

# **JTDC ADVISORY BOARD MEMBERS**

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**Sandra Wortham**


# HEARING AGENDA

1. **JTDC Advisory Board Report Presentation**
2. **Dr. Angela Sedeño, Executive Director, The Kedzie Center**
3. **Marc Schindler, Executive Director, Justice Policy Institute**
4. **Director Clinton Lacey, Director of the District of Columbia Department of Youth Rehabilitation**
5. **Commissioner Peter Forbes, Commissioner of the Massachusetts Department of Youth Services**
6. **Youth Speakers, Tristan & Rodney**



ON THE USE OF  
**PUNITIVE ROOM**  
**CONFINEMENT WITH**  
**YOUTH IN DETENTION**  
IN COOK COUNTY

THE COOK COUNTY  
JUVENILE DETENTION CENTER  
ADVISORY BOARD  
DECEMBER 2020



**REFLECTION COTTAGE**

**PUNITIVE CONFINEMENT**

**SOLITARY CONFINEMENT**

**ROOM CONFINEMENT**

**TIME OUT**

**ISOLATION**

**PUNITIVE ROOM CONFINEMENT**

**RESTRICTED ENGAGEMENT**





**20% fewer youth were behind bars at the JTDC, yet there were 1,000 more punitive confinements.**

- 2016-2017 data, *Chicago Reporter*

It is difficult to obtain meaningful data on the use of solitary confinement in the JTDC, but existing numbers do indicate a regressing trend.

## **NATIONALLY**

**6 hours**

average for youth confinements in US

**36 hours**

legal cap on youth confinement in IL, but there is little power to enforce this restriction

## **AT JTDC**

**10 hours**




average confinement for “major rules violations”

**50 hours**

average confinement for “extraordinary circumstances”

**PREPARING YOUTH FOR REENTRY**  
(97% will return to their communities)

Punitive room confinement....

-  Creates mental health problems in youth that do not have them and exacerbates mental illness in youth with existing mental health issues.
-  Tampers with youth brain development, with no proof of reducing violent acts as an adult.
-  Does not have a record of increasing public safety (nor safety in prisons)

## CAUSING DIRECT HARM

(System intends to set youth up for success with a second chance)

## Punitive room confinement....



**Brain Development:** A few days in isolation can cause neurological and physiological damage to youth often past time spent in isolation. In childhood and adolescence several parts of the brain that determine how individuals respond to stress are still in the process of developing. As a result, a youth may have low frustration tolerance, reduced impulse control, lack cognitive maturity, and foresight of consequences.



**SOCIAL:** May reduce access to physical contact, quality education, reading or writing materials, visits, calls, letters, or contact with family and other developmentally appropriate programming, all of which aid youth in maturing and making healthy choices. Youth have a greater need for social stimulation.



**EMOTIONAL:** is shown to promote psychological regression and the buildup of physiological and psychiatric tension which may ultimately lead to depression, anger, aggression, violence, hopelessness, self-mutilation, suicidal ideation, or suicide attempts.



# TRAUMA-INFORMED APPROACHES TO CARE

A trauma-informed approach involves seeing youth through a “trauma-informed lens” and asks, **“what happened to you”** versus **“what is wrong with you?”** According to the National Childhood Traumatic Services Network, the essential elements of a trauma-informed juvenile justice system include:

- Trauma-informed policies and procedures
- Clinical assessment and intervention for trauma-impaired youth
- Programming and staff education on therapeutic interventions, rehabilitation, and restoration versus punitive approach. Efforts towards restoring healthy functioning
- Prevention and management of secondary traumatic stress
- Trauma-informed partnering with youth and families and cross-system collaboration



## **RECOMMENDATIONS:**

JTDC should use trauma-informed approaches that exist and are evidence-based.

## Punitive room confinement....



should be deemed unconstitutional, as it constitutes cruel and unusual punishment, legal scholars have argued



is considered a form of torture by the United Nations and is not an evidence-based approach to discipline

# VOICES OF YOUTH IN JTDC

## EXPERIENCING PUNITIVE ROOM CONFINEMENT

“ I was stressing, I was suffering like it was never going to end. It makes you go crazy. The way they treat you is not right, not good.

Memories of being in the room, I get anxious, time goes slow. You feel like you have no control over your life. You can't call it life. . . You have no hope. ’

“ It drives you nuts, being in a room with nothing to do, it tweaks you out. I would try to sleep it off, but I was not successful. I always remind myself this isn't forever.

