

Release From Long-Term Restrictive Housing

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Introduction

The philosophy on rehabilitation changed in federal and state prison systems during the mid-1970s, moving toward retribution, deterrence, and incapacitation. Popular phrases, such as “nothing works” and “just deserts” cultivated harsher narratives surrounding punishment (Bennion, 2015; MacKenzie, 2008). In 1981, the Reagan administration initiated policy changes that advocated more punitive procedures in law enforcement and corrections. In 1994, The Violent Crime Control and Law Enforcement Act was passed under the Clinton administration along with other punitive policies, such as “three strike laws,” the elimination of Pell grants, and the denial of public benefits for formerly incarcerated individuals (Pizarro, Zgoba, & Haugebrook, 2014; Mears, Mancini, Beaver, & Gertz, 2013; Nally, Lockwood, Knutson, & Ho, 2012; Mears & Watson, 2006; Pogorzelski, Wolff, Pan, & Blitz, 2005; Mauer, 2005). These policies, and many others, assisted in increasing state and federal prison populations across the nation and led to changes in how inmates were housed in correctional facilities. Two of those changes were the use of restrictive housing and the emergence of supermaximum, or supermax, prisons.

There are three main types of restrictive housing. One type, protective segregation housing, is for individuals who would not be safe in the general population because of their fragility, their previous or pending court testimony, or their career before incarceration. A second type, disciplinary segregation housing, is for inmates who have violated institutional policies. The third type, administrative segregation, is reserved for individuals with known gang affiliation, documented escape attempt(s), a long history of rule violations, or have exhibited violent behaviors towards other inmates or correctional personnel.

In the 1980s, “get tough on crime” rhetoric assisted in the construction of new facilities known as supermax prisons, or rather “prisons within prisons;” supermax prisons are designed for the worst of the worst, such as violent or disruptive prisoners, and represent the most secure level of correctional

custody. In a supermax prison, prisoners are housed in single-cell sound-proof units, and the rules are strict and punitive: there is zero contact and no stimulation¹ for prisoners incarcerated in a supermax prison (Resnik et al., 2016; Shames, Wilcox, & Subramanian, 2015). In supermax facilities, individuals remain in their cells for 22 to 23 hours per day, visitations are limited and often occur via video monitor, basic hygiene supplies are regulated, communication with correction officers is kept to the bare minimum, and any movement out of the cell is done in shackles (Resnik et al., 2016; Pizarro & Stenius, 2004). Additionally, inmates in restrictive housing are not allowed to attend any type of program available to other prisoners and are not allowed to have a job in the institution; release from supermax solely depends on an administrative decision, and often prisoners originally housed in a supermax are there indefinitely (Valera & Kates-Benman, 2016; Frost & Monteiro, 2016; Shalev, 2011; Ross, 2007). Furthermore, based on responses from 47 jurisdictions about their corrections' population, 5.5% of inmates spent three to six years in restrictive housing, and 5.4% spent more than six years in restrictive housing (Resnik et al., 2016). Finally, Black and Hispanic prisoners reside in restrictive housing at higher rates than Whites (Resnik et al., 2016).

Issues for Individuals in Restrictive Housing

Many individuals enter the prison system with mental health diagnoses and substance abuse issues, diminished intelligence quotient (IQ), lacking a high school diploma, and have seldom and limited contact with their family (Resnik et al., 2016; Nally et al., 2012; Loper, Carlson, Levitt, & Scheffel, 2009; Herman-Stahl, Kan, & McKay, 2008; Shalev, 2008). These individual shortfalls and family relations complicate living in long-term restrictive housing and reentry through a myriad of ways.

Mental Health

According to the Bureau of Justice Statistics, an estimated 56% of incarcerated individuals have some form of mental illness (James & Glaze, 2006); the number of people incarcerated with a mental illness is the result of policies that started to be passed in the 1970s. Beginning in 1971, state mental health facilities were deinstitutionalized based on the belief that an individual would receive better support in their community (Bachrach, 1978). However, this decision was not partnered with a financial commitment from local communities to increase their mental health services; as a result, the criminal justice system filled that void. Individuals with mental illness receive sentences that are approximately five months longer than an individual without a mental illness and serve four months longer on their sentence (James &

Glaze, 2006). From 1971 to 1996, the incarceration of individuals with mental illnesses grew from 28% to 86% (Harcourt, 2011).

