



Solitary Confinement in US Prisons

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August 2022

Solitary confinement (also commonly referred to as restrictive housing) is one of the most consistently researched prison practices. This brief synthesizes the extensive research on solitary confinement, identifies areas for continuing research, and highlights policy and practice reforms. After reviewing extensive research, this scan found that the overwhelming amount of research proves that solitary confinement is psychologically and physiologically damaging and has negative outcomes on the safety of people in prison and the public through increased recidivism rates. Based on these results, carceral agencies should end their use of solitary confinement if they wish to improve the health and safety of those in prisons and the general public.

In the summer of 2019, an estimated 62,000 people in US prisons (4.4 percent of the prison population) were placed in solitary confinement (CLA and Liman 2020), of which there are generally four types: administrative segregation, disciplinary segregation, protective custody, and temporary segregation.¹ Jurisdictions often use these terms differently (box 1), and researchers frequently conflate or combine them, making it difficult to isolate each one's differential parameters, rationales, and impacts.

BOX 1

Terminology

Although solitary confinement is the common term for the practice described in this brief, government agencies also use the terms segregation, isolation, and restrictive housing (Labrecque 2015, 2016; OIG 2017). Some people prefer alternative terms because “solitary confinement” carries a negative connotation (Frost and Monteiro 2016), and others consider it inaccurate because people in restrictive housing are often in cells with at least one other person because of prison overcrowding (OIG 2017). In this brief, we refer to the practice of isolating people from the general prison population as solitary confinement because it’s the most prevalent term for the practice across the country.

Most research on solitary confinement focuses on the psychological effects of isolation. Researchers have overwhelmingly found that the practice is damaging for people in prison, particularly people with mental health needs.² However, a few researchers have questioned whether there is a strong enough empirical basis against short-term solitary, particularly because its effects are so difficult to study (Labrecque 2015; Morgan et al. 2016), and some have concluded that solitary is not more psychologically or physiologically harmful than prison more broadly (Chadick et al. 2018; O’Keefe et al. 2011), although the quality of those studies has been seriously questioned (Haney 2018).

A second prolific body of work on solitary confinement examines its effect on continued misconduct and recidivism. Although researchers and advocates broadly consider solitary confinement damaging for people, the prison system, and postrelease outcomes, prisons still practice it widely, and wardens and correctional officers overwhelmingly consider it an essential control technique (Mears and Castro 2006), even though a significant body of research shows it can actually result in greater misconduct and recidivism.³

Many states are aiming to reduce the use of solitary confinement and mitigate its harms when employed. This requires collecting more consistent and systematic data on the number of people placed in solitary, why they are placed there, their demographics, the duration of their confinement, and what types of solitary confinement are used. Moreover, research should evaluate existing reforms and whether they are actually changing how frequently the practice is used. Critically, more research should be done on safe, rehabilitative alternatives to solitary confinement so correctional agencies can eliminate its use.

Problem Statement

Correctional administrators use solitary confinement to maintain institutional order and reduce victimization by removing certain people from the general prison population for their own safety or the safety of others.⁴ Solitary confinement of some duration is used in every state, and wardens and correctional officers consider it effective for managing prisons (Mears and Castro 2006). It is also notorious as one of the most restrictive prison practices, and prison administrators and system actors

who advocate for its widespread use should understand the damaging impacts it has on the people they oversee.

Definition and Types

Although solitary confinement differs between institutions, it is commonly defined as the isolation of a person in a cell for an average of 22 or more hours a day (Frost and Monteiro 2016; Labrecque 2016; OIG 2017; Shalev 2008). People in solitary are typically allowed to leave their cells only to shower and for one hour of recreation and are separated during both from the general prison population.

Isolation is solitary's key characteristic—people in solitary are denied contact with other people in prison unless they are double-bunking (Reiter 2015), they often cannot participate in most programming, and their visitation rights are sometimes curtailed (Labrecque 2016). Another defining characteristic is sensory deprivation (Labrecque 2015). People in solitary experience little human contact beyond correctional officers, are confined to cells that are typically smaller than a parking spot, and look at the same walls often for hours a day every day for months or years. For these and other reasons, the practice has been subject to regulation by international organizations, including the United Nations (box 2).

BOX 2

The Mandela Rules and the United States

Solitary confinement is practiced around the world (Rope and Sheahan 2018), and global standards protecting the rights of people who are incarcerated include regulations on solitary confinement (OIG 2017; Rope and Sheahan 2018; Shalev 2008). The United Nations Standard Minimum Rules for the Treatment of Prisoners, also called the Nelson Mandela Rules, prohibit solitary confinement of more than 15 consecutive days. They also prohibit the use of solitary confinement for people with mental and physical disabilities. But prisons in the United States do not all follow these rules—almost every state uses solitary for longer than 15 consecutive days and for people with mental and physical disabilities (Bertsch et al. 2018; Morgan 2017; Vasiliades 2005). The US Constitution, under the Eighth Amendment, prohibits “cruel and unusual punishment,” and many argue that solitary confinement violates this standard.

