

# SOLITARY CONFINEMENT

## IN ARKANSAS PRISONS

JANUARY 2021





The COVID-19 pandemic has compelled us all to limit close contact with friends, family, and the world beyond our homes — and with that, much less opportunity for human connection and touch, as well as the activities, pleasures, and pursuits that are essential to our well-being. What we once took for granted as reliable sources of emotional and intellectual nourishment are less present in our lives. Perhaps this experience will help us all have greater compassion towards those who must survive the truly harsh conditions of solitary confinement every day in Arkansas prisons.

**As you read this report, ask yourself:**

Is solitary confinement an effective way to improve behavior of those incarcerated?

Does solitary confinement serve any purpose? Is it humane? Is it moral?

Does it result in any benefit to my community and society?



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## INTRODUCTION

Nine out of 10 people who spend time in prison in Arkansas eventually return to their communities to begin a new life.<sup>2</sup> It is likely that anyone reading this report knows, or knows of someone, or encounters individuals in their daily interactions, who have been in prison. Each of these people is a member of the community and part of our human family, regardless of their crimes. What happened to them while they served time and how that experience affects them after re-entry to society should matter to all of us. And, what happens in prisons also profoundly affects those who work in them.

Humane treatment of individuals at our state's prisons is an important human rights issue that has far-reaching effects on Arkansas families and communities. This is a public safety issue that is also about the wise use of the taxes we pay.

This report was produced by DecARcerate in partnership with Disability Rights Arkansas (DRA). DRA is designated by the governor of Arkansas to serve as the federally mandated protection and advocacy system for individuals with disabilities in Arkansas.

These two Arkansas-based non-profit organizations came together in their shared concern about how people are being treated in Arkansas prisons. A particular concern, the subject of this report, is the practice of holding people in solitary confinement, which lasts for years or even decades for some individuals incarcerated by the Arkansas Division of Corrections (ADC).

A few years ago, DecARcerate committed to raising public awareness about solitary confinement in Arkansas prisons. At the time, little information was publicly available. In 2019, the ADC agreed to begin publishing quarterly data about the people held in solitary confinement.<sup>3</sup> This report summarizes that data as well as information provided by the ADC in response to our queries. Most importantly, this report contains insights provided by those personally affected by solitary confinement — individuals who have been, or currently are held, in isolation.

An individual in solitary confinement lives in a room roughly the size of a parking space, isolated from other human beings and with little on which to focus their attention or energy hour after hour. If this isolation and sensory deprivation are prolonged, serious mental harm is likely and may be permanent. The psychological effects of prolonged solitary confinement, or restrictive housing as it is called in most prison systems, are well-documented, as shown in this report. The evidence presented here also attests to the ineffectiveness of solitary confinement as a prison management tool and why there is now a national shift within corrections to replace this practice with more humane alternatives.

Reducing the use of restrictive housing has been an objective of ADC's strategic plans since 2015.<sup>4</sup> However, in 2017, the ADC sought funding to construct 400 more restrictive housing cells.<sup>5</sup>

In 2019, the Arkansas correctional system's rate for holding people in solitary confinement, 11%, was the highest of 39 state correctional systems that took part in a national survey.<sup>6</sup>

**“What happens inside jails and prisons does not stay inside jails and prisons. It comes home with prisoners after they are released and with corrections officers at the end of each day's shift. We must create safe and productive conditions of confinement not only because it is the right thing to do, but because it influences the safety, health, and prosperity of us all.”**

Commission on Safety and Abuse in America's Prisons<sup>1</sup>



## Solitary Confinement: The Wrong Response to a Public Health Crisis

Public health experts and human rights advocates are decrying the use of solitary confinement to deal with outbreaks of COVID-19 in U.S. prisons. Prior to the pandemic, the number of people held in solitary confinement nationally had been in steady decline over the past decade due to growing awareness of the unusually cruel practice common in the United States, but rare in other countries. Since the outbreak, the estimated number of people held in solitary confinement each day in the U.S. has exploded from 60,000 to 300,000.

Separating people infected with COVID-19 is an appropriate public health response, but those ill with the virus must not be subjected to the frightening and debilitating experience of solitary confinement, where they are left alone and often without adequate medical care. Critics of this approach warn that it could result in 100,000 additional COVID-related deaths nationally, but that two-thirds of those deaths would not be confined to incarcerated individuals or prison staff, but community members.

“Facilities built for punitive isolation are being used to confine those who have tested positive for the coronavirus. Imagine having headache or fever and then being placed in a closet for reporting your symptoms,” Perez said. “That is the reality our incarcerated neighbors are facing, and even more so at a time when the nation has come to its knees in recognition of state-sponsored violence against black and brown people of color. People need care and not punishment, compassion not retribution, and second chances not death sentences.”<sup>7</sup>

**“The systemic use of punishment in the form of solitary confinement in response to the global public health crisis of the pandemic has allowed corrections systems to further harm the very people they are responsible for protecting.”**

Johnny Perez, director of the National Religious Campaign Against Torture’s U.S. Prisons Program



## DEFINITIONS

**Solitary confinement** typically means that an individual is confined in a cell with little human interaction or sensory stimuli for 22-24 hours per day,<sup>1</sup> although slight variations in definition exist. For example, one variation qualifies the period of confinement as “an average of twenty-two or more hours per day for fifteen or more continuous days.”<sup>2</sup>

**Restrictive housing** is the term primarily used by correctional systems to refer to solitary confinement, but it may also refer to lesser degrees of cell confinement and isolation. Restrictive housing is broadly defined as “single-cell confinement for relatively extended periods with limited or no access to programming, services, treatment, visitation, and the like.”<sup>3</sup>

The ADC Inmate Handbook defines restrictive housing as “a placement that requires an inmate to be confined to a cell at least twenty-two (22) hours per day.”<sup>4</sup> Thus, restrictive housing in the ADC system is synonymous with solitary confinement.

Extended restricted housing is generally defined as 30 or more consecutive days in solitary confinement.<sup>5</sup> This is the definition used by the ADC.<sup>6</sup>

**Punitive (or disciplinary) segregation** is a form of confinement, also referred to as “the hole,” which may be applied in Arkansas prisons “when an individual has been found guilty of violating departmental rules and regulations.”<sup>7</sup> In Arkansas prisons, as shown in this report, it is used as punishment for a variety of infractions, ranging from serious offenses such as battery to minor ones such as swearing or talking back to a correctional officer.

**Administrative status:** segregating an individual because his or her continued presence in the general prison population poses a direct threat to the safety of others or a clear threat to the safe and secure operation of the facility; because of infractions committed while incarcerated (e.g., escape attempt, disruptive behavior, or violence) or because of the offense the person committed that resulted in incarceration (e.g., a capital offense). A person awaiting an investigation or hearing may be placed on administrative status.<sup>8</sup> Other terms used for administrative status are “administrative segregation,” “admin seg,” and “ad seg.”

**Death Row**, where individuals sentenced to death are housed, is a form of administrative segregation. However, these individuals are not denied resources and out-of-cell time to the same degree as are others on administrative status.

**Protective custody:** segregating an individual from the general population “when they are thought to be at risk of abuse, victimization, or other harm.”<sup>9</sup> According to the ADC Inmate Handbook, protective custody is a “form of separation from the general population for inmates requesting or requiring protection from other inmates for reasons of health or safety.”<sup>10</sup>

Alternative terms for restrictive housing/solitary confinement, some of which are used in this report, include “solitary,” “segregation,” “segregated housing unit (SHU),” and “supermax.”

General population housing is also known simply as “general population” or “gen pop.”



## THE EXPERIENCE OF SOLITARY CONFINEMENT IN ARKANSAS PRISONS

Imagine living alone in a small room about eight by ten feet, behind a solid steel door. Space not taken up by the bed, desk, and toilet is about 25 square feet. You likely live alone, but you may be required to share this small space with another person.

You are not allowed a clock or watch, and your cell likely does not have a window. You lose sense of time and whether it is day or night.

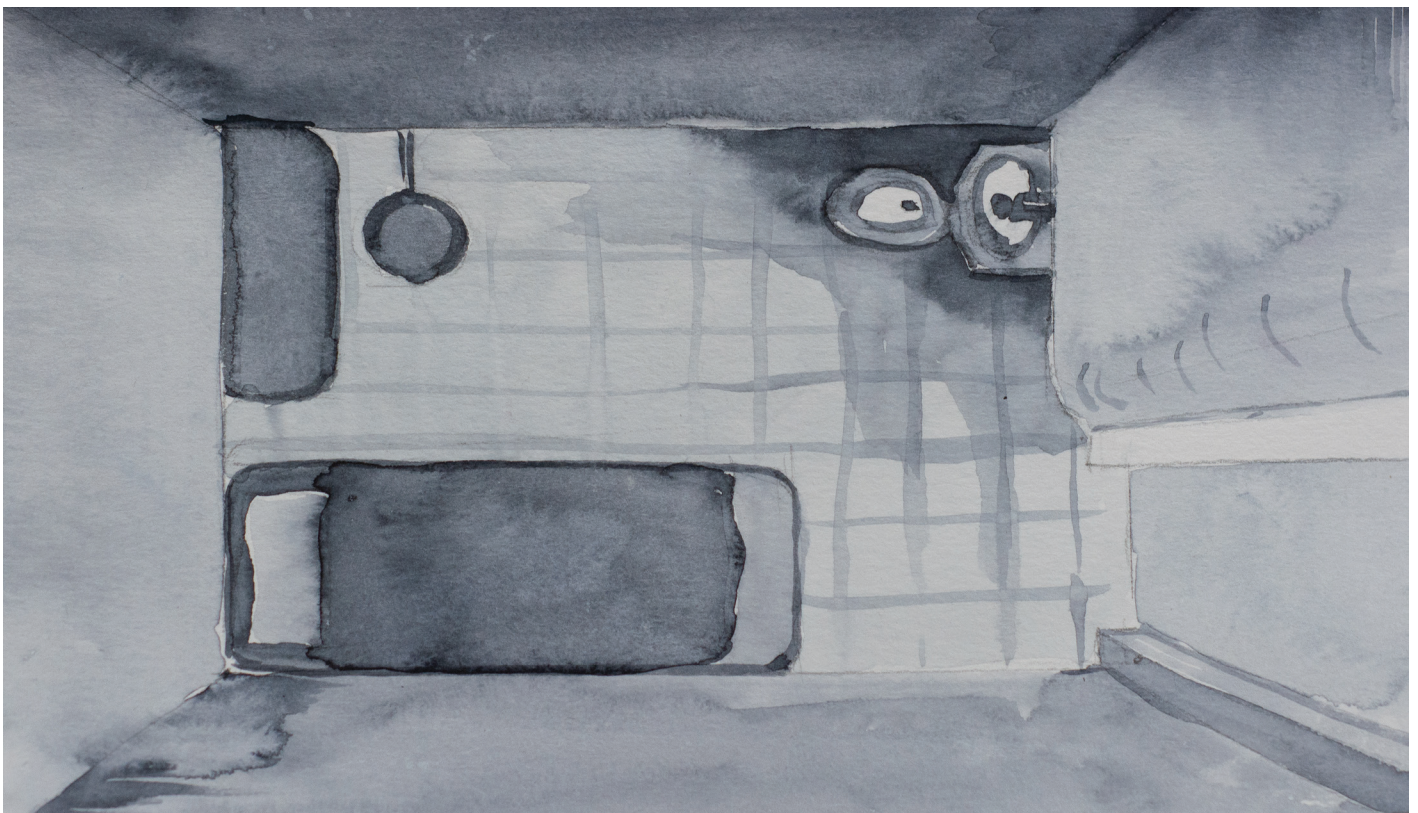
You are alone in your cell 22 to 23 hours a day, without opportunity to socialize, eat meals, attend religious services, or exercise in the company of others.

You may not keep any personal belongings with you, and you are almost entirely denied resources that would help ground you emotionally, provide intellectual stimulation, and contribute to your rehabilitation. Access to educational, therapeutic or other rehabilitative programs needed for successful re-entry to society is denied.

Several times a week you are allowed to leave your cell, heavily shackled and escorted by a guard, so that you can take a shower or exercise. Showers are three times per week. Exercise is before daybreak for an hour before dawn on weekdays in an outside exercise pen. The pen is a small chain-link, concrete-floored enclosure, akin to an outdoor cage, isolated from others.

If visits with outsiders are allowed, they likely are via closed-circuit television. Contact visits, which allow physical touch, are prohibited. Other interactions are through a small slot in the cell door, through which you receive your meals and mail.

**In contrast, those in general population housing** live in a barrack-like setting with bunk beds. Individuals in general population housing sit together for meals, may attend religious services with others, likely have a job (although at no pay), and may go to an exercise yard outdoors that is shared with others. They also have opportunities to take part in vocational and educational programs.



# A BRIEF HISTORY OF SOLITARY CONFINEMENT IN THE UNITED STATES

The earliest known uses of solitary confinement in the United States were in New York and Pennsylvania in the late 1700s and early 1800s. At the time, the prisons forced those incarcerated to live in silence and isolation as that was believed to encourage reflection, penitence, and rehabilitation. During the 1800s, the practice spread, but opposition to it grew. Eventually, the model was declared a profound failure due to the serious mental health problems that resulted.<sup>2</sup>

A landmark U.S. Supreme Court ruling in 1890 (Re Medley, 134 U.S. 160), on a case brought by a person held in isolation while awaiting execution, declared solitary confinement in that particular case unconstitutional and “an additional punishment of the most important and painful character.” The Court did not declare the practice altogether unconstitutional, but did comment on the lasting harms of isolation:

“A considerable number of the prisoners fell, after even a short confinement, into a semi-fatuous condition ... and others became violently insane; others still committed suicide; while those who stood the ordeal better were not generally reformed, and in most cases did not recover sufficient mental activity to be of any subsequent service to the community.”<sup>3</sup>

Throughout most of the 20th century, the practice was uncommon in American prisons. The American Correctional Association (ACA), which is the accrediting body for municipal, state, federal, and military prisons, declared in its 1959 accreditation standards, that solitary confinement should be used only as a last resort, and then only briefly: “no more than fifteen days, and normally a period of a few days is sufficient ... Excessive solitary confinement will “defeat [its] own purpose by embittering and demoralizing the inmate.” The standards recommended “modified segregation for the most difficult prisoners that included therapy and work opportunities.”<sup>4</sup>

That changed in the last quarter of the 20th century. The so-called ‘war on drugs’ and prevailing ‘get tough on crime’ mindset, as well as the shutdown of hospitals and asylums for people with mental illness, led to prison overcrowding. As a result, the U.S. prison population increased fivefold:<sup>5</sup>

“The 1970s and 1980s also saw the virtual abandonment of a rehabilitative philosophy in U.S. prisons, increasingly replaced by a pervasive view that retribution, incapacitation, and deterrence were the primary purposes of incarceration. It was in this increasingly punitive atmosphere that the supermax, prolonged solitary confinement model emerged and flourished.”<sup>6</sup>

In 1983, a permanent lockdown of a federal prison in Marion, Illinois following the killing of two prison guards is considered the origin of widespread use of solitary.<sup>7</sup> By 2004, at least 44 states had built supermax prisons containing only isolation cells, housing, in total, an estimated 25,000 people.<sup>8</sup>

The resurgence of the use of solitary confinement in the late 20th century lacked a sound basis.

