



Rhode Island Department of Children, Youth & Families



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

Safety Report

**October 1, 2014 – September 30, 2016
(FFY15 – FFY16)**

Data and Evaluation

May 2017

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

Safety Report

October 1, 2014 – September 30, 2016 (FFY15 - FFY16)

Introduction

The Rhode Island Department of Children, Youth & Families mission is to promote child safety, permanency and 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 in a collaboratively manner by agencies and organizations whose efforts are aimed at promoting safety among children and families 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 2015:

- ✓ There were 683,000 victims of child abuse and neglect reported to child protective services (CPS) in 2015.
- ✓ The youngest children are the most vulnerable with about 24% of children in their first year of life experiencing victimization.
- ✓ 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 1,670 children died from abuse or neglect in 2015.
- ✓ The total lifetime cost of child abuse and neglect is estimated at \$124 billion each year.

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

Rhode Island

The rate of child maltreatment in RI in FFY16 was 12.8 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 FFY16 in RI approximately 76.6% of maltreatment was in the form of neglect. Approximately 70% of children in RI who were victims of maltreatment in FFY16 were age 11 and younger and children under the age of 1 had the highest prevalence. Reports to Rhode Island Department of Children, Youth & Families are assessed to be screened in or out. If a report is screened in, the response may be an Information\Referral (low risk) or present a high risk or safety concern and result in an investigation. This report provides information on I\Rs, investigations, maltreatment, repeat maltreatment and maltreatment in foster care.

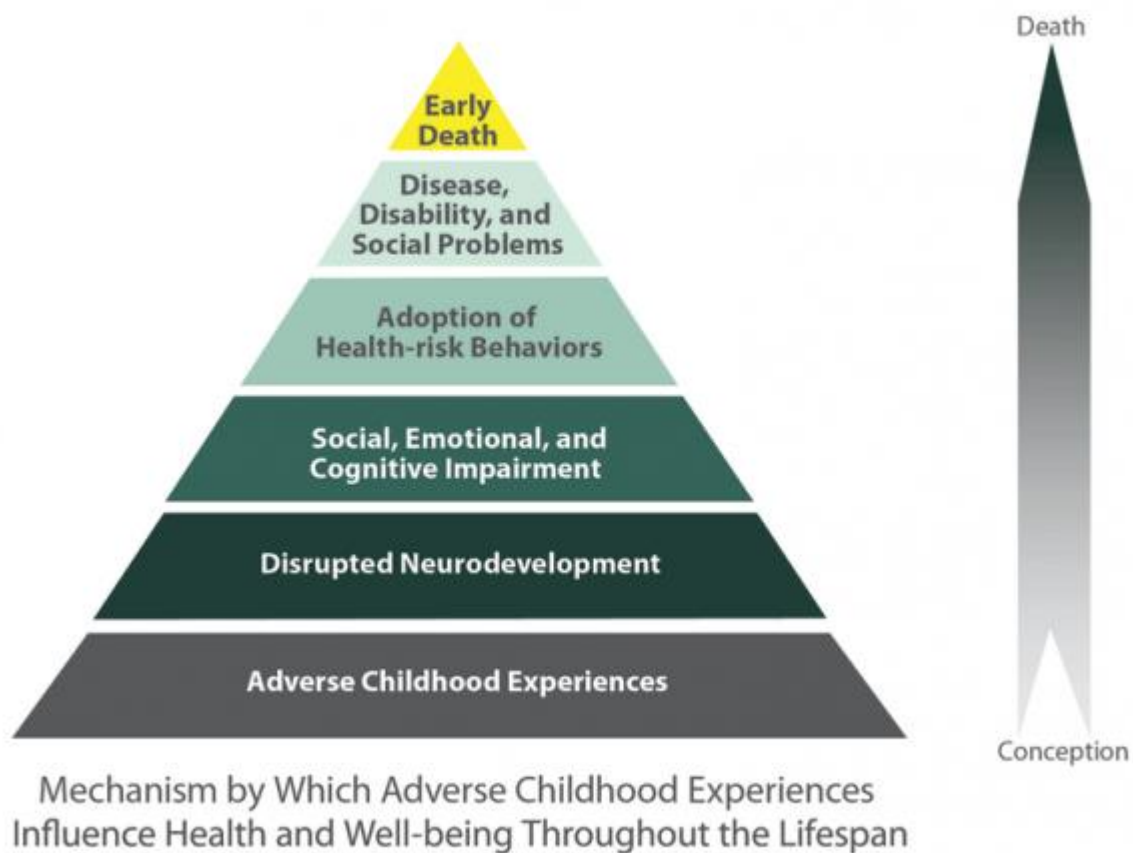
Adverse Childhood Experiences (ACEs)

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



Highlights and Key Findings

- **MOST FREQUENT MALTREATMENT TYPE IN RI:** In both FFY15 and FFY16 neglect continued to be the most frequent type of indicated maltreatment, 54.8% and 54.3% respectively. (See Figure 12). Emotional abuse was the second most frequent type, 38% in FFY15 and 36.5% in FFY16.
- **MALTREATMENT IN RI AND AGE:** Young age is associated with maltreatment and the data in Figure 14 bear this association out. Children age 0-5 comprise close to 50% of the indicated maltreatment and a large percentage were under the age of 1 (See Figure 14).
- **OVERREPRESENTATION BY RACE AND ETHNICITY AND MALTREATMENT:** Based on the U.S. 2015 Census estimates, Black or African American children, Multiracial and Hispanic are overrepresented in the proportion of children investigated who are indicated for maltreatment (See Figure 15).
- **RATE OF CHILD MALTREATMENT IN RI:** The rate of child maltreatment in RI in FFY16 was 12.8 per 1,000 children. Approximately 10 cities \ towns were equal to or exceeded the RI rate of maltreatment (See Figure 17).
- **REPEAT MALTREATMENT IN RI:** In FFY15, 339 (10.7%) children had at least one subsequent indicated investigation, or repeat maltreatment, within 12 months of the initial report (See Figure 18). Approximately 87% of children age 0-11 comprise the repeat maltreatment figures (See Figure 19).
- **REPEAT MALTREATMENT IN RI:** Slightly over 70% of children who experienced a repeat maltreatment did so within 6 months from the initial indicated maltreatment in FFY15 (See Figure 23).
- **MALTREATMENT IN FOSTER CARE:** In FFY15, there were 71 victimizations of maltreatment in foster care reported on 65 unique child victims of maltreatment in foster care.

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 trends at the system level that in turn can inform interventions aimed at promoting child safety and family well-being. A child's safety or risk guides the intensity of the child welfare system's response ranging from low risk that may result in receiving information and referral (I\R) to a community based service to mitigate the risk or safety concerns or a CPS investigation resulting from a high risk or safety concern. The data on I\Rs presents data on both the child level and the family level. The family level data on I\Rs is informative for both practice as in a family-centered framework as well as ensuring the connection of different children receiving an I\R within the same family.

Although Table 1. presents two years of data, it is important to note that 2 data points do not indicate a trend. A subsequent report with FFY17 will deliver 3 years of data points and more suggestive of trends. Keeping that caveat in the forefront, there was an increase in the number and rate of children who received an I\R between FFY15 and FFY16 (See Table 1). The median age remained constant at age 8 over the same time period.

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. The percent of children indicated across the two fiscal years remained relatively constant as did the rate of indicated children (See Table 1). When a rate decreases slightly while the percent increasing slightly can be a factor in the change in the population numbers both in the total population as well as in the number of children investigated.

A goal in maintaining child safety is to mitigate the risk of a recurrence. Child welfare measures this goal in terms of repeat maltreatment where a child is subsequently indicated for maltreatment within 12 months of a prior indicated investigation. In FFY15, 10.7% 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 116 days, just under 4 months.

Table 1. Child Protective Service Reports and Dispositions by Type, by Federal Fiscal Year(FFY).

	FFY15	FFY16
Section 1: Information Referrals (I\R)		
Number of children who received I\R (unduplicated)	6317	7420
Median age at I\R (years)	8.0	8.0
I\R rate (per 1,000 children under 18 years old in Rhode Island)	25.2	30.0
Percent of families with subsequent indicated investigation within 12 months of I\R	12.4%	--
Section2: Investigations (Maltreatment)		
Number of investigations	6625	5879
Among children investigated, percent of children indicated	37.4%	39.2%
Median age at CPS report for indicated child victims (years)	6.0	6.0
Rate of indicated child victims (per 1,000 children under 18 years old in Rhode Island)	13.8	12.8
Section 3: Repeat Maltreatment		
Percent of children who had repeat maltreatment within 12 months of the initial maltreatment	10.7%*	--
Median age at initial maltreatment (years)	5.0	--
Median length of time between initial and repeat maltreatment (days)	116.0	--
Section 4: Maltreatment in Foster Care		
Median age at CPS report (years)	11.0	--

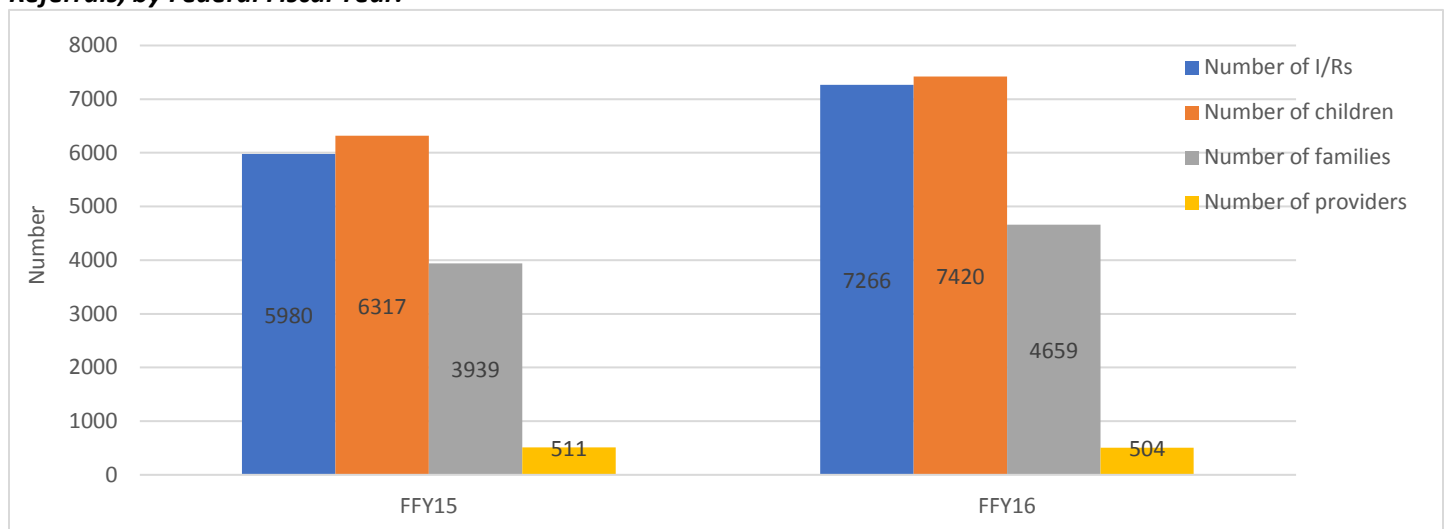
*Unadjusted for age. Children's Bureau adjust for age at initial victimization.

Section 1: INFORMATION REFERRALS

The data presented in Section 1 reflect Information Referrals (I\Rs) reported between October 1, 2014 – September 30, 2016 (FFY15-FFY16), by federal fiscal year. Children age 18 and older at the time of I\Rs are excluded. It is important to note at the time of this report, RI DCYF is modifying the CPS process including the implementation of Structured Decision Making and a different process for screening in calls to RI DCYF hotline that impacts calls that screen in yet do not rise to the threshold of an investigation (the I\Rs process). The response to screened in reports that do not rise to the threshold of an investigation will be a Family Assessment based on modified criteria used to classify an I\Rs. However, given the data presented in this report reflects data based on the I\Rs process and not the new Family Assessment criteria and process, the term I\Rs will be used so that the data results reflect the I\Rs process.

Providing data on the number of I\Rs, number of children, number of families and number of providers, provides a comprehensive picture across the system involving I\Rs. Toward that end, there were increases in FFY16 from FFY15 in the number across the system levels – children, family, providers and I\Rs.

Figure 1. Number of Information Referrals and number of children, families or providers received Information Referrals, by Federal Fiscal Year.



