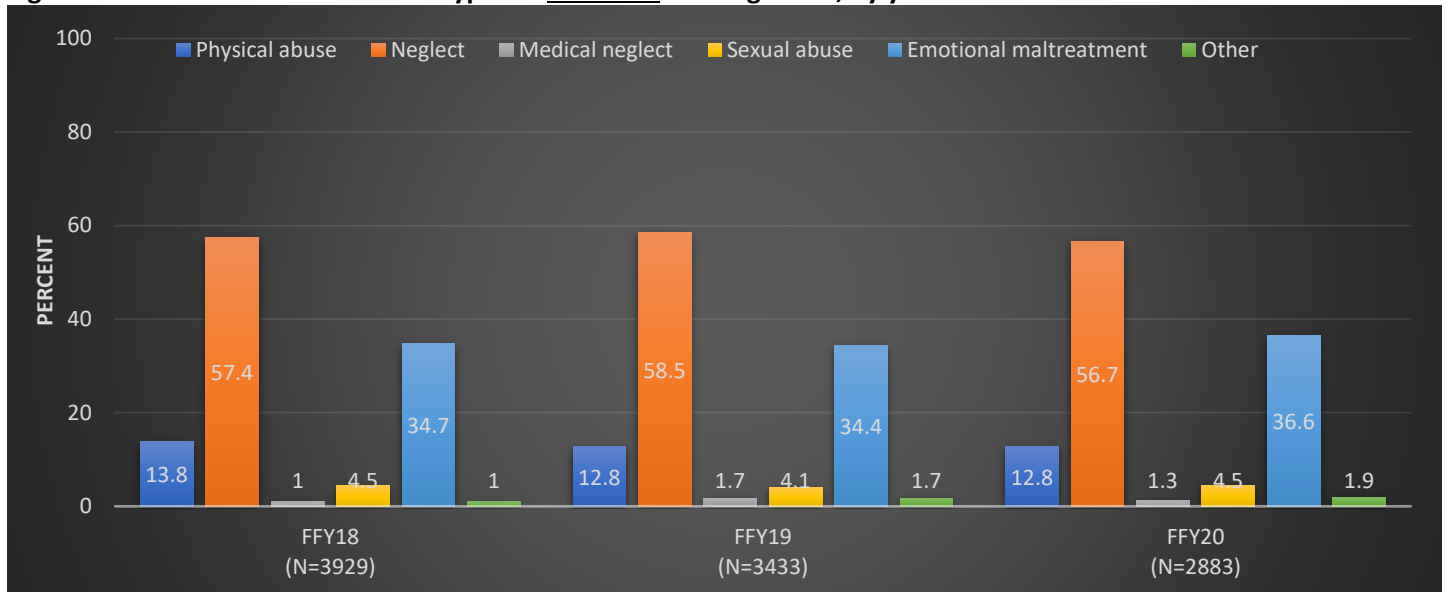
Data notes:

- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.
- Children with unknown/missing race and unknown/missing ethnicity are not shown.

WHAT TYPE OF MALTREATMENT OCCURS

INVESTIGATIONS (MALTREATMENT), continued

Figure 11. Percent of maltreatment types of indicated investigations, by year.



Maltreatment can range from neglect to medical neglect, emotional abuse, physical abuse, to sexual abuse. In a single investigation a child may be a victim of more than one type of indicated maltreatment. Over the three years, neglect continued to be the most frequent type of indicated maltreatment, remaining consistent across FFY18-FFY20. (See Figure 11). Emotional abuse was the second most frequent type, 34.7% in FFY18, 34.4% in FFY19, and 36.6% in FFY20. A large proportion of emotional abuse involves domestic violence. The percentages across all maltreatment types remained relatively constant over the three years presented. Congruently, of maltreatment -- as a multi-select variable, 13.3% of individual, indicated investigations had more than 1 type of maltreatment (see appendix Table 2).

Data notes:

- Data shown in investigation level. An investigation may be counted more than once if multiple children indicated in investigation.
- Only the indicated allegations are reflected.
- Percentage may add up to more than 100% because a child may be a victim of multiple maltreatment types.
- NCANDS maltreatment categories may be different from RICHIST categories.
- NCANDS maltreatment type of "other" includes RICHIST allegation types of corporal punishment, inappropriate restraint, other institutional abuse and other institutional neglect under Institutional Abuse & Neglect.

INDICATED MALTREATMENT DISPROPORTIONALITY INVESTIGATIONS (MALTREATMENT), continued

Figure 12. Percent of indicated child victims of maltreatment and population estimate of children under 18 years old in Rhode Island, by race, ethnicity and year.



Over the three years presented, children who are Black or African American or Multiracial are disproportionately represented with indicated maltreatment compared to RI 2019 population estimates from the U.S. 2019 Census estimates. Similarly, children age 0-9 are disproportionately represented with indicated maltreatment, 68.3% in FFY20 compared to comprising 53.2% of the RI population (See Figure 12 and 13).

Data source: U.S. Census 2017, 2018, 2019 population estimate by sex, age, race and Hispanic for children under 18.

Data notes:

- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.
- Children with unknown/missing race and unknown/missing ethnicity are not shown.

Figure 13. Percent of indicated child victims of maltreatment and population estimate of children under 18 years old in Rhode Island, by age group and year.



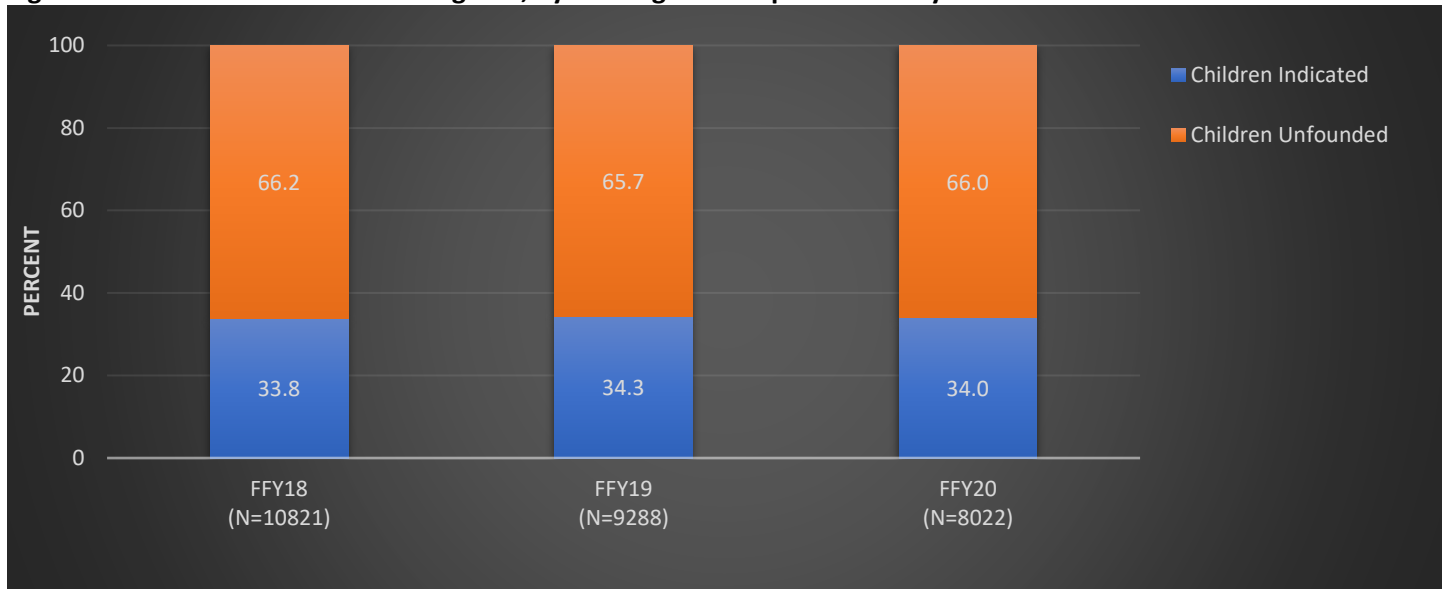
Data source: U.S. Census 2017, 2018, 2019 population estimate by sex, age, race and Hispanic for children under 18.

Data notes:

- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.
- Children with unknown/missing race and unknown/missing ethnicity are not shown.

CHILDREN INVESTIGATED INVESTIGATIONS (MALTREATMENT), continued

Figure 14. Percent of children investigated, by investigation disposition and year.



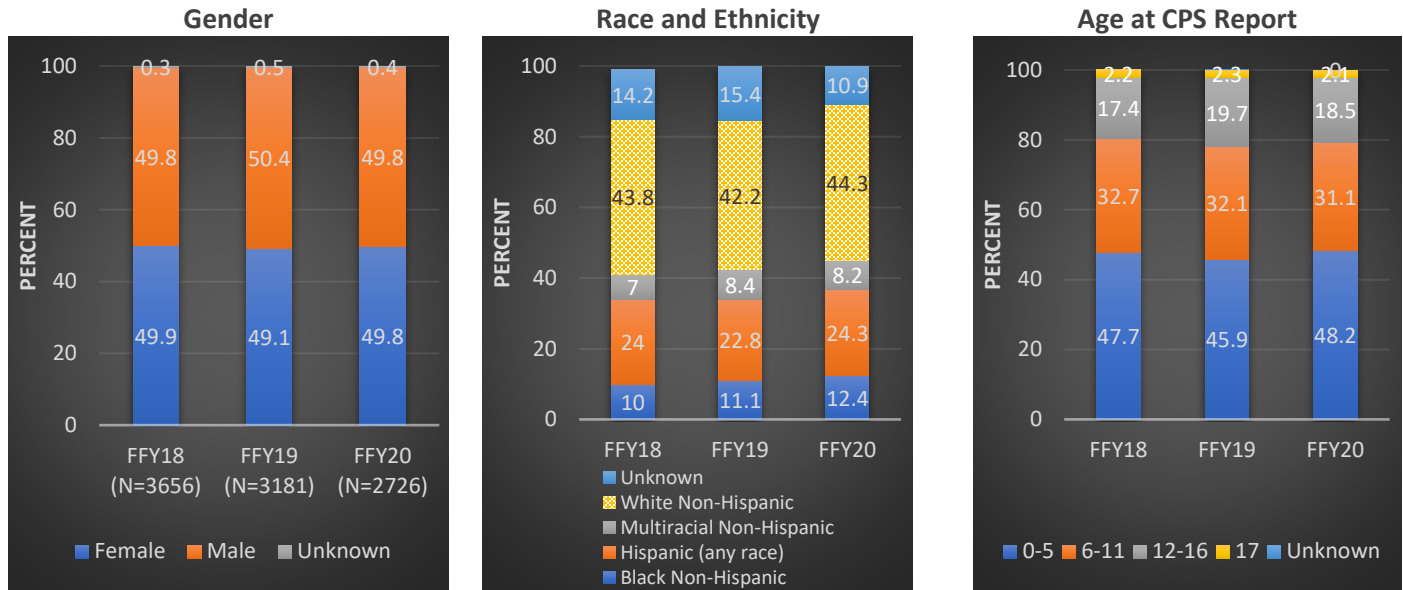
While the total number of children investigated decreased from FFY17 to FFY19, the percent of children indicated remained approximately the same from 34.3% in FFY19 to 34.3% in FFY20.

Data notes:

- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.

CHARACTERISTICS OF CHILDREN INVESTIGATIONS (MALTREATMENT), continued

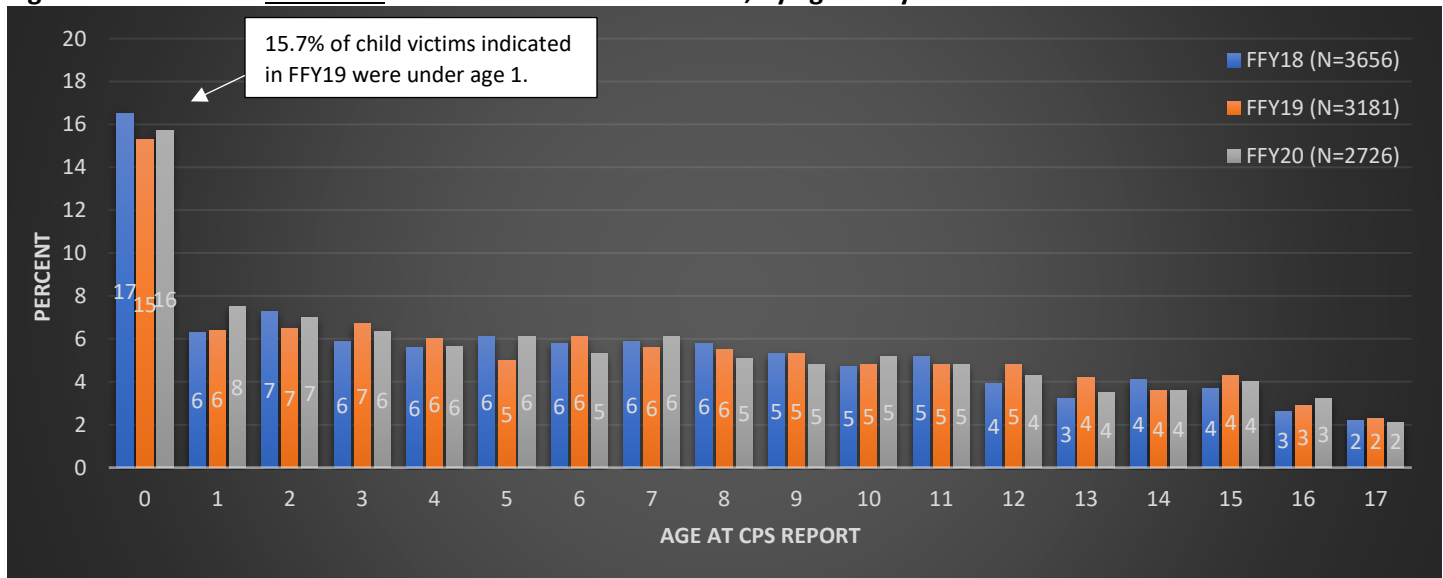
Figure 15. Demographics of indicated child victims of maltreatment, by year. (see Table 1 in appendix)



Total N for FFY18 = 3656; FFY19=3181; FFY20=2726

The data represent an unduplicated number of child victims. If a child was indicated more than once within the 12-month period, the child would be counted once. There was relatively no change in the percent of children with indicated maltreatment in gender and age groups across the three years presented. Among race/ethnicity, there was a decrease in percent Black Non-Hispanic children. Approximately 1 in 6 children age 17 and younger who are indicated for maltreatment are under the age of 1 years old (Figure 16).

