

September 2024

SOLITARY CONFINEMENT: PART II





Cover Photos Description: Yard 6 at Airway Heights Corrections Center (AHCC). In the cover photo, there is a metal cage with barbed wire at the top and an open door attached to the outside of a building at AHCC exposed to the heat, cold, rain, and wind. The photo on this page shows a view from inside the “yard” which includes a phonebooth.

The mission of the Office of the Corrections Ombuds (OCO) is to provide opportunities for people impacted by incarceration to raise issues and resolve conflicts. The OCO works to reduce harm in the Washington corrections system by negotiating outcomes, recommending positive change, and reporting individual and systemic concerns.

The following report was prepared by the Office of the Corrections Ombuds Solitary Confinement Research Team (OCO-SCRT). The work of corrections oversight includes producing accurate, unbiased, and credible public reports. This solitary confinement report is one of the ways the OCO brings transparency and accountability – pillars of a democratic society – to systems and daily operations of the Washington Department of Corrections, which are overwhelmingly hidden from the public eye.

CONTENT NOTICE: Please be aware that this report includes content regarding suicide attempts and deaths by suicide.



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Dear Readers,

In August 2023, the Office of the Corrections Ombuds - Solitary Confinement Research Team (OCO-SCRT) began developing a research plan in response to Engrossed Substitute Senate Bill 5187 (2023-2024), Section 117 (7). Solitary Confinement: Part I responded directly to the questions outlined in the proviso; the OCO-SCRT found that over 3,000 individuals were housed in solitary confinement, or any other form of restrictive housing, for more than 120 days in total throughout their incarceration, or more than 45 consecutive days during fiscal year 2023.

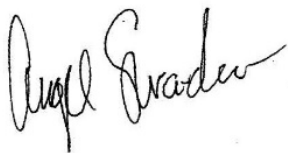
Solitary Confinement: Part II highlights the voices and experiences of a sample of 13 individuals who have spent extensive time in solitary confinement while incarcerated in the state of Washington. This report also provides key terms, photographs, and further context for public understanding of solitary confinement in Washington State prisons. The goal is to provide greater transparency around the conditions and experiences of people living in solitary.

The OCO-SCRT recognizes the importance of lived experience and incorporated interviews into the research plan to complement the quantitative findings in Part I. The findings from the interview coding and thematic analysis are:

- Theme 1: Sensory deprivation, idleness, and lack of social engagement in solitary confinement contribute to decompensation and long-term impacts on mental health.
- Theme 2: In addition to being socially isolated, people are often denied access to quality-of-life-items.
- Theme 3: Many devices and tactics used by WADOC to gain compliance are dehumanizing and traumatizing.
- Theme 4: Interactions with WADOC staff are the primary types of social engagement in solitary confinement.
- Theme 5: Inconsistent communication and application of rules causes indeterminant stays in solitary and subjective use of restraint devices and sanctions.

The OCO-SCRT is grateful for the opportunity to research and report on this important topic. We thank all the people who signed up for and participated in our interviews. We recognize that it can be traumatic to retell personal stories, and we appreciate your courage. Your words help give meaning to the charts and tables; they help convey what life in solitary confinement looks and feels like for the people living there.

The OCO-SCRT acknowledges the importance of giving space to peoples' stories; we are optimistic that this report empowers and will make a difference.



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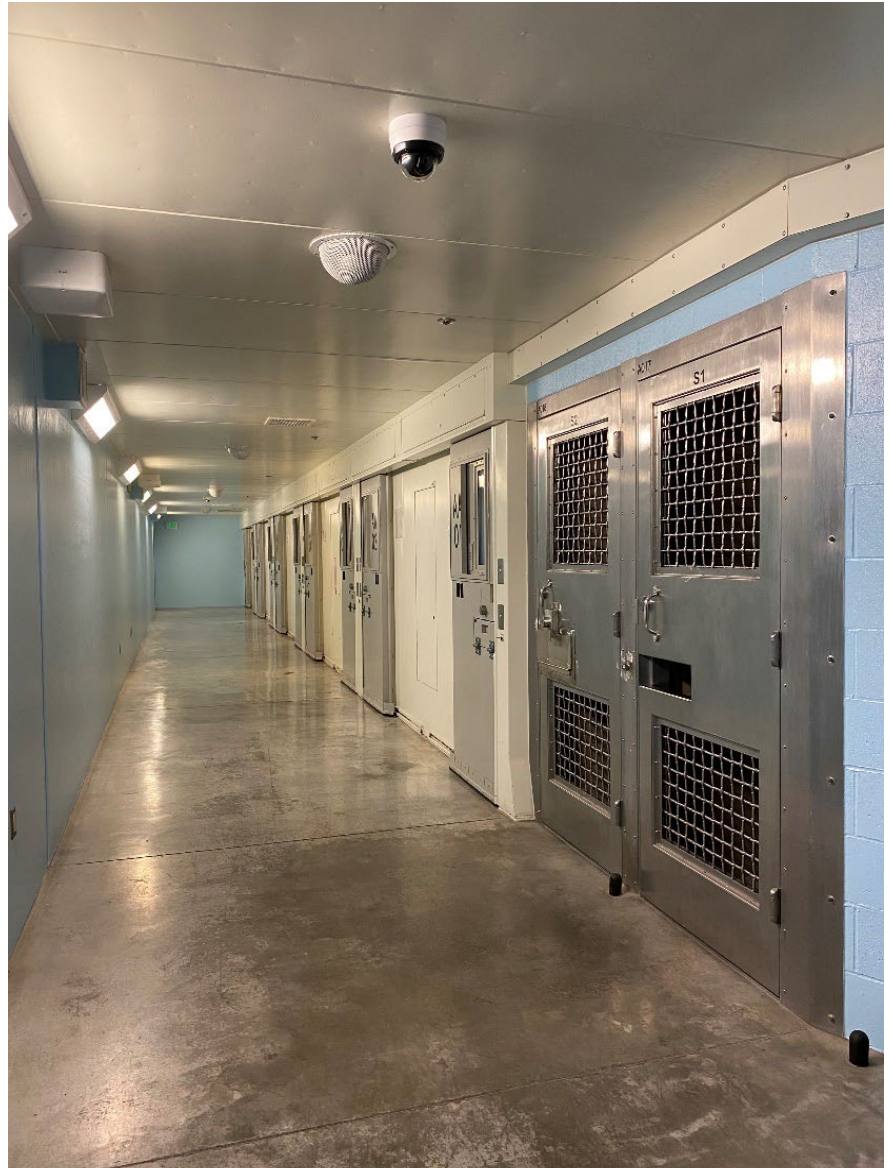


Image 1: Special Management Unit (SMU) at Coyote Ridge Corrections Center (CRCC). The two metal doors in the foreground of the image are showers and the rest of the doors down the hallway are cells.

1.0 Introduction

Civilian oversight of corrections brings an independent set of eyes and, if done correctly, the values of integrity, respect, collaboration, equity, and courage to bear witness to the ways in which the norms and cultures of carceral systems are rooted in secrecy, a lack of transparency, and rules and regulations. The Washington State Office of the Corrections Ombuds (OCO) is the only civilian oversight of the Washington State corrections system established in state government with the authority and responsibility to investigate actions or inactions of the Washington Department of Corrections (WADOC). The OCO routinely monitors places that are among the most opaque public institutions in our state – the state’s corrections facilities (prisons and reentry centers). In addition to monitoring prisons and reentry centers, the OCO, in its capacity as the statewide prison oversight mechanism, responds to the governor and legislature’s concerns about conditions of confinement and the inherent dangers of living and working inside corrections facilities.

Advocates of eradicating the use of solitary confinement in WADOC have waged a multi-year campaign requesting greater attention be paid to what happens to people living and working inside prisons in the state of Washington. Some elected officials have demanded greater accountability and transparency from the WADOC about the use of solitary confinement. Multiple bills calling for a reduction in solitary confinement have been introduced in the state legislature in recent years; however, none have passed out of the legislature. At the end of the 2023 legislative session, seeing that once again, a bill requiring the WADOC to reduce the use of solitary confinement would not pass out of the legislature, a request was made of the OCO to write a report answering a short list of specific questions about the WADOC’s historical and current use of solitary confinement.

1.1 Solitary Confinement Report: Part I

Solitary Confinement: Part I, published June 2024, responded to the Washington State legislature’s direction to the Office of the Corrections Ombuds to conduct a review of all incarcerated people who had or have been

1. Housed in solitary confinement or any other form of restrictive housing more than 120 days in total, or
2. Housed in solitary confinement or any other form of restrictive housing more than 45 consecutive days in Fiscal Year 2023.

Engrossed Substitute Senate Bill (ESSB) 5187 (2023-2024), Sec. 117 (7) also directed the OCO to answer a list of specific questions related to the individuals identified in the datasets, including reasons for placement, types of housing, underlying offenses, sanctions, time remaining in prison, attempted suicides, programming offered, and policy changes impacting people in solitary confinement.

1.2 Solitary Confinement Report: Part II and Part III

This report, Solitary Confinement: Part II, looks deeply at the experiences, perspectives, and opinions of a sampling of people who have lived in solitary confinement in WADOC prisons with the goal of providing additional context to the data discussed in Part I. The final release, Solitary Confinement: Part III, will piece together Part I and Part II in a discussion of opportunities for further administrative policy changes and legislative solutions.

2.0 Conceptual Framework

While ESSB 5187 guided the conceptual framework of Part I, the Office of the Corrections Ombuds Solitary Confinement Research Team (OCO-SCRT) developed the research framework for Part II based on their expertise in the field of prison oversight and by centering the OCO mission, vision, and values. A key component of prison oversight is making transparent conditions that are often hidden from the public eye. Multiple members of the OCO-SCRT have personally lived in solitary confinement while incarcerated, and others have spent years researching and reporting on prison conditions, as well as assisting individuals through ombuds work. In order to contextualize the data presented in Part I, the OCO-SCRT expanded the solitary confinement project to include monitoring visits, visual data collection, defining key terms to encourage public understanding, and individual interviews with incarcerated people who had lived in or were currently housed in solitary confinement at the time of the interview. The OCO-SCRT then used qualitative coding and thematic analysis to help present the synthesized findings from the interviews. This approach offered space for individuals to express their experiences in solitary confinement beyond the quantitative data presented in Part I. This research and public report align with the OCO's vision of a more humane and transparent Washington Corrections System, and the OCO's mission of providing opportunities for people impacted by incarceration to raise issues and resolve conflicts, as well as reporting individual and systemic concerns; and our values of integrity, respect, collaboration, equity, and courage.

2.1 Methodology

The methodology describes the rationale and context behind the qualitative and quantitative methods used. In this section, the Office of the Corrections Ombuds - Solitary Confinement Research Team (OCO-SCRT) shares more details about how we gathered and analyzed data through monitoring visits, individual interviews, OCO cases, and WADOC policies and records.

2.2 Methods of Data Collection

Facility Monitoring Visits

A designated three-person team from the OCO-SCRT made a series of statewide monitoring visits to all 11 facilities where individuals may be held in solitary confinement. These visits were conducted to gather information about each facility's solitary confinement units and document the physical distinctions between each facility, as well as their similarities. The team engaged in discussions with WADOC staff assigned to the solitary confinement units and observed daily operations. The OCO-SCRT took photographs, which have been incorporated into this report, providing a visual reference for the findings.

