



STOP SOLITARY

Ending the Solitary Confinement of Youth
in Juvenile Detention and Correctional Facilities

Getting Started – Information Needed to Start a Campaign

On any given day in the United States, tens of thousands of young people are confined in juvenile detention and correctional facilities. While some facilities stress rehabilitation, many more closely resemble adult prisons. And like adult prisons, juvenile facilities sometimes employ the most counterproductive and inhumane correctional practices—including extended periods of solitary confinement and other forms of isolation. Juvenile justice officials claim they need solitary confinement to isolate a youth after a confrontation, or for punishment and disciplinary purposes, among other reasons. But the practice is widely overused, and can cause much more serious problems than those it is ostensibly employed to temporarily solve. Isolation practices frequently involve placing a youth alone in a cell for several hours, sometimes more than 22 hours a day for multiple days; restricting contact with family members; limiting access to reading and writing materials; and providing limited educational programming, recreation, drug treatment, or mental health services. Before they are old enough to get a driver's license, enlist in the armed forces, or vote, children in America are held in solitary confinement for days, weeks—and even months. This practice occurs in every state, to varying degrees, but advocates are helping to put a stop to the solitary confinement and isolation of youth.

In order to lay the groundwork for an effective *Stop Solitary* campaign, it is important to gather as much information as possible regarding the solitary confinement policies and practices in juvenile facilities in your jurisdiction. Advocates who have already worked on similar campaigns identify the research and data collection they conducted through state FOIAs and other means as one of the key prerequisites to engaging in effective advocacy and to forming broad coalitions around the issue.

By possessing the hard data and the facts, you will position your campaign more strategically, and ensure the development of better solutions to the problems of solitary confinement of youth in your community.

Below is a list of the types of information you should seek to support your advocacy work and suggestions for how to obtain it.

Step 1: Identify Where Youth are Held in Solitary Confinement

Finding out where youth are held in solitary confinement in your state or community is the first step. Here are some basic questions to guide you in this effort:

- Approximately how many youth are held in juvenile detention facilities in your jurisdiction?
- How many youth are subjected to solitary confinement (locked in a room for 22 or more hours per day)?
- How many youth are subjected to long periods of room confinement, such as periods of three or more hours at a time?
- Is segregation used to protect, punish, or manage children in juvenile facilities in your jurisdiction?
- What rules govern those procedures? Is there a state statute or other state or local rule limiting the use of solitary confinement or elaborating on its use?

This type of information may be publicly available on the federal Office of Juvenile Justice and Delinquency Prevention website, on your state's department of juvenile justice website, or in state regulations. Much of this information, however, will only be obtained through a formal public information request.

A NOTE ON DEFINITIONS: *Please note that if you make a public records request, **you will need to carefully define the meaning of “solitary confinement” in order ensure that your data is accurate**; you will also need to ask separately for data on youth isolation of several hours—but less than 22 hours—at a time. Below we suggest an example of such definitions in the first bullet point.*

These are samples of the type of information requests that can be made to collect necessary data:

- Produce documents sufficient to show the total number of youth [under the age of 18] in the custody of the Juvenile Justice System who are confined for a minimum of 22 hours a day in a single cell whether pursuant to disciplinary, administrative, medical, or classification action (hereinafter “solitary confinement”) [***as of the date of this request/in the past 12 months/in the past 24 months***].
- Produce documents sufficient to show the total number of youth [under the age of 18] in the custody of the Juvenile Justice System who have been confined for between 3 and 22 consecutive hours in a single cell whether pursuant to disciplinary, administrative, medical, or classification action [***in the past 12 months/in the past 24 months***].
- For the youths held in solitary confinement and other forms of isolation of three hours or longer, who are identified above, produce any and all documents which demonstrate the following:
 - The date of birth and age of each youth.
 - The type and location of the facilities where youths are held, e.g., separate units, room confinement cells, isolation cells, medical isolation units, etc., as of the date of this request.
 - The number of youths held in each institution **in x time period** [***such as year, quarter, daily snapshot***].
 - The mean, median, and standard distribution (or other data about the distribution) of length of stay in solitary confinement in each facility where youths are so confined (separated by status, such as disciplinary, administrative, and protective) **for x time period**, [***such as year, quarter, daily snapshot***].
 - The gender of each youth **for x time period** [***such as year, quarter, daily snapshot***].
 - The race and ethnicity of each youth, including the number of Caucasians, African Americans, Latinos, Asians, Native Americans, etc., **for x time period**. [***such as year, quarter, daily snapshot***].
 - The number of youths whose primary language is not English **for x time period** [***such as year, quarter, daily snapshot***].
 - The number of youths prescribed medications to treat DSM-IV Axis I and/or Axis II mental disorders in the last **(24 months/12 months)**.
 - The number of youths who have mental health issues documented in their medical records **for x time period** [***such as year, quarter, daily snapshot***].

