

Examining Jail Isolation: What We Don't Know Can Be Profoundly Harmful

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Abstract

This article addresses the problematic lack of available data on jail isolation. It discusses the potential significance of the practice of isolating jail inmates and the basis for believing that punitive isolation in jails is at least as widespread as in prisons. It also summarizes some of the information that recently has become available about the use of isolation at one notorious jail complex—Rikers Island—where the practice has been reported on and debated perhaps more than any other, and uses Rikers as both an instructive case study and cautionary tale. Finally, the article briefly reviews what is known about the significant risk of serious harm that isolated confinement is known to represent and acknowledges the need for reliable data gathering, meaningful outside monitoring, and effective oversight.

Keywords

jail isolation, Rikers Island, mentally ill inmates

In October 2014, *The New Yorker Magazine* carried the moving story of an African American teenager named Kalief Browder (Gonnerman, 2014). At age 16, Kalief was arrested in a Bronx neighborhood while walking home

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from a party with a friend and accused of stealing a backpack. His family could not make the US\$3,000 bail that was set in his case, and Kalief was shipped off to Rikers Island, where he was housed among about 600 other adolescent boys to await trial. The desperately clogged Bronx court system resulted in his case being repeatedly postponed, at the prosecutor's request. Because Kalief refused to plead guilty to something that he said he had not done, he spent more than 3 years in jail as a pretrial detainee. Living conditions at Rikers were grim and violent, and he was subjected to gang aggression and guard brutality.

Kalief was also housed for long periods of time in solitary confinement, in a notorious unit known among Rikers staff and inmates as "the Bing." The use of punitive isolation at Rikers had increased in the years preceding Kalief's time in jail. According to the former mental health director at Rikers, officials there had become "severely addicted to solitary confinement" as a way of managing inmates in the crowded jail environment (quoted in Gonnerman, 2014). Juveniles like Kalief were not exempt from isolation. In fact, a United States Department of Justice investigation conducted at around the same time Kalief was at Rikers noted that approximately one quarter of the adolescents who were housed in the jail were confined in some form of punitive segregated or isolated confinement. Fully three quarters of the juveniles housed in isolation were diagnosed as either seriously or moderately mentally ill (Bharara, 2014). The Justice Department report described the conditions to which they were subjected this way:

Youth in punitive segregation are confined in six-by-eight-foot single cells for 23 hours each day, with one hour of recreation and access to a daily shower. Recreational time is spent in individual chain-link cages, and many inmates chose to remain in their cells due to depression or because they do not want to submit to being searched and shackled just to be outside in a cage. Inmates are denied access to most programming and privileges . . . and receive meals through slots on the cell doors. (Bharara, 2014, p. 47, footnote omitted)

Kalief had an especially difficult time adjusting to this harsh and severe environment. As his time in isolation mounted, he became increasingly depressed and despondent. On one occasion, he attempted suicide by fashioning a noose from his torn bedsheets and trying to hang himself from a light fixture. After a short stay in the jail medical clinic, he was returned to his isolation cell, from which all property had been removed except for a plastic bucket, pieces of which he used to attempt suicide again, a few days later, by cutting his wrists.

After Kalief had spent 3 years at Rikers, and following multiple court appearances and numerous continuances, the prosecutor's office unexpectedly

announced that there was insufficient evidence to proceed to trial and a judge released him. He had spent almost the entire preceding 17 months in solitary confinement before suddenly being sent back into free society. In addition to changes in his physical appearance—he was no longer a teenager—family and friends noticed other ways that he was different: “He preferred to spend time by himself, alone in his bedroom, with the door closed. Sometimes he found himself pacing, as he had done in solitary” (Gonnerman, 2014). As time passed, Kalief continued to struggle, and there were several more suicide attempts. He told Jennifer Gonnerman, the journalist who wrote the compelling account of his case, that “I’m not all right. I’m messed up . . . I’m mentally scarred right now. That’s how I feel. There are certain things that changed about me and they might not go back.”

In a tragic follow-up to her original story, Ms. Gonnerman (2015b) reported that Kalief had experienced a series of ups and downs after his release from jail. During this time, she had obtained disturbing jail video footage of a guard assaulting Kalief, and another one of him being attacked by a group of inmates. With his permission, she posted them online (Gonnerman, 2015a). His case also had attracted the attention of some prominent media personalities and an anonymous donor had offered to pay his tuition to a community college where Kalief eventually enrolled. But he continued to suffer psychiatric problems, including another suicide attempt for which he was briefly hospitalized. Even the prescribed medications he took were unable to completely control his depression and paranoia. One day, while living at home with his parents, he hanged himself with an electrical cord.

In addition to the disturbing nature of this tragic story, it underscores another problematic fact—namely, that there is no way to know or even to meaningfully estimate how many times similar episodes have occurred. In fact, there is no way to estimate how many persons of any age have been subjected to jail isolation, for how long, or with what consequences. Although Kalief’s story is likely an extreme and extremely tragic one, there are reasons to believe that solitary confinement is as widely used in jails as in prison. Just as in prison, it is not only a painful but potentially damaging experience that places inmates at significant risk of serious harm.

In this article, we address the problematic lack of reliable, comprehensive data on the use of jail isolation in the United States, the potential significance of the practice, and the basis for believing that punitive isolation in jails is at least as widespread as in the nation’s prisons, if not much more common. We also summarize some of the largely anecdotal information that is available about the use of isolation at one jail in particular—Rikers Island—where it has been reported on and debated perhaps more than anywhere else. Finally, we briefly review what is known about the significant risk of serious harm

that isolated confinement is known to represent and apply this knowledge to jail isolation.

The Lack of Reliable and Comprehensive Data on Jail Isolation

Minton and Zeng's (2015) most recent Bureau of Justice Statistics (BJS) data indicate that there are an estimated three quarters of a million persons housed in local jails at any one time in the United States, about half the number of persons who are serving time in prison. Both the overall number of jail inmates and the ratio of jail to prison inmates have remained largely stable for almost a decade (Glaze & Kaeble, 2014). Nearly half of jail inmates are housed in a number of very large (1,000-plus inmate) jails in the United States (Minton & Zeng, 2015). Approximately two thirds of persons housed in local jails are unconvicted, pretrial inmates, and more than half are persons of color (including nearly 40% of whom are Black).

