

SOLITARY WATCH

Solitary Confinement in the United States: FAQ

WHAT IS SOLITARY CONFINEMENT?

Solitary confinement is the practice of isolating people in closed cells for 22-24 hours a day, virtually free of human contact, for periods of time ranging from days to decades.

Few prison systems use the term “solitary confinement,” instead referring to prison “segregation” or placement in “restrictive housing.” As this may be done for punitive, disciplinary or purportedly protective reasons, the names may vary. Whatever the terminology, the practice entails a deliberate effort to limit social contact for a determinate or indeterminate period of time.

In California, long-term solitary confinement units are referred to as Security Housing Units (SHUs); in New York, the same acronym stands for Special Housing Units. In Oregon, the long-term isolation units are called Intensive Management Units (IMUs), while in Pennsylvania they are called Restricted Housing Units (RHUs). In the federal system, one type of extreme solitary confinement takes place in Communication Management Units (CMUs). Despite the variety of names, the general practice of incarceration in these units and facilities is solitary confinement.

Some people are held in solitary confinement in special “supermax” prisons, such as California’s Pelican Bay, Virginia’s Red Onion, and the federal government’s ADX in Florence, Colorado. At least 44 states and the federal system now have supermax prisons, which are generally composed solely of solitary confinement cells. Other prisoners live in SHUs, RHUs, and IMUs within ordinary prisons, and even inside local jails.

Some systems make a distinction between various reasons for solitary confinement. “Disciplinary segregation” is time spent in solitary as punishment for violating prison rules, and usually lasts from several weeks to several years. “Administrative segregation” relies on a system of classification rather than actual behavior, and often constitutes a permanent placement, extending from years to decades. “Involuntary protective custody” is especially common among children held in adult prisons, LGBTQ individuals, and other at-risk prisoners who live in indefinite isolation despite having done nothing wrong.

HOW MANY PEOPLE ARE HELD IN SOLITARY?

The number of people held in solitary confinement in the United States has been notoriously difficult to determine. The lack of reliable information is due to state-by-state variances and shortcomings in data gathering and ideas of what constitutes solitary confinement. Currently available estimates suggest between 80,000 to 100,000 incarcerated persons are held in some form of isolated confinement. That figure was cited in a 2015 report, “Time-In-Cell,” published by the Arthur Liman Public Interest Program at Yale Law School and the Association of State Correctional Administrators based on data collected from state and federal

prisons in fall 2014, and does not include local jails, juvenile, military and immigration facilities. The percentage of incarcerated people held in isolation ranged from 2.1% (in Montana) to 14.2% (in Delaware).

In October 2015, the Bureau of Justice Statistics released a report entitled “Use of Restrictive Housing in U.S. Prisons and Jails, 2011–12.” According to the report, nearly 20 percent of federal and state prisoners, and 18 percent of local jail inmates has spent time in restrictive housing. On an average day, 4.4 percent of those in prisons and 2.7 percent of those in jails were in restrictive housing, including disciplinary and administrative segregation.

A census of state and federal prisoners conducted in 2000 by the Bureau of Justice Statistics—and cited by the Vera Institute of Justice and many others—found 80,870 people in restricted housing in state and federal prisons, including 36,499 in administrative segregation, 33,586 in disciplinary segregation, and 10,765 in protective custody. The 2000 figures represented a 40 percent increase over 1995, when 57,591 people were held in segregation. (During the same period of time, the overall prison population grew by 28 percent.)

A widely accepted 2005 study found that some 25,000 of these segregated prisoners were being held in supermax prisons, which tend to be used for long-term solitary of a year or more.

WHO GETS PUT IN SOLITARY CONFINEMENT?

Far from being a last-resort measure reserved for the “worst of the worst,” solitary confinement has become a control strategy of first resort in many prisons and jails.

Today, incarcerated men and women can be placed in complete isolation for months or years not only for violent acts but for possessing contraband, testing positive for drug use, ignoring orders, or using profanity. Others have ended up in solitary because they have untreated mental illnesses, are children in need of “protection,” are gay or transgender, are Muslim, have unsavory political beliefs, have been identified by others as gang members, or report rape or abuse by prison officials. Recent studies have shown that people of color are even more over-represented in solitary than they are in the prison population in general, and receive longer terms in solitary than white people for the same disciplinary infractions.

Individuals receive terms in solitary based on charges that are levied, adjudicated, and enforced by prison officials with little or no outside oversight. Many prison systems have a hearing process, but these are seldom more than perfunctory. Prison officials serve as prosecutors, judges, and juries, and prisoners are rarely permitted representation by defense attorneys. Unsurprisingly, in most prison systems, they are nearly always found guilty.

WHAT ARE CONDITIONS LIKE IN SOLITARY?

