



Case FAID v. FRANCE
no. 316/24

1. The exhibitors point out that solitary confinement is, in a democratic society, the most invasive and sensitive coercive measure in terms of the potential for irreversible damage to a person's integrity. In the first place, they consider it necessary to explain the rationales at work in French penitentiary policies, which form the backdrop to the present case. In this respect, they wish to draw the Court's attention to the fact that not only has the measure been widely deployed and tightened in France, in defiance of the CPT's recommendations, but it has also been instrumentalized for purely political purposes. Secondly, they consider that the segregation regime as it is spreading before our very eyes calls for clarification in case law with respect to the concepts of "sensory isolation" and "prolonged complete isolation".

I. The national context: a marked tightening of security in the prison system

2. On December 31, 2023, the date of the latest official statistics, 814 people were held in solitary confinement, marking an increase of almost 9% since the beginning of 2022, mirroring the overall rise in the prison population over the same period. Of these, 100 individuals (12%) had requested isolation. Administrative decisions accounted for 94% of all cases of solitary confinement. On the same date, 35% of those placed in administrative isolation (270 people) had been subjected to the measure for over a year, and nearly 20% for more than two years.¹
3. Solitary confinement in France has long been a source of concern for the CPT. As early as 2000, it expressed "serious reservations about the situation of many prisoners in solitary confinement (...)." These concerns related both to the prolonged duration of solitary confinement, sometimes lasting for years, and to the highly restrictive regime imposed on such prisoners, characterised by a lack of structured and communal activities. The CPT called for the measure to be "of the shortest possible duration."² However, in 2019, it was again compelled to express concern over the continued placement of detainees in solitary confinement for extended periods—sometimes exceeding several years—due to its detrimental impact on mental health. It recommended a "complete re-examination" of the measure once it exceeds 24 hours, with the aim of ending it "as quickly as possible."
4. In 2007, the French National Consultative Commission on Human Rights (CNCDH) observed that solitary confinement "has a notoriously deleterious effect on the physical and mental state of the prisoners subjected to it. It results in an almost total absence of contact with others. Medical practitioners working in prisons are well aware of its harmful effects, which include altered senses, destabilised spatio-temporal reference points, and psychological decompensation. To such an extent that healthcare staff refer to it as 'white torture'" [Medical Ethics in Prisons: Monitoring of Persons in Solitary Confinement, Espace éthique Assistance publique – Hôpitaux de Paris, September 1999]. The CNCDH concluded that "the environment and the passage of time leave the inmate in a mortifying state of inactivity, resulting in a feeling of crushing that is highly destructuring."⁽⁴⁾

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² CPT, report on the visit to France between May 14 and 26, 2000.

³ CPT, Report on the visit to France from 4 to 18 December 2019 CPT/Inf (2021)

5. Furthermore, isolation is often accompanied by an accumulation of surveillance and restraint measures, particularly those associated in practice with DPS status (detainee of particular interest). These measures include the escorting of internal movements, frequent searches and cell changes, night-time awakenings, meticulous monitoring of communications with the outside world, and reinforced escorts during medical extractions.
6. The CGLPL, in particular, criticised night-time awakenings as being "likely to cause or exacerbate psychological disorders. These should be all the more exceptional given that daily probing of the bars and monitoring from the watchtowers are already in place to mitigate the risks of serious incidents and prevent escapes." Following its visits in 2015 and 2019, the CPT highlighted the extent to which this practice could have "harmful consequences for the health of the persons concerned. The perpetuation of such measures over several months or even years is likely to cause psychological disorders or worsen existing conditions," especially concerning the risk of suicide. It therefore recommended that France "review the arrangements for night-time surveillance" and limit cell lighting to "only when strictly necessary."⁶
7. Visits by the Contrôleur général des lieux de privation de liberté (CGLPL, the French national watchdog for places of deprivation of liberty) have highlighted the harsh conditions in isolation wards, marked by drastic restrictions on social contacts and activities, as well as limited mental and physical stimulation.⁷ The CGLPL has noted that "decisions to keep people in isolation are regularly made automatically, without any explicit review of the necessity and proportionality of the measure. The situation of individuals kept in isolation, sometimes for many years, reflects a form of administrative deadlock, inertia, and resignation."⁸ The CGLPL has also repeatedly recommended during its visits that individual management notes be justified based on elements specific to the individual concerned, have a limited period of application, and be notified to detainees with the possibility of appeal.⁹
8. Despite the increasing number of warnings from internal bodies, the CPT, and rulings from the Court, the main direction of French prison policy continues to be the expansion of exceptional measures in detention management beyond the categories initially targeted. At the same time, as the logic of exception spreads, those originally targeted bear the brunt of an increasingly severe security regime.

