

Solitary confinement, also called segregation or restrictive housing, refers to the isolation of an incarcerated individual for up to 24 hours a day with little to no meaningful human contact. Solitary confinement is used as a means to separate individuals classified as “dangerous” from the general population, to punish infractions, and to allegedly protect more vulnerable members of the population. According to a 2023 report by Solitary Watch and the Unlock the Box campaign, over 122,000 individuals are held in solitary confinement in adult prisons and jails in the United States on any given day.¹

Solitary confinement causes serious physical, neurological, and psychological harm to adults, and has even more dire effects on children, whose minds and bodies are still growing and developing. The United Nations classifies solitary confinement as cruel and inhumane treatment that often rises to the level of torture, and has called for a complete ban on placing children in solitary.² Despite this fact, thousands of kids experience isolation every day in adult jails and prisons and in juvenile facilities.

Use of Solitary Confinement on Children

“Instead of solitary confinement, we call it ‘back to basics,’ ‘disciplinary room time’ and ‘registered seclusion rooms.’ These are just more digestible ways to stay in solitary confinement, [which is] a more digestible way to allow you to torture children.”

—Lucina Kayee, placed in solitary at age 8³

Due to limited data and reporting on children in solitary confinement, it is difficult to know exactly how many kids are currently experiencing isolation. According to the American Civil Liberties Union (ACLU), there are about 60,000 children in juvenile facilities on any given day.⁴ A 2010 report by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) found that 35% of children in juvenile justice facilities have experienced solitary confinement.⁵

An additional 4,500 children are in adult prisons and jails on any given day, with a total of 95,000 kids experiencing incarceration in adult facilities annually, according to the Equal Justice Initiative.⁶ These adult prisons and jails often justify the placement of children in solitary confinement by arguing that it protects kids from other incarcerated people. Many adult facilities attempt to comply with the Prison Rape Elimination Act (PREA), a federal statute that aims to end sexual violence in carceral settings, by placing kids alone in “protective custody.”⁷

Prisons and jails also frequently use solitary confinement as punishment for children as well as adults. A prison official told the ACLU and Human Rights Watch, “There is no differentiation” in how facilities treat adults and children once someone is sentenced.⁸ A 2023 report shows that 6.08% of the total prison and jail population is held in solitary confinement.⁹ This suggests that there may be hundreds of children held in solitary in adult facilities at any given time.

The same systemic discrimination that disproportionately incarcerates people of color consistently leads to their overrepresentation in solitary confinement. This includes children of color. A literature review from OJJDP shows that in 2019, Black children were 2.4 times more likely and Indigenous children were 1.5 times more likely than

white children to be arrested.¹⁰ This disparity, along with racism within carceral facilities, results in a higher placement of children of color in isolation than white children. One study found that in Florida, incarcerated Black children are 68.8% more likely to be placed in solitary than their white peers.¹¹

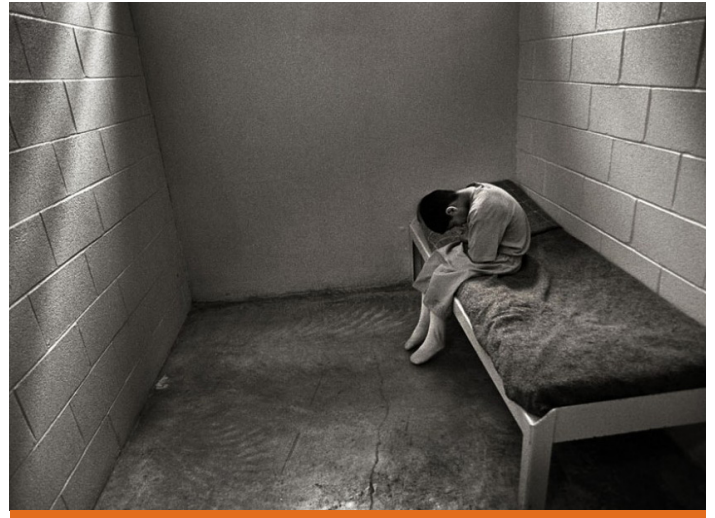


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LGBTQ+ children are also disproportionately represented in prisons and jails. Although 5-7% of kids identify as LGBTQ+, they make up 13-15% of kids in the juvenile justice system.¹² Queer children experience solitary confinement more regularly and for longer durations of time than their peers under the guise of “protection.” The National Survey of Youth in Custody found that 10.3% of queer kids surveyed experienced sexual violence at the hands of their peers compared to 1.5% of heterosexual kids.¹³

