Rikers Island Longitudinal Study: Violence and Victimization
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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

Violence in the Pre-Trial Process

A key concern for communities, court-involved people, and policymakers is the possibility of violence in the pre-trial process. Attention often focuses on the harms that court-involved people might cause to others, but they may also be victims of or witnesses to violence in jail or community settings. To explore violence experienced by people with new criminal charges, we asked the RILS respondents at each interview whether they had attacked or threatened anyone, been attacked or threatened themselves, or witnessed someone being attacked or threatened.

Reports of violent offending were generally less common than reports of being attacked or witnessing violence. Figure 1 shows that men, young people aged 18 to 34, and people with a history of mental illness and drug problems were more likely to report assaulting someone in the year after arraignment. Still, in each of these groups, around 80 percent of respondents reported no assaults.

The highest rates of victimization were reported by women and young people. Witnessing violence was also very common. Among respondents with histories of mental illness and drug problems, 42 percent said they had seen a fight or assault in the year after arraignment. In sum, violence was common for the respondents, but mostly in the form of their own victimization and witnessing. Respondents might also under-report their own violence, and a future brief will examine police data on arrests.

While exposure to violence is patterned by gender, age, and a history of mental illness and drug problems, different experiences of violence are also closely related. Figure 2 shows the percentage of respondents who said they attacked someone else, depending on whether they themselves had been attacked or witnessed violence. People who had been attacked or witnessed violence were 30 to 40 percent more likely to report attacking someone else. Respondents who were never attacked or had not witnessed other violence were only about 5 percent likely to say they had attacked someone else.
Figure 2. Percentage of respondents saying they attacked someone in the 12 months after arraignment, by victimization and witnessing status.

Respondents’ stories of exposure to violence complicate traditional understandings of victimhood and agency. Clark, a middle-aged white man who had a ‘profound limp’ as well as bipolar disorder and PTSD, had been repeatedly threatened, harassed, and beaten up by “bullies in the neighborhood” who he said targeted him because of his disabilities. In response, he “pull[ed] two kitchen knives to scare off one of these thugs from beating me up in the street and carrying out his threats.” Seeing Clark with knives, someone in the neighborhood called the police, who arrested Clark and charged him with assault.

Like Clark, many respondents described experiences linking mental illness, criminalization, and violence, often in the household. Dawn, a 41-year-old Black woman whose eldest daughter has a mental illness, said the police had been involved in their conflicts “more than about 30/40 times”, including the one that led to Dawn’s arrest; “throughout the years, the whole 52nd precinct know [her daughter],” she said. Similarly, Carlos, a 72-year-old Latino man, was arrested following a violent altercation with his daughter, who has bipolar disorder; and Steven, a 27-year-old Black man, had an order of protection against his mother, who had recently attacked him with a knife during a psychotic experience.

Witnessing violence can be a traumatic experience with long-lasting psychological effects. Respondents talked about witnessing brutal violence in their neighborhoods. In one interview, a Black trans woman in her early twenties told us: “Last week, there was a big shooting outside of my front building… it was one of the brief things where you can’t believe that just happened and you look out the window like, ‘is that person literally on the floor bleeding?’” Another respondent, a Latino man in his early twenties, described a shooting he witnessed in his neighborhood: “One night…[two people came by on the street] and shot a man. They shot him five times… we were face-to-face with the person who died.”

Our interviews suggest that respondents’ experiences of violence were highly situational. Attacking others is more likely in violent situations where you yourself may be attacked or where you may see someone getting assaulted. These results imply that keeping court-involved people safe from the risks of violent victimization also offers a strategy for helping them to safely complete the pretrial period. We also found that when police were the first responders to mental health crises and associated household conflicts, people in acute need of care and their families were often arrested. Providing mental health crisis intervention without police in a leading role indicates an alternative response to violence that also diminishes the reach and harms of the criminal legal system.

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