

# The Rikers Island Longitudinal Study: Research Report

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## **Executive Summary**

From July 2019 to May 2021, the Columbia Justice Lab developed and conducted a longitudinal interview study of nearly 300 people facing new criminal charges in New York City. The Rikers Island Longitudinal Study aimed to understand how defendants' experiences in the pretrial process affected and were affected by their social and economic life conditions. After first interviewing people at court or in jail soon after their initial arraignments, the study re-interviewed them 3 months, 6 months, and 12 months later. This report highlights our key findings.

The goals of this report are to:

- Share the experiences of defendants who have varying degrees of contact with the criminal legal system in New York City.
- Provide organizations that work with court-involved people information to understand the socioeconomic conditions of people going through the criminal courts.
- Contribute to a citywide and national discussion about how to safely reduce jail populations.

## **Key Findings**

Over 100,000 people are prosecuted in the New York City criminal courts every year. While there is excellent research on case processing and jail incarceration, less is known about the social and economic lives of people with court involvement. The Justice Lab's analysis of over one thousand interviews with 286 defendants, and linked administrative data on criminal histories and social benefits use, shows that:

- The sample of criminal defendants faced severe housing insecurity.
  - In the month before being arrested, about one-third of the sample had spent most nights in unstable housing.

- About 20 percent of the sample had spent at least one night in a Department of Homeless Services shelter in the year before and/or after their arrest.
- Unstable housing was strongly associated with mental health and substance use issues.
  - Study respondents with histories of mental illness and addiction were more than twice as likely to be unhoused or in a shelter or other temporary housing when they were arrested.
  - Half of study respondents without a history of substance use or mental illness had stable housing, compared to under a third of those with histories of mental illness and substance use problems.
- Unemployment and precarious employment in the study sample were high and were closely related to housing, health, and substance use problems.
  - Only 25 percent of respondents in temporary or unstable housing reported employment at the initial interview whereas about 60 percent of individuals in any form of private residence reported employment.
  - Of the respondents who reported that they were employed at all four interview waves, only 41 percent reported working the same job across the entire study.
- Exposure to violence was common, mostly in the form of victimization and witnessing rather than perpetration, and different experiences of violence were closely related.
  - 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 not engaging in any threats or assaults.

- Among respondents who were never attacked or had not witnessed other violence, only about 5 percent said they had attacked someone else, whereas 30 to 40 percent of those who had been attacked or witnessed violence reported attacking someone else.
- Emerging adults (ages 18 to 25), who are incarcerated at more than double the rate of the adult population as a whole, faced particular health vulnerabilities.
  - Emerging adults reported a very low rate of health insurance coverage; a third of emerging adults in the sample were uninsured at their first interview, compared to 13 percent of respondents over age 25.
  - Three quarters of emerging adults reported some kind of ongoing health issue. Those who reported health conditions were much more likely to be uninsured (37%) than people over age 25 who reported health conditions (9%).
- The sample reported a high prevalence of Adverse Childhood Experiences (ACEs), which were associated with poor health and substance use problems in adulthood.
  - Childhood adversity was more common in the project sample than in the U.S. population; RILS respondents were much more likely to have been removed from the home by the state, to have been physically or sexually abused, and to have lived with an incarcerated household member.
  - Respondents who reported four or more ACEs were significantly more likely to report mental health problems

- Respondents largely did not receive support from adults to deal with extreme adverse events in childhood; across all ACEs, an average of 28 percent of respondents reported receiving help from an adult.
- Criminal court processes were long and unpredictable, and disrupted study respondents' social and economic well-being.
  - Ninety-five percent of respondents reported that court involvement disrupted their lives. One sixth of respondents reported losing housing due to their criminal case.
  - Respondents with mental health problems and living in unstable housing were more likely to have their focal arrests result in conviction.

## **1 Introduction**

Understanding the lives of New Yorkers going through the criminal courts can indicate policy reforms for reducing jail populations and addressing the needs of those who no longer face incarceration. Many studies provide excellent analysis of New York City court processing, jail incarceration, and arrest (Lu et al. 2021; Wolff et al. 2022; Kim and Gernon 2023; Ferone et al. 2023). Prior research offers context and guidance for shrinking the footprint of the jail and promoting community safety. However, less is known about the social and economic lives of those going through the pretrial process.

This report begins to fill this gap by drawing on data and analysis from the Rikers Island Longitudinal Study (RILS). From July 2019 to May 2021, the Columbia University Justice Lab fielded a longitudinal interview study with a sample of men and women who were arraigned on criminal charges in New York City courts. As part of New York City’s effort to close the jails at Rikers Island, the RILS aimed to understand how poverty and socioeconomic insecurity affected defendants’ experiences with the pretrial process. The period from arraignment to case disposition can last up to a year or longer. Housing insecurity, unemployment, and untreated health problems may create obstacles to meeting court obligations. Failure to appear in court—the problem that pre-trial detention is intended to address—may be related to poverty and socioeconomic insecurity. Empirical evidence for the link between insecurity and failure to appear would suggest that policies for improved social and economic stability can provide an alternative to jail detention for those at risk of missing their court obligations.

The report describes the RILS study design and summarizes key findings and implications. The study recruited respondents who had multiple prior incarcerations or detentions, or arrests for violent felonies. Over a one-year follow-up period from the baseline interview, we completed a total of 1,078 interviews with 286 respondents, maintaining a response rate of over 75 percent. Interview data were linked to arrest records from the

New York State Division of Criminal Justice Services (DCJS)<sup>1</sup> and Supplemental Nutrition Assistance Program (SNAP) and Department of Homeless Services (DHS) shelter use records from the New York City Department of Social Services (DSS). Study instruments and other information can be found online.<sup>2</sup>

We found evidence of deep socioeconomic hardship among men and women going through the New York criminal courts. Respondents reported high levels of homelessness and other housing insecurity. Around half the sample were not working in any given month. Administrative data indicated high levels of SNAP enrollment and use of DHS shelter services. Homelessness, histories of mental health problems, and self-reported substance use problems were commonly related to other indicators of socioeconomic disadvantage. The report concludes by discussing some areas of policy concern indicated by these findings.

## 2 Study Design

The RILS grew out of conversations between the New York City Mayor's Office of Criminal Justice (MOCJ) and the Justice Lab at Columbia University. To inform the City's plan to close the Rikers Island Jail complex, the study sampled two groups of people identified by MOCJ as posing particular challenges for decarceration and diversion. First, individuals charged with violent felony offenses (VFO) were detained at Rikers at relatively high rates and were often jailed for months while awaiting case disposition. Although the City's pretrial release assessment tool often recommended release for people facing VFO charges, judges frequently set high bails or remanded

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<sup>1</sup>These data are provided by the New York State Division of Criminal Justice Services (DCJS). The opinions, findings, and conclusions expressed in this publication are those of the authors and not those of DCJS. Neither New York State nor DCJS assumes liability for its contents or use thereof.

<sup>2</sup>"Research on Incarceration." Columbia Justice Lab, <https://justicelab.columbia.edu/research-on-incarceration>

them to jail where they spent longer than average times awaiting a case disposition. According to the New York's Criminal Justice Agency's 2020 evaluation of the tool, judges set bail for or remanded to custody 36.5% of individuals charged with VFOs whom the tool recommended for pre-trial release.<sup>3</sup> To reduce the jail population, the City needed both to divert people facing VFO charges from detention and to reduce the duration of jail detention.

Second, frequently incarcerated respondents (FIR) were often incarcerated for shorter periods for less serious offenses, but repeatedly returned to jail. The FIR group was defined as those with five or more jail admissions in the three years before recruitment. FIRs cycle through Rikers Island frequently, tend to be older (30s and 40s) than the jailed population overall, and many of them deal with mental health and substance use issues. Though they do not represent a large proportion of the jailed population today, there is a mismatch between the treatment needs of FIRs and the resources of the criminal legal agencies with which they come into contact.

## ***2.1 Community Engagement***

Community engaged research incorporates throughout the research process the perspectives of people from groups whom the research results and outputs will most directly affect. Several members of the RILS research team were formerly incarcerated and/or had incarcerated or formerly incarcerated family members and friends. Those team members played a leading role in recruiting and retaining study participants, fielding interviews, and designing study instruments. Their insights and efforts were critical to the success of the RILS.

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<sup>3</sup>Petersen, Richard (2020). "CJA's Updated Release Assessment." New York City Criminal Justice Agency, [https://www.nycja.org/assets/downloads/CJA-Brief-46\\_updated-release-assessment.pdf](https://www.nycja.org/assets/downloads/CJA-Brief-46_updated-release-assessment.pdf)



## ***2.2 Recruiting Respondents***

In July 2019, we began recruiting respondents at arraignment courts in Brooklyn, Manhattan, and the Bronx. With permission from the Office of Court Administration (OCA), one member of the research team sat inside the courtroom with a laptop programmed to continuously scrape the OCA's real time court dockets to identify potential respondents who were being arraigned on VFO charges. If an eligible individual was released by the judge, members of the research team would approach them outside the courtroom, explain the study and invite them to participate. Respondents who agreed to participate were given a short baseline interview, usually on the benches in the courtroom lobbies or at a nearby restaurant or cafe. A few respondents gave baseline interviews several days after arraignment.

To implement the FIR criteria, we also approached potential respondents arraigned on non-VFO charges as they exited the courtroom and asked them whether they had ever been to Rikers Island and if they had been incarcerated or detained several times over the previous few years. If they answered yes, we invited them to participate in the study.

