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TOWARD SHARED SAFETY

The First-Ever National Survey
of America's Safety Gaps

SEPTEMBER 2020

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Executive Summary

Toward Shared Safety: The First-Ever National Survey of America's Safety Gaps is a first-of-its-kind national study of Americans' unmet safety needs and public safety policy preferences. In a moment of unprecedented change - and growing consensus on the need for new approaches to public safety - this report aims to fill critical gaps in information, to help point decision-makers toward a new set of safety solutions that can better serve vulnerable Americans, improve public safety and stop the cycle of crime.

Despite dramatic increases in safety and justice spending over the last several decades, few of those expenditures are informed by the needs of Americans lacking safety or consistently aligned with Americans' policy preferences. As concerns about spending and criminal justice grow, there's never been a more important time to ask some fundamental questions about safety. What are the gaps in safety that people impacted by crime, violence and criminal justice experience? What are the priority safety investments that matter the most to Americans of all walks of life?

In June of 2020, over 4,000 Americans were surveyed about their experiences with safety and attitudes about safety policy. In particular, the survey engaged with people vulnerable to the cycle of crime, including crime victims, people experiencing mental health crisis or substance use disorders*, and those living with past convictions, as well as voters of all backgrounds, regardless of experience.

As the report details, there is remarkable alignment between gaps in safety that vulnerable people face and the public safety policy preferences that most all Americans support - policy preferences that would address those very gaps. Broad consensus exists at the neighborhood level and across different demographics: public safety policies and investments should prioritize violence prevention, recovery, mental health, reentry and the most effective strategies to stop the cycle of crime, more than incarceration. It's time for federal, state and local expenditures to match these urgently needed and popularly supported priorities. It's time for Shared Safety. .

Key Findings

Crime Victims Lack Recovery Support

Crime impacts large numbers of people in the U.S. each year and people who survive a violent crime can face devastating lifelong consequences from the traumatic event. If unaddressed, trauma can contribute to instability, including mental health or addiction

issues, challenges returning to work, maintaining housing or caring for loved ones, and can even lead to someone being re-victimized.

- One in five Americans have been crime victims in the past 10 years.
- Victims of crime experience significant challenges recovering and healing. 78 percent said their life had been affected by the crime.
- Less than one in three crime survivors report receiving help to recover. This includes lacking help attaining financial assistance, mental health support or counseling, medical assistance, or other supports that help with recovery and stability.
- Seventy three percent of violent crime victims have been victims of crime more than once. Repeat victimization is concentrated.
- When crime survivors did receive help, it was generally not from the criminal justice system. They were more likely to receive it from family and friends (43 percent), hospitals and health care providers (33 percent) and community-based organizations (22 percent) rather than police (18 percent) or prosecutors (16 percent).

People with Mental Health and Substance Use Disorders Needs Do Not Attain Treatment

As experts in crime, violence and safety affirm, mental health and substance use disorder, particularly combined with economic instability, are among common drivers of crime involvement and recidivism. Given the link to crime drivers, it's critical to examine whether people experiencing these challenges can attain help. People that have experienced a mental health crisis and substance abuse disorder needs report a stark lack of capacity to attain effective treatment to address mental health or addiction. This presents many risks to safety. Prioritizing treatment for those in need is a critical prevention gap.

Among people suffering from mental health challenges:

- Nearly 4 in 10 Americans report they have experienced a mental health issue, but less than half of those with mental health needs received treatment.
- Nearly 9 out of 10 people experiencing mental health issues said their life had been affected by this health issue.

1 in **5**

people have been crime victims in the past 10 years

Less than

1 in **3**

crime survivors report receiving help to recover

This includes either financial assistance, counseling, medical assistance, and other types of healing services that can help with recovery and stability.

Nearly

4 in **10**

adults responding to the survey reported that they experienced some mental health issue, but less than half of those with mental health needs received treatment

- Americans with mental health issues that sought but did not receive treatment reported not being able to find, afford or access treatment as the major reasons.
- Across race, ethnicity and political party, four out of ten similarly said they could not access treatment because it was too hard to access, too far away or because they faced waiting lists.

People struggling with addiction faced similar challenges:

- Fifteen percent of Americans report they have experienced substance use disorder or addiction issues.
- More than 8 in 10 people experiencing a substance use disorder said their life had been affected by this health issue.
- Nearly 1 in 3 with substance use disorders said it affected their ability to work.
- Less than half (43 percent) of people with substance use disorders received treatment.
- Among the reasons those who did not receive treatment gave for not accessing it, nearly half said it was hard to access, that treatment options were too far away or had waiting lists. Forty percent said they could not afford it or insurance did not cover it.

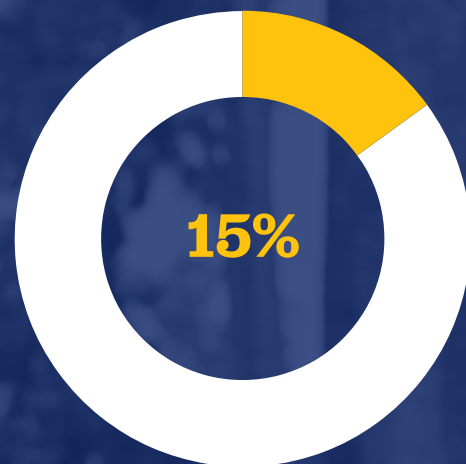
People With Past Convictions Face Lifelong Barriers to Stability

There are at least 70 million people in the United States that have a past arrest or criminal record, and an estimated 20 million have a past felony conviction. These records have hidden but long-lasting effects, long after sentence completion: people with past convictions face over 40,000 prohibitions on eligibility for jobs, housing or other stabilizers to productively move forward in their lives.

Any criminal record can have an effect, but the most substantial barriers come from having a prior felony conviction. Among those surveyed living with a past felony conviction:

- Nearly seven in ten said they have had difficulty finding a job;
- Six in ten said they had struggled to pay criminal justice debts, such as fines and fees;
- Nearly six in ten said they had difficulty finding housing.

Fifteen percent of Americans responding to the survey indicated they had experienced substance use disorder or addiction issues. Less than half—received treatment.



Among those whose most serious conviction was a felony, nearly

7 in 10

said they have had difficulty finding a job.

Voters Support New Public Safety Priorities

There is strong overlap between what is needed to close the safety gaps people impacted by the current public safety system experience and the priorities voters want to see in public safety policy.

Voters Say Don't Prioritize Prisons and Jails

In the context of growing budget deficits, state and local governments will face trade offs in determining from where to trim. Voters prefer protecting nearly every other aspect of government over prisons and jails.

- When asked which areas of government spending should be protected from cuts, nearly all voters surveyed - 98 percent - do not want prisons and jails protected from cuts. By comparison, 4 out of 10 voters prefer protecting health care and public services from spending cuts.

Voters Say Prioritize Prevention, Mental Health and Reentry

Specifically as it relates to investments made to advance public safety, voters also want revised priorities.

Voters say that the most important public safety programs to fund are:

- Mental health and crisis response treatment (45 percent);
- Job training and placement programs for people released from prison (40 percent);
- Community-based violence prevention (33 percent).

Voters Support Local Public Safety Reforms to Better Address Crime

Voters also support local efforts to shift responses to crime at the community level, before people enter prisons or jails.

- Nearly eight out of ten voters support expanding the 911 system so that calls for people in mental health crisis and substance use disorders are directed to trained mental health professionals to respond instead of police.
- Nearly six in ten voters support shifting local funds from police to community organizations that use relevant experts

Nearly

8 in 10

voters support federal investments for increasing the use of community-based violence prevention workers to help prevent young people from getting involved in crime.

Nearly

2 in 3

voters support federal investments for expanding and hiring hospital-based violence prevention workers to help prevent retaliation for gun violence.

to address issues such as domestic violence, de-escalation, mental health, and violence interruption programs.

Voters support federal investments to scale up new safety priorities.

Federal resources are a significant source of funding for a wide range of public safety programming across the United States. Voters have strong preferences favoring expanded federal support for new approaches to public safety.

Overwhelming majorities of voters prefer federal funding priorities that would shift our nation's approach to public safety:

- Nearly eight out of ten voters support federal investments for increasing the use of community-based violence prevention workers to help prevent young people from getting involved in crime.
- Nearly two in three voters support federal investments for expanding and hiring hospital-based violence prevention workers to help prevent retaliation for gun violence.
- More than eight out of ten voters support federal investments for expanding victims' services to help more victims of violence get access to programs that help them with financial recovery and recovery from trauma.
- More than eight out of ten voters support federal investments for expanding emotional support and recovery services for children who have been exposed to violence.
- More than seven out of ten voters support federal investments for expanding mental health crisis responses so that emergency calls about psychiatric crises are handled by mental health experts.
- More than seven out of ten voters support federal investments for expanding alternatives to incarceration such as diversion, mental health treatment, restorative justice, or community service
- More than six out of ten voters support federal investments for improving state criminal justice data systems to allow qualifying old convictions to be automatically cleared once they are eligible for removal.
- A majority of voters support lifting bans on eligibility for emergency aid, housing assistance and food stamps for people with past convictions.

Nearly

8 in **10**

voters support expanding the 911 system so that calls for mental health crisis and substance use disorders are directed to trained mental health professionals to respond instead of police.

Nearly

3 out of **4**

voters support authorizing alternatives to incarceration such as community service or electronic monitoring for individuals arrested for low-level crimes.

Nearly

3 out of **4**

support alternatives to incarceration for someone who has participated in rehabilitation programs or maintained good behavior in prison and has been assessed as a low risk to public safety.

These types of policies have bipartisan majority support, and majority support across gender, geography, race and age.

Voters Say Safely Reduce Incarceration

At the same time that voters strongly support expanded investments into prevention, victim services, mental health treatment and reentry, voters also support decreasing incarceration.

Support for reduced incarceration is particularly prominent in the current context of a global pandemic that has brought into view the ways in which over-incarceration contributes to poor health outcomes for everyone.

Voter support for reduced incarceration provides an opportunity to alleviate the financial burden unnecessary over-incarceration places on budgets to reallocate those resources toward addressing the safety gaps voters are most concerned about.

Eight out of 10 voters are concerned about COVID-19's impact on prisons and jails.

Voters support a wide range of strategies to safely reduce incarceration:

- Nearly three out of four voters support authorizing alternatives to incarceration such as community service or electronic monitoring for individuals arrested for low-level crimes. More than six out of ten voters across party, race, age, and gender support this policy.
- Nearly three out of four support alternatives to incarceration for someone who has participated in rehabilitation programs or maintained good behavior in prison and has been assessed as a low risk to public safety. More than six out of ten voters across party, race, age and gender support this policy.
- Two out of three voters support authorizing the release of some people who are already set to be released in the near future, or who are elderly or sick. More than six out of ten voters across party, race, age and gender support this policy.
- Six out of ten voters support alternatives to incarceration for someone convicted of a crime who did not seriously injure someone else or risk community safety. A majority of voters across party, race, age and gender support this policy.

2 out of 3

voters support authorizing the release of some people who are already set to be released in the near future, or who are elderly or sick.

- More than 6 out of 10 voters support authorizing the release of someone that has already served 10 or more years of their sentence and has been assessed as a low risk to public safety.
- Nearly six out of ten voters support alternatives to incarceration for someone who is medically vulnerable. A majority of voters across party, race, age and gender support this policy.
- More than half of voters support alternatives to incarceration for someone serving a sentence of less than 12 months.
- Half of voters support alternatives to incarceration for someone 60 years old or older.

Summary Recommendations

These findings paint a critically important picture for decision-makers. Vulnerable Americans lack many important basics when it comes to increasing safety and stopping the cycle of crime. Difficulty attaining treatment, trauma recovery support or eligibility for jobs and housing keep many Americans experiencing crime, behavioral health needs or living with past convictions from safety and stability. The solutions to address these gaps exist -- and voters prefer addressing these gaps over current public safety expenditure priorities.

Voters overwhelmingly support substantial reductions in unnecessary incarceration and significant increases in violence prevention, mental health crisis response and treatment, support for victims of violence, and reentry so people leaving the justice system stabilize.

Achieving this vision for safety is possible. It requires asking new questions about public safety policies and expenditures, requiring a set of different stakeholders to design and plan safety strategies and a reallocation of resources. The public overwhelmingly wants - and needs - public resources for safety to go toward addressing safety gaps. As long as the lion share of public safety money is supporting unnecessary incarceration, making the shift the public wants will remain illusive. This report contains three summary recommendations that policymakers can take toward achieving shared safety

1. Reassess

Local, state and federal jurisdictions assessing criminal justice and public safety policy proposals and expenditures need to ask new questions to discern the capacity of what's being proposed to address safety gaps. Decision-makers need to start requiring assessment of impact and regular data collection to understand safety gaps.

- **Require Shared Safety Impact Statements.** Just as state and federal bills are assessed for the fiscal impact to inform decision-makers, pieces of legislation relating to safety and justice should be subject to a "Shared Safety Impact Statement" to evaluate how the proposal addresses safety gaps. The impact statement can describe what is known about the safety impacts of

the proposed law change or expenditure, with an emphasis on data-driven strategies to prevent and stop the cycle of crime, reduce recidivism and increase fairness.

- **Conduct Annual Reporting on Safety Gaps.** To reduce wasteful expenditures and increase safety, federal, state and local government should annually report on holistic safety-related data points including:
 - Identifying who is experiencing crime and violence and the impacts;
 - Assessing the capacity of violence prevention, trauma recovery, addiction, mental health treatment and reentry resources to meet community needs.

By understanding the core vulnerabilities communities face, cost-saving and safety-improving investments can be made to close the gaps and increase safety.

2. Redesign

Decision-makers need to require more of local, state and federal agencies: more collaboration, data sharing and more community partnership. Criminal justice, health, behavioral health, foster care, housing and education systems must be required to work together - and with communities - to leverage resources, evaluate outcomes, and hold each other accountable

- **Require Joint Responsibility:** Achieving community safety cannot be, and should not be, considered the responsibility of law enforcement alone. Decision-makers need to require more of local, state and federal agencies, more collaboration and community partnership. Criminal justice, health, behavioral health, foster care, housing and education systems must be required to work together to leverage resources, evaluate outcomes, and hold each other accountable.
- **Require Community Partnership:** Making the system work starts with trust and partnerships. Decision-makers need to require that local, state and federal policies and investments in safety are informed by community need and designed in partnership with communities. Communities that co-design with governments can attain safety for all.

3. Reallocate

There is no constituency for protecting prison and jail spending. Alternately, there is strong popular support for reducing unnecessary incarceration and those same dollars can be reallocated to the priorities Americans of all walks of life want and need. Voter priorities such as trauma recovery, child well-being, youth violence prevention, mental health crisis response, family crisis assistance and drug addiction treatment are the most important investments that can be scaled to protect more people and stop the cycle of crime.

- **Use Relief Funding to Spur New Safety Priorities:** Federal funding support to states and local jurisdictions during the COVID-19 pandemic for public safety should prioritize prevention, treatment and recovery services over spending on incarceration. New dollars can build new, smarter approaches such as
 - Emergency mental health crisis response
 - Community-based and hospital-based violence prevention
 - Trauma recovery for victims and children exposed to violence
 - Removing bans on eligibility for aid for people with past convictions.
- **Build in Incentives for Reallocating to New Safety Priorities:** Federal and state officials should build incentives into funding streams for safety, rewarding approaches that reduce unnecessary incarceration and expand violence prevention, trauma recovery and victim services, mental health and addiction treatment and reentry. Incentives can spur state and local jurisdictions by requiring policies such as:
 - Alternatives to incarceration such as community service or electronic monitoring for individuals arrested for low-level crimes
 - Authorizing the release of some people who are elderly or sick or individuals that have already served 10 or more years of their sentence and has been assessed as low-risk
 - Alternatives to incarceration for someone convicted of a crime who did not seriously injure someone else or risk community safety
 - Alternatives to incarceration for someone serving a sentence of less than 12 months.

Introduction and Background

Recently, states across the nation have been grappling with the need for changes in our criminal justice and public safety systems. There has been an increasing recognition that over-reliance on incarceration without enough prevention and treatment locks communities into an ineffective criminal justice system that cannot make all of us safer.

Events of 2020 have increased the urgent need for change. The unprecedented health crisis brought on by the COVID-19 pandemic, as well as the national outcry for a fairer, more racially just criminal justice system have increased attention to two unavoidable facts:

- *The justice system spreads poor health.* Prisons and jails are the most acute example, with extremely close quarters where illness spreads like wildfire among people that live and work there;
- *The justice system is rife with disparities.* Americans want a safety and justice system that treats everyone equally regardless of race and works to keep everyone safe.

In the context of this unprecedented need for change, there has never been a better time to build consensus around the solutions needed for a healthier, safer and fairer approach to public safety.

Moving from safety for some to safety for all is more possible than ever before. Anchored by Alliance for Safety and Justice, and with support from the National Coalition for Shared Safety,* expert public opinion researchers conducted extensive research on the experiences and opinions of Americans impacted by crime and incarceration to understand who they are and what they need, and surveyed voters about their preferences as it relates to policies and investments into public safety.

