

Isolated Youth: An Exploration of Solitary Confinement in Juvenile Correctional
Facilities

by
Kristin Thompson

A THESIS

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the requirements for the
degree of

Honors Baccalaureate of Arts in Political Science
(Honors Scholar)

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The purpose of this thesis is to provide an overview of the use of solitary confinement and related techniques of isolation in juvenile correctional facilities in the United States. Given that scholars, correctional employees, incarcerated youth, and activists define solitary confinement in varied ways, this thesis attempts to synthesize those definitions in order to further more comprehensive conversation. Prior published research is utilized in conjunction with currently available data to discuss applications of isolation, Oregon-specific practices and issues, rationales for the continued use of isolation, and various efforts to reduce or entirely ban the practice of solitary confinement in juvenile facilities. Ultimately, this research concludes that, despite positive intentions, solitary confinement continues to be pervasive in juvenile correctional facilities. With the combined efforts of advocates, policymakers, correctional administration, and other involved parties, we can ensure proper oversight of juvenile corrections and reduce our reliance on the harmful practice of solitary confinement.

Key Words: solitary confinement, juvenile justice, incarcerated youth, correctional facilities, juvenile detention centers

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Honors Baccalaureate of Arts in Political Science and Honors Baccalaureate of Arts in Women, Gender, and Sexuality Studies project of Kristin Thompson presented on May 30, 2018.

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I understand that my project will become part of the permanent collection of Oregon State University, Honors College. My signature below authorizes release of my project to any reader upon request.

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INTRODUCTION:

My first interaction with the use of solitary confinement in juvenile correctional facilities occurred in the spring of 2017. At the time, I was taking an Inside-Out course with Professor Michelle Inderbitzin through the Oregon State University Honors College. The Inside-Out Prison Exchange Program is an international educational program that dates back to 1997 (“History” 1). The program was instated as a means to bring together college students (a.k.a. “outside” students) and incarcerated students (a.k.a. “inside” students) in a class which takes place in a correctional setting (“Inside” 1). The Inside-Out process allows inside and outside students to engage with each other as equals and to discuss crime, justice, and other social issues as a collaborative, creative group (“Inside” 1). For Professor Inderbitzin’s class, five other OSU students and I traveled to MacLaren Youth Correctional Facility every Monday evening for ten weeks in order to explore and learn about issues of crime and justice with six currently incarcerated juveniles. MacLaren Youth Correctional Facility is a 272-bed, all-male, closed-custody facility which is administered by the Oregon Youth Authority (“MacLaren” 1). Prior to this course, I had only considered juvenile incarceration through the lenses of my areas of study: political science and women, gender, and sexuality studies. I had studied incarceration in relation to the prison-industrial complex, case law, and public policy, but I lacked any foundation of personal narrative or perspective.

After our first class session, I spoke with a friend about the experience of visiting a correctional facility for the first time. I remember acknowledging that this class was going to force two sides of my brain to come to some kind of newfound middle ground. One side believes inherently in the need for justice for victims, in the need for

consequences for hurting others, and in the value of our system of law. The other side believes in the value of human life, in the grace of second chances, and in the injustice caused by the systematic oppression of certain groups of people that sometimes results in criminal behavior. Though I do not know why the juveniles in our Inside-Out class were in a youth correctional facility, I know that they all committed Measure 11 crimes. Measure 11 was a ballot measure approved by Oregon voters in 1994 which applies “mandatory minimum prison sentences to certain crimes against persons committed on or after April 1, 1995, with no possibility for any reduction in sentence, such as for good behavior” (“Measure” 1). It also “mandates that juveniles age 15 and older,” charged with Measure 11 felonies, “be tried as adults” (“Measure” 1). These felonies consist of murder, manslaughter, assault, kidnapping, rape, sodomy, unlawful sexual penetration, sexual abuse, and robbery (“Measure” 1). In contrast, I also know of the immense empathy, intelligence, and passion within of each of the youth from my course. They are artists, writers, welders, chefs, gardeners, and students. These youth are not a number, they are not their crime, and they are not their circumstances. They are people. Each juvenile told me their own stories of incarceration. Not their stories of crime, but of their experiences of our juvenile justice system.

Their personal narratives and experiences related to isolation and solitary confinement served as the initial fuel for this research project. In our course, we discussed the way that isolation is utilized in MacLaren and similar facilities. It is important to acknowledge that these conversations are anecdotal; however, they illustrate serious questions about the way that isolation is used in modern juvenile corrections. Ultimately, the youth in our inside-out course described a system of isolation that, in my

opinion, was unsettling, confusing, and alarming. Surprisingly, several youth mentioned that they had intentionally caused outbursts that would send them to solitary in an attempt to find a moment of peace in the ever-tumultuous life on the unit. MacLaren is a dorm-like facility where youth stay in a room of bunks, rather than cells, so isolation was the only time that a youth in the facility was truly alone. Though the youth acknowledged that the context of the isolation was unpleasant – to put it lightly – they seemed to largely accept and even sometimes appreciate the opportunity for solitude. This aspect of our conversations was especially troubling and raised several questions. Is the administration aware of this issue? Is there another way to give youth a moment of respite aside from complete isolation? When I brought up these questions, my classmates seemed taken aback. Of course there was no other option: this is simply the way things work.

Since taking Professor Inderbitzin's Inside-out Course, I have supplemented my understanding of juvenile incarceration and the use of solitary confinement through a number of conversations with various players in the juvenile justice system. I have spoken to correctional facility administrators, several men who were previously incarcerated in youth facilities in Oregon (both county detention facilities and Oregon Youth Authority facilities), a group of parole officers currently working with youth at various levels of delinquency, and several staff members at multiple facilities, including both correctional officers and mental health professionals. Though these conversations cannot be directly quoted in this thesis, because of confidentiality requirements and research limitations, they all have greatly contributed to my understanding and perspective on the use of isolation in juvenile facilities. Overall, both staff and previously incarcerated individuals agreed the isolation of juveniles should be used as a last resort;

however, the discussion around the use of isolation varied greatly from person to person. Staff members describe a relatively transparent system, in which individuals placed in solitary are fully aware of the circumstances which resulted in their placement and are continually advised of their rights and timeline for release into the general population. According to all staff members, solitary is used minimally and only under the most extreme circumstances. Many staff members referred to solitary confinement in less extreme terms (room lock, segregation, protective custody, etc.). In contrast, youth who had previously experienced isolation describe a confusing process in which the rationale for their isolation was often not clearly communicated. Many described being entirely unaware of their potential time of release and one described being in solitary for as long as six days at a time. Youth described being put in conditions of isolation for a myriad of reasons, including being new to the facility, arguing with staff, and complaining about conditions at facilities. Incarcerated individuals referred to solitary confinement in more negative terminology (solitary, the hole, lockup, etc.). Overall, there is a significant contrast between staff and juvenile perspectives on the subject of solitary confinement.

I have navigated this research using my experience with the youth in the Inside-Out course as foundation. At the same time, I understand that, despite mostly positive intent, some facilities continue to rely on potentially harmful practices. I began my research in the summer of 2017 with a lot of questions: What is solitary confinement? What are the effects of solitary confinement? What has changed? How is it being utilized? Why is it still used? What are the alternatives?

Although I have undoubtedly concluded my research with more questions than answers, this thesis attempts to synthesize the scope of research and available data related

to these questions as a resource and reference for future scholars. I begin by discussing the various definitions and understandings of solitary confinement. I follow this discussion with an overview of the negative effects of isolation on juveniles and the available rationales for using isolation. With the limited amount of public data available, I examine current research on the use of solitary confinement in Oregon. I conclude this section with an understanding that juvenile solitary confinement is still actively utilized as a method of exerting control over incarcerated youth in some facilities in Oregon. Finally, I analyze various methods of reform by reviewing several statewide approaches to the reduction and elimination of juvenile solitary confinement and synthesizing key recommendations for future advocacy and policy endeavors. Ultimately, this thesis attempts to answer three key research questions: How is solitary confinement defined in modern juvenile justice? How is solitary confinement utilized in Oregon? Is solitary confinement absolutely necessary to ensure a functional justice system?

CURRENT DEFINITIONS OF SOLITARY CONFINEMENT:

Throughout my research and various conversations, I have heard the practice of solitary confinement referred to in many different ways. *Unlocking Youth: Legal Strategies to End Solitary Confinement in Juvenile Facilities*, a report published by the Juvenile Law Center (JLC), offers many different names for the practice: room confinement, lockdown, time out, special management, the hole, administrative detention, isolation, programming, and disciplinary detention (Feierman 7). Solitary confinement is also sometimes referred to as “room lock,” “the SHU (Special Housing

Unit),” or the “IU (Isolation Unit).” Oregon state law currently defines “isolation” and “room lock” in the following capacities:

“Isolation” means confinement of a juvenile in any room which lacks toilet facilities, furniture, reading and recreation materials or access to light and air comparable to that in other rooms used for the detention of juveniles.

“Roomlock” means confinement of a juvenile in any sleeping room, other than an isolation room, except during regular sleeping periods; except that, in the case of facilities serving counties with a population less than 70,000, based on the 1980 census, “roomlock” does not include confining a juvenile in a sleeping room when all detained juveniles of the same sex are similarly confined due solely to the limitations of physical facilities or staff (“Chapter” 169.730).

