# Table of Contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>vii</td>
<td>Acknowledgments</td>
</tr>
<tr>
<td>ix</td>
<td>Preface: Macarena Sáez</td>
</tr>
<tr>
<td>xi</td>
<td>Introduction: Juan E. Méndez</td>
</tr>
<tr>
<td>xv</td>
<td>Foreword: Susan L. Bissell</td>
</tr>
</tbody>
</table>

1 I. Children Deprived of Liberty and Applicable Legal Frameworks

3 The Global Overuse of Detention of Children  
*Michael Garcia Bochenek*

23 Reflections on a New Tool for Protecting the Rights of the Child  
*Ian M. Kysel*

39 Translating International Children’s Rights Standards into Practice: the Challenge of Youth Detention  
*Professor Ursula Kilkelly*

57 Access to Justice for Children Deprived of Their Liberty  
*Professor Ton Liefaard*

81 Child Deprivation of Liberty and the Role of the Council of Europe  
*Regína Jensdóttir and Tara Beattie*

109 Meaningful Participation of Children and Adolescents in the Framework of the Recommendations to the Committee on the Rights of the Child and the Universal Periodic Review on Issues of Juvenile Justice and Cruel and Inhuman Treatment  
*Giovanna Brazzini*

123 Protecting the Rights of Children Deprived of their Liberty  
*Dr. Hiranthi Wijemanne*
141  II. Children in Conflict With the Law

Marta Santos Pais and Ann-Kristin Vervik

165  Stop Solitary for Kids: The Path Forward to End Solitary Confinement of Children
Jennifer Lutz, Jason Szanyi, and Mark Soler

181  End Detention of Children as Punishment
Leo Ratledge

193  Children and Diversion Away From Formal Criminal Justice Systems: A Perspective From an NGO Working on Criminal Justice Reform
Nikhil Roy and Frances Sheahan

209  Deprivation of Liberty of Children: The Importance of Monitoring
Benoit Van Keirsbilck and Sarah Grandfils

Francisco Legaz Cervantes, Juan José Periago Morant, and Amparo Pozo Martínez

233  III. Children Deprived of Liberty in Non-Traditional Contexts

A. Migrant, Asylum-Seeker, and Refugee Children

235  The Principle of No-Detention of Migrant Children in International Human Rights Law
Pablo Ceriani Cernadas

249  “It Is Now Clear”: Immigration Detention as a Particular Form of Torture or Ill-Treatment of Refugee and Migrant Children
Ben Lewis

261  The Inter-American Court of Human Rights Standards Towards the Universality of a Rule of Non-Detention of Migrant, Asylum-Seeker, and Refugee Children
Romina I. Sijniensky

B. Children in Institutions and Orphanages

285  Children with Disabilities: Deprivation of Liberty in the Name of Care and Treatment
Shantha Rau Barriga, Jane Buchanan, Emina Ćerimović, and Kriti Sharma

303  A Mandate to End Placement of Children in Institutions and Orphanages: The Duty of Governments and Donors to Prevent Segregation and Torture
Eric Rosenthal

353  Hidden and Invisible: Children with Intellectual Disabilities Deprived of Liberty
Diane Richler, Anna MacQuarie, and Connie Laurin-Bowie
C. Children in Armed Conflict

367 Abuses against Children Detained as National Security Threats
Jo Becker

389 Addressing the Gaps in Security Sector Training: The Detention of Child Soldiers
Shelly Whitman, Darin Reeves, and Dustin Johnson

Juan E. Mendez
Stop Solitary for Kids: The Path Forward to End Solitary Confinement of Children

JENNIFER LUTZ, JASON SZANYI, AND MARK SOLER*

Abstract

This article supports the Special Rapporteur’s report and recommendations to eliminate solitary confinement by describing movement toward that goal in the United States. There have been developments in all three branches of government. In Congress, bipartisan legislation is pending that would virtually eliminate the use of solitary for juveniles held in federal custody and would serve as a model for state legislation. The legislation is based on juvenile detention facility standards developed by the Annie E. Casey Foundation’s Juvenile Detention Alternatives Initiative (JDAI). Legislation that would reduce the use of solitary is also pending in several states, including California and Ohio. In the executive branch, following a report by the Department of Justice, President Obama has banned the use of solitary on juveniles in federal custody. Attorney General Lynch has made reduction of solitary across the country a focus of Department of Justice efforts. In executive agencies in the states, some juvenile justice agencies have eliminated solitary as discipline (Massachusetts, Ohio), and many others are working toward significant reductions (e.g., Oregon, Indiana, New York, New Jersey). In the judicial branch, Supreme Court Justice Anthony Kennedy has directly criticized the use of solitary, and invited a challenge to the practice. There have been editorials and op-eds in many newspapers from both conservative and liberal commentators. On April 19, 2016, the Center for Children’s Law and Policy, the Justice Policy Institute, the Center for Juvenile Justice Reform, and the Council of Juvenile Correctional Administrators launched a multi-strategy national campaign to eliminate solitary confinement in the United States in three years. The article will describe these developments and draw lessons for future reform.

