

Appendix 1

Selected texts

European Prison Rules, Council of Europe Committee of Ministers Recommendation Rec (2006)2

43.2 The medical practitioner or a qualified nurse reporting to such a medical practitioner shall pay particular attention to the health of prisoners held under conditions of solitary confinement, shall visit such prisoners daily, and shall provide them with prompt medical assistance and treatment at the request of such prisoners or the prison staff.

43.3 The medical practitioner shall report to the director whenever it is considered that a prisoner's physical or mental health is being put seriously at risk by continued imprisonment or by any condition of imprisonment, including conditions of solitary confinement.

...

60.5 Solitary confinement shall be imposed as a punishment only in exceptional cases and for a specified period of time, which shall be as short as possible.

Note 1 When this recommendation was adopted, and in application of Article 10.2c of the Rules of Procedure for the meetings of the Ministers' Deputies, the Representative of Denmark reserved the right of his government to comply or not with Rule 43, paragraph 2, of the appendix to the recommendation because it is of the opinion that the requirement that prisoners held under solitary confinement be visited by medical staff on a daily basis raises serious ethical concerns regarding the possible role of such staff in effectively pronouncing prisoners fit for further solitary confinement.

UN Standard Minimum Rules

31. Corporal punishment, punishment by placing in a dark cell, and all cruel, inhuman or degrading punishments shall be completely prohibited as punishments for disciplinary offences.

32. (1) Punishment by close confinement or reduction of diet shall never be inflicted unless the medical officer has examined the prisoner and certified in writing that he is fit to sustain it.

(2) The same shall apply to any other punishment that may be prejudicial to the physical or mental health of a prisoner. In no case may such punishment be contrary to or depart from the principle stated in rule 31.

(3) The medical officer shall visit daily prisoners undergoing such punishments and shall advise the director if he considers the termination or alteration of the punishment necessary on grounds of physical or mental health.

The Oath of Athens (International Council of Prison Medical Services, 1979)

We, the health professionals who are working in prison settings, meeting in Athens on September 10, 1979, hereby pledge, in keeping with the spirit of the Oath of Hippocrates, that we shall endeavour to provide the best possible health care for those who are incarcerated in prisons for whatever reasons, without prejudice and within our respective professional ethics.

We recognize the right of the incarcerated individuals to receive the best possible health care.

We undertake:

1. To abstain from authorizing or approving any physical punishment.
2. To abstain from participating in any form of torture.
3. Not to engage in any form of human experimentation amongst incarcerated individuals without their informed consent.
4. To respect the confidentiality of any information obtained in the course of our professional relationships with incarcerated patients.
5. That our medical judgements be based on the needs of our patients and take priority

Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

Adopted by General Assembly resolution 37/194 of 18 December 1982

Principle 1

Health personnel, particularly physicians, charged with the medical care of prisoners and detainees have a duty to provide them with protection of their physical and mental health and treatment of disease of the same quality and standard as is afforded to those who are not imprisoned or detained.

Principle 2

It is a gross contravention of medical ethics, as well as an offence under applicable international instruments, for health personnel, particularly physicians, to engage, actively or passively, in acts which constitute participation in, complicity in, incitement to or attempts to commit torture or other cruel, inhuman or degrading treatment or punishment.¹

Principle 3

It is a contravention of medical ethics for health personnel, particularly physicians, to be involved in any professional relationship with prisoners or detainees the purpose of which is not solely to evaluate, protect or improve their physical and mental health.

Principle 4

It is a contravention of medical ethics for health personnel, particularly physicians:

- (a) To apply their knowledge and skills in order to assist in the interrogation of prisoners and detainees in a manner that may adversely affect the physical or mental health or condition of such prisoners or detainees and which is not in accordance with the relevant international instruments;²
- (b) To certify, or to participate in the certification of, the fitness of prisoners or detainees for any form of treatment or punishment that may adversely affect their physical or mental health and which is not in accordance with the relevant international instruments, or to participate in any way in the infliction of any such treatment or punishment which is not in accordance with the relevant international instruments.