The expanse of terminology used to refer to similar practices “creates barriers for advocates trying to track the number of juveniles in isolation and create systems of accountability” (Lee 156). The Juvenile Law Center defines solitary confinement as “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” (Feierman 3). It is in these cases, when a youth is placed in solitary confinement to prevent immediate physical harm to themselves, others, or the security of the facility, the practice is commonly referred to as “non-punitive confinement” (Lee 155). This practice is also sometimes referred to as protective custody, which is commonly used in relation to trans youth or youth with disabilities who are more likely to be placed in isolation to prevent immediate physical harm to themselves (Lee 157-158; Feierman 14). In contrast, “punitive confinement” refers to placing a youth in isolation as a sanction (Lee 155). For

the purposes of this study, I will look at all forms of solitary confinement, including confinement for both punitive and non-punitive rationales. The Human Rights Watch defines solitary confinement as “physical and social isolation for 22 to 24 hours per day for one or more days, regardless of the purpose for which it is imposed” (*Growing* 1). This definition is more flexible in regard to the justification for confinement, but less permissive in regard to the required restrictive time to be considered solitary confinement. Mary Ann Lee, author of “Digging Out of the Hole: Arguments Against the Use of Juvenile Solitary Confinement in Kentucky,” writes that “solitary confinement is generally considered to be ‘the placement of an incarcerated individual in a locked room or cell with minimal or no contact with other people other than staff of the correctional facility” (Lee 156). One of the most comprehensive definitions comes from a report titled “*Don’t Look Around*”: *A Window into Inhumane Conditions for Youth at NORCOR*, published by Disability Rights Oregon (DRO) in December of 2017. In this report, DRO defines solitary confinement as any situation where “the youth is deprived of meaningful human contact for most waking hours” (Radcliffe 11). This definition encompasses many restrictive practices that are not traditionally considered solitary confinement, including restricting youth to sitting in a chair or standing in a corner, wilderness camp-style methods, and even medicinal restrictions such as the use of tranquilizing drugs. Facilities, advocacy groups, and policymakers all provide different ranges for the time when a time-out becomes confinement. Most commonly, solitary confinement is considered to be around 22-24 hours a day (*Growing* 1; Cooper 355). Given that youth are especially vulnerable to “the traumatic impact of physical isolation, and even a short stay in a confinement setting can have long-term deleterious impact on an adolescent,”

some policymakers and advocacy groups recommend a cutoff time of three hours maximum (Booker 1; *Growing* 17). Elizabeth Rademacher, author of “The Beginning of the End: Using Ohio’s Plan to Eliminate Juvenile Solitary Confinement as a Model for Statutory Elimination of Juvenile Solitary Confinement,” differentiates between solitary confinement, which she describes as lasting “twenty-four hours or longer,” and short-term isolation, which she describes as “no longer than four hours at a time” (Rademacher 1052). Disability Rights Oregon (DRO) calls for even further limitation of any form of isolation, citing anything longer than a “brief (10-15 minute) cooling down period” as overly restrictive (Radcliffe 31). DRO’s time limit seems borderline excessive in most cases unless the youth is experiencing a mental health crisis. If a youth is exhibiting suicidal behavior, any period of isolation intensifies the risk of mental deterioration (Cooper 352). In fact, a study done by the Office of Juvenile Justice and Delinquency Prevention found that “of 110 juvenile suicides in juvenile facilities between 1995 and 1999, 62% had a history of room confinement. Half were being held in some form of solitary confinement at the time of death” (Cooper 352).

In some circumstances, solitary confinement is defined and regulated more strictly based on whether or not the person in isolation is considered to be a “youth”. In Oregon, if a person commits a crime while under the age of 18, they can be held in juvenile correctional facilities up to age 25. This is partially based on the idea that juvenile facilities are fundamentally more focused on rehabilitation, so the longer a person can stay in those facilities the better (Marrett 351; Lee 156). This conceptualization of “youth” is also directly supported the Juvenile Law Center which states that “a lack of stimulation or aberrant stimulation” for individuals in their mid-20’s

or younger “can lead to ‘lasting effects on physical and mental health in adulthood” (*Growing* 11). The need for this distinction between solitary confinement of youth and solitary confinement of adults is further supported by policy information published by the American Academy of Child and Adolescent Psychiatry which considers that, prior to full brain development, youth are especially vulnerable to mental deterioration as a result of solitary confinement (“Solitary” 2). The Juvenile Law Center also found that, during adolescence, “the limbic system--the brain’s emotional center-- is highly active, but the front lobe, which governs rational decision-making, is not yet fully developed” (Feierman 11). One youth described his response to isolation:

As a kid, never been through this, it’s a very traumatic experience ... I became depressed again, knowing I gotta go back into the cell ... That’s when I started verbally lashing out at staff because of my frustration being in there and being held in there for no reason that I thought was important. You don’t understand, you don’t get the answers you’re looking for. Getting in trouble. I responded in negative ways, because [of] being held for so long ...” (Feierman 10).

This susceptibility to impulsivity and anger may create a self-perpetuating system of isolation because these outbursts are often the impetus for a youth being sent to isolation as well as a common response to being isolated.

Descriptions and definitions of solitary confinement vary greatly depending on the cited parties. Frequently, correctional staff and administration utilize euphemisms to describe the practice of isolation, including phrasing like “room restriction” and “behavior modification unit” (Lee 156). In contrast, many incarcerated youth refer to the practice of solitary confinement in more negative terminology like “the hole,” “the box,”

or “23-1” (*Growing* 20, 22; Weir 1; Lee 155). In *Weeping in the Playtime of Others*, Kenneth Wooden describes juvenile solitary confinement as it functioned in the 1970’s:

Solitary confinement consists of locking a child in a small, highly secure cell by himself for a period of time -- it may be one day, it may be three months or longer. The rooms are dirty, damp, vermin-infested, vile-smelling, cold in the winter and hot in the summer. They usually have a bare mattress on the floor and a toilet or hole in the floor. Total silence is the rule. No talking, no reading, no visitations (Wooden 130).

Though in most areas of the United States, modern isolation functions very differently, the words “solitary confinement” often bring up these images. Wooden is describing the worst case scenario of juvenile isolation, but these descriptions have influenced our collective perception of solitary confinement.

In fact, many staff and administration of juvenile justice facilities openly dislike the practice and favor reduction efforts. In March of 2015, The Council of Juvenile Correctional Administrators (CJCA), which is made up of juvenile justice administrators and directors from across the United States, released the “CJCA Toolkit: Reducing the Use of Isolation” (Donahue 1). This toolkit is intended to help “the field reduce the use of isolation and ultimately better help youths in juvenile facilities become successful members of the community” (Donahue 1). The CJCA offers five steps to reduce the use of isolation:

1. Adopt a mission statement and philosophy that reflects rehabilitative goals.
2. Develop policies and procedures for the use and monitoring of isolation.

3. Identify data to manage, monitor and be accountable for the use of isolation.
4. Develop alternative behavior management options and responses.
5. Train and develop staff in agency mission, values, standards, goals, policies and procedures (Donahue 2).

Ultimately, the CJCA concludes that the negative effects of isolation should serve as the driving factor to do the difficult work of shifting the culture within the juvenile justice system (Donahue 14). Additionally, the positive effects of reducing isolation, like decreased violence and improved relationships between staff and youth, should persuade correctional officers (Donahue 14).

In addition, many organizations and entities outside the direct employment of the juvenile justice system call for similar reforms to those suggested by the CJCA. Abigail Cooper, author of “Beyond the Reach of the Constitution: A New Approach to Juvenile Solitary Confinement,” states:

President Barack Obama, former United States Attorney General Eric Holder, the Council for Juvenile Corrections Administrators, Supreme Court Justice Anthony Kennedy, the American Psychiatric Association, and numerous nonprofit and advocacy groups have all called for a reexamination of the practice with many pushing for it to be banned completely (Cooper 347).

Cooper’s claim that there is widespread support for a reexamination of the use of solitary confinement in juvenile corrections is supported by Lee. Along with citing the support of former President Barack Obama, Lee adds that “the American Academy of Child and Adolescent Psychiatry, the United Nations, Kentucky Senator Rand Paul, and the United

States Department of Justice” have all advocate for a complete elimination of punitive solitary confinement (Lee 153).

Regardless of the support of this multitude of involved groups, the practice continues. Cooper argues that solitary confinement continues to be used “because much of the current narrative and coverage of the use of solitary confinement has focused on reform at the federal level and the work being done by nonprofit organizations,” rather than focusing on the role of State Attorney Generals and their offices (Cooper 347). In her book *Burning Down the House: The End of Juvenile Prison*, Nell Bernstein claims that the majority of Americans believe solitary confinement is used exclusively for the “profoundly dangerous,” though in reality it is commonly used to house children in the juvenile correctional system (Bernstein 131). Though there is no public reporting mechanism that requires states to publish the number of isolated juveniles, multiple scholars conclude that the practice is pervasive (Lee 155). Cooper writes that the number of youth in isolation in the United States has grown to nearly 70,000 (Cooper 350). In contrast, Lee estimates that there are “as many as 17,000 juveniles [living] in isolation cells nationwide” (Lee 153). A lack of consistent reporting on the number of youth in isolation between federal, state, county, and local facilities can account for some of the discrepancies between these estimates. In 2010, the Office of Juvenile Justice and Delinquency Prevention anonymously surveyed the experience of isolation of 7,073 youth in residential placements (Lee 157). The survey found that 35% of youth reported having experienced isolation in their rooms or in formal solitary confinement units, more than 50% of youth reported having experienced isolation for longer than twenty-four hours, and 87% reported having experienced isolation for more than two hours (Lee

157). Though this survey is somewhat outdated, it is one of the only concrete sources of data on youths' experience of isolation. In order to have a more informed discussion about current issues in juvenile correctional facilities, all parties need to work to find a shared definition of solitary confinement and a collective understanding of how it is used in modern juvenile corrections.

THE EFFECTS OF SOLITARY CONFINEMENT ON JUVENILES:

There is an extensive body of research on the detrimental effects of solitary confinement and isolation on juveniles. Key studies published by advocacy groups, like *Growing up Locked Down: Youth in Solitary Confinement in Jails and Prisons Across the United States*, published by the American Civil Liberties Union (ACLU) and the Human Rights Watch (HRW), and *Unlocking Youth: Legal Strategies to End Solitary Confinement in Juvenile Facilities*, published by the Juvenile Law Center (JLC), conclude that, without a doubt, solitary confinement is harmful (Feierman 1; *Growing* 3). The JLC found that “even brief periods of solitary can cause an individual to ‘become impaired’, ‘incapable of processing external stimuli’, or ‘hyperresponsive’ to his or her surroundings” (*Growing* 10). These effects are all exacerbated when applied to youth. Academic research reveals similar mental effects. Lee finds that “isolated children are more likely to reoffend because the brain damage resulting from isolation permanently changes their impulse control and ability to make mature decisions” (Lee 154). While in isolation, children remain in a state of immaturity and impulsivity which results in higher rates of recidivism, ultimately increasing the total costs of incarceration (Lee 174).