Data notes:

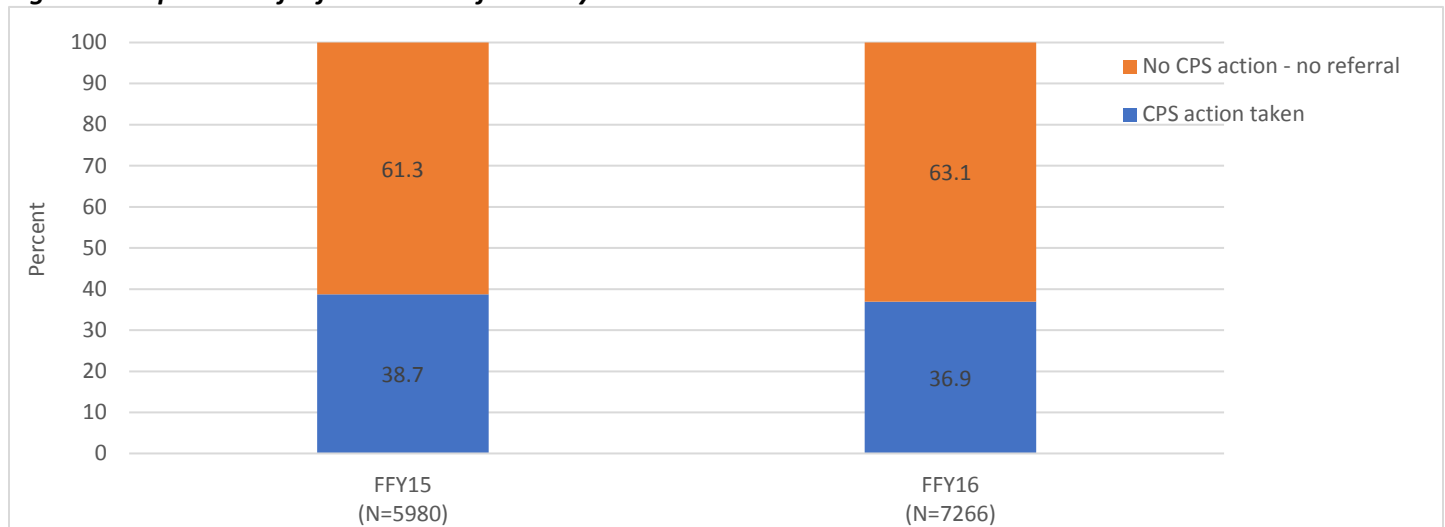
- Data unduplicated. Number of I\Rs unduplicated by counting CPS ID once. Number of children, families, or providers unduplicated by counting the first I\Rs if multiple.
- Children with missing birthdate are also excluded as majority of them are recorded as unborn or unknown in RICHIST

WHAT HAPPENS FOLLOWING AN INFORMATION REFERRAL

INFORMATION REFERRALS, continued

Figures 2 and 3 provide information on selected actions taken subsequent to an I\R and whether the reporter to RI DCYF CPS was from a person in a professional capacity or non-professional capacity. **A relatively stable percentage, 38.7% in FFY15 and 36.9% in FFY16 of the I\Rs resulted in some type of CPS action.** CPS action can take the form of a response by a child protective investigator (CPI), the I\R was part of an ongoing investigation, the child was open to RI DCYF and the primary caseworker responded or a license worker responded.

Figure 2. Disposition of Information Referrals by Federal Fiscal Year.



Data notes:

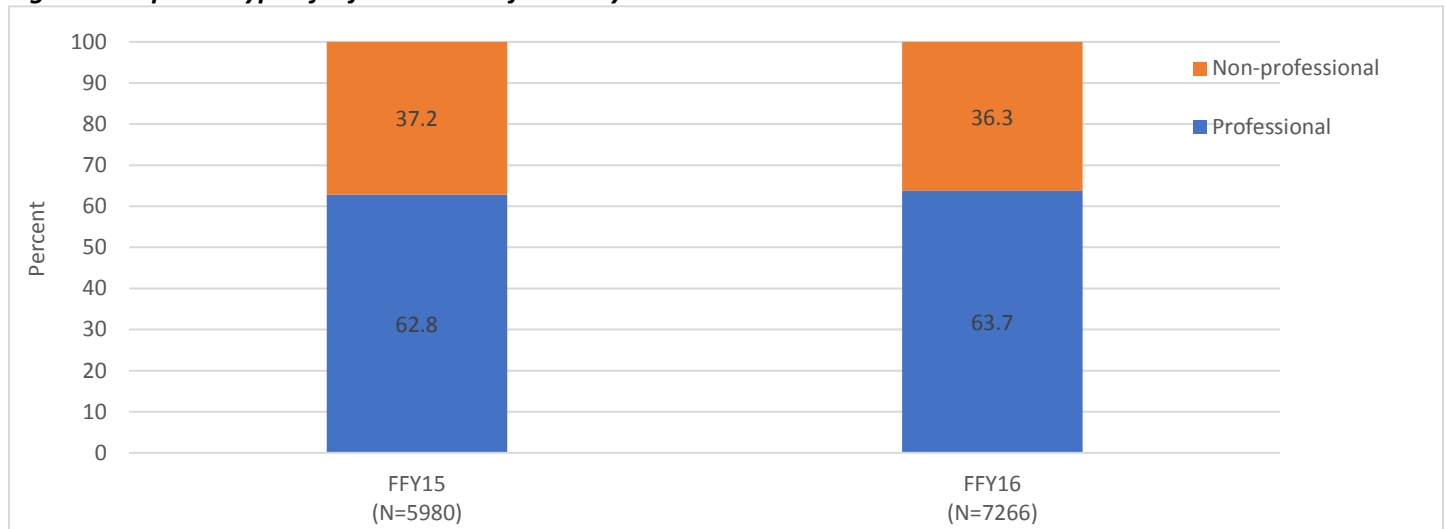
- Data unduplicated by counting CPS ID once.
- CPS action taken includes I\R disposition type of task to CPI/Inspector, open investigation, referral to intake and no CPS action with referral to primary or license worker.
- Among I/Rs with no CPS action with referral to primary or license worker, about 71% of the referrals were made to primary worker, 26% of the referrals were to license worker and 3% of the referrals were made to both.

REPORTER CALLS

INFORMATION REFERRALS, continued

The majority of the I\Rs reported are by individuals in a professional capacity (health care provider, teacher, police etc.) in both FFY15 and FFY16, 62.8% and 63.7% respectively (See Figure 3).

Figure 3. Reporter type of Information Referrals by Federal Fiscal Year.



Data notes:

- Data unduplicated by counting CPS ID once.
- 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.

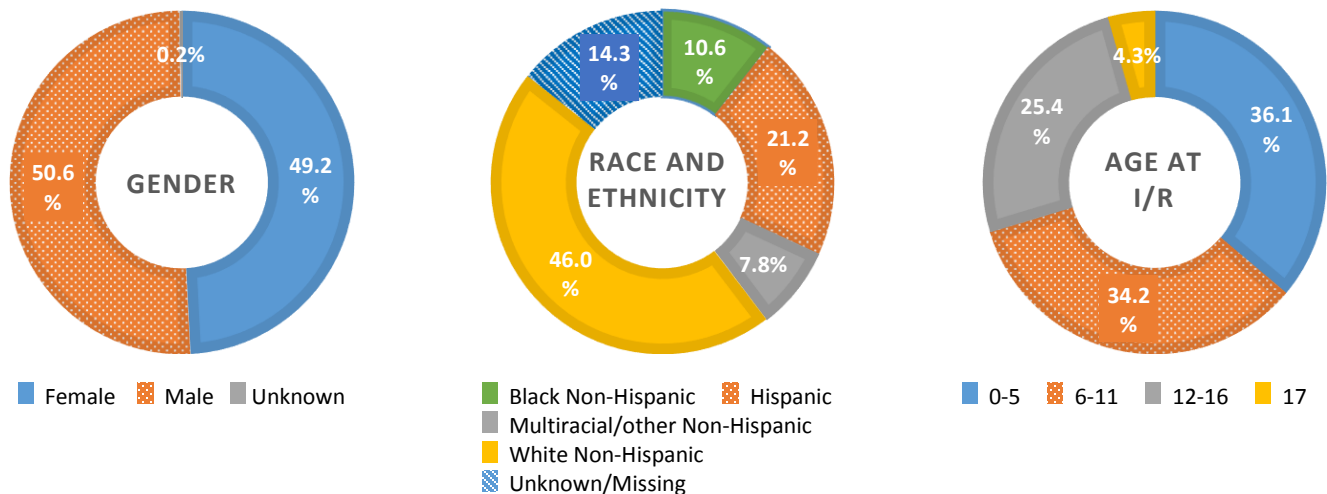
CHARACTERISTICS OF CHILDREN

INFORMATION REFERRALS, continued

Figure 4 provides demographic information on the children who received an I\R in FFY16 while Table 2 provides similar information for both FFY15 and FFY16. The percentage of children who received an I\R was comparable by gender with approximately 50% female and 50% male. The greatest percentage of children receiving an I\R were White Non-Hispanic, 46.0% followed by Hispanic any race, 21.2%, Black Non-Hispanic, 10.6%, and Multiracial 7.8% (unknown missing not included in text). There is a higher prevalence of I\Rs among younger age children compared to older children. **Both the 0-5 and 6-11 age group comprised the two largest proportions, 36.1% and 34.2% respectively, followed by children age 12-16, 25.4% and 17 and older, 4.3%.**

The percentage of children receiving I\Rs in terms of gender, race, ethnicity, and age remained relatively constant over the two federal fiscal years (See Table 2). Figure 5 provides a greater level of detail on age over the two federal fiscal years for children receiving an I\R with relative stability over the two year period observed.

Figure 4. Demographics of children who received Information Referrals, FFY16. (N=7420) (see Table 2 for details)



Data notes:

- Data unduplicated. A child counted once within fiscal year.

CHARACTERISTICS OF CHILDREN

INFORMATION REFERRALS, continued

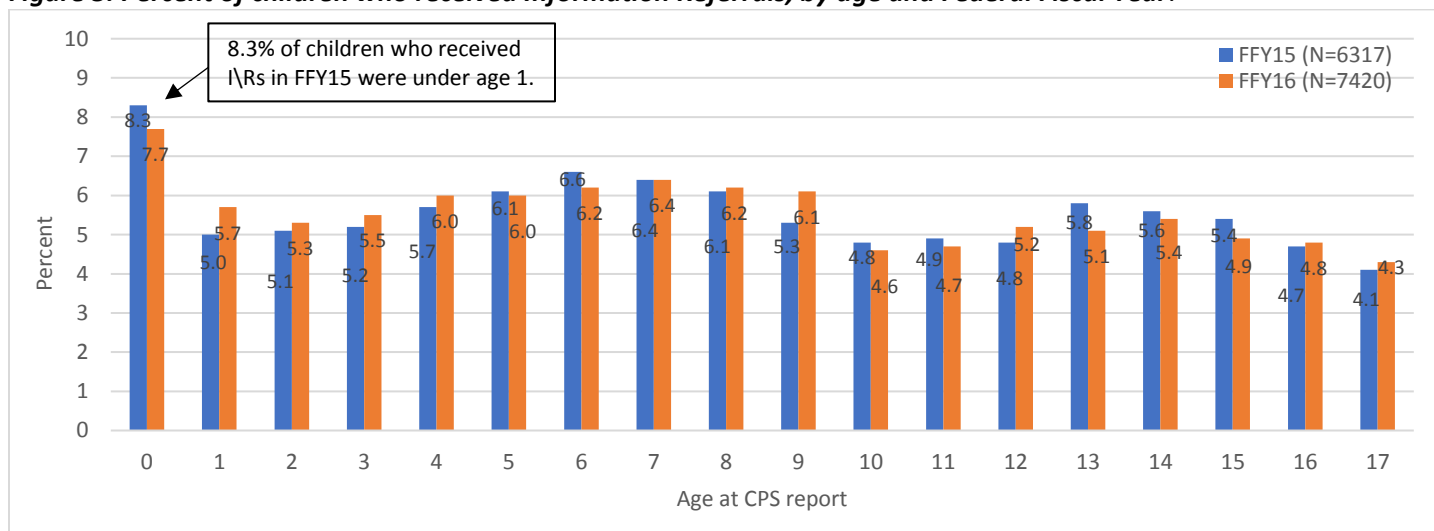
Table 2. Demographics of children who received Information Referrals, by Federal Fiscal Year.

	FFY15 (N=6317)		FFY16 (N=7420)	
	N	%	N	%
Gender				
Female	3114	49.3%	3650	49.2%
Male	3196	50.6%	3755	50.6%
Unknown/Missing	7	0.1%	15	0.2%
Race and Ethnicity				
Black Non-Hispanic	575	9.1%	787	10.6%
Hispanic (any race)	1344	21.3%	1574	21.2%
Multiracial/other Non-Hispanic	496	7.9%	582	7.8%
White Non-Hispanic	2998	47.5%	3413	46.0%
Unknown/Missing	904	14.3%	1064	14.3%
Age at I/R				
0-5 years	2242	35.5%	2682	36.1%
6-11 years	2155	34.1%	2536	34.2%
12-16 years	1661	26.3%	1883	25.4%
17 years	259	4.1%	319	4.3%
Median age at I/R (years)	8.0		8.0	

Data notes:

- Data unduplicated. A child counted once within fiscal year.

Figure 5. Percent of children who received Information Referrals, by age and Federal Fiscal Year.



Data notes:

- Data unduplicated. A child counted once within fiscal year.