24 hours in my room. 3 or 4 times. You're really in jail. Period. You're stuck in your own thoughts. When I was out, I wouldn't stop until I was caught. Now, I'm caught, I'm in a deep hole.”

“ I hated being confined and once I was let out, I was angry and mad that they treated me like that. It made me feel like an animal.”

# VOICES OF YOUNG PEOPLE

## EXPERIENCING PUNITIVE ROOM CONFINEMENT

“ I was 24 hours in my room plenty of times. Staff get on you for anything. My CO would say, “If you want to move a foot, you ask me. It’s my job to make you feel that you’re not at home.” I was on the reset pod too. That was even worse. You sit on a wall, staring at the person in front of you’s head. You can’t talk. If you do, you start your ten days over.”

“ I was on 24 a lot. I would lose my mind, beat on the door and get angry. Being in the room did not calm me down, it made me more angry and I would just want to take it out on staff or just start fighting again.

I don’t think you should be put in your room -- there’s nothing to do but go to sleep or look out your glass -- and to do that, it’s so high, you have to stand on your bed. If you fight, they should just move one person to a different place.”

“ I was in the Detention Center 3 times. At the Detention Center, if you fight or say something crazy, you get 24 hours. I once got 48 hours. When they put me in the room, I got very short of breath, I paced back and forth, panicked and agitated, too anxious to sleep.”

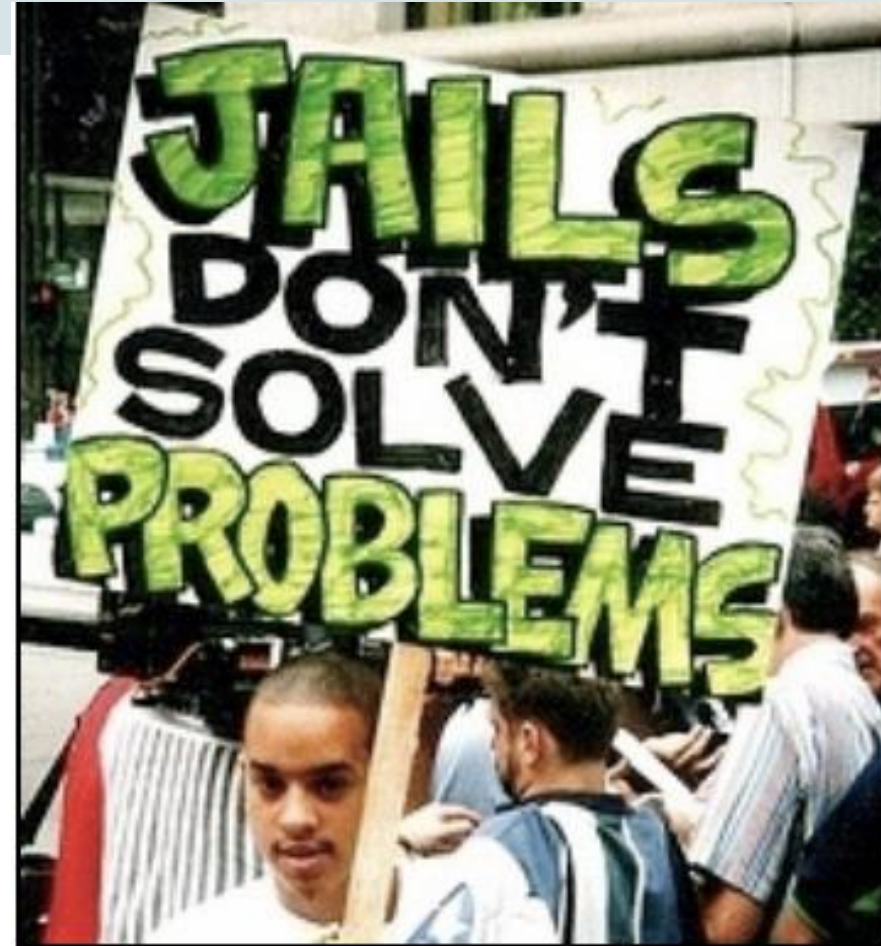
# RECOMMENDATIONS

## **A quiet place to think and calm down:**

Several young people discussed their desire to be allowed more opportunities to go to their rooms when they felt their stress levels rising or were agitated over something that had occurred. According to one youth, *"Sometimes when I ask staff, they let me go to my room to cool down when I am stressing out. It helps me a lot and often, I just need some time to myself to breathe and to stop acting goofy. Not all staff will let you go to your room."*

