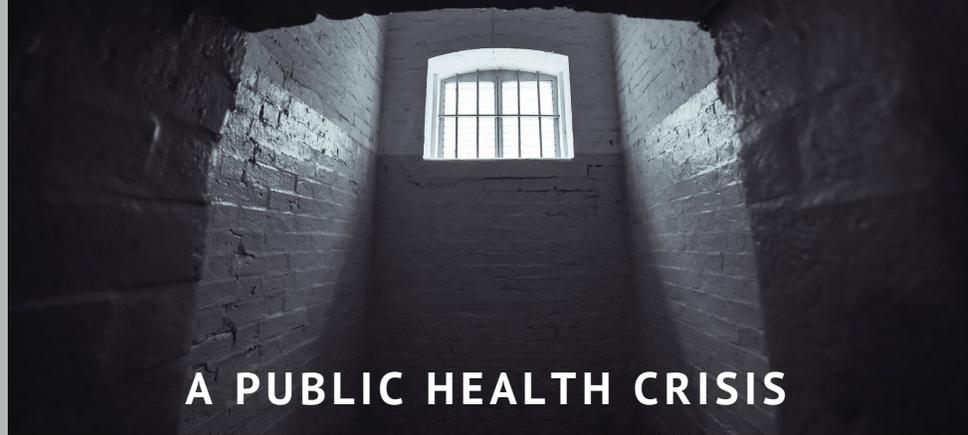


SOLITARY CONFINEMENT



A PUBLIC HEALTH CRISIS

VOICES FROM THE INSIDE: PERSONAL EXPERIENCES OF SOLITARY CONFINEMENT IN PA

"When I got out of solitary I suffered from paranoia-wasn't comfortable around people, got into fights, cause the mental health issues affect my ability to make rational decisions. I suffered PTSD - it exasperated it, made me have flashbacks of murders."

"It gets so bad I will stop taking showers for months because I believe the police is out to get me. This is really bad because I'm left in my cell for months at a time for 24 hours a day, and I got worse, and started to self-harm."

"I am terrified to be alone, I never want this again, I don't want any doors locked in my house, I may even remove them completely except for the bathroom. I can't describe my feelings, I'm sorry"

In January 2020, the Pennsylvania DOC reported that nearly 2,500 individuals in state custody were housed in solitary confinement,² and records indicate that Black and brown individuals are disproportionately impacted.³ While correctional facilities justify the use of solitary confinement to protect vulnerable individuals and maintain order, all evidence indicates that its use is not only counterproductive, but also actively harmful for individuals, their families, and the public health and safety of our communities.

SOLITARY CONFINEMENT HAS DEVASTATING IMPACTS ON INDIVIDUALS

The psychological impacts of solitary confinement are numerous and extreme, even for mentally healthy individuals.⁴ Documented symptoms include hallucinations, anxiety, depression, paranoia, confusion and memory loss, sleep disturbances and nightmares, aggression and rage, loss of emotional control, and suicidal thoughts and behaviors.⁴⁻⁶ Individuals in solitary confinement are almost 7 times more likely to self-harm than those in the general population.⁷

To make matters worse, individuals with serious mental illness are more likely than their counterparts to spend time in solitary confinement and suffer psychological consequences as a result.^{4,6} Though a 2015 settlement forced the PA DOC to stop confining individuals with serious mental illness for 22 hours a day, reports have surfaced that the DOC alters mental illness classifications in order to punish certain individuals or reduce overcrowding in mental health units.^{8,9}

SOLITARY CONFINEMENT IS NOT THE SOLUTION TO THE PROBLEMS IT ALLEGES TO ADDRESS

Solitary confinement harms the people it supposedly protects. Solitary confinement is often used to "protect" vulnerable individuals, including juveniles housed in adult prisons, LGBTQ+ individuals, those with mental illness or developmental delays, and pregnant individuals from the general population.¹⁰ But because of the negative psychological impact of solitary confinement, this practice only harms members of