As noted above, there are four types of solitary confinement: administrative segregation, disciplinary segregation, protective custody, and temporary segregation (Browne, Cambier, and Agha 2011; Miller and Young 1997; Labrecque 2016; Shames, Wilcox, and Subramanian 2015). Although the rationales for and durations of these types differ (as do the characteristics of people who receive them), research has rarely been able to distinguish between them, making their differing effects difficult to discern.

ADMINISTRATIVE SEGREGATION

Administrative segregation, which appears to be the type of solitary subject to the most research, is mostly used for people perceived as threats to prison safety and order but not in direct response to a rule violation (Digard, Vanko, and Sullivan 2018; Frost and Monteiro 2016; Morgan et al. 2016; Pyrooz and Mitchell 2019). People who receive administrative segregation are typically separated until they are no longer deemed safety threats, meaning they can spend decades in solitary confinement. Often, this type is used to control prison gangs (Pyrooz and Mitchell 2019). Placement in administrative segregation is subjective, contingent upon correctional officers' and administrators' perceptions of a person's threat to an institution.

DISCIPLINARY SEGREGATION

Disciplinary segregation typically involves time-limited sanctions for rules violations (Digard, Vanko, and Sullivan 2018). For a person to be placed in disciplinary segregation, the reporting staff member must generally present evidence of a rules violation to an internal board or committee and go through a hearing process that allows the individual who is incarcerated to defend themselves (Labrecque 2016). Although there are usually guidelines for lengths of stay according to the nature of the violation, a person can accrue multiple violations during their stay in solitary and extend their time in disciplinary segregation.

PROTECTIVE CUSTODY

Protective custody is used for people whose safety is at risk in the general prison population (Henderson 1990). Those convicted of sex crimes, younger people, older people, and people with disabilities are commonly placed in protective custody. Although people receive this type of confinement for their protection, they often face the same restrictive environments as people in disciplinary and administrative segregation. Furthermore, people placed in protective custody are usually held there indefinitely (Henderson 1990).

TEMPORARY SEGREGATION

Temporary segregation is used for various reasons (Labrecque 2015; Shames, Wilcox, and Subramanian 2015), including to hold people awaiting transfer to other institutions or transport to judicial proceedings, people involved in criminal investigations, and people for whom there is insufficient bed space. If an investigation proves someone is a member of a gang or committed serious misconduct, administrative or disciplinary segregation usually follows temporary segregation (Labrecque 2016).

FEDERAL DEFINITIONS AND SUPERMAX PRISONS

Federal prisons have different terms for and practices associated with solitary confinement. "Special housing units" are used for lower-level disciplinary and administrative segregation, and "special management units" are used for more serious administrative segregation cases. Moreover, administrative segregation in federal prison also refers to segregation used for protective purposes and for temporary housing (DOJ 2016).

Some states also have supermax prisons, where entire prison populations are placed in solitary confinement (Browne, Cambier, and Agha 2011; Haney 2003; Mears 2006). The federal government also runs a supermax prison (the Administrative Maximum Facility) reserved for people requiring the tightest supervision for their behavior in prison (DOJ 2016).

Reforms Underway

In the United States, reforms are addressing problematic uses and effects of solitary confinement (Bertsch et al. 2018). Colorado, a leader in criminal justice reform, is ending the use of solitary confinement for people who are seriously mentally ill, children, and pregnant women. Several other states have made similar reforms.⁵ Idaho instituted “calm down areas” to de-escalate behavior that traditionally led to solitary confinement. In North Dakota, policies now require officers to engage people in solitary in conversation at least twice a day to help with cognitive and behavioral skill-building (Bertsch et al. 2018). Moreover, some states have adopted “step down” programs to reintegrate people exiting solitary confinement into the general prison population. As of fall 2017, 27 corrections departments had such programs, which gradually offer more privileges, fewer restrictions, and access to out-of-cell programming to those exiting solitary (Vanko 2019). Transition can be delayed, however, leaving people to stay in solitary confinement for longer periods in the interim.

Other states have regulated solitary confinement through legislation. In 2019, New Jersey passed a bill limiting the use of solitary confinement to 20 consecutive days.⁶ New Mexico passed a bill requiring its corrections department to track its use of solitary.⁷ Even members of Congress are concerned about solitary confinement, as evidenced by the introduction of the Solitary Confinement Reform Act, which (among other reforms) limits periods of solitary confinement for those in the Federal Bureau of Prisons and improves medical care for people who receive solitary confinement.⁸

Literature Review

Solitary confinement in the United States dates to the 1770s in Pennsylvania (Browne, Cambier, and Agha 2011). Since researchers began studying its effects in the United States in the 1970s (Grassian 1983; Shalev 2008), it has become one of the most studied prison practices. Although its use has fluctuated, it is currently used in almost every state and federal prison (Bertsch et al. 2020).