Figure 16. Percent of indicated child victims of maltreatment, by age and year.



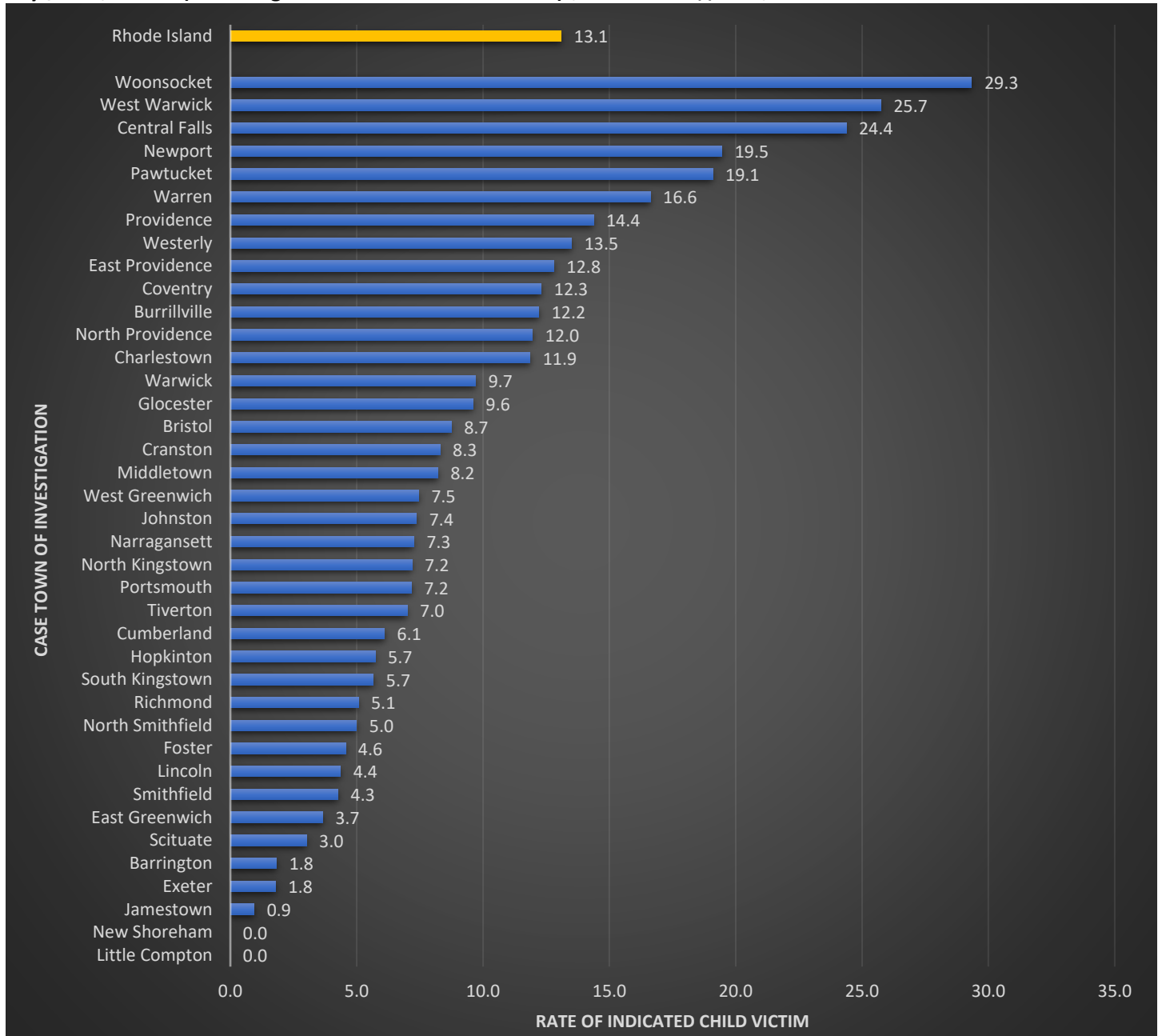
Data notes:

- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.
- Children with unknown/missing age are not shown.

WHERE IN RHODE ISLAND INVESTIGATIONS (MALTREATMENT), continued

The rate of child maltreatment in RI in FFY20 was 13.1 per 1,000 children (children less than 18 years old). Approximately 8 cities exceeded the RI rate of maltreatment.

Figure 17. Rate of indicated child victims per 1,000 children under 18-year-old in Rhode Island, by family city\town, FFY20. (excluding maltreatment in foster care) (see Table 2 in appendix)



Data source: U.S. Census 2019 population estimate for children under 18.

Data note:

- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.
- Excluded child victims with unknown or out of state case address.
- Excluded child victims of maltreatment in foster care.

Fatalities and Near-Fatalities RESULT OF INDICATED MALTREATMENT

Figure 18. Number of fatalities and near-fatalities of indicated child victims of maltreatment, by calendar year.

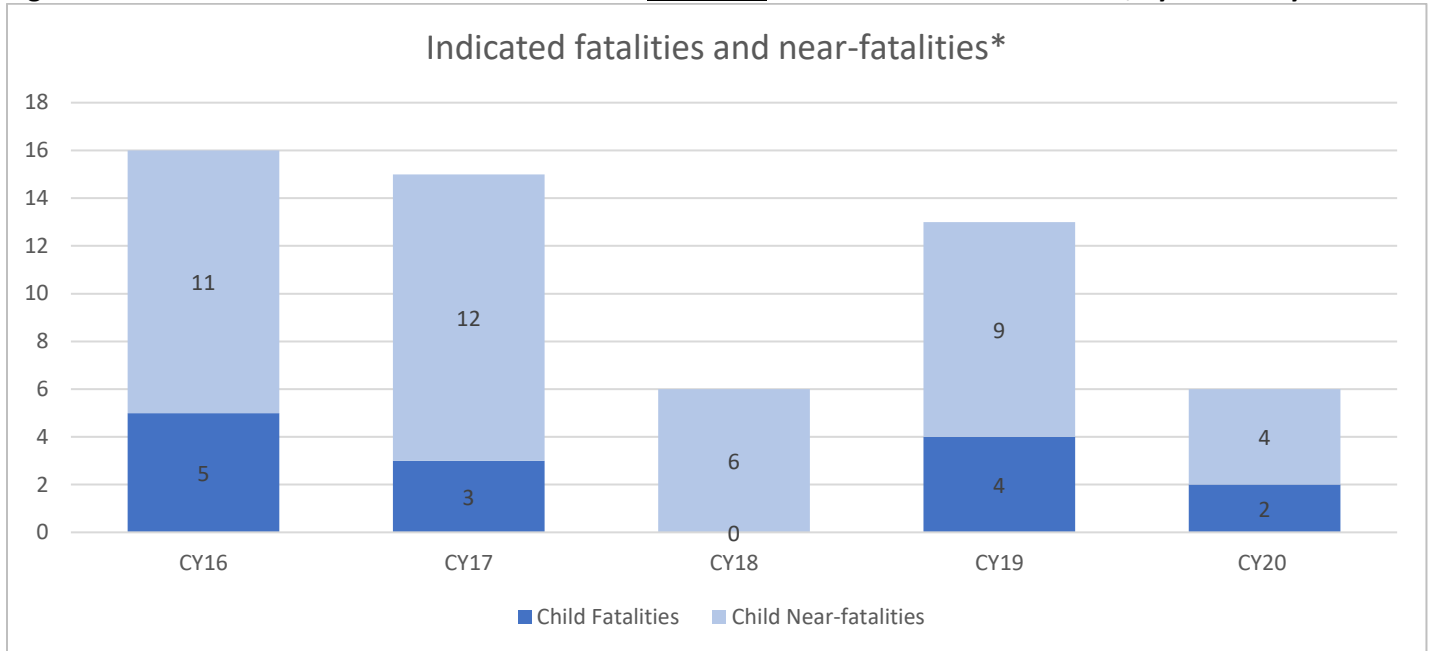


Table 2. Indicated child fatalities and near-fatalities, by age demographics and previous involvement with services, by calendar year.

	CY17	CY18	CY19	CY20
Total Incidents (Fatalities/ Near-fatalities)	15 (3/12)	6 (0/6)	13 (4/9)	6 (2/4)
Total Incidents involving children under 6	12	5	9	4
Total incidents involving children under 1	6	4	3	2
Total with any previous involvement with DCYF (incl. screened out hotline call)	9	1	8	3
Total children with positive Newborn Developmental Screen	6	4	9	2
Total children who had engaged with home visiting or FCCPs	0	2	1	1

The Rhode Island Department of Children, Youth, and Families, in partnership with the Rhode Island Department of Health and the Executive of Office Health and Human Services, reviews the fatalities and near-fatalities among indicated child victims of maltreatment as part of fatality prevention efforts. These data measures do not include accidental deaths (e.g. drownings, co-sleeping).

In CY 2020, there were four near- fatalities from indicated maltreatment and two fatalities, a decrease from CY2019 where there were nine near-fatalities and four near-fatalities (Figure 18). Among the four near- fatalities in CY2020, three incidents involved children under 6 years of age (two children were under the age of 1). Among the two fatalities in CY2020, one incident involved a child under 6 years of age. Three of the children with a near fatality incident in CY2020 had previous involvement with DCYF, two had a positive Newborn Developmental screening, and one had previously engaged with home visiting services or FCCP ser (Table 2).

Data Source: RI DCYF public disclosures, RICHIST, KIDSNET, RIFIS

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Section 2: Repeat Maltreatment, FFY17-FFY19



Picture source: Florida Coalition Against Domestic Violence (www.fcadv.org)

Data Presented in Section 2:

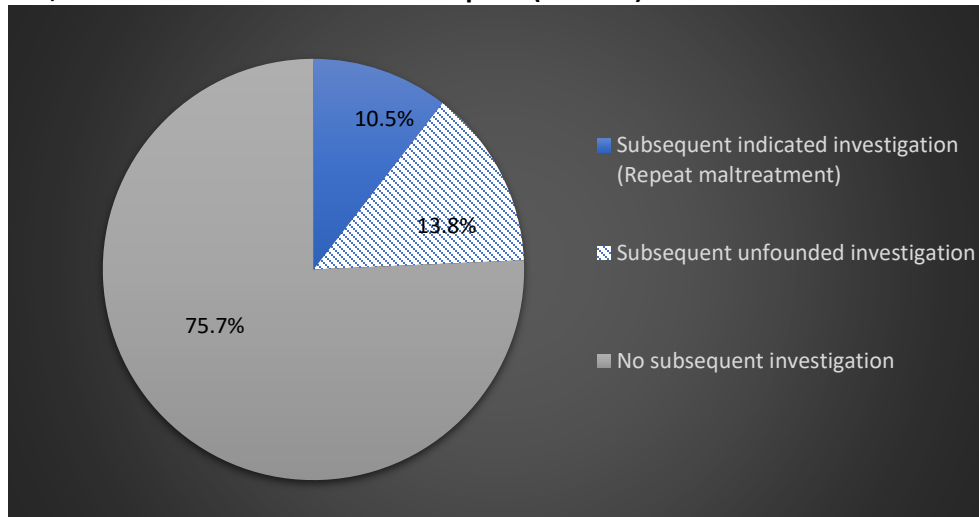
The data presented in Section 2 focus on children under 18 years of age who had indicated maltreatment between October 1, 2016 – September 30, 2019 (FFY17-FFY19) and had a subsequent indicated report within 12 months of their initial. A subsequent indicated report which occurred within 14 days of the initial indicated report is not counted as repeat maltreatment, rather it is seen as additional information on the investigation.

