Exploring the Causes and Consequences of Restrictive Housing in America's Prisons and Jails

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Final Summary

I. Purpose of the Project

Alongside the dramatic growth in U.S. jail and prison populations since the 1980s, there has been an alarming increase in the use of restrictive housing (RH) to manage incarcerated people. RH, often referred to as 'segregation' or 'solitary confinement,' entails physically separating men and women from the general population, imposing restrictions on their movement, behavior, and privileges, and keeping them isolated in their rooms or cells for the vast majority of the day

The increasing use of RH has drawn national attention and there is a growing body of research attesting to the harmful outcomes of RH on an individual's mental and physical health. Even so, much of this research isn't causal in nature and is unable to identify whether harmful events precede or follow exposure to restrictive housing. Moreover, almost all research about RH has focused on prisons and ignored how it is used in jails, which is a criminal justice system touch point experienced by far more people.

Finally, despite increased attention on the acute and deleterious effects of RH units on incarcerated people, there is little focus on how working in RH units affects the physical and mental health of correctional officers (COs). The emerging literature on the high stress levels experienced by COs and the negative effect that correctional environments can have on their well-being suggests that further research is needed on the specific effects of working in RH, an environment that is notably different from the general population.

Study goals have shifted during the four years of the project, as documented by approved scope changes, and at the conclusion of the study, we have the following goals: (1) understand some of the primary causal effects of RH on outcomes for incarcerated people; (2) describe how RH is used in jails across the U.S.; and (3) explain how working in RH affects the well-being of correctional officers.

III. Project Design, Methods, & Subjects

A. Impact of RH on incarcerated people

In order to study the extent to which RH exposure affects outcomes for incarcerated people, we collected administrative data from five states: Colorado, Louisiana, Missouri, Pennsylvania, and Utah.[1] These data included a host of relevant variables, all depicted in Table 1. These data sets included the entire incarceration history for any incarceration that overlapped with the study period, 2015-2017. For example, if an individual was incarcerated in 1987 and released in 2016, that person's entire history was made available for analysis. We received hundreds of thousands of records across the five states noted above.

These data were merged and structured at what we term the 'stint' level. Every individual's incarceration consists of a series of housing moves. The person typically starts in an intake cell, followed by a move to a general population cell that matches their security classification. Throughout the incarceration that follows, the individual moves through a series of cells for different reasons (e.g., doesn't get along with cellmate, prison restructures housing units, individual has to go to the medical unit for a procedure). One of the most common cell moves, and what particularly interests us in this study, is an individual's move to a RH cell. By understanding when that move to RH takes place, how many times an individual is placed in that

[1] Other states – Nebraska, Nevada, and Virginia – had originally agreed to provide data as well, but they ultimately did not submit the requested data within the period of time necessary for Vera staff to make use of them.

type of cell, and how long those housing stints last, we are able to answer a multitude of research questions about the causes and impacts of RH exposure. As a result, we treat each housing stint – that is, each incarcerated person's time in a given cell – as a separate observation in the data, combining all of these stints into a panel data set that permits causal analysis of issues as they happen prior to or after RH. All of these data, deidentified, will be made available for public use on NACJD.

Table 1: Administrative Data Elements

<table>
<tr><th colspan="3">Time-Stable Indicators</th></tr>
<tr><td>Demographics</td><td colspan="2">Criminal Background</td></tr>
<tr><td>▪ Date of birth/age
▪ Race/ethnicity
▪ Gender
▪ Home ZIP code</td><td colspan="2">▪ Prison admission date
▪ Predicted/actual release dates
▪ Commitment type (e.g., new sentence, parole revocation)
▪ Most serious charge</td></tr>
<tr><th colspan="3">Time-Varying Indicators[2]</th></tr>
<tr><td>Physical and Mental Health</td><td>Disciplinary Incidents</td><td>Housing Assignments</td></tr>
<tr><td>▪ Mental health diagnoses
▪ Mental health treatment
▪ Cognitive and/or developmental disorders
▪ Physical disability
▪ Self-harm attempts
▪ Suicide attempts</td><td>▪ Date and location of incident
▪ Charge/severity of charge
▪ Hearing date, outcome, disposition
▪ Sanction(s)
▪ Gang affiliations</td><td>▪ Movement/transfer dates in and out
▪ Reason for move
▪ Reason for placement in segregation (if relevant)
▪ Cell identifier and security level
▪ Unit
▪ Facility</td></tr>
</table>

B. Use of RH in Jails

Vera formulated a comprehensive survey about the use of RH in jails to be sent to as broad a cross-section of jails as possible in the United States. The Vera team documented jail contact information for 3,146 jurisdictions (counties and tribal jurisdictions), and for 3,439

[2] Some of these variables (e.g., physical disability, cognitive disorders) remain stable throughout an individual's incarceration, but since they change for some of the individuals in our data, they are classified here as time-varying.

individual facilities (numerous counties listed several different facilities with different addresses). The team collected mailing addresses for every jurisdiction and found name and contact info for specific personnel for most of the facilities. Using this, the team sent out a paper survey to each facility, and also sent out the survey to all available email addresses. The Vera team sent out the survey during Summer 2019 and accepted responses until January 2020.

