

## **Uses of Individual Isolation of Youth in Juvenile Justice**

### **Justification Statement**

As part of a general movement in the promotion of positive outcomes for youth who become involved with juvenile justice systems, there has been broad dissemination of significant psychological scientific advances in our understanding of adolescent development. These advances range from adolescent brain development, strategies for disruption of the “cradle to prison pipeline” that disproportionately draws impoverished youth of color into juvenile justice settings, the general desistance with maturation into young adulthood of youthful criminality and violence, the negative outcomes for youth transferred to adult courts and adult correctional systems, and the effectiveness of family-based and community-focused interventions for even high-risk youth.

Much of this research has been reflected in landmark U.S. Supreme Court decisions, such as *Roper v. Simmons* (2005, banning execution for offenses committed as a juvenile), *E.D.P. v. North Carolina* (2011, requiring consideration of a juvenile’s age in waiver of *Miranda* rights), and *Miller v. Alabama* (2012, banning mandatory sentences of life without the possibility of parole for juvenile offenders. This research has also supported the groundswell of reforms within a number of states to raise the age of juvenile justice jurisdiction, repeal the punitive transfer or certification laws passed during the 1990’s that led to prosecution of youth as adults, establish “problem solving courts” and trauma-informed approaches to address the behavioral health needs of juvenile court-involved youth.

As part of this general movement in the promotion of positive outcomes for youth, an examination of the use of various forms of individual single-cell confinement of youth in adult and youth correctional settings is needed with recommendations for further research and policy reforms. The existing research specifically regarding juveniles who are individually isolated during confinement is limited. Nonetheless, conclusions and recommendations are offered that are grounded in existing research, developmentally-informed clinical “best practices” with youth, and inferences drawn from the more extensive research on various forms of restrictive housing with adult populations.

### **Definitions and Continuum**

The term “solitary confinement” is widely used. However, this term can be confusing as it actually refers to various forms of single-room or cell confinement, typically for disciplinary or punitive purposes, and other terms are also used including “administrative segregation,” “isolation,” “room confinement,” “lock down,” and “restrictive housing.” These terms are also variously used to refer to different rationales for individual confinement such as a necessary step to maintain basic safety of the individual or others, a punitive response to misconduct, or even as a purportedly therapeutic measure.

For purposes of this document, “restricted housing” refers to an individual being placed alone in a cell for some period of time. The term “solitary confinement” refers to the most extreme forms of restricted housing, with isolation for as much as 22-24 hours each day, severely limited human interaction, and extremely limited or no opportunities to engage in educational, social, or recreational activities (ACLU, United Nations, Haney, 2018). These terms are not meant to apply to brief periods of isolation (e.g., “time out”) subject to clear policies and practices and intended to provide temporary protection, short-term opportunities for tempers to cool, or for youth and staff to promptly address and resolve urgent issues.

The conditions of confinement in restricted housing may vary widely, including duration of confinement, staff supervision or other human contact while isolated, size of the area of confinement, noise, temperature, cleanliness, nutrition and hydration, provision of medical or behavioral health care, access to books or other materials or objects, educational and/or therapeutic programming, and other factors relevant to the degree of stress to which the individual is exposed during confinement.

**Reasons given for restrictive housing:** The fundamental distinction among reasons given for single-cell confinement is whether the rationale is retrospective or prospective. Punishment is a retrospective rationale in which the individual is removed from the general population in response to behavior considered misconduct that has already occurred.

Prospective rationales are preventive. These can include separation from the general population to protect the individual from self-harm or harm from others, and protection of others from threats posed by the separated individual. For example, vulnerable persons may be placed in “administrative segregation” intended to protect them from exploitation or harm by others, or persons who have committed assaults and/or made threats to harm others may be removed to protect those to whom they have made or posed threats.

In practice, decisions made to isolate a person from the general population may reflect a mix of rationales. For example, in a facility largely occupied by persons over age 18, federal or state regulations requiring “sight and sound separation” of adults and juveniles may be cited as requiring individual confinement of a juvenile from the general adult population. When there is only one juvenile or minor in the facility, this may require isolated confinement in circumstances when there is no need for protection of a specific juvenile from specific threats or risks. Nevertheless, placement in restricted housing may result in potentially foreseeable but unintended distress for the isolated juvenile. Unfortunately, insufficient staffing or staff training may be an explicitly acknowledged or implicit underlying reason for relying upon isolation of youth. And, of course, there may be situations in which there is a difference between the stated and the real rationales for isolation.