- The number of youths who have a mental retardation diagnosis **for x time period** [*such as year, quarter, daily snapshot*].
 - The number of youths who have a learning or intellectual disability, including the number who have an Individual Education Plan (IEP) as required by federal/state law or who are otherwise identified as in need of special education services [*insert any jurisdiction-specific terminology relevant*].
 - The number of youths who are currently or who were transferred to a mental health hospital [*insert the name of the mental health unit in your jurisdiction if one exists*] or other forms of in-patient care in the last 24 months.
 - The reason for placement in solitary confinement for each youth as of [*date*], including the nature of any disciplinary infraction that caused such placement.
 - The number of times four-point restraints were used in the last 24 months, indicating the starting date and ending date of each restraint.
 - The number of times in-cell restraints were used in the last 24 months, indicating the starting date and ending date of each restraint.
 - The number of suicides that occurred in the last 24 months.
 - The number of incidents of self-harm documented in the last 24 months.
 - The number of youths in solitary confinement placed on suicide watch during the past 24 months.
 - The number of cell extractions performed on youths held in solitary confinement in the last 24 months.
 - The number of uses of chemical agents in the last 24 months.
 - The number of individual counseling sessions provided in solitary confinement in the last 24 months.
 - The number of youths who attended educational programming outside of their cell in the last 24 months.
 - The number of youths provided with in-cell educational programming in the last 24 months.
 - The services or programming provided to youths in their cell or outside of their cell.
- Produce any and all documents related to any training given to [security/correction/detention] officers who work in juvenile justice facilities that use room confinement/isolation/other forms of solitary confinement.
 - Produce any and all documents related to mental health training given to [security/correction/detention] officers and other staff who work in juvenile justice facilities that use room confinement/isolation/other forms of solitary confinement.
 - Produce any and all documents related to training given to [security/correction/detention] officers regarding managing youth.
 - Produce any reports, audits, investigations or reviews by facility/department of juvenile justice, any other government unit, or outside persons or entities concerning the delivery of mental health or medical services to youths held in solitary confinement. (*Note: A general knowledge of such deficiencies will be pertinent to youth in the system whether or not the report focuses on the age of the youths.*)

- Produce any reports, audits, investigations or reviews by facility/ department of juvenile justice, any other government unit, or outside persons or entities concerning the delivery of educational services or programming to youths [under the age of 18] held in solitary confinement.
- Produce any written complaints from [*enter time period of about 2-3 years*] submitted by any facility/ department of juvenile justice staff member, including medical and mental health personnel, about the delivery of mental health services or the level of mental health staffing at any of the facilities where youths under the age of 18 are held in solitary confinement; include any written response by a facility/ department of juvenile justice administrator, including medical and mental health personnel.
- Produce any written complaints from [*enter time period of about 2-3 years*] submitted by any facility/department of juvenile justice staff member, including medical and mental health personnel, and educational service or program-provider staff, about the delivery of educational services or programming, or the level of educational or program staffing at any of the facilities where youths under the age of 18 are held in solitary confinement; include any written response by a facility/department of juvenile justice administrator, including medical and mental health personnel and educational service or program-provider staff.
- Produce any reports, audits, investigations or reviews by facility/department of juvenile justice staff, any other government unit, or outside persons or entities concerning excessive use of force against youths held in solitary confinement.
- Produce any written complaints from [*enter time period of about 2-3 years*] submitted by any facility/department of juvenile justice staff member about excessive use of force at any of the facilities where youths are held in solitary confinement, including any written response by a facility/department of juvenile justice administrator.
- Produce any written complaints from [*enter time period of about 2-3 years*] submitted by youths who are housed in solitary confinement and/or their advocates (attorney, family, friends, etc.) about the delivery of mental health services or the level of mental health staffing at any of the facilities where youths are held in solitary confinement, including any written response by a facility/department of juvenile justice administrator, medical and/or mental health personnel.
- Produce any written complaints from [*enter time period of about 2-3 years*] submitted by youths housed in solitary confinement and/or their advocates (attorney, family, friends, etc.) about the delivery of educational services or programming or the level of educational or program staffing at any of the facilities where youths are held in solitary confinement, including any written response by a facility/department of juvenile justice administrator, medical and/or mental health personnel.
- Produce any written complaints from [*enter time period of about 2-3 years*] submitted by youths housed in solitary confinement and/or their advocates (attorney, family, friends, etc.) about the excessive use of

