

BREAKING THROUGH ISOLATION

The Urgent Case for the ERASE Solitary Confinement Act in D.C. Jails



Presented by

ACLU
District
of Columbia

DC
JUSTICE
LAB.

**UNLOCK
THEBOX**
DC

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Executive Summary

Solitary confinement is a stark reality for many people who are incarcerated in our nation's capital. During the height of the COVID-19 pandemic, the D.C. Department of Corrections (DOC) held 1,500 people confined in their cells for over 500 days. The United Nations has said that solitary confinement amounts to "psychological torture," and even professional associations that represent corrections administrators have said that "prolonged isolation of individuals in jails and prisons is a grave problem in the United States."

Solitary confinement exacerbates mental and physical ailments and significantly hampers people's ability to reintegrate into society. Notably, 95% of these individuals will return to our communities, where they are more likely to struggle with joblessness and poverty due to the degradation experienced while incarcerated.

The ACLU of the District of Columbia and D.C. Justice Lab, in collaboration with the Unlock the Box D.C. Coalition, present this white paper — a synthesis of personal narratives, empirical data, and recent polling results — to illustrate the dire need to end solitary confinement in D.C.'s correctional facilities.

Recent polling data underscores this urgency, revealing that a majority of D.C. voters oppose solitary confinement. The opposition to solitary confinement is robust and spans across political and demographic lines, with a 55% majority opposing such measures. This consensus only strengthens with greater awareness: after learning more about solitary confinement, 62% oppose it, and after understanding its detrimental effects on rehabilitation and mental health, opposition soars to 70%.

This paper demonstrates the devastating effects of solitary confinement and shows that people of color are disproportionately affected by this everyday form of torture. This paper details how individuals placed in solitary experience severe psychological trauma, including depression, anxiety, and an increased likelihood of self-harm and suicidal behavior. Beyond showing that such confinement is morally indefensible, this paper demonstrates that solitary is economically imprudent and socially destructive and that this practice contributes to increased recidivism and violence within jails.

The time has come for D.C. to leave everyday torture behind and become a champion for humane treatment. The Eliminating Restrictive and Segregated Enclosures (ERASE) Solitary Confinement Act proposes such a transformative approach, curtailing the use of solitary confinement and championing rehabilitation, education, and healthcare for incarcerated individuals.

To inform the urgent need to build a more humane and effective criminal justice system, this paper offers a synthesis of rich narratives and compelling data, as well as a plan to move toward a justice system that fosters healing and integration rather than perpetuating cycles of trauma and incarceration. The ERASE Solitary Confinement Act is not just a legislative change; it is a moral imperative to address systemic injustices and to create a more equitable and effective justice system in D.C.

Solitary confinement is defined by the United Nations as the "confinement of prisoners for 22 hours or more a day without meaningful human contact."

Legislation being considered by the Council of the District of Columbia – the ERASE Solitary Confinement Act – would require the D.C. DOC to give most incarcerated people at least 8 hours a day, not confined to their cells and not isolated from others. The legislation includes narrow and time-limited exceptions for medical isolation and for people at risk of self harm.



'Sorrow of the Soul' by Solitary Survivor, Kenneth Reams.

**MORE THAN HALF
OF D.C. VOTERS
SUPPORT
ENDING SOLITARY
CONFINEMENT**

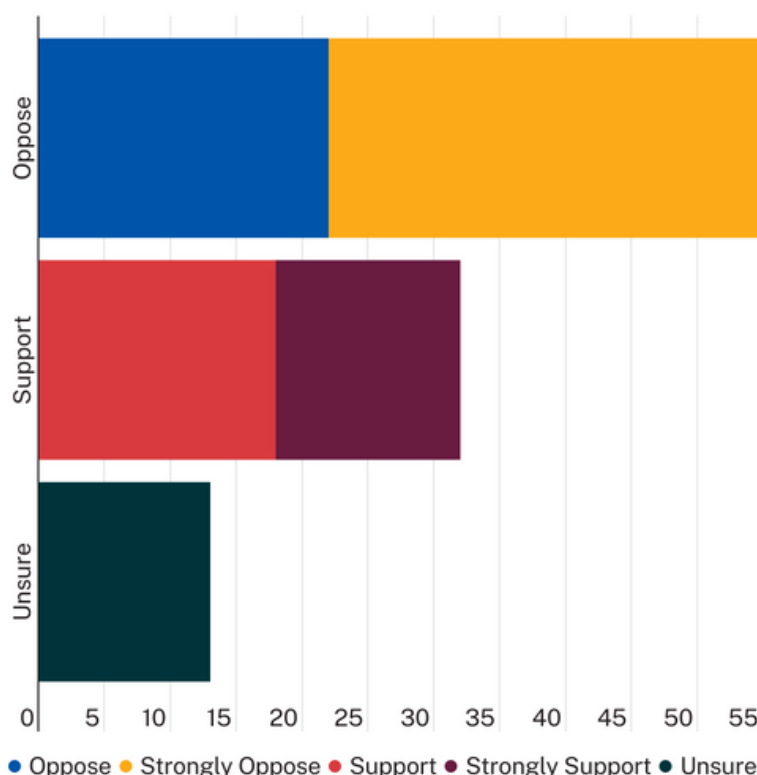
There is Widespread Support for Ending Solitary Confinement in the D.C. Jail.

