

Solitary Confinement: Past, Present, and Future

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Overview of Presentation

- The History & Philosophy of Solitary Confinement in the US
- Examining the Solitary Experience
- Current Solitary Confinement Statistics & Reports
- Ethical Implications for Social Workers
- Avenues to Promote Positive Change
- Formal Q & A

Key Definitions

- Solitary Confinement: Confining an inmate to a single (or double in some cases) occupied cell for at least 22 hours per 24 hour period.
- Official terms that can mean solitary confinement:
 - Restrictive Housing, Supermax, Secure Housing, Maximum or High Security, Special/Intensive Management, Lockdown (the process), 23/1, Punitive or Disciplinary Segregation, Administrative Detention or Control or Segregation, Death Row, Mandatory Max, Protective Custody, Safekeeping, Admission/Intake/Orientation/Processing.
 - Mental Health Seclusion, Suicide Precautions
- Short term solitary confinement:
 - Refers to stays in solitary confinement less than 15 days, generally determinant
 - Temporary housing in which an alternate plan is being developed
- Long term, prolonged, or extended solitary confinement:
 - Refers to stays in solitary confinement 15 days or more, generally not determinant
 - May or may not include a process for release from solitary confinement

US History & Philosophy of Solitary Confinement

Early Colonial Times

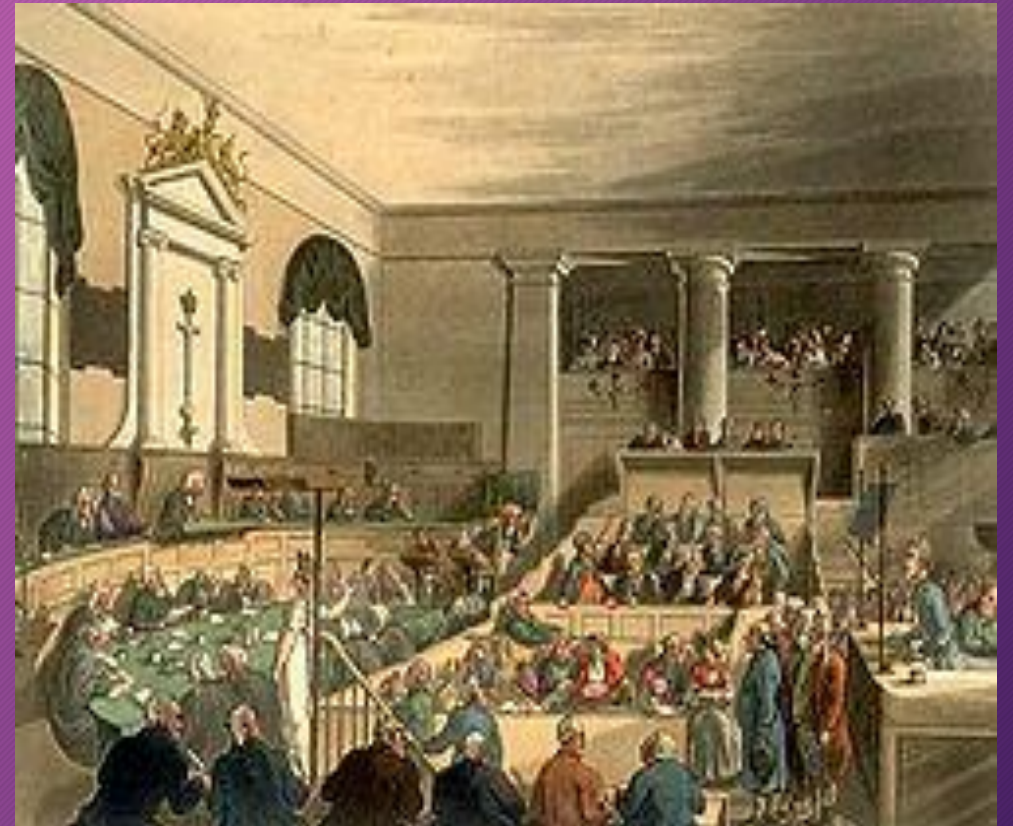
- Philosophy in accordance with the English Criminal Codes and Spanish Inquisition
- Tribunal process of trial, conviction, and carrying out sentencing
- Accused were isolated in detention during tribunal process, which could take months or years
- Most crimes punished by public torture, death, and/or shaming



US History & Philosophy of Solitary Confinement

18th Century Penology

- Spanish Inquisition philosophy toward crime and punishment declined
- Abolitionist movement gained in popularity
- Death sentencing declined for crimes other than first degree murder and treason
- Incapacitation started to emerge as the preferred method of punishing crime toward the end of the century
- Sentences became “less public”
- With the adoption of the US Constitution, the accused and prisoners now had rights.



