

# **Abstract**

Solitary confinement is heavily used in the United States prison system. Inmates put in solitary confinement are usually confined to a small cell for 22 to 24 hours a day without much real face-to-face contact (Strong et al., 2020). Even though prison officials say that this is necessary to maintain discipline and protect prison staff and inmates, an increasing amount of research suggests that solitary confinement may create harmful long-term consequences (James & Vanko, 2021; LeMasters et al., 2025).

I look at whether the use of solitary confinement can be justified when looking at its broader social costs, including higher recidivism and the destabilization of communities that stems from the psychological distress, such as anxiety, depression, and emotional instability caused by long periods in isolation (Luigi et al., 2020). I analyze the 2016 Survey of Prison Inmates from the Bureau of Justice Statistics to address this question. I hypothesize that solitary confinement has long-term negative impacts that go beyond prisons and affect families, neighborhoods, and community stability.

# **Introduction**

Solitary confinement is one of the most controversial practices used in today's correctional systems. In most prisons, solitary confinement involves people in a small cell separated from the general population for about 22 to 24 hours a day, with very little social interaction with anyone (Matei, 2022). Prison administrators justify this practice as a needed tool for keeping order and preventing violence inside correctional institutions.

However, researchers such as Clark, Duwe, LeMasters, and Luigi have questioned whether solitary confinement really improves safety or causes long-term hardship for everyone. More and more research suggests that prolonged isolation can cause severe psychological distress, reduce opportunities for rehabilitation, and increase the odds that this person will

struggle when they return to society after their incarceration (LeMasters et al., 2025). Because the majority of incarcerated people eventually come back to their communities, the effects of solitary confinement may go far past the prison walls. I review the psychological effects, institutional behavior, recidivism, and community impacts of solitary confinement.

## **Psychological Effects of Solitary Confinement**

The psychological impacts of solitary confinement are some of the most studied aspects of this practice. Some studies, like LeMasters (2025), have found that prolonged isolation can lead to mental health problems among incarcerated people. Stong (2020) finds that people who are placed in solitary confinement often have symptoms like anxiety, depression, anger, paranoia, and emotional instability. This happens because people are inherently social beings, and prolonged isolation can greatly disrupt normal psychological functions.

A systematic review of the effects of solitary confinement found that prisoners who went through prolonged isolation can become “more anxious, depressed, irritable, confused“ due to there not being enough social contact and environmental stimulation (Luigi et al., 2020). These psychological effects become worse the longer a person stays in isolation. LeMasters 2025 looks at the health conditions of incarcerated people and finds that those put in restrictive housing saw significantly higher levels of mental health problems compared to prisoners in the general population. These health problems are things like mood disorders, emotional dysregulation, and higher levels of psychological distress

Studies have also linked solitary confinement to a higher risk of self-harm and suicide. Research looking at prison health outcomes found that inmates placed in solitary confinement were significantly more likely to show self-harming behaviors compared to those housed in less restrictive environments (James & Vanko, 2021).

# **Institutional Behavior and Prison Management**

Even with the evidence of psychological harm, correctional institutions say that solitary confinement is needed for maintaining institutional safety. Prison administrators try to use restrictive housing to manage inmates who are considered dangerous or disruptive. But research looking at the effectiveness of solitary confinement in controlling inmate behavior has come up with mixed results.

Research looking at prison disciplinary records showed that solitary confinement did not consistently reduce rule violations among incarcerated people (Matei, 2022, p. 7). While some inmates temporarily reduced misconduct during isolation, these behavioral changes often disappear after they return to the general population. Other research points to the idea that prolonged isolation may actually increase frustration and hostility in prisoners. The psychological stress related to solitary confinement can sometimes contribute to anger, resentment, and aggressive behavior rather than improving discipline outcomes (LeMasters et al., 2025).

Also, people put in solitary confinement frequently lose access to educational programs, vocational training, and counseling services that are available to prisoners in the general population (Luigi et al., 2020). These programs are made to promote rehabilitation and reduce the likelihood of future criminal behavior. Removing people from these programs by using solitary confinement can limit opportunities for rehabilitation and personal development.