Often times, inmates with mental illness are unable to adhere to the mandated structured and rule-heavy environment of a prison; as a result, they are moved into restrictive housing for rule violations or assaultive behaviors (Frost & Monteiro, 2016). While in restrictive housing, the prisoner, he or she, is exposed to extreme isolation and reduced environmental stimulation. Researchers have documented the negative psychological effects of human deprivation seen and experienced within long-term restrictive housing. When prisoners are released from restrictive housing, they experience hypersensitivity to stimuli, confusion, memory loss, anger, aggression, hallucinations, and panic attacks (Frost & Monteiro, 2016; Hafemeister & George, 2012; Grassian, 2006; Shalev, 2008). Other researchers have found that individuals in long-term restrictive housing did not develop additional mental health disorders, or their current mental health did not worsen over time (Cochran, Toman, Mears, & Bales, 2018; Bulman, Garcia, & Hernon, 2012; O'Keefe, Kliebe, Stucker, Sturm, & Leggett, 2011). The debate regarding the psychological consequences of long-term restrictive housing persists, and the controversial aspects surrounding the use of long-term restrictive housing have resulted in numerous lawsuits.

In 1995, in *Madrid v. Gomez*, a class-action lawsuit brought by prisoners incarcerated at Pelican Bay State Prison, a maximum-security prison, challenged the conditions and practices that affected almost every aspect of prison life. In particular, the lawsuit challenged the inhumane conditions imposed by the Security Housing Unit, commonly referred to as the SHU. Prisoners argued that the correctional officers used undue force without justification, that the SHU was used excessively, and that prisoners were fetally restrained on dozens of occasions.² Additionally, the investigation of practices at Pelican Bay found that inmates who were evaluated suffered severe psychiatric disturbances (Grassian, 2006). The court recognized, “[m]ental health, just as much as physical health, is a mainstay of life” (The Psychology of Cruelty: Recognizing Grave Mental Harm in American Prisons, 2015, p. 1262). Furthermore, the court stated, “As the Supreme Court has made quite clear, we cannot, consistent with contemporary notions of humanity and decency, forcibly incarcerate prisoners under conditions that will, or very likely will, make them seriously physically ill . . . [and] these same standards will not tolerate conditions that are likely to make inmates seriously mentally ill” (*Madrid v. Gomez*, 1995, p. 1261). This case resulted in government monitoring of conditions inside Pelican Bay State Prison in an effort to improve its conditions.

In *Ruiz v. Johnson* (1999), state prisoners sued the Texas Department of Corrections’ (TDC) prisons for unconstitutional practices. The court found that it was impossible to convey the pernicious conditions and the pain and degradation which ordinary inmates suffered within TDC prisons (*Ruiz v.*

Johnson, 1999, p. 860). Although the final ruling acknowledged that deprivations found in administrative segregation units could be considered cruel and unusual punishment, the court found that solitary confinement was not unconstitutional (Fettig, 2016).

In *Jones 'El v. Berge* (2001), prisoners housed at Wisconsin's supermax correctional institution in Boscobel, Wisconsin, argued that the conditions within the restrictive housing units constituted cruel and unusual punishment. The court found that "most inmates have a difficult time handling these conditions of extreme social isolation and sensory deprivation, but for seriously mentally ill inmates, the conditions can be devastating" (*Jones 'El v. Berge*, 2001, p. 1098). The decision in *Jones 'El v. Berge* resulted in the immediate removal of seven individuals with severe mental illness from restrictive housing units, and the state was mandated to create protocols that identified specific mental health diagnoses in prisoners; if a specific mental illness was identified, that prisoner was restricted from being placed in a long-term restrictive housing unit (Fathi, 2004). Since the *Ruiz v. Johnson* (1999) and *Jones 'El v. Berge* (2001) decisions, incarcerated individuals from numerous states have filed lawsuits under the 8th Amendment, challenging the use of restrictive housing units and their impact on prisoners' mental health.

Stigma and Labeling

Stigmas and labels associated with restrictive housing have a double-impact on individuals with mental illness who are not only considered "violent," but are also labeled "crazy." Often times, these labels become the "master status" of the individual and dictate the way correctional officers identify and view these stigmatized individuals (Callahan, 2004). Individuals in restrictive housing may not hear these labels directly, but scholars have documented that they do feel stigmatized (LeBel, 2012). Without proper training, correctional officers working with the restrictive housing population tend to write an increased number of disciplinary charges against them for behaviors directly related to the individual's mental health diagnosis (Callahan, 2004).