After multiple rounds of follow- up, this part of the study is based on a sample of 270 valid responses. The team received surveys back, in one form or another, from 285 jurisdictions, representing 9.1% of all jurisdictions contacted. However, some were duplicates, illegible, or less than 25% complete. Retaining the 270 valid responses, the study therefore has a response rate of 8.6% of the jurisdictions contacted, or 7.9% of all the individual facilities contacted.

Although this is a relatively low response rate by conventional social science standards, it is in the range of what one typically finds for this population. We received surveys from 45 states, representing all areas of the country: the Midwest (44%), South (30%), West (18%), and Northeast (8%). Most of the surveys came from rural jails (57%), followed by small cities and metropolitan areas (25%), suburban jurisdictions (57%), and urban areas (3%). Although we were initially concerned that large, urban facilities with in-house data expertise would be most likely to respond and thus skew the results toward resource-rich facilities, we found the opposite in our respondent pool. Respondents were ultimately well distributed across jail size: 33% had fewer than 50 individuals incarcerated, 16% ranged from 50-99, 36% ranged from 100 to 499, 8% held from 500 to 999 people, and 7% had 1,000 or more individuals incarcerated.

C. Impact of RH on Correctional Officers

To determine the impact of working in restrictive housing units on COs' physical, emotional, and mental well-being, Vera (in partnership with researchers at the University of

North Carolina and Oregon Health and Science University) conducted the following research activities in North Carolina Department of Public Safety and Oregon Department of Corrections: focus groups with COs, wellness survey of COs, interviews with agency leadership, observations of restrictive housing units and general population units, and administrative data analysis. Additional surveys were administered to correctional officers in the Missouri Department of Corrections.

We estimated the overall prevalence of mental and physical health conditions among correctional officers, and examined whether working in restrictive housing is associated with increased mental and physical morbidity. We used a mixed methods design that included the surveys and focus groups mentioned above. The data was collected during 2018 and 2019.

IV. Data Analysis & Findings

A. Impact of RH on Incarcerated People

Research on the impact of RH on incarcerated people took two primary forms for this project: (1) whether exposure to RH caused an individual to develop mental or physical health problems; and (2) whether exposure to RH deterred individuals from engaging in future misconduct. Both of these research questions are unsettled in the field and represent primary debates on the use of restrictive housing. The first – whether RH causes health problems – is a key argument used by advocates against the use of RH. The second – whether RH deters individuals from engaging in misconduct – is a key argument used by correctional officers in favor of RH.

We studied the relationship between RH and health using data from Colorado, which provides particularly clear and reliable data on both physical and mental health outcomes. Our analysis made use of all individuals in the state, which included some 48,729 incarcerated

persons with an average number of housing stints of 27, creating a dataset with roughly 1.3 million observations. We used multiple regression with physical and mental health as the dependent variables, prior exposure to RH as the primary independent variable, and a host of covariates to control for other relevant factors (e.g., race, sex, custody level). Our analyses generated two primary findings: (1) there does not appear to be a relationship between RH exposure and physical health outcomes; and (2) there *is* a relationship, albeit not a particularly large one, between RH exposure and mental health outcomes. We will submit the findings from this study for publication in *Criminology and Public Policy*.

Our analyses of RH and institutional misconduct used data from Missouri, where data were structured particularly effectively for us to explore that topic. We used data from all individuals in the state, which included 79,203 incarcerated persons with an average number of housing stints of 14, creating a dataset with roughly 1.1 million observations. This paper focuses on two competing explanations of RH's impact on institutional misconduct. Some correctional officers contend that RH exposure will decrease an individual's misconduct, using a version of deterrence theory as support for their position. Some physicians and researchers, on the other hand, argue that RH exposure increases likelihood of future misconduct, either via (a) decreased mental health capacity and thus greater chance of deviating from acceptable unit norms; or (b) a reputation for wrongdoing that leads officers to be more likely to issue sanctions. Our findings support the latter explanation, finding that those in disciplinary segregation and administrative segregation were 9% and 4% each more likely than others to be written up in the future for prison misconduct. We will submit the findings from this study for publication in *Justice Quarterly*.

B. Use of RH in Jails

Given the sample size, our analysis of the jail survey is more descriptive than analytical, with a broad goal of demonstrating the extent to which RH is in place throughout the U.S. Several key findings have emerged from our analysis. First, there are significant disparities for some groups in assignments to RH units. For example, across all of the units in our sample, black individuals account for 25% of the RH population, compared to only 19% of the general population. The prevalence of transgender individuals in restrictive housing (1%) is more than ten times their prevalence in the general population (0.09%). People with mental health issues account for almost 1/3 of those in RH (31%), compared to only 17% of the general population. These disparities warrant additional research with an eye toward understanding the mechanisms behind them.