## **Solitary Confinement and Recidivism**

Another very important issue talked about in the literature is the relationship between solitary confinement and recidivism. Recidivism is when a person commits another crime after being released from prison. Research points to the idea that people who go through solitary confinement might face greater challenges during reentry into society. These challenges might

actually increase the likelihood that they will return to criminal activity or become trapped in the criminal justice system again.

Wildeman (2020) found that people who had experienced restrictive housing were more likely to return to prison after their release compared to those who had not gone into solitary confinement. A report by the Minnesota Department of Corrections found that prisoners who were released directly from restrictive housing had higher recidivism rates than prisoners who remained in the general population (Clark & Duwe, 2017).

Research points to more than a few explanations for this relationship. One explanation is that the psychological effects of isolation can make it harder for people to regulate emotions and adapt to social situations after their release (Luigi et al., 2020). Another explanation is that solitary confinement cuts off access to rehabilitation programs that help people prepare for reentry into society. (Folk et al., 2019).

## **Government and Policy Perspectives**

Government agencies and policy organizations have also looked at the use of solitary confinement in correctional systems. These reports focus on the effectiveness of the practice and also its financial and social costs. A report from the United States Government Accountability Office found that federal prisons lean heavily on segregated housing units to manage inmate behavior, but the evidence about the effectiveness of these units remains small (U.S. Government Accountability Office, 2013).

A study by the Yale Liman Center (2016) found that many correctional systems are beginning to think twice about their use of solitary confinement because of concerns about its psychological effects and the long-term consequences. Policy organizations have also stressed the bigger picture of the social consequences of solitary confinement. Research from the Vera

Institute of Justice (2021) suggests that prolonged isolation can undermine rehabilitation and make reintegration into society more difficult.

## **Community Impacts and Social Consequences**

A lot of the research focuses on the effects of solitary confinement in prisons, but the bigger picture of the social consequences of this practice can and do extend into the communities where previously incarcerated people will eventually return. Many inmates released from prison return to communities that are already facing economic challenges and high rates of incarceration. Folk (2019) finds that when people return home after going through prolonged isolation, they struggle with untreated mental health conditions, trauma, and difficulty making social relationships.

These challenges affect families, neighborhoods, and community stability. People who struggle to find employment or get and keep stable housing might face a higher risk of homelessness, substance abuse, and or reoffending. In communities where incarceration rates are already high can create cycles of instability that affect multiple generations (Wildeman & Anderson, 2020)

Media investigations can also show extreme cases, highlighting the dangers of prolonged isolation. One example is the death of Joshua McLemore in an Indiana jail, which raised concerns about how solitary confinement can make mental health crises worse (Sainato, 2023). Journalists highlight that solitary confinement has become one of the most criticized correctional practices because of its psychological effects and potential social consequences (Merrefield, 2023). These findings point to the idea that the consequences of solitary confinement go well beyond prisons and might contribute to more social challenges in communities where former inmates return.

## Gap in the Literature

Even though studies look at the psychological effects of solitary confinement and its links to recidivism, there are few studies looking at the long-term effects that this practice has on the community where incarcerated people return. A lot of the existing research focuses in on the individual outcomes like mental illness, prison misconduct, or behavioral problems. Not that these are not important, but they do not fully explain how solitary confinement affects families, neighborhoods, and community stability as a whole.

A reason for this gap might be the limited amount of research funding for incarceration-related issues. An analysis of federal research funding found that incarceration related reserch has usually not received a lot of financial support compared to other public health and or social problems, and this has slowed the development of more in-depth studies on the long-term consequences of incarceration practices (Boch et al., 2023). This lack of funding leaves important questions about the wider range of social effects of prison policies like solitary confinement still understudied.