WHICH CHILDREN ARE OVERREPRESENTED

INFORMATION REFERRALS, continued

The U.S. Census 2015 estimates were used to assess if any subpopulations were overrepresented involving I\Rs. **Black or African American, American Indian/Asian/Pacific Islander, and Multiracial children** under the age of 18 comprise a greater proportion of I\Rs compared to their representation in the RI population (See Figure 6). **Children age 0-9** comprise 53.1% of the RI population, while 61% of the I\Rs are received by children age 0-9.

Figure 6. Percent of children who received Information Referrals and population estimate of children under 18 years old in Rhode Island, by race and ethnicity, FFY16.

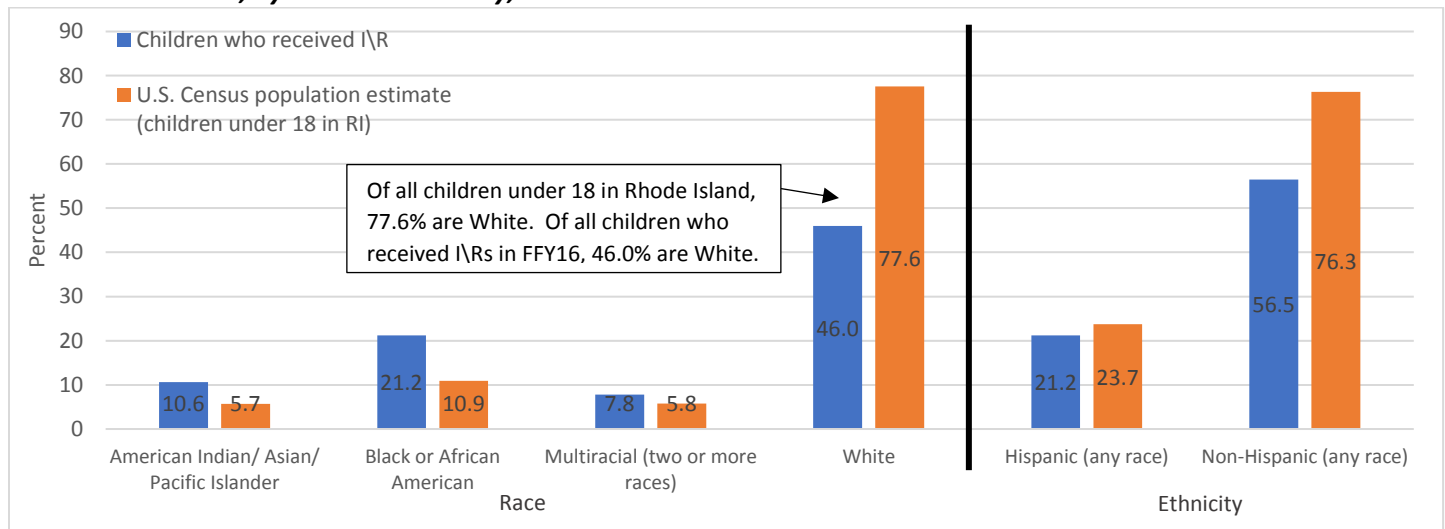
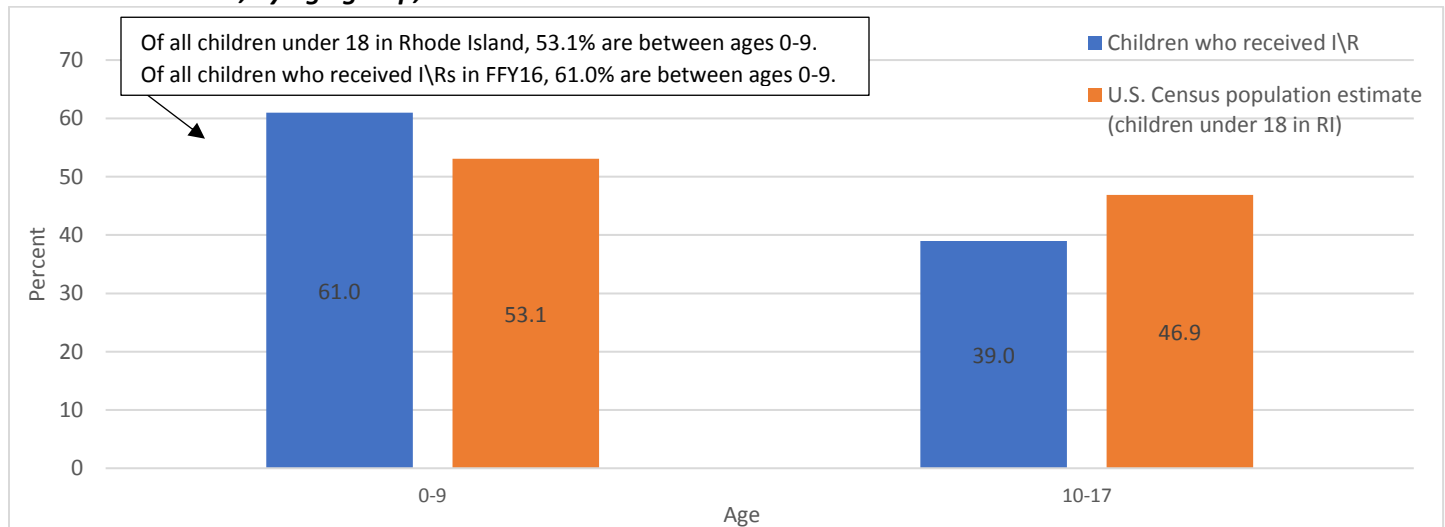


Figure 7. Percent of children who received Information Referrals and population estimate of children under 18 years old in Rhode Island, by age group, FFY16.



Data source: U.S. Census 2015 population estimate by sex, age, race and Hispanic for children under 18.

Data notes:

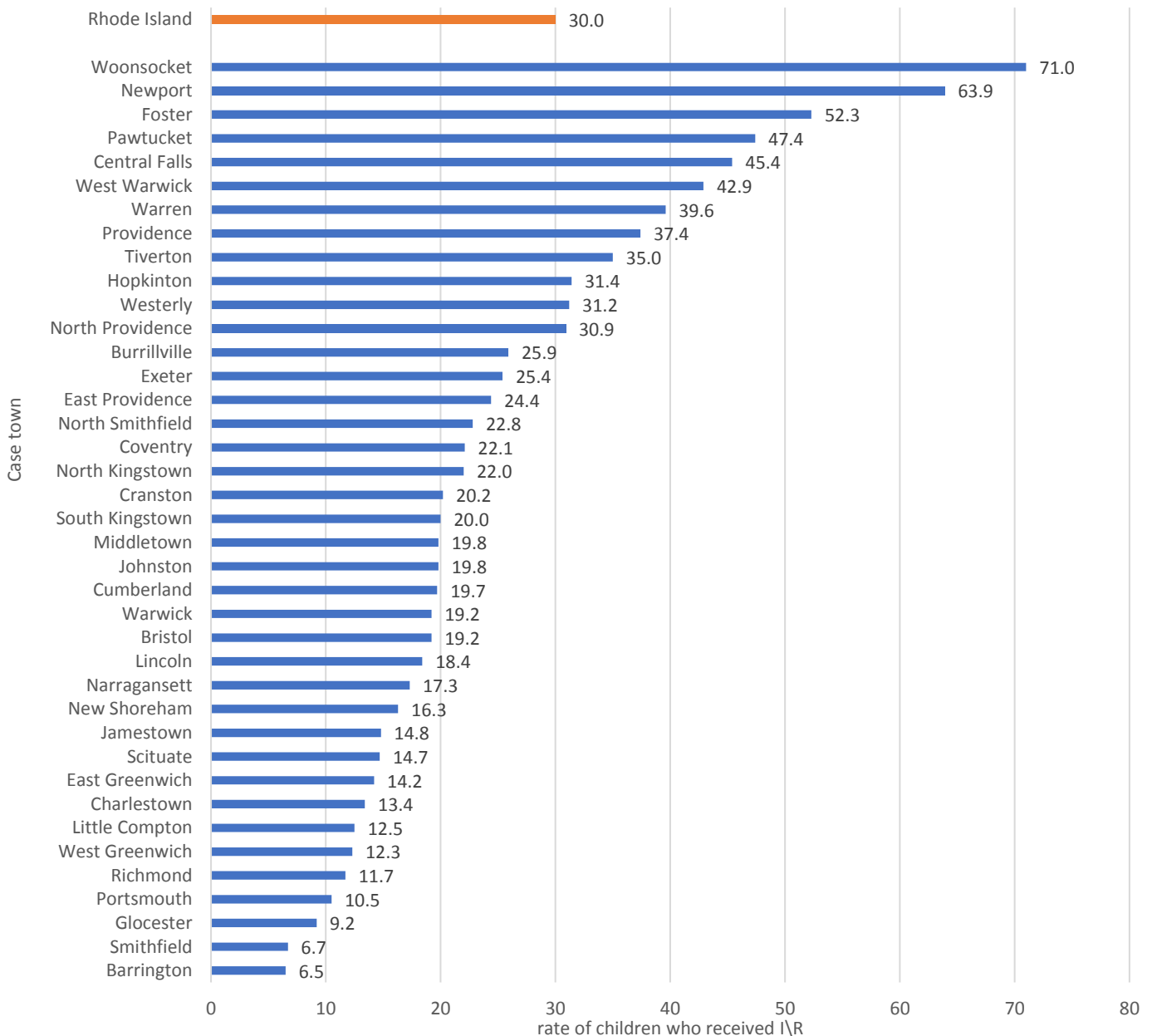
- Data unduplicated. A child counted once within fiscal year.
- Children with unknown/missing race and unknown/missing ethnicity are not shown.

WHERE IN RHODE ISLAND

INFORMATION REFERRALS, continued

Figure 8 and Table 3 provide data on the geographic location of children who receive I\Rs. The family's address at the time of the I\R is used for to assign the city of residence. **For FFY16, Rhode Island had a rate of 30.0 I\Rs per 1,000 children** (age less than 18). Twelve of the 39 cities and towns exceeded the state rate. It is important to note for the data contained in Table 3 that a city changing rank from one year to the next may be attributed to other cities changing, not necessarily any absolute change in the number of children receiving I\Rs for that given city.

Figure 8. Rate of children who received Information Referrals per 1,000 children under 18 years old in Rhode Island, by family city\town, FFY16. (see Table 3 for details)



Data source: U.S. Census 2015 population estimate by town for children under 18.

Data notes: see data notes for Table 3 below.

Data source: RICHOST; data are current as of 6/5/2017.

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RI Department of Children, Youth & Families
Data and Evaluation Unit

WHERE IN RHODE ISLAND

INFORMATION REFERRALS, continued

Table 3. Rate of children who received Information Referrals per 1,000 children under 18-year-old in Rhode Island, by family city\town and Federal Fiscal Year.

FFY15				FFY16			
Rank	Case Town	Number of children who received I\R	Rate of children who received I\R (per 1,000 children under 18 in RI)	Rank	Case Town	Number of children who received I\R	Rate of children who received I\R (per 1,000 children under 18 in RI)
	Rhode Island	5409	25.2		Rhode Island	6443	30.0
1	Newport	215	58.5	1	Woonsocket	642	71.0
2	Woonsocket	497	55.0	2	Newport	235	63.9
3	Central Falls	240	42.2	3	Foster	41	52.3
4	West Warwick	229	40.9	4	Pawtucket	785	47.4
5	Warren	74	38.6	5	Central Falls	258	45.4
6	Pawtucket	635	38.4	6	West Warwick	240	42.9
7	Foster	28	35.7	7	Warren	76	39.6
8	Westerly	156	35.5	8	Providence	1512	37.4
9	New Shoreham	4	32.5	9	Tiverton	101	35.0
10	Hopkinton	43	31.4	10	Hopkinton	43	31.4
11	North Providence	157	28.9	11	Westerly	137	31.2
12	Providence	1152	28.5	12	North Providence	168	30.9
13	Charlestown	35	23.4	13	Burrillville	87	25.9
14	Tiverton	63	21.9	13	Exeter	31	25.4
15	North Kingstown	132	21.7	15	East Providence	236	24.4
16	Narragansett	44	21.1	16	North Smithfield	48	22.8
17	Coventry	136	20.2	17	Coventry	149	22.1
18	South Kingstown	95	19.6	18	North Kingstown	134	22.0
19	East Providence	183	18.9	19	Cranston	322	20.2
20	Warwick	274	18.0	20	South Kingstown	97	20.0
21	Little Compton	10	17.9	21	Johnston	105	19.8
22	Burrillville	58	17.3	21	Middletown	74	19.8
23	Johnston	90	16.9	23	Cumberland	144	19.7
24	Richmond	30	16.7	24	Bristol	67	19.2
25	North Smithfield	35	16.6	24	Warwick	291	19.2
26	Cumberland	121	16.5	26	Lincoln	90	18.4
27	Exeter	20	16.4	27	Narragansett	36	17.3
28	Lincoln	79	16.1	28	New Shoreham	2	16.3
29	Bristol	52	14.9	29	Jamestown	14	14.8
30	Middletown	55	14.7	30	Scituate	29	14.7
31	Portsmouth	54	14.6	31	East Greenwich	47	14.2
32	Cranston	231	14.5	32	Charlestown	20	13.4
33	East Greenwich	46	13.9	33	Little Compton	7	12.5
34	Jamestown	11	11.6	34	West Greenwich	20	12.3
35	West Greenwich	17	10.5	35	Richmond	21	11.7
36	Glocester	17	9.2	36	Portsmouth	39	10.5
37	Barrington	33	7.6	37	Glocester	17	9.2
37	Scituate	15	7.6	38	Smithfield	24	6.7
39	Smithfield	26	7.3	39	Barrington	28	6.5

Data source: U.S. Census 2015 population estimate by town for children under 18.