Solitary confinement is what destroyed my son. He was a child locked up for 23 hours a day for nearly two years. That’s enough to destroy a man’s mind, let alone a child’s.
- Venida Browder**

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I. Introduction

When New York City police officers arrested 16-year-old Kalief Browder on May 15, 2010 for allegedly stealing a backpack, they set events in motion that would change the national conversation about solitary confinement.¹

Following his arrest, Kalief became another victim of a broken justice system. He spent the next three years at the notorious Rikers Island jail,² maintaining his innocence and awaiting his day in court. Prosecutors ultimately dismissed the charges against Kalief, but not before he spent nearly two years in solitary confinement. Those two years, along with the other abuses Kalief experienced at Rikers, led him to take his own life at his family’s home in the Bronx on June 13, 2015. Venida Browder, Kalief’s mother, had no doubt the experience at Riker’s had permanently harmed her son. She said, “They damaged him so much that he felt this was his only way to escape.”³

Kalief’s death touched people deeply. Spike TV and Sean “JAY-Z” Carter co-produced a six episode documentary series on Kalief’s life and death entitled TIME: The Kalief Browder Story. The series, which shows the horrific impact of Kalief’s time in solitary confinement, will air in March, 2017. Less than a year after his death, President Barack Obama—citing Kalief’s tragedy⁴—issued a directive banning the use of solitary confinement for youth in federal custody. At the same time, in the U.S. Senate, legislation with bipartisan support was pending in the Judiciary Committee to incorporate the President’s recommendations into federal law.⁵ And a growing coalition of child advocates, corrections administrators, and human rights organizations launched a national campaign to stop the solitary confinement of children in juvenile and adult facilities.⁶

There is momentum in the United States to end one of the most dangerous and inhumane practices affecting youth in custody: solitary confinement. However, as Special Rapporteur Juan E. Méndez noted in his March 2015 report on children deprived of liberty, solitary confinement continues to affect youth in many countries’ juvenile justice and criminal justice systems, psychiatric institutions, and immigrant detention centers.⁷

In this article, we describe the harmful impact of solitary confinement on children, and why the practice has been so prevalent in spite of those harms. Next, we outline recent developments in the United States that have raised the profile of the issue of solitary confinement of youth. Finally, we outline a path forward for a coordinated national campaign to achieve the recommendation outlined by the Special Rapporteur: a prohibition on solitary confinement of children.⁸

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¹ Various news outlets have carried coverage of Kalief’s story, including The New Yorker, ABC News, and CNN. The summary in this article is adapted from these sources. See Jennifer Gonnerman, Before the Law, THE NEW YORKER, Oct. 6, 2014; Byron Pitts et al., Who Kalief Browder Might Have Been If He Hadn’t Spent Over 1,000 Days in Jail Without a Conviction, ABC News, June 17, 2015; Dana Ford, Man Jailed as Teen without Conviction Commits Suicide, CNN, June 15, 2015.


³ Pitts et al, supra note 1.


⁵ The Stop Solitary for Kids campaign is described in greater detail below.


⁷ Id. at 21.
II. The Harms of Solitary Confinement for Youth

The harmful effects of solitary confinement—also known as seclusion, isolation, segregation, and room confinement—are well-recognized. Young people are especially vulnerable to the mental and emotional effects of solitary confinement, including depression, anxiety, nervousness, lack of impulse control, and psychosis. Solitary poses serious safety risks for children, including increased opportunities to engage in self-harm and suicide, and re-traumatizing youth who were previously victimized. In a 2009 report, the U.S. Department of Justice’s Office of Juvenile Justice and Delinquency Prevention described a “strong relationship between juvenile suicide and room confinement.” The study, which reviewed 110 suicides of children in juvenile facilities, found that approximately half of the victims were locked up in solitary at the time of their deaths. The Justice Department echoed these concerns in its comments on federal regulations to implement the federal Prison Rape Elimination Act, stating that “long periods of isolation have negative and, at times, dangerous consequences for confined youth.”

Solitary confinement has particularly serious consequences for youth with mental health disorders, who are a large proportion of youth in the juvenile justice system. One multi-state study found that 70% of youth entering juvenile detention met the criteria for a mental health disorder, with 27% of detained youth having a disorder severe enough to require immediate treatment. Solitary confinement exacerbates the problems. For this reason, many mental health associations strongly oppose its use. For example, the American Academy of Child and Adolescent Psychiatry opposes the use of solitary confinement in correctional facilities for youth, noting that children are “at a particular risk of . . . adverse reactions” including depression, anxiety, psychosis, and suicide. Similarly, the American Psychiatric Association states that “[c]hildren should not be subjected to isolation, which is a form of punishment that is likely to produce lasting psychiatric symptoms.”