Principle 5

It is a contravention of medical ethics for health personnel, particularly physicians, to participate in any procedure for restraining a prisoner or detainee unless such a procedure is determined in accordance with purely medical criteria as being necessary for the protection of the physical or mental health or the safety of the prisoner or detainee himself, of his fellow prisoners or detainees, or of his guardians, and presents no hazard to his physical or mental health.

Principle 6

There may be no derogation from the foregoing principles on any ground whatsoever, including public emergency.

Notes

- 1 See the Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (resolution 3452 (XXX), annex).
- 2 Particularly the Universal Declaration of Human Rights (resolution 217 A (III)), the International Covenants on Human Rights (resolution 2200 A (XXI), annex), the Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (resolution 3452 (XXX), annex) and the Standard Minimum Rules for the Treatment of Prisoners (First United Nations Congress on the Prevention of Crime and the Treatment of Offenders: report by the Secretariat (United Nations publication, Sales No. E.1956.IV.4, annex I.A)).

Appendix 2

The Istanbul statement on the use and effects of solitary confinement

Adopted on 9 December 2007 at the International Psychological Trauma Symposium, Istanbul.

The purpose of the statement

Recent years have seen an increase in the use of strict and often prolonged solitary confinement practices in prison systems in various jurisdictions across the world. This may take the form of a disproportionate disciplinary measure, or increasingly, the creation of whole prisons based upon a model of strict isolation of prisoners (1). While acknowledging that in exceptional cases the use of solitary confinement may be necessary, we consider this a very problematic and worrying development. We therefore consider it timely to address this issue with an expert statement on the use and effects of solitary confinement.

Definition

Solitary confinement is the physical isolation of individuals who are confined to their cells for twenty-two to twenty-four hours a day. In many jurisdictions prisoners are allowed out of their cells for one hour of solitary exercise. Meaningful contact with other people is typically reduced to a minimum. The reduction in stimuli is not only quantitative but also qualitative. The available stimuli and the occasional social contacts are seldom freely chosen, are generally monotonous, and are often not empathetic.

Common practices of solitary confinement

Solitary confinement is applied in broadly four circumstances in various criminal justice systems around the world; as either a disciplinary punishment for sentenced prisoners; for the isolation of individuals during an ongoing criminal investigation; increasingly as an administrative tool for managing specific groups of prisoners; and as a judicial sentencing. In many jurisdictions solitary confinement is also used as a substitute for proper medical or psychiatric care for mentally disordered individuals. Additionally, solitary confinement is increasingly used as a part of coercive interrogation, and is often an integral part of enforced disappearance (2) or incommunicado detention.

The effects of solitary confinement

It has been convincingly documented on numerous occasions that solitary confinement may cause serious psychological and sometimes physiological ill effects (3). Research suggests that between one third and as many as 90 per cent of prisoners experience adverse symptoms in solitary confinement. A long list of symptoms ranging from insomnia and confusion to hallucinations and psychosis has been documented. Negative health effects can occur after only a few days in solitary confinement, and the health risks rise with each additional day spent in such conditions. Individuals may react to solitary confinement differently. Still, a significant number of individuals will experience serious health problems regardless of the specific conditions, regardless of time and place, and regardless of pre-existing personal factors. The central harmful feature of solitary confinement is that it reduces meaningful social contact to a level of social and psychological stimulus that many will experience as insufficient to sustain health and well being.

The use of solitary confinement in remand prisons carries with it another harmful dimension since the detrimental effects will often create a de facto situation of psychological pressure which can influence the pre-trial detainees to plead guilty.

When the element of psychological pressure is used on purpose as part of isolation regimes such practices become coercive and can amount to torture.

Finally solitary confinement places individuals very far out of sight of justice. This can cause problems even in societies traditionally based on the rule of law. The history of solitary confinement is rich in examples of abusive practices evolving in such settings. Safeguarding prisoner rights therefore becomes especially challenging and extraordinarily important where solitary confinement regimes exist.