* The National Coalition for Shared Safety represents leading organizations that are advancing community safety solutions and joining together to promote the most effective strategies to achieve public safety for all. It includes critical assistance providers supporting crime survivors and people living with past convictions, as well as public health providers and business leaders. The organizations in the coalition specialize in trauma recovery, health, mental health, violence prevention, and reentry support. A full list of members are acknowledged later in the survey.

What is Shared Safety?

Our nation has an opportunity to build consensus around the public safety solutions needed to achieve safety for all. Moving from safety for some to safety for all through smart investments and new partnerships is what Shared Safety is about. Shared Safety envisions a world where everyone can attain safety, and everyone takes responsibility for it.

Shared Safety begins with joint responsibility—across different government entities and in partnerships with communities—for deepening our understanding of who is vulnerable, for investing in effective prevention, health and recovery and for breaking the cycle of harm.

Shared Safety means looking beyond arrests and incarceration—and beyond the justice system—to cultivate safety at the family and neighborhood level. The more we can focus our metrics, investments, partnerships and attention on what works to improve safety and stop the cycle of crime, the better for our budgets, communities and families.

The five principles that drive the Shared Safety approach are:

Public health. Only responding to crime after the fact is akin to an emergency-room only response to illness. The public health field has much to teach about how to address epidemics: prevention, detection and treatment. Threats to personal and community safety worsen when knowable root causes are left unaddressed. .

Well-being. The strongest communities are the safest communities. Well-being means community conditions promote mental and physical health and resilience. Measuring safety with crime data alone misses the opportunity to measure well-being, the most important metric. By defining, measuring and tracking well-being, we can invest in prevention scaled to community needs and foster safety.

Survivors at the center. For too long, justice policy and investment decisions have not been informed by the experiences of most crime victims. Those that bear the disproportionate burden of harm need a voice. Placing survivors at the center means recognizing who victims are; amplifying investments in protection, trauma recovery and restorative justice; and partnering with survivors to stop the cycle of harm.

Breaking the cycle of harm. A growing number of experts agree: Incarceration as a one-size-fits-all response to crime is ineffective and unsafe. Breaking the cycle of harm requires a problem-solving approach. Alternatives and graduated responses can hold people accountable, address the drivers of crime to reduce recidivism, and prepare people for stable reentry to the community.

Making the system work. The historic over-reliance on the criminal justice responses has created a system that cannot solve most of the root causes of crime. Shared Safety relies on collaboration across communities, bringing together health experts, crime survivors and other community leaders together with representatives from law enforcement and the courts. And, making the system work starts with trust. Communities that share a connection and mutual trust with local government have what it takes to attain safety for all.

Today, current public safety financial and policy priorities cannot achieve Shared Safety. It is possible to transform those priorities. We already know what works and how to get there – it's about building consensus on the solutions and scaling them up to meet community need.

Toward Shared Safety: The First-Ever National Survey of America's Safety Gaps (hereinafter referred to as the National Safety Gaps Survey) is a first-of-its-kind national study focused on the experiences of people impacted by criminal justice and safety policies: crime survivors, people suffering a mental health crisis or substance use disorder and people living with past convictions. It also measured the opinions of voters on key safety and justice policy priorities and choices.

The survey uncovers the key gaps in safety experienced by those most commonly harmed by crime and/or those cycling into our justice system. By identifying the safety needs that are frequently unmet we aim to help decision-makers understand the priorities that matter the most to prevent and address crime. The survey also points to some clear voter policy preferences in reforming safety and justice.

The survey found remarkable overlap between the gaps in safety experienced by those most vulnerable to the cycle of crime and the policy preferences of voters in shifting public safety priorities.

Voters overwhelmingly support shifting funding from an emphasis on incarceration to an emphasis on prevention, treatment and recovery.

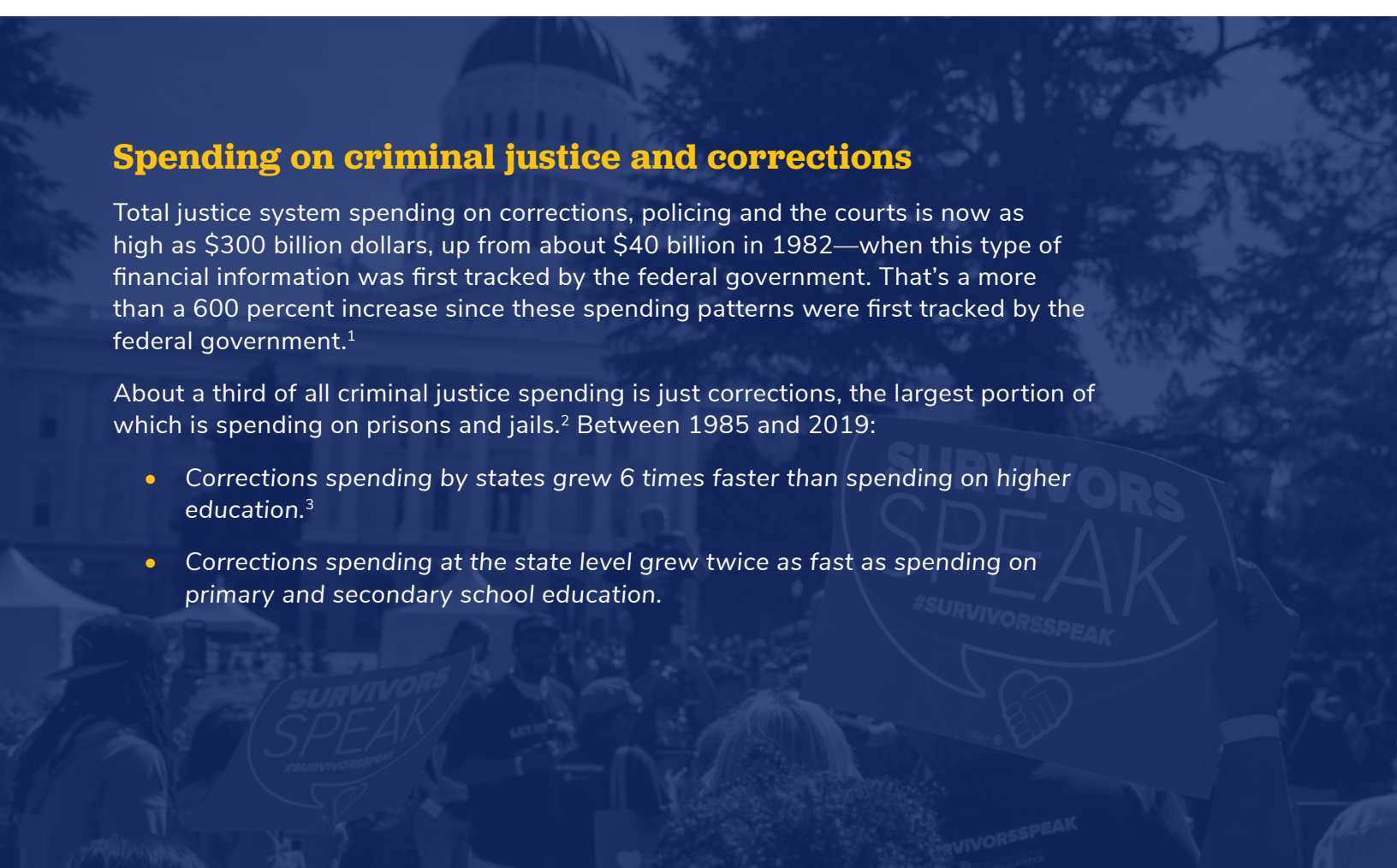
We hope this survey contributes to a greater understanding of the core safety gaps facing our nation and helps transform this moment for change into a long-lasting new approach to safety that works for everyone.

Spending on criminal justice and corrections

Total justice system spending on corrections, policing and the courts is now as high as \$300 billion dollars, up from about \$40 billion in 1982—when this type of financial information was first tracked by the federal government. That's a more than a 600 percent increase since these spending patterns were first tracked by the federal government.¹

About a third of all criminal justice spending is just corrections, the largest portion of which is spending on prisons and jails.² Between 1985 and 2019:

- Corrections spending by states grew 6 times faster than spending on higher education.³
- Corrections spending at the state level grew twice as fast as spending on primary and secondary school education.



Prevention, rehabilitation and treatment.

A Shared Safety approach would reallocate public safety resources from traditional public safety approaches that fail to stop the cycle of crime to promising new solutions that are demonstrating success at the local level, but have not been scaled up to meet the need. If Shared Safety solutions were scaled to meet the need that exists, it would expand safety for all - and save money.

Shared Safety solutions include:

- **Prevention.** Exposure to violence, especially among young people, can cause short- and long-term physical and behavioral health consequences, including difficulty in school, instability, and risk of future victimization. It is crucial to invest in supporting people exposed to violence and other strategies to prevent harm. Violence prevention programs that prevent young people from falling through the cracks and break the cycle are effective yet woefully under-utilized.
- **Treatment.** Behavioral health programs such as mental health and substance use treatment have a strong track record of supporting those that suffer toward recovery and stability. Too many people that suffer cannot attain treatment. For some, this leads to crime involvement. When people commit crimes with these underlying challenges, communities will reap much greater returns on investment through treatment rather than lengthy prison sentences.
- **Rehabilitation.** Rehabilitation includes holding people accountable and providing a pathway for redemption. The most effective sentences for public safety are those that are focused on rehabilitation. Once someone completes a sentence, resurrecting additional barriers to stability prevents redemption and community repair. Reentry programs and policies that support redemption and stability improve families and communities.

What are the safety gaps in preventing and stopping the cycle of crime?

Crime victims lack recovery support.

Crime in the United States impacts large numbers of people every year. In 2018 alone, federal data show there were more than 6.3 million violent victimizations of 3.2 million people, and 13.5 million property victimization of 9 million households in the United States. In other words, 7 percent of all households experienced a property crime and more than 3 million people were the victim of at least one violent crime.⁴

People who survive a violent crime can face devastating, lifelong consequences from such a traumatic event.

Unaddressed, trauma can lead to a wide range of consequences, including chronic fear, depression or other mental health challenges, substance use disorder or addiction challenges, difficulties returning to work or maintaining housed, or it can also lead to someone becoming a victim again or turning to crime themselves, with costly long-term consequences for the individual and the community.

Every year, violent crime exacts a high financial toll in medical and mental health care expenses, lost productivity, and property damage. Victims often face exorbitant out-of-pocket costs, as well as more intangible costs, such as reduced quality of life, pain and suffering. Victimization also costs employers, insurers, and government programs that pay for some type of service, or indirectly through lost revenues. *In total, estimates published by the federal government have shown these violent crime costs run into the hundreds of billions of dollars.*⁵

To go beyond a one-year snapshot in available federal victimization data, the National Safety Gaps Survey used a longer 10-year reference period to understand people who are repeatedly victimized, as well as a broader cross-section of those who experience crime.

In the past decade, one in five people has been a victim of crime.

The National Safety Gaps Survey shows 1 in 5 people have been crime victims in the past decade, whether or not it was reported to the police. Forty-five percent of those who were crime victims in that time period the past ten years reported they had also been a victim of violent crime.

Nearly 8 out of 10 crime survivors said they were affected by the crime.

Among those who reported being a victim, 78 percent said their life had been very, somewhat or slightly affected by the crime.

About 7 out of 10 violent crime survivors have been repeatedly victimized.

According to national data, the strongest predictor of victimization is having previously been a victim of crime—something known as repeat victimization.

According to the National Safety Gaps Survey, repeat crime victims bear a sharply disproportionate share of the impact of crime and violence. It is concentrated.

Twenty percent of victims of violent crime have been victimized six or more times. Seventy-three percent of victims of a violent crime have been repeatedly victimized. About 7 out of 10 (69 percent) of those who report being the victim of a violent crime also report being the victim of a property crime. Only about 1 in 5 victims of violent crime (21 percent) report experiencing only one violent crime.

Black Americans are more impacted by violent crime.

Both federal data and the National Safety Gaps Survey show higher rates of victimization for people of color. The National Survey shows that Black Americans are more likely to be the victims of serious violent crimes. This finding is supported by the federal data—in 2018, Black Americans were nearly 25 percent more likely to have been victims of serious violent crime than white Americans.⁶

Younger people experience the most crime.

Some of the largest disparities in victimization relate to a person's age.

According to federal data, younger people are more likely to be violent crime victims.⁷ These findings align with the National Safety Gaps Survey results showing that people under the age of 45 are 3 times more likely to be victims of violent crime than people over age 45.

Fewer than 1 in 3 crime survivors who sought support from multiple sources received it.

Despite these high levels of victimization, only about 1 in

About

7 out of 10

violent crime survivors has been repeatedly victimized



10 survivors of a violent crime report receiving any services from a victim services agency.⁸ Federal reporting shows that, at best, of the millions of people who reported being victimized, only 243,000 people across the country had victim compensation applications approved through federal Victims of Crime Act-funded services in 2018.⁹

When crime is reported to law enforcement, the criminal justice system is tasked with playing a critical role in facilitating medical, economic, and emotional recovery for the crime victim.

Despite this, most victims are not receiving treatment or support.

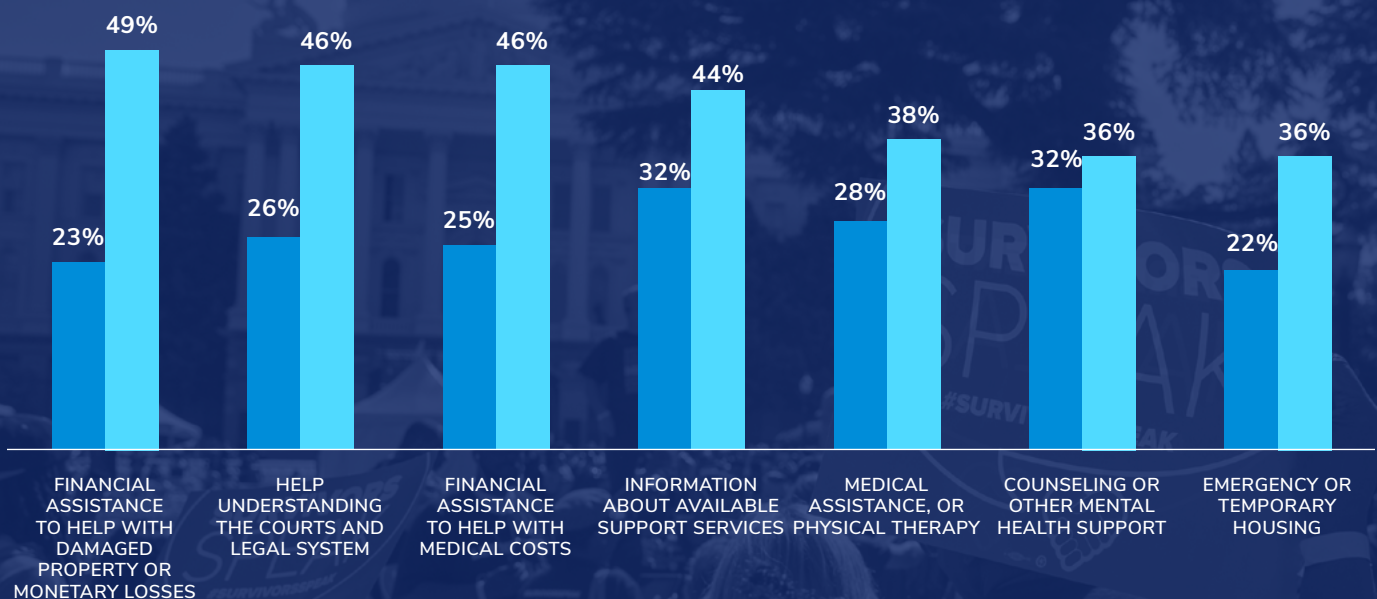
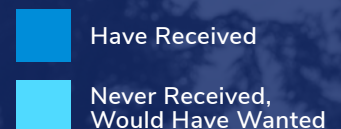
Fewer than **1 in 3** crime survivors report receiving either financial assistance, counseling, medical assistance, or other types of recovery support. Within each type of assistance victims would have wanted, but never received, fewer than 1 in 3 received it.

The survey found a large gap between victims' needs and their access to support. Among those supports survivors would have wanted, but never received were:

- Financial assistance to help with damaged property and monetary losses (49 percent);
- Financial assistance with medical costs (46 percent);
- Help understanding the legal system (46 percent);

Crime survivors would have wanted specific services but did not receive them.

Below is a list of the types of support that victims of crime may receive. For each, please indicate if it is something you have ever received, and if you never received it please indicate if you would want it if it were available.



