

Exploring the Use of Special Housing Units by Men Released From New York Correctional Facilities: A Small Mixed-Methods Study

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Abstract

This small, mixed-methods study sought to understand the use of special housing units among formerly incarcerated men. In the present study, 110 participants were placed in solitary confinement, ranging from ≤ 30 days to 20 years, with a mean of 2 years ($SD = 2.55$). These men ranged in age from 35 to 67 years, with a mean age of 46 years. Years of incarceration ranged from less than 30 days to 34 years; the mean number of years incarcerated was 4 ($SD = 6.39$). Of the 110 participants, qualitative interviews were conducted with 30 men to explore their experiences during time spent in solitary. The qualitative themes that emerged from the study were getting special housing units might be used for punishment, getting used to solitary, and getting solitary might mean peace of mind. Personalized reentry plans for men placed in special housing units facilities are urgently needed.

Keywords

men, criminal justice, mental health assessments, reentry, solitary

Introduction

Special housing units are cells within a correctional facility (prison or jail), whereby inmates who break prison rules are confined to severe isolation (Metzner & Fellner, 2013). These units, also known as “solitary,” the “box,” “bing,” or “special housing units,” are often $6 \times 9 \times 12$ feet cells where the majority of the inmates will spend their days confined for 23 hours, only being given, at most, 1 hour of recreation (Grassian, 2006; New York Civil Liberties Union, 2012). Individuals placed in special housing inmates are denied access to rehabilitative programming, including educational opportunities and communication with families and friends (Metzner & Fellner, 2013).

While the specific rules, regulations, and standards of inmate behavior vary across the nation, special housing units have consistently been used in the United States to separate inmates who break prison rules from the general inmate population (New York Civil Liberties Union, 2012). Previously, the United Nations General Assembly (2011) argued that solitary confinement should only be used in selective circumstances (i.e., as a “last resort”) and that, despite the inmate’s punishment, she or he must still be treated with respect, dignity, and humanity.

Prior research has investigated the consequences of special housing units on inmates (Zinger, Wichman, & Andrews, 2001; Grassian, 2006; Arrigo & Bullock, 2008; Berger, Chaplin, & Trestman, 2013; Kaba et al., 2014). These studies demonstrate that inmates with serious mental illnesses placed in special housing units are more likely to exhibit elevated psychological symptoms and are more likely to develop self-harming behaviors. Kupers (2008) states that solitary use might have long-lasting effects on individuals, especially those with mental health problems, after release from incarceration and into the community. Extensive research has indicated that inmates placed in special housing units may exhibit emotional and psychological disturbances over time (Grassian, 2006; Haney, 2003). Additionally, Maschi, Suftin and O’Connell (2012) reviewed several studies on the types of mental health problems in American incarcerated populations and identified that significant mental health

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and comorbid health problems exist among persons in the correctional system. One study, however, identified mixed results on whether the mental health problems of inmates placed in solitary confinement declined over time (O'Keefe et al., 2013). O'Keefe et al.'s (2013) longitudinal study of special housing units, conducted in the Colorado Department of Corrections, reported that inmates placed in solitary did not experience a decline in psychological functioning, and that while most of the inmates experienced distress, over time; they also showed improvements in psychological functioning. Given our very limited understanding of special housing units, the aim of this study was to better understand the use of solitary confinement among formerly incarcerated men.

Method

The data used for this analysis were collected as part of a study examining cancer health disparities among men involved in the criminal justice system aged 35 years and older (Valera, Cook, Darout, Dumont, 2014). The study focused on recruiting men aged 35 years and older since the majority of the individuals who enter community supervision in New York are more likely to be in their thirties and older. The inclusion criteria of the parent study included the following: (1) self-identify as a male, (2) aged 35 years or older, (3) released in the Bronx, (4) currently under parole or probation, (5) never been diagnosed with cancer or other chronic disease requiring intensive or on-going care, (6) report substance abuse history, and (7) be able to provide informed consent. The informed consent protocols was approved by the university institutional review board, and a Federal Certificate of Confidentiality was obtained.