There is also some controversy in the literature about the purpose and effectiveness of solitary confinement. Some correctional officials say that restrictive housing is necessary to maintain safety and keep control in the prisons (U.S. Government Accountability Office, 2013). But other researchers, like LeMasters (2025) and Wildeman (2020), think that the psychological harm caused by prolonged isolation might actually increase behavioral problems and make reintegration that much more difficult. I think this research adds to the existing literature by looking at how solitary confinement might affect not only incarcerated people but also the communities they eventually return to, thus helping to better understand the broader social costs of restrictive housing policies.

## **Methods and Analysis**

I use used data from the United States Bureau of Justice Statistics Survey of prison inmates (ICPSR). This data is a comprehensive, periodic data collection (ICPSR series) profiling prisoner demographics, socioeconomic status, criminal history, and health. The 2016 ICPSR involved face-to-face interviews with over 24,000 inmates across 364 state/federal prisons, with detailed data on offenses, firearms, and treatment, and provides a large nationally representative sample of incarcerated people from all over the United States. It includes variables on race, ethnicity, sex assigned at birth, disciplinary actions like solitary confinement or segregation, and whether people have received professional help since being admitted. Because the data set covers a wide range of prisoners and prisons, it enables researchers to gain an understanding of patterns and inequalities in the prison system.

I analyze the data using crosstabulations, which enables comparison of different variables to identify patterns and relationships. These methods might not prove cause and effect relationships, it dose help highlight trends that might suggest deeper systemic issues. In this study, I focus on 4 hypothesis related to solitary confinement, access to professional help, and differences across race and gender. Each hypothesis was tested using specific variables from the dataset for a clearer understanding of how these factors interact.

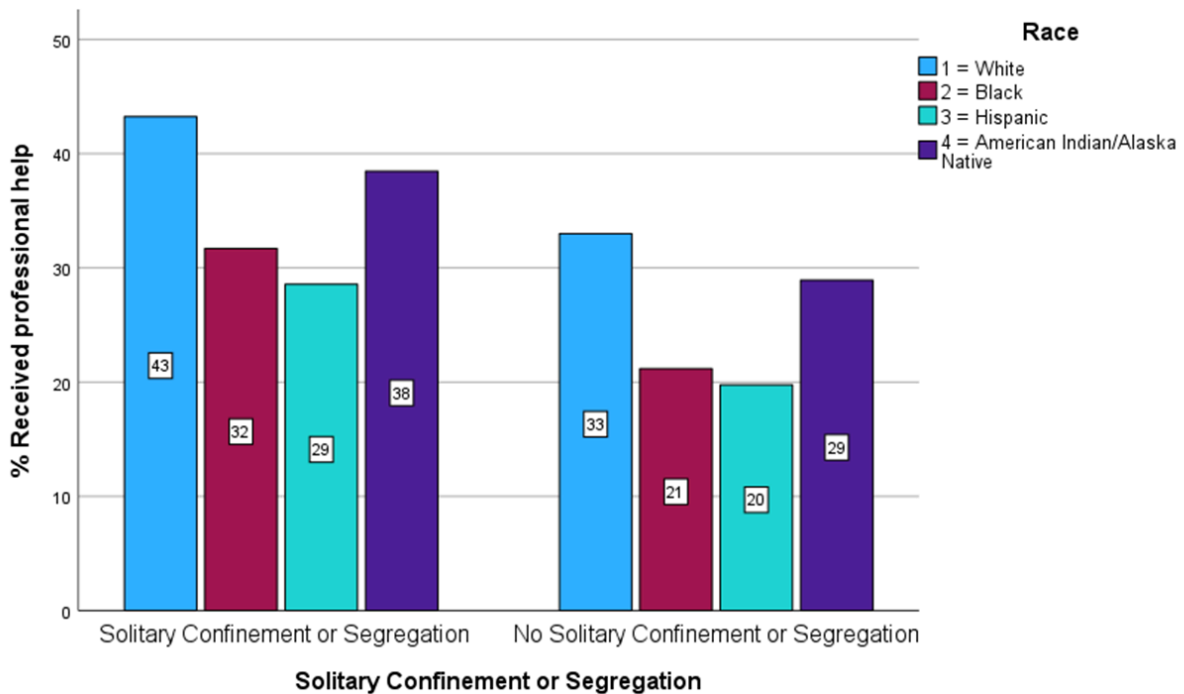
### **Hypothesis 1: Prison Inmates placed in solitary confinement are more likely to have received professional help than those who are not.**

