



Rhode Island Department of Children, Youth & Families



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

Safety Report

October 1, 2019 – September 30, 2022
(FFY20 – FFY22)

Data and Evaluation

May 2023

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

Safety Report

October 1, 2019 – September 30, 2022 (FFY20 – FFY22)

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 2020:

- ✓ There were 618,000 victims of child abuse and neglect reported to child protective services (CPS) in 2020.
- ✓ The youngest children are the most vulnerable with children in their first year of life experiencing victimization at about 25 per 1,000 children.
- ✓ CPS reports may underestimate the true occurrence of abuse and neglect. A non-CPS study estimated that 1 in 7 children experience some form of child abuse or neglect in their lifetimes.
- ✓ About 1,750 children died from abuse or neglect in 2020.
- ✓ Child abuse and neglect is 5 times higher for children in families of low socioeconomic status.
- ✓ The total lifetime cost of child abuse and neglect was estimated at \$592 billion in 2018.

<https://www.cdc.gov/violenceprevention/childmaltreatment/index.html>
[Child Maltreatment 2020 \(hhs.gov\)](#)

Rhode Island

The rate of child maltreatment in RI in FFY22 was 8.9 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 FFY22 in RI approximately 56% of maltreatment was in the form of neglect. Approximately 76% of children in RI who were victims of maltreatment in FFY22 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.

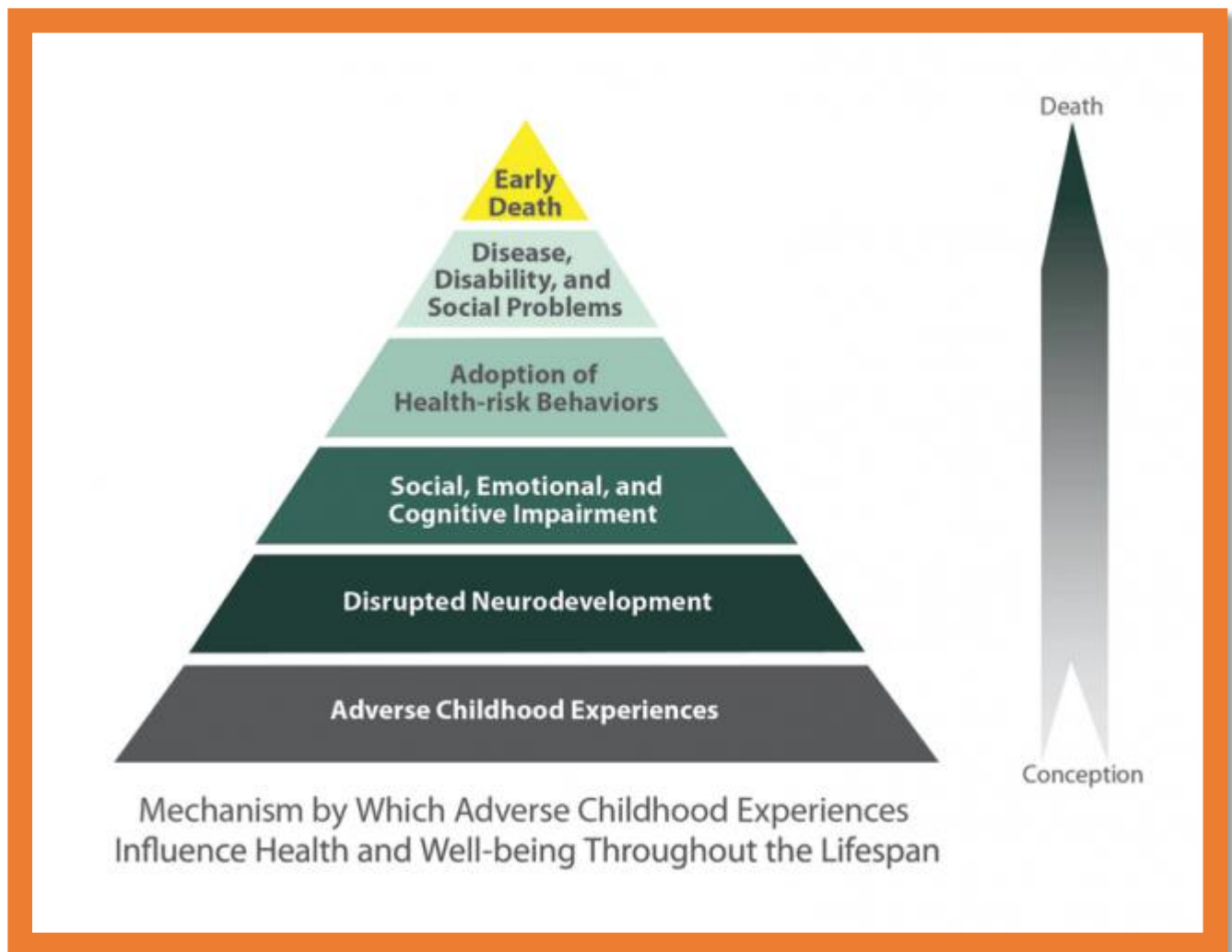
Adverse Childhood Experiences (ACEs)

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

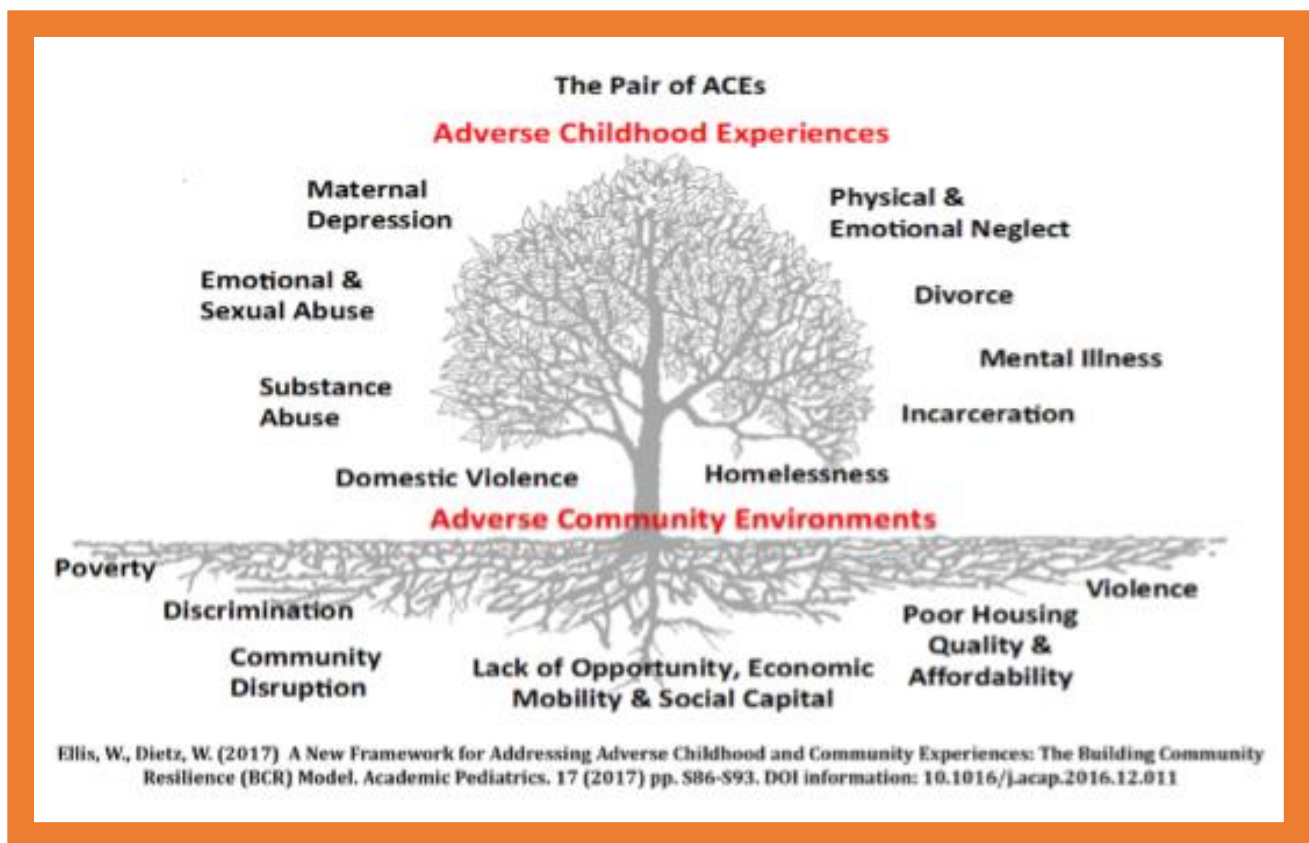


The Building Community Resilience Pair of ACEs

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 increased from FFY21 to FFY22 (See Table 1). The rate of indicated child victims decreased from FFY21 to FFY22. When a percent increases while the rate remains the same, it can result from a change the number of children investigated. The percent increase in indicated children in FFY22 may be attributed to the Screening Decision Making Tool screening cases to preventative service, such as SRU and FCCP referrals, that would have otherwise been an unfounded investigation. 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 FFY21, 9.9% 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 168 days, just over 5 months.

The number of unique children with a report of maltreatment in foster care increased slightly from FFY22 to FFY22. 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).

	FFY19	FFY20	FFY21	FFY22
Section 1: Investigations (Maltreatment)				
Number of children investigated	9288	8022	6938	4764
Among children investigated, percent of children indicated	34.3%	34.0%	37%	39%
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)	14.3	13.1	11.6	8.9
Section 2: Repeat Maltreatment*				
Percent of children who had repeat maltreatment within 12 months of the initial maltreatment	10.5%	8.5%	9.9%	
Median age at initial maltreatment (years)	5.0	5.0	5.0	
Median length of time between initial and repeat maltreatment (days)	153.0	127.5	168.0	
Section 3: Maltreatment in Foster Care**				
Number of victimizations of maltreatment in foster care	84	52	54	57
Number of unique child victims of maltreatment in foster care	78	51	52	55
Median age at CPS report (years)	11.0	12	10.5	13.0

*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), FFY20-FFY22



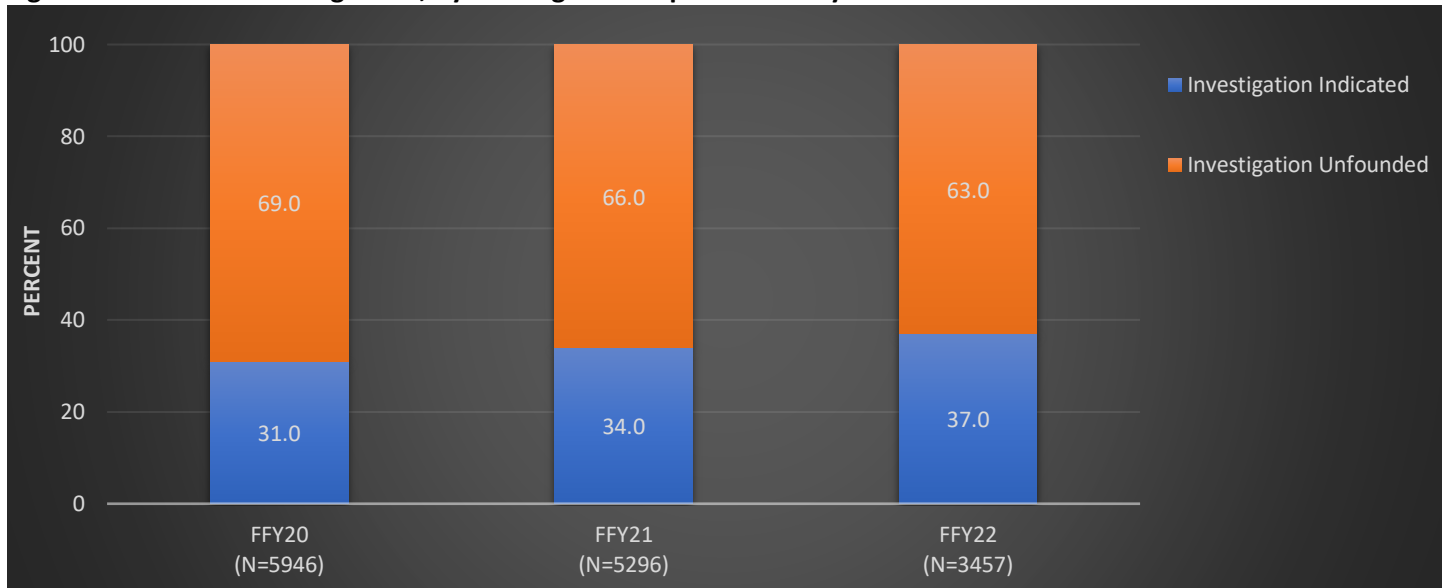
Picture source: Florida Coalition Against Domestic Violence (www.fcadv.org)

Data Presented in Section 1:

The data presented in Section 1 reflect CPS (Child Protection Service) investigations completed during October 1, 2019 – September 30, 2022 (FFY20-FFY22), by federal fiscal year. The data is presented by investigation disposition year, meaning that FFY22 data may include investigations reported in previous years like FFY21 or FFY20 but were completed in FFY22. Children age 18 and older at the time of CPS report are excluded (consistent with Children's Bureau reporting).

Section 1: INVESTIGATIONS (MALTREATMENT)

Figure 1. Percent of investigations, by investigation disposition and year.



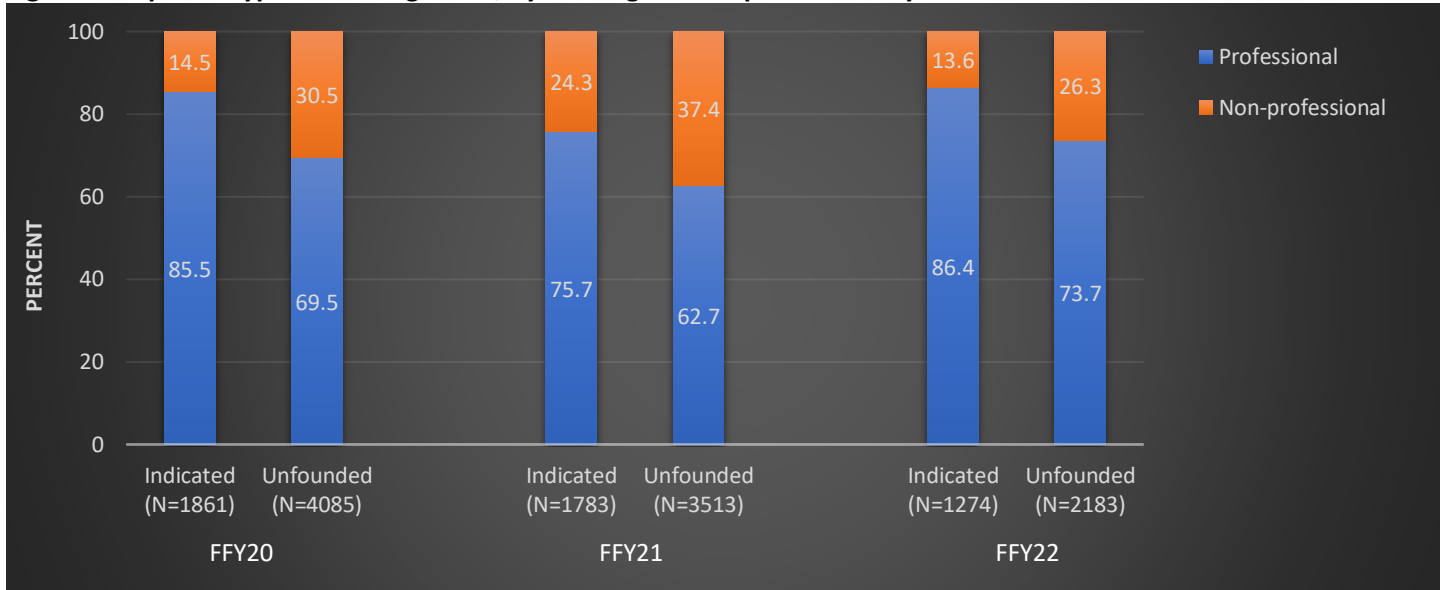
While the total number of investigations decreased from FFY20 to FFY22, the percent of indicated investigations increased from FFY21 to FFY22.

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 2. 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 2).