After recruiting 143 study respondents at arraignment courts, we began in November 2019 to recruit respondents from three jails in the Rikers Island Jail Complex: Robert N. Davoren Complex (RNDC); Anna M. Kross Center (AMKC); and Rose M. Singer Center (RMSC). At the time of our study recruitment, RNDC held mainly detained young adult men between the ages of 18 and 25; AMKC held detained and City sentenced adult men over 25 and included a Methadone Detoxification Unit; and RMSC, also known as Rosie's, held detained women and women with City sentences.

While recruiting respondents at Rikers, the DOC provided us with a weekly list of detained people who met our FIR and VFO eligibility criteria. Upon entering the jails, we provided the list to the program officers who then went to recruit participants on our behalf while we waited in the room where we would conduct the baseline interviews, typically the chapel or visitation room. The program officer would then return with all those who

wanted to participate in the study. By the end of our recruitment period in January 2020, we had recruited 143 study respondents at Rikers Island.

All respondents received a \$30 incentive for their baseline interview and \$50 or \$70 for each follow-up interview depending on whether they answered an extra set of questions from a qualitative module. We paid respondents recruited at court in cash and offered detained respondents the option of a commissary deposit, a payment to a family member or friend in the community, or a payment to them upon their release from jail.

Those who agreed to participate were administered a study consent form that also requested permission to access administrative records, and obtained contact information. Contact information included phone numbers and addresses for respondents and similar details for at least one friend or family member. After the baseline interview, we communicated with respondents and their proxy contacts via text, phone, email, Facebook messenger, Instagram, Snapchat and other media to arrange follow-up interviews and check-in periodically for retention purposes.

### ***2.3 Data Collection***

The core survey instrument consisted of a revised version of Columbia University School of Social Work's Poverty Tracker survey. The survey was administered at 3 months, 6 months, and 12 months after the baseline interviews. At each wave, we asked a set of core questions about housing, income, family relationships, recent criminal legal system contact, and recent health and healthcare. To get a deeper sense of respondents' life histories, each survey wave also contained a topical module focused on a different domain: lifetime criminal legal system contact; lifetime physical health, mental health, substance use, and access to health services; and childhood experiences and family background. A subsample of 51 respondents—65% of whom were emerging adults aged 18 to 25—also received a supplementary qualitative interview.

In March 2020, at the onset of the pandemic in New York, Columbia

University suspended in-person contact with research subjects and the study switched from face-to-face to phone interviewing. We wrote a COVID survey module that was given to 128 of the respondents. The COVID module asked about health symptoms, exposure to congregate settings, and economic hardships. The COVID module was administered twice: first in March and April, shortly after the implementation of New York's COVID restrictions, and a follow-up fielded in July and August. We also mailed a 12-month survey to 47 respondents who were incarcerated at Rikers or state prisons at the time of their 12-month interview; about 57% of them completed it and mailed it back to us. Results from the COVID interviews were published in Plummer et al. (2023).

For respondents who consented, we obtained administrative data from the DSS that included information on SNAP (food stamp) enrollment and from the DHS, a division of the DSS, that provided information on stays in DHS shelters from July 2014 to December 2020. The large majority of shelters in New York City are run by DHS. We also obtained administrative data on arrests and criminal histories from the DCJS.

DSS data linkage was completed for 71% of respondents. These respondents provided their Social Security Numbers and consented to access to their DSS records. Those who consented to DSS records access were significantly older than the rest of the sample, and were also less likely to be charged with a violent felony offense (VFO). We suspect that differences in average age are due to younger respondents being less likely to know their social security numbers. Respondents facing VFO charges were also significantly younger than those with misdemeanor or non-violent felony charges.

Of the whole RILS sample, 82% gave consent to access their DCJS records, which included all finger-printable arrests [i.e., all felonies and penal law misdemeanors (see Criminal Procedure Law 160.10)] that occurred on or before July 14, 2022 when we made our data request. Data include arrest, arraignment, and disposition charges; disposition type; sen-

tence; as well as other variables related to the court process. There are no significant differences between those who consented to us using their DCJS records and those who did not in terms of demographics, charge severity, or detention status at baseline. We did not need Social Security Numbers to obtain DCJS records.

We refer to the arrest/arraignment/case that brought respondents into the study as the “focal case.” Our analysis of new arrests examines the pretrial period, defined as the time between the focal arrest and focal case disposition. We only include new arrests that occurred within the first 12 months of the pretrial period in cases that lasted longer than one year.

All names of research participants used in this report are pseudonyms.

## ***2.4 Demographic Characteristics***

Table 1 reports demographic characteristics of the RILS sample. The majority of respondents are men of color. Three-quarters faced a violent felony charge at arraignment and 17% had been incarcerated on numerous occasions. The RILS sample is similar demographically to the population at Rikers Island, which is typically about 90% Black and Hispanic, 95% men, 60% under the age of 40, and 65% charged with VFOs. The RILS sample is also similar demographically to the population of adults arrested in New York City, which in 2020 was 49% Black, 34% Hispanic, 82% men, and 70% under the age of 40.

## **3 Key Findings**

### ***3.1 Poverty and Life Conditions***

RILS respondents reported high levels of social isolation, unemployment, and housing insecurity, accompanied by serious physical and mental health challenges. Table 2 describes respondents’ socioeconomic and health characteristics collected at the baseline interview. With the exception of arrest

Table 1: Percentage distribution of demographic characteristics of RILS sample respondents ( $N = 282$ ) and New York City arrestees, 2020.

	RILS FIR Sample	RILS VFO Sample	NYC VFO Arrests	All NYC Arrests
<i>Age</i>				
18-24	8	34	24	19
25-44	47	43	56	56
45-72	45	22	20	24
<i>Race</i>				
Hispanic	31	39	34	34
Non-Hispanic Black	43	46	54	50
Non-Hispanic White	16	6	9	12
Other	10	9	3	3
<i>Gender</i>				
Women	10	16	17	18
Men	90	83	83	82
Trans women/Other	0	1	-	-

*Note:* Four respondents are not coded as frequently incarcerated or VFO and are not included in this table. Respondents who are both VFO and FIR are coded as FIR. Gender categories for trans women and other are not reported in New York City data. Data for NYC arrests are from the Division of Criminal Justice Services 2020 database (see <https://www.criminaljustice.ny.gov/crimnet/ojsa/adult-arrest-demographics/2020/index.html>). Two respondents identified as trans women, and one identified as other.

history and SNAP use, the data reported in Table 2 come from respondent self-reports.

Most respondents reported having a GED or high school degree at baseline. Compared with adults over age 25, emerging adults had lower educational attainment. Over 65% of emerging adults had not completed high school or equivalency.

Half of the sample reported employment in the month before their arraignment. Those who were working earned \$3,101 a month on average, about 33% of average monthly earnings in New York City.<sup>4</sup> Only 4% of employed respondents reported receiving employer-provided health insurance and over half were paid for all or some of their work in cash, suggesting their working conditions were precarious or informal.

Among those who consented to DSS record linkage, most were enrolled in SNAP between 2014 and 2020 and in the years before and after their arrests. At baseline, 44% of the sample received SNAP in the month prior to arrest. Half of unemployed respondents received SNAP compared to 40% of those with jobs. Nearly a third of all respondents and 13% of the unemployed reported receiving only SNAP and no other state or federal benefits.

The survey also indicated severe housing insecurity. In the month before arrest, one-third of the sample reported spending most nights in unstable housing. We define unstable housing as including homeless shelters, living on the streets, boarding houses, friends' or non-relatives' houses, hotels/motels, and other temporary residences. Nearly half of respondents with linked DSS records had spent at least one night in a DHS shelter between 2014 and 2020 and about 20% had spent at least one night in a DHS shelter in the year before and/or after their arrest.

Most respondents had diagnosed mental or physical health problems.

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<sup>4</sup>New York City wage data are available online from the the Bureau of Labor Statistics database (see Bureau of Labor Statistics. "Quarterly Census of Employment Data: Data Views." [https://data.bls.gov/cew/apps/data\\_views/data\\_views.htm#tab=Tables](https://data.bls.gov/cew/apps/data_views/data_views.htm#tab=Tables))

Table 2: Percentage distribution of socioeconomic characteristics of RILS sample respondents ( $N = 286$ ).

	FIR Sample	VFO Sample	Full Sample
<i>Education</i>			
HS degree/GED or less	69	71	71
Some college	20	18	19
College degree	10	10	10
<i>Employment at Baseline</i>			
Employed	49	52	50
Median hours worked	40	40	40
Mean monthly earnings (2019 dollars)	\$2080	\$3542	\$3101
Job with health insurance	0	5	4
Paid in cash	79	45	52
<i>SNAP Enrollment</i>			
Benefit receipt at baseline	37	45	44
<i>Housing</i>			
Own apartment at baseline	16	21	22
With family at baseline	37	44	41
Temporary housing at baseline	16	6	8
Unhoused at baseline	20	14	16
<i>Mental Health and Addiction</i>			
Mental health diagnosis	57	51	51
Addiction history	67	36	43
Diagnosis and addiction	45	25	31
Poor/Fair mental health	22	24	25
<i>Physical Health</i>			
Physical health diagnosis	71	69	67
Poor/Fair self-rated physical health	20	22	23
<i>Arrest History</i>			
Prior arrest	100	80	86
Prior felony arrest	91	54	64
Prior violent felony arrest	89	54	63
Prior violent felony conviction	36	28	29

*Note:* The FIR sample ( $N = 49$ ) includes all respondents flagged in the FIR screen, including those who also had VFO arrests. The VFO sample ( $N = 196$ ) includes respondents who had VFO arrests, but were not in the FIR sample. Weekly employment and monthly earnings are calculated for employed respondents only. Arrest history is calculated only among respondents who consented to release DCJS records ( $N = 235$ ). SNAP use is calculated among respondents who consented to release DSS records ( $N = 204$ ). Cell entries are percentages except where noted.