Human rights and solitary confinement

The use of torture, cruel, inhuman or degrading treatment or punishment is absolutely prohibited under international law (Article 7 of the UN convention on Civil and Political Rights (ICCPR) and the UN convention against Torture (CAT), for example). The UN Human Rights Committee has stipulated that use of prolonged solitary confinement may amount to a breach of Article 7 of the ICCPR (General comment 20/44, 3. April 1992). The UN Committee against Torture has made similar statements, with particular reference to the use of solitary confinement during pre-trial detention. The UN committee on the Rights of the Child has furthermore recommended that solitary confinement should not be used against children (4). Principle 7 of the UN Basic Principles for the Treatment of Prisoners states that 'Efforts addressed to the abolition of solitary confinement as a punishment, or to the restriction of its use, should be undertaken and encouraged'. Jurisprudence of the UN Human Rights Committee has previously found a specific isolation regime to violate both article 7 and article 10 of the ICCPR (Campos v. Peru 9. January 1998).

On a regional level, the European Court and former Commission on Human Rights, as well as the European Committee for the Prevention of Torture (CPT), have made it clear that the use of solitary confinement can amount to a violation of Article 3 of the ECHR (i.e. constitute torture, inhuman or degrading treatment), depending on the specific circumstances of the case, and the conditions and duration of detention. It has been recognised that "...complete sensory isolation coupled with total isolation, can destroy the personality and constitutes a form of inhuman treatment which cannot be justified by the requirements of security or any other reason" (5). The CPT has also stated that solitary confinement "can amount to inhuman and degrading treatment" and has on several occasions criticized such practices and recommended reform – i.e. either abandoning specific regimes, limiting the use of solitary confinement to exceptional circumstances, and/or securing inmates a higher level of social contact (6). The importance of developing communal activities for prisoners subjected to various forms of isolation regimes has for example been stressed (CPT, visit report Turkey, 2006, para. 43). Furthermore, the revised European Prison Rules of 2006 have clearly stated that solitary confinement should be an exceptional measure and, when used, should be for as short a time as possible(7).

The Inter-American Court of Human Rights has also stated that prolonged solitary confinement constitutes a form of cruel, inhuman or degrading treatment prohibited under Article 5 of the American Convention on Human Rights (Castillo Petruzzi et al., Judgment of May 30, 1999).

Policy implications

Solitary confinement harms prisoners who were not previously mentally ill and tends to worsen the mental health of those who are. The use of solitary confinement in prisons should therefore be kept to a minimum. In all prison systems there is some use of solitary confinement – in special units or prisons for those seen as threats to security and prison order. But regardless of the specific circumstances, and whether solitary confinement is used in connection with disciplinary or administrative segregation or to prevent collusion in remand prisons, effort is required to raise the level of meaningful social contacts for prisoners.

This can be done in a number of ways, such as raising the level of prison staff-prisoner contact, allowing access to social activities with other prisoners, allowing more visits, and allowing and arranging in-depth talks with psychologists, psychiatrists, religious prison personnel, and volunteers from the local community. Especially important are the possibilities for both maintaining and developing relations with the outside world, including spouses, partners, children, other family and friends. It is also very important to provide prisoners in solitary confinement with meaningful in cell and out of cell activities. Research indicates that small group isolation in some circumstances may have similar effects to solitary confinement and such regimes should not be considered an appropriate alternative.

The use of solitary confinement should be absolutely prohibited in the following circumstances:

- For death row and life-sentenced prisoners by virtue of their sentence.
- For mentally ill prisoners.
- For children under the age of 18.

Furthermore, when isolation regimes are intentionally used to apply psychological pressure on prisoners, such practices become coercive and should be absolutely prohibited.

As a general principle solitary confinement should only be used in very exceptional cases, for as short a time as possible and only as a last resort.

