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Contro l'isolamento

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N. 1/2024 CONTRO L'ISOLAMENTO

a cura di Rachele Stroppa

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MAPPING SOLITARY CONFINEMENT

*Sharon Shalev**

Abstract

This article provides an overview of the 'mapping solitary confinement' project, which surveys the use of this extreme prison practice in places of detention across the world. This collaborative project has so far received contributions from in-country experts in 42 jurisdictions providing details of the reasons for solitary confinement; conditions and daily routine; the role of health staff; and such data as is available. The project reveals some differences between countries, for example for how long solitary confinement may be used as a punishment and whether and which vulnerable groups are excluded. The much stronger conclusion from the project is though how similar solitary confinement looks across the world. In the light of ubiquity of solitary confinement that this project reveals, the article calls for the challenge to its use to be a global endeavour.

Keywords: solitary confinement, mapping, prison health

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1. Mapping solitary confinement: introduction

Solitary confinement - the separation of a person from peers, usually in a small and barren cell or room, where they will spend most of the day locked up away from others and from the regular routine of the institution - is a common practice in places where people are deprived of their liberty. Known by a variety of names including isolation, seclusion, segregation, separation and cellular-confinement, solitary confinement has been used in closed institutions across the globe for well over two centuries. But while historical uses of solitary confinement in the so-called 'silent' and 'separate' penitentiaries of the nineteenth century are fairly well documented, there have been few comparative studies of its contemporary uses across the world. The *mapping solitary confinement* project, an international collaborative effort, set out to address this gap and explore if and how solitary confinement is used globally.

To achieve this task, we first designed a questionnaire ('country report') asking respondents to report on how and why solitary confinement is used in their jurisdiction, who decides on placements, what the conditions of confinement are, and which, if any, people are excluded from being placed in solitary confinement. To ensure consistency, we followed the United Nations' definition of solitary confinement as «the confinement of prisoners for 22 hours or more a day, without meaningful human contact» (Nelson Mandela Rule 44a), and asked respondents to report on any use that adheres to this definition, regardless of the official reason for the

person's solitary confinement. The questionnaire was then distributed to academics, National Preventive Mechanisms (N.P.M.S.) and other oversight bodies, non-governmental organisations (N.G.O.S.), lawyers, and prison authorities across the globe. Fifty-three 'country reports' from 42 jurisdictions spanning six continents have, so far, been obtained. The level of detail in individual country reports varies. Some countries provided detailed, in-depth information, others only a high-level overview. Taken together, reports make a fascinating reading.

It will come as no surprise to readers of this Journal that solitary confinement was used in every country which provided a report to the project. What is noteworthy though, is that despite the significant cultural, social, economic and legal differences between some of the jurisdictions surveyed, and the differences in their penal attitudes, philosophies and practices, there was great similarity in how solitary confinement is 'done' across the world.

2. Mapping solitary confinement: key findings

In most countries surveyed official reasons for the use of solitary confinement included one or more of the following:

- Punishment/prison discipline: this was usually for a pre-defined and limited duration, with great variation from, for example, a maximum of 3 days in Ireland and Scotland to 30 days in France and Switzerland and 45 days in Puerto Rico. In Columbia, Norway and Sweden

solitary confinement could not officially be used as punishment (but was used for other reasons). In some jurisdictions periods in solitary confinement could be extended or imposed consecutively;

- Protection: people who were mentally unwell, who have self-harmed, expressed suicidal thoughts or have attempted suicide, could be isolated for their own protection, essentially to minimise the opportunities for them to self-harm. People could also be isolated to protect them from harm by others (from bullying to harassment to physical harm). The duration of solitary confinement for protective reasons was typically open ended and could last a long time;
- Prevention: detainees could be isolated to prevent them from interfering with the ongoing investigation or intimidating witnesses, and to prevent escapes;
- Prisoner management: people who are labelled as persistently disruptive or dangerous, and those sentenced for terrorist or other offences against the State, as well as leaders of criminal groups and, in some countries, prisoners serving a life sentence or those sentenced to death, may be held in solitary confinement-like conditions in special high-security units, sometimes for years on end.

There was some variation in the specifics of these reasons, their duration and the processes for authorising and reviewing solitary confinement placements, but the vast majority of countries surveyed isolated people for a combination of the reasons cited above.