The total number of unique child victims presented in this section is slightly different from the number presented in previous section on maltreatment. Maltreatment section is presented by investigation disposition year whereas repeat maltreatment section is presented by investigation report year. There are 3,181 unique child victims who completed investigation in FFY19 as shown in Section 1. There are 2,726 unique child victims who were reported for investigation in FFY20 and completed investigation in either FFY19 or FFY20 as presented in this section. The exclusion criteria and timeframe used to calculate repeat maltreatment are consistent with Children’s Bureau reporting.

Note: Though the total number of investigations has increased, the proportion of maltreatment has not increased.

Section 2: REPEAT MALTREATMENT

Figure 19. Among indicated child victims reported in FFY19, percent who had subsequent indicated investigation, or repeat maltreatment*, within 12 months of the initial report. (N=3285)



*Repeat maltreatment: report date of the first subsequent indicated investigation falls within 12 months of the initial indicated investigation reported in FFY18.

Table 3. Among indicated child victims, number and percent who had subsequent indicated investigation, or repeat maltreatment*, within 12 months of the initial report, by year.

	FFY17 (N=3332)		FFY18 (N=3471)		FFY19 (N=3285)	
	N	%	N	%	N	%
Repeat maltreatment (Subsequent indicated investigation)	372	11.2%	354	10.2%	345	10.5%
Subsequent unfounded investigation	468	14.0%	437	12.6%	453	13.8%
No subsequent investigation	2492	74.8%	2680	77.2%	3285	75.7%

*Repeat maltreatment: report date of the first subsequent indicated investigation falls within 12 months of the initial indicated investigation reported in a given year.

The number of children who experienced repeat maltreatment*, decreased from 354 children (10.2%) in FFY18 to 345 children (10.5%) in FFY19. The number of children who experienced a subsequent unfounded investigation increased from 437 children (12.6%) in FFY18 to 453 (13.8%) in FFY19.

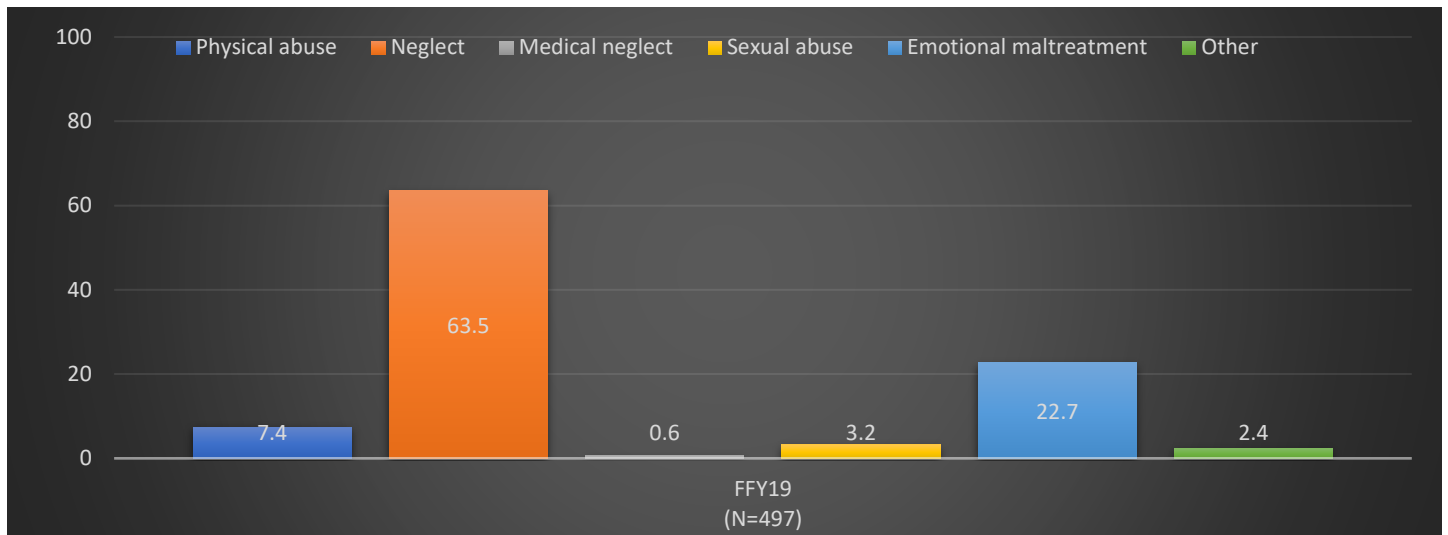
Data notes:

- Data reflect observed percentage, unadjusted for age. Children’s Bureau adjust for age at initial victimization.
- Data unduplicated by keeping the first indicated report in a fiscal year as the initial. If a child had multiple subsequent investigations within 12 months, the first indicated investigation is counted.
- Subsequent investigations reported within 12 months but have not yet completed as of the last day of next fiscal year are not reflected. (example: for the initial investigation reported in FFY18, only the subsequent investigation reported within 12 months and completed in FFY19 are counted as repeat maltreatment)
- Subsequent indicated investigations occurring within 14 days of the initial indicated investigation are not counted as repeat maltreatment.

WHAT TYPE OF MALTREATMENT OCCURS

REPEAT MALTREATMENT, continued

Figure 20. Percent of repeat maltreatment types of indicated investigations, FFY19 (N=497)



In a single investigation a child may be a victim of more than one type of indicated maltreatment. Similar to first indicated maltreatment, neglect continued to be the most frequent type of indicated maltreatment when repeat maltreatment occurred. In repeat maltreatment, emotional abuse continues to be the second most frequent type, 22.7%. A large proportion of emotional abuse involves domestic violence. The percentages across all repeat maltreatment types remained relatively constant compared to initial maltreatment.

Data notes:

- Data shown in investigation level. An investigation may be counted more than once if multiple children indicated in investigation.
- Only the indicated allegations are reflected.
- Percentage may add up to more than 100% because a child may be a victim of multiple maltreatment types.
- NCANDS maltreatment categories may be different from RICHIST categories.
- NCANDS maltreatment type of "other" includes RICHIST allegation types of corporal punishment, inappropriate restraint, other institutional abuse and other institutional neglect under Institutional Abuse & Neglect.

REPEAT MALTREATMENT DISPROPORTIONALITY

REPEAT MALTREATMENT, continued

Figure 21. Percent of child victims of repeat maltreatment and population estimate of children under 18 years old in Rhode Island, by race, ethnicity, and year.

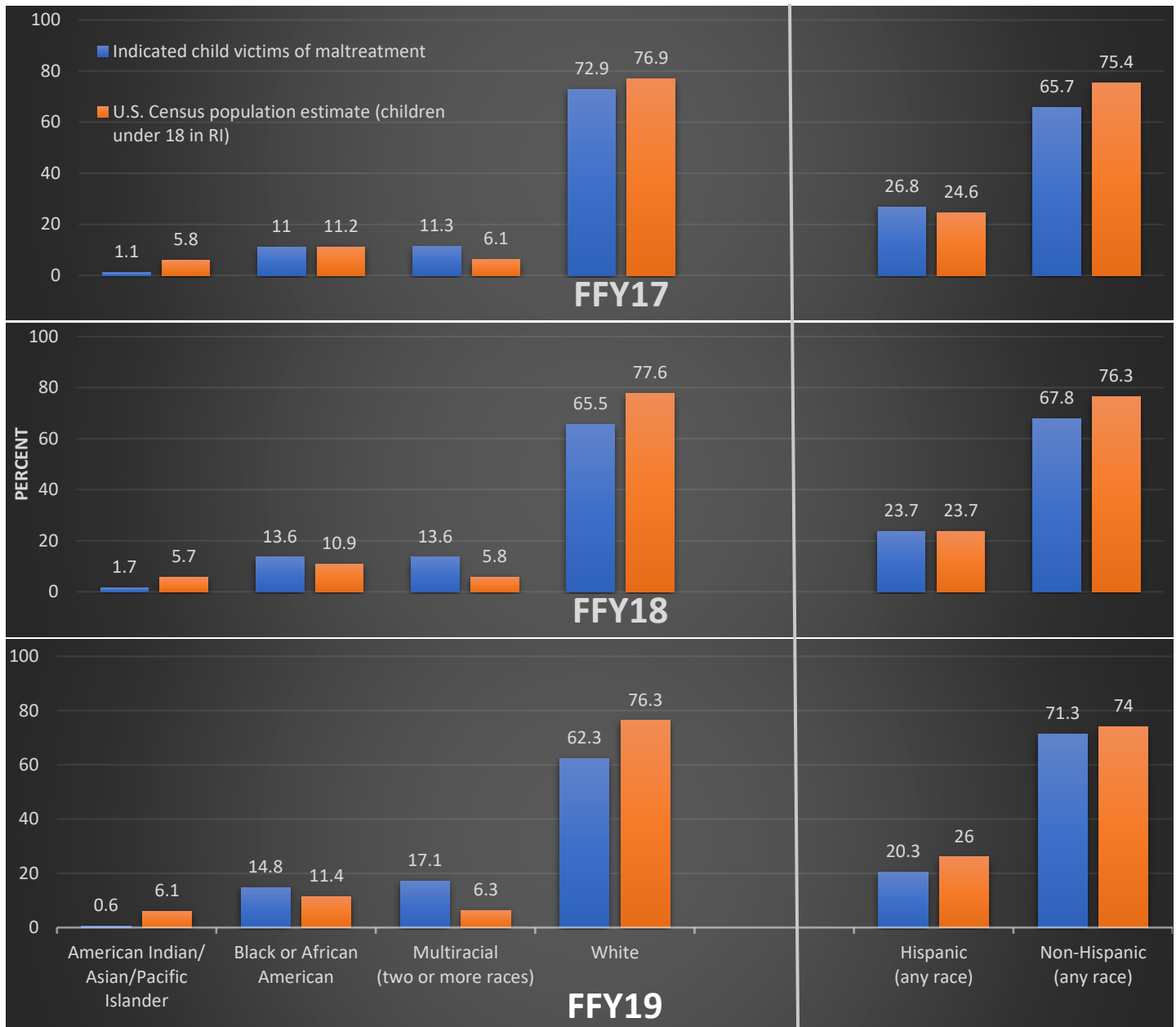
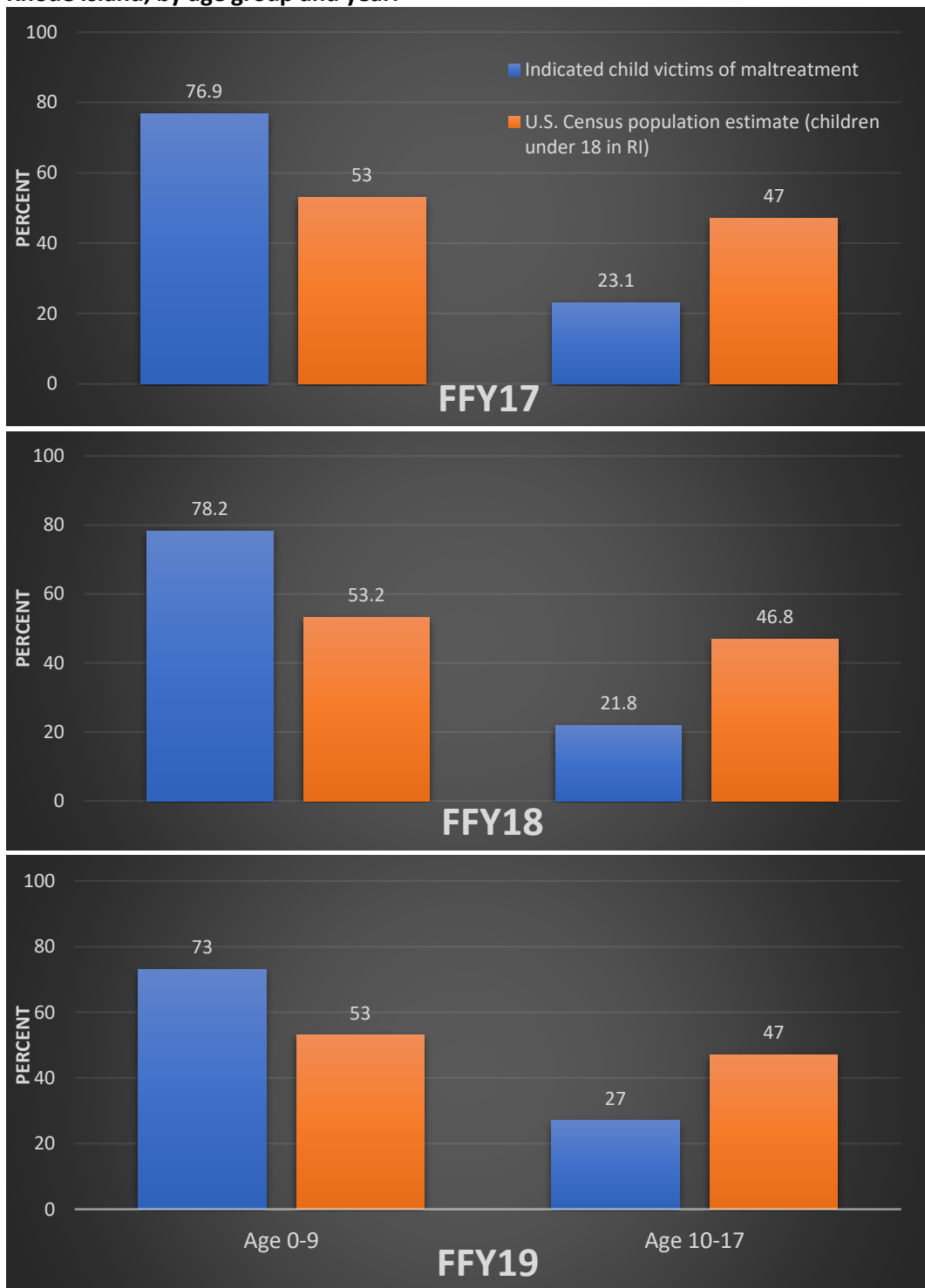


Figure 20 and 21 compares U.S. Census estimates of children in RI to the proportion of children indicated with repeat maltreatment in FFY18 and FFY19. The data involving repeat maltreatment reveal a different picture than was observed with indicated maltreatment. In FFY19, there is less disproportionality observed among Hispanic children indicated for **repeat maltreatment** compared to the disproportionality observed in **indicated maltreatment**. Children identified as Multiracial were disproportionately represented with repeat maltreatment compared to the proportion of children in RI who are Multiracial in all three years presented.