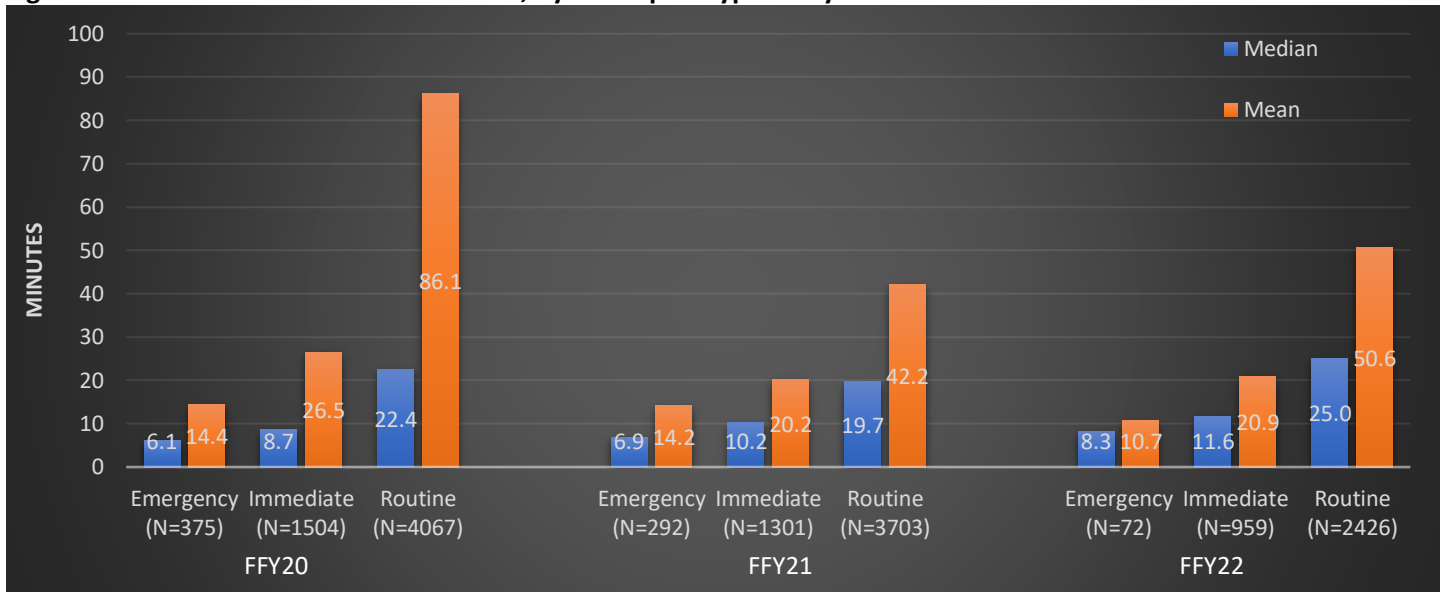
Data notes:

- 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

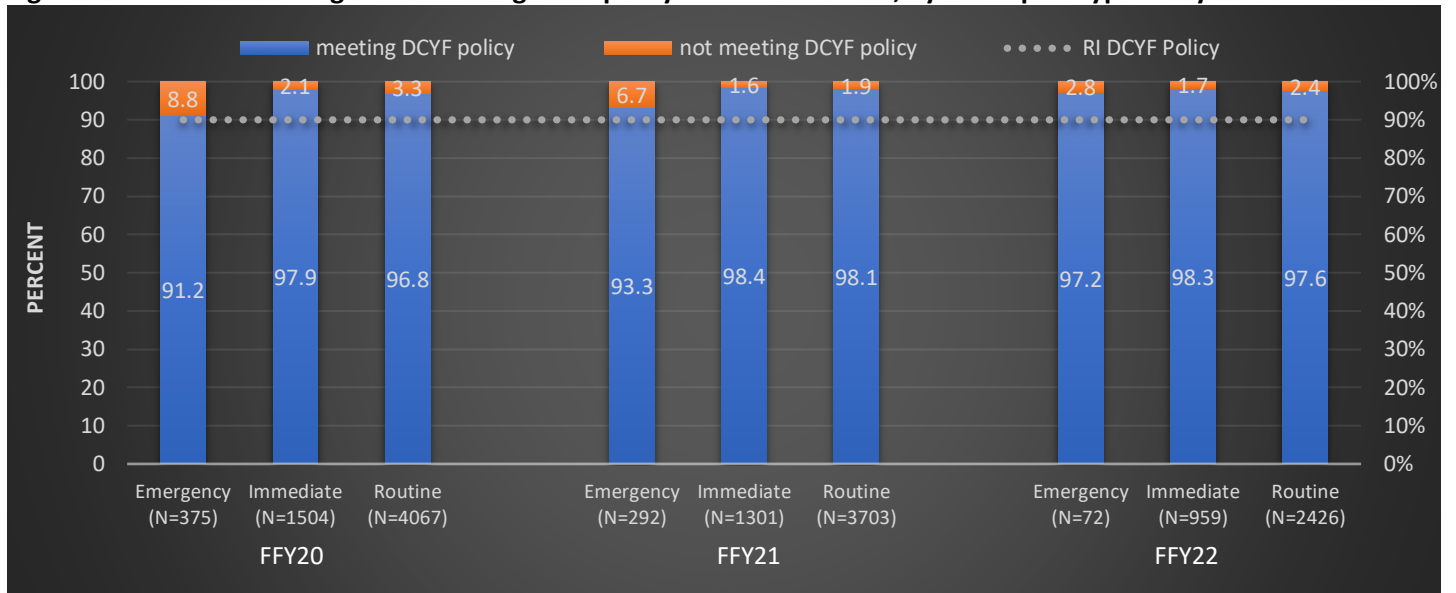
Figure 3. Median and Mean screen-in time, by CPS report type and year.



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 FFY22, there was a decrease in the mean screen-in times for emergency reports (See Figure 3). In both FFY19, FFY20, and FFY21 the percent of investigations meeting the DCYF policy on screen-in time met or exceeded 90% (See Figure 4). 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 4. Percent of investigations meeting DCYF policy on screen-in time, by CPS report type and year.



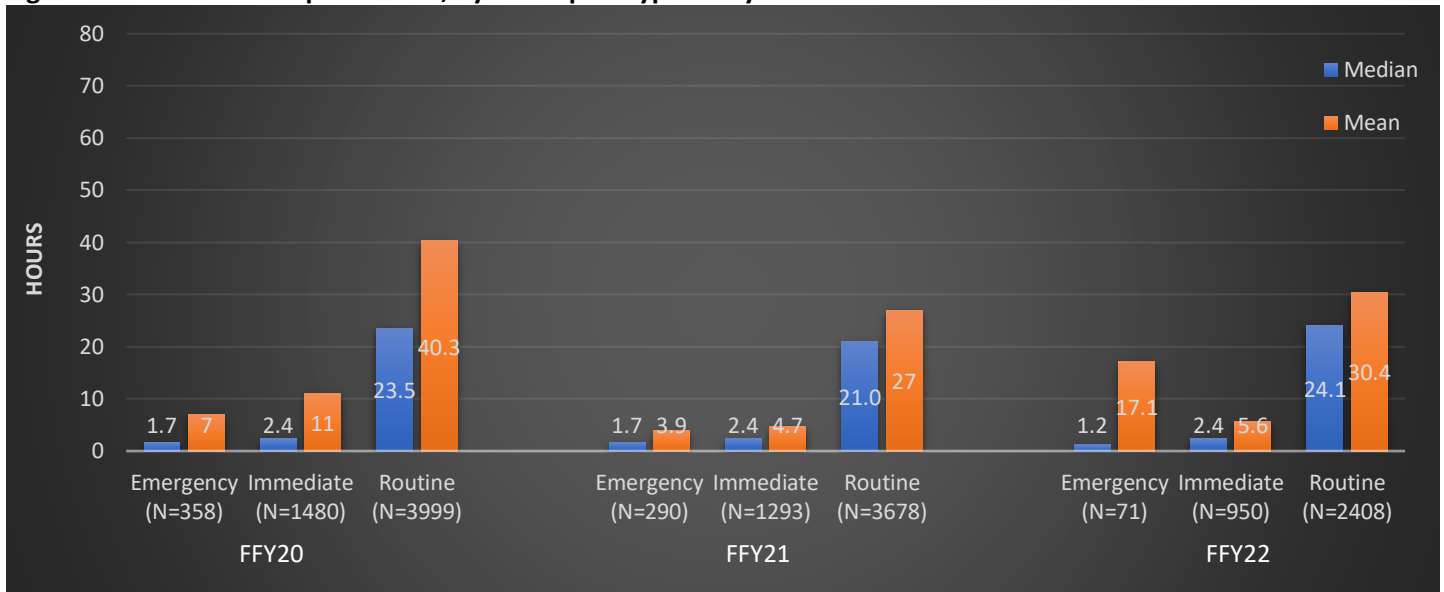
Data notes:

- 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

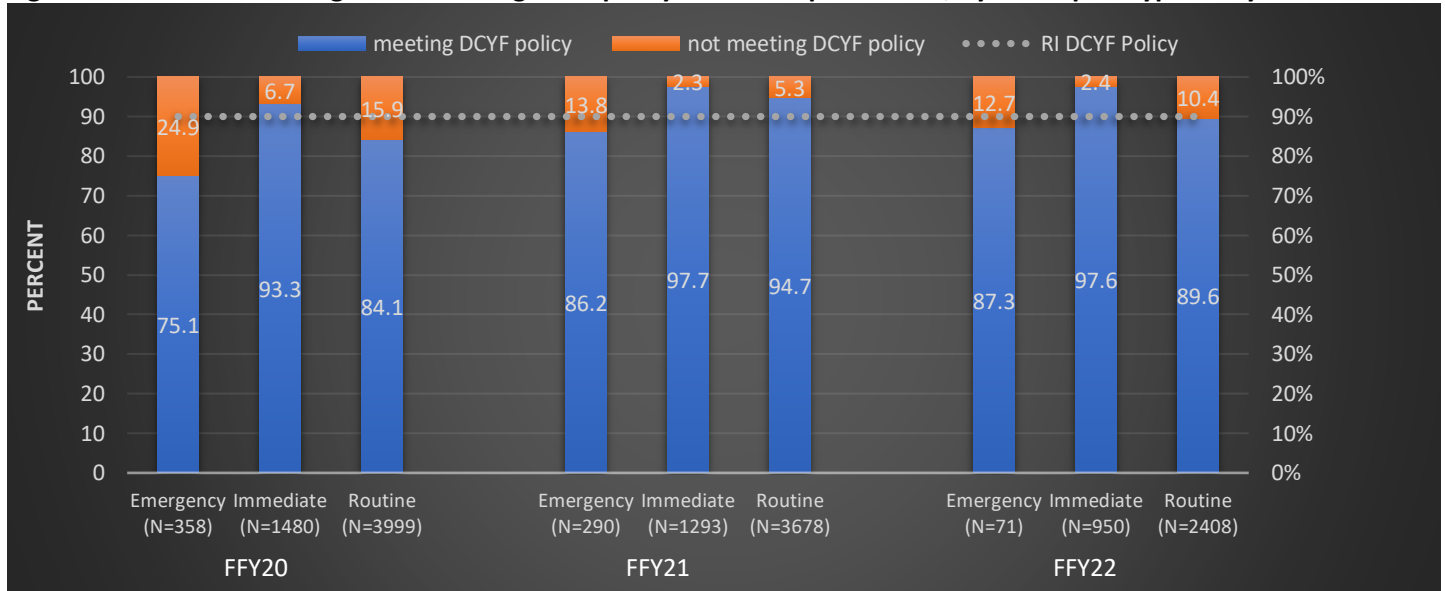
Figure 5. Median CPS response time, by CPS report type and year.



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 FFY22, there was a decrease in the median response times for emergency reports (See Figure 5). In FFY22, the 97.6% of Immediate investigations met the DCYF policy on CPS response time (See Figure 6). 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. SAFE shifts from an incident and compliance-based focus when assessing child-safety to the assessment of how a family functions on a day to day basis. The Family Functioning Assessment and On-going Family Functioning Assessment and Service Plan were launched in our electronic case record. The implementation of a Best Practice Model was designed to promote consistent and accurate decisions about child safety and well-being and improve outcomes for children and families. The tools associated with SAFE were implemented in the Department's data system. Subsequent to the integration of these tools into the departments 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 integration of the new instruments into the existing system. The data system items were corrected, and additional staff training was administered to insure that data was entered correctly.

Figure 6. 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 (1 in FFY20; 9 in FFY21; and 18 in FFY22) response time are excluded.

CPS REPORT DISPROPORTIONALITY

INVESTIGATIONS (MALTREATMENT), continued

Figure 7. 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 are disproportionately represented with screened in CPS reports compared to RI 2020 population estimates from the U.S. 2020 Census estimates (See Figure 17). Over the same timeframe children who are Hispanic (any race) observe a slight increase disproportionality of percent CPS screened in reports.

Data source: U.S. Census 2020 population estimate by sex, age, race and Hispanic for children under 18.

[S0901: CHILDREN CHARACTERISTICS - Census Bureau Table](#)

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.

Data source: RIC HIST; data are current as of 10/1/2022.

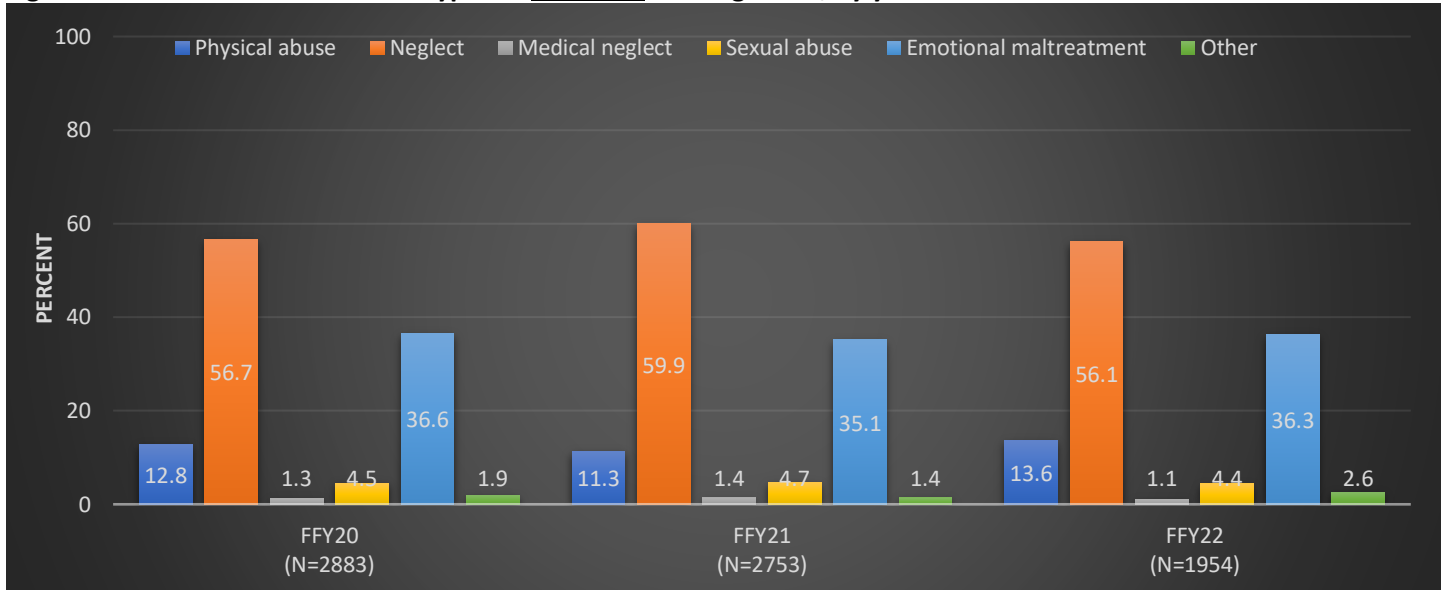
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Data and Evaluation Unit

WHAT TYPE OF MALTREATMENT OCCURS

INVESTIGATIONS (MALTREATMENT), continued

Figure 8. 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 FFY20-FFY22. (See Figure 8). Emotional abuse was the second most frequent type 37% in FFY20, 35% in FFY21, 36% in FFY22. 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, 37.3% of individual, indicated investigations had more than 1 type of maltreatment (see appendix Table 2).