Solitary Confinement Today

The Bureau of Prisons collects and publishes statistics on the number of people in federal restrictive housing.⁹ Although every state uses solitary confinement, only 47 make their policies on it publicly available, and states often refer to it as “restrictive housing” or “segregation.”¹⁰ Moreover, states do not publicly disclose how many people are in solitary confinement in their prisons. Also, most research on solitary confinement has focused on supermax prisons rather than lower-security prisons,¹¹ even though most people in solitary confinement are not in supermax prisons. This makes it difficult to distinguish solitary confinement’s effects in lower-security prisons from its effects in supermax prisons.

The Correctional Leaders Association (formerly the Association of State Correctional Administrators) and the Arthur Liman Center for Public Interest Law at Yale Law School, however, surveyed state departments of corrections to estimate the number and characteristics of people in solitary confinement in the summer of 2019 (Bertsch et al. 2020). They asked respondents to report on their restrictive housing numbers based on this definition: “separating prisoners from the general population and holding them in cell for an average of 22 or more hours per day, for 15 or more continuous days.” The survey was self-reported by 39 jurisdictions (the Federal Bureau of Prisons was sent the survey but did not respond) and gathered by researchers and was not based on administrative data. Using the survey’s definition of restrictive housing, respondents reported 31,542 people (roughly 2.3 percent of people in prison) were in solitary confinement in the summer of 2019 (Bertsch et al. 2020).¹² This number is far lower than the previous survey in the fall of 2017, which reported 50,422 people in restrictive housing (3.4 percent of people in prison) (Bertsch et al. 2018). In addition, the 2019 survey showed that Arkansas had the highest percentage of people in solitary and Colorado, Delaware, North Dakota, and Vermont had no people in restrictive housing when they responded to the survey. Moreover, it found that people were spending an average of one to three months in solitary; roughly 5.7 percent of people in solitary were confined there for more than six years (Bertsch et al. 2020). This represents a 1 percent increase from the 2017 survey, which had 4.7 percent of people in solitary being confined there more than six years (Bertsch et al. 2018). Importantly, duration of confinement is difficult to determine partially due to lack of reporting, so the picture these numbers present may be incomplete (this is discussed later in this brief).

The Correctional Leaders Association/Liman Center survey includes some demographic information about people in solitary confinement (Bertsch et al. 2020). It shows that of the total US prison population, 4.2 percent of men and 0.8 percent of women were in solitary, and that solitary is most commonly used for people ages 26 to 35. Other researchers have found that populations at greater risk of being placed in solitary confinement include youth (OIG 2017), LGBTQIA people (Anafi et al. 2018), people with physical and mental disabilities (Frost and Monteiro 2016; Morgan 2017; OIG 2017), and gang members (Pyrooz and Mitchell 2019). Furthermore, women are more likely than men to be placed in solitary for minor offenses (ALCU 2019).

Solitary confinement in prison is used more frequently among Black and Hispanic/Latino men. Bertsch and coauthors (2020) found that of all men in solitary confinement in the summer of 2019, 43.4 percent were Black, a higher rate than their representation in the US prison population (40.5 percent). The share of people in solitary who are white is lower than the share of white people in the prison population (36.9 percent and 41.4 percent, respectively). Stuningly, a report released in late 2021 found that 11 percent of Black men born in the late 1980s had experienced solitary by the time they turned 32, and that about 1 percent had been held in solitary for a year or longer (Pullen-Blasnik, Simes, and Western 2021). This troubling statistic further exposes the racial disparities of punishment in prison. How the discretionary power of correctional administrators could be driving this disparity is discussed later in this brief.

Psychological and Physiological Effects

Most researchers find that solitary confinement is associated with damaging psychological and physiological consequences that are exacerbated by long-term use.¹³ Sensory deprivation, lack of human interaction, and physical restrictions can cause anxiety, insomnia, hallucinations, paranoia, decreased brain function, withdrawal, and sensitivity to external stimuli. Women in solitary confinement, particularly survivors of sexual abuse, experience unique psychological harms from constant surveillance by correctional officers (ACLU 2019). Solitary confinement has also resulted in property damage, deteriorating eyesight and joints, self-harm, and suicide (Haney and Lynch 1997; Shalev 2008; WHO and IASP 2007). In fact, one-quarter of prison suicides in Texas occur in solitary confinement cells even though such cells hold only 2.7 percent of the state's prison population (Rope and Sheahan 2018).