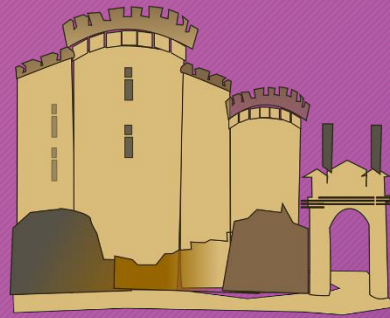
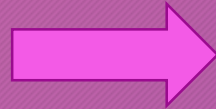
US History & Philosophy of Solitary Confinement



1790

Walnut Street Penitentiary
Philadelphia, PA

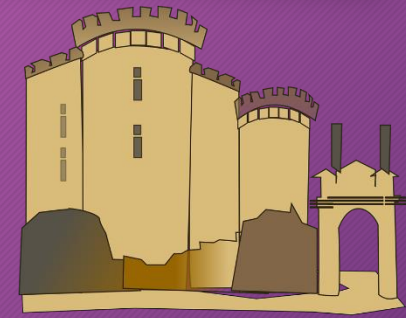
- ❖ Experimental
- ❖ Incapacitation
- ❖ Quaker Philosophy
- ❖ Isolate and Repent
- ❖ Single cells, single yards
- ❖ No human interaction other than guards



1797

Newgate Penitentiary
New York, NY

- ❖ Incapacitation
- ❖ Quaker Philosophy
- ❖ Isolate and Repent
- ❖ Single cells, single yards
- ❖ No human interaction other than guards



1798

New Jersey Penitentiary House
Trenton, NJ

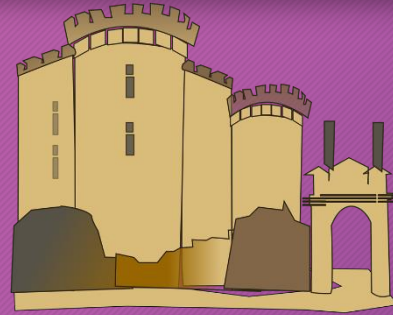
- ❖ Incapacitation
- ❖ Quaker Philosophy
- ❖ Isolate and Repent
- ❖ Single cells, single yards
- ❖ No human interaction other than guards

US History & Philosophy of Solitary Confinement

19th Century Penology

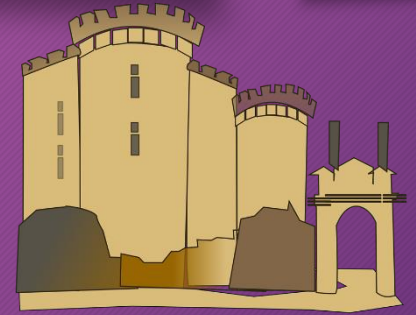
- Incapacitation continued to grow in popularity
- State penitentiaries increased in number and size with the surge in the use of incapacitation
- Feasibility and cost became factors due to growing incarcerated population
- The Quaker philosophy losing influence
- Retribution philosophy taking hold
- Prisoner abuse was rampant.

(Barnes, 1921; Johnson, 2002; Blackburn, et al, 2014)



1829
Eastern State Penitentiary
Philadelphia, PA

- ❖ “Separate System” AKA “Pennsylvania System”
- ❖ Both Quaker & Retribution Philosophies
- ❖ Isolated by physical barrier
- ❖ No human interaction other than guards
- ❖ In-cell piecework



1820's
Auburn Penitentiary
Auburn, NY

- ❖ “Silent System” AKA “Congregate System” AKA “Auburn System”
- ❖ Retribution Philosophy
- ❖ Isolated by barrier of silence
- ❖ Daily out-of-cell work
- ❖ In-cell at night

