



Alternative Policy to Solitary Confinement

While it has been clearly established that the wide use of solitary confinement in our nation's jails and prisons is torturous and inhumane, there are certain situations that arise in these institutions that call for interventions. Most notably, violent behavior that poses a threat to correctional staff, civilian workers and to the larger incarcerated population, must be addressed.

The position of SWASC is aligned with the United Nations Mandela Rules which state that anything beyond 15 days in solitary constitutes torture. Therefore, no one should be held in solitary confinement beyond 15 days.

Furthermore, solitary confinement should be entirely prohibited for the following populations:

Women

Those with a severe mental illness

Juveniles

Non-violent offenders

No solitary in the guise of "protective custody" for LGBTIQGNC2S+ people (Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Gender Non-Conforming; Two Spirit, Indigenous/First Nation Status; Plus)

Although there are many emerging models of humane alternatives to solitary, in cases of violent behavior, SWASC supports the "Stepdown Program" developed by the Colorado Department of Corrections, that four SWASC members personally observed. Rather than isolating these offenders into solitary cells, which is proven to increase violence once the individual is released, this program temporarily separates the individual, while simultaneously providing therapeutic mental health support to address underlying issues.

This program operates as follows:

Highest level – 4 hours out of cell with therapy plus one hour of recreation

Mid-Level – 4 hours out of cell with therapy plus recreation/socialization with 8 others

Lowest Level —6 hours out of cell with therapy, plus recreation/socialization with 16 others

The primary goal is for the offender to work from the highest level to the lowest, with the goal of a successful re-entry into General Population and ultimately a successful re-entry into the community.

Finally, SWASC endorses the Colorado Department of Corrections policy of never releasing someone from any form of solitary confinement directly to the streets when a sentence is completed. A transitional program is utilized to help the person adjust to the impending change, which is also a safety measure for the community at large.

These measures not only eliminate the barbaric use of solitary, but they are proven to increase institutional safety, and ultimately, community safety.



The international organization, “Physician’s for Human Rights” believes that “health professionals are uniquely positioned to prevent serious human rights abuses.”

They have delineated twelve recommendations for healthcare practitioners working in settings that are prone to ethics compromises:

1. Establish professional practice standards that address the problem of dual loyalty and human rights.
2. Where violations of professional standards take place, hold members accountable.
3. Facilitate adoption of self-audits by health services to complement application of standards.
4. Make available advisers and counselors.
5. Provide direct support for health professionals in high-risk situations.
6. Establish or facilitate an independent oversight and reporting structure to play a monitoring and/or ombudsman role.
7. Issue newsletters and create websites to raise awareness in the professions and the public.
8. Initiate and support ongoing ethical and human rights training.
9. Ensure that constitutions of national professional organizations establish the organization as independent of the state and state policy and that the organization can exercise this independence in voicing concerns or criticisms of state policies.
10. Submit shadow reports on national report to United Nations treaty and monitoring bodies.
11. Advocate for legal, administrative, and social changes that will enable health professionals to respect, protect and fulfill the human rights of their patients.
12. To implement many of the above mechanisms, national associations may have to develop plans and invest resources to increase members’ support for these organizational actions.

Contemplation Points:

1. Why do you think Colorado broke with convention and created humane alternatives to solitary?
2. Why are other states resistant to change?
3. Does the use of Solitary Confinement make correctional institutions more manageable?
4. Overall violence in the Colorado jails actually decreased with the solitary confinement reforms. What do you think accounts for this?

Resources

National Commission on Correctional Healthcare (NCCHC)

Solitary Confinement:

<https://www.ncchc.org/solitary-confinement>

American Correctional Association (ACA)

Solitary Confinement Standards:

http://www.aca.org/ACA_Prod_IMIS/ACA_Member/Standards_Accreditation/Standards/Restrictive_Housing_Committee/ACA_Member/Standards_and_Accreditation/Restrictive_Housing_Committee/Restrictive_Housing_Committee.aspx?httpskey=458418a3-8c6c-48bb-93e2-b1fcbca482a2

National Institute of Corrections (NIC)

Solitary Confinement:

<https://nicic.gov/tags/solitary-confinement>

US Department of Justice (DOJ)

Solitary Confinement:

<https://www.justice.gov/archives/dag/report-and-recommendations-concerning-use-restrictive-housing>

Call to Action!

1. Go to the [Social Workers Against Solitary Confinement \(SWASC\) website](#) and join this task-force in promoting safer alternatives to solitary confinement through legislative action and advocacy on the state/national level.
2. Explore the [Vera Institute of Justice](#) and how they are helping different jurisdictions end their reliance on solitary confinement. Contact your state department of correction to see if they plan to use this resource!
3. Read the [ACA Standards on Solitary Confinement](#). See if any of your local or state institutions are accredited through the American Correctional Association (ACA) and seek to ensure they are following those standards.