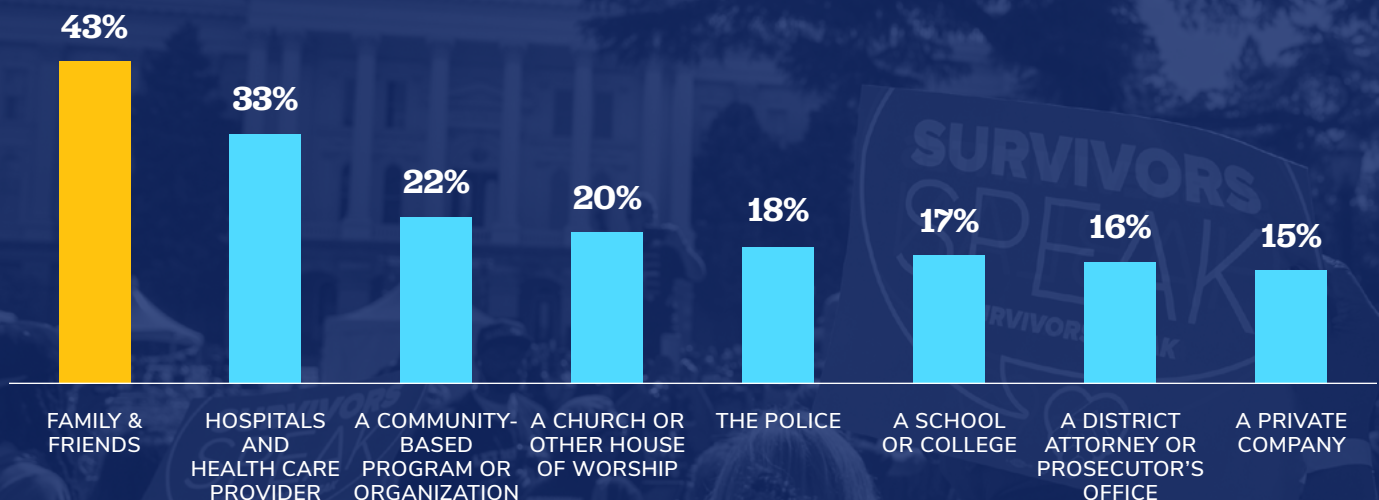
- Information about available support and services (44 percent);
- Medical assistance, or physical therapy (38 percent);
- Emergency or temporary housing (36 percent).

Of the victims that do report receiving help, the majority received it from family and friends or hospitals, not the criminal justice system:

- 43 percent received help or support from family and friends;
- 35 percent received help or support from hospitals or health care providers;
- 22 percent received help or support from a community-based program or organization;
- 20 percent received help or support from a church or other house of worship;
- 18 percent received help or support from the police;
- 17 percent received help or support from a school or college;
- 16 percent received help or support from a District Attorney or prosecutor's office;
- 15 percent received help or support from a private company.

Most crime survivors do not receive support from the criminal justice system.

If you received any of the previous services, from which of the following did you receive that help or support? Please choose all that apply.



“I received no support or counseling in the aftermath.”



Kimesha
Dallas, Texas

I grew up in a two-bedroom home in Oak Cliff, Texas, with my stepfather, mother and two sisters. At the age of five, my stepfather’s brother—my favorite uncle—began to molest me. I received no support or counseling in the aftermath. Years later, a prosecutor came to ask me questions about the crime, but nothing was done. A cycle of trauma and violence began—at 14 my boyfriend put a gun to my head, strangled me and kidnapped me, and in my adult years my boyfriend beat me. Still, I received no support or counseling from the criminal justice system, the police or my community. Nobody asked, “Are you okay?” The weight of unaddressed trauma began to impact my mental health severely—causing me to question if life was worth living. I turned to self-medication and heavy drinking, but I was still unable to numb the pain.

I don’t feel that the criminal justice system is working. As a crime survivor, I had to find my own space for healing and discover the path to inner strength, mental health and self-worth, but nobody should have to walk that path alone. A lot of times, survivors aren’t even diagnosed or treated. What’s needed is real help—mental health treatment, substance use disorder treatment and trauma recovery centers—to get people to safety and change the dynamic of hopelessness that so many survivors feel. This kind of help also decreases future crime by giving people with unaddressed mental health challenges an alternative to self-medication. We need ways to address trauma so that we can all heal.

Now I’m an award-winning author and a self-esteem coach. Coming from a place where I wasn’t heard or seen, I like to build up other leaders—I focus on each person’s strengths and try to put them in a position where they can grow. I definitely feel that as a society, our main focus should be on “seeing” survivors and helping people get mental health support and the other support they need to recover. We shouldn’t have to wonder what’s going to happen next. The system should work for us.

People with mental health and substance use disorders do not attain treatment.

Police, corrections leaders and the courts report that untreated mental health and substance use disorders are core drivers of the cycle of crime. Federal data show that 37 percent of people sentenced to prison, and 44 percent of people arrested and jailed have experienced a mental health issue.¹⁰ At least 1 in 10 police service calls are responding to an untreated mental health issue.¹¹ Research suggests that certain types of drug-related crime, like violence related to the distribution of drugs, offenses related to an altered state, and offenses committed to pay for drugs are largely fueled by addiction.¹²

The impact of these health issues is costly, and significant. Untreated serious mental health illnesses have been estimated to cost the U.S. economy \$193.2 billion in lost earnings each year,¹³ and substance use disorders over \$532 billion a year.¹⁴

The National Safety Gaps Survey found that 38 percent of respondents said they had experienced some mental health issue, and 15 percent said they had experienced a substance use disorder.

Mental health issues.

Nearly 4 out of 10 people surveyed experienced a mental health issue.

Nearly 4 out of 10 respondents (38 percent) said they had experienced some mental health issue. Nearly 9 out of 10 people (87 percent) said their life had been very, somewhat or slightly affected by their issues with mental health. .

Thirty eight percent of adults said they had experienced mental health issues, and 15 percent said they had experienced a substance use disorder.

Below is a list of specific life experiences. For each, please indicate if you had experienced it:

Anxiety, depression or another mental health issue that interfered with your well-being

Substance abuse or addiction issues, including alcohol, prescription medication or other drugs

38%

15%

Nearly 4 out of 10 with a mental health issue said it affected daily activities.

When asked, in general (including time before the coronavirus outbreak), if the following applied to their personal experience with this health issue, and given a chance to offer multiple responses:

- About 4 out of 10 people (39 percent) said their mental health affected their ability to develop or maintain close relationships;
- About 4 out of 10 (39 percent) said their mental health interfered with daily life activities, like cleaning, shopping, or basic functioning;
- About 3 out of 10 (31 percent) said their mental health interfered with their ability to work.

Mental health issues affected younger people and crime victims more significantly.

Challenges in developing or maintaining close relationships, and interferences with daily activities and the ability to work were much more likely among adults with mental health issues under age 45 than among those 45 or older. These challenges were also much more common to be reported by those who identify as crime survivors.

Less than half of those with a mental health issue said they attained treatment.

When asked (including the time before and after the coronavirus) which of the following best applied to their experience with professional treatment or support for mental health treatment, *less than half (46 percent) of those reporting issues with mental health said they received professional treatment or support.*

Those with incomes under \$75,000 (43 percent), those under age 35 (42 percent) and Latinos (36 percent) are among the least likely to have received professional support.

Black Americans and younger adults seeking mental health treatment are less likely to receive it.

Just about 1 out of 5 (18 percent) respondents sought mental health treatment, but did not receive it. Adults under 35 (26 percent) and Black adults (24 percent) seeking treatment are less likely to receive mental health treatment.

About

9 out of **10**

people said their life had been affected by issues with mental health.

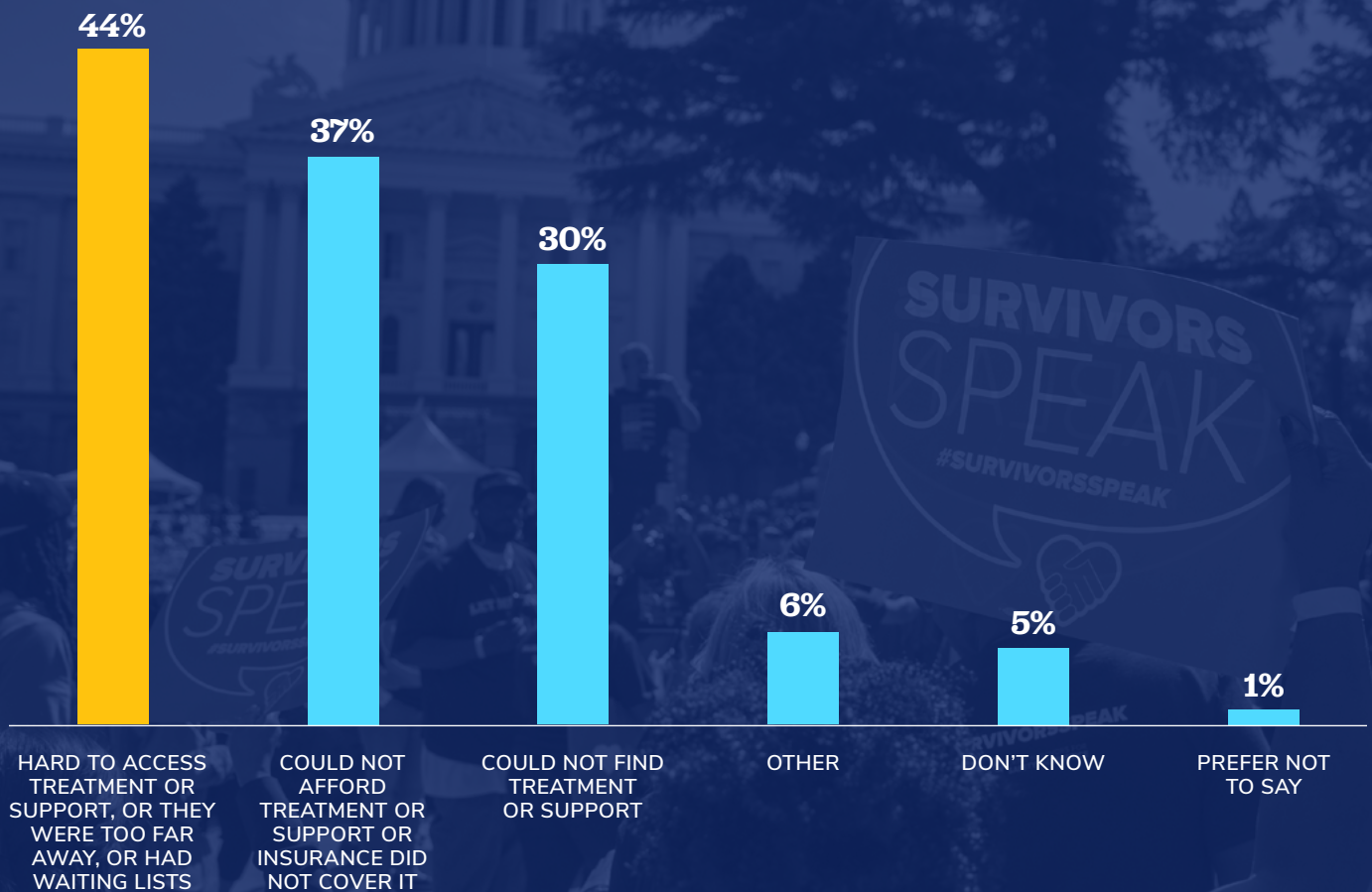
Nearly 4 out of 10 that sought, but did not receive mental health treatment said they could not afford it —or insurance did not cover it.

Among those that sought but did not receive treatment, they reported many reasons. When asked which of the following reasons they did not receive the professional treatment or support:

- 44 percent said it was hard to access treatment or support, or that the treatment options were too far away, or had waiting lists;
- 37 percent said they could not afford treatment or support, or insurance did not cover it;
- 3 in 10 (30 percent) said they could not find treatment or support.

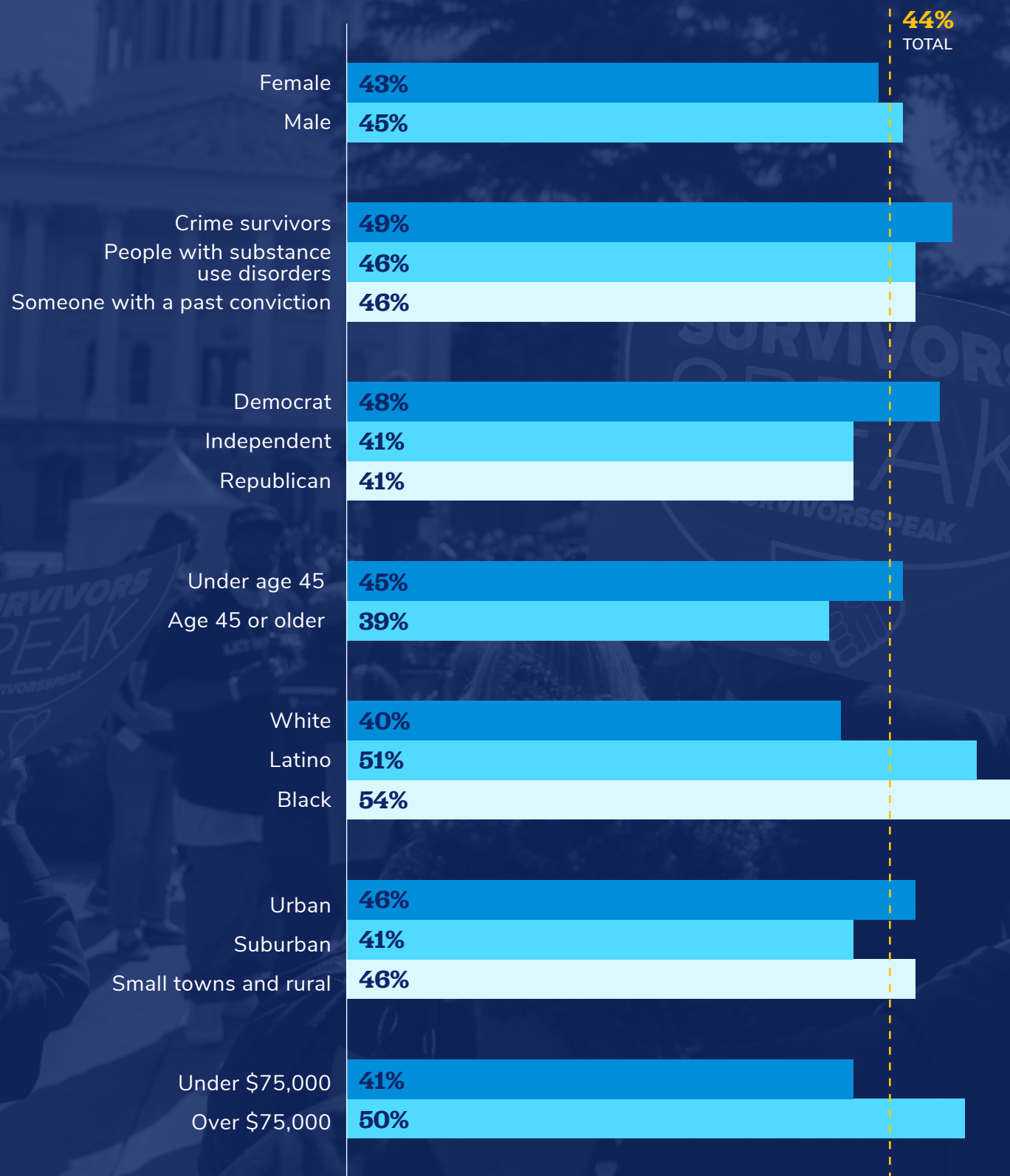
Four out of ten that sought, but did not receive mental health treatment said it was hard to access treatment or support.

For which of the following reasons did you not receive the professional treatment or support you wanted? You can select as many as you like.



Across race, ethnicity, party, and age similar proportions said, they could not attain mental health treatment because it was hard to access treatment or support.

For which of the following reasons did you not receive the professional treatment or support you wanted? You can select as many as you like.



“I was suicidal, but it could have taken months before I could see a therapist.”



Yasmin

Orlando, Florida

I decided that I wanted to be a mental health advocate from a young age, after watching a loved one struggle with mental health challenges. In 2016 my advocacy became personal. I was in school for psychology and working with survivors from Orlando’s Pulse nightclub shooting when I experienced a series of traumas of my own. In one night, I became a survivor of sexual assault, robbery and gun violence.

Afterward, I contacted my local victim service center and told them that I was suicidal. It took almost a month before anyone got back to me. They said I would need to see a victim advocate five times before I could see a therapist, with weeks between each time. That meant it would be months before I could speak to a therapist, even after reporting that I felt suicidal.

In the meantime, I was experiencing a whole different level of trauma. I was completely overwhelmed. I needed to speak to someone. If I didn’t have professional experience of my own, I would have not known to advocate for myself. But I did, and it meant I got to see a therapist sooner than the original timeline I’d been given. I got special treatment because of my privilege. That’s not right. If it weren’t for my knowledge of the mental health field, I really don’t know if I would be here today.