**Process for entry and exit from isolation status:** Entry into isolation status can be either voluntary or involuntary. In some facilities, youth can request to be placed on isolation status and anecdotal reports suggest that some youth do so as strategies for self-regulation or in response to fears for their safety. It is not clear how often voluntary entry into isolation status is the result of a specific entry process or simply granted at staff discretion. Sometimes youth in

“protective” isolation have some degree of perceived or actual control over their return from isolation to the general population (Haney, 2018b).

Facilities often have specific procedures for isolating youth against their will. Some require that isolation be used only when other less restrictive alternatives have been exhausted. However, it remains unclear what continuum of alternatives commonly exist in juvenile detention and incarceration facilities, and under what circumstances explicit policies and practices require that less restrictive alternatives must be attempted before isolating a youth.

Facilities vary to what extent youth are afforded meaningful administrative due process in the entry or exit procedures. It is also unclear from available information how commonly youth or staff understand policies and procedures governing entry and exit from isolation, or how routinely these policies and procedures are actually relied upon to guide isolation decisions by facility staff or administrators. In any event, for there to be meaningful due process for youth subject to potential isolation status, whatever the rationale, youth need to know and understand the circumstances that may prompt isolation and their subsequent return to general population.

**Location:** Youth may be held in restricted housing in a number of different facility locations depending upon the facility and the rationale for separation. Some youth may be confined alone in their regularly assigned room where they can be observed and heard while barred from physically interacting with others. Others may be placed in a special housing unit within the facility with varying degrees of restriction on interactions with other youth and staff within that unit, including conditions of single cell isolated confinement with little or no interaction for prolonged periods of time. Still others may be placed in a room in the infirmary or medical unit.

**Continuum and conditions of confinement:** Conditions of isolated confinement are important factors in the degree of potential stress experienced by youth exposed during isolation. These factors include:

- Duration of isolation
- Rationale for isolation
- Degree of restriction on interpersonal contacts.
- Access to reading materials or other sources of meaningful occupation during isolation.
- Access to positive stimulation, including meaningful contact with adults or peers, access to programming, or other “purposeful activities that allow genuine interaction and engagement (Haney, 2018b).
- Whether youth are exposed, intentionally or inadvertently, transiently or persistently, to aversive stimuli such as prolonged lighting or darkness, noise, temperature, and the like (Haney, 2018b).
- Nature of the clothing, bedding, and items provided that are necessary to toileting and personal hygiene.

- Access to meaningful educational opportunities. Federal educational law, and in many jurisdictions, state educational law applies to youth in juvenile justice facilities, including those on an isolation status. This entitles them to a meaningful education. Merely providing them with workbooks or other materials to be completed on their own is insufficient.
- Access to medical and behavioral health services, including both crisis intervention and ongoing medical and mental health services dictated by their individual needs. For example, are youth on isolation status who would otherwise be eligible for care allowed to access individual or group psychotherapies? Do youth in isolation have an opportunity to interact directly with a clinician providing their psychotherapy? Do youth on isolation status have opportunities to interact with visitors, including legal counsel and family members? Are youth who are on a voluntary protective isolation status barred from visitation due to that status? What is the rationale for youth on a disciplinary isolation status to be barred from direct contact with legal counsel or family members? To what extent do youth on isolation status have direct contact that is not through bars or screens (Haney, 2018b)? Are restrictions on visitation based solely on the youth's placement in restricted housing, or are they the result of an individualized risk assessment?

Whenever a youth is separated, the threshold consideration is whether or not separating the youth is truly necessary: What alternatives to single cell confinement or other restricted housing status exist, and have they been tried? These alternatives may vary according to available resources, staff training, and existing policies and procedures—including the degree of adherence to existing policies and procedures and their potential need for review and revision. Under no circumstances should isolation be used as an alternative to adequate staffing.

These may also vary by the type of juvenile justice facility. For example, in juvenile pretrial detention facilities, the staff may have very little information about a youth or the opportunity to develop a meaningful and potentially stabilizing relationship. In post-adjudication facilities, where youth will stay longer and there are greater opportunities to develop meaningful relationships with them, there may be more opportunities for engagement and stabilization short of punitive or protective isolation.