Interviews with Incarcerated Individuals

The OCO recognizes that the voices of people with lived experience are a vital component of communicating the history of solitary confinement in Washington State. The same voices also inform the conversation about solitary confinement in its current form as well as solutions for moving toward a more humane system.

In September 2023, the OCO-SCRT issued a call for volunteers interested in being interviewed about their experiences in solitary confinement. This notice was posted in the OCO newsletter and uploaded to Securus tablets. The OCO-SCRT traveled to five facilities (Monroe Correctional Complex, Clallam Bay Corrections Center, Washington Corrections Center, Washington Corrections Center for Women, and Washington State Penitentiary) to conduct interviews with 13 individuals.

Three members of the OCO-SCRT formed an interview team and travelled to each facility to conduct the interviews. During all interviews one OCO-SCRT member asked the interview questions, a second OCO-SCRT member took notes, and the third OCO-SCRT member observed to ensure consistency of circumstances. Each interview was one hour in length. All interviewees were asked the same five questions, which the OCO-SCRT provided to them two weeks prior to the interview.

The OCO-SCRT asked the following questions in each interview:

1. Were you offered any programming while in solitary confinement? If yes, what programming? Did you decline any programming? If yes, what programming?
2. Did you experience restrictions (beyond sanctions) while housed in solitary confinement? (examples: 4-man escort, levels, spit hood, etc.) If yes, please describe.
3. In the past 10 years, have you ever attempted suicide while in solitary confinement? If yes, would you be willing to share the reason(s) why?
4. What would you like to share with the OCO related to your experience while housed in solitary confinement?
5. Do you think that your experience in solitary confinement had an impact on your return to general population? If yes, could you tell us more about that?

At the conclusion of each interview, the OCO-SCRT provided the individual with time to discuss any further concerns about their time in solitary or about the preparation of this report.

Review of OCO Data

To provide additional historical context, the OCO-SCRT conducted a review of OCO data related to solitary confinement. The OCO-SCRT identified 522 concerns related to solitary confinement filed with the OCO between January 1, 2022, and December 31, 2023. The OCO case data shows a slight increase in concerns about solitary confinement reported to the OCO from 2022 to 2023. The highest number of complaints about solitary confinement were from Washington State Penitentiary (WSP) with 67 cases in 2022 and 88 cases in 2023 and Monroe Correctional Complex (MCC) with 37 cases in 2022 and 54 cases in 2023. The data in the table below is from the OCO's case management system, sorted by year and facility.

OCO Case Management System: Number of Solitary Confinement Concerns Reported to the OCO January 2022- December 2023		
Facility	2022	2023
Airway Heights Corrections Center	25	23
Cedar Creek Corrections Center	1	2
Clallam Bay Corrections Center	24	17
Coyote Ridge Corrections Center	26	9
Mission Creek Corrections Center for Women	0	1
Monroe Correctional Complex	37	54
Olympic Corrections Center	1	1
Stafford Creek Corrections Center	33	36
Washington Corrections Center	20	28
Washington Corrections Center for Women	15	11
Washington State Penitentiary	67	88
Other	1	2
Total	250	272

Public Policies and DOC Data

The Office of the Corrections Ombuds - Solitary Confinement Research Team (OCO-SCRT), by nature of their dual roles as ombuds and researcher, was able to use unique OCO subject matter expertise with the “Offender Management Network Info” (OMNI), a software tool used within WADOC, in ways that most external research teams likely cannot. Subject to laws and regulations, the WADOC is required to respond to external researchers’ requests for data, and most external researchers use public records requests to obtain unique and static datasets from the WADOC. One of the ways that the OCO-SCRT is different than other external researchers is the ability to look through OMNI in real-time and review raw data. This additional layer of independent verification allowed the OCO-SCRT to draw greater understandings of the

limits of each field in OMNI which helped refine records demands while developing a different type of understanding than could be made by only reviewing static data.

The OCO-SCRT requested and reviewed demographic data from WADOC for the thousands of individuals identified in Part I. In addition to the individual demographics, the OCO-SCRT reviewed research from the Prison Policy Initiative. The Prison Policy Initiative (PPI), a non-profit, non-partisan research organization, has created state profiles related to incarceration for all 50 US states, including Washington.¹ The OCO-SCRT chose to provide the PPI's demographics findings to help readers understand the findings of this report within the larger context of state rates of incarceration based on data from the Bureau of Justice Statistics and U.S. Census Bureau.

2.3 Methods of Data Presentation

Visual Data

The OCO-SCRT purposefully included extensive visual data in this report to expand readers' understanding of solitary confinement settings and experiences. This data includes images of solitary confinement units, dayrooms, yards, and devices used for compliance and control.

Thematic Coding and Qualitative Analysis

Once the individual interviews were completed, the OCO-SCRT applied Braun and Clarke's thematic analysis process² to the qualitative interview data. After independently reading notes of all interviews, the OCO-SCRT identified initial codes, or topics, that represented patterns in the data and applied codes to all interviews. Next, the OCO-SCRT revisited and revised codes, then organized supporting quotes and ideas by code. After coding the qualitative data, the research team grouped codes into themes, which go beyond topics or patterns to say something meaningful related to the research question(s). Once the first rounds of thematic analysis were complete, the OCO-SCRT reviewed and revised the themes to sharpen and further refine our analysis. These findings are represented through interview codes and themes along with interview spotlights from the individual interviews.

2.4 Research Limitations and Delimitations

All research has limitations; that is to say, all research has shortcomings. Research limitations are often created by the conceptual framework of the research design itself and are frequently thought of as the weakness of a study and are things regularly outside the researcher's control that impact the research. In contrast, research delimitations are the limits on a research study, such as the scope of the research, the research questions – put simply, research delimitations reflect the choices made by the researcher.

Limitations

This research project was limited by time and resource constraints. The OCO-SCRT is a small team of OCO staff members who dedicated time to this project on top of their normal workloads throughout 2023 and 2024. The interview data is limited to one-hour-long interviews with a sample population of 13 incarcerated individuals: 11 cisgender men and two transgender women. Within the WADOC data set, the OCO-SCRT found that transgender women are still identified as

¹ Prison Policy Initiative, State Profiles (2024): <https://www.prisonpolicy.org/profiles/WA.html>

² Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.

men in WADOC's OMNI database; the OCO-SCRT acknowledges that this limits the data this office reports regarding women living in solitary confinement. In addition, the OCO-SCRT found that women's placements in solitary confinement are not always reported in the OMNI system correctly. The study was also limited by the budget outlined in ESSB 5187. Additionally, the process of thematic analysis did not include independently verifying stories, information, or anecdotes shared by the interviewees. While the OCO-SCRT performed a robust thematic analysis, the themes are driven by an underlying set of data that have not been independently verified by the research team.

Delimitations

The OCO-SCRT made an intentional decision to boundary Part I, II, and III. Part I focused on answering the proviso questions in ESSB 5187 (2023-2024). For Part II, the OCO-SCRT expanded the methods and methodologies of the study to include experiential, qualitative data in the form of individual interviews with incarcerated people who were either currently in solitary at the time of the interview or had spent significant time in solitary during their current incarceration. With the goal of maintaining confidentiality outlined in RCW 43.06C.060, the OCO-SCRT de-identified the interview data in this report.

3.0 Defining Solitary Confinement

Solitary Confinement: Part I included key terms and definitions related to solitary confinement. The following types of solitary confinement are defined in Part I: solitary confinement, restrictive housing, administrative segregation, disciplinary segregation, maximum custody, close observation areas (COAs), Intensive Management Units (IMU), Secured Housing Unit (SHU), Special Management Unit (SMU), Restrictive Housing Unit (RHU), Residential Treatment Unit (RTU), Infirmary/Inpatient Unit (IPU), and death row.

Part II includes additional terms and provides images from facility monitoring visits, with the goal to provide greater transparency and context to life in solitary confinement. Part II includes information about solitary confinement units, yards and dayrooms, showers, programming, visitation, population demographics, and conditions of confinement, including restraint devices and compliance tactics.

Housing Units

In solitary confinement, incarcerated individuals spend most of their days in a cell with a view into the unit through a small cell door window. The exterior windows of the cells limit the amount of daylight and are often designed in such a way that they are either so high up that an individual has to stand on their bed to see out or positioned at a slant, preventing individuals from seeing outside. When an individual is moved from their cell to another area, such as the yard, dayroom, or programming area, a minimum of a two-officer escort is required; wrist and ankle chains must also be used.



Image 2: Solitary confinement cell at Clallam Bay Corrections Center (CBCC). Most solitary cells include a bed, mattress, toilet, sink, desk, stool, and window.

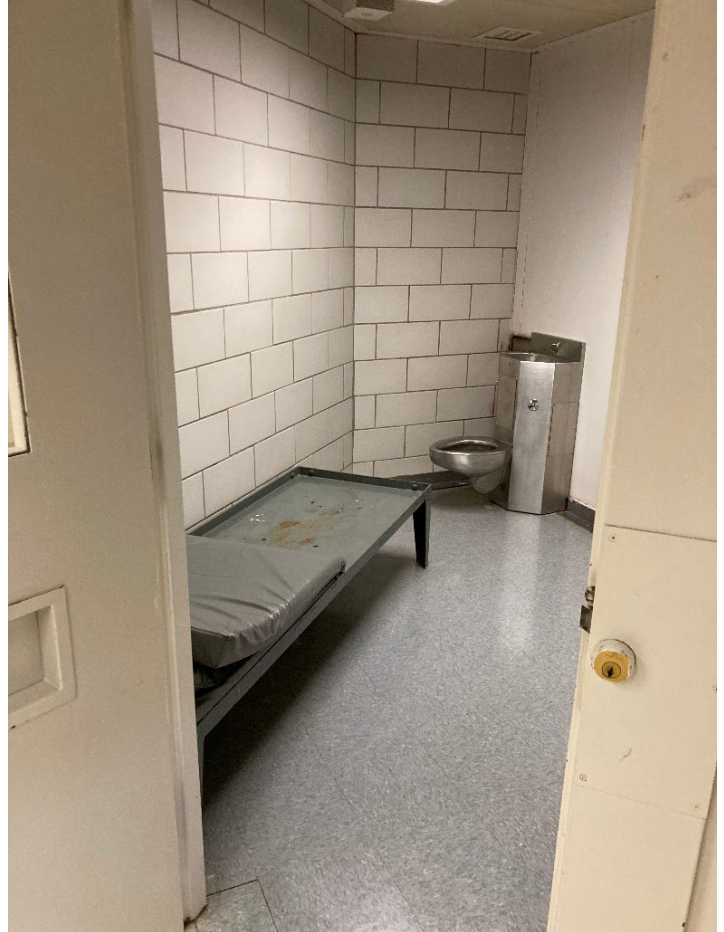


Image 3: Solitary confinement cell at Mission Creek Corrections Center for Women (MCCCW). Solitary confinement cells vary from facility to facility.

Yards and Dayrooms

WADOC strives for four hours of out-of-cell time per day for individuals in solitary confinement³. However, the reports of incarcerated individuals living in solitary confinement from both the individual interviews and complaints filed with the OCO suggest that they typically are out less than that. Some people have reported to OCO one hour out of their cells in the morning to access the yard and one hour in the evening daily, while others report they are locked in their cells for 23 hours per day. The OCO-SCRT observed that yard facilities vary by facility; some have access to fresh air, while others do not.