Notes

- (1) For the purpose of this document we use the term prisoner as a broad category covering persons under any form of detention and imprisonment.
- (2) The International Convention for the Protection of All Persons from Enforced Disappearance of December 2006 defines enforced disappearance as "...the arrest, detention, abduction or any other form of deprivation of liberty by agents of the State or by persons acting with the authorization, support or acquiescence of the State, followed by a refusal to acknowledge the deprivation of liberty or by concealment of the fate or whereabouts of the disappeared person, which place such a person outside the protection of the law."
- (3) For studies on the health effects of solitary confinement, see Peter Scharff Smith "The Effects of Solitary Confinement on Prison Inmates. A Brief History and Review of the Literature" in *Crime and Justice* vol. 34, 2006 (pp. 441-528); Craig Haney "Mental Health Issues in Long-Term Solitary and 'Supermax' Confinement" in *Crime & Delinquency* 49(1), 2003 (pp. 124-56); Stuart Grassian "Psychopathological Effects of Solitary Confinement" in *American Journal of Psychiatry* 140, 1983 (pp. 1450-4).
- (4) CRC/C/15/Add.273, "Denmark", 30 September 2005, para. 58 a.
- (5) Ramirez Sanchez v. France, Grand Chamber, 4. July 2006, para. 123.
- (6) Rod Morgan and Malcolm Evans "Combating torture in Europe", 2001, p. 118. See also Recommendation Rec(2003)23 Committee of Ministers under the European Council, para.7, 20, and 22.
- (7) Committee of Ministers – Rec(2006)2E (Adopted by the Committee of Ministers on 11 January 2006 at the 952nd meeting of the Ministers' Deputies), article 60.5. See also CPT, GR2, §56.

Task group participants

Alp Ayan, psychiatrist, Human Rights Foundation of Turkey

Türkcan Baykal, M.D., Human Rights Foundation of Turkey

Jonathan Beynon, M.D., Coordinator of health in detention, ICRC, Switzerland*

Carole Dromer, Médecins du Monde

Şebnem Korur Fincancı, Professor, Specialist on Forensic Medicine, Istanbul University, Turkey

Andre Gautier, Psychologist and psychoanalyst, ITEI-Bolivia

Inge Genefke, MD, DMSc hc mult, IRCT Ambassador, Founder of RCT and IRCT

Bernard Granjon, Médecins du Monde

Bertrand Guery, Médecins du Monde

Melek Göregenli, Professor in psychology, Psychology Dept., Ege University, Turkey

Cem Kaptanoğlu, Professor, psychiatrist, Osmangazi University, Turkey

Monica Lloyd, the Chief Inspector of Prisons office, United Kingdom*

Leanh Nguyen, Clinical Psychologist, Bellevue/NYU Program for Survivors of Torture

Manfred Nowak, Special Rapporteur on Torture, UN and Director of the Ludwig Boltzmann Institute of Human Rights

Carol Prendergast, Director of Operations, Bellevue/NYU Program for Survivors of Torture

Christian Pross, M.D., Center for the Treatment of Torture Victims, Berlin, Germany

Sidsel Rogde, MD, PhD, Professor of Forensic Medicine, University of Oslo, Norway

Doğan Şahin, Ass. Professor, psychiatrist, Istanbul University, Turkey

Sharon Shalev, Mannheim Centre for Criminology, London School of Economics

Peter Scharff Smith, Senior Researcher, the Danish Institute for Human Rights

Alper Tecer, psychiatrist, Human Rights Foundation of Turkey

Hülya Üçpınar, legal expert, Human Rights Foundation of Turkey

Veysi Ülgen, M.D., TOHAV

Miriam Wernicke, Legal Adviser, IRCT

* The points of view expressed are the personal opinions of the individuals, and do not necessarily represent the position of their organizations.

Acronyms and abbreviations

BMA	British Medical Association
CAT	Committee against Torture
CPT	Committee for the Prevention of Torture
CSC	Close Supervision Centre
ECHR	European Convention on Human Rights
ECtHR	European Court of Human Rights
EPR	European Prison Rules
HMCIP	Her Majesty's Chief Inspector of Prisons for England and Wales
ICN	International Council of Nurses
OPCAT	Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
SMR	Standard Minimum Rules for the Treatment of Prisoners
UN	United Nations
WHO	World Health Organisation
WMA	World Medical Association

Links & Resources

Human rights bodies and legal instruments

Office of the UN High Commissioner on Human Rights (OHCHR) www.ohchr.org
(Contains international law texts and materials and links to other UN bodies)

