



There is widespread agreement that isolation and particularly solitary confinement can severely damage youth. As the U.S. Attorney General's National Task Force on Children Exposed to Violence recently described it, "nowhere is the damaging impact of incarceration on vulnerable children more obvious than when it involves solitary confinement."¹ The Task Force accordingly proposed abandoning practices like solitary confinement, which traumatize children and reduce their opportunities to become productive members of society.² This is just the latest call to strictly limit youth isolation. Numerous national and international organizations are calling for stricter limitations on this harmful practice:

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JDAI, an initiative of the Annie E. Casey Foundation,⁵ is the most widely recognized set of national best practices.⁶ JDAI has four goals: “to eliminate the inappropriate or unnecessary use of secure detention; to minimize re-arrest and failure-to-appear rates pending adjudication; to ensure appropriate conditions of confinement in secure facilities and to redirect public finances to sustain successful reforms.”⁷ The Initiative uses a set of standards and facility assessments conducted by local stakeholders to evaluate and i

JDAI requires that youth held in room confinement in clean, sanitary, suicide-resistant and protrusion-free rooms, with adequate ventilation and at comfortable temperatures and that ensure reasonable access to water, toilet facilities, and hygiene supplies.¹² Youth can never be deprived of:

- a mattress, pillow, blankets, and sheets;
- full meals and evening snacks;
- a full complement of clean clothes;
- parental and attorney visits;
- personal hygiene items;
- daily opportunity for exercise;
- telephone contact with attorney;
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With regard to isolation, "

ACA standards Juveniles in room confinement must be checked visually by staff at least every 15 minutes and visited at least once each day by personnel from administrative, clinical, social work, religious, and/or medical units, during which staff must actually enter the room for the purpose of discussion or counseling. The ACA standards require that youth in disciplinary room confinement be afforded living conditions and privileges earned that approximate those available to the general population.³⁰

ACA standards limit protective custody to circumstances where youth need protection from others and then only until alternative permanent housing is found. The ACA standards require that

. . . . Under the ACA standards, facilities should develop special management plans for youth in protective custody to ensure continuous services and programming.³¹

ACA standards limit the use of special management to high-risk youth who cannot control their assaultive behavior or present a danger to themselves. The ACA suggests that youth in special management should benefit from an that allows for individualized attention. The ACA standards require that placement in special management must be reviewed within 72 hours.³²

In 1980, the Justice Department issued Standards related to a broad range of issues in the juvenile justice system.³³

With regard to isolation, the DOJ Standards provide that

The commentary to the standards states that “[i]solation is a severe penalty to impose upon a juvenile, especially since this sanction is to assist in rehabilitation as well as punish a child. . . . After a period of time, room confinement begins to damage the juvenile, cause resentment toward the staff, and serves little useful purpose.”³⁵

The DOJ Standards mandate that juveniles placed in room confinement “should be examined at least once during the day by a physician, be visited at least twice during the day by a child-care worker or other member of the treatment staff, and be provided with educational materials and other services as needed. . . . [J]uveniles placed in room confinement for more than twelve hours should be provided with at least thirty minutes of recreation and exercise outside of the room in which they are confined.”³⁶

²⁸AM. CORR. ASS’N, PERFORMANCE BASED STANDARDS JUVENILE CORR. FACILITIES 51 (4th ed. 2009).

²⁹ . . . at 51-52.

³⁰ . . . at 52 (Standards 4-JCF-3C-03; 4-JCF-3C-04).

³¹ . . . at 51 (Standard 4-JCF-3C-02).

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- They must receive daily visits from a medical or mental health care clinician;⁴⁷
- To the extent possible, they must have access to other programs and work opportunities;⁴⁸
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There are a range of state policies, laws and practices regarding the use of involuntary isolation for young people in educational contexts.⁷⁰ But the Department of Education has issued a set of general guidelines for the use of involuntary isolation in schools.⁷¹

The Department of Education guidelines restrict involuntary confinement of a student to a room alone (or "seclusion") and state that and is appropriate only in situations where a child's behavior poses an imminent danger of serious physical harm to self or others, where other interventions are ineffective and should be discontinued as soon as the imminent danger of harm has dissipated.⁷² The guidelines propose that any use of isolation, but particularly where there is repeated use for an individual child, should trigger a review of strategies in place to address dangerous behavior, and these strategies should address the underlying cause or purpose of the behavior.⁷³ The guidelines also propose constant visual monitoring of children in isolation, parental notification and documentation.⁷⁴

Other international human rights laws and standards condemn solitary confinement of children (defined as anyone below 18 years of age)—for any duration—as cruel, inhuman or degrading treatment, and under certain circumstances, torture. The United Nations Guidelines for the Prevention of Juvenile Delinquency (The Riyadh Guidelines) and The United Nations Rules for the Protection of Juveniles Deprived of their Liberty (The Beijing Rules) both describe punitive solitary confinement of children as cruel, inhuman or degrading treatment.⁷⁷ The Committee on the Rights of the Child, tasked with monitoring and enforcing the Convention on the Rights of the Child, confirms to this view, interpreting punitive solitary confinement of children as a form of cruel, inhuman or degrading treatment that violates the Convention.⁷⁸

⁷⁶ International Covenant on Civil and Political Rights, Dec. 16, 1966, S. Exec. Rep. 102-23, 999 U.N.T.S. 171 ("ICCPR") (entered into force Mar. 23, 1976) (ratified by U.S. June 8, 1992); Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Dec. 10, 1984, 1465 U.N.T.S. 85, 113 ("CAT") (entered into force Jun. 26, 1987) (ratified by U.S. Oct. 21, 1994).

⁷⁷ U.N. Guidelines for the Prevention of Juvenile Delinquency, G.A. Res. 45/112, Annex, 45 U.N. GAOR Supp. (No. 49A) at 201, U.N. Doc. A/45/49 (Dec. 14, 1990) ("The Riyadh Guidelines").

⁷⁸ U.N. Comm. on the Rights of the Child, 44th Sess., General Comment 10, Children's rights in juvenile justice, U.N. Doc. CRC/C/GC/10 (2007).