Figure 22. Percent of child victims of repeat maltreatment and population estimate of children under 18 years old in Rhode Island, by age group and year.



Data source: U.S. Census 2017, 2018, 2019 population estimate by sex, age, race and Hispanic for children under 18.

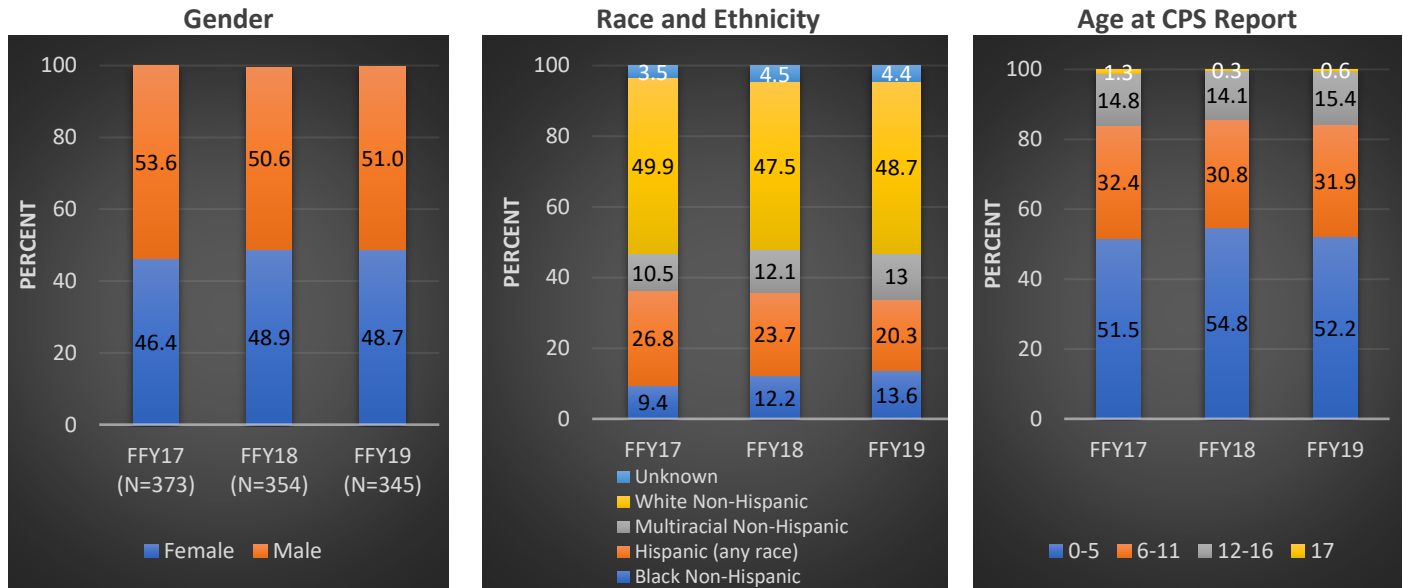
Data notes:

- Data unduplicated by keeping the first indicated report in a fiscal year as the initial. If a child had multiple subsequent investigations within 12 months, the first indicated investigation is counted.
- Children with unknown/missing race and unknown/missing ethnicity are not shown.

CHARACTERISTICS OF CHILDREN

REPEAT MALTREATMENT, continued

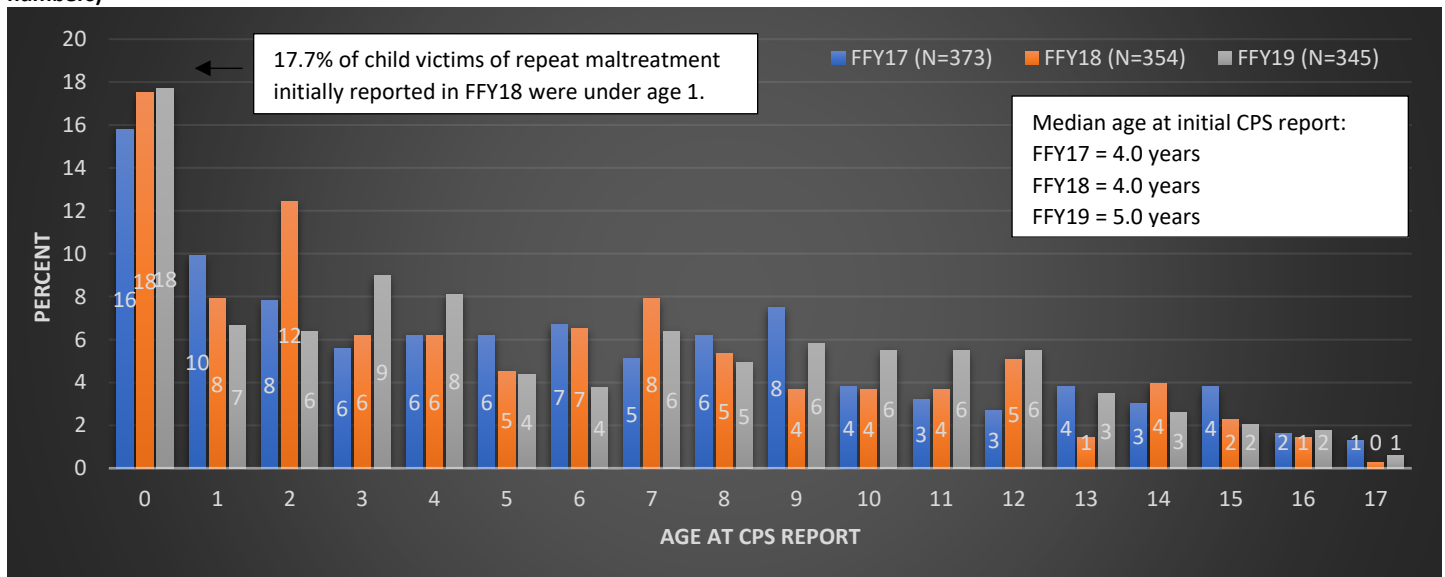
Figure 23. Demographics of child victims of repeat maltreatment, by year.



Total N for FFY17 = 373; FFY18 = 354; FFY19=345

There is relatively equal distribution of repeat maltreatment between females and males and repeat maltreatment is more prevalent among young children. Among children victims of repeat maltreatment, children between the ages of 0-11 were most frequently victimized. In FFY18 86% of the victims were age 0-11 and in FFY19 84% of the victims were age 0-11 (See Figure 23). Among children of repeat maltreatment, Black Non-Hispanic increased slightly from FFY18 to FFY19. It is important to note this sample size is small and small changes in the number of victims can translate into larger percentage changes. Among child victims of repeat maltreatment age 17 years and younger, approximately 1 in 6 were under the age of 1 year old (See Figure 24).

Figure 24. Percent of child victims of repeat maltreatment, by age and year. (caution in interpreting percentages due to small numbers)



Data notes:

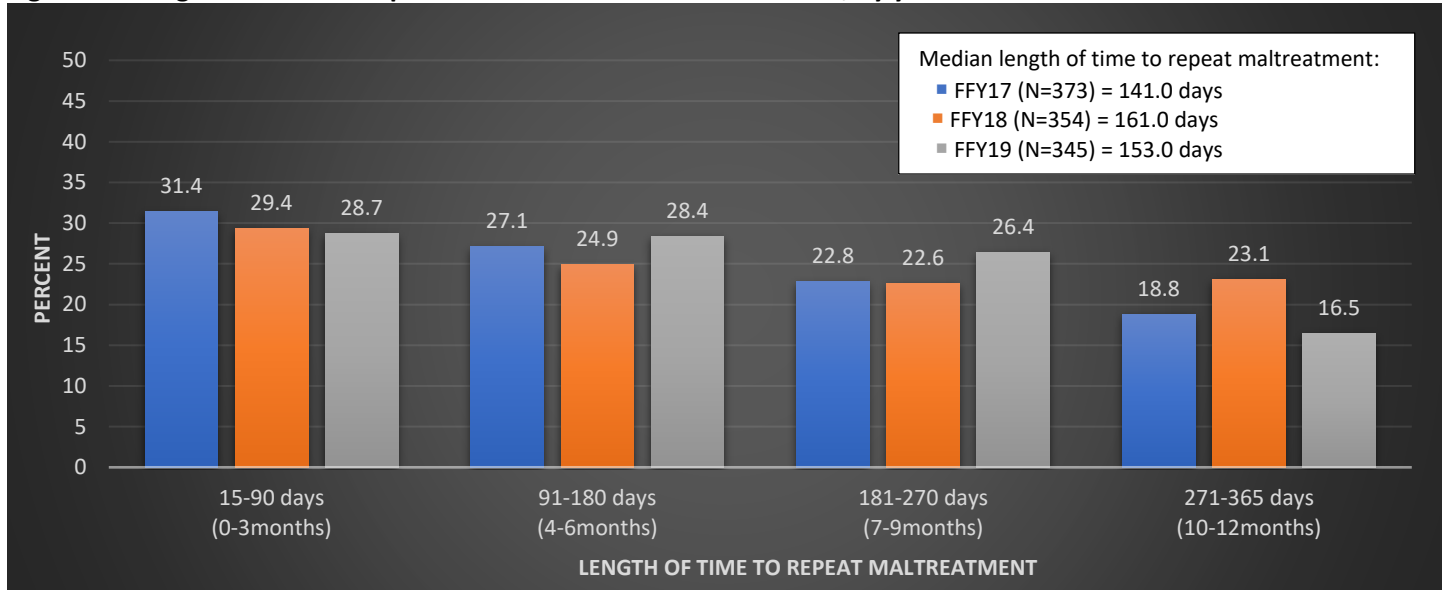
- Data unduplicated by keeping the first indicated report in a fiscal year as the initial. If a child had multiple subsequent investigations within 12 months, the first indicated investigation is counted.

Data source: RICHIIST; data are current as of 10/1/2020.

LENGTH OF TIME TO REPEAT MALTREATMENT

REPEAT MALTREATMENT, continued

Figure 25. Length of time* to repeat maltreatment within 12 months, by year.



The median length of time to repeat maltreatment decreased from 161 days in FFY18 to 153 days in FFY19. In FFY19, about 57% of children who experienced a repeat maltreatment did so within 6 months of the initial indicated maltreatment. In FFY18, about 54% of children did so within 6 months.

*Length of time: number of days between the report date of first indicated maltreatment in FFY19 and the report date of first subsequent indicated maltreatment within 12 months of the initial.

Data notes:

- Data unduplicated by keeping the first indicated report in a fiscal year as the initial. If a child had multiple subsequent investigations within 12 months, the first indicated investigation is counted.
- Subsequent investigations reported within 12 months but have not yet completed as of the last day of next fiscal year are not reflected. (example: for the initial investigation reported in FFY19, only the subsequent investigation reported within 12 months and completed in FFY20 are counted as repeat maltreatment)
- Subsequent indicated investigations occurring within 14 days of the initial indicated investigation are not counted as repeat maltreatment.