It is not enough to have victim services if they are not readily accessible and well supported. Individuals need to be able to get help right away after trauma, not be put on a waiting list. That is a life-threatening mistake. Treatment should be individualized. I, like many others and particularly those from communities of color, have a complicated trauma history on top of day-to-day stressors.

People shouldn’t be expected to know how to navigate a broken system when they’re not doing well. Overcoming trauma requires long-term, culturally competent therapy that’s responsive and individualized. My experience with my local victim service center and with other local organizations led me to co-found [Peer Support Space, Inc.](#), a grassroots organization that offers a system of support for people who need it, led by and for people with lived experiences overcoming obstacles to mental wellness. My own life experiences motivate me to make sure everyone gets real help in real time and that everyone is treated like someone who deserves safety.

Substance use disorders.

Fifteen percent of those responding to the National Safety Gap Survey said they had experienced a substance use disorder or addiction or addiction issues, with alcohol, prescription medication or other drugs. Over 8 out of 10 (86 percent) of those who indicated they had experienced substance use disorders or addiction said their life had been very, somewhat or slightly affected by it.

People who are low income, had a past conviction or who were crime survivors were more affected by substance use disorders.

Those more likely to say their life had been “very affected” included people with incomes under \$25,000 (41 percent), people with a past conviction (45 percent), and victims of crime (43 percent).

Three out of 10 with substance use disorder said it affected their ability to work.

When asked, in general (including before the coronavirus outbreak), if the following applied to their personal experience with substance use disorders:

- 4 in 10 (38 percent) said it affected their ability to develop or maintain close relationships;
- 1 in 3 (33 percent) said it interfered with their ability to work;
- About 1 in 3 (32 percent) said it interfered with daily life activities, like cleaning, shopping, or basic functioning.

Crime survivors and people with past convictions were more likely than others to report that their personal experience with substance use disorders affected their ability to develop or maintain close relationships, or that interfered with their ability to work or daily life activities.

Black Americans and younger adults seeking substance treatment are less likely to receive it.

One out of five (23 percent) respondents sought treatment, but did not receive it. Adults under 35 (34 percent) and Black adults (38 percent) seeking treatment are less likely to receive treatment.



4 out of 10

who did not receive treatment said they could not afford it, or insurance did not cover it.

Less than half of those with substance use disorders obtain treatment.

Less than half (43 percent) of people with substance use disorders received treatment.

When those who sought but did not receive treatment were asked, which of the following reasons they did not receive the professional treatment or support they wanted:

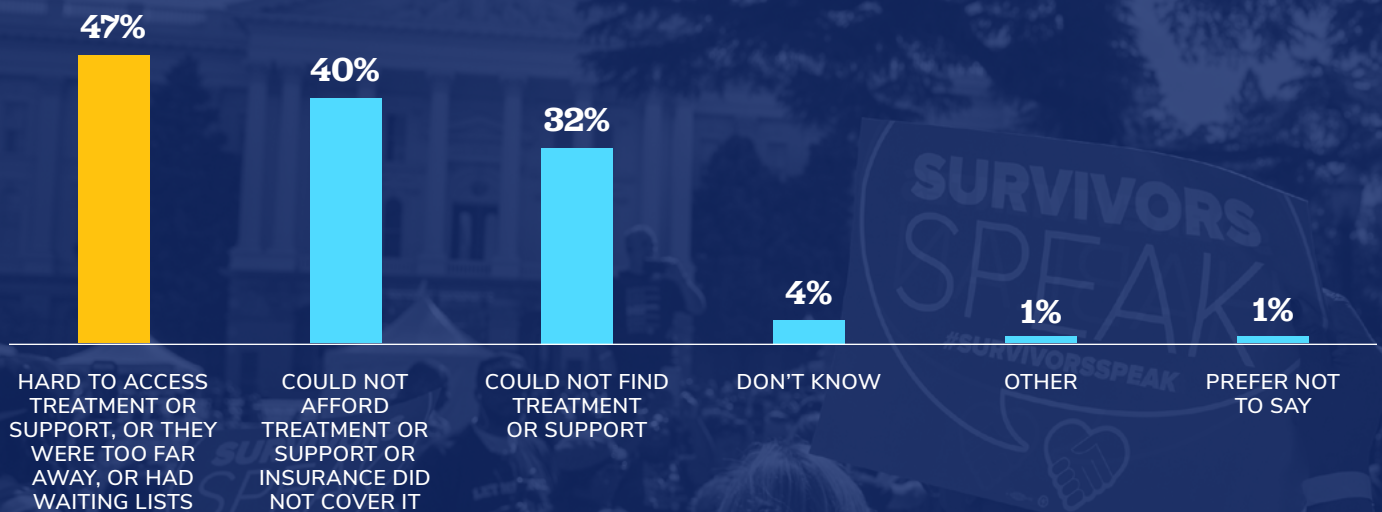
- Nearly half (47 percent) said it was hard to access treatment or support, or that the treatment options were too far away, or had waiting lists;
- 4 out of 10 (40 percent) said they could not afford treatment or support, or their insurance did not cover it;
- Nearly a third (32 percent) could not find treatment or support.

When people did receive treatment, about 9 out of 10 said it was helpful.

There is now a growing chorus of voices, particularly within law enforcement, corrections and the justice system that treatment is more likely to break the cycle of addiction and crime that affects so many communities than traditional responses like incarceration. And among those who responded to the National Safety Gaps Survey who said they received treatment for either mental health or substance use disorder, about 9 out of 10 reported it was helpful.

Among those who sought treatment but did not receive it, the most common reasons were treatment being hard to access or unaffordable.

For which of the following reasons did you not receive the professional treatment or support you wanted? You can select as many as you like.



“Start addressing the root causes of addiction and crime so we can stop the cycle.”



Cherita
Euclid, Ohio

As a child, I lived a double life. I was a quiet student during the day, then I returned home to a life of turmoil and trauma. I switched schools almost every year. When I was just a young girl, I was sexually molested. As a young person I had no way of processing all of that. I was introduced to drugs very young and turned to them as a way to cope because help was not offered to me. If someone would have checked on me as a child or asked questions about me, maybe I would have had a better chance. I suffered from drug addiction as a teen and an adult, and I was incarcerated for drug possession.

It wasn't until 44-years-old that I got access to treatment and help. That saved my life. It wasn't from the justice system, but I finally got the treatment I needed to get clean. Today, I am a peer support specialist, working with people on their various pathways to recovery from addiction and mental health challenges. I myself am celebrating five years clean and sober.

My experience is not unique. So many people I met in jail had similar life stories. All too often, unaddressed trauma leads to drug use, and drug use leads to incarceration. As in my case, what was needed from the start was support. We need to look at these things differently as a society. Incarceration isn't the way to treat addiction. People need treatment, and with limited public safety dollars, we can't afford to keep short-changing treatment programs while we spend billions on prisons and jails.

Stigmas need to be lifted so that people feel like they can ask for help without feeling ashamed or being labeled as bad. We need more programs in place to check in with young people and increase access to treatment they need.

Anyone that is drowning deserves a lifeline. Treatment gives people that lifeline. That is why shifting funding away from incarceration and towards treatment is so important for those dealing with drug addiction. We need to start addressing the root causes of addiction and crime so we can stop the cycle.

People with past convictions face lifelong barriers to stability.

There are at least 70 million in the United States who have a past arrest or criminal record, and an estimated 20 million have a past felony conviction.¹⁵ Long after their sentences are completed, many people with past convictions face a rarely acknowledged second sentence: over 40,000 legal prohibitions on eligibility to many jobs, professional licenses, housing and more, and these prohibitions often thwart their best efforts to stabilize and move forward in their lives.¹⁶

The barriers people with past convictions face that undermine safety and stability include:¹⁷

- **Prohibitions on eligibility to employment.** Occupations can prohibit people with past convictions from eligibility depending on the state and the law, including career options that require licenses, like a cosmetologist, or massage therapist.¹⁸
- **Prohibitions on eligibility to education.** People with past convictions are excluded from eligibility for admission to many colleges financial aid options, representing a barrier to their advancing in the job market;
- **Prohibitions on eligibility to stable housing.** Private landlords and public housing limit the eligibility of people with past convictions to housing, who are not a protected class under the Fair Housing Act, destabilizing individuals and whole families.

In California, for example, of the restrictions facing people with past convictions, 58 percent limit employment and occupational licenses that open the door to critical workforce sectors like healthcare and finance. Almost three-quarters (73 percent) of these restrictions are lifetime bans.¹⁹

Meaningful redemption provides people that complete their sentences are fully reintegrated into the economy, our communities and civic society. Despite growing support for rehabilitation as a primary goal of corrections, few Americans with past convictions are afforded that opportunity, because criminal records prevent inclusion long after sentence completion.

The National Safety Gaps Survey interviewed people with past convictions to get a better understanding of the types of barriers they face in achieving meaningful rehabilitation.

Nearly 8 out of 10 people said being convicted of a crime affected their lives.

The survey showed that tens of millions of people with prior convictions struggle for a fair chance at rebuilding their lives. Among those who reported having a past conviction, the overwhelming majority (79 percent) said their life had been either very, somewhat or slightly affected. Those under age 45 were much more likely to say their lives have been very affected (40 percent) than those 45 and older (23 percent).

Any criminal record can represent a barrier to someone being able to get a job, housing, or even obtaining custody or visitation rights to their children. But the most severe barriers come from having a felony conviction.

Those convicted of a felony are more than twice as likely to say their lives have been “very affected” (56 percent) compared to those whose most serious conviction was a misdemeanor (24 percent) or infraction (22 percent).

Nearly 7 out of 10 people with a past felony conviction had difficulty finding a job.

Nearly half (48 percent) of respondents with past convictions said they had struggled to pay fines and fees, and more than 4 out of 10 said they had difficulty finding a job (46 percent) or housing (43 percent).

Respondents with past convictions who were under 45, or who also reported having had a substance use disorder, a mental health issue or having previously been a crime victim were more likely to report difficulties. A majority of those who fit at least two of those criteria said they had difficulty finding a job, housing and struggling to pay fines and fees.

Among those whose living with prior felony convictions:

- **Nearly 7 in 10** (69 percent) adults said they have had difficulty finding a job after sentence completion;
- **Six in 10** (63 percent) said they had struggled to pay fines and fees after sentence completion.
- **More than half** (58 percent) said they had difficulty finding housing after sentence completion.

People with past felony convictions.

Below is a list of experiences that some people have faced due to a conviction.

For each one, please indicate whether or not you have experienced it.



Four out of 10 people living with past convictions experienced difficulty feeling safe.

Respondents with convictions indicated they experienced a wide range of barriers to stability and safety, including:

- Four out of 10 said they experienced difficulty participating in organized activities such as sports or school programs with their children or family (40 percent), difficulty feeling safe (41 percent), or were victimized by crime but unable to obtain help (41 percent);
- More than a third (36 percent) said they had difficulty gaining admission to school, training, or other education. A third said they experienced difficulty getting student or professional loans (33 percent), and losing custody of or visitation rights with their children (33 percent).

Four out of five people with any type of conviction reported experiencing one of the barriers discussed.

Half of those with past convictions sentenced to prison or jail did not receive rehabilitation while incarcerated.

A wide range of studies from criminologists and the federal government demonstrate that reliance on incarceration as the primary sentence for people convicted of crime does not effectively stop crime cycles - far too many people released from incarceration are not prepared for reentry. Federal data show 68 percent of people sentenced to prison are arrested for a new crime within three years of release.²⁰

As part of the National Safety Gaps Survey, people living with past convictions that have completed their sentences were surveyed on a variety of issues related to the barriers they face obtaining jobs, housing, and other efforts to stabilize and attain meaningful rehabilitation.

The study also sought information related to their experiences with rehabilitation during their sentence. Eight out of 10 people surveyed with a past conviction indicated they were sentenced to prison or jail as part of their sentence.

Despite data showing that many people sentenced to prison and jail enter with mental health or substance use disorders, nearly half of respondents sentenced to prison or jail did not participate in treatment or rehabilitation as part of their sentence.

When asked if they received rehabilitation, such as trauma recovery or mental health treatment while completing their sentence, 47 percent said yes, and 49 percent said no (3 percent said they did not know).²¹

“My past conviction prevents me from getting a California Emergency Medical Technician License.”



Dario

San Diego, California

When I was younger, I was with a rough crowd. I got in trouble with the law and spent time in juvenile hall. I was 16 years old.

I learned how to fight fires in youth detention facilities. A fire captain once told me that “If you ever change your life around, firefighting is something you can do.” I am so grateful for learning that skill. Since then, my vision has always been to be a public servant. Right now, I’m a seasonal firefighter, and I have the goal of getting my Emergency Medical Technician (EMT) license so I can become a full-time firefighter with a city department. But my past convictions stand in the way.

When I was released a decade ago, it was very hard to get a job. I was denied jobs at tow-truck companies and places like Wal-Mart. I began working construction through a temp agency and took a lot of fire-science classes with money that I had saved. I knew that I would face barriers. EMT certification is required to become a full-time licensed firefighter, but many people living with past criminal records are barred from obtaining this occupational license. Across the country, in fact, over 40,000 legal restrictions prevent people with past convictions from getting good jobs or housing, and put up other barriers to living a normal life.

I kept taking classes, and I got hired with the U.S. Forest Service, Cal Pines and then at the fire academy in San Diego County.

I love my job as a seasonal firefighter, and I feel like God gave me a second chance, and I show my gratitude by continuing to serve. A couple days ago, I responded to a traffic accident with my colleagues, where we rescued two adults, two children and an infant.

I hope to be able to continue to serve as a fully licensed EMT.

There are so many people like me, with the passion and skills to work and contribute to society, but an old conviction limits that possibility. It’s time to eliminate restrictions that prevent people with convictions from being able to take so many types of jobs.

Voters strongly support safety investments and policies that would address America's safety gaps.

The National Safety Gaps Survey offers two critical data points for local, state and national leaders in discerning how to revamp public safety policy and practice. First, what can the people most impacted by crime and criminal justice tell us about pervasive gaps in local and state crime-prevention strategies? And, second, as the nation changes its approach to public safety, what do voters want public officials to prioritize?

The National Safety Gaps Survey points to some urgent needs. Vulnerable Americans struggling with mental health and substance use disorders are not receiving timely help. Survivors experience violence and crime without support for their recovery. People with convictions face near-insurmountable barriers to achieving stability and getting back to work. Those gaps in crime prevention, behavioral health treatment, trauma recovery and reentry assistance make us all less safe.

There is strong overlap between the safety gaps that impacted people's experience and voters' policy preferences for public safety. Voter support for closing these gaps is strong.

For too long, the dramatic growth of criminal justice spending has come at the expense of investing in more effective public safety strategies, such as crime prevention, treatment and community health. With the information provided in the National Safety Gaps Survey decision-makers have a roadmap to a new set of safety priorities that will more effectively protect families and communities from harm.

Voters say the justice system isn't working.

The majority of voters don't think the criminal justice system is working.

When asked, how well do you think the criminal justice system is working, more than half of voters (55 percent) said, not very well or not well at all.

Majorities of voters across racial demographics as well as across urban, suburban, rural areas and small towns say the system is not working well.

Voters say, don't prioritize prisons and jails.

Many states are facing budget shortfalls that could require cuts in government spending, and Congress is debating what spending to prioritize over others.

