Dominant Perceptions of Solitary Confinement in Juvenile Facilities

A graduate project submitted in partial fulfillment of the requirements
For the degree of Master of Social Work

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Abstract

Dominant Perception of Solitary Confinement in Juvenile Facilities

By

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Master of Social Work

The following study seeks to examine the dominant perceptions of solitary confinement in juvenile facilities and how these perceptions impact the continued use in these facilities. Despite mounds of research indicating the harmful effects that solitary confinement has on youth, the tactic continues to be used in the California juvenile justice system and other states in the U.S. Currently, a bill known as SB 124 aims to reform solitary confinement in California, yet it is on hold with the California Assembly Appropriations Committee. This research compares dominant perspectives of the use of solitary confinement and its effects from the viewpoints of former staff in criminal justice facilities and advocates speaking against isolation. Results show 11 major themes across participant responses. Findings show multiple differences between the two groups in connection to these themes and little agreement. Limitations and suggestions for future research are also discussed.
Introduction

Solitary confinement has historically been used in the United States as a form of punishment. In January 2015, Senator Leno introduced SB 124 in an effort to bring reform to the use of solitary confinement in juvenile facilities. The bill proposes many positive changes to current law, including prohibiting solitary confinement from being used on individuals who have a mental disorder or are gravely disabled and instead sending them for an evaluation at an appropriate facility. Although research has shown it to be physically and mentally harmful, prisons and juvenile correctional facilities still implement it (Cockrell, 2013). Specifically, in the last thirty years the juvenile justice system has been in a predicament with regards to youth being tried as adults, known as “adult time for adult crimes” (Myers, 2003). “No other nation in the developed world routinely tortures its children in this manner” (Casella & Ridgeway, 2012). The U.S Department of Justice (2009) found that youth in solitary confinement are at an increased risk for suicide attempts at higher rates than adults in solitary confinement. Comorbidity of psychiatric disorders in Juvenile Correctional facilities have also been on a rise, inclining researchers to look into the mental needs of youth entering the system. It is important that social workers address mental health needs for youth and interventions to receive needed treatment.

The field of social work is committed to protecting the wellbeing of the most vulnerable. While there is knowledge of the physical, mental and emotional effects solitary confinement has on the developing brain of young adults, opposing viewpoints on the use of solitary confinement are still evident. This research hopes to acknowledge opposing viewpoints and contribute to the scholarly knowledge base of popular feelings
regarding isolating youth not only for disciplinary purposes but for safety as well. This study seeks to answer the following research question: What are the dominant perceptions of solitary confinement and how do they impact its continued use in juvenile facilities? Using a social constructivist framework to guide our inquiry will help the researchers to obtain as much information as possible from the participants regarding their views of the issue. This framework allows individuals to discuss a topic based on their own position within the context of use of solitary confinement as well as to reflect on both historical and cultural norms that that either hinder or support their views. Social constructivist research focuses on the ways in which personal background helps shape the way we think or view a “problem” by describing our own experiences in that setting.

Exploring general knowledge and perspectives that are typical in regards to youth in the criminal justice system can give light into the way youth are treated. This also serves as a platform to educate others on developmental milestones and effects of solitary confinement on the developing brain. Although there has been research that explores the mental health needs of juveniles in correctional facilities little is known about the perspectives of guards and staff members in these facilities who are in charge of disciplining youth. This research seeks to give a voice to perspectives of staff in correctional facilities and their knowledge of what the best practices are in dealing with youth with a criminal background. Allowing advocates to shed light on misconceptions and psychological, physical and emotional damage done by isolating youth can help shift the general paradigm, which is currently to punish instead of treating youth.
Literature Review

History. The practice of solitary confinement can be dated back to the United States since the mid-19th century as a form of punishment for crimes (Smith, 2006). Even then, the effects of isolation on mental health were being debated. The practice died quickly after but once again regained popularity in the 1980’s with the first supermax prisons (Smith, 2006). An incident where two prison guards were killed brought the Marion Penitentiary in Illinois on lockdown. It became the first prison in the country to adopt a 23-hour-a-day cell isolation with no human contact, and from this point on other prisons adopted the same practice of isolation (Smith, 2006). In the late 1980’s through the mid 1990’s, rates of juvenile crime, particularly serious violent crime, increased significantly, creating a new legal agenda subjecting children to criminal trial and punishment as if they were adults (McCord, Widom & Crowell, 2001). As a result, adolescents began being treated as adults.