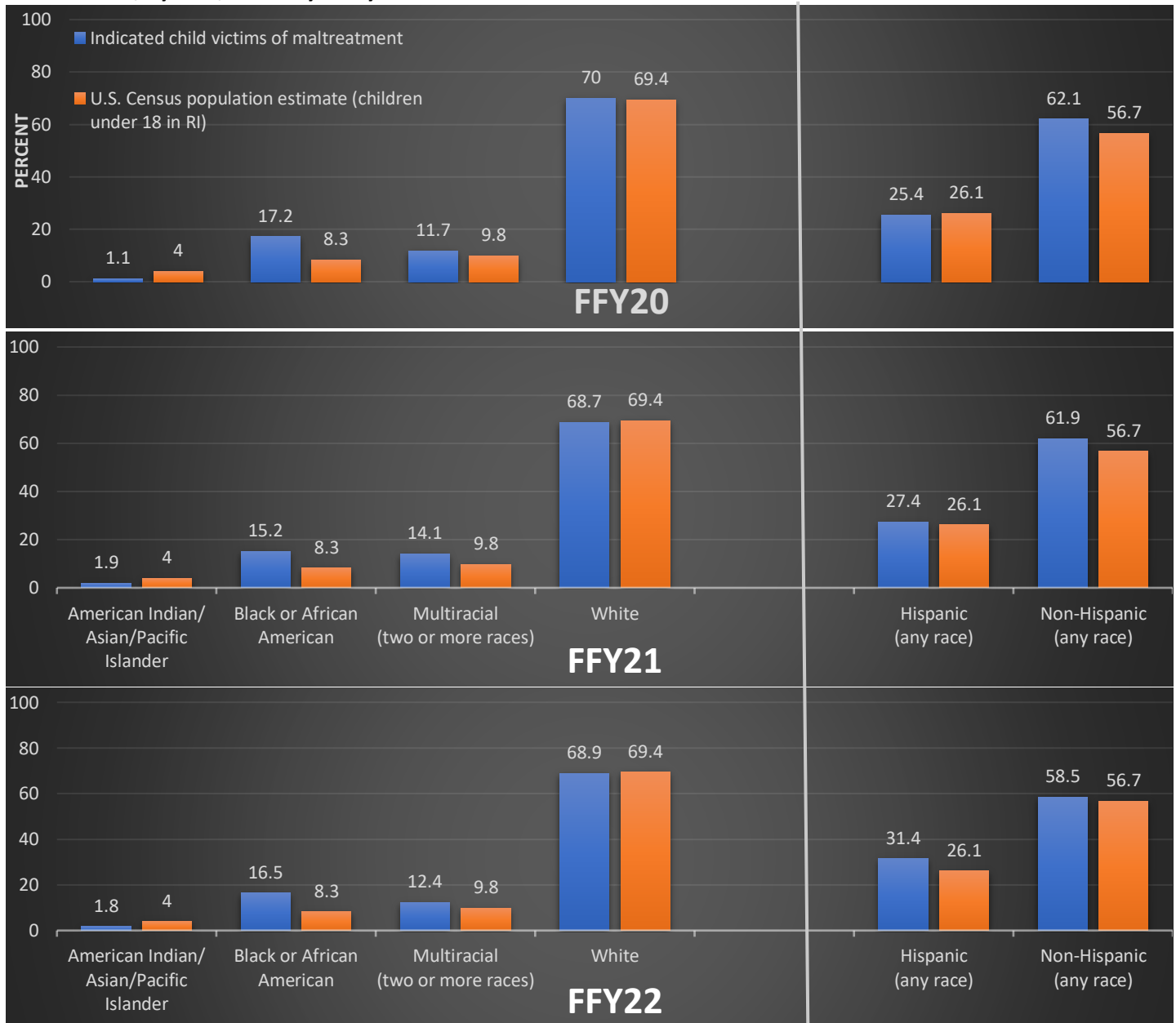
Data notes:

- 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 9. 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 2020 population estimates. Similarly, children age 0-9 are disproportionately represented with indicated maltreatment, 65.2% in FFY22 compared to comprising 53.0% of the RI population (See Figure 9). From FFY21 to FFY22, children who are Hispanic (any race) observe a slight increase in disproportionality of percent indicated maltreatment.

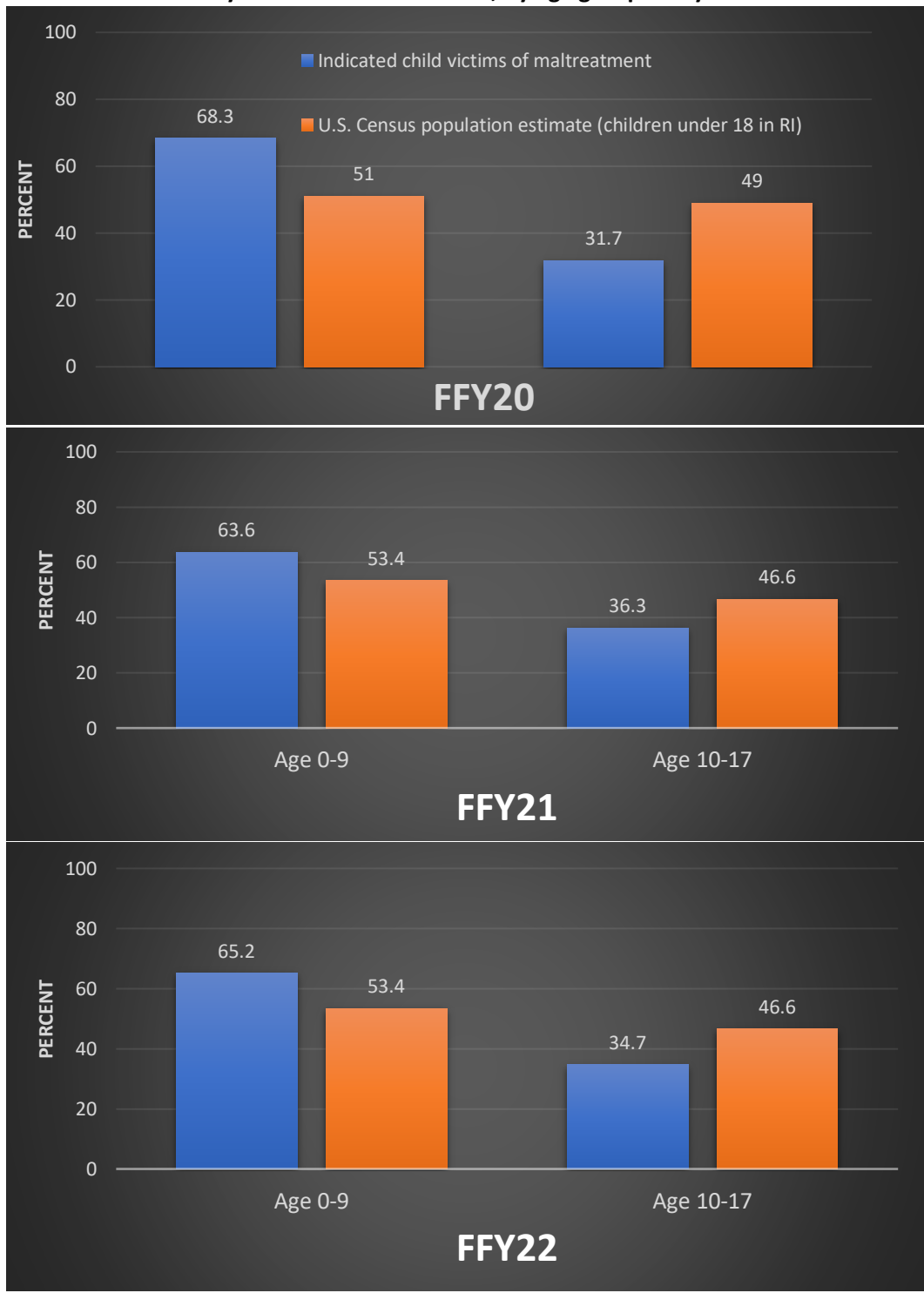
Data source: U.S. Census 2020 population estimate by sex, age, race and Hispanic for children under 18.

[S0901: CHILDREN CHARACTERISTICS - Census Bureau Table](#)

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.

Figure 10. 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 2019, 2020 population estimate by sex, age, race and Hispanic for children under 18. [Rhode island under 18 town - Census Bureau Tables](#)

Data notes:

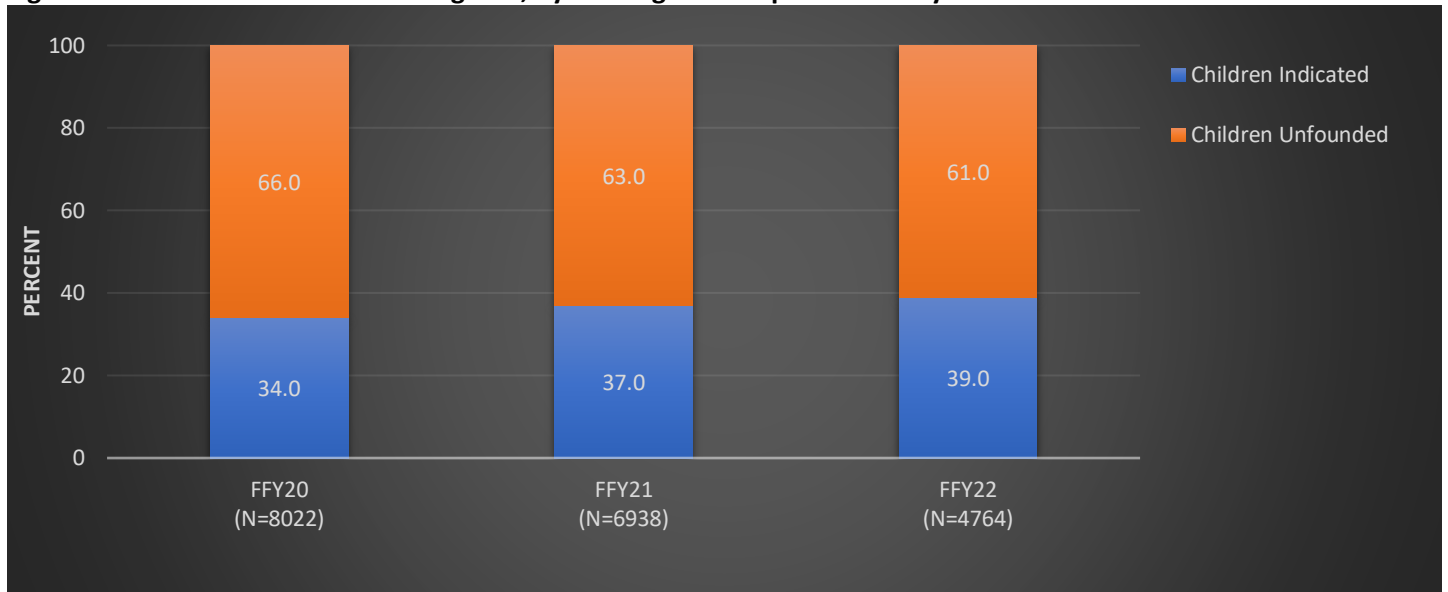
- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.
- Children with unknown/missing race and unknown/missing ethnicity are not shown.

Data source: RICHIST; data are current as of 10/1/2022.
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CHILDREN INVESTIGATED INVESTIGATIONS (MALTREATMENT), continued

Figure 11. Percent of children investigated, by investigation disposition and year.



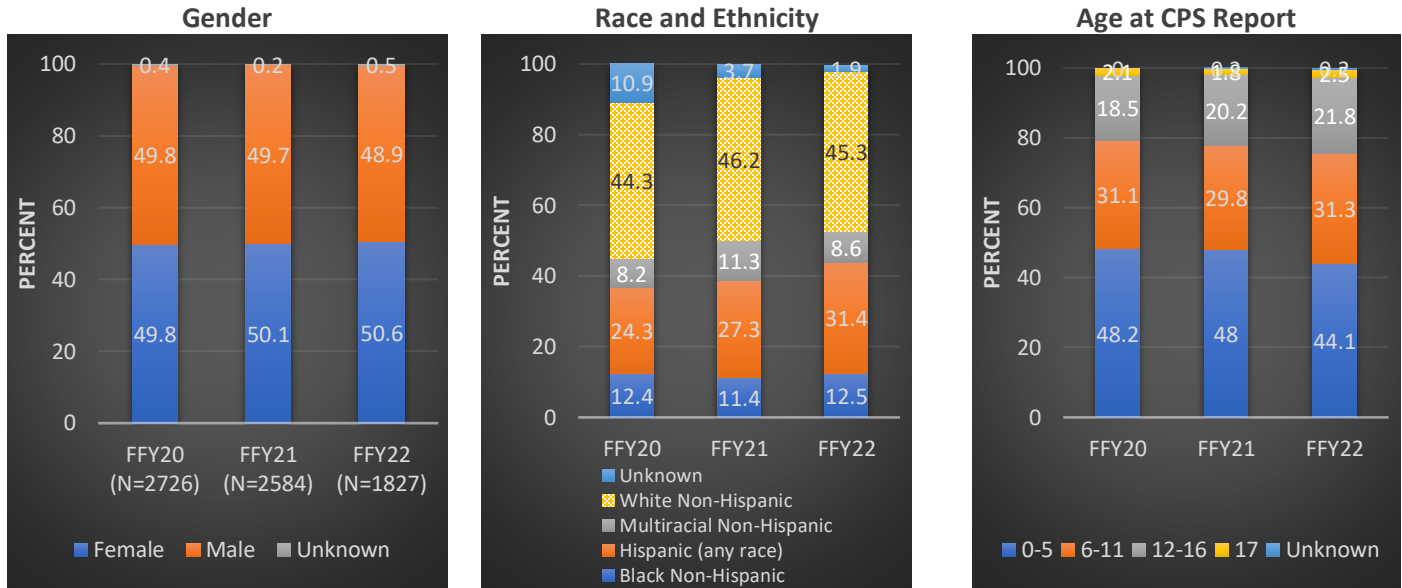
While the total number of children investigated decreased from FFY20 to FFY22, the percent of children indicated increased from 34.0% in FFY20 to 39.0% in FFY22.

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

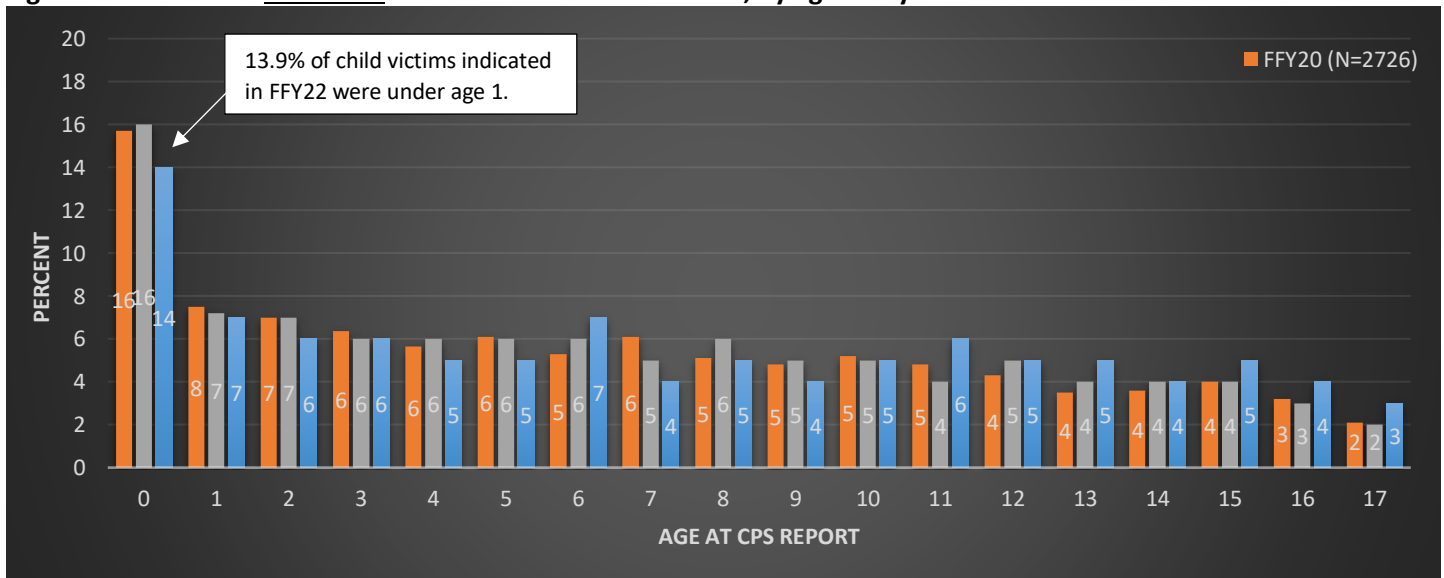
Figure 12. Demographics of indicated child victims of maltreatment, by year. (see Table 1 in appendix)



Total N for FFY20=2726; FFY21 = 2584; FFY22 = 1827

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 an increase in percent Hispanic (any race) children. Approximately 1 in 7 children age 17 and younger who are indicated for maltreatment are under the age of 1 years old (Figure 13).

Figure 13. Percent of indicated child victims of maltreatment, by age and year.