A recently conducted survey of 500 likely 2024 general election voters in Washington, D.C., reveals deep and widespread public support for ending solitary confinement at the jail.

The survey, commissioned by ACLU-D.C. and conducted by Lake Research Partners, reviewed information about the D.C. criminal justice system, provided information about the practice and the impact of solitary confinement, and asked voters about their point of view.

The survey found the following:

More than half of D.C. voters support ending solitary confinement. A solid 55 percent majority of D.C. voters oppose the use of solitary confinement at the D.C. Jail, including 33 percent who oppose it strongly. More voters oppose the use of solitary confinement than support it in all regions and all eight wards of the District: by way of example, in Ward 2, whose council member is the Chairperson for the Committee on the Judiciary and Public Safety, 54 percent of voters oppose the use of solitary confinement, while just 14 percent support it.

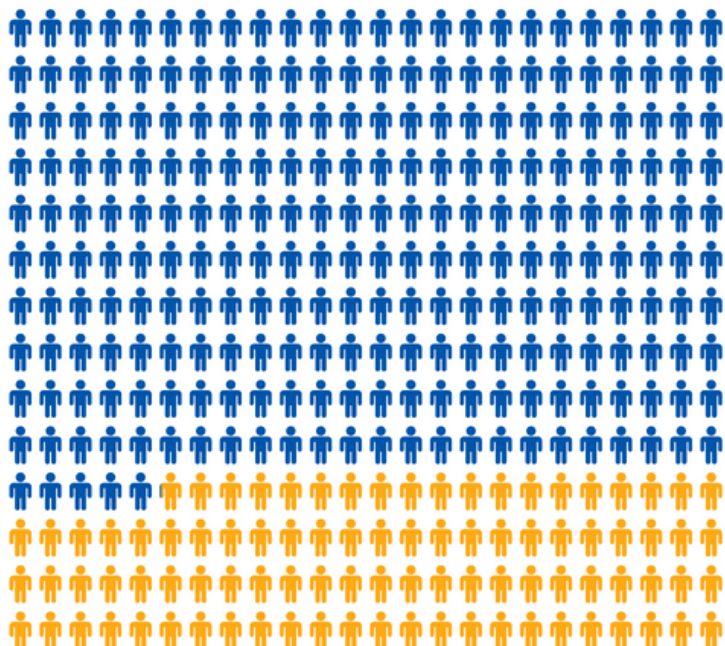


***WHEN VOTERS
LEARN MORE
ABOUT SOLITARY
CONFINEMENT AT
THE D.C. JAIL, _
THEY BECOME
SUBSTANTIALLY
MORE OPPOSED TO
THE PRACTICE.***

There is Widespread Support for Ending Solitary Confinement in the D.C. Jail.

The more D.C. voters learn about solitary confinement, the more they want to end it. When voters learn more about solitary confinement at the D.C. Jail and the research on its impacts, they become more opposed to the practice.

- Support for ending solitary confinement increases when voters learn more about the experience. Half the survey respondents heard, “[t]he practice typically means placing a person in a very small, isolated cell for 22 to 24 hours per day.” After learning this information, 62 percent of voters opposed the use of solitary confinement.
- **Support to end solitary confinement increases when voters learn it does not increase safety. The other half of survey respondents heard that “research shows that solitary confinement does nothing to rehabilitate people and exacerbates or creates mental illness.” After learning this information, fully 70 percent of voters opposed solitary confinement.**



● Oppose ● Support

More information about the survey is available in the [Methodology](#) section of this position paper on page 13



The Impacts of Solitary Confinement

Decades of research on solitary confinement have shown that it decreases safety inside an institution and that it can increase the likelihood that a confined person will recidivate. Among the reasons that solitary confinement makes institutions and the community less safe is that it can seriously impact a person's health and well-being, destabilizing them at exactly the moment when they need planning for reintegration and stabilization.

