

Vera Institute of Justice

Criminal Justice Issues and Prisoners' Rights

<https://www.vera.org/blog/addressing-the-overuse-of-segregation-in-u-s-prisons-and-jails/women-face-unique-harms-from-solitary-confinement>

Public Facing Advocacy Writing

As with almost every other aspect of imprisonment, women have gender-specific experiences that lead to solitary confinement, also known as restrictive housing, special housing units (SHU), or segregation.

They are often placed in these restrictive environments for lower-level offenses, such as noncompliance, disrespect, and other nonviolent behaviors. This punitive segregation counterproductively amplifies the harms women experience in prison, including problems maintaining dignity and obtaining hygiene supplies, particularly while menstruating, and increased vulnerability to all forms of staff abuse and harassment in the less public restrictive housing settings. Placement in restrictive housing undermines contact with children and other family members and interrupts treatment and services. For women with serious mental illnesses or other trauma symptoms, restrictive housing can aggravate these symptoms, often escalating into destructive behavior and self-harm efforts. For all these reasons, correctional facilities should cease the use of solitary confinement for women.

Women in solitary confinement have extensive and often unmet mental health needs.

[Vera has found](#) that people in solitary confinement and other forms of restrictive housing have higher rates of mental health problems than those in the general prison population. Women also have extremely [high rates of trauma](#) in their pathways to prison; these experiences include multiple forms of abuse and assault as children and adults. Such abuse and the resulting trauma is tied to womens initial criminal behavior, particularly in terms of coping behaviors, such as substance abuse, mental health symptoms, and some violent behaviors.

These [trauma backgrounds](#) are often the basis for disruptive behavior while imprisoned. Knowledge of these backgrounds is key to understanding rule-violating behavior women may demonstrate in their paths to restrictive housing. Much of standard operational practice in prisons can re-traumatize women. Loud noises, raised voices, search procedures, and unfamiliar people create threats to well-being that undermine their emotional and physical equilibrium. Disruptive and noncompliant behaviors occur when womens abilities to cope are overwhelmed in this punitive environment. Women in solitary confinement appear to have [the greatest incidence](#) of these challenges of any subpopulation in prison. This demonstrates a failure of mental health treatment services in jails and prisons throughout the country. Much of womens behavior inside prison is related to untreated trauma, which can result in a range of other conduct that custody staff consider problematic.

Theres a solution. Jails and prisons should adopt gender-responsive and trauma-informed approaches, which consider womens unique experiences through a lens of safety, empowerment, and healing. These approaches have shown significant improvements across all measures of violence and mental health crises and across a range of disruptive or problematic behaviors. Treating trauma for both incarcerated women and men is key to prison safety, rehabilitation, and successful return to the community.

Minor offenses receive major punishment.

Although women are typically less likely than men to be confined to solitary-like housing, women tend to be placed in restrictive custody for lower-level and minor nonviolent infractions. [Veras research](#) and other empirical sources show that very few women are placed in solitary confinement for serious violence against staff or other women. Instead, they are there for things like disobeying orders, insubordination, and other forms of noncompliance.

Corrections staff can be trained to recognize and understand the roots of many behaviors defined as defiant and that instituting gender-responsive disciplinary processes significantly improves safety outcomes in womens prisons. Addressing womens behavior through treatment and programming, as well as creating disciplinary systems that balance punishment and incentives, will reduce negative consequences for each incarcerated person and for prison staff.

Women are more likely to suffer in punitive environments.

I have written elsewhere that [security is not safety](#) for women in prison. The harms embedded in contemporary prisons damage women differently than they do men. As noted above, operational practice grounded in the need for physical security has been shown to harm imprisoned women. Gendered harm can also be seen in terms of corrections agencies inability or unwillingness to meet womens needs to access multiple forms of treatment, build healthy relationships, and develop emotional and practical skills that promote self-sufficiency. These treatment and other needs are often unmet in prison, where policy fails to acknowledge the gender-based realities that shape womens pathways to prison and their behavior once inside.

Placing women in restrictive housing when they do not represent a threat to the security of a facility is one form of unnecessary gender-based suffering. The National Resource Center on Justice Involved Women has developed [guidance to address these issues](#). Moreover,

international norms and standards, as set out in the [Bangkok Rules](#) and the subsequent [Mandela Rules](#), consider overuse of solitary confinement a human rights violation.

Based on the guidance of these international norms, as well as the innovations in gender- and trauma-informed operational practice and standards suggested here, I urge all correctional agencies to eliminate the use of restrictive housing for women. It is the right thing to do.

Related Resources

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