Education & Programming

Individuals that are in restrictive housing do not have access to educational or therapeutic programs and are not allowed to work at a prison job (e.g., working in the prison kitchen, laundry, cleaning, or maintenance). Additionally, many institutions do not allow individuals in restrictive housing to have reading materials. Yet basic education classes, such as the General Equivalency Development (GED), high school courses, and vocational programs are present in most correctional facilities (MacKenzie, 2008), and research has shown that educational programs inside have a positive impact on the prison population.

Jiang and Winfree (2006) found educational programming reduced rule violations in the general population. Moreover, there are many benefits of obtaining education while incarcerated, which can assist in reducing recidivism rates and increasing employment opportunities upon release (Frost & Monteiro, 2016; Lockwood, Nally, Ho, & Knutson, 2012; Bazos & Hausman, 2004). According to Nally et al. (2012), individuals that participated in educational programming while incarcerated earned a higher income than those individuals that did not participate in educational programming. Further, as Willingham demonstrates in her chapter in this volume, education inside prison has a positive impact on prisoners' self-esteem and increases their ability to reenter successfully. MacKenzie (2008) identified the most effective programmings as being cognitive skills development and programs that addressed individuals' behavior; however, most educational programming inside prison is focused on vocational training or skills training (MacKenzie, 2008).

Family

The research dealing with family and children tends to focus on the general incarcerated population but not the restricted housing population. Research suggests family support is a key component in addressing recidivism, particularly face-to-face visitation, telephone calls, building close ties with children, and co-parenting, all of which decreases prison rules violations (Herman-Stahl et al., 2008; Jiang & Winfree, 2006). Administrators of prison facilities have the legal right to restrict visitation, media access, and researchers (Zoukis, 2011). Visitation is considered a privilege and individuals in long-term restrictive housing have no privileges (Resnik et al., 2016). When an individual is in restrictive housing, visitation is restricted along with telephone calls, while attendance in educational programming to improve parenting skills or focus on family reunification is *not* available (Resnik et al., 2016). These combined issues further diminish an individuals' success after release from prison.

Economics of Long-Term Restrictive Housing

Supermax housing units, like the SHU at Pelican Bay State Prison, and supermax prisons, such as United States Penitentiary Administrative Maximum Facility, Florence, also known as the Alcatraz of the Rockies, are the most costly prisons to build and operate (United States Government Accountability Office, 2013). Most of these prisons are built in rural areas. Federal and state governmental officials determine locations for prison facilities and many are constructed in rural areas, and for several reasons: (1) The land is less costly; (2) Job creation in areas impacted by globalization and

diminished manufacturing jobs is a political win for rural legislators; and (3) Incarcerated residents inflate these communities' populations, which impacts census data for funding and voting districts (Levine, 2018).

In 2012, the cost to house almost 2000 inmates in federal special management, or administrative maximum-security housing units was \$87 million; the same number of inmates in medium-security facilities cost \$42 million and in high-security facilities the cost was \$50 million (Frost & Monteiro, 2016). At the state-level, for instance, Ohio's costs for incarceration at the supermax level was \$149 a day, \$101 a day for maximum-security, and \$63 a day for the general population (Browne, Cambier, & Agha, 2011). Criminal corrections spending at the federal level has increased more than any other federal budget area (Bennion, 2015).

Movement Beyond Long-Term Restrictive Housing

In 2015, President Obama requested that the U.S. Department of Justice review the use of restrictive housing in corrections and recommended limited use (Fact Sheet: Department of Justice Review of Solitary Confinement, n.d.). The report identified 50 guiding principles for adoption, and these principles became "Best Practices" for current implementation of policies in the federal correctional system and many state correctional systems.

Moving to Less Restrictive Housing

An individual is moved to less restrictive housing when the facility administration lowers their classification risk. One of the recommendations is to mandate hearings where an inmate's behavior over the past 90 days would be reviewed so that the prisoner would have a chance to have their classification risk changed so that the prisoner can live in a less restrictive housing unit, or even with the general prison population (Smith, 2016). When an individual is moved to less restrictive housing there are new challenges in acclimating back to being in the general prison population and its social setting. All of the environmental deprivations experienced in the restrictive housing unit become challenging to overcome; the challenges include everyday events, such as interacting with other inmates, correctional officers, and others inside the prison, like administrators or instructors. When an individual is moved from restrictive housing to the general prison population, there must be an adjustment period for the inmates' best interest and for the interest of others inside prison.