Data note:

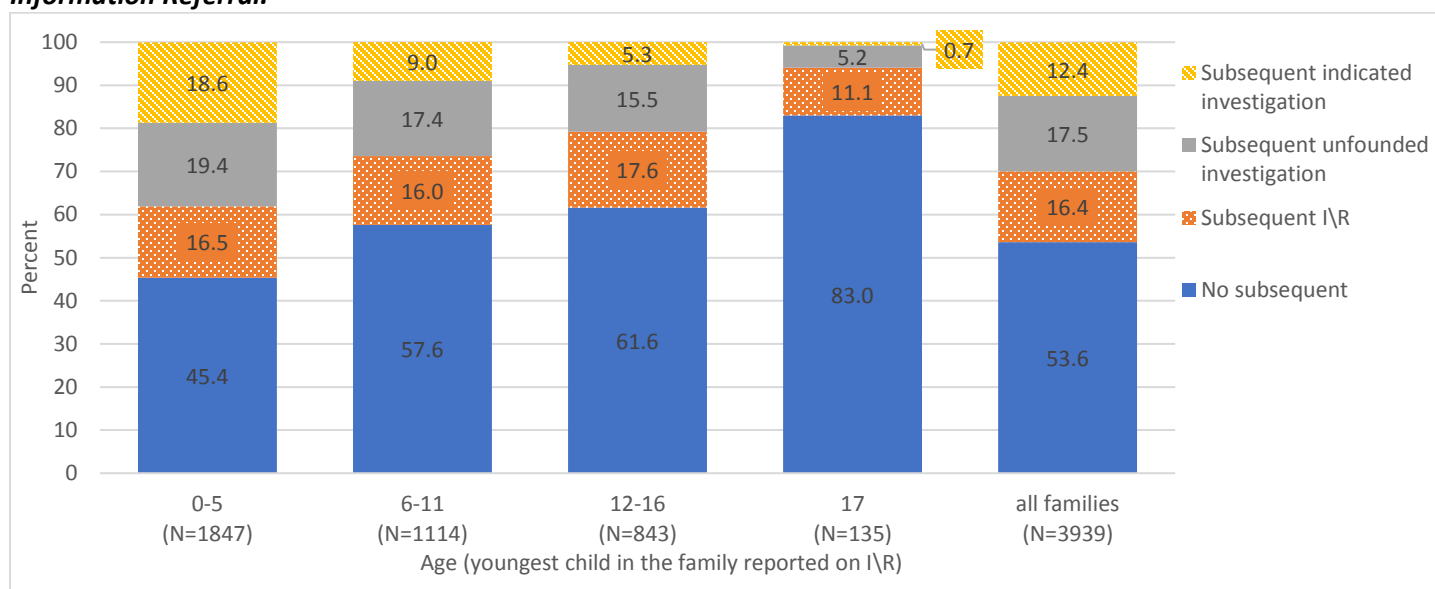
- Data unduplicated. A child counted once within fiscal year.
- Excluded children with unknown or out of state case address.
- Only reflect children with case type of 'Family'.

WHAT PERCENT OF INFORMATION REFERRALS HAVE A SUBSEQUENT INVESTIGATION

INFORMATION REFERRALS, continued

From both a practice and process viewpoint, families who come into contact with RI DCYF by way of an I\R begets the question of how frequently will the same family come into contact with RI DCYF and in what manner. Figure 9 attempts to provide a level of surveillance on families who have an I\R and whether within 12 months from an I\R come into contact with CPS by way of a subsequent I\R or subsequent investigation. **Among all families who had an I\R, over half, 53.6%, did not have either a subsequent I\R or investigation within 12 months from the date of the I/R.** Among the families that did have a subsequent CPS event, 16.4% had a subsequent I\R, 17.5% had a subsequent unfounded investigation and 12.4% had a subsequent indicated investigation within 12 months.

Figure 9. Among families who received Information Referrals in FFY15, percent of families with subsequent investigation within 12 months of initial Information Referral, by age of the youngest child in the family at Information Referral.



Data notes:

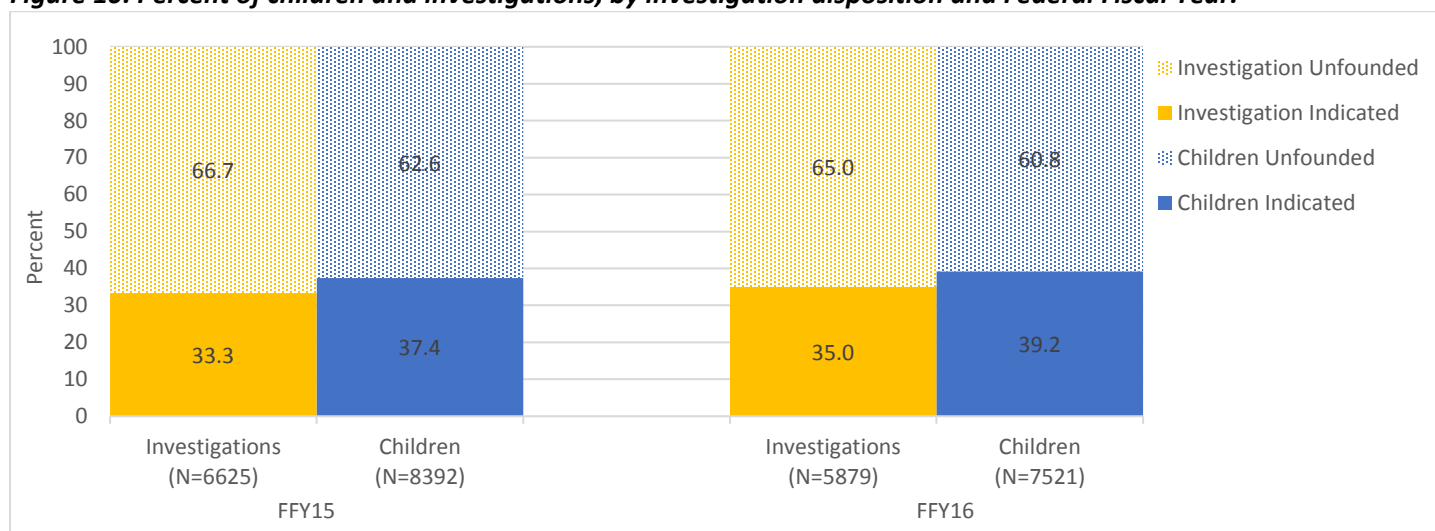
- Data unduplicated by family.
- Child victims age 18 and older at the time of subsequent investigation are not counted.
- If a family had more than one I\R during FFY15, the first I\R is counted as initial.
- Subsequent events are ranked with subsequent indicated investigations being the most serious event followed by subsequent unfounded investigations, subsequent I\R and no subsequent investigation. If a family had both indicated and unfounded investigations within 12 months of first I\R, the family only counted for indicated investigation.
- Initial I\R and subsequent events may not be for the same child in the family.

Section 2: INVESTIGATIONS (MALTREATMENT)

The data presented in Section 2 reflect CPS investigations completed during October 1, 2014 – September 30, 2016 (FFY15-FFY16), by federal fiscal year. The data is presented by investigation disposition year, meaning that FFY15 data may include investigations that did not completed until FFY15 but reported in FFY14 or FFY13. Similarly, FFY16 data may include investigations completed in FFY16 but reported in previous years.

Of 6,625 investigations completed in FFY15, 2,208 (33.3%) investigations were indicated. In FFY16, of 5,879 investigations completed, 2,055 (35.0%) investigations were indicated. **At child level, among 8,392 unique children whose investigations completed in FFY15, 3,142 (37.4%) children had indicated maltreatment. In FFY16, among 7,521 unique children whose investigations completed, 2,948 (39.2%) children had indicated maltreatment.** Children age 18 and older at the time of CPS report are excluded (consistent with Children's Bureau reporting).

Figure 10. Percent of children and investigations, by investigation disposition and Federal Fiscal Year.



Data notes:

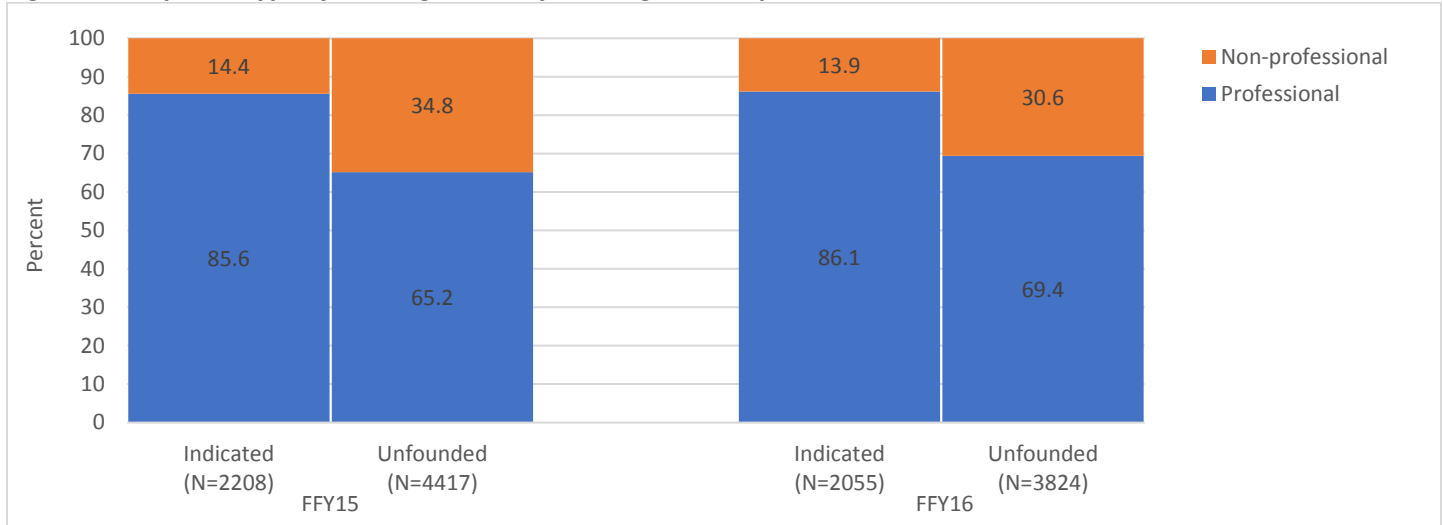
- Data unduplicated by investigation and by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.
- Investigation level data reflect investigation level findings whereas child level data reflect child 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

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”. ***In both FFY15 and FFY16, professionals made a greater percentage of reporter calls for indicated investigations compared to unfounded investigations*** (See Figure 11).

Figure 11. Reporter type of investigations, by investigation disposition and Federal Fiscal Year.



Data notes:

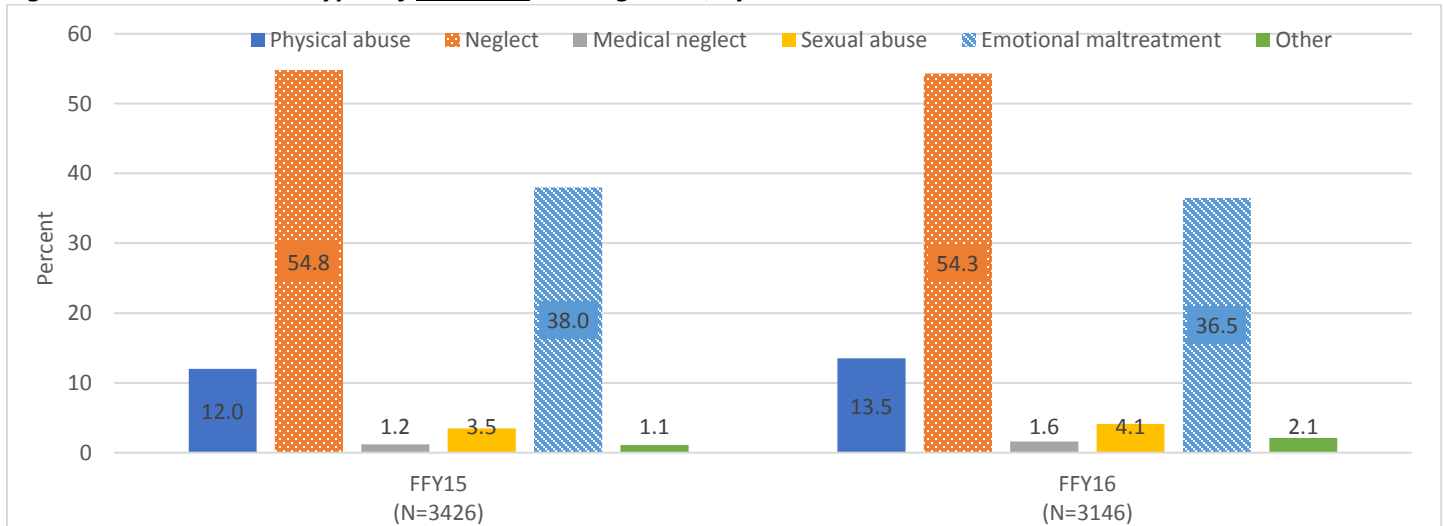
- Data duplicated by investigation and unduplicated by child. Each investigation is counted once, but a child may be counted more than once if had multiple investigations.
- Professional includes reporter type of assistant principal, attendance officer, CPI, child advocate office, child care, child day 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.