The research assistant obtained written informed consent approval from all eligible men who were interested in participating in the study. This process involved reading the informed consent documents to each participant, answering questions and concerns about the study, and signing the consent form. A purposive sampling approach was used to recruit potential participants through word of mouth, distributing flyers, and posting advertisement about the study in selected agencies that provide social services to new releasees, criminal courts facilities, and community centers frequented by individuals under community supervision (Muhib, Lin, Stueve, Miller, & Ford, 2011). The men who completed the cross-sectional surveys were invited to participate in semistructured interviews concerning their experience in the criminal justice system, promoting more integration of the data and a thick description of solitary confinement (Patton, 1990).

The current study focuses on the use of solitary confinement in men who were incarcerated in a correctional facility in New York. New York prisons have

approximately 5,000 special housing unit beds and nearly 4,500 individuals in solitary confinement (New York Civil Liberties Union, 2012). Data were drawn from a cross-sectional study that sought to understand cancer-health disparities and other outcomes (including physical and mental health); and social support among 259 Black and Latino men under community supervision, released from New York correctional facilities conducted from 2011 to 2012 (Valera, et al., 2014a).

Setting

The Bronx is one of the poorest New York City boroughs; nearly 41% of the residents are poor, and over half of the population receives public entitlements (Shah, Edmonds-Myles, Anderson, Shapiro, & Chu, 2009). Bronx, New York, was selected as the appropriate location to conduct the present study, because it was representative of the type of communities (socially and economically disadvantaged) to which the majority of men who have been incarcerated often return.

Measures

After obtaining informed consent, the research assistants administered the study verbally. The questionnaires included the following standardized instruments: The Brief Symptom Inventory, Alcohol Use Disorders Identification Test, Group-Based Medical Mistrust Scale, Social Support Scale, and General Health Questionnaire, among others. Survey questions examined numerous important topics including: substance use (e.g., tobacco, alcohol, drugs), medical mistrust, attachment, participant knowledge, and screening of serious health conditions (e.g., HIV and cancer) and participant knowledge about research ethics. The first author developed an open-ended questionnaire that examined the participants' experiences with biomedical and clinical research (Valera, Cook, Macklin, & Chang, 2014). Participants were compensated \$25 for their time. Detailed study design and outcomes of the cancer-health disparities study are published elsewhere (Valera, et al., 2014b).

Solitary Confinement Measure. The solitary confinement measure included the following four questions: (1) Did you experience the "box" or "solitary" during your last incarceration? (Response: "yes" or "no"); Did you feel safe in solitary? (Response: "yes" or "no"); (2) How long were you placed in a special housing unit? ("open response"); (3) Did you attempt suicide while in solitary? (Response: "yes" or "no"); and (4) Did you feel at risk of being attacked by prison guards? (Response: "yes" or "no"). The psychometric properties of the solitary confinement measure included Questions 1, 3, and 4, and the Cronbach's alpha was .58.

Statistical Analysis. Descriptive statistics of the study variables were performed. Mean and standard deviations were examined.

Semistructured Interview

Of the 110 participants who reported experiencing solitary confinement, 30 participants were invited to complete semi-structured interviews to further understand the context of special housing units. The inclusion criteria for inviting 30 of the 110, who had been in solitary confinement, were the following: (1) self-identify as a male, (2) aged 35 years or older, (3) released in the Bronx, (4) currently under parole or probation, (5) never been diagnosed with cancer or other chronic disease requiring intensive or on-going care, (6) report substance abuse history, and (7) be able to provide informed consent. Signed informed consents were taken from the 30 participants and then interviews were administered, each lasting 90 minutes. After the interviews, participants were compensated \$30 in cash for their participation.

The interview protocol discussed topics surrounding the participants' experiences while incarcerated, such as their daily activities, solitary confinement experiences, and relationships with other inmates. The interviews also explored the participants' chronic conditions and addictions (e.g., HIV status, hypertension, tobacco use, substance use); support systems (professional and social); community reintegration (e.g., securing housing and employment); and ideas for interventions.