Image 4: Solitary Confinement outside yard at Airway Heights Corrections Center (AHCC). The fenced in area is the outside yard for people living in solitary confinement at AHCC. This area is equipped with phonebooths.

³ Restrictive Housing: Leading Prison Reform | Washington State Department of Corrections (2024)



Image 5: Outside yard for solitary confinement at Mission Creek Corrections Center for Women (MCCCW).



Image 6: Outside yard for solitary confinement at Washington Corrections Center for Women (WCCW).



Image 7: Inside exercise yard for solitary confinement at Coyote Ridge Corrections Center (CRCC). Inside yards typically have an exercise bar and telephone.

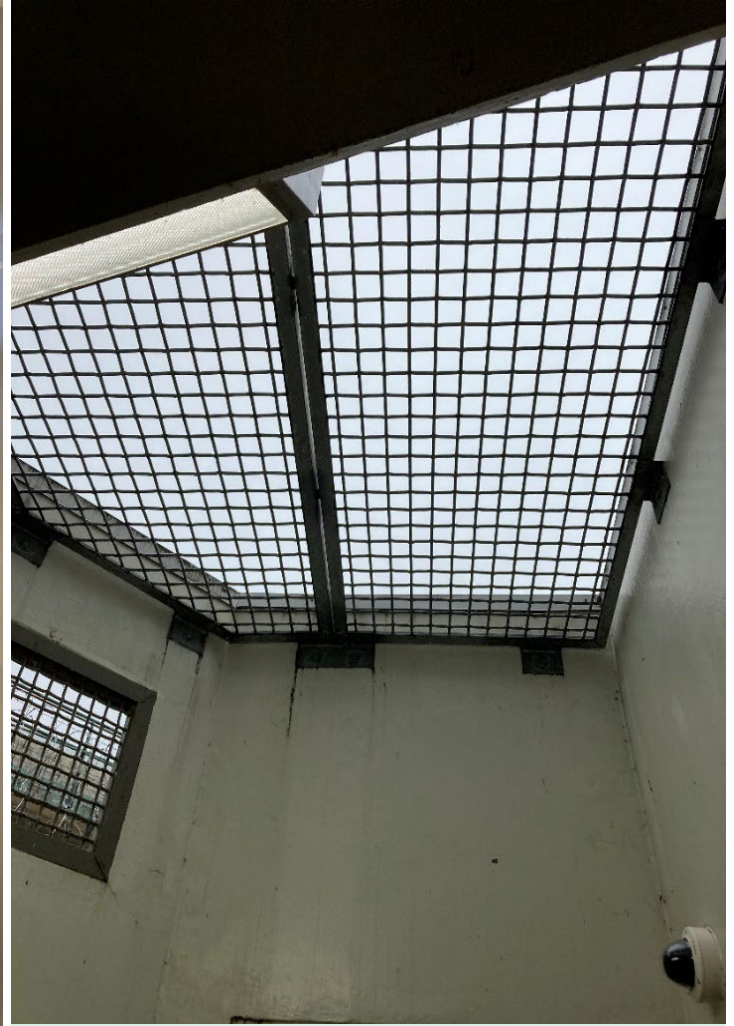


Image 8: "Fresh air pad" for solitary confinement at Monroe Correctional Complex Intensive Management Unit (MCC-IMU).

Showers

WADOC policy 320.255 states that individuals must be offered a shower and the opportunity to shave for 10 minutes three times a week. Some individuals are handcuffed to the shower while others may have their cuffs removed via cuff port once inside.



Image 9: ADA solitary confinement shower at Airway Heights Corrections Center (AHCC).

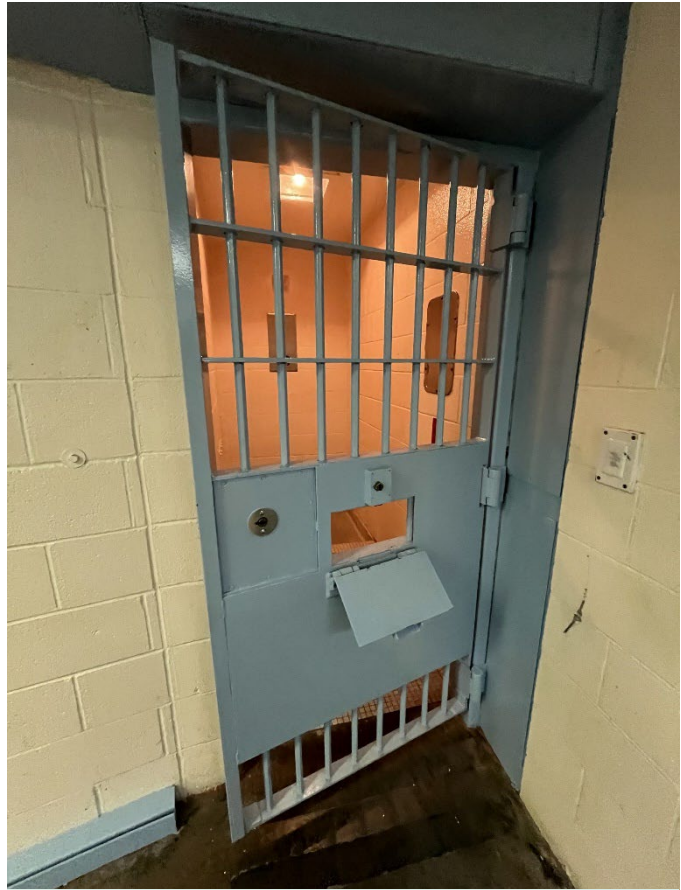


Image 10: Solitary confinement shower at Washington State Penitentiary (WSP).

Programming

As explained in *Solitary Confinement: Part I*, programming options while housed in solitary confinement are extremely limited. The few programs that are offered in a classroom setting require individuals to be shackled to chairs and desk for the duration of the programming in a shared classroom environment; otherwise, programs are done in cell.



Image 11: Solitary confinement day room for programming at Washington State Penitentiary (WSP). Not all solitary confinement units have a programming room, some are located on the unit.

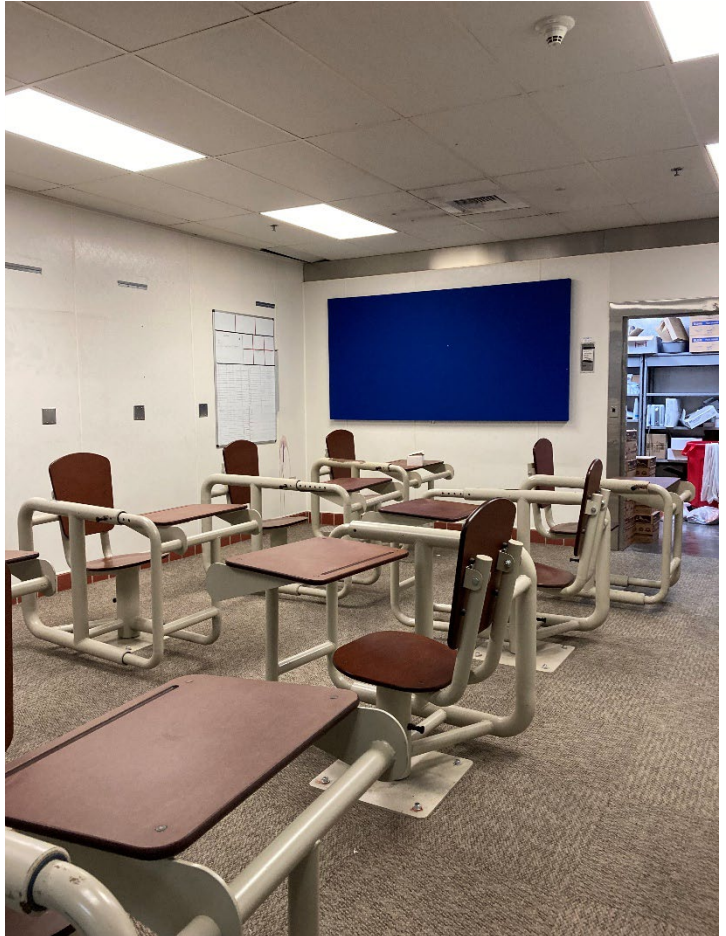


Image 12: Solitary confinement programming chairs at Monroe Correctional Complex (MCC-IMU). Individuals are shackled to the programming chairs during group programs.

Demographics

To better understand and contextualize the WADOC demographics data findings, the Office of the Corrections Ombuds Solitary Confinement Research Team (OCO-SCRT) reviewed research from the *Prison Policy Initiative: Washington State Profile*. This section describes some of the findings from the WADOC demographic data (race, age, gender) included in Appendix 1 and 2 of the OCO *Solitary Confinement: Part I*.

The Washington State Office of Financial Management reports 13,538 individuals were incarcerated in state DOC facilities in fiscal year 2023.⁴ According to the Prison Policy Initiative (PPI), people of color are overrepresented in Washington State prisons. Black people in Washington are incarcerated at a rate 5.7 times higher than white people. The cost of incarcerating older people is incredibly high, and their risk of reincarceration is low, yet 14% of people in Washington prisons are over the age of 55.⁵ In a Prison Policy Initiative publication titled *The Gender Divide: Tracking Women's State Prison Growth* (2018), Washington State was among 35 states that saw growth in the women's prison population while the state's men's prison population declined.⁶ A 2024 Prison Policy Initiative report compares state incarceration rates with those of countries across the world, and found that with an incarceration rate of 373 per 100,000 residents, Washington, like other US states, incarcerates a higher percentage of its people than almost any democratic country on earth.⁷

Solitary Confinement Placement by Gender in WADOC (OCO Solitary Confinement Report: Part I)	
Women's Prison Division*	77 individuals 2.6% of total population represented in Solitary Confinement Report: Part I (Appendix 1 & 2)
Men's Prison Division**	2933 individuals 97.4% of total population represented in Solitary Confinement Report: Part I (Appendix 1 & 2)
*Women's Prison Division Facilities: WCCW & MCCCW **Men's Prison Division Facilities: AHCC, CBCC, CCCC, CRCC, LCC, MCC, OCC, SCCC, WCC, & WSP	

Figure 1: Solitary Confinement Placement by Gender in WADOC (OCO Solitary Confinement Report: Part I)

Of the total 3010 individuals identified in the data for OCO's Solitary Confinement Report: Part I, over 97% were men and under 3% women. However, it is important to note that there are limitations in the way solitary confinement placements are tracked at the Washington Corrections Center for Women (WCCW) and Mission Creek Corrections Center for Women (MCCCW).

Due to WADOC tracking, the number of women placed in solitary confinement is higher than this reported total, as WADOC includes transgender women in the men's demographics and tracks gender based on facility and/or gender assigned at birth, which skews the data and findings.

