


# Prison System Versus Critics' Views on the Use of Restrictive Housing: Objective Risk Classification or Ascriptive Assignment?

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## Abstract

Despite the widespread use of restrictive housing in correctional institutions, little is known about the factors associated with placement in this setting. This study advances two theoretical arguments about the use of this practice. The prison system view argues this housing is essential for institutional order and that, accordingly, only inmates who pose an objective risk to safety get placed in such housing. By contrast, the critics' view argues this housing causes adverse effects and disproportionately targets certain inmates based on their ascriptive characteristics, such as their mental health status or race. The results indicate support for both perspectives.

## Keywords

restrictive housing, solitary confinement, administrative segregation

## Introduction

Restrictive housing—what scholars sometimes refer to as solitary confinement, administrative segregation, or supermax incarceration—involves the

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isolation of an inmate in a setting that provides little to no opportunity for meaningful contact with staff or other inmates (Frost & Monteiro, 2016; Mears, 2016; Pizarro, Zgoba, & Haugebrook, 2014). Inmates in restrictive housing, regardless of what these settings are called or why prison officials place inmates in them, typically are confined to a single cell for 22 to 24 hr per day and are further subjected to increased cell restrictions and heightened security procedures (Browne, Cambier, & Agha, 2011; Metcalf et al., 2013). Although these inmates may be granted limited access to education, vocation, visitation, recreation, and other services available to the general prison population (Gendreau & Labrecque, 2018), failure to comply with institutional rules can and does reduce or eliminate such access (Kurki & Morris, 2001; Shalev, 2009).

Prison officials often describe restrictive housing as a mechanism for ensuring greater institutional safety and control. Scholars highlight how proponents of the housing theorize that solitary confinement provides a deterrent and incapacitation effect (King, 1999; Mears & Reisig, 2006; Pizarro, Stenius, & Pratt, 2006). From this perspective, only inmates who pose an objective risk to institutional safety or security should be and are placed in restrictive settings; from this perspective, too, stays in restrictive housing should be relatively short, with lengthy stays constituting the exception, not the rule. By contrast, critics argue that such housing increases strain, isolates individuals from social networks that might promote prosocial behavior, and provides few, if any, opportunities for rehabilitation (Kurki & Morris, 2001; Riveland, 1999; Shalev, 2009; Toch, 2003). In addition, they contend that prison officials disproportionately use restrictive housing for certain types or groups of inmates, such as the mentally ill and minorities, and place inmates in this housing for excessively lengthy periods of time (DeRoche, 2014; Haney, 2012b; Taub, 2000). Which view accords with actual use remains uncertain. As recent reviews highlight (Frost & Monteiro, 2016; Mears, 2013, 2016; Smith, 2006), little is known about the characteristics of inmates sent to restrictive housing at all much less for different periods of time (see, for example, Butler & Steiner, 2016; Mears & Bales, 2010; O'Keefe, 2008).

This study seeks to address this gap in knowledge and, more generally, to contribute to scholarship aimed at understanding better ways in which prison systems impose what arguably constitutes the most extreme form of punishment available in corrections. More specifically, it tests what we term the *prison system theory* versus the critics' view about the use of restrictive housing. We do so not by examining whether the housing deters violent behavior (see Butler, Steiner, Makarios, & Travis, 2017; Labrecque, 2015; Lovell, Johnson, & Cain, 2007; Mears & Bales, 2009; Morris, 2016). Rather, we examine *how* prison officials use it in practice. Our focus centers on the

extent to which objective risk factors, as the prison system perspective anticipates, or ascriptive characteristics of inmates, as the critics' perspective anticipates, or both, are associated with placement of inmates in restrictive housing for varying durations.

## Background

### *Restrictive Housing: The Debate*

Prison administrators are responsible for ensuring institutional safety and order (DiIulio, 1987; Reisig, 1998; Useem & Reisig, 1999). During the 1970s and 1980s, prisons across the United States experienced an increase in disturbances and riots (see Colvin, 1992; Useem & Kimball, 1991). One of the ways policy makers and prison officials sought to regain control of these institutions and to prevent further violence from occurring was to expand the use of restrictive housing (King, 2005; Riveland, 1999).

Restrictive housing represents a containment approach to offender management, whereby prison officials separate those inmates they deem to be the "worst of the worst" from the general population for up to 24 hr a day in isolation, and provide them with few, if any, services or privileges, including visitation, and, by design, opportunities to harm others (King, 1999; Shalev, 2009). Estimates indicate that jail and prison systems in the United States house approximately 64,000 inmates in restrictive housing on any given day and that, over the course of a year, more than 320,000 inmates experience a stay in solitary confinement (Beck, 2015; see also Liman Program and Association of State Correctional Administrators, 2015).

Proponents contend that restrictive housing is responsible for improving safety and security throughout the prison system (Angelone, 1999; Gavora, 1996; Stubblefield, 2002). According to scholars, this view anticipates that reducing privileges and increasing restrictions will lead inmates to refrain from disruptive behaviors out of fear of being placed in such an unpleasant environment (Mears, 2016; Pizarro & Stenius, 2004; Riveland, 1999). The housing, too, may provide incapacitation benefits for the duration of time that inmates spend in it.

By contrast, critics argue that restrictive housing contributes to the pains of imprisonment, which inadvertently increases, rather than decreases, anti-social behavior (Haney, 2012a). From this perspective, the harsh conditions and idleness induced by solitary confinement increase one's propensity toward criminal behavior upon release (Gordon, 2014; Hartman, 2008; Lippke, 2004; McShane, 1989; Toch, 1982; Toch & Kupers, 2007; Ward & Werlich, 2003). Critics also challenge the use of restrictive housing on moral,

ethical, legal, and financial grounds. Concerns about the housing are evident in media accounts (Gawande, 2009; Guenther, 2012; Keim, 2013) and critiques from human rights groups (Fellner, 2000; Fellner & Mariner, 1997) and scholars (Haney, 2009; Kupers, 2008; Lovell, 2008; Toch, 2003). A national survey of prison wardens highlights that critiques of restrictive housing exist within the correctional system as well (Mears & Castro, 2006; see, generally, Bruton, 2004; Goode, 2012).

### *The Use of Restrictive Housing*

Despite the ongoing and frequently contentious debate about restrictive housing, there remain few empirical studies that systematically examine its use. Indeed, a common theme underlying reviews of this literature is a call for more rigorous empirical analysis of restrictive housing both to advance theory and research on this topic and to understand better its uses and misuses and its potential benefits and harms (Frost & Monteiro, 2016; Kurki & Morris, 2001; Labrecque, 2016; Mears, 2013, 2016; Morgan et al., 2016; Shalev, 2009; Smith, 2006; Ward & Werlich, 2003).

Although assessments of the effect of restrictive housing are of scholarly and policy relevance, estimating the *use* of this housing constitutes a critical and logical prior step, one of importance for understanding how prisons operate and the disparities that may arise in managing inmates. A central challenge, however, to understanding how, or for whom, prison officials use the housing is the lack of consensus on what constitutes restrictive confinement (Frost & Monteiro, 2016; Naday, Freilich, & Mellow, 2008). For example, much of what is known about the prevalence of restrictive housing focuses on one particular type, the supermax, which entails housing inmates in single-cell, long-term isolation for managerial purposes and, in particular, for promoting prison system safety (King, 1999; National Institute of Corrections, 1997). These studies typically equate supermax confinement with extended stays in restrictive housing and so ignore scenarios in which prison systems use the housing for shorter durations.