If a period of isolation is genuinely necessary to achieve a clearly articulated and justifiable goal, then it is necessary to establish whether any of the aspects of isolation are gratuitously punitive. For example, are isolated youth additionally subjected to harsh or degrading treatment by staff (Haney, 2018b)? If reading materials that have staples are barred to reduce the risk of self-harm, is there a legitimate reason by youth are not provided reading materials without staples? Is there a legitimate security reason for barring visitors or requiring that visits occur through bars or other obstacles to normal direct contact?

## **Juvenile Solitary Confinement in US and International Contexts**

### International perspectives on youth in solitary confinement

“Solitary confinement of juveniles is permitted in every country except for Nepal and Georgia, which have banned it.” (Birckhead, 2015). “Thirty percent of countries employ punitive or disciplinary solitary confinement. However, there is no systematic data on frequency and duration of use of punitive and administrative solitary confinement across the world.” (See Birckhead, 2015).

### Youth in solitary confinement in adult correctional settings in the United States

Juvenile justice facilities in the U.S. are not required to report the number of youth held in isolation while detained or while incarcerated in a jail or prison. President Obama banned the placement of youth in solitary confinement in federal prisons in 2016 (Eilperin, 2016). In some cases, isolation is required by broad measures imposing “sight and sound” separation between juveniles and adults; although in an individual case there may not be a clear protective need for separation of a specific youth from the adults also held in the facility. This is most likely to occur when a juvenile is waived for prosecution into the adult system for prosecution and then incarceration if convicted.

Some states have published prevalence rates of youth held in restricted housing. For example, New Jersey reported that 78% of juveniles waived into the adult system spend time in restricted housing or room confinement and 37.9% reported spending more than three months in restricted housing or room confinement (Deo, Mirza, Puleo, Rygiel, & Wright, 2018). Human Rights Watch (2012) provides prevalence rates of youth placed in isolation in adult correctional settings but their results are based on questionable methodology and consist of interviews and correspondence with youth in selected states. They report that nearly 40% of youth they interviewed or with whom they corresponded reported placement in restricted housing. Twenty-three percent reported spending more than 180 days in restricted housing. The report states there are major gaps in knowledge about adolescents in prison and their exposure to punitive and non-punitive restricted confinement.

Correctional agencies and institutions typically draw a distinction between *punitive or disciplinary segregation* and *administrative segregation*. This distinction is also reflected in the research literature. *Disciplinary segregation* is defined as the placement of a juvenile in isolation, often for a designated time, as punishment for violation of one or more institutional rules, typically but not necessarily involving an act or threat of violence. *Administrative segregation* is typically defined as the isolation of a juvenile for any reason other than punitive or disciplinary rationales, including, but not limited to, voluntary request of juvenile for protection from victimization (also known as protective custody), the placement of LGBT youth or other vulnerable youth in protective custody, medical isolation due to risk of spread of contagious disease, and for behavior management due to posing a risk of potential harm to self or others.

Twenty-one states explicitly allow the use of *punitive or disciplinary segregation* and seven of those states place no limits on the amount of time a juvenile may spend in such settings (Kraner, Barrowclough, Weiss, & Fisch, 2016). Every state allows *administrative segregation* to ensure the safety and security of the population (Kaner, Barrowclough, Weiss et al., 2016). The surveys

did not provide data about frequency and range of duration of use. Nonetheless, “the U.S. holds more juveniles in solitary confinement than any other country in the world.” (Birkhead, 2015)

In recent years, disproportionate referrals of racial/ethnic minority youth for discipline problems, particularly in public schools, has been examined as a contributor to disproportionate minority confinement (DMC) in the juvenile justice system. It is especially troubling that youth of color are disproportionately placed in isolating settings and for longer periods. In New Jersey, 91% of juveniles placed in restricted housing were Black or Hispanic. Hispanic youth spent an average of 524 days, Black youth spent an average of 296 days, and White youth spent an average of 62 days in solitary confinement (Deo, Mirza, Puleo et al., 2018).

Youth in adult correctional settings commit more disciplinary infractions than adult inmates. This may place them at greater risk for punitive isolated confinement (Kuanliang, Sorensen, & Cunningham, 2008). Youth in adult prisons are also more vulnerable to abuse and victimization (Human Rights Watch, 2012; Ziedenberg & Schiraldi, 1997; Forst, Fagan, & Vivona, 1989). As a result, they may be more likely than adult inmates to experience involuntary protective isolation placements or to request voluntary isolated placements as a means to secure safety.