Committee for the Prevention of Torture (CPT) www.cpt.coe.int
(Contains country reports and CPT Standards)

European Court of Human Rights (ECtHR) www.echr.coe.int/echr
(Contains case law of the Court)

Non-governmental organisations

Amnesty International (AI) www.amnesty.org

Association for the Prevention of Torture (APT) www.apr.ch

Human Rights Watch (HRW) www.hrw.org

Prison Reform International (PRI) www.penalreform.org

Professional Associations

British Medical Association (BMA) www.bma.org.uk

British Psychological Association (BPS) www.bps.org.uk

International Council of Nurses (ICN) www.icn.ch

Royal College of Psychiatrists www.rcpsych.ac.uk

World Health Organisation (WHO) www.who.int

World Medical Association (WMA) www.wma.net

England and Wales

Her Majesty's Inspectorate of Prisons (HMCIP) <http://inspectors.homeoffice.gov.uk/hmciprison>

Prisons and Probation Ombudsman www.ppo.gov.uk

Prison Reform Trust (PRT) www.prisonreformtrust.org.uk

International Centre for Prison Studies www.kcl.ac.uk/schools/law/research/icps

Electronic copies of the Sourcebook on solitary confinement and additional links and resources can be found on the Solitary Confinement website: www.solitaryconfinement.org

Bibliography

- Abbott, J.H., (1982) *In the Belly of the Beast: Letters from Prison*. New York: Vintage Books.
- Adams, R., (1994) *Prison Riots in Britain and the USA*. 2nd ed. London: Macmillan Press
- All Parliamentary Group on Prison Health (2006) *The Mental Health Problem in UK HM Prisons*.
- Amnesty International, (1980) *Prison Conditions of Persons Suspected or Convicted of Politically Motivated Crimes in the FRG: Isolation and Solitary Confinement*. AI Index: EUR 32/01/80.
- Andersen, H.S., Sestoft, D., Lillebaek, T., Gabrielsen, G., Hemmingsen, R. (2003) *A longitudinal study of prisoners on remand. Repeated measures of psychopathology in the initial phase of solitary versus non-solitary confinement*. *International Journal of Law and Psychiatry*, 26:165-177.
- Association for the prevention of torture (APT), *Monitoring Places of Detention: A Practical Guide*. Geneva, April 2004
- Benjamin, T.B. and Lux, K., (1977) *Solitary Confinement as Psychological Punishment*. *California Western Law Review*, 13:265-296.
- Binda, H., (1975) *Effects of Increased Security on Prison Violence*. *Journal of Criminal Justice*, 3:33-46.
- Bottoms, A.E., (1999) *Interpersonal Violence and Social Order in Prisons*. IN: Tonry, M. and Petersilia, J., eds. *Crime and Justice: a review of research*. Vol. 26, Prisons. Chicago and London: University of Chicago Press.
- Briggs et al. (2003). 'The effects of supermaximum security prisons on aggregate levels of institutional violence', *Criminology*, Vol.41 (4) pp 1341-1376.
- British Medical Association Ethics Department, (2004) *Medical Ethics Today*.
- British Medical Association (2001) *The Medical Profession and Human Rights*, London and New York: Zed Books.
- Brodsky, S.L., and Scogin, F.R., (1988) *Inmates in Protective Custody: First Data on Emotional Effects*. *Forensic Reports* 1:267-280
- Buchanan, R.A., Unger, C.A. and Whitlow, K.L., (1988) *Disruptive Maximum Security Inmate Management Guide*. Washington DC: US Department of Justice, National Institute of Corrections.
- Campaign to Stop Control Units Report*, 1997
- Charriere, H., (1970) *Papillon*. London: Panther Books.
- Cloyes, K.G., Lovell, D., Allen, D.G., Rhodes, L.A. (2006) *Assessment of psychological impairment in a supermaximum security sample*. *Criminal Justice and Behavior*, Vol. 33(6):760-781.
- Cohen, S. and Taylor, L., ([1972]1981) *Psychological Survival: The Experience of Long-Term Imprisonment*. 2nd ed. Harmondsworth, Penguin Books.