Two studies suggest that this approach is problematic. A 2011-2012 national survey undertaken by the Bureau of Justice Statistics reports that 20% of prison inmates spent one or more days in restrictive housing for disciplinary *or* managerial purposes in the previous year (Beck, 2015). Similarly, in a study of supermax incarceration in Florida, Mears and Bales (2010) identify that, among inmates serving at least 30 days or more in solitary, there was considerable variation in the time served in this housing. These studies together suggest that placement in restrictive housing may be heterogeneous. That is, the typical restrictive housing stay may not entail, as many accounts

assume, lengthy periods in solitary confinement (see, for example, Fellner, 2000; Goode, 2012; Haney, 2009; Kurki & Morris, 2001; cf. Mears & Bales, 2010). Instead, inmates may experience varying durations of exposure to restrictive housing.

### *Inmates in Restrictive Housing*

In addition to questions about the durations of time that inmates spend in restrictive housing, there is also the question of *which* inmates prison officials place in it. To date, researchers have largely made assumptions about the types of inmates who reside in this housing or rely on what might be termed “clinical portraits” that depict the inmates in solitary confinement, not the factors associated with placement in restrictive housing or the duration of time spent there.

Some accounts suggest that prison officials reserve restrictive housing for only the most serious and dangerous of offenders, the so-called “worst of the worst” (Shepperd, Geiger, & Welborn, 1996). Prison wardens, for example, often describe restrictive housing inmates as escape risks, gang members, predators, or high-risk offenders (see Mears & Castro, 2006).

Other accounts indicate, to the contrary, that prison systems use restrictive housing primarily for “nuisance” inmates (Kurki & Morris, 2001; Shames, Wilcox, & Subramanian, 2015). Some argue, for example, that officials often place inmates in isolation settings simply for engaging in nonviolent rule violations, such as refusing an order (DeRoche, 2014; Medwed & Tenneriello, 2016). Other studies indicate that mentally ill offenders, especially those with serious mental health disorders, are overrepresented in such settings (Helmus, 2015; Hodgins & Côté, 1991; Lovell et al., 2007; O’Keefe, 2007). This overrepresentation, to the extent that it exists, may be due to mentally ill inmates engaging in more of the behaviors that lead to placement in restrictive housing. Alternatively, it may be due to officers misinterpreting the behavior of mentally ill inmates or to the lack of alternative approaches for treating and managing mental illness in prison. Still other studies suggest that prison systems may use restrictive housing disproportionately with minority inmates (Mears & Bales, 2010; Schlanger, 2013; Taub, 2000).

In the few studies that draw comparisons to general population inmates, analyses suggest that restrictive housing inmates are younger and more likely to possess a mental disorder, be a member of a minority group, and have a more extensive criminal history (Butler & Steiner, 2016; Helmus, 2015; Hodgins & Côté, 1991; Lovell, Cloyes, Allen, & Rhodes, 2000; Mears & Bales, 2010; Motiuk & Blanchette, 2001; O’Keefe, 2008; Ward, 2009; Zinger, Wichmann, & Andrews, 2001). These studies advance knowledge about

factors that may contribute to restrictive housing placements. However, this research typically does not examine varying restrictive housing durations or include such information as an inmate's record of institutional behavior, presence of mental illness, or gang affiliation, all of which constitute factors that may influence placements. For example, Mears and Bales (2010) examine factors associated with stays of at least 1 month or more in restrictive housing; their study excludes those who serve less time, and it does not examine whether the mentally ill are more or less likely to be placed in the housing. By contrast, Butler and Steiner (2016) examine only cases involving short-term restrictive housing stays (see also Cochran, Toman, Mears, & Bales, 2018). What is needed, then, are studies that examine (a) diverse factors, including an inmate's prior record, evidence of prison misconduct, and mental illness, that may influence restrictive housing placements and (b) varying durations of confinement in this housing.

### *Competing Views of Restrictive Housing*

*Prison system view.* Two views of restrictive housing emerge in the literature. As discussed above, the first consists of that promulgated by proponents of restrictive housing, who argue that the judicious use of solitary confinement increases prison safety, order, and control (e.g., Angelone, 1999; Gavora, 1996; Stubblefield, 2002). The argument envisions that the housing serves as a powerful deterrent and an effective incapacitator of violent behavior (Mears & Reisig, 2006; Pizarro et al., 2014). According to this theoretical perspective, restrictive housing should be and is reserved for the "worst of the worst" inmates, those who pose a risk to prison system security and who, for example, engage in violent acts or are active gang members (see Butler, Griffin, & Johnson, 2013). By extension, extended stays in restrictive housing should be more likely among higher risk inmates whereas shorter stays should be more likely among lower risk inmates. This perspective anticipates that other factors, such as mental illness and demographic characteristics, should not, and in practice *will not*, contribute to restrictive housing placements.

*The critics' view.* Juxtaposed against this view is that of critics, who argue that solitary confinement consists mainly of lengthy stays and constitutes an over-used correctional policy that harms inmates, staff, and prison systems (Cloud, Drucker, Browne, & Parsons, 2015; Gordon, 2014). From this perspective, the harsh conditions and idleness of restrictive housing cause offenders to become more disturbed, disruptive, and difficult to manage when they return to the general prison population and the community (Haney, 2003; Kupers, 2008; Lovell, 2008; Toch, 2003). Interviews with correctional system

administrators and practitioners suggest that some view restrictive housing as contributing to these and other harms, such as increasing institutional misconduct and recidivism (Mears & Watson, 2006; see also Mears & Castro, 2006). This perspective maintains that certain subpopulations of offenders, such as the mentally ill, are especially vulnerable to suffering these adverse effects. Few empirical studies assess such impacts (see, however, Butler et al., 2017; Labrecque, 2015; Lovell et al., 2007; Mears & Bales, 2009; Morris, 2016).

Regardless of these potential impacts, the assumption from the critics' view is that certain groups—the mentally ill, minorities, males, and the young in particular—are more likely to be placed in this housing. These groups may be seen as more of a threat or their behaviors may be more likely to be misunderstood. The end result is that rather than objective characteristics determining placements, ascriptive characteristics (e.g., mental illness, race, gender, age) may drive decisions to place inmates in restrictive housing and to contribute to extended stays in it.

## Current Study

Debates about restrictive housing remain largely untethered to empirical research in part because few credible studies that employ strong research designs and rigorous methodologies exist (Frost & Monteiro, 2016; Labrecque & Smith, 2013; Mears, 2016). For example, there are few studies to support the argument that restrictive housing creates demonstrable benefits (e.g., Crouch & Marquart, 1989, 1990; Ralph & Marquart, 1991; see, however, Mears & Watson, 2006). At the same time, some studies point to potential harmful effects (e.g., Lovell et al., 2007; Mears & Bales, 2009) and still others yet find null effects (e.g., Briggs, Sundt, & Castellano, 2003; Butler et al., 2017; Huebner, 2003; Labrecque, 2015; Morris, 2016). Reviews of these studies and the broader literature consistently conclude that insufficient empirical evidence exists to state with confidence the magnitude of benefits or harms of restrictive housing (see, for example, Frost & Monteiro, 2016; Kurki & Morris, 2001; Mears, 2013; Morgan et al., 2016).