Acting on this research, 60% of states and the federal government have taken some steps to reduce the use of solitary confinement and to curb its practice.

It decreases safety in institutions and the community.

Significant field research has shown that solitary confinement does not increase safety.

Research shows:

- **Solitary confinement does not improve facility safety.**
 - Research funded by the U.S. Department of Justice and conducted in prison in Ohio found “that neither the experience of [solitary confinement], nor the number of days spent in [solitary confinement], had any effect on the prevalence or incidence of the finding of guilt for subsequent violent, nonviolent, or drug misconduct.”¹
- **Solitary confinement can increase recidivism.**
 - Research funded by the U.S. Department of Justice on the use of solitary confinement in Ohio found that “experiencing [short-term solitary confinement] during incarceration is associated with a 7 percent increase in the likelihood of recidivism, and experiencing [extended solitary confinement] during incarceration is associated with a 14 percent increase in the likelihood of recidivism.”²
- **People who experience solitary confinement are not necessarily engaged in violent behavior.**
 - The Vera Institute of Justice has reported that 85 percent of people in solitary confinement in Illinois were sent there for nonviolent disciplinary reasons, such as talking back to a correctional officer.³ A survey of people held in solitary confinement in Louisiana state prisons in 2017 found that 59.3 percent of those responding reported they were currently in solitary for disobedience or rule breaking, not threats or violence against others.⁴

In cases where someone is involved in a violent altercation in prison, being subjected to solitary confinement may increase that person's emotional dysregulation and exacerbate violent behaviors.⁵ Thus, solitary confinement can cause someone to become more likely to engage in disruptive behaviors, decreasing safety for everyone in the institution.⁶

The Impacts of Solitary Confinement

It is harmful to one's health.

Significant field research has shown that solitary confinement does not increase safety for residents or for those managing prisons and jails, but it does have significant and long-lasting negative impacts on the health and well-being of the individuals who experience it.

- **More likely to die, and more likely to be ill.**

- Just one or two days in solitary can have severe negative health impacts.⁷ Research published in the Washington University Journal of Law and Policy, the Journal of General Internal Medicine, Scientific American, and other publications has shown that solitary confinement leads to psychosis, heart disease, neurological damage, severe anxiety, panic, paranoia, despair, depression, memory and concentration loss, and exacerbation and creation of other mental health challenges and medical conditions.⁸ Research published in the Journal of the American Medical Association reported, “compared with individuals who were incarcerated and not placed in restrictive housing, individuals who spent any time in restrictive housing were 24 percent more likely to die in the first year after release, especially from suicide (78 percent more likely) and homicide (54 percent more likely); they were also 127 percent more likely to die of an opioid overdose in the first 2 weeks after release.”⁹

- **Mental health conditions worsen.**

- People with mental health disorders make up one-third to one-half of all incarcerated people in segregated housing.¹⁰ Mental health disorders can be exacerbated by placement in isolation. Research published in the American Journal of Public Health found that people in a solitary confinement unit in Washington state reported high rates of psychological distress; a year later, those who had moved out of solitary saw improved results, while those who were still in solitary confinement had worsened.¹¹ One researcher identified the link between mental health, solitary confinement, and violence this way:
 - “Solitary confinement causes mental illness and anger, which can result in a ‘vicious cycle’—the [person] becoming more angry and incapable of controlling his temper and the resulting disciplinary tickets leading to more time in the isolation setting that induces the angry behaviors. [People] in solitary confinement who exhibit signs of mental illness such as refusing an order, self-mutilation or cutting, or expressing anger at officers likewise receive disciplinary sanctions rather than treatment. Even suicidal behavior is sometimes treated as a behavioral rather than psychological problem.”¹²

- **Higher rates of suicide attempts and self-harm.**¹³

- Research published in the Journal Crime and Delinquency found that over 33 percent of people in solitary confinement experience psychosis and/or become acutely suicidal within the first 15 days of confinement.¹⁴ A study published in the American Journal of Public Health on the New York City jail system found that individuals placed in solitary confinement were 6.9 times more likely to commit acts of self-harm and 6.3 times more likely to commit acts of potentially fatal self-harm than people in the general population.¹⁵

The Impacts of Solitary Confinement

It disproportionately impacts communities of color and other populations more at risk of harm.

Experts have long recognized that solitary confinement has a disproportionate impact on Black people, Latino/a/x people, Native people, other people of color, and communities most at risk of harm in prisons, including people with disabilities and LGBTQIA2 people.