For the purpose of this study, the research assistants asked the men the following four questions: (1) What were your experiences with solitary confinement? (2) Were you physically abused by prison guards? (3) What was it like in solitary confinement? and (4) How long were you in solitary?

The interviews were digitally recorded, and all interviews were held in a private meeting room at a community reentry agency, whereby additional services were available to meet participants' mental health needs. The interviews were transcribed by a professional transcriptionist, and all identifying information was removed prior to uploading the data in a secure drive and entered into NVivo software. The first author and her research assistants developed the codebook, coded the transcripts, and conducted thematic analyses of the solitary code only (Ryan & Bernard, 2003). The coders reached 80% inter-coder reliability across 30 interview transcripts.

Results

Sample Characteristics

Demographic characteristics of the larger study have been reported elsewhere (Valera & Kratz, 2014; Valera, et al., 2014a; Valera, et al., 2014b). The demographic

characteristics of participants who had experienced solitary confinement only during incarceration are presented in Table 1. Years of incarceration ranged from less than 30 days to 34 years; the mean number of years incarcerated was 4 ($SD = 6.39$). These men ranged in age from 35 to 67 years. The amount of time spent in solitary confinement ranged from less than 30 days to 20 years, with the mean number of years being 2 ($SD = 2.55$). One participant reported spending all of his incarceration in a special housing facility, a total of 20 years in solitary confinement. Twenty years was an outlier, most men spent on average of 2 years in solitary. Fourteen percent ($n = 15$) of men with solitary experience reported attempting suicide during administration segregation. Seventy percent of the men reported feeling "safe" in solitary.

In terms of their education status, 69% of the participants had neither graduated from high school nor passed the General Education Development tests, the equivalent to obtaining a high school diploma in the United States. At the time of this study, New York State was in the process of selecting a new high school equivalency exam called the Test Assessing Secondary Completion to replace the General Education Development as the primary pathway to a New York State High School Equivalency Diploma; this was effective in 2014.

Table 1. Frequencies and Percentages for Demographic Variables of Men With Solitary ($N = 110$).

Variable	N	Percentages/range
Solitary use	110	35 to 67
Age range of men with solitary ^a		
35 to 44	43	40%
45 to 54	54	50%
≥55 and older	13	10%
Duration of incarceration	110	≤30 days to 34 years (mean = 4 years; $SD = 6.39$)
Duration in solitary	110	≤30 days to 20 years (mean = 2 years; $SD = 2.5$)
Race and ethnicity		
Latino	51	46%
Black	55	50%
Other	4	4%
Highest level of education completed ^a		
No high school diploma/ General Education Development	76	69%
High school diploma/General Education Development	33	30%
Employment status ^a		
Working	14	13%
Unemployed but looking for work	66	60%
Disability	27	25%

(continued)

Table 1. (continued)

Variable	N	Percentages/range
<i>Facility released from</i>		
New York State Prison	96	87%
New York City Jail	14	13%
<i>Self-rated health status</i>		
Poor	17	16%
Average	31	28%
Good	62	56%
<i>Self-rated smoking behaviors</i>		
Current smoker	84	76%
Ex-smoker	15	14%
Never smoked	11	10%
<i>Used of mental health services</i>		
No	64	58%
Yes	46	42%
<i>Suicide attempt in solitary</i>		
No	95	86%
Yes	15	14%
<i>At risk of being attacked by other inmates</i>		
No	65	59%
Yes	45	41%
<i>At risk of being attacked by prison guards</i>		
No	47	43%
Yes	63	57%
<i>Felt safe in solitary^a</i>		
No	28	22%
Yes	78	70%

a. Missing data.