For those who endure it, life in solitary confinement means living 23 to 24 hours a day in a cell. People held in disciplinary segregation in federal prisons, for example, typically spend two days a week entirely in isolation, and 23 hours a day in their cell the remaining five days, when they are allotted 1 hour for exercise. Exercise usually takes place alone in an exercise room or a fenced or walled “dog run.” Some individuals in solitary are escorted, in shackles, to the shower, while others have showers within their cells. They may or may not be allowed to leave their cells for visits or to make telephone calls.

Solitary confinement cells generally measure from 6 x 9 to 8 x 10 feet. Some have bars, but more often they have solid metal doors. Meals generally come through slots in these doors, as do any communications with prison staff. Within these cells, people live lives of enforced idleness, denied the opportunity to work or attend prison programming, and sometimes banned from having televisions, radios, art supplies, and even reading materials in their cells.

People held at Pelican Bay State Prison in northern California were described as living in a “small, cement prison cell. Everything is gray concrete: the bed, the walls, the unmovable stool. Everything except the combination stainless-steel sink and toilet...You can’t move more than eight feet in one direction.”

Dr. Craig Haney, in testimony submitted to the California Assembly’s Public Safety Committee, described the isolation of the men in these cells: “They have no contact with the normal social world either. Indeed, the only regular physical contact they have with another human being is the incidental brushing up against the guards who must first place them in handcuffs and chains before they escort them out of their cells and housing units. They visit loved ones through thick glass and over phones, and are thus denied the opportunity to ever touch another human being with affection. This has gone on unabated, for years and years, for some of these men for several decades now.”

For people’s own descriptions of life in solitary confinement, see Solitary Watch’s Voices from Solitary series.

HOW LONG DO PEOPLE SPEND IN SOLITARY?

Terms in solitary range from days to several decades. Precise figures are scarce, but it is clear from the scattered data available that thousands of individuals are in solitary for years, rather than weeks or months.

The group of incarcerated men in Louisiana known as the Angola 3 spent what are perhaps the nation’s longest terms in solitary confinement. Robert King spent 29 years in solitary before being released. Herman Wallace spent 42 years before being released from prison in 2013, three days before he died from liver cancer. Albert Woodfox spent 44 years in solitary confinement before being released in 2016 after his conviction was overturned.

WHAT ARE THE PSYCHOLOGICAL EFFECTS OF SOLITARY CONFINEMENT?

Following extensive interviews with people held in the SHU at Pelican Bay in 1993, Dr. Stuart Grassian found that solitary confinement induces a psychiatric disorder character-

ized by hypersensitivity to external stimuli, hallucinations, panic attacks, cognitive deficits, obsessive thinking, paranoia, and a litany of other physical and psychological problems. Psychological assessments of men in solitary at Pelican Bay indicated high rates of anxiety, nervousness, obsessive ruminations, anger, violent fantasies, nightmares, trouble sleeping, as well as dizziness, perspiring hands, and heart palpitations.

In testimony before the California Assembly’s Public Safety Committee in 2011, Dr. Craig Haney stated: “In short, prisoners in these units complain of chronic and overwhelming feelings of sadness, hopelessness, and depression. Rates of suicide in the California lockup units are by far the highest in any prison housing units anywhere in the country. Many people held in the SHUs become deeply and unshakably paranoid, and are profoundly anxious around and afraid of people (on those rare occasions when they are allowed contact with them). Some begin to lose their grasp on their sanity and badly decompensate.”

In New York, California and Texas, it has been found that suicide rates are significantly higher among people held in solitary confinement than in general population. In 2013, forensic psychiatrist Dr. Raymond Patterson reported that men and women held in California’s Security Housing Units and Administrative Segregation Units have a 33 times greater chance of suicide than those in the prison system’s general population. People in solitary are also much more likely to engage in self harm, ranging from cutting to amputating fingers, earlobes, and testicles.

For more on the psychological effects of solitary confinement, see Solitary Watch’s Fact Sheet on the subject.

ARE PEOPLE WITH MENTAL ILLNESS PUT IN SOLITARY?

Yes, in large numbers. Over the past 30 years, prisons and jails have become the nation’s largest repositories for people with mental illness, holding an estimated ten times as many as psychiatric hospitals. Solitary confinement cells, in particular, are now used to warehouse thousands of individuals with mental illness. In a 2003 report, Human Rights Watch estimated, based on available state data, that one-third to one-half of those held in isolation had some form of mental illness.

A 2003 report by New York’s Correctional Association found that people diagnosed with mental illness made up 11 percent of the state’s overall prison population, they constituted nearly a quarter of the people in lockdown. Many of the SHU prisoners the CA interviewed for the report were “actively psychotic, manic, paranoid or seemingly overmedicated.” As of September 1st, 2011, 173 individuals diagnosed with mental illness were held in solitary confinement at Red Onion State Prison, out of a solitary confinement population of approximately 500.

