

Maine Chapter

INCORPORATED IN MAINE

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Executive Committee

President

Deborah Hagler, MD, MPH, FAAP

Vice President

Laura Blaisdell, MD, MPH, FAAP

Treasurer

Christopher Motyl, DO, FAAP

Secretary

Genevieve Whiting, MD, FAAP

Past President

Janice Pelletier, MD, FAAP

Board of Directors

Mahmuda Ahmed, MD, FAAP

Joseph Anderson, DO, FAAP

Amy Buczkowski, MD, FAAP

Melissa Burch, MD, FAAP

Adrienne Carmack, MD, FAAP

Gabriel Civiello, MD, FAAP

Anne Coates, MD, FAAP

Dan Hale, MD, FAAP

Jennifer Jewell, MD, MS, FAAP

Stephanie Joy, MD, FAAP

Emily Keller, MD, FAAP

Alton Kremer, MD, PhD, FAAP

Michele Labotz, MD, FAAP

Thomas LaJoie**

Lawrence Losey, MD, FAAP

Valerie O'Hara, DO, FAAP

Sydney Sewall MD, MPH, FAAP

Jeffrey Stone, DO, FAAP

Mary Tedesco-Schneck, PhD, NP

Madison Tippetts**

Andrea Tracy, MD, FAAP

Aaron Wallace, MD*

Robin Wolschendorf, MD*

Brian Youth, MD, FAAP

*Resident Board Representatives

**Medical Student Representatives

Dee Kerry, BS Ed

Executive Director

30 Association Drive, Box 190

Manchester, ME 04351

office: 207-480-4185

February 9, 2022

Senator Deschambault, Representative Warren and Members of the Criminal Justice and Public Safety Committee, my name is **Dee Kerry, I am a resident of Portland and the Executive Director of the** Maine Chapter of the American Academy of Pediatrics (Maine AAP) and am **submitting testimony** on behalf of our organization in support of LD 696, '**An Act to Ban Solitary Confinement**'.

From the point of children and the impacts of solitary confinement, there are two topics I would like to cover for the Committee. First, there is the impact of solitary confinement on juveniles themselves, here defined as anyone under the age of 21, and second concern is the impact of adult solitary confinement on families with children.

With regard to the first concern, the use of solitary confinement, segregation in a room, or some other moniker, first came into use in the 1980's accompanying the dramatic increase in the United States of incarcerated people. Research has found that juveniles, usually teenagers, who find their way into correctional facilities, often have suffered abuse and neglect themselves, and have exceptionally high rates of psychiatric illnesses, including PTSD, depression, or overt psychosis as a background for their detention.¹ It seems likely that Maine is no different in having a population of incarcerated youth that are disadvantaged and disturbed, and who bring substantial vulnerabilities to the experience of isolation. At best, all juveniles are less well equipped than adults for trauma. Neuroscience research indicates that the juvenile brain is immature and thus more vulnerable to stressful experiences with potential long-lasting effects on brain and function.² For these reasons and many others the Maine AAP applauds LD 696 for its provision banning completely such isolation for youth, which may leave them scarred for life, with little chance of leading a productive life, which in turn will have wider consequences for the immediate family and the community.

Second, I would like to touch on the impacts of adult solitary confinement, which often have significant consequences for children. It is currently an accepted fact that children of the incarcerated will suffer disproportionately when compared to other children. They are described as the "hidden victims" of incarceration. For whatever reason when incarceration occurs, the children of a parent so incarcerated will likely experience shame, economic hardship, psychological strain, depression, and anxiety. These have become accepted consequences of keeping communities safe. But imagine if when the parent returns to the community, as most incarcerated adults will, the child finds the parent changed dramatically for the worse. This is almost certain to be the case if the parent has experienced isolation. Ideally, when a person emerges from incarceration, he or she should be ready to successfully join with the community in being a good neighbor, a co-worker and even a friend. If that parent has experienced prolonged periods of isolation, with little attention given to needs or rehabilitation, that person is indeed likely to be dramatically worse upon rejoining the community. Those adults who have experienced an isolated environment are more likely to reoffend, become violent, or have increased difficulty relating to others. Obviously, these problems in a parent will have a terrible impact on a child. LD 696 moves the MDOC toward more humane and more cost-effective treatment for both juveniles and adults. These efforts will enhance families and make both the MDOC environment and Maine communities safer.

¹ Teplin LA, Abram KM, McClelland GM, *et al*: Psychiatric disorders in youth in juvenile detention. Arch Gen Psychiatry 59: 1133– 43, 2002

² Eiland L, Romeo RD: Stress and the developing adolescent brain. Neuroscience 249:162–71, 2013