Annual Safety Report

Section 3: Maltreatment in Foster Care (Out-of-Home Placements), FFY18-FFY20



Picture source: Florida Coalition Against Domestic Violence (www.fcadv.org)

Data Presented in Section 3:

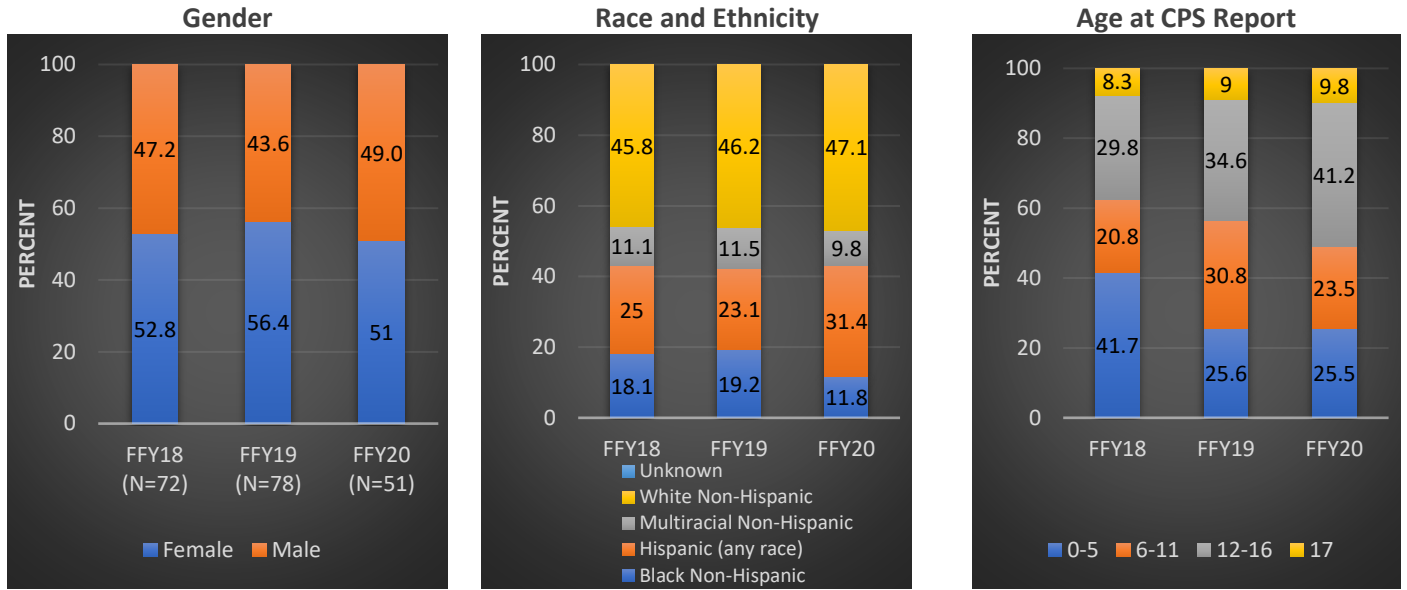
The focus in Section 3 is the occurrence of indicated maltreatment of child victims in foster care in between October 1, 2017 and September 30, 2020 (FFY18-FFY20). NCANDS and AFCARS data are used to indicate child victims of maltreatment in foster care, and RICHIST data extract is used as a supplement to provide details on maltreatment and child victims. Data is presented by investigation report year. For example, FFY20 data includes child victims reported in FFY20 and reached disposition in FFY20. Child victims of maltreatment in foster care who were reported in FFY20 but did not complete investigation by the end of FFY20 are not reflected. The definition of foster care is consistent with the federal definition, any out of home placement including foster homes and congregate care. To stay consistent with the Children's Bureau Child and Family Services Review (CFSR) Round 3, the following rules are applied in the analysis: Maltreatment reported within 7 days of removal from home are not counted as maltreatment in foster care. Children age 18 and older at the time of CPS report are excluded. A CPS report within 1 day of the previous report is excluded. Children in Independent Living Arrangement (funded) placements are excluded. Children who were AWOL are excluded.

The method in which the Children's Bureau report on maltreatment in foster care changed within the last few of years which impacts both the number of children identified as maltreated in foster care as well as presenting the data as a rate per bed days. In previous methods, the Children's Bureau classified maltreatment in foster care by the perpetrator rather than using a foster care (Federal Definition, all out-of-home placements) status. For example, the perpetrator needed to be a foster care provider to be considered maltreatment in foster care. Presently, the Children's Bureau classifies a child maltreated in foster care who had a report of maltreatment 8 days or after a removal and can include any perpetrators. The purpose for providing this explanation is two-fold. First, the data presented in this report applies the updated Children's Bureau of placement in foster care 8 days or greater subsequent to a report of maltreatment and includes any perpetrator. Secondly, this modified classification may be related to changes in maltreatment in foster care numbers. This report does not include the rate per bed days as the Children's Bureau is currently finalizing the methodology, although will present this additional information in future reports.

Section 3: MALTREATMENT IN FOSTER CARE

Figure 26. Demographics of indicated child victims of maltreatment in foster care, by year.

Total N for FFY18= 72; FFY19= 78; FFY20=51



Data notes:

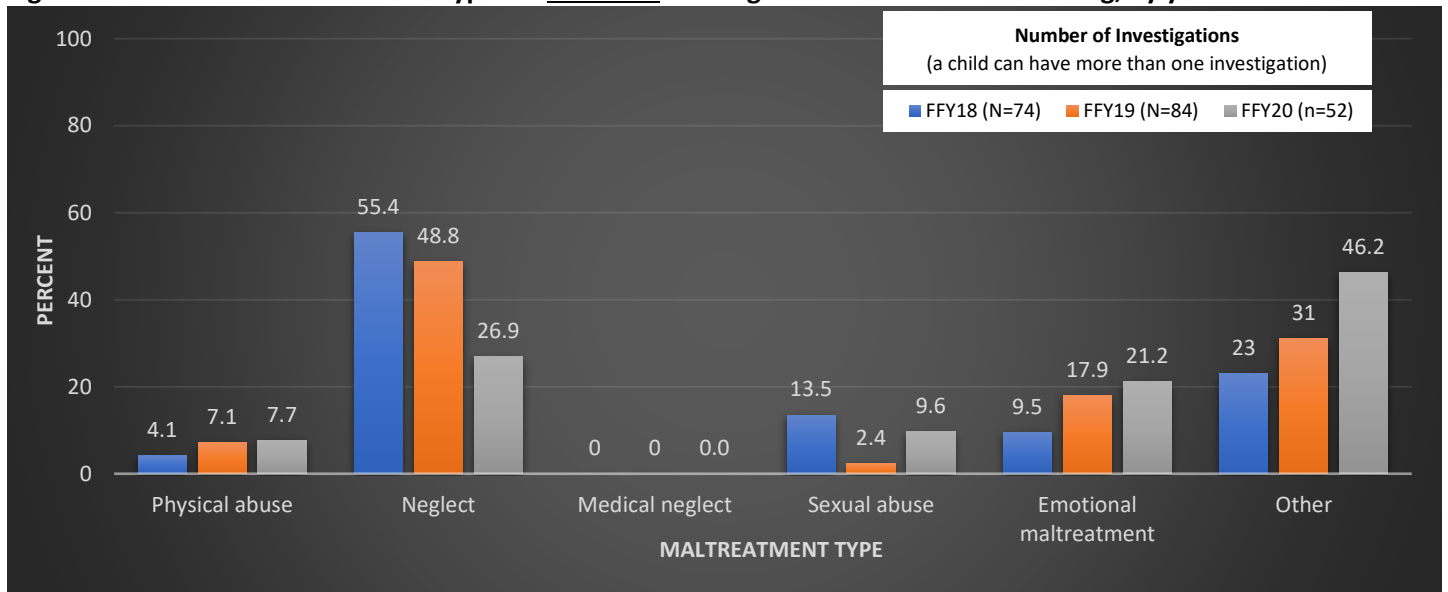
- Data unduplicated by child. A child victim of maltreatment in foster care counted once.

By gender, the percent of male victims increased from FFY19 to FFY20. Among child victims, Hispanic (any race) racial group increased from FFY19 to FFY20, whereas Black Non-Hispanic decreased. Among child victims, the percent of children age 6-11 decreased from FFY19 to FFY20, while the percent of children age 12-16 increased the same during the same time period.

MALTREATMENT IN FOSTER CARE BY MALTREATMENT TYPE

MALTREATMENT IN FOSTER CARE, continued

Figure 27. Percent of maltreatment types of indicated investigations in a foster care setting, by year.



Over the three years presented, the most frequent type of indicated maltreatment in foster care was “neglect” and “other”. In FFY18, 55.4% of maltreatment in foster care was “neglect” followed by 23% “other”. In FFY19, 48.8% of maltreatment in foster care was “neglect” followed by 31% “other” whereas in FFY20, 26.9% of maltreatment in foster care was “neglect” followed by 46.2% “other”. Comparing FFY19 and FFY20, the percent of indicated investigations of neglect decreased from FFY19 to FFY20 while the percent of indicated investigations of other maltreatment increased during this same time period.

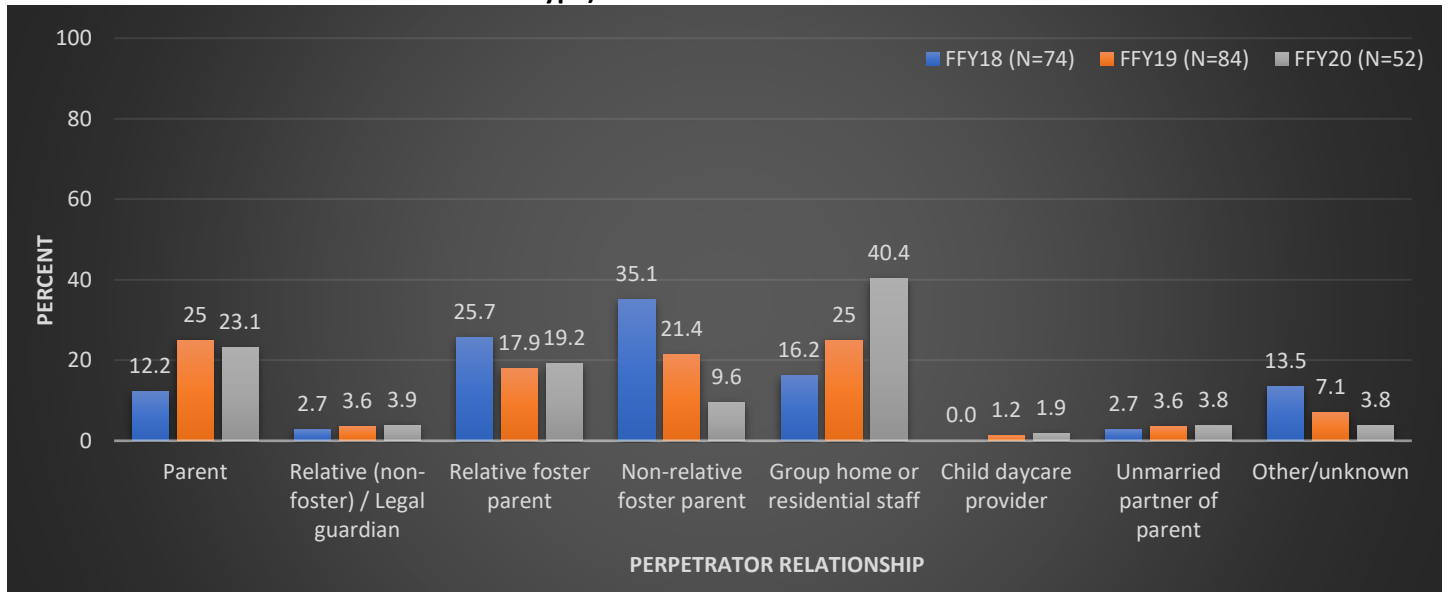
Data notes:

- Data shown in investigation level. An investigation may be counted more than once if multiple children indicated in investigation.
- Only the indicated allegations are reflected.
- Percentage may add up to more than 100% because a child may be a victim of multiple maltreatment types.
- NCANDS maltreatment categories may be different from RICHIST categories.
- NCANDS maltreatment type of “other” includes RICHIST allegation types of corporal punishment, inappropriate restraint, other institutional abuse and other institutional neglect under Institutional Abuse & Neglect.

MALTREATMENT IN FOSTER CARE BY PERPETRATOR RELATIONSHIPS

MALTREATMENT IN FOSTER CARE, continued

Figure 28. Percent of perpetrator relationship of indicated maltreatment in foster care, by year. (a child may be indicated for more than one maltreatment type)



In FFY20, the most prevalent perpetrator relationships are group home or residential staff (40.4%) and parent (23.1%). Both non-relative foster parent and other/unknown decreased from FFY19 to FFY20, 21.4% to 9.6% and 7.1% to 3.8% respectively. In contrast, group home or residential staff perpetrator relationship increased from FFY19 to FFY20 25% to 40.4%.

Data notes:

- Data shown in investigation level. An investigation may be counted more than once if multiple children indicated in investigation.
- Percentage may add up to more than 100% because a child may have had multiple allegations and/or multiple perpetrators for each allegation.
- Other/unknown includes NCANDS perpetrator relationship of other professionals, friends or neighbors, other and unknown or missing.
- Only the perpetrator relationship to indicated allegations in foster care are reflected.