As sizable as these numbers are, and as significant as the apparent disproportionate impact of jail confinement is for communities of color, it is important to note that, because of the high turnover in local jails, well over 10 million persons pass through these facilities in any given year (Minton & Zeng, 2015). This means that the social and psychic "footprint" of conditions and practices in jails is broader if not necessarily deeper than for prisons. It also means that the sheer number of persons who might experience—and be adversely affected by—jail isolation is potentially very substantial.

The lack of precise knowledge about the exact number of persons who are subjected to jail isolation is not unique in U.S. corrections. A recent National Academy of Sciences committee raised concerns about the flawed nature of the nation's overall correctional database, noting that "attempts to characterize the pervasive conditions of confinement and analyze their impact on prisoners in general" in the United States are "constrained by the relative lack of overarching, systematic, and reliable data" (National Research Council, 2014, p. 198). For one, there is no external agency that exercises oversight or quality control over whether and how data are collected and reported to ensure accuracy, reliability, and completeness.

Even the data on which the BJS relies—although admirable in certain respects—focuses on only a limited number of issues. Moreover, the BJS data are based almost entirely on information provided by correctional systems in which data gathering and reporting are voluntary, sometimes sporadic, and of uncertain reliability. In addition, variations in terminology sometimes make even the categorizations of specialized populations and

specific kinds of facilities uncertain and imprecise, thereby rendering basic calculations about frequencies, incident rates, and the like problematic.

Although reliable and systematic data on the nature of prison life in general in the United States are difficult to come by, researchers and policymakers are especially hard-pressed to precisely calculate the actual numbers of persons in prison isolation units at any one time. In addition to suffering from the same general flaws that plague most correctional data, estimates of the extent of prison isolation are hampered by variations in terminology used to refer to these kinds of units. For example, the special housing unit at Marion Penitentiary, generally regarded as the immediate precursor to the modern “supermax” design, was referred to as the “Control Unit.” Arizona’s supermax units are called “special management units” or “SMUs”; in California, they are known as “security housing units,” or “SHUs”; in Texas, they are “high security units”; and Washington State employs the term “intensive management unit” or “IMU.”

In addition, some prison systems—perhaps in response to heightened legal scrutiny over the harshness of the conditions to which their isolated prisoners are exposed—have denied subjecting anyone to “solitary confinement,” despite routinely keeping many of them housed in their cells for 23 hours a day, restricting “recreation” to individual cages, and denying them the opportunity to touch another human being with affection or to experience “normal social contact with other persons (i.e., contact that is not mediated by bars, restraints, security glass or screens, and the like)” (Haney, 2009, p. 12, n. 1), and affording them extremely limited or no access to meaningful programming of any kind. For example, the California Department of Corrections and Rehabilitation, which has well over 10,000 prisoners housed in Security Housing and Administrative Segregation units throughout its large prison system (in facilities such as the notorious Pelican Bay, among the most isolating in the nation), takes the position that they “do not employ” the practice at all. As one news report noted, “‘There is no ‘solitary confinement’ in California,’ the corrections agency said in a regulatory filing last month” (St. John, 2015).

Of course, the absence of a common nomenclature interferes with reliable reporting. In addition, these and other prison systems also have a wide range of other kinds of isolated housing into which prisoners are placed, which might or might not be reported as isolated, segregated, or restrictive housing (basic terms that, themselves, can have different meanings, depending on what, exactly, they are used to denote and the way reporting officials choose to interpret them). In the California prison system, for example, although much attention has been given to its SHUs, such as Pelican Bay, many more

prisoners are isolated under equally isolating and deprived conditions in the state's Administrative Segregation Units or "Ad Segs," where they can spend months or years at a time.

As difficult as the challenge of systematically collecting reliable overall data about prisons is, the situation is even more troublesome with respect to jails. This is in large part because there are so many more jails, and because oversight over the reporting practices of local law enforcement agencies is even more difficult to exercise than for state and federal prison systems. According to the BJS jail census, there are more than 3,000 jails in the United States (Stephan & Walsh, 2011). Although prisons hold approximately twice as many inmates as jails, there are approximately twice as many jails in the United States as state and federal correctional facilities (Stephan, 2008). Thus, although the BJS has at least *attempted* to calculate the number of inmates in state and federal prisons who are in restrictive housing, they have not undertaken such an estimate with respect to jails. As Gibbons and Katzenbach (2006) summarized,

On June 30, 2000, when the federal Bureau of Justice Statistics last collected data from state and federal prisons, approximately 80,000 people were reported to be confined in segregation units. That is just a fraction of the state and federal prisoners who spend weeks or months in expensive, high-security control units over the course of a year, and it does not capture everyone incarcerated in supermax prisons. And there is no similar data for local jails. (pp. 52-53)

Indeed, jail isolation units are likely among the least studied components of the entire criminal justice system.

Reasoned Speculation About the Use of Jail Isolation

There are several reasons to believe that solitary confinement, isolation, or "the hole" is used at least as frequently—if not much more often—in jails as in the nation's prisons. For one, jails are "first responder" correctional facilities in the criminal justice system; they take custody of persons abruptly, and often unexpectedly. Jails house not only persons who are suspected of criminal activity but also, disproportionately, those who are mentally ill, emotionally unstable, and in crisis. Many jail inmates are also under the influence of drugs or alcohol, in the throes of withdrawal, or detoxing from pre-existing drug or alcohol use or dependency. Destabilized, disoriented, and "acting out" behavior of the sort that precipitates arrest among these groups of troubled and traumatized persons is likely to continue for some period of time after their initial incarceration.

No matter the initial reason for which they have been brought to jail, some inmates react especially poorly to the suddenly controlling and deprived conditions to which they are subjected there. Their state of mind and overt behavior can and often do worsen in response to the immediate trauma of incarceration. This may be especially true for the significant number of people who come into jail as “first timers” who are not only unfamiliar with correctional environments, procedures, and practices, but also extremely anxious about the consequences of their arrest and unsure of their survival inside a potentially dangerous and otherwise foreign environment.

