



Stop Solitary for Kids



Solitary confinement affects thousands of young people every year. More than one-third of youth in facilities report being isolated. More than half of those youth report being in solitary confinement for more than 24 hours. Many states permit the use of solitary confinement as punishment. Based on their overrepresentation in juvenile facilities, vulnerable populations – LGBTQ youth, youth with disabilities and mental health disorders, youth of color - are likely to be affected by solitary confinement.

Solitary confinement is harmful. Solitary can have long-lasting and devastating effects on youth, including trauma, psychosis, depression, anxiety, and increased risk of suicide and self-harm. Solitary confinement can also exacerbate pre-existing mental health disorders. Research shows that more than half of all suicides in juvenile facilities occurred while young people were held in isolation.

Solitary deprives youth of needed programs and services. Many youth in solitary do not receive appropriate education, mental health services, or drug treatment.

Solitary confinement is bad policy. National standards for best practice from advocates and correctional organizations provide that youth should not be isolated unless their behavior threatens immediate physical harm to the youth or others. When a youth regains self-control and is no longer a threat, staff should release the youth and return the youth to regular.

Professional organizations support ending solitary for youth. The Academy of Child and Adolescent Psychiatry, American Psychological Association, American Public Health Association, American Bar Association, National Commission on Correctional Healthcare, National Lawyers Guild, and Substance Abuse and Mental Health Services Administration oppose solitary for young people.

Solitary makes facilities, youth, and staff less safe. There is no evidence that using solitary confinement reduces the levels of violence or that it acts as a deterrent. The use of isolation damages relationships between youth and staff and contributes to a volatile institutional environment. Solitary confinement can actually increase misbehavior, while jurisdictions that have reduced solitary have seen incidents of violence decrease.

Recent developments support ending solitary. Recent developments include bi-partisan federal legislation, the Department of Justice report recommending a prohibition on youth solitary, and President Obama's ban on solitary confinement for youth in federal custody. OJJDP has made reducing the use of solitary across the country a focus. Supreme Court Justice Anthony Kennedy invited a challenge to the practice.

What is solitary confinement?

Solitary confinement is referred to by many names: seclusion, segregation, time out, protective custody, room restriction. Solitary confinement is the involuntary restriction of a youth alone in a cell, room, or other area for any reason other than a temporary response when youth behavior presents an immediate risk of physical harm.

Several states have already reduced or eliminated solitary. Massachusetts, Ohio, Oregon, Indiana, and Mississippi have sharply reduced or eliminated solitary and improved the safety of their juvenile facilities. Colorado and Nebraska passed legislation this year to limit solitary confinement.