force at any of the facilities where youths are held in solitary confinement, including any written response by a facility/department of juvenile justice administrator, medical and/or mental health personnel.

Step 2: Research the Policies that Govern Solitary Confinement in Your Community

You will need to understand the policies that govern solitary confinement at juvenile detention facilities in your jurisdiction. These are the types of general policies to look for when researching the operation of solitary confinement in your local juvenile detention facilities:

- Discipline policies
- Protective Isolation policies
- Administrative Segregation/Isolation/Seclusion policies
- Medical Isolation policies
- Room Confinement policies
- Classification Plans or Classification Systems
- Suicide Prevention and Watch policies
- Mental Health programs and policies
- Visitation policies
- Recreation policies
- Resident Property policies
- Education policies
- Phone Call policies

By reviewing these policies, you may be able to gather answers to important questions such as those listed below. Of course, some policies will be unclear, vague or non-existent and answering these questions may require formal information requests, interviews of juvenile justice officials or administrators, communication with youths in custody and advocates, or a combination thereof. The first place to look for policies, however, is the state department of juvenile justice website. Many departments now place some of their policies and/or regulations on the web.

The following are questions that can often be answered by a review of juvenile justice system or facility policies and regulations:

- What are the reasons youths are placed in solitary confinement?
 - What are the criteria used for placement in solitary confinement?
 - Is solitary confinement limited to individuals who have committed violent acts? Tried to escape?
- What due process is available to youths prior to being placed in solitary confinement? Are these processes adequate? Are they followed? *(Note: This will have to be ascertained anecdotally or through document review and will likely vary depending on the form of solitary confinement.)*

- Is there a limit to how long a youth can be held in solitary confinement conditions? Are youths given a fixed term of solitary confinement and/or is solitary confinement indefinite?
- Are there any policies that place limits on the length of time youths may be held in solitary confinement?
- How often is a youth's placement in solitary confinement reviewed and by whom?
- How do youths get out of solitary confinement and back to the facility's general housing?
- What access to rehabilitation and education programs do youths have in solitary confinement?
- Are any special accommodations made for ensuring that youths in solitary confinement receive educational, rehabilitative and other programming?
- What types of visitation with friends and loved ones is available to youths held in solitary confinement?
- What types of property, such as TVs, radios, legal materials, and books, are youths in solitary confinement allowed to have in their rooms?
- Does policy govern a minimum amount of out-of-cell time or recreation time for youths held in solitary confinement? Under what circumstances can youths be denied access to out-of-cell time or recreation time?
- Is there a mental health screening process prior to placement in solitary confinement housing? Are individuals with a documented history of mental illness excluded from solitary confinement? If so, where are they housed and under what conditions?
- Is there a mental health step-down unit for youths diverted from solitary confinement as an alternative discipline? What is the nature of that program?
- Are youths adequately monitored for mental health impacts caused by solitary confinement?
 - How are they monitored?
 - How often does this monitoring take place?
 - Who does it?
 - How is it documented?
 - Is such monitoring held in a confidential setting or where other residents and security officers can hear, for example, at the door to the youth's room or cell? (*Note: This may not be clear from simply looking at the policy; discussions with residents, security officers, and mental health staff may be necessary.*)