In Texas, there are over 2,000 mentally ill state prisoners in solitary confinement, according to a February 2015 report.

In 2009, Robert Foor, an Illinois man with mental illness, was placed in isolation and “became more mentally ill, mutilating himself by cutting and biting, and [attempted] to hang himself.” He ultimately died in solitary confinement at Tamms Correctional Center. Another man held at Tamms, Anthony Gay, “cut off a part of his genitalia, which

physician identified as ‘possibly a testicle’ and hung it from a string tied to his cell door. He was treated and then sent to a ‘strip cell’ as punishment. Though his mental health has been notably declining, he has faced increasing isolation and longer sentences, due to incidents of throwing feces and urine at guards.

In 2012, the American Psychiatric Association advised limits on the use of prolonged solitary confinement against those diagnosed with a serious mental illness, saying it “should be avoided due to the potential for harm to such inmates.”

ARE CHILDREN HELD IN SOLITARY?

Yes. While juveniles are often placed into solitary for their own protection, the experience of confinement is particularly damaging to young people. A 2012 Human Rights Watch report notes: “Youth offenders often spend significant amounts of their time in US prisons isolated from the general prison population. Such segregation can be an attempt to protect vulnerable youth offenders from the general population, to punish infractions of prison rules, or to manage particular categories of prisoners, such as alleged gang members. Youth offenders frequently described their experience in segregation as a profoundly difficult ordeal.”

According to the Campaign for Youth Justice, data shows that children are 36 times more likely to commit suicide in an adult jail than a juvenile detention facility and 19 times more likely to kill themselves in isolation than in general population. In the juvenile justice system, approximately half of all suicides take place when a young person is held in “room confinement.”

In Florida, Ian Manuel spent 15 years in solitary confinement in adult prison for a crime he committed at age 13. He often cut himself, and he tried to kill himself at least five times. At Montana State Prison, Raistlen Katka was placed in solitary confinement at age 17, received no mental health treatment despite self-mutilation and suicide attempts. Katka was known to have “twice attempted to kill himself by biting through his wrist to puncture a vein” before he was removed from solitary.

Juveniles are frequently held in solitary in local jails before they have even been convicted of a crime, simply because there is nowhere else to put them. A 16-year-old in Alaska spent 500 days in solitary while awaiting trial, and another in Tennessee spent close to two years. Rikers Island in New York City has also been known to hold juveniles in solitary both before and after trial. In one case, a 16 year old who cursed at a guard was placed in solitary for 20 days, during which time his mother claims he “had lost 20 pounds, and his hair was falling out,” due to the anxiety and stress of the experience.

Children are also held in solitary in juvenile jails and detention facilities. Although it is generally called “room confinement,” it can last days, weeks, or even months.

In 2014, the American Medical Association called for halting the use of isolation against juveniles.

WHAT EFFECT DOES SOLITARY CONFINEMENT HAVE ON RECIDIVISM?

Most people in prison—including most of those held in solitary confinement—will someday be released. Yet little attention has been paid to the effects solitary has on individuals after they return to their families and communities.

In 2015, the American Civil Liberties Union of Texas and the Houston branch of the Texas Civil Rights Project reported individuals released from solitary confinement cells are more likely to be arrested than those in the general population. Of people released from Texas prisons in 2006, 48.8 percent were rearrested within three years. For those released from isolation units, 60.84 percent were rearrested in the same time frame. Studies in Washington State and California likewise found a relationship between time in solitary and likelihood of reoffending.

The 2006 report of the Commission on Safety and Abuse in America’s Prisons found that solitary confinement was related to higher than average recidivism rates, particularly if people are released back into the community directly from solitary and that recidivism could be reduced if structured, evidence-based programming and educational opportunities are made available to those in solitary.

HOW MUCH DOES SOLITARY CONFINEMENT COST?

It costs significantly more to house someone in isolation than it does to hold someone in the general population. Nationally, it has been estimated that the average cost of a year in solitary is \$75,000, as compared with \$25,000 in general population.

In 2013, the U.S. Government Accountability Office estimated that it costs \$78,000 a year to house someone at the federal supermax prison called ADX in Florence, Colorado—nearly three times as much as the cost of housing at a maximum security facility.

In addition, solitary confinement has been associated with significantly higher construction costs per cell. For example, Wisconsin’s Boscobel supermax facility was built to house 500 people at a cost of \$47.5 million (in 1990 dollars), or over \$95,000 per bed. Even more significantly, the now closed Tamms Correctional Center in Illinois cost \$73 million to build in 1998 and was designed to hold 500 prisoners, giving a construction price tag of approximately \$146,000 per bed.

