

Solitary Confinement in the United States

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.

As Craig Haney, professor of psychology at UC Santa Cruz, stated:¹ “For perhaps obvious reasons, total and absolute solitary confinement—literally complete isolation from any form of human contact—does not exist in prison and never has. Instead, the term is generally used to refer to conditions of extreme (but not total) isolation from others.”

Few prison systems use the term “solitary confinement,” instead referring to prison “segregation” or placement in “restrictive housing.” Some systems make a distinction between various reasons for solitary confinement. “Disciplinary segregation” or “punitive 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 or indefinite placement, extending from years to decades. “Involuntary protective custody” is especially common among children held in adult prisons, LGBTQ individuals, and other vulnerable populations who purportedly are placed in isolation for their own safety. Whatever the terminology, the practice entails a deliberate effort to limit social contact for a determinate or indeterminate period of time.

The places where people are held in isolation also go by various names. 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, long-term isolation units are called Intensive Management Units (IMUs), while in Pennsylvania they are Restricted Housing Units (RHUs). In the federal system, one type of solitary confinement takes place in Special Management Units (SMUs), and another in Communications Management Units (CMUs). What all share are conditions of extreme isolation and sensory deprivation within a small, confined space, alone or, in limited cases, with a cellmate.

Most prisons in the United States contain a solitary confinement unit, and most local jails include cells where people are held in solitary. In addition, some incarcerated people are held in isolation 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,² which are generally composed solely of solitary confinement cells.

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 that at least **80,000** incarcerated men, women, and children are held in some form of isolated confinement on any given day.

A report from the Bureau of Justice Statistics (BJS) found that in 2012, nearly 20 percent of people incarcerated in federal and state prisons and 18 percent of people held in local jails had spent time in solitary confinement. 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.³ Based on 2012 population statistics for state and federal prisons⁴ and local jails,⁵ calculations show that on an average day in 2012, **89,199** people were held in solitary—**69,097** in state and federal prisons and **20,102** in local jails. About **448,000** people had been held in solitary confinement at some point in the preceding twelve months. These figures, unlike many others, *do* include local jails. However, they do not include any juvenile, immigration, or military detention facilities.

More recent figures collected and published by Yale University’s Liman Center in partnership with the Association of State Correctional Administrators suggest some decline in the number of people held in solitary, reflecting widespread advocacy efforts and the implementation of reforms in some states. A survey conducted in late 2015 found approximately **68,000** individuals in restricted housing.⁶ By late 2017, the number was **61,000**.⁷ However, these figures do not include people held in solitary for less than fifteen days (nor those in local jails or other types of detention), so they offer no point of accurate comparison with numbers collected by the BJS.

Earlier surveys conducted by the BJS show the trends in the use of solitary confinement over time. A census of federal and state prisons (not jails) conducted in 2005 found **81,622** people held in restricted housing.⁸ The BJS’s 2000 census of the same facilities found **80,870** people in restricted housing, 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 restricted housing. (During the same period of time, the overall prison population grew by 28 percent.)⁹ Further, a widely accepted 2005 study found that some **25,000** of the people in restricted housing were being held in long-term solitary in supermax prisons around the country.¹⁰

All of the numbers in these surveys and reports were self-reported by federal, state, and local departments of corrections, with no process for independent verification.

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 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 unpopular 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.¹¹

Individuals are sent to 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 staff serve as prosecutors, judges, and juries, and there are no defense attorneys. Unsurprisingly, the accused 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 cells during the remaining five days, when they are allotted one 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, usually 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 6x9 to 8x10 feet. Some have bars, but most have solid metal doors. Meals generally come through slots in the 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 have been 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.”¹²

Thomas Silverstein, who has been held in the federal system under a “no human contact” order for 35 years, described his environment in one prison: “I was not only isolated, but also disoriented...This was exacerbated by the fact that I wasn’t allowed to have a wristwatch or clock. In addition, the bright, artificial lights remained on in the cell constantly, increasing my disorientation and making it difficult to sleep. Not only were they constantly illuminated, but those lights buzzed incessantly. The buzzing noise was maddening, as there often were no other sounds at all. This may sound like a small thing, but it was my entire world.”¹³

For more firsthand 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 a few days to several decades. Precise figures are scarce. In response to a 2016 survey, federal and state prisons reported that 11 percent of the people they held in restricted housing had been there for three years or more, and 5.4 percent had been there for six years or more. Anecdotal evidence suggests that some jurisdictions may have under-reported lengths of stays.