WHERE IN FOSTER CARE

MALTREATMENT IN FOSTER CARE, continued

Figure 29. The percent of indicated investigations in foster care (out-of-home placement), across placement types, by year.

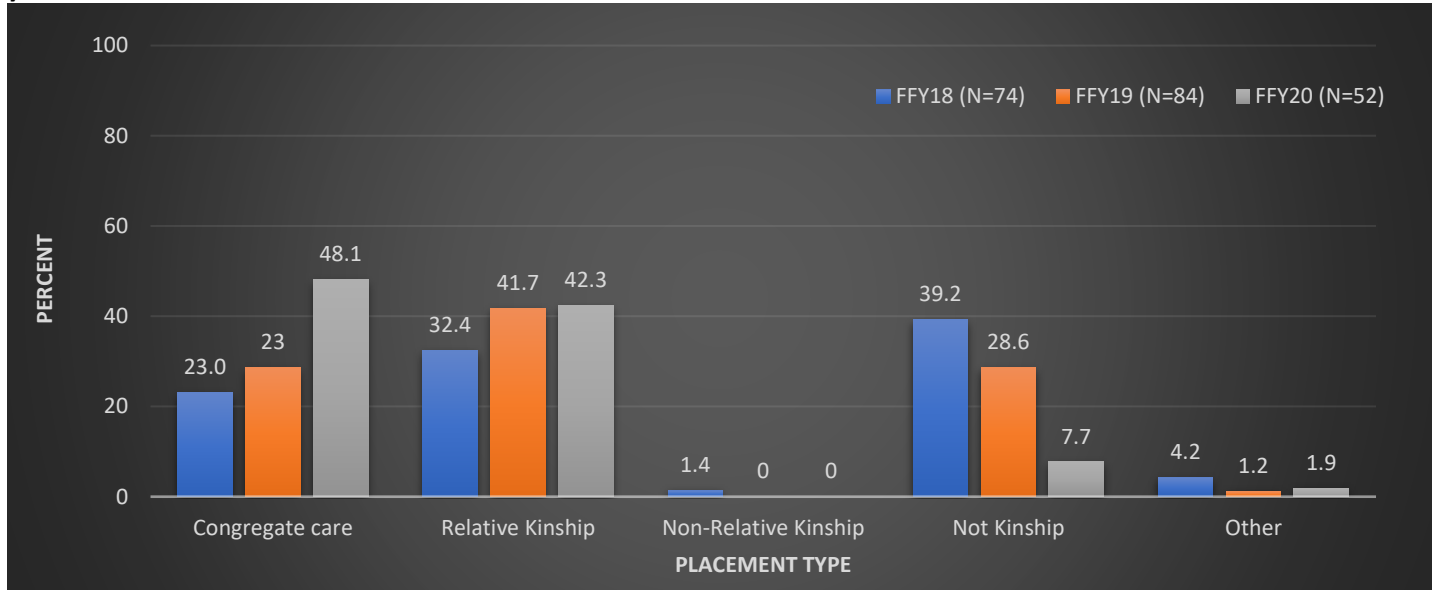


Figure 29 presents the distribution of indicated investigations in foster care across placement types to better understand the distribution and to design tailored interventions to mitigate the risk of maltreatment in foster care.

For both congregate care and other, the percent of maltreatment increased from FFY19 to FFY20. The percent of maltreatment decreased in not kinship settings from FFY19 to FFY20.

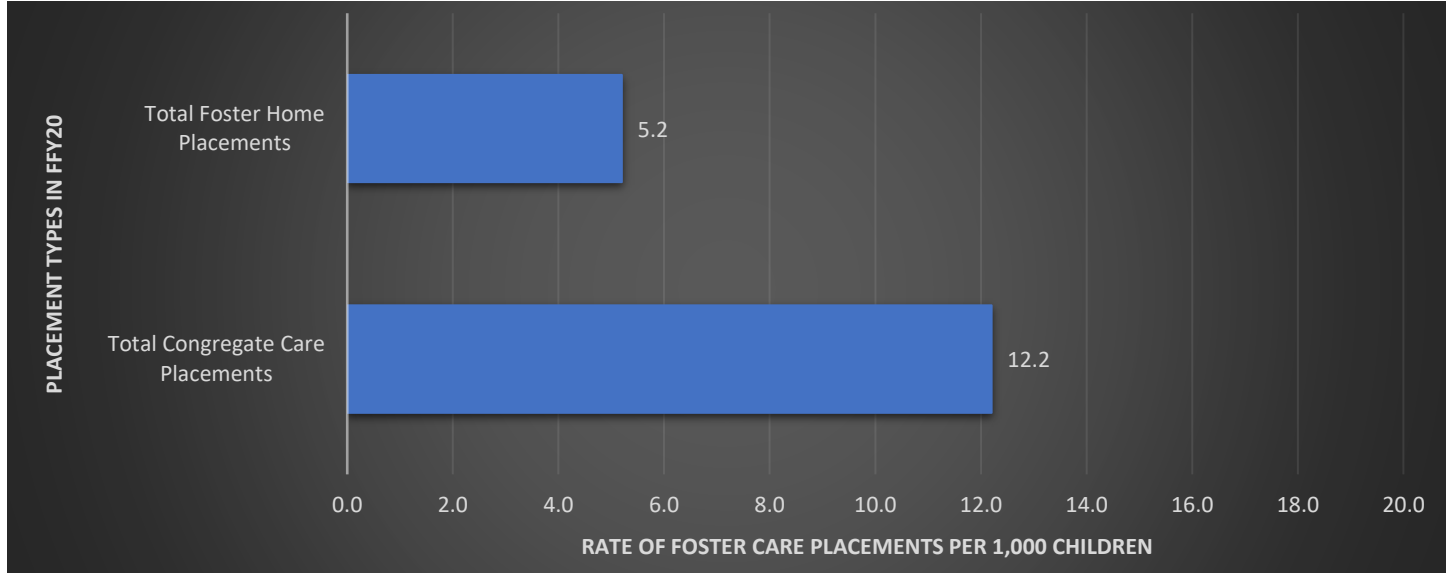
Data notes:

- Data shown in investigation level. An investigation may be counted more than once if multiple children indicated in investigation.
- Congregate care includes placement type of group homes, assessment and stabilization center, medical hospital, psychiatric hospital, residential facility and substance abuse facility.
- Other includes placement type of absent from care, independent living and RITS.

MALTREATMENT IN FOSTER CARE PLACEMENT TYPES

MALTREATMENT IN FOSTER CARE, continued

Figure 30. Rate of children indicated maltreatment per 1,000 children by placement types in foster homes, by all out of home placement at RI DCYF, FFY20



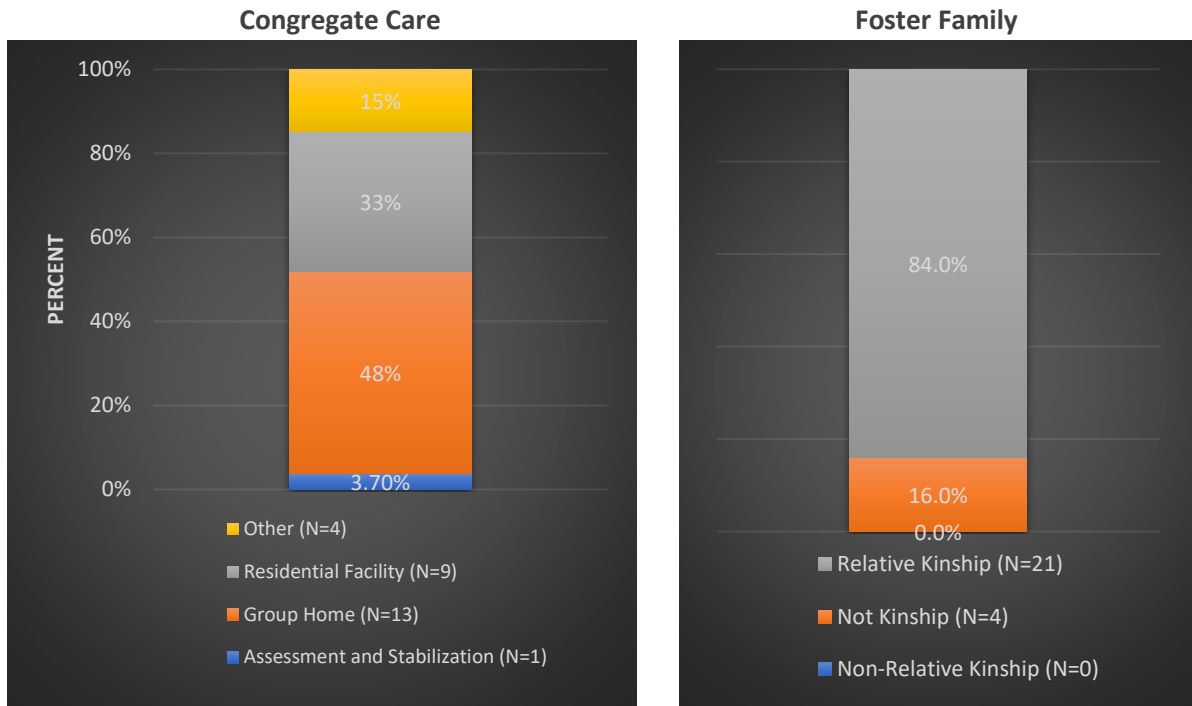
Data notes:

- Data unduplicated at the child level
- See to appendix figures 1 and 2 for rates of congregate care and foster family settings of children indicated maltreatment per 1,000 children in out of home placement types

MALTREATMENT IN FOSTER CARE PLACEMENT TYPES

MALTREATMENT IN FOSTER CARE, continued

Figure 31. Percent of children with indicated maltreatment in foster care, placement types within congregate care and foster family settings at DCYF FFY20



Below are the counts of indicated maltreatment by out of home placement type in FFY20.

Congregate Care:

- 9 children were in a Residential Facility
- 13 children were in a Group Home
- 1 child was in Assessment and Stabilization
- 3 children were in other placement types

Foster Family:

- 21 children were in a Relative Kinship foster home
- 4 children were in a Non-Kinship foster home
- 0 children were in a Non-Relative Kinship foster home

Data notes:

- Data unduplicated at the child level
- See to appendix figures 1 and 2 for rates of congregate care and foster family settings of children indicated maltreatment per 1,000 children in out of home placement types

CHILD MALTREATMENT CHARACTERISTICS IN FOSTER CARE PLACEMENT TYPES

MALTREATMENT IN FOSTER CARE, continued

Figure 32. Percent of maltreatment types of indicated maltreatment in foster care, foster family versus congregate care FFY20