“No new research had emerged to indicate that its rejection in the nineteenth century had been based on faulty premises. Instead, its increased use was little more than a correctional expedient, as prison officials attempted to respond to a problematic confluence of larger forces and events, including unprecedented levels of prison overcrowding, the abandonment of a commitment to the rehabilitative ideal and the corresponding loss of positive incentives with which to help manage inmate behavior, and the rise of a penal harm movement that legitimized a range of cruel practices designed to make prisoners suffer.”<sup>9</sup>

“Once a regular tool of discipline, solitary confinement has become a matter of grave concern.”

Correctional Leaders Association & The Arthur Liman Center for Public Interest Law, 2020<sup>1</sup>



Over the past 30 years, appeals to drastically limit the use of solitary confinement have increased as evidence of associated psychological harms became hard to ignore. The Association of State Correctional Administrators (ASCA, now the Correctional Leaders Association, CLA), the National Commission on Correctional Health Care, the American Bar Association, U.S. Department of Justice, and the United Nations are among those advocating for reform.

By 2015, most state correctional systems had reviewed their use of solitary confinement, and some had taken steps to limit its use, such as putting caps on length of stay, using alternative approaches to sanction disciplinary infractions, improving mental health services, and training staff on de-escalation techniques and symptoms of mental illness.<sup>10</sup>

We can now learn from numerous examples of state prison systems that have found workable alternatives to the harmful, unjust, and costly practice of solitary confinement, some of which are described later in this report. Even individuals considered too dangerous or disruptive to reside among others in the general prison population are being housed safely in separate quarters but under more humane conditions with good results.

In 2018, the ACA adopted an entirely new set of accreditation standards, specific to restrictive housing, which went into effect in late 2020. This came after criticism for lax accrediting processes that gave legitimacy to horrible prison conditions and an increasing reliance on solitary by correctional systems the ACA accredited.<sup>11</sup> It remains to be seen how much impact the new standards will have on the practice, which is still widely used. The ACA has no enforcement authority and does not monitor or visit prisons other than once every three years as part of an accreditation study. Furthermore, all but one of the new standards are non-mandatory, meaning that 90%, rather than 100%, compliance is required for a prison to earn accreditation.<sup>12</sup>

Until recently, the lack of data collection has made it hard to know, with any certainty, how many people are held in solitary in the United States. In 2011, the Arthur Liman Center for Public Interest Law at Yale Law School, in collaboration with the ASCA (CLA), began periodic surveys of correctional systems on restrictive housing demographics, policies, and practices.<sup>13</sup>



## Arkansas in a National Context

The ASCA-Liman surveys show that the number of incarcerated people in restrictive housing has declined nationally since 2011, while Arkansas's restrictive housing numbers have increased and are among the worst in the country. For example:



**2014**

### *THE HIGHEST OF ALL STATES*

7.5% of the men in Arkansas prisons were in administrative segregation, the highest of all states that took part in the survey. The national median was 2.5%.<sup>14</sup>



**2017**

### *THIRD HIGHEST OF ALL STATES*

8.9% of the Arkansas prison population was in restrictive housing, the third highest of all states that took part in the survey. The national median was 4.2%.<sup>15</sup>



**2019**

### *THE HIGHEST OF ALL STATES*

11.0% of the Arkansas prison population was in restrictive housing, the highest rate of all states that took part in the survey. The national median was 3.8%.<sup>16</sup>



# ISSUES WITH SOLITARY CONFINEMENT

## Psychological Harm

**Evidence for the negative effects of solitary confinement.** Calls for restricting or abolishing the practice are in response to many observational studies and personal accounts that testify to the serious psychological harms of prolonged solitary confinement.<sup>1</sup> These harms are attributed to the isolation, forced idleness, and sensory deprivation experienced in solitary confinement. The effects often occur in individuals without a history of mental illness and may persist long after the confinement ends.<sup>2</sup>

## Harmful Effects of Solitary Confinement

- Insomnia and sleep disturbances
- Loss of control
- Loss of appetite
- Self-mutilation
- Anxiety
- Social withdrawal
- Panic
- Mental confusion
- Rage
- Paranoid delusions
- Aggression
- Hallucinations
- Depression
- Obsessive thoughts
- Violent impulses
- Post-traumatic stress disorder
- Mania
- Suicidal thoughts and attempts

Because of the mental torment and potentially lasting harm caused by solitary confinement, a 15-day limit on stays in solitary has been strongly recommended by the National Commission on Correctional Health Care.<sup>3</sup>

While acknowledging that not all individuals held in solitary develop all these conditions or suffer irreversible harm, psychologist Craig Haney, whose work focuses on the effects of imprisonment, has observed:

“Empirical research on solitary and supermax-like confinement has consistently and unequivocally documented the harmful consequences of living in this kind of environment. Despite the methodological limitations that apply to some of the individual studies, the findings are robust. Evidence of these negative psychological effects come from personal accounts, descriptive studies, and systematic research ... conducted over a period of four decades ...”<sup>4</sup>



**“Excessive solitary confinement will ‘defeat [its] own purpose by embittering and demoralizing the inmate.’”<sup>5</sup>**

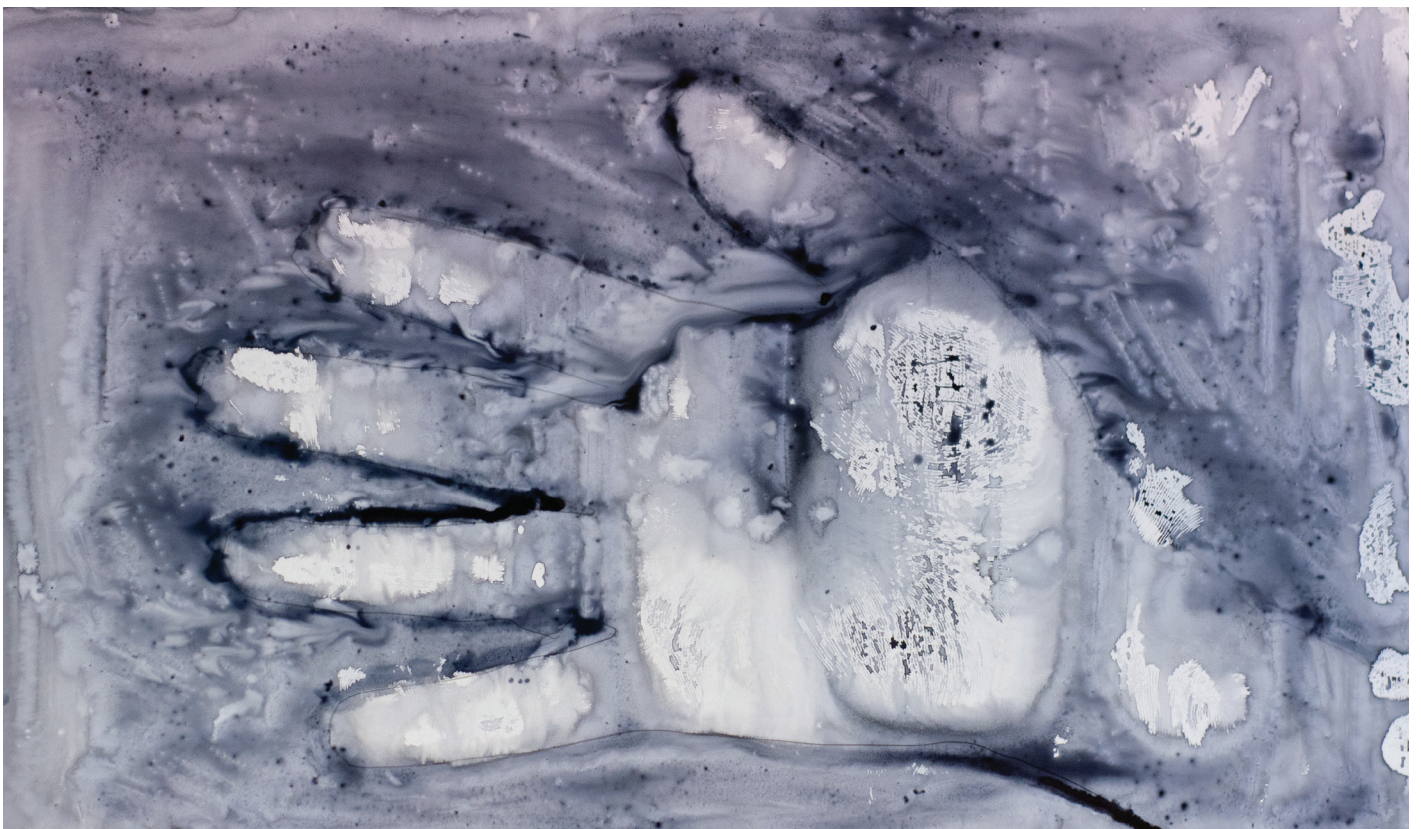
American Correctional Association’s 1959 Accreditation Standards

## From a Person Who Spent a Decade in Solitary Confinement

*The residual effects of prolonged solitary stay with you for the rest of your life, according to Eddie Ellis, who went to prison at age 16. He served 15 years (in a Washington D.C., private prison and then in the ADX Super Max prison in Florence, Colorado), including 10 years straight in solitary confinement that started when he was 21. During that time, he hugged no one, rarely saw the sky, and never touched a flower or blade of grass.*

*Ellis says of his life after release from prison 14 years ago:*

“I secluded myself, put myself in a room at times, isolated myself, unknowingly, until people pointed it out to me. Even to this day, solitary affects me, where I isolate myself. I can become like a hermit. The reality is, that is not natural, but when you live in it so long, it becomes natural to you. All that time in solitary affects you in so many ways — with PTSD, with depression, anxiety issues, with all types of stuff. That’s the residual effects of solitary. I didn’t know what none of that stuff was before incarceration. There is a lot of stuff that is still triggering 14 years later ... I think some of this stuff will never go away. It is just finding out how to adjust to it.”<sup>6</sup>





**Social isolation is dehumanizing.** The reactions of people held in prolonged isolation are consistent with what is known about human nature: Throughout life, social and physical connections with other people are essential to our normal emotional development, stable self-identity, and enduring well-being:

“Prolonged social deprivation is painful and destabilizing in part because it deprives persons of the opportunity to ground their thoughts and emotions in a meaningful social context — to know what they feel and whether those feelings are appropriate.”<sup>7</sup>

Living in a situation empty of normal social interactions eventually engenders what Haney calls a “social pathology”:

“...the fact that prisoners eventually ‘adjust’ to the absence of others does not mean that the experience ceases to be painful. Many long-term isolated prisoners have told me that the absence of meaningful contact and the loss of closeness with others are akin to a dull ache or pain that never goes away. They remain acutely aware of the relationships that have ended and the feelings that can never be rekindled.”<sup>8</sup>

**Individuals living in prolonged, tightly controlled isolation in a small space may abandon any rational effort** to organize their lives, control or initiate their behavior, and may become apathetic, withdrawn, despairing, disoriented, and even frightened by social contacts. The totality of control upon their daily lives and the “prolonged absence of any real opportunity for happiness or joy” leads many to “intolerable levels of frustration, anger, and uncontrollable outbursts of rage.”<sup>9</sup>

**People with disabilities are at particular risk for harm.** A 2012 U.S. Department of Justice survey found that people in state prisons were three times more likely to have a disability than people in the general population. About 30% of male and 40% of female incarcerated individuals reported having at least one of six disability types: hearing, vision, cognitive, mobility, basic self-care (e.g., dressing, bathing), or independent living (i.e., doing activities on one’s own, enabling participation in classes or a work program). Cognitive disability, reported by 33% of people in prison, was most commonly reported.<sup>10</sup>

A person who is unable to hear or understand spoken orders, read the prison rule handbook, or independently maintain personal hygiene, make one’s bed, or dress oneself is likely to be written up for a rule violation punishable by placement in solitary confinement. In addition, individuals with a physical or mental disability commonly have a history of mental illness. The combination makes adapting to expectations within a prison particularly challenging.<sup>11</sup>

“Prisoners with disabilities are uniquely harmed by the negative health effects of solitary confinement,” according to an in-depth study on the perils of solitary confinement for people with disabilities. They are unlikely to receive accommodations needed for routine activities of daily living and equal access to rehabilitative programming and are at greater risk for severe isolation and neglect. They will leave prison with medical and mental health needs that will be costly to society.<sup>12</sup>

## Observations on Solitary Confinement

*From Dustin, who spent 25 years in Arkansas prisons. His longest time in solitary confinement was 90 days that began shortly after he went to prison at age 17:*

“As a human, I feel we are designed to socialize, be around somebody you can to speak to, communicate with, not be alone, especially for a 17-year-old boy. The hole just makes you different. After 90 days, I was talking to myself when I got out. I’ve just never seen anything good come out of it.

“Everybody says you need solitary confinement to reflect, but you are not thinking about nothing good, I promise you that. You are thinking about hate, how bad you hate, how you hate the man next to you who won’t stop screaming, how bad you hate the officer who harmed you or taunted you. This is how you treat an animal, so don’t be surprised when I get out of the hole, that I act like one.