A quarter of the sample reported having fair or poor physical or mental health. Over a quarter of respondents had both a mental health diagnosis and a past or current substance use problem.

Many respondents reported using drugs and alcohol to cope with their mental health issues. In the month before her arrest, 23-year-old Serenity had lost her Medicaid coverage and thus was unable to get her prescriptions for Prozac and Lithium to treat her Depression and PTSD. Instead, she was “self-medicating with alcohol and... just living life really on the rocks,” she said. She’d had a problem with alcohol for a few years and was working to get it under control. Serenity had been experiencing symptoms of alcohol withdrawal “like the shakes, and shivers, and yearning for another alcoholic beverage” and waking up after a night of drinking “trying to get it out of my body [by eating] and then still ending up trying to get more.” Three months after being released from Rikers, she had re-enrolled in Medicaid, resumed taking Prozac, and started attending counseling at a social services organization for LGBTQ young people, but the uncertainty of her court case and the possibility of future jail time exacerbated her depression and sometimes left her feeling like she wanted to be “taken off this earth.”

### ***3.2 Adverse Childhood Experiences***

Besides socioeconomic and criminal record status in the RILS sample, vulnerability is also indicated by significant histories of adverse childhood experiences (ACEs). Childhood experiences with seriously violent or life-threatening events or conditions can result in trauma that can continue to affect people’s health and well-being into adulthood.

Figure 1 shows the prevalence of ACEs in the RILS sample compared, where data are available, to general population samples. 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, to have been physically or sexually abused, and to have lived with an incarcerated household member.

Nearly 75% of the sample had one or more of the thirteen experiences listed in Figure 1 and over one third 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 as well as 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 sh\*t happens a lot. So, it’s like whatever; you get used to it.”

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 four or more ACEs to those with zero to three across each of five different indicators of poor health and issues with substance use. Respondents with higher 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 influenced by the subsequent social, emotional and material support they receive. RILS respondents generally reported that they were unlikely to receive support from adults to deal with extreme events in childhood. The proportion of respondents who reported getting help for each ACE ranged from 19% (mentally ill household member) to 42% (death of a household member), with an average of 28% 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

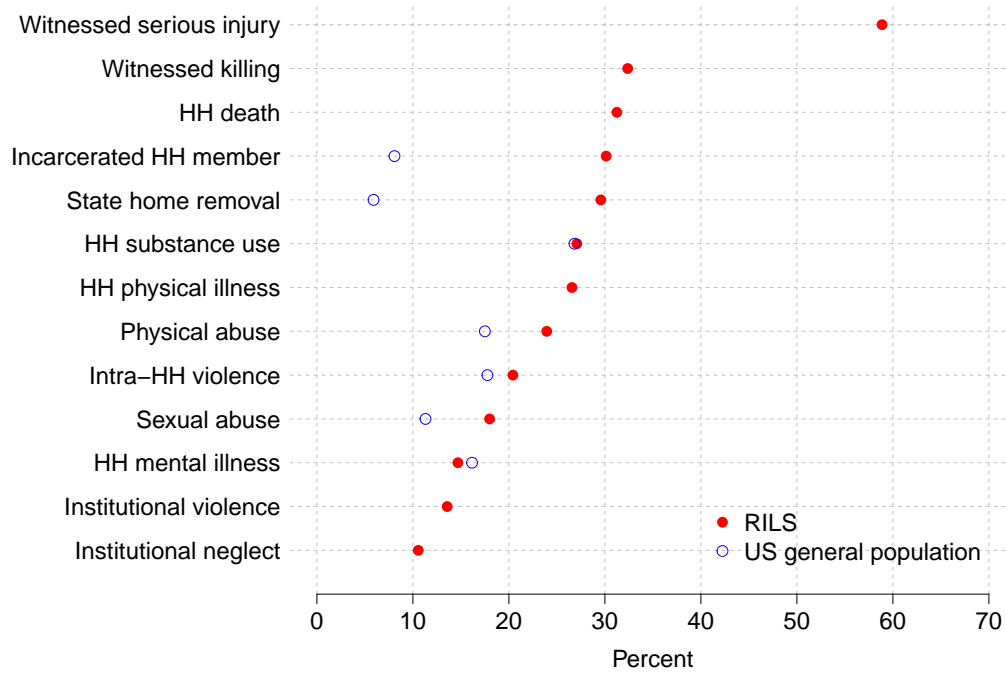


Figure 1: Prevalence of ACEs in the RILS sample and the United States general population (HH=householder).

Note: 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.

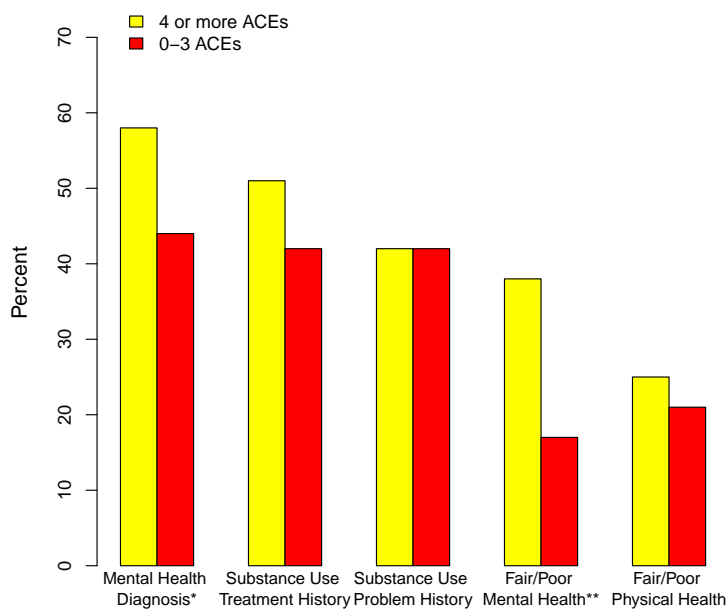


Figure 2: Percentage of respondents with poor health and substance use histories for respondents with 0 to 3 ACEs compared to those with 4 or more ACEs.

Note: \* $p < 0.05$ , \*\* $p < 0.01$  indicating significant differences between ACE groups.

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 those with histories of extreme insecurity and abuse. Traumatic stress itself can have long-lasting secondary effects on physical and mental health. A trauma-sensitive court process would minimize the intensity and duration of criminal legal system contact, ensuring an environment of safety, and making available non-punitive professional care in the event of crisis. More generally, a health-based response to interpersonal conflict, substance use issues, or anti-social behavior acknowledges that the emergence of these problems is typically related to experiences of extreme adversity.

### ***3.3 Housing and Housing Insecurity***

Co-occurring substance use and mental health problems alongside a criminal record can make it difficult to find secure housing and can also be a consequences of homelessness and housing instability. The RILS data reveal a strong association between mental health challenges and unstable housing.

Figure 3 shows housing status at the baseline interview for three groups in the RILS sample: (1) those who reported that they had no history of substance use problems or mental illness (33% of the sample), (2) those reporting they had either substance use problems or mental illness (36%), and (3) those reporting both a history of substance use problems and of mental illness (31%).

The upper panel of Figure 3 shows that of those respondents reporting no mental illness or history of addiction, less than a quarter were home-

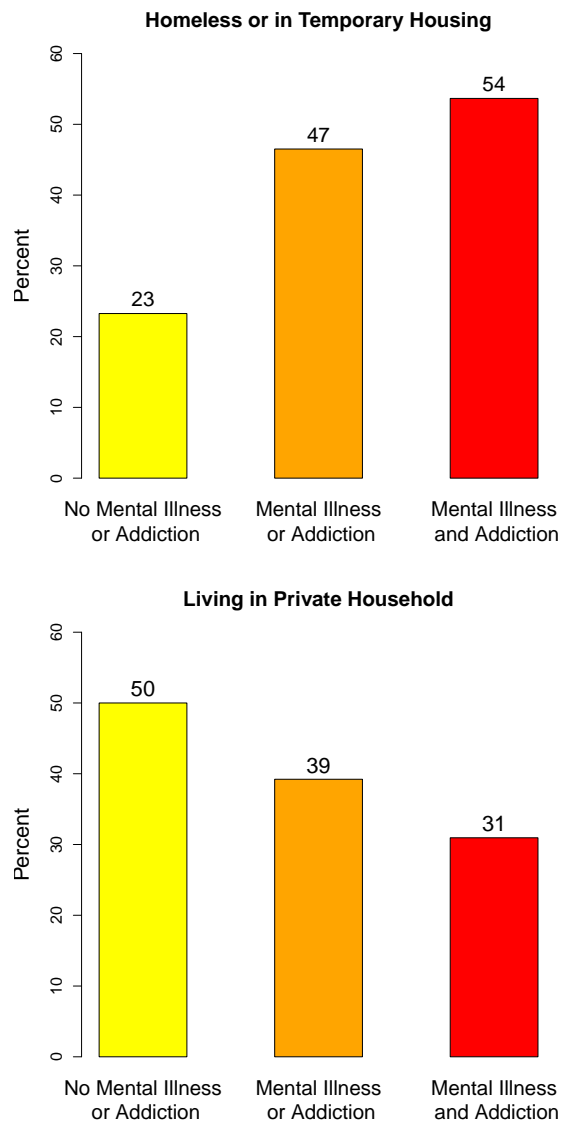


Figure 3: Percentage of respondents (a) who were homeless or in temporary housing in the 12 months after arraignment, and (b) who lived continuously in a private household, either their own place or with family or friends, 12 months after arraignment by mental health and addiction status, Rikers Island Longitudinal Study. Data on housing uses self-reports from the RILS data ( $N = 283$  at baseline).

less or in temporary housing at any point in the year after arraignment. Respondents with histories of mental illness and addiction were more than twice as likely to report being unhoused, in a shelter, or in other temporary housing. Because over two-thirds of the sample have histories of mental illness or addiction, around 40% of the sample as a whole experienced homelessness or unstable housing.