In addition, and of particular relevance for this study, little remains known about the *uses* of restrictive housing. This research gap logically precedes studies of impact: Restrictive housing may vary in its effect depending on the duration of solitary confinement and the characteristics of individuals placed in it. Its relevance lies, too, in the claims made about restrictive housing. If safety and order indeed drive prison system decisions, then objective risk factors should drive restrictive housing placements. Conversely, if the housing serves primarily as a tool to punish or unfairly treat certain groups, then

risk factors either should not influence decision making or may not matter as much as the ascriptive characteristics of inmates.

In this study, then, we focus on the theory that prison systems rely on to justify restrictive housing and on the countervailing view its critics express. Specifically, we test the hypothesis that prison systems will, if consistent in their argument about the goals of restrictive housing, rely exclusively on objective risk to place inmates in solitary confinement. From what we term the prison system theory, only factors such as prior record, inmate misconduct, or gang affiliation will be associated with the placement of inmates in this housing. From what we term the critics' view of restrictive housing, inmates in such settings typically remain there for years and typically consist of individuals who are mentally ill or are minorities, young, or male.

## Data and Method

This study draws on data from a Department of Corrections in a Midwestern state. Use of these data is advantageous for several reasons. First, this state uses restrictive housing throughout its prison system. Second, the department's database system includes a rich array of information on inmate risk (e.g., instant offense, criminal history, misconduct) as well as information on demographic characteristics and mental health, and, not least, time spent in restrictive housing. The sampling frame for this study includes all inmates admitted into custody between July 1, 2007, and June 30, 2011, and the data include information on this population through December 31, 2012. Table 1 describes the descriptive characteristics for the restrictive housing ( $n = 42,445$ ) and nonrestrictive housing ( $n = 54,641$ ) groups ( $N = 97,086$  combined), respectively. Of all incarcerated inmates, 44% experienced at least one placement in a restrictive housing setting for 1 day or more, and 16% experienced at least one placement of 30 or more days.

## Dependent and Independent Variables

This study investigates how a state prison system uses restrictive housing. More specifically, it examines how often prison officials place inmates in restrictive housing settings for various durations of time (i.e.,  $\geq 1$  day,  $\geq 30$  days,  $\geq 60$  days,  $\geq 90$  days), and how long inmates remain in such settings (i.e., total number of days, percent of prison term). We use these groupings because they readily allow for comparisons of short-term, shorter- or intermediate-term, and longer term stays. In addition, use of a 30-day and 90-day cut-off accords with several studies that focus on supermax incarceration (Lovell et al., 2007; Mears & Bales, 2009, 2010). This study also uses objective risk



**Table 1.** Descriptive Statistics for the Restrictive Housing and Nonrestrictive Housing Inmates.

	Restrictive housing inmates ( <i>n</i> = 42,445)		Nonrestrictive housing inmates ( <i>n</i> = 54,641)		t test
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Number of segregation placements					
≥1 day	2.76	2.81			
≥30 days	0.55	0.93			
≥60 days	0.27	0.61			
≥90 days	0.14	0.41			
Time in segregation placements					
% of inmates serving ≥180 days	0.09	0.29			
% of inmates serving ≥365 days	0.02	0.13			
% of prison term spent in segregation	0.09	0.11			
Total days spent in segregation	61.15	90.19			
Independent variables					
Objective risk factors					
Current violent offense	0.51	0.50	0.30	0.46	-67.09***
Number of prior commitments	1.03	1.57	1.02	1.64	-0.89
Initial classification score	1.84	0.68	1.43	0.55	-102.61***
Number of violent misconducts	0.86	1.38	0.01	0.09	-126.34***
Number of nonviolent misconducts	3.02	4.83	0.07	0.39	-125.45***
Number of drug misconducts	0.35	0.81	0.01	0.14	-85.03***
Gang affiliation	0.23	0.42	0.07	0.26	-67.28***
Ascriptive characteristics					
Serious mental illness	0.33	0.47	0.23	0.42	-33.57***
Black	0.49	0.50	0.40	0.49	-26.15***
Male	0.91	0.28	0.83	0.37	38.98***
Age	29.49	9.59	34.88	10.63	82.77***
Years in custody	2.43	1.34	1.53	0.95	-117.72***

\**p* ≤ .05. \*\**p* ≤ .01. \*\*\**p* ≤ .001.

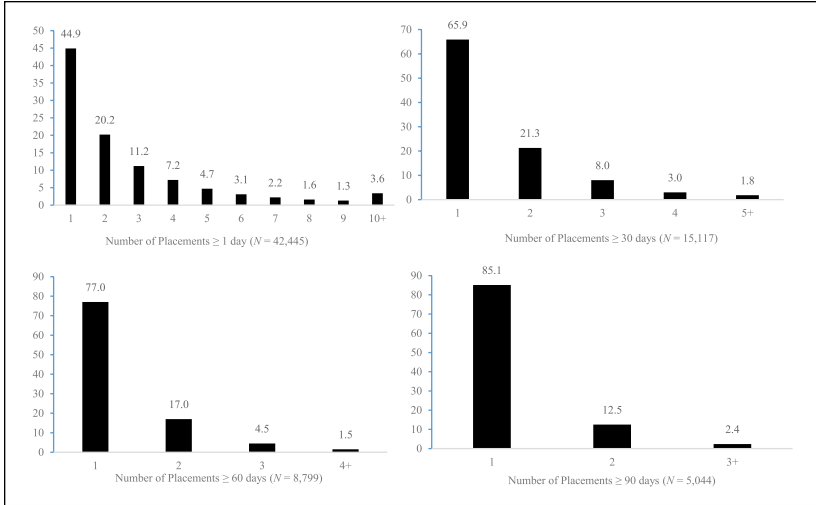
factors and ascriptive inmate characteristics to estimate the likelihood of restrictive housing placements for varying durations of confinement, controlling for time served.

Prison officials often justify the use of restrictive housing as a means to respond to violent and disruptive inmates (Mears, 2013; O’Keefe, 2008; Riveland, 1999). Therefore, this study includes several objective criminal history and in-prison risk factors that relate to such behaviors. First, it involves a measure of whether the inmate is incarcerated for a violent offense (e.g., murder, aggravated assault, robbery; 1 = *has violent conviction*, 0 = *no violent conviction*). Second, it contains a measure of the number of prior commitments to the state prison system. Third, the study incorporates the inmates’ initial classification score. The state department of corrections classifies inmates into five custody levels: *minimum* (1), *medium* (2), *close* (3), *maximum* (4), and *supermax* (5). Fourth, following the work of Steiner and Wooldredge (2013), it uses three categorical measures of institutional misconduct: *violent* (e.g., assault), *nonviolent* (e.g., damage to property, theft), and *drug infractions* (e.g., possession of drugs/alcohol). These measures include the total number of rule infractions in which the inmate is found guilty by the Rules Infraction Board (RIB). Finally, it involves a measure of gang affiliation, which the department flags whenever it identifies an inmate as having a known association with a gang from a security threat group (STG) list (1 = *has gang affiliation*, 0 = *no gang affiliation*).