Adolescents suffer more than adults in similar situations because they do not view isolation as temporary (Cooper 352). Lee expands on this point:

Children experience time differently, so a day for a child feels longer than a day for an adult. They also have an increased need for social stimulation. These perceptual differences make it more difficult for children to withstand solitary confinement and cause the effects to be longer lasting (Lee 164).

One youth who experienced solitary confinement described the feeling of permanence while in isolation: "I didn't know what was going to happen. I kept thinking 'what if I get lost in the system in here.' I thought they had forgot about me ... It's like you're sitting there wondering 'what if they forget about me in this cell, I've been in here for days'" (Feierman 11). According to the Juvenile Law Center, "a lack of stimulation or aberrant stimulation" for individuals in their mid-20's or younger "can lead to 'lasting effects on physical and mental health in adulthood'" (*Growing* 11). The ACLU found that solitary confinement worsens existing mental disabilities and can cause new mental health problems in previously mentally healthy adolescents (Feierman 23). For youth who have previously experienced abuse or neglect, "locking them away subjects them to re-traumatization" (Bernstein 142). Cooper cites that prolonged seclusion can cause "depression, anxiety, and psychosis" and "juveniles are at particularly high risk for such consequences" (Cooper 351). To briefly place this information in the context of the Oregon system, according to the most recent available data about youth in Oregon Youth Authority (OYA) facilities, as of January of 2018, 88% of female youth and 75% of male youth have a diagnosed mental health disorder ("OYA Quick" 1). Fig. 1 reflects various

aspects of the OYA population’s social characteristics, including prior sexual abuse, suicidal behavior, and substance abuse.

Social Characteristics of OYA Youth

	Female	Male
Biological Parent of a Child.....	9%	9%
Diagnosed Conduct Disorder.....	48%	52%
Diagnosed Mental Health Disorder (excluding Conduct Disorder).....	88%	75%
Parents Used Alcohol or Drugs.....	79%	63%
Past Suicide Behavior.....	33%	11%
Sexually Abused.....	45%	15%
Special Education.....	25%	33%
Substance Abuse or Dependence.....	73%	63%

Source: OYA Biopsychosocial Summary, 2016

Fig. 1. Social Characteristics of OYA Youth from: “OYA Quick Facts .” *Oregon Youth Authority*, State of Oregon, Jan. 2018, www.oregon.gov/oya/docs/QuickFacts/QuickFacts-Jan2018.pdf.

Given this data and the assertion that prior mental health issues worsen the negative effects of isolation, it is likely the majority of youth in Oregon’s juvenile correctional facilities are vulnerable to serious, long-term consequences when placed in isolation. The high levels of mental health disorder diagnoses and conduct disorders diagnoses present in the data shown in Figure 1 may be related to the fact that OYA is considered the “deep-end” of juvenile justice in Oregon, meaning these facilities house long-term, serious offenders. Therefore, youth in these facilities have likely been in county detention centers for some time previously. By the time they arrive at an OYA facility, this data suggests that their mental issues were potentially exacerbated by their time in detention and, in some cases, by time spent in isolation. The ACLU goes on to claim that solitary confinement can also cause physical harm to incarcerated youth. They found that

“solitary confinement in adult facilities resulted in a deprivation of exercise and adequate nutrition” (Feierman 37). One youth described being unable to fit in his jumpsuit after being in solitary confinement: “I believe I was 5’4” or 5’5” ... I weighed maybe 140 ... in [solitary confinement] they gave you the [orange uniform]. It was too big for me. It kept falling off my waist and everything” (Feierman 37).

Finally, the ACLU claims that youth in solitary confinement are "frequently deprived of contact with their families and their own children, access to education, and to programming or services necessary for their growth, development, and rehabilitation" (Feierman 41). These concerns, related to the social and developmental harm done by isolation, are echoed by Bernstein's harsh critiques. She writes, "the American Friends Service Committee calls the practice ‘no-touch torture...no one who has ever experienced more than the briefest time in solitary would call it anything else, because it was designed to destroy the mind and break the spirit'" (Bernstein 131). This characterization of solitary confinement as “no-touch torture” is validated by quotes from youth who have experienced the practice. One youth described the experience as follows:

The only thing left to do is go crazy—just sit and talk to the walls.... I catch myself [talking to the walls] every now and again. It’s starting to become a habit because I have nothing else to do. I can’t read a book. I work out and try to make the best of it. But there is no best. Sometimes I go crazy and can’t even control my anger anymore.... I can’t even get [out of solitary confinement] early if I do better, so it is frustrating and I just lose it. Screaming, throwing stuff around.... I feel like I am alone, like no one cares about me—sometimes I feel like, why am I even living? (*Growing* 22).

Other youth describe various coping mechanisms to deal with the lack of contact. One youth, who was incarcerated at the age of 14, described the following:

I felt like I was going mad. Nothing but a wall to stare at. This was my tenth wall to stare at in my detention. I started to see pictures in the little bumps in the walls. Eventually, I said the hell with it and started acting insane. [I] made little characters with my hands and acted out [video] games I used to play on the out[side]—Dragon Ball Z, Sonic, Zelda—stuff like that. The [corrections officers] would stare at me—looking at me like I’m crazy.... I started talking to myself and answering myself. Talking gibberish. I even made my own language— [corrections officers] didn’t know what I was talking about (*Growing* 25).

Another youth, who spent four months in “protective solitary confinement”, describes the following:

It may sound weird but I had a friend in there that I would talk to. She wasn’t there, but it was my mind. And I would talk to her and she would respond.... She [would tell] positive things to me. It was me, my mind, I knew, but it was telling me positive things.... It was a strange experience (*Growing* 25).

These descriptions also further validate claims that protective custody for youth experiencing mental health issues only further exacerbates the problems. Statistics on the rate of suicide among youth in isolation also validate the destructive effects of solitary confinement. Data collected in 2014 by the former Attorney General Eric Holder found that “one half of juveniles who commit suicide while in custody do so while in solitary confinement, and 62% of children who committed suicide have been isolated in solitary confinement at one point” (Lee 165). In her book *The War on Kids*, Cara H. Drinan

describes some of the reality of these statistics. She writes, “On April 5, 2015, a 14-year-old being held in solitary confinement hanged himself while neighboring inmates screamed for help; the correctional officer on duty told investigators that he was not able to do routine cell checks because he was the only officer on duty” (Drinan 70). One of the most famous examples of a youth committing suicide as a result of extended solitary confinement is that of Kalief Browder, a 16-year-old New Yorker accused of stealing a backpack, who was held in solitary confinement at Rikers Island for three years pending trial (Gonnerman 1). Jennifer Gonnerman, an author for the *New Yorker* who interviewed Browder after his release from Rikers Island, wrote that he “doesn’t know exactly how many days he was in solitary—and Rikers officials, citing pending litigation, won’t divulge any details about his stay—but he remembers that it was ‘about seven hundred, eight hundred’” (Gonnerman 15). Browder attempted suicide by hanging once while incarcerated at Rikers Island, which he described in an interview with the New York City Law Department. He said:

The correction officers was telling me, ‘Go ahead and jump, you got it ready, right, go ahead and jump.’ And by then I was scared to jump. I never committed suicide before, and I was scared to jump. They said, ‘If you don’t jump, we’re going to go in there anyway, so you might as well go ahead and jump, go ahead and jump. You want to commit suicide, so go ahead.’ I didn’t jump, and they ended up coming in my cell anyway (Gonnerman 3).

Following his release, “he had made another serious suicide attempt, been confined three times to a hospital psychiatric ward, and struggled with paranoia and delusions”

(Gonnerman 4) In June of 2015, two years after his release from jail, Browder committed suicide in his home (Gonnerman 1).

In private conversations, many staff and administrative employees of the juvenile justice system echo concerns about the detrimental effects of solitary confinement on youth. As is exhibited in a press release published by an Oregon juvenile county detention center, some administrations do understand the negative effects of isolation and avoid public association with the practice when possible (“To: Interested” 1). The Council of Juvenile Correctional Administrators’ Toolkit openly acknowledges that the practice of solitary confinement is actively being used in facilities across the country and clearly states the detrimental mental and physical effects of the practice on juveniles (Donahue 3-5). Though the CJCA is a nationwide organization, the Oregon Youth Authority is repeatedly referenced as an example of a statewide system which has made efforts to reduce the prevalence of isolation in its juvenile correctional facilities, which contributes to the number of Oregon administrators who have openly taken a stance on the issue (Donahue 7-8, 16).

Federally, the practice of using solitary confinement on juvenile offenders has been banned since January 16th, 2016, when former president Barack Obama claimed that “the practice is overused and has the potential for devastating psychological consequences” (Eilperin 1). Some states have followed suit. Figure 2 outlines the scope of state legislation on solitary confinement and shackling (the use of physical restraints that can include handcuffs, straitjackets, leg irons, belly chains and others) in the United States as of February 15th, 2017 (Teigen 4).