⁴ (CNCDH, *Les droits de l'homme dans la prison*, vol. 1, 2007)

⁵ (CGLPL, *La nuit dans les lieux de privation de liberté*, Dalloz 2019)

⁶ CPT, reports on visits to France from November 15 to 27, 2015 (2017) and December 4 to 19, 2019 (2021)

⁷ (CGLPL, *Incarcérations de longue durée et atteintes aux droits*, January 2024)

⁸ *Ibid.*

⁹ see in particular: report on the Villefranche-sur-Saône prison (2021))

9. In recent years, the CGLPL has criticised the tightening of conditions in solitary confinement, driven by growing concerns about radicalisation. It specifically noted that "the presence of people categorised as 'TIS' [linked to Islamist terrorism] has led to an even higher level of security and control in isolation quarters." Furthermore, "since the 2015 attacks, at least, we have seen isolation quarters fill up with individuals deemed highly proselytising or suspected of radicalisation, despite the proliferation of dedicated care units. At the same time, the possibility that was often granted to isolated individuals to gather in small groups or at least communicate with compatible profiles has diminished significantly."¹⁰
10. In contrast to the "dynamic security" promoted by the Council of Europe, recent years have seen an increase in the use of coercive security measures: units for violent detainees (UDV), vulnerable quarters, and radicalisation assessment and management quarters (QER and QPR). However, isolation wards have not been emptied—by March 2024, they were 84% occupied nationwide, as were the UDV's. These "specific" wards are therefore an addition to segregation, not a replacement for it. The legal director of the CGLPL highlighted "a whole spectrum of practices ranging from isolation stricto sensu to a form of care where isolation is somewhat reduced but remains subject to many of the same constraints." (¹¹).
11. In a clear populist move, the Minister of Justice's recent announcement that "the most dangerous drug traffickers" will be placed in "total isolation" in high-security prisons represents a drastic shift. The first of these prisons is set to open on July 31, 2025, with an additional four or five planned by 2027. According to the Minister, the goal is to imprison "those likely to have contacts with the outside world to continue their criminal activities," identified by the administration notably "through searches and seizures." These criteria open the door to arbitrariness, particularly as the stated aim is to expand its reach: "For now, we're targeting the very top end of the spectrum. But in the near future, we will be able to extend this to the upper end of the spectrum." The policy targets defendants and convicts linked to "narco-banditry," disregarding the presumption of innocence that should apply to the former. The Minister also announced the introduction of extreme measures to make the prisons "inviolable, cut off from all communication with the outside world," including 24-hour surveillance, network jamming systems inside the establishment, anti-drone devices, and locations far from any urban areas, with no possibility of transfer. Other measures include limiting landline telephone use to three 2-hour sessions a week, the widespread use of videoconferencing to avoid outings, systematic searches after visits, use of hygiaphones during visits, elimination of access to family life units, and the anonymisation of prison officers working there. These new prisons will elevate isolation from the level of individual units to that of entire establishments.

¹⁰ CGLPL, *Prise en charge des personnes " radicalisées " et respect des droits fondamentaux*, Jan. 2020.

¹¹ Ibid.

II. The effects isolation health: state of knowledge

12. The severe psychological and physical effects of solitary confinement are well documented.¹² Depending on the circumstances, these symptoms can range from progressive and severe forms of anxiety, stress and depression, to cognitive impairment and suicidal tendencies.¹³ Notably, Kaba et al. found that prisoners in solitary confinement were **6.9 times more likely to self-harm** than the general population.¹⁴ Three key factors make isolation intrinsically harmful: the absence of meaningful human contact, reduced environmental stimulation and loss of control over all aspects of daily life.