Jails as a population appear to make widespread use of what one would call "restrictive housing" in a prison setting. For example, 77% of the jails responding to our survey reported that general population individuals were allowed out of their cell for less than two hours per day. Interestingly, roughly 80% of respondents noted the same restrictions for those in disciplinary segregation and administrative segregation units. The relatively high use of RH for general population individuals, and the similarity with rates of use for those in disciplinary and administration segregation, warrants additional research.

Finally, our survey found that 79% of jails release individuals from RH units directly back to the community. This has been a key reform issue for prisons, where step-down programs and other mechanisms have been put into place to avoid releasing someone who had been in almost complete isolation to what is certain to be a sensory overload in the community. For jails, it is possible that relatively short stays, high prevalence of RH-like conditions, and uncertainty

about release all contribute to this practice. Efforts should be undertaken to minimize it, however, given research on direct release in the prison context.

C. Impact of RH on Correctional Officers

Officer data were analyzed in several ways. First, descriptive data about officer experiences were pulled from the data to understand the base prevalence of different health indicators (see below). Second, a series of multiple regression analyses were conducted that used restrictive housing exposure as a primary independent variable, with health outcomes as dependent variables and a host of covariates to control for potentially confounding factors. The broad findings from these analyses appear below.

Results showed that the prevalence of severe mental and physical health conditions among corrections officers, coded according to published criteria, was surprisingly high: burnout 33 percent, stress 8 percent, psychological distress 21 percent, depression 46 percent, post-traumatic stress disorder (PTSD) 19 percent, and alcohol problems 34 percent. The prevalence of severe physical conditions was also high: physical symptoms 21 percent, obesity 61 percent, and sleep problems 79 percent.

About 77 percent of officers ever worked in restrictive housing during their careers. Controlling for sociodemographic factors and working conditions, ever working in restrictive housing compared to no lifetime exposure to restrictive housing was associated with increased scale scores for burnout, PTSD, alcohol problems, physical symptoms, and sleep problems. We also conducted a sensitivity analysis that showed that officers with high exposure to restrictive housing were significantly more likely to report severe burnout and severe physical symptoms than were those with lower or no exposure to restrictive housing. Similarly, high exposure to restrictive housing was associated with severe stress, severe depression, severe physical

symptoms, and severe sleep problems. Findings from this study will be submitted to the *American Journal of Public Health*.

VI. Implications for Criminal Justice Policy & Practice

A. Impact of RH on Incarcerated People

All of the data that we have collected will be made available for download from NACJD. We hope that individuals will make extensive use of these data to answer empirical questions about RH and its effects on various issues in the prison environment. In our analysis, we focused on the two noted above: (1) mental and physical health, and (2) institutional misconduct.

Although RH does not appear to influence physical health in meaningful ways, it does have negative implications for mental health. Individuals who spend time in RH should be evaluated by mental health professionals during and after their time in segregation to ensure that these negative consequences can be mitigated. Much of the field has debated whether mental health issues cause, or are *caused*, by exposure to RH. The structure of our data permitted us to determine that, above and beyond whatever mental health issues exist prior to assignment to RH, there are *additional* mental health issues after exposure. Additional research should tease out how these relationships work with more nuance (e.g., time in RH, specific RH conditions, specific mental health issues), but these findings do suggest that professionals consider additional mental health services for those in RH.

Contrary to what deterrence theory might suggest, we find that RH is *not* a deterrent to future misconduct, and that it actually increases the probability that an individual will find him or herself back in restrictive housing after an initial exposure. We are unable to determine whether this stems from labeling theory – officers label those who spend time in RH as 'troublemakers' and use their discretion to write them up again – or from a criminogenic impact. Future research

should consider this question with more nuance, but our results point practitioners away from an argument that using RH will decrease future misconduct.

B. Use of RH in Jails

Our sample of jails is limited, and future research should try to expand data collection to include additional jurisdictions. However, our findings point to several recommendations for jail practitioners. First, there appears to be extensive use of RH-like conditions for those in the general population. Given the pervasive negative effects of RH identified in the literature, officials should reconsider these policies and find ways to allow jail inmates time outside their cells for more than two hours per day. Second, there are numerous and troubling disparities in those assigned time to restrictive housing. For example, black individuals, transgender people, and those with mental health issues are much more likely to be placed in restrictive housing than others. Although it is tough to know the precise mechanisms by which these disparities occur, given the size of our sample, future research should examine how officers might think about (a) unconscious racial bias, (b) the best means of protecting those who are transgender, and (c) people who have mental health needs that might present as troublesome behavior in a general population setting.

C. Impact of RH on Correctional Officers

This study indicates that the mental and physical health of corrections officers is compromised compared to that of the general population. Further, working in restrictive housing may inflict collateral damage on the health of corrections officers in these environments. Both the quantitative and qualitative findings suggest several promising avenues for future inquiry into pathways that can potentially help stem these harms to public health.