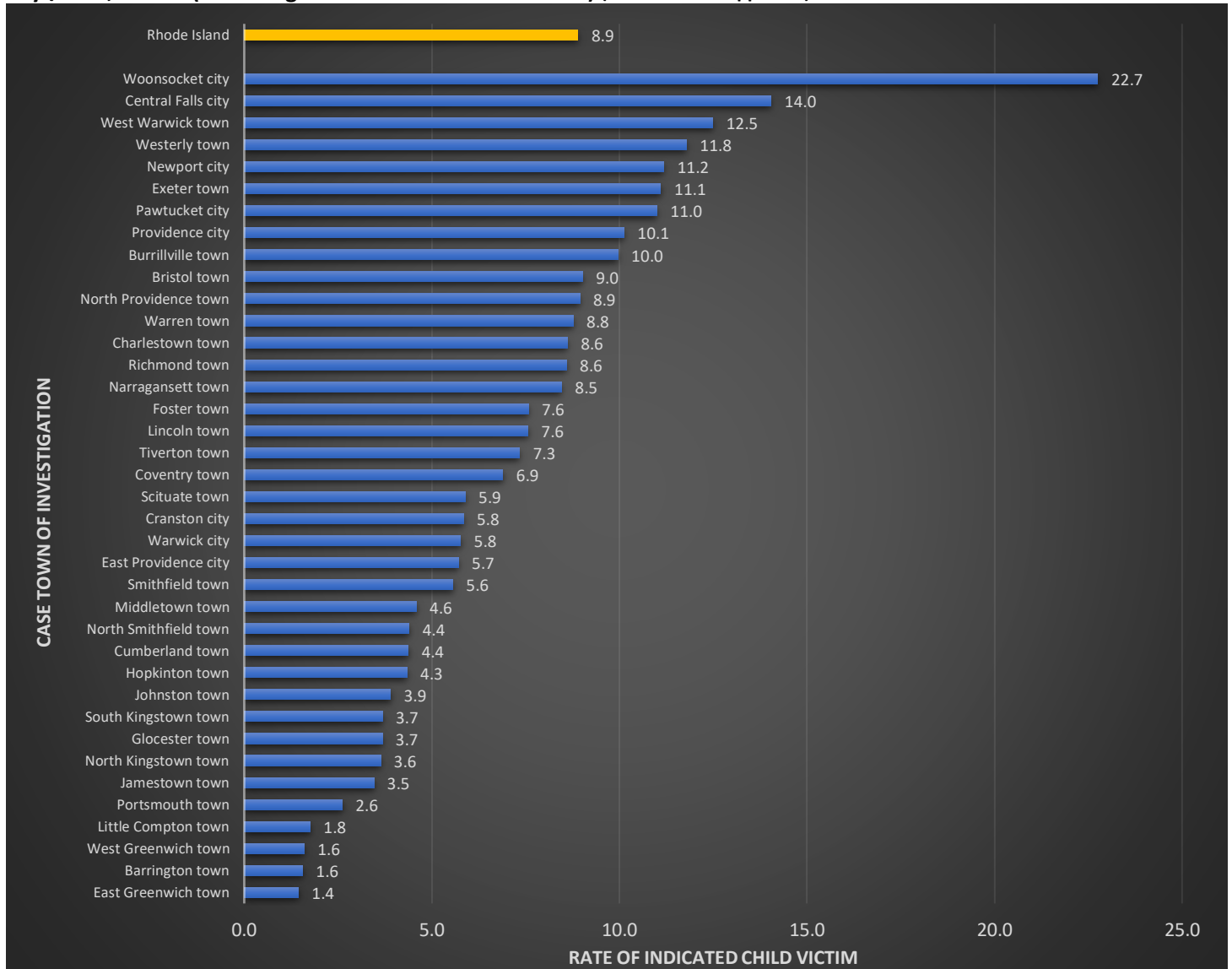
Data notes:

- 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 FFY22 was 8.9 per 1,000 children (children less than 18 years old). Approximately 10 cities exceeded the RI rate of maltreatment. The rate of child maltreatment decreased from FFY21 to FFY22. In FFY21, the rate of child maltreatment in RI was 11.6 per 1,000 children (children less than 18 years old) and approximately 11 cities exceeded the RI rate of maltreatment. In FFY20, the rate of child maltreatment in RI was 13.1 per 1,000 children (children less than 18 years old) and approximately 8 cities exceeded the RI rate of maltreatment.

Figure 14. Rate of indicated child victims per 1,000 children under 18-year-old in Rhode Island, by family city\town, FFY22. (excluding maltreatment in foster care) (see Table 2 in appendix)



Data source: U.S. Census 2020 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 15. Number of fatalities and near-fatalities of indicated child victims of maltreatment, by calendar year.

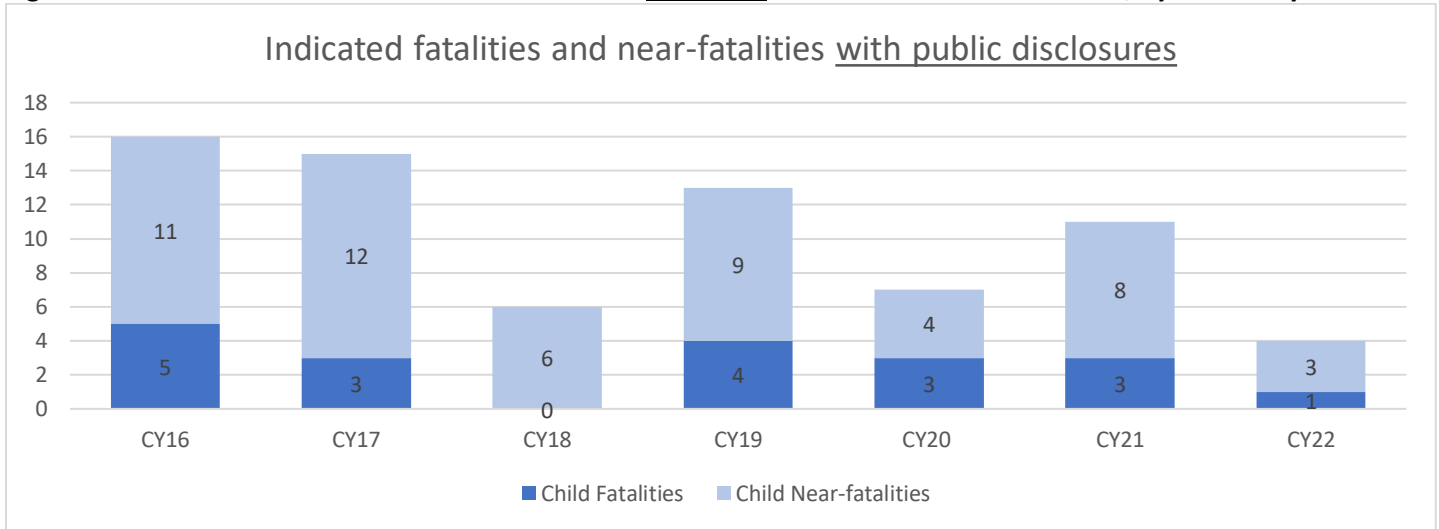


Table 2. Indicated child fatalities and near-fatalities, by age demographics and previous involvement with services, by calendar year.

	CY17	CY18	CY19	CY20	CY21	CY22
Total Incidents (Fatalities/ Near-fatalities)	15 (3/12)	6 (0/6)	13 (4/9)	7 (3/4)	11 (3/8)	4 (1/3)
Total Incidents involving children under 6	12	5	9	5	10	4
Total incidents involving children under 1	6	4	3	3	3	2
Total with any previous involvement with DCYF (incl. screened out hotline call)	9	1	8	3	4	1
Total children with positive Newborn Developmental Screen	6	4	9	2	5	4
Total children who had engaged with home visiting or FCCPs	0	2	1	1	1	0

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 2022, there were three near- fatalities from indicated maltreatment and one fatality, a decrease from CY2021 where there were ten near-fatalities (Figure 18). Among the four near- fatalities in CY2022, all incidents involved children under 6 years of age (two children were under the age of 1). One of the children with a near fatality or fatality incident in CY2022 had previous involvement with DCYF, all four had a positive Newborn Developmental screening, and none had previously engaged with home visiting services or FCCP services (Table 2).

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

Annual Safety Report

Section 2: Repeat Maltreatment, FFY19-FFY21



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

Data Presented in Section 2:

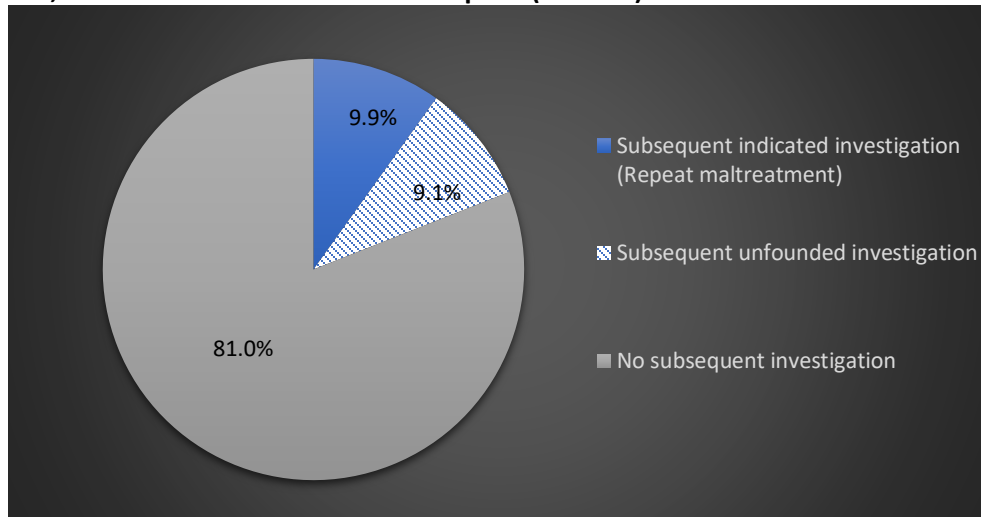
The data presented in Section 2 focus on children under 18 years of age who had indicated maltreatment between October 1, 2018 – September 30, 2021 (FFY19-FFY21) and had a subsequent indicated report within 12 months of their initial. A subsequent indicated report which occurred within 14 days of the 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 2,567 unique child victims who completed investigation in FFY21 as shown in Section 1. There are 2,486 unique child victims who were reported for investigation in FFY22 and completed investigation in either FFY21 or FFY22 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 16. Among indicated child victims reported in FFY21, percent who had subsequent indicated investigation, or repeat maltreatment*, within 12 months of the initial report. (N=2486)



*Repeat maltreatment: report date of the first subsequent indicated investigation falls within 12 months of the initial indicated investigation reported in FFY21.

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.

	FFY19 (N=3285)		FFY20 (N=2633)		FFY21 (N=2486)	
	N	%	N	%	N	%
Repeat maltreatment (Subsequent indicated investigation)	345	10.5%	224	8.5%	247	9.9%
Subsequent unfounded investigation	453	13.8%	269	10.2%	226	9.1%
No subsequent investigation	3285	75.7%	2140	81.3%	2013	81.0%

*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 and percent of children who experienced repeat maltreatment*, increased from 224 (18.5%) in FFY20 to 247 children (9.9%) in FFY21. The number and percent of children who experienced a subsequent unfounded investigation decreased from 269 children (10.2%) in FFY20 to 226 (9.1%) in FFY21.

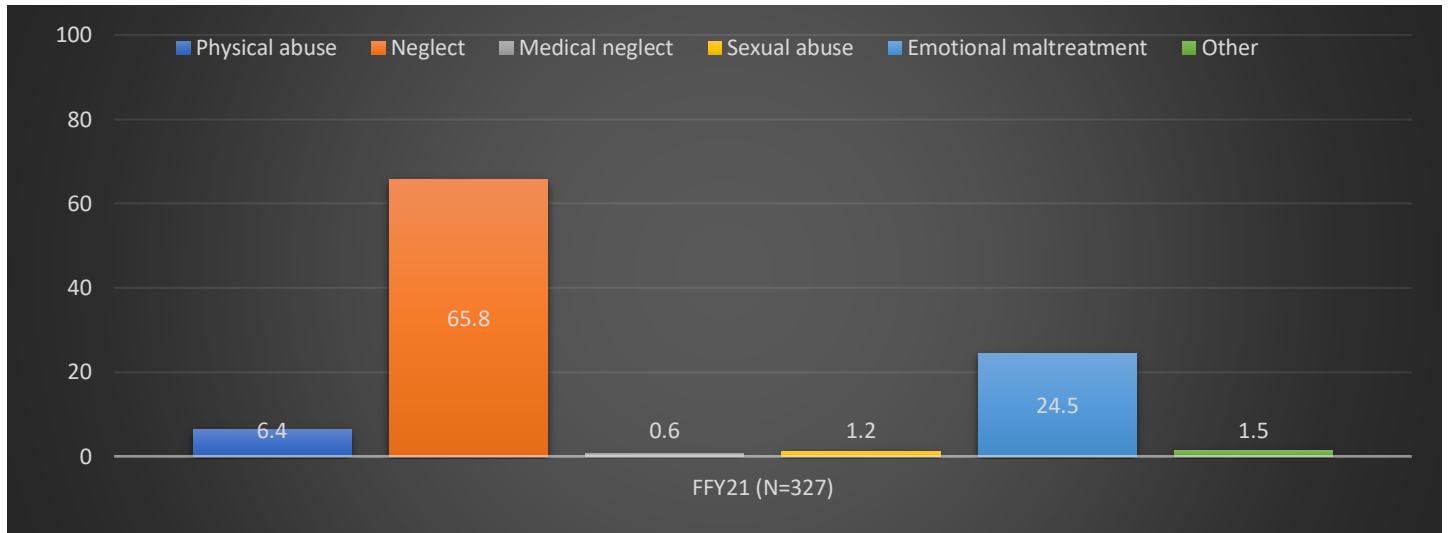
Data notes:

- 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 FFY21, only the subsequent investigation reported within 12 months and completed in FFY22 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 17. Percent of repeat maltreatment types of indicated investigations, FFY21 (N=327)



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, 24.5%. 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

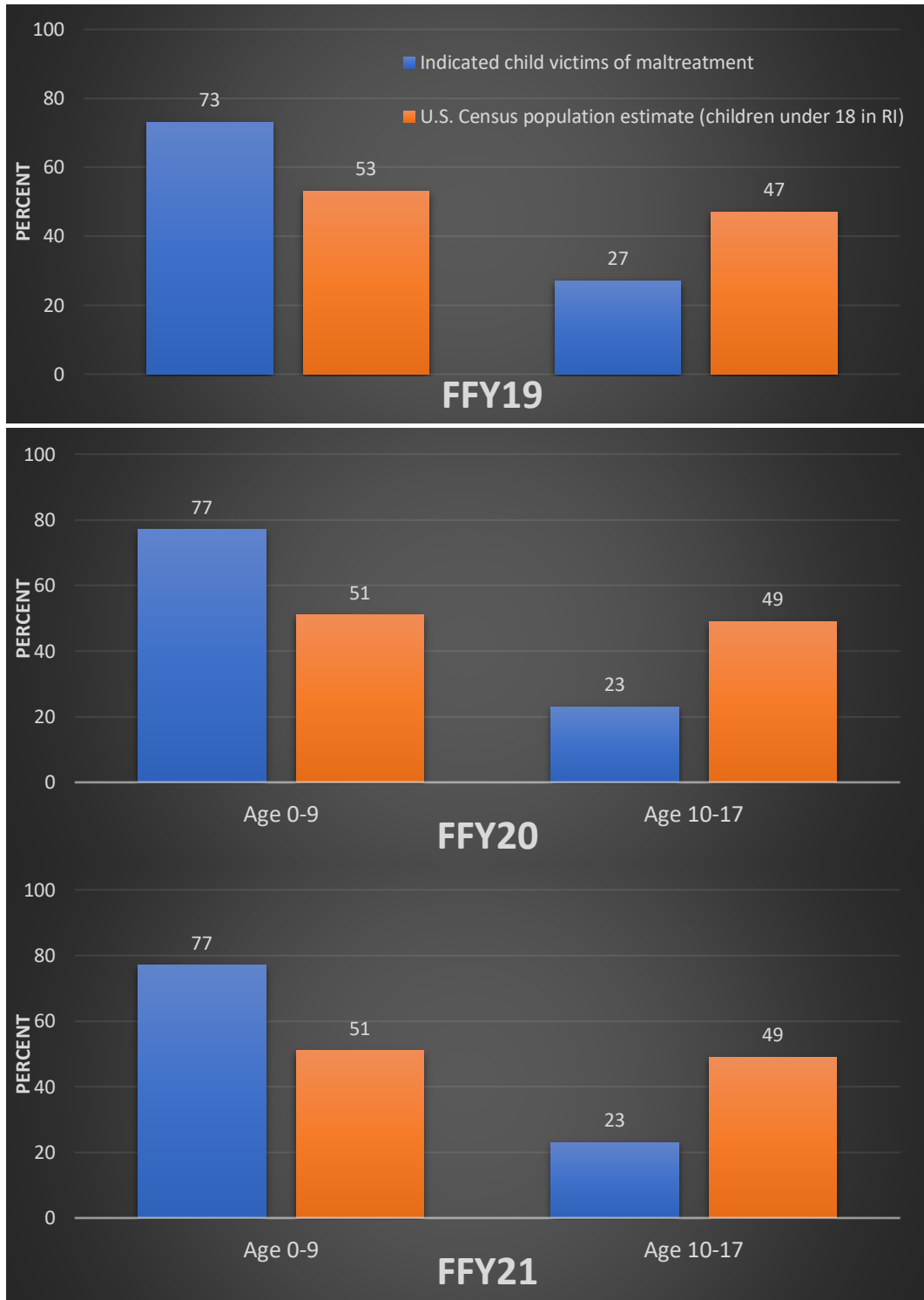
REPEAT MALTREATMENT, continued

Figure 18. 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 17 and 18 compares U.S. Census estimates of children in RI to the proportion of children indicated with repeat maltreatment in FFY19, FFY20, FFY21. The data involving repeat maltreatment reveal a different picture than was observed with indicated maltreatment. In FFY21, there is less disproportionality observed among Hispanic children indicated for **repeat maltreatment** compared to the disproportionality observed **in indicated maltreatment**. Children identified as Multiracial or Black Non-Hispanic were disproportionately represented with repeat maltreatment compared to the proportion of children in RI who are Multiracial in all three years presented.

Figure 19. 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 2019, 2020 population estimate by sex, age, race and Hispanic for children under 18.