Stable housing in the survey is indicated by living in a private household, typically with family or friends, but sometimes independently in one's own house or apartment. The bottom panel of Figure 3 reports on study respondents who lived continuously in a private household during the study period. Half of respondents without a history of substance use or mental illness had highly stable housing, compared to under a third of those with histories of mental illness and substance use problems.

Qualitative interviews offer a richer picture of the connections between housing, substance use problems, and mental illness. A month after his arrest, James, a 45-year-old man with a diagnosis of schizoaffective disorder, was staying with an elderly friend who lived in New York's Human Resources Administration's Senior Affordable Rental Apartments, units designated for formerly homeless older adults. James's friend invited him to stay there when he became homeless after his previous landlord evicted him from the room he was renting; an "ex-friend turned enemy...was trying to convince the landlord that I was dangerous and mentally ill" and when video surveillance footage showed James entering the building's basement chasing after his cat, the landlord accused him of attempting to steal and had him removed by the police. The superintendent in his elderly friend's apartment was also trying to have him "thrown out" for bringing stray kittens into the building and causing a health hazard. James described his interactions with the superintendent:

He watches the video monitors in the hallway and he's actually been counting how many kittens I bring back from the trap and he accused me of having 13 kittens there at one time. I was like

no, 13 kittens came through the apartment, but I only got three now. So, he counts when I'm taking them in, he doesn't count when I'm taking them out and [he says] that I'm hoarding the kittens.

Criminal legal system involvement can lead to housing instability, which in turn can expose people to violence and crime. Jeanette, a 40-year-old Black woman, lost her housing after being released from detention at Rikers. "After I came home [from jail], they told me I had a certain amount of time to get out," she said. Since then, she had been staying on the street and on subway trains, where she was robbed while sleeping. "Being that I'm not in stable housing, this happens. I get pickpocketed, I get robbed... I wish that I had stable housing." Her phone was stolen and without it, Jeanette was having a hard time finding a job and worried she was missing calls from potential employers.

### ***3.4 Employment and Joblessness***

People facing criminal charges found it difficult to maintain employment while their cases were open and often found it difficult to maintain employment or high-quality employment even after their cases were resolved. Employment status is closely related to housing, health, and substance use problems in the RILS sample. The survey indicates that physical ailments, mental illness, and substance use problems were all associated with similar deficits in employment compared to those who were in good health. Regardless of problem type, respondents with some kind of health issue had an employment rate at baseline of about 40% compared to about 55 to 60% for those in good health (Figure 4).

Several pathways connect health to employment. For example, chronic medical conditions may limit physical functioning needed for manual jobs. The most common job among RILS respondents was construction, physically demanding work that may be impossible with chronic pain. Unaddressed mental health challenges like depression—affecting nearly 40

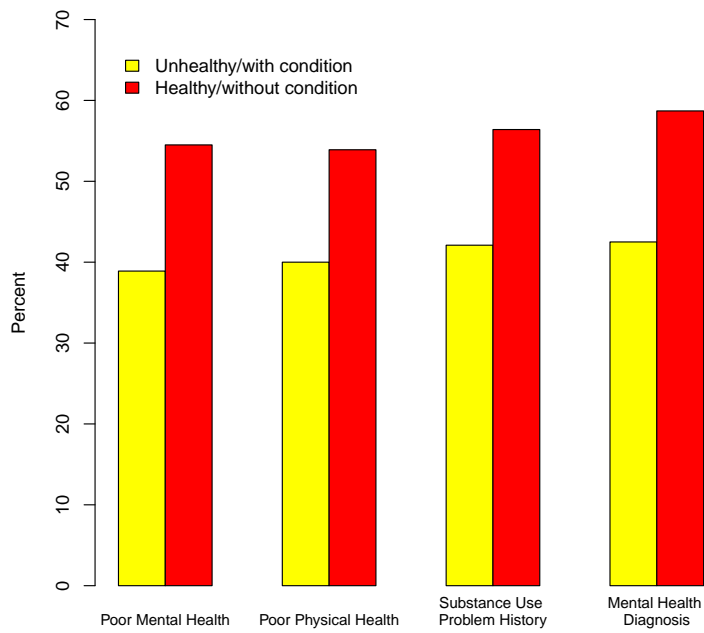


Figure 4: Percentage of respondents employed at the baseline interview by health status, Rikers Island Longitudinal Study ( $N = 283$ .)



percent of respondents—may influence focus, motivation, and decision-making and the ability to maintain a job.

Housing security is also related to employment among the RILS sample. Only 25% of respondents in temporary or unstable housing reported employment at baseline whereas about 60% of individuals in any form of private residence reported employment.

For those who had jobs, employment was often unstable and insufficient. Of the respondents who reported that they were employed at all four interview waves, only 41% reported working the same job across the entire study. Most employed respondents reported working a single job, but many reported having multiple jobs: at the baseline interview, 17% reported more than one job, and 12% in each follow-up interview reported working multiple jobs. By comparison, 5.1% of all employed Americans worked multiple jobs in 2019.<sup>5</sup> Most respondents were looking for additional or alternative employment, especially those respondents who were already employed.

Most respondents employed at baseline reported being paid in cash for at least some of their work, an indicator of exposure to informal and precarious working conditions. Respondents in poor health and unstable housing were particularly likely to be paid in cash. Figure 5 presents the percentage of employed respondents paid via cash by well-being and housing stability. Across every measure, unhealthy and unstably housed individuals were more likely to be paid via cash than healthy and stably housed respondents. For example, 59% of employed respondents with poor or fair mental health were paid in cash whereas 55% of those with good, very good, or excellent mental health were paid in cash.

Two main points can be taken from the RILS data on employment. First, New Yorkers in the criminal courts are only loosely attached to the la-

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<sup>5</sup>Bureau of Labor Statistics, "Table A-36. Employment status of the civilian population 25 years and over by educational attainment, sex, race, and Hispanic or Latino ethnicity," <https://www.bls.gov/cps/aa2019/cpsaat36.htm>

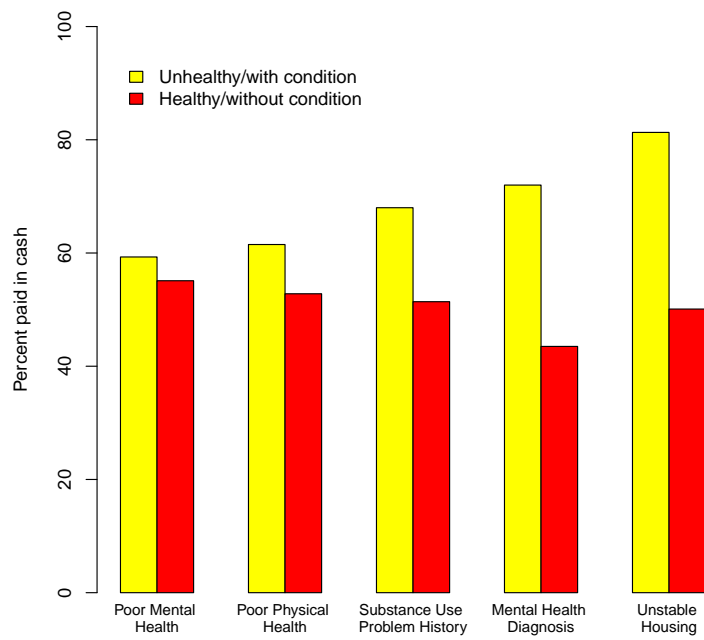


Figure 5: Percentage of respondents paid in cash, by health and housing status and and housing stability, Rikers Island Longitudinal Study.

bor market, a marker of serious material hardship involving reliance on family support and safety net programs. Employment rates were regularly around 50% in the year after arraignment. Employment was often informal, and wages were regularly paid in cash (see also Bergin et al. 2022). Second, joblessness and accompanying hardship are closely associated with both housing instability and a variety of limitations on physical and mental health that include physical disability and substance use problems.

### ***3.5 Violence and Victimization***

A key concern for community residents, people facing criminal charges, and policymakers is the possibility of violence in the pre-trial process. Attention often focuses on the harms that people facing criminal charges might cause to others, but they may also be victims of or witnesses to violence in jail or community settings. We explored violence experienced by people with new criminal charges by asking 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 6 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 attacking or threatening someone in the year after arraignment. Still, in each of these groups, around 80% of respondents reported no threats or attacks.

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% 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 section 3.7 examines police data on arrests.