Not least, this study includes several ascriptive inmate characteristics. Many accounts suggest that mentally ill inmates disproportionately represent those in restrictive housing (Haney, 2003; Kurki & Morris, 2001; Smith, 2006). Accordingly, this study incorporates a measure of the mental health of inmates. Specifically, we define serious mental illness as any recorded *Axis I* or *Axis II* diagnosis (American Psychiatric Association, 2013). In addition, this study also includes race (1 = Black, 0 = Other), gender (1 = male, 0 = female), age at intake (measured in years), and total time (in years) served in prison.

## Analyses

This investigation begins with a descriptive analysis of the frequency and duration of restrictive housing. We then conduct a series of logistic regression analyses to identify factors—first objective risk factors, then ascriptive inmate characteristics, and, finally, both sets of factors—associated with placement in restrictive housing for varying lengths of time. Diagnostic tests indicate that multicollinearity is not an issue. A variance inflation factor (VIF) of 4 or higher is considered problematic (Belsley, 1991); all VIF values in this study were less than or equal to 1.6, which is substantially lower than that threshold.



**Figure I.** Percent of inmates with different frequencies of placements in restrictive housing.

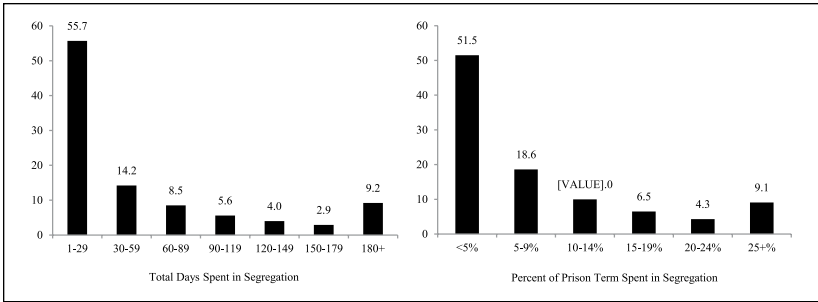
## Results

### The Use of Restrictive Housing

We begin first by examining durations of confinement in restrictive housing. Briefly, the analyses indicate that there is considerable heterogeneity in the frequency and duration of placement in restrictive housing. As shown in Table 1, inmates in restrictive housing experience an average of 2.76 placements ( $SD = 2.81$ ). These inmates spent an average of 61 days ( $SD = 90$ ) in such housing. Inmates who are repeatedly placed in restrictive housing are also more likely to experience lengthy stays. For example, the average time served in restrictive housing on one’s first stay is 18 days, but by the eighth stay, this time increases to 29 days.

Figures 1 and 2 illuminate further this heterogeneity. Figure 1 reveals several patterns. First, as shown in the upper left panel, inmates experience many placements of at least 1 day in restrictive housing. For example, 45% experience a stay of at least 1 day, 20% experience 2 such stays, 11% experience 3 such stays, and so on. Four percent of inmates have 10 or more separate stays in restrictive housing.

Second, a similar pattern emerges for lengthier stays. For example, in the upper right panel, we can see that, among the inmates who experience stays



**Figure 2.** Percent of inmates spending different durations of time in restrictive housing (segregated inmates only,  $n = 42,445$ ).

of at least 30 days or longer in restrictive housing—which amounts to 16% of the total inmate population—almost two thirds experience 1 stay, 21% experience 2 such stays, 8% experience 3 such stays, and so on. This pattern can be seen as well among inmates who have stays of at least 60 days or more in restrictive housing (as shown in the lower left panel) and those who have stays of at least 90 days or more in this housing (as shown in the lower right panel). Several studies use 90 days or more as a measure of supermax housing (see, for example, Lovell et al., 2007; Mears & Bales, 2009). It is noteworthy, then, that such stays, which 5% of all inmate’s experience, constitute the exception rather than the rule in this study.

Figure 2 shows that the duration of time spent in restrictive housing is also skewed. Inspection of the left panel in the figure shows that, among inmates who spent any time in this housing, 56% serve 1 month or less in solitary confinement, and 14% spent between 1 and 2 months in it. The percentages of inmates serving longer durations taper off thereafter. Even so, a nontrivial percentage of inmates who experience restrictive housing serve the lengthier terms critics often describe of such housing. For example, more than 9% of these inmates serve stays of 180 days or more in solitary confinement.

The right panel examines time served in a differ manner—the focus is on the percentage of an inmate’s prison term spent in restrictive housing. As can be seen in the figure, more than half (52%) of inmates who spent time in this housing serve a relatively small percentage—less than 5%—of their total prison term in isolation. Among the remaining inmates who experience stays in isolation, the percentages increase and are nontrivial. For example, more than 9% of inmates serve greater than one fourth of their prison term in solitary confinement.

In short, inmates serve varying amounts of time in restrictive housing; in addition, the stays tend to be relatively short and constitute a relatively small percentage of the total time spent in prison. Some inmates, however, spent extended periods of time in restrictive housing, enter it repeatedly, and serve a large percentage of their prison term in this housing. In-between these extremes is a large continuum of durations and total time served in isolation.

### *Factors Associated With Restrictive Housing Placements*

Next, we examine the factors associated with placement in restrictive housing. As can be seen in Table 1, restrictive housing inmates differ appreciably from nonrestrictive housing inmates. Indeed, with the exception of prior commitments, the two groups differ on every characteristic. For example, inmates in restrictive housing are more likely than other inmates to be incarcerated for a violent offense (51% vs. 30%) and to be classified as higher risk at intake (1.84 vs. 1.43). Restrictive housing inmates also engage in significantly more acts of violent misconduct (0.86 vs. 0.01), nonviolent misconduct (3.02 vs. 0.07), and drug misconduct (0.35 vs. 0.01), and are more likely to affiliate with a gang (23% vs. 7%). Inmates in restrictive housing are more likely to have a recorded serious mental illness (33% vs. 23%). They are also younger (29 years old at intake vs. 35 years old) and more likely to be Black (49% vs. 40%) and male (91% vs. 83%). Not least, restrictive housing inmates serve more time in prison (2.5 vs. 1.5 years).

These descriptive comparisons, however, do not consider the potential for multiple factors to influence restrictive housing stays. Accordingly, in Table 2, we include these measures simultaneously and use logistic regression to estimate the influence of each one on the likelihood of placement in restrictive housing for one or more days. Model 1 examines objective risk factors that are anticipated by the prison system theory, Model 2 includes those anticipated by the critics' view, and Model 3 combines and compares the two perspectives.

With the exception of number of prior commitments, all of the factors in the first model are statistically significant and positively related to placement in restrictive housing. Inmates with a violent offense, a higher initial risk classification score, more violent, nonviolent, or drug misconducts, or gang-affiliates are more likely to experience a stay in isolation of at least 1 day. As would be anticipated from the prison system theoretical perspective, institutional behavior—violence in particular—is especially salient.