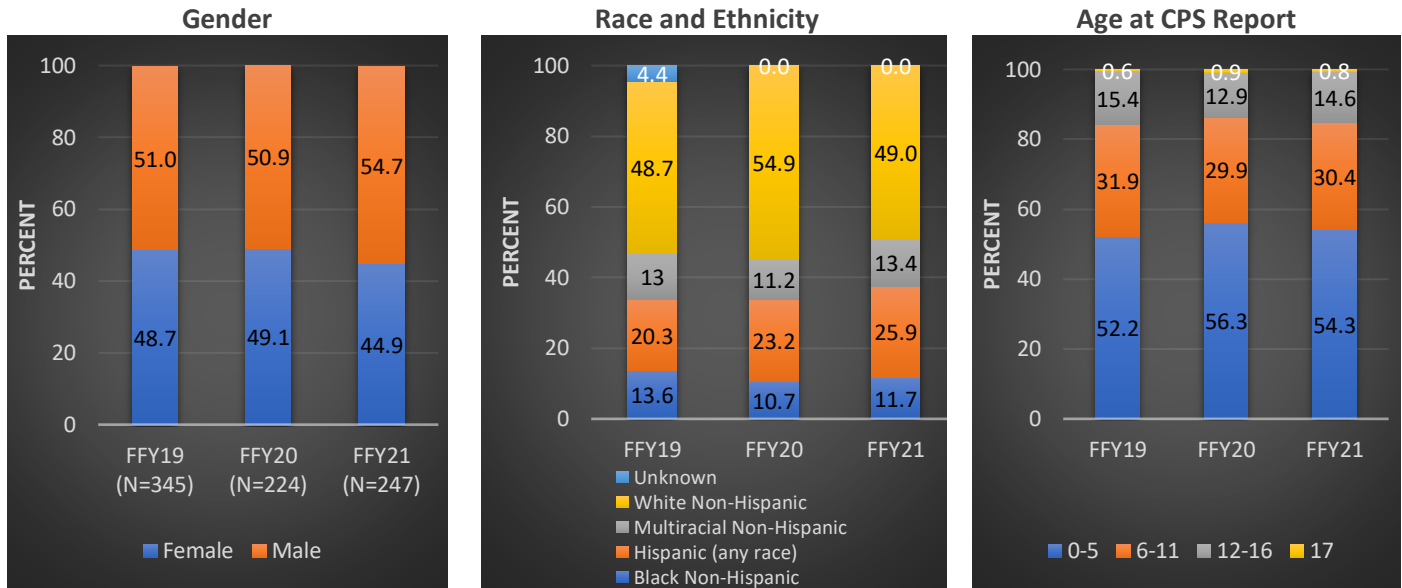
Data notes:

- 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

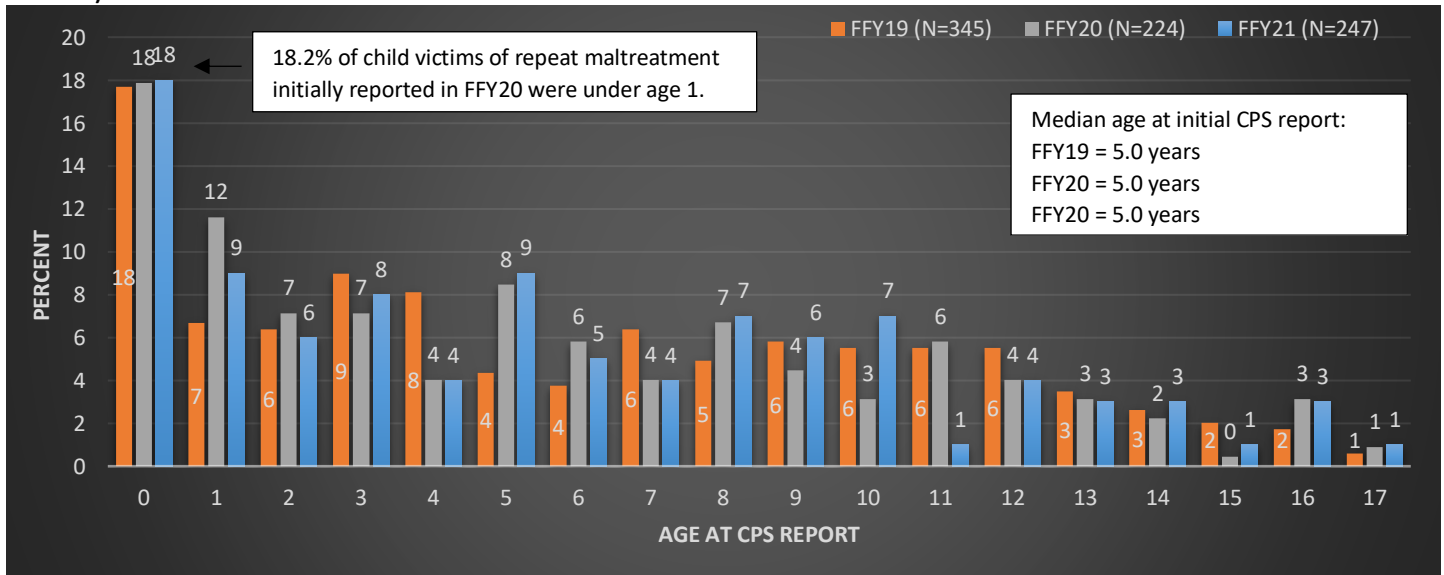
Figure 20. Demographics of child victims of repeat maltreatment, by year.



Total N for FFY19=345; FFY20=224; FFY21= 247

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 FFY26 84% of the victims were age 0-11 and in FFY21 85% of the victims were age 0-11 (See Figure 20). Among children of repeat maltreatment, Hispanic and Multiracial increased from FFY20 to FFY21. 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 21).

Figure 21. 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.

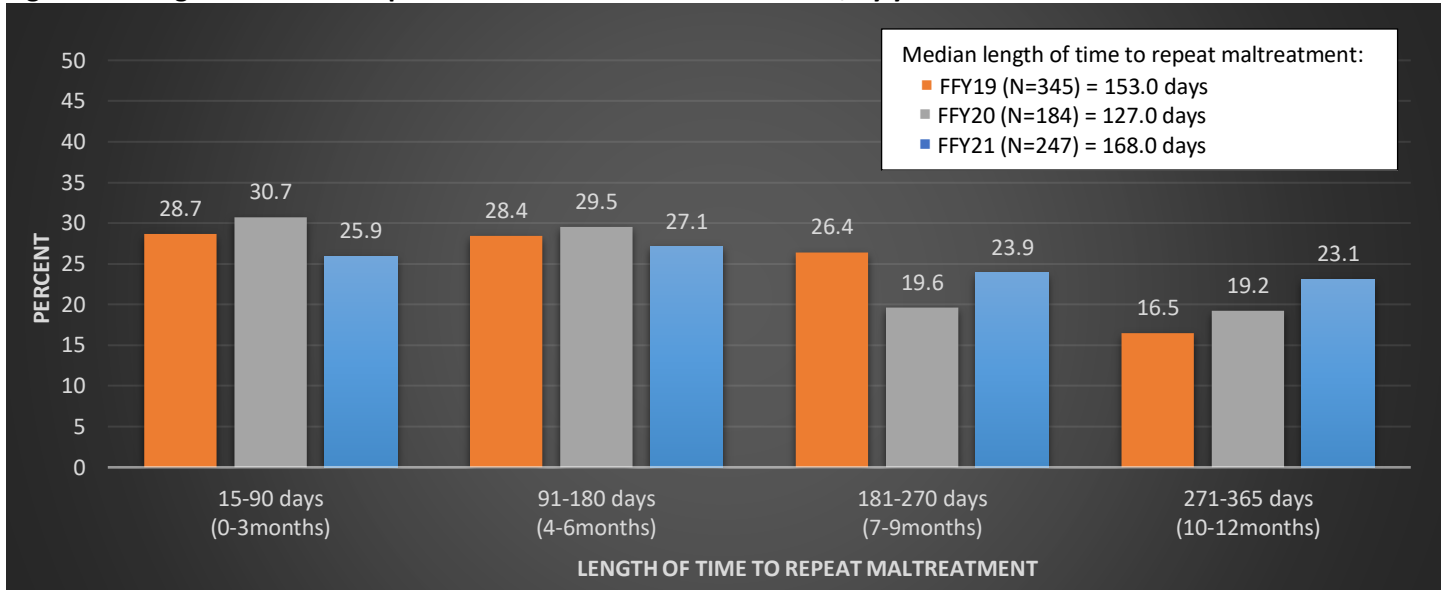
Data source: RICHIIST; data are current as of 10/1/2022.

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 Data and Evaluation Unit

LENGTH OF TIME TO REPEAT MALTREATMENT

REPEAT MALTREATMENT, continued

Figure 22. Length of time* to repeat maltreatment within 12 months, by year.



The median length of time to repeat maltreatment increased from 127 days in FFY20 to 168 days in FFY21. In FFY21, about 53% of children who experienced a repeat maltreatment did so within 6 months of the initial indicated maltreatment. In FFY20, about 60% of children did so within 6 months.

*Length of time: number of days between the report date of first indicated maltreatment in FFY21 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 FFY21, only the subsequent investigation reported within 12 months and completed in FFY22 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), FFY19-FFY21



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

Data Presented in Section 3:

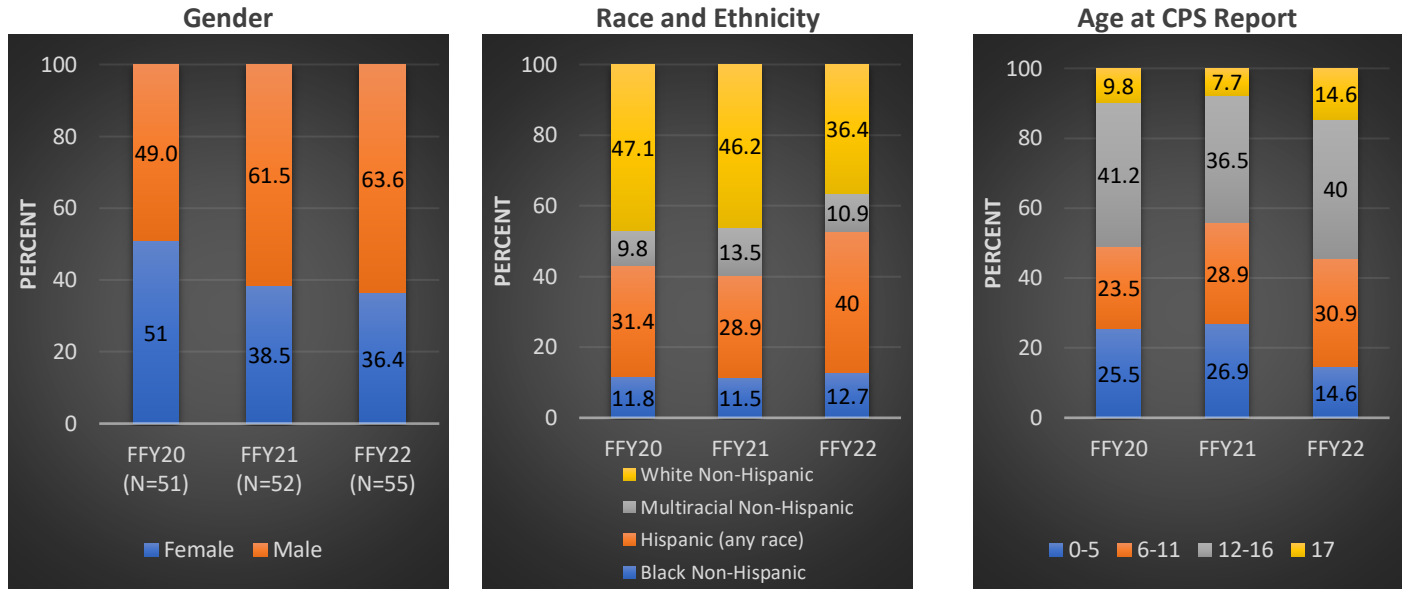
The focus in Section 3 is the occurrence of indicated maltreatment of child victims in foster care in between October 1, 2019 and September 30, 2022 (FFY20-FFY22). NCANDS and AFCARS data are used to indicate child victims of maltreatment in foster care, and RICHIST data extract is used as a supplement to provide details on maltreatment and child victims. Data is presented by investigation report year. For example, FFY22 data includes child victims reported in FFY22 and reached disposition in FFY22. Child victims of maltreatment in foster care who were reported in FFY22 but did not complete investigation by the end of FFY22 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. The most recent Children's Bureau data shows 10.6 victimizations per 100,000 days in care in FFY18, 16.9 victimizations per 100,000 days in care in FFY19, and 13.4 victimizations per 100,000 days in care in FFY20.

Section 3: MALTREATMENT IN FOSTER CARE

Figure 23. Demographics of indicated child victims of maltreatment in foster care, by year.

Total N for FFY20=51; FFY21=52; FFY22=55



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 FFY20 to FFY22. Among child victims, Hispanic racial group increased from FFY21 to FFY22. Among child victims, the percent of children age 12-16 increased from FFY21 to FFY22, while the percent of children age 0-5 decreased during the same time period.

Table 4. Race and ethnicity of child victims of maltreatment in foster care.

	FFY20	FFY21	FFY22
	n=51	n=52	n=55
White Non-Hispanic	24	24	20
Multiracial Non-Hispanic	5	7	6
Hispanic (any race)	16	15	22
Black Non-Hispanic	6	6	7

Table 5. Age at CPS report of child victims of maltreatment in foster care.

	FFY20	FFY21	FFY22
	n=51	n=52	n=55
0-5	13	14	8
6-11	12	15	17
12-16	21	19	22
17	5	4	8

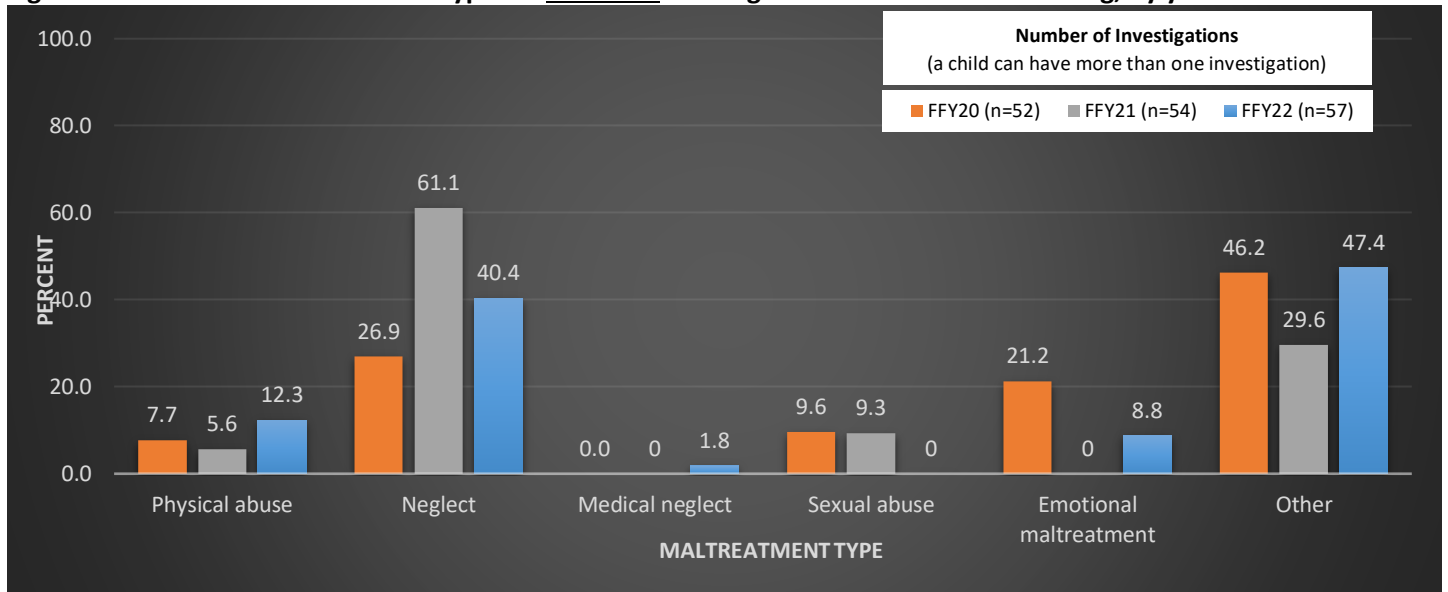
Data notes:

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

MALTREATMENT IN FOSTER CARE BY MALTREATMENT TYPE

MALTREATMENT IN FOSTER CARE, continued

Figure 24. 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 FFY21, 61.1% of maltreatment in foster care was “neglect” followed by 29.6% “other”, whereas in FFY22, 40.4% of maltreatment in foster care was “neglect” followed by 47.4% “other”. Comparing FFY21 and FFY22, the percent of indicated investigations of neglect decreased from FFY21 to FFY22 while the percent of indicated investigations of other maltreatment increased during this same time period. 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.

