Why Are People Sent to Solitary Confinement? The Reasons Might Surprise You.

Introduction

Solitary confinement, a widespread practice in U.S. prisons and jails, has been shown by an extensive body of research to have harmful and often long-lasting negative effects on people held there, without evidence of improved safety for the correctional facilities or the community. Many people assume that solitary confinement—also known as restrictive housing or segregation—is used only for people who have committed dangerous acts of violence. But, in fact, violence is typically not the most common reason that people are sent there. The Vera Institute of Justice (Vera) has found that incarcerated people are frequently sent to restrictive housing in response to low-level and nonviolent misbehaviors, because they need protection, due to custody or risk assessments, or because prison staff misinterpret their symptoms of mental illness as acts of defiance or rule-breaking.

Through the Safe Prisons, Safe Communities: From Isolation to Dignity and Wellness Behind Bars project (formerly the Safe Alternatives to Segregation Initiative), Vera partnered with eight state prison systems and two local jail systems from 2015 to 2018 to analyze their use of restrictive housing and recommend reforms to significantly reduce that use. One focus of the assessments was the types of behaviors that lead to disciplinary infractions and ultimately result in someone's placement in restrictive housing.*

Vera’s findings

Solitary confinement affects a substantial number of people in U.S. prisons and jails

It is difficult to determine exactly how many people throughout the United States are affected by restrictive housing, due to the lack of comprehensive national data collection and widely varying definitions of such housing between systems. One of the most recent and comprehensive surveys, however, estimated that, in the fall of 2017, there were around 61,000 people who had been in restrictive housing for 15 days or more in state and federal prisons alone (not including local jails).¹

However, the numbers increase dramatically when you look at how many people have experienced restrictive housing over a period of time, rather than just at a single point in time. According to the U.S.

* This fact sheet includes selected findings from these assessments for illustrative purposes. Note that many systems with which Vera has worked have since implemented concrete reforms to address the issues highlighted here. For example, see the section “Where are they now?” in Léon Digard, Sara Sullivan, and Elena Vanko, Rethinking Restrictive Housing (New York: Vera Institute of Justice, 2018), https://perma.cc/E2WD-H8Q8.
Bureau of Justice Statistics, for example, about 314,000 people incarcerated in state and federal prisons in 2011–2012 experienced restrictive housing over a 12-month period—that's roughly 20 percent of the prison population at the time.²

Similarly, as part of the Safe Prisons, Safe Communities project's administrative data analysis, Vera found that its partner sites held thousands of people in restrictive housing on any given day and that an even greater number of people had experienced such confinement during the previous year. For example, 3,432 people in North Carolina's state prisons—more than 9 percent of the state's total prison population—were in some form of restrictive housing on June 30, 2015. However, 42 percent of people incarcerated in the system at that time had experienced such housing over the course of the previous 12 months.³

Restrictive housing is not reserved solely to punish serious and violent behavior; in fact, the majority of people are sent there for nonviolent infractions

Although restrictive housing is sometimes used as a response to violent behavior, Vera has found that it is more often used in response to low-level, nonviolent behaviors. Disciplinary policies vary across departments of corrections, but one of the most common themes among them is that a large range of behaviors can lead to placement in restrictive housing as a sanction—often called disciplinary segregation. Some systems do not place any limits on what disciplinary responses can be used when dealing with misbehaviors, meaning people can be sent to disciplinary segregation for any violation, from the most minor to the most serious. Even systems with policies that outline particular sanction options for particular behaviors often allow restrictive housing to be used in response to a wide variety of behaviors, ranging from disobeying an order to tobacco use to serious physical assaults.

Many people with mental illnesses are in restrictive housing—often as a result of behaviors related to mental illness

In many systems, restrictive housing has become the de facto mental health unit for incarcerated people and, indeed, restrictive housing can become a revolving door for people with mental health needs. They may find it more difficult to constantly comply with stringent prison rules and may be written up for disciplinary infractions that are related to symptoms of their illnesses. This can lead to high rates of disciplinary write-ups and subsequent restrictive housing placements for this population. In Oregon, for example, people with mental illnesses made up 83 percent of the 448 people who were written up for disciplinary infractions frequently (more than five times in an 18-month period).⁴

In addition, systems often explicitly punish self-harming or suicidal behaviors with restrictive housing and place people who are on suicide watch in restrictive housing cells. In Louisiana, Nebraska, Nevada, and Oregon, people could, by policy, be punished for cutting or causing harm to themselves.⁵ In Utah, although it was not allowable by policy, Vera found that, over a two-year period, there were 71 incidents in which suicide attempts or self-harm were ultimately punished through the formal disciplinary process (50 of the incidents occurred while the person was in restrictive housing).⁶ Often, this resulted in people being confined to their cells, a sanction commonly referred to as “punitive isolation” or “cell restriction,” which results in conditions similar to restrictive housing—no recreation or yard time, no visits, no phone calls, no canteen, and no programming or work. This is especially concerning given the significant evidence that people with mental illnesses are particularly susceptible to harm from the isolating environment of restrictive housing.⁷
In Nevada, the top 10 infractions that resulted in sanctions to solitary included possession/sale of intoxicants, use of intoxicants, and failure to submit to a drug or alcohol test.