- **Black and Latin/a/x people.**

- In 2019, the Correctional Leaders Association and the Liman Center at Yale Law School surveyed federal and most state prison systems and found that people of color are far more likely to be isolated than their white counterparts. In more than seven out of ten jurisdictions that reported information on the use of solitary confinement, the percentage of Black people in solitary confinement was larger than that of the prison population as a whole. By way of one example, in New York State, 79 % of people in solitary are Black or Latinx.¹⁶ With 90.8 percent of individuals in the District of Columbia DOC custody being Black, absent data from the D.C. Jail, it is reasonable to expect that when solitary confinement is used in D.C., the people who experience it are almost exclusively people of color.¹⁷

- **Young people.**

- Researchers have also found that young people are at greater risk of being placed in solitary confinement,¹⁸ and that the combination of solitary confinement and lack of family contact increases the likelihood that youth will experience significant trauma that can have long-term negative effects.¹⁹ When subjected to solitary confinement, adolescents are frequently denied access to treatment, services, and programming adequate to meet their medical, psychological, developmental, social, and rehabilitative needs.²⁰

- **People who are LGBTQIA2.**

- People who identify as LGBTQIA2 are both more likely to be placed in solitary confinement and more likely to have the placement cause lifelong harm. One survey of people in prison showed “sexual minorities” were more likely to be put in solitary confinement than straight men and women in prisons and jails.²¹ In a survey of 1,118 LGBTQ incarcerated people conducted by the organization Black and Pink, a staggering 85 percent of respondents reported that they had been held in solitary confinement at some point during their sentence. BIPOC LGBTQ incarcerated people were twice as likely to be put in solitary compared to white LGBTQ incarcerated people.²²

- **People with disabilities.**

- One study recently offered in Health Affairs explained that “[s]olitary confinement is particularly disabling, especially when used for extended periods....These practices profoundly harm disabled people psychologically and can also reduce their access to medical therapies and required care assistance.”²³

Hundreds of people have recently been placed in solitary confinement in the D.C. Jail

Most correctional systems do not regularly report on the number of individuals placed in solitary confinement, and the D.C. DOC is no exception.

Across the country, legislators seeking to end solitary confinement have included in their proposals changes to law, policy, and practice that address the lack of data and information, oversight, and public reporting of incidents. With the goal of increasing transparency, accountability, and effective implementation of legislative changes, as many 75 bills were enacted in 29 states between 2018 and 2022 that involve some form of improvements to reporting and oversight of the practice of solitary confinement.²⁴

To fill in the national data gaps, Unlock the Box and Solitary Watch estimated that 122,000 people in the United States in prisons and jails experience solitary confinement on any given day.²⁵

To date, most of the information on solitary confinement in Washington, D.C. has not come from a regularized government reporting of incidents, but from episodic reports by D.C. officials and news reports.

These news reports include:

- Accounts that 1,500 people held at DC jail were confined to cells 23 hours a day in 2021.²⁶
- Accounts that multiple individuals who experienced suicidal thoughts were confined to a “safe cell” in the jail rather than be transported immediately to a hospital.²⁷

In a once-a-year report to the Council of the District of Columbia on operations presented as part of the DOC budget, the department reported several stark facts:

- As many as 12 percent of residents in the jails were in restrictive housing in the recent past (and as few as 5 percent in Fiscal Year 2022, to a low of 2.8 percent).²⁸
- DOC reported length of stay – that is, the length of time that someone was held in a restricted housing placement– as follows in 2022: six people (9-12 months), 51 people (6-9 months), 123 people (3-6 months), 93 people (2-3 months), 241 people (1-2 months), and 238 people, under one month. While these figures could include duplicates, they clearly show that solitary confinement is still a challenge at the D.C. Jail.²⁹

D.C.’s reporting on solitary confinement does not have to be limited to episodic statements from DOC that occur once a year in an oversight hearing.

Legislation enacted in New Jersey now empowers the New Jersey Office of the Corrections Ombudsperson to regularly report on the use of solitary confinement.³⁰ Last month, lawmakers reviewed data and information indicating that at least 750 people were “living” in restorative housing units, which the state ombudsperson described as solitary confinement.³¹ The report is being used to help advocate for changes to law, policy, and practice to further limit the use of solitary confinement.

The ERASE Solitary Confinement Act requires quarterly reporting to lawmakers and the public on the use of, and efforts to reduce, solitary confinement.

Survivors' Plea: End Solitary Confinement

In the spring of 2023, a group of people who had either personally experienced solitary confinement, who had been incarcerated, or who had a relative incarcerated began meeting to discuss policy change efforts in D.C.