Controversy. There has been a long held debate in the juvenile justice system of whether rehabilitative interventions are insufficient and “too lenient” for juveniles that commit serious crimes. Any child below the age of 10 is considered to be “below the age of reason,” creating an ideology that young children do not know any better but teens and adolescents “have sufficient cognitive capacity and can be accountable for their wrongful acts” (McCord, Widom & Crowell, 2001). Youth are tried according to this ideology despite research showing that developmentally they do not have the same cognitive capacity as adults and lack experience to problem solve, making them more easily persuaded by environmental factors. Youth process information stemming from emotional content in the part of their brain that controls reactive, instinctual responses.
Adults, on the other hand, process this same type of information in their frontal lobe, known for rational thought. Therefore, the physical composition of the youth brain is not capable of making rational, logical decisions like adults when faced with emotional content (McCord, Widom & Crowell, 2001).

According to research, the purpose for isolating youth has also changed throughout the years. Solitary confinement, or the seclusion of an individual from the rest of society, was based on the grounds of youth being some of the most dangerous and violent human beings (Cloud, Druker, Browne & Parson, 2015). However, this is less true now and increasing amounts of isolation is being used among some of the most vulnerable. Individuals can be sent into isolation for multiple reasons, including being a danger to others, a danger to themselves or because they are an easy target. Some of these targets include having mental health concerns, developmental impairments, young age, and sexual trauma histories (Cloud, Druker, Browne, & Parson, 2015). Regardless of reason for why one may be isolated, isolation cells look exactly the same. The cells usually measure 6x9 or 8x10 feet, have food delivered through slots on the door, and few cells have small windows which allow some sunlight to enter. Individuals are isolated in these cells from any human contact from as little as 22 hours to decades. “Living conditions in solitary confinement are physically unhealthy, extremely stressful, and psychologically traumatizing” (Cloud, Druker, Browne & Parson, 2015, p. 19). For a person already suffering from mental illness or developmental delays, they become more sensitive to the impacts of isolation.

Disparities. In a survey study done by Seena Fazel (2008), she explores the comorbidity of mental disorders in detention and correctional facilities for youth. What
she found was that compared to youth in the general population, and to adults in adult prisons, youth in detention and correctional facilities were diagnosed with a serious mental disorder at much higher rates. “Adolescents in detention and correctional facilities were about 10 times more likely to suffer from psychosis than the general adolescent population. Girls were more often diagnosed with major depression than were boys, contrary to findings from adult prisoners and general population surveys” (Fazel, 2008, p. 1010). This is suggestive of higher needs of rehabilitation and mental health services for youth but also evident of the damages adolescent brains suffer from conditions of isolation and seclusion.

