USE OF ISOLATION

STATEMENT OF THE ISSUE
Juvenile justice facilities must continuously move toward performance improvement efforts that address the rehabilitative needs of the youth. Many practices historically used in response to youth behavior must be carefully evaluated to determine if they are still effective and more importantly do not cause harm. Isolation has been used for varying reasons and with varying results, however in many cases it has been found to be detrimental to youth. Juveniles inside confinement facilities bring with them a variety of characteristics and fall into various, sometimes duplicative, categories. Juveniles can be volatile and aggressive; prone to either being victims or victimizers; mentally compromised or unstable; the subject of an investigation; or the subject of frequent disciplinary action. Juveniles may be placed in institutions that are understaffed or in those with fewer mental health staff and resources. Given all of these considerations, in relation to the potential risks of harm, the use of isolation must be critically evaluated so that its use is limited, prudent and applied for legitimate and documented safety and security reasons.

NATURE OF THE ISSUE

• Juvenile detention and secure residential facilities frequently house youth with significant behavioral issues and isolation has often been used in these facilities as a means of control and/or discipline. Research has shown that isolation can lead to elevated suicide/self-harm risk in youth and possibly further mental health trauma through sensory deprivation.

• Over the years, federal lawsuits and the research that has been done on the use of isolation has increased understanding and led to an array of new ways for facilities to alter behavior management programs to lessen the use of isolation while still maintaining security and safety. There are no studies that show the use of isolation in juvenile facilities is effective in changing or improving violent or anti-social behavior.

• Practitioners in many facilities believe isolation is a necessary safety tool that can allow a youth time to calm down and can be used to separate a volatile youth from their source of aggression.

• Some youth “self-isolate” by asking staff for time in their room alone, choosing to use that time for reflection and to calm down.

• Research has shown that young people in isolation may experience depression through a lack of interaction, may miss out on needed school time, and are more likely to harm themselves or commit suicide. Teenagers who experience punitive, sometimes ad hoc use of isolation, without positive behavior management programs, often increase their own level of defiance and aggressiveness from their anger at extensive, punitive isolation time. In essence, the use of isolation, intended to solve a problem, can cause more problems.
• Practitioners are divided in the guidelines that should be established when isolating youth. Many have concerns that too little isolation use will lead to more violence, staff apathy and a lack of institutional control. Others insist on its abolition, citing concerns over youth mental health consequences and because alternative means of behavior management are available.

DEFINITIONS

Isolation refers to separating youth from other residents during non-sleeping hours by placing them alone in a room or cell. Common terms used to describe isolation include:

- Seclusion (e.g. medical)
- Segregation
- Lockdown
- Room Confinement
- Protective Custody (safety housing)

POSITION STATEMENT

The position of the National Partnership for Juvenile Services (NPJS) is that the use of isolation should only occur when no other means can be used to accomplish the safety and security of the youth and staff. The use of room confinement should be for as short a time as possible. Once the young person no longer poses a threat, the room confinement should be ended and the youth should be reintegrated back into programming with whatever consequences are appropriate and needed to address the youth's inappropriate behavior choices prior to the isolation.