In the second model, we can see that ascriptive characteristics, too, are statistically significant and, with the exception of age, positively associated with the likelihood of placement in restrictive housing. Inmates with a

**Table 2.** Logistic Regression Predicting Placement in Restrictive Housing for One or More Days (N = 97,086).

	Model 1			Model 2			Model 3		
	B	SE	OR	B	SE	OR	B	SE	OR
<b>Objective risk factors</b>									
Current violent offense	0.14***	.02	1.15				0.10***	.02	1.10
No. of prior commitments	0.00	.01	1.00				0.03***	.01	1.03
Initial classification score	0.34***	.02	1.41				0.28***	.02	1.33
No. of violent misconducts	4.05***	.05	57.44				4.01***	.05	54.96
No. of nonviolent misconducts	1.81***	.02	6.09				1.77***	.02	5.87
No. of drug misconducts	2.16***	.05	8.65				2.07***	.05	7.95
Gang affiliation	0.33***	.04	1.39				0.21***	.04	1.23
<b>Ascriptive characteristics</b>									
Serious mental illness				0.77***	.02	2.16	0.42***	.03	1.53
Black				0.32***	.02	1.37	0.04	.02	1.04
Male				0.70***	.02	2.01	0.45***	.03	1.58
Age				-0.06***	.00	0.94	-0.02***	.00	0.98
Years in custody	0.23***	.01	1.26	0.65***	.01	1.92	0.25***	.01	1.28
Constant	-2.83***	.03	0.06	-0.62***	.03	0.54	-2.60***	.06	0.07

Note. Model 1: Nagelkerke  $R^2 = .704$ ,  $\chi^2 = 71,829.34$ ,  $df = 8$ ,  $p < .001$ ; Model 2: Nagelkerke  $R^2 = .276$ ,  $\chi^2 = 22,393.44$ ,  $df = 5$ ,  $p < .001$ ; Model 3: Nagelkerke  $R^2 = .708$ ,  $\chi^2 = 72,454.45$ ,  $df = 12$ ,  $p < .001$ ; OR = odds ratio.

\* $p \leq .05$ . \*\* $p \leq .01$ . \*\*\* $p \leq .001$ .

serious mental health diagnosis are more than twice as likely to be placed in restrictive housing in comparison to those without such an illness. The odds of placement in restrictive housing are 1.37 times greater for Blacks than for Whites, and males are twice as likely as females to be placed in the housing. Similarly, younger inmates are more likely than older inmates to experience a restrictive housing stay.

We find, then, support both for the prison system view *and* for the critics' view of restrictive housing use. This support holds as well when we include the two sets of measures simultaneously, as shown in the third model. That is, by and large, objective risk factors *and* the ascriptive characteristics predict placement in restrictive housing. The main difference is that the magnitude of effect associated with each measure declines. Even so, each of the measures continues to exert a statistically and substantively significant effect on the likelihood of a restrictive housing stay. The effect of race observed in Model 3 is the exception—it no longer exerts an effect on placement in isolation, suggesting that the race-based differences found in Model 2 may arise from racial differences in rates of misconduct (see also Mears & Bales, 2010).

One critical question is whether, given the earlier descriptive analyses showing the heterogeneity in restrictive housing stays, the results differ across varying durations of confinement in this housing. To answer this question, Table 3 presents five models, one for stays of less than 1 month (i.e., 29 days or less), another for stays of more than 1 month, a third for stays of greater than 2 months, a fourth for stays of greater than 3 months, and, finally, a fifth for stays of greater than 6 months. Several patterns stand out.

First, as inspection of the table shows, regardless of the duration examined, the pattern of findings are largely similar to the pattern in Model 3 of Table 2. That is, the objective risk factors and ascriptive characteristics continue to predict placement in restrictive housing, regardless of the duration of placement in this housing. Second, race continues to be unrelated to restrictive housing placements. Third, as can be seen in Model 5, the mentally ill are not, contrary to what the critics' view anticipates, more likely to experience extended stays in restrictive housing; they are, however, more likely to experience restrictive housing stays of shorter durations, which occur more frequently than lengthier stays. Fourth, in these models, objective risk factors appear to be less salient for decisions to place inmates in restrictive housing for lengthier stays. Fifth, overall model fit is substantially better for the models predicting shorter term stays in restrictive housing. For example, the pseudo  $R^2$  decreases from .474 in Model 1 to .034 in Model 5. (These analyses focus on varying durations of time served in restrictive housing. Ancillary analyses, available on request, using other measures of this housing identify

**Table 3.** Logistic Regression Predicting Placement in Restrictive Housing for Different Durations of Time (N = 97,086).

	Model 1 ( $\leq 29$ days)			Model 2 ( $\geq 30$ days)			Model 3 ( $\geq 60$ days)			Model 4 ( $\geq 90$ days)			Model 5 ( $\geq 180$ days)		
	B	SE	OR	B	SE	OR	B	SE	OR	B	SE	OR	B	SE	OR
<b>Objective risk factors</b>															
Current violent offense	0.10***	.02	1.11	0.06**	.02	1.06	0.08**	.03	1.08	0.04	.03	1.04	0.14	.08	1.15
No. of prior commitments	0.05***	.01	1.05	0.05***	.01	1.05	0.04***	.01	1.04	0.03**	.01	1.03	0.07**	.02	1.08
Initial classification score	0.24***	.02	1.27	0.19***	.02	1.21	0.16***	.02	1.18	0.13***	.03	1.14	0.06	.06	1.06
No. of violent misconducts	1.40***	.02	4.07	0.14***	.01	1.15	0.10***	.01	1.11	0.10***	.01	1.10	0.09***	.03	1.09
No. of nonviolent misconducts	0.52***	.01	1.69	0.04***	.00	1.04	0.03***	.00	1.03	0.02***	.00	1.02	0.01	.01	1.01
<b>No. of drug misconducts</b>															
No. of drug misconducts	0.80***	.03	2.23	0.15***	.01	1.16	0.12***	.02	1.13	0.12***	.02	1.13	0.11**	.04	1.12
<b>Gang affiliation</b>															
Gang affiliation	0.10***	.03	1.10	0.17***	.03	1.18	0.16***	.03	1.17	0.12**	.04	1.12	0.10	.09	1.10
<b>Ascriptive characteristics</b>															
Serious mental illness	0.35***	.02	1.42	0.29***	.02	1.33	0.27***	.03	1.31	0.26***	.03	1.30	0.07	.08	1.07
Black	0.02	.02	1.02	0.03	.02	1.03	0.03	.03	1.03	0.02	.03	1.02	-0.09	.07	0.91
Male	0.39***	.03	1.47	0.58***	.04	1.79	0.60***	.05	1.82	0.62***	.06	1.87	0.58***	.14	1.78
Age	-0.02***	.00	0.98	-0.03***	.00	0.97	-0.03***	.00	0.97	-0.03***	.00	0.97	-0.03***	.00	0.97
Years in custody	0.22***	.01	1.24	0.16***	.01	1.17	0.15***	.01	1.16	0.16***	.01	1.18	0.18***	.03	1.19
Constant	-1.85***	.05	0.16	-2.35***	.06	0.10	-2.94***	.07	0.05	-3.47***	.09	0.03	-4.98***	.21	0.01

Note. Model 1: Nagelkerke  $R^2 = .474$ ,  $\chi^2 = 41,594.27$ ,  $df = 12$ ,  $p < .001$ ; Model 2: Nagelkerke  $R^2 = .118$ ,  $\chi^2 = 6,826.63$ ,  $df = 12$ ,  $p < .001$ ; Model 3: Nagelkerke  $R^2 = .082$ ,  $\chi^2 = 3,656.46$ ,  $df = 12$ ,  $p < .001$ ; Model 4: Nagelkerke  $R^2 = .061$ ,  $\chi^2 = 2,013.78$ ,  $df = 12$ ,  $p < .001$ ; Model 5: Nagelkerke  $R^2 = .034$ ,  $\chi^2 = 338.98$ ,  $df = 12$ ,  $p < .001$ ;  
OR = odds ratio.