While exposure to violence is patterned by gender, age, and a history

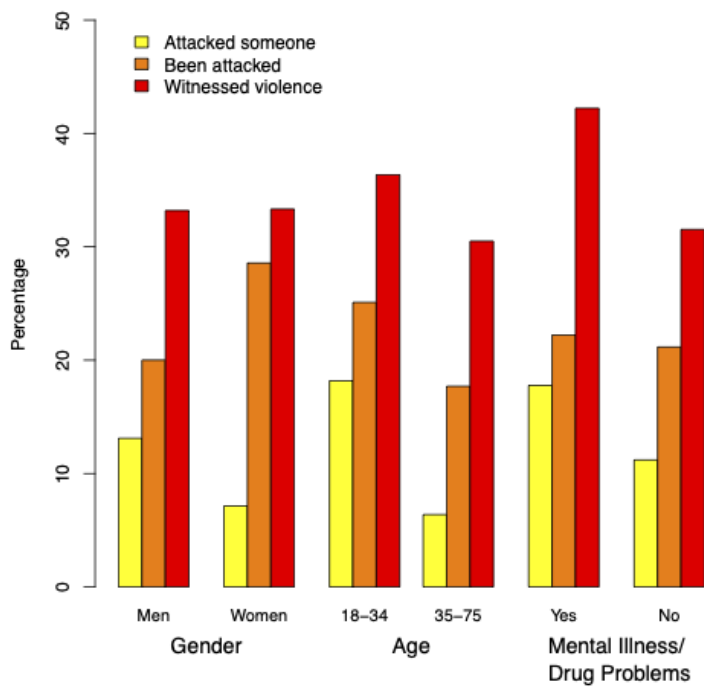


Figure 6: Percentage of respondents saying they attacked someone, were attacked, or witnessed violence in the 12 months after arraignment, by gender, age, and mental illness status, Rikers Island Longitudinal Study.

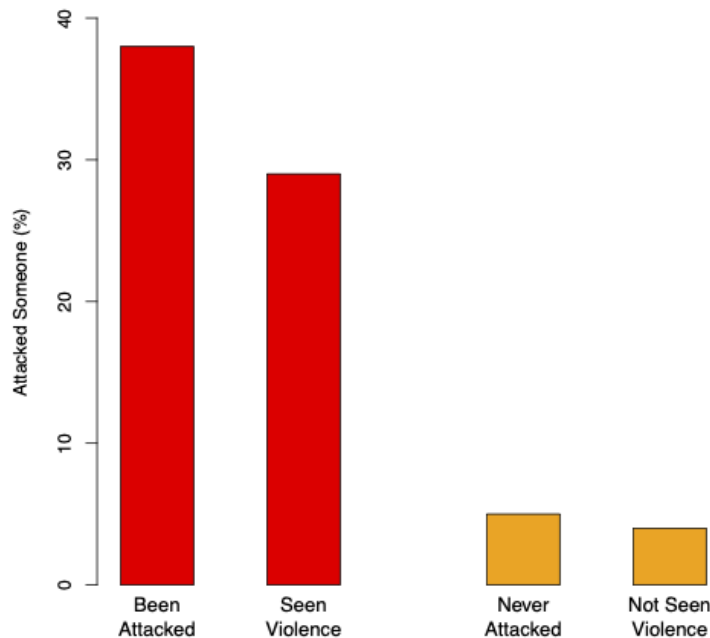


Figure 7: Percentage of respondents saying they attacked someone in the 12 months after arraignment, by victimization and witnessing status, Rikers Island Longitudinal Study.

of mental illness and drug problems, different experiences of violence are also closely related. Figure 7 shows the percentage of respondents who said they attacked someone else, depending on whether they themselves had been attacked or witnessed violence. Among respondents who were never attacked or had not witnessed other violence, only about 5% said they had attacked someone else, whereas 30 to 40% of those who had been attacked or witnessed violence reported attacking someone else.

Respondents' accounts of violent incidents indicate experiences of victimization among those who may have threatened or harmed others. Clark, a middle-aged white man who had, as he said, 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, a neighbor 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 serious mental health issues, 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 precinct know [my daughter],” she said. Similarly, Carlos, a 72-year-old Latino man, was arrested following a violent altercation with his daughter who has bipolar disorder. Another respondent, Steven, a 27-year-old Black man, obtained an order of protection against his mother, who had attacked him with a knife during a psychotic episode.

Witnessing violence can be a traumatic experience with long-lasting psychological effects. Respondents often talked about witnessing brutal violence in their neighborhoods. One respondent 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.”

The violence described in the interviews was highly situational. Attacking others is more likely in violent situations where you yourself may be attacked or where you may see someone getting assaulted. Qualitative interviews suggest that keeping people with open criminal cases safe from the risks of violent victimization also offers a strategy for helping them to safely complete the pretrial period in the community. 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 is an alternative response to violence that also limits the reach of the criminal legal system.

### ***3.6 Emerging Adults***

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. Though they make up only about eleven percent of the adult New York City population, emerging adults make up nearly a quarter of the jailed population. 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 life milestones, such as completing schooling and entering the labor market, in this developmental period supports desistance from crime.

Emerging adults rely heavily on their families for material and emotional 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 reported living in shelters or on the street at the inception of the study, but in later interviews this number declined to around 5%.

A key vulnerability for emerging adults, captured by the RILS survey, was the low rate of health insurance coverage. Figure 8 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

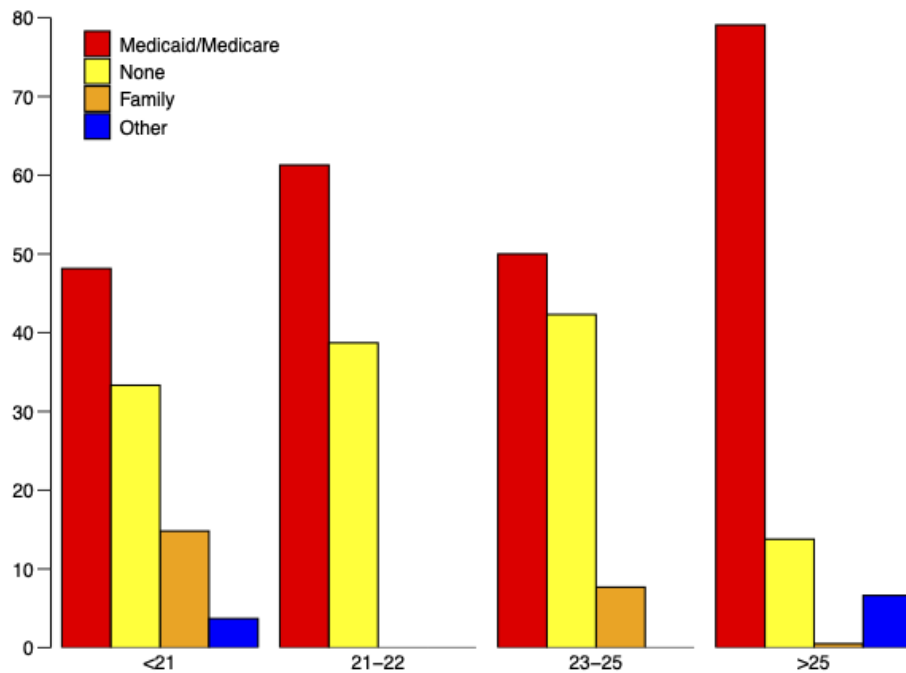


Figure 8: Percentage distribution of type of health insurance by age category

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>6</sup>

The lack of health coverage for emerging adults in the RILS study is particularly concerning given the emotional and physical challenges they face. Three quarters of emerging adults in the sample experienced some kind of ongoing health issue, with nearly a third experiencing asthma, depression, or anxiety (Figure 9). 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

<sup>6</sup>New York State Office of the Comptroller (2023). “Health Insurance Coverage in New York State,” <https://www.osc.ny.gov/files/reports/pdf/health-insurance-coverage-in-new-york-state.pdf>



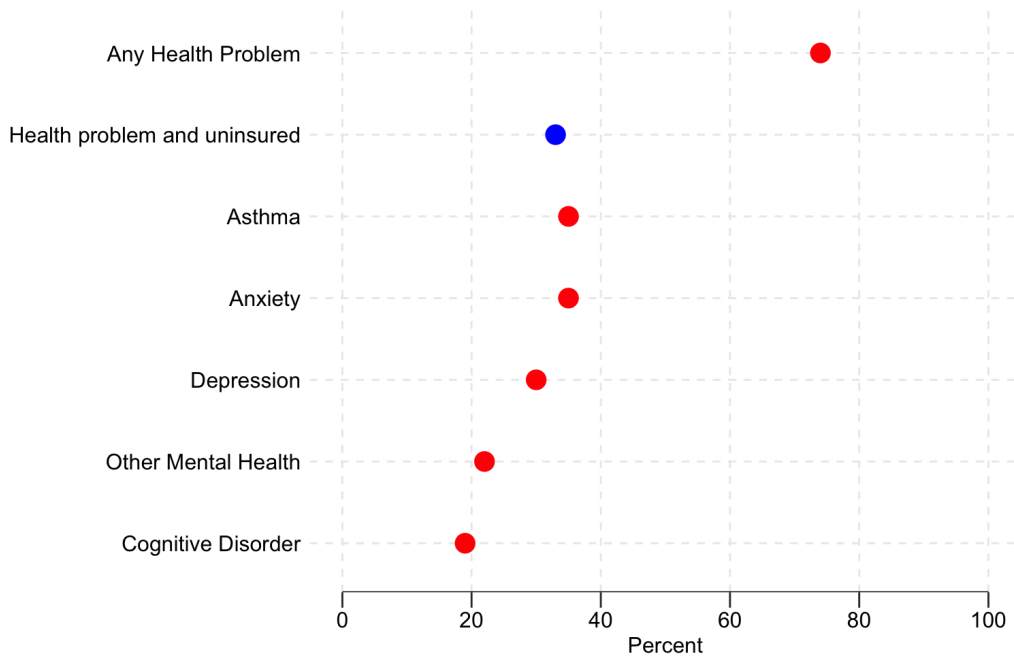


Figure 9: Percentage of emerging adults reporting physical and mental health conditions. The blue dot indicates the percentage of emerging adults reporting any health condition and lack of health insurance.

reporting health conditions were much more likely to be uninsured (37%) than people over age 25 who reported health conditions (9%).