Given the growth of youth in juvenile detention centers and research that suggests the prevalence of psychiatric disorders in these facilities, research has sought to address the lack of data on this topic. A study in Cook County, Illinois interviewed 1,829 youth, finding not only high rates of psychiatric disorders but excessively high rates of disorders amongst minority groups (Teplin, Abram, McClelland, Dulcan & Mericle, 2002). Not surprisingly, youth of color comprise the majority of detainees in the criminal justice system throughout the United States, similar to the composition of adult prisons. Implications from this study suggest that the criminal justice system lacks knowledge that would otherwise prepare them to serve youth with psychiatric disorders. Moreover, the mental health system poses a challenge in servicing this population after release. “Advocacy groups, researchers, and public policy experts believe that the juvenile justice system has become the only alternative for many poor and minority youth with psychiatric disorders” (Teplin, Abram, McClelland, Dulcan & Mericle, 2002, p. 8).
Impacts of solitary confinement. In a population already oppressed by the lack of adequate services, it is important to know the effects solitary confinement has on the developing brain. Youth can be impacted in three different areas of development: physical, emotional and psychological. In a report by Human Rights Watch and the American Civil Liberties Union (2012), adolescence is a stage where the body develops and undergoes changes. Without appropriate medical attention and adequate nutrition, development and growth can be interrupted. Some youth have reported losing hair or weight, females reported disruptive menstrual cycles. Emotionally, the lack of support from being isolated and losing privileges to contact family can decrease self-esteem and lead to depression. Prolonged solitary confinement like mentioned earlier also affects mental health. Isolation is a stressful situation, anxiety levels increase, some youth develop anxiety attacks, others after having no contact become depressed. Some youth experience anger or rage to the point they begin to cut and have suicidal though all while isolation. Research also has shown that about half of youth suicides in juvenile facilities have occurred while in confinement (Rodriguez, 2015). These rates are incredibly high and quite concerning.

People in favor of the use of solitary confinement argue the point that these tactics are effective intervention strategies for providing safety to civilians. Many studies have shown that solitary confinement can in fact actually increase the likelihood of recidivism and pose more danger to society (California Department of Corrections, 2011; Gibbons & Katzenbach, 2006) Also, solitary confinement is extremely costly for taxpayers versus alternative rehabilitation methods. According to Solitary Watch (2011), the combined
cost of Security Housing Units (SHU) and Administrative Housing Units (AHU) totals around $175 million per year in California taxpayer dollars.

*Policy.* The use of solitary confinement in juvenile facilities directly combats U.S. Constitution. The Eighth Amendment of the Constitution prohibits cruel and unusual punishment. Although the Supreme Court does recognize that solitary confinement can be a breach to the Eighth Amendment, it can only have been seen as such if the following conditions are met: a prison official acts with “‘deliberate indifference’ to inmate health or safety only if he knows that inmates face a substantial risk of serious harm and disregards that risk by failing to take reasonable measures to abate it” (Farmer vs. Brennan, 1994). These conditions make it very difficult to establish an Eighth Amendment violation. Additionally, the Due Process clause of the Fourteenth Amendment states that the government cannot “deprive any person of life, liberty or property, without due process of law.” While a prisoner in a facility, courts frequently view prisoners as limited in liberties and often prefer that prison administrators ultimately be the decision makers (Lobel, 2008). As a result, youth rarely are honored Due Process.

Current California legislation has very limited statutes on the use of solitary confinement in juvenile facilities. Facilities can use solitary confinement for purposes at the staff’s discretion and can get around documentation through loopholes, such as using other phrases like “administrative or disciplinary segregation” (Gordon, 2014). A new bill, SB 124 Juveniles: solitary confinement, was proposed by Senator in January 2015. The bill aims to bring reform to current legislation by giving clear definitions to when solitary confinement can and cannot be used and mandates strict documentation criteria including reasons why confinement was used, who authorized the it, what were the
alternatives, who was confined and for how long. It also states that juveniles should only be held in solitary confinement for a period of time no longer than four hours to address any risk posed, cannot be placed in confinement for consecutive periods, cannot be for the use of punishment, and must attend to mental health concerns with a mental health professional. If passed, the bill will create an addition to the Welfare and Institutions Code as 208.3. The bill passed the Senate floor on June 2, 2015 and is currently in the Assembly.
Methodology

Methods. With the prevalence of solitary confinement in juvenile facilities and the ongoing changes in the criminal justice system, it is important to obtain perspectives of authority figures like staff from correctional facilities and members of advocacy groups who make correctional interventions for youth in these settings. Understanding some of the dominant views can add to the knowledge base of current available services and interventions implemented with this population. The underlying theme of this study seeks to understand what the dominant perceptions of solitary confinement are and how they impact its continued use in juvenile facilities. The approach used to formulate responses from participants was a non-intrusive engagement with professionals to learn how their views influence their interactions with and on behalf of youth.