Many youth in solitary do not receive appropriate education, mental health services, or drug treatment. Because of limited resources in their institutions, facility administrators and staff often use solitary to confine youth with mental health, behavioral, or developmental needs. Research and experience show that simply responding to youth with a show of force creates a cycle that exacerbates violence, acting-out behavior of youth, staff injury, and poor staff morale. Researchers who studied the effect of isolation and restraint on youth concluded that the practices were “detri-
mental and anxiety-producing to children, and can actually have the paradoxical effect of being a negative reinforcer that increases misbehavior."\textsuperscript{19}

There are over 54,000 youth in juvenile facilities in the United States each day,\textsuperscript{20} and another 5,200 are in adult prisons and jails.\textsuperscript{21} While most states and the federal government do not regularly publish data on the number of youth subjected to solitary confinement in juvenile facilities, the most recent available research shows that more than one-third of youth in facilities report being isolated, or locked up alone, or confined to their room with no contact with other residents.\textsuperscript{22} More than half of those youth report being in solitary confinement for more than 24 hours.\textsuperscript{23} Federal data released in August, 2016 shows that 47\% of detention facilities and 46\% of training schools isolate youth for more than four hours to control unruly behavior.\textsuperscript{24} At least 29 states have statutes, regulations, or policies permitting the use of solitary confinement as punishment for violating facility rules, most commonly for periods of 3 to 5 days at a time.\textsuperscript{25} Many of these states permit indefinite extensions of time in isolation.\textsuperscript{26} Moreover, many states that have a ban on solitary confinement in policy do not follow it in practice.\textsuperscript{27}

Based on the number of youth incarcerated in adult and juvenile facilities and the overrepresentation of particularly vulnerable populations—LGBTQ youth,\textsuperscript{28} youth with disabilities,\textsuperscript{29} youth with mental health disorders, and youth of color\textsuperscript{30}—it is clear that tens of thousands of young people every year are held in solitary confinement. There is no shortage of depressing examples:

\textsuperscript{19} Wanda K. Mohr et al., A Restraint on Restraints: The Need to Reconsider the Use of Restrictive Interventions, 12 Archives of Psychiatric Nursing 95, 103 (1998).
\textsuperscript{21} On a typical day in 2014, about 4,200 persons younger than 18 were inmates in jails in the U.S. OJJDP Statistical Briefing Book, OJJDP (Dec. 13, 2015), http://www.ojjdp.gov/ojstatbb/corrections/qa08700.asp?qadate=2014. Just over 1,000 inmates age 17 or younger were under the custody of state prisons at the end of 2014. Id.
\textsuperscript{28} Recent data show that over two-thirds of all youth in juvenile placements are youth of color. Sarah Hockenberry, Juveniles in Residential Placement, 2011, Juvenile Offenders and Victims: National Report Series.
• At the Contra Costa County Juvenile Hall, a 17-year-old diagnosed with psychosis and schizophrenia was placed in isolation due to hearing voices and talking to himself. He remained there for 60 days because of hallucinations, inappropriate laughter, and facial twitching. After 90 days, he decompensated and suffered a psychotic break, requiring hospitalization for three weeks.31

• Three teenage girls were held in extended solitary confinement at the Iowa Juvenile Home, a state-operated facility that houses children in need of supervision and adjudicated youth. An investigation by Disabilities Rights Iowa revealed that in November, 2012, the girls were held in rooms consisting of walls and floors of concrete, with only a raised platform for a bed and a thin mattress to sleep on at night. Two of the girls remained in isolation for approximately two months. The facility held the third girl in isolation for almost a year, allowing her out only one hour per day for hygiene and exercise. Two of the three girls received no education during their stays in isolation.32

• In December 2013, the U.S. District Court in New Jersey approved a settlement of a lawsuit by juvenile plaintiffs Troy D. and O’Neill S. against the New Jersey Juvenile Justice Commission and its health care providers.33 During their solitary confinement for 178 days and 55 days, respectively, the boys often had no access to education, treatment or other therapeutic support. Despite being diagnosed with serious mental health problems at intake, Troy received almost no individual therapy, never received group therapy, and was denied the opportunity to speak with the psychiatrist about his medications. The youth were frequently denied personal possessions and proper clothing, nutrition and medical care, and were allowed no physical recreation or exercise or other interaction with their peers. Staff told them that if they continued their requests for mental health care or other services, their stays in room confinement would be extended.34

III. The Growing Consensus Against Solitary Confinement

The United States has a long and troubled history of solitary confinement for children involved with the justice system. As the Special Rapporteur noted in his report on children deprived of liberty, though, the United States is not alone. The Special Rapporteur found that “[i]n many States, solitary confinement is still imposed on children as a ‘disciplinary’ or ‘protective’ measure” and that “[n]ational legislation often contains provisions to permit children to be placed in solitary confinement...[f]or days, weeks and even months.”35

Fortunately, recent international developments and developments within the United States have contributed to a growing consensus around the need to eliminate solitary confinement for children.