Qualitative Experiences in Solitary Confinement

This section describes the qualitative themes that emerged from the interviews. The themes were: (1) getting special housing units might be used for punishment; (2) getting used to solitary (*the first few days are the worst, but you get used to being in the box*); and (3) getting solitary might mean peace of mind. In general, the responses to whether participants had positive or negative views about solitary confinement were mixed. Experiences described in Theme 1 (“punishment”) were generally negative, those described in Theme 2 (“get used to it”) reflected negative experiences that turned neutral and/or positive over time, and participants’ experiences described in Theme 3 (“peace of mind”) reflected generally positive attitudes toward solitary. These results are discussed below.

Theme 1: Getting Special Housing Units Might be Used for Punishment. Participants reported that maximum-security correctional facilities used punishment among those housed in special housing units. Participants reported

feeling punished because of subjection to military-like conditions, isolation from peers, restrictions on their recreational time and personal mobility, and physical punishment (beatings). Participants expressed that if they broke prison rules, then the resulting “punishment” was isolation inside a special housing unit.

One participant explained that the military-like conditions, isolation from peers, and restrictions on recreational time and personal mobility experienced in solitary confinement created punishing pressure and stress. He stated:

I was in maximum [security] facility A, it was a military sort of facility, but the facility was putting too much stress on me. Like, you get up at, 4:45am and you march and you work out, and then your pants got to be pressed, and then you got to salute. This facility [where I was at] is a 22 hour lockdown jail, you’re isolated from population, for 23 hours, you’re locked up. For 1 hour, you get 1 hour rec. I mean, you’re escorted places, handcuffed, shackles. (age: 46; Puerto Rican; length of incarceration: 5 years; length in special housing unit: 180 days).

Another participant noted, “the box is a place where, if you get caught with drugs or you get caught with a knife, or get caught fighting, or you get caught hurting somebody, they put you in a box.” (age: 46; Puerto Rican; length of incarceration: 4 years; length in special housing unit: 180 days).

Another participant recalled being beaten in his special housing unit cell.

Interviewer: How many officers beat you?

Interviewee: About 15. In maximum facility B they don’t play.

Interviewer: How long were you in the Box?

Interviewee: The longest in the box I did was 18 months. . . . And they beat me so bad, that the next day the superintendent came to my cell and said I’ll tell you what, you were disrespectful to my officers. The Inspector General coming here today . . . tell him everything’s alright. You be a standup dude, I’ll be a standup dude. I won’t give you a ticket [if you tell them everything is alright] I’ll put you back in population.

(age: 52; Puerto Rican; length of incarceration: 13 years; special housing unit: 540 days)

Inmates confined in solitary units are those who have broken internal prison rules (i.e., possession of a weapon, violence); so it naturally follows that participants would describe that these units are used for punishment. Participants also felt that solitary confinement was used for punishment, because they experienced forced early

morning wakening and marches. Participants also focused on the fact that beatings were used in solitary confinement by prison guards for inmate misbehavior, and they felt this was punishment.

Theme 2: Getting Used to Solitary (The First Few Days Are the Worst, but You Get Used to Being in the Box). Participants discussed their experiences of getting used to solitary, with the commonality that the first few days housed in solitary confinement were difficult, but that they got used to the conditions in the box. The men, who experienced solitary for the first time, shared the following experiences:

The first time I stayed in [the box was] for 21 days, the next one was 31 days. The first time, it was the worst. Because it was during the summer, it was extra hot. So when you in there, you got to sleep naked, “cause nobody’s coming” to bother you anyway. You ain’t got no commissary, no food like that; eat 3 times a day; you had a choice between going to recreation or takin’ a shower. You locked in 23 hours the day in that box. Only 1 hour is for shower or recreation. First 21 days was the worst, but the second time I already knew what I was facing’ so, it didn’t really bother me as much. I was just sitting there writing’ my music and, that’s it. (age: 47; Black; length of incarceration: 7 years; length in special housing unit: 52 days)

Another participant stated:

I did 6 months in solitary. The first 30 days was [sic] kinda rough, but then I got used to it because, like I said, I had some reading material, and they made me the porter, so I was able to move around the building during the day. (age: 43; Black; length of incarceration: 4 years; length in special housing unit: 180 days)