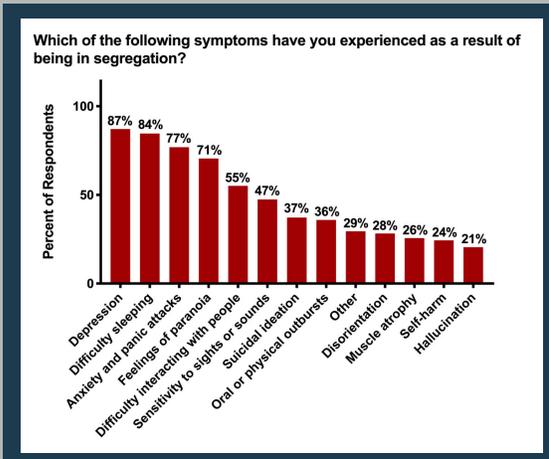


Fig 1. Individuals who have experienced solitary confinement in PA commonly report psychological symptoms.¹



A PUSH FOR CHANGE IN PENNSYLVANIA

these vulnerable groups, especially juveniles: one study found that half of juvenile suicides in custody occurred in solitary.¹¹

Solitary confinement increases violence and disorder within correctional facilities. Solitary confinement is used to discipline those who violate prison rules. In PA, 85% of those who fail to obey an order, 73% of those found guilty of using obscene or inappropriate language and 60% of individuals who use mail or telephone services without permission are placed in solitary confinement.¹² Yet evidence suggests that this practice only increases violence between incarcerated individuals and correctional staff, and institutions that reduce their solitary confinement populations witness decreases in violence.^{11, 13-16}

ELIMINATING SOLITARY CONFINEMENT WILL MAKE OUR COMMUNITIES SAFER

Because 95% of individuals in prison are eventually released, the use of solitary confinement has ripple effects on entire communities.¹⁷ Releasing individuals into the community directly from solitary is alarmingly common; from 2008-2014, the PA DOC released over 400 individuals per year from solitary directly into the community.¹⁸ This transition can be incredibly challenging as many individuals struggle with social withdrawal, anger management, and other psychological consequences of solitary.^{4, 11} Thus it may come as no surprise that solitary confinement is associated with increased recidivism.^{6, 19-21} One study found that placement in solitary confinement increases the probability of rearrest by 10% and return to prison within 7 years by 13%.²²

WE NEED HUMANIZING ALTERNATIVES TO SOLITARY CONFINEMENT

We need to eliminate the use of solitary confinement as a catchall solution to problems it can never solve. Studies have shown clear reductions in recidivism for alternative approaches that are less restrictive and more rehabilitation-focused, community-based, and family-oriented.^{10, 11} If we aspire to build healthier communities, we must employ solutions that nurture and support, not isolate and punish.

Radical change is possible in Pennsylvania through the passage of House Bill 1037/ Senate Bill 685, which prohibit the use of solitary confinement for more than 15 days at a time, for more than 20 days in a 60-day period, and for individuals from vulnerable populations (elderly, pregnant, juvenile, people living with mental illness or intellectual disability, and LGBTI individuals). It also provides disciplinary alternatives to solitary confinement for all but the most serious infractions, introduces a step-down program to transition individuals back into the general population, and²³ prohibits the direct release of individuals from solitary into the community.

In 2017, Colorado made similar changes, eliminating solitary confinement stays beyond 15 days and restricting its use to only the most serious offenses, like assault. Since then, they've witnessed assaults on staff decrease by approximately 50%.^{24, 25}

“Any imposition of solitary confinement beyond 15 days constitutes torture or cruel, inhuman or degrading treatment or punishment”

– Juan Méndez, UN Special Rapporteur of the Human Rights Council on torture and other cruel, inhuman or degrading treatment or punishment²⁶

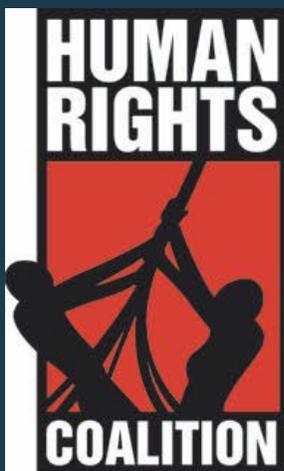
FOR MORE INFORMATION,
PLEASE VISIT:



<https://www.pacaic.org/>



<https://abolitionistlawcenter.org/>



<https://hrcoalition.org/>

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