Study design. The study framed the interview process through a social constructivist framework to allow participants to express their honest opinion about the use of solitary confinement in juvenile correctional facilities. This framework emphasizes how cultural and personal influences shift one’s way of thinking and thus will help the researchers obtain rich information from the participants on their views of the issue. Using the social constructivist framework allowed the individual to discuss their position on solitary confinement as well as reflect on both historical and cultural norms that either hinder or support their views. “Cultural background influences the type of life experiences people have, and thus their assumptions about the world and ways of categorizing reality” (Less and Green, 1999). Social constructivist research focuses on personal background that helps shape the way we think or view the “problem” by describing one’s own experiences in that setting. One important aspect of the study is to
understand the viewpoints that can affect how the population is being dealt with. In doing so, the researchers ensured that the participants and their viewpoints were treated with respect without trying to influence their responses based on the researchers’ knowledge. Understanding that perspectives are created through one’s interactions and own personal background is important in being nonjudgmental and obtaining the most accurate information possible.

*Sampling.* The study examined dominant perceptions towards solitary confinement through interactions with staff members of both advocacy groups and juvenile facilities. All participants were over the age of 18 and a current or former employee in one of these roles for at least two years. Inclusion or exclusion based on age and years of service to their professional role was intended to protect the participants as well as obtain information from individuals that might be familiar with the criminal justice system. Participants were recruited through convenience sampling from Internet sources like advocacy organization websites or through personal recommendations and were contacted via email. There were a total of 8 advocates and 4 juvenile facility staff contacted. Overall, 8 individuals did not respond, 1 did not meet criteria and the remaining 3 participated in this study. The sample size was comprised of 2 former correctional probation officers and 1 forensic psychiatrist advocating against the use of solitary confinement with juveniles. In order to make sure that all participants met the requirements, they were screened based on two questions: 1) Are you over 18? 2) Are you a current or former employee of either a juvenile justice facility or a member of an advocacy group who has been in this field for at least 2 years? After the screening was
conducted, an informed consent form was provided for participants to sign prior to the interview process, which debriefed the purpose of the research.

Data collection. After recruiting participants to interview, a time was set up for an in-person interview at a location of the participant’s choosing. Two in-person interviews took place in the participant’s home. The other participant was not local and had a hearing impairment, so accommodations were made to conduct the interview via email. Allowing participants to choose the location provided for a comfortable setting for each interviewee. Each participant was interviewed only once. Upon meeting, the participant was given an informed consent form to review and sign, as well as a verbal debriefing of the consent form by the researchers. This time also allowed for emphasis on confidentiality for participants in the study and their right to withdraw at any time. The researchers emphasized that confidentiality would be maintained by not using any identifying information in the study and that the researchers will instead represent participants by a number. After informed consent had been obtained and confidentiality described, the interview commenced and consisted of five open-ended questions provided by the researchers for the participants to respond to. Answers to the interview questions were handwritten by the researchers and then typed up at a later time after the interview. The purpose for not audio recording the interviews and instead writing answers was to protect individuals and any of the information they provided from being used against the participants in any way. Tracking information this way allowed participants to speak freely about any desired topic without feeling at risk. The researchers allowed for questions from the participants as well and strived for transparency to form a mutual trust.
The researchers sought to establish rapport with all participants. Providing participants with open ended questions and using a social constructivist framework to structure the questions allowed participants to respond freely based on their own experience and not be influenced by the researchers own point of view. Although the researchers took these steps to avoid influence on participant responses, issues of privilege and power may arise. One way the study addressed this was having both researchers present for each interview, where one researcher asked questions and made observations while the other researcher served as a scribe and sought clarity via additional questions. At the end of each interview, the researchers opened discussion for participants to share any feelings or feedback they had regarding the interview process, which also helped address any issues of power and privilege. Each interview took no longer than 60 minutes. At completion of the study, researchers will share study findings with participants if they request.