“I think, in history [of prisons], I doubt there was ever a study on solitary confinement. They just created a narrative to fit what they wanted: So, this is what we’ll do — put him in a hole to get rid of him ‘cause out of sight, out of mind, and then we’ll create this wonderful story about how this is treating people. It has created nothing but madness, literal madness.

“I can’t imagine where people’s thinking is on solitary confinement — the prison, the attorney general, the governor. All the people that call the shots about solitary confinement has never stayed a day in solitary confinement.”<sup>13</sup>

## Mental Health Risks Prompt Strict Limits on Solitary Confinement

**Two states, by correctional system policy or law, now ban long-term solitary confinement.** Colorado policy limits solitary to no more than 15 consecutive days.<sup>14</sup> New Jersey law limits solitary confinement stays to 20 consecutive and 30 nonconsecutive days over two months.<sup>15</sup>

**The UN Rules on the treatment of prisoners (Nelson Mandela Rules)** prohibit prolonged stays in solitary (more than 15 continuous days) because such treatment is “cruel, inhuman and degrading.”<sup>16</sup>

**Statement on solitary confinement, National Commission on Correctional Health Care:** “Prolonged (greater than 15 consecutive days) solitary confinement is cruel, inhumane, and degrading treatment, and harmful to an individual’s health.”<sup>17</sup>



## Impacts on Pre-existing Mental Illness

**Mental illness is much more common among people in prison than in the general population.** For example, the Bureau of Justice reported in 2003 that about 11% of Americans age 18 or older meet the criteria for serious mental illness (SMI; i.e., psychotic, major depressive, or mania disorders), whereas nearly 50% of people in state prisons reported symptoms of SMI (Table 1).<sup>1</sup> An estimated 15%-24% of the U.S. incarcerated population has an SMI diagnosis.<sup>2</sup>

**Incarcerated people with mental illness, compared to those without, are more likely to have experienced childhood or adult trauma** (physical, emotional, or sexual), abuse of alcohol or drugs by a parent, homelessness, or foster care — and 75% of those with SMI also have a substance abuse problem.<sup>3</sup>

Table 1. Serious mental illness in the U.S. general population and people in state prisons

Type of Mental Disorder	Percentage of U.S. adult population meeting criteria for SMI	Percentage of people in state prisons with SMI symptoms in the past 12 months
Any Serious Mental Disorder	10.6%	49.2%
Major Depressive Disorder	7.9%	23.5%
Mania Disorder	1.8%	43.2%
Psychotic Disorder	3.1%	15.4%

**Solitary confinement is especially harmful to people who enter prison with unresolved mental problems.** When held in solitary, those with pre-existing mental illness may manifest:<sup>4</sup>

- Self-destructive, violent, and aggressive behaviors
- Mental breakdown and loss of sense of self
- Psychosis — break from reality characterized by delusional thinking and hallucinations
- Severe depression or mania
- Extreme panic, anger, anxiety, or impulsivity
- Suicidal thoughts and suicide attempts

## The Mental Health Crisis in U.S. Prisons

Towards the end of the 20th century, care and housing of people with mental illness in the U.S. shifted from ‘asylum’ settings to a community-based model; however, as mental hospitals closed, the funding needed to expand community-based services was not forthcoming. As a result, the capacity for care did not meet the need.<sup>5</sup> As the prison population ballooned, those with mental illness were “among those masses swept behind bars.”<sup>6</sup> Sadly, most prisons do not have the range of services and enough qualified staff to adequately treat the many incarcerated people who have SMI.<sup>7</sup>

## Mental Illness and Prison Disciplinary Problems

**A serious mental disorder can make an individual uncooperative or unable to adhere to expectations of others.<sup>1</sup>**

- Major depressive or mania symptoms include poor concentration or inability to reason, persistent irritability and anger, insomnia, and agitation of body and thoughts.
- A person with a psychotic disorder may believe they see things or hear voices that others do not. They may have delusions that others are trying to control their brains or read their minds.
- Individuals with SMI may repeatedly act in the same dysfunctional way, which is often met with the same consequences that do not address but likely worsen underlying problems.

**If the goal is greater compliance with prison rules, solitary confinement is generally ineffective with individuals who have mental illness.**

“Solitary confinement causes mental illness and anger, which can result in a ‘vicious cycle’ — the prisoner 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. Prisoners 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.”<sup>2</sup>

**Mental illness contributes to disciplinary problems.** Individuals with mental illness are less likely to earn ‘good time’ and thus serve longer sentences compared to those serving time for similar offenses but do not have mental illness.<sup>3</sup> They are more likely to:<sup>4</sup>

- Be charged with a prison rule violation than those without mental health problems.
- Possess a weapon, drugs, or other contraband; steal property, set fires, disobey orders, violate daily assignment orders, or use abusive language.
- Commit verbal or physical assault and are twice as likely to be injured in a fight.





## Prison Safety and Security

Maintaining the safety and security of a prison facility is paramount. Proponents of solitary confinement have long argued that the practice is essential for maintaining an orderly prison environment and deterring misconduct, as well as reducing violence, riots, and gang activity.

However, little is known empirically about whether solitary confinement helps, or undermines, the realization of any of those goals. Critics of the widespread practice claim that state correctional systems do not do enough to understand and address the root causes of disciplinary problems, but instead embrace segregation as the solution to a wide variety of offenses, without knowing whether it is effective or if some other strategy would work better and with less risk for negative outcomes. Further, they say inadequate attention has been given to how broad use of restrictive housing may conflict with what should be the overarching penal aims — rehabilitation, successful preparation for re-entry, low recidivism, and public safety.<sup>1</sup>

**The findings of limited well-conducted research do not support broad use of restrictive housing as an effective strategy for managing disciplinary problems or ensuring prison safety** if it deprives individuals of meaningful social contact and productive activities for other than the briefest time.

**Three carefully designed studies all concluded that disciplinary segregation does not reduce misconduct.** The three studies utilized data from the correctional systems of Ohio,<sup>2</sup> Oregon,<sup>3</sup> and an unnamed southern state,<sup>4</sup> to analyze disciplinary outcomes at up to three years, comparing when solitary confinement was or was not used.

“[N]either short-term nor long-term stays in solitary confinement achieve specific deterrent effects by reducing subsequent disciplinary infractions.”

One researcher, whose study had focused on solitary confinement’s impact on subsequent violent infractions, concluded that reducing reliance on the practice did not result in “loss to any deterrent effect” and that “the cost-savings from such reductions could be redirected to alternative efforts that show more promise toward reducing prison violence.”<sup>5</sup>

**Similarly, a study involving the correctional systems of Arizona, Illinois, and Minnesota concluded that segregation in supermaxes had little to no effect on levels of prison violence.** As a result of supermax housing, the number of assaults by an incarcerated person against another did not improve in any of the three states. Assaults on correctional officers decreased in one state, worsened temporarily in another, and were unchanged in the third state as a result of supermax segregation.<sup>6</sup>

**A 2018 review of studies that focused on solitary as a deterrent concluded, “There is no evidence that the widespread use of solitary confinement has any appreciable effect** on the size, number, or operation of prison gangs,” and that “neither short-term nor long-term stays in solitary confinement achieve specific deterrent effects by reducing subsequent disciplinary infractions.”<sup>7</sup>

In its report on prison conditions and their impacts, the Commission on Safety and Abuse in America’s Prisons made this comment about higher rates of assault on prison guards in segregated units:

“It may be that segregated prisoners, many of whom have histories of violence, pose a greater threat to officers than prisoners in the general population. But it may also be true that harsh living conditions in segregation only exacerbate those tendencies. In other words, when segregation approaches or becomes isolation, it can make worse the very problem it is designed to solve.”<sup>8</sup>

## Texas Correctional Officers Called for Less Use of Solitary

Texas's largest correctional officers' union several years ago recommended to the Texas Department of Criminal Justice that other types of sanctions should be used more often, instead of solitary confinement. They argued that overuse of the practice was putting officers' safety at risk. In 2017, Texas eliminated the use of punitive segregation.<sup>9</sup>

Leading up to the change, union president Lance Lowry in 2013 spoke out about the overuse of solitary confinement of the mentally ill. At the time, nearly 80% of the 499 times that prisoners had exposed officers to bodily fluids happened on solitary confinement units; none of that had happened in the general population. With absolutely nothing to do, people in solitary take out their anger on officers, said Lowry.

"[Solitary confinement] creates a different individual, it really does — socially, psychologically. It is the equivalent of locking a kid in a closet," Lowry said. "It's not going to fix a lot of problems."<sup>10</sup>

## From a Solitary Confinement Survivor

*Ashlee entered prison in Tennessee at age 17 and served 21 years. The sexual abuse she experienced for many years before incarceration went unaddressed while she was in prison.*

"Everybody that is in there has this ball of 'stuff' that they are trying to figure out, and the current system just continues to pile on top of that or bring that stuff out more. If I have a problem with male authority figures or male figures because of the trauma I've had in my life, and you put a male over me that is bigger than me or talking this stuff to me or trying to intimidate me, that is going to fuel that other stuff.

"Solitary confinement is not useful at all. It is really traumatizing. It chips away at so much of a person. There is no stimuli, so your brain starts focusing on just random stuff. I remember seeing faces in the bricks or making out images in the concrete or feeling like I heard something. All of your senses get so heightened. Because there is no stimuli, your brain, in trying to function, tries to create all these other pieces that are missing. It is crippling in some ways."<sup>11</sup>



## Re-entry, Public Safety, and Recidivism

**Prolonged isolation often leads to behavioral problems after re-entry to the general prison population or the community.** Individuals who must cope with prolonged denial of meaningful social contact may develop dysfunctional attitudes, beliefs, and behaviors that do not serve them well once they re-enter an environment where they are expected to interact normally.

“In extreme cases, these ways of being may be internalized so deeply that they become disabling, interfering with the capacity to live a remotely normal or fulfilling social life. Thus, the experience of long-term isolation can make prisoners’ subsequent adjustment — either to the general prison population or to free society — painful and challenging, especially if they are not afforded meaningful assistance in making this transition.”<sup>1</sup>

A study in New York prisons concluded that, among individuals who had been segregated, negative behaviors increased after their return to the general prison population. These individuals reported that they “found it difficult to control their emotions, reacting aggressively and violently to situations that would not previously have provoked such a response.”<sup>2</sup>

Most at risk for re-offending are those with untreated mental illness, which can be worsened by time in solitary.

“The mentally ill, especially when undergoing dramatic transitions, including the loss of stabilizing medication, will have difficulty complying with reporting rules, employment rules, or other related demands associated with unrealistic reentry plans. While non-compliance with rules may not lead directly to parole revocation, it is almost certain to create stress that will have revocation as an inevitable secondary consequence.”<sup>3</sup>

**Violent crime associated with time spent in solitary confinement.** A study in Florida found that those who had spent more than 90 days in restrictive housing, compared to those in general population, were 18% more likely to commit a violent crime within three years.<sup>4</sup>

**Release to the community directly from solitary (without a meaningful, intervening transitional period) is associated with higher rates of recidivism, violent crime, and other felonies after re-entry.** A study of individuals formerly incarcerated at Washington state prisons found that individuals directly released to the community from a supermax were far more likely to commit a felony — and do so sooner — compared to those not direct-released, or who had not spent time in a supermax.<sup>5</sup>

In Connecticut, the three-year recidivism rate among those released straight to the streets was 92%, compared to 66% among those released from general population.<sup>6</sup> Similarly, in Texas, the comparative rates were 61% versus 49%.<sup>7</sup>

Proponents of solitary confinement argue that these disparities are not because of time spent in isolation but because individuals who are segregated were more troubled to begin with and more likely to break rules and commit crimes. Perhaps. But given the massive evidence that solitary confinement is likely to create and worsen psychological problems, it makes sense to seek more restorative alternatives than to magnify pre-existing dysfunction.

## Perspectives on Solitary Confinement

### From Rick Raemisch, Former Executive Director of the Colorado Department of Corrections

*Rick Raemisch reports that when he first arrived in Colorado, he heard accounts of how correctional officers would take an individual being released directly from solitary to the bus station in handcuffs and shackles. The officer would put the person on the bus and then take the shackles off.*

“I thought, ‘My God, everybody on that bus should get up and run,’” Raemisch recalled.

After Raemisch spent 20 hours alone in a solitary confinement cell, he stopped the practice of direct release from solitary to the streets.

“When you consider that 97% of the inmates go back to the community, it makes no sense whatsoever to be releasing them directly from segregation, where supposedly we consider them too dangerous to be in the general population,” Raemisch said. “Yet we’re releasing them out into the community. It just made no sense.”<sup>8</sup>

“There is now enough data to convince me that long-term isolation manufactures and aggravates mental illness. It has not solved any problems; at best it has maintained them.”<sup>9</sup>

### From a Formerly Incarcerated Individual: How Prisons Fail People

*Vera spent 10 years in an Arkansas prison, including two years in administrative segregation on what she says was a trumped-up charge for which she was denied due process. Vera believes long-term solitary confinement dooms some people’s chances of successful re-entry to society. She credits her college education prior to incarceration for helping her maintain her sanity while in isolation and then building a successful life after re-entry. Others whom Vera observed in segregation haven’t fared as well:*

“With solitary, the prisons create mental illness for no reason. I just watched people go downhill. In ‘seg,’ some people enter a fantasy world because there’s nothing else for them to do. When they get out of prison, they don’t have a rock to ground themselves, they are just floating around in the free world.

“They have the attitude, ‘Nobody is going to tell me what to do.’ They don’t feel human anymore. They lose that human concept. They get out and have no job skills, they can’t relate to people, they have no people skills.

“These are people who before prison could have held jobs, functioned somewhat, but you take that reality away from them and then you’re releasing them, not helping them get jobs, get an education, help them function, they may start panicking, start hitting on some dope, and end up back in prison. They don’t know what to do. The same people, over and over and over. There is a whole series of them. They lost themselves somewhere along the way, and the prison system has not helped them get grounded when they could.”<sup>10</sup>

## Costs

**Restrictive housing units incur significantly more expense than general population housing, not only for construction, but also for operations due to higher staffing requirements.** Not all states track the costs, but for those that do, the cost of operating segregated housing is consistently much higher — up to double or more — than general population housing. A few examples:<sup>1</sup>



### MARYLAND

In Maryland in 2000, the cost of general population housing was a third of that for the supermax.