In the summer of 2023, these individuals met, interviewed each other, and discussed why D.C. should end the practice of solitary confinement. What follows is an edited summary of what these formerly incarcerated individuals and their loved ones said were key reasons to end solitary confinement in D.C.³²



HERBERT

SOLITARY CONFINEMENT DECREASES SAFETY AND WORSENS ONE'S MENTAL HEALTH.

"When you went to whatever form of solitary confinement that was operating, the hole, the Special Housing Unit (SHU), the Special Handling Unit, whichever name you call it, you only showered every two or three days. You didn't get recreation, but every two or three days. You have to get handcuffed to leave your cell to go to the shower.

If you have a mental health issue, you are housed in solitary confinement. They are not getting the help needed for their troubles. These mental issues impact everyone in the unit: At two or three in the morning, these individuals are banging on the door and yelling because their medication wore off or now they're hungry. Imagine that I'm two cells down or the cell right next to them. And they are banging on the wall. That's when it becomes torture for real."



GENE

PEOPLE WHO EXPERIENCE SOLITARY CONFINEMENT COME OUT DIFFERENT.

"I have been to the Special Housing Unit (SHU) several times. Sometimes, for short stays, sometimes for longer stays, you are 100 percent segregated, not just from the outside world, but from human contact. You do not get to contact other people. You do not even get your mail. Mail can become a danger to you. Some people do not realize the psychological trauma that plays not only on you but also on your family. I've seen guys who have gone to the SHU and come out much differently when they went in.

There are too many reasons why institutions can use solitary confinement without accountability. My daughter couldn't understand why I was placed in the SHU. She asked why they would do that. I explained to her all the different variations of why they would put you in the SHU. She really could not wrap her mind around the reason why, and to this day, neither can I. There are a lot of mental health issues in jail, and the answer to that is to lock a person in a cell. If someone's getting a little out of control, they will restrain them. If they put you on suicide watch, they will lock you in a cell, strip you of everything you have, and just have somebody sit outside your door and watch you. It could be a person [getting a disciplinary record], the system says, "oh, well you are becoming a problem, so you're going to be on lockdown."



Survivors' Plea: End Solitary Confinement



CHARNAL

SOLITARY CONFINEMENT HARMS FAMILIES AND CHILDREN.

"When I learned my mother experienced solitary confinement, I started to do research around what a person would be like after they did that for an extended amount of time. I learned her first five years in prison were really rough for her. I learned solitary confinement impacts the brain and how it affects someone's relationships. Solitary confinement made it really difficult for us to really repair our relationship.

One of the things that I realized, because my mother did not have the capacity to show up for me, solitary confinement created a disconnect with me and my kids. It was hard for me to want to show up as a mother for them. That is why I decided to take my healing journey so seriously: because I knew I needed to break that generational impact or trauma. We need to understand that this generational impact is not just the physical separation from people, but the emotional and spiritual separation from people. I really do feel like solitary confinement should be banned."



DEVIN

ENDING SOLITARY CONFINEMENT IS ABOUT HOLDING PRISONS AND PEOPLE IN THEM ACCOUNTABLE.

On my first day in prison, weed had been found in a cell. I guess they were trying to figure out who it was. They told me, basically, give us a name, or you'll go into solitary. I said, look, you can check my records. I just got in here today. That was my first experience seeing how solitary confinement is used. It's used as punishment. Understand that this is a severe form of punishment.

In order to truly hold someone accountable for their actions, we have to heal the harm done to the community. The most dangerous person, whether they are in prison or anywhere else, is a person who has nothing to look forward to or live for. That is also one of the harms of solitary confinement – giving people nothing to look forward to or to live for. One of the reasons why I think things like the ERASE Bill is needed is this keeps the system accountable. The Department of Corrections must report certain activities and it makes it more transparent so that they can be held a little bit more accountable to why solitary confinement is being used."

Conclusion: D.C. Must End Solitary Confinement by Enacting the ERASE Solitary Confinement Act (2023)

Between 2018 and 2022, 60 percent of states have enacted legislation to address some aspect of solitary confinement.³³

The federal government is also taking steps to end solitary confinement. The head of the Federal Bureau of Prisons and the director of the National Institute of Justice recently wrote, “our decades-long experience within the field as a correctional leader and policy researcher have made us keenly aware of how restrictive housing may harm a person’s mental, emotional and physical well-being.”³⁴

These federal agency heads noted that “the consensus across National Institute of Justice (NIJ) sponsored research on restrictive housing concludes that it is not an effective deterrent.”