In California in 2011—prior to the series of mass hunger strikes and legal challenges that led to reforms—nearly all of the 1,100 men in the SHU at Pelican Bay State Prison had been in solitary for **five years** or more; about half for **ten years or more**; over 200 for **15 years or more**; and 78 for

20 years or more.¹⁴ The group of men incarcerated in Louisiana known as the Angola 3 spent what are likely to longest spans of time in solitary—**29, 42, and 44 years**.¹⁵

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, which he called “SHU Syndrome,” characterized by hypersensitivity to external stimuli, hallucinations, panic attacks, cognitive deficits, obsessive thinking, paranoia, and a litany of other physical and psychological problems.¹⁶ 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 testimony¹⁷ before the California Assembly’s Public Safety Committee in August 2011, Dr. Craig Haney discussed the effects of solitary confinement: “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 2013, forensic psychiatrist Dr. Raymond Patterson reported that people held in California’s Security Housing Units and Administrative Segregation Units had a 33 times greater chance of suicide than someone in the prison system’s general population.¹⁸ Studies in New York¹⁹ and Texas²⁰ also found significantly higher suicide rates in solitary.

A 2012 class-action lawsuit filed against the Federal Bureau of Prisons and officials at ADX Florence supermax prison described how solitary psychologically affected individuals held there: “Prisoners interminably wail, scream and bang on the walls of their cells. Some mutilate their bodies with razors, shards of glass, writing utensils and whatever other objects they can obtain. Some swallow razor blades, nail clippers, parts of radios and televisions, broken glass and other dangerous objects. Others carry on delusional conversations with voices they hear in their heads, oblivious to the reality and the danger that such behavior might pose to themselves and anyone who interacts with them.”²¹

ARE PEOPLE WITH MENTAL ILLNESSES PUT IN SOLITARY CONFINEMENT?

Over the past 30 years, prisons and jails have become the nation’s largest inpatient psychiatric facilities. A 2014 Treatment Advocacy Center report found that over 350,000 individuals with severe mental illnesses were being held in U.S. prisons and jails in 2012, while 35,000 were patients in state psychiatric hospitals.²²

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 data from state prisons, that one-third to one-half of those held in isolation had some form of mental illness.²³

Most prisons and jails have shortages of trained mental health staff, and existing staff often face restrictions to providing treatment. In some facilities, treatment for people in

solitary consists of weekly or monthly mental health checks that are conducted through the feeding slots in cell doors. Although people with underlying mental illnesses are at significantly greater risk of self-harm and suicide if placed in isolation, people who self-harm are sometimes punished for their actions with terms in solitary, and individuals perceived to be suicidal are frequently placed in completely bare “strip cells.”

The American Psychiatric Association,²⁴ National Commission on Correctional Health Care,²⁵ National Alliance on Mental Illness,²⁶ and other professional organizations have taken positions opposing the use of solitary for individuals with serious mental illness. The United Nations and many advocacy organizations also support a complete ban on the use of solitary confinement for people with mental illness.

WHAT ARE THE NEUROLOGICAL AND PHYSICAL EFFECTS OF SOLITARY CONFINEMENT?

At a 2016 conference on solitary confinement, Dr. Michael J. Zigmond, professor of neurology at University of Pittsburgh, said, “Isolation devastates the brain. There is no question about that. Without air, we will live minutes. Without water, we will live days. Without nutrition, we will live weeks. Without physical activity, our lives are decreased by years. Social interaction is part of these basic elements of life.”²⁷ At another conference in 2014, Dr. Huda Akil, a neuroscientist at University of Michigan, explained the brain “literally shrivels” under the extreme stress that people experience in solitary.²⁸

In a 2016 article, Dr. Brie Williams, Director of the Criminal Justice & Health Program at UC San Francisco, called the health effects of solitary “under-documented,” but pointed to some known risks: “Such a prolonged lack of sunlight can cause Vitamin D deficiency, putting older adults at risk for fractures and falls, a leading cause of hospitalization and death. Moreover, exercise—even the little we get walking from sofa to kitchen to bedroom—is crucial for maintaining health among all ages. It is also an important preventative measure, and sometimes treatment, for many conditions—hypertension, diabetes, arthritis, heart disease, among others. These conditions are disproportionately common, at younger ages, among prisoners.”²⁹

ARE CHILDREN HELD IN SOLITARY?

Children are placed in solitary confinement in both the juvenile and adult criminal justice systems. Although there are no reliable numbers on the use of solitary on children, available data suggests that hundreds and probably thousands of children are experiencing solitary each year—some for months or even years at a time.

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) found that 45,567 children under 18 were held in juvenile detention facilities in October of 2016.³⁰ In 2014, 47 percent of juvenile detention centers and 46 percent of training schools reported using solitary confinement as a disciplinary control method.³¹

OJJDP data from 2014 and 2016 found more than 5,000 children held in adult prison and jails.³² Despite bans in a handful of states, most of these facilities continue to place children in solitary to punish behavior or isolate them from adults.