WHAT TYPE OF MALTREATMENT OCCURS

INVESTIGATIONS (MALTREATMENT), continued

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. ***In both FFY15 and FFY16 neglect continued to be the most frequent type of indicated maltreatment, 54.8% and 54.3% respectively.*** (See Figure 12). Emotional abuse was the second most frequent type, 38% in FFY15 and 36.5% in FFY16. A large proportion of emotional abuse involves domestic violence. The percentages across all maltreatment types remained relatively constant over the two years presented.

Figure 12. Maltreatment types of indicated investigations, by Federal Fiscal Year.



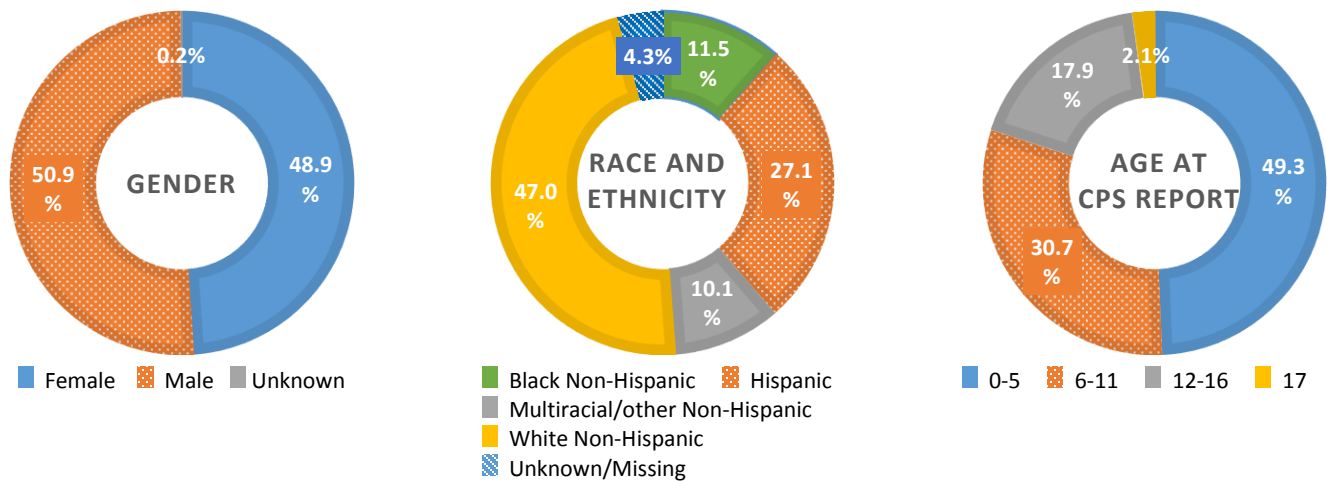
Data notes:

- 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.

CHARACTERISTICS OF CHILDREN INVESTIGATIONS (MALTREATMENT), continued

The data below represent an unduplicated number of children. If a child was indicated more than once within the 12-month period, the child would be counted once. The distribution of indicated maltreatment was similar between males and females in FFY16 (See Figure 13). White Non-Hispanic children comprised 47.0% of the children indicated for maltreatment followed by Hispanic, 27.1%, and Black Non-Hispanic 11.5%. Young age is associated with maltreatment and the data below bear this association out. **Children age 0-5 comprise close to 50% of the indicated maltreatment** and within this figure, a large percentage were under the age of 1 (See Figure 14). **Children age 6-11 constitute 30.7% of the indicated maltreatment.**

Figure 13. Demographics of indicated child victims of maltreatment, FFY16. (N=2948) (see Table 4 for details)



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

There was relatively no change in the percent of children with indicated maltreatment in gender, race, ethnicity, and age groups across the two years presented (See Table 4 and Figure 14).

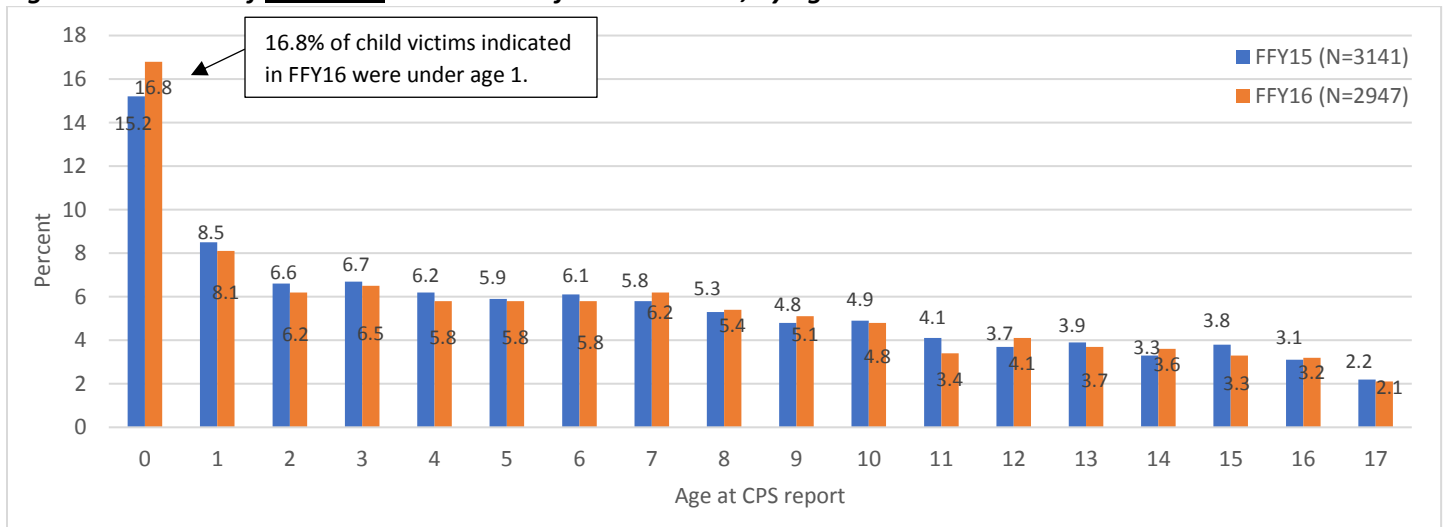
Table 4. Demographics of indicated child victims of maltreatment, by Federal Fiscal Year.

	FFY15 (N=3142)		FFY16 (N=2948)	
	N	%	N	%
Gender				
Female	1543	49.1%	1442	48.9%
Male	1596	50.8%	1501	50.9%
Unknown/Missing	3	0.1%	5	0.2%
Race and Ethnicity				
Black Non-Hispanic	354	11.3%	340	11.5%
Hispanic (any race)	873	27.8%	800	27.1%
Multiracial/other Non-Hispanic	280	8.9%	298	10.1%
White Non-Hispanic	1479	47.1%	1384	47.0%
Unknown/Missing	156	5.0%	126	4.3%
Age at CPS report				
0-5 years	1542	49.1%	1454	49.3%
6-11 years	974	31.0%	905	30.7%
12-16 years	557	17.7%	527	17.9%
17 years	68	2.2%	61	2.1%
Unknown/Missing	1	0.0%	1	0.0%
Median age at CPS report (years)	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.

Figure 14. Percent of indicated child victims of maltreatment, by age and Federal Fiscal 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.

Data source: RICHIST; data are current as of 6/5/2017.

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WHICH CHILDREN ARE OVERREPRESENTED

INVESTIGATIONS (MALTREATMENT), continued

Based on the RI 2015 estimates from the U.S. 2015 Census estimates, an **overrepresentation of children** who are Black or African American, Multiracial and Hispanic are indicated for maltreatment compared to their RI Census 2015 population estimates. Similarly, children age 0-9 are **overrepresented** with indicated maltreatment, 71.9% compared to comprising 53.1% of the RI population (See Figure 16).

Figure 15. Percent of indicated child victims of maltreatment and population estimate of children under 18 years old in Rhode Island, by race and ethnicity, FFY16.

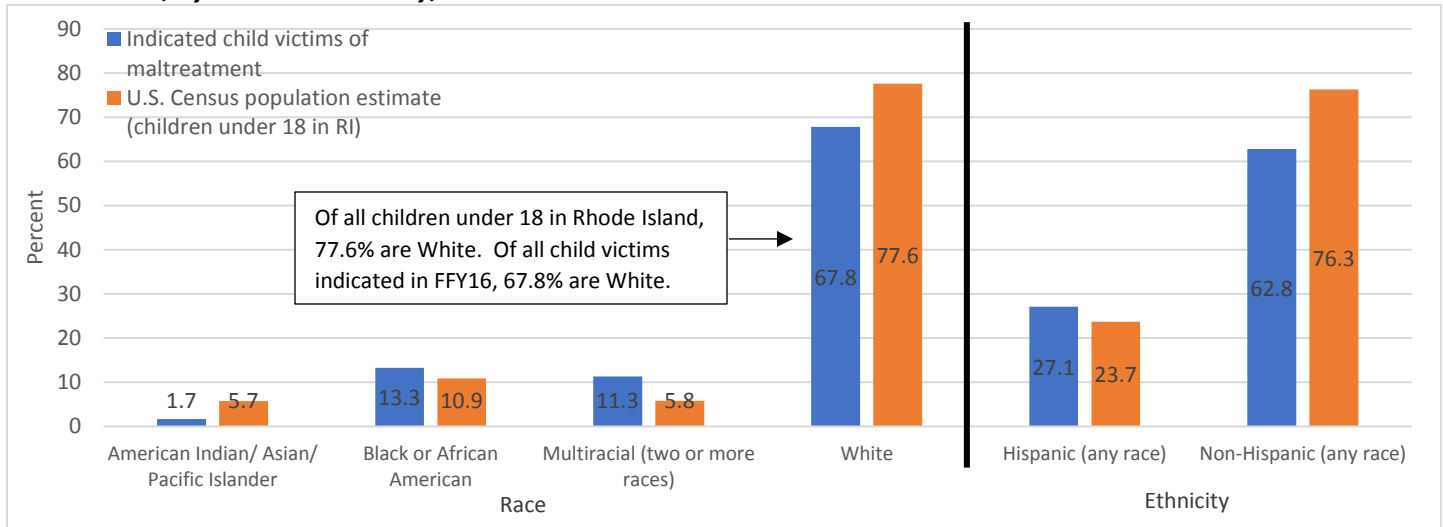
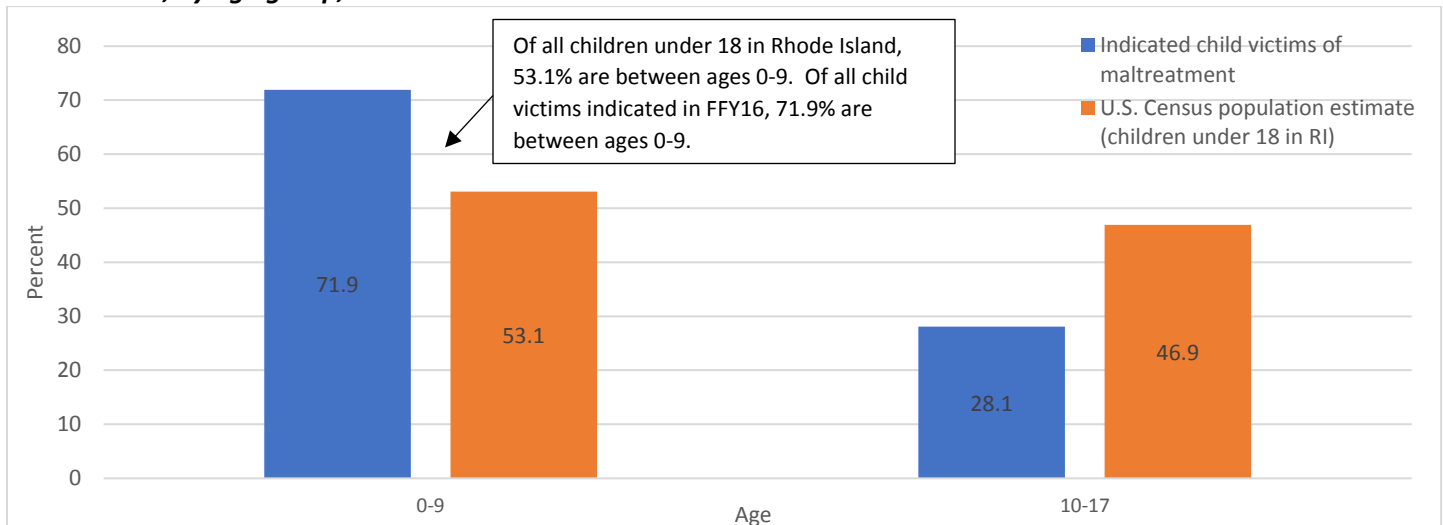


Figure 16. Percent of indicated child victims of maltreatment and population estimate of children under 18 years old in Rhode Island, by age group, FFY16.