⁴ OFM Statewide Data: Prison Inmate Population (2024): <https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/budget-drivers/prison-inmate-population>

⁵ Prison Policy Initiative *Washington State Profile* (2024): <https://www.prisonpolicy.org/profiles/WA>

⁶ Prison Policy Initiative *The Gender Divide* (2018): https://www.prisonpolicy.org/reports/women_overtime

⁷ Prison Policy Initiative *States of Incarceration*, 2024: <https://www.prisonpolicy.org/global/2024>

Individuals Placed in Solitary Confinement by Age (Washington State DOC Prisons)

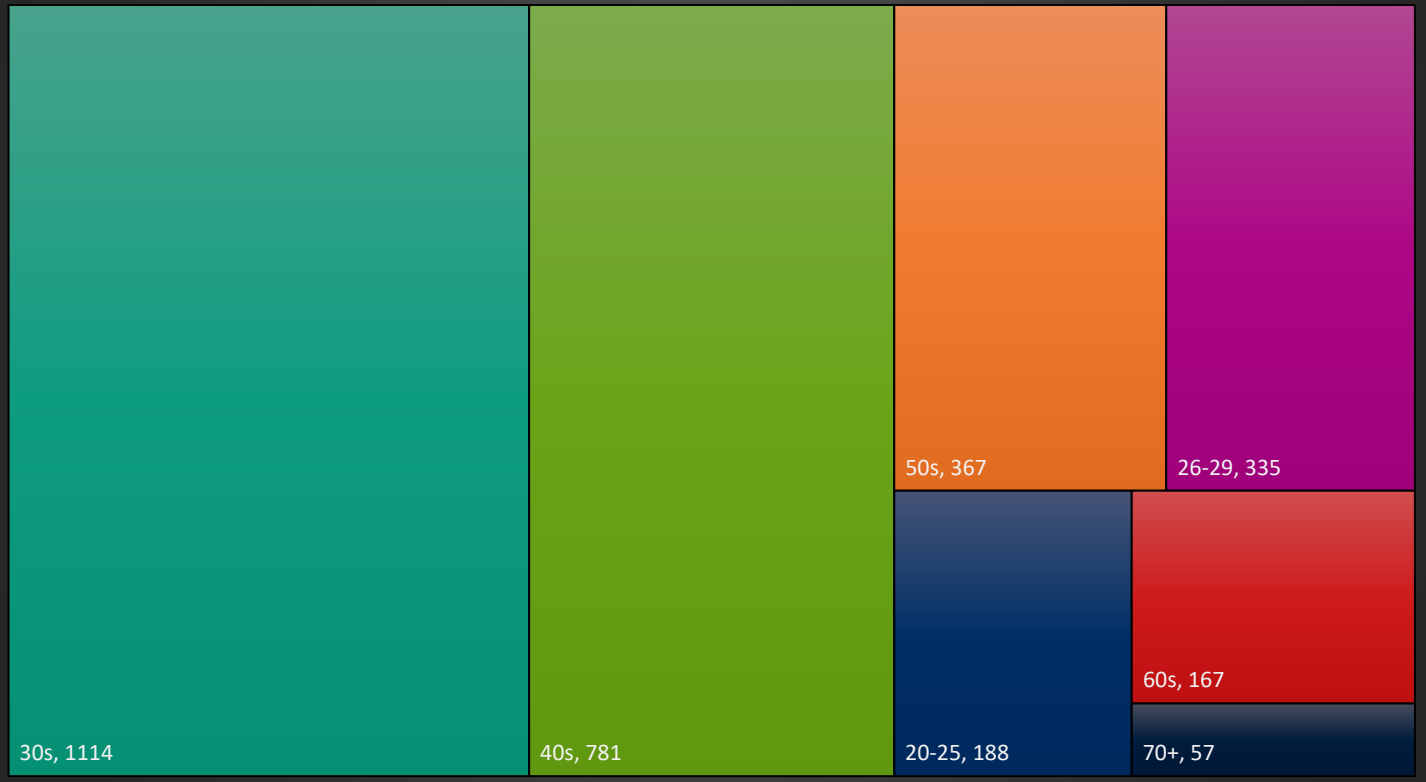


Figure 2: Individuals Placed in Solitary Confinement by Age

In response to ESSB 5187, Solitary Confinement: Part I identified a total of 3010 individuals as having spent time in solitary confinement for 45 or more days in fiscal year 2023 or for over 120 days during their current period of incarceration. Breaking this down based on age, the OCO-SCRT found that the majority of individuals (over 1000 people) in the dataset were in their 30s. Over 750 people in solitary were in their 40s, over 500 people in their 20s, and nearly 600 individuals in solitary confinement were 50 years of age or older. The youngest person identified in the dataset was 20 years old and the oldest person was almost 90 years old. [Figure 2 created by the Office of the Corrections Ombuds.]

Comparing Washington’s resident and incarcerated populations

Percentage of state residents, by race or ethnicity, compared to the percentage of people in the state’s prisons in 2021 and in local jails in 2019, by race or ethnicity. Compared to the total state population, Black and Native people are overrepresented in the incarcerated population, while Asian people are underrepresented.

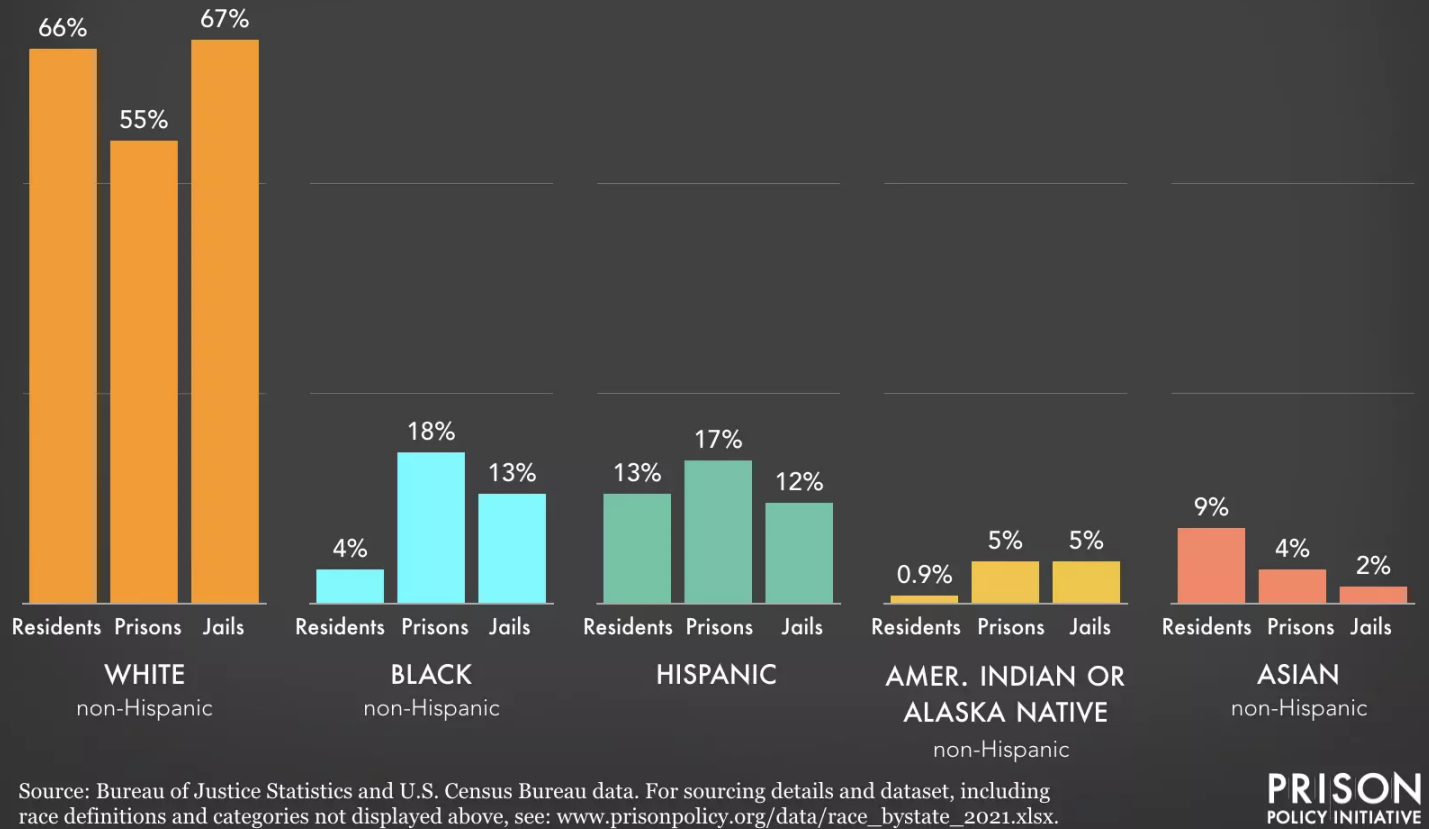


Figure 3: Comparing Washington’s Resident and Incarcerated Populations

This graph shows the percentage of state residents, by race or ethnicity, compared to the percentage of people in the state’s prisons in 2021 and in local jails in 2019. Compared to the total state population, Black and Native people are overrepresented in the incarcerated population. For example, Black residents make up around 4% of Washington State residents, but 18% of the Washington prison population. [Figure 3 created by the Prison Policy Initiative.]⁸

⁸ Prison Policy Initiative, *Comparing Washington’s Resident Incarcerated Populations* (2021): <https://www.prisonpolicy.org/profiles/WA.html#:~:text=With%20an%20incarceration%20rate%20of,any%20democratic%20country%20on%20earth.>

Individuals Placed in Solitary Confinement by Race (Washington State DOC Prisons)