US History & Philosophy of Solitary Confinement

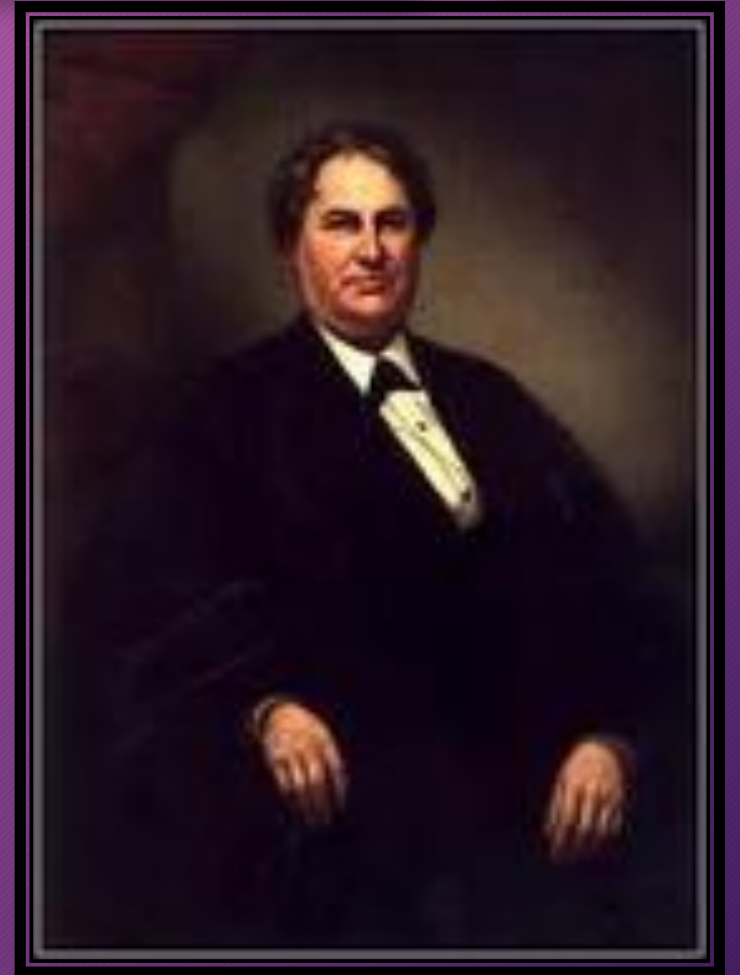
U.S. Supreme Court Justice
Samuel Freeman Miller

Medley, Petitioner 134 U.S. 160 (1890)

In the majority decision for this case, when referring to the historical use of solitary confinement in the US penal system:

"A considerable number of the prisoners fell, after even a short confinement, into a semi-fatuous condition, from which it was next to impossible to arouse them, and others became violently insane; others still, committed suicide; while those who stood the ordeal better were not generally reformed, and in most cases did not recover sufficient mental activity to be of any subsequent service to the community."

(Melusky, J. & Pesto, K., 2003, p. 169)



US History & Philosophy of Solitary Confinement



13th Amendment
Ratified in 1865

“Neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States, or any place subject to their jurisdiction.”

US History & Philosophy of Solitary Confinement



Early to Mid 20th Century Penology

- Retribution philosophy and later, punitive reform philosophy dominates penology under the guise of rehabilitation
- Work camps, chain gangs, and prison labor programs provide cheap labor reminiscent of the days of slavery (13th Amendment loophole)
- Prisoner abuse was seen as a part of the punitive reform effort
- The “Silent System” was primarily used.
- Solitary confinement is exclusively a punitive measure and means of deterrence.

US History & Philosophy of Solitary Confinement

Later 20th and Early 21st Century Penology

- Retribution and punitive reform philosophies dominate penology
- Massive increases in the prison population in the 1970s, 80s and 90s in response to the closing of state mental hospitals, the “War on Drugs” (including mandatory minimums), and “Tough on Crime” initiatives
- Increases in race, ethnic, and gang-affiliated segregation among prisoners
- Solitary confinement becomes both a punitive and a protective measure
- Supermax prisons are constructed in most states as well as the Federal system
- True rehabilitative efforts begin to emerge and clash with longstanding philosophies of punishment and retribution in penology

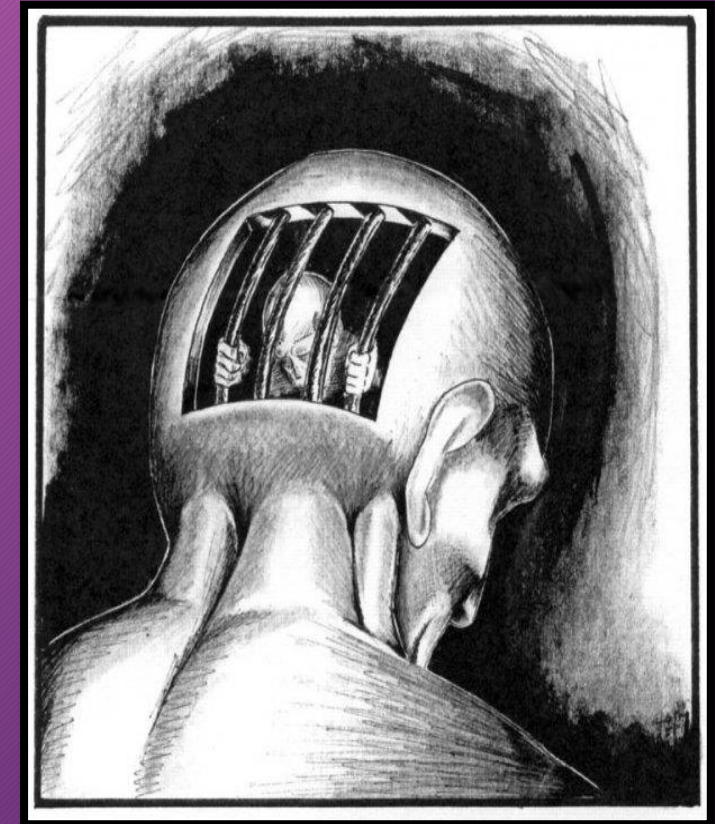
(Barnes, 1921; Johnson, 2002; Blackburn, et al, 2014)