When asked which of the following areas should be protected from spending cuts, very few (2 percent) voters prioritized prisons or jails, while most prioritized protecting other

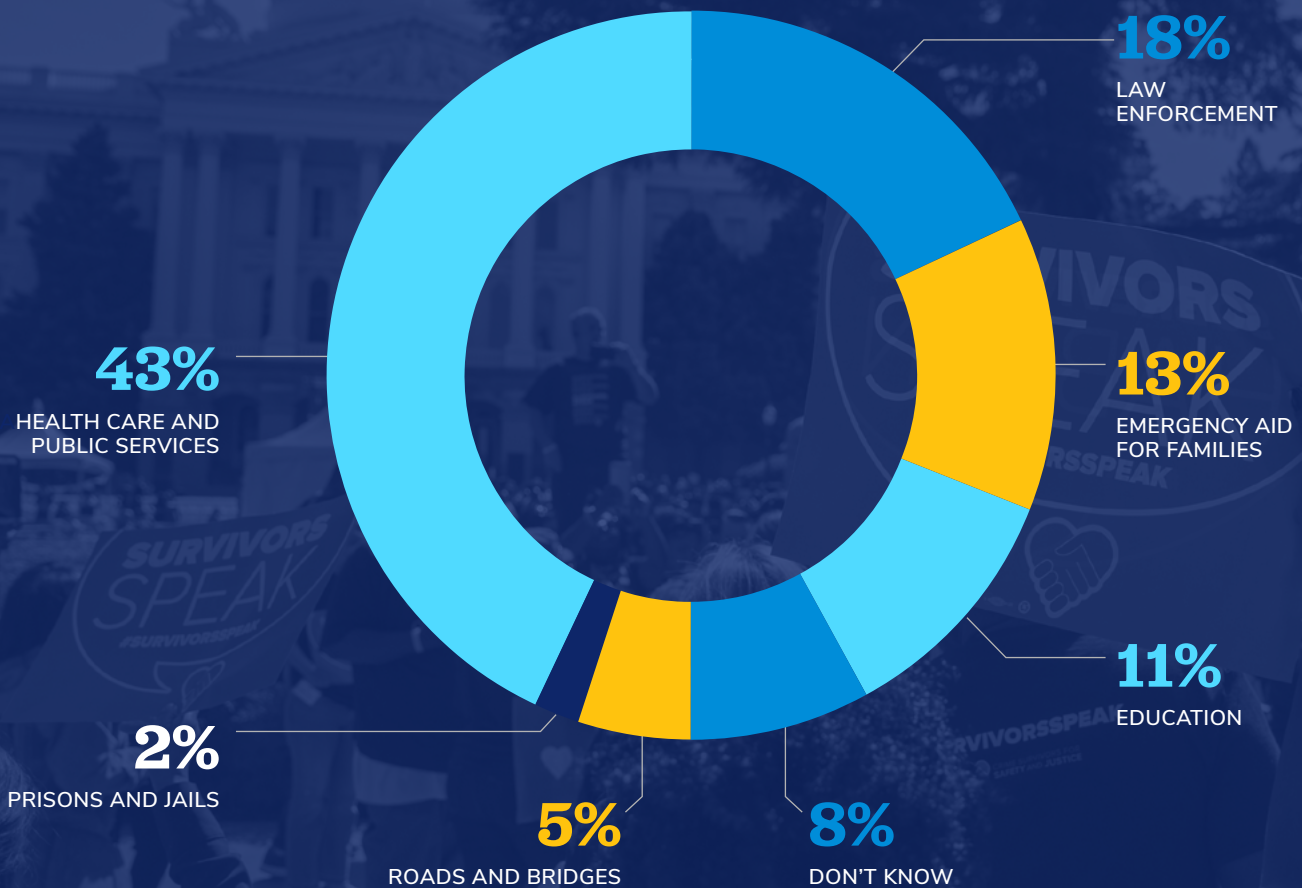
areas, such as health care and public services (43 percent), emergency aid for families (13 percent), education (11 percent), and roads and bridges (5 percent).

Across party, age, race, and gender, and in urban, suburban, and rural areas and small towns, no more than 5 percent of voters chose to protect prisons and jails from spending cuts.

Ninety-eight percent of voters would not prioritize protecting prisons and jails from spending cuts.

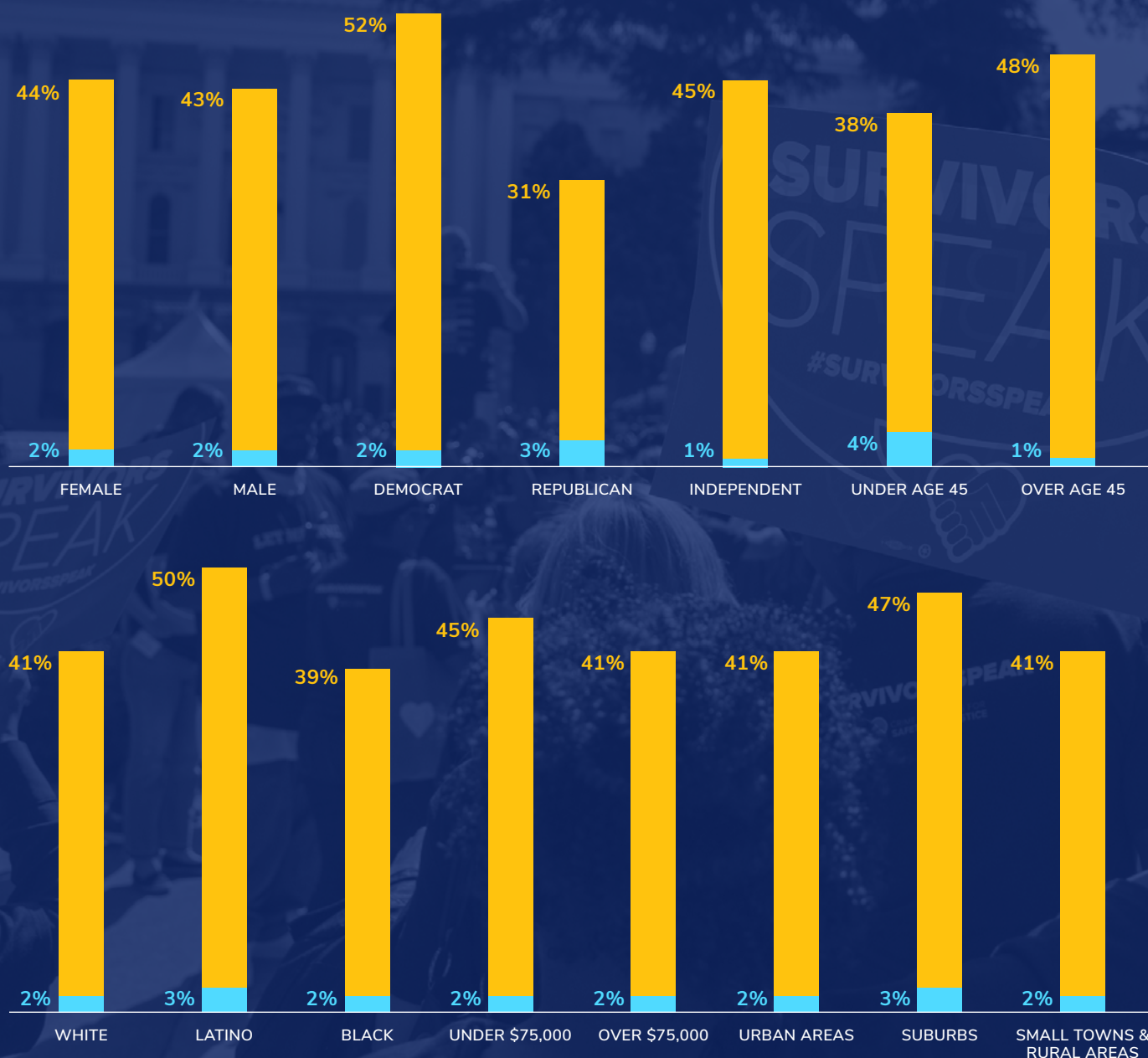
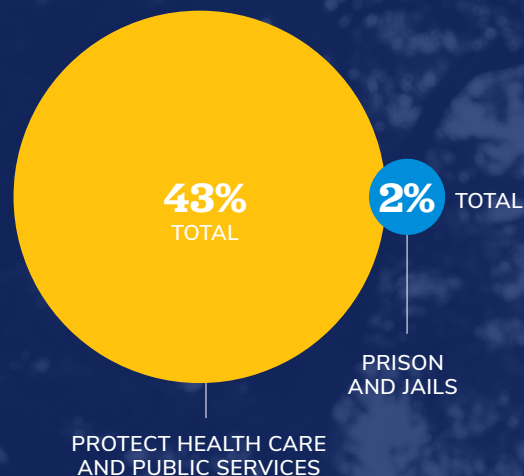
As a result of the coronavirus, many states are facing budget shortfalls that could require cuts in government spending.

Which of the following areas should be protected from any spending cuts?



Fewer than five percent across party, age and income chose to protect prisons and jails from spending cuts.

As a result of the coronavirus, many states are facing budget shortfalls that could require cuts in government spending. Which of the following areas should be protected from any spending cuts?



Voters say: invest in mental health, post-incarceration jobs, violence prevention and trauma recovery.

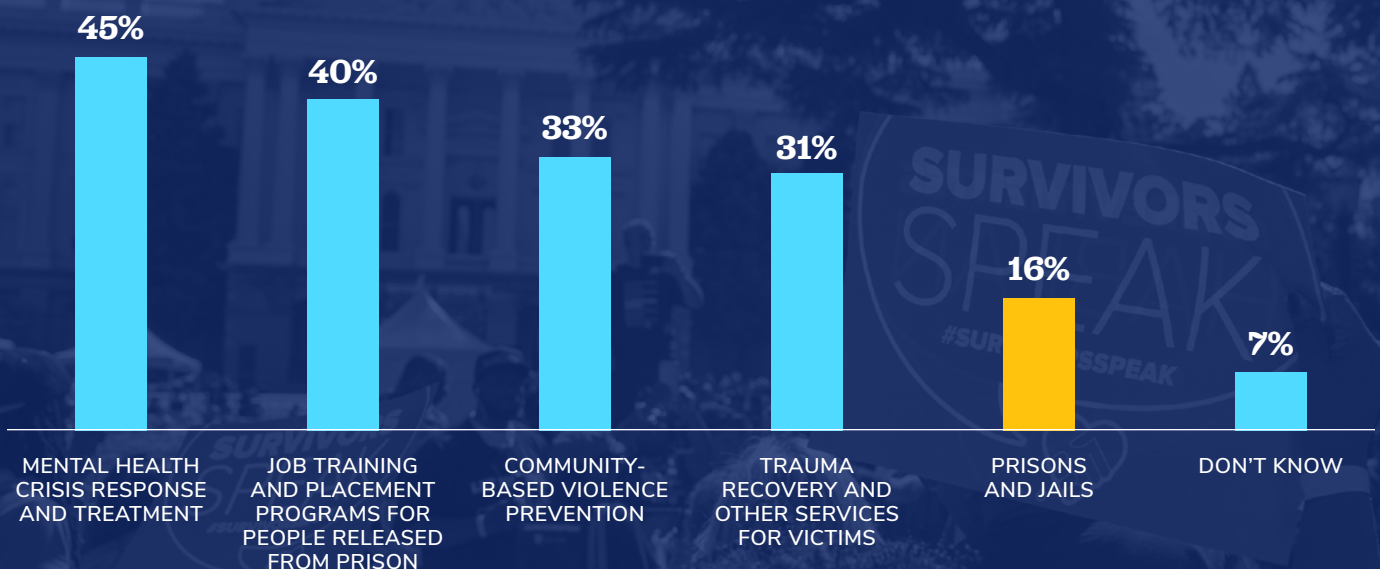
Beyond generalized budgetary priorities, the National Safety Gaps Survey also inquired about specific public safety priority investments. Voters overwhelmingly choose options beyond incarceration as priorities for public safety dollars. When asked, “When it comes specifically to public safety, which two of the following are most important to fund?” voters preferences are:

- 45 percent of voters said mental health crisis response and treatment;
- 40 percent of voters said job training and placement programs for people released from prison;
- 33 percent of voters said community-based violence prevention;
- 31 percent of voters said trauma recovery and other services for victims.
- Only 16 percent said *prisons and jails* were among the two areas they would prioritize for funding for public safety.

Across party, age, race, ethnicity, region, and income, the vast majority of voters chose mental health crisis response and treatment, job training and placement for people coming home from prison, violence prevention or trauma recovery as the top priorities for public safety funding.

More than four out of five voters prefer public safety investments focused on mental health reentry prevention and victims services, over prisons and jails.

When it comes specifically to public safety, which two of the following are most important to fund?



Voters support local public safety reforms to better address crime.

Voters also support local efforts to shift responses to crime at the community level, before people enter prisons or jails. Some local jurisdictions have started developing responses to crime that are tailored to the issue presented, such as mental health crisis responders, to reduce police department burdens and increase the effectiveness of the response. Voters support a variety of these alternatives:

- An overwhelming majority of voters - 79 percent - and majorities across party lines—support expanding the 911 system so that calls for mental health and substance use disorders are directed to trained mental health professionals instead of police. At least 7 in 10 voters across party, age, race, ethnicity, and income, from urban, suburban, and rural areas and small towns, support using federal funding for this proposal.
- Nearly 6 in 10 - 58 percent - voters support shifting funds from police to community organizations that use relevant experts to address such issues as domestic violence, de-escalation, mental health and violence interruption.

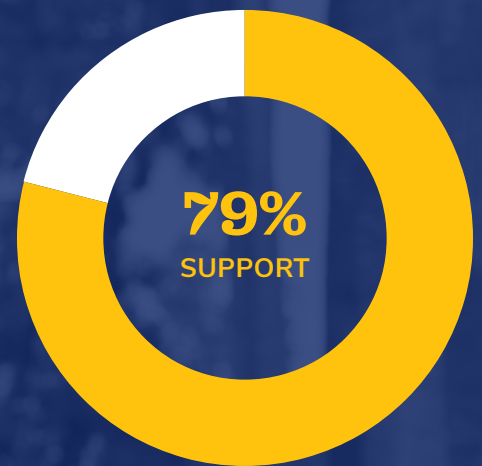
Majorities of voters across different races, ethnicities and in urban, suburban, and rural areas and small towns support this prevention proposal.

- By over a 3-to-1 margin (69 percent to 22 percent) voters said they support prioritizing the health and safety of the public over prioritizing arrests and incarceration. Majorities of voters across party, race, ethnicity, in urban, suburban, and rural areas and small towns support this priority.

Voters support federal investments to scale up new safety priorities

Federal resources are a significant source of funding for a wide range of public safety programming across the United States. As the federal government grapples with responding to the devastating fiscal and economic impact of COVID-19 across the country as well as the protests to advance racial equality and criminal justice, voters have strong preferences favoring expanded federal support for new approaches to public safety.

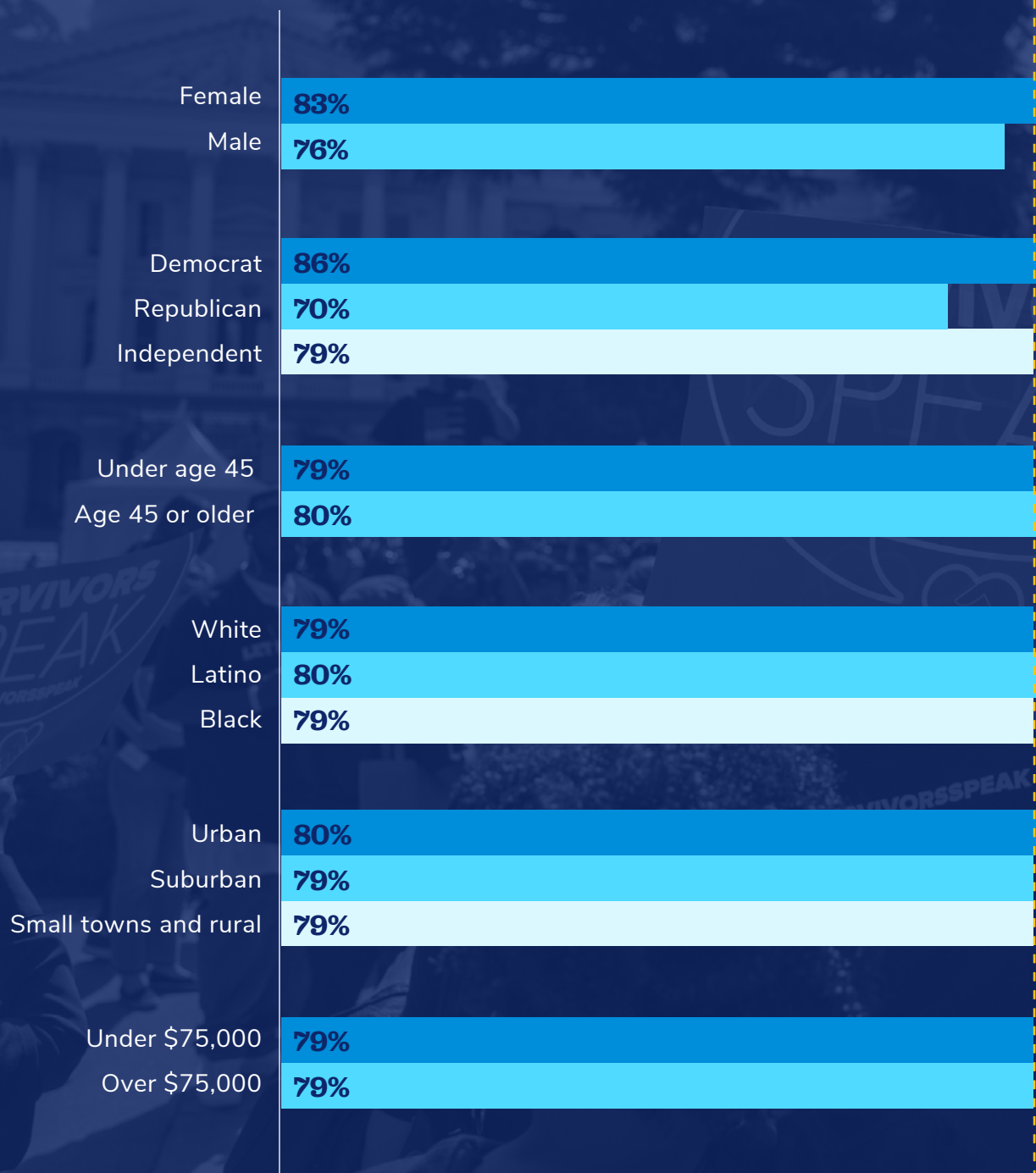
Please indicate whether you support or oppose: expanding the 911 system so that calls for mental health are directed to trained mental health professionals instead of police.