Data analytic strategy. Since the data was collected through handwritten notes instead of audio recording, one researcher served as a scribe while the other provided the participants with the questions. Immediately after the interview, the researchers also wrote down any significant themes, quotes, and information that was evident for them. By having both researchers identify reoccurring themes, information compiled will be less subjective to one perspective. Researchers identified similarities and differences in the data, particularly expanding on the similarities.

The technique used to analyze the data was thematic content analysis. Thematic content analysis is a research method used in qualitative studies that focuses on interpreting text. The primary emphasis of content analysis is to examine language used
in communicating an idea and pay specific attention to the context or “contextual meaning”. “Text data might be in verbal, print, or electronic form and might have been obtained from narrative responses, open-ended survey questions, interviews, focus groups, observations, or print media such as articles, books, or manuals” (Hsieh and Shannon, 2005). The way that language is examined is by classifying text into categories that have similar meanings; the categories can be explicit or inferred (Hsieh and Shannon, 2005). “The goal of content analysis is to provide knowledge and understanding of the phenomenon under study” (Hsieh and Shannon, 2005). In regards to dominant perceptions of solitary confinement in juvenile facilities, research shows the effects of isolation on the developing brain of youth; however, minimal research has studied how perceptions maintain this form of punishment for juveniles in the criminal justice system. The researchers in this study hope to add useful information to our knowledge base that will help policy reforms make rehabilitation for youth more developmentally friendly.
Results

Participant demographics. Participant 1 was a 73-year-old Caucasian male working as a forensic psychiatrist for the last 40 years. Participant 2 was a 36-year-old Hispanic female who formerly worked as a correctional deputy probation officer for 5 years. Participant 3 was a 35-year-old Hispanic male who formerly worked as correctional deputy probation officer for 6 years. Table 1 below details the themes identified in all three participant responses.

Table 1

Number Of Times Participants Alluded To Common Themes

<table>
<thead>
<tr>
<th>Themes</th>
<th>Participant 1</th>
<th>Participant 2</th>
<th>Participant 3</th>
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<tr>
<td>Staff/system investment in youth</td>
<td>6</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Youth and staff safety</td>
<td>1</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Alternate interventions</td>
<td>3</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Effectiveness of solitary confinement</td>
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<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Negative effects of solitary confinement</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Dissatisfaction with role</td>
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<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Labeling of youth</td>
<td>0</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Structure of solitary confinement</td>
<td>2</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Responsibility of parents</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Attitudes towards policy/policymakers</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Youth satisfaction with solitary confinement</td>
<td>0</td>
<td>1</td>
<td>2</td>
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Discussion

*Key findings.* After reviewing participant responses and themes they allude to, the advocate and juvenile facility staff perceptions vary greatly. In regards to the theme staff/system investment in youth the advocate expressed multiple times that staff do not care enough about the youth and this is further perpetuated by the juvenile justice system’s lack of training and financial support of staff. On the other hand, the two juvenile facility staff discussed how the juvenile justice system over invests in youth and both used the language of “catering” to the youth. For example, participant 3 stated “the department bends over backwards to help the kids”. Furthermore, the advocate expressed the need for juvenile facility staff to talk with and listen to the youth whereas both staff felt that counseling does not work and instead parents “need to do their job and raise their kids.” Both sides see the level of investment in youth very differently.

Another difference observed was related to the programs and structuring of solitary confinement. Participant 1 stated “[youth] are of an age where they need education, rehabilitation programs and supervised social interactions so they can grow into healthy adults, and none of this happens in [Solitary Housing Unit], where they are isolated and mostly idle.” Staff mentioned that youth are not in a cell the entire time while in solitary confinement but instead still meet with a teacher for their schooling, go outside for exercise and go to other programs but do all of these activities alone so they do not interact with peers.