US History & Philosophy of Solitary Confinement

Dr. Stuart Grassian Psychiatrist

- In 1986, Grassian defined a cluster of symptoms as a psychiatric syndrome associated with solitary confinement coined “The SHU Syndrome”
 - Hyper-responsivity to External Stimuli
 - Perceptual Distortions, Illusions, and Hallucinations
 - Panic Attacks
 - Difficulties with Thinking, Concentration, and Memory
 - Intrusive Obsessional Thoughts
 - Overt Paranoia
 - Problems with Impulse Control
- This syndrome was seen in inmates with or without mental illness although those with a mental illness had much more severe cases



(Grassian & Friedman, 1986)

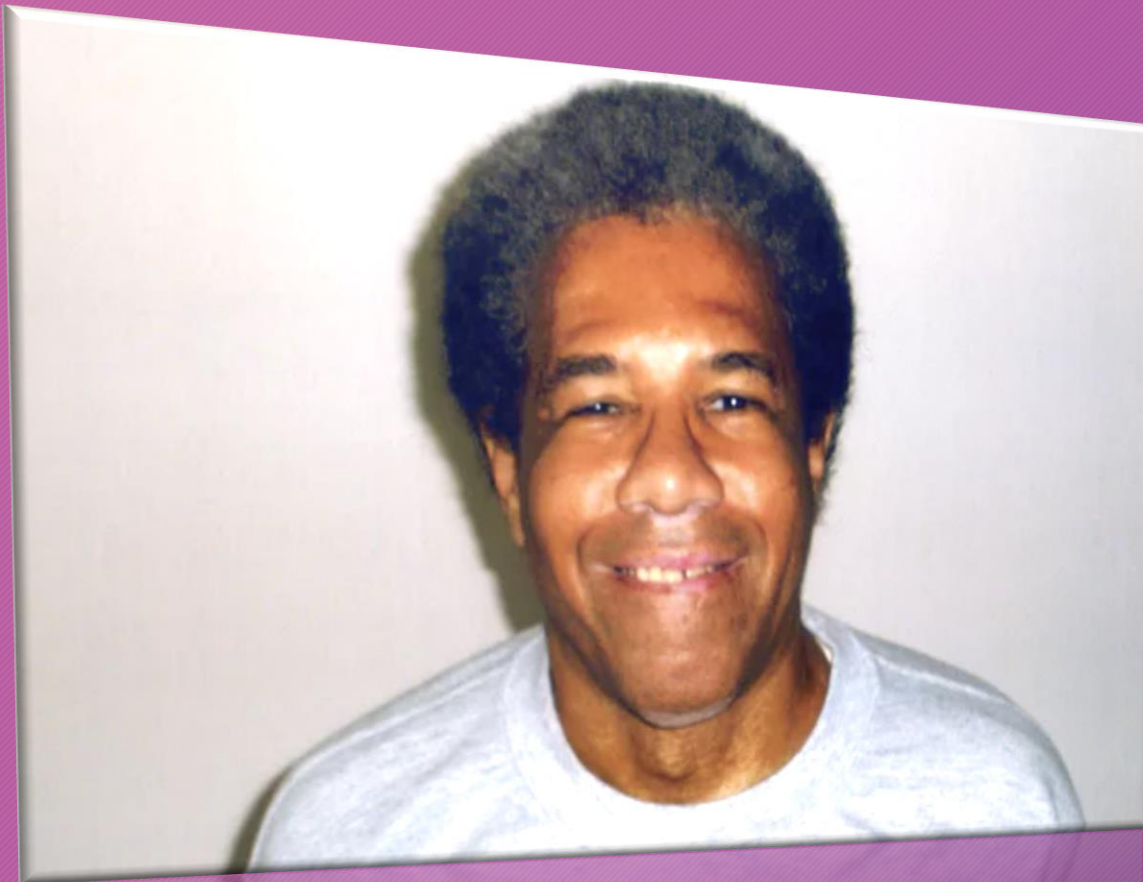
US History & Philosophy of Solitary Confinement

Multiple studies in the 1990s and early 2000s following Grassian's discovery confirmed in both male and female inmates, similar constellations of psychiatric symptoms as well as health-related symptoms/disease in direct response to solitary confinement.