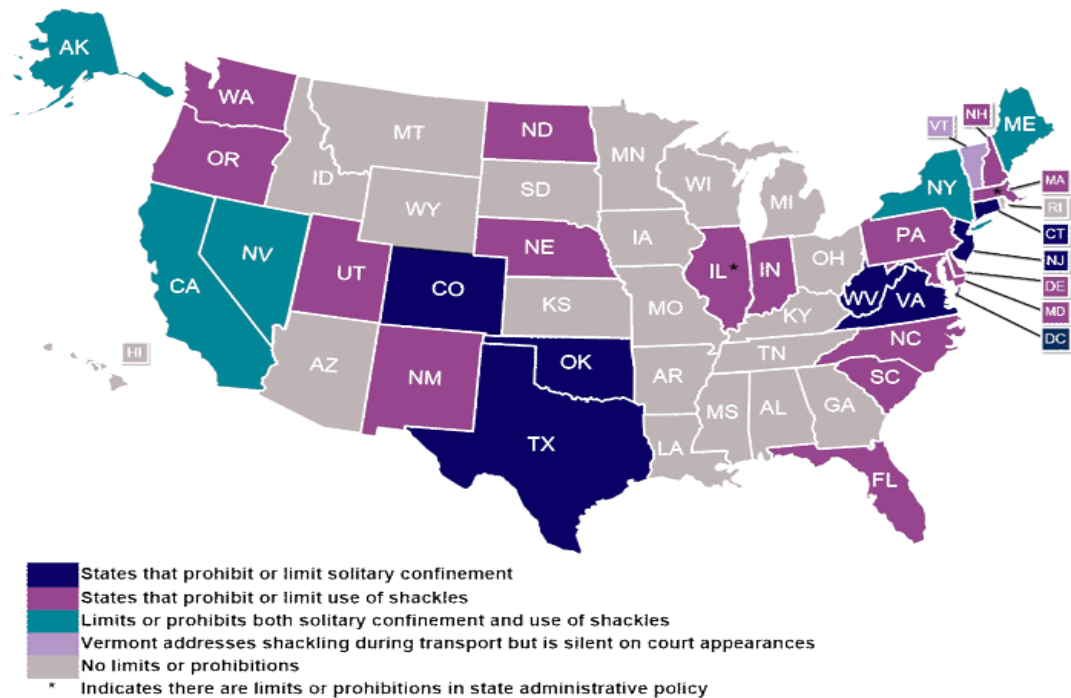


Fig. 2. Map of States that Limit or Prohibit Juvenile Shackling and Solitary Confinement from: Teigen, Anne. “States That Limit or Prohibit Juvenile Shackling and Solitary Confinement.” *Civil and Criminal Justice*, National Conference of State Legislatures, 25 Apr. 2018, www.ncsl.org/research/civil-and-criminal-justice/states-that-limit-or-prohibit-juvenile-shackling-and-solitary-confinement635572628.aspx.

Though the Oregon Youth Authority (OYA) has a policy against the use of solitary confinement, it only applies to the 543 youth housed in their facilities (“OYA Quick” 1). The majority of incarcerated youth in Oregon are housed in county correctional facilities, which verifies Oregon’s listing in Figure 2 as a state which does not prohibit or limit solitary confinement. Cooper cites Oregon as one of the ten states which allow youth to remain indefinitely in solitary confinement (Cooper 351). Cooper’s data contrasts partially with Figure 2 because, while Figure 2 displays that the majority of states do not have laws which prohibit or limit solitary confinement, Cooper states that many states have imposed time limits or entirely banned solitary confinement. The difference, in this

case, is likely related to the separation of punitive solitary confinement and solitary confinement for other purposes. Cooper cites that "of those states that have prohibited the use of punitive solitary confinement, at least nineteen still allow for solitary confinement to be used for other purposes, such as administrative holds or safety concerns" (Cooper 351). Though these data are conflicting, it is worthwhile to consider all uses of solitary confinement, since there are few requirements for correctional officers to report their rationale for using isolation. Therefore, even in states which technically abandon solitary confinement for punitive purposes, solitary confinement can still be widely utilized, as evidenced in Figure 2. Also, given that data on solitary confinement in juvenile facilities is difficult to come by, conversations around solitary confinement should consider these conflicting data sets as incomplete parts of a whole

Given widespread disapproval of the use of solitary confinement, especially in regard to youth populations, why is the practice still being used? Several resources offer justification for the practice. According to Wooden's novel, which was written in the 1970's, correctional personnel "claim [solitary confinement] is used basically to protect the child from inflicting physical or psychological injury on himself or others"; however, he discredits this rationale by citing child psychiatrists and consultants who conclude that solitary confinement may make a child's self-destructive impulses worse (Wooden 130). Ultimately, he finds that "solitary confinement has only one major purpose and that is Control. It is the staff's trump card; it is a substitute for comprehensive and dedicated treatment and rehabilitation" (Wooden 130). Though Wooden made these arguments over 40 years ago, we continue to face the same issues in today's juvenile justice system. Modern scholars like Bernstein offer various rationales for the practice, including using

solitary confinement for a child's safety, for intake evaluation, as punishment for procedure violations, as punishment for the acts of others (meaning unit and facility lockdowns), as a safety procedure during executions, or as a response to suicidal behavior (Bernstein 130). The director of the Federal Bureau of Prisons, Charles E Samuels, stated that, "The use of restricted housing, however limited, remains a critical management tool that helps us maintain safety, security, and effective reentry programming for the vast majority of federal inmates housing the general population"; however, evidence collected from states which have reduced their use of solitary confinement supports the opposite notion: less isolation improves institutional safety (Bernstein 146). Some prison officials have voiced a desire for increased opportunity for de-escalation tactics other than the use of solitary confinement. The ACLU report quoted Tom Clements, the executive director of the Colorado Department of Corrections, as saying, "If I had a wish list, it would be to have the flexibility to have more intensive case management, mental health, and other programming to keep [youth] engaged in something that can build positive self-esteem" (*Growing* 59). Despite extensive documentation on the detrimental effects of solitary confinement, many juvenile correctional facilities continue to rely on the practice, often citing a lack of other options to respond to youth in crisis or administrative needs.

CASE STUDY: OREGON STATEWIDE AND LOCAL FACILITIES:

To take a closer look at the use of solitary confinement in juvenile facilities in the United States, I will focus in on Oregon as a case study. According to a recent study by the Oregon Council on Civil Rights, "Oregon incarcerates young people at a higher rate than almost every other state in the country, including Texas and Louisiana" and "Oregon

has the second highest rate of youth transfers to adult court in the nation” (Phillip-Robins 4). Despite the fact that national rates of juvenile incarceration have been reduced by fifty percent in the last decade, Oregon has only reduced its rates of youth incarceration by nine percent as of last year (Radcliffe 4). Although there is no publically reported data on the demographics of youth placed in solitary confinement in Oregon, Oregon statewide facilities report some demographic information about youth in custody. As of January 2018, Oregon’s statewide juvenile correctional facilities were 89% male and 11% female, 15% African American, 1% Asian, 51% Caucasian, 26% Hispanic, 6% Native American, and 1% other/unreported (“OYA Quick” 1). In contrast, the United States census reports that the general Oregon population is 50.5% female, 2.1% African American, 4.5% Asian, 87.4% Caucasian, 12.8% Hispanic, and 1.8% Native American (“U.S. Census” 1). There are two branches of juvenile incarceration in Oregon: the Oregon Youth Authority (OYA) and county detention facilities. OYA is “responsible for the supervision, management and administration of youth correctional facilities, state parole and probation services, community out-of-home placements for youth, and other functions related to state programs for youth corrections” (“About” 10). Figure 3 outlines the case management loads for OYA facilities and county juvenile departments.

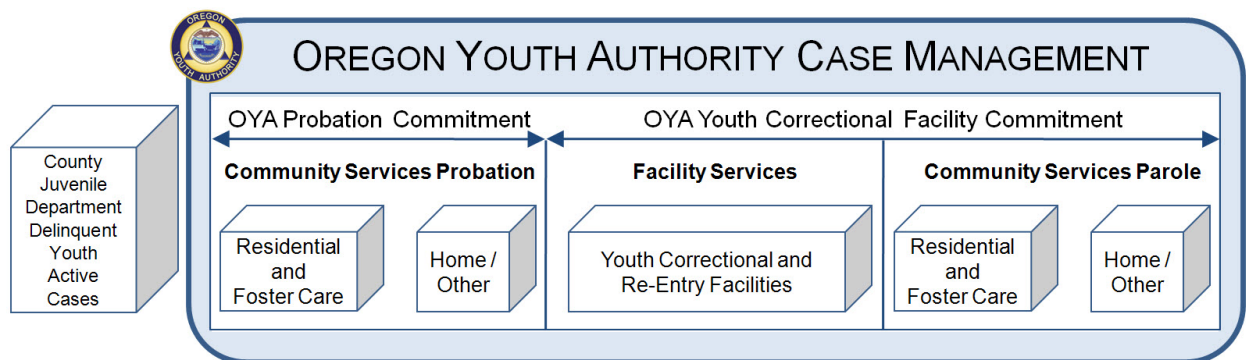


Fig. 3. Oregon Youth Authority Case Management from: “About Us.” *Oregon Youth Authority*, State of Oregon www.oregon.gov/oia/Pages/about_us.aspx.

OYA operates nine youth facilities which are under state jurisdiction (“OYA Facilities” 2). There are 36 county juvenile department facilities in Oregon which are under local jurisdiction (“OYA Community” 8). The Juvenile Justice Information System (JJIS) publishes annual reports on juvenile justice systems with the intention to aid in the process of reducing juvenile crime and incarceration rates (“Juvenile” 3). According to “Youth and Referrals,” published by JJIS in 2017, Oregon juvenile detention facilities had a total of 11,699 youth referred to their system, including 6846 criminal offenders, 3217 non-criminal offenders, and 1636 dependency status offenses (*Data 7-8*). This data is not directly reflective of the youth in incarceration, rather this is the total youth referred to the system for any of the above reasons. According to “Detention: Admission Reasons & Length of Stay,” published by JJIS in 2017, Oregon admitted 5,389 juveniles to detention facilities last year, including 3,653 pre-adjudicatory youth, 560 post-adjudicatory youth, and 1,176 warranted youth (*Detention 7*). Here, the term “pre-adjudicatory” is referring to youth who have not yet been found responsible for a crime, the term “post-adjudicatory” is referring to youth who have been found responsible, and “warranted” is referring to youth are being held as a result of a warrant. The most recent data on recidivism rates was published by JJIS in 2016. At that time, JJIS cited a 27.7% recidivism rate for youth adjudicated delinquent for youth with criminal referrals, meaning a youth was reported to a juvenile department on an alleged felony or misdemeanor offense (*Recidivism 6*). This data is only reflective of youth referred to and incarcerated in statewide Oregon juvenile detention facilities.