(i) *The inherently detrimental effect social isolation*

13. Social isolation has been associated with a variety of dysfunctional psychological states and outcomes.¹⁵ The level of social stimulation that generally results from isolation is insufficient to enable the individual to remain in a reasonable state of mental health.¹⁶ Research emphasizes *the meaningful nature* of exchanges, as routine contacts during meal distribution or internal movements cannot be considered as genuine social engagement. A few days of isolation can be enough to cause brain activity to evolve into an abnormal pattern characteristic of stupor and delirium¹⁷.
14. Research in social psychology, including theories of social learning, emphasize the importance of the "self" being shaped and nurtured by social interactions; "it is impossible to conceive of a self outside of social experience".¹⁸ Social contact is necessary to form concepts, perceptions and interpret reality.¹⁹ The WHO affirms that social well-being is an integral part of its definition of "health"²⁰. The importance of social contact in shaping human identity and supporting mental health is indirectly highlighted by the frequent use of isolation to manipulate or exacerbate human malleability²¹.
15. Prisoners placed in isolation withdraw, regress and even develop a "reclusive personality".²² Prolonged periods of "cultural isolation" have been "generally regarded as the basis of schizophrenia".²³ Even if prisoners do not show explicit symptoms isolation, the effects can be profound and long-lasting.

¹² S. Shalev, *A Sourcebook on Solitary Confinement* (Manheim Centre for Criminology, LSE 2008); Craig Haney, 'Restricting the Use of Solitary Confinement' (2018) 1 *Ann Rev Criminol* 285 <https://doi.org/10.1146/annurev-criminol-032317-092326>.

¹³ UN Special Rapporteur on Torture, 'Report on psychological torture and ill-treatment' UN Doc. No. A/HRC/43/49.

¹⁴ Fazel Kaba et al, 'Solitary Confinement and Risk of Self-Harm Among Jail Inmates' (2014) 104(3) *Am J Public Health* 442.

¹⁵ Craig Haney and Mona Lynch, 'Regulating Prisons of the Future: (...) op. cit.

¹⁶ Peter Scharff Smith, 'The effects of solitary confinement on prison inmates', *Crime and Justice*, vol. 34 (2006), p. 449.

¹⁷ Stuart Grassian, 'Psychiatric Effects of Solitary Confinement', *Journal of Law and*, vol. 22 (2006), p. 325.

¹⁸ George H. Mead, *Mind, Self and Society* (University of Chicago Press 1934).

¹⁹ Ibid; Craig Haney and Mona Lynch, 'Regulating Prisons of the Future... op.cit

²⁰ WHO, Declaration of Alma-Ata, 1978.

²¹ Craig Haney and Mona Lynch, "Regulating Prisons of the Future: (...), op. cit.

²² Robert E. Faris, 'Cultural Isolation and the Schizophrenic Personality' (1934) 40(2) *Am J Sociol* 155.

²³ Ibid.

Upon release, they may have difficulty interacting socially, often feeling inadequate in social contexts and actively avoiding them, significantly impairing their ability to function both in the prison environment and in society at large, ultimately reducing their prospects of successful reintegration.²⁴ Neither short-term nor long-term stays in solitary confinement have specific deterrent effects in reducing subsequent disciplinary infractions²⁵ or post-prison recidivism among prisoners who have been subjected to them. In fact, some research suggests that time spent in solitary confinement may increase post-prison recidivism rates.²⁶

16. A related field of research has highlighted the beneficial role that the presence of others - commonly referred to as "social support" - plays in mitigating the effects of stress, underlining the association between social ties and physical and mental health.²⁷

(ii) *Effects resulting from a lack of environmental stimulation*

17. Sensory stimuli and control of the environment are a fundamental human need.²⁸ While short-term sensory deprivation alone can trigger extreme mental torment, prolonged deprivation usually results in apathy, followed by disorientation worsening over time, confusion and, finally, delusional, hallucinatory and psychotic symptoms.²⁹
18. Reduced sensory stimulation can lead to decreased brain activity. One study shows that sensory input and motor and mental output work in parallel: "Decreased sensory input through sensory restriction produces decreased mental alertness, inability to concentrate, decreased planning and motivation, and decreased physical activity in the speech and motor systems".³⁰ By measuring the brain activity of isolated prisoners on a daily basis, the study found that after seven days, brain activity decreased, "correlating with apathetic and lethargic behavior... and with a reduction in stimulation-seeking behavior."³¹ Above all, the study showed that "up to seven days, the EEG decline is reversible, but if deprivation is prolonged, this is not necessarily the case."⁽³²⁾

²⁴ Sharon Shalev, *A Sourcebook on Solitary Confinement*, op.cit p. 19.

²⁵ David Lovell, L. Clark Johnson, and Kevin C. Cain, 'Recidivism of Supermax Prisoners in Washington' (2007) 53 *Crime Delinq* 633; Daniel P. Mears and William D. Bales, 'Supermax Incarceration and Recidivism' (2009) 47 *Criminology* 1131.

