

# Ending the Long-Term Use of Solitary Confinement

## *HB 1087 and SB 5135*

More than 700 people in Washington's prisons are held in solitary confinement, living in conditions the international community considers torture and which mental health experts have found cause lasting physical and mental damage. For years, the Department of Corrections (DOC) has made attempts to reduce its use of solitary, however, the average number of people in solitary confinement has largely remained the same.

We are proud to continue advocating alongside formerly and currently incarcerated survivors of solitary confinement and allies to pass meaningful legislation that would end the long-term use of solitary confinement in all prisons and long-term detention centers in Washington state.

### **Solitary confinement causes permanent mental and physical harm**

Research has established that solitary confinement inflicts severe, often irreversible psychological damage on incarcerated individuals, including anxiety, depression and post-traumatic stress disorder, sometimes leading to serious self-harm and even suicide. [A 2020 study](#) on Washington's solitary population found that people in solitary experienced chronic medical issues and decreased access to care. People with disabilities, particularly those with mental health and cognitive conditions, are even more vulnerable to the damaging effects of solitary confinement.

When people harmed by solitary confinement are released into the community, they bring their trauma with them. This results in higher rates of recidivism and persistent mental health issues for formerly incarcerated people making it more likely that they experience homelessness, unemployment and hospitalization. This negatively impacts community safety and drains precious resources for social programs.

### **Solitary confinement is disproportionately imposed upon BIPOC people**

Hispanic, Black and Indigenous or Alaska Native people are more likely than their white counterparts to be sent to solitary confinement due to a major infraction, [according to the DOC's data](#). A 2020 study of the DOC found that racial disproportionality at the intensive management unit (IMU) peaked in 2014, when the IMU population was in decline.

In 2018, Hispanic people were still disproportionately subject to solitary confinement, with the Hispanic population making up 21% of solitary confinement population but only 13% of the general population. After three years of work, the DOC moved that percentage [down by 1%, but larger reductions are needed](#). People currently in solitary confinement or at risk of being subjected to this harmful practice cannot wait any longer and the Legislature can and must take action.

### **State legislative action is required**

While the DOC has taken steps aimed at reducing long-term solitary confinement, there has been little change in its use for more than a decade. Many of their proposed reforms have not been implemented and hundreds of people remain in various forms of solitary confinement, often for months or years at a time. In late 2021, the DOC announced that it ended disciplinary segregation, i.e., the use of solitary confinement for rule violations. Other forms of solitary confinement, including administrative segregation and maximum custody, remain in practice.

Other prison systems across the country have acknowledged the damage done by long-term solitary confinement and are changing practices. Legislation has been critical to reducing this practice elsewhere. Several

states have passed legislation that eliminate the use of long-term solitary confinement and are looking at increasing access to specialized housing, as well as increased programming to get people out of their cells, even in higher security settings. These changes are possible in Washington and the Legislature can take meaningful steps this session to end long-term solitary confinement in our state prisons.

**Ending long-term solitary confinement results in better health for incarcerated people, staff and the community.**

The National Academy of Sciences has found that supermax prisons that hold people in solitary confinement have done “little or nothing to reduce system-wide prison disorder or disciplinary infractions.” Most studies have found that reducing solitary confinement reduces assaults on corrections staff. In Washington, the DOC’s prior efforts to reduce solitary confinement led to a 57% reduction in staff assaults and a 45% reduction in self-harm and suicide, even though they only marginally changed the use of solitary. These benefits to staff could be greatly increased with more significant reductions in the use of solitary.

Studies have shown that one of the biggest obstacles to integration is time spent in solitary confinement. 95% of incarcerated people return to the community and people who have experienced solitary confinement are more likely to recidivate, particularly when released directly from solitary confinement. The Legislature should pass HB 1087/SB 5135 and end a practice that is causing long-term harm to hundreds of Washingtonians every year.