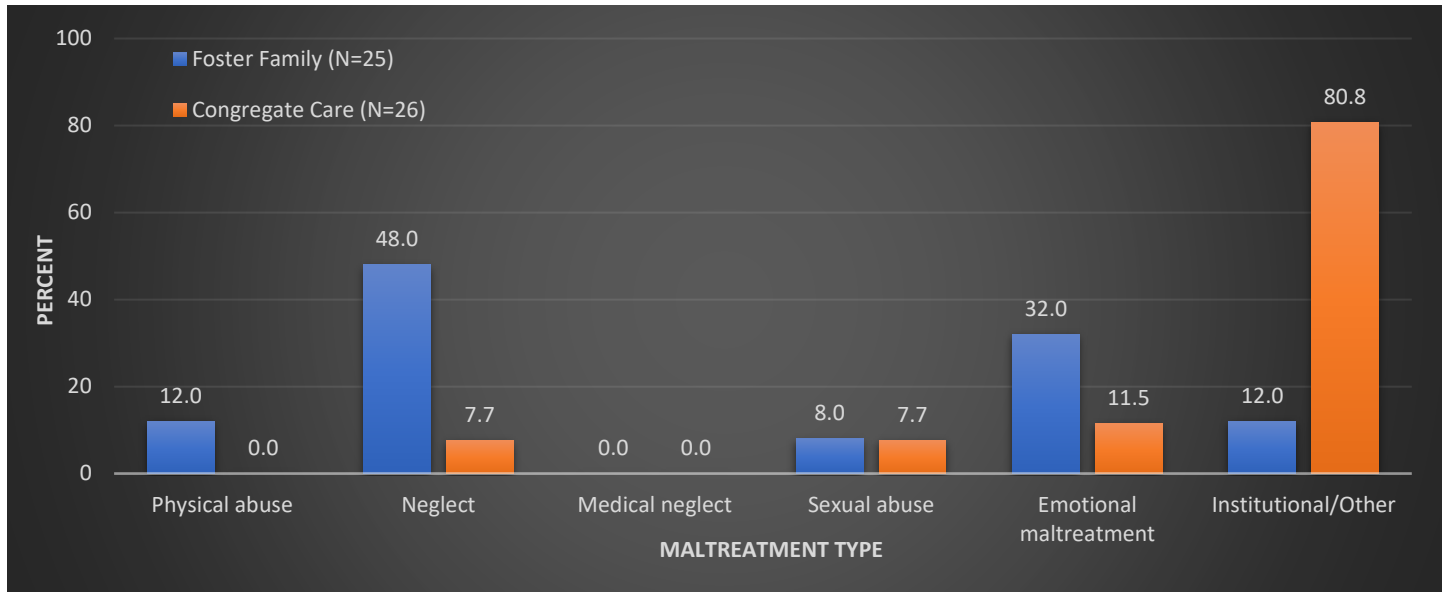
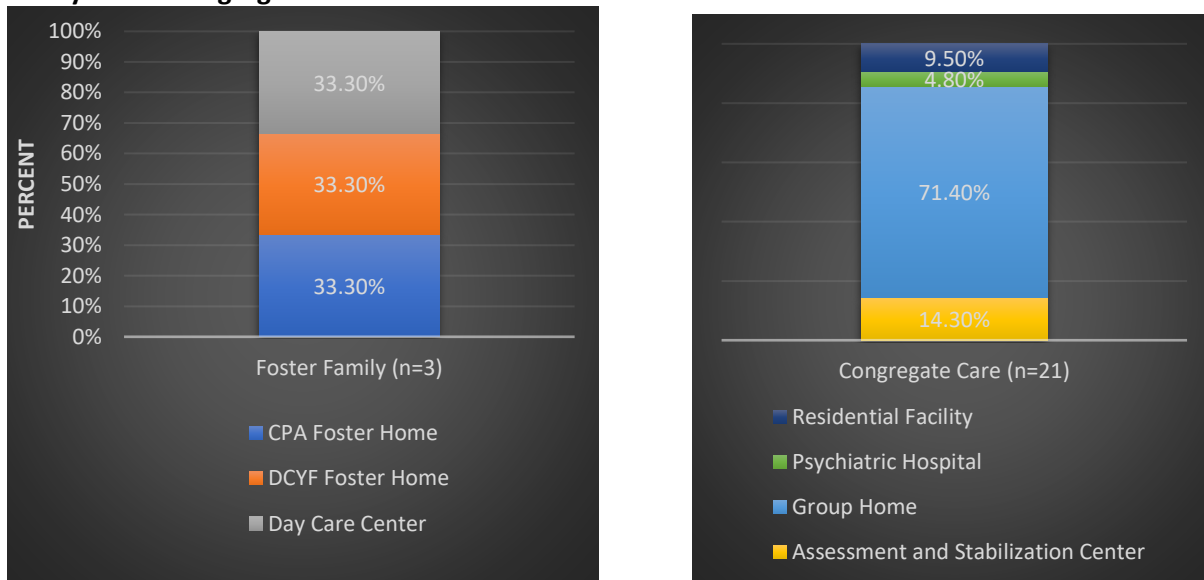


Figure 32 provides the range of maltreatment types. In a single investigation a child may be a victim of more than one type of indicated maltreatment. Neglect is the most frequent type of indicated maltreatment in Foster Families, while institutional/other is most frequent type of indicated maltreatment in Congregate Care. Percentages may add up to more than 100% because a child may be a victim of multiple maltreatment types.

Figure 33 shows the foster care providers indicated for institutional/other maltreatment types only.

Figure 33. Number and percent Institutional/Other maltreatment indicated victims, by foster care provider, foster family versus congregate care FFY20



Data notes:

- Data unduplicated at the child level
- NCANDS maltreatment type of "other" includes RICHIST allegation types of corporal punishment, inappropriate restraint, other institutional abuse and other institutional neglect under Institutional Abuse & Neglect.

CHILD MALTREATMENT CHARACTERISTICS IN FOSTER CARE PLACEMENT TYPES (continued)

MALTREATMENT IN FOSTER CARE, continued

Figure 34. Median, Mean age of children with an indicated maltreatment in foster care, family versus congregate care FFY20

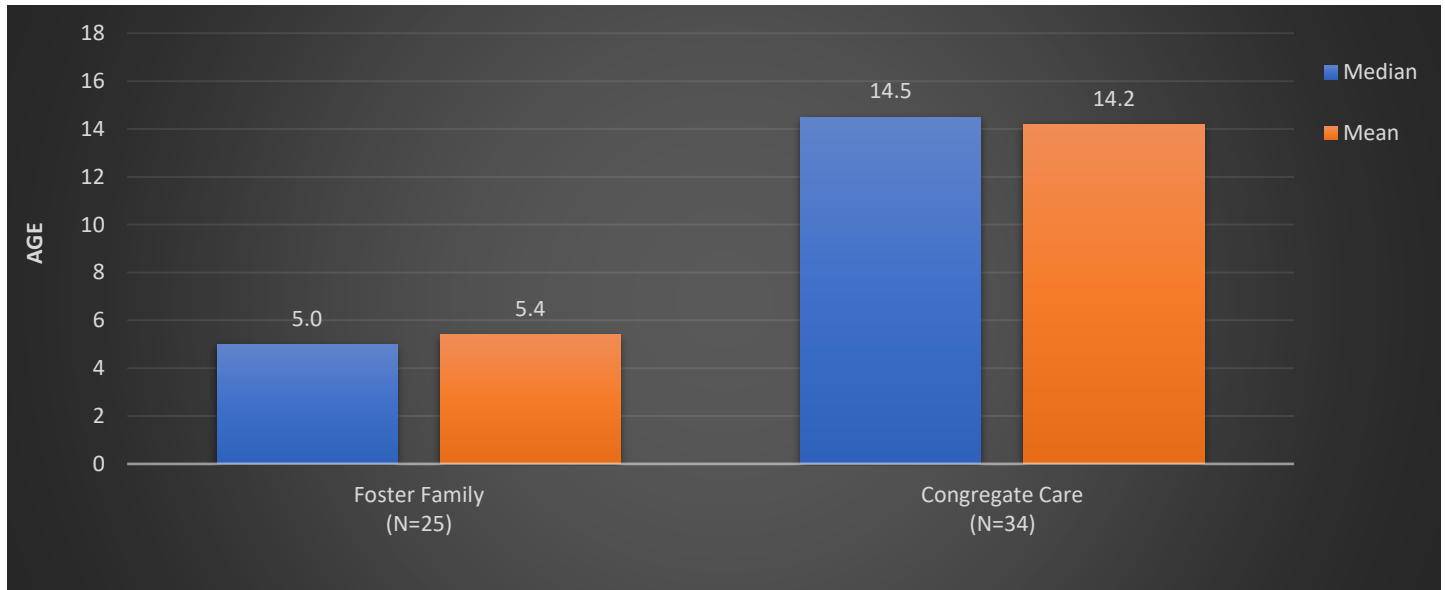


Figure 34 provides the median and mean age of children with an indicated maltreatment in foster families and in congregate care settings. Foster families have a larger proportion of younger children compared to congregate care.

Data notes:

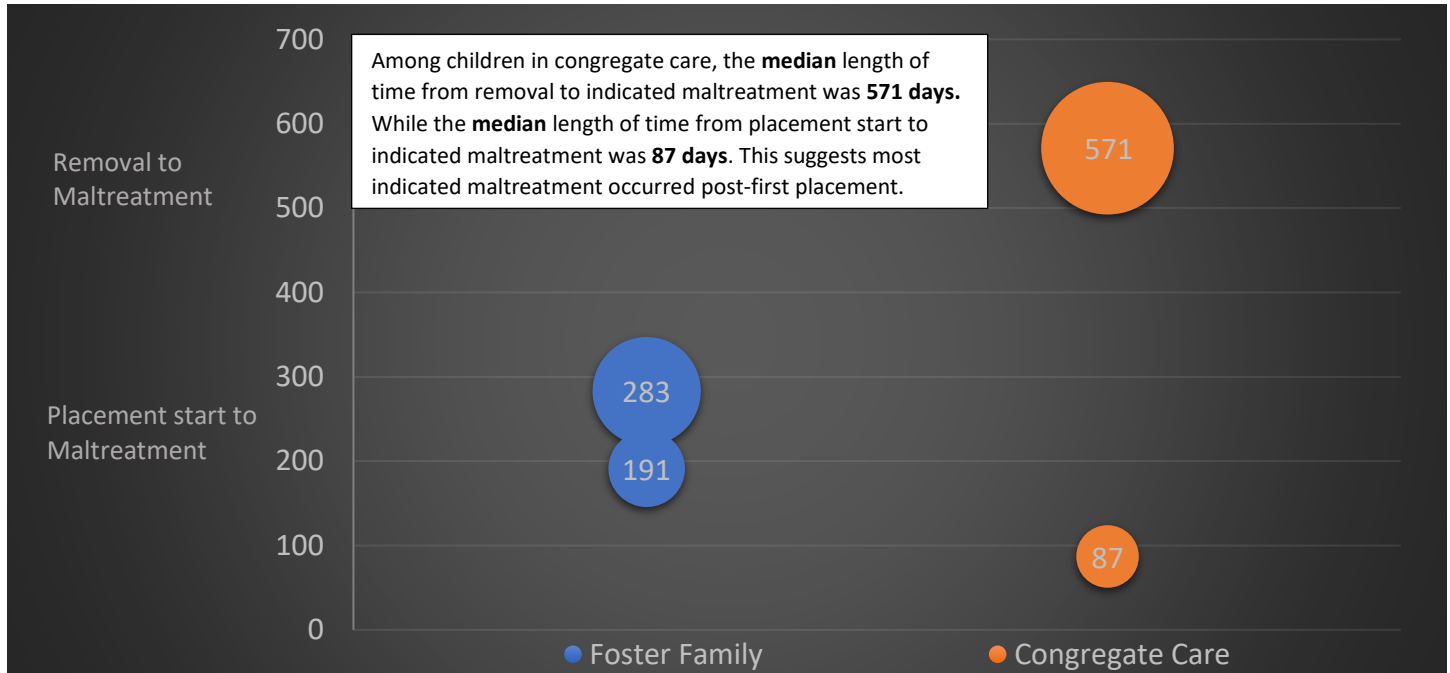
- Data unduplicated at the child level

LENGTH OF TIME TO MALTREATMENT BY FOSTER CARE PLACEMENT TYPES

MALTREATMENT IN FOSTER CARE, continued

Figure 35. Median length of time (LOT) in days from removal to indicated maltreatment and from placement* start date to indicated maltreatment, foster family versus congregate care FFY20

The focus of this subsection is to: evaluate the differences in length of time to *indicated* maltreatment in comparing two out of home placement types (i.e., foster families versus congregate care). Removal to maltreatment and placement to maltreatment times were calculated. Maltreatment was defined by CPS report date of an indicated investigation. Placement was defined by where the maltreatment occurred.



Data notes:

- Data unduplicated at the child level
- Use of incident date versus report date as the definition of maltreatment date was evaluated – decision to define maltreatment by report date
- *Placement where maltreatment occurred

MALTREATMENT IN RELATIVE KINSHIP FOSTER HOME SETTING

MALTREATMENT IN FOSTER CARE, continued

Table 4. Count and percentage of children indicated maltreatment (FFY19-FFY20), by total relative kinship foster home types and report year in FFY19-FFY20 (N=57)

	Children in Licensed Relative Kinship Foster Home		Children in Pending License Relative Kinship Foster Home	
	FFY19 (N=1855) N (%)	FFY20 (N=1761) N(%)	FFY19 (N=597) N (%)	FFY20 (N=443) N(%)
Indicated Maltreatment	27 (1.5%)	25 (1.4%)	4 (0.7%)	1(0.2)

Data notes:

- Data duplicated count of children and foster home placements
- Data presented is a count and percent **not** a rate as usually reported by the Children’s Bureau
- Caution should be used to interpret results based on small number of children in pending license relative kinship foster homes

Qualitative Review Findings:

As part of the Department's efforts to better understand both breadth and depth of factors associated with maltreatment in foster care, the Department supplemented the quantitative analysis with a qualitative review of case records where children were indicated for maltreatment. A uniform case record review instrument was developed and two experienced case reviewers were trained on the instrument.

The qualitative review generated opportunities where the Department could focus efforts as part of an overall strategy to mitigate factors associated with maltreatment in foster care.