These federal policymakers echo what the American Correctional Association has said since 2015: “prolonged isolation of individuals in jails and prisons is a grave problem in the United States,” and the organization representing prison administrators committed to “ongoing efforts to limit or end extended isolation.”³⁵

This year, D.C. lawmakers took significant steps to end the practice of solitary confinement in the D.C. Jail, and we urge the D.C. Council to keep moving forward.

The Eliminating Restrictive and Segregated Enclosures (“ERASE”) Solitary Confinement Act of 2023 was introduced by nearly half of the D.C. Council in October. As described in a letter from the legislative sponsors, the bill:

“[P]rohibits nearly all forms of segregated confinement for individuals incarcerated at penal institutions owned, operated, and controlled by the Department of Corrections. It also limits the use of safe cells, would mandate that all residents in a DOC facility receive at least eight hours of out-of-cell time a day, and charge DOC with providing residents mental health services any time they’re placed in prolonged confinement, medical isolation, or suicide watch. An oversight provision of the bill would require DOC to collect and publish data on the ongoing use of solitary, allow residents to file special grievances, and potentially sue the agency if they’ve been subject to prolonged confinement.”

ERASE is now moving through the legislative process, and the bill has been referred to the D.C. Council’s Committee on Judiciary and Public Safety.

We are asking that the Committee schedule a hearing on the ERASE Solitary Confinement Act now, to be held in December 2023 or January 2024. The Unlock the Box Coalition strongly urges the D.C. Council to pass the ERASE Solitary Confinement Act this Council Period and to fund it beginning in Fiscal Year 2025.



Acknowledgments

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Organizations

ACLU of the District of Columbia

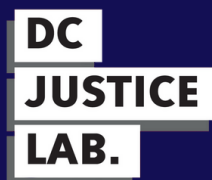
The ACLU of the District of Columbia (ACLU-D.C.) envisions a free and just D.C. where everyone, particularly historically oppressed communities, lives free from systemic governmental oppression. With the support of 14,000 members and supporters, we use an integrated advocacy approach—public education, advocacy, organizing, and litigation—to protect and advance civil liberties and civil rights for people who live in, work in, and visit D.C. We are a local affiliate of the ACLU, a nonpartisan nonprofit that dares to create a more perfect union.

D.C. Justice Lab

DC Justice Lab is a team of law and policy experts researching, organizing, and advocating for large-scale changes to the District of Columbia's criminal legal system. We develop smarter safety solutions that are evidence-driven, community-rooted, and racially just. We aim to fully transform the District's approach to public safety and make it a national leader in justice reform.

Unlock the Box D.C. Coalition

The Unlock the Box DC Coalition is a group of survivors of solitary and other transformative justice advocates working to end the use of solitary confinement in all its forms in the District of Columbia. The DC Coalition is part of the Unlock the Box national campaign to end solitary confinement in the United States. The national campaign includes partners from 19 states and D.C. working to transform incarceration and end the use of solitary confinement nationwide.



Methodology

Lake Research Partners designed and administered this survey via phone using professional interviewers. The survey reached 500 likely 2024 General Election voters in Washington, D.C., with an oversample of 100 likely voters in Ward 2 and an oversample of 100 voters from either Ward 7 or Ward 8. The survey is representative of the Washington, D.C. electorate according to age, race, ethnicity, geography, sex, and education. The survey was conducted June 22-26, 2023. The margin of error for the base sample is +/-4.38% and larger for subgroups.

The specific question used was: “The current D.C. Jail holds D.C. residents who have been charged with a crime but have not been convicted, or who have been found guilty of a misdemeanor. The D.C. Jail uses solitary confinement. Do you **STRONGLY** support, **SOMEWHAT** support, somewhat **OPPOSE**, or **STRONGLY** oppose the continued use of solitary confinement at the D.C. Jail?” Participants also had the option to answer that they didn’t know.