Nonviolent, low-level disciplinary infractions—such as swearing, smoking, disrespecting authority, or possessing minor contraband—were among the most frequent reasons people were sent to solitary confinement.

In North Carolina, 40 percent of all sanctions to solitary confinement were for three nonviolent rule violations—disobedience of an order, use of profane language, and tobacco use.

During a two-year period in Utah, 39 incidents of self-harm or suicide attempts were treated as disciplinary infractions and resulted in solitary confinement.

In Nebraska, disobeying an order, disruption, and swearing were three of the top five infractions that resulted in solitary sanctions.

In Oregon, disobedience was the infraction resulting in the most solitary confinement sanctions, and disrespect was also among the top five.

In Louisiana, contraband—which can include anything from unauthorized property or food to weapons—frequently resulted in lengthy solitary sanctions.

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This data comes from Vera’s assessments of the use of solitary in these states’ prison systems, which took place from 2015 to 2018. Note that many systems with which Vera has worked have since implemented concrete reforms to address issues highlighted here.
People who need protection are often placed in restrictive housing

People in prison or jail may request protective custody—or be placed there involuntarily—for a variety of reasons. People convicted of charges that carry a stigma (such as sex offenses), former members of law enforcement, transgender or nonbinary individuals, or people who are connected to gangs may need additional security to ensure their safety while incarcerated. There are many systems that have found ways to successfully house people who need protective custody in units with conditions that are similar to the general population. But in other places, protective custody units either mirror the conditions of restrictive housing, or people on protective status are placed in restrictive housing units due to a lack of alternative designated space. For instance, at the time of Vera’s assessment, the protective custody units in Middlesex County, New Jersey and Nebraska were highly restrictive and lacked programming. Louisiana, Oregon, and Utah often placed people seeking protection in restrictive housing units.

People can be placed in restrictive housing for reasons other than their behavior while incarcerated

Risk assessments—also known as “custody assessments” when they are used in correctional settings to determine people’s housing assignments—can be useful tools that provide insight into what type of programming and level of supervision is most appropriate for different people. But risk assessments can be, and are at times, misused. In particular, while high risk scores may suggest a person needs more structure and intensive programming, departments of corrections may instead use such scores as a basis for placing that person in restrictive housing. Moreover, departments sometimes use custody assessments to determine how long people should stay in such housing. Yet, placement in restrictive housing often means people who are deemed higher risk—the people who need programming the most—have less access to it. Furthermore, in some systems, risk assessments are based primarily on static factors that are unlikely to—or cannot—change, such as the crimes people were convicted of, their sentences, or any previous incarcerations.

In Utah, for example, 5 percent of incarcerated people went straight into restrictive housing after their initial intake assessments. This meant that they were sent there directly from intake, without receiving a chance to succeed in the general population before being isolated in a highly restrictive environment.

Conclusion

Restrictive housing sweeps up hundreds of thousands of people each year, many of whom are not there because they have committed an act of violence. In every system in which Vera has conducted assessments, restrictive housing was not used only in response to the most dangerous behavior, but rather as a broad catch-all to respond to a wide range of behaviors and to manage vulnerable populations.

If, instead, corrections officials responded to low-level infractions with due process, proportionate sanctions, and appropriate nonpunitive responses; if mental health treatment was the only response to symptoms of mental illness; and if people who needed protection were allowed to live in smaller, safer communities within a facility, then the number of people who experience restrictive housing would be significantly smaller.
When departments of corrections and policymakers acknowledge that most people in restrictive housing are not there due to violent behavior, then reform efforts can focus on providing appropriate and effective alternatives for a large proportion of the restrictive housing population. Then, the much smaller number of people who are removed from the general population due to serious, violent behavior can be placed in an environment that, unlike traditional restrictive housing, is not isolating but rather provides appropriate social interaction and programming to address their needs and the underlying reasons for their behavior.

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Endnotes


2 Allen J. Beck, Use of Restrictive Housing in US Prisons and Jails, 2011-12 (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2015), https://perma.cc/2KRW-ZLLT. The figure cited is an estimate based on self-reported data, and there is reason to believe that it underestimates the number of people impacted by restrictive housing.


12 A white paper developed through the National Reentry Resource Center that aimed to improve communication among criminal justice stakeholders regarding risk notes that those who score at the highest end of their risk-need-responsivity guided assessment tool require “treatment services that are highly structured, comprehensive, intensive, and lengthy” in secure facilities, but there is no mention of the need for segregation at any risk level. See R. Karl Hanson, Guy Bourgon, Robert J. McGrath et al., A Five-Level Risk and Needs System: Maximizing Assessment Results in Corrections through the Development of a