²⁶ David Lovell, L. Clark Johnson, and Kevin C. Cain, 'Recidivism of Supermax Prisoners in Washington' (2007) 53 *Crime Delinq* 633; Daniel P. Mears and William D. Bales, 'Supermax Incarceration and Recidivism' (2009) 47 *Criminology* 1131.

²⁷ Sidney Cobb, Social Support as a Moderator of Life Stress, 3S *Psychosom. J. Med.* 300 (1976); Alfred Dean and Nan Lin, The Stress-Buffering Role of Social Support, 165 *NERVOUS & MENTAL DISORDERS* 403 (1977).

²⁸ UN Special Rapporteur on Torture, 'Report on psychological torture and ill-treatment' (20 March 2020) UN Doc. No. A/HRC/43/49.

²⁹ Ibid.

³⁰ G. D. Scott and Paul Gendreau, 'Psychiatric Implications of Sensory Deprivation in a Maximum Security Prison' (1969) 14(1) *Can Psychiatr Assoc J* 337, 338.

³¹ Ibid.

³² Ibid.

(iii) *The duration of isolation*

19. It is well established in the literature that segregation of more than 15 days presents a substantial risk of causing irreversible psychological damage.³³ As *A Sourcebook on Solitary Confinement* points out, the adverse effects of prolonged segregation are well documented in a variety of studies.³⁴ Research on prisoners subjected to involuntary segregation in a standard prison setting beyond ten days has demonstrated adverse health effects.³⁵ The effects of prolonged segregation are well documented in a variety studies.
20. A comparative study carried out in Denmark on psychiatric admissions for prisoners in solitary confinement and those in the general prison population showed that after four weeks, the probability of psychiatric hospitalization was around 20 times higher for prisoners in solitary confinement⁽³⁶⁾.
21. Research on people subjected to seclusion, sensory deprivation and physical restraint has shown that visual and auditory hallucinations can appear as early as **a few hours after seclusion**, and intensify over time⁽³⁷⁾.
22. Experiments involving volunteers illustrate the dangers of isolation, notwithstanding the possibility for those concerned to end it at any time. Only two-thirds of participants in an endurance study were able to remain in an isolated room for periods ranging from three to fourteen days.³⁸ In another study, volunteers placed in a silent room stayed an average of 29.24 hours (men) and 48.70 hours (women), with none lasting more than four days.³⁹
23. Above all, the effects of isolation are amplified when the duration is indeterminate. One study showed that confusion and fear of insanity appeared after just two hours of indefinite isolation.⁴⁰ Uncertainty about the duration of isolation fosters a profound sense of helplessness, whereas measures with definite durations, however severe, are less likely induce panic.⁴¹ Other studies have highlighted the link between uncertainty and increased hostility and aggression.⁴²

³³ UN Special Rapporteur on Torture, 'Report on psychological torture and ill-treatment' (20 March 2020) UN Doc. No. A/HRC/43/49; Craig Haney, "Mental Health Issues in Long-Term Solitary and 'Supermax' Confinement, Crime and Delinquency", vol. 49, No. 1, pp. 124- 156.

³⁴ Sharon Shalev, *A Sourcebook on Solitary Confinement*, op. cit.

³⁵ Haney (2003) Mental Health Issues in Long-Term Solitary and 'Supermax' Confinement. Crime & Delinquency, 49(1):124-156.

³⁶ Sestfot, D.M., Andersen, H.S., Lillebaek, T. and Gabrielsen, G., (1998) Impact of solitary confinement on hospitalization among Danish prisoners in custody. International Journal of Law and Psychiatry, 21(1):99-108.

³⁷ Siegel, R., (1984) Hostage Hallucinations: Visual Imagery Induced by Isolation and Life-Threatening Stress. Journal of Nervous and Mental Disease, 17(5):264-272.

³⁸ Zuckerman, M., (1964) Perceptual isolation as a stress situation. Archives of General Psychiatry, pp.255-276.

³⁹ Smith, S. and Lewty, W., (1959) Perceptual isolation using a silent room. Lancet, 2:342-345.

⁴⁰ Solomon, P. et al, eds. Sensory Deprivation. Cambridge, Mass: Harvard University Press.

⁴¹ Toch, H (1992) Mosaic of despair: Human collapse in prison. Washington DC: American Psychological Association.