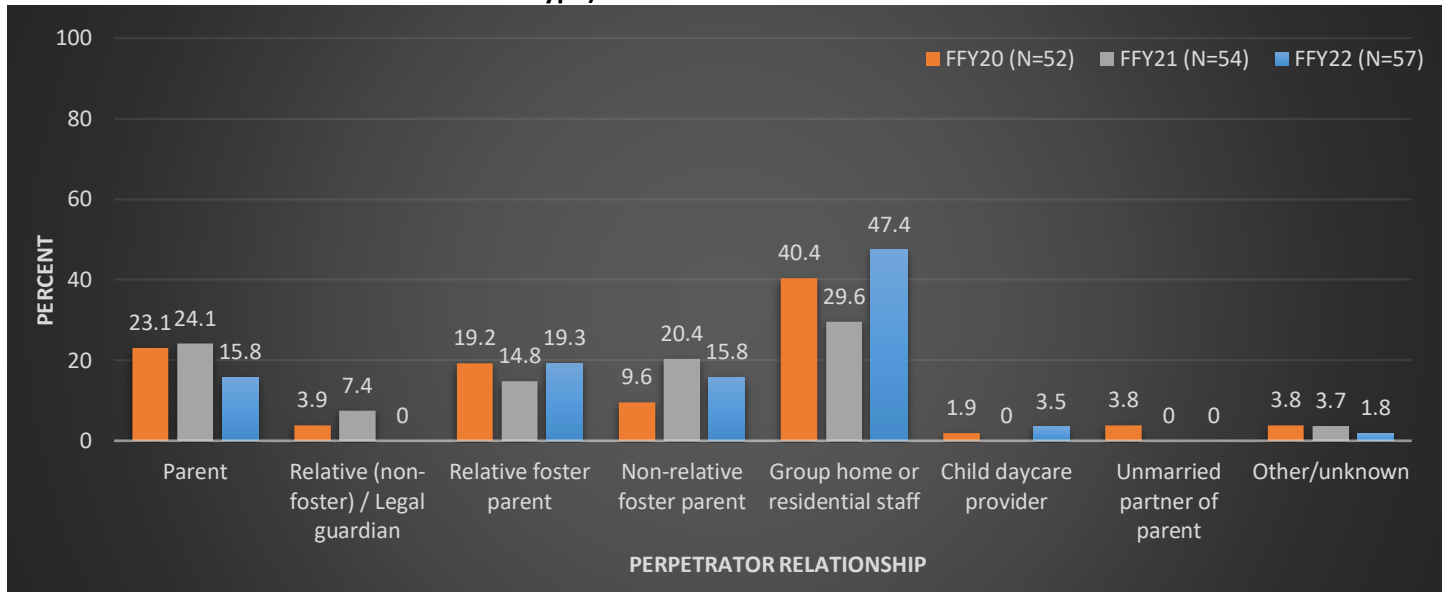
Data notes:

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



In FFY22, the most prevalent perpetrator relationships are group home or residential staff (47.4%) and relative foster parent (19.3%). Parent decreased from 24.1% in FFY21 to 15.8% in FFY22. In contrast, group home or residential staff perpetrator relationship increased from 29.6% in FFY21 to 47.4% in FFY22.

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

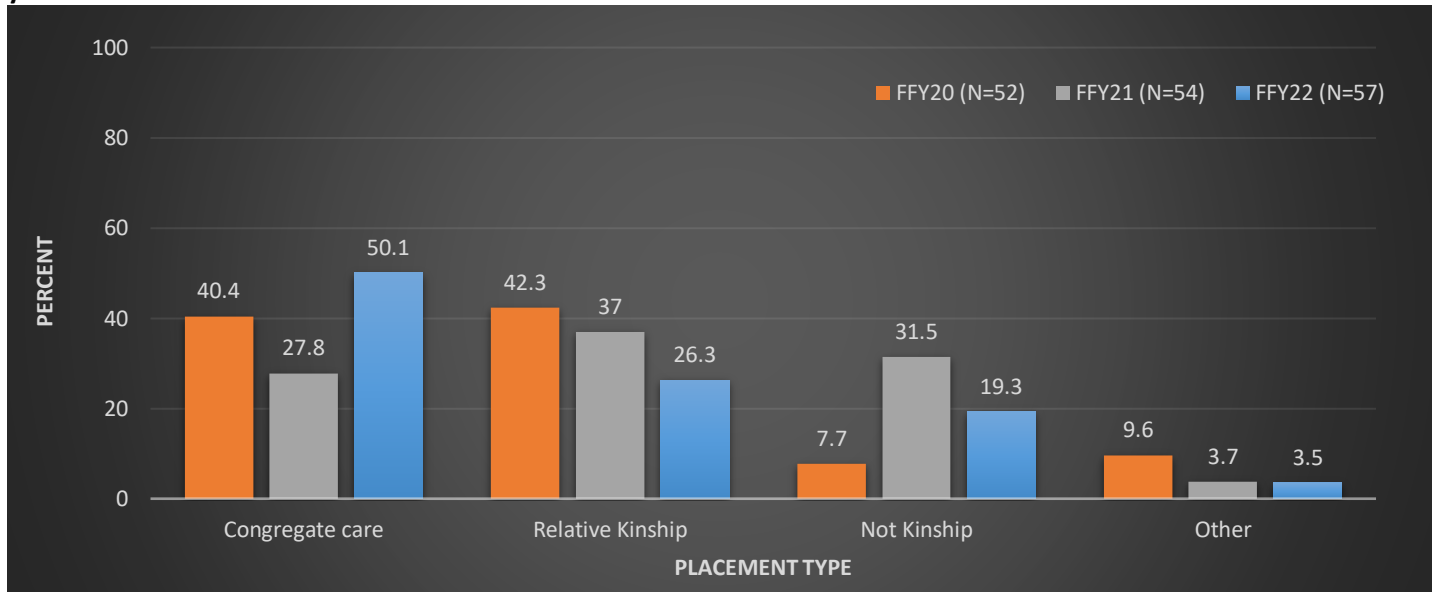


Figure 26 presents the distribution of indicated investigations in foster care across placement types to better understand the distribution and to design tailored interventions to mitigate the risk of maltreatment in foster care.

The percent of maltreatment in congregate care increased from FFY21 to FFY22. The percent of maltreatment decreased in not kinship and relative kinship settings from FFY21 to FFY22.

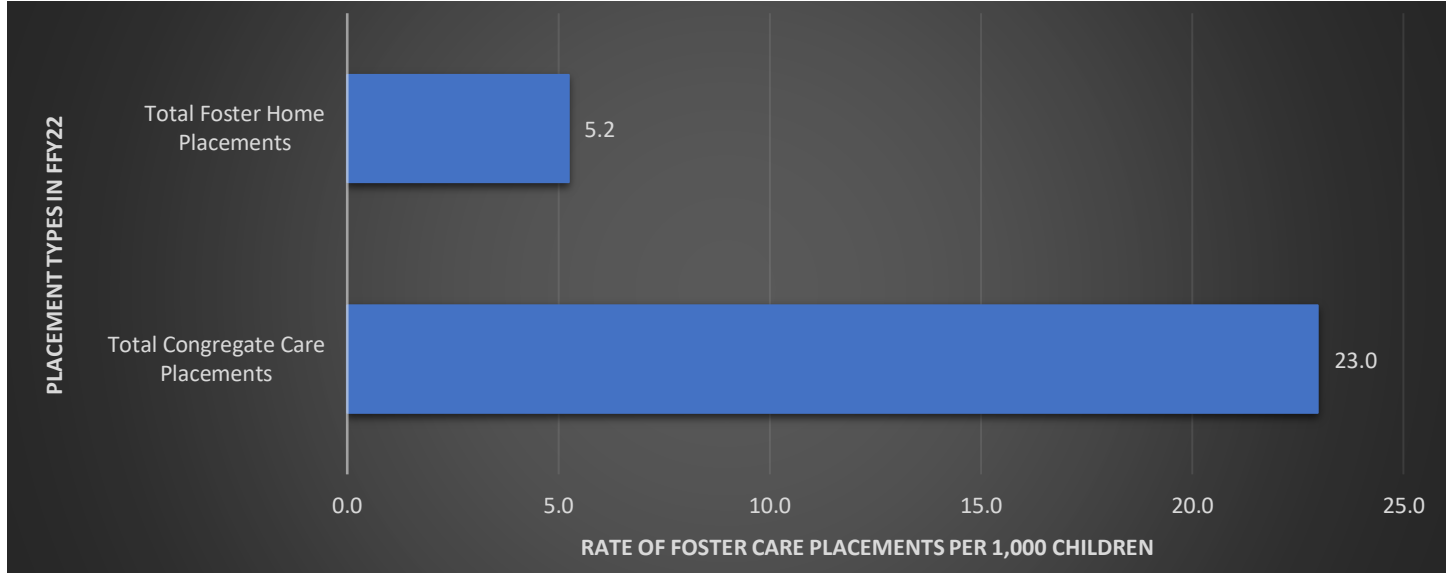
Data notes:

- 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, residential facility, medical hospital, and substance abuse facility.
- Other includes placement type of absent from care, independent living, psychiatric hospital, and RITS.

MALTREATMENT IN FOSTER CARE PLACEMENT TYPES

MALTREATMENT IN FOSTER CARE, continued

Figure 27. Rate of children indicated maltreatment per 1,000 placements by placement types in foster homes, by all out of home placement at RI DCYF, FFY22



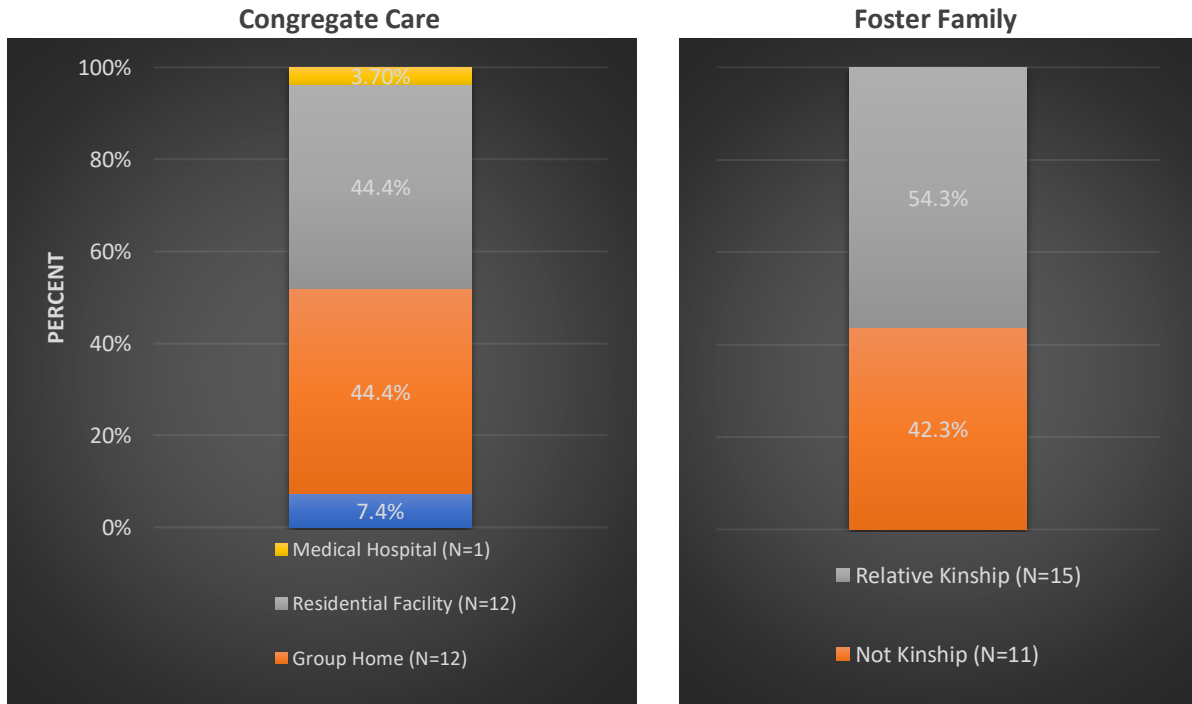
Data notes:

- Data duplicated at the placement level. This is a duplicated counted of children in all placements as a child may be maltreated more than once in a different placement.
- 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 28. Percent of children with indicated maltreatment in foster care, placement types within congregate care and foster family settings at RI DCYF FFY22



Below are the counts of indicated maltreatment by out of home placement type in FFY22.

Congregate Care:

- 12 children were in a Residential Facility
- 12 children were in a Group Home
- 2 children were in Assessment and Stabilization
- 1 child was in Medical Hospital

Foster Family:

- 15 children were in a Relative Kinship foster home
- 11 children were in a Not Kinship foster home
- 0 children were in a Non-Relative Kinship foster home

Table 6. Percent of children with indicated maltreatment in foster family placement, by foster care provider, RI DCYF FFY22

	Foster Family Placement FFY22	
	Relative Kinship foster home (n=15)	Not Kinship foster home (n=11)
DCYF Foster Home	12	5
CPA Foster Home	-	4
Other Provider	-	2
Provider Description Not Listed	3	-

Data notes:

- Data unduplicated at the child level
- Children in "Other" placement types are excluded.
- 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 29. Percent of maltreatment types of indicated maltreatment in foster care, foster family versus congregate care FFY22

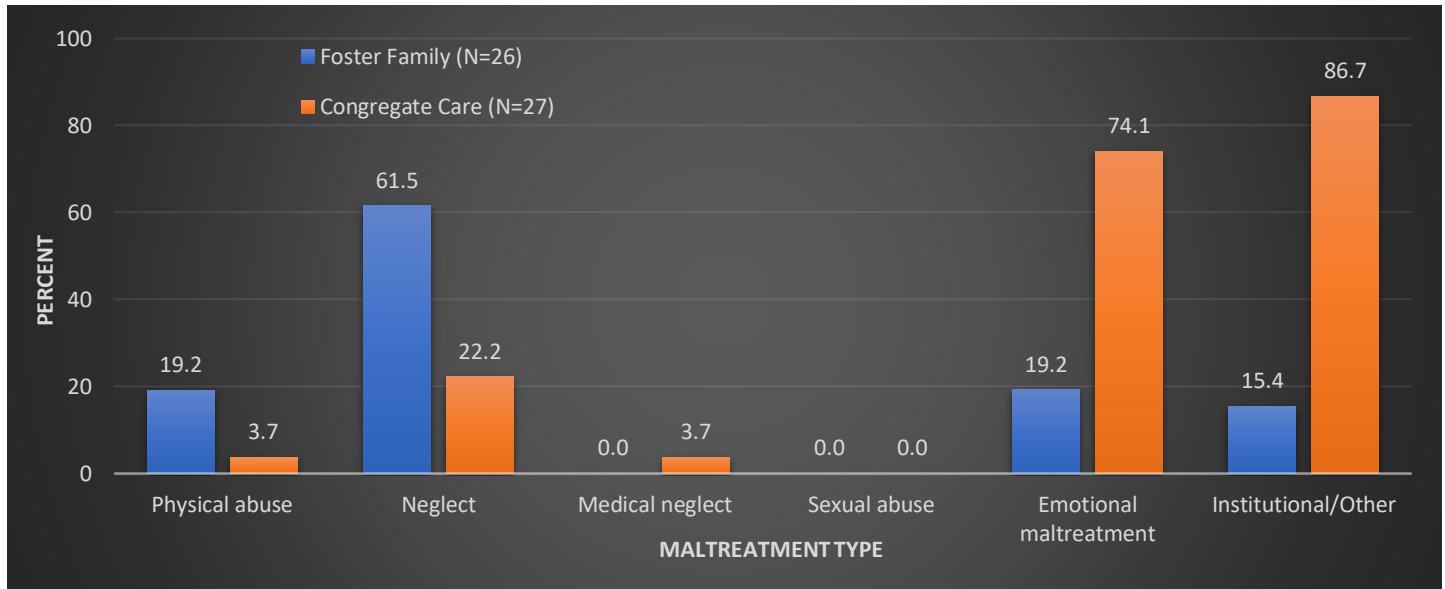
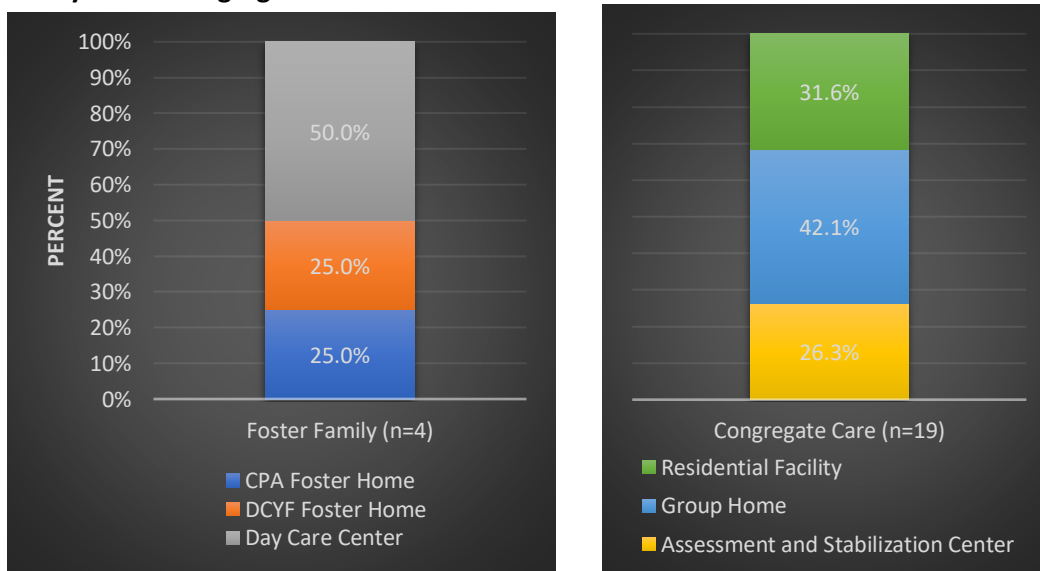


Figure 29 provides the range of maltreatment types. In a single investigation a child may be a victim of more than one type of indicated maltreatment. Neglect is the most frequent type of indicated maltreatment in Foster Families, while institutional/other is most frequent type of indicated maltreatment in Congregate Care. Percentages may add up to more than 100% because a child may be a victim of multiple maltreatment types.