- Coid, J., Petruckevitch, A., Bebbington, P., Jenkins, R., Brugha, T., Lewis, G., Farrell, M., Singleton, N. (2003). *Psychiatric morbidity in prisoners and solitary cellular confinement, I: disciplinary segregation. Journal of Forensic Psychiatry & Psychology*, Vol. 14 No. 2:298-319, September.
- Coid, J., Petruckevitch, A., Bebbington, P., Jenkins, R., Brugha, T., Lewis, G., Farrell, M., Singleton, N. (2003). *Psychiatric morbidity in prisoners and solitary cellular confinement, II: special ('strip') cells. Journal of Forensic Psychiatry & Psychology*, Vol. 14 No. 2:320-340, September.
- Colvin, M., (1992) *The Penitentiary in Crisis- From Accommodation to Riot in New Mexico*. Albany: State University of New-York Press.
- Commission on Safety and Abuse in America's Prisons: *Confronting Confinement*, June 2006.
- Coyle, A. (2002), *A Human Rights Approach to Prison Management*, International Centre for Prison Studies, London.
- Evans, R. (1982) *The Fabrication of Virtue: English prison Architecture 1750-1840*. Cambridge: Cambridge University Press.
- Ecclestone, C., Gendreau, P. and Knox, C., (1974) *Solitary confinement of prisoners: an assessment of its effects on inmates' personal constructs and adrenocortical activity. Canadian Journal of Behavioural Science Review*, 6(2):178-191.
- Fairweather, L. (2000) *Psychological effects of the prison environment*. IN: Fairweather, L. and McNoville, S., eds. (2000) *Prison Architecture: Policy, Design and Experience*. London: Architectural Press.
- Faris, R.E., (1934) *Cultural Isolation and the Schizophrenic Personality. American Journal of Sociology*, September, 40(2):155-164.
- Gendreau, P. and Bonta, J., (1984) *Solitary confinement is not Cruel and Unusual Punishment: People Sometimes Are! Canadian Journal of Criminology*, 26:467-478.
- General Medical Council, *Good Practice Guidance on Confidentiality: Protecting and Providing Information*, April 2004.
- Goffman, E. (1961) *Asylums: Essays on the social situation of mental patients and other Inmates*. Garden City, New York: Anchor Books.
- Grassian, S., (1983) *Psychopathological Effects of Solitary Confinement. American Journal of Psychiatry*, 140(11):1450-1454.
- Grassian, S. and Friedman N., (1986) *Effects of Sensory Deprivation in Psychiatric Seclusion and Solitary Confinement. International Journal of Law & Psychiatry*, 8:49-65.
- Grassian, S. (2006) *Psychiatric Effects of Solitary Confinement, Journal of Law and Policy*, Vol.22:325-383.
- Haney (2003) *Mental Health Issues in Long-Term Solitary and 'Supermax' Confinement. Crime & Delinquency*, 49(1):124-156.
- Haney, C. and Lynch, M., (1997) *Regulating Prisons of the Future: Psychological Analysis of Supermax and Solitary Confinement. New York University Review of Law & Social Change*, XXIII (4):477-570.

Hills, H., Siegfried, C., Ickowitz, A. (2004) *Effective Prison Mental Health Services: guidelines to expand and improve treatment*. U.S. Department of Justice National Institute of Corrections.

Hocking, F., (1970) *Extreme environmental stress and its significance for psychopathology*, *American Journal of Psychiatry*, 24:4-26.

Hodgins, S. and Cote, G., (1991) *The Mental health of penitentiary inmates in isolation*. *Canadian Journal of Criminology*, April 1991:175-182.

Hunt, G. et al., (1999) *Changes in Prison Culture: Prison Gangs and the Case of the Pepsi Generation*. *Soc. Prob. Issue* 40.

HM Chief Inspectorate of Prisons for England and Wales, *Expectations: criteria for assessing the condition in prisons and the treatment of prisoners (updated regularly)*.

