



THE SPRING
GROUP

INFO REPORT ON JUVENILE DETENTION

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1. Table of Contents

1. Table of Contents	2
2. Effects of Solitary Confinement on Youth	3
2.1 Mental Health Effects	3
2.2 Behavioral Effects	4
2.3 Recidivism	5
2.4 Race and Ethnicity Inequality	6
3. Federal/State Standards of Solitary Confinement	7
3.1 Federal Standards	7
3.2 State Standards	8
4. Instances of Harm to Youth Welfare & Alternatives of Isolation	10

2. Effects of Solitary Confinement on Youth

2.1 Mental Health Effects

A report by the [Vera Institute of Justice](#) synthesized the following mental health effects derived from solitary confinement of the youth:

Possible effects of solitary confinement on juveniles include:

- anxiety
- hypersensitivity
- anger
- obsessive thoughts
- depression
- cognitive disturbances
- insomnia
- post-traumatic stress disorder (PTSD)
- impulse control issues
- loss of identity
- paranoia
- psychosis

“In a 2019 study of California prisons, the incidence of hypertension among people in solitary confinement was almost three times higher than for those held in maximum-security general population units.”

“One study found that people who had spent any time in solitary confinement were 24 percent more likely to die in the first year after their release from prison than those who had been incarcerated but not been placed in solitary confinement, particularly from suicide (78 percent more likely) and homicide (54 percent more likely). They were also 127 percent more likely to die of an opioid overdose in the first two weeks after release.”

Solitary confinement exacts a heavy toll on the mental health of children, leaving enduring scars that can impact their lives well beyond their time in isolation. The isolation, sensory deprivation, and lack of social interaction inherent in solitary confinement can lead to a cascade of psychological distress. The developing minds of children are especially vulnerable to such conditions, amplifying the potential negative effects.

In fact, studies have shown that individuals in solitary confinement are significantly more likely to experience suicidal ideation and attempts. Despite individuals in solitary confinement making up a mere **6% to 8%** of the overall prison populace, they are

responsible for **roughly [half of the suicides](#) that occur within correctional facilities**. The deprivation of human contact, environmental stimuli, and meaningful activities can plunge individuals into a state of hopelessness and despair, exacerbating underlying mental health conditions.

Depression is another prevalent mental health consequence of solitary confinement. The monotony of the surroundings and the absence of positive experiences or distractions can plunge children into a deep emotional state characterized by sadness, hopelessness, and a sense of worthlessness. Over time, the inability to engage in meaningful activities or interactions can erode their sense of self-esteem and purpose.

Furthermore, the conditions of isolation can lead to symptoms reminiscent of post-traumatic stress disorder (PTSD). In fact, the [National Institute of Health](#) did a test on 119 patients. Among 119 participants, 43% had a history of solitary confinement and 28% screened positive for PTSD symptoms. The absence of external cues and the confinement itself can create an environment where children's minds are left to dwell on distressing thoughts and memories. This prolonged exposure to stressors and the inability to escape them can trigger psychological responses similar to those experienced by individuals who have undergone traumatic events.

The psychological toll of solitary confinement is not only confined to the duration of isolation. The long-term effects can persist even after release, affecting children's ability to reintegrate into society and engage in healthy relationships. The damage inflicted on their mental health can hinder their overall well-being and future prospects, potentially leading to a lifelong struggle with mental health issues.

2.2 Behavioral Effects

As Mr. Sommerman mentioned via call, he saw a child behind bars acting in sudden bursts of energy behind the cell. This is not uncommon at all.

A prominent behavioral effect is the emergence of disruptive or aggressive behaviors. The confinement's relentless monotony, where a child's world is reduced to a small, sterile space, devoid of external stimuli, can generate immense frustration and boredom. This emotional pressure can build over time, and without healthy avenues for release, it can culminate in sudden and intense outbursts of anger or defiance. These outbursts can be seen as a way for children to assert some semblance of control over their environment, to express their pent-up emotions, or even as a desperate plea for attention.

2.3 Recidivism

A report published on the [University of Michigan Journal of Law Reform](#) included three crucial, contextual pieces of information regarding recidivism (pgs. 23-30) that we flagged here:

1. “[P]risoners are generally housed in a cell for twenty-two to twenty-four hours a day “with little human contact or interaction”; prisoners do not eat with others or participate in group activities. They have little or no natural light, reading material, television or radio access, property, or visitation rights”
2. “In the Pelican Bay Security Housing Unit in California, prisoners are held for an average of seven and a half years.”
3. “[A]lmost 700,000 prisoners are released from prison every year, and approximately two-thirds of those released are rearrested within three years.”