Figure 30 shows the foster care providers indicated for institutional/other maltreatment types only.

Figure 30. Number and percent Institutional/Other maltreatment indicated victims, by foster care provider, foster family versus congregate care FFY22



Data notes:

- Data unduplicated at the child level
- Children in "Other" placement types are excluded.
- 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.

Data source: RICHIST; data are current as of 10/1/2022.

CHILD MALTREATMENT CHARACTERISTICS IN FOSTER CARE PLACEMENT TYPES (continued)

MALTREATMENT IN FOSTER CARE, continued

Figure 31. Median, Mean age of children with an indicated maltreatment in foster care, family versus congregate care FFY22

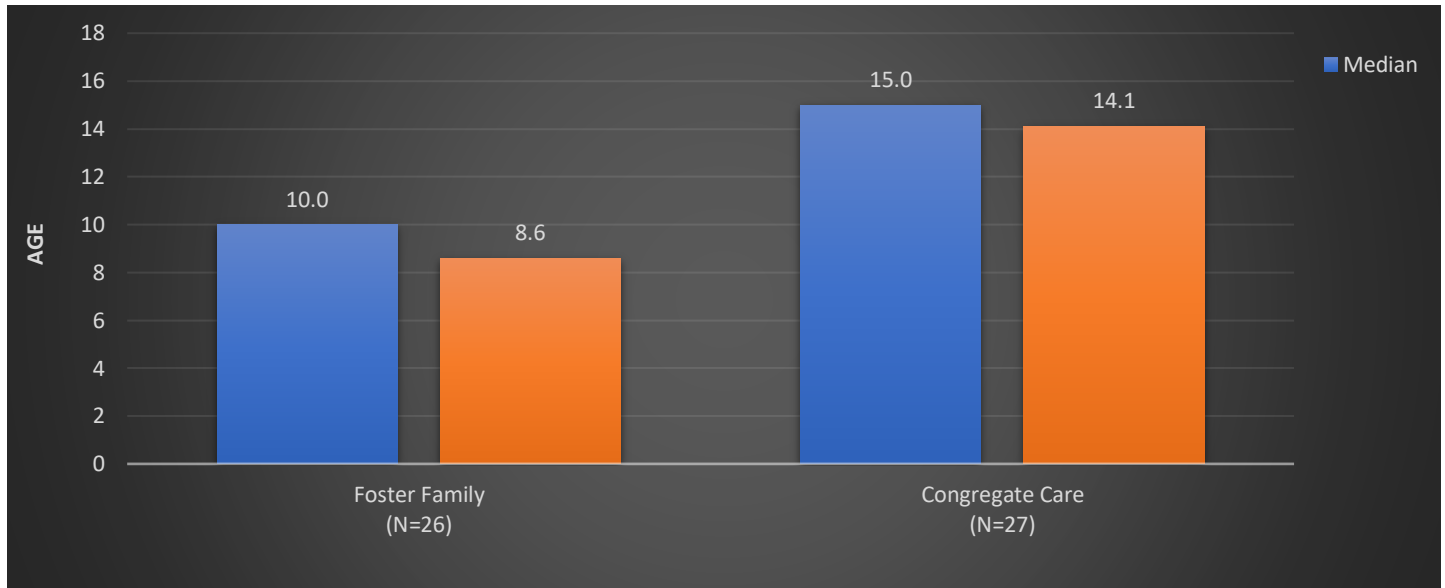


Figure 31 provides the median and mean age of children with an indicated maltreatment in foster families and in congregate care settings. Foster families have a larger proportion of younger children compared to congregate care.

Data notes:

- Data unduplicated at the child level
- Children in "Other" placement types are excluded.

Data source: RICHIST; data are current as of 10/1/2022.
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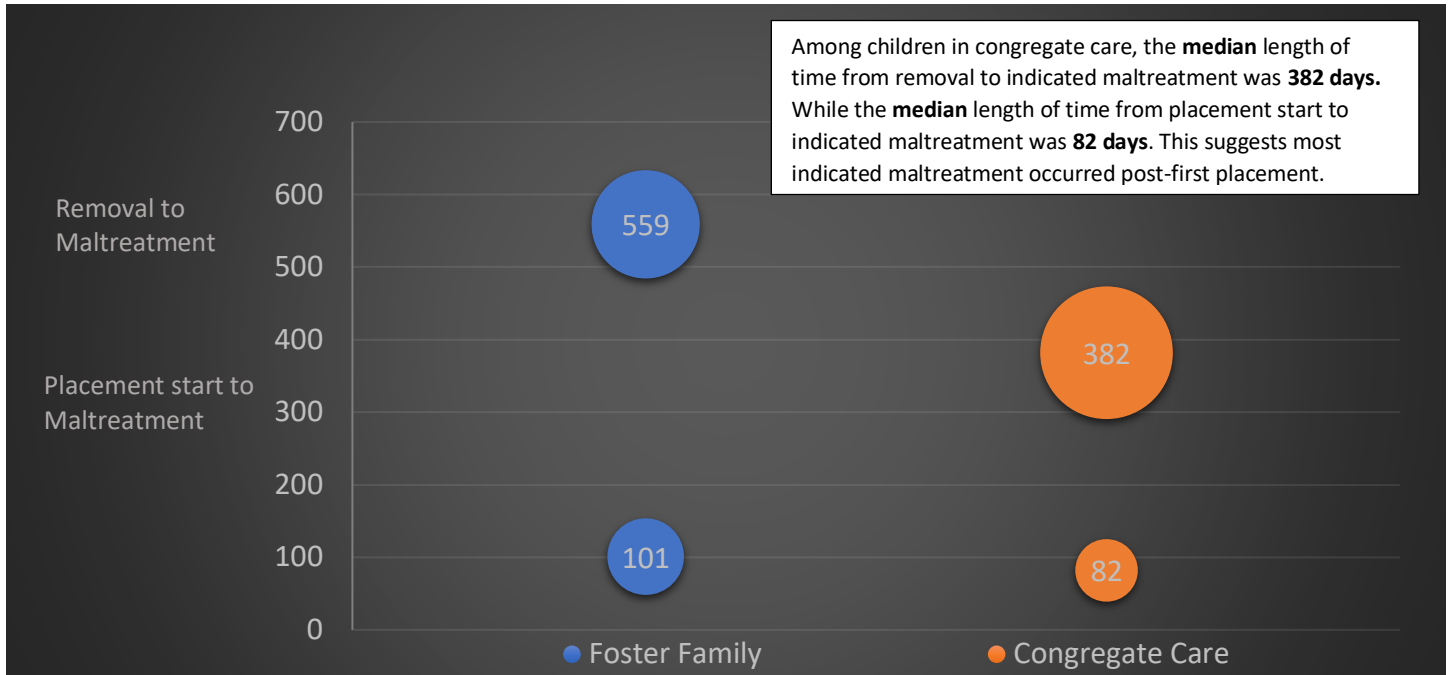
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LENGTH OF TIME TO MALTREATMENT BY FOSTER CARE PLACEMENT TYPES

MALTREATMENT IN FOSTER CARE, continued

Figure 32. 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 FFY22

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
- Children in "Other" placement types are excluded.
- 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

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. The Licensing Unit will strive to ensure that the race/ethnicity of all foster providers is updated in RICHIST to allow for better tracking and to note any trends, correlations. As of the development of this report, this recommendation has been executed and is monitored on a regular basis and is included in the Licensing race and ethnicity equity plan.
- 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. This has been on hold at the request of EOHHS. This will be revisited again in the upcoming year. As of the development of this report, this recommendation has been amended and will move forward with this strategy.
- 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). 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). CSBH/Contracts and Licensing meet virtually at least once monthly to ensure we are each aware of any "hot" program issues or concerns. As of the development of this report, this strategy is being met. In addition to virtual meetings; collaborative on-site monitoring visits are being conducted to ensure regulatory compliance; clinical services are being met in accordance with Medicaid requirements and the scope of work outlined in the contracts is being delivered.
- The Department purchased Foster Parent College and such trainings are offered free to all foster families. Such on-line training is available to all kinship, traditional and private agency foster provider. In addition, trainings are also beginning resuming in-person/hybrid approach; many trainings were virtual due to COVID.
- Expand kinship support programming such as peer-to-peer mentor opportunities, support groups, and grant-funded financial support to alleviate stressful situations. Division has implemented kinship specific peer to peer mentoring, support groups and facilitates the RI kinship Advisory Council. All supports are aimed to enhance system navigation, bridge support gaps, reduce stress and increase retention among our kinship family population. As of the development of this report, this recommendation has been executed and continues to be executed.
- Federal grant funding has allowed the expansion of mentors to our newly licensed DCYF traditional foster homes. Experienced foster/adoptive parents are able to provide guidance and assistance especially with first placements.
- 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. As of the development of this report, this recommendation has been executed and is included in the Active Contract Management meetings with providers. Additionally, as part of DCYF's ongoing, collaborative congregate care active contract management (ACM) process, DCYF will begin to report on maltreatment rates by congregate care site and engage providers individually and collectively in date-driven conversations on practices and strategies to reduce institutional maltreatment within congregate care.
- Develop additional strategies to ensure that there are not unnecessary barriers in identifying kinship providers. The Divisions of Licensing, Family Services and Child Protective Services meet every other week to discuss specific kinship cases in which mitigation is required as to ones' criminal history and/or child protective services history. Such allows for otherwise disqualified individuals to come forth to care for their kin.
- CPS administrators provide onsite and virtual trainings to administrators, managers and direct care staff at congregate care facilities on maltreatment reporting laws and navigating child protective services and CSEC (Commercial Exploitation of Children).
- As part of Family First Prevention Service Act all program staff and youth will be provided enhanced training on CSEC.

APPENDIX

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

	FFY20 (N=2726)		FFY21 (N=2584)		FFY22 (N=)	
	N	%	N	%	N	%
Gender						
Female	1358	49.4%	1454	50.1%	925	50.6%
Male	1357	50.1%	1444	49.7%	893	48.9%
Unknown/Missing	11	0.4%	5	0.2%	9	0.5%
Race and Ethnicity						
Black Non-Hispanic	338	12.4%	332	11.4%	229	12.5%
Hispanic (any race)	661	24.3%	815	27.3%	573	31.4%
Multiracial/other Non-Hispanic	224	8.2%	327	11.3%	158	8.7%
White Non-Hispanic	1207	42.3%	1334	46.2%	828	45.3%
Unknown/Missing	296	10.9%	95	3.8%	34	1.9%
Age at CPS report						
0-5 years	1315	48.2%	1388	48.0%	807	44.2%
6-11 years	849	31.1%	868	29.8%	572	31.3%
12-16 years	505	18.5%	584	20.2%	388	21.8%
17 years	57	2.1%	58	1.8%	46	2.5%
Unknown/Missing	0	0.0%	5	0.2%	4	0.2%
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), FFY21-FFY22.

First Selected Maltreatment Type with an additional selected maltreatment	Additional Selected Maltreatment Type (N=730)	
	N	%
Neglect (N=431)		
Medical Neglect	28	6.5%
Sexual Abuse	41	9.5%
Emotional Maltreatment	362	84.0%
Physical Abuse (N=291)		
Neglect	246	84.5%
Sexual Abuse	7	2.4%
Emotional Maltreatment	33	11.3%
Medical Neglect	5	15.2
Sexual Abuse (N=)		
Emotional Maltreatment	6	100%

APPENDIX

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

	FFY21 (N=2900)		FFY22 (N=2078)	
	N	%	N	%
Physical Abuse (N=762)	405	14.0%	357	17.2%
Excessive/Inappropriate Discipline	140	34.6%	139	38.9
Drug/Alcohol Abuse	152	37.5%	105	29.4
Cut, Bruise, Welt	100	24.7%	91	25.5%
Tying/Close Confinement	2	0.5%	5	1.4%
Human Bite	5	1.2%	8	2.2
Bone Fracture	4	1.0%	4	1.1%
Subdural Hematoma	0	0.0%	2	0.6%
Brain Damage/Skull Fracture	1	0.3%	0	0.0%
Poisoning/Noxious Substances	0	0.0%	0	0.0%
Burn/Scalding	0	0.0%	1	0.3%
Internal Injury	0	0.0%	1	0.3%
Death	0	0.0%	1	0.3%
Neglect (N=2,678)	1609	55.5%	1069	51.4%
Lack of Supervision/Caretaker	996	61.9%	682	63.8%
Other Neglect	289	17.9%	180	16.8%
Lack of Supervision/No Caretaker	152	9.5%	84	7.9%
Inadequate Shelter	84	5.2%	77	7.2%
Cut, Bruise, Welt	22	1.4%	10	0.9%
Educational Neglect	18	1.2%	11	1.0%
Drug/Alcohol Abuse	6	0.4%	2	0.2%
Burn/Scalding	2	0.1%	2	0.2%
Inadequate Food	5	0.3%	3	0.3%
Inadequate Clothing	6	0.4%	0	0.0%
Death	3	0.2%	1	0.1%
Bone Fracture	2	0.1%	1	0.1%
Emotional Neglect	8	0.5%	7	0.7%
Abandonment	5	0.3%	4	0.4%
Brain Damage/Skull Fracture	2	0.1%	1	0.1%
Excessive/Inappropriate Discipline	3	0.2%	1	0.1%
Poisoning/Noxious Substances	1	0.1%	0	0.0%
Subdural Hematoma	1	0.1%	0	0.0%
Malnutrition/Starvation	1	0.1%	0	0.0%
Human Bite	1	0.1%	0	0.0%
Failure to Thrive	0	0.0%	1	0.1%
Sprain/Dislocation	0	0.0%	1	0.1%
Other Abuse	1	0.1%	1	0.1%
Medical Neglect (N=33)	20	0.7%	13	0.6%
	20	100%	13	100%
Sexual Abuse (N=204)	127	4.4%	77	3.7%
Sexual Molestation	80	63.0%	49	63.6%
Sexual Intercourse	40	31.5%	26	33.8%
Sexual Exploitation	7	5.5%	2	2.5%
Emotional Maltreatment (N=1,226)	713	24.6%	514	24.7%
Domestic Violence	712	99.9%	512	99.6%
Emotional Abuse	1	0.1%	2	0.4%
Other (N=74)	26	0.9%	48	2.3%

Other Institutional Neglect	17	65.4%	32	66.7%
Inappropriate Restraint	5	19.2%	4	8.3%
Corporal Punishment	1	3.9%	1	2.8%
Other Institutional Abuse	3	11.5%	11	22.9%

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, FFY21.

	FFY21 (N=327)	
	N	%
Physical Abuse	21	6.4%
Excessive/Inappropriate Discipline	12	57.1%
Cut, Bruise, Welt	9	42.9%
Neglect	215	65.8%
Lack of Supervision/Caretaker	142	66.1%
Other Neglect	26	12.1%
Lack of Supervision/No Caretaker	19	8.8%
Cut, Bruise, Welt	7	3.3%
Inadequate Shelter	10	4.7%
Inadequate Clothing	6	2.8%
Educational Neglect	3	1.4%
Excessive/Inappropriate Discipline	1	0.5%
Emotional Neglect	1	0.5%
Medical Neglect	2	0.6%
	2	100.0%
Sexual Abuse	4	1.2%
Sexual Molestation	4	100.0%
Emotional Maltreatment	80	24.5%
Domestic Violence	80	100.0%
Other	5	1.5%
Other Institutional Neglect	1	20.0%
Inappropriate Restraint	4	80.0%

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.