In short, jail inmates are a very diverse, and potentially volatile, reactive group of people who pose a wide range of special challenges for jail staff attempting to effectively manage and control them. The relative transience of the jail population also means that line staff has little time to develop rapport with or insight into the inmates with whom they interact. All other things being equal, this means that officers are less likely to be aware of the underlying causes of any problematic behavior that inmates might manifest or interpersonal factors that might mitigate their disciplinary infractions while incarcerated.

More sophisticated, benign, and non-punitive correctional management strategies of the sort that are designed to minimize problematic behavior through the use of positive incentives and that seek to defuse rather than simply punish conflict and rule violations often depend on staff having some specific understanding of the inmates themselves and the underlying pressures to which they are responding. However, the relative lack of such accessible, reliable information in jails—given the diverse and challenging population, typically brief stays, and high turnover—means that the most likely staff response to problematic encounters, troubling behavior, or rule violations will be punitive.

Moreover, the range of even punitive responses available in jails is limited. Compared with prisons, which are designed for longer term confinement, jails already very significantly limit inmate rights and privileges, provide few if any educational or vocational training programs (especially not for the bulk of inmates who are pretrial detainees), and generally rarely offer other organized activities from which an inmate can be excluded as a form of punishment. Visitation in most jails is extremely limited and virtually always occurs on a non-contact basis, and there are severe restrictions on the amount of personal property and canteen a jail inmate can possess. All of this means that there are comparably fewer sanctions that can be imposed on jail inmates short of isolation.

Jails also have fewer support and professional staff available to address the needs of inmates. Jail inmates report about the same high rates of ever having suffered from a chronic medical condition as prison inmates (50.2%

vs. 50.5%; Maruschak & Berzofsky, 2015) but they are much less likely to have been assessed by staff for sickness, injury, or intoxication (46.4% vs. 63.6%) and much less likely to have been seen by a doctor, nurse, or other health care professional for any reason (46.5% vs. 79.9%). This means that jail guards are placed more centrally in control of managing a wider range of specialized inmate needs and problems. Yet they often lack the training and resources with which to do so.

Of even greater concern in the present context is the mental health status of the jail population. A direct interview study conducted by BJS researchers found that nearly two of every three jail inmates nationwide suffered from a “mental health problem”—either a clinical diagnosis or treatment by a mental health professional or *Diagnostic and Statistical Manual of Mental Disorders (DSM)*–defined symptoms of major depression, mania, or psychosis in the preceding 12 months (James & Glaze, 2006). This large group of mentally ill jail inmates had additional vulnerabilities as well—three quarters of them reported drug or alcohol abuse or dependency or both, and one quarter had physical or sexual abuse histories or both. Yet fewer than one fifth of them had received mental health treatment following their admission to jail. This was approximately half the percentage of mentally ill state prisoners who reported that they had received treatment after entering prison (17.5% of jail inmates vs. 33.8% among prisoners).

Researchers who study the prevalence of mental illness among incarcerated populations know that the identification of symptoms and the provision of treatment in jails and prisons “may be largely confined to offenders who exhibit disruptive symptoms (e.g., paranoid delusion), whereas less conspicuous disorders (e.g., depression) may go untreated because they are not noticed” (Teplin, 1990, p. 233). This problem plagues correctional facilities in general but is likely to be more endemic to jails, in part because, as we noted earlier, there is a more rapid turnover, less time for in-depth classification, and often fewer options for the appropriate placement of the larger number of special needs inmates who end up there.

Thus, even in jails that routinely screen all incoming inmates for mental disorder, it has been estimated that as many as two thirds of those who are “severely ill” go undetected (Teplin, 1990). Depressive symptoms, especially, “are easily overlooked in the chaos of the jail milieu . . .” (Teplin, 1990, p. 235). A history of having received mental health treatment in the past increases the chances of detection (probably because this is one simple thing that even untrained jail staff can ask about during screening and use to as a proxy for possible current mental health problems). However, other than this, many mentally ill jail inmates will remain unidentified, their problems undetected and, therefore, untreated.

Collectively, these things mean that jail inmates are an especially complex and challenging population for jail staff to effectively monitor and control. When combined with the relative lack of support staff to whom they can turn, the high turnover of inmates, and the typically very limited range of classification, alternative housing, and management options at their disposal, there is a high likelihood that jail guards will employ forceful, punitive responses to inmate conflict and misconduct. Isolation can easily become a normative response in such environments, especially in the absence of other viable alternatives. It may result in its use in situations in which far less draconian responses would otherwise be warranted and advisable.

Of course, as we stated above, in the absence of reliable data about exactly how often jail isolation is used, for how long, and with what effect, these observations represent little more than reasoned speculation. They nonetheless suggest that the use of segregation and isolation in jails might be at least as widespread as in prisons, and that the sheer number of persons who potentially are exposed to jail isolation in any given year is likely to be substantial. The practice therefore warrants careful study, conscientious outside monitoring, and effective oversight. There is reason to believe that the widespread implementation of these safeguards will require significant, hard-fought reform.

Jail Isolation at Rikers Island

In contrast to the little that is known about the use of jail isolation generally, practices and policies at the New York City jail complex on Rikers Island have been extensively examined and debated. Rikers is one of the most controversial jails in the United States, where solitary confinement is employed on a widespread and well-documented basis, including with juveniles and mentally ill inmates. It thus provides a useful case study—and cautionary tale—through which to examine the issue.

In any given year, approximately 100,000 inmates spend time in Rikers, with an average daily population of 14,000 inmates. Most inmates are awaiting trial; they are housed in 1 of the 10 facilities that comprise an enormous jail complex sitting on more than 400 acres on Rikers Island in the East River (Bharara, 2014). As we noted earlier, many of the inmates placed in “punitive segregation” at Rikers are housed in a facility known as “the Bing,” a 400-bed unit located in the Otis Bantum Correctional Center (OBCC), which is also home to the new supermax unit (Buser, 2014; Tabor, 2015). In addition, “nonserious mentally ill” inmates can be housed in “restricted housing units” (RHUs) in the George R. Verno Center, where they spend 23 hours a day in their cells before gradually earning time outside of their cells (Tabor, 2015).