Participants 2 and 3 both justified the used of solitary confinement as a means to ensure youth and staff safety. Some of their safety concerns included fighting and aggression towards staff which participant 1 recognized could be a staff’s concern.
However, participants 2 and 3 also detailed how solitary confinement is used when youth are suicidal or have other mental health concerns, including to but not limited to schizophrenia, bipolar disorder and medication noncompliance. Participant 1, on the other hand, stated “Absolutely youth with mental illness must not be in SHU…For youth prone to mental illness or suicide, isolation exacerbates mental illness and makes suicide a very high risk.” The advocate statement directly aligns with the literature that solitary confinement negatively impacts youth’s psychological, emotional and physical development.

There were some thematic trends that only occurred with the juvenile facility staff. One recurrent theme was the labeling of the youth by both staff members. Some examples of these labels include “gang members,” “convicts,” “murders,” “rapist,” “criminals,” “schizophrenics,” and more. Another theme was staff’s dissatisfaction with their role in the facility. Participant 2 described how when she first applied the position was advertised as “counselor” but once in the role felt more like a “babysitter for kids.” Participant 3 explained that he left the position because he was “tired of being in jail; you feel like you are locked up with them.” Another theme amongst these two participants was that some youth preferred to be in solitary confinement, with statements like “some liked it because they wanted to be alone” or “they loved to come back.”

With the variations in responses it becomes apparent that there has been a lack of communication between juvenile staff, advocates, policy makers and youth. When asked about their perceptions on SB 124, the juvenile facility staff expressed their frustration with policy makers, one stating that bills are “made by people who don’t know what is going on. If you want to know, ask the people who work in the field.” The other staff
member stated that policy makers “don’t really get why youth are behaving the way they are.” This displays the disconnect between all parties’ opinions on best practices for youth and demonstrates the need for collaboration.

All respondents alluded to staff’s safety in the facilities, therefore efforts need to be taken to ensure safety without using solitary confinement as an intervention tool. If solitary confinement is to be reformed or eliminated, appropriate alternative measures have to be explored by all parties involved. Overall, one finding across all participants was that no one seemed convinced that solitary confinement is completely effective. If anything, it is a last resort when no other tool is available.

Limitations. Although qualitative research has the ability to explore human experience in a more in depth manner than quantitative research, it has its limitations. One limitation of this study is that interpretations of the results are heavily influenced by the researchers’ personal biases. Secondly, the small sample size does not allow for generalizability to larger populations. Another limitation was that since both researchers were present during the interview this might have influence participant responses through the mechanism of social desirability bias. Lastly, replicability is very difficult. Suggestions for future research include a larger sample size, transcription of responses, and responses from youth who have been in solitary confinement.
References

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http://go.galegroup.com/ps/i.do?p=ITOF&u=csunorthridge&id=GALE|A337287386&v=2.1&it=r&sid=summon&userGroup=csunorthridge


Fazel, S. (2008). Mental disorders among adolescents in juvenile detention and


Appendix A

Interview #1 (Advocate)

- How long have you been working in your role?
  
o I have been a forensic psychiatrist testifying in class action litigation about jails and prisons for over 40 years. Testimony about solitary confinement really began in the late 80s and early 90s, when states were building supermax facilities. Juvenile facilities followed in the adult corrections path.

- What are some reasons you know of for the use of solitary confinement in juvenile facilities?
  
o The only reason I can figure out is that staff do not care enough about the kids to talk to them, get to the bottom of their problems and help them without isolating them. This also reflects inadequate budgets, so staff have too many on their caseloads, aren’t paid to talk to the kids, etc. Then, because they are not getting the services they need, for example many have psychiatric problems that make them act aggressively or break rules, the staff gets upset and locks them up, not only in segregation but also in cages on the yard or “therapeutic cubicles” when it’s time for group therapy. The reason for that becomes fear for the staff’s safety., but again if there were enough adequately trained staff to listen to the kids and figure out ways to manage and treat them that do not force them into isolation, the kids would do much better and the facilities would be more peaceful.
• How effective do you find solitary confinement to be as an intervention for youth?
  o It is a disastrous failure! The kids who are put in isolation deteriorate mentally, get into more trouble, and have a much more dire future prognosis.