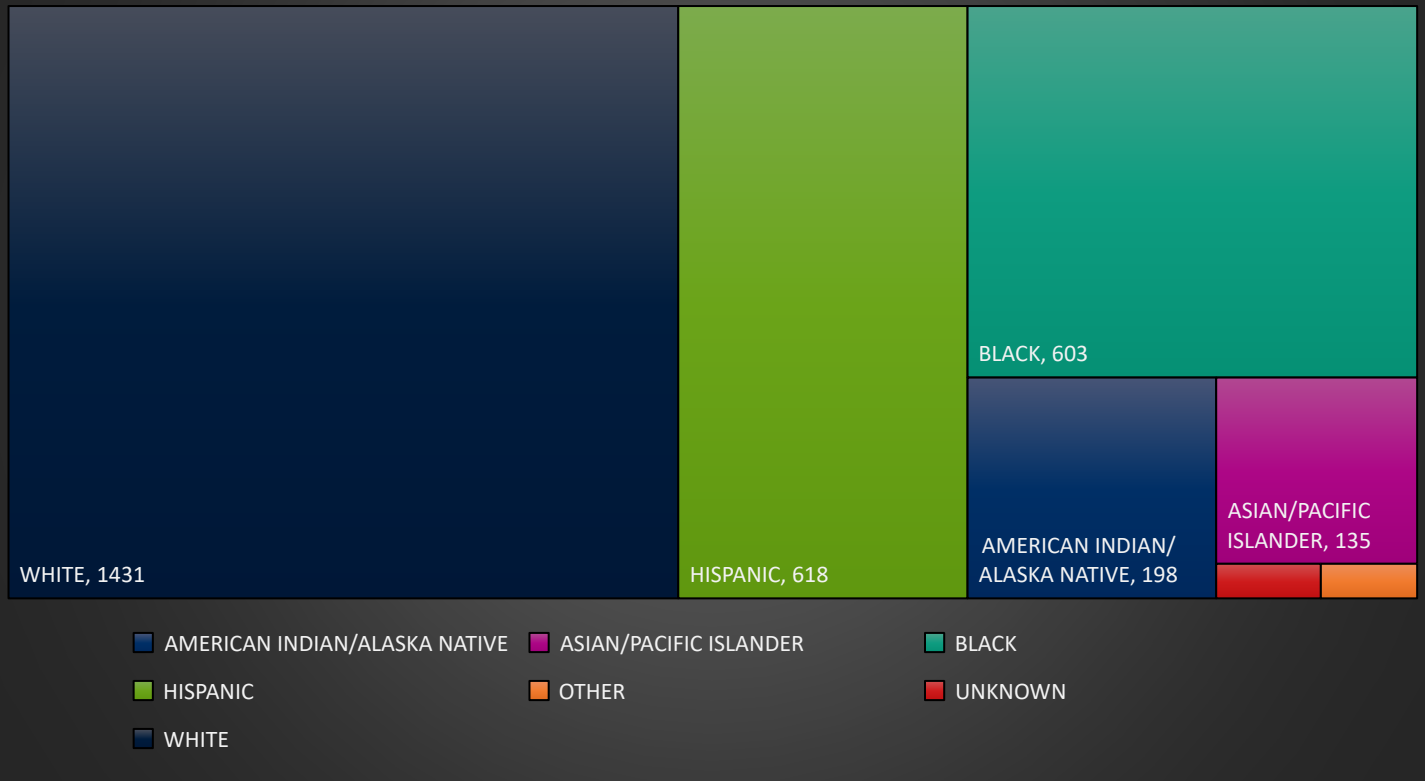


Figure 4: Individuals Placed in Solitary Confinement by Race

In response to ESSB 5187, Solitary Confinement: Part I identified a total of 3010 individuals as having spent time in solitary confinement for 45 or more days in fiscal year 2023 or for over 120 days during their current period of incarceration. Breaking this total down based on race and ethnicity, the OCO-SCRT identified nearly 1500 white individuals in the dataset, and over 600 Hispanic individuals and over 600 Black individuals. Nearly 200 American Indian/Alaska Native individuals and over 100 Asian/Pacific Islanders were in the dataset. It is important to consider these total numbers in context of the disproportionate incarceration rates in Figure 3: Comparing Washington's Resident and Incarcerated Population. For example, white people make up about 55% of the Washington incarcerated population and around 48% of the population placed in solitary confinement. Black people make up about 18% of the incarcerated population and about 20% of the population placed in solitary confinement. [Figure 4 created by the Office of the Corrections Ombuds.]

Suicide or Self-Harm in Solitary Confinement by Race (Washington State DOC Prisons)

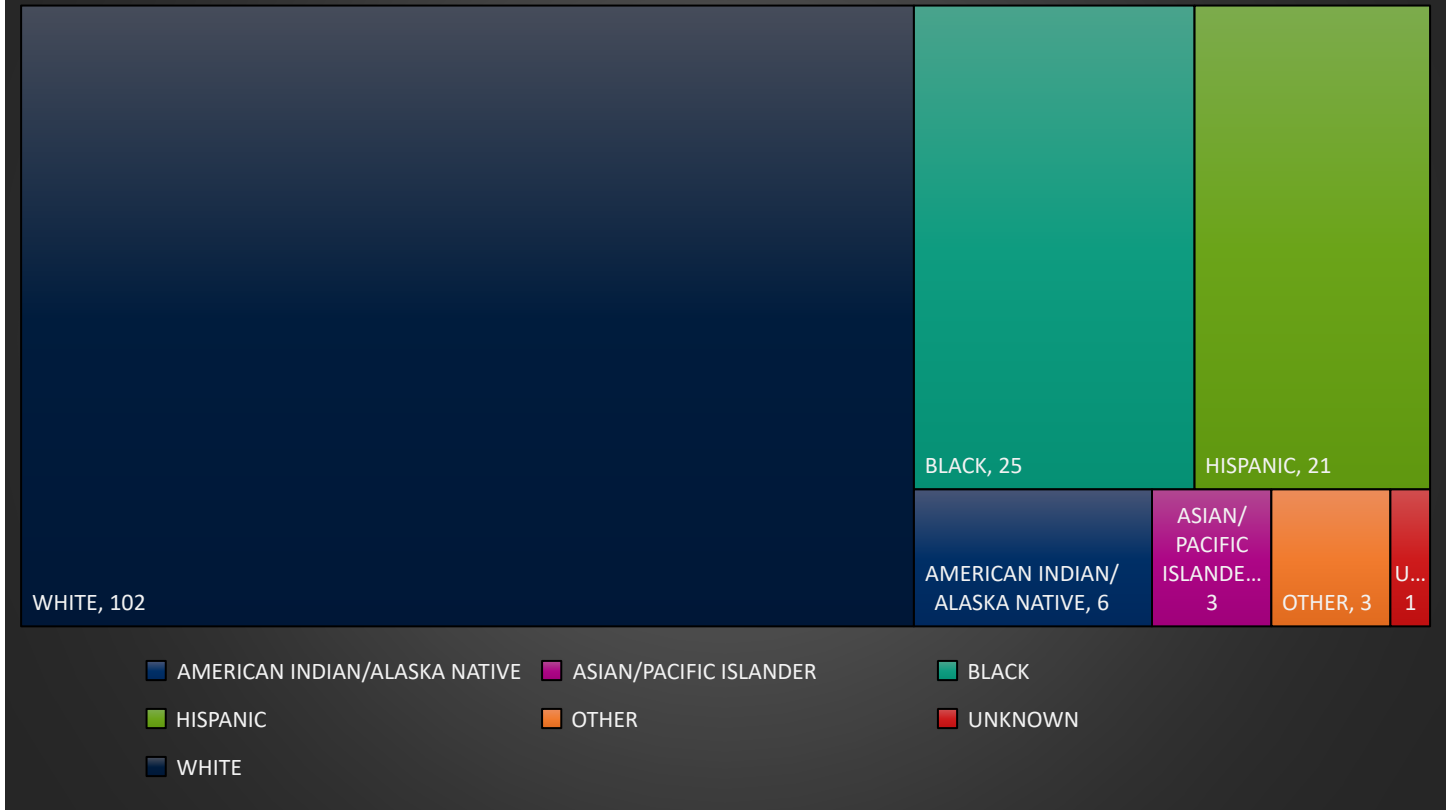


Figure 5: Suicide or Self-Harm in Solitary Confinement by Race

In response to ESSB 5187, Solitary Confinement: Part I identified a total of 176 individuals who engaged in acts of self-harm, attempted suicide, or died by suicide in WADOC solitary confinement over the past 10 years. Fourteen individuals identified in the dataset died by suicide. The figure above shows the total number of individuals who self-harmed or died by suicide based on race: 102 white individuals, 25 Black individuals, 21 Hispanic individuals, 6 American Indian/Alaska Native individuals, and 3 Asian/Pacific Islander individuals. Note: the demographics data here is limited to the race and ethnicity categories used by the WADOC. Further data regarding suicides and self-harm in solitary confinement can be found in Solitary Confinement: Part I Section 8.0. [Figure 5 created by the Office of the Corrections Ombuds.]

3.1 Conditions of Confinement and Additional Restrictions

Some individuals face additional restrictions while living in solitary confinement. Some examples include but are not limited to:

- plastic shields that cover the entirety of the outside entrance of a cell
- use of a special serving cart to serve an individual their meal rather than placing the meal through the cuff port
- additional modifications known as “security enhancement plans” which may require altered practices such as additional officers for transport
- the use of leg restraints during movement
- the use of a protective cloth hood known as a “spit hood” during interactions with employees outside of a cell or during movement
- camera present during certain movements

Key Terms

The Office of the Corrections Ombuds Solitary Confinement Research Team (OCO-SCRT) identified a list of key terms used in a solitary confinement setting. The following list includes additional restrictions an individual can have placed on them while in solitary confinement.

Isolation

In addition to solitary confinement, prior to 2012, individuals could also be sanctioned to isolation.⁹ Isolation has been described as cell confinement within a solitary confinement unit – an individual sanctioned to isolation was not allowed to leave their cell at all. The OCO-SCRT found that one individual in the early 1980s was sanctioned to 180 days of isolation for cutting up books. This individual is still incarcerated today. The WADOC no longer issues isolation as a sanction; however, the Office of the Corrections Ombuds has substantiated that WADOC imposed a 72-hour cell confinement on an individual living in solitary confinement as recently as 2024 via a Security Enhancement Plan.

Level System

Individuals in solitary confinement units must earn “levels” to receive certain privileges. All individuals entering solitary confinement units start at level 1. After a minimum of 30 days, individuals can be reviewed for level 2 and after 30 more days for level 3. Individuals refusing housing in the general population may not be eligible for level promotion, which means until they return to the general population, they will not be allowed a radio or TV. A Correctional Unit Supervisor can approve a permanent level demotion.

WADOC policy 320.255 and a WADOC memo issued October 6, 2023, identify the privileges individuals may access depending upon level. Below is a partial list of privileges:

- Level 1: radio, 20 personal photographs
- Level 2: TV, allowed to order up to \$10 in IMU-approved food items or \$20 in total including IMU-approved hygiene items from the approved commissary list

⁹ Restrictive Housing, Washington State Department of Corrections: <https://doc.wa.gov/corrections/incarceration/restrictive-housing.htm>

- Level 3: allowed to order up to \$25 in IMU-approved food items or \$35 in total including IMU-approved hygiene items from the approved commissary list

Tablet access varies by facility. In some solitary confinement units, individuals at level 2 may access their tablets for legal and educational purposes; many apps are restricted, but some, such as LexisNexis, are accessible. At some facilities, individuals at level 3 may have full unrestricted access to their tablet including the ability to call loved ones and send messages directly from the tablet. Other facilities may not allow tablets in some solitary confinement settings.

No-Contact Visits

Individuals housed in solitary confinement units are allowed visits, but visits are strictly limited to a no-contact room. Typically, a no-contact room is a small booth with a barrier separating the visitor from the incarcerated person. The WADOC may also require the incarcerated individual be restrained during the visit.

Pen or Paper Restriction

If the WADOC determines that an incarcerated individual has been misusing a pen or paper, these items will be removed from their cell and the person will be placed on a pen and/or paper restriction. Paper restrictions often include restrictions on all books and paper, including toilet paper.

Property Restriction

Individuals have limited access to their personal property while in solitary confinement. The Office of the Corrections Ombuds has substantiated multiple incidents in which the WADOC destroyed incarcerated individuals' purchased food and personal hygiene items after exceeding a certain amount of time in solitary confinement. The OCO shared this information in an [investigative public report](#) on September 22, 2023.¹⁰

Security Enhancement Plans

WADOC policy 320.255 Restrictive Housing, allows the WADOC to issue security enhancement plans (SEPs) for incarcerated individuals who the WADOC considers dangerous to the safety and security of staff. The SEPs are frequently taped to the front of the individual's cell to alert staff. Most individuals found guilty of an assault, weapon possession, or taking a cuff port hostage will be assigned a mandatory 14-day SEP. Many SEPs include a combination of a four-person escort whenever the individual leaves their cell, a camera present during movements, and/or leg restraints.



Image 13: No-contact visitation booth at Airway Heights Corrections Center (AHCC).