### TEXAS

In Texas in 2002, general population housing cost \$15,498 annually per person, compared to \$22,495 for housing in administrative segregation.



### OHIO

In Ohio in 2003, general population housing cost \$22,995 annually per person; for maximum-security, \$26,865; for supermax, \$54,385.



### ILLINOIS

In Illinois in 2009, housing at a supermax cost \$92,000 annually per person, which was two to three times the cost for other maximum-security prisons.





# SOLITARY CONFINEMENT IN ARKANSAS PRISONS: DATA REPORT

Since 2015, the ADC's strategic plan includes a goal "to provide constructive correctional opportunities that will help inmates successfully return to their communities" and a specific objective, supporting that goal, "to decrease administrative segregation and isolation populations."<sup>1</sup>

Policies and programming of the ADC that point in that direction are:

- Policy that ensures segregated individuals are not totally denied social contact and mental stimuli, although the amounts, we contend, are not sufficient to foster well-being and rehabilitation.<sup>2</sup>
- Programs that provide a transition out of solitary confinement back to general population.<sup>3</sup> However, the process is long and difficult, and there is little evidence that any individuals have completed the programs (see Stepdown Programs, page 28).<sup>4</sup>
- Policy that prohibits against extended isolation (30 days or more) of people who are seriously mentally ill, pregnant, or under age 18.<sup>5</sup>

In July 2019, the ADC began publishing, on a quarterly basis, limited data pertaining to restrictive housing. This report reviews the initial year's data. It covers the time period from April 2019 through March 2020, which predates the COVID-19 outbreaks at Arkansas prisons.<sup>6</sup>

This report is informed also by other publicly available data, information provided by the ADC in response to our requests, and data from the CLA/ASCA-Liman surveys of U.S. correctional systems on restrictive housing practices.<sup>7</sup>

The data now being made publicly available by the ADC is not enough to reach a full understanding of solitary confinement in Arkansas prisons. However, it is an important first step. Transparency is critical if the public is to have any assurance that the people confined at our state prisons are being treated humanely, are living in conditions that foster rehabilitation, and are receiving essential mental health care and other services.



## The Number of People in Solitary and Length of Stay

**The restrictive housing population has not declined, but increased.**<sup>1</sup> ADC quarterly data for the one-year period, April 2019 through March 2020, showed that the number of people in restrictive housing per quarter rose 33.5% from the first to the last quarter of the reporting period (Table 2).

The percentage of the total prison population held in solitary also increased, from 14.6% to 19.6%, from the first quarter to the last quarter of the reporting period.

**ADC system capacity for segregation.** The ADC system currently has 1,957 single- and 91 double-occupancy cells, which together provide capacity to isolate 2,139 people — or about 12.9% of total system capacity, which is 16,635.<sup>2</sup> During the reporting period, the prison system was over capacity.

**Table 2. Restrictive housing (RH) and total prison populations, April 2019-March 2020**

	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019	Jan-Mar 2020
Newly assigned to RH due to disciplinary violation	1,502	1,637	1,559	1,784
Ongoing RH assignments*	1,114	2,253	2,000	1,709
Protective custody**	4	2	7	9
<b>Total # in RH</b>	<b>2,616</b>	<b>3,890</b>	<b>3,559</b>	<b>3,493</b>
<b>% of total prison population in RH*</b>	<b>14.6%</b>	<b>21.8%</b>	<b>20.0%</b>	<b>19.6%</b>
<b>Total prison population</b>	<b>17,942</b>	<b>17,856</b>	<b>17,759</b>	<b>17,860</b>

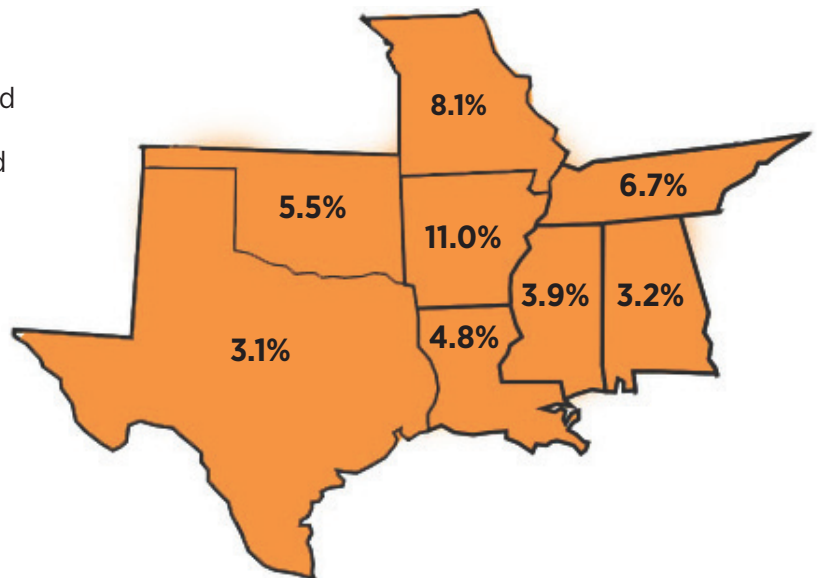
\*\*Protective custody is not punitive; privileges are the same as for general population.

\*Placements continuing from the previous quarter. Includes protective custody placements.

**ADC's solitary confinement rate is the highest in the region and nation.** The latest CLA-Liman survey, which captured data for one day in October 2019, showed that 11.0% of people incarcerated in Arkansas prisons were held in solitary confinement. The national median was 3.8%. No other participating prison system reported a figure in double digits.<sup>3</sup>

This was a 23.6% increase from the previous survey in 2017, when the ADC reported that 8.9% of the Arkansas prison population was in solitary.<sup>4</sup>

Further, ADC's 2019 rate of restrictive housing for males, 11.8%, was the highest in the U.S., and its rate for females, 2.1%, was the third highest nationally; the national medians were 3.6% and 0.8%, respectively.<sup>5</sup>



**Length-of-stay data is strongly suggestive of a high risk for mental harm.** The 2019 CLA-Liman survey data for those in solitary confinement in ADC prisons showed that many people in Arkansas prisons are held in solitary for long periods of time (Table 3).<sup>6</sup>

Although still unacceptably high, the number of people in solitary confinement for more than three years has declined in the past year, from 213 in October 2019 to 159 in July 2020.<sup>7</sup>

**Critically important length-of-stay data for restrictive housing is not publicly available.** The average time served is a few years, but the long-term impacts of what happens during incarceration can be great. Individual-level data on time spent in solitary, disciplinary history, and housing status history for every person in the ADC is critically important. That information would make it possible to evaluate — and hopefully improve — outcomes of incarceration for specific individuals, but also effectiveness of disciplinary policies and practices and whether sanctions are being imposed consistently and fairly. However, none of that data is made public by the ADC. In response to requests for any length-of-stay data, the ADC said no records existed that met the request.<sup>8</sup>

### Did You Know

The average sentence for those who go to prison in Arkansas is about 8.5 years at the time of admission, but average time at release is only 4.7 years.<sup>9</sup>

**Table 3. Solitary confinement (SC) length of stay, numbers and percentages of total restrictive housing population, fall 2019.**

SC length of stay	# individuals	% RH population
15-30 days	162	9.5%
31-90 days	299	17.5%
91-180 days	299	17.5%
181-365 days	294	17.2%
1-3 years	445	26.0%
3-6 years	101	5.9%
6 years or more	112	6.5%



## Mental Illness, Suicide, and Mental Health Services

**Serious mental illness is under-diagnosed and under-treated.** During the reporting period, 21% of the people with SMI held in restrictive housing were transferred to special housing or a transition (step-down) program.<sup>1</sup>

ADC's counts of individuals with SMI (mid-2020):

- In restrictive housing: 49 (down from 231 in mid-2019)<sup>2</sup>
- In the 159 individuals who have been in solitary for more than 3 years: 0<sup>3</sup>
- In the entire prison population: 332 or about 2% of the total.<sup>4</sup>

How are such low counts possible when SMI prevalence is estimated at 10.6% for the U.S. general population and 15%-24% for the U.S. incarcerated population?<sup>5</sup>

How can it be that no one who has been held in solitary for more than three years has SMI, while a large body of scientific evidence shows that long-term isolation, idleness, and sensory deprivation cause and worsen SMI?<sup>6</sup>

**(In contrast, the Washington State Department of Corrections, which has a prison population similar in size to Arkansas's, determined that 27% of the prison population has a mental illness, for which treatment is provided.<sup>8</sup>)**

Five people who have been in solitary confinement in the ADC for more than three years do not want to come out to live among others, which is suggestive of the harms of prolonged isolation.<sup>9</sup>

### How ADC Defines Serious Mental Illness:

“symptoms of a diagnosable mental disorder that impairs an individual’s functioning and disrupts the capacity to cope with the ordinary demands of life.”<sup>7</sup>

## The Importance of Mental Health Treatment for the Incarcerated

“Individuals with untreated mental health conditions may be at higher risk for correctional rehabilitation treatment failure and future recidivism on release from prison. ... [A]mong those who have been previously incarcerated, the rates of recidivism are between 50% and 230% higher for persons with mental health conditions than for those without any mental health conditions, regardless of the diagnosis.”<sup>10</sup>

**Suicides and suicide attempts are much more frequent in restrictive housing than in general population.**

A third of the 104 suicide attempts and half of the 10 suicides that occurred during the reporting period were in restrictive housing (Table 4). However, the restrictive housing population is slightly more than a tenth of the total prison population, as noted in the previous section on Arkansas’s solitary confinement rate (11.0% in 2019).<sup>11</sup>

Data on suicide and suicide attempts is suggestive of two things: the pre-existing mental illness of those placed in restrictive housing and the mental misery such living conditions induce — so intolerable that some try to die to escape it.

No formal protocol for suicide watches nor criteria for putting an individual on (or taking off) suicide watch exists. “Cases are managed by mental health professionals who make these determinations on a case-by-case basis,” according to the ADC.<sup>12</sup>

**ADC mental health services are inadequate.** When asked about available mental health services, the ADC said that those with an SMI diagnosis who are being followed in the psychiatric clinic have a treatment plan, and those needing psychotropic medication receive it and are monitored. The staff also provides mental health self-help materials “as requested or indicated.”<sup>13</sup>

The low counts for SMI diagnoses alone are a signal of inadequate mental health services. In addition, the number of counseling sessions with treatment plans provided each month has been 0 since November 2016, according to the ADC director’s reports. The monthly counts of counseling sessions had been in steady decline from January 2015, when 264 sessions were provided. During the same timeframe, the number of mental health rounds in restrictive housing units ballooned. In January 2015, the number was 6,220. In March 2020, the count was 24,189.<sup>14</sup>

Restrictive housing mental health rounds are conducted three times per week. The purpose is not to provide therapy but to check for signs of SMI or suicide risk, and to field requests to meet with a clinician or obtain self-study materials. Rounds are not provided by a licensed mental health professional but by other mental health department staff.<sup>15</sup>

Inadequate mental health staffing may be contributing to the problem. Fourteen psychologist positions exist to serve a prison population of more than 16,000; about a third of those positions have been vacant for at least a year.<sup>16</sup>

**Table 4. Suicides/suicide attempts in restrictive housing (RH) and general population, April 2019-March 2020.**

	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019	Jan-Mar 2020	Totals	Totals for Entire ADC Population
Suicide attempts, RH	5	12	11	6	34	104
Suicide attempts, general population	16	18	21	15	70	
Suicides in RH	0	0	1	4	5	10
Suicides in general population	3	2	0	0	5	

## Conditions of Confinement

**As punishment, individuals in solitary confinement are denied life resources that are essential to well-being and rehabilitation.**<sup>1</sup> The individual in solitary confinement is expected to tolerate, with equanimity, the bleakest of living conditions that surely would be overbearing for anyone. What most of us think of as necessities for psychological and physical well-being are considered privileges that may be denied as a way to incentivize good behavior (Table 5).

Restrictions on resources are gradually lifted for individuals making progress in either of the step-down programs, as described later in this report.

- Individuals are locked in their cells at least 22 hours a day on weekdays and 24 hours on weekends, with no opportunity for any meaningful face-to-face interaction with others. One two-hour visit per month is allowed.
- Personal belongings, including photographs of loved ones, are taken away.
- For at least the first 30 days, one is held in a windowless cell. Possession of a watch or clock is forbidden. The capacity to orient to the passage of time is impaired.
- Therapeutic group activities and congregant worship services are denied.
- Books are greatly limited — typically one religious and one self-help text at a time.
- In punitive segregation, mattresses are removed from 7 a.m. to 7 p.m., leaving only concrete to sit or lie on.
- In-class and self-study schooling and vocational training are halted. This appears to include preparatory study for the GED (high school diploma equivalent) test.<sup>2</sup>

**Death Row.** Individuals sentenced to death are assigned to segregated housing for the full length of their incarceration. However, these individuals may have greater access to activities and other resources than allowed in other types of segregation, if not disqualified because of poor behavioral history or psychological instability.

For example, a person on Death Row may qualify for out-of-cell clearance for congregant meals and has more liberal phone and commissary privileges, greater access to books, may have a variety of art supplies, and take part in religious services with a small group.<sup>3</sup>

**ADC's Restrictions on Solitary Confinement Placements.**<sup>4</sup> ADC policy prohibits extended restrictive housing (30 days or more) for minors (people under age 18), people who are pregnant, and people who have SMI. Policy also prohibits placing someone in restrictive housing solely on the basis of gender identity.

