



The Facts About Solitary Confinement

Solitary confinement of prisoners exists under a range of names: isolation, control units, supermax prisons, the hole, SHUs, administrative segregation, maximum security, or permanent lockdown. The use of solitary confinement is found in all types of correctional facilities including federal and state prisons, juvenile facilities, county and local jails, and immigrant detention centers.

Prisoners are placed in these units as punishment pending investigation; for 'behavior modification'; for known or suspected gang-involvement; for political activism; or to fill expensive, empty beds. Although conditions vary from state to state and in different institutions, they typically include:

- Confinement in a small, windowless cell for 23 hours a day
- No normal, regular contact with other human beings
- Infrequent phone calls and rare non-contact family visits
- Extremely limited access to rehabilitative or educational programming
- Rare and inadequate medical and mental health treatment
- Very restricted reading material and personal property
- Physical torture such as hog-tying, restraint chairs, and forced cell extraction
- Mental torture such as sensory deprivation, permanent bright lighting, extreme temperatures, and forced insomnia
- Sexual intimidation and violence

Prolonged prisoner isolation, in its current practice in the United States and in New Jersey not only violates U. S. Constitutional Law but also is in clear violation of Article 1 of the U.N. Convention Against Torture (CAT) and Articles 7, 10 and 16 of the International Covenant on Civil and Political Rights.

Solitary confinement negatively impacts the process of prisoner reentry and can be linked to increased recidivism rates. Criminologists suggest that this practice compromises both institutional and public safety.

Solitary confinement is costly and unnecessary, and many states are exploring alternatives that are both effective and cost efficient.

Mental Health Effects of Isolation

Numerous studies have documented the effects of solitary confinement. These effects are so predictable that they have defined a Special Housing Unit, or SHU, Syndrome. The symptoms include visual and auditory hallucinations, hypersensitivity to noise and touch, insomnia, paranoia, uncontrollable feelings of rage and fear, distortions of time and perception, increased risk of suicide and PTSD. An independent investigation from 2006 reported that as many as 64 percent of prisoners in SHUs were mentally ill. Contrary to the perception that control units house "the worst of the worst," it is often these most vulnerable prisoners, not the most violent, who end up there for long periods.. Whether suffering from mental illness prior to being incarcerated, or as a result of it, those with mental illnesses frequently struggle to conform to prison rules and their behavior can be often interpreted as being willfully noncompliant. Placing vulnerable individuals such as these in extended isolation has no rehabilitative purpose, and serves only to increase the severity of their illness. (American Friends Service Committee, www.afsc.org 2015)

New Jersey and Solitary Confinement

Overall, there are some 20,000 inmates in the thirteen correctional and satellite facilities in New Jersey (excluding County jails) and a one day count on January 1, 2015, data provided by the Department of Corrections indicated that 1,537 individuals were in some form of isolated confinement.

In New Jersey, prisoner isolation was developed as a tool of control against politically dissident groups in the 1980s, with the full knowledge that it inflicted psychological harm through coercion. This is a continuing feature and solitary confinement is used today as a central feature in a criminal justice system that disproportionately impacts low income people and people of color. New Jersey ranks third worst in the United States in racially disproportionate sentencing.

The Isolated Confinement Restriction Act, S51

State Senators Raymond Lesniak and Peter Barnes introduced a bill to reform the use of solitary confinement in the state of New Jersey (currently designated S2588; State Assembly version A4510). These bills limit the use of prisoner isolation to circumstances when it is necessary and safe, both for the inmate and the operations of the facility.

Significant features of the bill include the prohibition against isolation unless there is reasonable cause to believe that an inmate poses a serious and immediate risk of harm to self or others, and only when all less restrictive interventions are insufficient.

Other key provisions include –

- Anyone being placed in isolation must undergo medical and mental health examinations and receive a measure of due process.
- Except under specified limited conditions, (prison lockdowns, medical isolation and protective custody), a prisoner cannot be placed in isolation for more than 15 consecutive days, or for more than 20 days per 60 day period.
- People who are considered particularly vulnerable to harm in isolation (young, elderly, pregnant or disabled) may not be placed in solitary confinement.
- People subject to isolated confinement must be housed in safe, sanitary and human conditions.
- Emergency solitary confinement cannot exceed 24 hours in duration.
- Prisoners will continue to have access to voluntary isolation in protective custody, to prevent reasonable foreseeable harm.
- Prisoners currently in isolated confinement will be individually reviewed under the standards in the bill.
- The Department of Corrections must develop a plan for implementation of these reforms, which must also include comprehensive training for staff and administrators as well as thorough documentation and reporting procedures.
- All correctional facilities operating directly under or through contract with the Department of Corrections will be required to conform to these changes.