¹⁰ OCO Restrictive Housing Recommendations (2023): oco.wa.gov/sites/default/files/OCO_RestrictiveHousingRecommendations_09222023.pdf

Strip Cell

A strip cell is a cell that has been stripped of everything. Things like toilet paper, sheets, books, electronics, property, and paper products are removed.

3.2 Devices and Tactics

The following key terms are devices and tactics the WADOC currently uses to gain compliance or control over an incarcerated individual, often through what is called a Use of Force. For example, if an individual covers their window and cannot be seen by staff, WADOC could deploy a Quick Response Strike Team (QRST) to remove the individual from their cell. WADOC may use force to include, but not limited to, oleoresin capsicum (OC) spray, shields, and restraints.

Key Terms

Band-It

An electronic stun cuff with a remote control is worn on the arm or leg to deliver a shock.

Dry Cell Coveralls

Coveralls worn over undergarments with the zipper locked and plastic wrist restraints.

Electric Shield

A clear plastic shield with metallic strips that can be used to deliver a shock of electricity to an individual; sometimes referred to as a “shock shield.”

Multiple Restraint Bed

A bed with wrist, waist, and leg restraints is used to control an individual. Per DOC 420.255, the maximum use time is four hours, although that time can be extended up to and past 72 hours.¹¹



Image 14: Multiple restraint bed stored at Clallam Bay Corrections Center (CBCC).

¹¹ DOC 420.255 Emergency Restraint Chair and Multiple Restraint Bed (Restricted). A restricted policy is not available to the public.



Image 15: Shield stationed on solitary confinement unit at Stafford Creek Corrections Center (SCCC). The Quick Response Strike Team typically uses shields. Shock shields (not pictured) are kept locked away unless needed during emergent events or planned uses of force.

Restraint Cuff

A rope for escorts that attaches from the handcuffs to the officer; often referred to as a “leash”¹⁴.

Shackles and Handcuffs

Leg shackles and handcuffs are often placed on individuals for movement out of the unit.¹⁵

Oleoresin Capsicum (OC) and CS Gas

Tear gas that irritates the eye, causing burning, pain, and temporary blindness.¹²

Quick Response Strike Team

A group of officers usually armed with OC spray, shields, and helmets.

Restraint Chair

A chair with wrist and leg restraints controls or transports an individual,¹³ and its maximum use time per DOC 420.255 is two hours.



Image 16: Handcuffs and restraint cuff used on an incarcerated person during escort at Washington State Penitentiary (WSP).

¹² DOC 410.200 Use of Force (Restricted). A restricted policy is not available to the public.

¹³ DOC 420.255 Emergency Restraint Chair and Multiple Restraint Bed (Restricted). A restricted policy is not available to the public.

¹⁴ DOC 420.250 Use of Restraints (Restricted). A restricted policy is not available to the public.

¹⁵ DOC 420.250 Use of Restraints (Restricted). A restricted policy is not available to the public.

Spit Hoods

A loose, breathable fabric sack that is placed over an individual's head to prevent spitting and biting.¹⁶

String Ball Grenades

A ball-shaped rubber-coated grenade that expels "non-lethal" projectiles.

Tasers

A conducted energy device that is used to incapacitate people.

Use of Force

A physical action that is used by a WADOC staff or group of WADOC staff members to detain, hold, or control an unwilling incarcerated individual, as outlined in DOC 410.200 Use of Force (Restricted). This can include tackling, arm and leg holds, and use of OC spray.¹⁷

Wrap Restraint

A full-body restraint wrap system is designed to protect the individual and staff when an individual will not comply with staff and is resisting restraints. Staff can then carry the individual with handles.¹⁸



Image 17: Incarcerated individual shackled to a chair at Washington Corrections Center (WCC).



Image 18: Chair used for infraction hearings for people in solitary confinement at Washington Corrections Center (WCC).

¹⁶ DOC 420.250 Use of Restraints (Restricted). A restricted policy is not available to the public.

¹⁷ DOC 410.200 Use of Force (Restricted). A restricted policy is not available to the public.

¹⁸ DOC 420.250 Use of Restraints (Restricted). A restricted policy is not available to the public.

4.0 Overview: Healthcare in Solitary Confinement

In response to ESSB 5187, Solitary Confinement Report: Part I included quantitative data regarding the number of attempted suicides and deaths by suicide in solitary confinement settings in Washington DOC prison facilities over the past 10 years. Since the topic of self-harm and suicidal ideation appear in the thematic findings of this report, the Office of the Corrections Ombuds Solitary Confinement Research Team (OCO-SCRT) includes information in this section to help readers better understand WADOC policies related to healthcare in solitary confinement. This section provides context for mental healthcare access, maximum placement for people in residential treatment units (RTUs), as well as medical, mental health, and ADA services outlined in policy and the WADOC Health Plan.¹⁹

4.1 Mental Healthcare Access

Outlined in this section are relevant policies and protocols for accessing mental healthcare in solitary confinement. A mental health assessment, per DOC 320.255 Restrictive Housing policy, should be completed within 24 hours of placement in solitary confinement or restrictive housing. WADOC policy requires that Mental Health staff schedule at least one in-person assessment by the 25th month for individuals assigned to restrictive housing (solitary confinement) for two consecutive years and once annually after that. This means that policy only requires that individuals housed in solitary confinement for more than two years be seen by mental health, medical, and dental staff only one time out of cell unless otherwise requested or in special cases.

Mental health professionals conduct rounds in each solitary housing unit at least once a week. However, during rounds, conversations with incarcerated individuals typically occur while the staff person stands outside the person's cell door. These exchanges are often called "cell fronts". Given that this is not a confidential setting – nearby incarcerated individuals as well as WADOC staff on the tier can hear the conversation – individuals may be less willing to speak openly about their mental health or concerning symptoms.

It is important to identify that incarcerated individuals may resist seeking mental health support because they know that WADOC often places individuals with active suicidal ideation or thoughts of self-harm in close observation areas (COAs). Currently, COAs are typically barren isolation rooms where people are stripped of their regular clothing and belongings. In a COA unit, DOC 320.265 Close Observation Areas policy requires that mental health staff continuously monitor the individual. A mental health provider will set the conditions of confinement, and a suicide risk assessment protocol will determine discharge. While policy dictates that these individuals are monitored closely, there have still been deaths by suicide in the COA.

¹⁹ WADOC Health Plan, 2024: <https://www.doc.wa.gov/docs/publications/600-HA001.pdf>



Image 19: ADA Close Observation Area (COA) cell at Monroe Correctional Complex (MCC).

4.2 Maximum Custody Placement for Individuals in Residential Treatment Units (RTUs)

Per DOC 320.250 Maximum Custody,²⁰ when an incarcerated individual in a Residential Treatment Unit (RTU) in a men's prison is demoted to MAX custody, two different scenarios can occur:

1. The person remains in the Residential Treatment Unit (RTU) and serves their MAX program in the A/B units in Sky River Treatment Center (MCC-SRTC, formerly Special Offender Unit, MCC-SOU). This is a solitary confinement unit for individuals with significant mental health needs.

or

2. The person will be discharged from the Residential Treatment Unit and transferred to a different facility to complete their MAX program, following the same process as the general population. The Director of Behavioral Health Services serves on the MAX committee to help determine the placement of people with serious mental health needs.

Residential Treatment Units (RTUs) are designated for individuals who struggle to function in the general population, have a significant mental health disorder, and are recommended for in-patient mental health treatment.

The OCO-SCRT requested more information from the WADOC regarding the criteria used to discharge individuals from an RTU. WADOC responded that a person's functioning is considered to determine if it is more impacted by a serious primary mental illness or other factors, such as more trauma-based behavior patterns. An individual's willingness to engage in treatment for identified concerns is considered, as well as the degree to which the person's behavior patterns



Image 20: Outside yard for solitary confinement at the Residential Treatment Unit (RTU) at Monroe Correctional Complex Sky River Treatment Center (MCC-SRTC).

²⁰ DOC 320.250 Maximum Custody: <https://www.doc.wa.gov/information/policies/showFile.aspx?name=320250>

interfere with others' treatment services. The WADOC does not yet have a policy that outlines identifiable RTU discharge criteria.

In 2021, the Office of the Corrections Ombuds released an [investigative report](#) that recommended that the WADOC reduce the frequency of placement and length of stay in any solitary confinement for individuals with mental health concerns.²¹ The report concluded that people with past and present mental health conditions are frequently assigned to solitary confinement for extended periods. In the same report, the OCO noted that people who have been deemed unsuitable for RTUs – often due to disruptive behavior or failure to engage in treatment – have limited housing options. As a result, these individuals are routinely placed in solitary confinement.



Image 21: Partially renovated solitary confinement cell in MCC-SRTC residential treatment unit.



Image 22: Partially renovated solitary confinement cell in MCC-SRTC residential treatment unit. Individuals housed on the solitary confinement unit at MCC-SRTC have access to showers in their cell.

²¹ OCO Systemic Report: Mental Health Access & Services (2021): https://oco.wa.gov/sites/default/files/MH%20Systemic%20Review%20Final%20with%20DOC%20Response_0.pdf

4.3 Medical Healthcare and ADA Access

As outlined in WADOC policy 320.255 Restrictive Housing, “whenever possible, individuals will be taken to Health Services for an assessment and review before initial placement in Restrictive Housing...” and conditions of confinement will include access to health care services including medical, dental, and mental health services, as well as emergency medications and controlled access to prescribed and/or over the counter medications per WADOC policy 650.020 Pharmaceutical Management. The policy further states that individuals will receive a daily visit (also known as a cell front) from a healthcare provider unless medical attention is needed more frequently. Mental health, medical, and dental staff must schedule at least one in-person assessment by the 25th month for individuals assigned to solitary confinement longer than two consecutive years and once per year thereafter. Policy states that input from health services employees should be considered in deciding to extend conditions of confinement modification. The Washington DOC Health Plan further explains health service coverage for individuals under WADOC custody.

Policy states that approved ADA accommodations will be allowed unless a security/safety concern exists in solitary confinement. However, a review of the OCO’s solitary confinement complaints revealed several that related to access to Durable Medical Equipment (DME) while in solitary as well as WADOC declining or failing to follow previously issued Health Status Reports (HSRs) for individuals in solitary confinement.



Image 23: In-Patient Unit (IPU) cell in hospital wing of Washington Corrections Center for Women (WCCW).



Image 24: ADA solitary confinement cell at Monroe Correctional Complex Intensive Management Unit (MCC-IMU).



Image 25: ADA solitary confinement shower at Washington Corrections Center for Women (WCCW).

5.0 Interview Codes and Themes

In the remaining sections, the Office of the Corrections Ombuds Solitary Confinement Research Team (OCO-SCRT) outlines findings, including codes and themes, from the interviews with incarcerated individuals. Codes are topics or common patterns that arise across the data. The OCO-SCRT identified six codes in the interview responses: mental health, staff interactions, quality of life, punishment, protocols, and human connections. These codes are defined in the table below.