In 2019, the Arkansas legislature passed a bill (HB 1755/Act 971) that prohibits isolation of a minor for more than 24 hours. Exceptions are allowed if the person committed assault while incarcerated, or poses a safety, security, or escape risk. The prison warden must authorize each 24-hour extension.<sup>5</sup>

**A Higher Standard is Needed to Protect Juveniles from the Harm of Solitary.** Minors should never experience more than four hours in involuntary restriction alone in a cell, room, or other area (i.e., 'room confinement'). Further, this measure should never be used as punishment or disciplinary sanction, but only as "a temporary response to behavior that threatens immediate harm to the youth or others." This is the recommendation of Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative, the most widely recognized set of best practices created to protect youth from the harms of inappropriate secure confinement.<sup>6</sup>



**Table 5. Life resources, administrative segregation and punitive segregation.**

Resource	Administrative Segregation	Punitive Segregation
<b>Social contact with others in the prison</b>	None	None
<b>Visits</b>	Policy is vague	One 2-hour visit per month, contingent on disciplinary status and condition of cell.
<b>Phone calls</b>	For social calls, policy is unstated. Calls with attorney are allowed.	Denied except for approved calls with an attorney
<b>Mail</b>	Same as general population	Same as general population
<b>Meals</b>	Eaten alone in cell unless an exception is made.	Eaten alone in cell. No seconds. As an added disciplinary measure, may be served Nutraloaf, a baked food of blended ingredients known for its distastefulness.
<b>Bedding</b>	Changed weekly	Changed weekly. Mattress removed from cell daily, 7 a.m. to 7 p.m., so only the surface for sitting or lying down is concrete.
<b>Showers</b>	3 times per week.	3 times per week.
<b>Hygiene items</b>	Policy unstated.	Soap, toothpaste/brush provided. Some items must be purchased from Commissary.
<b>Exercise</b>	1 hour, 5 times per week, alone in chain link and concrete enclosure. No equipment.	1 hour, 5 times per week, alone in chain link and concrete enclosure. No equipment.
<b>Reading and educational materials</b>	“Reasonable amount” permitted.	One religious text and one self-improvement text only. Library privileges denied. Newspapers and magazines (including subscriptions) denied except two items allowed during a 48-hour ‘furlough.’*
<b>Legal materials</b>	Allowed “according to unit policy.”	Denied for first 20 days; thereafter only if “just cause or adequate need arises” and volume of material “does not clutter cell.”
<b>Program activities</b>	Policy does not state.	Denied: all group activities including religious services, educational classes, vocational training, substance abuse, and other therapeutic programs.
<b>Chaplain visits</b>	Rounds at least once per week.	Rounds at least once per week.
<b>Personal property</b>	Policy does not state. No items may be posted on cell walls.	Denied except paper, pen, envelopes, stamps, and hygiene items, which must be purchased from the commissary. Nothing may be posted on cell walls.
<b>MP4, electronic tablet, radio</b>	Permitted, but may be denied because of disciplinary record or class status.	Denied
<b>Commissary purchases</b>	\$10 weekly of approved items.	Limited to authorized hygiene and writing materials. \$10 per month limit; if exceeded may be subject to disciplinary sanction. Purchases allowed once per 30 days during 48-hour ‘furlough.’*
<b>Health care</b>	Prescribed medications provided. Sick call on weekdays. Emergency call on weekends. Mental health rounds.	Prescribed medications provided. Sick call on weekdays. Emergency call on weekends. Mental health rounds 3 days per week; periodic encounters with staff.

\* Cell containment continues: limited commissary purchases and a small increase in reading material are allowed.

## Punitive Segregation

**Punitive segregation is routinely used in Arkansas prisons to sanction a variety of infraction types. Instances of violence and threats of violence comprise a very small proportion of all infractions resulting in placement in solitary confinement.<sup>1</sup>**

A popular myth about solitary confinement is that it is reserved for the ‘worst of the worst’: Only individuals who commit heinous acts or pose a constant and grave threat to the safety of others are held in solitary confinement.

ADC data soundly contradicts that notion: Fewer than 1 of 10 infractions that resulted in a restrictive housing placement during the 2019-2020 reporting period were violent acts or threats of violence (Table 6):

- 9.8% of infractions were violent acts or threats of violence.
- 17.87% of the infractions concerned conduct in response to staff.

**ADC policy allows for broad discretion in the application of punitive segregation.** According to the ADC Inmate Handbook, infractions are categorized into three classes, with Class A being the most serious and Class C, the least. A variety of sanctions may be imposed: verbal warning, restitution, loss of telephone and other privileges, extra work duty, reduced ‘class’ (status along with privileges conferred by disciplinary record), loss of earned good time, inability to earn good time, transfer to another facility, and up to 30 days in punitive segregation, which is reserved for Class A infractions. However, any Class B infraction which interfered with the safe and secure operation of the facility, and occurred within 30 days of a guilty verdict for the same type infraction, may be sanctioned with up to 15 days in punitive segregation.<sup>2</sup>

Although the Inmate Handbook stipulates that punitive segregation is reserved for certain infraction types, ADC policy on punitive segregation states: “Any inmate who has been found guilty of violating departmental rules and regulations may be placed in punitive housing after an impartial due process hearing...”<sup>3</sup>

Length of stay for a particular infraction “varies widely and is managed on a case-by-case basis,” according to the ADC.<sup>4</sup>

**Restrictive housing lengths of stay may be extended indefinitely for a person in either punitive or administrative segregation.<sup>5</sup>**

- An initial assignment to punitive segregation is for up to 30 days, but that may be extended by increments of up to 30 days and may go beyond a year, with proper authorization.
- No policy exists to set firm limits on the maximum amount of time a person may be kept in solitary confinement.

**Table 6. Most common infractions resulting in restrictive housing and infraction class.**

Note: ADC publicly reported only 53% of all infractions punished with solitary confinement.

<b>Infraction (Class A infractions are the most serious. Class C infractions are the least serious.)</b>	<b>% of Restrictive Housing Assignments</b>	<b>Number of Occurrences</b>
<b>Conduct towards Staff</b>	<b>17.87%</b>	<b>4,405</b>
Refusing a direct verbal order to vacate an area (A)	4.08%	1,007
Failure to obey an order (B)	9.05%	2,230
Insolence to staff (B)	4.04%	995
Lying to staff (B)	0.70%	173
<b>Use of Force</b>	<b>9.80%</b>	<b>2,416</b>
Battery against another incarcerated person (A)	4.76%	1,173
Battery against staff (A)	0.71%	176
Written or verbal threat (A)	4.33%	1,067
<b>Substance Abuse</b> Possession / manufacture / refusing to take substance test (A)	<b>6.69%</b>	<b>1,651</b>
<b>Other Types of Contraband</b>	<b>4.15%</b>	<b>1,026</b>
Possession of cell phone (A)	1.67%	412
Possession of unauthorized clothing (C)	1.02%	252
Possession/introduction of weapons, explosives or any combustible substance (A)	1.46%	362
<b>Out of Assigned Place / Unexcused Absence from Work or School (B)</b>	<b>4.78%</b>	<b>1,179</b>
<b>Disruptive</b>	<b>7.65%</b>	<b>1,892</b>
Banding together/demonstration that creates a disruption (B)	1.24%	306
Creating an unnecessary noise (C)	2.15%	531
Destruction or unauthorized use of state or another's property (B)	1.60%	396
Provoking or agitating a fight (B)	0.88%	219
Indecent exposure / masturbation (A)	1.54%	380
Throwing bodily fluids/excrement (A)	0.24%	60
Miscellaneous	1.70%	423
Not keeping oneself or cell according to regulation (C)	1.05%	260
Sex with another person (includes consensual) (A)	0.49%	123
Tattooing, piercing, self-mutilation to change appearance of oneself or other (excludes suicidal behavior) (B)	0.16%	40
<b>Other (Not Publicly Reported)</b>	<b>47.24%</b>	<b>11,636</b>
<b>All Infractions Resulting in Restrictive Housing Placement</b>	<b>100%</b>	<b>24,628</b>



## Step-down Programs

**Programs designed to transition individuals out of restrictive housing to general population may not be effective for reducing isolated populations.** There are two ways to be released from restrictive housing: Completing a restrictive housing “sentence” or being selected for, and completing the graduation requirements of, a transition program. With either, the challenge is to avoid additional disciplinary “tickets” while in segregation, which would add time to one’s length of stay.

There are two such programs — the Step-down Program and the Incentive Program Level System, which is for those housed at Varner Super Max.<sup>1</sup> The concept behind the two step-down programs sounds sensible: Participants are rewarded for good behavior, gradually earn more privileges and out-of-cell time, and upon graduation, return to general population. One requirement is watching an hour per day of programming about prosocial behavior via an in-cell television and completing worksheet assignments based on the video; there is no out-of-cell group programming. (According to anecdotal evidence gathered in fall 2019 and summer 2020, the televisions no longer worked; however, answering questions about the video lecture was still required.)

**Evidence is little to none that people are graduating from step-down programs, calling into question their effectiveness for moving people out of restrictive housing.**

- The 2019 CLA-Liman survey showed that there were seven graduates from ADC step-down programs in 2018.<sup>2</sup>
- When asked to provide the number of step-down program graduates for the 2019-2020 reporting period, the ADC said, “We don’t have data at this time.”<sup>3</sup>

**The two programs have high expectations and few supportive resources, which together may make graduation too difficult for some.**

- Both programs require prolonged lengths of stay in segregation: The Step-down Program takes six months minimum to complete, and the Varner Program requires 18 months minimum. Both programs have multiple levels, which last 30 to 120 days each.<sup>4</sup>
- Even seemingly minor offenses, such as keeping a biscuit off one’s tray to eat later, can result in a demotion. For merely questioning an order given by a correctional officer, one may be written up for refusing an order, which is a major infraction and may result in additional time in solitary confinement.<sup>5</sup>
- Allowed reading material, family visits, counseling, and meaningful out-of-cell group programming are restricted.<sup>6</sup>

The ADC expects people who are likely already traumatized by prolonged isolation to walk a long gauntlet to achieve liberty from very trying conditions. A person may struggle to think rationally and make the best choices. For example, they may be too depressed to keep their cell or hygiene according to regulation. They may be so filled with rage that they angrily kick the door, bang on the wall, or scream, spit, or worse, hurl one’s bodily waste at a guard, or masturbate in their presence. Those actions are met with more time in isolation, instead of being seen as a reaction to a demoralizing situation (or one induced by SMI) that would challenge even the best of us. For some, being in a step-down program may amount to a Catch-22 cycle of unrealistic expectations, recurring misbehavior, and more time in segregation.

## On Step-down Programs

*From David, who spent 30 years in Arkansas prisons. He was housed twice in segregation, the longest, 41 days. He calls himself “an avid believer in crime and punishment” and believes in the need for jails and prisons, as well as short-term segregation. He objects to long-term stays in isolation, including lengthy step-down programs, because of the psychological harms and unfair practices.*

“I think sometimes, that is overbearing, 18 months to go through that — some people aren’t that strongminded. Holding someone in there that long, in some cases, it made the guy worse, because there is nothing humane about that whatsoever. It almost reduces you down to an animal behavior, behavior that becomes very, very abnormal like throwing and spreading feces and all kinds of stuff. Guys that I knew starting out weren’t that disturbed, but at some point, started acting out.”<sup>7</sup>

*From K., on the Varner Incentive Program:*

“The program is very hard to graduate from. A lot of guys have been in the program for four, five, six years. You are placing an unrealistic expectation on guys who have behavioral issues. They need more counseling and treatment rather than punishment.

“A major disciplinary could be refusing a verbal or direct order. Say, you are standing at your door watching TV, and an officer comes to your door and says, ‘Go to the back of your cell,’ and you say, ‘Why? I’m watching TV.’ That’s refusing a direct order, and the officer has the right to write you up on a major disciplinary.

“I went through the program and didn’t see any intrinsic value in it. You probably just need to sit on your bunk for 18 months and be quiet because any infraction, you’ll have to start over. When I got six months into it, I thought I can’t start this over. It was depressing. Visitation was restricted; calls to your family were restricted. The video program was in your cell. An hour each day, you watch a video and fill out a worksheet. But if you have questions on the material — a dialogue — that wasn’t happening. Just do the video and the paperwork [when in-cell televisions worked].”<sup>8</sup>

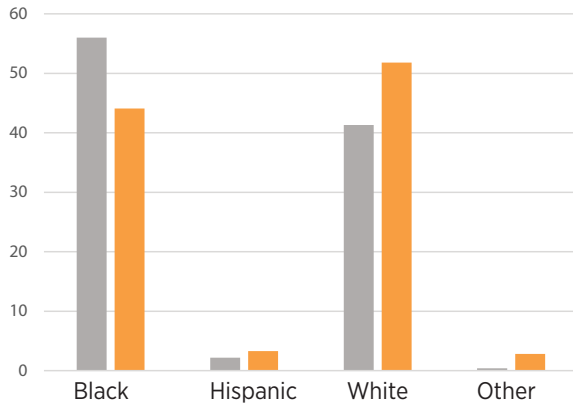
## Demographics

**Black men, Black women, and Hispanic women are over-represented in restrictive housing relative to the racial composition of the total ADC prison population.<sup>1</sup>** Further, this racial disparity for Black males in Arkansas prisons was the second-highest among 28 state correctional systems that provided data on racial composition for the 2019 CLA-Liman survey.<sup>2</sup>

**White men and White women are proportionately fewer in restrictive housing relative to the racial composition of the total ADC prison population.<sup>3</sup>**

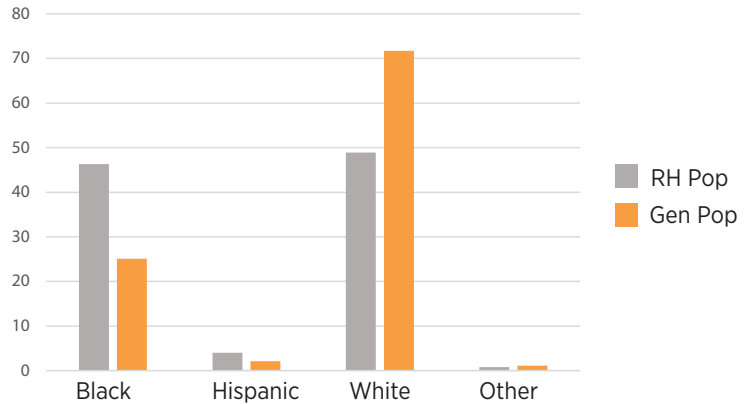
### Male Populations

#### Restrictive Housing and General Populations



### Female Populations

#### Restrictive Housing and General Populations



## Other Restrictive Housing Demographics

**Individuals who self-identified as LGBT** at time of intake comprised about 1.6% of the total prison population. In the first quarter of the reporting period (April-June 2019), LGBT individuals were 20% over-represented in the restrictive housing population, but for the rest of the reporting period, LGBT restrictive and general populations were proportionate.<sup>4</sup>

**The number of individuals ages 18-21** in restrictive housing declined to 111 in the final quarter, from a peak of 199 in the second quarter of the reporting period.<sup>5</sup>

**The number of individuals age 55 or older** in restrictive housing steadily increased over the reporting period, from 101 to 182, which may be reflective of the aging prison population.<sup>6</sup>



## Public Safety

### **Direct releases from solitary confinement to communities are high, potentially increasing risks for recidivism and public safety.**

- ADC policy does not prohibit direct releases from solitary confinement to the community, but rather recommends avoiding them whenever possible.<sup>1</sup>
- From June 1, 2017 to May 31, 2020, 587 people re-entered the community within 24 hours after release from solitary confinement. Only four instances were due to emergency action in response to the COVID-19 pandemic.<sup>2</sup>
- In 2018, 87 people returned to the community within 30 days of release from solitary confinement.<sup>3</sup>

### **The impacts of solitary confinement on recidivism and public safety in Arkansas communities are unknown.**

- The ADC reports that no data on the impact of solitary confinement on recidivism exists, but that there are plans at some point to conduct such a study.<sup>4</sup>
- Ninety-two percent of all individuals incarcerated in Arkansas prisons eventually return to the community.<sup>5</sup> On average, 611 people were released each month to the community during the 2019-2020 reporting period.<sup>6</sup>
- A study of individuals released from prison in 2013 found that in three years 56.5% had reoffended and returned to prison. Almost 80% of these recidivists had committed a criminal offense, and about 20% had committed a technical violation of their parole.<sup>7</sup>

## Costs

### **The financial costs of solitary confinement are unknown.**

- The ADC reports that operational costs for restrictive and general population housing are exactly the same (\$63.18 per person per day). This is improbable and totally contrary to scientific consensus, which is that restrictive housing is much more costly to operate than housing for general population.<sup>1</sup>
- The financial costs of solitary which may be associated with poorer outcomes after re-entry, as well as increased recidivism, are unknown.