- These symptoms generally begin to emerge within 15-30 days of placement in solitary confinement.
- Those who are predisposed to this psychiatric syndrome or the health-related consequences are the mentally and physically ill.
- The longer the duration of solitary confinement, the more likely and more severe the symptoms.
- It is unknown how long these symptoms take to dissipate after release from solitary confinement or even if they do. The concern is that some of these symptoms are permanent.



Examining the Solitary Experience



Albert Woodfox

- One of the Angola 3
- Initially incarcerated for armed robbery
- Joined the Black Panthers in prison
- Challenged the existing conditions and treatment of prisoners in Angola
- Accused of killing a correctional officer in 1972 but never truly convicted of the crime
- Maintains his innocence to this day
- Spent nearly 43 years in solitary confinement before his 2016 release at 69yo
- Notoriety as the US citizen having served the longest stint in solitary confinement.

Examining the Solitary Experience



Environment



Healthcare and Mental Health Treatment



Food Services



Hygiene



Family and Social Support



Hope



Release

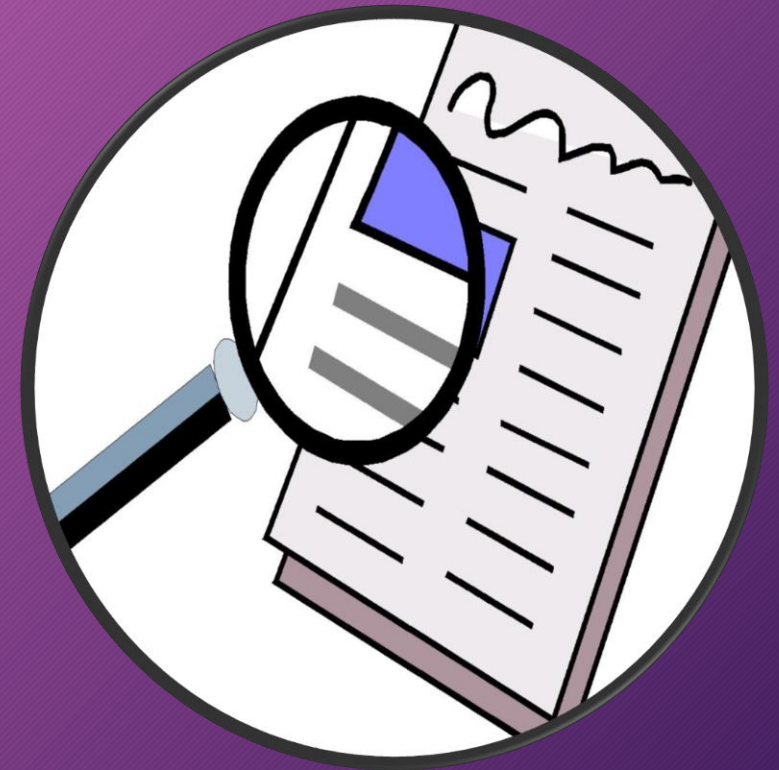
US Solitary Confinement Statistics

- In 2015, there were 1,526,800 incarcerated people in US federal and state prisons, and jails.
 - This does not include detainees in other US Departments such as Immigration or Defense.
- 20% of all US prisoners have spent some time in solitary confinement.
- It is estimated that 80,000-100,000 prisoners are held in solitary confinement in the US on any given day.
- In the US, there are 44 supermax prisons housing over 25,000 prisoners in long term solitary confinement, many for decades.
- There is a disproportionate number of racial minorities and mentally ill who are housed in solitary confinement in US prisons.
- In many states, juveniles are routinely isolated in solitary confinement, sometimes for extended periods of time.



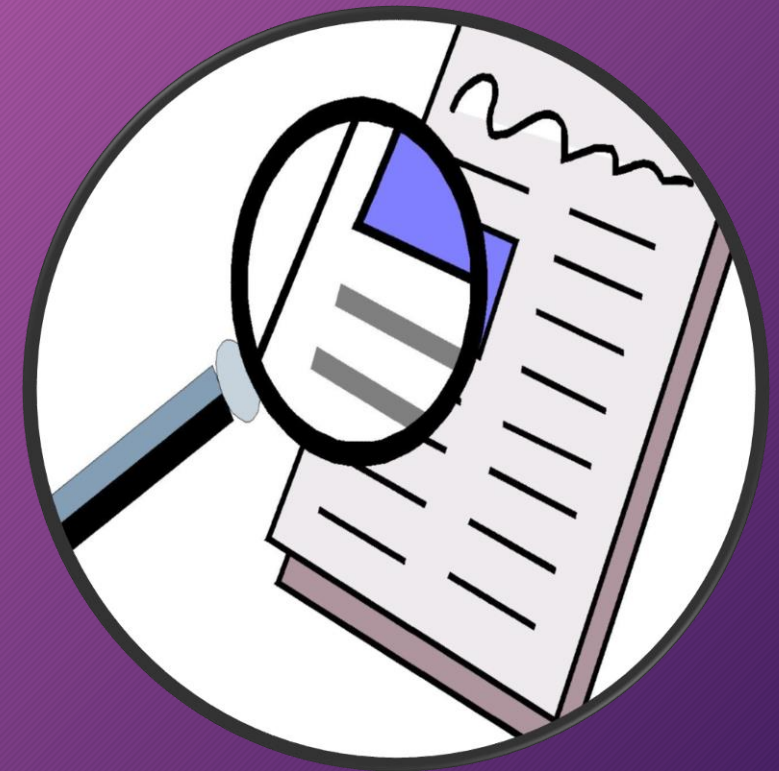
Solitary Confinement Reports and Statements