In studying and discussing the use of solitary confinement in juvenile facilities in Oregon, it is important to understand the distinctions between statewide OYA facilities and county detention facilities. Senate Bill 82, which was passed in 2017, created policy which stated that youth in Oregon Youth Authority facilities cannot be placed alone in a locked room as a form of punishment or sanctioning (“SB82” 1); however, “the new law does not apply to local juvenile detention facilities” (Radcliffe 12). These facilities are also not subject to the same level of regulation and monitoring as statewide facilities. According to Disability Rights Oregon (DRO), “there is no state or local agency charged with enforcing safe and humane conditions for youth in juvenile detention facilities” (Radcliffe 2). In comparison to the numbers supplied above, which track the number of youth in county detention facilities, OYA facilities only housed 543 youth in closed custody facilities in 2017 (“OYA Quick” 1). Despite the fact that OYA is theoretically the leader for juvenile justice in Oregon, most youth will only ever have contact with the county facilities. Current applicable state laws cite that a juvenile detention facility may not use isolation for incarcerated juveniles except “as reasonably necessary and justified to prevent escape from the facility, physical injury to another person, to protect a detained juvenile from physical self-injury or to prevent destruction of property, or to effectuate the confinement of the juvenile in roomlock or isolation” (“Chapter” 169.750). Also, state law cites that juvenile detention facilities must “make a written report, one copy of which shall be maintained in a general log, of each use of physical force, restraint, isolation, roomlock or internal search, setting forth in detail the reason such action was taken and the name of the staff person taking such action” (“Chapter” 169.70). Following this report, the facility must notify both the attorney and the parent or guardian after any

physical force, restraint, or isolation practices are utilized (“Chapter” 169.70). Therefore, Oregon state law calls for us to consider whether reported practices can be considered “reasonably necessary” to prevent the above situations. In the following section, I will first look at isolation practices in OYA facilities and then follow with an examination of isolation practices in a county facility on the Oregon Coast, The Northern Oregon Regional Corrections Facility (NORCOR).

ISOLATION USE BY THE OREGON YOUTH AUTHORITY:

Senate Bill 82 forbids the use of isolation for the purposes of punishment or sanctioning (Lehman 3). Therefore, in Oregon Youth Authority facilities, solitary confinement is only implemented for reasons theoretically unrelated to punishment. It is important to note that OYA co-sponsored Senate Bill 82 with the stated rationale that, unless the abandonment of isolation as punishment in juvenile facilities was integrated into state law, “the policy could easily be reversed by future agency leaders” (Lehman 3). OYA staff and administration have made their stance against the use of solitary confinement as punishment clear; however, there is little to no data about the use of solitary confinement for other rationales, including personal protection and intake processes. Though anecdotal evidence exists which would support conjecture that isolation is regularly used and even occasionally requested by incarcerated youth as a chance for quiet reflection, more research and data collection are necessary to make any further scholarly contributions on the subject.

ISOLATION USE BY THE NORTHERN OREGON REGIONAL CORRECTIONAL FACILITY:

Some of the most recent available data on the use of solitary confinement in a county juvenile facility comes from the Disability Rights Oregon (DRO) report titled “Don’t Look Around: A Window into Inhumane Conditions for Youth at NORCOR,” which was published in December of 2017. In this report, DRO conducted monitoring efforts at the Northern Oregon Regional Correctional Facility (NORCOR), which includes a youth detention facility that holds “about 20 to 24 youth detainees” from “17 Oregon counties, the Warm Springs Reservation, several Washington counties, and Immigration + Customs Enforcement (ICE)” (Radcliffe 6). This facility varies slightly from OYA facilities like MacLaren or the recently closed Hillcrest because “a third to half of youth at NORCOR are incarcerated due to probation violations” (Radcliffe 6). In contrast, many youth held at OYA state youth correctional facilities are convicted of more serious, violent crimes. Between June and September of 2017, Disability Rights Oregon visited the NORCOR facility three times (Radcliffe 6). During these visits, they conducted interviews with 23 youth, the administrator, the teacher, and the local school district (Radcliffe 6). In addition, they observed day-to-day operations, took pictures, invited staff input, reviewed relevant policy and records, and researched relevant laws and clinical studies (Radcliffe 6). As a result of this research, DRO found that:

Youth detained at NORCOR are often isolated from human contact, prevented from reading, writing, or drawing, and subjected to harsh and purposeless rules such as prohibitions against ‘looking around’ or asking what time it is. They are

denied access to adequate education and separated from their families and communities for unnecessarily long periods (Radcliffe 2).

These conditions are further actualized through published interviews with individual youth detainees at NORCOR. DRO found that “most youth reported that they spend between three to six hours per day locked down in their cells” (Radcliffe 15). Depending on the staff members working, some weekends at NORCOR “could consist of almost 24/7 lock-down” (Radcliffe 15).

One disciplinary action that DRO reported from NORCOR is called “Special Program,” which is implemented when youth fail to pass evaluations done by staff members during work shifts or when youth are “highly suicidal, a majority security or safety risk, or individuals who need added structure and restriction to their daily routine” (Radcliffe 20). According to an excerpt from a youth’s file published in the DRO report, a youth on “Special Program” is not allowed any visitation, can only eat meals in his/her room, may exercise alone for one hour a day, can only receive education alone at a “wing table,” and the youth is only allowed access to the Bible as reading material (Radcliffe 21). Isolating a youth from meaningful human contact “is especially dangerous when applied against youth who are suicidal” and multiple youth reported to DRO that they struggled with self-harm impulses while in Special Program (Radcliffe 23). In order to be removed from “Special Program,” youth must pass a certain number of screenings during a correctional officer’s shift (Radcliffe 23). These screenings leave the discretion for determining the length of isolation entirely up to these individual staff members; there is little to no oversight (Radcliffe 23). Cooper writes that youth are “often placed in solitary confinement at the discretion of correctional officers for reasons that do not warrant such

an intense level of corrective action” (Cooper 351). This unwarranted intensity of corrective action is reflected in several individual case studies offered in the DRO report for youth who were kept on “Special Program.” Correctional officers cited youth for reasons like “using a clean piece of tissue as a bookmark,” “being ‘needy,’” and “flirting” (Radcliffe 23). Although this practice is referred to as “Special Management,” rather than solitary confinement, the resulting isolation is equivalent. The supplied staff rationale for these conditions are certainly not considered “reasonably necessary” and seem to qualify as unwarranted intense corrective action.

In response to the Disability Rights Oregon report, Benjamin Chambers, spokesperson for the Oregon Youth Authority, told Oregon Public Broadcasting, “Some of the allegations in the report are certainly concerning because they suggest that the approach is far more focused on punishment than on rehabilitation” (Foden-Vencil 6). Though there is some debate over whether or not the larger carceral system in the United States is punishment-based or rehabilitation-based, the majority of scholars agree that incarceration for delinquent juveniles should be focused on rehabilitation and the successful transfer of youth back into society (Marrett 351; Lee 156). As a result of this report, both OYA and Wasco County announced they would no longer send children to the NORCOR facility (Foden-Vencil 4). NORCOR issued a public response to the report on December 12th, 2017. In this response, the NORCOR Board Chair and the Executive Administrator disputed the report:

Youth at NORCOR who are removed from group settings based on unsafe or disruptive behavior continue to have access to educational resources, mental health and medical staff and regular interaction with detention staff aimed at re-

integration into group settings. Youth are checked on and engaged at regular intervals throughout each day to ensure safety. By any estimation this does not constitute isolation or solitary confinement (“To: Interested” 1).

Again, there is disagreement among key players in the field of juvenile justice about what constitutes isolation. Despite the fact that NORCOR labeled the DRO report as “exaggerated,” “inaccurate,” and “irresponsible,” the report did indeed result in some minor changes for incarcerated youth (“To: Interested” 1). According to the press release, changes include the following:

Allowing personal items in rooms ... elimination of the 24 hour lockdown and the “test” requirement before engaging in education and other programming, the elimination of rules such as ‘don’t look around’ and ‘do not ask what time it is’, no longer removing books from rooms as a consequence, ... increased social time and out of room time, and not suspending visits, phone calls or education for disciplinary reasons unless safety concerns exist (“To: Interested” 2).

These implemented changes create some confusion as to which aspects of the DRO report the NORCOR administration dispute. The administration claims that DRO inaccurately reported the restriction of programming and education and claims that those resources are available “on a daily basis,” while simultaneously agreeing to change policy which requires youth to be in lockdown and restricts engagement to education and programming until they pass an intake test (“To: Interested” 1). These youth either had access to education and programming during their entire incarceration at the facility or they did not. It is important to recognize that NORCOR is only one of the local juvenile detention facilities in Oregon. Though this data is limited to one facility and specific to

the situation in Oregon, it provides substantial insight into an example of the ways in which current laws which attempt to restrict the use of solitary confinement sometimes fail in application. Though we cannot assume the situation at NORCOR is mirrored in all other local detention facilities, the fact that these issues occurred in this specific situation is evidence enough for substantial review of our approach to juvenile justice. As stated previously, while the Oregon Youth Authority has policy addressing the use of solitary confinement in their facilities, local and county juvenile facilities have no consistent regulation of isolation practices, which leaves them vulnerable to these detrimental practices. Also, in comparison to OYA, these juvenile detention facilities have a much larger population of youth and those youth have committed much less serious offenses.

EFFORTS TO REDUCE OR BAN SOLITARY CONFINEMENT:

Despite the fact that many key figures in the justice system, like the director of the Federal Bureau of Prisons, consider solitary confinement to be a flawed but essential aspect of juvenile justice, there are some examples of states successfully heavily reducing or entirely abandoning the practice. For example, Missouri maintains some of the safest and most effective juvenile correctional facilities in the country (Bernstein 146). These facilities have extremely minimal use of solitary confinement. According to Mark Steward, the former director of Missouri's juvenile justice system, "Over a ten-year period...none of the state's five regions has used an isolation room more than five times, and some have not used theirs at all" (Bernstein 147). According to an overview of the Missouri model provided by Beth M. Huebner of the University of Missouri, the program "includes four core elements: (1) continuous case management, (2) decentralized

residential facilities, (3) small-group, peer-led services, and (4) a restorative rehabilitation centered treatment environment” (Huebner 416). The Missouri Model’s methodology focuses on building “trusting relationships” between youth and staff within “intimate carefully designed therapeutic programs” which make extreme measures like solitary confinement almost entirely unnecessary (Bernstein 147). Though this program is widely heralded as one of the best approaches to juvenile justice, Huebner questions the lack of scientific evidence to verify the apparent success of the program.