The connection between subjecting children to solitary confinement and the concerning likelihood of recidivism—engaging in criminal behavior after release—is a compelling area of concern.

Children who have experienced solitary confinement are at an increased risk of re-offending due to the adverse effects on their mental health. The intense stress, anxiety, and depression associated with isolation can leave lasting scars that shape their future behavior. This psychological burden can impair their ability to cope with challenges, navigate stressors, and make sound decisions, increasing their susceptibility to engaging in criminal activities as a way of coping or responding to difficulties.

Furthermore, the absence of opportunities to develop healthy social skills during solitary confinement can hinder a child's ability to reintegrate into society effectively. Robert King and Jack Morris, who collectively endured a total of [62 years](#) in solitary confinement, highlighted several of the aforementioned observations. Mr. King recounted that as time passed, his inclination for communication waned, and he underwent an emotional desensitization that resulted in a decline of fundamental abilities. Despite his release from incarceration in 2001, Mr. King has continued to grapple with everyday tasks, including a diminished sense of spatial orientation.

The cycle of recidivism is also perpetuated by the lack of effective rehabilitation during solitary confinement. Instead of addressing the **underlying** causes of the child's behavior, this practice focuses on **punitive** measures by locking them up for 100 days. As a result, children may leave confinement without the necessary tools to rebuild their lives, making it more likely that they will resort to familiar, albeit detrimental, behaviors.

2.4 Race and Ethnicity Inequality

In many jurisdictions, people of color make up a larger proportion of the population in solitary than of the overall incarcerated population.

The [Vera Institute for Justice](#) report (referenced earlier in [Section 2.1](#)) details a number of findings, several of which identified racial bias in incarceration and racial makeup of solitary confinement populations:

- “40.5 percent of the total male prison population of the surveyed jurisdictions was Black, while Black men accounted for 43.4 percent of men in solitary.”
- “Policies that implicitly or explicitly target certain racial groups. For example, policies that prohibit specific hairstyles or head coverings associated with certain racial or cultural groups and make noncompliance a disciplinary infraction punishable by solitary confinement.”
- “Implicit bias on the part of corrections staff, particularly in areas where they exercise wide discretion (such as disciplinary write-ups and sanctions). Members of different racial groups may be equally likely to commit infractions within corrections settings, but members of certain groups may be more frequently written up and/or sent to solitary for these infractions.”

3. Federal/State Standards of Solitary Confinement

3.1 Federal Standards

The federal government has taken many steps to address the issue of solitary confinement for juveniles.

The Prison Rape Elimination Act (PREA)

The PREA was passed unanimously by both parties in Congress in 2003. The purpose of this act to prevent, detect, and respond to sexual abuse in confinement settings, including juveniles. The PREA does not prohibit juvenile solitary confinement but it does require agencies to hold policies in place that address the safety and well-being of all confined individuals, including juveniles.

The special litigation section of the U.S. Department of Justice's Civil Rights Division investigates and addresses civil rights violations in various institutions including correctional facilities. Although their sole focus is not on solitary confinement, they have been involved in cases related to the treatment of juveniles in detention facilities.

United Nations Rules for the Protection of Juveniles Deprived of their Liberty (Havana Rules)

The Havana Rules were adopted by the United Nations General Assembly in 1990 and provide comprehensive guidelines for the treatment of juveniles in detention facilities. While not legally binding, these rules offer internationally recognized standards that governments and institutions can use to shape their policies and practices related to juvenile detention, including the use of solitary confinement.

Some key points related to juvenile solitary confinement under the Havana Rules include:

- **Prohibition of Torture and Cruel Treatment:** The Havana Rules emphasize that juveniles shall be protected from torture, cruel, inhuman, or degrading treatment or punishment. The rules discourage the use of disciplinary measures that may harm a juvenile's physical or mental health.
- **Use of Solitary Confinement:** The rules discourage the use of solitary confinement as a disciplinary measure, especially for extended periods. They stress the importance of maintaining regular human contact, providing meaningful activities, and ensuring that the conditions of confinement contribute to the juvenile's rehabilitation.
- **Individualized Treatment Plans:** The rules recommend that each juvenile be provided with an individualized treatment plan that takes into account their age,

gender, background, and specific needs. This approach helps to address behavioral issues without resorting to punitive measures like solitary confinement.