From 2007 through 2013, the percentage of inmates at Rikers in punitive segregation increased from 2.7% to 7.5% of the total inmate population (Gilligan & Lee, 2013). As in many jails and prisons, inmates at Rikers can be placed in punitive segregation for any number of reasons, including non-violent infractions, such as the failure to obey staff orders, shouting abusive or offensive words at staff, and failing drug tests (Bharara, 2014; Bronx Defenders, 2014). However, the two most common alleged infractions for which inmates were placed in punitive segregation in the past were fighting with other inmates and assaults on staff (Bronx Defenders, 2014).

Critics have argued that, in addition to the high number of inmates housed in punitive segregation at Rikers, its internal disciplinary system is plagued by arbitrariness, resulting in many inmates who accrue more time in punitive segregation for infractions committed while in isolated housing. In addition, inmates can be held in isolation for excessive amounts of time. For example, a public defender organization, the Bronx Defenders, interviewed 59 Rikers inmates who had spent time in punitive segregation. They reported that their average length of stay in solitary was 90 days (Bronx Defenders, 2014). One report found that the Mental Health Assessment Unit for Infracted Inmates (MHAUI)—a now defunct unit for mentally ill inmates who had committed infractions—held six inmates who had served 1,000 continuous days in punitive segregation, and one inmate who had served nearly 3,000 days (Gilligan & Lee, 2013). The Department of Justice investigation conducted on Rikers reported that one mentally ill juvenile inmate was sentenced to 374 days in punitive segregation initially and subsequently accrued an additional 1,002 days for infractions committed while there (Bharara, 2014).

Just as in prison solitary confinement units, many Rikers inmates reported becoming so desperate and dispirited in isolation that they literally “gave up” and could foresee no viable pathway to release. A number of the Rikers inmates interviewed by the Bronx Defenders said that they felt that incurring additional infractions—and receiving additional time in solitary—was more or less inevitable, so that they became resigned to the fact that they would be kept in solitary for the entire time that they were incarcerated at Rikers (Bronx Defenders, 2014). As one 18-year-old inmate with more than 900 days in solitary put it, “I don’t give a damn . . . I’m never getting out of here” (Bronx Defenders, 2014, p. 5).

In fact, until recently, even release from Rikers did not necessarily offer reprieve from a sentence of punitive segregation. That is, when inmates were released from jail before they had served their entire segregation term, their remaining days could become “owed time,” which meant that if they returned to Rikers they could be placed back in solitary without having committed any

new infractions (Bronx Defenders, 2014). This practice was ended as of January 2015 (New York City Department of Correction, 2015).

By all accounts, the conditions in punitive segregation at Rikers are harsh and severe. The segregated inmate's entire life takes place essentially within the confines of their small cell, where they eat, sleep, and defecate. Inmates in punitive segregation spend less than 2 hours per day outside their cell, and they receive their meals through slots on their cell doors. Almost three quarters (74.6%) of inmates interviewed by the Bronx Defenders stated that they did not receive enough food or the food made them sick, and some reported that they skipped meals after corrections officers spit in their food or threatened to contaminate their food. Inmates in punitive segregation are not allowed to supplement their diet with food from the commissary, so many of them lose significant amounts of weight while in solitary. One inmate remarked, "If you don't want to starve, you don't want to be in the box" (Bronx Defenders, 2014, p. 3).

Inmates in solitary in Rikers are also supposed to have access to at least one phone call per day, capped at 6 minutes. However, phone calls were also withheld as a punitive measure. In addition to withholding phone access, some inmates suspected that correction officers were reprogramming phone numbers to essentially deny inmates access to phone calls (Bronx Defenders, 2014).

Typically, inmates are allowed out of their cells for 1 hour of recreation each day, spent in individual chain-link cages. Inmates must request to go out to exercise (Park, 2014), and a number of inmates interviewed by Human Rights Watch stated that they were only allowed out for recreation if they woke up before breakfast and requested it (American Civil Liberties Union(ACLU)/Human Rights Watch, 2012). Other inmates reported that the correction officers unpredictably changed the times they walked past the cells, making it difficult to sign up for recreation (Bronx Defenders, 2014). Another report found that fewer than 1 in 10 inmates at the Central Punitive Segregation Unit (CPSU) at OBCC went out for recreation on any given day (Park, 2014).

Shortages in staffing and facilities at Rikers make it impractical to allow all inmates in punitive segregation to go out for exercise each day (Park, 2014). Some inmates reported having never gone outside while in solitary at Rikers, while others reported not wanting to go out for recreation to avoid being shackled or the degradation of being kept in what looks like an animal cage for an hour (Bharara, 2014; Bronx Defenders, 2014). Isolated inmates at Rikers are also allowed out of their cells for a short shower once a day (ACLU/Human Rights Watch, 2012), but correction officers are allowed to

withhold showers as a punitive measure. They allegedly have done so for as much as 5 days at a time (Bronx Defenders, 2014).

Like isolated prisoners everywhere, segregated inmates at Rikers are highly dependent on jail staff to provide them with basic services, such as exercise, showers, food, medicine, and access to phones. Because inmates are allowed to leave their cells for only very short periods and have access to very limited areas in the jail, they are helpless if and when staff is unresponsive. Desperate inmates in punitive segregation at Rikers have engaged in a practice referred to as “sticking up the slot”—extending their arms through the tray slots on their cell doors and refusing to move them until a staff member responds to their requests or concerns.

Obviously, the practice serves no other purpose but to draw attention to an unmet need or provoke (ideally) a helpful staff response. But “sticking up the slot” is typically considered a disciplinary infraction, resulting in more time in punitive segregation. The Bronx Defenders (2014) found that “sticking up the slot” was responsible for a drastic increase in many inmates’ sentences in punitive segregation. Indeed, an 18-year-old inmate who was facing more than 1,000 days in solitary said he felt the additional infractions he received each week were a necessary evil—he needed to act out to receive basic services from the staff in solitary (Bronx Defenders, 2014).