An outside assessment of the Missouri Model, conducted by the Annie E. Casey Foundation, found that recidivism rates in Missouri were considerably lower than states which reported youth recidivism rates in similar ways (Mendel 6). Figure 4 compares the recidivism rates of Missouri with three other states.

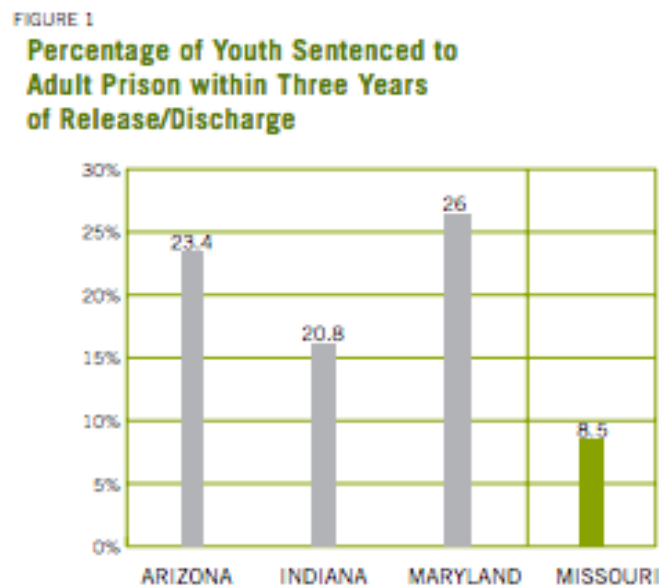


Fig. 4. Percentage of Youth Sentenced to Adult Prison within Three Years of Release/Discharge from: Mendel, Richard A. *The Missouri Model: Reinventing the Practice of Rehabilitating Youthful Offenders*. The Annie E. Casey Foundation, 2010, *The Missouri Model: Reinventing the Practice of Rehabilitating Youthful Offenders*,

www.aecf.org/resources/the-missouri-model/.

Huebner questions the reliability of comparisons between states given the massive variability of individual factors of youth and reporting criteria (Huebner 423). These individual factors of youth include “prior offending histories, risk factors, demographic characteristics, and the juvenile justice process,” all of which limit our ability to draw direct conclusions on the impact of the Missouri Model (Huebner 423). In other words, though there is a correlation between the implementation of the Missouri model and the rates of recidivism in discharged youth, there is not necessarily evidence of causation. In addition to this variability, there was not a common set of reporting criteria nor a common definition of recidivism for these evaluations (Huebner 423). Certainly, more research must be done before broad conclusions about the effectiveness of the Missouri Model can be verified; however, Missouri's comparatively low rate of recidivism, at a minimum, negates the conceptualization that solitary confinement is a necessary aspect of an effective juvenile correctional system. Missouri's abandonment of solitary confinement as a regular method of "de-escalation" has certainly not made the lives of both delinquent youth and the larger communities any less safe or more prone to crime.

Illinois took a different approach to their reduction of solitary confinement. According to Cooper, in September of 2012, the ACLU filed a “federal class action lawsuit against the Illinois Department of Juvenile Justice (IDJJ) on behalf of approximately 1000 juveniles confined in the IDJJ system” which “alleged that youth were being placed in ‘room confinement...when not warranted, for excessive periods of time, and in improper conditions’” (Cooper 344). In this lawsuit, the Attorney General of Illinois served as the defense counsel for the IDJJ (Cooper 344). In response to the

lawsuit, “both parties jointly filed a consent decree and moved immediately into hammering out the details of a settlement order” (Cooper 345). This decree appointed three experts to “conduct long-term analyses and reviews of IDJJ’s facilities, practices, and policies, and to make recommendations as to the terms of the ultimate settlement agreement” (Cooper 372). Due to an extremely high level of coordination between the Attorney General’s office, the governor’s office, and key legislators within the Office of Management and Budget, this case “came to a settlement agreement banning solitary confinement without any rulings handed down on the constitutionality of the practice” (Cooper 373). In fact, even if a constitutional ruling had been handed down prior to the settlement of the Illinois case, Cooper argues that an end to solitary confinement requires a complete overhaul of the majority of a state’s correctional systems. She writes, “courts must appoint monitors, states must hire and train new corrections officers, and revise and implement departmental policies” and the Attorney General must play a crucial role in these litigations at “both a legal and a political level” (Cooper 373).

In general, though confinement time continues to be a “significant concern” at a few facilities in Illinois, “progress has been quite positive” (Cooper 377). Lee also presents a brief analysis of the impact of these changes in Illinois; however, she concludes that “monitors expressed concern that the staff failed to follow the plan. In the first half of 2015, 1,697 incidents involved confinement or time out in rooms with graffiti and inadequate lighting and ventilation” (Lee 172). Though the changes may not have been successful in entirely eradicating the use of isolation, Cooper argues that Illinois’ comparative progress is largely due to the efforts of the Attorney General’s office to recruit other relevant parties, like the Governor’s office (Cooper 376). Therefore, as a

case study for reducing facilities' reliance on solitary confinement, Illinois supports intensive collaboration between invested groups with an emphasis on the role of the Attorney General.

In "Digging Out of the Hole: Arguments Against the Use of Juvenile Solitary Confinement in Kentucky," Lee analyzes Kentucky's failure to reduce solitary confinement in its juvenile correctional facilities. Currently, Kentucky's Juvenile Justice Policy and Procedure Manual "explicitly authorizes potentially indefinite punitive solitary confinement" (Lee 159). Similar to Oregon's system, juveniles in Kentucky are either placed in long-term residential youth development centers (YDCs), operated by the Kentucky Department of Juvenile Justice (DJJ), or in county and local juvenile detention centers. YDCs use six "types" of solitary confinement (isolation, room confinement, room restriction, intensive room restriction, intensive room supervision, and timeout) and the juveniles detention centers use three "types" of solitary confinement (isolation, room restriction, and timeout), but all of these types involved "placing a child in a room or a space, alone, for a period of time" (Lee 159). Lee bases her analysis around Kentucky's Senate Bill 200, enacted in 2015, which intended to overhaul the juvenile justice system in Kentucky by aiming to keep children in their homes and out of detention centers (Lee 173); however, six months after the bill was enacted, "regulations explicitly promoting solitary confinement in juvenile facilities were updated" (Lee 173). Lee argues that the practice of isolation is in direct contradiction to Senate Bill 200 (Lee 174). She also argues for the eradication of punitive solitary confinement for juveniles on the basis that Kentucky's use of isolation is a violation of due process, a form of cruel and unusual

punishment, and entirely ignorant of the difference between children and adults (Lee 174).

Kentucky's failure to apply its recent juvenile justice reform efforts to the use of punitive solitary confinement highlights important aspects of the Illinois case and the Missouri model. Like the Illinois case, Kentucky's Senate Bill 200 was a result of a task force made up of leaders from a variety of government departments, including Senator Whitney Westerfield, Representative John Tilley, members of the Department of Juvenile Justice, the Department of Public Advocacy, the Department of Community Based Services, members of the Kentucky Supreme Court, and more (Westerfield 3). Though both these task forces were able to produce cohesive agreements which attempted to reform juvenile justice, neither successfully ended the practice (with Kentucky being the considerably less successful of the two states). In contrast, the Missouri Model focused specifically on building trust between youth and staff members (Bernstein 147). This is where the Kentucky and Illinois approaches fall short: they fail to provide for the specifics of the implementation of new policies and, as a result, correctional staff members resort to isolation as a key method of control.

Finally, Ohio stands as a strong example of a state which has successfully abandoned the practice of solitary confinement in juvenile correctional facilities through a consent decree agreed upon by the Special Litigation Section of the DOJ's Civil Rights Division and the Ohio Department of Youth Services (DYS). This process is similar to the litigation process utilized in Illinois (Rademacher 1048). The initial investigation into Ohio's juvenile justice facilities began as a result of "concerns about the conditions in the facilities, including concerns about the use of solitary confinement on mentally ill youth"

(Rademacher 1048). In July 2014, DYS agreed to a settlement which included sections on improving mental health services for youth in the facilities and reducing and eventually eliminating solitary confinement for all youth (Rademacher 1048). This decree only stood until December of 2015 when both involved parties agreed to terminate the agreement on the basis of “Ohio’s substantial compliance with the terms of the settlement agreement” (Rademacher 1048). This dramatic reform effort outlined three specific areas of focus: prevention strategies, immediate intervention strategies, and strategies for the aftermath of seclusion. The prevention section focused largely on DYS’s efforts to supply proper mental health treatment and to reduce overall levels of violence in the facilities (Rademacher 1049). The immediate intervention section outlined specific time frames related to the reduction and eventual abandonment of solitary confinement. Initially, DYS agreed to reduce the duration of isolation to “no longer than seventy-two hours during a month, and for no more than twenty four-consecutive hours without special approval” (Rademacher 1049). It is worth noting that these time frames do not provide caveats based on punitive versus non-punitive rationales for isolation, nor do they differentiate between the general youth population and youth with diagnosed mental health disorders. DYS also agreed to “allow youth one hour outside of confinement for every four hours spent confined” (Rademacher 1050). Finally, DYS agreed to entirely eliminate the use of solitary confinement within six months of implementing this agreement (Rademacher 1050). The final section of the agreement involved outlining strategies to respond and follow up with youth who were placed in isolation. These strategies included allowing DYS to review the mental health treatment plans for youth who were placed in isolation as well as instituting a “special review team” to inspect individual treatment plans if

behavioral issues persist (Rademacher 1050). One key aspect of Ohio's approach to reducing reliance on solitary confinement, which would likely prove beneficial to other states' reform efforts, is the intense emphasis on the mental health needs of juveniles in the system. This framework is very similar to the therapeutic approaches implemented in the Missouri model (Bernstein 147).