First Step Act of 2018

- Solitary confinement is prohibited as punishment.
- Solitary confinement may only be used as an immediate response to disruptive behavior that poses an imminent threat to the safety and security of the youth or others.
- Youth must be removed from solitary confinement as soon as they are able to show emotional and behavioral control.
- Youth in solitary confinement must have access to education, treatment, medical, and recreation services.
- A supervisor/behavioral health staff must meet with youth within 4 hours of solitary confinement to identify the reasons why the youth cannot return to the general population.
- Written policies and procedures for behavioral health monitoring of youth in solitary confinement must be in place.

Other suggested programs/standards/guidelines

- Performance-based Standards (by the Council of Juvenile Justice Administrators for the Department of Justice)
- American Correctional Association (ACA) Proposed Standards on Youth Isolation

3.2 State Standards

[Kids in Texas were subject to 37,071 seclusions in county juvenile facilities in 2011. Thousands of these seclusions lasted 24 hours or longer.](#)

Recognizing that solitary confinement is an extreme punishment, [Senate Bill 1517](#) provides that a child in a juvenile facility may not be placed in disciplinary seclusion in excess of four-hours unless the seclusion is the result of a limited number of defined offenses. [Senate Bill 1357](#) requires county jails to adopt similar standards for inmates younger than 18

The Texas state laws on solitary confinement for youth are as follows:

- Solitary confinement is prohibited as punishment.
- Solitary confinement may only be used for a limited number of reasons, including:
 - To protect the safety of the youth or others

- To prevent a youth from harming themselves
- To maintain order in the facility
- Solitary confinement must be for the shortest possible period of time and cannot exceed 4 hours.
- Youth in solitary confinement must have access to education, treatment, medical, and recreation services.
- A supervisor/behavioral health staff must meet with youth within 4 hours of solitary confinement to identify the reasons why the youth cannot return to the general population.
- Written policies and procedures for behavioral health monitoring of youth in solitary confinement must be in place.

These laws were put in place by Senate Bill 1517, which was passed in 2017. SB 1517 was a significant step forward in protecting the rights and well-being of youth in the Texas juvenile justice system. However, it is important to note that these laws do not apply to youth in adult jails or prisons.

In addition to the state laws, there are also federal court orders that restrict the use of solitary confinement for youth in Texas. In 2018, a federal judge ordered the Texas Juvenile Justice Department to end the use of solitary confinement for youth with mental health needs. The judge found that solitary confinement was being used in a discriminatory manner and that it was causing serious harm to the youth.

- Texas Juvenile Justice Department (TJJD) Rules and Regulations: Section 380.9739 - Isolation. This rule outlines the criteria and procedures for the use of solitary confinement for youth in Texas juvenile facilities.
- Senate Bill 1517: This bill was passed in 2017 and prohibits the use of solitary confinement as punishment for youth in Texas juvenile facilities. It also limits the use of solitary confinement for other purposes, such as to protect the safety of the youth or others.
- United States District Court for the Western District of Texas: In 2018, this court ordered the TJJD to end the use of solitary confinement for youth with mental health needs. The court found that solitary confinement was being used in a discriminatory manner and that it was causing serious harm to the youth.

4. Instances of Harm to Youth Welfare & Alternatives of Isolation

The below sections highlight instances of harm to youth derived from solitary confinement, proposed alternatives to isolationist punishments, and actions that have been taken to eliminate the harms inflicted upon youth.

INSTANCE: [National Level](#)

A 141-page Human Rights Watch report titled, “Growing Up Locked Down: Youth in Solitary Confinement in Jails and Prisons Across the United States,” that covered jail and prison reports throughout “five states, including – Colorado, Florida, Michigan, New York, and Pennsylvania – ” detailed how solitary confinement “causes anguish, provokes serious mental and physical health problems, and works against rehabilitation for teenagers.” There are two major examples of the detriment. Firstly, on a general level the Humans Right Watch found that these adolescents are refused access to any of their several facets of rehabilitation. In turn, this keeps them from seeing any mental or physical improvements. Secondly, young people “spoke about cutting themselves with staples or razors while in solitary confinement, having hallucinations, and losing touch with reality.” This led to several suicide attempts as well. Specifically, “Kyle B.” from California reported that “Being in isolation... felt like [he] was on an island all alone, dying a slow death from the inside out.”