Just as in solitary confinement in most prisons, isolated Rikers inmates are prohibited from participating in meaningful programming such as school or group educational programs (Bharara, 2014). Some inmates report being allowed reading and writing materials in segregation, but the only educational programming they were given was in-cell study packets and no or very limited access to teachers or fellow students. Inmates with learning disabilities are given no special support (ACLU/Human Rights Watch, 2012; Bronx Defenders, 2014). Similarly, segregated inmates are prohibited from work, group recreation, and self-help programs (Bronx Defenders, 2014). A number of Rikers inmates complained about the poor quality of medical care that they received in punitive segregation. One inmate stated, “[y]ou’ve got to be basically dead to go see the doctor” (Bronx Defenders, 2014, p. 10). One inmate reported that a guard ignored her asthma attack, assuming it was a trick to get out of her cell. Other inmates reported that the only “treatment” they received were pain pills (Bronx Defenders, 2014).

Access to mental health care at Rikers is very limited, and inmates complain that it is rarely timely and typically of poor quality (City of New York Board of Correction, 2013). Some inmates receive one-on-one sessions with a doctor or a social worker, but the sessions are brief and usually conducted through the cell door—making candid discussions unlikely. The sessions also often focus on little more than evaluating the inmate’s risk of self-harm, and

result in prescribed medication rather than meaningful counseling (e.g., Bronx Defenders, 2014; Hager, 2015a).

Not surprisingly, as is the case for isolation units in general, punitive segregation at Rikers is plagued by high rates of self-harm and suicidal acts and ideation. Many of the inmates interviewed by various legal and human rights organizations reporting on conditions at Rikers said they had thought about suicide, and several had attempted suicide while in solitary (see ACLU/ Human Rights Watch, 2012; Bronx Defenders, 2014). The inmates remarked that they often felt depressed, lonely, and hopeless (Bronx Defenders, 2014). Two inmates interviewed by the Bronx Defenders stated that when they told correction officers about their suicidal thoughts they were taunted and told to “hang it up good,” and to only call the officers when they were “about to die” (Bronx Defenders, 2014, p. 7).

The firsthand accounts of what it is like to live and work in jail isolation units at Rikers Island, where disproportionate numbers of mentally ill inmates are housed, are sobering. They underscore the fact that the problems are widespread and the psychological risks to inmates are substantial. In her reflections on the years she spent as a social worker in the “central punitive segregation unit” or “Bing” at Rikers, Buser (2014) acknowledged both the high concentration of mentally ill inmates who were housed there and the severity of the isolated confinement to which they and other inmates were subjected. Buser (2014) described the severe conditions as a “gaulnet of misery,” including the “smell of vomit and feces [that] hangs in the hot, thick air,” and confinement inside

an eight by nine foot cell—just enough room to pace back and forth . . . No phone, no TV, with one hour of “rec”—which amounts to a shackled walk to an outdoor cage to stand alone and glimpse the sky. (p. 35)

Not surprisingly, such conditions take a severe psychological toll on many jail inmates. Buser (2014) noted that mental health staff “looms large in a solitary unit,” such as the Bing, because, as she put it, this is where “punishment is taken to the extreme, inducing the bleakest of depression, plunging despair, and terrifying hallucinations” (p. 35).

Many such accounts of life inside punitive segregation units at Rikers have been provided by inmates as well. One juvenile commented on the roaches and mice covering the cell floor, and the oppressive heat. He stated, “I’m not gonna lie, I felt like hanging myself. I felt like committing suicide because of the things that run through my head when I’m in that thing” (Santo, 2015). An adult inmate compared his access to “recreation” in the Rikers segregation unit to the experience of a caged animal in the zoo: “When

you're in solitary, you get an hour outside, but you know in the zoo, how they have the animal in a cage? That's how it is. No weights, no basketball, no sports, no nothing" (Schwartzapfel, 2015). Another inmate remarked similarly, that "[t]hey treat you like an animal" and another said his experience had led him to "think twice about putting your dog in a cage" (Bronx Defenders, 2014, p. 3).

Inmates in punitive segregation at Rikers have complained about the high levels of noise in the units. Denied normal forms of social interaction, inmates in neighboring cells yell and scream at each other in an attempt to communicate through the walls (Schwartzapfel, 2015). Others described feelings of helplessness, and being at the mercy of an uncaring staff. One inmate talked about being sick in solitary and going to extreme lengths to get treatment. He cautioned,

[d]on't get sick there because you're gonna die up in there. I had to cut my wrist to go see the dentist. I've got the marks to prove it. I had a toothache for like a week, couldn't take it no more. So I had to cut up, and when they opened the slot to put the food in, I stuck my hand out and they seen the blood and they took me out. (Hager, 2015b)

Not surprisingly, a number of inmates described the experience of being in solitary as life-altering. For example, as one said, "when people leave solitary confinement, they are never the same" (Bronx Defenders, 2014, p. 8).

As we have noted above, Rikers houses large number of juvenile inmates. This is in part because the state of New York automatically charges all individuals aged 16 and older as adults (Bharara, 2014). Juveniles are housed in several different facilities in Rikers and are separated by age from the adult inmate population. However, until recently, juveniles involved in fighting and other use of force incidents, as well as those charged with committing non-violent rule violations, could be placed in punitive segregation for extended periods of time (Bharara, 2014). In some units, adolescents were in close enough contact with adult inmates that they could hear and see one another, in violation of correctional standards (Bharara, 2014).

The Justice Department's investigation of Rikers also found that on any given day in 2013, approximately 15% to 25% of its juvenile population was in punitive segregation (Bharara, 2014). A 1-day snapshot in 2013 showed that almost 27% of the 586 juveniles at Rikers were in punitive segregation, and approximately 71% of those juveniles were diagnosed as mentally ill (City of New York Board of Correction, 2013).