Data source: U.S. Census 2015 population estimate by sex, age, race and Hispanic for children under 18.

Data notes:

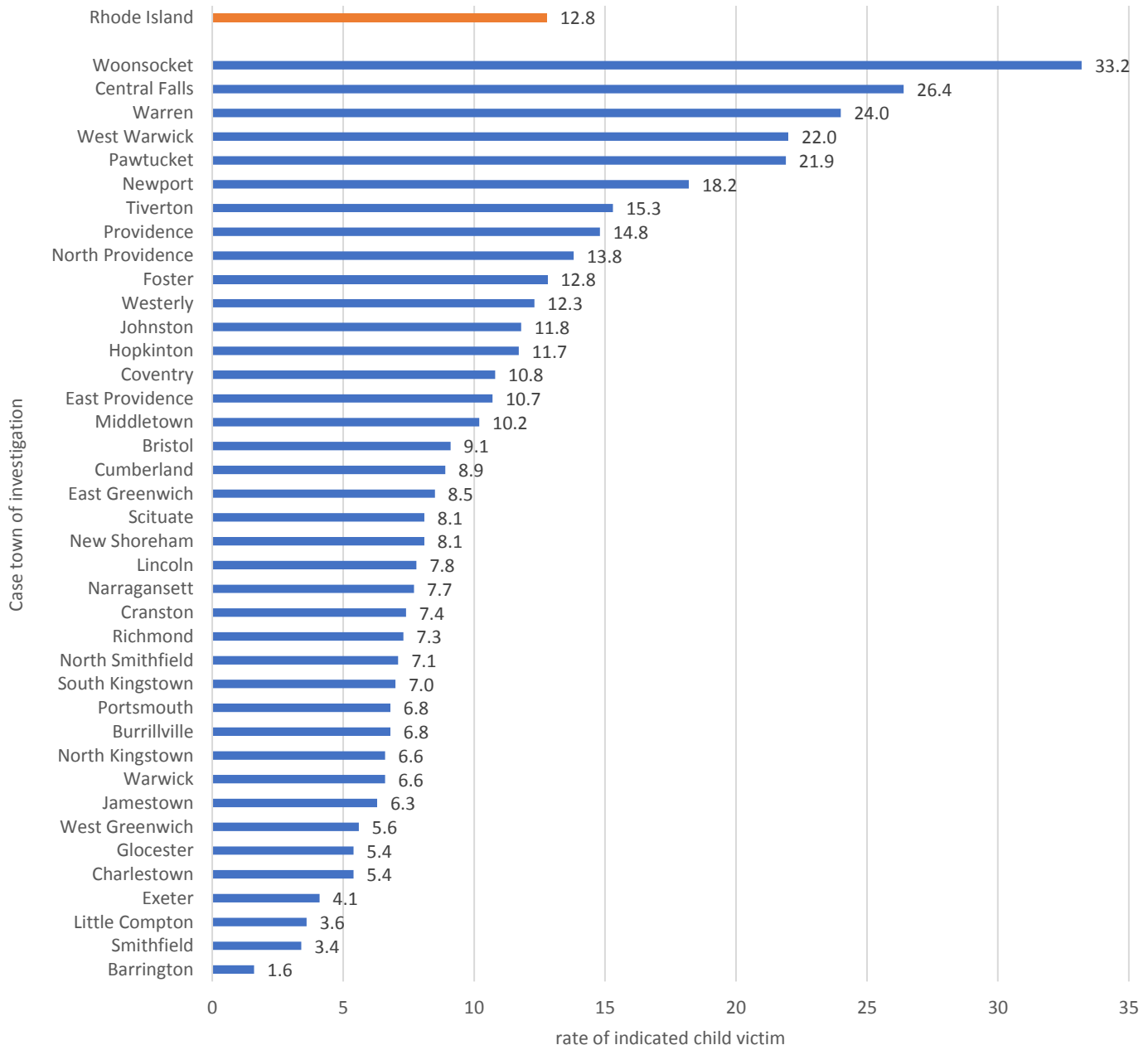
- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.
- Children with unknown/missing race and unknown/missing ethnicity are not shown.

WHERE IN RHODE ISLAND

INVESTIGATIONS (MALTREATMENT), continued

The rate of child maltreatment in RI in FFY16 was 12.8 per 1,000 children (children less than 18 years old). Approximately 10 cities were equal to or 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, FFY16. (excluding maltreatment in foster care) (see Table 5 for details)



Data source: U.S. Census 2015 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.

Data source: RICHOST; data are current as of 6/5/2017.

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WHERE IN RHODE ISLAND

INVESTIGATIONS (MALTREATMENT), continued

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

FFY15				FFY16			
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	2963	13.8		Rhode Island	2748	12.8
1	Woonsocket	299	33.1	1	Woonsocket	300	33.2
2	Central Falls	178	31.3	2	Central Falls	150	26.4
3	Newport	104	28.3	3	Warren	46	24.0
4	West Warwick	153	27.4	4	West Warwick	123	22.0
5	Warren	46	24.0	5	Pawtucket	363	21.9
6	Pawtucket	374	22.6	6	Newport	67	18.2
7	North Providence	86	15.8	7	Tiverton	44	15.3
7	Providence	638	15.8	8	Providence	599	14.8
9	East Providence	131	13.5	9	North Providence	75	13.8
10	Burrillville	43	12.8	10	Foster	10	12.8
10	Tiverton	37	12.8	11	Westerly	54	12.3
12	Westerly	54	12.3	12	Johnston	63	11.8
13	Foster	9	11.5	13	Hopkinton	16	11.7
13	North Kingstown	70	11.5	14	Coventry	73	10.8
15	Hopkinton	15	10.9	15	East Providence	104	10.7
16	Charlestown	16	10.7	16	Middletown	38	10.2
17	Cumberland	76	10.4	17	Bristol	32	9.1
18	North Smithfield	21	10.0	18	Cumberland	65	8.9
19	Middletown	36	9.6	19	East Greenwich	28	8.5
20	Lincoln	44	9.0	20	New Shoreham	1	8.1
21	Jamestown	8	8.5	20	Scituate	16	8.1
22	Narragansett	17	8.2	22	Lincoln	38	7.8
23	South Kingstown	40	8.2	23	Narragansett	16	7.7
23	Warwick	125	8.2	24	Cranston	117	7.4
25	Coventry	52	7.7	25	Richmond	13	7.3
25	Cranston	122	7.7	26	South Kingstown	34	7.0
27	Scituate	15	7.6	27	North Smithfield	15	7.1
28	Portsmouth	27	7.3	28	Burrillville	23	6.8
29	Glocester	13	7.0	28	Portsmouth	25	6.8
30	Richmond	12	6.7	30	North Kingstown	40	6.6
31	Johnston	33	6.2	30	Warwick	101	6.6
32	East Greenwich	20	6.1	32	Jamestown	6	6.3
33	Bristol	19	5.4	33	West Greenwich	9	5.6
34	Little Compton	2	3.6	34	Charlestown	8	5.4
35	Exeter	4	3.3	34	Glocester	10	5.4
36	Barrington	13	3.0	36	Exeter	5	4.1
37	West Greenwich	4	2.5	37	Little Compton	2	3.6
38	Smithfield	7	2.0	38	Smithfield	12	3.4
39	New Shoreham	0	0.0	39	Barrington	7	1.6

Data source: U.S. Census 2015 population estimate for children under 18.

Data note:

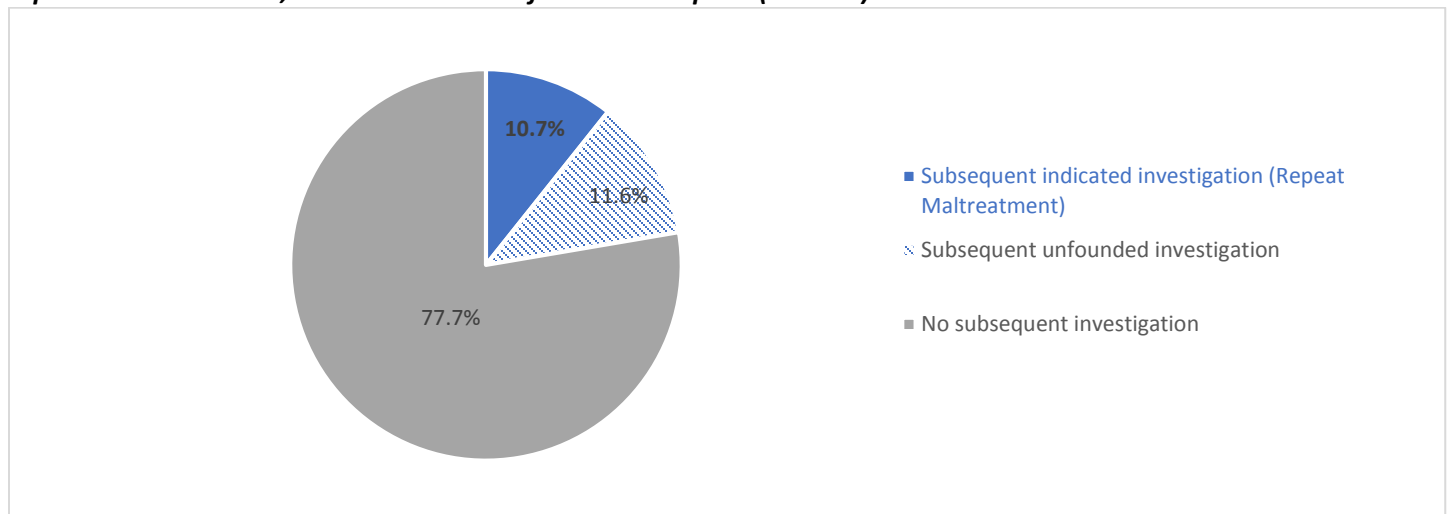
- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.
- Excluded child victims with unknown or out of state case address.
- Excluded child victims of maltreatment in foster care.

Section 3: REPEAT MALTREATMENT

The data presented in Section 3 focus on children under 18 years of age who had indicated maltreatment between October 1, 2014 – September 30, 2015 (FFY15) and had subsequent indicate maltreatment within 12 months of their initial. Among 3,158 indicated child victims reported in **FFY15, 339 (10.7%) children had at least one subsequent indicated investigation, or repeat maltreatment, within 12 months of the initial report**. 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 above is slightly different from the number presented in previous section on maltreatment. This is because maltreatment section is presented by investigation disposition year whereas repeat maltreatment section is presented by investigation report year. There are 3,142 unique child victims who completed investigation in FFY15 as shown in Section 2. There are 3,158 unique child victims who were reported for investigation in FFY15 and completed investigation in either FFY15 or FFY16 as presented in this section. The exclusion criteria and timeframe used to calculate repeat maltreatment are consistent with the rules used in Children's Bureau Child and Family Services Review (CFSR) Round 3.

Figure 18. Among indicated child victims reported in FFY15, percent who had subsequent indicated investigation, or repeat maltreatment*, within 12 months of the initial report. (N=3158)



*Repeat maltreatment: the report date of first subsequent indicated investigation falls within 12 months of the report date of the first indicated investigation in FFY15.