Step 3: Develop a Qualitative Description of Solitary Confinement in Your Community's Juvenile Detention and Correctional Facilities

It is important to understand the lived experience of youth who are subjected to solitary confinement in your jurisdiction. All too often official policies are simply not followed in practice and some aspects of life in solitary confinement will not be obvious from the paperwork. Information about daily life in solitary confinement is therefore best obtained by talking to or corresponding with youth who have experienced isolation, and if possible, by touring the facility and asking questions of juvenile justice officials (see the ACLU's *Interview Guide – Talking to Youth About Solitary Confinement*; *Corresponding with Youth About Solitary Confinement*; and *Checklist for a Visit to a Juvenile Detention or Correctional Facility* for guidance on collecting the most useful information during your visit), and by speaking with staff, such as chaplains, or volunteers that regularly visit the facility.

Here are some examples of questions to ask when gathering information about the conditions youth live under in solitary confinement:

- How many hours a day is the youth held alone in his/her room or cell, i.e. what is the level of isolation?
- Do written policies require that mental health or medical staff check on the youth at periodic intervals? Is compliance with such policies monitored and reported? Does the facility keep logs of these periodic checks of youth in isolation?
- What, if any, administrative review and analysis is undertaken of reports and records relating to isolation? Do reports contain enough information to provide a reasonable understanding of the entire incident and the other interventions staff took before using isolation/room confinement?
- What is the size of each person's room or cell?
- Are youth in isolation cells able to engage in social interaction with one another?
- Can a youth in isolation ever see other human beings? If so, how and when (e.g. only when officers provide meals, etc.)?
- What is the lighting like in the cell? Is it on 24-hours a day? Is it bright enough to read by?
- What type of door is on the cell? What is it made of? Is there a window looking out?
- What type of walls and floors are in each cell (e.g., solid concrete, dirt)?
- Is there a window that allows the youth to look outside? How big is the window? Is there any opportunity to see sky? Grass? Flowers? People?
- What is the temperature like in the unit? Is it comfortable to wear street clothes? A sweater? A t-shirt?
- Is there a call box or intercom in the cells so youth can contact security officers in an emergency? If not, what happens in an emergency? For instance, if a youth were having a seizure?
- What types of possessions can a youth keep in his/her room or cell? TVs, radios, reading materials, pictures of loved ones?
- What types of programs, if any, does a youth in isolation or room confinement have access to? Education? Art? Therapy?
- While in isolation, are the youths allowed visits with friends and family? How often do these occur? What times/days are available for visits?
- If a youth receives a visit from his/her family, can s/he touch family members? Where are the visits conducted?
- Do youths in isolation have access to clergy?
- While in isolation, how may a youth make phone calls to his/her lawyer? How often can the youth call his/her lawyer? For how long can these phone calls last?
- What is the type, frequency and length of recreation allowed for youths while in isolation? Is it indoors or outdoors? How big is the area where recreation is permitted?
- How sanitary are the isolation cells? What access to cleaning supplies do the youths have?
- Are youths provided with hygiene products? What are they?
- Do youths have sheets and mattresses?
- How can youths file complaints or grievances while in solitary confinement?

- What happens if a youth needs psychiatric care?
 - Do youths have access to counseling?
 - Does a youth have to ask a security officer if he needs a psychiatrist to visit him or her?
 - Where does the counseling occur? Is it in a private room or does it take place at cell front where others can hear?
 - What happens to a youth if s/he has a mental breakdown while in the solitary confinement? How is it determined when a youth is having a mental breakdown? Will s/he be sent to a hospital? If s/he recovers, will s/he be returned to solitary confinement?
- What happens if a youth needs medical care?
 - What happens in an emergency?
 - How can a youth access medical care in solitary confinement?
 - Does a youth have to ask a security officer if s/he needs medical care?

Conclusion

The goal of this guide, and other materials in this section, is to help you gather information for a full picture of isolation practices in the juvenile justice facilities in your area. Collecting detailed first-hand accounts from survivors of youth isolation will help to formulate an informed and accurate understanding of how isolation is used—and will help to develop an advocacy approach that will work within your state’s system. This guide will help you start your own *Stop Solitary* campaign focused on juvenile detention and correctional facilities in a methodical, well-informed way.