In addition to juveniles, a high percentage of isolated Rikers inmates are mentally ill. Thus, a 2013 study determined that 41% of the adult inmates

housed in the CPSU or “Bing” were mentally ill (Gilligan & Lee, 2013). One former jail executive confirmed that there were

plenty of people in solitary who are severely mentally ill and disobeyed a direct order or told an officer to fuck off or who were just not following directions or may have lashed out against somebody when they were paranoid. (Hager, 2015a)

Buser (2014) described a Rikers’ practice that unfortunately is all too common in a number of prison isolation units—removing mentally ill inmates from isolation only long enough to stabilize them so that they can be returned directly back to the harsh environment that first precipitated or intensified their symptoms. “Like the weary swimmer treading water but starting to go under, he’ll be pulled out to catch his breath, and then thrown back in. I can’t help but feel that this has the earmarks of torture” (p. 36).

Although it is based on admittedly anecdotal data, the picture that has thus emerged of life inside some of what are perhaps the most carefully studied jail isolation units in the nation is sobering and unsettling. What is now known about Rikers underscores the apparent ease with which punitive isolation—when it operates without effective outside monitoring, tight regulations and safeguards, and meaningful outside oversight—tends to be greatly overused in a jail environment, is employed even (and perhaps especially) with vulnerable populations such as juveniles and the mentally ill, and can devolve into a “culture of harm” (Haney, 2008) that is not only painful but also potentially very dangerous.

The Grave Risk of Serious Harm From Jail Isolation

There is a large and growing scientific literature on the many ways that isolated, solitary, and so-called “supermax” confinement can adversely affect the overall mental health of persons who are subjected to it. The deprivation of meaningful human contact and social interaction, the enforced idleness and inactivity, and the oppressive security and surveillance procedures (and the weapons, hardware, and other paraphernalia that go along with them) that characterize these units all combine to create a harsh and, for most, painful environment in which to live. In addition to its painfulness, exposure to such conditions is now understood to predictably undermine cognitive and emotional health and well-being and impair subsequent social functioning (e.g., Cloyes, Lovell, Allen, & Rhodes, 2006; Haney, 2003; Haney & Lynch, 1997; Smith, 2006). As one of us summarized research on the negative effects of isolated confinement more than a decade ago:

[I]n case studies and personal accounts provided by mental health and correctional staff who worked in supermax units, a range of similar adverse symptoms have been observed to occur in prisoners including appetite and sleep disturbances, anxiety, panic, rage, loss of control, paranoia, hallucinations, and self mutilations. Moreover, direct studies of prison isolation have documented an extremely broad range of harmful psychological reactions [that] include increases in the following potentially damaging symptoms and problematic behaviors: negative attitudes and affect, insomnia, anxiety, withdrawal, hypersensitivity, ruminations, cognitive dysfunction, hallucinations, loss of control, irritability, aggression, and rage, paranoia, hopelessness, lethargy, depression, a sense of impending emotional breakdown, self-mutilation, and suicidal ideation and behavior . . . In addition, among the correlational studies of the relationship between housing type and various incident reports, again, self-mutilation and suicide are more prevalent in isolated housing, as are deteriorating mental and physical health (beyond self-injury), other-directed violence, such as stabbings, attacks on staff, and property destruction and collective violence. (Haney, 2003, pp. 130-131, internal citations omitted)

More recently, the scientific consensus on the significant risk of serious harm posed by isolated confinement was summarized by two commentators, who noted that “[i]solation can be harmful to any prisoner,” that the potentially adverse effects of isolation include “anxiety, depression, anger, cognitive disturbances, perceptual distortions, obsessive thoughts, paranoia, and psychosis” (Metzner & Fellner, 2010, p. 104). And, in 2014, a National Academy of Sciences committee studying the causes and consequences of high rates of incarceration in the United States recommended a broad review of punitive isolation policies in the nation’s prisons, noting that long-term segregation

can create or exacerbate serious psychological change in some inmates and make it difficult for them to return to the general population of a prison or to the community outside prison. Although certain highly disruptive inmates may at times need to be segregated from others, use of this practice is best minimized, and accompanied by specific criteria for placement and regular meaningful reviews for those that are thus confined. Long-term segregation is not an appropriate setting for seriously mentally ill inmates. In all cases, it is important to ensure that those prisoners who are confined in segregation are monitored closely and effectively for any sign of psychological deterioration. (National Research Council, 2014, p. 201)

These scientific conclusions are not only empirically based but also rooted in sound psychological theory (e.g., Haney, 2009). The importance of “affiliation”—the opportunity to have meaningful contact with others—to reduce

anxiety in the face of uncertain or fear-arousing stimuli was established many years ago in social psychology (e.g., Sarnoff & Zimbardo, 1961; Schachter, 1959; Zimbardo & Formica, 1963). In addition, psychologists have documented the fact that one of the primary ways that people determine the appropriateness of their feelings—indeed, the way that we establish the nature, tenor, and propriety of our emotions—is through the contact that we have with others (Fischer, Manstead, & Zaalberg, 2004; Saarni, 1999; Schachter & Singer, 1962; Tiedens & Leach, 2004; Truax, 1984). Thus, prolonged social deprivation is now recognized as painful and destabilizing in part because it deprives persons of the opportunity to ground their thoughts and emotions in a meaningful social context—to know what they feel and whether and to what degree those feelings are appropriate.

As the early research was conducted on the importance of affiliation, numerous additional scientific studies have established the psychological significance of social contact, connectedness, and belongingness as well as the corresponding adverse consequences of social exclusion and loneliness. Among other things, that research has concluded that the human brain is literally “wired to connect” to others (Lieberman, 2013). Thwarting this “need to connect” not only undermines psychological well-being but also increases physical morbidity and mortality. Thus, in part out of recognition of the importance of this basic need, social psychologists and others have written extensively about the harmful effects of its deprivation—what happens when people are subjected to social exclusion and isolation.

In fact, Kelman (1976) argued that denying persons of contact with others was a form of dehumanization. More recently, others have documented the ways in which social exclusion is not only “painful in itself,” but also “undermines people’s sense of belonging, control, self-esteem, and meaningfulness, reduces pro-social behavior, and impairs self-regulation” (Bastian & Haslam, 2010, p. 107, internal references omitted). Indeed, the subjective experience of social exclusion results in what have been called “cognitive deconstructive states” in which there is emotional numbing, reduced empathy, cognitive inflexibility, lethargy, and an absence of meaningful thought (Twenge, Catanese, & Baumeister, 2003).