32 Id.
35 Special Rapporteur, supra note 7, at 9.
A. International Developments

For decades, the United Nations has been a leading international voice on the harms of solitary confinement for children. In 1990, the U.N. General Assembly adopted Rules for the Protection of Juveniles Deprived of Their Liberty. The rules prohibited “disciplinary measures constituting cruel, inhuman or degrading treatment . . . , including . . . solitary confinement or any other punishment that may compromise the physical or mental health of the juvenile.” In 2007, the U.N. Committee on the Rights of the Child clearly stated that solitary confinement of children was “strictly forbidden” by article 37 of the Convention on the Rights of the Child (CRC). Article 37 prohibits “torture or other cruel, inhuman or degrading treatment or punishment” of children. The United States is the only U.N. Member State that has not ratified the CRC. And in March, 2015, Special Rapporteur Méndez issued the most recent of several of his reports describing solitary confinement of children as a form of torture.

International human rights organizations have also weighed in on the issue of solitary confinement of youth. In 2012, Human Rights Watch and the American Civil Liberties Union issued a major report on solitary confinement of youth in jails and prisons in the United States. In 2005, a joint report by Amnesty International and Human Rights Watch documented how youth in adult prisons and jails often ended up in solitary confinement “for their own protection” from adult inmates.

By describing the solitary confinement of children as torture and publicizing the extent of its use, the United Nations and the international human rights community have contributed to a sense of urgency for reforms in this area.

B. Developments within the United States

Many children in the United States have been victims of abuse related to the use of solitary confinement, and new abuses continue to emerge. However, several recent national developments

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38 Id. ¶ 67.
40 Id.
show the potential to eliminate the use of solitary for children. These include the evolution of juvenile justice standards, growing consensus about the harms of solitary confinement among national professional organizations, and federal leadership on reforms related to solitary confinement.

1. Evolution of Juvenile Justice Standards

Officials who run juvenile justice agencies and facilities look to professional standards when determining which policies and practices to adopt or avoid. Over the past several years, the leading juvenile justice standards have evolved to include prohibitions on the use of solitary confinement for children and youth.

a. The Annie E. Casey Foundation’s Juvenile Detention Facility Assessment Standards

One of the leading sets of professional standards is the Juvenile Detention Facility Assessment Standards, used as part of the Annie E. Casey Foundation’s Juvenile Detention Alternatives Initiative (JDAI). JDAI is a long-standing initiative focused on safely reducing unnecessary and inappropriate incarceration of youth in pre-adjudication detention facilities. More than 250 counties in 39 states and the District of Columbia participate in JDAI. The initiative relies on a set of eight “core strategies” to help jurisdictions reduce unnecessary incarceration.

One of the JDAI core strategies is ensuring safe and humane policies, practices, and conditions for youth who are incarcerated. As part of JDAI, the Center for Children’s Law and Policy and the Youth Law Center developed standards for juvenile detention facilities, in consultation with numerous experts in the field. The JDAI Standards are the most comprehensive and demanding professional standards for juvenile facilities, with the highest level of protection for incarcerated youth. JDAI trains teams of local stakeholders to evaluate their facilities using the standards and to report on identified deficiencies. The JDAI standards have been widely used outside of JDAI. They have served as the basis for federal and state legislation, as well as many agencies’ regulations and policies.

The JDAI Standards were revised in 2014. The standards refer to solitary confinement as “room confinement,” defined as the involuntary restriction of a youth alone in a cell, room, or other area. Under the revised JDAI standards, room confinement can only be used as a temporary response to behavior that threatens immediate harm to the youth or others. It may only be used after exhausting less restrictive alternatives and only as long as necessary for the youth to calm down.
and no longer present a risk of imminent harm to himself or others (but no longer than 4 hours).\textsuperscript{53} Notably, room confinement may never be used as a punishment or disciplinary sanction, or for any other purpose than when a youth engages in behavior that threatens immediate harm to the youth or others.\textsuperscript{54} The prior version of the JDAI standards had allowed (but discouraged) the use of disciplinary room confinement. The update represents a major change in policy for JDAI and the standards.

\textit{b. The Council of Juvenile Correctional Administrators’ Performance-based Standards}

The juvenile correctional community has developed a comparable springboard for reform through professional standards. The Council of Juvenile Correctional Administrators (CJCA) is a national professional organization of state juvenile justice agency directors and administrators of large urban juvenile facilities. CJCA has developed Performance-based Standards (PbS), a national program for agencies and facilities to identify, monitor, and improve conditions and treatment services provided to incarcerated youth.\textsuperscript{55} PbS is a voluntary program, with more than 100 participating facilities across 29 states. A major focus of PbS is gathering and comparing data to promote best practices.