Code #	Code Title	Code Description
Code 1	Mental Health	Mental wellness during and after experiences in solitary confinement, as well as access to mental health services
Code 2	Staff Interactions	Social interactions with DOC staff while in solitary confinement
Code 3	Quality-of-Life	Access to quality-of-life items such as phone calls and even medical care while in solitary confinement
Code 4	Punishment	Experiences of additional punishment, regardless of the reason for placement in solitary confinement
Code 5	Protocols	Differing applications of policies and procedures
Code 6	Human Connections	Importance and impacts of social isolation while in solitary confinement

Themes are big-picture ideas driven by the data which go beyond common topics to point out significant findings related to the research questions. The OCO-SCRT identified five themes across the interview data:

Theme 1: Mental Health Impacts: Sensory deprivation, idleness, and lack of social engagement in solitary confinement contribute to decompensation and long-term impacts on mental health.

Theme 2: Quality-of-Life Impacts: In addition to being socially isolated, people are often denied access to quality-of-life items.

Theme 3: Dehumanizing Devices and Tactics: Many devices and tactics used by WADOC to gain compliance are dehumanizing and traumatizing.

Theme 4: Staff Interactions: Interactions with WADOC staff are the primary types of social engagement in solitary confinement.

Theme 5: Inconsistent Communication, Rules, and Sanctions: Inconsistent communication and application of rules causes indeterminant stays in solitary and subjective use of restraint devices and sanctions.

6.0 Interview Findings

6.1 Mental Health Impacts

Sensory deprivation, idleness, and lack of social engagement in solitary confinement contribute to decompensation and long-term impacts on mental health.

Throughout the interviews, incarcerated individuals shared overlapping experiences of being alone and deprived of social interaction, sleep, stimulation, and sensory and emotional regulation while in solitary confinement. People shared that their sensory and social experiences in solitary confinement impacted their ability to connect with others and reintegrate back into a general population setting and they witnessed this for others who spent time in solitary as well.



Image 26: Close Observation Area (COA) cell at Monroe Correctional Complex (MCC).

Multiple people described daily feelings of *déjà vu* or what they called “Groundhog Day” – the repetition of living alone “in a box” with the same routine for hours, days, weeks, months, and sometimes years on end. Interviewees shared experiences of feeling locked away with only their thoughts, feeling “like the walls are closing in on you... like you can’t breathe.” During interviews, incarcerated individuals shared how they would get in further trouble for trying to talk to other people in solitary. Sometimes people resorted to self-harm in order to move to the Close Observation Area (COA) where there was more human interaction and they could at least see other people, such as staff on one-on-one watches or mental health professionals.

Interview participants mentioned the lights in solitary as an example of the sensory overwhelm or deprivation. Some people said they experienced the lights being kept on from early morning to late at night, up to 24 hours a day. The sensory experience of constant overhead lighting led to sleep deprivation for some, eye pain, and mental health impacts for others.



Image 27: An inside yard in solitary confinement at Washington State Penitentiary (WSP).

If people tried to cover their windows to block out the light, they would be threatened with OC spray, paper restriction, or further sanctions.

In other situations, interviewees described the lights being turned off completely, leaving individuals in the dark for extended periods of time. During one interview, an incarcerated person shared how difficult it was to be in the dark because it impacted his ability to see what he was eating or to know if he was even cleaning properly after using the toilet. In addition to light deprivation and overstimulation, interviewees mentioned the temperature in the IMU cells being cold and the belief that the cold temperatures was a form of punishment.

Interviewees shared their experiences of suicidal ideation, self-harm, and surviving suicide attempts while in solitary confinement. Prior to 2017, WADOC historically issued infractions for attempted self-harm (WAC 713) and attempted suicide (WAC 712) along with added restrictions, conditions of confinement, and sanctions that extended time in solitary. During one interview, this was described as creating a “revolving cycle of chaos” from the stress of being in solitary, self-harm, further punishment and more time in solitary – then the cycle repeats.

Interviewees said they would attempt to access mental health services while in solitary confinement for extended time; however, even with helpful staff, they shared that it was difficult to “access productive therapy in that environment.” Interviewees with chronic mental health conditions shared that solitary confinement had intensified their mental health symptoms, they expressed concern that WADOC struggled to respond to these symptoms, so they were instead labeled as a behavior problem and handled with punishment.

Across interviews, people expressed concerns about the lingering impacts from their time in solitary. Multiple interviewees said that people who experience long term solitary confinement “go in and leave worse.”

Interview Snapshot

Interviewees said that being in solitary confinement for extended periods of time felt like getting locked away in a box. One person described it as being alone in your room with just your thoughts and the sounds of pipes and water and people banging on the walls and doors.

Several interviewees mentioned being overstimulated once they returned to general population, overwhelmed by the noise, people, and pace. Interviewees shared feelings of anxiety, anger, depression, difficulty trusting others, and hypervigilance. During interviews, people mentioned either experiencing or witnessing others returning from solitary and remaining hidden in their rooms due to the sensory overload in the housing units.

After extended time in solitary confinement, several interviewees said it was difficult to be around many people for long periods of time. Some said they experienced overlapping fears of people “out to get them” or commonly looking over their shoulders, sometimes distancing themselves from family and community because of the overwhelm. Interviewees shared that for many people, the negative impacts remain after being out of solitary confinement for years.



Image 28: Plastic barrier outside of someone’s cell door in solitary confinement at Monroe Correctional Complex Intensive Management Unit (MCC-IMU). This is typically used when individuals throw things out of the cracks of their cell door.

Interview Snapshot

During interviews, incarcerated people expressed concerns about people leaving solitary confinement worse off than when they came in and concerns about solitary creating more problems not less. One person said that they are put in solitary confinement to supposedly pay a debt, but that sitting in a cell is not a debt paid to society if you are leaving in worse condition than you came in.

6.2 Quality-of-Life Impacts

In addition to being socially isolated, people are often denied access to quality-of-life items.

A common theme throughout the interviews was the impact of limited access to quality-of-life items while in solitary confinement. Interview participants mentioned concerns about the cell and yard conditions, hygiene items, nutrition, healthcare, clothing, privacy, commissary, programming, and visitation restrictions. These restrictions were described as further punishment on top of their placement in solitary confinement.

The cells were described as a room smaller than a bathroom with just a bed and no windows except the window on the cell door. Most outlined the time in solitary as 23 hours in a cell, 45 minutes in a small “yard,” and 10 minutes to shower with no privacy. Interviewees shared that they witnessed or experienced being let out of their cells late or brought in early for “yard time”. Most IMU yards are slightly larger empty cells equipped only with a phone or limited exercise equipment. During interviews, incarcerated individuals shared that when the phones did not work, there was nothing to do in the yard. Others shared incidents of staff asking if they wanted yard time around 5 a.m., when it was so early and cold outside that people did not want to go. Nevertheless, they would be marked as declining yard time for that entire day. Additionally, if people were sleeping or did not immediately respond, they would not be given yard time later in the day.

Interview Snapshot

Across interviews, incarcerated individuals expressed feeling like you are “not treated like a human being” in solitary confinement. During an interview, one person shared that they had not been outside in two years, and that “the yard is just another cell,” with the only fresh air coming from a vent. With limited access to quality-of-life items, people relied heavily on TVs and books, if they weren’t restricted, and said they could not imagine spending long-term time in solitary if you didn’t know how to read.

Concerns about the quality of showers and food were commonly expressed across the interviews. Individuals shared that they typically get three showers a week unless the schedule is impacted by a lockdown, or the person is placed on hygiene restrictions.

Interviewees shared that showering involves pressing a button that turns the water on for about five seconds at a time and sometimes staff would cut the water before people finished showering. Additionally, multiple people mentioned limitations on the amount and frequency of toilet paper supplies. For several people, toilet paper was only given out a few nights per week. If they ran out, people would have to wait for an emergency roll when staff got around to it. People said they do not always get regular mainline meals and sometimes are restricted altogether from purchasing commissary items.

One individual said they were stripped of their clothing and handcuffed for long periods of time due to self-harm incidents. Additionally, the Nature Imagery Room or “quiet room” was described as sometimes being used as an additional punishment. During an interview, an incarcerated individual shared the stresses of the environment, including going through a strip search, being told you must stay in the room for a minimum of four hours, and if you did not comply, the Quick Response Strike Team (QRST) suited up and threatened use of force.

The importance of occupying your time while in solitary was mentioned in almost all interviews. The most common ways to spend time in solitary involved in-cell programming, TVs, radios, and books. Not everyone was granted access to books, TVs, and/or radios, and those who were, had to wait in solitary confinement for around 60 days before qualifying. Individuals allowed access could only have two to three books at a time, and many interviewees said the books were often in poor condition.

Interviewees said most programming involved completing workbook packets alone in their cells. Once the packets were complete, they would sit in their cell, waiting for the next review. Others shared that if they were required to take a program like Redemption, they would have to wait in a cell until there was space available in the class.

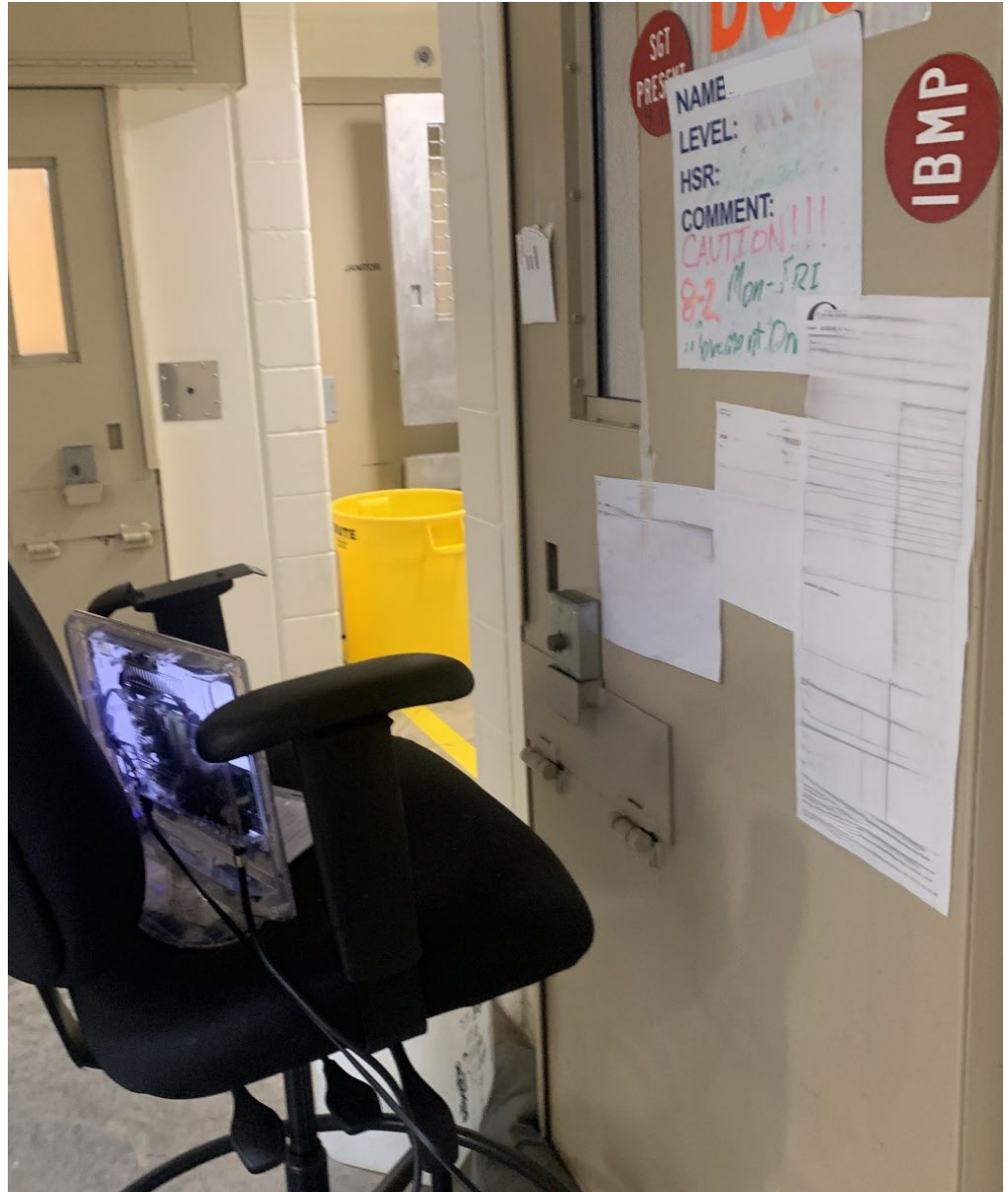


Image 29: Television set up outside of an incarcerated individual’s window in solitary confinement at Washington State Penitentiary (WSP). This individual may only be moved when a sergeant is present. A security enhancement plan is in effect and posted on the outside of the door.