- International Reports and Statements:
 - United Nations
 - Considers the routine use of solitary confinement in the US to be a major human rights abuse issue. Has called on the US to abolish the use of solitary confinement as a punishment in excess of 14 days, barring exceptional circumstances, and eliminating its use entirely with juveniles, the mentally ill, and pregnant women.
 - European Union
 - The European Committee for the Prevention of Torture (CPT) considers that the maximum possible period of solitary confinement as a punishment should be no higher than 14 days, and preferably lower.
 - Istanbul Statement
 - States the use of solitary confinement should be absolutely prohibited in the following circumstances: (1) For death row and life-sentenced prisoners by virtue of their sentence; (2) For mentally ill prisoners; (3) For children under the age of 18.



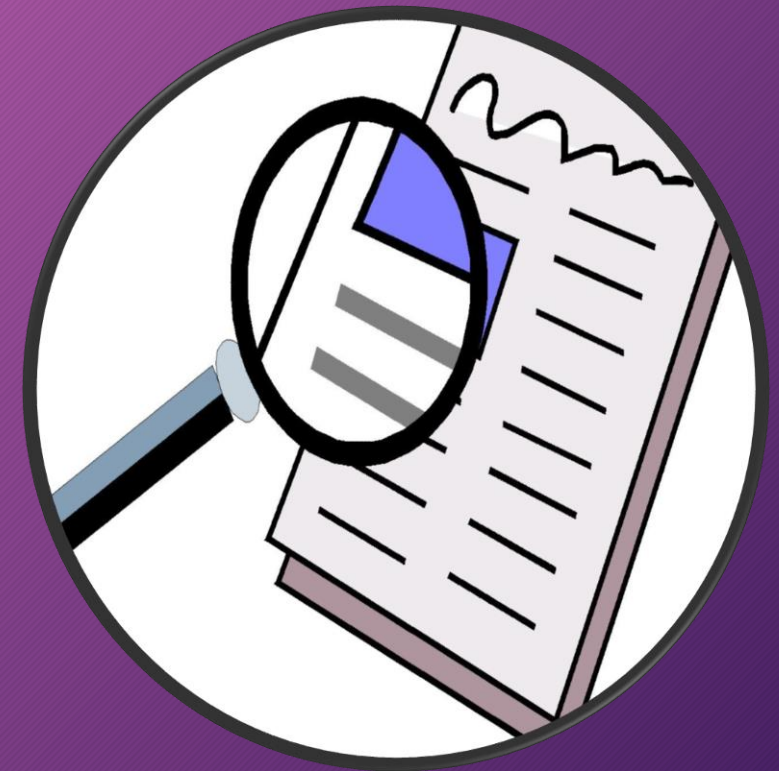
Solitary Confinement Reports and Statements

- National Reports and Statements:
 - DOJ Report and Recommendations Concerning the Use of Restrictive Housing
 - “An inmate with SMI should not be placed in restrictive housing, unless:
 - (1) The inmate presents such an immediate and serious danger that there is no reasonable alternative
 - (2) OR a qualified mental health practitioner determines:
 - a. That such placement is not contraindicated
 - b. That the inmate is not a suicide risk
 - c. That the inmate does not have active psychotic symptoms
 - d. AND in disciplinary circumstances, that lack of responsibility for the misconduct due to mental illness or mitigating factors related to the mental illness do not contraindicate disciplinary segregation”