PbS standards are clear about the use of solitary confinement: isolation should only be used to protect a youth from harming himself or others. If isolation is used, it should be brief and supervised. Any time a youth is alone for 15 minutes or more is a reportable PbS event and must be documented. As in the JDAI standards, isolation is never allowed as a form of punishment. These principles are outlined CJCA’s Toolkit on Reducing the Use of Isolation, which was released in the spring of 2015.\textsuperscript{56} The report stated CJCA’s goal to have juvenile facilities reduce their reliance on solitary confinement for any reason. Because CJCA is a professional association of administrators of juvenile facilities, the organization’s standards and position on the use of solitary confinement holds particular weight in the juvenile justice field.

\textit{c. The National Commission on Correctional Healthcare}

In April, 2016, the National Commission on Correctional Health Care (NCCHC) released a new position statement on solitary confinement.\textsuperscript{57} NCCHC publishes standards on health care in the nation’s jails, prisons and juvenile justice facilities, and accredits facilities that are in compliance with its standards. The NCCHC position statement calls for an absolute prohibition on solitary confinement for certain groups, including youth.\textsuperscript{58} NCCHC’s position statement notes that “the participation of health care staff in actions that may be injurious to an individual’s health is in conflict with their role as caregivers.”\textsuperscript{59}

\textsuperscript{53} Id.
\textsuperscript{54} Id.
\textsuperscript{55} About Us, PERFORMANCE-BASED STANDARDS, http://pbstandards.org/about-us.
\textsuperscript{56} See also Council of Juvenile Correctional Administrators Toolkit: Reducing the Use of Isolation, COUNCIL OF JUVENILE CORRECTIONAL ADMINISTRATORS (Mar. 2015), http://cjca.net/attachments/article/751/CJCA%20Toolkit%20Reducing%20the%20Use%20of%20Isolation.pdf.
\textsuperscript{58} Id. Other groups for which NCCHC has called for a ban on solitary include mentally ill individuals and pregnant women. Id.
\textsuperscript{59} NCCHC Position Statement, supra note 55.
2. Support from National Professional Organizations

In the past several years, many prominent national organizations have taken strong positions against solitary confinement of young people. As mentioned above, a 2012 AACAP position statement noted that children are especially vulnerable to solitary confinement and “specifically prohibits the use of seclusion as a means of coercion, discipline, convenience or staff retaliation.”60 Other professional organizations that have recently taken positions against solitary confinement include the American Correctional Association (2016)61, the American Psychological Association (2015),62 the American Public Health Association (2014),63 the American Bar Association (2014),64 the National Council of Juvenile and Family Court Judges (2016)65, the National Lawyers Guild (2014),66 and the Substance Abuse and Mental Health Services Administration (2015).67 The growing consensus among professional organizations has added momentum to efforts to reduce and eliminate solitary confinement of youth.

3. State Legislative Action

Just this year, several states have proposed or passed legislation limiting solitary confinement for youth. In April, 2016, Nebraska passed legislation that requires all facilities that house youth to gather and report detailed data on all instances of room confinement that exceed one hour.68 The legislation followed the ACLU of Nebraska’s report, Growing Up Locked Down, released in January 2016, which found that juveniles are kept in isolation for up to 90 days in some facilities, while other facilities don’t even record how often or how long juveniles are deprived of contact with other people.69

Colorado passed legislation in June 2016, to curb the use of solitary confinement for young people.70 House Bill 1328 restricts the use of solitary to four hours except in emergency situations where a licensed physician in consultation with a mental health professional approves the continued use of solitary confinement. A court order is required to keep a youth in solitary confinement.

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60 Juvenile Justice Reform Comm., supra note 9.
for eight hours. The bill requires the Colorado Division of Youth Corrections to document the use of solitary confinement and report it to a board created by the law to oversee the practices and make recommendations to the directors.\footnote{Megan Schrader, \textit{Bill to Limit Use of Solitary Confinement in State-Run Juvenile Facilities Passes House Judiciary Committee}, \textit{COLORADO SPRINGS GAZETTE}, Apr. 22, 2016, http://gazette.com/bill-to-limit-use-of-solitary-confinement-in-state-run-juvenile-facilities-passed-by-slim-margin/article/1574618.}

