Solitary confinement is state-sanctioned torture that was the accidental brainchild of well-meaning spiritual leaders, largely Pennsylvania Quakers. It was implemented at Eastern State Penitentiary to encourage introspection, prayer, and penitence. It is practiced widely in the Commonwealth against youth and adults, disproportionately against people of color and the disabled. Quakers quickly discovered it was wrong. We know it is wrong. We keep doing it. We should stop.

Who do you think of as the person in the cage when you hear the words “solitary confinement?” The worst of the worst? Piper from Orange is the New Black? I think of kids. Kids I know. Our juvenile clients, who were subjected to prolonged isolation, sometimes for weeks, at our local juvenile detention center. These kids, teaming with life, creativity, and capacities to care for others, were forced to sit alone in metal rooms for days, sometimes weeks, on end, as punishment. There is nothing spiritual about that. There is only cruel.

Many of the children subjected to this treatment have diagnosed mental, emotional, and/or developmental emotional disabilities, as well as PTSD and documented histories of trauma and childhood victimization. Left with nothing but thoughts many eventually decompensate into self-harming behaviors. According to the American Psychological Association, solitary confinement practices are harmful, increasing risks of self-mutilation and suicidal ideation, exacerbating the onset of pre-existing mental illness and trauma symptoms, leading to greater anxiety, depression, sleep disturbances, paranoia, aggression and an increased risk of cardio-vascular problems. We put kids in locked metal closets and leave them there for days and weeks. To what end? It is not for rehabilitation and it is not for safety – there are much better ways to achieve that. It is to break them.

The National Task Force on Children Exposed to Violence recommends abolishing solitary confinement for youth altogether, as do the American Psychological Association, the American Academy of Child & Adolescent Psychiatry, the American Public Health Association, and the National Commission on Correctional Health Care. The Council of Juvenile Correctional Administrators opposes solitary confinement as punishment and believes that any form of isolation should be for a short time, with supervision. Among the groups that oppose the imposition of solitary confinement for the purpose of punishment, permitting its use only in exceptional
circumstances solely when necessary for safety, are the American Correctional Association, American Medical Association, and the National Council of Juvenile and Family Court Judges.¹

According to restrictive housing mapping performed by the Vera Institute of Justice, the highest proportions of incarcerated persons in restrictive housing are in jails located in small and mid-sized counties and in mid-sized jails. Jails like George W. Hill in Delaware County.

Who is in county jails in Pennsylvania? People serving shorter sentences, generally under two years, and people who are pretrial – some are homeless and told they cannot leave until they provide a verifiable address. Some cannot afford to pay the excessive cash bail that is imposed for the purpose of keeping them in jail until their case resolves. Some are in on technical probation violations. Some arrested for contempt for not paying child support. Some arrested on bench warrants for not showing up to court on a particular day. According to the former warden of George W. Hill, over 90% of the people at Delaware County jail are not actually serving county sentences – they are in these other categories.

What do we know about these people? They are:

- Disproportionately poor;
- Disproportionately people of color;
- Disproportionately people with intellectual, emotional, behavioral, and developmental disabilities;
- disproportionately from economically disadvantaged areas;

And they are almost ALL going to return to community.

We know that even short stays in solitary exacerbates symptoms of mental illness, decreases life expectancy, and increases the risk of suicide and overdose upon return to the community.

Right now in Delaware County the general population of the county prison experiences high rates of restriction even when they are not in housing designated as “restrictive” – our office regularly receives reports of prolonged lock downs, especially on weekends, due to staffing shortages: 23 hours in cell, 1 outside. Such practices were so common in the juvenile detention facility that one guard had a nickname of “23 and 1” because he would put kids in isolation. It is hard to know how widespread these practices are, however, because data around them is sparse. All detention facilities should be required to have complete transparency around their practices, including publicly reporting the number and nature of people subjected to them.

We should disavow the myth of solitary as an effective tool. Research indicates that restrictive housing may actually decrease order within the institution and increase people’s criminogenic

¹ See Feierman, Lindell and Eaddy, UNLOCKING YOUTH, LEGAL STRATEGIES TO END SOLITARY CONFINEMENT IN JUVENILE FACILITIES, Juvenile Law Center, 2017 at 13.
risk once released. As the Pennsylvania Department of Corrections has been exploring, models that prioritize dignity provide better workplaces and demonstrate better outcomes.

Solitary is cruel for any human. For people with a preexisting mental illness and/or disabilities, it is even more so. A sad illustration of that is found in the story of Janene Wallace, a woman who was incarcerated in the Delaware County jail with a documented mental illness. In 2015 she was placed in restrictive housing for more than 50 days. She killed herself.

Beware the false psychological security found in sterile words such as “restrictive housing” or “disciplinary segregation.” What we are talking about is locking people in cages.

Solitary confinement is torture and should be abolished.

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