Children—especially those with disabilities—also experience solitary confinement in schools through a practice called “seclusion,” the involuntary confinement of a student in a room or area they are prevented from leaving.¹⁴ According to the Civil Rights Data Collections from 2014-2018, over 100,000 students experience physical immobilization and restraint or seclusion in public schools annually.¹⁵ Such practices have led to severe injuries, trauma, and even suicide.

For example, the Department of Education investigated a school district in Maine and found that over five hundred incidents of restraint and seclusion occurred in a three-year period and that 95% of incidents involved disabled students. Seclusion rooms in the district were as narrow as three feet wide, were not always padded, and some had exposed reachable pipes—a clear suicide risk.¹⁶

Psychological and Developmental Effects of Solitary on Children

“When I see the blood [from cutting] it makes me want to keep going. I showed the officers and they didn’t do anything.... I wanted [the staff] to talk to me. I wanted them to understand what was going on with me.”

—Anonymous child in isolation¹⁷

Experiencing isolation for days, months, and years at a time inevitably causes adverse mental health effects. Individuals who have experienced solitary frequently exhibit a distinct set of mental health symptoms, including hypersensitivity to external stimuli; affective disturbances (depression and anxiety); difficulties with thinking, concentration, and memory; disturbances of thought control; and issues with impulse control.¹⁸

Children are especially vulnerable to these psychological effects because their brains and bodies are not fully developed.¹⁹ The frontal lobe region of the brain, which controls cognitive processing, impulse control, and understanding of consequences, develops during adolescence and early adulthood.²⁰ Frontal lobes are constrained from developing healthily when they are held in isolation, which affects their overall cognitive growth.²¹ Advocates argue that the sharp differences between kids’ and adults’ decision-making and critical thinking capabilities should be taken into account in shaping criminal justice policy.

Experts on suicide prevention in jails and prisons report a direct correlation between suicide and solitary confinement. Incarcerated children are already more susceptible to suicide than incarcerated adults, which is exacerbated by placement in solitary confinement. The Child Crime Prevention & Safety Center reports that half of all suicides in juvenile facilities happen while kids are in solitary.²² Additionally, rates of self-harm are much higher in solitary confinement than in the general prison population.²³

In addition to experiencing adverse psychological effects, children placed in isolation are also denied access to age-appropriate education, which is vital to their development and proven to decrease the likelihood of criminal activities.²⁴ Education is critical to addressing children’s rehabilitation needs.²⁵ Yet a 2018 report by the Southern Poverty Law Center shows that education for children held in adult jails in Florida is either nonexistent or deeply inadequate, and children in solitary are denied any education.²⁶ In general, children held in adult facilities rarely learn in classrooms, and are occasionally given worksheets in lieu of classroom time.²⁷

Furthermore, girls and LGBTQ+ kids in adult facilities are disproportionately placed in solitary confinement because children’s units are often only for boys, resulting in a complete lack of access to education for others. Children held in solitary usually receive no educational materials, and miss class time in the rare instance that their facility has structured class instruction time.²⁸

Case in Point: Children at Angola Prison

The Louisiana State Penitentiary at Angola is the United States’ largest maximum security prison, located on a former slave plantation that still produces corn, cotton, soybeans, wheat, cattle and manufactured products using the labor of its majority-Black incarcerated population.²⁹

Between October 2022 and September 2023, between seventy and eighty children, almost all Black boys, were housed in Angola. The kids experienced solitary confinement for days and sometimes weeks at a time, excessive force, and the routine use of handcuffs, restraints, as well as chemical agents.³⁰

The ACLU and local counsel had filed a federal lawsuit and an emergency motion to stop the governor’s plan to place boys in Angola; however, a federal judge approved the placement, and the state’s Office of Juvenile Justice moved the first group of children to Angola without notifying their parents or lawyers.³¹

Subsequently, the children’s lawyers filed an emergency motion to remove them from Angola. In September 2023, a federal court judge ruled that the state of Louisiana subjected the children to confinement that constitutes “cruel and unusual punishment” and ordered the state to remove the children from Angola.³²