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. Among young women in the sample, 42% 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 in 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 now-closed youth 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.

Health and well-being are fundamental to quality of life and essential for learning and development, yet many emerging adults lack healthcare coverage and have lived in unsafe environments. Serious physical and mental health conditions also begin to present in emerging adulthood when individuals are particularly amenable to supportive intervention. Providing health insurance at this stage would greatly facilitate 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. Interventions promoting successful transitions to adulthood should engage emerging adults’ families, kin, and communities.

### ***3.7 Case Duration***

The number and duration of court cases creates barriers to reducing the jail population that are central to the plan for closing Rikers Island. In New York City, criminal cases often take months, and sometimes years, to reach resolution, contributing to the pretrial population awaiting a final disposition. As many arrests end in dismissals, decreasing the number of cases and court process times could reduce jail populations significantly.

Criminal cases start with time in custody after an arrest, followed by an

initial arraignment where judges set new court dates and decide whether to release defendants to the community, remand them to jail, or impose bail. The court process concludes with a disposition listing the final charges and conviction status, followed by sentencing for those who are convicted. Data on court dispositions are taken for consenting respondents from the administrative records of New York State's Division of Criminal Justice Services (DCJS). This data only records finger-printable arrests, which includes all felonies and penal law misdemeanors (see Criminal Procedure Law 160.10). More minor infractions and violations are not considered finger-printable, so these offenses were not included in the arrest data. However, by the disposition stage about 12% of respondents saw their initial misdemeanor or felony charge drop down to a violation or infraction, usually disorderly conduct.

Table 3 reports court dispositions for a variety of subgroups in the RILS sample. At the time of the DCJS data request, 45% of the sample had been convicted, and another 45% were disposed but not convicted. The no-conviction category includes respondents who were acquitted or whose cases were dismissed. Another 10% had open cases at the time of our data request. Arrest charges are notably more serious than disposition charges, reflecting the reduction in charges at arraignment and in plea agreements. Although around three-quarters of all RILS respondents were arrested on felony charges, a majority were disposed as misdemeanors. Most (70%) of those charged with misdemeanors at the disposition stage did not result in a conviction. Consistent with previous research showing a higher conviction rate among detained defendants (Dobbie, Goldin, and Yang 2018), 63% of respondents who were incarcerated at baseline were convicted compared to 27% of those who were released at arraignment. Among respondents who released their DCJS records, a fifth of those who were detained ultimately had their cases dismissed; these 24 people spent a total of 3967 days incarcerated without being convicted of the crime they were charged. Respondents with mental health problems and who self-reported living in

Table 3: Percentage distribution of court outcomes by charge, incarceration, mental health, and housing status, Rikers Island Longitudinal Study respondents.

	Conviction	No Conviction	Not Disposed	<i>N</i>
Full Sample	45	45	10	235
<i>Arrest charge</i>				
Gun felony	57	21	21	14
Other violent felony	45	41	14	88
Non-violent felony	49	39	12	69
Misdemeanor	36	61	3	64
<i>Disposition charge</i>				
Gun felony	80	20	0	5
Other violent felony	34	39	27	59
Non-violent felony	67	20	11	34
Misdemeanor	30	70	0	103
Violation/infraction	96	4	0	28
<i>Baseline status</i>				
Incarcerated at baseline	63	21	16	115
Not incarcerated at baseline	27	68	6	120
<i>Mental health status</i>				
Mental health diagnosis	52	35	14	118
No mental health diagnosis	38	55	8	117
<i>Housing at baseline</i>				
Secure housing	40	50	19	177
Insecure housing	64	27	9	55
Median case duration (months)	7.7	3.6	0.2	-
Sample size ( <i>N</i> )	105	105	25	235

unstable housing were also more likely to have their focal arrests result in conviction. The median duration of a criminal case in the RILS sample was around 5 months.

Among RILS respondents, court process times were longer for more serious arrest charges and among respondents detained pre-trial (see Table 4). The median time between arrest and disposition was about 5.2 months for VFO arrests, 4.3 months for other felonies, and 3.7 months for misdemeanor arrests. For respondents who were arrested on VFO charges and detained at arraignment, the median time to disposition was 1 year and 3 months, nearly four times longer than their counterparts who were not

Table 4: Median weeks from arrest to disposition by arrest and baseline incarceration status, Rikers Island Longitudinal Study respondents.

Arrest type	Full Sample		Detained	Released
	N	Weeks		
Violent felony	102	20.9	60.0	16.0
Other felony	69	17.1	12.2	18.2
All felonies	171	18.9	32.1	12.0
Misdemeanor	64	14.9	14.5	14.9
All respondents	233	16.0	19.0	16.0

jailed following their focal arraignment.

Compared to a sample of 136 state courts in 21 states,<sup>7</sup> median time to disposition in the RILS sample for all felonies was almost three weeks shorter (21.8 v. 18.9 weeks), but median time to disposition for misdemeanor cases was nearly three weeks longer (12.14 v. 14.9 weeks).

The time between arrest and disposition varied widely, leaving some people charged with misdemeanors waiting over a year for their cases to resolve; and most of them eventually had their cases dismissed. The time between respondents' focal arrest and disposition ranged from 0 days to 2.5 years. One quarter of all felony arrests took longer than 7.5 months to reach a disposition, and a quarter of all felony arrests reached dispositions in less than 1.5 months. In 9% of cases a final disposition was issued within one week.

While median and average case process times do vary across arrest charges, baseline incarceration status was a stronger predictor of case duration. The median case duration for people held a Rikers was 7 weeks longer than people who were in the community. Case process times also had a much wider range for people who were incarcerated at baseline.

Figure 10 describes average and ranges of case processing times by detention status at the baseline interview, for arrest and disposition category

<sup>7</sup>Ostrom, et al. (2020). "Timely Justice in Criminal Cases: What the Data Tells Us." National Center for State Courts, [https://www.ncsc.org/\\_\\_data/assets/pdf\\_file/0019/53218/Timely-Justice-in-Criminal-Cases-What-the-Data-Tells-Us.pdf](https://www.ncsc.org/__data/assets/pdf_file/0019/53218/Timely-Justice-in-Criminal-Cases-What-the-Data-Tells-Us.pdf)

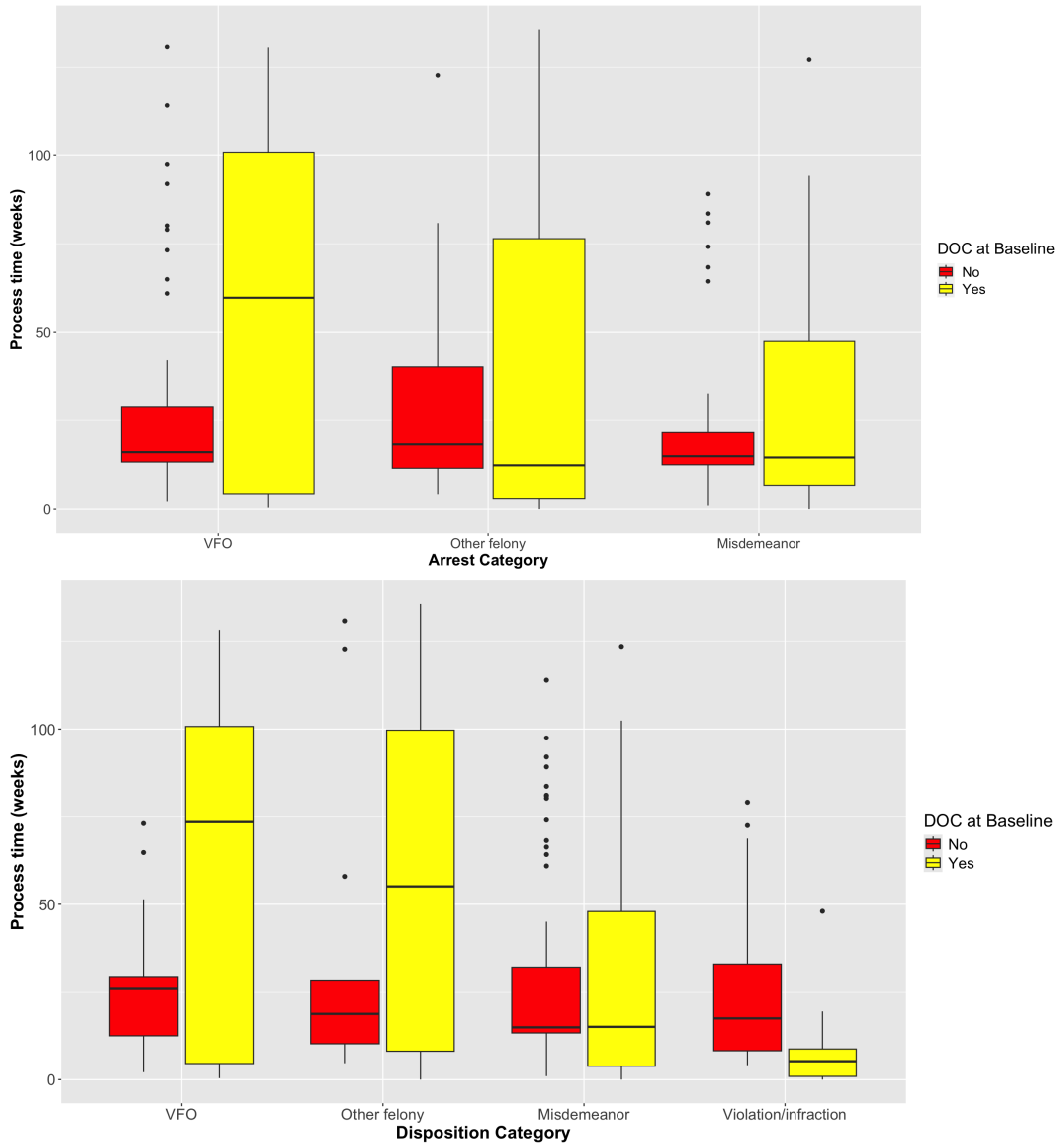


Figure 10: (a) Process time by arrest charge and incarcerated at baseline, and (b) process time by disposition charge and incarcerated at baseline.