Data notes:

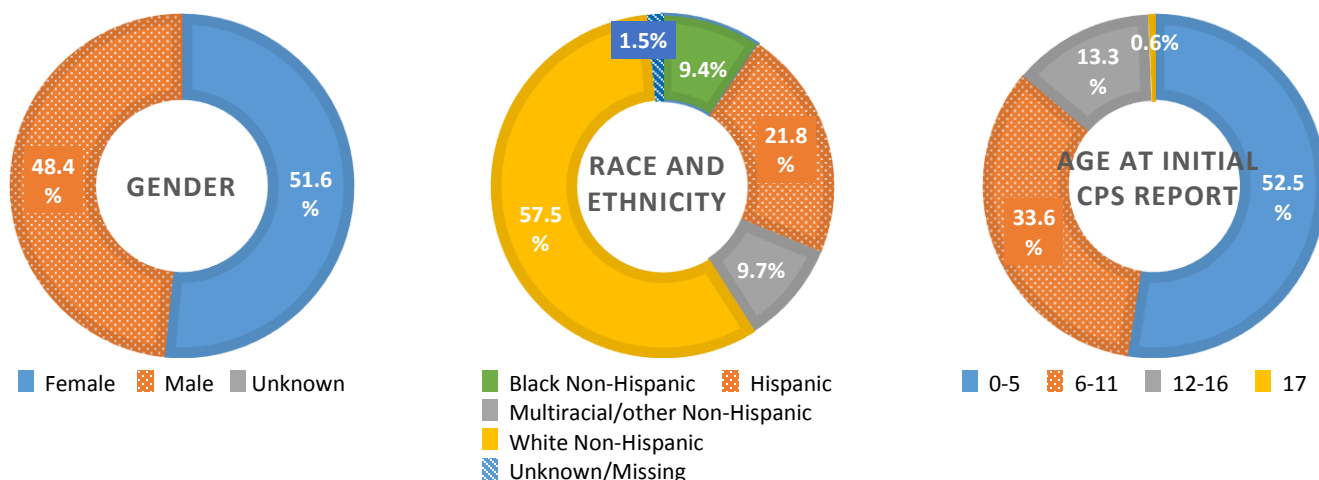
- Data reflect observed percentage, unadjusted for age. Children's Bureau adjust for age at initial victimization.
- Data unduplicated by keeping the first indicated report in FFY15 as the initial. If a child had multiple subsequent investigations within 12 months, the first indicated investigation is counted.
- Subsequent investigations reported within 12 months but have not yet completed as of the last day of FFY16 are not reflected.
- Subsequent indicated investigations occurring within 14 days of the initial indicated investigation are not counted as repeat maltreatment.

CHARACTERISTICS OF CHILDREN

REPEAT MALTREATMENT, continued

Consistent with I\Rs and indicated maltreatment, there is relatively equal distribution of repeat maltreatment between females and males and repeat maltreatment is more prevalent among young children. **Approximately 87% of children age 0-11 comprise the repeat maltreatment figures** (See Figure 19).

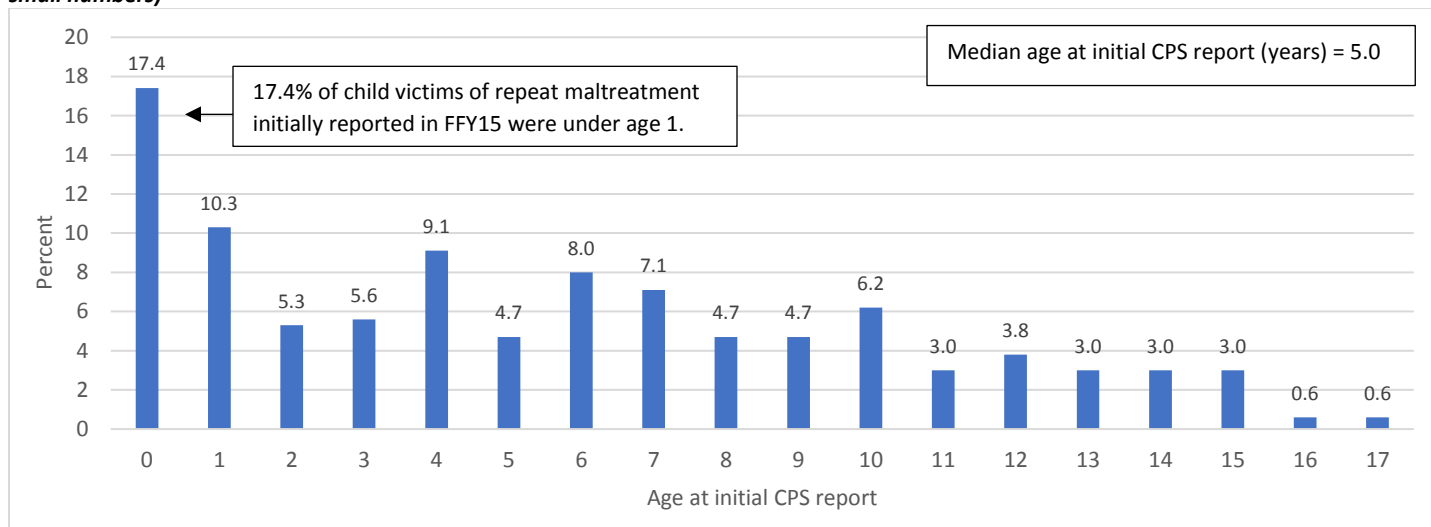
Figure 19. Demographics of child victims of repeat maltreatment, FFY15. (N=339)



Data notes:

- Data unduplicated by keeping the first indicated report in FFY15 as the initial. If a child had multiple subsequent investigations within 12 months, the first indicated investigation is counted.

Figure 20. Percent of child victims of repeat maltreatment, by age, FFY15. (N=339) (caution in interpreting percentages due to small numbers)



Data notes:

- Data unduplicated by keeping the first indicated report in FFY15 as the initial. If a child had multiple subsequent investigations within 12 months, the first indicated investigation is counted.

WHICH CHILDREN ARE OVERREPRESENTED

REPEAT MALTREATMENT, continued

Figure 21 and 22 compares RI U.S. Census 2015 estimates of children in RI to the proportion of children indicated with repeat maltreatment in FFY15. The data involving repeat maltreatment reveal a different picture than was observed with I\Rs and indicated maltreatment. There is less overrepresentation of Black or African American children indicated for repeat maltreatment compared to I\Rs and indicated maltreatment, and less underrepresentation of White Non-Hispanic and Hispanic (any race). **Children identified as Multiracial were overrepresented with repeat maltreatment compared to the proportion of children in RI who are Multiracial, 13.0% compared to 5.8% respectively.**

Figure 21. Percent of child victims of repeat maltreatment and population estimate of children under 18 years old in Rhode Island, by race and ethnicity, FFY15.

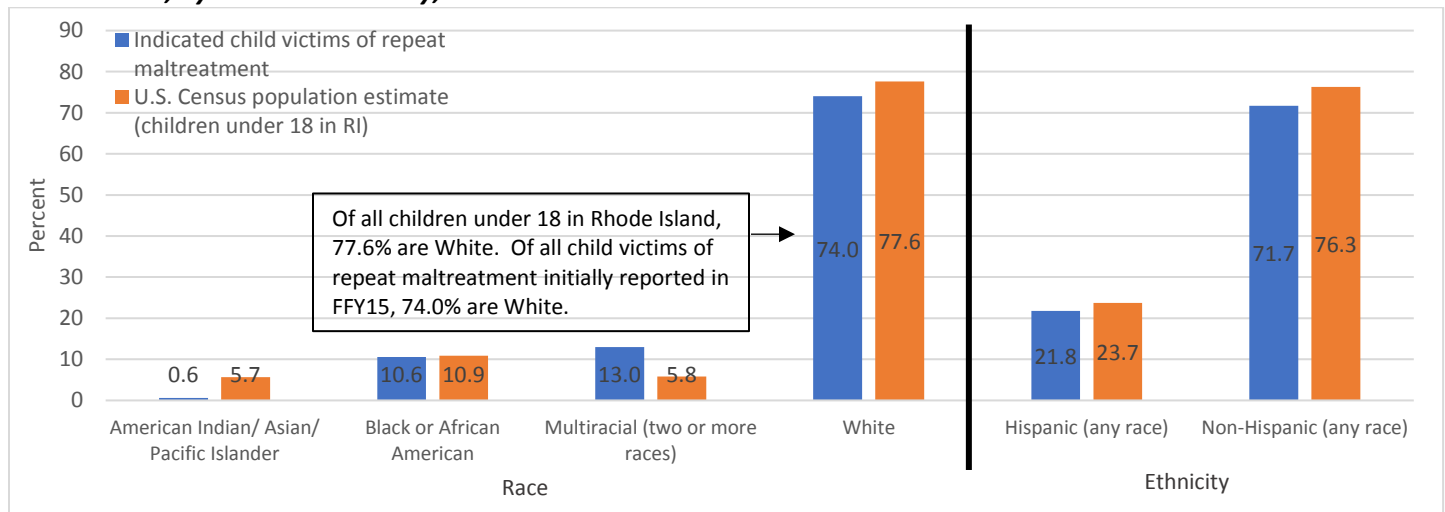
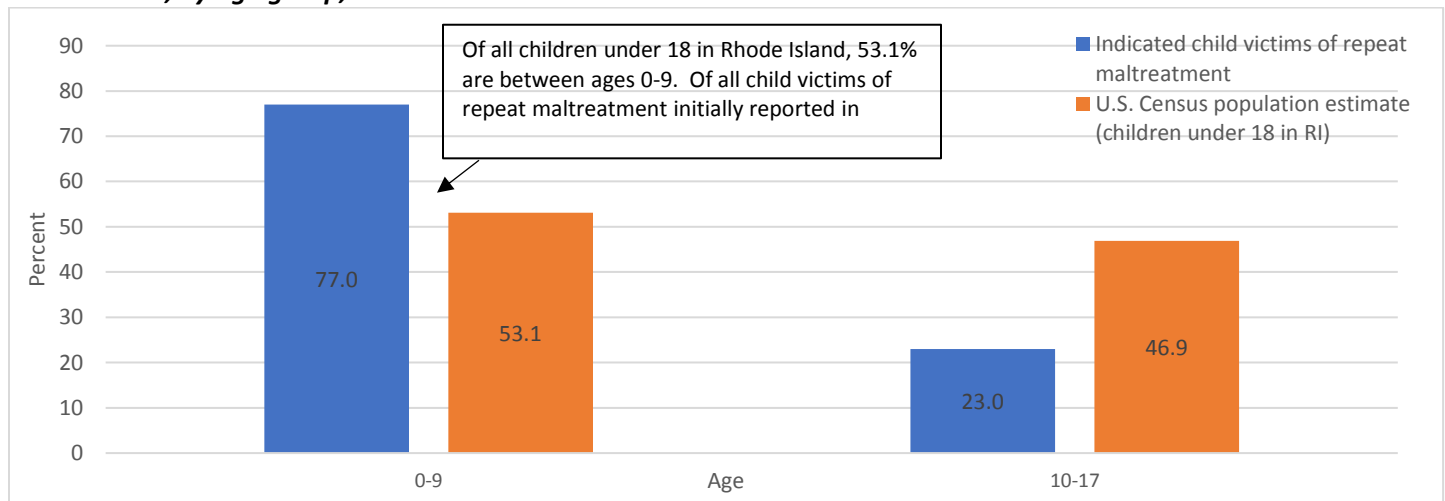


Figure 22. Percent of child victims of repeat maltreatment and population estimate of children under 18 years old in Rhode Island, by age group, FFY15.



Data source: U.S. Census 2015 population estimate by sex, age, race and Hispanic for children under 18.

Data notes:

- Data unduplicated by keeping the first indicated report in FFY15 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.

Data source: RICHIST; data are current as of 6/5/2017.

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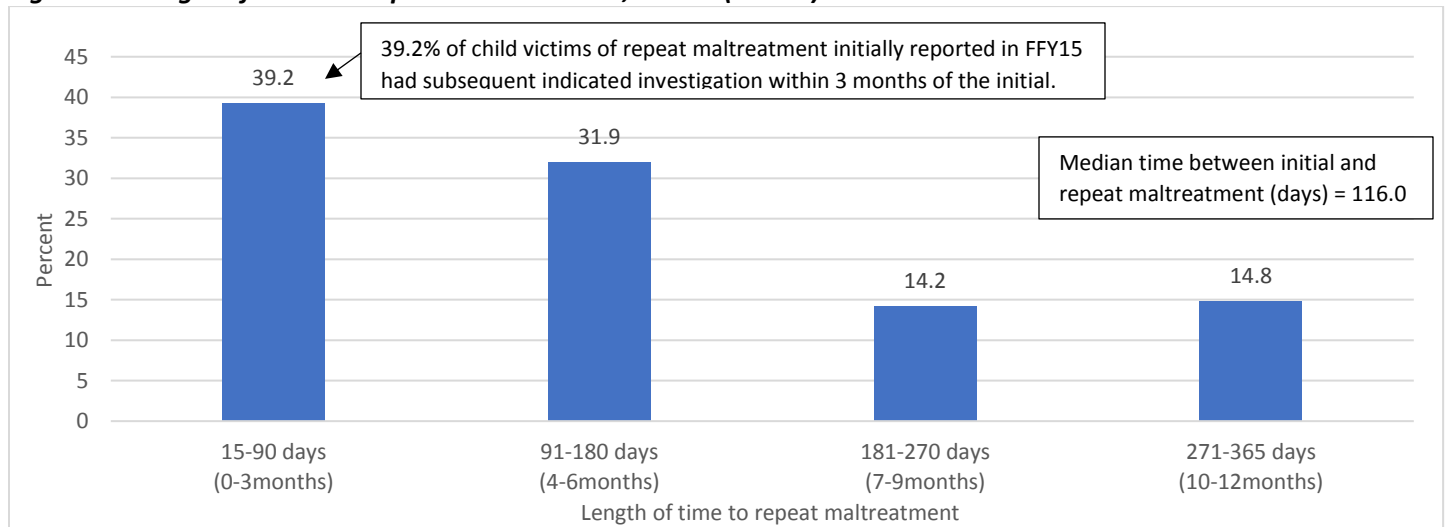
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LENGTH OF TIME TO REPEAT MALTREATMENT

REPEAT MALTREATMENT, continued

Slightly over 70% of children who experienced a repeat maltreatment did so within 6 months from the initial indicated maltreatment in FFY15. The median length of time of 6 months presents a window of opportunity to mitigate risk for repeat maltreatment.

