



**Testimony of the Unlock the Box Campaign  
Before the Rhode Island House Judiciary Committee  
Regarding the Need to End or Meaningfully Restrict Solitary Confinement  
April 2, 2026**

Thank you to Rhode Island House Judiciary Committee Members who are holding this hearing. We are writing this testimony to call upon the Rhode Island legislature to end or at least meaningfully restrict the use of solitary confinement, and to share our views about what is needed to meaningfully restrict solitary based on experiences in various states across the country.

The Unlock the Box Campaign is a national coalition of organizations and movement leaders who partner with state and local campaigns across the United States with the common goal of ending the use of solitary confinement for all people and replacing it with alternatives proven to reduce violence and protect people's health and safety. We pursue this goal by working simultaneously on national, state, and local levels with people who survived solitary, family members, advocates, community and faith groups, legislators, and others dedicated to ending state torture.

**In Support of Ending or Restricting the Use of Solitary Confinement**

Decades of evidence have long shown that solitary confinement causes [devastating](#) and [deadly](#) harm, [worsens safety](#) for everyone, and is inflicted [disproportionately](#) on Black people, Latina/o/x people, Native people, other people of color, and LGBTQ people.

Solitary causes people to engage in [self-mutilation and suicide](#). It causes [heart disease](#), [anxiety](#), [depression](#), and [psychosis](#). [Research shows](#) even only one or two days in solitary leads to significantly heightened risk of death by accident, suicide, violence, overdose, and other causes. Even short periods of time in solitary measured in [hours](#) can cause devastating and deadly harm.

Evidence has long shown that people in solitary confinement are [five](#) to [six](#) to [seven times](#) more likely to die by suicide and [seven](#) to [12 times](#) to [15 times](#) more likely to engage in self-harm than

the rest of the prison population – a population already at high risk of self-harm and death by suicide.

By making it more likely that people will act in a harmful way when solitary causes them to deteriorate, solitary also [worsens](#), rather than improves, safety for everyone: incarcerated people, staff, and outside communities. Numerous studies, such as [here](#) and [here](#), show people who have spent time in solitary or restrictive housing are more likely to be re-arrested after release from incarceration.

The evidence is clear: [what actually works to reduce violence](#) is the exact opposite of solitary: pro-social program-based interventions involving full days of out-of-cell group engagement, like the [CAPS/PACE programs](#) as originally operated in NYC jails, the [Merle Cooper Program in NYS](#), and [the RSVP program](#) in San Francisco jails. For example, the RSVP program included people who had carried out acts of assault, sexual assault, and other violent acts, involved 12 hours of daily out-of-cell time with programming and engagement, and led to a precipitous drop in violence among participants to the point of having zero in-jail incidents over a one year period and reducing re-arrests for violence in the community by 83%. Best practices in [youth](#) and [mental health](#) facilities limit isolation to minutes or hours at most, with positive impacts on safety and people's health and well-being.

### **What is Needed to End or Meaningfully Restrict the Use of Solitary Confinement**

Meaningfully restricting the use of solitary confinement requires at a minimum placing real limits on the use of solitary, ensuring that people have access to many hours of real group out-of-cell time, and preventing solitary by another name.

Based on our [experience](#) working in dozens of states across the country for a number of years, locking people in a cell for 20 or 21 hours a day is extremely isolating and still inflicts the same devastating physical and psychological impacts as other forms of solitary confinement described above. Moreover, keeping people in such conditions of 21 hours a day, day after day for weeks, months, and years at a time is egregiously harmful and deadly. In addition, in practice, jurisdictions frequently allow even fewer hours than those officially required.

Jurisdictions [across the country](#), [from Virginia](#) to [New York City](#) to [Massachusetts](#) to [New Jersey](#) to [Connecticut](#), have repeatedly asserted that they restricted or ended solitary confinement while they continued to lock people in their cells for 20 hours a day or more and failed to provide meaningful out-of-cell group programming, activities, or engagement. This has particularly been the case when laws or policies still allowed solitary by another name. The consequences of locking people in solitary confinement 20 or 21 hours a day continue to be harmful and deadly. For example, in New York State prisons, so-called alternatives to solitary confinement continued

to lock people in solitary for around 20 hours per day, and people in those units had [significantly higher rates](#) of self-harm and deaths by suicide as people in other units of the prisons.

To actually end solitary in a real way, and in a way that would bring the greatest benefits to the health and safety to people incarcerated and staff alike, would mean limiting solitary to a maximum of four hours at a time for purposes of de-escalation or emergencies, while otherwise requiring that all other incarcerated people, including those in alternatives to solitary, have access to at least 14 hours of daily group out-of-cell time utilizing interventions proven to reduce violence and improve health and safety. Legislation enacted in [New York City](#) in 2024 and pending legislation in the [U.S. Congress](#) follows these standards. These bills still allow for people who are incarcerated to be separated from the general facility population. But the question is, what is the nature of that separation? Is it isolation and torture that will not only inflict grave and potentially deadly harm but also make it more likely that a person would engage in violence? Or is the separation an opportunity for an intervention that is actually effective at reducing violence and is aimed at addressing the reason why a person needs to be separated? Utilizing the types of proven evidence-based alternatives described above, with full days of group programming and activities, will lead to much better outcomes than solitary for everyone.

Short of banning solitary, meaningful restrictions on solitary would involve a firm limit on solitary of 15 consecutive days while requiring that people in any alternatives to solitary or in any restrictive housing beyond that 15 day limit have access to at least seven hours of daily group out-of-cell time with group programs and activities. Laws in New York and Connecticut place a 15 day limit on solitary, and New Jersey places a 20 day limit on solitary. New York's law defines solitary – what is termed segregated confinement in that state – as being locked in any form of cell confinement for more than 17 hours a day and requires that anyone in an alternative to solitary have access to the contrapositive seven hours of daily group out-of-cell time with group programming, recreation, and activities.

We believe it is imperative to ensure that people have access to at least seven hours of daily out-of-cell time (and up to 14 hours of daily out-of-cell time) in order to prevent the use of solitary by another name. For Rhode Island, ending solitary could mean, for example, ensuring that every person has access to at least the 10 hours of daily out-of-cell time typical of general population. Placing a real 15-day limit on solitary could mean, for example, prohibiting solitary beyond 15 days, then requiring that everyone outside of solitary have access to at least 10 hours of daily group out-of-cell time, and requiring that after a person has been in solitary for 15 days they then have to be in general population or an alternative unit with access to at least 10 hours of daily group out-of-cell time.

While based on our experience we believe there are additional components of legislation that could improve the safety and health of incarcerated people and staff alike beyond those discussed

in this testimony, and we would be more than interested in discussing those further, we believe it is crucial for the type of limits on solitary and out-of-cell requirements discussed herein in order to place real and effective limits on solitary.

## **Conclusion**

As people continue to suffer in solitary confinement in Rhode Island's prisons, we believe it is urgent for Rhode Island officials and lawmakers to end solitary confinement in a real way or at least place meaningful restrictions on the use of solitary in a real way. Replacing solitary with real and proven alternatives that involve full days of out-of-cell group programming and engagement would stop torture, save lives, and improve safety for incarcerated people, staff, and outside communities.

Thank you very much for your consideration and we at the Unlock the Box team are available to discuss further, based on our experiences working on solitary confinement policy across the country.