This hypothesis looks at whether inmates in solitary confinement are more likely to receive professional help. The data shows that 34.7% of people in solitary confinement received professional help, compared 25.6% of people not placed in solitary confinement. This suggests that people in solitary confinement are more likely to receive help. This still means the majority

of 65.3 percent of people in solitary confinement did not get any professional help. This is striking because solitude is often associated with increased stress, isolation, and mental health challenges, meaning that a lot of people who might need help are not getting it.

Looking more closely at racial differences shows clear disparities show them self. White people in solitary confinement have the highest rate of getting professional help at 43.2%. In comparison, Black people have a rate of 31.7%, and Hispanic people have an even lower rate of 28.6%. American Indian/Alaska Native people have a rate of 38.5%, but this group has a lot smaller sample size, so it is hard to analyze these results. These differences suggest that access to professional help is not equal across racial groups. Even though all groups show relatively low levels of receiving help, minority groups are less likely to receive care compared to white people.

**Figure 1: Bar Chart comparing the effect of race + confinement on the likelihood of professional help**



**Figure 2: Crosstabulations comparing the effect of race + confinement on the likelihood of professional help**

Race				Solitary Confinement	No Solitary Confinement	Total
1 = White	Received professional help	1 = Yes	Count	272	2549	2821
			Solitary Confinement	43.2%	33.0%	33.8%
		2 = No	Count	357	5176	5533
			Solitary Confinement	56.8%	67.0%	66.2%
	Total		Count	629	7725	8354
			Solitary Confinement	100.0%	100.0%	100.0%
2 = Black	Received professional help	1 = Yes	Count	271	1382	1653
			Solitary Confinement	31.7%	21.2%	22.4%
		2 = No	Count	584	5144	5728
			Solitary Confinement	68.3%	78.8%	77.6%
	Total		Count	855	6526	7381
			Solitary Confinement	100.0%	100.0%	100.0%
3 = Hispanic	Received professional help	1 = Yes	Count	136	965	1101
			Solitary Confinement	28.6%	19.8%	20.5%
		2 = No	Count	340	3919	4259
			Solitary Confinement	71.4%	80.2%	79.5%
	Total		Count	476	4884	5360
			Solitary Confinement	100.0%	100.0%	100.0%
4 = American Indian/Alaska Native	Received professional help	1 = Yes	Count	15	92	107
			Solitary Confinement	38.5%	28.9%	30.0%
		2 = No	Count	24	226	250
			Solitary Confinement	61.5%	71.1%	70.0%
	Total		Count	39	318	357
			Solitary Confinement	100.0%	100.0%	100.0%
Total	Received professional help	1 = Yes	Count	694	4988	5682
			Solitary Confinement	34.7%	25.6%	26.5%
		2 = No	Count	1305	14465	15770
			Solitary Confinement	65.3%	74.4%	73.5%
	Total		Count	1999	19453	21452
			Solitary Confinement	100.0%	100.0%	100.0%