The main themes emerging from the qualitative case review (specific to congregate care) are:

- Supervision by staff – Although no neglect occurred, staffing gaps where the staff – youth ratio, or short periods of time where there was a gap in staff supervision – was found.
- Restraint use – Staff did not consistently apply de-escalation techniques that may reduce the incident where an inappropriate restraint was used
- CPS allegations do not match the reported maltreatment type. Maltreatment was not classified as Institutional abuse and neglect when that was the maltreatment type

Recommendations based on the qualitative case record reviews and quantitative analysis:

Recommendations related to Maltreatment in Foster Care

- Complete further data analysis of race and ethnicity of foster families, and correlation between maltreatment data to determine any system trends related to indications.
- Revision of regulations for foster families, congregate care, and agency level (last revised, 2017, 2013, and 1987 respectively). The changes will be informed more thoroughly by stakeholder feedback in an effort to ensure more effective provider-level understanding of the legal requirements of program delivery and care.
- As informed by the previous year's Quality Review Findings, Begin "Comprehensive Congregate Care Review" process with a interdisciplinary team from Licensing, Community Services and Behavioral Health, and Contracts & Compliance (proposal attached). This includes follow up efforts with provider agencies to discuss systemic elements that may contribute to maltreatment (specifically related to "institutional" findings as shown in Figure 31).
- Develop a competency based training library for foster families to address topic areas as informed by maltreatment data and regulatory concerns, as well as provider reported need.
- Expand kinship support programming such as peer-to-peer mentor opportunities, support groups, and grant-funded financial support to alleviate stressful situations.
- Explore data related to the Level of Need of children and youth in care compared to the length of time to maltreatment in foster care (Figure 33), and placement type.
- Develop additional strategies to ensure that there are not unnecessary barriers in identifying kinship providers.
- Conduct a review of all indicated findings by placement type (with a particular focus on congregate care settings), maltreatment type, demographics of child, Child Placing Agency or Child Caring Agency (if applicable), and other factors.

APPENDIX

Table 1. Demographics of indicated child victims of maltreatment, by year.

	FFY18 (N=3656)		FFY19 (N=3181)		FFY20 (N=2726)	
	N	%	N	%	N	%
Gender						
Female	1826	49.9%	1562	49.1%	1358	49.4%
Male	1820	49.8%	1604	50.4%	1357	50.1%
Unknown/Missing	10	0.3%	15	0.5%	11	0.4%
Race and Ethnicity						
Black Non-Hispanic	365	10.0%	354	11.1%	338	12.4%
Hispanic (any race)	876	24.0%	726	22.8%	661	24.3%
Multiracial/other Non-Hispanic	291	8.0%	268	8.4%	224	8.2%
White Non-Hispanic	1604	43.8%	1342	42.2%	1207	42.3%
Unknown/Missing	520	14.2%	490	15.4%	296	10.9%
Age at CPS report						
0-5 years	1745	47.7%	1459	45.9%	1315	48.2%
6-11 years	1194	32.7%	1021	32.1%	849	31.1%
12-16 years	636	17.4%	625	19.7%	505	18.5%
17 years	80	2.2%	74	2.3%	57	2.1%
Unknown/Missing	1	0.0%	2	0.1%	0	0.0%
Median age at CPS report (years)	6.0		6.0		6.0	

Data notes:

- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.

APPENDIX

Table 2. Maltreatment types as a multi-select variable (cross first selected maltreatment type by additional selected maltreatment type of an individual indicated investigation), FFY19-FFY20.

First Selected Maltreatment Type with an additional selected maltreatment	Additional Selected Maltreatment Type (N=798)	
	N	%
Neglect (N=534)		
Medical Neglect	31	7.7%
Sexual Abuse	42	7.9%
Emotional Maltreatment	451	84.5%
Physical Abuse (N=230)		
Neglect	193	83.9%
Sexual Abuse	3	1.3%
Emotional Maltreatment	34	14.8%
Sexual Abuse (N=1)		
Emotional Maltreatment	1	100.0%

Data notes:

- "Other" and "Sex Trafficking" as an additionally selected maltreatment type excluded due to low count (N=3)

APPENDIX

Table 3. Number and Percent of Allegations of indicated child victims of maltreatment, by year.

	FFY19 (N=3595)		FFY20 (N=2883)	
	N	%	N	%
Physical Abuse (N=1,088)	586	16.3%	502	17.4%
Excessive/Inappropriate Discipline	230	39.3%	181	36.1%
Drug/Alcohol Abuse	180	30.7%	186	37.1%
Cut, Bruise, Welt	145	24.7%	126	25.1%
Tying/Close Confinement	10	1.7%	0	0.0%
Human Bite	5	0.9%	3	0.6%
Bone Fracture	3	0.5%	2	0.4%
Other Abuse	2	0.3%	0	0.0%
Malnutrition/Starvation	1	0.2%	0	0.0%
Subdural Hematoma	2	0.3%	2	0.4%
Burn/Scalding	2	0.3%	0	0.0%
Brain Damage/Skull Fracture	2	0.3%	0	0.0%
Sprain/Dislocation	1	0.2%	0	0.0%
Internal Injury	1	0.2%	0	0.0%
Poisoning/Noxious Substances	0	0.0%	1	0.2%
Death	2	0.3%	1	0.2%
Neglect (N=3,713)	1940	54.0%	1773	61.4%
Lack of Supervision/Caretaker	1278	65.9%	1220	70.4%
Other Neglect	327	16.9	246	14.2%
Lack of Supervision/No Caretaker	164	8.5%	127	7.3%
Inadequate Shelter	106	5.5%	86	5.0%
Cut, Bruise, Welt	17	0.9%	14	0.8
Educational Neglect	20	1.0%	5	0.3%
Drug/Alcohol Abuse	4	0.2%	6	0.4%
Burn/Scalding	0	0.0%	1	0.1%
Inadequate Food	2	0.1%	5	0.3%
Tying/Close Confinement	2	0.1%	1	0.1%
Death	0	0.0%	2	0.1%
Bone Fracture	2	0.1%	0	0.0%
Emotional Neglect	9	0.5%	8	0.5%
Abandonment	4	0.2%	10	0.6
Brain Damage/Skull Fracture	1	0.0%	0	0.0%
Excessive/Inappropriate Discipline	1	0.0%	2	0.1%
Subdural Hematoma	1	0.0%	0	0.0%
Human Bite	1	0.0%	0	0.0%
Internal Injury	1	0.0%	0	0.0%
Medical Neglect (N=51)	30	0.8%	21	0.7%
	30	100.0%	21	100.0%
Sexual Abuse (N=285)	133	3.7%	152	5.3%
Sexual Molestation	89	55.9%	92	60.6%
Sexual Intercourse	41	30.8%	55	36.2%
Sexual Exploitation	3	2.3%	4	2.6%
Sexually Transmitted Disease	0	0.0%	1	0.0%
Emotional Maltreatment (N=1,669)	853	23.7%	816	28.3%
Domestic Violence	842	98.7%	814	99.8%
Emotional Abuse	3	0.4%	1	0.1%
Other Emotional abuse	8	0.9	1	0.1%

Other (N=111)	53	1.5%	58	2.0%
Other Institutional Neglect	43	81.1%	34	58.6%
Inappropriate Restraint	2	3.8%	6	10.3%
Corporal Punishment	3	5.7%	4	7.0%
Other Institutional Abuse	5	9.4%	14	24.1%

Data notes:

- Data duplicated by child - if a child had multiple allegations indicated for a single investigation OR an investigation had multiple children

APPENDIX

Table 4. Number and Percent of Allegations of indicated child victims of repeat maltreatment, FFY19.

	FFY19 (N=497)	
	N	%
Physical Abuse	37	7.4%
Excessive/Inappropriate Discipline	24	64.9%
Cut, Bruise, Welt	12	32.4%
Drug/Alcohol Abuse	1	2.7%
Neglect	316	63.5%
Lack of Supervision/Caretaker	258	81.7%
Other Neglect	20	6.3%
Lack of Supervision/No Caretaker	23	7.3%
Cut, Bruise, Welt	3	1.0%
Inadequate Shelter	7	2.2%
Inadequate Clothing	3	1.0%
Educational Neglect	1	0.3%
Emotional Neglect	1	0.3%
Medical Neglect	3	0.6%
	3	100.0%
Sexual Abuse	16	3.2%
Sexual Molestation	8	50.0%
Sexual Intercourse	8	50.0%
Emotional Maltreatment	113	22.7%
Domestic Violence	113	100.0%
Other	12	2.4%
Other Institutional Neglect	11	92.0%
Corporal Punishment	1	8.0%

Data notes:

- Data duplicated by child - if a child had multiple allegations indicated for a single investigation OR an investigation had multiple children

APPENDIX

Table 5. Rate of indicated child victims per 1,000 children under 18-year-old in Rhode Island, by family city\town and year.

FFY18				FFY19				FFY20			
Rank	Case Town	Number of indicated child victims	Rate of indicated child victims (per 1,000 children under 18 in RI)	Rank	Case Town	Number of indicated child victims	Rate of indicated child victims (per 1,000 children under 18 in RI)	Rank	Case Town	Number of indicated child victims	Rate of indicated child victims (per 1,000 children under 18 in RI)
	Rhode Island	3457	16.3		Rhode Island	3011	14.3		Rhode Island	2726	13.1
1	Woonsocket	371	41.0	1	Woonsocket	337	38.0	1	Woonsocket	266	29.3
2	Newport	98	27.5	2	West Warwick	188	35.0	2	West Warwick	141	25.7
3	Pawtucket	412	25.5	3	Newport	106	29.7	3	Central Falls	134	24.4
4	West Warwick	131	23.9	4	Pawtucket	422	26.1	4	Newport	67	19.5
5	Central Falls	134	23.0	5	Central Falls	118	21.0	5	Pawtucket	296	19.1
6	Hopkinton	32	20.9	6	Westerly	73	17.7	6	Warren	30	16.6
7	Westerly	87	20.5	7	Foster	12	16.1	7	Providence	584	14.4
8	Providence	765	18.9	8	North Providence	85	15.7	8	Westerly	54	13.5
9	North Providence	100	18.6	9	Hopkinton	21	15.0	9	East Providence	112	12.8
10	Warren	30	15.8	10	Charlestown	19	14.9	10	Coventry	82	12.3
11	Johnston	82	15.6	11	East Providence	120	14.2	11	Burrillville	41	12.2
12	Foster	12	15.5	12	Providence	564	13.9	12	North Providence	68	12.0
13	Bristol	47	14.2	13	Warren	24	13.4	13	Charlestown	15	11.9
14	Middletown	51	13.9	14	Tiverton	34	12.4	14	Warwick	138	9.7
15	East Providence	127	13.8	15	Middletown	42	12.3	15	Glocester	19	9.6
16	Warwick	195	13.3	16	Coventry	84	12.3	16	Bristol	28	8.7
17	Coventry	89	13.1	17	South Kingstown	56	11.8	17	Cranston	132	8.3
18	Exeter	15	12.8	18	Johnston	59	11.4	18	Middletown	26	8.2
19	Burrillville	43	12.7	19	Cumberland	69	9.8	19	West Greenwich	10	7.5
20	Cranston	195	12.4	20	Bristol	31	9.6	20	Johnston	38	7.4
20	Narragansett	23	11.6	21	Lincoln	46	9.4	21	Narragansett	14	7.3
22	Tiverton	32	11.4	22	Burrillville	30	8.9	22	North Kingstown	40	7.2
23	Cumberland	79	11.2	23	Glocester	18	8.9	23	Portsmouth	26	7.2
24	Charlestown	15	10.6	24	North Kingstown	51	8.9	24	Tiverton	19	7.0
25	Little Compton	6	10.6	25	Cranston	141	8.8	24	Cumberland	43	6.1
26	North Kingstown	62	10.5	26	Scituate	17	8.5	26	Hopkinton	9	5.7
27	Portsmouth	35	9.8	27	East Greenwich	28	8.1	27	South Kingstown	26	5.7
28	Lincoln	42	8.6	28	Warwick	109	7.6	28	Richmond	8	5.1
28	North Smithfield	19	8.4	29	Exeter	8	6.8	29	North Smithfield	12	5.0

Data source: RICLIST; data are current as of 10/1/2020.
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RI Department of Children, Youth & Families
Data and Evaluation Unit

FFY18				FFY19				FFY20			
Rank	Case Town	Number of indicated child victims	Rate of indicated child victims (per 1,000 children under 18 in RI)	Rank	Case Town	Number of indicated child victims	Rate of indicated child victims (per 1,000 children under 18 in RI)	Rank	Case Town	Number of indicated child victims	Rate of indicated child victims (per 1,000 children under 18 in RI)
30	South Kingstown	39	8.1	30	Portsmouth	23	6.5	30	Foster	4	4.6
30	West Greenwich	13	8.1	31	Richmond	10	6.0	30	Lincoln	21	4.4
32	Glocester	14	7.3	32	West Greenwich	8	5.4	32	Smithfield	14	4.3
33	Scituate	13	6.5	33	North Smithfield	12	4.8	33	East Greenwich	13	3.7
34	Richmond	10	6.1	34	Barrington	20	4.5	34	Scituate	6	3.0
34	Jamestown	5	5.0	35	Narragansett	9	4.5	35	Barrington	8	1.8
36	Smithfield	15	4.3	36	Jamestown	4	3.8	36	Exeter	2	1.8
37	Barrington	12	2.7	37	Little Compton	2	3.5	37	Jamestown	1	0.9
38	East Greenwich	6	1.8	38	Smithfield	10	3.0	38	New Shoreham	0	0.0
39	New Shoreham	0	0.0	39	New Shoreham	0	0.0	39	Little Compton	0	0.0

Data source: U.S. Census 2019 population estimate for children under 18.

Data note:

- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.
- Excluded child victims with unknown or out of state case address.
- Excluded child victims of maltreatment in foster care.