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 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.”

![Figure 1. Prevalence of ACEs in the RILS sample and the United States general population (HH=householder).](image)


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.
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.

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