Numerous state correctional facilities have begun to provide "step-down" programming for individuals who have been in long-term restrictive housing (Vera Institute of Justice, n.d.). These programs may involve: giving a prisoner access to a television or radio during certain times of the day to

assist inmates in reacclimating to noise; allowing a prisoner to communicate with family members via phone or a controlled visit; having the prisoner attend educational programs or start a prison job; and having the prisoner attend skills group training (Schmitt & Galloway, 2013, Vera Institute of Justice, n.d.).

Parole & Reentry

Parole has the responsibility of determining an individual's ability to be successful in the community and uses a range of variables to determine if someone should be released from prison "early," such as age, ethnicity, participation in correctional programming, disciplinary reports, employment, evidence of a place to live, and recommendations from correctional staff about their determination if someone should be released from prison into the community on parole; this risk assessment and analysis is designed to protect the community from future criminal behavior by the individual (Mooney & Daffern, 2014; Hill, 2010; Huebner & Bynum, 2008). A mental health diagnosis, or a dual diagnosis, which includes substance abuse addiction or another mental illness, may or may not influence the parole board's decision (Matejkowski, Draine, Solomon, & Salzer, 2011). Reentry is challenging (Middlemass, 2017), and for those who get a release date, are on parole, and are dealing with a mental illness that has been exacerbated by spending time in a restrictive housing unit, reentry is difficult. Individuals with mental health issues have multiple and additional barriers that must be addressed to prevent returning to prison. Leaving spaces of restrictive housing units and then being released from prison creates multiple shocks for those reentering, and these struggles will impact a person's ability to desist from crime.

Conclusion

States need to implement more rehabilitation programs inside prison that assist individuals who have been in supermax and restrictive housing units and then enter the general prison population. Another program is required for those who have been in restrictive housing units and then reenter society. A major part of criminal justice reform should refocus on offender's rehabilitation needs, and do so with a holistic approach, which would include educational opportunities and marketable job skills to increase employability and family reunification as well as having access to mental health professionals. Offenders would benefit from coping skills training, anger management, counseling, family therapy, and other holistic approaches that are designed to increase their ability to address stressors or triggers in their lives. Beyond mental health, physical health issues need to also be addressed including medical, dental, and substance abuse education to develop a treatment plan

prior to release. Finally, for those who have spent time in a restrictive housing unit and reenter society, it would be beneficial for the community and the individual if a mentorship program was established that would provide assistance to an individual returning to the community; this final aspect would create a restorative justice framework and allow the community and individual to come full-circle.

Notes

1. Individuals housed in supermax units have no exposure to televisions or radios and sometimes reading material is prohibited.
2. A fetal restraint is when a prisoners' hands are handcuffed at the front of their body, their legs are placed in leg irons, and then a chain is drawn between the handcuffed hands and legs until only a few inches separate the bound wrists and ankles. At times, it has been documented that officers will use the same restraints but have the prisoner handcuffed in the back, so that the prisoners' arms are behind their back and their ankles were close to their wrists. The fetal restraint is painful, and in *Madrid v. Gomez*, there were no experts at trial that defended the use of fetal restraints; rather, correctional officials did state that there were no security reasons to justify the fetal restraint; its usage, the court determined, was to punish and inflict pain. One correctional officer, at trial, stated that they used fetal restraints "because we can do it" (*Madrid v. Gomez*, 1995, p. 1169).

