



Testimony on LB 870
Before the Judiciary Committee
Nebraska Legislature
January 24, 2018

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Dear Senator Ebke and members of the Judiciary Committee, for the record my name is Brad Meurrens, and I am the Public Policy Director for Disability Rights Nebraska. We are the designated Protection and Advocacy organization for people with disabilities in Nebraska. As our charge is to advocate for and protect the rights of people with disabilities in Nebraska, we are writing to add our support for LB 870.

As we found in our research on the effects of solitary confinement of adults in the justice system, the practice of solitary confinement is problematic. The preponderance of the literature indicates that solitary confinement is a hazardous practice that has significant negative consequences for inmates' psychological as well as physical well-being. Stuart Grassian studied a group of adult prisoners living in conditions of extreme isolation in the Special Housing Unit in the Walpole, Massachusetts prison. He identified a variety of physiological and psychological symptoms exhibited by these prisoners, which he called "SHU Syndrome"¹. The symptoms included social withdrawal, anxiety, panic attacks, irrational anger and rage, loss of impulse control, paranoia, hypersensitivity to external stimuli, chronic depression, difficulties with concentration and memory, perceptual distortions and hallucinations. These same symptoms have been identified repeatedly in other studies of solitary confinement. Some studies have found that these symptoms can occur in otherwise healthy individuals after only a few days in isolation. Dr. Craig Haney notes there is "an extensive empirical literature that clearly establishes their potential to inflict psychological pain and emotional damage."²

While these examples are limited to adult prisoners, the use of solitary confinement and its consequent psychological and physical damage is not. As the Report of the Attorney General's National Task Force on Children Exposed to Violence reports, "Nowhere is the damaging impact of incarceration on vulnerable children more obvious than when it involves solitary confinement. A 2002 investigation by the U.S. Department of Justice

¹ Stuart Grassian, "Psychiatric Effects of Solitary Confinement", 22 Wash. U. J. L. & Pol'y 325 (2006), https://openscholarship.wustl.edu/law_journal_law_policy/vol22/iss1/24

² Haney, C., 2003. "Mental Health Issues in Long-Term Solitary and "Supermax" Confinement", *Crime & Delinquency*, 49 (1), 124-156, <http://cad.sagepub.com/content/49/1/124.abstract>

showed that juveniles experience symptoms of paranoia, anxiety, and depression even after very short periods of isolation"³. The American Academy of Child and Adolescent Psychiatry issued a statement in 2012⁴ outlining the unique vulnerability of youth to psychological risks related to, and the need to reverse the practice of, using solitary confinement on juveniles: "The potential psychiatric consequences of prolonged solitary confinement are well recognized and include depression, anxiety and psychosis. Due to their developmental vulnerability, juvenile offenders are at particular risk of such adverse reactions."

The Journal of the American Academy of Child and Adolescent Psychiatry reports that adolescents in detention or correctional facilities are about 10 times more likely to experience psychosis than the general population⁵. Additionally, "Numerous state studies over the years have found that up to two-thirds of kids in lockup had diagnosable disorders. And when these kids act up behind bars, locking them in a room alone often exacerbates their condition."⁶ The joint Human Rights Watch and American Civil Liberties Union's report, "Growing Up Locked Down: Youth in Solitary Confinement in Jails and Prisons Across the United States", describes the psychological trauma experienced by juveniles in solitary confinement, especially for those youths with a disability, and the complexities that compound these impacts for juveniles:

"Solitary confinement is stressful. It 'engender[s] significant levels of anxiety and discomfort.' And young people have fewer psychological resources than adults do to help them manage the stress, anxiety and discomfort they experience in solitary confinement. For many adolescents in prison, developmental immaturity is compounded by mental disabilities and histories of trauma, abuse, and neglect. These factors, though experienced differently by different individuals, can exacerbate the mental health effects of solitary confinement.

Many of the young people interviewed spoke in harrowing detail about struggling with one or more of a range of serious mental health problems during

³ Report of the Attorney General's National Task Force on Children Exposed to Violence, 2012, p. 190, available at <https://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

⁴ American Academy of Child and Adolescent Psychiatry, 2012, available at https://www.aacap.org/aaCaP/Policy_Statements/2012/Solitary_Confinement_of_Juvenile_Offenders.aspx

⁵ Fazel, S., et al (2008), "Mental Disorders Among Adolescents in Juvenile Detention and Correctional Facilities: A Systematic Review and Metaregression Analysis of 25 Surveys", *Journal of the American Academy of Child & Adolescent Psychiatry*, Volume 47, Issue 9, pp. 1010 - 1019

⁶ Liebelson, D. (2015), "This Is What Happens When We Lock Children in Solitary Confinement", *Mother Jones*, January/February, p. 7, available at <https://www.motherjones.com/politics/2015/01/juveniles-kids-solitary-confinement-ohio-new-york/>

their time in solitary. They talked about thoughts of suicide and self-harm; visual and auditory hallucinations; feelings of depression; acute anxiety; shifting sleep patterns; nightmares and traumatic memories; and uncontrollable anger or rage. Some young people, particularly those who reported having been identified as having a mental disability before entering solitary confinement, struggled more than others. Fifteen young people described cutting or harming themselves or thinking about or attempting suicide one or more times while in solitary confinement."⁷

Room confinement and other methods of solitary confinement present higher risk of suicide for juveniles and exacerbate the psychological harms of juveniles with disabilities and those exposed to trauma. The National Center on Institutions and Alternatives conducted a study, "Juvenile Suicide in Confinement: A National Survey"⁸. Their findings include:

- Approximately half of all suicide victims were on room confinement status at the time of their death
- 85% of those juveniles who committed suicide while on room confinement died during waking hours (7:01 AM to 9:00 PM)
- A little over 47% of those on room confinement were there because of failure to follow program rules/inappropriate behavior (47.3%), threat or actual physical abuse of staff or peers (42.1%), and other (10.6%)

Disability Rights Nebraska supports the descriptive safeguards for juveniles who end up placed in room confinement as they align with much of our findings regarding mechanisms to mitigate the psychological and physical risks of confinement.

We recommend LB 870 be advanced.

⁷ Human Rights Watch (2012), "Growing Up Locked Down", October, p. 24, available at <https://www.hrw.org/sites/default/files/reports/us1012ForUpload.pdf>

⁸ National Center on Institutions and Alternatives, (2004), "Juvenile Suicide in Confinement: A National Survey", p.28, available at <https://www.ncjrs.gov/pdffiles1/ojdp/213691.pdf>