Adolescents charged as adults may be more at risk of separation in transient pre-trial detention or jail than more stable prison settings. The prevalence of youth in isolated confinement in adult jails is more challenging to track as jails and pretrial detention settings are more decentralized across both smaller and more numerous jurisdictions (municipalities, counties, etc.). A survey of 41 jails in Texas found that 25 held youth in protective custody because they had no alternatives to general population placement (Deitch, Galbraith, & Pollock, 2012). Human Rights Watch (2012) reported that jails in three states --Florida, Ohio and Pennsylvania—hold all youth 18 years of age and younger in protective custody. Adolescent boys aged 18 years or younger had nearly a six times increased risk for placement in isolated confinement in the New York City jail system (Kaba, Lewis, Glowa-Kollisch, et al., 2014)

Review of the extant literature on adolescents in adult detention and correctional settings reveals that many “dark corners” remain regarding use of various forms of isolated placement of juveniles in the adult criminal justice settings in the U.S. More comprehensive study is needed of isolated confinement of juveniles in adult criminal justice facilities based upon more reliable and consistently reported data.

#### Youth in room confinement and restricted housing in juvenile justice settings in the United States

OJJDP conducted a national survey of over 100,000 youth in residential treatment and found that more than a third (35%) of youth reported being isolated – locked up alone or confined to their room with no contact with other residents (Sedlak & McPherson, 2010). A large majority (87%) of isolated youth were held longer than two hours and more than one-half (55%) report that it was longer than 24 hours. Fifty-two percent of youth isolated for longer than two hours indicated that they had not talked to a counselor since admitted to the facility. A recent survey of

public defenders found that nearly two-thirds of them reported having at least one client held in isolation ranging from a few hours to several months (Feierman, Lindell, & Eaddy, 2017).

As is the case for juveniles held in adult correctional facilities, detailed national data is lacking about the prevalence, length of stay, and the conditions of room confinement and other forms of isolation within juvenile detention and correctional facilities.

### **Psychological Effects of Juvenile Solitary Confinement**

Well-established research provides a general framework for considering the punitive use of prolonged isolation with juveniles. It has long been recognized that punishment is generally a relatively ineffective way to positively change (i.e., improve) human behavior within the criminal justice system, particularly for violent offenders.

Additionally, there is well-established research regarding the general developmental vulnerability of children and adolescents to extreme and/or chronic adversities and the mediating and resiliency factors that may prevent or ameliorate enduring impacts of adversity. An increasingly robust developmental neuroscience describes the impact of insufficiently buffered adversity which includes alterations in brain structure and function that commonly manifest as difficulties with executive function, emotional regulation, and learning. These, in turn, increase risks of risky behaviors, educational underachievement, and increased contact with law enforcement and juvenile justice authorities.

Sensory and social deprivation are recognized as potentially significant stressors for children and adolescents especially when the deprivation is extreme or prolonged. However, remarkably little is empirically known about the effects of these types of isolated confinement on juveniles and how specific factors may interact to yield individual or group outcomes for youth. These factors may include the interplay of individual characteristics of a youth, the social context of the confinement, and the specific characteristics of the confinement (e.g., duration, degree of social and sensory deprivation, restrictions on movement).

Furthermore, evidence suggests that the use of seclusion in school settings is harmful for children (CCBD; Finke, 2001; Westling, Trader, Smith, & Marshall, 2010) and deaths have resulted (GAO, 2009). This is particularly true for children with abuse histories (Finke, 2001). Failing to use evidence-based strategies for correcting undesirable behavior and enhancing learning experiences in juvenile correctional facilities and their on-site educational programs, could result in the higher rates of re-offending and recidivism that are highly correlated with low levels of academic achievement (Archwamety & Katsiyannis, 2000; Malmgren & Leone, 2000).

Much of the research raising concerns about juvenile separated confinement is based upon case reports and small samples of convenience that draw understandable scrutiny to apparent negative impacts of confinement. In the absence of a significant body of research specifically on effects of juvenile solitary confinement, research based upon adults in restricted housing or solitary confinement must be relied upon to extrapolate about the kinds of potential harms and their

duration endured by juveniles placed in separated confinement for different reasons, over different time frames, and under different conditions of confinement.