The state of Louisiana requires that incarcerated children receive 360 minutes of educational instructional time per day. However, students at Angola only logged 100 minutes on average per week. Angola lacked any full-time teaching staff, and those who taught the children at Angola received little to no information about the children and their needs or had no training in education.³³

As of the end of October 2023, the children housed in Angola had been moved to the Jackson Parish Jail, but continued to experience excessive macing and shackling, according to a letter by one of the children.³⁴ The kids are housed in isolation in windowless rooms and are denied access to mental health care and education.³⁵

Youth Solitary Confinement Widely Condemned

“My mind was the only place I found freedom from my reality—the only place I could play basketball with my brother or video games with my friends and eat my mother’s warm cherry pie on the porch. It was the only place I could simply be a kid.”

—Ian Manuel, held in solitary as a child³⁶

Many mental health and medical groups recognize and

condemn the detrimental effect of solitary confinement on children. In 2012, the American Academy of Child and Adolescent Psychiatry (AACAP) announced that it “opposes the use of solitary confinement in correctional facilities for juveniles.” The AACAP further recommended that “any youth that is confined for more than 24 hours must be evaluated by a mental health professional, such as a child and adolescent psychiatrist when one is available.”³⁷ In 2014, the American Medical Association called for “restricting the use of isolation in juvenile correction facilities for only extraordinary circumstances.”³⁸ The American Psychiatric Association holds that children should not be subjected to solitary confinement of any kind because of isolation’s adverse mental health effects.³⁹



A cell in the Angola prison unit where children were held. Photo courtesy ACLU.

In 2011, Juan E. Méndez, then the UN Special Rapporteur on Torture, recommended a complete ban on the solitary confinement of children, along with a limit of 15 days for adults.⁴⁰ In December 2015, the United Nations released the United Nations Standard Minimum Rules for the Treatment of Prisoners, also known as the Mandela Rules, which assert that solitary confinement for adults should be used only for brief periods in “exceptional cases as a last resort,” and that solitary confinement of children should be completely prohibited.⁴¹

Alternatives to Solitary Confinement for Kids

Since 2009, 45 states have introduced or passed bills to restrict solitary confinement.⁴² Twenty-six states prohibit or limit solitary confinement for children, leaving 24 states without any limits.⁴³

The most effective way to prevent children from experiencing solitary confinement is to end the incarceration of minors. Youth Correctional Leaders for Justice (YCJL) is one of several organizations that advocates for ending punitive youth prison models and moving towards family and youth-based justice. YCJL asserts that children under the age of fourteen should not be subjected to the carceral system at all because their brains are not developed to the point of understanding

the gravity of breaking the law or experiencing legal ramifications for their actions.⁴⁴ Additionally, research shows that children grow best when supported and surrounded by their families and communities.⁴⁵

The campaign Stop Solitary for Kids, with the support of several juvenile justice organizations, is working to end solitary confinement for children and youth. The campaign’s *Not in Isolation* report examines the outcomes of reducing solitary confinement in four states.⁴⁶ The report found that solitary confinement is ineffective for managing youths’ behavior and safety, staff safety is not linked to kids’ placement in solitary, and alternatives to solitary are possible. Reducing or eliminating solitary or “room confinement,” the report asserts, requires improvements to staffing, training, mental health services, programming, and behavior management.⁴⁷

Activists advocate for children to be held in room confinement for no longer than four hours. Stop Solitary For Kids recommends that facilities should prioritize positive relationships between staff and kids to maintain safety and redefine alternatives to room confinements as proactive and positive interventions. These practices avoid the use of isolation as a reactive approach to behavior. Under new policies for the Massachusetts Department of Youth Services, staff place children in room confinement but leave the door open and allow kids to calm down on their own, which reduces isolation time from days to mere minutes or hours.⁴⁸

Children are dependent individuals who lack critical understanding of their actions. Kids’ vulnerable and impressionable position makes them both more susceptible to being placed in solitary confinement and more negatively affected by it.⁴⁹ Advocates assert that while alternatives that still involve brief periods of partial isolation are preferable to prolonged, complete isolation, the ultimate goal should be the eradication of the practice of placing children in any form of isolation.

Resources

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