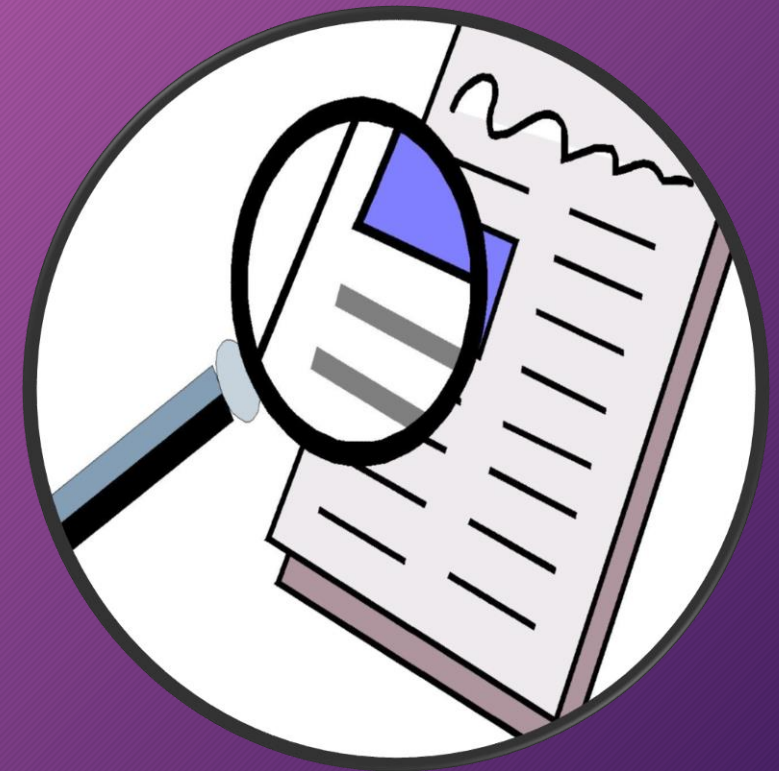
Solitary Confinement Reports and Statements

- Vera Institute Report: “Solitary Confinement: Common Misconceptions and Emerging Safe Alternatives”
- Covers 10 misconceptions about solitary confinement:
 - Conditions in segregated housing are stark but not inhumane.
 - Segregated housing is reserved only for the most violent.
 - Segregated housing is used only as a last resort.
 - Segregated housing is used only for brief periods of time.
 - The harmful effects of segregated housing are overstated and not well understood.
 - Segregated housing helps keep prisons and jails safer.
 - Segregated housing deters misbehavior and violence.
 - Segregated housing is the only way to protect the vulnerable.
 - Safe alternatives to segregated housing are expensive.
 - Incarcerated people are rarely released directly to the community from segregated housing



Solitary Confinement Reports and Statements

- New American Correctional Association Guidelines (Preliminary in August 2016)
 - “The agency will not place a person with a serious mental illness in Extended Restrictive Housing.”
 - Serious mental illness is defined by ACA as a diagnosis of any DSM-V mental health disorder in which there is a treatment plan developed by a qualified mental health clinician.
 - Extended Restrictive Housing is defined by ACA as solitary confinement exceeding 30 days.
- National Commission on Correctional Health Care
 - Prolonged (greater than 15 consecutive days) solitary confinement is cruel, inhumane, and degrading treatment, and harmful to an individual’s health.
 - Correctional health professionals should not condone or participate in cruel, inhumane, or degrading treatment of adults or juveniles in custody.

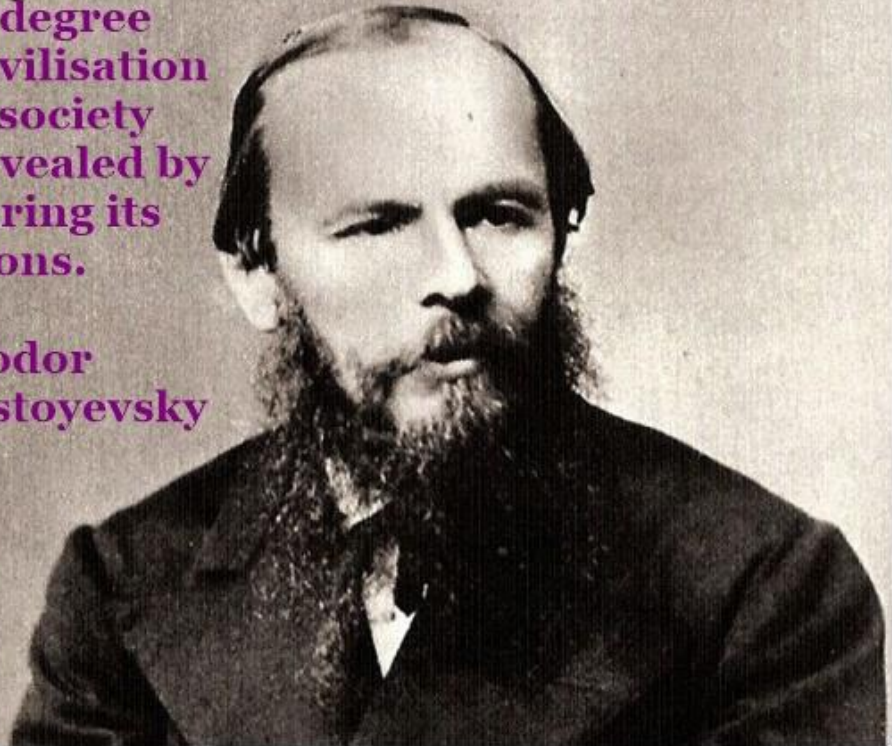


Ethical Implications for Social Workers

Pertinent Ethical Principles

The degree
of civilisation
in a society
is revealed by
entering its
prisons.