Interview Snapshot

Incarcerated interviewees who had spent extended time in solitary confinement shared concerns about staff conduct and generally being in a cell for 23 hours a day. Interviewees reported correctional officers turning their showers off early, skipping meals, or cutting their one-hour out-of-cell time short.

Individuals were restricted from visitation with loved ones and family and limited to no-contact visits when granted. For people who had experienced long-term solitary confinement, cutting people off from contact with family and reading materials felt like unnecessary, additional punishment.

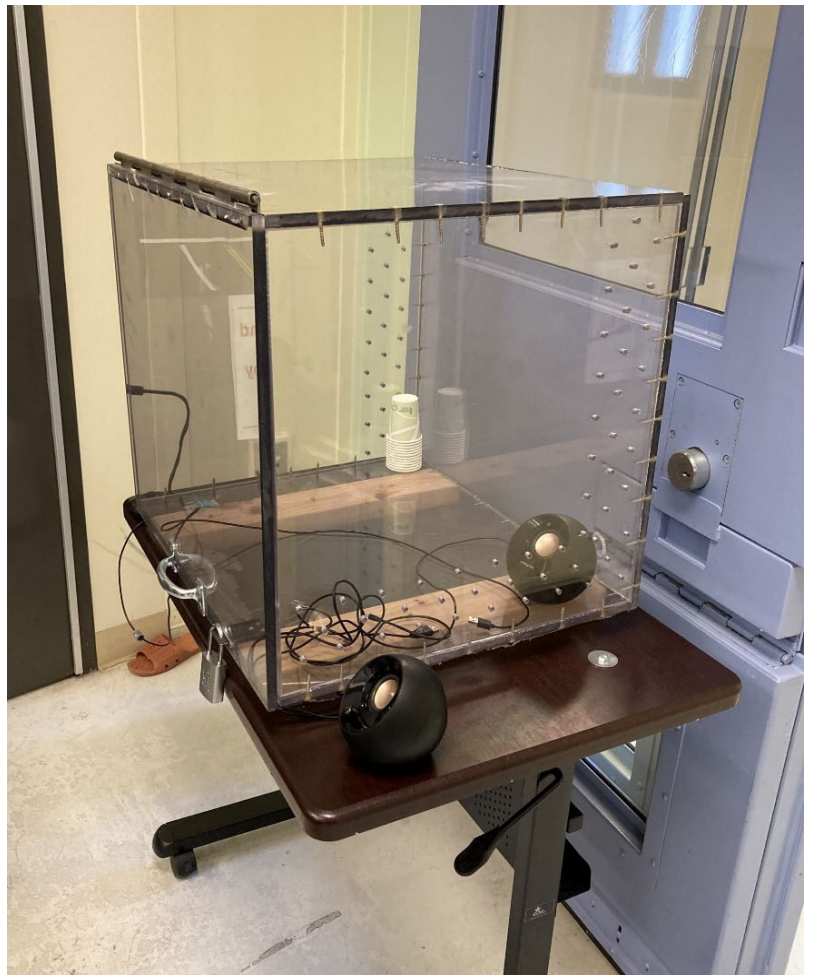


Image 30: Plastic box used to deliver food through cuff port. This device is typically used when individuals throw items out of their cuff port when opened.

6.3 Dehumanizing Devices & Tactics

Many devices and tactics used by WADOC to gain compliance are dehumanizing and traumatizing.

Another common theme across interviews was the dehumanizing and traumatizing experience, not just of being placed in isolation, but additionally from the devices and tactics used on them while in solitary. Interviewees mentioned various uses of different devices, including restraints, spit hoods, tasers, shock shields, and tables bolted down in dayrooms where people would be shackled to the table or wall during out of cell time. For some individuals in solitary confinement, restraints and shackles are used in cell, during transport, and while showering.

During an interview, an incarcerated individual mentioned having to crouch over the table to eat in shackles and declining yard time or programming like GED because they did not want to be shackled. Others were assigned to multi-man escorts where they would be shackled and escorted by a team of staff any time they came out of their cell. Interviewees mentioned additional tactics such as dry cells; body cavity or “strip” searches; uses of force involving OC spray; and shock shields. Interviewees who had spent time in solitary over the last several decades referenced what they called “the firehose,” where WADOC staff would spray someone and flood their solitary confinement cell with a large hose. Interviewees said they do not believe this is a tactic that is still used but they had experienced or witnessed it in the past.

During interviews, people commonly referred to the time in solitary as “torture” and a poor behavior deterrence tactic. One person shared that solitary does not deter any of the “politics” (gang activity) or violence and instead is used as a further form of punishment, “using it to traumatize people that are already traumatized.”



Image 31: Incarcerated individual shackled to chair during an interview at Washington Corrections Center (WCC).

While some WADOC policies and protocols have changed, these experiences have stuck with people, and some devices are still in use to this day. Some interviewees said the setting does the opposite of making you want to do better. A few said that sometimes negative interactions with staff were seen as better than no interactions at all. Individuals shared that being locked away already felt dehumanizing and degrading, and that feeling is exacerbated when the devices and tactics discussed above were, or are, used by WADOC staff. While several people recognized there are some violent individuals who they said, “need a time out,” they also expressed that what happens in solitary is beyond punishment.

Interview Snapshot

“Most people are actually wanting to lead meaningful lives and not wanting to be mastermind criminals who are super destructive, rather it’s just the sense of exclusion and degradation that keeps them that way.”

6.4 Staff Interactions

Interactions with WADOC staff are the primary types of social engagement in solitary confinement.

Across interviews, incarcerated people mentioned the importance and lingering impact of staff interactions while in solitary confinement. Multiple interviewees described what they called “mind games” while in solitary and a culture focused on “breaking your spirit.” According to the interviewees, mind games included turning lights on/off, slamming doors every 30 minutes for tier checks, throwing food on the floor, whispering directives so quietly that they were inaudible, calling for the yard during early morning cold hours, or shutting off showers and phones. People who experienced repeated negative interactions with staff shared that it created a lingering distrust of staff that continued outside of solitary confinement.

Interviewees said they remembered the staff who they felt cared; those staff stood out because the majority of their interactions with staff were negative while in solitary confinement. While some individuals mentioned having life-saving positive interactions with a small number of staff in an IMU, specifically mental health staff, most interviewees shared that the majority of interactions with WADOC staff in solitary confinement felt like further punishment. Some shared that even when they had positive interactions with staff prior to placement in solitary confinement, they were looked at and treated differently by those same staff when in or after solitary confinement placement.

During interviews, incarcerated people also expressed concerns about the impact on staff working in solitary confinement units. Several individuals mentioned differences in how staff respond to people in solitary versus the regular housing units. For example, people are discouraged from pressing the call button to speak with staff unless there is an emergency.

Interviewees described various forms of unauthorized physical punishment at the hands of some WADOC staff. This physical mistreatment, according to the interviewees, often occurred outside the view of surveillance cameras. Interviewees stated that these cruelties were no longer used by WADOC staff; however, the impacts of the abuse remain with the population. In fact, several mentioned ongoing difficulties trusting WADOC staff after being released from solitary confinement and returning to live in general population.

Interview Snapshot

“Staff that actually cared I remember mostly because they had a positive impact, the ones that were bad were a dime a dozen so there were too many to remember.”



Image 32: Four-man escort at Washington State Penitentiary (WSP). This type of escort is typical for an individual on a security enhancement plan.

6.5 Inconsistent Communication, Rules, and Sanctions

Inconsistent communication and application of rules causes indeterminant stays in solitary and subjective use of restraint devices and sanctions.

Throughout the interviews, people shared stories about inconsistent communication, rules, and sanctions including time extensions and application of protocols. Interviewees mentioned added sanctions, approved extensions and overrides, behavior observation entries (BOEs), infractions, and programming requirements contributing to longer periods of time in solitary confinement. Interviewees shared that program timeframes are open-ended: if you complete one class, you might be required to take another, making timelines longer and longer. Many attributed lengthy stays in solitary to the disciplinary process as well as inconsistent and overused sanctions.

WADOC staff culture was mentioned throughout the interviews, especially regarding communication. Several people mentioned not having kite or grievance forms, forms going missing once they turn them in, or no response altogether from WADOC staff. Incarcerated individuals described being pushed off to other staff, not receiving consistent information, and sometimes being completely in the dark about why they were placed in or how long they would be in solitary confinement. Additionally, interviewees also mentioned that out-of-state transfer protocols keep people in solitary for extended periods of time.

Interview Snapshot

A common concern across interviews was the application and extent of sanctions. Incarcerated individuals said that WAC violations and sanctions need to be addressed because WADOC can add sanctions or make you serve sanctions prior to a guilty finding.

Individuals can be placed in solitary confinement for refusing a cell or facility assignment, for protective custody or for safety concerns. This includes incarcerated people who disclose transgender or non-binary identity to WADOC staff for the first time or share that they feel unsafe in the general population, such as transgender women housed in men's facilities. During the interviews, an incarcerated individual shared their experience in protective custody and said they were treated as if they were there for punishment, not protection, because of how they were treated by staff.

Interview Snapshot

During an interview, one transgender woman shared that she will never get over the time she spent alone in solitary due to expressing safety concerns while housed at a men's prison. She shared that most trans women who come through the prison system end up in solitary confinement, even if only placed there for their safety.

7.0 Summary and Looking to Part III

Part I of this solitary confinement project answered specific questions asked by the legislature in the proviso, along with the OCO Solitary Confinement Research Team's (OCO-SCRT) independently verified solitary confinement datasets. The OCO-SCRT encourages the readers to explore the individual data points and find patterns, trends, and meaning from this quantitative information.

Part II of this solitary confinement project expanded the conversation toward an in-depth examination of individuals' experiences living in WADOC solitary confinement. Through a series of qualitative interviews, the OCO-SCRT led the readers through unique incidents and encounters inside solitary confinement in WADOC.

Part III of this Solitary Confinement Project will synthesize the information outlined in Part I and Part II and will continue the conversation through proposals that look to the future of solitary confinement in Washington State.