Figure 23. Length of time* to repeat maltreatment, FFY15. (N=339)



*Length of time: number of days between the report date of first indicated maltreatment in FFY15 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 FFY15 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 FFY16 are not reflected.
- Subsequent indicated investigations occurring within 14 days of the initial indicated investigation are not counted as repeat maltreatment.

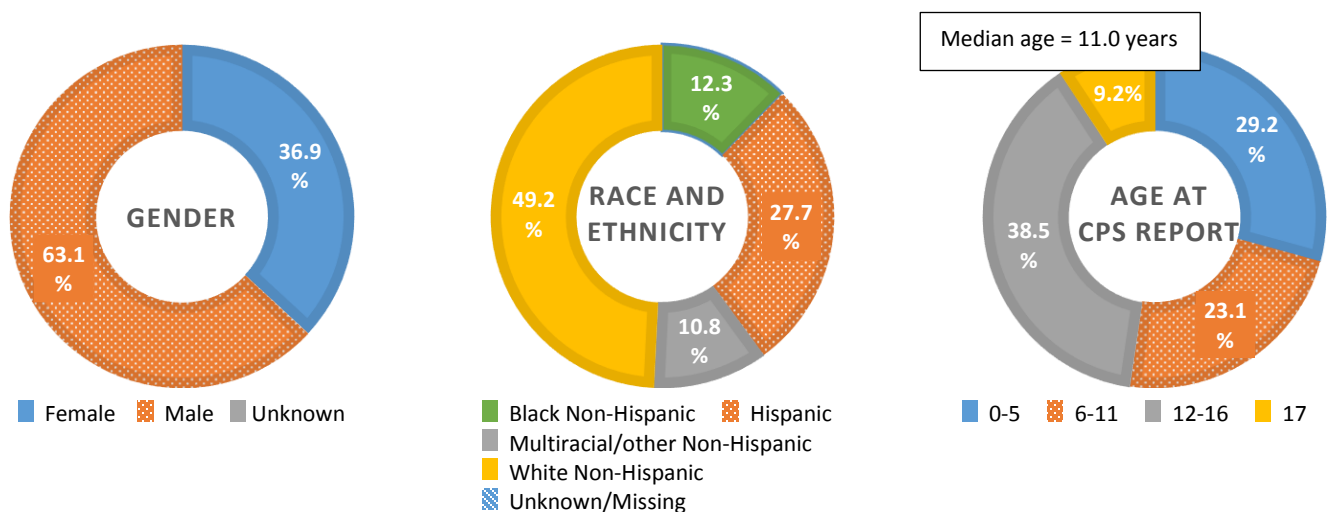
Section 4: MALTREATMENT IN FOSTER CARE

The focus in Section 4 is the occurrence of indicated maltreatment of child victims in foster care in FFY15 (October 1, 2014 – September 30, 2015). 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 so that FFY15 data includes child victims reported in FFY15 and reached disposition in FFY15 or FFY16. Child victims of maltreatment in foster care who were reported in FFY15 but did not complete investigation until FFY17 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.

The method in which the Children's Bureau report on maltreatment in foster care changed within the last few 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.

In FFY15, there were 71 victimizations of maltreatment in foster care reported on 65 unique child victims of maltreatment in foster care.

Figure 24. Demographics of indicated child victims of maltreatment in foster care, FFY15. (N=65)



Data notes:

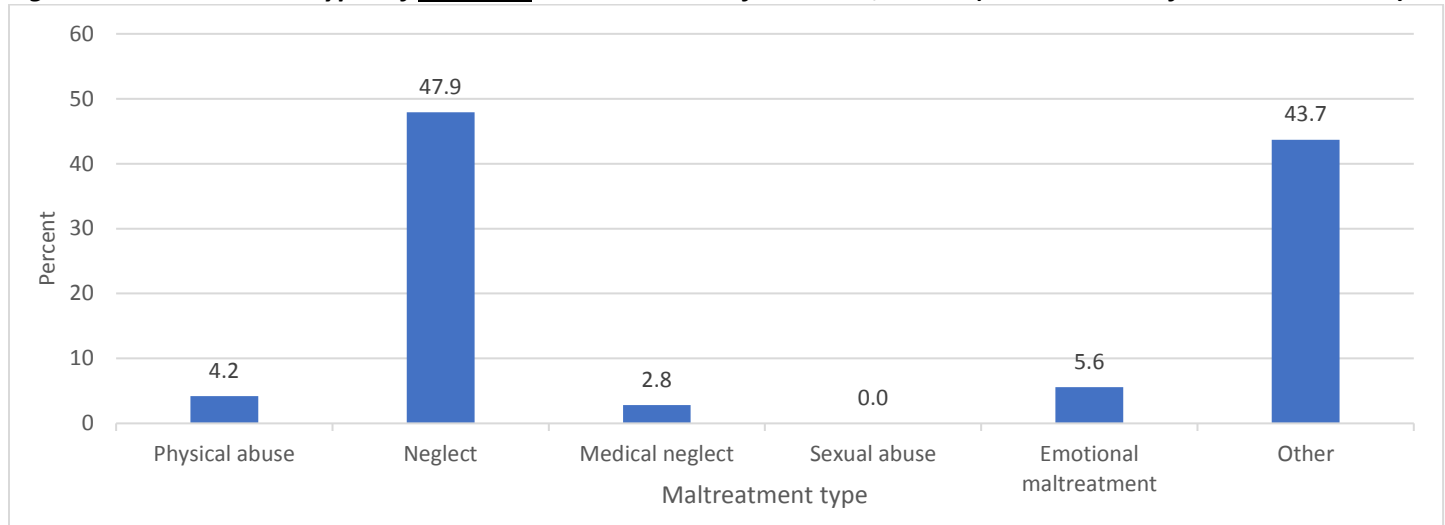
- Data unduplicated by child. A child victim of maltreatment in foster care counted once.

MALTREATMENT IN FOSTER CARE BY MALTREATMENT TYPE

MALTREATMENT IN FOSTER CARE, continued

In FFY15, indicated maltreatment in foster care was comprised predominantly by neglect, 47.9%, followed by “other” 43.7%.

Figure 25. Maltreatment types of indicated maltreatment in foster care, FFY15. (Total number of victimizations=71)



Data notes:

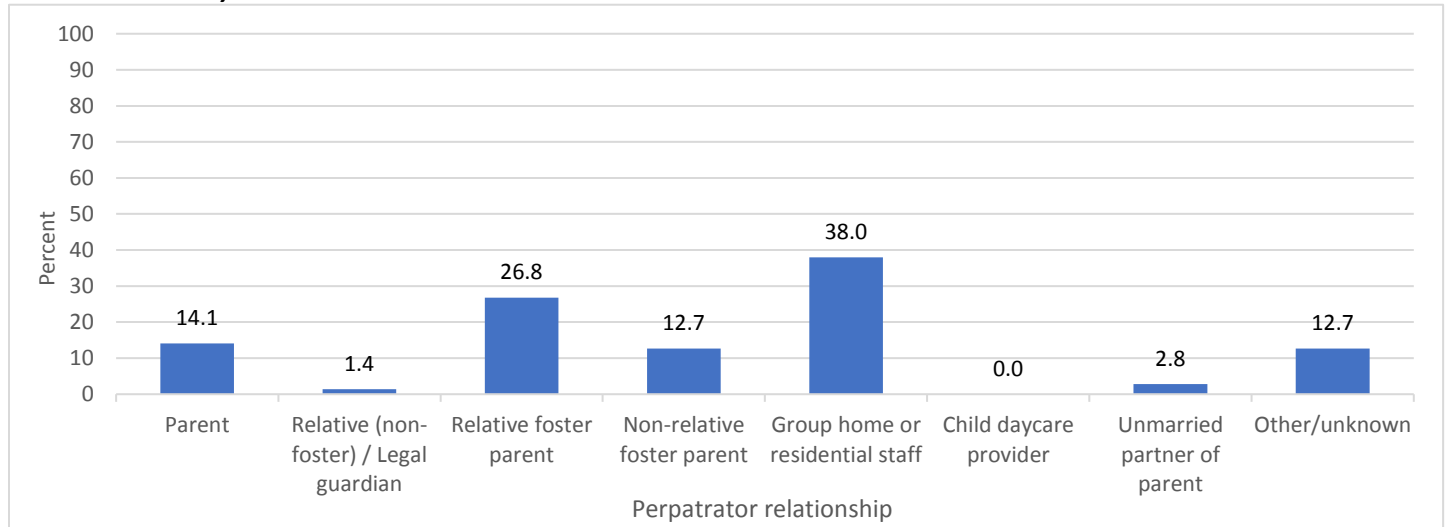
- Data shown in investigation level. An investigation may be counted more than once if multiple children indicated in investigation.
- Only the indicated allegations are reflected.
- Percentage may add up to more than 100% because a child may be a victim of multiple maltreatment types.
- NCANDS maltreatment 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

In FFY15 the perpetrator relationship most prevalent group home\residential staff, 38.0% followed by relative foster parent, 26.8%. It is important to note factors that may influence these percentages that are unrelated to the relationship. For example, age of child, young age is associated with increased risk for child maltreatment. Another is the proportion of children in the placement setting. There are more children in foster families compared to children in congregate care.

Figure 26. Perpetrator relationship of indicated maltreatment in foster care, FFY15. (Total number of victimizations=71)



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.

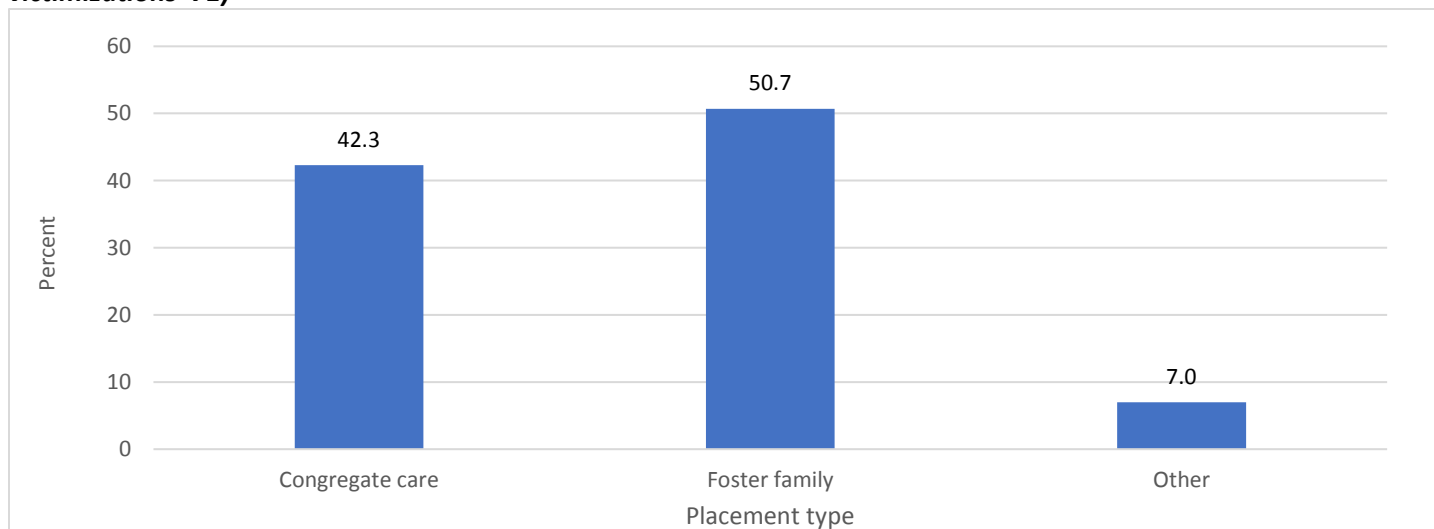
WHERE IN FOSTER CARE

MALTREATMENT IN FOSTER CARE, continued

Figure 27 presents data the distribution of maltreatment victimization in foster care across placement types to better understand the distribution and to allow for tailored interventions to mitigate the risk of maltreatment in foster care.

Although the greater percentage of victimization occurs in foster families, it is important to note there are more children placed in foster families than congregate care. Approximately 70% of children in foster care are in foster families.

Figure 27. Placement type at the time of CPS report for indicated maltreatment in foster care, FFY15. (Total number of victimizations=71)



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.
- Foster family includes placement type of non-relative foster – pending license, non-relative foster home, private agency foster care, private agency foster – pending site link, relative foster home and relative foster home – pending license.
- Other includes placement type of absent from care and RITS.