Human Rights Watch, *"Like the Dead in Their Coffins" Torture, Detention and the Crushing of Dissent in Iran*; June 2004, Vol. 16, No.2 (E)

Human Rights Watch, *Locked Up Alone: Detention Conditions and Mental Health at Guantanamo*, June 2008.

Joint Parliamentary Committee on Human Rights (2004) *Third Report Session 2004-05, HL 15/I/HC 137-I*.

Korn, R. (1988) *The effects of confinement in the High Security Unit at Lexington*. *Social Justice*, 15(1):8-19

Kupers, T. (1999) *Prison Madness: The Mental Health Crisis Behind Bars and What we Must do about it*. San Francisco: Jossey-Bass.

McCleery, R., (1961) *Authoritarianism and the Belief System of the Incurables*. IN: Cressey, D., (ed.) *The Prison*. New York: Holt, Rinehart and Winston, pp.260-306.

McConville, S., (1981) *A History of English Prison Administration*. London: Routledge and Kegan.

Mead, G. H., (1934) *Mind, Self and Society*. Chicago: University of Chicago Press.

Miller, H. (1994) *Reexamining Psychological Distress in the Current Conditions of Segregation*. *Journal of Correctional Health Care*, Vol. 1:39-53

Miller, H. and Young, G. (1997) *Prison segregation: administrative detention remedy of mental health problem?* *Criminal Behaviour and Mental Health*, Vol. 7:85-94

Morgan, R. and Evans, M. (2001) *Combating torture in Europe*. Strasburg: Council of Europe Publishing.

Morris, N. and Rothman, D., eds. (1998) *The Oxford History of the Prison: The Practice of Punishment in Western Society*. Oxford: Oxford University Press

Mottram, P. (2007) *HMP Liverpool, Styal and Hindley Study Report*, University of Liverpool

Moyer, F., (1975) *The Architecture of closed institutions*. IN: United Nations Social Defence Research Institute (UNSDRI) *Prison Architecture: An International Survey of Representative and Closed Institutions and Analysis of Current Trends in Prison Design (prepared by G.D. Gennaro)*. London: The Architectural Press, pp.53-66.

Murdoch, J. (2006) *The treatment of prisoners: European Standards*. Strasburg: Council of Europe Publishing.

National Offender Management Service, Safer Custody Group. *Self Inflicted Deaths Annual Report 2004/5*.

Nitsche, P., and Williams, K., (1913) *The History of the Prison Psychosis. Nervous and Mental Disease Monograph Series, No.13*. New York: Nervous and Mental Disease Publishing Company.

Office of the United Nations High Commissioner for Human Rights (2005) *Human Rights and Prisons, Professional Training Series No.11*, available online at: www.ohchr.org

Parenti, C. (1999) *Lockdown America: Police and Prisons in the Age of Crisis*. London: Verso.

Physicians for Human Rights and the School of Public Health and Primary Health Care University of Cape Town (2002) *Dual Loyalty & Human Rights in Health Profession Practice. A Project of the International Dual Loyalty Working Group*

Physicians for Human Rights (PHR) (2005) *Break them down: systematic use of psychological torture by US forces Physicians for Human Rights, USA*.

Prison Reform International (2003) *Training Manual no. 1: Human Rights and Vulnerable Prisoners*

Rasmussen, J. (Ed.) (1973) *Man in Isolation & Confinement*, Chicago: Aldine Publishing Company

Reyes, H. *The worst scars are in the mind: psychological torture*, *International Review of the Red Cross*, Volume 89 No. 867 September 2007 pp 591-617.

Rickford, D. and Edgar, K. *Troubled Inside: Responding the Mental Health Needs of Men in Prison*, Prison Reform Trust, 2005

Riveland, C., (1999) *Supermax prisons: Overview and General Considerations*. Washington DC: US Department of Justice, National Institute of Corrections

Rhodes, L.A. (2004) *Total confinement: madness and reason in the maximum security prison*. Berkley and Los Angeles: University of California Press.