FFY20				FFY21				FFY22			
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	2726	13.1		Rhode Island	2409	11.6		Rhode Island	1749	8.3
1	Woonsocket	266	29.3	1	Woonsocket	267	29.7	1	Woonsocket	215	22.7
2	West Warwick	141	25.7	2	Newport	75	21.6	2	Central Falls	90	14.0
3	Central Falls	134	24.4	3	West Warwick	110	20.5	3	West Warwick	72	12.5
4	Newport	67	19.5	4	Central Falls	107	19.8	4	Westerly	45	11.8
5	Pawtucket	296	19.1	5	Pawtucket	281	18.7	5	Newport	41	11.2
6	Warren	30	16.6	6	Westerly	66	16.9	6	Exeter	13	11.1
7	Providence	584	14.4	7	Warren	25	14.6	7	Pawtucket	181	11.0
8	Westerly	54	13.5	8	East Providence	123	14.3	8	Providence	415	10.1
9	East Providence	112	12.8	9	Providence	528	13.1	9	Burrillville	32	10.0
10	Coventry	82	12.3	10	North Kingstown	59	11.1	10	Bristol	26	9.0
11	Burrillville	41	12.2	11	Richmond	16	11.0	11	North Providence	52	8.9
12	North Providence	68	12.0	12	North Providence	66	10.9	12	Warren	16	8.8
13	Charlestown	15	11.9	13	Bristol	35	10.7	13	Charlestown	10	8.6
14	Warwick	138	9.7	14	Little Compton	5	10.6	14	Richmond	14	8.6
15	Glocester	19	9.6	15	Coventry	65	9.6	15	Narragansett	14	8.5
16	Bristol	28	8.7	16	Tiverton	24	8.8	16	Foster	6	7.6
17	Cranston	132	8.3	17	Johnston	45	8.8	17	Lincoln	35	7.6
18	Middletown	26	8.2	18	Burrillville	30	8.7	18	Tiverton	20	7.3
19	West Greenwich	10	7.5	19	South Kingstown	39	8.5	19	Coventry	46	6.9
20	Johnston	38	7.4	20	Warwick	111	7.7	20	Scituate	11	5.9
20	Narragansett	14	7.3	21	Cumberland	49	7.1	21	Cranston	92	5.8
22	North Kingstown	40	7.2	22	Cranston	111	6.8	22	Warwick	81	5.8
23	Portsmouth	26	7.2	23	Hopkinton	11	6.7	23	East Providence	45	5.7
24	Tiverton	19	7.0	24	Scituate	13	6.7	24	Smithfield	19	5.6
25	Cumberland	43	6.1	25	Lincoln	30	6.2	24	Middletown	16	4.6
26	Hopkinton	9	5.7	26	Exeter	6	5.5	26	North Smithfield	10	4.4
27	South Kingstown	26	5.7	27	Narragansett	10	5.3	27	Cumberland	33	4.4
28	Richmond	8	5.1	28	Glocester	11	5.3	28	Hopkinton	7	4.3
28	North Smithfield	12	5.0	29	Portsmouth	18	5.2	29	Johnston	20	3.9

Data source: RICLIST; data are current as of 10/1/2022.
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RI Department of Children, Youth & Families
Data and Evaluation Unit

FFY20				FFY21				FFY22			
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	Foster	4	4.6	30	Middletown	15	5.1	30	South Kingstown	16	3.7
31	Lincoln	21	4.4	31	North Smithfield	12	5.0	31	Glocester	7	3.7
32	Smithfield	14	4.3	32	Foster	4	4.6	32	North Kingston	20	3.6
33	East Greenwich	13	3.7	33	Smithfield	13	3.9	33	Jamestown	3	3.5
34	Scituate	6	3.0	34	Charlestown	3	2.5	34	Portsmouth	9	2.6
35	Barrington	8	1.8	35	West Greenwich	3	2.4	35	Little Compton	1	1.8
36	Exeter	2	1.8	36	Barrington	10	2.3	36	West Greenwich	2	1.6
37	Jamestown	1	0.9	37	East Greenwich	7	2.1	37	Barrington	7	1.6
38	New Shoreham	0	0.0	38	Jamestown	2	1.9	38	East Greenwich	5	1.4
39	Little Compton	0	0.0	39	New Shoreham	0	0.0	39	New Shoreham	0	0

Data source: U.S. Census 2020 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.

RI DCYF INDICATED MALTREATMENT DURING 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.

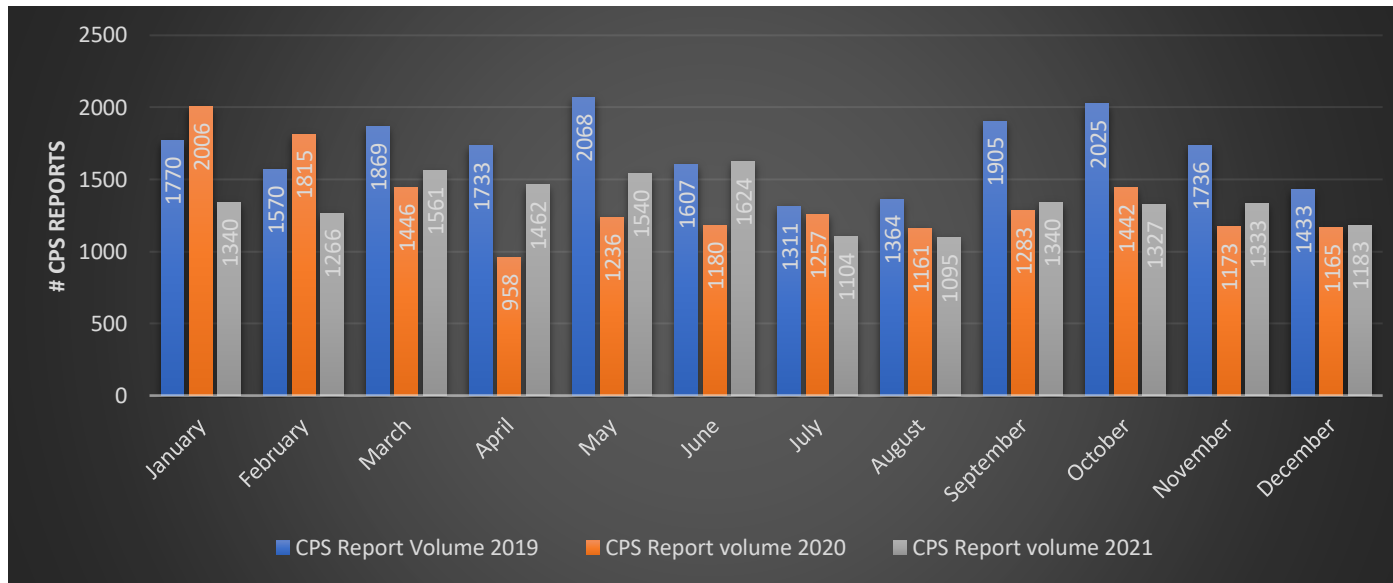
The COVID-19 pandemic has also added economic and social stress to families. With the nation-wide shut down, families may have faced loss of income, increased stress related to parental child care and schooling responsibilities, and increased substance use and mental health conditions among adults; all 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 from FFY2019 to FFY20 (See Table 3 in Appendix).

Since the initial shutdown, there have been a number of COVID-19 surges, including the Delta and Omicron variants. However, since October 2021, the COVID-19 vaccine has been made available for children 5 years and older. Many children in Rhode Island returned to in person learning (or a hybrid model) in Fall 2020. All Rhode Island schools returned to in person learning in Fall 2021 with high vaccination rates among teachers and students. As schools re-open and teachers have more in person contact with students again, we expect to see an increase in CPS reports; however, CPS reports in CY2021 still remain below pre-pandemic levels recorded in CY2019.

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

[Rhode Island Schools to Reopen for Full, In-Person Learning | Rhode Island News | US News](#)
[RI's indoor 'mask or vax' mandate lifted for businesses | WPRI.com](#)

Figure 1. CPS Total Report Volume, by Month and Year, 2019, 2020, 2021 RI DCYF.



Overall, call volume from March to September 2020 (n=8,521) decreased by 28% from the total call volume over March to September 2019 (n=11, 857). Call volume from March to September 2021 (n=9,726) increase by 14% from the total call volume from March to September 2020. CPS reports in CY2021 remain below pre-pandemic levels recorded in CY2019.

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, 2021, RI DCYF.

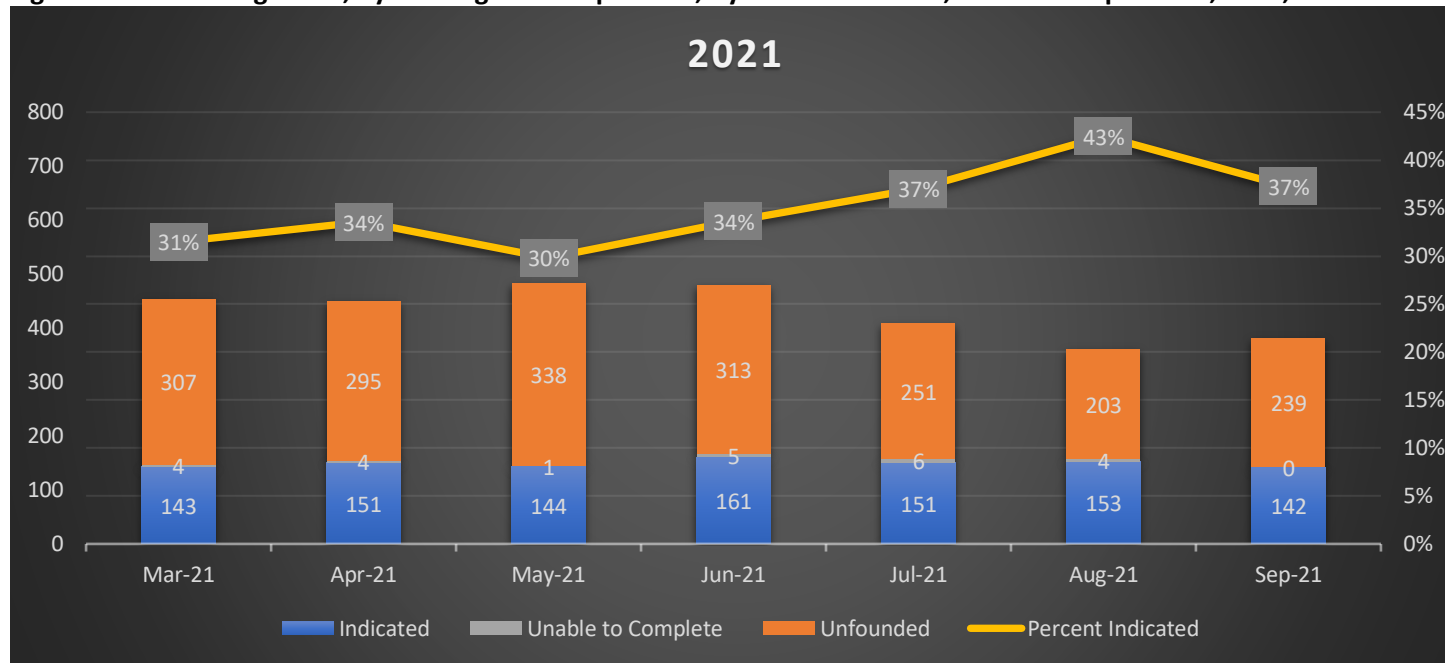


Figure 3. CPS Investigations, by Investigation Disposition, by Month and Year, March to September, 2020, RI DCYF.

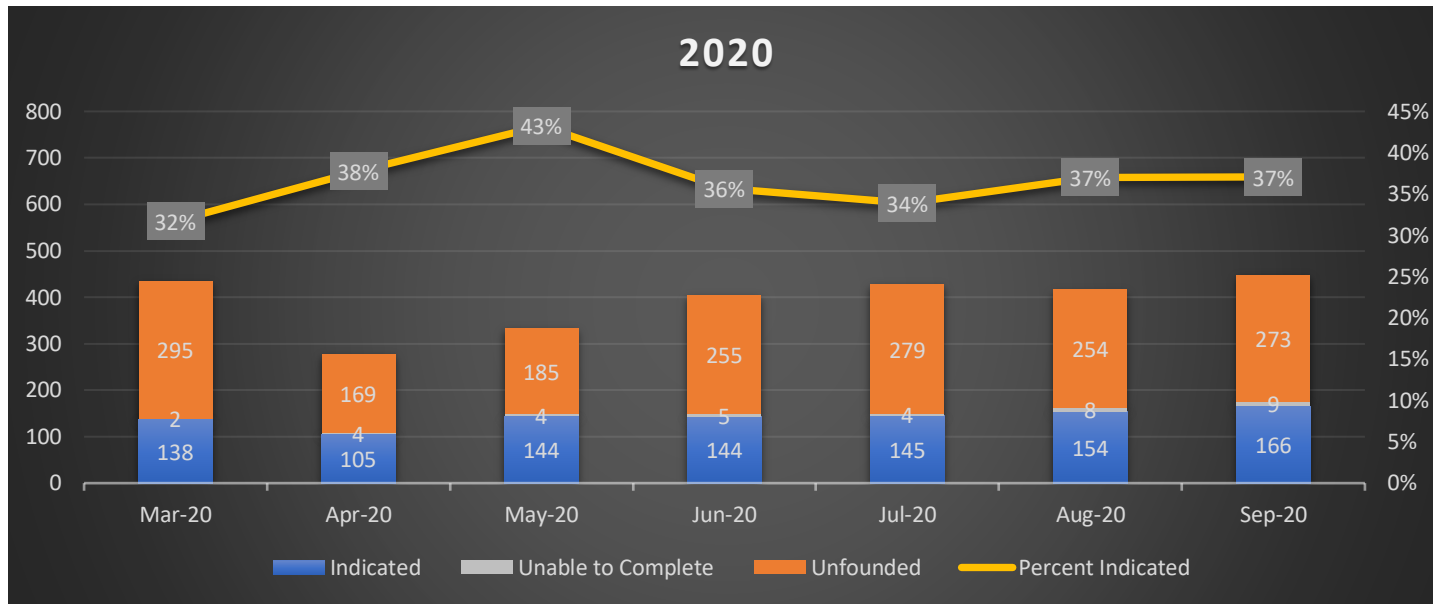
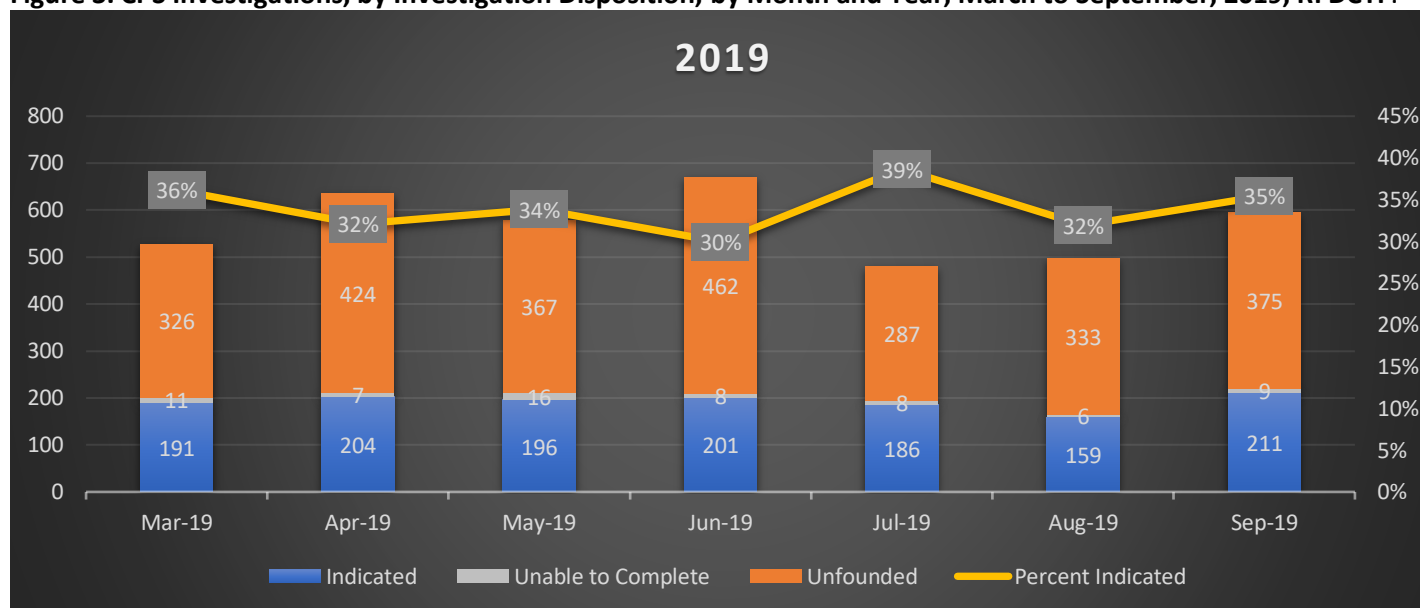


Figure 3. CPS Investigations, by Investigation Disposition, by Month and Year, March to September, 2019, RI DCYF.



Overall, investigation volume from March to September 2020 (n=2742) decreased by 31% from the total investigation volume over March to September 2019 (n=3987). 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.

Overall, investigation volume from March to September 2021 (n=3015) increased by 10% from the total investigation volume over March to September 2019 (n=2742). The percent of investigations indicated saw the largest increase from May to August 2021 (30% to 43% respectively). During July and August 2021, the percent of indicated investigations was higher than the percent indicated in the same months in 2019 and 2020. CPS investigation in CY2021 remain below pre-pandemic levels recorded in CY2019.

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.