⁴² McCleery, R., (1961) Authoritarianism and the Belief System of the Incurables. IN: Cressey, D., (ed.) The Prison. New : Holt, Rinehart and Winston, pp.260-306.

(iv) *Irreversibility and long-term effects*

24. The consequences of isolation extend beyond the duration of the measure, and some effects can be irreversible. While the acute symptoms of isolation may disappear at the end of the period, some damage persists, considerably altering an individual's ability to evolve within a normal social and institutional framework⁴³.
25. One of the main concerns is the impact of reduced environmental stimulation on brain function. Studies show that brain activity begins to decline after just seven days of isolation. While this decline may be reversible with time-limited isolation, prolonged periods of isolation can cause permanent neurological damage⁴⁴.
26. Studies also confirm that people subjected isolation often suffer from lasting sleep disorders, depression, anxiety, phobias, emotional dependency, confusion and cognitive impairments such as reduced memory and concentration. These effects persist long after release from isolation, often manifesting as profound difficulties in social interaction. Personality changes - including withdrawal, increased anger and fear in social contexts - make reintegration into the general prison population or society very difficult.⁴⁵
27. Research also points out that the ability to engage in social interactions, essential for reintegration, is severely compromised after prolonged isolation.⁴⁶ Many individuals, including those who did not present overt psychiatric disorders during isolation, develop a lasting intolerance to social interactions. This inability to re-engage with social environments leads to profound difficulties in adapting both to the wider prison population and to life after incarceration.⁴⁷
28. The transition from isolation to the general prison environment or free society can be particularly destabilizing. Many individuals rely on survival mechanisms developed during isolation, such as withdrawal and mutism, which then render them dysfunctional in social contexts. "Institutionalization" - a common phenomenon among inmates - is considerably exacerbated by prolonged isolation, which leads to the development of structures of "social isolation".

⁴³ Stuart Grassian, "Psychiatric Effects of Solitary Confinement" (1993), p. 20.

⁴⁴ Ibid.

⁴⁵ Shalev, op. cit. pp. 13 and 22.

⁴⁶ S. Shalev, "Solitary Confinement as a Prison Health Issue" (2014) in S. Enggist, L. Møller, G. Galea and C. Udesen (eds), *WHO Guide to Prisons and Health* (WHO 2014) 27-35.

⁴⁷ Grassian S. Psychiatric effects of solitary confinement. *Journal of Law and* , 2006, 22:325-383 (<http://law.wustl.edu/Journal/22/p325Grassian.pdf>, accessed February 11, 2014).

The longer the period of isolation, the more acute these effects become⁽⁴⁸⁾.

29. Rather than serving the goal of safety, some authors point out that solitary confinement creates long-term damage contrary to the rehabilitative purpose of the sentence⁴⁹.

III. The Court must define sensory isolation.

30. The principle constantly reiterated by the Court in this area is that "*complete sensory isolation combined with total social isolation can destroy personality and constitutes a form of inhuman treatment which cannot be justified by security requirements or any other reason. On the other hand, the prohibition of contact with other prisoners for reasons of security, discipline and protection does not in itself constitute a form of inhuman treatment or punishment*" (*Sadak v. Turkey*, §45).
31. Following the example of the case of *N.T. v. Russia* (no.14727/11), in which the Court carried out a more detailed examination of the detention regime for life-sentenced prisoners in Russia, finding that double-cell confinement was in fact, for the purposes of Article 3, a form of solitary confinement, the exhibitors consider that the effectiveness of the prohibition of torture calls for clarification of what is covered by the sensory isolation prohibited by nature. In their view, this requires :
- (i) **concrete examination** of the reality of the sensory stimuli provided by the regime and material conditions of detention;
 - (ii) **a detailed assessment of** the degree and nature of human contact offered by the detention regime.
32. The CPT takes the view that "*the negative effects of solitary confinement are such that its application should be considered a measure of last resort and clearly limited in terms of duration. Even when solitary confinement is imposed for short periods, prisoners must be offered a minimum of social contact and at least one hour of outdoor exercise per day. The aim should be to provide inmates in solitary confinement with a structured program of motivating activities, preferably outside the cells, as well as real human contact with staff and/or other fellow inmates for at least two hours a day, more if possible. Imposing solitary confinement for long periods has adverse effects on mental health*"⁽⁵⁰⁾.
33. To define the degree of sensory deprivation more precisely, the Court should take into account the relevant assessments of UN bodies. The UN Special Rapporteur on Torture has defined factors likely to produce a "torturous environment" and involving the partial or total elimination of sensory stimulation.