• Have you heard of bill SB 124? If so, what are your thoughts on it?
  o I think SB 124 is a very important piece of legislation. Absolutely youth with mental illness must not be in SHU, neither should any other youth. They are of an age where they need education, rehabilitation programs and supervised social interactions so they can grow into healthy adults, and none of this happens in SHU, where they are isolated and mostly idle. Denying them the age-appropriate programs they need will stunt their growth and diminish their possibilities as adults. For youth prone to mental illness or suicide, isolation exacerbates mental illness and makes suicide a very high risk. SB 124 makes a good start at reversing the foolhardy reliance on isolation in our youth facilities.

• Do you think there are alternatives to solitary confinement? What are your suggestions?
  o Rehab, and staff who care about the kids, are the alternative to solitary confinement.
Interview #2 (Former Probation Officer)

- How long have you been working in your role?
  - Started working as a correctional deputy probation officer at age 22 and worked there for 5 years, now a special agent with DEA (said has been about 10 years since working in probation)
  - Described role as a “babysitter for kids”
  - Youth ages 10-18
  - Went into probation because needed a job in the field and wanted to eventually work for DEA. Job was advertised as “counselor”
  - Said job was not like how they advertised “wanted to help kids, but was more like a babysitter”
  - Mostly worked with females, some males
  - Said “oh yeah” when asked if youth treated female staff differently than male staff
  - Some girls warm up to a female staff; some would flirt with male staff
  - Said she’s been called every derogative name
  - “Learned a lot, how to speak to them”
  - Can now speak to “gang members” and “convicts” in new role

- What are some reasons you know of for the use of solitary confinement in juvenile facilities?
  - Fighting
  - Physically abusing staff (hitting, spitting)
  - For their own protection or protection of others
“it’s not as long as they say, max 24 hours; depends on offense”
Also put in solitary if suicidal
Some stay in individual cells if there for serious charges (like murder)

• How effective do you find solitary confinement to be as an intervention for youth?
  Shook head no, alluded to it not being effective
  “Some were just used to it”
  she said they were repeated offenders, she said they loved to come back
  “It didn’t make a difference”
  They are used to the system
  “You see the way their parents are and know why they come back”

• Have you heard of bill SB 124? If so, what are your thoughts on it?
  Has not heard of SB 124, so Jessica briefly explained.
  Policy makers “don’t really get why youth are behaving the way they are.”
  “If they need to be by themself, they just need to be by themself”
  “Better they be by themself than hurt others or themself”
  Staff have to protect themselves, it’s not fair (in response to lawsuit regarding pepper spray used at facility previously worked at)
  She said that’s the only thing they have to protect themselves

• Do you think there are alternatives to solitary confinement? What are your suggestions?
  Don’t really see an alternative
  Counseling doesn’t really work
The youth are “catered to”

Had no suggestions (shook head)

Interview #3 (Former Probation Officer)

- How long have you been working in your role?
  - Worked in probation from 2002-2008, starting in 2008 began working as a police officer
  - In probation worked the following units:
    - Maximum security unit (any kid from 14 to almost 18 there for serious crimes like murder, rape, mass shooting, violent felony, etc., “going to state prison”)
    - Maximum security unit: Murders, rapist, violent felonies, stabbing, shootings, people that most likely end in state prison
    - Administrative segregation unit: “Solitary confinement” about 6-7 kids max in this unit, in charge of unit for about 1 year
    - Administrative segregation people who were violet or had mental disabilities “slower pace”
    - 17-year-old general population: older kids transitioning out

Switched jobs “tired of being in jail, you feel like you’re locked up with them”

Worked 8 hour days with no lunch break “everything was at their time”

“You cater to them, whereas adults cater to you”

Make sure kids get right programs, activities, school, “play outside”