At least 7 in 10 voters across party, age, race, ethnicity and income support expanding the 911 system to direct calls to trained mental health professionals.

Please indicate whether you support or oppose: expanding the 911 system so that calls for mental health and substance use disorders are directed to trained mental health professionals instead of police.

79%
TOTAL
SUPPORT



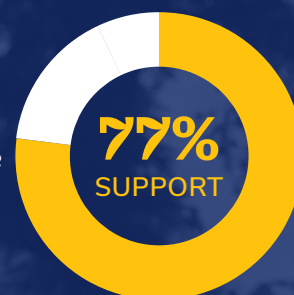
Voters overwhelmingly support federal public investments on prevention, treatment and reentry.

Please indicate whether you support or oppose using federal government funding for each of the following proposals.

Expanding alternatives to incarceration such as diversion, mental health treatment, restorative justice, or community service



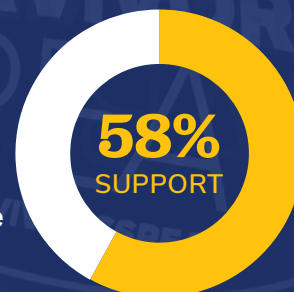
Expanding mental health crisis response so that emergency calls about psychiatric crisis are handled by mental health experts instead of police



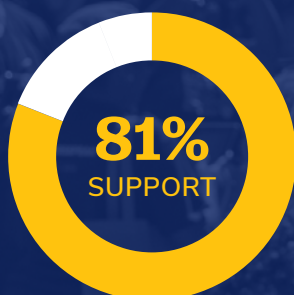
Improving state criminal justice data systems to allow qualifying old convictions to be automatically cleared once they are eligible for removal



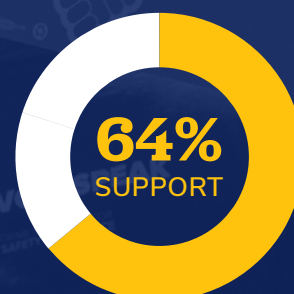
Lifting bans on eligibility for emergency aid, housing assistance or food stamps for people with prior convictions



Expanding victim services to help more victims of violence get access to programs that help them with financial recovery and recovery from trauma



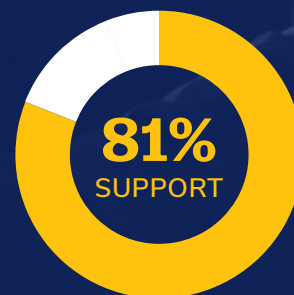
Increasing hospital-based violence prevention workers to help prevent retaliation for gun violence



Increasing community-based violence prevention workers to help prevent young people from getting involved in crime



Expanding emotional support and recovery services for children who have been exposed to violence



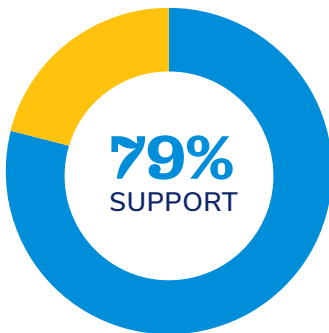
Voters support federal investments into violence prevention.

Two critical approaches to violence prevention are showing strong positive results but have not been scaled up to meet the community need and have a lasting impact on stopping crime cycles.

- **Community-Based violence Prevention:** One model employs people from the places most impacted by crime and violence as community-based violence prevention workers or interventionists who can conduct outreach, build relationships with vulnerable youth and young adults, connect them to stabilizing supports, intervene on potential violence, and de-escalate issues before violence occurs.
- **Hospital-based Violence Prevention:** Another model staffs hospitals with individuals who can support people who have been victims of gun violence, providing information and support to, to help these survivors stabilize, gain critical recovery services and reduce the likelihood of retaliatory violence.

Both models seek to hire community-based workers who may themselves be crime survivors and have a past conviction: individuals who have direct experience with crime know their neighborhoods better than others, and are better able to provide credible messages about alternatives to violence. While these models may be a new or different way of addressing cycles of crime, they are broadly popular with voters.

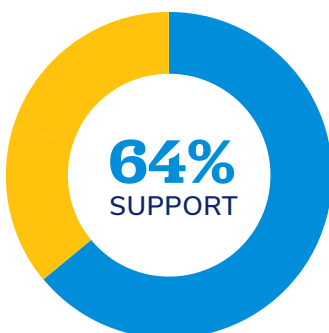
Nearly eight out of ten voters - 79 percent - support using federal funding to increase the number of community-based violence prevention workers to help prevent young people from getting involved in crime. More than five times as many voters surveyed support this proposal as oppose it.



Increasing community-based violence prevention workers to help prevent young people from getting involved in crime

Nearly two-thirds of voters (64 percent) support using federal funding to expand and hire hospital-based violence prevention workers to help prevent retaliation for gun violence. Only 16 percent of voters oppose this proposal.

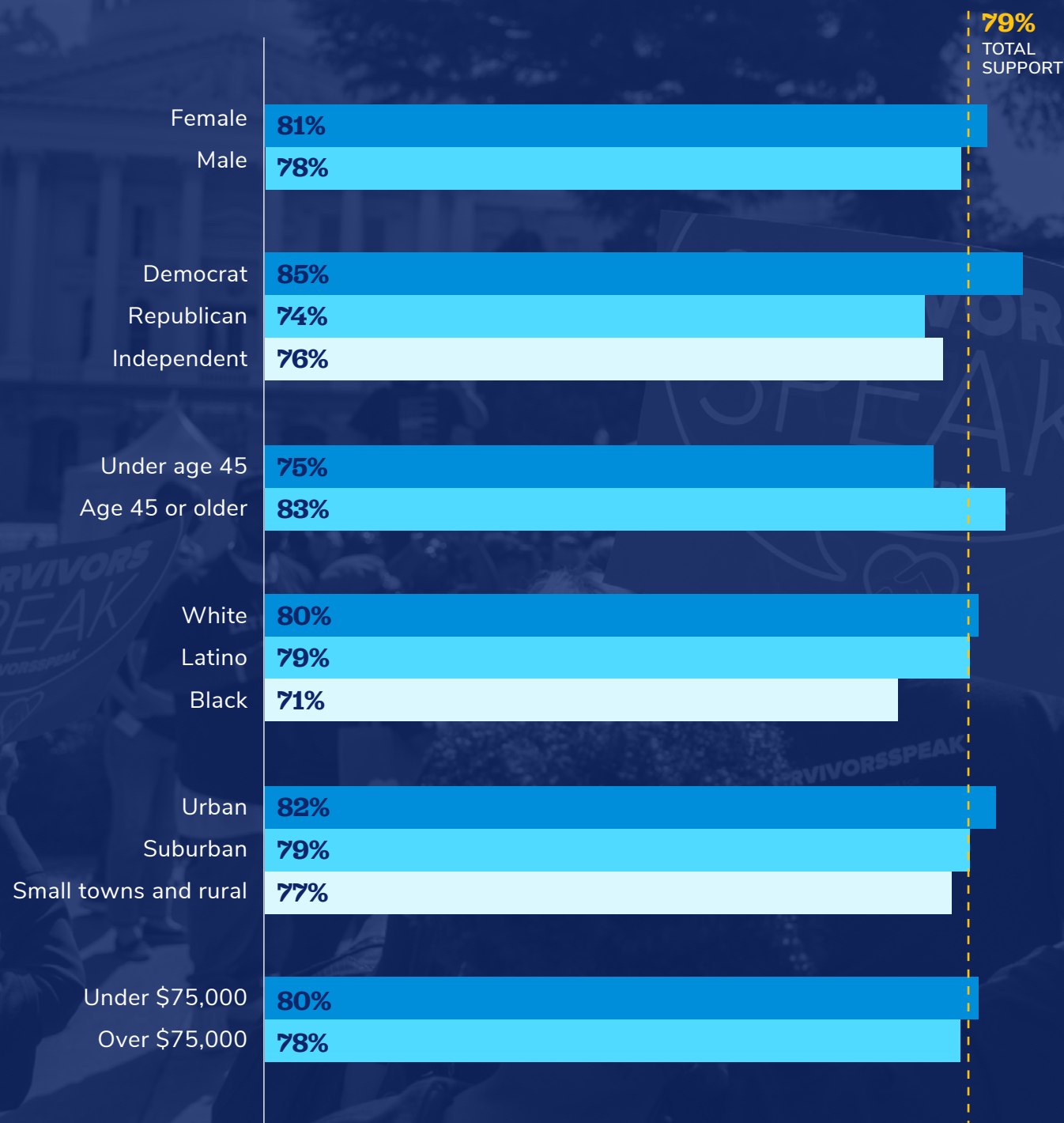
Majorities of voters across party lines support this proposal.



Increasing hospital-based violence prevention workers to help prevent retaliation for gun violence

At least 7 in 10 voters support using federal funding for increasing community based violence prevention.

There are ongoing discussions about the federal government providing funding to states as a response to the impacts of the coronavirus pandemic. Please indicate whether you support or oppose using federal government funding for each of the following proposals: increasing community-based violence prevention workers to help prevent young people from getting involved in crime.



“After getting shot, the intervention stopped the crime cycle.”



Mahquill

Philadelphia, Pennsylvania

I grew up in south Philadelphia with my mom, and was the oldest of four children. My family has experienced loss before: I lost one brother who was only twenty-three-years old to gun violence in 2017.

Last year, when I was 29, I was shot by a fifteen-year-old teen after trying to break up a fight. Afterward I experienced post-traumatic stress disorder and I became fixated on getting revenge. Then Charnele from Healing Hurt People, a community-based intervention program here in Philadelphia that helps people address the roots of trauma, came to talk to me in the hospital. They helped me realize that “getting even” would mean continuing to be involved in a cycle that would never stop. For me, that intervention stopped the crime cycle and saved my life

The outreach workers connected me to the Community Health Worker Peer (CHWP) Training Academy through Drexel University, where I became certified as a peer specialist and a community health worker.

I learned a lot about trauma there—including my own. So many people are going through it. We’re all a product of our environments. We ignore the harm it’s causing. When I was on the streets I didn’t care, but the experience being a victim, and then working with victims woke me up.

Now I work with kids in the juvenile justice system and young people with mental health issues navigating trauma. I work with these young people through a program called [High Fidelity Wraparound at Resources for Human Development](#), making sure that youth have the mental health support they need and helping them achieve their goals. Changing your life isn’t easy—you get so used to living it one way—but I love my job and I get to live the rest of my life helping people get out of the cycle of crime and on this healing journey. I used to have so much anger, now I’m not angry anymore. I just needed to talk to somebody, I learned that about myself. And I see that in the people I work with every day. I think to end things like gun violence more tough conversations need to be had. We need to be educated and we need to get rid of the boxes we live in, because at the end of the day we’re all human.

Voters support federal investments into trauma recovery and victim services.

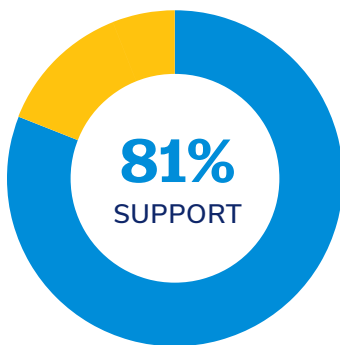
Having been a crime victim in the past is the strongest predictor that someone will be one in the future. Yet, the vast majority of crime victims do not receive recovery support in the aftermath of crime. Those that do receive support do not attain it through the criminal justice system. Unaddressed trauma can have a lifetime of consequences. When children and youth are victims of violence, those consequences are even greater.

Victim services, including trauma recovery support, help navigating the justice system and compensation process, and support regaining employment, stability, relocating or getting to safety, is evidenced to have a substantial positive impact in helping victims to heal physically, improve mental health and increase safety. Healing trauma also produces ripple effects that benefit the safety and health of loved ones and communities.

Model programs to help victims of crime recover are growing across the country. Many lack long-term funding or capacity to reach the wide range of victims that need help. Voters strongly support expanded help for victims of crime. The National Safety Gaps Survey found strong public support for increasing federal investments in approaches that would support healing for crime survivors.

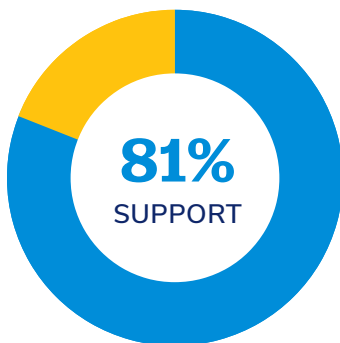
More than 8 out of 10 voters surveyed support using federal funding to expand recovery support for crime victims.

An overwhelming majority - 81 percent - of voters support using federal government funding to expand victim services to help more victims of violence get access to programs that help them with financial recovery and recovery from trauma.



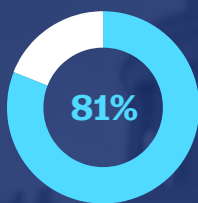
Expanding victim services to help more victims of violence get access to programs that help them with financial recovery and recovery from trauma

An overwhelming majority -81 percent- of voters surveyed support using federal funding to expand emotional support and recovery services for children who have been exposed to violence

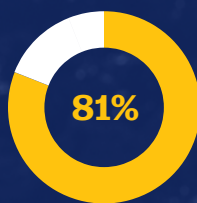


Expanding emotional support and recovery services for children who have been exposed to violence

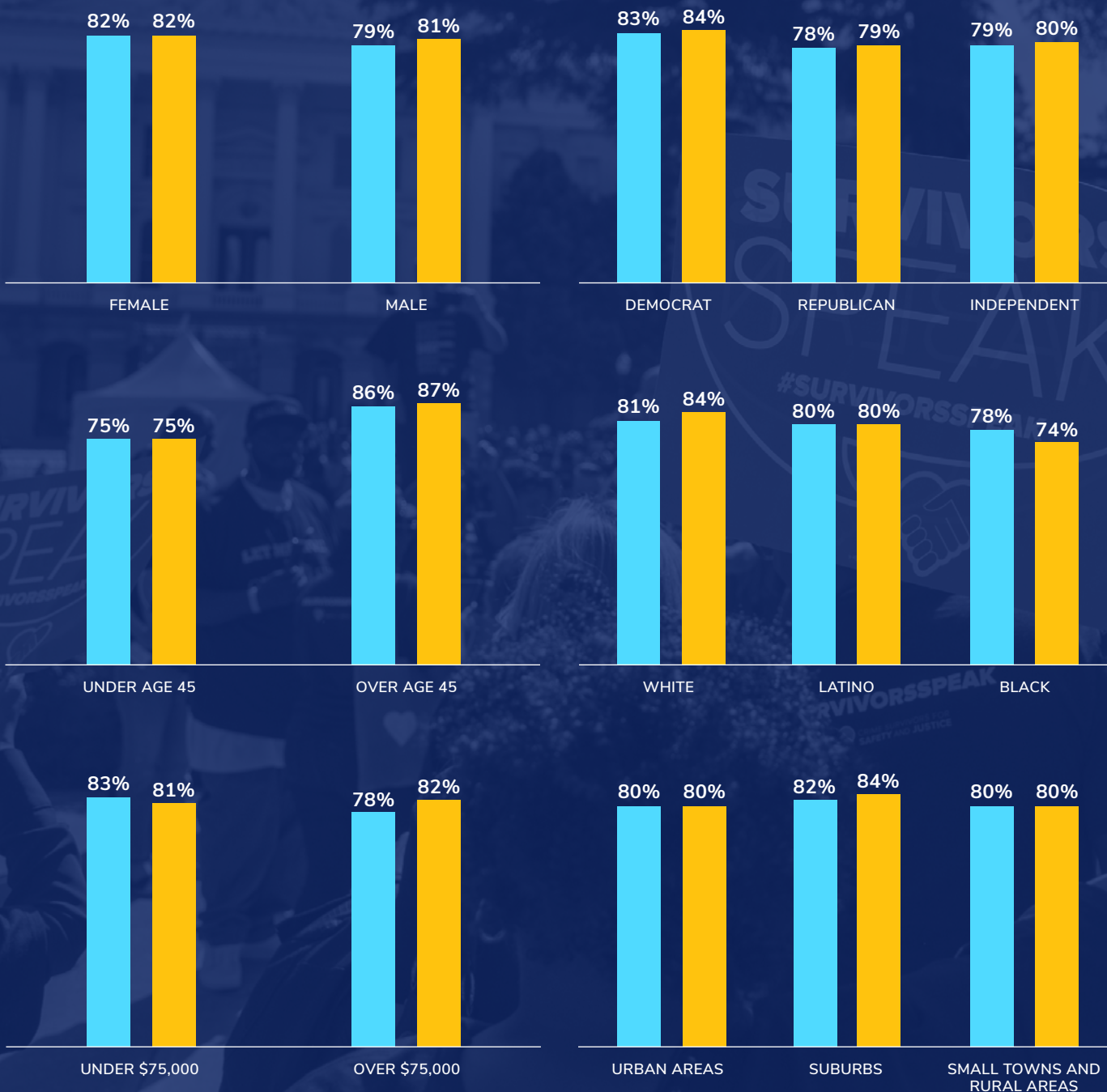
Overwhelming majorities of voters across demographics support federal investments to expand recovery support for victims.