In addition to mental deterioration, people in solitary confinement face abuse from other people, especially in double-occupancy cells. Quandt (2019) found that nearly one-third of surveyed people in solitary confinement in Louisiana had been physically, sexually, or emotionally abused by another person who was incarcerated and in solitary confinement. But abuse also comes from correctional staff; in that study, 89 percent of respondents said staff had abused them in retaliation for complaints about being placed in solitary. Disturbingly, solitary confinement has also been used to house victims of officer-perpetrated sexual assault (ACLU 2019; Buchanan 2007).¹⁴

Less consensus exists on whether short-term solitary confinement is as psychologically damaging as long-term confinement. Some researchers believe that studies have been insufficiently rigorous to make a sound empirical argument (Labrecque 2015; Morgan et al. 2016). Others have argued that solitary confinement is no worse for a person's well-being than the general prison environment (Chadick et al. 2018; O'Keefe et al. 2011), but these studies have received much criticism for their methodologies, including contamination of treatment and comparison groups, and the validity of their results has been questioned (Haney 2018). Researchers overwhelmingly agree, however, that solitary confinement is especially damaging to some populations, namely young people, people with mental health needs, and people with physical disabilities.¹⁵

Institutional Misconduct and Recidivism

Many prison systems use solitary confinement to make facilities safer (including during national or local emergencies; see box 3), but research shows the practice is not associated with safer outcomes and does not decrease institutional misconduct (Labrecque 2015, 2016; Medrano, Ozkan, and Morris 2017). In fact, rates of assaults on correctional officers were found to be higher in some solitary confinement units than in other units (Haney and Lynch 1997). Research has also shown that solitary does not make communities outside of prison safer: people who have spent time in solitary have been associated with higher recidivism rates than people in the general prison population (Browne, Cambier, and Agha 2011; Labrecque 2015, 2016; Morgan et al. 2016). This could be because higher-risk people may be more likely to be placed in solitary or because many people transition directly from solitary to their

communities without engaging in meaningful rehabilitative programming (Digard, Vanko, and Sullivan 2018; Shames, Wilcox, and Subramanian 2015).

BOX 3

Solitary Confinement during 9/11, Hurricane Katrina, and COVID-19

Solitary confinement has been used as a response during national and local emergencies. Following the 9/11 terrorist attacks, court cases arose detailing the use of extended solitary for those who were “of interest” to the federal government and detained without due process, namely men who were Muslim and/or of Middle Eastern descent. In *Ziglar v. Abbasi*, several people were found to have suffered psychological and physical effects from being in solitary confinement for long periods (Ordway, Djilani, and Swette 2017).^a Prison officials used solitary as a public safety measure following a national emergency to isolate people stereotyped as dangerous by the government.

Accounts from people in southern prisons during Hurricane Katrina exposed extreme atrocities, including lack of food, water, and ventilation and flooding up to their knees.^b They also showed how unprepared prison administrators were, as they relied on mandatory lockdown to maintain control (Robbins 2008) (during a lockdown, everyone in a prison is confined inside their cell for up to 24 hours a day). Orleans Parish Prison was one of the prisons affected most by Hurricane Katrina, and there are several reports that people experienced extended confinement in their cells and that some broke windows for ventilation in extreme heat.^c

The COVID-19 pandemic, perhaps the most widespread public health emergency in the past century, has had devastating consequences for people in prison. Solitary confinement has been used in prisons to prevent spreading of the disease; in April 2020, the share of the prison population held in some form of solitary was reported to have increased 500 percent in response to the pandemic (Unlock the Box 2020). People in prison with COVID-19 were kept in the same conditions as those in solitary for punitive reasons, and they suffered immense psychological harms along with the physical harm caused by the disease. Moreover, solitary did not halt the spread of the disease; as soon as word spread that prison administrators were using it for those who contracted the disease, people in prison began to hide their symptoms rather than report them to avoid being placed in solitary (Unlock the Box 2020). Prison administrators failed the people incarcerated under their watch, and as of this writing, at least 440,611 people in prison had tested positive for COVID-19 and at least 2,663 had died from it.^d

Solitary cannot be the answer in emergencies; prison administrators should have more humane and effective crisis management tools. To avoid widespread death and civil rights violations, criminal justice leaders need more innovative and humane mechanisms by which to deal with emergencies. Prison administrators should learn from these costly errors and reduce harms from solitary confinement, which disproportionately impact people of color.

Notes

^a *Ziglar v. Abbasi*, 582 U.S. __ (2017).

^b See for example “Summary of Testimonials from Inmates Incarcerated at Orleans Parish Prison during Hurricane Katrina,” American Civil Liberties Union, accessed August 27, 2021, <https://www.aclu.org/other/summary-testimonials-inmates-incarcerated-orleans-parish-prison-during-hurricane-katrina>.

^c See note b.