Research on adults in isolated confinement settings yields a myriad of potential adverse effects including: appetite and sleep disturbances; intensified anxiety including panic; depression and hopelessness; irritability, anger, and rage; hallucinations and paranoia; hypersensitivity to environmental stimuli; cognitive rumination and impairment; lethargy and social withdrawal; and, self-injury and elevated risk of suicide (See Andersen, Sestoft, Lillebaek, Gabrielsen, Hemmingsen, & Kramp, 2000; Bonner, 2006; Brodsky, & Scogin, 1988; Cloyes, Lovell, Allen, & Rhodes, 2006; Cohen, 2006, 2008, 2012; Grassian, 2006, n.d.; Haney, 1993, 2003, 2009; Hayes, & Rowan, 1988; Hresko, 2006; Kupers, 2008; Lovell, 2008; Miller, & Young, 1997; and Smith, 2008).

Adults with pre-existing psychiatric illness are described as being particularly vulnerable to the effects of isolated confinement [Metzner & Fellner, 2010] with exacerbation of symptoms and deterioration of functioning. Inmates released directly from segregation to the community have shown poorer post-release outcomes compared to those who transitioned through more general population units prior to release (Lovell, Johnson, & Cain, 2007). Additionally, both mentally ill and minority group inmates are more likely to be placed in restricted housing. (Toch, 1975)

Research on solitary confinement of adults has largely focused on more extreme and prolonged forms of isolation found in criminal justice settings, political camps and prisons, and sites holding prisoners of war. This research has detailed a disturbing range of deleterious effects among adults subjected to extreme and prolonged isolation, especially when in circumstances with additional adverse conditions of confinement (e.g., malnutrition, infliction and/or fear of torture or expectation of death, lack of medical care). These effects include measurable changes in brain functioning beginning within days of initiation of solitary confinement (Grassian, 1983; Gendreau, Freedman, Wilde, & Scott, 1972) and emergence of psychological symptoms (e.g., anxiety, depression, suspiciousness, social isolation, memory and attentional difficulties) that endure for decades after release (Sutker, Winstead, Galina, & Allain, 1991).

There is little doubt that solitary confinement of adults can have serious and enduring deleterious effects for some persons, particularly if the social isolation and sensory deprivation is extreme, prolonged, and accompanied by additional adverse conditions of solitary confinement. However, most of the research identifying these harmful effects consists of case studies of small, non-randomized samples of inmates without prior psychological measures or comparison samples.

Nonetheless, controlled studies of longer periods of isolation (up to four years) does not support a view that isolated confinement of adults invariably results in deleterious effects such as onset or worsening of psychiatric symptoms. One study involving 247 adult subjects comprised of individuals in segregation, the general prison population, and a psychiatric facility who were assessed across multiple time periods found that segregated confinement of one year was not generally associated with the onset or worsening of psychological symptoms or impaired cognitive functioning for either mentally ill or non-mentally ill inmates (O'Keefe et al., 2010). Two large meta-analyses of adults in restricted housing found effect sizes in the small to



moderate range, and that studies with stronger research designs found smaller effects (Morgan et al., 2016).

The continued use of punitive restricted housing in most states raises the issue about the research evidence for the general ineffectiveness of punishment in promoting positive social learning and behavior change. Well-established psychological science calls into serious question the usefulness of punishment to produce positive change. Specifically, research sharply challenges the use of reliance upon punishment to motivate positive change within juvenile and adult criminal justice detention and correctional settings (Dvoskin et al., 2011).

## **Recommendations**

The consensus of the Working Group is that despite limitations in psychological research on the consequences of forms of prolonged and/or punitive isolated confinement specifically on youth in juvenile and criminal justice systems, serious consideration of the recommendations below and promulgation of an APA policy on juvenile isolated confinement is warranted by available research on adults, social and neurodevelopment research with adolescents, the relative inefficacy of punishment as an instrument for positive behavior change in correctional settings, and “best practices” clinical research with adolescents.

The following recommendations are based upon the available research and “best practices” approaches to fostering positive youth development and behavior changes in adolescence.