Total support for expanding victim services to help more victims of violence get access to programs that help them with financial recovery and recovery from trauma.



Total support for expanding emotional support and recovery services for children who have been exposed to violence



Voters support federal investments into mental health treatment.

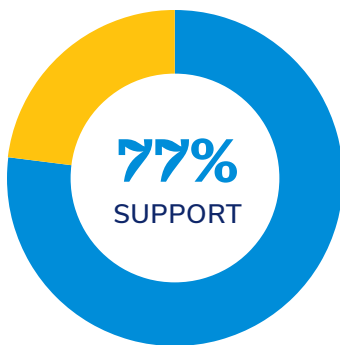
Unaddressed mental health needs contribute to family and community instability and the cycle of crime. Yet, many people that experience mental health challenges do not attain treatment, and those that enter the justice system often worsen instead of recover. Criminal justice leaders have repeatedly reported that untreated mental health issues are core drivers of crime and recidivism.²²

Solutions to address mental health through expanded treatment demonstrate strong positive impacts on improved stability and life outcomes for those that suffer as well as reduced crime involvement. Mental health treatment can also be a successful alternative to incarceration that reduces recidivism, reduces justice system costs and improves public safety.

Voters strongly support marshalling more federal resources to address the unmet treatment needs and expand alternatives to incarceration.

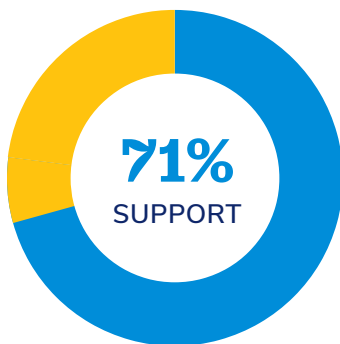
More than 7 out of 10 voters support using federal funding to expand mental health crisis response.

Seven out of 10 voters (77 percent) support using federal funding to expand mental health crisis responses so that emergency calls about psychiatric crises are handled by mental health experts instead of police. Five times as many voters support this proposal than oppose it (16 percent).



Expanding mental health crisis response so that emergency calls about psychiatric crisis are handled by mental health experts instead of police

Seven out of 10 voters (71 percent) also support using federal funding to expand alternatives to incarceration such as diversion, mental health treatment, restorative justice or community service. Three times as many voters support this proposal than oppose it (21 percent).

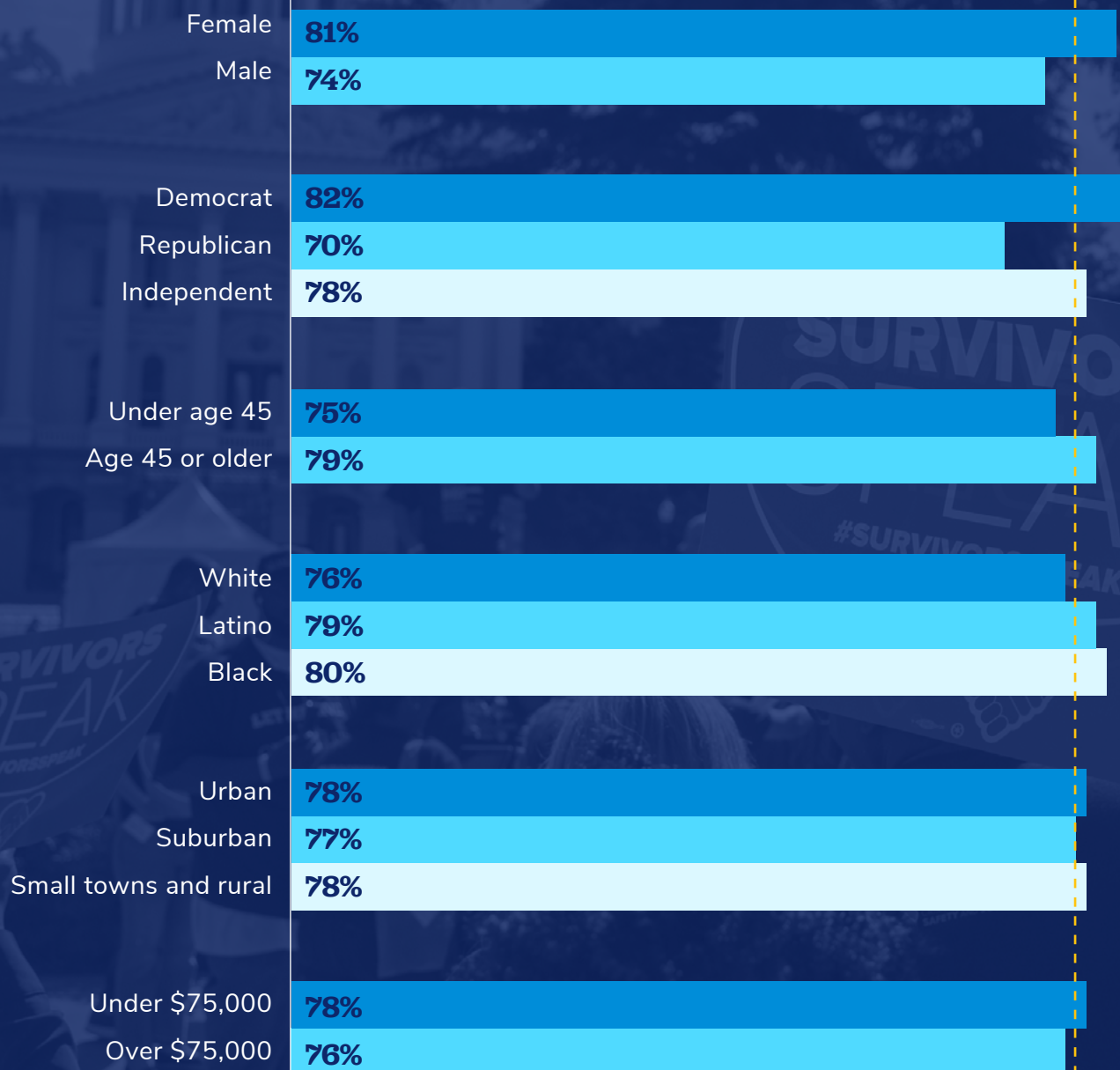


Expanding alternatives to incarceration such as diversion, mental health treatment, restorative justice or community service.

More than 6 out of 10 voters across party, race, age and income support these policies.

At least seven in ten voters support using federal funding to expand mental health crisis response.

77%
TOTAL
SUPPORT



Voters support federal investments into reentry.

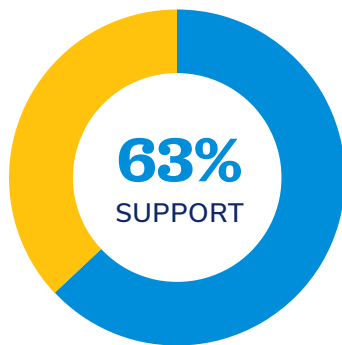
When people living with past convictions are ineligible for jobs, housing, loans and more, long after their sentences are completed, attaining stability and reintegration is near impossible. This has a lifetime of impacts on families, communities, the economy and public safety.

Despite strong public support for redemption, legal barriers remain in place that prevent second chances.

Expunging criminal records and lifting bans on eligibility from jobs, housing and other stabilizing supports are two critical mechanisms to improve reentry for people exiting the justice system.

- Record expungement provides people that have completed their sentences and remain crime-free with the opportunity to have the old criminal record removed and alleviates that record from being a barrier to gainful employment, housing and more. Most states have expungement options but the process is costly, onerous or opaque, and data systems are not updated or do not have capacity to automate the procedure.
- Federal law still allows states to prevent people with past convictions from enrolling in food stamp and cash assistance programs, despite the fact that these programs are often critical to helping people attain or maintain housing, and prevent homelessness. Lifting this barrier to reentry would improve stability for people exiting the justice system.²³

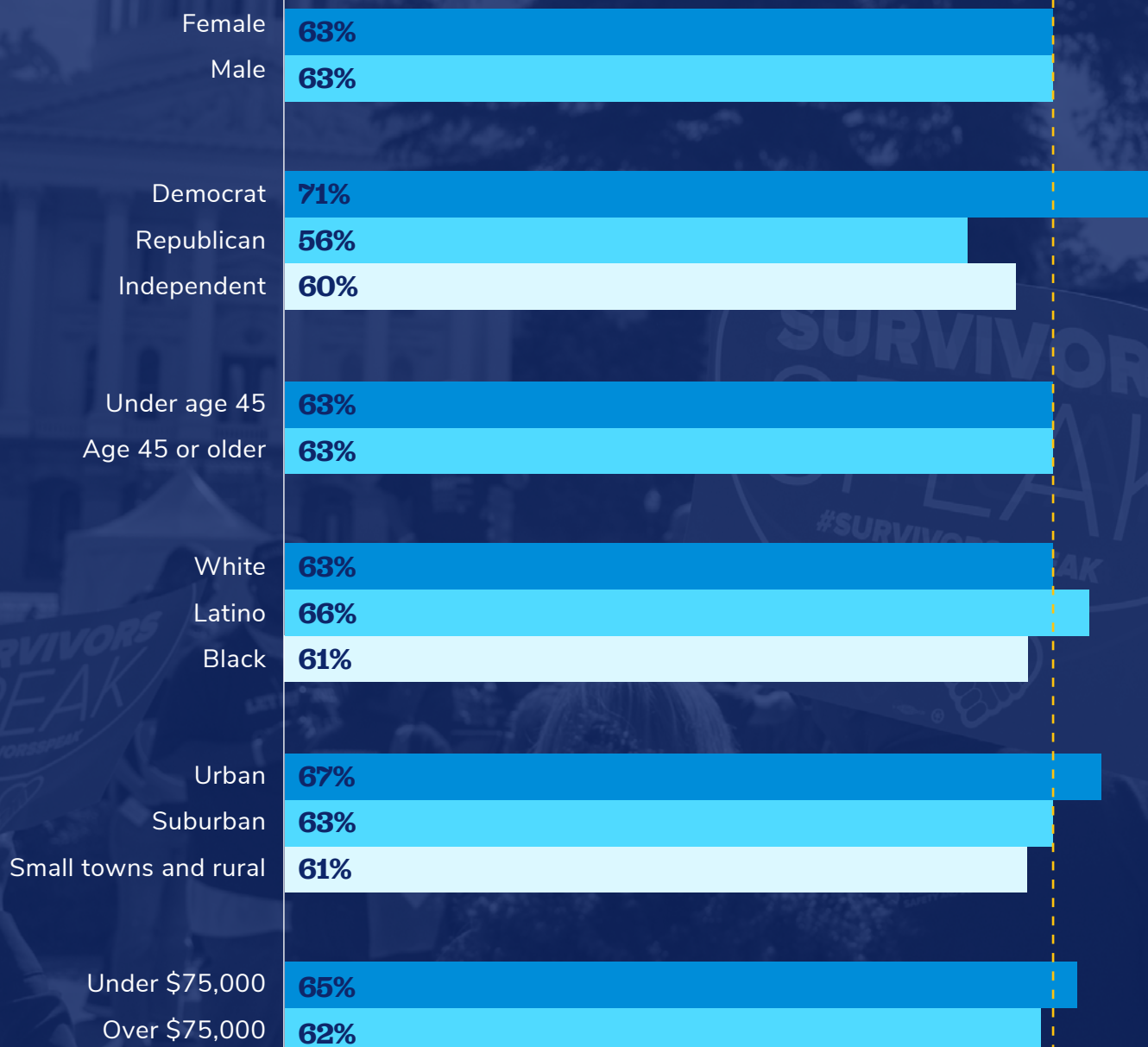
A majority of voters surveyed (63 percent) support using federal funding for improving state criminal justice data systems to allow qualifying old convictions to be automatically cleared once they are eligible for removal. A majority of voters across party and race support this policy.



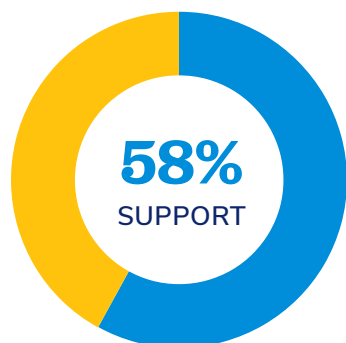
Improving state criminal justice data systems to allow qualifying old convictions to be automatically cleared once they are eligible for removal

Majorities across party, age and income support using federal funding to allow qualifying old convictions to be automatically cleared once they are eligible for removal.

63%
TOTAL
SUPPORT



Along with support for overall changes to the system that would allow more people to attain relief from past criminal records, voters also support changes that would remove the immediate barriers individuals may face because of a past conviction.



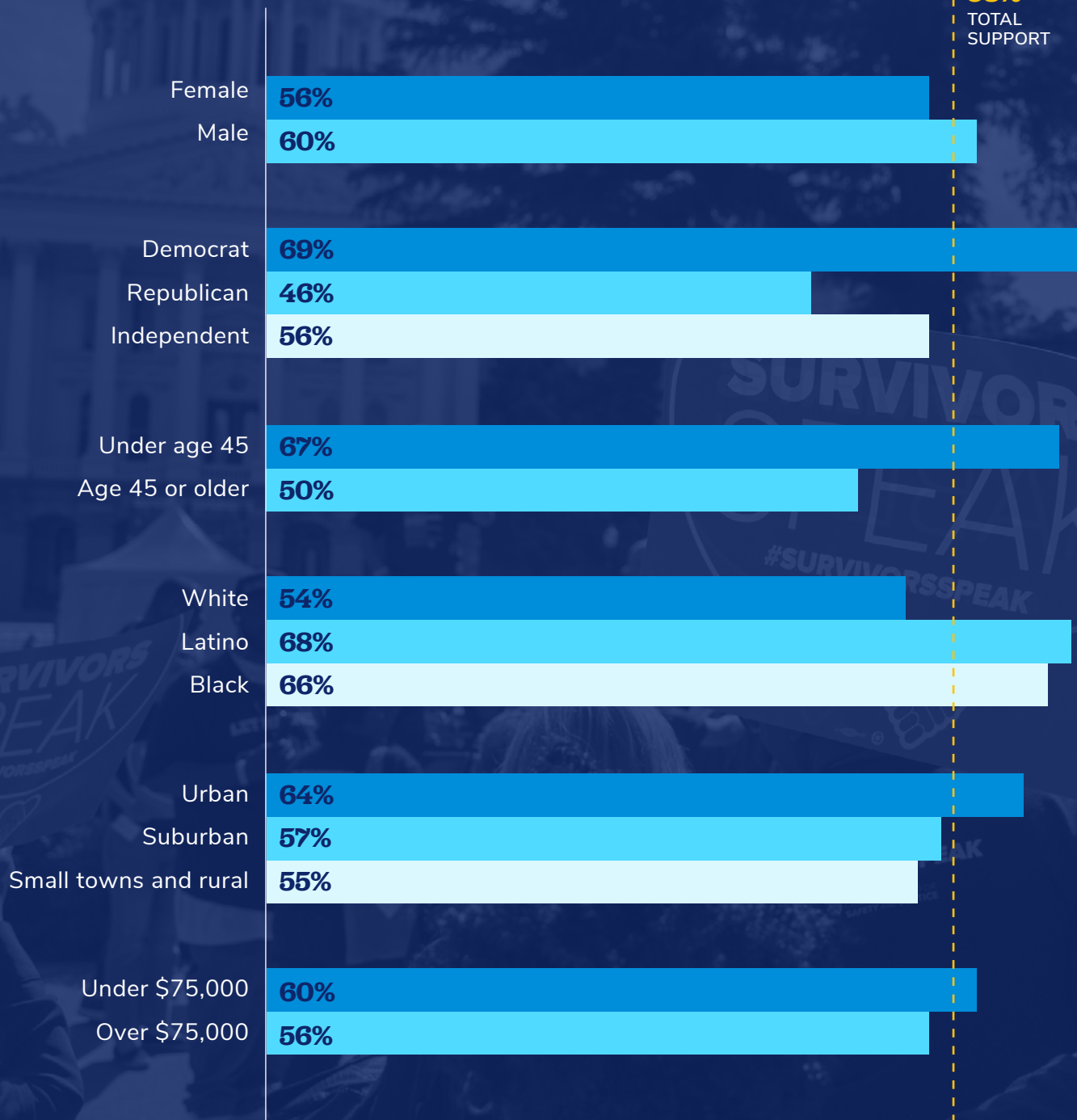
Lifting bans on eligibility for emergency aid, housing assistance or food stamps for people with prior convictions

A majority of voters surveyed (58 percent) support lifting bans on eligibility for emergency aid, housing assistance or food stamps for people with prior convictions.