^d “National COVID-19 Statistics,” COVID Prison Project, last updated November 30, 2021, <https://covidprisonproject.com/data/national-overview/>.

Discretionary Power of Correctional Administrators

Solitary confinement can be used subjectively and according to the discretion of both correctional administrators and line staff. Although the common conception is that solitary confinement is only used for the most serious violations and the most dangerous people, people are being placed in solitary for minor infractions such as profane language, talking back to officers, serving as prison activists, and being a “nuisance” (Allen-Bell 2012; Digard, Vanko, and Sullivan 2018; Labrecque 2018). Essentially, correctional administrators act as sentencing judges, which is especially problematic when placing people in administrative segregation for gang membership, because identifying someone as a gang member is difficult and can be based on incorrect perceptions (Griffin and Hepburn 2006; Pyrooz and Mitchell 2019). This means people can be in solitary for gang membership for long periods without any proof (Frost and Monteiro 2016; Pyrooz and Mitchell 2019).

Discretionary use of solitary confinement is similarly risky for other populations. Solitary confinement is used disproportionately against Black people because of racist perceptions of criminality and perceived disobedience (ACLU 2019). Again, Black and Hispanic/Latino people are disproportionately placed in solitary confinement (Bertsch et al. 2018). Furthermore, people with disabilities are sometimes seen as being disrespectful or violating rules because they are unable to hear orders or read facility handbooks for incarcerated people (Frost and Monteiro 2016; Morgan 2017). This has led to a disproportionately high number of people with disabilities in solitary confinement.

Moreover, the power imbalance between correctional officers and people in solitary is unique and strong (Haney 2008). Someone in solitary might have contact only with correctional officers for days, months, or even years, making officers the most constant presence in their lives. And the lack of external monitoring of this isolated environment makes this power dynamic more uneven.

Leaving Solitary Confinement

Reentering the general prison population after spending time in solitary is extremely difficult. Most people must prove they are rehabilitated and/or no longer a threat to their institution to leave solitary, but people in solitary frequently cannot access rehabilitative programming, and the standards determining when people are rehabilitated or no longer a threat are subjective. Furthermore, reviews for release from solitary can be infrequent (Digard, Vanko, and Sullivan 2018). These factors all lead to longer stays in solitary confinement.

Popularity of Solitary among Prison Administrators and Staff

Despite the aforementioned problems with solitary, correctional administrators and officers continue to use it. In one survey, wardens overwhelmingly reported a belief that solitary confinement is critical to maintaining institutional order (Mears and Castro 2006). Even some who were aware of its negative consequences maintained that it is effective. Still, many corrections officials do believe that institutional solitary confinement practices can be reformed.

Proponents of solitary confinement justify it in several ways. For example, many argue that the goal of solitary is to increase safety by incapacitating and removing dangerous people from the general prison population, but many of the people who are placed there do not represent the greatest threat to prison safety (Allen-Bell 2012; Digard, Vanko, and Sullivan 2018; Labrecque 2018), and solitary confinement has actually been associated with collateral consequences for public safety, since people who have spent time in solitary are more likely to recidivate following release (Browne, Cambier, and Agha 2011; Labrecque 2015, 2016; Morgan et al. 2016).

Some also justify solitary confinement as a tool for deterring misconduct (Mears and Watson 2006). But we lack an evidence-based approach to identifying people who should be deterred, and some research shows solitary is associated with an increase in misconduct, as well (Labrecque 2015, 2016; Medrano, Ozkan, and Morris 2017). Instead, placement is often arbitrary and subject to correctional officers' perceptions and beliefs.

Opportunities for Policy Innovation

The innovations discussed in this section assume the continued use of solitary confinement. However, correctional agencies should stop using it given the overwhelming amount of research showing it is psychologically and physiologically damaging and decreases the safety of people in prison and the public through increased recidivism rates. Although some prison administrators and policymakers are trying to address the negative outcomes through reform, alternatives to solitary confinement may be more promising than efforts to mitigate its harms.

One prison in England uses group counseling to resolve disputes and rules violations in prison.¹⁶ These “therapeutic communities” include people convicted of violent and sex offenses in a high-security unit in the prison. They are given autonomy to cook, decorate, and wear their own clothes. The focus is on rehabilitation and long-term behavioral change to address people with high levels of behavioral health needs.

Moreover, New York City jails instituted a program called Clinical Alternative to Punitive Segregation to use solitary confinement less for people with serious mental illnesses (Glowa-Kollisch et al. 2016). People in this population are often placed in solitary, which exacerbates rather than addresses their behavioral health needs. The program offers clinical programming, such as group therapy, community meetings, and medication counseling, to those with serious mental illnesses who commit a violation. One study found that rates of self-harm and injury were far lower among people in the program unit than among those in segregation units (Glowa-Kollisch et al. 2016).