2.1. Conditions and daily routines in solitary confinement

The key elements of solitary confinement were very similar in most countries surveyed, and remarkably like their historical counterparts. Punitive and protective solitary confinement - which may reasonably be said to be contradictory aims - essentially involved a person, confined alone to a small, minimally furnished cell, with a metal toilet with no seat or cover, a metal bed or a mattress on the floor, and a small concrete or metal table, bolted to the wall. The isolated prisoner could only leave their cell once a day, not always and usually for no longer than an hour, to 'exercise' alone in a small metal cage or an outdoors concrete yard, sometimes with its roof covered. The only other 'activities' for people in solitary confinement included a short shower, and an infrequent telephone call. Family visits, where allowed, would typically take place behind a separating glass or grill, with no physical contact allowed between the prisoner and their family.

Material conditions in special high-security units were typically slightly better than those in punitive segregation, with in-cell televisions and more in-cell personal belongings allowed, but the social isolation and restrictions remained.

In a small number of jurisdictions, including Puerto Rico, Argentina, the State of Goa (India), solitary confinement did not preclude the possibility of work, albeit in a modified form. However, these were the exception rather than the rule.

2.2. People in situations of vulnerability

Solitary confinement is harmful to health and well-being, with certain categories of people being particularly vulnerable to its ill effects. In recognition of this, Nelson Mandela Rule 45, alongside other international human rights laws and standards, prohibits the solitary confinement of children and young people, pregnant women and women with children, people who were mentally unwell and at risk of self-harm and suicide and people with disabilities where their condition may deteriorate as a result. Despite this, many of the jurisdictions surveyed continued to isolate people in situations of vulnerability, though some also had protections in place. For example, Bolivia, Turkey and Ukraine, prohibit the use of disciplinary solitary confinement for children, and in Albania youngsters with histories of mental health issues and abuse were excluded from solitary confinement. In Columbia, people with mental illness and specifically those at risk of suicide could not be placed in solitary confinement. In many other countries, however, including, for example, the Netherlands, England and Wales and New Zealand, people who were mentally very unwell could be housed in solitary confinement either while waiting to transfer them to a mental health facility or so long as they were assessed as continuing to be at high risk of self-harm. Other countries had special protections in place to limit the use, length, and depth of such placements. Lastly, in Poland women were excluded altogether from punitive solitary confinement, and in Belgium, Peru and

Yukon (Canada) pregnant women and women with children could not be placed in punitive solitary confinement.

2.3. The role of health staff in solitary confinement

Contrary to ethical and professional guidance, medical staff played some role in isolation units in the majority of countries surveyed. In some jurisdictions, medical staff took part in disciplinary hearings, in others, they did not have a decision-making role, but they had to certify ‘fitness for isolation’ and could advise against it. As well as those roles, in most jurisdictions, medical staff also had to visit isolated prisoners regularly, usually daily, monitor their health, and file reports about their findings. The balance between providing healthcare to isolated individuals and not having part in disciplinary procedures was difficult to achieve and needed to be further clarified.

2.4. Data collection

A small number of jurisdictions, including Argentina, Denmark, Ireland, Italy, Slovenia and Sweden collected and published data on their use of solitary confinement. Other jurisdictions either did not collect such data or did not make it public. Such data as we were able to collect suggested significant differences in the extent to which solitary confinement was used, and the level of contact the isolated prisoner had with the outside world, including with monitoring bodies.

3. Concluding remarks: challenging solitary confinement as the default setting

To conclude, solitary confinement is widely practiced across the world, for purposes as diverse as punishment and protection. Solitary confinement units correspondingly house the prison's most vulnerable people and its most disruptive individuals in conditions which may exacerbate both their vulnerability and any danger they may pose to themselves or to others.

The *mapping solitary confinement* project shows that, even if some countries do elements of solitary confinement 'better' than others, solitary confinement is perceived by prison managers and staff across the globe as a necessary part and parcel of the fabric of the prison, the default option in certain situations. There is no model in a single country which we can hold up and encourage prison administrators in all others to follow.

This project shows that challenging prison administrators on how and why solitary confinement is used and urging them to find alternatives needs to be a global endeavour. It will also, we hope, make that challenge a better informed one.

The *Mapping solitary confinement* report including links to individual country reports can be found at: [Mapping Solitary Confinement Report | Solitary Confinement](#)