

## Rikers Island Longitudinal Study: Emerging Adults

November 2023

The Rikers Island Longitudinal Study (RILS), conducted by the Columbia University Justice Lab, collected data from 286 men and women who were arraigned 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 conducted a total of 1,078 interviews, maintaining a response rate of over 75%. As part of New York City’s effort to close the Rikers Island Jail Complex, 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/research-on-incarceration>

### Emerging adults in the justice system

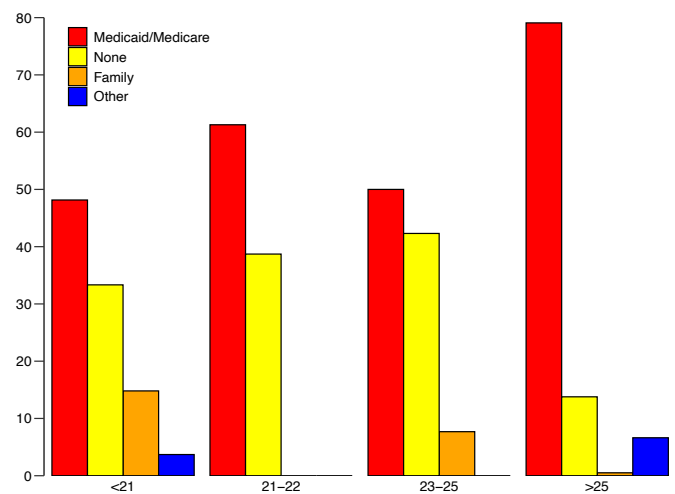
In New York City and across the United States, emerging adults (ages 18 to 25) are incarcerated at more than double the rate of the adult population as a whole and suffer the highest racial disparities. The risk of exposure to violence and victimization tends to peak in emerging adulthood, and is amplified by criminal legal system involvement. Emerging adulthood is a crucial developmental period, marked by growth in responsibility and independence. Achieving key milestones (e.g., educational attainment and meaningful employment) in this developmental period supports desistance from crime.

### Importance of family support

There were 86 emerging adults in the RILS sample, most (60%) of whom lived with family during the study period; less than 10% lived in their own residence. By comparison, nearly a quarter of adults over 25 lived at their own residence and around 40% lived with family. Unstable housing (shelter or other temporary living situations) was relatively common at baseline (roughly 11% of young adults lived in shelters or on the street at the inception of the study), but

in later interviews this number declined to around 5%.

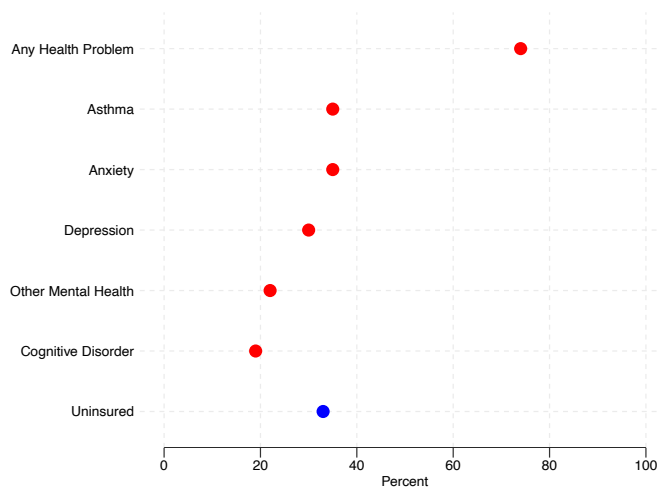
Emerging adults also relied heavily on their families for health insurance. Figure 1 shows that about 1 in 6 emerging adults under age 21 were still enrolled on their family’s health insurance plan. Almost none of the RILS respondents over age 25 reported receiving health insurance through their families. A third of emerging adults in the RILS sample were uninsured at their first interview, compared to 13% of respondents over age 25. The uninsurance rate among emerging adults is particularly striking given New York State’s overall low uninsurance rate of 5.2%.<sup>i</sup>



**Figure 1.** Percentage distribution of type of health insurance by age category.

### Emotional and childhood challenges

The lack of health coverage for emerging adults in the RILS study is particularly concerning given the emotional and physical challenges they face. Figure 2 shows the percentage of emerging adults reporting different health concerns. Three quarters of emerging adults experienced some kind of ongoing health issue, with nearly a third experiencing asthma, depression, or anxiety. The most common mental health concerns after anxiety and depression were PTSD, Bipolar disorder, and ADHD. While emerging adults were generally healthier than the rest of the sample, those reporting health conditions were much more likely to be uninsured (37%) than people over age 25 who reported health conditions (9%).



**Figure 2.** Percentage of emerging adults reporting different health conditions. Blue dot represents percentage of emerging adults reporting any health condition *and* lack of health insurance.

Like the RILS sample as whole, emerging adults reported adverse childhood experiences at a high rate, including being removed from the home (44%), witnessing someone killed (25%), living with someone who died (31%), and living with someone who had mental health issues (19%). Fewer than half reported receiving support from professionals, friends or family. Forty-two percent of emerging adult women reported sexual assault and 29% and 13% of young women and men, respectively, reported childhood sexual abuse. Nearly half (48%) of emerging adults experienced the incarceration of a parent.

A significant number of emerging adults reported abuse at the hands of state systems. Among those who were removed from the home in childhood, 39% experienced violence and 28% experienced abuse or neglect in the residential and/or carceral settings in which they were placed. Describing Spofford, a juvenile jail, one respondent said, “[i]t’s the worst...you could get jumped, beat up, fights in the cafeterias. You’d have to watch your cell door. We weren’t safe.” Young people removed from the home as children were less likely than other young adults to be living with family when they turned 18 (73% v. 90% of other emerging adults), and more likely to be living in a foster or group home or correctional setting.

### Educational experiences

Many emerging adults reported disruptions to schooling. Over half (52%) received special education services or attended an alternative school. Nearly 90% attended 2 or more high schools. Nearly three

quarters of emerging adults had not (yet) graduated from high school or received a GED by the end of our data collection period. The City has a major opportunity to provide these young adults with the support they need to continue their educations.

### Supporting healthy and successful life transitions

Emerging adults rely on their families for significant material and emotional support. Interventions promoting successful transitions to adulthood should engage emerging adults’ families, kin, and communities.

Health and well-being are fundamental to quality of life and essential for learning and development, yet many emerging adults lack access to healthcare and healthy environments. Emerging adulthood is often when serious physical and mental health conditions begin to present and individuals are still particularly malleable and amenable to supportive intervention. Providing health insurance at this stage in the life course is imperative for facilitating healthy development, but it is only a first step. Emerging adults tend to underestimate their risk for health problems, downplay existing health conditions, and often lack the skills or knowledge to proactively seek health treatment. In addition to ensuring health coverage, public health systems should focus on encouraging service utilization in emerging adulthood and constructing environments that facilitate healthy choices.

### Acknowledgements

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. 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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<sup>1</sup> See <https://tinyurl.com/NY-insurance>