The application of these theoretical perspectives to a correctional context has been limited for the most part to understanding the impact of solitary confinement in prisons. However, as we have repeatedly noted in this article, jails have been overlooked in most of the published research and writing about punitive isolation. Yet there is no reason to believe that the same psychological principles would not apply equally to jail settings, that painfulness of the experience of isolation would not be felt as acutely by jail inmates, or that the substantial risk of serious harm would be any less in jail isolation units.

All other things being equal, the negative effects of isolated confinement are thought to vary with the severity of the conditions, the duration of the exposure, and the vulnerabilities of the persons subjected to them. At first blush, the only one of these factors that appears to perhaps exempt jail isolation from the same scientific conclusions that have been reached with respect to prison isolation is the second—the duration of confinement. However, we believe there are several reasons that this seeming exemption is more apparent than real.

The first is that all other things are *not* necessarily “equal” for jail inmates, who are undergoing the abrupt and potentially traumatic transition from freedom to an often extremely harsh, authoritarian, and deprived jail setting. The added stress, anxiety and fear, and destabilizing effect of being placed in isolation are likely to significantly compound and worsen the already painful psychological transition from the freeworld to penal confinement. This applies with special force to those jail inmates who are experiencing penal confinement for the first time. In addition, the volatility of jail inmates—the high concentration of persons “in crisis,” in the throes of a psychiatric or emotional breakdown, or detoxifying from the effects of drugs or alcohol—whose unstable and acting out behavior makes them more likely to be placed in jail isolation also renders them more vulnerable to its effects.

Finally, as we note below, these “all other things are not equal” caveats notwithstanding, the theoretically sensible proposition that—like other stressful, traumatic, or noxious experiences—the harmful effects of isolated confinement are “dose dependent”—more of a bad thing is worse than less—still does not exempt jails from the scientific conclusions that have been reached about the effects of isolation or the concerns and admonitions that have been expressed by mental health, legal, and human rights organizations about the need to significantly limit its use.

It is certainly true that persons who are subjected to very long terms of solitary confinement in prison are likely to undergo a deeper kind of damage and change, suffer more profound transformations in their personalities, and incur more fundamental losses in their capacity to relate to others than those who experience comparatively briefer terms. In addition to the immediate stress and trauma of isolated confinement and the deprivations imposed, longer term solitary confinement requires psychological adaptations to extended periods of asociality (Haney, 2003). Nonetheless, there is reason to believe that the normative periods of time in isolation that many jail inmates serve are sufficient to produce serious damaging effects.

In fact, early research done in the New York City jail system showed that a high percentage of suicides (42%) took place within the first 30 days of confinement, that a majority (52%) of inmates who committed suicide had a

major psychiatric diagnosis, and that the overwhelming number of suicides were by inmates who were housed alone (i.e., were isolated; Marcus & Alcabas, 1993). More recent research conducted in the same jail system, focusing on the broader category of self-harming behavior, reached similar conclusions, showing that all acts of self-harm, as well as those acts that were more serious and potentially fatal, were significantly more likely to be engaged in by jail inmates who suffered from serious mental illness and, especially, by inmates who had been in solitary confinement at least once during their jail term (Kaba et al., 2014).

We note also that numerous mental health, legal, and human rights groups and organizations have promulgated recommendations and standards that would limit exposure to isolated confinement to the briefest amount of time possible and mandate that it only be used in correctional settings as an absolute last resort. The “brief” amounts of time that are contemplated certainly encompass what are likely to be normative terms of jail isolation in many jurisdictions. That is, in addition to those organizations that call for an outright ban on the use of solitary confinement because of its recognized harmful effects—a ban that would perforce apply to jails—the recommended limits not only make no distinction as to the type of facility (i.e., prison vs. jail) but also mandate limits that are measured in terms of days and weeks. The limits thus reflect concerns over damage that might be incurred during presumably shorter term jail isolation.

For example, the United Nations Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment wrote in 2011 that, in his opinion, solitary confinement lasting more than *15 days* can constitute “torture” (Mendez, 2011, emphasis added). The American Bar Association’s 2010 Standards for Criminal Justice required that “[s]egregated housing should be for the briefest term and under the least restrictive conditions practicable” and that at intervals “not to exceed [90 days], a full classification review” should be conducted that addresses the prisoner’s “individualized plan” in segregation with “a presumption in favor of *removing* the prisoner from segregated housing” (American Bar Association, 2010, emphasis added).

The American Academy of Child and Adolescent Psychiatry’s 2012 policy statement on the solitary confinement of juveniles states that “any youth that is confined for *more than 24 hours* must be evaluated by a mental health professional” (emphasis added). The New York Bar Association in 2013 called on state officials to significantly limit the use of solitary confinement and recommended that solitary confinement for longer than *15 days* be proscribed (New York Bar Association, 2013, emphasis added).

The Society of Correctional Physicians concluded that segregating mentally ill prisoners on a “prolonged” basis lasting for more than 4 weeks should

be prohibited (Society of Correctional Physicians, 2013). The American Psychiatric Association recommended in 2012 that “prolonged segregation” (which it defined as segregation lasting longer than 4 weeks) “with rare exceptions, should be avoided” for prisoners with serious mental illness “due to the potential for harm to such inmates” (American Psychiatric Association, 2012, emphasis added). Finally, the recently passed United Nations Commission on Crime Prevention and Criminal Justice’s *Standard Minimum Rules for the Treatment of Prisoners* (termed the “Mandela Rules”) defined “prolonged solitary confinement” as lasting “for a time period in excess of 15 consecutive days,” and mandated that such confinement “shall be prohibited” (Commission on Crime Prevention and Criminal Justice, 2015, Rules 43.1 and 44).

