



Joint Testimony of The University of Baltimore School of Law’s Sayra and Neil Meyerhoff Center for Families, Children and the Courts (CFCC) & Center for Criminal Justice Reform (CCJR)

In Support of HB 921

Juvenile Law - Confinement and Restrictive Housing - Limitations

February 24, 2026

Dear Chairperson J. Sandy Bartlett, Vice-Chairperson Debra Davis, and Members of the House Judiciary Committee,

The Sayra and Neil Meyerhoff Center for Families, Children and the Courts (CFCC) at the University of Baltimore School of Law envisions communities where children and families thrive without unnecessary involvement in the legal system. We engage communities in all that we do to work towards transforming systems that create barriers to family well-being. CFCC offers this testimony in partnership with the Center for Criminal Justice Reform (CCJR) at the University of Baltimore School of Law. The CCJR is dedicated to supporting community-driven efforts to improve public safety and address the harm and inequities caused by the criminal legal system.

CFCC and CCJR strongly support HB 921 which seeks to limit the Department of Juvenile Services’ practice of placing youth in restrictive housing (i.e., solitary confinement) and ban the use of solitary confinement solely for punishment, convenience, retaliation or staff shortages. This bill will help **protect vulnerable youth from inhumane conditions and the harmful impact of solitary confinement, support fundamental rights, and strengthen the protections for Maryland’s youth.** This bill will also support public safety, given the many ways that the overuse and misuse of solitary confinement unnecessarily wastes state resources and worsens health and safety outcomes for incarcerated children and communities as discussed below.

I. Vulnerable youth are subjected to inhumane conditions during solitary confinement.

“Restrictive housing” or “solitary confinement” are words that fail to communicate the inhumane conditions that youth experience when they are isolated in small, closet sized rooms, away from nearly all human contact. The passage of time can be tortuous and difficult to discern as these rooms, which can be smaller than the interior of a car, are often devoid of windows and clocks. Some restrictive housing units keep the lights on at all times.

These conditions are unacceptable for all youth, but they are especially abhorrent when

imposed more frequently on youth due to their race, sexual orientation or gender identity/expression (SOGIE), or their disability status. Research from across the nation concludes that youth who are Black, 2SLGBTQIA+, or disabled are more frequently subjected to solitary confinement than their peers¹ because of the biased perception of their behavior.¹⁰⁰¹ The lack of disaggregated Maryland-specific data reinforces the message that vulnerable youth and the trauma they experience in solitary confinement do not count to our state's leaders.

Involuntary solitary confinement is undoubtedly traumatic for youth. However, the use of involuntary solitary confinement against Maryland's youth is especially inhumane given the high rates of trauma that most detained youth enter our legal system with. A 2024 report by the Annie E. Casey Foundation found that, among Marylanders who were incarcerated in adult prisons since childhood, more than 70% had experienced physical and emotional abuse and 45% had experienced sexual abuse prior to their system involvement.² Placing child victims of abuse in solitary confinement is not only cruel; it exacerbates their trauma in significant ways. “

II. Solitary confinement harms youths' development, mental health and physical well-being.

Adolescence is a highly consequential time of neurological and social development for youth. By interacting with adults and peers in their environment, young Marylanders learn the boundaries and expectations of their social context. Adolescence is also a time for youth to deepen their sense of identity and achieve important social skills during this developmental stage. Isolation is the enemy of healthy adolescent development because it can place youth at risk of severe impairment of development of their prefrontal cortex, which is a center of executive functioning and emotional regulation.³ This risk is even more prevalent for youth who have experienced trauma or who have disabilities that are already impairing the function and development of their prefrontal cortexes.

The psychological damage of solitary confinement can also have disastrous impacts on youths' mental health and lead to suicide.⁴ Many youth in the legal system are wrestling with mental health conditions such as depression (30%), post-traumatic stress disorder (32%), and attention-deficit hyperactivity disorder.⁵ The isolation of solitary confinement can put youth into mental health crises and worsen existing conditions.

The stress of solitary confinement can also harm youths' physical health. The limitations of

¹ Unlock the Box, Just. Pol'y Inst. & Solitary Watch, Youth in Solitary (2024), <https://justicepolicy.org/wp-content/uploads/2024/11/Youth-in-Solitary-JPI-Branding.pdf>.