Majorities of voters across race income groups, and in urban, suburban, and rural areas and small towns support this proposal.

Voters support lifting bans on eligibility for emergency aid, housing assistance or food stamps for people with prior convictions.

58%
TOTAL
SUPPORT



Voters say safely reduce incarceration.

At the same time that voters strongly support expanded investments into prevention, victim services, mental health treatment and reentry, voters also support decreasing incarceration.

The broad and diverse support for reduced incarceration provides a notable opportunity to alleviate the financial burden unnecessary over-incarceration places on local, state and federal budgets to reallocate those resources to address the safety gaps voters are most concerned about.

Support for reduced incarceration is particularly prominent in the current context of a global pandemic that has brought into view the ways in which over-incarceration contributes to poor health outcomes for everyone. Prisons and jails are places that can more easily spread illnesses like COVID-19, and the challenges of keeping everyone in such facilities safe has become a pressing policy issue.

The National Safety Gaps Survey explored these issues with voters and found strong support for continued reductions in incarceration and making permanent the short-term changes enacted in some states to reduce the spread of COVID-19 in prisons and jails to reduce the spread of illness.

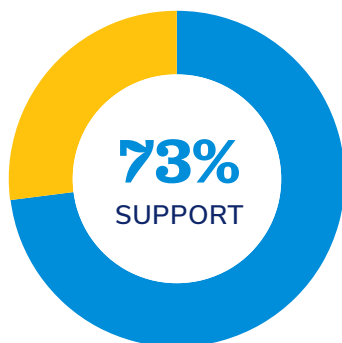
Eight out of 10 voters are concerned about COVID-19's impact on prisons and jails.

When asked whether they were concerned about the fact that, because of close living conditions inside cells, jails and prisons have seen some of the largest outbreaks of COVID-19 in the country, 8 out of 10 voters (80 percent) said they were concerned about this. At least 7 in 10 voters across party lines, gender, age, race, ethnicity, region said they were concerned.

Voters support actions taken to reduce incarceration in light of the pandemic.

Some states and localities have taken actions to reduce the risk of coronavirus spreading inside jails and prisons and then into the community. Voters support various actions taken thus far, including:

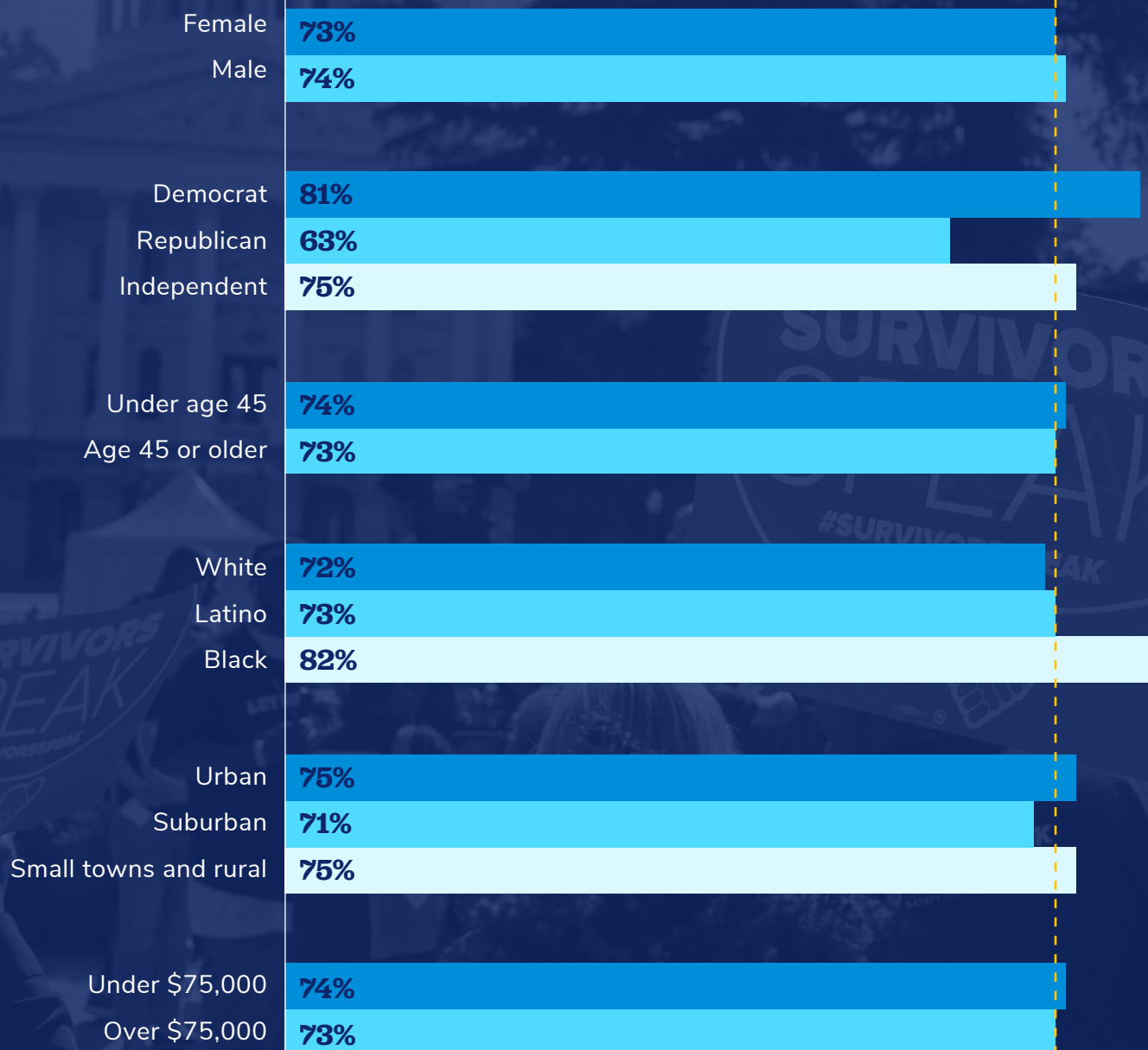
- Nearly 3 out of 4 voters - 73 percent - support actions taken to Authorize alternatives to incarceration such as community service or electronic monitoring for individuals arrested for low-level crimes.



Some states have authorized alternatives to incarceration such as community service or electronic monitoring for individuals arrested for low-level crimes with a low risk to public safety. Do you support or oppose this change?

More than six out of ten voters support alternatives to incarceration such as community or electronic monitoring for individuals arrested for low-level crimes.

73%
TOTAL
SUPPORT



- Two out of three voters - 66 percent - support actions taken to authorize the release of some people who are already set to be released in the near future, or those who are elderly and sick.

Support for releases and alternatives to incarceration included at least six in ten voters across party lines, gender, age, and in urban, suburban, and rural areas and small towns.

Voters support making reduced incarceration strategies permanent after the pandemic.

As some jurisdictions start to seek to return to normalcy, there is an opportunity to consider the impacts of the changes made in the criminal justice system. Some have suggested that reducing incarceration of people that pose little risk to public safety through options such as community supervision, rehabilitation, and electronic monitoring should continue after the coronavirus crisis passes. Voters strongly support making a variety of options that have emerged during the pandemic permanent.

Some have suggested that reducing incarceration of people that pose little risk to public safety through options such as community supervision, rehabilitation, and electronic monitoring should continue after the coronavirus crisis passes.

Please indicate whether you think each of the following should be eligible for alternatives to incarceration and the coronavirus crisis.

Someone who has participated in rehabilitation programs or maintained good behavior in prison and has been assessed as a low risk to public safety

74%

Someone convicted of a crime that did not seriously injure someone else or risk community safety

62%

Someone who is medically vulnerable

58%

Someone that has already served 10 or more years of their sentence and has been assessed to be low risk to public safety.

58%

Someone serving a sentence of less than 12 months

55%

Someone 60 years old or older

50%

Strong majorities of voters believe the following populations should be eligible for alternatives to incarceration or release even after the pandemic ends:

- Someone who has participated in rehabilitation programs or maintained good behavior in prison and has been assessed as a low risk to public safety (74 percent supported). Across party lines, at least 2 in 3 support this policy;
- Someone convicted of a crime that did not seriously injure someone else or risk community safety (62 percent supported);
- Someone who is medically vulnerable (58 percent supported);
- Someone that has already served 10 or more years of their sentence and has been assessed to be low risk to public safety (58 percent support);
- Someone serving a sentence of less than 12 months (55 percent supported);
- Someone 60 years old or older (50 percent).

Recommendations and Conclusion: Resource Shared Safety Solutions to Break the Cycle of Crime.

The National Safety Gaps Survey demonstrates remarkable alignment between gaps in safety that vulnerable Americans face and the public safety policy preferences that most all Americans support - policy preferences that would address those very gaps.

Broad consensus exists at the neighborhood level and across different demographics: public safety policies and investments should prioritize violence prevention, recovery, mental health, reentry and the most effective strategies to stop the cycle of crime, more than incarceration. This support cuts across demographic groups, with majorities across party lines supporting most of the Shared Safety solutions.

It's time for federal, state and local expenditures to match these urgently needed, and popularly supported priorities. Right now, there's an imbalance. Too much incarceration means too little attention or investment in prevention, recovery and treatment. The solutions needed to be safe exist all over the country. They're just not prioritized, invested in, or operating at scale to meet the need.

Taking action to scale up these Shared Safety solutions will require a new approach to developing public safety priorities. Local and state governments will need to ask different questions about safety, bring more stakeholders into the process of designing public safety priorities and assess the impacts of investments on crime, recidivism, community health and fairness.

Federal and state governments can play a critical role in incentivizing these changes. By requiring new data, collaboration across health and safety systems and in partnership with communities, and reallocating from unnecessary incarceration to new models of safety that work better to protect communities, we can move from safety for some to safety for all.

Collectively, these findings point to three policy recommendations.

1. REASSESS: Require Shared Safety impact statements and annual reporting on safety gaps.

To help decision-makers better assess the impact of safety spending, they should require **Shared Safety impact statements** be conducted. Just as state and federal bills are assessed for the fiscal impact to inform decision-makers, pieces of legislation relating to safety and justice should be subject to a Shared Safety Impact Statement to evaluate how the proposal addresses safety gaps. The impact statement can describe what is known about the safety impacts of the proposed law change or expenditure,

with an emphasis on data-driven strategies to prevent and stop the cycle of crime, reduce recidivism and increase fairness. Policymakers should also require **annual reporting on safety gaps** to reduce wasteful expenditures and increase safety: these assessments should report on holistic safety-related data points that identify who is experiencing crime and violence and the impacts, and assess the capacity of violence prevention, trauma recovery, addiction, mental health treatment and reentry resources to meet community needs. By understanding the core vulnerabilities communities face, cost-saving and safety-improving investments can be made to close the gaps and increase safety.

2. REDESIGN: Require joint responsibility and community partnerships in safety planning.

Decision-makers need to **require joint responsibility** by local, state and federal agencies in safety planning. This means, more collaboration, more data sharing and more community partnership. Criminal justice, health, behavioral health, foster care, housing and education systems must be required to work together - and with communities - to leverage resources, evaluate outcomes, and hold each other accountable. Achieving community safety cannot be, and should not be, considered the responsibility of law enforcement alone. Criminal justice, health, behavioral health, foster care, housing and education systems must be required to work together to leverage resources, evaluate outcomes, and hold each other accountable.

Decision-makers also need to **require community partnerships**. Local, state and federal policies and investments in safety must be informed by community need and designed in partnership with communities. Communities that co-design with governments can attain safety for all.

3. REALLOCATE: Use incentives and relief to reallocate resources to new safety priorities.

There is no constituency for protecting prison and jail spending. Yet, there is strong popular support for reducing unnecessary incarceration and those same dollars can be reallocated to the priorities Americans of all walks of life want and need.

Federal policymakers must **direct relief funding to spur new safety priorities**: Federal funding support to states and local jurisdictions during the COVID-19 pandemic for public safety should prioritize prevention, treatment and recovery services over spending on incarceration. New dollars can build new, smarter approaches such as emergency mental health crisis response, community-based and hospital-based violence prevention, trauma recovery for victims and children exposed to violence, and removing bans on eligibility for aid for people with past convictions.

Federal, state and local policymakers also need to **use incentives to reallocate resources to new safety priorities**. Policymakers should build incentives into funding streams for safety, rewarding approaches that reduce unnecessary incarceration and expand violence prevention, trauma recovery and victim services, mental health and addiction treatment and reentry. Incentives can spur state and local jurisdictions to use

alternatives to incarceration such as community service or electronic monitoring for individuals arrested for low-level crimes, and authorize the release of some people who are elderly or sick. Incentives can also be used to encourage alternatives to incarceration for someone convicted of a crime who did not seriously injure someone else or risk community safety, and for someone serving a sentence of less than 12 months.

Data and Methodology

Alliance for Safety and Justice commissioned the National Safety Gaps Survey to fill in gaps in knowledge about crime victims, people with past convictions, and people with mental health and substance use disorders—who they are, what their experiences are with various systems, and their views on public policy. The survey also fills in gaps on what likely voters think about these issues, the policies they would want enacted, and assesses voters' support for policy change.

David Binder Research and GS Strategy Group conducted the survey in English and Spanish June 20–26, 2020. The poll was administered through an online panel, a sample of persons who have agreed to complete surveys via the internet. Using demographic benchmarks from Census data, sample quotas and weights were used to create a survey sample that is representative of the U.S. adult population. Results reported for affected populations are based on respondents' self-reported experiences in this survey. Likely voters are also identified based on survey responses, and voter questions were asked among a representative subsample of the likely voters identified.

The overall margin of error among the 4,000 adults interviewed for the National Safety Gaps Survey of Affected Populations and Voters is 1.6 percent. The margin of error among the 1,527 with mental health issues is 2.5 percent, among the 752 crime victims it is 3.6 percent, among the 747 likely voters it is 3.6 percent, among the 597 with substance use disorders it is 4.0 percent, and among the 511 convicted of crimes it is 4.3 percent. The margin of error is larger for demographic subgroups.

Acknowledgements

Many people played a role in developing and executing this work. ASJ would like to especially thank the partners of the National Coalition for Shared Safety for helping to develop this survey.

The National Coalition for Shared Safety Includes:

- American Public Health Association
- A New Way of Life Reentry Project/SAFE Housing Network
- Center for Employment Opportunities
- Crime Survivors for Safety and Justice
- Cure Violence Global
- Dave's Killer Bread Foundation
- Doctors for America
- Futures Without Violence
- The Health Alliance for Violence Intervention
- National Association of Trauma Recovery Centers
- National Center for Victims of Crime
- The Professional Community Interventionists Training Institute
- Responsible Business Initiative for Justice
- Urban Peace Institute

Finally, and most importantly, we would like to thank all of the people who have told us their stories and allowed us to learn from their experiences as survivors of crime, people navigating health issues and people with past convictions. We owe a great deal to those who have allowed themselves to be profiled in this report and who speak out with great courage and conviction. Thank you deeply.

About the Organization

Alliance for Safety and Justice (ASJ) is a national organization that aims to win new safety priorities in states across the country, and brings together diverse crime survivors to advance policies that help communities most harmed by crime and violence.



Endnotes

- 1 Hyland, S (2019). Justice Expenditure and Employment Extracts, 2016, Preliminary. Retrieved from Bureau of Justice Statistics, Office of Justice Programs, U.S. Justice Department: <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=6728>; In 2016, spending totalled \$295,618,717,000. Adjusted to 2020 inflation and without any increase applied to reach an assumption about 2020 spending, this totals \$315,720,789,000. The United States spent \$40 billion in unadjusted dollars on the criminal justice system in 1982, or a 638 percent increase through 2020 in unadjusted dollars. 2016 represents the most recent available data from the federal government on local, state, and federal spending on all portions of the justice system.
- 2 See Hyland (2019).
- 3 During the period of 1985 to 2019, general fund spending on higher education grew by just 50 percent, general fund spending on primary and secondary education spending grew 150 percent, and general fund spending on corrections grew by 300 percent. General fund dollars spent on corrections, higher education and primary and secondary education, as defined by the National Association of State Budget Officers. This includes only State General Fund spending, and does not account for local or federal dollars expended. Analysis utilizes inflation-adjusted dollars to compare spending in 1985 to spending in 2019 using adjusted 2019 dollar values to account for changes and reflect true spending shifts. Source: State Expenditure Report (2019; 1985). Washington, D.C: National Association of State Budget Officers. Retrieved from: <https://www.nasbo.org/reports-data/state-expenditure-report/state-expenditure-archives>
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- * The question in the survey used the term “substance abuse,” or “substance abuse and addiction issues.” For the purposes of the report, we are reporting this phrase as “substance use disorders,” as now recommended by the National Institute on Drug Abuse. [See: Words Matter –preferred language for talking about addiction.](#)