The experience of isolation is particularly damaging to young people, since they are still in the stages of adolescent development. 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 nine-

teen times more likely to kill themselves in isolation than in general population.³³ In the juvenile justice system, approximately half of all suicides take place when a young person is held in “room confinement.”³⁴

WHAT EFFECT DOES SOLITARY CONFINEMENT HAVE ON LIFE AFTER PRISON?

Despite the tradition of harsh sentencing in the United States, most incarcerated people will eventually be released from prison and be returned to their communities. Yet impact of solitary confinement on recidivism and public safety has received little attention.³⁵

In 2015, the American Civil Liberties Union of Texas and Texas Civil Rights Project reported that individuals released from solitary confinement cells were more likely to land back in prison than those released from 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.³⁶ The 2006 report of the Commission on Safety and Abuse in America’s Prisons also found that solitary confinement was related to higher than average recidivism rates, particularly if people were released directly from solitary.³⁷

Stories told by survivors of solitary confinement and their families suggest that the lasting damage caused by solitary adds significantly to the already difficult challenges of re-entry.

HOW MUCH DOES SOLITARY CONFINEMENT COST?

Nationally, it has been estimated that keeping a person in solitary for one year costs taxpayers \$75,000—approximately three times as much as housing a person at a regular maximum security prison.³⁸

In addition, solitary confinement has been associated with significantly higher construction costs per cell. For example, the now closed Tamms Correctional Center in Illinois cost \$73 million to build in 1998 and was designed to hold 500 people, giving it a construction price tag of approximately \$146,000 per bed.³⁹

WHAT DO INTERNATIONAL AGREEMENTS SAY ABOUT SOLITARY CONFINEMENT?

In October 2011, Juan Méndez, the UN Special Rapporteur on Torture and Cruel, Inhuman, and Degrading Treatment, 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. His report, which singled out for criticism the routine use of super-max isolation in the United States, recommended an end to “prolonged or indefinite solitary confinement,” which he defined as anything beyond fifteen days, as well as a complete ban on any use of solitary on children or people with mental illness.⁴⁰

In December 2015, the United Nations codified most of Méndez’s recommendations when it passed the Standard Minimum Rules for the Treatment of Prisoners, generally known as “the Mandela Rules.”⁴¹ Earlier, the governing body of the UN Convention Against Torture, which the United States ratified in 1994, recommended that the practice of prison isolation be abolished.⁴² In 1992, the UN Human Rights Committee⁴³ suggested that prolonged isolation could amount to a violation of international human rights law. The UN Committee on the Rights of the Child has also urged an end to the use of solitary confinement against minors.

WHAT REFORMS HAVE TAKEN PLACE IN U.S. PRISONS AND JAIL?

In the past decade, a movement has grown nationally and locally to abolish long-term solitary confinement. Through litigation, legislation, and grassroots pressure, advocates have begun to secure meaningful reforms in some prison systems, while also increasing public awareness of the harms caused by solitary and the existence of safe and humane alternatives.

In 2016, President Barack Obama denounced the overuse of solitary confinement and set out a plan to reduce the use of isolation in the federal prison system.⁴⁴ However, many of the reforms had yet to be implemented when Donald Trump took office.⁴⁵

Progress has nonetheless continued at the state and local levels. In fall 2017, Colorado became the first state to announce that it had virtually eliminated long-term solitary confinement and implemented the standards laid out by the Mandela Rules. Colorado has replaced prolonged solitary with alternatives that include step-down programs and mental health units.⁴⁶ North Dakota also instituted more humane al-

ternatives to solitary after its director of corrections visited prisons in Norway.⁴⁷ Washington State has used innovative programs to greatly reduce its use of solitary confinement.⁴⁸ Under pressure from lawsuits, California⁴⁹ and New York⁵⁰ have also significantly reduced their populations in solitary, and several additional states have worked with the Vera Institute of Justice's Safe Alternatives to Segregation project to reduce their use of solitary.

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

Be sure to sign up to receive updates from Solitary Watch at solitarywatch.org. Also visit Unlock the Box, a national coalition of organizations (including Solitary Watch, the ACLU National Prison Project, the National Religious Campaign Against Torture, and the Center for Children's Law and Policy) working to end long-term solitary across the country, at unlocktheboxcampaign.org. A searchable list of resources including reports, media articles, scholarly and law review articles, video, audio, court cases, policy documents, advocacy organizations, advocacy tools, and first-hand accounts of life in solitary can be found in the Solitary Confinement Resource Center at src.solitarywatch.org.

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Solitary Watch is a national watchdog group that investigates, reports on, and disseminates information about the widespread use of solitary confinement in U.S. prisons and jails. Since 2009, Solitary Watch has helped to spur public awareness, mainstream media coverage, and advocacy and policy work around this once invisible domestic human rights issue. To support our work, please visit solitarywatch.org and click on "Donate."