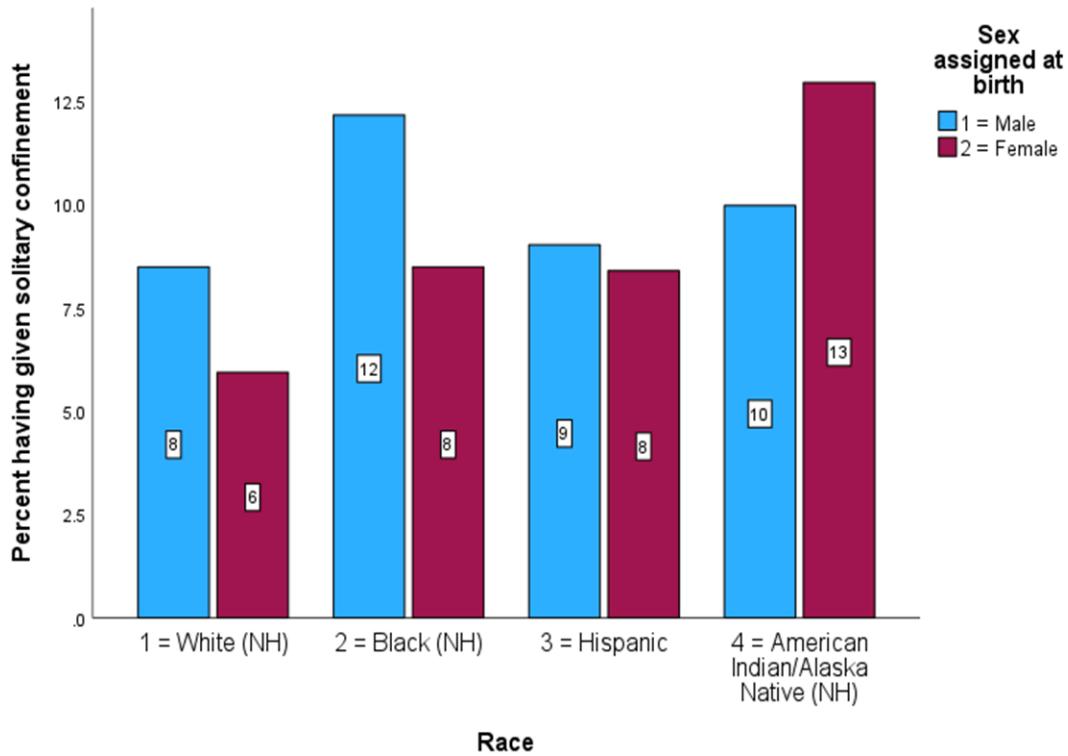
## **Hypothesis 2: Males are more likely than females to be placed in solitary confinement.**

This hypothesis looks at whether gender affects the likelihood of being placed in solitary confinement. The data shows that males are more likely than females to be placed in solitary confinement, with 10.1% of males going through solitary confinement compared to 7.1% of females. It does highlight that gender is a huge part of how punishment is given in prisons.

When race is considered with gender, the disparities are even more noticeable. Among males, black men have the highest rate of solitary confinement at 12.1%, with American Indian/Alaskan Native males at 10.0%, Hispanic males at 9.0%, and White males at 8.5%. With females, White women have the lowest rate at 5.9%, while American Indian/Alaskan Native women have the highest rate of both genders at 12.9%. These patterns show that males are more likely than females to be placed in solitary confinement across all racial groups, and that racial disparities also exist. These findings support the hypothesis and suggest that both gender and race influence disciplinary actions.

### **Figure 3: Bar chart of race + gender on the percentage given solitary confinement**

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**Figure 4: Crosstabulation of race + gender on the percentage given solitary confinement**

Race				1 = Male	2 = Female	Total
White	Solitary Confinement	Solitary Confinement	Count	445	184	629
			Sex assigned at birth	8.5%	5.9%	7.5%
	No Solitary	No Solitary	Count	4807	2920	7727
			Sex assigned at birth	91.5%	94.1%	92.5%
	Total		Count	5252	3104	8356
			Sex assigned at birth	100.0%	100.0%	100.0%
Black	Solitary Confinement	Solitary Confinement	Count	755	99	854
			Sex assigned at birth	12.1%	8.5%	11.6%
	No Solitary		Count	5461	1069	6530