## Data Collection and Evaluation

### **Inadequate planning, data collection, and evaluation may be contributing to failed efforts to reduce restrictive housing populations.**

- No strategic plan exists to guide ADC's efforts to reduce restrictive housing populations; the ADC reports that staff training and the step-down programs are the main approaches to achieve reductions in restrictive housing placements.<sup>1</sup>
- Requests were made to the ADC for: outcomes data from evaluations on the effectiveness of restrictive housing as a deterrent to disciplinary infractions;<sup>2</sup> the number of people who have graduated from the two step-down programs;<sup>3</sup> and any records that could shed light on length of stay for those assigned to restrictive housing.<sup>4</sup> The ADC replied that such information did not exist. If that is so, how can the agency know if its policies and practices are effective and what, if any, improvements are needed?

## Set Up to Fail? One Young Man's Story

On the ADC website, under Inmate Programs and Services, is this assurance: "GED classes are offered at all units and the Board of Correction mandates attendance for all inmates without a GED or high school diploma unless they are unable to participate due to health reasons."<sup>1</sup>

Yet, we know of one young man who has been incarcerated for eight years, most of it in solitary confinement, who still has not tested for the GED.

He has asked repeatedly for psychotherapy, but ADC mental health professionals determined that he has no condition that warrants therapy, despite the fact that he has a well-documented history of serious mental illness prior to incarceration.

We reached out to him to learn more about his situation. He told us, "I am not getting the mental health service I need. A mentor or therapy would help a lot." In his opinion, ADC mental health services are "inadequate — a joke. ...They [ADC] need to rectify."

Staffing shortages may in part explain why he hasn't yet earned his GED. He told us that a sole teacher gives GED tests for those in segregated housing, and 140 people are on the waiting list.

Asked how solitary has affected his thoughts and feelings, he said, "Lonely, abandoned, left out, angry, a lot of times like animals."

How he spends his time: "I love to read and look out my window. I like educating myself ... reading or learning." When asked what things would help him most, while still in prison, to prepare for a new life after re-entry, he said: "Books (knowledge), continue to learn, grow and evolve mentally, spiritually, and educate myself. Get in vo-tech and get my GED."

When asked for any comments about his experience in solitary, he wrote: "I have learned ... prison is not designed to help reform a person. It was designed to destroy them mentally, turn them into an animal or uncivilized person. If a person does not get a strong mental fortitude then prison will rob them of their humanity and turn them into a savage. Prisoners have no rights, and they treat the animals in the [prison] horse barn better than they treat the inmates."<sup>2</sup>



## REFORMS IN OTHER STATES

No state prison system has entirely abolished restrictive housing. However, four states no longer hold anyone in solitary confinement for longer than 15 consecutive days (Colorado, Delaware, North Dakota, and Vermont), and seven others (Connecticut, Hawaii, Maine, Massachusetts, South Dakota, Virginia, and Wyoming) report holding less than 2% of their total prison population in restrictive housing, according to 2019 CLA-Liman survey data.<sup>1</sup>

### Stories of Reform



**Louisiana.**<sup>2</sup> In 2015, 14.5% of the state’s prison population was housed in segregation; by 2019, that number had been cut to 4.8%.<sup>3</sup>

In 2017, the Louisiana Department of Corrections (LADOC) embarked on a two-year partnership with Vera Institute of Justice’s Safe Alternatives to Segregation initiative. The collaboration included an assessment of policies and data, site visits, interviews with prison leaders, staff, and incarcerated individuals; a report on findings and recommendations; and reform implementation. LADOC leadership also sought guidance from other correctional systems, visiting Colorado and prisons in Germany and Norway, where segregation is rare.

Camp J, reputedly the most punitive prison in the LADOC, closed. At another prison, incarcerated individuals and staff together developed a program to move individuals out of extended isolation. A significant decrease in violence and “an improved environment for both incarcerated people and staff” was reported.

LADOC Secretary James Le Blanc said he was proud of what was achieved by the LADOC in partnership with the Vera Institute:

“...[W]e have reduced the number of restrictive housing beds in our state prisons by more than a thousand. We will continue to work on writing the next chapter of restrictive housing reform in Louisiana. It is an opportunity to expand what we started and keep thinking outside the box for ways to improve the living and working conditions in our facilities. It’s about promoting rehabilitation and protecting the safety of our communities.”<sup>4</sup>



**New Jersey.**<sup>5</sup> State law that took effect in August 2020 codified existing New Jersey Department Corrections policy which limits segregation to 20 consecutive days or no more than 30 days within any 60-day period. Isolation is prohibited unless “there is reasonable cause” to believe an individual poses a significant threat to the safety of others and that less restrictive sanctions would be insufficient to reduce the risk.

The new law prohibits isolation of individuals under age 21 and over age 64, individuals with disabilities, pregnant women, and LGBTQ individuals, except in rare circumstances.

Acting Commissioner of New Jersey Department of Corrections Marcus O. Hicks hailed the new law as a preventive measure against “wrongful overuse” of isolated confinement by future state administrations. “The Department of Corrections strives to rehabilitate the offender population and prepare them for success. Limiting the overuse of isolated confinement will further assist the Department in achieving this goal.”



**Idaho.**<sup>6</sup> Idaho corrections leaders and civil rights advocates spearheaded an in-depth policy review and revision process, and personnel took part in training and trips to other state prison systems to learn from their reform successes. In 2016, more than 300 Idaho individuals were in long-term restrictive housing. Efforts were stepped up to transition people out of segregation, particularly those with mental illness. By June 2018, the segregated population declined from 294 to 165, and new policy allowed those in restrictive housing to be out of their cells three hours per day.





**North Dakota.**<sup>7</sup> A trip to Norway in 2015 to learn about more humane approaches to incarceration transformed how Leann Bertsch, North Dakota's prison chief at the time, thought about restrictive housing.<sup>8</sup> She applied what she learned to re-training of correctional officers, who are now expected to "engage each [incarcerated individual] in friendly conversation, change-oriented discussion, or practice of a cognitive or behavioral skill at least twice per day," Bertsch reported in 2018. That reform, coupled with others, led

to a 70% decline in the administrative segregation population and a historically low 17% restrictive housing 'recidivism' rate. Extended isolation is now rarely used, except in cases of continued physical threat. Average length of stay in restrictive housing is 30-60 days.

There have been challenges, according to Bertsch: "While most staff members have been supportive of the changes, there has been a perception that the overall safety of the facility has been compromised. Factually, there has been no increase in assaults on staff, assaults on [incarcerated individuals] by peers, or the overall level of violence perpetrated within the institution." And while there is a perception on the part of some staff that rule-breakers are not held accountable, Bertsch said imposition of significant sanctions has continued. The difference has been that lengthy stays in restrictive housing are rare, especially for non-violent offenses.



**Mississippi.** A decade of advocacy and litigation led to long-overdue improvements in prison conditions and much less reliance on solitary confinement. Of 1,000 individuals housed at the supermax, 80% were determined to pose no threat to others and were returned to general population or transferred to a mental health unit.<sup>9</sup> In 2010, the supermax prison closed.

Reforms resulted in a 70% decline in serious assaults against staff and inmates and \$5.6 million in savings annually in state prison operating costs.<sup>10</sup>

Individuals in solitary confinement who had SMI were moved to separate housing and an intensive program in which they learned about their illness; how to cope with impulses, anxiety, and anger; took part in group therapy; had access to art and reading materials; and moved from physical restraints while in groups to group activities free of restraints. In the program's final phase, participants were educated on moral reasoning, domestic violence, and accountability.<sup>11</sup>


Prison officials were skeptical about reforms, according to former prison administrator Emmitt Sparkman:

"If you had talked to me before we started our project to reduce the use of segregation, I'd have told you that the majority of offenders in our long-term segregation were dangerous and a threat to staff and offender safety. But when we looked at their cases, we saw that many of the people we were holding in segregation were not a threat. They started with minor violations, were put in segregation, and continued with disruptive, but not violently disruptive, behavior."<sup>12</sup>

Eventually, expert witnesses in the litigation that forced reform were hired on as consultants by the Mississippi Department of Corrections. They became collaborators, devising new strategies that helped move people out of segregation:

"In this kind of collaborative process, it becomes possible to devise management and treatment strategies for prisoners who might otherwise be considered incorrigible. ... The assumption that a large number of prisoners are beyond help and will never change their unacceptable behaviors, when coupled with the practice of locking them in segregation and punishing them harshly, predictably leads to worse behavior problems on the part of those locked away. Alternatively, when custody and mental health experts put their heads together, devise creative approaches to the management and treatment of some of the most difficult cases, and give prisoners clear and incremental requirements to win greater freedom, great strides are made."<sup>13</sup>

In the past year, Mississippi's great strides in reforms to administrative segregation sadly were set back by gang violence and the deaths of at least five inmates. These events stemmed from the prisons being awash in weapons and cell phones, as well as severe shortages of guards, with vacancy rates as high as 50% at some facilities (Mississippi offers the lowest starting pay to guards of any state in the South), and increased reliance on lockdowns that eventually triggered the violence.<sup>14</sup> Nonetheless, the reforms to the use of solitary confinement in Mississippi still stand as an example of what is possible.



**Colorado.**<sup>15</sup> Colorado prisons once relied heavily on solitary confinement, but no more. Restrictive housing is now reserved for those who have committed violent infractions and is prohibited for individuals with SMI as a result of state law and policies enacted in the last decade during the tenure of former state correctional executive director Rick Raemisch.

In 2013, Raemisch took up reform efforts started by his predecessor, Tom Clements, who was killed by an individual who had been released to the community directly from solitary. Clements had already closed one of Colorado's two supermaxes; under Raemisch's leadership, the other would be repurposed as a mental health unit.

In Raemisch's view, the Colorado correctional system had lost sight of its mission, which above all, is public safety — about 100 individuals annually were being released to the streets from solitary.

After studying data on the effects of isolation, Raemisch concluded that anything but the shortest time in solitary confinement amounts to torture and needlessly creates mental illness. He resolved to rid Colorado prisons of the practice as much as possible. "We had gangs, psychopaths, just like other prisons, but if we could do it, anybody can do it — and should," says Raemisch, who wishes the practice could be banned altogether.

The first step was the elimination of administrative segregation and a multi-tiered classification matrix. The problem with that system, said Raemisch, is that a person may "never get out, but keeps getting bumped back to square one" for some minor infraction such as talking back to a guard while in segregation.

Non-violent infractions are now sanctioned by restrictions on privileges such as commissary shopping, electronic tablet use, watching TV, or recreation time.

When the 15-day maximum went into effect, Raemisch and his staff had to figure out how to move many individuals out of isolation. They adopted a new philosophy, "You can restrain, but you don't have to isolate," Raemisch recounted. Staff customized restraint tables and chairs so that individuals deemed dangerous would be able to sit with a group and get used to interactions with others.

"The aim is to get them off restraints, into programming, and then back in the general population," Raemisch said. "We started to see these offenders engaging, and then we'd get them the programs that they needed." For others, we just "opened the doors and gave them four hours out-of-cell time a day for pure socialization," followed up with therapeutic programming, he said.

His advice to other correctional leaders wanting to reduce the number of individuals cycling in and out of segregation: Understand why a person winds up there in the first place. Either they intentionally act out because they prefer isolation, or they "immediately reacted to a situation without thought, which is probably why they are in prison in the first place."

To help individuals prone to angry outbursts, the prisons installed de-escalation rooms, also called "blue rooms," which had murals, comfortable chairs, and calming audio effects.

"Some inmates who recognized their stress levels would voluntarily use the de-escalation rooms frequently," Raemisch said. "That meant five, seven times a day that they aren't exploding on someone."

Raemisch emphasizes the importance of strong leadership from the top for reform efforts to succeed. Some of his staff resisted the changes, but those who stuck around found the work environment to be vastly improved:

"Some retired, some transferred, but the results of our reforms have changed a good number of those who did not think it would work. At our two mental health prisons, where restrictive housing is completely banned, assaults, self-harm, and suicides have decreased dramatically. Staffs enjoy work more because prisoners are acting in a more positive manner. It is quiet and safer."