Table 5: Percentage distribution of reported life disruptions due to court appearances ( $N = 191$ ).

	<i>N</i>	Percent
Any	184	96
Stress/anxiety/depression	161	84
Avoid police	156	82
Family issues	103	54
Missed work	97	50
Physical health	60	31
Lost job	51	27
Lost housing	46	24
Missed School	22	12
Other	83	43

respectively. Each box contains all data between the 25th and 75th percentiles of data, while more extreme values are plotted outside the boxes. For those who were in the community at baseline, three quarters of respondents had reached their dispositions within 8 months, compared to about 20 months for those who were incarcerated at baseline. These differences are most pronounced among respondents charged with more serious offenses.

Long and unpredictable court processes disrupted many of the respondent's lives. One sixth of respondents reported losing housing due to court involvement (see Table 5). This was significantly more common among respondents who reported having poor or fair overall mental health. Additionally, over 80 percent of respondents stated that the court process negatively affected their mental health. Half of respondents also reported that they missed a work shift due to court appearances, while a quarter reported losing their job entirely. Overall, ninety five percent of respondents reported that a court appearance interfered with some aspect of their life, including employment, strains on family relationships, and mental health.

Twenty-five year old Anika's open criminal court case exacerbated her existing mental and physical health issues, including anxiety, depression, and the long-term consequences of having meningitis and going into a

coma when she was 20. Two weeks after her arrest, when we asked what the best part of her life was, Anika told us “I don’t have [a best part of life] yet until this [case] get cleared away. These cases make me feel like just dying. I don’t be happy no more. I never thought I would be [back] on Rikers Island.” Because of the stress of the case, Anika was “catching headaches all the time and then not eating, making [her] stomach hurt, making [her] feel sick just thinking about these cases.” Worryingly, Anika dealt with the stress by harming herself; while telling the interviewer that she tended to “drag out” her mental health issues, she rolled up her sleeve and pointed to scars on her arm from where she had repeatedly cut her skin.

The median RILS respondent was in the court process for about four months. Longer court processing times were more likely among those facing more serious charges and those who were detained at Rikers Island. Respondents arrested for violent felonies were in court for 21 weeks at the median, and 60 weeks if they were detained. The court process was widely experienced as disruptive to daily life, linked to stress, police avoidance, missed work, and in some cases, job loss. The lengthy court process for detained respondents, as well as other analysis showing the contribution of length of stay in jail to the overall jail population, indicates the importance of reducing case processing times. Doing so would not only reduce jail incarceration rates; the survey data show it would likely reduce the life disruptions associated with an open criminal case.

### ***3.8 New arrests***

Re-arrest in the pretrial period lies at the center of policy debates about bail, jail detention, and community-based programs as an alternative to incarceration. To help inform this debate, we use DCJS data to calculate rates of arrest and conviction in the pretrial period. We define the pretrial period using The New York City Criminal Justice Agency’s (CJA) measure, which includes the time between "arrest and case resolution or a set period



(3, 6, 8, and 12 months) from arrest. Whichever comes first."<sup>8</sup> We chose a 12 month cut off and use the disposition date as the date of case resolution.

Of the 235 respondents who consented to release of their DCJS records, 155 were in the community at some point during the pretrial follow up period. Of those 155 respondents, one third were arrested in the pretrial period (Figure 11). The most common arrests in the pretrial period were for non-violent thefts and drug possession. Those in the VFO subsample were less likely to be re-arrested, with only one quarter of those who were in the community during the pretrial period picking up a new arrest.

These rates are similar to those reported by CJA. In the last quarter of 2019 and the first quarter of 2020, the time periods that align with recruitment for this study, about one quarter of everyone arrested New York City was re-arrested within a one year pretrial follow up period.<sup>9</sup>

Although a new arrest is often interpreted as new criminal involvement, the RILS respondents were unlikely to be convicted of new crimes during the pretrial period. Of the 51 respondents who had a new pretrial arrest that resulted in disposed criminal case during the data collection period, 31 were convicted for a new offense. This means that of the whole sample, 13% had a new criminal conviction due to a pretrial arrest (Figure 12). Most convictions were for misdemeanors or disorderly conduct. More serious charges at arrest were more likely to result in convictions, but usually for a lesser charge. Out of the 22 respondents arrested for a new violent felony, only 3 were convicted of violent offense. Among the cases that reached a disposition during our data collection period the most likely outcome for a new violent felony arrest was either acquittal or a dismissal.

The risk of new police and court contact was higher among respondents with unstable housing. Figure 13 displays arrest and conviction rates by baseline housing status. Almost half of those who were living in unstable

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<sup>8</sup>NYC Pretrial Data. New York City Criminal Justice Agency, <https://www.nycja.org/new-offense>

<sup>9</sup>*ibid.*

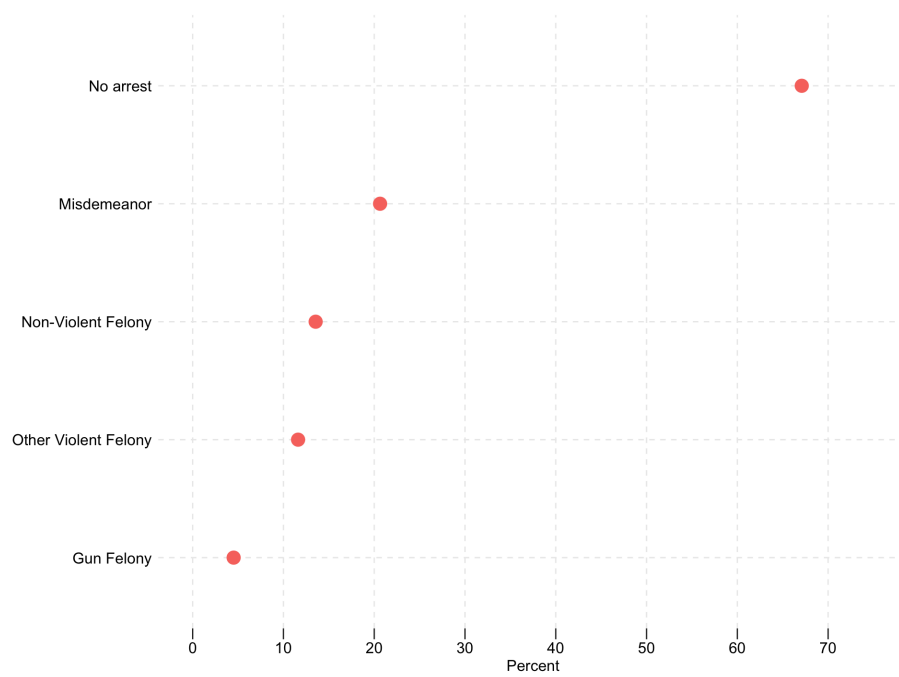


Figure 11: Percentage of respondents who were re-arrested in the pretrial period, by arrest category ( $N = 155$ )

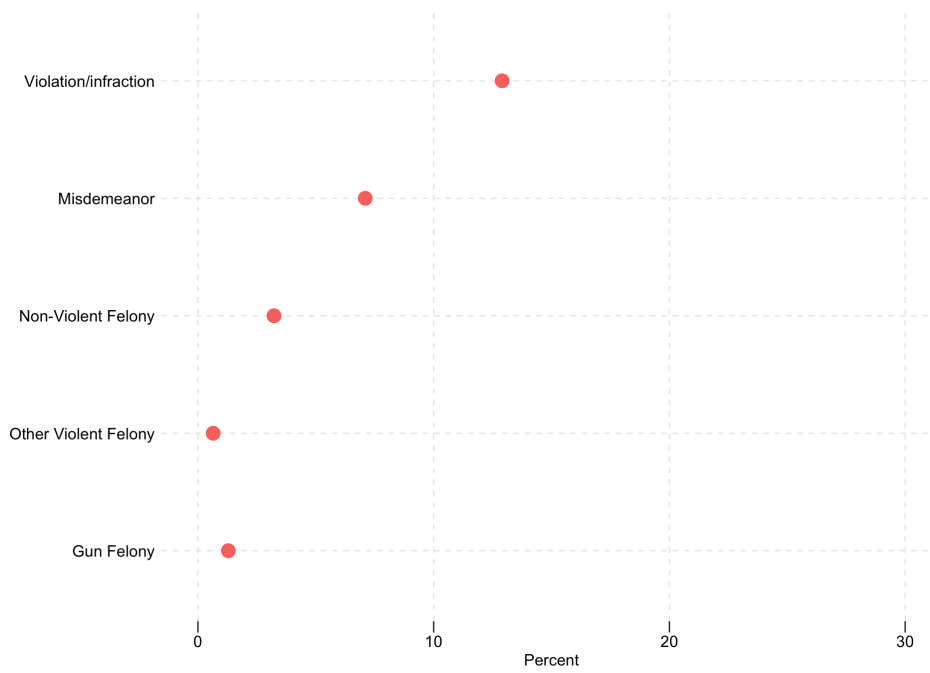


Figure 12: Percentage of respondents with disposed cases who were convicted within one year of arraignment or release from jail by conviction offense ( $N = 87$ )

