Johnson & Wales University ScholarsArchive@JWU

Health & Wellness Department Faculty Publications and Research

College of Health & Wellness

5-2018

DCYF, Child Victimization in Rhode Island Communities

S R. Rosenthal Johnson & Wales University - Providence, Samantha.Rosenthal@jwu.edu

S L. Buka

Follow this and additional works at: https://scholarsarchive.jwu.edu/health_fac Part of the <u>Medicine and Health Sciences Commons</u>

Repository Citation

Rosenthal, S R. and Buka, S L., "DCYF, Child Victimization in Rhode Island Communities" (2018). *Health & Wellness Department Faculty Publications and Research*. 2. https://scholarsarchive.jwu.edu/health_fac/2

This Reference Material is brought to you for free and open access by the College of Health & Wellness at ScholarsArchive@JWU. It has been accepted for inclusion in Health & Wellness Department Faculty Publications and Research by an authorized administrator of ScholarsArchive@JWU. For more information, please contact jcastel@jwu.edu.

DCYF Child Victimization in Rhode Island Communities

Vol. 1, May, 2018

Child victimization, also known as child abuse and neglect, is "any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm."¹

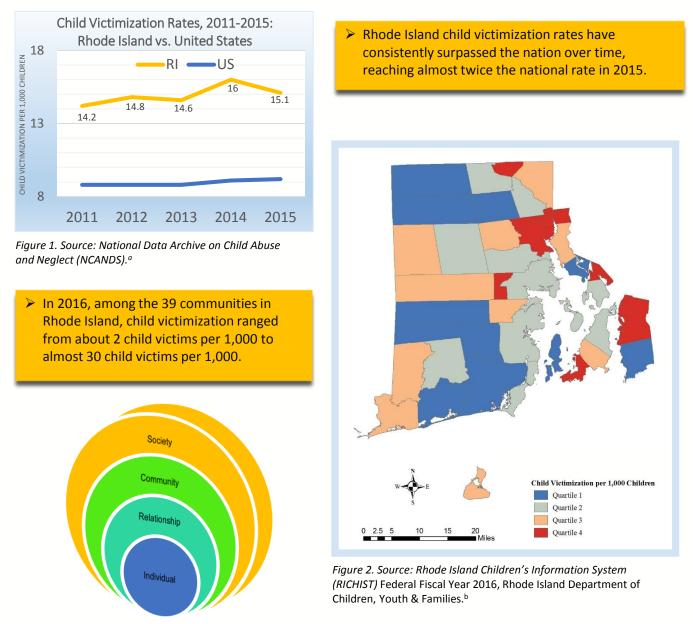
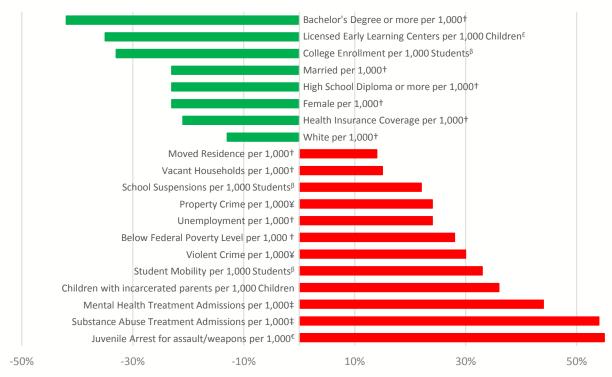


Figure 3. Social-Ecological Model of Child Victimization.²

Child victimization is impacted by factors at the individual, relationship, community, and societal levels. Social and ecological factors include the setting for child maltreatment such as schools, workplaces, and neighborhoods.²

In Rhode Island, many social and ecological characteristics are associated with higher child victimization rates: poverty, crime, substance abuse and mental health burden, unemployment, and mobility. Other characteristics are associated with lower child victimization rates: towns with greater health insurance coverage, married, female, and white populations, higher levels of education, and more availability of early learning centers.

Social-Ecological Characteristics Associated^c with Childhood Victimization: Rhode Island 2016



Social and ecological level childhood victimization prevention requires involvement across sectors such as education, government, social services, health services, business/labor, justice, housing, media, and other non-governmental organizations. ³

[€]Juvenile arrests for assault/weapons offenses data are from Mongeau, T. & Tocco, G. (2017). 2016 juvenile detention data. Providence, RI: Rhode Island Department of Public Safety, Grant Administration Office. †Data source for community characteristics is American Communities Survey 2012- 2016 Aggregated 5 year estimates.

tData source Rhode Island Department of Corrections 2016; children of incarcerated parents is the number of children with parents serving sentences at the Rhode Island Department of Corrections per 1,000 children under age 18; data are reported via place of parent's last residence before entering prison and do not include Rhode Island children who have parents incarcerated at other locations. ^βData source Rhode Island Department of Education, 2015-2016 school year; student mobility defined as the number of students who enrolled in school after September 30 or withdrew from school before June 1

divided by the total enrollment for that school district; school suspensions per 100 is out-of-school suspensions for the school district at all grade levels divided by student enrollment multiplied by 100; % college enrollment is the percentage of high school graduates who enrolled in a two- or four-year college within 6 months.

⁴Data source RI Early Care and Education Data System; Licensed centers include child care programs, preschools, nursery schools, and center0based Head Start and Early Head Start programs; rates were generated based on child population estimates from American Communities Survey 2012- 2016 Aggregated 5 year estimates.

¥Data source for crime is Uniform Crime Reports (UCR) 2015; rates were generated based on adult population estimates from American Communities Survey 2012- 2016 Aggregated 5 year estimates. ‡Data source for Mental Health and Substance Abuse Admissions is BHOLD fiscal year 2016; data unduplicated by patient; patients with out-of-state or unknown addresses are excluded; rates were generated based on adult population estimates.



Created by the State Epidemiological Outcomes Workgroup (SEOW) on behalf of the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH).

¹ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2017). Child Maltreatment 2015. Available from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment.

² CDC. The Social-Ecological Model: A Framework for Prevention. (https://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html)

³Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

^aThe number of victims is a unique count of children with substantiated maltreatment investigations. Rates were calculated by dividing the number of victims by the child population and multiplying by 1,000. ^bData unduplicated by child; child victims with out-of-state or unknown case address are excluded; child victims of maltreatment in foster care are excluded. rates were generated based on child population estimates from American Communities Survey 2012- 2016 Aggregated 5 year estimates.

^c Poisson Regression was used to model child victimization counts with offset of child population in each community from American Communities Survey 2012-2016 Aggregated 5 year estimate. All characteristics had statistical significance at α =0.05. All covariates were transformed to a standard normal distribution for ease of relative comparison. Data source for child victimization is RICHIST fiscal year 2016; data unduplicated by child; child victims with out-of-state or unknown case address are excluded; child victims of maltreatment in foster care are excluded.