Endnotes

- [1] Ryan Labrecque, The Effect Of Solitary Confinement On Institutional Misconduct: A Longitudinal Evaluation 95 (August 2, 2015) (Ph.D. dissertation, University of Cincinnati) (Department of Justice), <https://www.ncjrs.gov/pdffiles1/nij/grants/249013.pdf>.
- [2] Joshua C. Cochran et al. Examining the use and impact of restrictive housing.6-7 (July 2022), <https://www.ojp.gov/pdffiles1/nij/grants/304977.pdf>
- [3] Email Exchange between Bryan Gleckler, chief of staff, Illinois Department of Corrections, email and Vera Institute, Washington, DC (April 3, 2015) (on file with author) See Alison Shames et al. Solitary Confinement: Common Misconceptions and Emerging Safe Alternatives 14 (Vera Institute of Justice, 2015), https://www.vera.org/downloads/publications/solitary-confinement-misconceptions-safe-alternatives-report_1.pdf
- [4] Solitary Watch et al. Louisiana on Lockdown: A report on the use of Solitary Confinement in Louisiana State Prisons, with testimony from the people who live it. (June 2019), <https://solitarywatch.org/wp-content/uploads/2019/06/Louisiana-on-Lockdown-Report-June-2019.pdf>
- [5] Shira E. Gordon, Solitary Confinement, Public Safety, and Recidivism, 47 University of Michigan Journal of Law Reform 495, 506 (2014).
- [6] Stuart Grassian, Psychiatric Effects of Solitary Confinement, 22 Washington University Journal of Law and Policy, 325. (2006); See also James Gilligan & Bandy Lee, The Resolve to Stop the Violence Project: Reducing Violence in the Community Through a Jail-Based Initiative, 27 J. of Pub. Health 143–148 (2005).
- [7] Christopher Wildeman & Lars H Anderson, Solitary confinement placement and post-release mortality risk among formerly incarcerated individuals: a population-based study, 5 The Lancet Pub. Health 107, (Feb. 2020). "The finding that just a day or two in solitary confinement appears linked to a higher risk of death after release is somewhat surprising..." See EurekAlert, "Solitary confinement significantly increases post-prison death risk," February 2020, <https://www.eurekalert.org/news-releases/659782>
- [8] Stuart Grassian, Psychiatric Effects of Solitary Confinement, 22 Washington University Journal of Law and Policy (January 2006): 325; See also Brie A. Williams et al., The Cardiovascular Health Burdens of Solitary Confinement, 34 Journal of General and Internal Medicine. 1977, (June 2019); See also Dana Smith, Neuroscientists Make a Case Against Solitary Confinement, Scientific American (November 9, 2018), <https://www.scientificamerican.com/article/neuroscientists-make-a-case-against-solitary-confinement/>.
- [9] Brinkley-Rubinstein L, Sivaraman J, Rosen DL, et al. Association of Restrictive Housing During Incarceration With Mortality After Release. Journal of the American Medical Association Network Open. 2019;2(10):e1912516. doi:10.1001/jamanetworkopen.2019.12516
- [10] Craig Haney & Mona Lynch, Regulating Prisons of the Future: A Psychological Analysis of Supermax and Solitary Confinement, 477 The New York University Review of Law and Social Change 477, (1970).
- [11] Keramet Reiter et al., Psychological Distress in Solitary Confinement: Symptoms, Severity, and Prevalence in the United States, 110 American Journal of Public Health S56,(Jan. 2020).
- [12] Shira E. Gordon, Solitary Confinement, Public Safety, and Recidivism, 47 University of Michigan Journal of Law Reform 495, 506 (2014).
- [13] Fatos Kaba et al., "Solitary Confinement and Risk of Self-Harm Among Jail Inmates," American Journal of Public Health 104, no. 3 (March 2014): 442–447,
- [14] Haney C., Mental Health Issues in Long-Term Solitary and "Supermax" Confinement, 49 Crime and Delinquency 134 (2003).
- [15] Fatos Kaba et al., Solitary Confinement and Risk of Self-Harm Among Jail Inmates, 104 American Journal of Public Health 442, 445 (2014).
- [16] The Association of State Correctional Administrators and the Litman Center for Public Interest Law at Yale Law School, Reforming Restrictive Housing: The 2018 Asca-Liman Nationwide Survey of Time-in-Cell.(2018), https://law.yale.edu/sites/default/files/documents/pdf/Liman/asca_liman_2018_restrictive_housing_revised_sept_25_2018_-_embargoed_unt.pdf