² Annie E. Casey Found. & Hum. Rts. for Kids, Disposable Children: The Prevalence of Child Abuse and Trauma Among Children Prosecuted and Incarcerated As Adults in Maryland (2024), https://assets.aecf.org/m/resourcedoc/Report_disposablechildren_2024.pdf.

³ Yosuke Nishihata et al., *Effect of Juvenile Social Isolation on Excitability of Prefrontal Pyramidal Cells with Different Subcortical Axonal Projections*, 19 Front. Cell. Neurosci. 1549352 (May 30, 2025), <https://pmc.ncbi.nlm.nih.gov/articles/PMC12163027/>.

⁴ Michael E. Kraut, *Minors in Custody – Solitary Confinement*, Child Crime Prevention & Safety Ctr., <https://childsafety.losangelescriminallawyer.pro/minors-in-custody-solitary-confinement.html> (last visited Feb. 24, 2026)

⁵ Lee A. Underwood & Aryssa Washington, *Mental Illness and Juvenile Offenders*, 13 Int'l J. Envtl. Res. & Pub. Health 228 (2016), <https://pmc.ncbi.nlm.nih.gov/articles/PMC4772248/>.

exercise and movement can result in youth's developing bodies failing to get the requisite amount of exercise they need. Lack of exercise can lead to physical health declines that can also have mental and behavioral health consequences. Additionally, youth have reported experiencing sexual and physical assaults from adults while they were in solitary confinement. The decision to place a child in solitary confinement can have a significant impact on their very survival, as studies show a 30% increased risk of early death amongst youth who are incarcerated in adult facilities, whom, we can safely presume also spent time in solitary confinement.⁶

III. Solitary Confinement violates fundamental human rights.

It has long been recognized that the practice of solitary confinement, particularly when applied to children, constitutes a violation of fundamental human rights. The United Nations Convention on the Rights of the Child (UNCRC) explicitly states that children must be safeguarded from inhumane forms of punishment and torture.⁷ The United Nations has reiterated and bolstered its commitment to ending solitary confinement in subsequent publications and policy guidelines.⁸ Furthermore, a state practice of solitary confinement creates a system of state-sanctioned child abuse. Through utilizing policies of isolation, the Department is implementing a harmful and traumatizing process that, if utilized by parents, would be grounds for a child abuse and neglect allegation.

IV. Codifying restrictions provides stronger protections for Maryland's Youth

Passing HB 921 will help ensure that the General Assembly's expressed intent to restrict the placement of youth in solitary confinement is actualized. In 2019, Maryland's legislative body passed HB1001 which banned the use of solitary confinement for youth but allowed for exceptions to that rule at the determination of the managing official of that correctional facility. Our fellow colleagues will explain in detail how the permitted exception that have swallowed the rule and rendered HB1001 ineffective for purpose of restricting the solitary confinement of youth. In addition to providing the protections of HB1001, HB 921 will ensure that youth in solitary confinement have sustained access to educational services and mental, medical, dental, and health care.

Conclusion

HB 921 will take meaningful steps to respect the human rights of Maryland's youth and protect them from the inhumane conditions of solitary confinement. **For these reasons, the CFCC and CCJR strongly support HB 921 and urge a favorable report.**

⁶ Elizabeth S. Barnert, *Confining Children in Adult Prisons May Kill Them: New Evidence to Inform Policy Action*, 6 JAMA Network Open e2321755 (2023), <https://pmc.ncbi.nlm.nih.gov/articles/PMC10833501/>.

⁷ Convention on the Rights of the Child, Nov. 20, 1989, 1577 U.N.T.S. 3

⁸ See U.N. Guidelines for the Prevention of Juvenile Delinquency, G.A. Res. 45/112, Annex, 45 U.N. GAOR Supp. (No. 49A), U.N. Doc. A/45/49, at 201 (Dec. 14, 1990) ("The Riyadh Guidelines") and U.N. Rules for the Protection of Juveniles Deprived of their Liberty, G.A. Res. 45/113, Annex, 45 U.N. GAOR Supp. (No. 49A), U.N. Doc. A/45/49, ¶ 67 (Dec. 14, 1990) ("The Beijing Rules").