In response to evidence demonstrating the harms of solitary confinement, some corrections officials have adopted research-informed policies and innovations. Further, some states have made needed, drastic reforms like banning solitary confinement of vulnerable populations—for example, Colorado has banned solitary confinement (except in the most extreme circumstances) of people with serious mental illnesses, juveniles, and pregnant women (Bertsch et al. 2018); many other states are

considering similar reforms. States have also eliminated certain isolating aspects of solitary; to avoid sensory deprivation, one facility offered people in solitary confinement MP3 players, and another added multisensory rooms with nature imagery on the walls as coping mechanisms (Digard, Vanko, and Sullivan 2018). In addition, some correctional facilities have made reforms by, for instance, creating de-escalation rooms where people can read a book or listen to calming music to avoid solitary confinement after displaying troublesome behavior (Digard, Vanko, and Sullivan 2018).

To promote rehabilitation, some states have created unique incentive-based practices to combat solitary confinement's harmful effects. For example, Arizona's restrictive status housing program uses intensive behavioral programming, staff counseling, and incentives while restricting movement and privileges (Meyers, Infante, and Wright 2018). The program has had promising results, decreasing institutional misconduct and improving people's mental health and well-being.

Researchers have recommended giving people in solitary greater access to programming, which some state prisons have begun doing (Digard, Vanko, and Sullivan 2018; DOJ 2016). Although programming is shown to be rehabilitative and to improve mental health, it is often limited or prohibited in solitary confinement (Digard, Vanko, and Sullivan 2018). In light of this, the Washington State Department of Corrections requires that people in solitary confinement participate in programming outside their cells.¹⁷ It also individualizes plans for people in solitary confinement to attend aggression replacement training, basic skills programs, and mindful meditation.

Although programming and counseling benefit everyone in solitary confinement, they are particularly beneficial for people with mental health needs (Digard, Vanko, and Sullivan 2018; Sánchez 2013). To develop programming and resources for people with such needs, prisons first have to properly identify those people. Prisons should therefore administer mental health assessments as people enter the facility, before placing them in solitary confinement, and throughout their time in solitary to ascertain any risks they face in solitary and recommend alternative housing when necessary (OIG 2017).

Increasing meaningful contact between correctional staff and people in solitary would also promote well-being (Digard, Vanko, and Sullivan 2018). Because they often provide the only human contact people in solitary have, correctional officers can be useful during rehabilitation. For example, in North Dakota, correctional officers converse with people in solitary to build cognitive and behavioral skills at least twice a day (Bertsch et al. 2018). Furthermore, staff should be trained to identify signs that people in solitary are at risk of harming themselves or others. Crisis intervention training teaches correctional officers to detect these signs and intervene when necessary (Digard, Vanko, and Sullivan 2018).

Another opportunity for reform involves reducing both the overall duration of solitary confinement and the hours a day people spend in isolation. Periods of solitary confinement should be short, definite, and followed by "step down" programs before reintegration with the general population (Vanko 2019). Furthermore, people should not be released from prison directly from solitary confinement because doing so increases the risk of recidivism (Digard, Vanko, and Sullivan 2018; Shames, Wilcox, and Subramanian 2015).

The time people spend in solitary confinement in the United States violates international standards like the Mandela Rules. States including Colorado, Idaho, Montana, and New Jersey have amended prison policies to limit how long people can spend in solitary confinement (Bertsch et al. 2018).¹⁸ A Department of Justice report (2016) suggested that those policies should also allow people who exhibit good behavior to exit disciplinary segregation early.

Most recently, New York passed the Humane Alternatives to Long-Term Solitary Confinement (HALT) Act, which reduced the number of days a person can spend in solitary, created rehabilitative units and alternatives, and prohibited the use of solitary for vulnerable populations.¹⁹ The act is one of the most progressive in the country, limiting solitary confinement to 15 consecutive days. It also follows other state-level policy changes, reflects a desire for reform, and provides a viable avenue for amending state legislation.

Holding people behind bars for 22 hours a day is unhealthy, and international regulatory bodies consider it torture (Human Rights First 2015). The Hampden County Correctional Center in Massachusetts incentivizes positive behavior in solitary confinement with more out-of-cell time.²⁰ This measure resulted in overall climate improvement and decreased recidivism back to solitary confinement. Thus, people in solitary should be permitted more time outside their cells.

Finally, prison administrators should make the delivering of administrative segregation less subjective. The perception that somebody is a threat to an institution is not justification enough for placing them under administrative segregation. For all types of solitary, due process protections should be strengthened to require prison administrators to prove that people should be in solitary (Marcus 2015) and periodically review their placement there (Allen-Bell 2012). Moreover, if solitary is in place, long-term segregation should never be used unless it can be proven that a person is a threat and no safe alternative housing exists (DOJ 2016).

