



# Rikers Island Longitudinal Study: Adverse Childhood Experiences

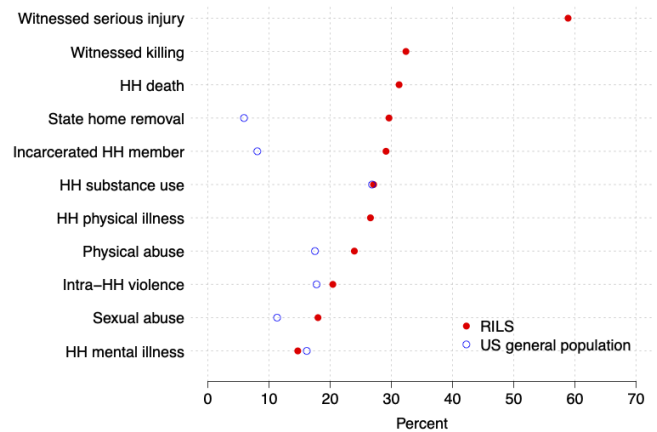
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The Rikers Island Longitudinal Study (RILS), conducted by the Columbia University Justice Lab, collected data from 286 men and women who appeared in New York City criminal courts between 2019 and 2020. After initially interviewing people at court or in jail, the study re-interviewed them 3 months, 6 months, and 12 months later. Our sampling strategy focused on those with multiple prior charges and prior violent felonies. The interviews were conducted over a 22-month period that concluded in May 2021. We completed a total of 1,078 interviews, maintaining a response rate of over 75%. As part of New York City’s effort to close Rikers Island Jail, we aimed to understand how poverty, housing insecurity, and health problems affect the pre-trial process. This is one of a series of research briefs that summarize several of the key findings. More information about the study can be found at: <https://justicelab.columbia.edu>

## The Prevalence of Childhood Trauma

Trauma results from exposure to emotionally damaging or life-threatening events or conditions that have lasting effects on individuals’ mental, physical, and social well-being. People who experience Adverse Childhood Experiences (ACEs)—traumatic events including abuse, neglect, injury, and serious household dysfunction—have a higher chance of experiencing a range of negative social, health, and economic outcomes in both youth and adulthood.

Figure 1 shows the prevalence of ACEs in the RILS sample making comparisons, where data were available, to representative samples of adult Americans. Childhood adversity was more common in the RILS sample compared to the U.S. population



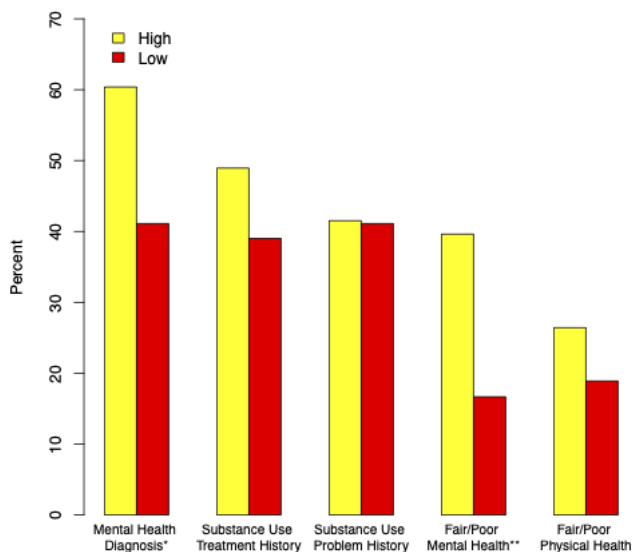
**Figure 1.** Prevalence of ACEs in the RILS sample and the United States general population (HH=householder).<sup>1</sup>

in every category, except for living with a mentally ill family member. RILS respondents were much more likely to have been removed from the home by the state, been abused physically or sexually, and lived with an incarcerated household member.

Nearly 90 percent of the sample had one or more of the eleven experiences listed in Figure 1 and nearly half reported three or more. The most common ACEs were witnessing a serious injury and witnessing death, both measures of exposure to community violence (ECV). Though these two events are not included in the standard CDC-designed ACE questionnaire, research associates ECV with psychological distress, and physical health and interpersonal problems in adulthood. Many respondents described witnessing violence in their neighborhoods as children. One respondent, a 32-year-old Black man, said that he saw five people killed in his neighborhood before his eighteenth birthday. “It’s just the norm,” he said. “This s\*\*t happens a lot. So, it’s like whatever; you get used to it.”

<sup>1</sup> Frequency calculations for the US for all ACEs except home removal are from Giano, Zachary, Denna L. Wheeler, and Randolph D. Hubach. 2020. “The Frequencies and Disparities of Adverse Childhood Experiences in the US.” *BMC Public Health* 20(1):1–12. Home removal calculations are from Wildeman, Christopher, and Natalia Emanuel.

2014. “Cumulative Risks of Foster Care Placement by Age 18 for US Children, 2000–2011.” *PLoS One* 9(3): e92785. RILS respondents were coded as having a household member incarcerated if they reported that either or both of their parents had ever been incarcerated.



**Figure 2.** Percentage of respondents with poor health and substance use histories by ACE count  
 ACE Scores calculated using the first seven ACEs in Fig.1; High ACE scores are 4 or higher (i.e., greater than mean of 3.01)

### Childhood Trauma and Health in Adulthood

Research on childhood trauma has found that ACEs have cumulative effects on health and development; higher ACE counts are strongly associated with increased health risks. Figure 2 compares the percent of respondents with ACE counts below and over the average who report each of five different indicators of poor health and issues with substance use.

Respondents with high ACE counts were more likely to report all five indicators of health problems, and the differences in likelihood were significant in the case of self-reported fair or poor mental health and mental health diagnosis.

Whether and how an individual experiences an event as traumatic is to a large extent shaped by the support they receive to process their feelings. RILS respondents were unlikely to receive support from adults to deal with ACEs. The proportion of respondents who reported getting help for each ACE ranged from 19 percent (mentally ill household member) to 42 percent (death of a household member), with an average of 28 percent across all ACEs. John, a 34-year-old man whose father had an alcohol use disorder and physically abused him, said

that “nobody really took [the abuse] serious” even though he “would come to school with black eyes and stuff.” Typically, the only support respondents reported came from family members, particularly mothers, grandmothers, and sisters. Social institutions like schools, government, or social service organizations were rarely ever mentioned as sources of support.

What are the implications of the high level of childhood trauma among New Yorkers involved in the criminal courts? From arrest, through the court process, to incarceration, contact with the criminal legal system can be a source of unusual stress for people with histories of trauma. Traumatic stress itself can have long-lasting secondary effects on physical and mental health. A sensitivity to trauma would involve reducing the intensity and duration of criminal legal system contact, ensuring an environment of safety, and making available professional care in the event of crisis. More generally, where trauma is a source of interpersonal conflict, substance use problems, or anti-social behavior, a health-based response can reduce harm, and acknowledge the external effects of experiences of extreme adversity.

### Acknowledgements and Contacts

The RILS was made possible by the hundreds of men and women who shared their time and life experiences so that we may learn about the effects of criminalization and jail incarceration on American families and communities. We thank the New York City Departments of Social Services and of Corrections and the New York Division of Criminal Justice Services for providing data used in this research, and the Mayor’s Office of Criminal Justice for their partnership. This research was supported by grants from the William T. Grant Foundation, the Robert Wood Johnson Foundation, the Russell Sage Foundation, the J.C. Flowers Foundation, and the Tiger Foundation.

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