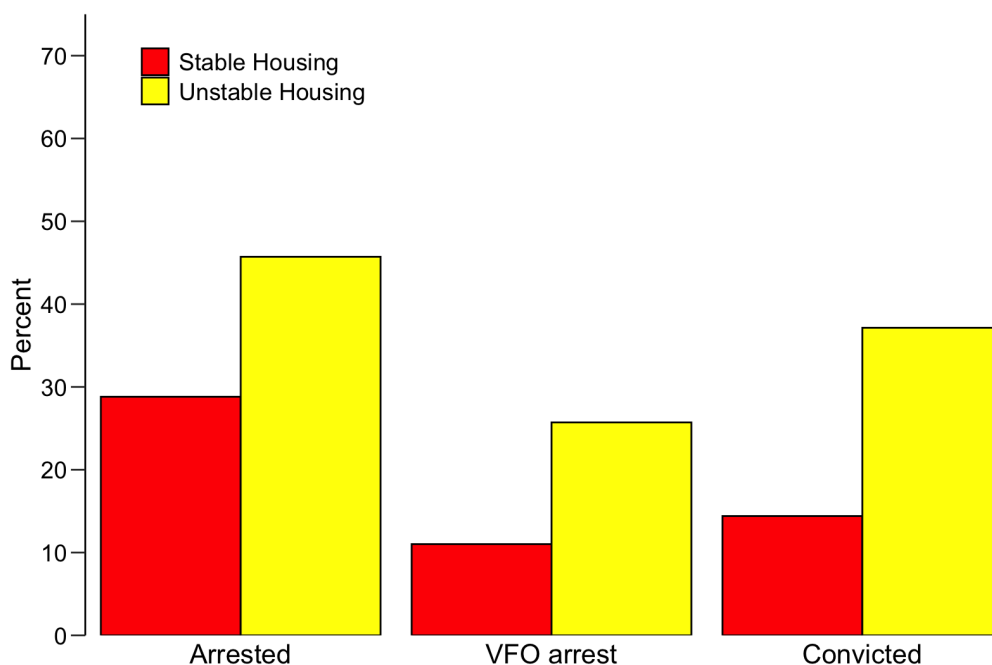


Figure 13: Percent of respondents arrested, arrested for a VFO, and convicted of a crime during the pretrial period, by self-reported housing status at the baseline interview ( $N = 194$ ).

housing at baseline were arrested during the pretrial period, compared to only 28% of those with stable housing. Respondents without stable housing at baseline were also over twice as likely to be convicted of a crime.

Debates about prosecutorial policy, bail reform, and pretrial detention often turn on assessments of dangerousness of people with criminal charges. Our research design cannot provide highly individualized assessments of risk, but at an aggregate level we find over two thirds of the RILS sample was not re-arrested in the pretrial follow-up period. Of those who were re-arrested, the majority faced charges for misdemeanors and non-violent offenses that were unlikely to result in a conviction. Data on re-arrest and re-conviction indicate that approximately 85% of the RILS sample who were released to the community had no new contact with police for serious violence. Less than 2% were convicted of a violent felony in the one-year

follow-up period. Renewed contact with police and the courts was also associated with economic insecurity, notably with unstable housing. The association between housing instability, re-arrest, and re-conviction suggests the presence of risk factors, such as untreated health problems, that influence both economic security and criminal offending, and the potential for social programs to support the pretrial process.

## **4 Implications for Research and Policy**

### ***4.1 Secure and Supportive Housing***

The RILS data show strong relationships between mental illness, substance use problems, and unstable housing. Unstable housing and co-occurring mental health and substance use problems are themselves associated with precarious employment, exposure to violence, and histories of childhood trauma. We found that arrest and incarceration was also closely associated with mental illness and housing insecurity. Although we found little evidence of serious violent crime in the pre-trial process, new arrests were more likely for those in unstable or temporary housing.

Supportive housing is a strategy that combines affordable housing with intensive coordinated services for people facing complex needs. Research has shown that supportive housing is related to improved employment outcomes and mental health, and reduced police contact (Gouse, Walters, Miller-Archie, Singh, and Lim 2023). Given the variety of problems related to housing insecurity in the RILS data, supportive housing may offer an important tool for assisting people in the pre-trial process at highest risk of re-arrest.

### ***4.2 Frontline Responses to Crises and Altercations***

The larger social context of severe poverty that pervades the New York City criminal courts is clearly indicated in interviews with the RILS respondents.

Shelter use, SNAP receipt, housing insecurity, and unemployment are reported at high levels before arrest and in the following year. The onset of the pandemic during our data collection intensified conditions of material hardship. The challenges of poverty were compounded by physical and mental health problems, life histories of trauma, and drug addiction.

This social context offers a perspective on many of the criminal incidents that led to participation in the study. Many respondents got in interpersonal disputes and altercations in public space while in mental crisis or under the influence of drugs or alcohol, and without friends, family, or neighbors who were able to help them. Police were often the first responders in these situations. Arrest set in motion a court process that then took many months to unfold. Although some of the RILS respondents were arraigned for serious violent crimes, most criminal incidents were closely linked to poor social conditions, disputes with known victims, and periods of increased vulnerability and volatility related to mental illness and drug use. The underlying criminal cases were most commonly disposed by dismissal or acquittal.

Non-police and non-punitive first responder strategies is an emerging area for research and policy that has compelling relevance for the criminal courts and offers another approach to addressing public disputes, altercations, and disorder that are most often consequences of health crises and poverty.

### ***4.3 Case Processing Time***

Criminal cases in the RILS data lasted a median of four months from arrest to disposition. In this time, respondents experienced stress, avoided the police, missed work, and in some cases lost their jobs. Reducing case processing times would not only help to reduce the length of stay in jail and the overall jail population, it would also reduce the wide variety of personal life disruptions associated with an open criminal case. Although reforms to the court process are largely beyond the scope of our data collec-

tion and analysis, our analysis helps highlight the substantial social burden of a criminal court process that regularly results in acquittal, dismissal, or prosecution for minor offenses.

Reducing case processing times has emerged as an important goal in the efforts to close Rikers Island. Research indicates that case processing time is related to the overall volume of cases being managed by the court (Wolff et al. 2022) and the jailed population. Upstream from the court process, changes in prosecutorial and policing policy that reduce misdemeanor and other low-level arrests and prosecutions thus appear to be important for reducing the burdens of court involvement even for those arraigned on more serious offenses. Inside the process of court administration, policymakers and advocates in New York City have developed a variety of strategies to quickly move defendants from arrest to arraignment, divert the court process, and create off-ramps to dismissal.

#### ***4.4 Access to Federal and State Benefits and Programs***

Although the RILS respondents depended on federal and state safety net programs, the study also indicated clear gaps in coverage. SNAP and Medicaid were the most widely used programs. Both programs provided substantial assistance and appeared to be relatively accessible often in periods of great instability, such as at the onset of the COVID-19 pandemic in New York City. The importance of Medicaid reentry initiatives is clearly indicated by the interviews, in which Medicaid enrolment is provided in jail before release to the community.

The sample reported a high burden of physical and mental illness, yet disability programs such as SSI and SSDI were rarely reported. Both programs require medical assessments and barriers to enrolment have been reported in other studies (McDaniel et al. 2023). As a means-tested program, SSI enrollment would have been especially important for RILS respondents. SSDI is a social insurance program that requires a history of contributions for enrollment. Although SSDI uptake would likely be much

lower in the RILS sample, benefit levels are much more generous than SSI, and increasing SSDI enrollment would have a strong anti-poverty effect in a sample with a relatively high rate of disability.

Finally, interviews with respondents under age 25 indicated deficits of health care coverage for emerging adults. Emerging adults utilized Medicaid at low rates and were more likely to report being uninsured compared to adults over 25. RILS data point to a need for age-specific outreach to encourage young adults to enroll in Medicaid.

#### ***4.5 Research for the Pre-Trial Process***

The pre-trial process in New York City encompasses a vast number of cases overwhelmingly concentrated among low-income residents, who in many cases are contending with social problems related to poverty. Serious crimes are sometimes alleged, but these were rare in our data collection. Research on the pretrial process has focused on successive stages of arrest, a lengthy court process that regularly results in dismissal, and pretrial detention (Lu et al. 2021; Rempel and Pooler 2020; Wolff et al. 2022). Largely missing from this research are the social and economic life conditions of the hundreds of people who are arrested and prosecuted daily in New York City.

RILS respondents' contact with the criminal legal system was closely linked to poor social and economic conditions and moments of increased stress and volatility related to mental health crises and substance use issues. Respondents' precarious social and economic lives were further destabilized by criminal legal intervention. Our research suggests that non-punitive social policies that provide housing, healthcare, and government benefits not only address people's material needs but may well prevent system involvement and create stronger, safer communities.



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