Solitary inmates expressed special housing units as being “harsh” at first because of strict limitations imposed on their freedoms, but acceptable after an adjustment period. Men placed in solitary were severely restricted in their choices of what and when they could eat. Our participants were not given the opportunity to order food from the prison commissary like inmates in the general population. Foods in the commissary include snack foods, such as peanut butter and tuna fish, and drinks such as Gatorade and iced tea. Such foods are typically kept in the inmates’ cells, so they are able to eat them when they are hungry. These snacks are especially important, considering that set mealtimes in prison are at hours that might conflict with “normal” eating patterns.

Theme 3: Getting Solitary Might Mean Peace of Mind. Although most of the men experienced punishment and had difficulties adjusting while in special housing units, a few participants noted that they preferred being in

solitary confinement than in the general population. These participants experienced tranquility through isolation.

Three men discussed the “peace of mind” aspect of being in a special housing unit:

It was peaceful, because you didn’t have to worry about anything in jail. Like when you [are] sitting in jail, when you [are] sitting in the dormitory or in the cell, you have 21 or 50 other personalities you have to deal with, so it’s a good chance you might clash with somebody or fight with somebody over the phone or over the TV or something. When you [are] in the box, you [are] in there by yourself. You ain’t going to fight with nobody but yourself. (age: 48; Puerto Rican; length of incarceration: 2 years; length in special housing unit: 30 days)

It can be addictive. For peace of mind. You don’t have to smell a bunch of men all the time. Some people do things just so they can be put in them, them places [solitary confinement], so they don’t have to deal with other people’s nonsense. And I understand that, I understand that. You know, if it wasn’t [sic] for the consequences that come up behind [sic] getting in the situation [of ending up in solitary confinement], I would of [sic] preferred to have been in my own cell, in my own space, so I could read, and [do] whatever exercise I was gonna do—I could a did there. I would prefer *that* until I got out. (age: 58; Black; length of incarceration: 4 years; length in special housing unit: 150 days)

I liked it [solitary confinement]. ‘Cause I was by myself 23 hours a day. And nobody would bother me. And my meal would come to me. And I would get books, and I would read. And basically I would look forward to the next day to get my 1 hour of rec, so I could walk around [in] the sun and whatever, and back to my cell. I mean nothing could happen in the box. (age: 55; Black; length of incarceration: 10 years; length in special housing units: 60 days)

There is very little allowed in special housing units. The inmate’s possessions are strictly limited to reading materials such as few personal books and magazines (New York Civil Liberties Union, 2012). Some inmates reported feeling that solitary confinement was positive, because it offered them “peace of mind.” They discussed how they did not have to confront many of the problems, such as violence, stress, “nonsense,” and “smells” created by living and interacting with other inmates. Overall, inmates expressed that they felt safer in solitary confinement than in the general population.

Discussion

The results of this small mixed-methods study demonstrate the attitudes and experiences surrounding solitary confinement by men who had been placed in special housing units. Most men who reported being placed in solitary were unemployed, did not complete high school, and felt at risk of being attacked by prison guards. A key

finding from the study was that some men appeared to endorse the use of special housing units as a form of protection perhaps from prison guards and other inmates, in fact and an overwhelmingly 70% of the men reported feeling safe in solitary. Qualitatively, both positive and negative attitudes and experiences toward solitary were discussed.

The restrictions placed on individuals in solitary confinement are serious concerns for the men in this study. The men qualitatively described almost 24-hour confinement in their cells and that they only had 1 hour per day in which they were released from their cell. These limitations on the solitary inmates' time turn certain basic activities into luxuries. Inmates in solitary must choose between showering and going to recreation during this hour. Despite the restrictions placed on them, inmates reported that they became accustomed to the isolation. As discussed, inmates are prohibited from interacting with other inmates except for 1 hour of recreation (if chosen by the inmates instead of showering during this time). The lack of interaction with others during recreation forces the solitary inmates to occupy their time by themselves and without interaction with other individuals; solitary inmates are forced to discover ways in which to occupy their time. The men interviewed discussed reading, writing, listening to music, and drawing.