1. Separation of youth in juvenile or criminal justice facilities must never occur if the separation is not truly necessary to achieve stabilization or protection of the youth and/or other persons. Isolation cannot be regarded as truly necessary if alternative “best practices” methods for de-escalation, stabilization, protection, or risk-reduction have not been created, implemented, and attempted in specific instances.
2. Restricted housing must never last longer than is absolutely necessary to achieve a clearly stated goal. The process must be subject to clear policies and consistent “best practices” for entry and exit to avoid unwarranted initial placement or duration, and to preclude harsh conditions of confinement.
3. As stated earlier, youth of color are disproportionately placed in segregated settings and for longer periods. Continued research is needed in order to assess how institutional policies and practices contribute to disparities among racial/ethnic, LGBTQ, and other particularly vulnerable juvenile populations in use of isolation and segregation. Further, institutions must examine needs for administrative and staff training (e.g., training on implicit biases, trauma-informed care, culturally-informed practices, range of negative consequences of unwarranted or harsh isolation) to aid in reducing these disparities.
4. Restricted housing or youth isolation must never be a substitute for adequate staffing, staff training, and supervisory and administrative support. This is especially the case when more and/or better-trained staff would be capable of addressing the needs of youth that give rise to situations that result in youth isolation.

5. While more research might help clarify the various negative or inadvertent consequences of isolated/solitary confinement, enough research exists to establish that the more extreme the conditions and duration of isolated confinement the greater are short- and longer-term risks to isolated youth.
6. That the potential outcomes are extremely severe in at least individual cases means that any youth in isolated/solitary confinement must be very frequently observed by staff who have immediate access to a qualified mental health professional who also frequently assesses the youth to determine the risk or emergence of negative psychological effects and to recommend removal from isolation and any therapeutic interventions as warranted.
7. Circumstances in which youth are held in isolation for a prolonged period of time should be promptly and regularly reviewed clinically and administratively to generate alternatives which may range from highly individualized plans to support removal from isolation to transfer to a facility better equipped to address clinical, criminal socialization, or other needs.
8. Every youth who is placed in any sort of isolation or restrictive housing should know why they are there and should receive clearly articulated and specific targets of behavior (e.g., disciplinary free for 15 days) that must be met to safely return to the general population. The staff and supervisors should also have this same information and understand that the goal is to support their return to general population in as short a time as is possible.
9. While in restricted housing, attention should be paid to helping the youth to develop prosocial skills, especially skills that are directly related to the reasons for placement in restricted housing, to facilitate return in as short a time as possible to full programming in the general population.
10. Provide therapeutic and step-down programs to prepare youth serving significant time in segregation for re-entry to the general correctional environment.
11. Juvenile correctional facilities and schools on site should establish as program operational priorities the use of evidence-based strategies for correcting undesirable behavior and enhancing positive youth development and learning experiences.
12. The conditions of isolated confinement must never preclude the youth from receiving the educational, medical, and mental health services to which they would otherwise be entitled and/or deemed appropriate. Indeed, conditions of isolated confinement should signal a potential need for intensified assessment and/or intervention rather than deprivation of services already supporting the youth.

13. The conditions of isolation must bear a reasonable relationship to its stated purposes. For example, when a youth is housed alone for “suicide prevention,” they should receive more, not less interpersonal contact and mental health treatment.
14. Particularly if the stated purpose of the individual confinement is prospective (i.e., preventing harm to the youth or others), conditions of isolated confinement should not be gratuitously or unnecessarily punitive, nor interpersonal contact or supports be limited solely for administrative or staffing convenience. For example, banning reading material, access to clinical, educational, or other services, or bars on family or other visitation, or obstacles to other forms of pro-social support stimuli serve no legitimate purpose during prospective isolation.
15. Nothing in these recommendations should be understood as precluding brief, well-supervised “time outs” or “room placements” explicitly for facilitating de-escalation, addressing imminent threats of harm to self or others, or providing an opportunity for staff supervision, clinical assessment or other problem-solving activity with the youth. These periods of supervised isolation must be subject to clear rationales and consistently implemented policies and practices to limit duration of isolation and preclude harsh conditions of isolation.
16. The APA should strongly consider addressing deficiencies in reliable information about actual practices regarding the continuum of isolation of juveniles or their stated rationales through a recommendation that federal agencies (e.g., OJJDP) and/or state juvenile justice authorities keep track of the frequency, prevalence, duration, conditions, and rationales for various forms of individual confinement.

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