For some academics, especially those emerging from feminist spaces, solitary confinement is not an issue which can be considered without engaging in a larger conversation around the corrections system as a whole. Susan Chandler, author of "Social Work, Feminism, and Prison Abolition," summarizes the basis of this radical analysis of the justice system:

I myself am a prison abolitionist. That means that while I work for reforms like prison education, ban-the-box, and re-enfranchisement, in the long run I and others have our eyes on something that is truly transformative and revolutionary. As Michelle Alexander (2010), the author of *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* puts it, that goal is "to unravel a caste-like system that operates to lock people into a permanent second-class status and is sustained by an economic system that is immoral" (Alexander, 2012). The roots of today's justice system are easily traced to the genocide of Indigenous people and the brutality of slavery—historical eras in which the law was clear: neither the killing of an Indian nor the killing of a slave qualified as murder...such a system demands radical analysis (Chandler 6).

Here, Chandler makes a point to acknowledge that she can simultaneously support reform work within the current system, though she does not specifically mention solitary

confinement, while pushing for the “transformative” and “revolutionary” goal of prison abolition. She asks us to call into question the foundation of the justice system. Similarly, Bernstein argues that state-run detention centers should be abolished entirely:

Why *are* those who run juveniles institutions so reluctant to give up their isolation cells? If those who run our juvenile prisons perceive a practice that is considered torture under international law as essential to the function of those institutions, what does this say about their attitude toward the children in their care?

(Bernstein 149).

Here, Bernstein is referring to statements published by the Committee against Torture at the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, which said that the United States should entirely “prohibit the use of solitary confinement for juveniles” (“Committee” 10). In fact, the UN Committee against Torture has repeatedly expressed concern over the United States’ treatment of juveniles and the use of solitary confinement (“Committee” 12). Bernstein goes on to say that, if it is true that isolation is an essential aspect of juvenile prisons, the only way to “get the kids out of solitary [is] to get them out of these places altogether” (Bernstein 150). This abolitionist stance sometimes fails to address the immediate and dire circumstances of youth who are currently within the juvenile justice system. There are youth in isolation at this moment, all around the country, who cannot wait for a revolution. An informed response to the use of isolation and solitary confinement must include specific plans to change correctional officers’ approaches to de-escalation, like the Missouri model, collaborative efforts from various governmental organization and advocacy groups, like the efforts in Kentucky and Illinois, and a collective understanding of the flaws of the

juvenile justice system as a whole, as reflected in Bernstein and Chandlers' statements. If our only method of remedying the problems we have created is to tear down the system, then we will leave these youth under the rubble.

IMPLICATIONS AND RECOMMENDATIONS:

The information covered in the previous sections of this paper has substantial implications for the juvenile justice system's use of solitary confinement. First and foremost, data on the mental and physical consequences of solitary confinement on youth concludes that, without a doubt, solitary confinement is harmful. Aside from extreme circumstances in which a youth is posing a major security threat, other forms of de-escalation maintain the same or better levels of safety for both the youth and the overall facility. The data from NORCOR, though it is only representative of one facility, is troubling enough to suggest that there are major issues with the way that isolation is currently functioning. Supplemental information from the reform efforts in both Kentucky and Illinois suggest that, despite attempts to reduce the use of isolation, solitary confinement is still widely used in juvenile correctional facilities. Finally, the successes of Ohio and Missouri, as well as the relative success of the OYA facilities in Oregon, suggest that it is entirely possible to heavily reduce and potentially abandon solitary confinement. Overall, this data suggests that solitary confinement is an expensive, mentally detrimental, and outdated facet of our juvenile justice system.

More specifically, the reform efforts to reduce or abandon solitary confinement in Missouri, Kentucky, Illinois, and Ohio have substantial implications for the future of Oregon's juvenile justice system. First, I will recommend long-term reform efforts for

Oregon's juvenile justice system. As stated previously, the issues present at the NORCOR facility can be partially attributed to the fact that Senate Bill 82 does not apply to Oregon's local and county detention facilities. Though OYA has made a public commitment to reduce their use of isolation, that is not the case for the entirety of Oregon's juvenile justice system. We must follow the successful examples of Ohio and Missouri and make an explicit, statewide commitment to abandon the practice of solitary confinement in all of our juvenile facilities; however, as exhibited in the situation with Kentucky's Senate Bill 200, simply expanding Senate Bill 82 to apply to all juvenile facilities will not necessarily ensure complete abandonment. Following this expansion of Senate Bill 82, I recommend that Oregon designate a government agency to oversee and audit county facilities like NORCOR. This agency would be in charge of doing the same type of long-term analyses and reviews of Oregon's facilities that were conducted in Illinois. Following these investigations, this team of experts could make specific recommendations for reform efforts based off of the conditions at other facilities like NORCOR. In addition to this investigation, I suggest that legislation related to solitary confinement should include specific directions for mandatory reporting to a third party which would ensure that the unchecked level of discretion that was given to correctional officers in NORCOR is not repeated in other facilities. In terms of other necessary reporting reforms, as I discussed previously, there is currently no publicly accessible data on the use of solitary confinement in juvenile facilities in Oregon and in other facilities around the country. This entirely restricts scholars' ability to conduct research or monitor conditions at these facilities, but, more importantly, this leaves parents and family members of incarcerated juveniles entirely in the dark on the potential conditions of their

loved ones. The mother of a young man who was held in solitary confinement described this experience:

It's very secretive, and they don't talk to parents about the conditions their kids are under. The families get the letters and they listen and they read the letters. And they feel helpless because there is limited access to knowing how your kid is living. How would you know? I didn't know this before my son's situation (Feierman 5).

In order to mitigate these issues, I would specifically encourage the Oregon Youth Authority and the Oregon Youth Development Council to monitor and publicize information on each facility's use of solitary confinement, including the number of juveniles placed in solitary confinement, the demographic makeup of youth in solitary confinement, the time spent in solitary confinement, and the staff rationale for confinement. In terms of policy reform, I suggest that Oregon policy makers follow Senator Cory Booker's efforts, as well as the efforts in Ohio and Missouri, to pass legislation which explicitly codifies restrictions to the use of isolation and requires alternative de-escalation methods to be attempted before isolation is used. Finally, I recommend that both branches of Oregon's juvenile justice system, OYA and county, tie all efforts to reduce solitary confinement to efforts to improve mental health care for juveniles. As exemplified in Ohio's reform effort, increased mental health care will help to reduce Oregon's levels of violence in our facilities. Also, we should utilize the data discussed at the beginning of this paper, which contextualizes the amount of mental and physical harm that isolation can cause youth, to support efforts to increase mental healthcare. The youth who enter our juvenile justice system in Oregon are in a state of

crisis. The majority of youth who enter our system are experiencing mental health disorders. We must end our practice of isolating these youth and, instead, focus on getting them the necessary medical treatment and counseling. Ultimately, Oregon should commit to entirely abandoning the practice of solitary confinement in juvenile facilities. In the short term, I recommend that Oregon commit to heavily reducing its use of solitary confinement, with an emphasis on reduction of the practice in local and county facilities. Though the long-term, policy related work is important, I strongly believe that the most important work will be changing the atmosphere and training at the ground-level. Staff members in juvenile detention and youth correctional facilities must receive training on de-escalation techniques, including specific training on building therapeutic relationships with youth. In order to create more time to build these types of relationships, I recommend that Oregon hire more staff members, specifically more therapists and counselors, for all juvenile correctional facilities. Though this hiring increase will cost more in the short term, it should result in lower numbers of youth being sent to solitary confinement. Keeping a youth in the general population does less harm than sending a youth to solitary confinement, which should lower recidivism rates. Over time, the facilities will likely save money by making these changes. These shifts toward de-escalation can also look as simple as a staff member allowing a violent or upset youth to take a walk outside and cool off while being supervised from afar. This would help mitigate the issue discussed at MacLaren of youth intentionally getting themselves sent to solitary. Other issues, like youth repeatedly asking for the time or “looking around” could be solved by actions as simple as installing clocks in all rooms that youth are placed in, including the isolation rooms, and allowing the youth access to books, paper, and pens to

maintain mental stimulation. I would strongly encourage administrators, correctional officers, and currently incarcerated youth to work together to discuss potential smaller-level changes that could help make Oregon's system function smoother.

In addition to these recommendations that I offer as a result of my own research, I would echo a few of the recommendations to improve Oregon's system of juvenile justice provided by Disability Rights Oregon, including a demand that "juvenile detention facilities should be licensed and regulated to ensure safe conditions and adequate care and treatment" (Radcliffe 29). DRO acknowledges that the current separation of power "splinters responsibility" for Oregon's high rate of juvenile incarceration between "dozens of Juvenile Justice Directors, the Oregon Youth Authority, and the Department of Human Services" and recommends "statewide oversight and leadership to prevent overuse of disparate use of juvenile detention" (Radcliffe 29). DRO goes on to recommend that Oregon "track and make effective use of data regarding youth detention" (Radcliffe 30). Finally, DRO calls for Oregon to put an end to solitary confinement, stating that "staff should receive training on de-escalation," and "lock down should be carefully documented through an incident report that is reviewed up the chain of command and a log entry," and any concerns about "suicide risk or self-harm should result in immediate attention from clinical staff and appropriate therapeutic intervention" (Radcliffe 31). Though I disagree with some of DRO's recommendations, like their extremely limited time limit for youth segregation, these specific suggestions align well with my own understanding of the issues in Oregon's juvenile justice system.