Mother also works for probation, that’s how got into work
• What are some reasons you know of for the use of solitary confinement in juvenile facilities?
  o Fighting
  o Violence towards staff
  o “Self-mutilation”/ suicide (attempt suicide)
  o “Mental disorders” “we had a lot of those”
    - Bi-polar
    - Schizophrenia “schizophrenics”
      - “Would be fine, then lose it” “lose it and attack”
    - Behavioral
    - Trouble getting along with other kids
      - They couldn’t get along with other so it was better to keep them on their own
    - Often heavily medicated
      - Wouldn’t take their meds and “be all over the place”
      - They would pretend to take the pills and then they would spit them out later
    - Easier to keep them on their medication
    - For safety of them and others

• How effective do you find solitary confinement to be as an intervention for youth?
  o Depends, case-by-case
  o Doesn’t work for everyone
Some needed solitary”, can’t get along with everyone, needed a stricter program

“Some liked it because they wanted to be alone”

some do it for attention and to prove a point

solitary just means they have their own room, there is 6-7 cells in that unit

Longest kept 7 days, keep a log with what they did, their behavior, etc.

They have strict protocols they log everything (behavior, what they’ve done).

Once they meet their days they go back into general population

They aren’t in the cell the whole time, they still go to school with the teacher and an aid, go outside, go to program, they just do it all alone.

Have you heard of bill SB 124? If so, what are your thoughts on it?

Has not heard of SB 124, so Jessica briefly explained.

“Stupid bills” made by people who don’t know the system

Policy “made by people who don’t know what’s going on. If you want to know, ask the people who work in the field.”

Title 15 has strict guidelines already but department “bends over backwards to help the kids”

“We’ve gotten to a point of rewarding criminals instead of holding them accountable.”

Do you think there are alternatives to solitary confinement? What are your suggestions?

“No, I don’t think there’s any”
o no this is the last resort not 1 or 2 incidents it’s your overall behavior, it’s the only alternative

o “you have to want it”

o State prison is different

o “I don’t care how much counseling they have, no one can get into their mind and change their mind”

o parents want us to raise them & not do their job and then hold us accountable for their kids.
Appendix B

ADDENDUM – **Dominant Perceptions of Solitary Confinement in Juvenile Facilities**

**Dominant Perceptions of Solitary Confinement in Juvenile Facilities** is a joint graduate project between **Jessica Reyes** and **Winter Dainard**. This document will explain the division of responsibilities between the two parties. Any additional information can be included in a separate document attached to this Addendum page.

**Jessica Reyes** is responsible for all the following tasks/document sections:

- Responsible for analyzing previous research and utilizing the data in the introduction section, including an exploration of the history of solitary confinement, social disparities in who is confined, and the impacts solitary confinement poses psychologically, emotionally and physically.
- Contacted 6 potential participants via email, including both advocates of SB 124 and former juvenile facility staff members, and scheduled interviews upon agreement to participate in study.
- Reviewed and read over the consent forms with two of the participants and answered any questions/concerns regarding the study. After obtaining signatures, kept signed consents forms in a locked box. Administered the research questions with two of the participants. Took notes while the participants were answering questions.
- Identified reoccurring themes in all participant responses and tallied the number of times each participant referenced each theme.

**Winter Dainard** is responsible for all the following tasks/document sections:

- Responsible for researching controversial attitudes towards the use of solitary confinement in juvenile facilities as well as current policies that deny or enforce its current use.
- Contacted 6 potential participant via email, including both advocates of SB 124 and former juvenile facility staff members, and scheduled interviews upon agreement to participate in study.
- During the participant interviews, took detailed notes and once complete kept paper data in a locked box. Additionally, drafted up notes from interview into electronic format and kept on locked computer.
- In analyzing the data collected, created a chart with participant themes and number of times themes were mentioned during participant interviews.

Both parties shared responsibilities for the following tasks/document sections:

- Reviewed preexisting literature and developed research question for this project: What are the dominant perceptions of solitary confinement and how do they impact its continued use in juvenile facilities?
• Developed interview questions to be administered to all three participants.
• Finalized participant data themes and occurrences.
• Both identified key findings between the participant groups, including both similarities and differences.
• Explored limitations of this study and suggestions for future research.