



# Stop Solitary for Kids

Stop Solitary for Kids is a national campaign to end solitary confinement of youth in juvenile and adult facilities in the United States. The campaign is a joint effort by the Center for Children's Law and Policy, the Center for Juvenile Justice Reform, the Council of Juvenile Correctional Administrators, and the Justice Policy Institute. Stop Solitary for Kids aims to end solitary confinement by working with key decision makers in all three branches of government at the federal, state, and local levels through research, public education, policy reform, improved facility practices, legislative changes, training, and technical assistance.

Each year, thousands of young people are subjected to solitary confinement in juvenile and adult facilities across the country. Solitary confinement can have long-lasting and devastating effects on youth, including trauma, psychosis, depression, anxiety, and increased risk of suicide and self-harm. Many youth in solitary do not receive appropriate education, mental health services, or drug treatment. Because adolescents are still developing, solitary confinement can lead to permanent harm to their physical, psychological, and social growth and well-being. Research shows that more than half of all suicides in juvenile facilities occurred while young people were held in isolation.

Solitary confinement – also known as “seclusion,” “isolation,” “segregation,” and “room confinement” – is the involuntary placement of a youth alone in a cell, room, or other area for any reason **other than** as a temporary response to behavior that threatens immediate harm to the youth or others. Solitary confinement is often used in situations where there are insufficient staff or resources to respond to disruptive behavior in less restrictive ways, or in situations where staff feel they have no other options available. Because of limited resources, facility administrators and staff often use solitary

confinement for youth with unaddressed mental health, behavioral, or developmental needs. There is no research to show that solitary confinement reduces behavioral incidents or improves the safety of facilities. In fact, experience shows that solitary confinement is not an effective tool for reducing behavioral incidents and may actually increase violent behavior in youth.

The American Academy of Child and Adolescent Psychiatry (AACAP) issued a statement in 2012 opposing the use of solitary confinement in juvenile facilities, noting that youth are especially vulnerable to the adverse effects of solitary confinement. In January 2016, President Obama banned solitary confinement for youth in federal custody based on recommendations from the Department of Justice. The Sentencing Reform and Corrections Act of 2015 (S. 2123), introduced by a bi-partisan group of U.S. Senators, would also prohibit the use of solitary confinement of youth in federal custody “for discipline, punishment, retaliation, or any reason other than as a temporary response to a . . . juvenile’s behavior that poses a serious and immediate risk of physical harm to any individual.” The Act would also require staff to attempt to use less restrictive techniques before placing a youth in his or her room.

### What is **Not** Solitary Confinement

We recognize that there are some circumstances in which room confinement is necessary. It is appropriate to confine a youth in his or her room if the youth is out of control and poses an immediate risk of harm to self or others, and de-escalation and other strategies have been ineffective. That is a reasonable response by facility staff and administrators to a dangerous situation. When the youth regains self-control and is no longer a threat, staff should release the youth and return the youth to regular programming in the facility.

These same principles are incorporated into the Standards for Conducting Juvenile Detention Facility Assessments published by the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (2014) and the Council of Juvenile Correctional

Administrators Toolkit for Reducing the Use of Isolation (2015). Stop Solitary for Kids supports the principle that youth should not be confined alone in a room unless their behavior threatens immediate physical harm to the youth or others.

### Strategies to Eliminate Solitary

Agency directors, facility administrators, medical and mental health experts, and advocates for children have identified effective strategies to reduce and ultimately eliminate solitary confinement:

- Providing strong leadership on this issue by agency directors and facility administrators;
- Adopting clear limits on the use of room confinement in facility policies and procedures, and a facility mission statement and philosophy that reflects rehabilitative goals;
- Developing an institutional culture in which staff view room confinement as an intervention to be used in very limited circumstances;
- Providing staff with training and resources designed to prevent conflict situations and minimize physical confrontations, including general training on agency mission, values, standards, goals, policies, and procedures, and specific training on adolescent development, trauma, conflict resolution, the harms of solitary confinement, verbal and non-verbal de-escalation techniques, the behavior management program in the facility, and other alternatives to solitary confinement;
- Providing sufficient numbers of staff in the facility and staff-to-youth ratios of at least 1-to-8 to allow staff to fully engage with youth and to prevent and respond to behavioral disruptions;
- Ensuring that staff use verbal and non-verbal de-escalation techniques, and less restrictive options, before resorting to sanctions or solitary;
- Developing alternative behavior management options and responses, including alternative sanctions such as added work details, written assignments, mediation, limited access to canteen items, and restriction on attendance at unit events like movie showings, **as well as** rewards and incentives for good behavior such as special personal hygiene items, lunch with favorite staff, extra gym time, more visitation and by friends as well as family members, staying up later, and more frequent access to the library and other resource rooms;
- Prohibiting the use of solitary confinement for fixed periods of time, which prevents youth from being released as soon as they calm down;
- Providing qualified mental health professionals to evaluate youth in crisis, provide needed counseling, assist in developing individualized behavior plans to transition youth out of solitary confinement as quickly as possible, and consult with staff on specific problems;
- Requiring supervisor approval in all cases where staff use solitary confinement, and from increasingly senior administrators if youth are isolated for longer periods of time;
- Identifying, collecting, and analyzing data to manage, monitor and provide accountability for the use of solitary confinement, including data on the frequency, duration, time of day, day of week, location of incident, staff involved, reason for incident, and use or non-use of less restrictive alternatives to solitary, as well as the age, gender, race/ethnicity, and special education and mental health status of youth, for each incident of solitary confinement.

For more information please contact Stop Solitary for Kids Campaign Manager Jenny Lutz at [jlutz@cclp.org](mailto:jlutz@cclp.org).

Stop Solitary for Kids is supported by the following organizations:

- American Psychological Association
- Campaign for Youth Justice
- Center for Children's Law and Policy
- Center for Juvenile Justice Reform
- Coalition for Juvenile Justice
- Council of Juvenile Correctional Administrators
- Children's Law Center, Inc.
- Children's Rights, Inc.
- Ella Baker Center
- Just Detention International
- Justice Policy Institute
- Juvenile Law Center
- Louis Kraus, Chief of Child and Adolescent Psychiatry, Rush University Medical Center
- National Center for Mental Health and Juvenile Justice
- National Juvenile Defender Center
- National Juvenile Justice Network
- National Youth Screening & Assessment Partners
- Northeast Juvenile Defender Center
- National Partnership for Juvenile Services
- Robert F. Kennedy Children's Action Corps
- Robert F. Kennedy National Resource Center for Juvenile Justice
- Robert F. Kennedy Juvenile Justice Collaborative
- Rutgers Criminal and Youth Justice Clinic
- Voices for Children in Nebraska