I will now discuss more general recommendations for any states or facilities looking to reform their use of solitary confinement. Though evidence of the detrimental

effects of solitary confinement prompts me to urge for a complete abandonment of the practice of solitary confinement for youth, there are also smaller avenues for change which can contribute to bettering the conditions of incarcerated youth and increasing levels of accountability for facilities and staff. In every situation, “policy change should be carefully crafted to prohibit, rather than modify, solitary confinement” (*Growing* 17). Many states which claim to be phasing the practice out continue to rely on the practice in certain circumstances (intake processes, protective custody, etc.). According to the Lowenstein Sandler Center for the Public Interest, “of the 29 states that ban punitive solitary confinement, at least 25 continue to use solitary confinement for other purposes, such as safety concerns” (*Growing* 17). In order to close these loopholes, we must focus on “eliminating the use of solitary confinement for more than three hours regardless of the circumstances or the purposes for confinement” (*Growing* 17). There are several examples of public policy which attempt to limit the use of solitary confinement. The MERCY Act, which is a bill that was introduced to the Senate in February of 2017 by Senator Cory Booker, “amends the federal criminal code to prohibit juvenile solitary confinement, except as a temporary response to behavior that poses a serious and immediate risk of harm” (Booker 1). More specifically, the bill demands that juveniles placed in solitary as a protection from physical harm should be released “immediately when the covered juvenile has sufficiently gained control” or “not later than” three hours after being placed in room confinement” (*Growing* 19). The REDEEM Act, which is a bill that was introduced to the Senate in March of 2017 by Senator Cory Booker, provides that “before a staff member of a juvenile facility places a covered juvenile in room confinement, the staff member shall attempt to use less restrictive techniques, including--

(I) talking with the covered juvenile in an attempt to de-escalate the situation; and (II) permitting a qualified mental health professional, or a staff member who has received training in de-escalation techniques and trauma-informed care, to talk to the covered juvenile” (*Growing* 19). Though these policies may seem intuitive, it is essential to solidify these standards in the law so that applications of these practices remain consistent and informed over multiple jurisdictions and facilities.

Several academic studies conclude that comprehensive reform of the use of solitary confinement in juvenile justice will likely not be achieved through efforts to challenge the constitutionality of such practices in federal or state courts (Rademacher 2014; Cooper 360). The Supreme Court has never directly addressed the issue and most courts have failed to recognize that a juvenile has a constitutional right to rehabilitative treatment (Rademacher 1024). Given this information, I would recommend that, in following the example set by Missouri and Ohio, state legislators have the best chance at implementing sweeping reform. Cooper suggests that advocacy groups should work specifically with state attorney generals since they have direct control over settlements and are able to “push for budget allocations and policy reforms where they matter most – within the Department of Corrections and facilities that house juveniles” (Cooper 377). This falls in line with her larger recommendation that all reforms which attempt to reduce or eliminate solitary confinement must increase the number of staff members working at juvenile facilities so that the needs of the youth can be more fully addressed (Cooper 377). Without a directed effort to increase the number of staff members at the facilities and to improve training efforts related to de-escalation and building therapeutic relationships, it is likely these agreements will fail to produce results as evidenced in the

cases of Kentucky and Illinois. Rademacher recommends that state legislators adopt the "statutory language that implements the terms of Ohio's settlement agreement and that resolves ambiguities or weaknesses in their current statutes" (Rademacher 1052).

Specifically, she recommends that states should "unambiguously eliminate the use of any solitary in juvenile correctional facilities for any length of time and for any purpose while permitting the use of short-term isolation in emergency situations" (Rademacher 1052).

In order to do this, states must "distinguish the definition of solitary confinement...and short term isolation" (Rademacher 1052). She also recommends that states "expressly mandate that short-term isolation may be used only after staff have tried and failed to use less restrictive crisis techniques" (Rademacher 1052). Finally, she recommends that states "unequivocally provide that staff will not restrict access to medical, mental health, and educational programming or services for juveniles in short-term isolation" and "develop programs and policies to fund comprehensive preventative mental health treatment for their juvenile correctional facilities" (1053). I agree and would also suggest that all efforts to reform the use of solitary confinement in juvenile facilities must be foundationally linked to efforts to reform access and competency of mental health treatment in juvenile facilities.

Finally, following this exploration of the effects of solitary confinement and the situations in Oregon, Missouri, Illinois, Kentucky, and Ohio, I offer a specific definition of modern solitary confinement. My definition borrows from the definition provided by Disability Rights Oregon which, to reiterate, defines solitary confinement as any situation where "the youth is deprived of meaningful human contact for most waking hours" (Radcliffe 11). In order to clarify and expand this more comprehensive definition, I must

solidify my definition of “meaningful human contact,” “most waking hours,” and “youth.” I suggest a definition of meaningful human contact as prolonged opportunity for human interaction, excluding interactions with correctional staff performing routine operational visits or teachers distributing educational materials. These exclusions are based off the idea that solitary confinement is harmful because it serves as a form of sensory deprivation and youth suffer from a lack of stimulation. Therefore, quick glances into the cell from a correctional officer or the occasional worksheet slipped under the door from a teacher would not entirely interrupt the experience of sensory deprivation. I would suggest that if a youth has prolonged (meaning longer than a few minutes) opportunity to engage with others during the day, whether that be interactions with peers, working with a teacher on assignments, or extended discussion on their situation with a staff member, then that youth would have access to “meaningful contact”. Clarifying “most waking hours” is one of the most difficult aspects of defining solitary confinement. Ultimately, administrators, mental health professionals, advocacy groups, policymakers, and other involved parties must work together to determine an exact time range to be considered restrictive of “most waking hours.” At the conclusion of this study, it seems most reasonable to me that this range would not exceed three hours; however, further limitation would be ideal and, in cases whether a youth is exhibiting suicidal behavior, essential. Finally, I will consider youth to be anyone under the age of 25. My definition is largely shaped by the OYA system and by medical research, such as the research done by the American Academy of Child and Adolescent Psychiatry discussed previously, which states that a human is still especially vulnerable to mental deterioration and result of isolation up until their mid-20’s. I acknowledge that this definition is relatively radical. If

the juvenile justice system were to fully adopt my definition of youth, it would have substantial implications on the juvenile justice system as well as anyone under the age of 25 in the adult system; however, given the medical data on the profound negative consequences of isolation on young minds, I think abandoning the practice of solitary confinement for anyone under the age of 25, regardless of the facility they are held in, would prove to be successful for both increasing the safety of our juvenile justice system and decreasing overall costs by reducing rates of recidivism. Therefore, my final suggested definition of juvenile solitary confinement is any situation where an incarcerated person under the age of 25 is deprived of prolonged opportunity for human interaction, excluding interactions with correctional staff performing routine operational visits or teachers distributing educational materials, for any time exceeding three hours in a single day.

CONCLUSIONS AND AVENUES FOR FUTURE RESEARCH:

Despite the recent changes in legislation, namely the federal ban on punitive isolation passed by former president Obama in 2016 and the Oregon Youth Authority ban on punitive isolation in 2017, solitary confinement is still widely used in juvenile facilities. Extensive research on the consequences of isolation on young minds should be sufficient evidence for abandoning the practice altogether. When this research is paired with detrimental physical consequences and questionable rationales, abandoning the practice becomes an absolute necessity. In order to further support and advocate for a change in these practices, we need consistent and public data collection and reporting on each instance of isolation in juvenile correctional facilities. There is some evidence that

the widespread use of solitary confinement disproportionately affects youth of color, gender non-conforming youth, LGBTQ youth, and youth with disabilities (Feierman 4). Some facilities have been cited as using solitary confinement as housing for individuals with physical disabilities “because there was no available cells that could accommodate them in a less restrictive environment” (Feierman 15). At a hearing before the Senate Committee on the Judiciary in 2012, Senator Dick Durbin said, “We are seeing an alarming increase in isolation for those who do not really need to be there, and for many vulnerable groups like immigrants, children, LGBT inmates, supposedly there for their own protection” (United 3); however, more data on the demographic makeup of youth in isolation is needed in order to perform a scholarly analysis on the subject. This lack of publicly available data was a frustration for this research process, but for the parents and families of incarcerated children, the lack of information is absolutely unacceptable.

Future research on the use of solitary confinement in juvenile facilities should work on tearing down these informational barriers. Though I have included inside voices and experiences where possible, the reality of isolation means that gaining access to these testimonials is extremely difficult. Future scholars should work with the administration in facilities to interview parties on all sides and publish those interviews for public consumption. Directors, parole officers, correctional officers, mental health professionals, formerly incarcerated youth, currently incarcerated youth, and their families should all be consulted in order to form a complete picture of the situation. Instances of isolation, regardless of the rationale or the time frame, should be reported, tracked, and continually reassessed.

Another area of potential future research is the field of alternative forms of isolation for delinquent juveniles. Though this project focuses primarily on the use of physical solitary confinement within juvenile correctional institutions, youth are also isolated in less apparent ways. In the 1970's, Wooden considered the potential future of medicinal isolation as a form of solitary confinement. He writes, "Locked within four small walls behind metal doors, [incarcerated children] find themselves in a frightening, bewildering state as medicine injected into their bodies takes hold of their minds" (Wooden 141). Wooden argues that the use of modern drugs combines with physical confinement to further "enslave" incarcerated children (Wooden 141). Since Wooden's book was first released, the use of antipsychotics as a form of chemical restraint has remained a prevalent aspect of juvenile incarceration. Ashley Norton, author of "The Captive Mind: Antipsychotics as Chemical Restraint in Juvenile Detention" writes:

While, in general, only 8-10% of children under the age of eighteen are prescribed mental health medications, this number is dramatically higher in the population of children under eighteen and in state-custody: an estimated 50% of children under eighteen who are within state custody receive medication meant to address mental health issues (Norton 162).

Though this number can partially be explained by the overrepresentation of children with diagnosed mental illness in correctional facilities, some scholars assert that there is widespread misuse of psychotropic drugs in juvenile detention centers nationwide (Norton 163). The use of chemical restraint as an alternative to solitary confinement should be thoroughly researched and tracked. Isolation of delinquent juveniles also occurs through non-state sanctioned programs like troubled teen camps and wilderness

retreats (Bernstein 2). Though several bills which attempt to create standards and regulations for these treatment camps have been introduced to Congress, the most recent being the “H.R. 1981 (113th): Stop Child Abuse in Residential Programs for Teens Act of 2013” introduced by California Senator George Miller, none have been successfully enacted (Miller 1). More research on the use of solitary in these facilities and advocacy for those youth who are isolated is in desperate need.

It is understandably frustrating for those who dedicated their lives to the difficult work of juvenile justice to feel that they are being wrongly accused of throwing children in solitary confinement without proper consideration. Unfortunately, regardless of the intent of the instigators, the impact of isolating youth is far too grave for us to allow the practice to continue in these forms any longer. In order to change these patterns, we must first acknowledge and admit that the practice is still consistently used to handle administrative issues and to subdue children. Ultimately, I conclude that solitary confinement in juvenile prisons, as it currently functions, is an inhumane, destructive practice and *must* be abolished.

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