



## **Resolution regarding Reducing the Use of Solitary Confinement for Youth**

**WHEREAS**, the NCJFCJ defines solitary confinement—also known as “seclusion,” “isolation,” “segregation,” and “room confinement”—as the involuntary placement of a youth alone in a cell, room, or other area for any reason *other than* as a temporary response to behavior that threatens immediate harm to the youth or others;

**WHEREAS**, the NCJFCJ recognizes that there are some circumstances in which room confinement is necessary and that it is reasonable and appropriate when de-escalation and other strategies have been ineffective, to confine a youth in his or her room if the youth is out of control and poses an immediate risk of harm to self or others, until the youth regains control;

**WHEREAS**, far too many youth are subjected to solitary confinement in juvenile and adult facilities across the country;

**WHEREAS**, many youth in solitary do not receive appropriate education, mental health services, or drug treatment;

**WHEREAS**, facility administrators and staff often use solitary confinement for youth with unaddressed mental health, behavioral, or developmental needs, and such confinement can cause permanent harm to youth’s physical, psychological, and social growth and well-being because adolescents are still developing;

**WHEREAS**, research shows that more than half of all suicides in juvenile facilities occurred while young people were held in isolation;

**WHEREAS**, no research exists that indicates solitary confinement reduces behavioral incidents or improves the safety of facilities;

**WHEREAS**, the American Academy of Child and Adolescent Psychiatry (AACAP) issued a statement in 2012 opposing the use of solitary confinement in juvenile facilities, noting that youth are especially vulnerable to the adverse effects of solitary confinement, including trauma, psychosis, depression, anxiety, and increased risk of suicide and self-harm;

**WHEREAS**, President Obama banned solitary confinement, in January 2016, for youth in federal custody based on recommendations from the Department of Justice;

**WHEREAS**, many juvenile facilities operate under the direct jurisdiction of juvenile court judges.

## **NOW, THEREFORE, BE IT RESOLVED:**

The NCJFCJ recognizes that juvenile court judges have a responsibility to care for and protect youth within their jurisdiction and therefore supports a presumptive rule or policy against solitary confinement of youth, except when absolutely necessary for the safety of the youth, others, or the facility.

The NCJFCJ supports the advancement of a trauma-informed and developmentally appropriate approach to juvenile justice that limits the use of solitary confinement for youth.

The NCJFCJ calls for judges to provide strong leadership on this issue to convene facility personnel and other justice system stakeholders to develop strategies to reduce the use of solitary confinement in detention centers and post adjudication residential placement facilities and to work together to identify ways to ensure the safety of youth and other parties.

The NCJFCJ encourages judges to be aware of the policies and procedures regarding the use of solitary confinement in facilities they do not have control over, but in which youth under their jurisdiction have been placed.

The NCJFCJ encourages judges and court systems to continually review policies and practices related to solitary confinement of youth.

The NCJFCJ encourages judges to support/promote the following strategies to reduce the use of solitary confinement in their jurisdictions:

- Adoption of clear limits in facility policies and procedures on the use of room confinement, and a facility mission statement and philosophy that reflects rehabilitative goals;
- Development of institutional cultures in which staff view room confinement as an intervention to be used in very limited circumstances;
- Providing facility staff with training and resources designed to prevent conflict situations and minimize physical confrontations, including general training on agency mission, values, standards, goals, policies, and procedures; and specific training on adolescent development, trauma, conflict resolution, the harms of solitary confinement, verbal and non-verbal de-escalation techniques, the behavior management program in the facility, and other alternatives to solitary confinement;
- Providing sufficient numbers of facility staff and staff-to-youth ratios of at least 1-to-8 to allow staff to fully engage with youth and to prevent and respond to behavioral disruptions;

- Development of alternative behavior management options and responses in facilities, including alternative sanctions such as added work details, written assignments, mediation, limited access to canteen items, and restriction on attendance at unit events like movie showings, **as well as** rewards and incentives for good behavior such as special personal hygiene items, lunch with favorite staff, extra gym time, more visitation by friends and family members, staying up later, and more frequent access to the library and other resource rooms;
- Prohibiting the use of solitary confinement for fixed periods of time, which prevents youth from being released as soon as they calm down;
- Providing qualified mental health professionals in facilities to evaluate youth in crisis, provide needed counseling, assist in developing individualized behavior plans to transition youth out of solitary confinement as quickly as possible, and consult with staff on specific problems;
- Development of facility policies that require supervisory approval in all cases where staff use solitary confinement, and from senior administrators if youth are isolated for longer periods of time;
- Identifying, collecting, and analyzing data to manage, monitor, and provide accountability for the use of solitary confinement, including data on the frequency, duration, time of day, day of week, location of incident, staff involved, reason for incident, and use or non-use of less restrictive alternatives to solitary, as well as the age, gender, race/ethnicity, and special education and mental health status of youth, for each incident of solitary confinement.
- Judicial review of facility data on use of solitary confinement of youth.

*Adopted August 8, 2016 by the NCJFCJ Board of Directors*