Opportunities for Building Knowledge

When data are collected and made publicly available, researchers can fill gaps in the solitary confinement literature. Research should investigate the characteristics of people subjected to each type of solitary confinement and how those characteristics shape the experience and impact of solitary confinement. We know solitary confinement is particularly harmful for vulnerable populations (Labrecque 2018; Morgan 2017; OIG 2017; O’Keefe et al. 2011). But no publicly available data exist on how many people with disabilities and mental health needs are in solitary confinement (Morgan 2017; OIG 2017)—in fact, virtually no publicly available administrative data show how many people are in solitary generally (box 4)—and the lack of universal definitions of disabilities and serious mental illness compounds this problem (Bertsch et al. 2018; Morgan 2017).

BOX 4

Data Scarcity

Virtually no publicly available administrative data exist on the number of people in solitary confinement. New Mexico lawmakers attempted to address this by passing H.B. 364, which mandates that data be collected on who is in solitary confinement, why, and for how long (Maestas et al. 2019). In addition, it requires that reports on these data be made publicly available. These data are relevant for evaluations of when and how often solitary confinement should be used, and states should follow New Mexico's leadership in data collection and transparency.

Although there are different types of solitary confinement with distinct effects and populations, studies do not distinguish between them. Researchers use the term “solitary confinement” to describe specific types of segregation and even confuse these types, making it difficult to rely on the results of their research. These issues could owe partly to the lack of universally used terms for each type of solitary confinement. Although most state prison policies divide solitary into administrative segregation, disciplinary segregation, protective custody, and temporary segregation, some use the term “preventative segregation” to describe a mix of administrative segregation and protective custody (DOJ 2016). Furthermore, even though supermax prisons only use administrative and disciplinary segregation (DOJ 2016), studies on supermax prisons often do not distinguish between the two. Understanding the complexity of solitary confinement requires making these distinctions. Future research should uncover the most common rationales for placing people in solitary, how the rationales used to justify each type differ, how long people spend under each type, and how differing durations impact people. Moreover, researchers should explore whether supporters of solitary confinement share a consensus regarding its goal.

Research also has not studied how to reintegrate people in solitary into the general prison population and the community outside of prison. The vast majority of people in solitary return to their communities, and solitary's negative consequences often last long after they have done so. Furthermore, researchers assessing step down programs should use metrics to track people's mental health and well-being in addition to metrics aimed at reducing misconduct.

In addition, more research should analyze the cost-effectiveness of solitary confinement, which is expensive; in Texas, housing someone in solitary confinement is 45 percent costlier than keeping them in the general prison population (Bennett, Kizzire, and Tucker 2019). Research should also uncover ethical, safer, and cost-effective alternatives to solitary confinement.

Finally, although recent reforms have been made, research about them has been limited to how they have fared and whether they are meeting intended objectives. Reforms often do not lead to actual change, which could owe to their implementation. For example, although New York State changed its policies to discourage use of solitary confinement, facilities adapted and instituted a tactic that differed from solitary confinement in name only, and the New York Civil Liberties Union found that the number

of people in solitary confinement actually increased (Shames and Desgranges 2019). Since then, the HALT Act passed in New York, and although it's too early to tell how it will be implemented, it's important to note that reform only starts with a bill's passage.

Considerations for Future Research

Empirical studies of solitary confinement face methodological challenges. Research is generally difficult to conduct in prisons, and research on people in solitary even more so. People in solitary are hidden far from public sight, and data on solitary confinement are largely inaccessible. Furthermore, the population of people in solitary is small, making it difficult to reach sample sizes large enough to generate statistically significant findings.

Another difficulty is tracking people in solitary over time, which is necessary for assessing solitary's long-term impacts. Moreover, even if researchers can do so, making a causal argument about the effects of solitary confinement is nearly impossible (Labrecque 2015). Isolating its effects on someone's mental health is difficult because tracking changes in mental health requires corrections officials to have taken a baseline, and people entering prison are not always given mental health assessments.

In addition, as mentioned earlier, a lot of data on solitary confinement are missing. Prison administrators are not forthcoming with data on solitary confinement, and those data may be unreliable considering the discretion they use when placing people in solitary.

Furthermore, because people are put in solitary for different durations and reasons and react differently to it, aggregate data might tell an inaccurate story. For example, solitary in some institutions may be less restrictive or involve mitigating aspects, such as programming. Therefore, data should be collected at the individual level as much as possible. Assessments of individual-level data can enable researchers to consider the context behind particular cases.

In addition to methodological challenges, researchers should be aware of the ethical concerns that studying solitary confinement raises. People in solitary confinement represent one of the most vulnerable prison populations, and research on it should be as nonexploitive as possible. People in solitary must therefore explicitly consent to being studied, and their anonymity must be protected to avoid retaliation and ensure privacy.