In September 2016, California passed legislation\footnote{S.B. 1143, 2015-2016 Leg., Regular Sess. (Cal. 2016), http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160SB1143.} to ban the use of room confinement for the purposes of punishment, coercion, convenience, or retaliation. The law also limits the use of solitary to situations where less restrictive options have been tried. Co-sponsored by the Chief Probation Officers of California, human rights advocates, experts on youth rehabilitation, and faith leaders, this bill represents a multi-year effort in California\footnote{Mark Bonini and Sue Burrell, \textit{A Rare Consensus on Juvenile Detention}, \textit{SACRAMENTO BEE}, June 1, 2016, http://www.sacbee.com/opinion/op-ed/soapbox/article81182057.html.} and has the support of the California Attorney General.\footnote{Press Release, SVCNews.com, AG Harris Supports Bill to End Juvenile Confinement (June 21, 2016), http://scvnews.com/2016/06/21/attorney-general-harris-supports-legislation-to-end-juvenile-confinement/.}

The District of Columbia has now joined other jurisdictions that significantly limit solitary confinement for youth.\footnote{Act A21-0568 (D.C. Dec. 7, 2016), http://lims.dccouncil.us/Download/35539/B21-0683-SignedAct.pdf.} In December, 2017, D.C. Mayor Muriel Bowser signed the Comprehensive Youth Justice Amendment Act of 2016, or D.C. Act A21-0568. The law bans solitary confinement as punishment, requires staff to try less restrictive options, requires facilities to collect and report detailed data about how they are using solitary, and limits solitary confinement to a maximum of six hours.

4. Efforts at the Federal Level

There have been multiple efforts at the federal level to end solitary for young people. One month after Kalief Browder’s death, in his keynote address at the NAACP’s annual conference, President Obama announced that he had directed Attorney General Loretta Lynch to conduct a review of the overuse of solitary confinement in American prisons, stating that solitary confinement was “more likely to make inmates more alienated, more hostile, potentially more violent.”\footnote{Press Release, The White House, Remarks by the President at the NAACP Conference (July 14, 2015), https://www.whitehouse.gov/the-press-office/2015/07/14/remarks-president-naacp-conference.}

Six months after that speech, the Department of Justice issued a landmark report and guiding principles for the use of solitary confinement.\footnote{U.S. DEP’T OF JUSTICE, \textit{REPORT AND RECOMMENDATIONS CONCERNING THE USE OF RESTRICTIVE HOUSING} (Jan. 2016).} The report recommended a ban on the use of solitary confinement for youth.\footnote{Id. at 101.} Shortly thereafter, President Obama issued a directive ordering the Bureau of Prisons to implement the report’s recommendations for youth in federal custody.\footnote{Obama, \textit{ supra} note 4.} At the same time, President Obama published an opinion piece in the Washington Post explaining why the ban on solitary confinement of youth was necessary.\footnote{Barack Obama, \textit{Why We Must Rethink Solitary Confinement}, \textit{WASHINGTON POST} (Jan. 25, 2015).}

Although the Bureau of Prisons houses a small number of youth in its custody,\footnote{Population Statistics: Inmate Age, \textit{FEDERAL BUREAU OF PRISONS} (Apr. 23, 2016), https://www.bop.gov/about/statistics/statistics_inmate_age.jsp.} the President’s leadership helped elevate the issue of solitary confinement—and solitary confinement of youth—
to national prominence. A few months later, Robert Listenbee, Administrator of the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP), released an official statement that OJJDP saw the issue of solitary confinement of youth as a “priority” and was “committed to working with states to develop effective policies to limit the practice and adopt alternatives.”

Efforts at the Federal Level**: The Department of Justice has taken a strong position against the use of solitary confinement for juveniles in several cases. In June, 2016, the Department reached a settlement agreement with the Hinds County Jail in Mississippi. Under the agreement, solitary is only permissible for youth when there is a threat of harm, and staff cannot use solitary as punishment. On January 3, 2017, the Department of Justice submitted a statement of interest in support of a lawsuit filed by the New York Civil Liberties Union and Legal Services of Central New York to stop the jail in Syracuse, New York from putting 16- and 17-year-olds in solitary confinement. The statement definitively supports the position that youth should never be subjected to solitary confinement.

In the U.S. Senate, bipartisan criminal justice reform legislation was introduced to incorporate President Obama’s executive action into federal law. The Sentencing Reform and Corrections Act of 2015 proposed to limit the use of solitary confinement of youth in federal custody to situations in which the young person poses a serious and immediate threat of physical harm, and then only for brief periods of no more than three hours.

Kalief Browder’s death even reached the Supreme Court. Twelve days after Kalief died, Justice Anthony Kennedy wrote a concurring opinion about the dangers of solitary confinement in *Davis v. Ayala*. The case did not focus on issues of conditions of confinement, but Justice Kennedy took time to dedicate his concurrence to the conditions in which the respondent, Hector Ayala, had been held.

Justice Kennedy noted that Ayala had spent the majority of 25 years in custody in solitary confinement. In his concurrence, Justice Kennedy cited concerns raised by the Supreme Court as far back as 1890 regarding the use of solitary confinement. Justice Kennedy cited Kalief’s suicide and invited a case for the Court to “determine whether workable alternative systems for long-term confinement exist, and, if so, whether a correctional system should be required to adopt them.”