INSTANCE: [Illinois](#)

The Illinois juvenile detention facility is one of the most recent examples of solitary confinement issues despite over a decade of objections. The facility provides no aid or support for the inmates as “black mold grows on the walls, according to the lawsuit filed Friday, and there are no mental health professionals employed at the facility.” Despite steady improvement, horrible conditions such as these still exist making the problem ever-frightening.

ALTERNATIVE: [Texas](#)

One option for Texas can avoid Juvenile Detention all-together with a healing system known as a restorative justice and community program. These projects “may include victim-offender mediation, family group conferencing, and community service.” They could also offer medical treatment and rehab in order to assist the youth through a myriad of psychological, social, and physical issues. Not to mention, the effectiveness will improve because it addresses the underlying causes of criminal behavior.

ALTERNATIVE: [Canada & New Zealand](#)

- Many examples from native tribes across Canada and New Zealand.

ALTERNATIVE: [Office of Juvenile Justice and Delinquency Prevention](#)

Options listed in the document, including shelter care and specialized foster care, give these younger individuals structure and a home where they can be contained and provided resources to be educated and rehabilitated. In the latter example, specialized foster parents would be instructed on how to properly mentor juvenile offenders placed in their home, and members of the program would be sent into structured systems of home, the community, and schooling. Not to mention, the foster care system could be further specialized to cooperate with rehabilitation centers in order to better solve the needs of adolescent miscreants.

INSTANCE: [New Jersey](#)

- The case brought against the New Jersey Juvenile Justice Committee outlines two specific occurrences of mistreatment and its effect on both Troy and O'Neill.

The [Washington University in St. Louis Law Journal](#) reviews Troy's case as well as some of the more general effects of juvy confinement. Both of these sources have a focus on NJ law but still have important information about the effect of confinement on both Troy and O'Neill.

From an empirical standpoint when conducting research on different individual instances, we find that in most cases of youth isolation/solitary confinement, there was nothing in the cells for the kids to do other than eat, sleep, and maintain hygiene to a minimum threshold. Providing books or other entertainment would help ease the stress of the secluded environment. When looking at alternatives as a whole it is quite difficult because the kids are put into solitary either for their protection or the people around them's protection and the separation aspect that is causing problems is necessary to ensure the safety of all of the kids. Reforms that would need to happen looking specifically at the confinement (not at other programs beyond the juvy walls) would be less time overall in confinement, higher threshold for kids to be placed in confinement, better living conditions for kids in confinement, and possible controlled interaction with other kids or adults while in confinement. Most of the alternatives in the public sphere would cost more resources that these detention centers just don't have access to.

INSTANCE: [Louisiana](#)

In 2019, Solan Peterson (age 13), took his own life within 72 hours at Ware Youth Center in Coushatta, Louisiana. He was there in the first place because he set a toilet paper dispenser on fire at his middle school. He was diagnosed with PTSD and ADHD after living in foster homes away from the majority of his siblings for most of his life. Solan did not get a psychological report after arriving at Ware despite the state's requirement of one within 72 hours; this was the second death at Ware in a span of three days.

ACTION: [Louisiana](#)

On August 1, 2022, the governor of Louisiana signed the state's first law restricting isolation for youth.

- This happened after information about two suicides and investigation by Marshall Project.
- Investigation found that in the Acadiana Center for Youth at St. Martinville (one of LA facilities), boys as young as 14 held solitary confinement for weeks
- The boys slept on the floor, were shackled when they left cells to shower, and received no education for a month (which is a violation of state and federal law).

The new law places constraints on how the state's juvenile justice agency can use solitary confinement, and limits young people to no more than eight hours in isolation unless they continue to pose a physical threat to themselves or others.

The state juvenile agency is also required to check on their mental health and notify their parents or guardians within the first hour of placing children in solitary confinement.

- The policy requires people to have reading materials and access to sunlight.
- The law does not apply to facilities that house youth who've only been accused of crimes but not convicted.

Medical experts and youth advocates have been against the use of solitary confinement as it can lead to depression and psychosis. This is remarkably harmful for youth, whose brains are still developing. Only 1/3 of states have laws restricting use of solitary confinement for youth.



Sophia Li

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Arik Karim

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Varun Mukund

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