References

- Bachrach, L. A. (1978). A conceptual approach to deinstitutionalization. *Psychiatric Services, 29*(9), 573–578.
- Bazos, A., & Hausman, J. (2004). *Correctional education as a crime control program*. Los Angeles, CA: UCLA, School of Public Policy and Social Research, Department of Policy Studies.
- Bennion, E. (2015). Banning the bing: Why extreme solitary confinement is cruel and far too usual punishment. *Indiana Law Journal, 90*(2), 741–782.
- Browne, A., Cambier, A., & Agha, S. (2011). Prisons within prisons: The use of segregation in the United States. *Federal Sentencing Reporter, 24*(1), 46–49.
- Bulman, P., Garcia, M., & HERNON, J. (2012). Study raises questions about psychological effects of solitary confinement. *National Institute of Justice Journal, 269*, 4–7.
- Callahan, L. (2004). Correctional officer attitudes toward inmates with mental disorders. *International Journal of Forensic Mental Health, 3*, 37–54.
- Cochran, J. C., Toman, E. L., Mears, D. P., Bales, W. D. (2017). Solitary confinement as punishment: Examining in-prison sanctioning disparities. *Justice Quarterly, 35*(3), 381–411.
- Fact Sheet: Department of Justice Review of Solitary Confinement. (n.d.). Retrieved from <https://obamawhitehouse.archives.gov/the-press-office/2016/01/25/fact-sheet-department-justice-review-solitary-confinement>
- Fathi, D. C. (2004). The common law of supermax litigation. *Pace Law Review, 24*, 675–690.
- Fettig, A. (2016). What is driving solitary confinement reform? *Correctional Law Reporter, 28*(3), 33–46.

- Frost, N. A., & Monteiro, C. E. (2016). *Administrative segregation in U.S. Prisons* (Contract No. 2010F_10097, NCJ 249749). Washington, DC: National Institute of Justice, Office of Justice Programs, U.S. Department of Justice.
- Grassian, S. (2006). Psychiatric effects of solitary confinement. *Washington Journal of Law & Social Policy*, 22, 325–383.
- Hafemeister, T. L., & George, J. (2012). The ninth circle of hell: An eighth amendment analysis of imposing prolonged supermax solitary confinement on inmates with a mental illness. *Denver University Law Review*, 90, 1–54.
- Harcourt, B. E. (2011). An institutionalization effect: The impact of mental hospitalization and imprisonment on homicide in the United States, 1934–2001. *The Journal of Legal Studies*, 40(1), 39–83.
- Herman-Stahl, M., Kan, M. L., & McKay, T. (2008). *Incarceration and the family: A review of research and promising approaches for serving fathers and families*. US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation Administration for Children and Families/Office of Family Assistance.
- Hill, A. (2010, July 19). Inside the Parole Board: How freedom is granted or denied for prisoners. *The Guardian*. Retrieved June 18, 2019, from www.theguardian.com/law/2010/jul/19/parole-board-members-speak
- Huebner, B. M., & Bynum, T. S. (2008). The role of race and ethnicity in parole decisions. *Criminology*, 46(4), 907–938.
- James, D. J., & Glaze, L. E. (2006). *Mental health problems of prison and jail inmates* (NCJ 213600). Washington, DC: US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Jiang, S., & Winfree Jr., L. T. (2006). Social support, gender, and inmate adjustment to prison life: Insights from a national sample. *The Prison Journal*, 86(1), 32–55.
- Jones 'El v. Berge*, 164 F. Supp. 2d 1096, 1098 (W.D. Wis. 2001).
- LeBel, T. P. (2012). Invisible stripes? Formerly incarcerated persons' perceptions of stigma. *Deviant Behavior*, 33(2), 89–107.
- Levine, S. (2018, February 8). 2020 census will continue to count prisoners where they are incarcerated. *The Huffington Post*. Retrieved June 18, 2019, from www.huffingtonpost.com/entry/2020-census-prison-population_us_5a7cb966e4b044b3821b0507
- Lockwood, S., Nally, J. M., Ho, T., & Knutson, K. (2012). The effect of correctional education on postrelease employment and recidivism: A 5-year follow-up study in the state of Indiana. *Crime & Delinquency*, 58(3), 380–396.
- Loper, A. B., Carlson, L. W., Levitt, L., & Scheffel, K. (2009). Parenting stress, alliance, child contact, and adjustment of imprisoned mothers and fathers. *Journal of Offender Rehabilitation*, 48(6), 483–503.
- MacKenzie, D. L. (2008). *Structure and components of successful educational programs*. Reentry Roundtable on Education, John Jay College of Criminal Justice, New York, March, 31.
- Madrid v. Gomez*, 889F. Supp. 1146 (N.D. Cal. 1995).
- Matejkowski, J., Draine, J., Solomon, P., & Salzer, M. S. (2011). Mental illness, criminal risk factors and parole release decisions. *Behavioral Sciences & the Law*, 29(4), 528–553.
- Mauer, M. (2005). Thinking about prison and its impact in the twenty-first century. Walter C. Reckless Memorial Lecture. *Ohio State Journal of Criminal Law*, 2, 607–618.
- Mears, D. P., Mancini, C., Beaver, K. M., & Gertz, M. (2013). Housing for the “worst of the worst” inmates: Public support for supermax prisons. *Crime & Delinquency*, 59(4), 587–615.