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85 Sentencing Reform and Corrections Act of 2015, supra note 5.
87 In re Medley, 134 U. S. 160, 170 (1890).
88 Davis v. Ayala, supra note 82, at 2210 (Kennedy, J., concurring).
IV. Success Stories

A. Massachusetts

Since 2007, the Massachusetts Department of Youth Services (DYS) has made policy and practice changes to significantly reduce the use of solitary confinement.\textsuperscript{89} DYS policy prohibits the use of room confinement as a form of discipline.\textsuperscript{90} The agency does permit limited periods of isolation when a youth exhibits dangerous and disruptive behavior and less restrictive alternatives to control the behavior have failed.\textsuperscript{91} However, staff must obtain authorization from agency administrators to use isolation for periods longer than 15 minutes, and staff must secure approvals from more senior officials outside of the facility as the requested time increases.\textsuperscript{92} DYS staff are trained to use alternative measures—including de-escalation, behavior management, and conflict resolution techniques—and to assist youth who are placed in isolation to develop an “Exit Strategy” to get out of isolation quickly and transition back into regular programming.\textsuperscript{93}

To address staff concerns that reducing the use of solitary would make facilities less safe, DYS engaged in extensive dialogue and training with staff,\textsuperscript{94} soliciting their feedback and addressing their concerns directly. DYS also requires the documentation of all uses of room confinement in an electronic data system.\textsuperscript{95} The collection and use of data has been a powerful tool to target problem areas and to persuade staff that the new measures are working.\textsuperscript{96} In April 2016, the average time a youth spent in isolation was less than 1.25 hours.\textsuperscript{97}

B. Ohio

The state of Ohio offers another example of how thoughtful reforms can work to reduce the use of isolation. Following years of litigation brought by the U.S. Department of Justice and the Children’s Law Center of Kentucky, the Ohio Department of Youth Services (ODYS) entered into an agreement with plaintiffs to eliminate the use of seclusion in its juvenile correctional facilities.\textsuperscript{98} In an examination of data required by the litigation, the agency found that the use of restrictive and punitive practices such as solitary confinement was actually correlated with higher rates of assaults on staff and youth.\textsuperscript{99}

In order to make a sustainable change, ODYS implemented a plan called the “Path to Safer Facilities” from 2014 to 2016. The plan concentrated on preventative measures, meaningful activities for youth, behavioral health interventions, and consequences that help youth learn account-
ability without resorting to lockup.\textsuperscript{100} Staff now focus on keeping all youth out of their rooms and engaged in programming as much as possible.\textsuperscript{101} ODYS revised its policies by prohibiting the use of isolation as punishment and instead using other tools for discipline, including restricting access to privileges.\textsuperscript{102} Treatment teams now develop customized interventions that consider individual mental health and behavioral needs to respond to a youth’s rule violations rather than using a formal “one size fits all” disciplinary tool.\textsuperscript{103} ODYS also instituted a formal review process which requires superintendents to make monthly reports on hours of isolation used, and a designated facility staff member must review incidents involving isolation.\textsuperscript{104}

Following the implementation of these changes, the vast majority of incidents of isolation in Ohio now end within four hours, with the average length of seclusion being 2.83 hours.\textsuperscript{105} All Special Management Units, which previously relied heavily on isolation without programming, are closed.\textsuperscript{106} Officials have also seen acts of violence go down 22\% and a reduction in total isolation time of 89\% between February 2014 and February 2015.\textsuperscript{107}

V. The Path Forward: A National Campaign to Stop Solitary for Kids

The time is right in the United States for coordinated national action to end solitary confinement for young people. There is significant public recognition of the issue, and support from lawmakers and juvenile correctional administrators. State and local advocates are engaged in meaningful efforts. We know much more about what works to reduce youth solitary confinement in facilities. However, there has been no coordinated national campaign, communications strategy, resource center, or organized network of administrators who can help guide agency efforts and share lessons learned.

To fill this void, four organizations are partnering in Stop Solitary for Kids, a national initiative to end solitary confinement for youth in juvenile and adult facilities. The campaign is a joint effort by the Center for Children’s Law and Policy (CCLP), a public interest law and policy organization that has long worked to reduce solitary; the Council of Juvenile Correctional Administrators (CJCA), an association of the directors of the state juvenile justice agencies; the Center for Juvenile Justice Reform at Georgetown University (CJJR), which provides training to agency administrators and staff from around the country in Certificate Programs conducted at the University; and the Justice Policy Institute (JPI), which specializes in media, communications, and research on juvenile justice and adult criminal justice issues. These organizations represent advocates, researchers, communications specialists, policy consultants, trainers of juvenile justice system administrators and personnel, and facility superintendents and agency administrators of state juvenile justice agencies.