Indeed, the last mentioned set of UN rules for the treatment of prisoners—what have been termed the “Mandela Rules”—not only include an admonition that many other mental health, legal, and human rights organizations have endorsed, namely that solitary confinement “shall be used only in exceptional cases as a last resort” (Commission on Crime Prevention and Criminal Justice, 2015, Rule 45.1) but also mandate that, because of the increased grave risk of serious harm to which solitary confinement exposes them, vulnerable prisoners should be exempted from any form of prolonged placement. Thus, for example, the United Nations Standard Minimum Rules for the Treatment of Prisoners, Rule 45.2, prohibits isolation entirely “in the case of prisoners with mental or physical disabilities when their conditions would be exacerbated by such measures.”

The nature of the concerns that underlie these various recommended limitations and prohibitions pertain equally well to isolation in jails as prisons. The time frames that most envision are brief enough to have relevance for, and significant impact on, jail policies and practices in many local jurisdictions across the United States.

Conclusion

Despite the fact that it is a chronically under-studied aspect of the criminal justice system, there are many reasons to believe that jail isolation is used widely and perhaps excessively and abusively. More than 10 million persons are incarcerated in local jails in the United States each year. A presumably large but as yet unspecified number of them are likely to be placed in isolated confinement sometime during their time in jail. There is thus an urgent need to study, monitor, and regulate this potentially harmful and damaging practice.

We have argued that a convergence of empirical data and sound theory has led not only to a scientific consensus about the harmfulness of solitary confinement but also to calls from mental health, legal, and human rights organizations

to drastically limit its use (American Psychiatric Association, 2012; Gibbons & Katzenbach, 2006; International Psychological Trauma Symposium, 2007; National Research Council, 2014). These are calls that a number of state correctional administrators have begun to heed (e.g., Binelli, 2015; Kupers et al., 2009; Raemisch, 2014; Tapley, 2011). We have also argued that the same scientific consensus and calls for heightened scrutiny and limitations on solitary confinement in prisons for the most part can, and should, be applied to jail isolation as well.

The emerging scientific, mental health, legal, and human rights consensus about solitary confinement includes three critically important limits that should be applied to isolation in *all* correctional settings: The risks of harm are so great that isolated confinement should be used only when it is absolutely necessary and as a last resort; the time or duration that a person is exposed to isolated confinement must be minimized; and the added risk of harm to vulnerable groups or individual inmates means that they should be exempted entirely from all but the very briefest and absolutely necessary terms of such confinement. For reasons we have outlined in this article, the limiting principles that have been used to address prison isolation essentially apply with equal cogency and importance to jail isolation as well.

Finally, we end by noting that if the story of abysmal conditions and harmful practices at Rikers Island can and should serve as a cautionary tale about how highly dependent a jail can become on the use of isolation and subject even its mentally ill and juvenile inmates to extremely painful, dangerous, and damaging conditions of confinement, then the very recent history of this facility also can and should serve as a positive example of something else. Jail isolation came to be so heavily and inappropriately used and conditions deteriorated so badly at Rikers largely in the absence of transparency—a lack of detailed knowledge about the bleak conditions and abusive practices that existed inside—and, correspondingly, in the absence of meaningful outside monitoring and effective oversight and intervention to limit the use of isolation and end abusive practices.

As information about these abysmal conditions and draconian practices at the jail emerged on a more public and widespread basis—in press coverage and through several reports issued by legal and human rights organizations—and after a highly critical Department of Justice investigation posed the implicit threat of litigation, significant momentum for change was finally generated. The impetus for reform was furthered by the election of a new political administration in New York City that was more explicitly devoted to social justice and eventually set in motion a series of reforms that were designed to correct past abuses at Rikers.

Specifically, the appointment of a highly respected new jail commissioner—Joseph Ponte—was heralded in large part because of his reputation

as a correctional administrator who could and would meaningfully reform the use of segregation at the jail. Ponte was instrumental in drastically reducing the use of isolation in the Maine prison system that he had previously overseen (e.g., Heiden, 2013). Among other things, he ended the practice of placing inmates under the age of 18 in isolation, proposed eliminating isolation for inmates younger than 21 years old, and limited its use for adults to no more than 30 days (New York City Department of Correction, 2015). Rikers also added a “Clinical Alternative to Punitive Segregation,” a 66-bed pilot program that opened in 2013 and was designed as an alternative placement for mentally ill inmates instead of punitive segregation (Malone & Naddaf, 2015). In addition, the jail created a “Punitive Segregation II” unit designed specifically for inmates whose disciplinary infractions are non-violent in nature. The unit employs less draconian controls and provides inmates with the opportunity to be out of their cells for up to 7 hours per day (New York City Department of Correction, 2015).

As of January 2015, the OBCC, where the much criticized “Bing” is located, also began operating Enhanced Supervision Housing (ESH) units, which are intended to be non-punitive alternatives to punitive segregation (D’Inverno, 2015a) for housing inmates with violent infractions who are considered direct security threats (New York City Board of Correction, 2015). Unlike traditional punitive segregation, ESH goals include opportunities to engage in rehabilitative activities and taking explicit steps to encourage positive behavior (D’Inverno, 2015b).

Although it remains to be seen whether and how effectively these reforms will be in correcting abusive practices at Rikers and preventing them from recurring in the future, none of these changes would likely have taken place in the absence of detailed knowledge about what was actually happening inside this otherwise closed and impenetrable facility. This is precisely why the long-ignored and largely overlooked practice of jail isolation needs to be more carefully studied, independently monitored, effectively regulated, and legally controlled in local jails across the country.

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Joanna Weill is a PhD candidate in social psychology at the University of California, Santa Cruz. Her current research examines how the separation of incarcerated persons from their families, their communities, and society affects reentry after incarceration.

Shirin Bakhshay is a PhD student in social psychology at the University of California, Santa Cruz, earning her JD from Yale Law School. Her current research focus is the intersection of psychology and law, with particular emphasis on media representations of crime and attitudes toward prisoners and prison reform.

Tiffany Lockett is a PhD student in social psychology at the University of California, Santa Cruz, earning her MS in psychology from California Polytechnic State University with a concentration in marriage and family therapy. Her current research explores the dynamics between psychology and law, with a focus on race, culture, and social constructions of crime.