- Mears, D. P., & Watson, J. (2006). Towards a fair and balanced assessment of supermax prisons. *Justice Quarterly*, 23(2), 232–270.
- Middlemass, K. (2017). *Convicted and condemned: The politics and policies of prisoner reentry*. New York: New York University Press.
- Mooney, J. L., & Daffern, M. (2014). Elucidating the factors that influence parole decision-making and violent offenders' performance on parole. *Psychiatry, Psychology and Law*, 21(3), 385–405.
- Nally, J., Lockwood, S., Knutson, K., & Ho, T. (2012). An evaluation of the effect of correctional education programs on post-release recidivism and employment: An empirical study in Indiana. *Journal of Correctional Education*, 63(1), 69–89.
- O'Keefe, M. L., Kliebe, K. J., Stucker, A., Sturm, K., & Leggett, W. (2011). *One year longitudinal study of the psychological effects of administrative segregation*. Colorado Springs: Colorado Department of Corrections, Office of Planning and Analysis.
- Pizarro, J. M., & Stenius, V. M. (2004). Supermax prisons: Their rise, current practices, and effect on inmates. *The Prison Journal*, 84(2), 248–264.
- 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(2), 180–197.
- Pogorzelski, W., Wolff, N., Pan, K.-Y., & Blitz, C. L. (2005). Public health consequences of imprisonment. *American Journal of Public Health*, 95(10), 1718–1724.
- The Psychology of Cruelty: Recognizing Grave Mental Harm in American Prisons. (2015). *Harvard Law Review*, 128(4), 1250–1271.
- Resnik, J., VanCleave, A., Bell, K., Boykin, O., Guilmette, C., Hudson, T., . . . Purcell, J. (2016). *Aiming to reduce time-in-cell: Reports from correctional systems on the numbers of prisoners in restricted housing and on the potential of policy changes to bring about reforms*. Yale Law School, Public Research Paper No. 597. <https://doi.org/10.2139/ssrn.2874492>
- Ross, J. I. (2007). Supermax prisons: Social science and public policy. *Transaction Social Science and Modern Society*, 44(3), 60–64.
- Ruiz v. Johnson*, 37 F. Supp. 2d 855 (S.D. Tex. 1999).
- Schmitt, T. J., & Galloway, E. H. (2013). The challenges of behavioral health services for special housing unit: Inmates at the U.S. disciplinary barracks. *Corrections Today*, 75(2), 56–59.
- Shalev, S. (2008). *A sourcebook on solitary confinement*. London: Mannheim Centre for Criminology.
- Shalev, S. (2011). Solitary confinement and supermax prisons: A human rights and ethical analysis. *Journal of Forensic Psychology Practice*, 11(2–3), 151–183.
- Shames, A., Wilcox, J., & Subramanian, R. (2015). *Solitary confinement: Common misconceptions and emerging safe alternatives*. New York: Vera Institute of Justice.
- Smith, P. (2016). Toward an understanding of “what works” in segregation: Implementing correctional programming and reentry-focused services in restrictive housing units. In N. Rodriguez (Ed.), *Restrictive housing in the US: Issues, challenges, and future directions* (pp. 331–366). Washington, DC: US Department of Justice, Office of Justice Programs. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/250315.pdf>
- United States Government Accountability Office. (2013). *Improvements needed in bureau of prisons' monitoring and evaluation of impact of segregated housing*. Washington, DC: United States Government Accountability Office.

- Valera, P., & Kates-Benman, C. L. (2016). Exploring the use of special housing units by men released from New York correctional facilities: A small mixed-methods study. *American Journal of Men's Health*, 10(6), 466–473.
- Vera Institute of Justice. (n.d.). *Safe alternatives to segregation initiative: Promising practices*. Retrieved from www.safealternativestosegregation.org/promising-practices/
- Zoukis, C. (2011). *Education behind bars: A win-win strategy for maximum security*. Boiling Springs, PA: Sunbury Press, Inc.