Another youth expressed his great frustration when not being allowed to go to his room: *"Sometimes, you're not having a good day and you just want to go to your room. They won't let you. They force you to stay out, if you go to your room, you're going to get a write-up. I think when you're having a bad day, they should let you go to your room. You get mad, you could start fighting. All that could be avoided if you just went to your room and chilled out."*

## VOICES OF YOUTH



# RECOMMENDATIONS

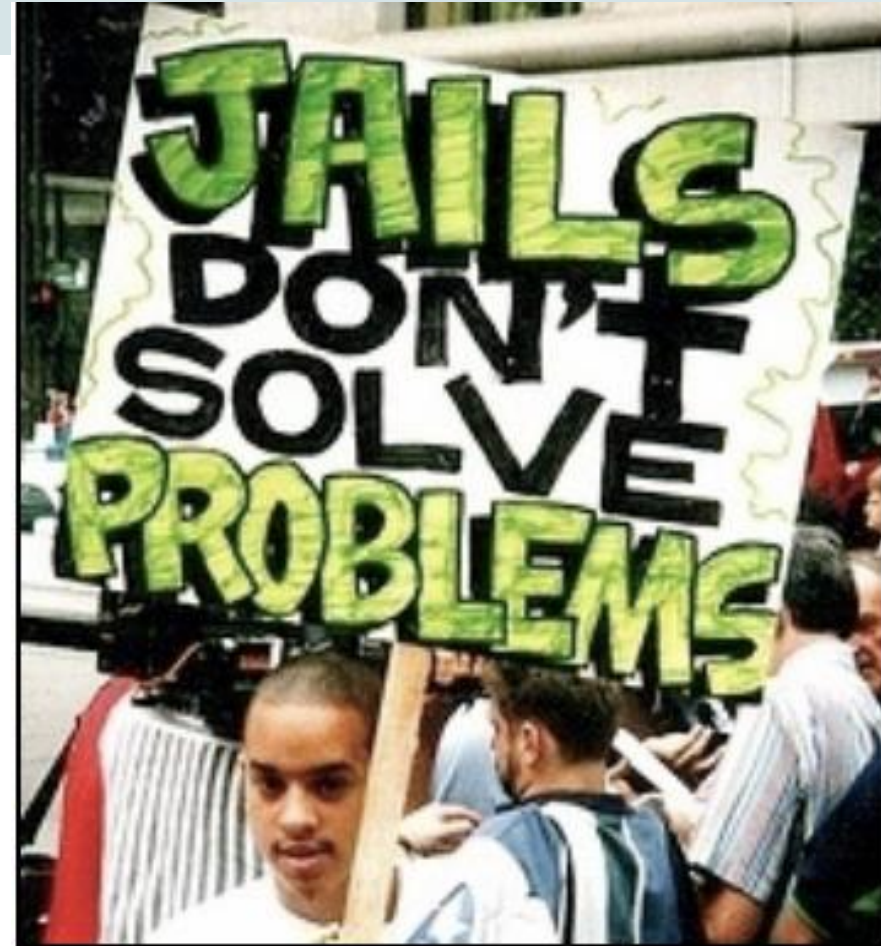
## VOICES OF YOUTH

### **An opportunity to talk and feel heard:**

When staff took the time to listen to them and ask how they were doing and actually learned what was going on in their lives, it made a drastic difference in youths' behavior and attitude. They said:

*"I wish the staff would have spoken to me and asked if something was bothering me when I acted out. A lot of times when I acted out, it was because of something else that was going on or something else on my mind that was distracting me. I wish they just asked what was wrong instead of just assuming I was being bad."*

*"I think when someone is given a lot of room-time, they should be given therapeutic counseling where they can discuss what may have caused them to act out."*



# RECOMMENDATIONS

FROM THE JTDC ADVISORY BOARD



**Cease the use of punitive room confinement altogether.**

This will require resources, training, alternative interventions, and discipline strategies that are evidence-based and trauma-informed.



**Hold special hearings** to examine current practices and data around punitive confinement.



**Require public reporting** on practices and data around punitive confinement.