**"Some inmates who recognized their stress levels would voluntarily use the de-escalation rooms frequently. That meant five, seven times a day that they aren't exploding on someone."**

Rick Raemisch, former executive director of the Colorado Department of Corrections

“Not nearly enough is said about the toll supermaxes take on workers,” Raemisch says. “Imagine working eight, 10 hours a day for years in a place where people are screaming, banging their heads against the wall, throwing feces and other bodily fluids, and you go home at the end of the day and you’re asked, ‘How was your day, dear?’ The answer is going to be, ‘It sucked.’”

After Raemisch retired, he said, Colorado correctional leaders asked the rank and file if they wished to “go back to the old way of doing things. Their response was 100% absolutely not.”



**Ohio.**<sup>16</sup> Gary Mohr, the now-retired director of the Ohio Department of Rehabilitation and Correction, undertook reform of restrictive housing policies and practices as part of broader prison changes that began in 2013. He recognized that restrictive housing was overused as the “default penalty for all types of rule violations, whether violent or not.” At the same time, he was of the mind that segregating an individual intent on harming others was sometimes necessary. He called reform a “delicate balancing act.”

Reform involved hiring external consultants to help facilitate “wide-ranging discussions” about disciplinary policies and practices. Out of that came a stronger commitment to administering discipline consistently, swiftly, and fairly and to rely more on limits to privileges rather than segregation to address disciplinary problems.

The new system was not ideal, Mohr found. “It is a continuing challenge to ensure conditions of confinement differ between restrictive housing, limited privilege housing, and general population in a meaningful way that sufficiently deters prisoners from engaging in misbehavior.” Further, some staff resisted the reforms despite Mohr’s constant efforts to communicate, educate, and train.

Despite the challenges, the restrictive housing population declined by 45% between 2013 and 2017. In 2019, the restrictive housing population was 2.2%.<sup>17</sup>





## RECOMMENDATIONS

We strongly encourage adoption of these recommendations. They are based on scientific evidence, nationally recognized guiding principles for the humane treatment of incarcerated people, and examples of safe, effective alternatives to solitary confinement used by other state correctional systems (Resources, p. 44).

**Enact limits on restrictive housing as a disciplinary sanction.** Such measures will slow the flow of those entering segregation and help shorten length of stay.

- Segregate only when the safety of others or prison security is threatened.
- Prohibit mandatory segregation due to the crime for which a person was incarcerated.
- Eliminate indeterminate sentences to administrative segregation.
- Impose strict limits on sentences in restrictive housing. Consider a ban on solitary confinement that exceeds 15 consecutive days because longer periods in isolation are psychologically harmful, inhumane, and cruel. This recommendation is based on widely recognized guidelines for the humane treatment of incarcerated individuals such as those in the United Nations' Nelson Mandela Rules and the National Commission on Correctional Health Care's position statement on solitary confinement.<sup>1</sup>
- Prohibit placing individuals with mental or physical health issues or a disability in a setting that would worsen their condition.
- Prohibit segregation of any duration for people age 21 or younger or over age 55, pregnant women or new mothers, and individuals who have SMI or cognitive or sensory impairment.
- Adhere to more moderate sanctions and follow a sanction matrix, rather than allowing broad discretion in penalty determinations (e.g., Colorado Department of Corrections' sanction policy and matrix<sup>2</sup>).

**Do not cause psychological harm.**

- Establish an ADC-wide ban against practices that are psychologically harmful.
- Exhaust all other available sanctions before imposing restrictive housing. Departments of corrections in other states (e.g., Ohio,<sup>3</sup> North Dakota,<sup>4</sup> Colorado<sup>5</sup> and Washington<sup>6</sup>) now rely less on restrictive housing and more on sanctions that do not pose risks to mental health.

**Establish stronger protections of youth.** Current ADC policy prohibits solitary confinement of minors for more than 24 hours and permits longer periods of isolation under a variety of circumstances. This policy is not sufficient to protect youth, who are particularly vulnerable to the harms of solitary, and needs to be brought into alignment with nationally recognized best practices:<sup>7</sup>

- Isolate youth, at most, to no more than four hours. Ideally, do not isolate youth for any length of time.
- Use confinement only when less restrictive de-escalation measures were ineffective.
- Limit time to what is needed for the person to regain self-control and no longer pose a threat.
- Use only when the youth's behavior threatens their safety or that of others.
- Confinement should never be used as punishment.
- Confinement must be in a safe and clean environment and under continuous monitoring.

**Improve conditions of restrictive housing and step-down programs.** Step-down programs are seen as an effective way to move people out of segregation and modify problem behaviors. However, long step-down sentences, if not coupled with high-quality, supportive programming, amount to little more than another form of extended segregation.

**In cases when an individual must be segregated:**

- Ensure that any individual in restrictive housing is in a step-down program.
- Ensure that the step-down period is a positive and restorative experience, rather than one which causes psychological trauma, demoralization, anger, and bitterness.
- Do not deprive individuals of anything that is a necessity for psychological and physical well-being. Prohibit conditions of extreme isolation: sensory deprivation, lack of contact with others, enforced idleness, minimal out-of-cell time, and lack of outdoor recreation.
- Provide individuals with constructive activities to develop social and technical skills, prevent idleness and mental deterioration, and prepare for eventual release.
- Prohibit additions to length of stay or demotions because of non-violent offenses. In cases of violent offenses, prohibit extensions to length of stay to no more than 15 days.
- Replace or support video-based programming with out-of-cell, group-based programming. Ensure that all individuals in restrictive housing engage in therapeutic group programs for at least 10 hours per week. Physically restrain if necessary.
- Ensure that individuals have opportunities for meaningful social contact that are sufficient for the maintenance of well-being. Do not deny individuals opportunities for family visits. Denial of contact visits should be only in cases when there is a risk to the safety of visitors and should not be used as punishment.

**What is Meaningful Social Contact?**

“The amount and quality of social interaction and psychological stimulation which human beings require for their mental health and well-being. Such interaction requires the human contact to be face-to-face and direct (without physical barriers) and more than fleeting or incidental, enabling empathetic interpersonal communication.”

“Provides the stimuli necessary for human well-being, which implies an empathetic exchange and sustained, social interaction ... must involve genuine dialogue ... [with] prison or external staff, individual prisoners, family, friends or others — or by a combination of these.”

More than delivery of a food tray, mail or medication to the cell door or prisoners shouting at each other through cell walls or vents.<sup>8</sup>

Nelson Mandela Rules, UN Standard Minimum Rules for the Treatment of Prisoners

**Improve rehabilitative programming for the entire prison population.** Incarcerated individuals generally have significant psychosocial, cognitive, and academic deficits that must be addressed if they are to function responsibly in the prison environment and society. An evaluation of the current programs offered by the ADC was beyond the scope of this report. We suggest that there is room for improvement:

- Expand special housing units to serve individuals with special needs who are not a safety risk but may require a higher level of supervision and support (e.g., those with SMI, trauma from long-term solitary confinement, developmental disabilities, younger and elderly adults, and those with a primary diagnosis of personality disorder who lack the skills to function in general population and have a history of disruptive and violent behaviors).
- Ensure that mental health services are sufficient to meet the needs in the entire prison population. Services should include individual therapy and counseling, and group therapy and workshops on mental health and wellness topics. Require regular participation by everyone, in accordance with an individualized treatment plan.
- Ensure that restrictive housing mental health rounds include regular meetings with a licensed mental health professional in a private setting; require that staff conducting rounds engage in meaningful dialogue, guided by an evidence-based protocol.
- Schedule exercise time after sunrise for those in restrictive housing to ensure that they have an opportunity to be in sunlight for an hour each day.
- Appoint a quality team of mental health professionals (including outside experts) to develop an effective suicide watch protocol and to review each suicide for possible warning signs that were missed.
- Utilize creative and healing arts (e.g., yoga, meditation, visual arts, music, journaling, and creative writing) to foster good mental health, self-awareness, and positive behavior.
- Create opportunities for incarcerated individuals to serve as mentors and pen pals to their peers in Arkansas prisons.
- Expand access to educational and vocational training to all, regardless of sentence. Ensure that GED study programs and testing fully meet the need and are not denied because of sentence, disciplinary class, or years until release.
- Utilize technology and de-escalation rooms to promote prosocial behavior. For example, a Massachusetts correctional center provided MP3 players that were loaded “with correctional programs, soundscapes, guided meditation, and music.” Other prisons have constructed de-escalation rooms (also called blue rooms and quiet rooms). The rooms utilize nature scenes and soothing colors and music, where individuals can go to calm down.<sup>9</sup>

**Change the correctional culture.** The foundation of any system’s culture are its values, beliefs, and assumptions. In the case of prisons, the culture shapes staff’s perspectives and explanations for issues they commonly confront: why people commit crime, their behavior in prison, how they deserve to be treated, and how they must be treated to keep control. In turn, incarcerated individuals may respond in ways that reinforce cultural norms.

High rates of disciplinary infractions and a “need” to segregate may to some extent be fueled by a prison system’s correctional culture. Correctional systems that have moved away from a heavily punitive orientation towards a culture that emphasizes rehabilitation have had positive results — a less toxic prison atmosphere, fewer assaults on staff, and fewer suicide attempts and suicides among the incarcerated population.

Promising practices for correctional culture change include the workforce training program Amend, in which correctional officers learn how to interact with incarcerated individuals using prosocial communication, reward incentives, and motivational interviewing, and are taught how to be mentors with a direct role in the rehabilitation of incarcerated individuals. Amend promotes “dynamic security” for the resolution of problematic interactions within prisons. The aim is to use those interactions as opportunities for individuals to “change their lives for the better so that they can live healthier, more productive lives upon their return to their communities.”



Correctional systems that took part in Amend reported declines in the use of solitary confinement as high as 80%. Six months after correctional officers with the Oregon Department of Corrections took part in Amend, profound improvements in well-being within the prison were reported, including fewer incidents of violence, better mental health among staff, and fewer sick days.<sup>10</sup>

Invest more in staffing and staff training to meet the high level of need, particularly in mental health and other rehabilitative programming essential to successful re-entry.

**Seek expertise to guide reform efforts.** Technical assistance and training are available to correctional leaders seeking safe and effective alternatives to solitary confinement. Vera Institute of Justice has worked with many state correctional systems, including those of Nebraska, Louisiana, North Carolina, New Mexico, and Oregon. Together, they assess available data, policies, and practices and develop an action plan, which is then, with Vera's help, implemented and evaluated.<sup>11</sup>

**Establish an independent commission to guide and monitor reform efforts.** Meaningful change will require a broad coalition of stakeholders comprised of individuals with diverse perspectives and expertise. Such a body should include ADC leaders and rank-and-file workers; incarcerated and previously incarcerated individuals and family members; criminal justice and human rights experts, scholars, and advocates; and policy-makers.

**Improve data collection and transparency.** Collect sufficient data to assess the effectiveness of policies, practices, and reform efforts. Data on the incidence and prevalence of restrictive housing placements should be publicly available and include:<sup>12</sup>

- Total numbers of individuals in each type of restrictive housing
- Restrictive housing 'recidivism' rates
- Average length of stay and associated infractions
- Individual-level data (identifiers redacted) on all restrictive housing placements, length of stay, and infractions resulting in placement

A review of restrictive housing data and all cases of persons held in restrictive housing should be conducted regularly by a body that is independent of prison authorities.<sup>13</sup>

## REFLECTIONS ON CORRECTIONAL CULTURE

### From a Former ADC Employee

*P. worked in food service for 20 years at Arkansas prisons for men and women. She gained a reputation among those who were incarcerated as a person who would listen when someone needed to talk about their crime, their past troubles, and current struggles in prison. She says that not enough of the guards were willing to do that. She says she got a reputation among co-workers as an 'inmate lover' and was fired on false charges.*

**“We can’t rehabilitate people if we don’t even know what we are trying to rehabilitate, what area in that person that needs to be rehabilitated. If we would get to know people and what they are dealing with, it is easier to help them.”**

Former ADC employee

“I’m not saying you need to go in there and be buddy-buddy with a person, but even just to hear what a person has on their mind can begin the change for somebody. Even for people to feel like they were important enough for you to hear them out, that they are more than a number, sometimes that is enough to calm them all the way down. Sometimes a person just need to be heard.

“For some reason, people think, ‘If I put them in the hole, they’ll have time to think about, realize some stuff.’ Some people deserve to be segregated, but some people don’t. They get worse, not better. Because of their background, they need other help instead of being confined. Sometimes we fail at getting to know people and what all a person went through that may have caused the behavior they are carrying out that puts them in ‘seg.’ Outside the prison wall, maybe a lot of abuse took place [in their life] and all they know to do is to fight. Going to the hole is like the same punishment they got on the outside, what’s already been done to them. How is that rehabilitating anybody?

“We can’t rehabilitate people if we don’t even know what we are trying to rehabilitate, what area in that person that needs to be rehabilitated. If we would get to know people and what they are dealing with, it is easier to help them. Then they could understand there is another way to live or to react other than what they have been used to, always reacting to solve their problems. I just feel like that’s why a lot of the inmates would come and want to talk to me because I did make time to try to listen to the things they wanted to express.”

## From Formerly Incarcerated Individuals

*L. was sentenced to life in 1985 as a teenager, but was released after 32 years of incarceration in Arkansas.*

“P. [who was quoted above] would take the worst of the worst and would mother them and love them, but she would do it firmly. You would see young people who had been nothing but trouble from the time they entered prison, in and out of seg, actually turn into people who would get a job in the kitchen and work their butts off just to make P. proud of them because she actually gave them that love and attention that they so desperately needed, that so many people who come in prison have never experienced. She gave them the human side. She actually cared about people, not just be mean because their title allows it.

“It can get pretty brutal [in the prisons] but there are those that genuinely care about people. It helps when you have people who have compassion, who have heart, who work in the different areas of the prisons because then you have somebody who can try to change the narrative.

“I had a lot of people who wanted to mentor me and help me become better. If we had more people like that, I believe more people would come out and have a better chance.

“When I first got to prison, programming was available to everybody, regardless of sentence. I was able to get my GED, I was able to start college, did a couple of vo-tech programs and got a certificate. I was able to take part in so many programs. But in the early 1990s, the law started changing and stopped people who were not eligible for parole from participating in educational programs. For me, to be able to take part in those programs when I first got into prison gave me purpose to have a good class status — reward for being good — so I could be able to constantly feed my mind with positive educational things to help me grow, because I was still a teenager, developing into who I could be. That was very good for me.”

