

What is solitary confinement? Solitary confinement, or “segregation” for administrative, protective, or disciplinary reasons, is the practice of placing a prisoner alone or with another prisoner in a cell for 22-24 hours a day; reduced natural light; restriction or denial of reading material, television, radios and other privileges; severe limits on visitation; and the inability to participate in group activities.¹



What happens to people in solitary confinement? They exhibit a variety of negative psychological reactions, including severe and chronic depression;² self-mutilation;³ decreased brain function;⁴ hallucinations;⁵ and revenge fantasies.⁶ Prisoners deprived of normal human contact cannot properly reintegrate into society, resulting in higher recidivism rates.⁷



Who is in solitary confinement? There is a misconception that solitary is used only for the most violent and dangerous prisoners.⁸ In fact, at least 80,000 people are held in “restricted housing” every day in this country⁹ and the majority of them are severely mentally ill or cognitively disabled.¹⁰ Low-risk “nuisance prisoners” are also housed in solitary because they have broken minor rules or filed grievances or lawsuits.¹¹ In Nevada, the ACLU receives intakes from prisoners in solitary confinement detailing segregation for exhibiting medical symptoms, requesting cell block transfer, complaining about guards, filing grievances, attempting escape, swearing, and even for no reason discernable to the prisoner.

Since the vast majority of prisoners in solitary confinement are eventually released back into the community, it is imperative that we invest our limited public dollars in proven alternatives that lead to greater rehabilitation and pave the way for successful reentry and reintegration.

The Advisory Commission on the Administration of Justice should comply with the mandate of SB 107, directing a study on detention and incarceration in Nevada, including an evaluation of:

1. Procedures for placement into and release from solitary confinement;
2. Security threat group identification and whether gang identification factors into solitary placement;
3. Access to mental health services, audio and visual media, health care, substance abuse services, veterans’ programs, and educational programming in both general and segregated populations;
4. Training provided to detention facility staff;
5. How mental health factors into solitary placement;
6. A breakdown of length of stay in solitary by age, race, sexual orientation, and gender identity;
7. The number of suicide attempts made by prisoners who have been placed in solitary confinement;
8. Recidivism rates; and
9. Cost.

¹ Eric Lanes, The Association of Administrative Segregation Placement and Other Risk Factors with the Self-Injury-Free Time of Male Prisoners, 48 J. OF OFFENDER REHABILITATION 529, 532 (2009).

² Stuart Grassian, *Psychopathological Effects of Solitary Confinement*, 140 AM J. OF PSYCHIATRY 1450 (1983); Craig Haney, *Mental Health Issues in Long-Term Solitary and “Supermax” Confinement*, 49 CRIME & DELINQUENCY 124, 131 (2003).

³ Grassian, *supra* note 2; Lanes, *supra* note 1; Expert Report of Professor Craig Haney at 45-46, n.119, *Coleman v. Schwarzenegger/Plata v. Schwarzenegger*, No.: Civ. S 90-0520 LKK-JFM P, CO1-1351TEH (E.D. Cal./N.D. Cal. Aug. 15, 2008).

⁴ Paul Gendreau et al., *Changes in EEG Alpha Frequency and Evoked Response Latency During Solitary Confinement*, 79 J. ABNORMAL PSYCH. 54, 57-58 (1972).

⁵ Grassian, *supra* note 2; Lanes, *supra* note 1.

⁶ Grassian, *supra* note 2.

⁷ See, e.g., KERAMET REITER, PAROLE, SNITCH, OR DIE: CALIFORNIA’S SUPERMAX PRISONS & PRISONERS 50 (2006).

⁸ Leena Kurki & Norval Morris, *The Purposes, Practices, and Problems of Supermax Prisons*, 28 CRIME & JUST. 385, 391 (2001).

⁹ Angela Browne, Alissa Cambier, Suzanne Agha, *Prisons Within Prisons: The Use of Segregation in the United States*, 24 FED’L SENTENCING REPORTER 46 (2011).

¹⁰ See, e.g., James Ridgeway & Jean Casella, *Locking Down the Mentally Ill: Solitary Confinement Cells Have Become America’s New Asylums*, The Crime Rep., Feb. 2, 2010 available at http://mostlywater.org/locking_down_mentally_ill_solitary_confinement_cells_have_become_america%E2%80%99s_new_asylums; MARY BETH PFEIFFER, CRAZY IN AMERICA: THE HIDDEN TRAGEDY OF OUR CRIMINALIZED MENTALLY ILL (2007).

¹¹ Kurki & Morris, *supra* note 8, at 411-12.