Robbins et al. (2005), *Psychiatric problems of detainees under the Anti-Terrorism Crime and Security Act 2001*. *Royal College of Psychiatrists, Psychiatric Bulletin* 29:407-409

Rothman, D.J. (1980) *Conscience and Convenience: The Asylum and its Alternatives in Progressive America*. Boston: Little, Brown and Company.

Royal College of Psychiatrists (2006) *Good Psychiatric Practice: Confidentiality and Information Sharing*, CR 133.

Royal College of Psychiatrists (1998) *Management of imminent violence*, OP 41.

Scharff-Smith, P., (2004) *A Religious Technology of the Self: rationality and religion in the rise of the modern penitentiary*. *Punishment and Society*, 6(2):195-220.

Scharff-Smith, P., (2006) *"The Effects of Solitary Confinement on Prison Inmates. A Brief History and Review of the Literature"* *Crime and Justice* Vol. 34: 441-528

Scott, G.D. and Gendreau, P., (1969) *Psychiatric Implications of Sensory Deprivation in a Maximum Security Prison*. *Canadian Psychiatric Association Journal*, 14(1):337-341.

- Shalev, S (2009) *Supermax: controlling risk through solitary confinement*. Devon: Willan Publishing
- Shalev, S. (2007) "The power to classify: avenues into a supermax prison" in: Downes, D., Rock, P., Chinkin, C. and Gearty, C. (Eds.) *Crime, Social Control and Human Rights: From moral panics to states of denial*, Devon: Willan Publishing, pp. 107-119.
- Sestfot, D.M., Andersen, H.S., Lillebaek, T. and Gabrielsen, G., (1998) *Impact of solitary confinement on hospitalisation among Danish prisoners in custody*. *International Journal of Law and Psychiatry*, 21(1):99-108.
- Siegel, R., (1984) *Hostage Hallucinations: Visual Imagery Induced by Isolation and Life-Threatening Stress*. *Journal of Nervous and Mental Disease*, 17(5):264-272.
- Smith, S. and Lewty, W., (1959) *Perceptual isolation using a silent room*. *Lancet*, 2:342-345.
- Solomon, P. et al., eds. *Sensory Deprivation*. Cambridge, Mass: Harvard University Press.
- Suedfeld, P., (1975) *The Benefits of Boredom: Sensory Deprivation Reconsidered*. *American Scientist*, Jan-Feb, 63:60-69.
- Suedfeld, P. and Roy, C., (1975) *Using Social Isolation to Change the Behaviour of Disruptive Inmates*. *International Journal of Offender Therapy and Comparative Criminology*, 19:90-99.
- Suedfeld, P., Ramirez, C., Deaton, J. and Baker-Brown, G., (1982) *Reactions and Attributes of Prisoners in Solitary Confinement*. *Criminal Justice and Behaviour*, 9(3):303-340.
- Sutherland, E.H., and Cressey, D.R., (1955) *Principles of criminology*, 5th Ed. New York: J.B. Lippincott Company.
- Sykes, G., (1958) *The Society of Captives: A Study of Maximum Security Prison*. Princeton: Princeton University Press
- Toch, H (1992) *Mosaic of Despair: Human Breakdown in Prison*. Washington DC: American Psychological Association.
- UN Human Rights Committee (2001) A/56/156.
- UN Human Rights Committee, *Concluding Remarks on Denmark*. 31/10/2000. CCPR/CO/70/DNK
- UN Special Rapporteur on the question of torture and other cruel, inhuman or degrading treatment or punishment Report (1999) UN doc. A/54/426
- UN Special Rapporteur on the question of torture and other cruel, inhuman or degrading treatment or punishment Report (1995) UN doc. E/CN.4/1995/34
- Wakefield, D., (1980) *A Thousand Days of Solitary*. London: National Prisoners' Movement (PROP).
- Walters, R.H., Callagan, J.E. and Newman, A.F., (1962) *The effects of solitary confinement on prisoners*. *American Journal of Psychiatry*, 119(5):771-773.
- World Health Organisation (WHO) *Health in Prisons: a WHO Guide to the essentials in prison health*. 2007
- Zuckerman, M., (1964) *Perceptual isolation as a stress situation*. *Archives of General Psychiatry*, pp.255-276.