Stop Solitary for Kids was officially launched on April 19, 2016, with a press conference at the National Press Club in Washington, DC. with the support of Roy Austin, Deputy Special Assistant

\textsuperscript{100} Harvey J. Reed, Abandon the Outdated Practice of Juvenile Seclusion, CLEVELAND PLAIN DEALER, May 1, 2016, http://www.cleveland.com/opinion/index.ssf/2016/05/why_its_time_to_abandon_the_ou.html.
\textsuperscript{102} Id. at 18.
\textsuperscript{103} Id. at 18.
\textsuperscript{104} Id. at 18-19.
\textsuperscript{105} Id. at 18.
\textsuperscript{106} Id. at 19.
\textsuperscript{107} Path to Safer Facilities, supra note 18, at 30.
to President Obama; Robert Listenbee, Administrator of OJJDP; New Jersey U.S. Senator Cory Booker; and the directors of the state juvenile justice agencies in Indiana, Massachusetts, Ohio, and Oregon.\textsuperscript{108}

Stop Solitary for Kids developed a Position Statement that defines solitary confinement, presents the dangers posed by the practice, and lists eleven strategies that agency and facility administrators can use to reduce and eliminate solitary. A diverse group of organizations has signed on to the Position Statement, including the American Correctional Association, American Civil Liberties Union, American Probation and Parole Association, American Psychological Association, National Commission on Correctional Health Care, and National Council of Juvenile and Family Court Judges.\textsuperscript{109}

Stop Solitary for Kids focuses on four core components. These strategies can be replicated by state, local, and international advocates. First, the campaign provides communications and outreach about the solitary confinement and the existence of effective alternatives. This is done through a resource-rich website (www.stopsolitaryforkids), earned and social media, and coalition building with other organizations to broaden support for the movement to end solitary confinement. During the campaign’s launch event, information about the impact of solitary confinement reached over three million people through dozens of news articles, coverage on National Public Radio, and social media.

Second, the campaign provides support for state and local agency administrators who want to reduce or eliminate solitary by developing lessons learned from administrators (e.g., in Massachusetts and Ohio) who have successfully done so. Solitary confinement is a longstanding practice in most facilities and there is often internal resistance to change. In order to build sustainable reforms that overcome resistance, the campaign works directly with those who operate facilities and juvenile justice agencies. The campaign partners with several state agencies and facilities each year to provide technical assistance and build capacity to reduce solitary confinement, eventually reaching a tipping point. Another key strategy is connecting successful agency administrators with peers interested in undertaking reforms. Stop Solitary for Kids will also create resources to address solitary confinement as an issue of facility staff health, since experience in key states demonstrates that staff in facilities with limited use of solitary experience less stress and fewer stress-related illnesses. The campaign is now field-testing the Room Confinement Assessment Tool” (“RCAT”), an instrument to help facility superintendents and agency directors understand how solitary confinement is used in their facilities and to identify targeted inventions to safely reduce it.

Third, the campaign incorporates the voices of those directly affected by solitary confinement (youth, parents, and especially vulnerable populations such as lesbian, gay, bisexual, transgender and questioning youth) through membership on its Advisory Board. Stop Solitary for Kids also connects advocates with successful agency administrators.

Finally, the campaign will support federal efforts to end solitary in the executive, legislative, and judicial branches. The federal Office of Juvenile Justice and Delinquency Prevention (OJJDP), the top federal agency working on juvenile justice issues, could be a strong force for reform on this issue by adopting relevant administrative regulations, adding requirements in state juvenile justice plans (required for state receipt of federal funding), and funding training and technical assistance


\textsuperscript{109} A current list of supporting organizations is available at http://www.stopsolitaryforkids.org/supporting-organizations/.
to states and local jurisdictions. The campaign will continue to encourage OJJDP to support the movement to stop solitary for kids. Additionally, the campaign will continue to provide information, research, model policies, and administrator contacts to Congressional offices and state legislative committees working on reducing or eliminating solitary for youth.

The core components of Stop Solitary for Kids can also be used by advocates in counties, states, and other countries to advance reforms: educating key audiences about the harms of solitary confinement for youth; inclusion and direct outreach to facility and agency staff who use solitary confinement; incorporating the perspectives of youth and families affected by solitary confinement in meaningful ways; and connecting to other local, state, and international efforts to share resources and ideas.

VI. Conclusion

The potential exists to stop the solitary confinement of youth in the United States. Venida Browder said, “I don’t want another mother to have to spend a lifetime sentence like I am.”110 For Ms. Browder, that time did not come soon enough. She passed away in October, 2016. Her tragic death is a powerful reminder that solitary confinement destroys the lives of young people, families, and communities. With a coordinated effort, the U.S. must finally put an end to one of the most egregious abuses of children and, in doing so, help other countries find the path forward toward reform.

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