\* $p \leq .05$ . \*\* $p \leq .01$ . \*\*\* $p \leq .001$ .



similar patterns. The additional analyses include the examination of the frequency and duration of placements.)

## **Conclusion**

The era of mass incarceration has ushered in a marked increase in the use of solitary confinement. During this time, two largely competing views about restrictive housing have emerged. One, the prison system perspective, assumes a theory of prison order and safety that envisions the need to incapacitate certain violent and disruptive inmates and to deter both these and general population inmates. This perspective anticipates that objective risk factors should and do drive prison system decisions about which inmates to place in restrictive housing. In contrast, critics contest that restrictive housing serves primarily punitive purposes and convenience or discrimination—it enables prison systems, for example, to punish with impunity and to discriminate against certain groups or isolate troublesome or “nuisance” inmates. Viewed in this light, one can expect that restrictive housing decisions are driven by the ascriptive characteristics of inmates, such as whether they are mentally ill or Black, rather than by objective risk factors, such as criminal record or institutional misconduct. It can be anticipated, too, that stays in restrictive housing will be of extended duration. However, to date, and despite the widespread use of restrictive housing, few studies examine the factors that give rise to placement in this setting, and none simultaneously compare objective risk factors and ascriptive inmate characteristics and their association with a wide range of measures of this housing.

Results of this study show, first, that restrictive housing placements are heterogeneous. The attention that media accounts give to lengthy placements obscures this variation. Indeed, lengthy stays appear to constitute the exception not the norm (see also Mears & Bales, 2010). That does not justify them. It suggests only that research and debates about solitary confinement should consider the frequency and duration of time in restrictive housing. Clearly, short or repeated short-term stays in the housing may have benefits or harms, and these benefits and harms may differ from what arises with lengthier one-time stays.

Research is needed that assesses the impact of these different stays. Extant studies provide little basis to determine whether or how different amounts of time in restrictive housing exert different effects. For example, to our knowledge, only two empirical studies evaluate the effect of short-term solitary confinement on inmate misconduct; the studies identify no significant effect (Labrecque, 2015; Morris, 2016). Whether the same finding holds for other durations or in other places remains unknown. Similarly, only a few studies

examine the potential impacts of restrictive housing on recidivism (see, for example, Butler et al., 2017; Lovell et al., 2007; Mears & Bales, 2009), and these studies focus on relatively lengthy stays in such housing. In short, whether the focus is on inmate misconduct, recidivism, or other outcomes, such as mental illness, more research needs to focus on different durations of solitary confinement.

Second, we find support for both the prison system theory of how officials use restrictive housing *and* the critics' view. Specifically, the analyses indicate that restrictive housing placements appear to be driven by objective risk factors, such as prior criminal record and in-prison misconduct, and by ascriptive inmate characteristics, such as mental health, gender, and age. However, contrary to the prison system view, objective risk factors do not appear to be the sole determinants of solitary confinement placements. For example, Blacks are more likely than Whites to experience such placements, although this difference is due primarily to differences in objective risk factors. As Mears and Bales (2010) highlight, however, these factors themselves may arise from differences in which prison officials manage and treat Black and White inmates.

In addition, and consistent with the critics' view, the mentally ill are more likely to be placed in restrictive housing. However, contrary to what the critics' view anticipates, mental illness is unassociated with *extended* stays in this housing. Why? It may be that prison systems use short-term stays in solitary confinement as a disciplinary tool for dealing with mentally ill inmates without fully appreciating or understanding how mental illness may influence their behavior. It may also be that prison authorities are trying to help the mentally ill by assigning them shorter stays in restrictive housing. As we discuss below, there is, too, the possibility that official records data may not accurately record extended stays in such housing and that in fact the mentally ill experience lengthy exposure to solitary confinement.

We turn now to several implications of these results. There is a need to understand better the processes that lead to restrictive housing placements in general and to different types of placements, such as repeated stays or lengthy stays. For example, among inmates placed in restrictive housing for 1 month or less—which is the normative experience in this study among inmates who experience *any* restrictive housing—there may be different reasons for placement. Some might be there to protect them from other inmates, some might be there as punishment, and others might be there to control their behavior more safely before transfer to another facility (Mears, 2016). Still others might be there to accommodate overcrowding in facilities. In each instance, there is a need to shed light on how frequently such uses occur, what produces them, and what effects the placements may have on individuals, institutions, and communities.

In addition, the heterogeneity in the uses, frequencies, and durations of restrictive housing, as well as the factors that may contribute to each, point to the need for a theory—or theories—of such housing. Such work may help to illuminate the uses and impacts of restrictive housing. It may also contribute to greater understanding about how prison systems conceptualize order and its causes as well as how it manages putative threat groups (Briggs et al., 2003; King, 1999). To illustrate, one possible explanation for the decreased explanatory power in this study of institutional behavior in predicting extended stays may be that they result more from an emphasis on management concerns (e.g., isolating a gang member or individuals who are persistently disruptive even if they themselves do not frequently engage in acts of misconduct). Such uses of restrictive housing do not accord with short-term punishment goals and may not be readily captured by traditional objective risk measures.

As with any study using administrative data, caution should be exercised in interpreting the results. The reliance on official records to assess the use of solitary confinement is potentially problematic because prison systems may have a disincentive to report accurately. An Office of the Inspector General (2017) report, for example, voiced concerns about how the Federal Bureau of Prisons tracks and monitors mentally ill inmates in restrictive housing, and this possibility also clearly exists at the state level too. The state in the current study, as in many others across the country, however, has faced several recent lawsuits over its use of restrictive housing. These legal challenges and subsequent consent decrees make it less likely that prison officials inaccurately record restrictive housing data and thus lend warrant to the validity of the findings. Even so, further research is needed to determine the extent to which information about the use and duration of restrictive housing is accurately reflected in official records data.

Although this study provides no assessment of impact, some implications for policy can still be identified. Restrictive housing may create benefits for prison systems and it also may create harms. And these benefits or harms may be shouldered more by some groups, such as the mentally ill, more so than by others. Such possibilities clearly warrant closer scrutiny. At the same time, what also merits closer scrutiny is exactly why—in practice—prison systems use restrictive housing and what determines whom the officials place in these settings. Knowledge about such use would establish a foundation on which assessments of impact could proceed. It also would facilitate studies that compare the relative effectiveness of restrictive housing to other approaches—such as treatment and counseling—in achieving specific prison system goals, such as protection, punishment, and management of inmates and creation of greater system-wide safety and order (Butler et al., 2017; Gendreau & Labrecque, 2018; Mears, 2013; Shalev, 2009).