⁴⁸ Shalev S. *Supermax: controlling risk through solitary confinement*. Cullompton, Willan Publishing, 2009.

⁴⁹ Shalev S. *Supermax: controlling risk through solitary confinement*. Op.cit.

⁵⁰ Comments for the attention of the European Committee on Crime Problems (CDPC), August 22, 2019.

⁵¹ He also stressed that the effects of sensory deprivation are intensified in the context of isolation, as people are faced with an extreme restriction of their autonomy in relation to their sensory environment.⁵² Furthermore, the *Body of Principles for the Protection of All Persons Any Form of Detention or Imprisonment* explicitly prohibits detaining a person "in conditions which deprive him, temporarily or permanently, of the use of *any of* his natural senses, such as sight or hearing, or of awareness of place and passing time"⁵³

34. With regard social isolation, it is essential that the Court stresses in its standards that it is *meaningful* social contact that matters - the degree of isolation must be measured against this criterion. And "routine encounters with prison staff during feeding, restraint or escort cannot be considered genuine social engagement".⁵⁴ Furthermore, even when contact with other people is permitted, it is often contact without contact, with physical barriers preventing any direct interaction between the prisoner and other prisoners and/or their visitors.
35. It is essential to use meaningful social contacts as a benchmark for assessment, as studies have shown that the level of social stimulus from non-meaningful interactions is insufficient to maintain an individual's mental health.⁵⁵ Even a few days of social deprivation typical of solitary confinement can shift an individual's brain activity towards an abnormal pattern characteristic of stupor and delirium.⁵⁶

IV. The Court should define the concept "prolonged" solitary confinement

36. The Court has consistently referred to "prolonged" and "consecutive" periods of isolation in its case law, stating that such practices are, in principle, incompatible with Article 3 (Schmidt and Šmigol v. Estonia, 2023, §§ 133, 140, and 149-163). However, it gave no indication of what "prolonged" isolation entailed, adopting a casuistic approach. It generally considered that the isolation was "prolonged" in cases where the applicants had endured it for several years.
37. Such indeterminacy is hardly compatible with the purpose and scope of the protection afforded by Article 3 of the Convention, given the seriousness and irreversibility of the effects of absolute isolation. The Court has already recognized that the absence of a maximum duration for solitary confinement in national law is an essential source of arbitrariness (Ramírez Sánchez v. France, GC).

⁵¹ UN Special Rapporteur on Torture, 'Report on psychological torture and ill-treatment' (2020) UN Doc. No. A/HRC/43/49.

⁵² Ibid.

⁵³ General Assembly resolution 43/173, annex.

⁵⁴ Book of Sharon.

⁵⁵ Peter Scharff Smith, "The effects of solitary confinement on prison inmates", *Crime and Justice*, vol. 34 (2006), p. 449.

⁵⁶ Stuart Grassian, "Psychiatric Effects of Solitary Confinement", *Journal of Law and*, vol. 22 (2006), p. 325.

38. To ensure clarity and prevent indefinite extension of the measure, in the case of any measure of complete social isolation, the Court should take into account the internationally recognized standard of 15 days, at the very least as a benchmark of what is prologued isolation. Scientific studies have consistently shown that beyond this duration, the psychological and physiological effects become increasingly severe and, in many cases, irreversible. The CPT has noted a tendency in member states to lower the maximum possible duration of solitary confinement as a disciplinary measure, and has explicitly recommended that the maximum duration should not exceed 14 days for any given offence - and preferably be less.⁵⁷ The fact that solitary confinement is punitive or preventive in nature does not alter the seriousness of the ordeal it represents, other than to point out that disciplinary solitary confinement is limited in time and as such has lesser effects than a measure of indeterminate duration. The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) also define solitary confinement of more than 15 days as a prolonged measure, and oppose it on the grounds of its irreversible harmful effects.⁵⁸ The World Medical Association also defines prolonged solitary confinement as exceeding 15 days and considers it a form of torture or cruel, inhuman or degrading treatment or punishment.⁵⁹
39. In these circumstances, the Court's case law should reflect the 15-day standard and require national legislation to reflect this threshold. This would ensure a more consistent and principled approach.



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⁵⁷ The 21st General Report (CPT/Inf(2011)28-part2) explains what is meant by "solitary confinement".

⁵⁸ United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)

⁵⁹ World Medical Association, 'WMA Statement on Solitary Confinement (28 September 2020)