			Sex assigned at birth	87.9%	91.5%	88.4%	
	Total		Count	6216	1168	7384	
			Sex assigned at birth	100.0%	100.0%	100.0%	
Hispanic	Solitary Confinement	Solitary Confinement	Count	396	81	477	
			Sex assigned at birth	9.0%	8.4%	8.9%	
		No Solitary		Count	4000	885	4885
				Sex assigned at birth	91.0%	91.6%	91.1%
	Total		Count	4396	966	5362	
				Sex assigned at birth	100.0%	100.0%	100.0%
American Indian/Alaska Native	Solitary Confinement	Solitary Confinement	Count	24	15	39	
			Sex assigned at birth	10.0%	12.9%	10.9%	
		No Solitary		Count	217	101	318
				Sex assigned at birth	90.0%	87.1%	89.1%
	Total		Count	241	116	357	
				Sex assigned at birth	100.0%	100.0%	100.0%
Total	Solitary Confinement	Solitary Confinement	Count	1620	379	1999	
			Sex assigned at birth	10.1%	7.1%	9.3%	
		No solitary		Count	14485	4975	19460
				Sex assigned at birth	89.9%	92.9%	90.7%
	Total		Count	16105	5354	21459	
				Sex assigned at birth	100.0%	100.0%	100.0%

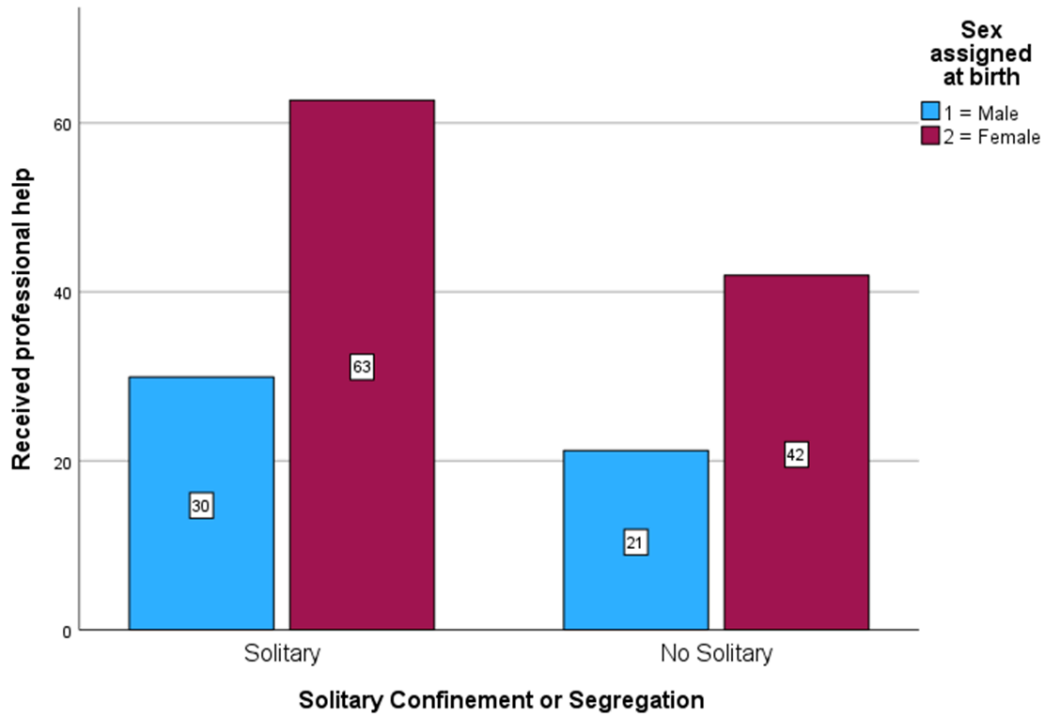
### **Hypothesis 3: Inmates who experience solitary confinement will get more professional help.**

This hypothesis looks at whether people in solitary confinement are more likely to receive professional help. The data shows that 36.3% of individuals in solitary confinement received professional help, compared to 26.6% of people not in solitary confinement. This

suggests that people in solitary are more likely to receive help, which may indicate more need for mental health or professional services. Like some of the other findings, the majority of people at 63.7% in solitary did not receive help, showing a big gap in care.