Solitary Watch has released a Fact Sheet on this subject with more specific data from various states.

WHAT DO INTERNATIONAL BODIES SAY ABOUT SOLITARY CONFINEMENT?

The Committee Against Torture, official governing body of the UN Convention Against Torture that the United States ratified in 1994, has recommended that the practice of isolation be abolished. The UN Human Rights Committee has, in 1992, suggested that prolonged isolation may amount to a violation of international human

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In October 2011, the UN's chief torture investigator called on UN member nations to ban nearly all uses of solitary confinement in prisons, warning that it causes serious mental and physical harm and often amounts to torture. Juan Méndez, the UN Special Rapporteur on Torture and Cruel, Inhuman, and Degrading Treatment, presented a written report on solitary confinement to the UN General Assembly's Human Rights Committee, which singled out for criticism the routine use of supermax isolation in the United States. Méndez stated: "I am of the view that juveniles, given their physical and mental immaturity, should never be subjected to solitary confinement. Equally, in order not to exacerbate a previously existing mental condition, individuals with mental disabilities should be provided with proper medical or psychiatric care and under no circumstances should they ever be subjected to solitary confinement. My recommendations are, first, to see if we can have a complete ban on prolonged or indefinite solitary confinement. And I more or less arbitrarily defined that as anything beyond 15 days of solitary confinement, meaning someone being confined to a cell for at least 22 hours a day."

In 2015, the UN General Assembly echoed Méndez's guidelines when it passed a new set of Standard Minimum Rules for the Treatment of Prisoners, dubbed the Mandela Rules.

ARE THERE PROVEN ALTERNATIVES TO THE USE OF SOLITARY CONFINEMENT?

Among Western industrialized nations, the United States is the only country to make extensive use of long-term solitary confinement. In most European countries, the number of people held in segregation beyond a few days or weeks is in the hundreds, rather than the tens of thousands. Extended periods of isolation are seen by most as a human rights violation; even those few incarcerated individuals who are separated from others for safety reasons are provided with activities and contact to reduce their isolation and sensory deprivation.

In recent years, under increasing scrutiny from advocates and the media and an ever-growing body of evidence as to the harmful effects of isolation, a number of state and local prison systems, as well as the federal Bureau of Prisons, have taken steps to reduce their use of solitary confinement.

The first step, for many, has been simply to study the individuals placed in solitary, and their reasons for being there, and return to the general population those who clearly present no threat, including those placed in isolation for nonviolent rule violations. Some states have also revised their

disciplinary policies to use more positive incentives, and/or institute alternative sanctions for low-level offenses.

In several states, legislation or lawsuits have led prison systems to move individuals with serious mental illness out of solitary and into treatment units. The quality of these units, however, varies greatly. Likewise, children have been banned from solitary in several jurisdictions, and prison systems are developing alternative units for other vulnerable populations, such as LGBTQ individuals and people with physical and sensory disabilities.

Finally, some states and the federal government have instituted "step-down programs" to reintegrate people in isolation back into the general population and/or offer them more time out of cell.

States with dramatic reductions in their use of solitary confinement include Colorado, Washington State, and, to a lesser extent, California and New York. States that have instituted alternatives to solitary have found that levels of prison violence have fallen rather than risen.

Despite all of these changes, the overall number of individuals in solitary in U.S. prisons has fallen by a relatively small percentage, and no prison system has come anywhere close to alignment with the Mandela Rules.

WHERE CAN I FIND OUT MORE ABOUT SOLITARY CONFINEMENT—AND EFFORTS TO END IT?

Solitary Watch: www.solitarywatch.com

American Civil Liberties Union, National Prison Project, Stop Solitary Campaign: www.aclu.org/issues/prisoners-rights/solitary-confinement/

National Religious Campaign Against Torture, Ending Torture in U.S. Prisons: www.nrnat.org/torture-in-us-prisons

Center for Children's Law and Policy, Stop Solitary for Kids Campaign: www.stopsolitaryforkids.org/

For more information on local advocacy efforts in your state or city, email info@solitarywatch.com.

Listings of books, articles, scholarly work, law review articles, court cases, multimedia materials, first-hand accounts of life in solitary, and other resources on solitary confinement can be found in the Facts & Resources section of Solitary Watch: www.solitarywatch.com/facts/

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Solitary Watch is a nonprofit national watchdog group that investigates, documents, and disseminates information on the widespread use of solitary confinement in U.S. prisons and jails. Founded in 2009 to bring attention to a then-invisible domestic human right issue, our mission is to catalyze public education and policy change by providing the first centralized source of unfolding news, original reporting, firsthand accounts, and background research on solitary confinement in the United States. To support work, please visit www.solitarywatch.com and click on "Donate."