- Fyodor
Dostoyevsky



- Service
 - Social workers' primary goal is to help people in need and to address social problems
- Social Justice
 - Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people.
- Dignity and Worth of a Person
 - Social workers respect the inherent dignity and worth of the person.
- Importance of Human Relationships
 - Social workers recognize the central importance of human relationships.

Ethical Implications for Social Workers

- Balancing Ethical Responsibilities
 - Responsibility to Client
Verses
 - Responsibility to Practice Setting
- Cultural Competence
 - Prison Culture
Verses
 - Institutional Expectations
- Balancing Ethical Mandates
 - Providing competent Social Work services
Verses
 - Participating in or promoting a system where, at best, living conditions are not conducive to the fulfillment of basic human needs and at worst, living conditions are cruel, inhumane, and degrading; equivalent to torture.



Avenues to Promote Positive Change

- Support and become involved with organizations that are actively advocating for the reduction or elimination of solitary confinement:
 - Social Workers Against Solitary Confinement (SWASC)
 - Solitary Watch
 - The Vera Institute of Justice
 - The Marshall Project
 - National Religious Campaign Against Torture (NRCAT)
 - National Commission on Correctional Health Care (NCCHC)
 - American Correctional Association (ACA)
 - American Friends Service Committee (AFSC)
 - American Civil Liberties Union (ACLU)
 - The Center for Human Rights & Humanitarian Law
 - Stop Solitary for Kids



Avenues to Promote Positive Change

- Contact your professional organization
 - Ask them to create formal policy statements:
 - Explicitly prohibiting the use of solitary confinement in excess of 14 days, except under extreme circumstances and under independent review.
 - In support of whistleblower protection for social workers working in solitary confinement units.
- Contact your Law Makers
 - Work with them on developing legislation that places limits on the use of solitary confinement in your state, especially:
 - Long term solitary confinement (stays greater than 14 days)
 - The use of solitary confinement as a punishment
 - The use of solitary confinement for juveniles, the mentally or physically ill, and pregnant women



Avenues to Promote Positive Change

- Contact your County Sherriff and State Prison Officials
 - Work with them on developing safe alternatives to the use of solitary confinement, such as:
 - Replacing solitary confinement as a punishment with boosts in the use of positive reinforcement or alternate methods of punishment.
 - Increasing healthcare, mental health treatment, education services, programming, and out-of-cell time for those in restrictive housing
 - Creating special needs units for vulnerable inmates and those under protection that are separate from restrictive housing
 - Creating a step-down process to improve re-integration and offer an alternative to indeterminate stays in solitary confinement



Questions?



Contact Information

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Social Workers Against Solitary Confinement (SWASC)
<http://www.socialworkersasc.org/>
<https://www.facebook.com/SWASC/>

Resources

Solitary Watch

<http://solitarywatch.com/>

<https://www.facebook.com/SolitaryWatch/>

The Vera Institute of Justice

<http://www.safealternativestosegregation.org/resources/>

<https://www.facebook.com/verainstitute/>

The Marshall Project

<https://www.themarshallproject.org/?ref=nav#.3z6ngZHg2>

<https://www.facebook.com/TheMarshallProject.org>

Resources

American Civil Liberties Union (ACLU)

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

<https://www.facebook.com/aclu.nationwide/>

The Center for Human Rights & Humanitarian Law

<https://www.wcl.american.edu/humright/center/>

<https://m.facebook.com/WCLCenterForHumanRights/>

American Friends Service Committee (AFSC)

<http://www.afsc.org/>

<https://www.facebook.com/AmericanFriendsServiceCommittee/>

Resources

National Religious Campaign Against Torture (NRCAT)

<http://www.nrcat.org/>

<https://www.facebook.com/nrcat>

National Commission on Correctional Health Care (NCCHC)

<http://www.ncchc.org/>

<https://www.facebook.com/NCCHC/>

American Correctional Association

http://www.aca.org/aca_prod_imis/aca_member

<https://www.facebook.com/AmericanCorrectionalAssociation/>

Resources

United Nations

<http://www.un.org/en/index.html>

<https://www.facebook.com/unitednations/>

Amnesty International USA

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

<https://www.facebook.com/amnestyusa/>

Stop Solitary for Kids

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