Although several studies have demonstrated the damaging effects of solitary confinement, there are still gaps in existing research. Given the harms of solitary confinement, states should consider eliminating the practice in favor of safer and more ethical practices.

Notes

¹ See Browne, Cambier, and Agha (2011), Labrecque (2016), Miller and Young (1997), and Shames, Wilcox, and Subramanian (2015).

- ² See Grassian (1983), Haney (2002, 2003, 2008), Haney and Lynch (1997), Miller and Young (1997), Morgan (2017), O’Keefe and coauthors (2011), Quandt (2019), Shalev (2008), Smith (2006), WHO and IASP (2007).
- ³ Browne, Cambier, and Agha (2011), Haney and Lynch (1997), Labrecque (2015, 2016), Medrano, Ozkan, and Morris (2017), Morgan et al. (2016).
- ⁴ See Allen-Bell (2012), Browne, Cambier, and Agha (2011), Frost and Monteiro (2016), Labrecque (2015, 2018), Mears (2006).
- ⁵ See [Arkansas House Bill 1755](#), [Georgia H.B. 345](#), [Montana House Bill 763](#), [Nebraska Legislature Bill 686](#), [Maryland House Bill 1001](#), [New Mexico H.B. 364](#), and [Texas House Bill 650](#).
- ⁶ New Jersey Assembly Bill 314, Pub. L. No. 2019 (2019).
- ⁷ Corrections Restricted Housing Act, New Mexico H.B. 364 (2019).
- ⁸ Richard J. Durbin, Christopher A. Coons, Patrick Leahy, Elizabeth Warren, Cory A. Booker, and Kamala D. Harris, letter to the Bureau of Prisons on restricted housing, March 7, 2019, <https://www.durbin.senate.gov/imo/media/doc/3-7-19%20Letter%20to%20BOP%20on%20restricted%20housing.pdf>.
- ⁹ “Restricted Housing,” Federal Bureau of Prisons, last updated August 27, 2021, https://www.bop.gov/about/statistics/statistics_inmate_shu.jsp.
- ¹⁰ The states with publicly available, online policies include AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, ME, MD, MA, MI, MN, MO, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, and WY.
- ¹¹ See Butler and coauthors (2017), Haney (2003, 2008), Kurki and Morris (2001), Labrecque (2016), Mears (2006), Mears and Castro (2006), Mears and Reisig (2006), Mears and Watson (2006), O’Keefe (2008), Pizarro, Stenius, and Pratt (2006).
- ¹² As mentioned on page 1 of this brief, the total number of people in restrictive housing that year was estimated at 62,000.
- ¹³ See Grassian (1983), Haney (2002, 2003, 2008), Haney and Lynch (1997), Miller and Young (1997), Morgan (2017), O’Keefe and coauthors (2011), Quandt (2019), Shalev (2008), Smith (2006), and WHO and IASP (2007).
- ¹⁴ Victoria Law, “For People Behind Bars, Reporting Sexual Assault Leads to More Punishment,” Just Detention International, September 30, 2018, <https://justdetention.org/for-people-behind-bars-reporting-sexual-assault-leads-to-more-punishment/>.
- ¹⁵ See ACLU (2019), Digard, Vanko, and Sullivan (2018), Kurki and Morris (2001), Morgan (2017), OIG (2017), O’Keefe and coauthors (2011).
- ¹⁶ Jean Casella, “Off the Block: Can British Prisons Offer Solutions to America’s Solitary Confinement Crisis?” Solitary Watch, October 21, 2015, <https://solitarywatch.org/2015/10/21/off-the-block/>.
- ¹⁷ “Congregate Classroom Programming/Activities,” Vera Institute of Justice, accessed December 17, 2019, Not available online.
- ¹⁸ Montana House Bill 763 (2019); New Jersey Assembly Bill 314, Pub. L. No. 2019 (2019); New Mexico HB 364 (2019).
- ¹⁹ “Senate Passes the ‘HALT’ Solitary Confinement Act,” New York State Senate, March 18, 2021, <https://www.nysenate.gov/newsroom/press-releases/senate-passes-halt-solitary-confinement-act>.
- ²⁰ “Incentive-based system in disciplinary segregation,” Vera Institute of Justice, accessed December 17, 2019. Not available online.

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Acknowledgments

This brief was funded by Arnold Ventures. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the author and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute’s funding principles is available at urban.org/fundingprinciples.

The author would like to thank her current and former colleagues David Pitts, Preeti Chauhan, Cassandra Ramdath, Bethany Young, Nancy La Vigne, and Zach VeShancey and Prison Research and Innovation Initiative advisors Johnny Perez and Amy Fettig for their valuable assistance throughout the development of this brief.



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