**“[W]hether [a person’s] crimes be minor or great crimes, the goals and objectives should be tailored to them. If they have a five-year sentence, then goals should be tailored to that sentence — what can we do? That aspect is missing from our correctional system.”**

Individual formerly incarcerated in Arkansas

*K. spent more than a decade in prison in Arkansas.*

“What the prisons are not doing ... a lot of time when we talk about crime and punishment, when you identify this person who has been incarcerated, we always ask, ‘What did he do?’ I think that is the wrong approach. I think the question should not be, ‘What did he do?’ but ‘What happened to him to make him do what he did?’

“Unless we start addressing the issues to understand what made a person do what they did, then we are just circling the wagons. People who work in the prisons and the mental health staff should just start developing programs to get to what made a person do what they did, whatever it may have been ... Everyone comes into prison, whether their crimes be minor or great crimes, the goals and objectives should be tailored to them. If they have a five-year sentence, then goals should be tailored to that sentence — what can we do? That aspect is missing from our correctional system. If it truly is going to be a correctional system, then we have to start correcting some of the behavioral issues of the individual, and it has to be tailored to the individual because everyone is different.”

## CONCLUSION

This report has revealed the excesses of the inhumane practice of solitary confinement in Arkansas prisons and the policies that perpetuate it. This initial investigation leaves many questions unanswered, which we hope will be taken up by those who are moved by what the report has shown.

The vast majority of people in Arkansas prisons will eventually re-enter society.<sup>2</sup> What happens during incarceration affects individuals, families, and communities far into the future.

The environment within a prison largely determines if the best or the worst comes out in people. When a system's rules and structures more often break people down than build them up, they have a hard time staying on a positive path.

Nearly 60% of those released from prison in Arkansas will return within three years.<sup>3</sup> The critical questions are: What could have been done differently to prevent such a high rate of recidivism? When a person re-enters prison, who bears the responsibility — the individual, solely, or does the correctional system share in the blame?

We must ask: Of the many people who spend time in an Arkansas prison, how many are better off when they leave? While in prison, how well were they prepared psychologically and vocationally for what they would face as they endeavored to readjust to life in free society — or were they being set up to fail again? What attitudes and habits did they learn while in prison that were a help or a hindrance after re-entry?

The ADC provides rehabilitative programming, but likely not enough to meet demand. Access to counseling by a licensed mental health professional has been cut back if not eliminated entirely. For other programs, there are long wait lines or space is reserved for individuals nearing release. The popular Think Legacy program, by design, is meant for short-timers, who need skills and renewed purpose if they are to succeed. It is unfortunate there aren't more programs like Think Legacy that come much earlier (and more often) in the prison experience, regardless of sentence length or release date. The effects on individuals' behavior, attitudes, and outlook could be profound.

Physician and scholar Terry Kupers observed:

“In the big picture, destroying a prisoner's ability to cope in the free world is the worst thing prison does, and in the process, there are all the elements of torture even if there are no hoods, waterboarding or electric cords. Crowding, a lack of rehabilitation opportunities, excessive reliance on isolation as punishment, the restriction of visits and contacts with the outside world ... disrespect at every turn, the failure of pre-release planning — all these things add up to throwing the prisoner who completes a term out into the world broken, with no skills, and a very high risk of recidivism.”<sup>4</sup>

**The first step toward real reform of solitary confinement practices is an appraisal of what our correctional system is accomplishing and to ask if that is good enough for Arkansas families and communities. Can we really say our prisons are places where people go to become better people? How much are Arkansans willing to invest to make sure the answer is yes?**

“Once thoroughly broken down, who is he that can repair the damage?”<sup>1</sup>

Frederick Douglass



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3. ADC, Varner Unit Policy & Procedure, Super Max, Criteria & Guidelines for Placement, Progression & Re-integration; AD 17-03, Step-down Program. Obtained via FOIA request.
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3. CLA-Liman, 2020, cited above, pp. 7-10.



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7. ADC email responses to FOIA request, July 17, 2020.
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### **Mental Illness, Suicide, and Mental Health Care**

1. ADC, Director's Board Reports, April 2020, p. 13. [https://adc.arkansas.gov/images/uploads/Division\\_of\\_Correction\\_Directors\\_Board\\_Report\\_April2020\\_FINAL.pdf](https://adc.arkansas.gov/images/uploads/Division_of_Correction_Directors_Board_Report_April2020_FINAL.pdf).
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11. ADC Director's Board Reports: May 2019, p. 8; June 2019, p. 7; July 2019, p. 8, p. 16; August 2019, p. 5; September 2019, p. 6; October 2019, p. 6, p. 13; November 2019, p. 5; December 2019, p. 5; January 2020, p. 6, p. 14; February 2020, p. 5; March 2020, p. 6, April 2020, p. 5, p. 13. <https://adc.arkansas.gov/reports-and-forms>.
12. ADC email response to FOIA request, July 2, 2020.
13. ADC email response to FOIA request, June 4, 2020.
14. ADC Director's Board Reports: Outpatient mental health services, see February 2015- April 2020. <https://adc.arkansas.gov/reports-and-forms>.
15. ADC email response to FOIA request, July 17, 2020.
16. ADC Director's Board Reports, 2015-2020. <https://adc.arkansas.gov/reports-and-forms>.

### **Conditions of Confinement**

1. The summary presented in this section, including in Table 5, is based on ADC AD 19-28, Restrictive Housing; AD 19-27, Punitive Segregation, cited above.
2. On the ADC website, under Inmate Programs and Services, is this assurance: "GED classes are offered at all units and the Board of Correction mandates attendance for all inmates without a GED or high school diploma unless they are unable to participate due to health reasons." However, when asked if there is a policy that permits individuals in Varner Super Max to pursue a GED using self-directed learning materials, the ADC replied, "We have no documents/policies that address this question (ADC email response to FOIA request, July 2, 2020.) The ADC did not reply to the query: "What is the policy or standard practice to ensure that those in restrictive housing are able to work towards obtaining their GED? Are they provided self-help curricula so that they can do this? Please name or describe." (July 17, 2020).
3. ADC Varner Unit Policy & Procedure, Death Row. Obtained via FOIA request.
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5. <https://www.arkleg.state.ar.us/Bills/Detail?ddBienniumSession=2019%2F2019R&measureno=HB1755>.
6. ACLU, "Summary of National Standards Restricting the Solitary Confinement of Youth." <https://www.njjn.org/uploads/digital-library/5%20%20National%20Standards%20Restricting%20the%20Solitary%20Confinement%20of%20Youth.pdf>.

### **Punitive Segregation**

1. The summary presented here, including in Table 6, is based on ADC Director's Board Reports, July 2019, p. 15; October 2019, p. 12; January 2020, p. 13; April 2020, p. 12. <https://adc.arkansas.gov/reports-and-forms>.
2. ADC, "2020 Inmate Handbook," pp. 15-33. [https://adc.arkansas.gov/images/uploads/Inmate\\_Handbook\\_Updated\\_March\\_2020\\_Final\\_02\\_28\\_2020\\_pdf.pdf](https://adc.arkansas.gov/images/uploads/Inmate_Handbook_Updated_March_2020_Final_02_28_2020_pdf.pdf).
3. ADC AD 19-27, Punitive Segregation.
4. ADC AD 19-28, Restrictive Housing; AD 19-27, Punitive Segregation.
5. ADC AD 19-28, Restrictive Housing.

### **Stepdown Programs**

1. ADC AD 17-03, Step-down Program; Varner Unit Policy & Procedure, Conditions & Quality of Life; Varner Unit Policy & Procedure, Conditions & Quality of Life: Criteria & Guidelines for Placement, Progression & Reintegration.
2. CLA-Liman, 2020. Note 302, p. 122.
3. ADC email response to FOIA request, July 2, 2020.
4. ADC policies cited above in note 1.
5. Phone communication, August 17, 2020 and August 26, 2020.
6. ADC policies cited above in note 1.
7. Phone communication, June 22, 2020.
8. Phone communication, August 26, 2020.

## Demographics

1. Compiled from ADC Director's Board Reports: July 2019, p. 16; October 2019, p. 13; January 2020, p. 14; April 2020, p. 13. <https://adc.arkansas.gov/reports-and-forms>; ADC email response to FOIA request, August 8, 2020.
2. CLA-Liman, 2020, cited above, p. 27.
3. ADC Director's Board Reports, cited above; ADC email response to FOIA request, August 8, 2020.
4. ADC email response to FOIA request, August 5, 2020.
5. ADC Director's Board Reports cited above.
6. ADC Director's Board Reports cited above.

## Public Safety

1. ADC AD 19-28, Restrictive Housing.
2. ADC email response to FOIA request, July 17, 2020.
3. CLA-Liman, 2020, cited above, note 310, p. 123.
4. ADC email response to FOIA request, July 17, 2020.
5. ADC, "2019 Annual Report," p. 3.
6. ADC Director's Board Reports: April 2019-March 2020. <https://adc.arkansas.gov/reports-and-forms>.
7. "ADC Recidivism Study: Findings from the 2013 Release Cohorts," May 2018. [https://adc.arkansas.gov/images/uploads/2013\\_Recidivism\\_Study\\_Final\\_May\\_2018.pdf](https://adc.arkansas.gov/images/uploads/2013_Recidivism_Study_Final_May_2018.pdf).

## Costs

1. ADC email response to FOIA request, June 30, 2020. See section, Costs, in this report.

## Data Collection and Evaluation

1. ADC email response to FOIA request, July 2, 2020.
2. ADC email response to FOIA request, July 2, 2020.
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4. ADC email response to FOIA request, July 31, 2020.

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2. Written communication, July, 2020.

## Reforms in Other States

1. CLA-Liman, 2020, cited above, pp. 9-10.
2. This section, unless noted otherwise, is based on: David Cloud, Jessi LaChance, Lionel Smith & Lauren Galarza, "Findings and Recommendations for the Louisiana Department of Public Safety and Corrections, and Progress Toward Implementation." The Safe AI to Segregation Initiative, Vera Institute of Justice, May 2019. <https://www.vera.org/downloads/publications/safe-alternatives-segregation-initiative-findings-recommendations-ldps.pdf>.
3. ASCA-Liman, 2016, cited above, p. 22; CLA-Liman, 2020, cited above, p. 9.
4. "Vera Institute of Justice Launches Next Phase of Nationwide Effort to End Solitary Confinement," May 16, 2019. <https://www.vera.org/newsroom/vera-institute-of-justice-launches-next-phase-of-nationwide-effort-to-end-solitary-confinement>.
5. This section is based on "Governor Murphy Signs Legislation to Restrict the Use of Isolated Confinement in New Jersey's Correctional Facilities," July 11, 2019. <https://www.nj.gov/governor/news/news/562019/20190711b.shtml>.
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11. Kupers et al, 2009, cited above.
12. Sparkman, 2011, cited above.
13. Kupers et al, 2009, cited above, pp. 1048-1049.
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16. The section, unless noted otherwise, is based on the 2018 ASCA-Liman report, cited above (note 6).
17. CLA-Liman, 2020, cited above, p. 10.

## Recommendations

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7. ACLU, "Summary of National Standards Restricting the Solitary Confinement of Youth." <https://www.njjn.org/uploads/digital-library/5%20National%20Standards%20Restricting%20the%20Solitary%20Confinement%20of%20Youth.pdf>.
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11. Vera Institute of Justice. <https://www.vera.org/ending-mass-incarceration/bringing-dignity-to-life-behind-bars/solitary-confinement>.
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## Reflections on the ADC Correctional Culture

1. Phone communications, June-August, 2020.

## Conclusion

1. The context of this quote was a reflection by Douglass on his owner, a Christian woman he described as having many fine qualities. "Slavery soon proved its ability to divest her of these excellent qualities, and her home of its early happiness. Conscience cannot stand much violence. Once thoroughly broken down, who is he that can repair the damage?" Frederick Douglass, *My Bondage and My Freedom*, 1855. <https://authenticamericandream.blogspot.com/2018/05/quote-investigation-frederick-douglass.html>.
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4. Terry A. Kupers, "Prison and the Decimation of Pro-social Life Skills," in *The Trauma of Psychological Torture*, ed. Almerindo Ojeda, 2008, vol. 5 of *Trauma and Disaster Psychology*, Series editor Gilbert Reyes, Praeger, 2008. [http://www.nrcat.org/storage/documents/usp\\_kupers\\_prison\\_decimation\\_life\\_skills\\_.pdf](http://www.nrcat.org/storage/documents/usp_kupers_prison_decimation_life_skills_.pdf). (p. 5).

## Resources

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4. [https://law.yale.edu/sites/default/files/area/center/liman/document/asca\\_liman\\_2018\\_restrictive\\_housing\\_efforts\\_in\\_four\\_jurisdictions\\_to\\_make\\_changes.pdf](https://law.yale.edu/sites/default/files/area/center/liman/document/asca_liman_2018_restrictive_housing_efforts_in_four_jurisdictions_to_make_changes.pdf).
5. <https://www.vera.org/ending-mass-incarceration/bringing-dignity-to-life-behind-bars/solitary-confinement>. See also: <https://www.safealternativestosegregation.org/topics/practical-tools/>.
6. <https://amend.us/>.
7. <https://www.aclumaine.org/en/changeispossible>.
8. <https://www.colorado.gov/pacific/cdoc/news/open-door-segregation-reforms-colorado>.
9. <https://bjaojp.gov/sites/g/files/xyckuh186/files/publications/MorethanEmptyingBeds.pdf>.

## Solitary Confinement in Arkansas Prisons

January 2021



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### About DecARcerate

DecARcerate is a nonprofit working to affirm human dignity by confronting unjust systems. We envision a world where equity, healing, and reconciliation replace systems of punishment and oppression.



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### About Disability Rights Arkansas

Since 1977, DRA has been the designated protection and advocacy (P&A) organization for people with disabilities in Arkansas. We are not a department or agency of any state, local, or federal government. DRA is an independent, private, nonprofit organization dedicated to advocating for and protecting the rights of people with disabilities.