Our findings contribute to the scholarly work of Maschi et al. (2012), and Williams et al. (2012) by including a solitary confinement perspective to guide the conversation about community reintegration for justice-involved men. The unexpected and spontaneous reports on how special housing units (largely discussed on the semistructured interviews) could be used as a therapeutic option for feeling safe and keeping distance from other inmates open up new lines of inquiry. The use of special housing units might be an extension of "getting used to solitary" as a possible coping mechanism.

Suggestions for Future Research

In the United States, 4.8 million people, or 1 in every 50 adults, are under some form of community supervision—probation or parole (Maruschak & Bonczar, 2013). There is considerable variation and limited understanding in how special housing units are administered within correctional facilities and how quickly inmates recover or succumb to punishment. That being said, the use of solitary confinement for inmates who break prison rules requires further examination. For instance, beatings by prison guards as a means of punishment against inmates, especially on top of the isolation already mandated as punishment through confinement, is unacceptable for prisons and jails in the United States. Additionally, very little is known about the use of punishment and force by

prison guards to address infractions displayed by inmates in the general prison community (Clemmer, 1940). In addition, using special housing units to garner solitude and peace of mind from the general prison or jail community has not been the focus of empirical research concerning administrative segregation (Arrigo & Bullock, 2008; Casella & Ridgeway, 2012; Grassian, 1983; Kaba et al., 2014). Given that majority of the inmates exposed to solitary confinement will return to the community, we know very little about how solitary use may affect community reintegration and public safety.

In this vein, personalized and tailored interventions for men who have had extensive criminal justice involvement and prolonged solitary use experiences are needed. Aday and Krabill (2006) stated that inmates who spent considerable amounts of time housed in correctional facilities will need intensive discharge planning from correctional facilities to their communities. Personalized treatment and release plans that consider the consequences of long periods of solitary confinement ought to be in the nation's public health agenda (Grassian, 2006; Parish, 2012). Additionally, the current assessment used in U.S. reentry planning and case management to guide parole and probation officers in community supervision, on an inmate's release, is the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) (Northpointe Institute for Public Management, 1996, 2013). The "risk and needs" tool currently being used gauges solely whether formerly incarcerated individuals have disciplinary issues and whether his or her security classification during imprisonment went from medium to maximum (Northpointe Institute for Public Management, 2013). COMPAS is not an adequate measurement tool for people who present with substance abuse or preexisting mental health problems (Northpointe Institute for Public Management, 2013).

One approach to mitigate this problem is to include open-ended questions about solitary use and self-harm in the COMPAS so that practitioners and community supervision officers could develop personalized reentry and treatment plans for formerly incarcerated individuals who were placed in special housing units during incarceration.

Limitations

The limitation of these results was the cross-sectional design and the relatively small sample of men who self-reported being placed in special housing units during their last incarceration. Another limitation was the weak reliability of the three-item solitary measure, since low reliability is problematic for understanding group differences, conducting correlation analysis, and making associations (Kline, 1986). Although, the psychometric

property of the three-item solitary measure was not generalizable across the sample of participants, it is the first step to examine solitary use. Future research would need to develop a better solitary measure with more detailed questions, including both “yes/no” questions and those allowing for open-ended responses. Finally, the findings may not be generalizable to young men under correctional supervision as this study was conducted with only formerly incarcerated men aged 35 and older.

Conclusion

In spite of these limitations, to our knowledge, this is the first study to explore formerly incarcerated men with solitary confinement experiences. This mixed-methods study sheds light on an important public health and public safety issue. Research is urgently needed to help practitioners working with formerly incarcerated individuals adapt appropriate assessments (Kelly, Merrill, Shumway, Alvidrez, & Boccellari, 2010; Wittmann, Schnyder, & Buchi, 2012).

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