Endnotes

- [17] Council for Court Excellence. D.C. Criminal Legal Systems Overview. (2022), <https://www.courtexcellence.org/uploads/File/DCCriminalLegalSystemsOverview2022.pdf>.
- [18] U.S. Office of the Inspector General, Review of the Federal Bureau of Prisons' Use of Restrictive Housing for Inmates with Mental Illness. U.S. Department of Justice and Office of the Inspector General (July 2017).
- [19] Joseph Calvin Gagnon, The Solitary Confinement Of Incarcerated American Youth During Covid-19, 291 Psychological Research. 113219 (2020).
- [20] Growing Up Locked Down Youth in Solitary Confinement in Jails and Prisons Across the United States Human Rights. Watch (October 10, 2012), <https://www.hrw.org/report/2012/10/10/growing-locked-down/youth-solitary-confinement-jails-and-prisons-across-united>
- [21] Ilan H Meyer et al. Incarceration Rates and Traits of Sexual Minorities in the United States: National Inmate Survey, 2011-2012 107 American Journal of Public Health 267, (Feb. 2017).
- [22] Jason Lydon et al. Coming Out of Concrete Closets: A report on Black and Pink's National LGBTQ Prisoner Survey (2015), <https://www.issuelab.org/resources/23129/23129.pdf>
- [23] Laurin Bixby et al., The Links Between Disability, Incarceration, And Social Exclusion 41 Health Aff.'s 1460, (Oct. 2022).
- [24] Supra note 24.
- [25] Solitary Watch and Unlock the Box Campaign, Calculating Torture: Analysis of Federal, State and Local Data Showing More than 122,000 people in Solitary Confinement in U.S. Prisons and Jails. (May 2023), <https://solitarywatch.org/wp-content/uploads/2023/05/Calculating-Torture-Report-May-2023-R2.pdf>
- [26] Peter Jamison, An 'insane' Coronavirus Lockdown Two Miles From The Capitol, With No End In Sight, The Washington Post (Apr. 19, 2023, 8:57 PM), <https://www.washingtonpost.com/dc-md-va/2021/04/19/dc-jail-lockdown-covid/>
- [27] Mitch Ryals, Attorneys Continue to Hear Reports of the Horrific Conditions in D.C. Jail's 'Safe Cells', The Washington City Paper (May 13, 2021), <https://washingtoncitypaper.com/article/516737/attorneys-continue-to-hear-reports-of-the-horrific-conditions-in-dc-jails-safe-cells/>
- [28] Department of Corrections, Department of Corrections Responses to D.C. Council Questions Round 1. (Mar. 2023), <https://dccouncil.gov/wp-content/uploads/2023/02/DOC.pdf> ("[B]ased on operational decisions to safely modify practices, the DOC overall daily average restrictive housing population has been decreased from 12% of DOC's population to under 5%, ending F.Y. 2022 with an average of 2.8% of DOC population in Restrictive Housing for September 2022.").
- [29] Id. at ("The August 23, 2022, memo from [Department of Corrections] Deputy Director Patten discusses the reduction of restricted housing use by 4.5 percent from the normal rate of 10 percent. Staff at the facility also stated the number was below 4 percent. During [The Moss Group] tour in August, the number was close to 8 percent. A closer review of the census would be helpful to examine and clarify the trends over time. The 2022 census shows the length of stay for restricted housing placements as follows: 9-12 months - 36 people; 6-9 months - 51 people; 3-6 months - 123 people; 2-3 months - 93 people; 1-2 months - 241 people; Under 1 months - 238 people." The word, people was substituted for the word "inmate.").
- [30] Out-of-cell time in restorative housing units: a special report. (October, 2023). New Jersey Office of the Corrections Ombudsperson, https://newjerseymonitor.com/wp-content/uploads/2023/10/Report-on-RHU-out-of-cell-time_October-2023.pdf
- [31] New Jersey prisons flagrantly flout law limiting solitary confinement, watchdog finds. New Jersey Monitor, October 10, 2023, <https://newjerseymonitor.com/2023/10/10/new-jersey-prisons-flagrantly-flout-law-limiting-solitary-confinement-watchdog-finds/>
- [32] Directly impacted individuals' experience with solitary confinement. (2023). Unlock-the-Box Coalition DC. <https://erasesolitary.com/>
- [33] Unlock the Box, Banning Torture: Legislative Trends and Policy Solutions for Restricting and Ending Solitary Confinement Throughout the United States (2023), <https://unlocktheboxcampaign.org/wp-content/uploads/2023/01/UTB-BanningTorture-TrendReport-January2023.pdf>
- [34] Nancy La Vigne & Collette S. Peters, Promoting safer and more humane environments: The imperative of studying restrictive housing in corrections, The Hill (August 28, 2023), <https://thehill.com/opinion/congress-blog/4175480-promoting-safer-and-more-humane-environments-the-imperative-of-studying-restrictive-housing-in-corrections/>
- [35] Timothy Williams, Prison Officials Join Movement to Curb Solitary Confinement, New York Times, (September 2, 2015), <https://www.nytimes.com/2015/09/03/us/prison-directors-group-calls-for-limiting-solitary-confinement.html#:~:text=In%20a%20sign%20of%20how,its%20use%20for%20extended%20periods>