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## References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Angelone, R. (1999). *Why "super-max" prisons work*. Richmond: Virginia Correctional Security Report.
- Beck, A. J. (2015). *Use of restrictive housing in U.S. prisons and jails, 2011-12*. Washington, DC: Bureau of Justice Statistics.
- Belsley, D. A. (1991). *Conditioning diagnostics: Collinearity and weak data in regression*. New York, NY: John Wiley.
- Briggs, C. S., Sundt, J. L., & Castellano, T. C. (2003). The effect of supermaximum security prisons on aggregate levels of institutional violence. *Criminology*, *41*, 1341-1376.
- Browne, A., Cambier, A., & Agha, S. (2011). Prisons within prisons: The use of segregation in the United States. *Federal Sentencing Reporter*, *24*, 46-49.
- Brunton, J. H. (2004). *The big house: Life inside a supermax security prison*. Stillwater, MN: Voyageur Press.
- Butler, H. D., Griffin, O. H., III, & Johnson, W. W. (2013). What makes you the "worst of the worst?" An examination of state policies defining supermaximum confinement. *Criminal Justice Policy Review*, *24*, 676-694.
- Butler, H. D., & Steiner, B. (2016). Examining the use of disciplinary segregation within and across prisons. *Justice Quarterly*, *34*, 248-271.
- Butler, H. D., Steiner, B., Makarios, M. D., & Travis, L. F. (2017). Assessing the effects of exposure to supermax confinement on offender postrelease behaviors. *The Prison Journal*, *97*, 275-295.
- Cloud, D. H., Drucker, E., Browne, A., & Parsons, J. (2015). Public health and solitary confinement in the United States. *American Journal of Public Health*, *105*, 18-26.
- Cochran, J. C., Toman, E. L., Mears, D. P., & Bales, W. D. (2018). Solitary confinement as punishment: Examining in-prison sanctioning disparities. *Justice Quarterly*, *35*, 381-411.
- Colvin, M. (1992). *The penitentiary in crisis: From accommodation to riot in New Mexico*. Albany: State University of New York Press.
- Crouch, B. M., & Marquart, J. W. (1989). *An appeal to justice: Litigated reform of Texas prisons*. Austin: University of Texas Press.

- Crouch, B. M., & Marquart, J. W. (1990). Resolving the paradox of reform: Litigation, prisoner violence, and perceptions of risk. *Justice Quarterly*, 7, 103-123.
- DeRoche, C. (2014). *Testimony of Craig DeRoche, president of Justice Fellowship, before the Senate Judiciary Subcommittee on the Constitution, civil rights, and human rights*. Available from <http://www.judiciary.senate.gov>
- DiIulio, J. J., Jr. (1987). *Governing prisons: A comparative study of correctional management*. New York, NY: Free Press.
- Fellner, J. (2000). *Out of sight: Supermaximum security confinement in the U.S.* New York, NY: Human Rights Watch.
- Fellner, J., & Mariner, J. (1997). *Cold storage: Super-maximum security confinement in Indiana*. New York, NY: Human Rights Watch.
- Frost, N. A., & Monteiro, C. E. (2016). Administrative segregation in prison. In M. Garcia (Ed.), *Restrictive housing in the U.S.: Issues, challenges, and future directions* (pp. 1-47). Washington, DC: National Institute of Justice.
- Gavora, J. (1996, August). Violent offenders should be placed in supermax prisons. *The Washington Post*. Available from <http://www.washingtonpost.com>
- Gawande, A. (2009, March). Hellhole. *The New Yorker*. Available from <http://www.newyorker.com>
- Gendreau, P., & Labrecque, R. M. (2018). The effects of administrative segregation: A lesson in knowledge cumulation. In J. Wooldredge & P. Smith (Eds.), *Oxford handbook on prisons and imprisonment* (pp. 340-366). Oxford, UK: Oxford University Press.
- Goode, E. (2012, March). Prisons rethink isolation, saving money, lives and sanity. *The New York Times*. Available from <http://www.nytimes.com>
- Gordon, S. E. (2014). Solitary confinement, public safety, and recidivism. *University of Michigan Journal of Law Reform*, 47, 495-528.
- Guenther, L. (2012, August). The living death of solitary confinement. *The New York Times*. Available from <http://www.nytimes.com>
- Haney, C. (2003). Mental health issues in long-term solitary and "supermax" confinement. *Crime & Delinquency*, 49, 124-156.
- Haney, C. (2009). The social psychology of isolation: Why solitary confinement is psychologically harmful. *Prison Service Journal*, 181, 12-20.
- Haney, C. (2012a). Prison effects in the era of mass incarceration. *The Prison Journal*. Advance online publication. doi:10.1177/0032885512448604
- Haney, C. (2012b). *Testimony of professor Craig Haney to the Senate Judiciary Subcommittee on the Constitution, civil rights, and human rights hearing on solitary confinement*. Retrieved from <http://www.judiciary.senate.gov>
- Hartman, K. E. (2008). Supermax prisons in the consciousness of prisoners. *The Prison Journal*, 88, 169-176.
- Helmus, L. (2015). *Developing and validating a risk assessment scale to predict inmate placements in administrative segregation in the Correctional Service of Canada* (Unpublished doctoral thesis). Carleton University, Ottawa, Ontario, Canada.
- Hodgins, S., & Côté, G. (1991). The mental health of penitentiary inmates in isolation. *Canadian Journal of Criminology and Criminal Justice*, 33, 175-182.

- Huebner, B. M. (2003). Administrative determinants of inmate violence: A multilevel analysis. *Journal of Criminal Justice, 31*, 107-117.
- Keim, B. (2013, July). The horrible psychology of solitary confinement. *Wired*. Available from <http://www.wired.com>
- King, R. D. (1999). The rise and rise of supermax. *Punishment & Society, 1*, 163-186.
- King, R. D. (2005). Effects of supermax custody. In A. Liebling & S. Maruna (Eds.), *The effects of imprisonment* (pp. 118-145). Portland, OR: Willan.
- Kupers, T. A. (2008). What to do with the survivors? Coping with the long-term effects of isolated confinement. *Criminal Justice and Behavior, 35*, 1005-1016.
- Kurki, L., & Morris, N. (2001). The purposes, practices, and problems of supermax prisons. *Crime and Justice, 28*, 385-424.
- Labrecque, R. M. (2015). *The effect of solitary confinement on institutional misconduct: A longitudinal evaluation*. Washington, DC: National Institute of Justice.
- Labrecque, R. M. (2016). The use of administrative segregation and its function in the institutional setting. In M. Garcia (Ed.), *Restrictive housing in the U.S.: Issues, challenges, and future directions* (pp. 49-84). Washington, DC: National Institute of Justice.
- Labrecque, R. M., & Smith, P. (2013). Advancing the study of solitary confinement. In J. Fuhrman & S. Baier (Eds.), *Prisons and prison systems: Practices, types, and challenges* (pp. 57-70). Hauppauge, NY: Nova Science.
- Liman Program and Association of State Correctional Administrators. (2015). Time-in-cell: The ASCA-Liman 2014 national survey of administrative segregation in prison. New Haven, CT: Yale Law School.
- Lippke, R. L. (2004). Against supermax. *Journal of Applied Philosophy, 21*, 109-124.
- Lovell, D. (2008). Patterns of disturbed behavior in a supermax prison. *Criminal Justice and Behavior, 35*, 985-1004.
- Lovell, D., Cloyes, K., Allen, D., & Rhodes, L. (2000). Who lives in super-maximum custody? A Washington state study. *Federal Probation, 64*, 33-38.
- Lovell, D., Johnson, L. C., & Cain, K. C. (2007). Recidivism of supermax prisoners in Washington State. *Crime & Delinquency, 53*, 633-656.
- McShane, M. D. (1989). The bus stop revisited: Discipline and psychiatric patients in prison. *The Journal of Psychiatry & Law, 17*, 413-433.
- Mears, D. P. (2013). Supermax prisons: The policy and the evidence. *Criminology & Public Policy, 12*, 681-719.
- Mears, D. P. (2016). Critical research gaps in understanding the effects of prolonged time in restrictive housing on inmates and the institutional environment. In M. Garcia (Ed.), *Restrictive housing in the U.S.: Issues, challenges, and future directions* (pp. 233-295). Washington, DC: National Institute of Justice.
- Mears, D. P., & Bales, W. D. (2009). Supermax incarceration and recidivism. *Criminology, 47*, 1131-1166.
- Mears, D. P., & Bales, W. D. (2010). Supermax housing: Placement, duration, and time to re-entry. *Journal of Criminal Justice, 38*, 545-554.
- Mears, D. P., & Castro, J. L. (2006). Wardens' views on the wisdom of supermax prisons. *Crime & Delinquency, 52*, 398-431.