When looking at gender differences, there seems to be a strong pattern. Among inmates in solitary confinement, 62.7% of females got professional help compared to only 29.9% of males. This shows a huge gender gap, with females being much more likely to receive help compared to males. This is important because males are more likely to be put in solitary in the first place. This means that the most affected gender is getting the least amount of support. These findings suggest that while solitary confinement is associated with a higher likelihood of getting professional help, the distribution of this help is uneven and influenced by gender. This supports the hypothesis that people in solitary confinement might have more needs, but it also highlights inequality in how those needs are addressed.

**Figure 5: Bar chart of percent given solitary confinement + gender who received professional help**



**Figure 6: Crosstabulation of the percentage of inmates who received professional help in solitary confinement + gender**

Sex assigned at birth			Solitary Confinement	No Solitary	Total	
Male	Received professional help	Yes	Count	572	3502	4074
			Solitary Confinement	29.9%	21.2%	22.1%
	No	Count	1340	12994	14334	
		Solitary Confinement	70.1%	78.8%	77.9%	
Total		Count	1912	16496	18408	
		Solitary Confinement	100.0%	100.0%	100.0%	
Female	Received professional help	Yes	Count	289	2433	2722
			Solitary Confinement	62.7%	42.0%	43.5%
	No	Count	172	3364	3536	
		Solitary Confinement	37.3%	58.0%	56.5%	
Total		Count	461	5797	6258	
		Solitary Confinement	100.0%	100.0%	100.0%	

<b>Total</b>	<b>Received professional help</b>	<b>Yes</b>	<b>Count</b>	<b>861</b>	<b>5935</b>	<b>6796</b>
			<b>Solitary Confinement</b>	<b>36.3%</b>	<b>26.6%</b>	<b>27.6%</b>
		<b>No</b>	<b>Count</b>	<b>1512</b>	<b>16358</b>	<b>17870</b>
			<b>Solitary Confinement</b>	<b>63.7%</b>	<b>73.4%</b>	<b>72.4%</b>
	<b>Total</b>		<b>Count</b>	<b>2373</b>	<b>22293</b>	<b>24666</b>
			<b>Solitary Confinement</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

## Conclusion

This analysis shows important patterns related to solitary confinement and access to professional help in prisons. Individuals placed in solitary confinement are more likely to receive professional help compared to individuals not in solitary. Showing that solitary confinement may be linked to increased mental health needs or that people in solitary confinement are more likely to be identified as needing help. Even with this increase, the majority of people in solitary confinement still do not get professional help. This highlights a big gap in services, particularly the harmful effects that solitary confinement can have on mental health (LeMasters et al., 2025).

This study also shows racial disparities in access to professional help. White individuals are more likely to receive help than black and hispanic individuals, even when placed in similar conditions like solitary confinement. Access to care is not equal across racial groups and begs the question about fairness within the prison system. These disparities are concerning when combined with the finding that certain racial groups, particularly black males, are more likely to be placed in solitary in the first place.

Also, gender plays a significant role in both the use of solitary confinement and access to professional help. Males are more likely to be placed in solitary confinement, but they are much less likely to get professional help compared to females. On the other hand, females are less likely to be placed in solitary but when they are, they are much more likely to receive care. This

makes a situation where the group most affected by solitary is also the least supported. This imbalance suggests that gender influences disciplinary actions and the distribution of supportive services.

This analysis shows there are broader systemic defects in the prison system. The combination of racial and gender disparities in both punishment and access to care demonstrates that certain groups are disproportionately affected. Future research should look for the reasons behind these disparities and examine how policies can be improved to make sure there is more equal treatment and better access to professional help for all incarcerated individuals. I think there should be mandatory surveys of all people who are on probation or parole, and make it part of their conditions for release. America has one of the largest prison populations in the world, and we could get a lot of data to help assess the successes or failures of our criminal justice systems.

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