- Mears, D. P., & Reisig, M. D. (2006). The theory and practice of supermax prisons. *Punishment & Society*, 8, 33-57.
- Mears, D. P., & Watson, J. (2006). Towards a fair and balanced assessment of supermax prisons. *Justice Quarterly*, 23, 232-269.
- Medwed, D., & Tenneriello, B. (2016, February). The deplorable state of solitary confinement in Massachusetts. *WGBH*. Available from <http://www.wgbh.org>
- Metcalfe, H., Morgan, J., Olicker-Friedland, S., Resnik, J., Spiegel, J., Tae, H., . . . Holbrook, B. (2013). *Administrative segregation, degrees of isolation, and incarceration: A national overview of state and federal correctional policies*. New Haven, CT: Liman Public Interest Program.
- Morgan, R. D., Gendreau, P., Smith, P., Gray, A. L., Labrecque, R. M., MacLean, N., . . . Mills, J. F. (2016). Quantitative syntheses of the effects of administrative segregation on inmates' well-being. *Psychology, Public Policy, and Law*, 22, 439-461.
- Morris, R. G. (2016). Exploring the effect of exposure to short-term solitary confinement among violent prison inmates. *Journal of Quantitative Criminology*, 32, 1-22.
- Motiuk, L. L., & Blanchette, K. (2001). Characteristics of administratively segregated offenders in federal corrections. *Canadian Journal of Criminology*, 43, 131-143.
- Naday, A., Freilich, J. D., & Mellow, J. (2008). The elusive data on supermax confinement. *The Prison Journal*, 88, 69-93.
- National Institute of Corrections. (1997). *Supermax housing: A survey of current practice*. Longmont, CO: U.S. Department of Justice.
- Office of the Inspector General. (2017). *Review of the Federal Bureau of Prisons' use of restrictive housing for inmates with mental illness*. Washington, DC: U.S. Department of Justice.
- O'Keefe, M. L. (2007). Administrative segregation for mentally ill inmates. *Journal of Offender Rehabilitation*, 45, 149-165.
- O'Keefe, M. L. (2008). Administrative segregation from within: A corrections perspective. *The Prison Journal*, 88, 123-143.
- Pizarro, J. M., & Stenius, V. M. K. (2004). Supermax prisons: Their rise, current practices, and effect on inmates. *The Prison Journal*, 84, 248-264.
- Pizarro, J. M., Stenius, V. M. K., & Pratt, T. C. (2006). Supermax prisons: Myths, realities, and the politics of punishment in American society. *Criminal Justice Policy Review*, 17, 6-21.
- Pizarro, J. M., Zgoba, K. M., & Haugebrook, S. (2014). Supermax and recidivism: An examination of the recidivism covariates among a sample of supermax ex-inmates. *The Prison Journal*, 94, 180-197.
- Ralph, P. H., & Marquart, J. W. (1991). Gang violence in Texas prisons. *The Prison Journal*, 71, 38-49.
- Reisig, M. D. (1998). Rates of disorder in higher-custody state prisons: A comparative analysis of managerial practices. *Crime & Delinquency*, 44, 229-244.
- Riveland, C. (1999). *Supermax prisons: Overview and general considerations*. Washington, DC: National Institute of Corrections.

- Schlanger, M. (2013). Prison segregation: Symposium introduction and preliminary data on racial disparities. *Michigan Journal of Race and Law*, 18, 1-12.
- Shalev, S. (2009). *Supermax: Controlling risk through solitary confinement*. Portland, OR: Willan.
- Shames, A., Wilcox, J., & Subramanian, R. (2015). *Solitary confinement: Common misconceptions and emerging safe alternatives*. New York, NY: Vera Institute of Justice.
- Shepperd, R. A., Geiger, J. R., & Welborn, G. (1996). Closed maximum security: The Illinois supermax. *Corrections Today*, 58, 84-87.
- Smith, P. S. (2006). The effects of solitary confinement on prison inmates: A brief history and review of the literature. *Crime and Justice*, 34, 441-528.
- Steiner, B., & Wooldredge, J. D. (2013). Implications of different outcome measures for an understanding of inmate misconduct. *Crime & Delinquency*, 59, 1234-1262.
- Stubblefield, R. (2002). Prisons should not coddle inmates. In R. Espejo (Ed.), *America's prisons: Opposing viewpoints* (pp. 100-104). San Diego, CA: Greenhaven Press.
- Taub, M. (2000, January). Super-max punishment in prisons. *Resist*. Available from <http://www.resist.org>
- Toch, H. (1982). The disturbed disruptive inmate: Where does the bus stop? *The Journal of Psychiatry & Law*, 10, 327-349.
- Toch, H. (2003). The contemporary relevance of early experiments with supermax reform. *The Prison Journal*, 83, 221-228.
- Toch, H., & Kupers, T. A. (2007). Violence in prisons, revisited. *Journal of Offender Rehabilitation*, 45, 1-28.
- Useem, B., & Kimball, P. (1991). *States of siege: U.S. prison riots 1971-1986*. New York, NY: Oxford University Press.
- Useem, B., & Reisig, M. D. (1999). Collective action in prisons: Protest, disturbances, and riots. *Criminology*, 37, 735-760.
- Ward, D. A. (2009). *Alcatraz: The gangster years*. Berkeley: University of California Press.
- Ward, D. A., & Werlich, T. G. (2003). Alcatraz and Marion: Evaluating super-maximum custody. *Punishment & Society*, 5, 53-75.
- Zinger, I., Wichmann, C., & Andrews, D. A. (2001). The psychological effects of 60 days in administrative segregation. *Canadian Journal of Criminology*, 43, 47-83.

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