



Reducing Isolation in Juvenile Facilities

Solitary confinement can cause significant mental distress

Research indicates that people who experience solitary confinement, segregation, or long periods of isolation are more likely to have significant mental distress, including:

- increased rates of anxiety,
- depression,
- delusions,
- identity loss,
- hypersensitivity,
- and increased suicidal thoughts/self-harm behaviors.

These risks are thought to be more of a concern for youth due to their unique development needs as their brain, social persona, and behavioral disposition are still

growing. Additionally, it is suggested that the risk of mental distress, specifically delusions, identity loss, and hypersensitivity may be key

factors in the recidivism of people placed in solitary confinement.

THE NEVADA DIVISION OF CHILD AND FAMILY SERVICES' STATE FACILITIES POLICY DEFINES A FEW METHODS OF ISOLATION:

- ISOLATION**
Placement of a youth in a room they do not normally sleep in while they are not permitted to leave the room of their own volition. This may be with an open or closed door, locked or unlocked.
- ROOM CONFINEMENT**
Placement in the room in which a youth normally sleeps and is not permitted to leave the room of their own volition. This may be with an open or closed door, locked or unlocked.
- ADMINISTRATIVE ROOM CONFINEMENT**
Room confinement of relevant youth in the process of an investigation into real or alleged safety concerns.
- COOL OFF**
Self-elected separation from the general population to manage their own behavior or self-control that a youth can decide to end and rejoin their peers at any time. Cool off may occur in a separate room, a hallway, or any area away from the general population as approved by the staff facilitating the cool off.

How often are youth in the U.S. held in isolation?



There are limited national data available, but sources like the **Juvenile Residential Facility Census (JRFC)** and **Performance-based Standards (PbS)** can offer some insights. For instance, a 2019 PBS study found increased use of solitary confinement, but the length of isolation was reduced. Additionally, data from the [2018 JRFC](#) indicated that 49% of facilities locked youth in their rooms "at least some of the time". In fact, 22% of the facilities that reported isolation data to the JRFC indicated that in the month prior to the census they had locked youth in a room for six or more hours.

Are there standards for placing youth in isolation?

The American Civil Liberties Union published a resource summarizing the national standards restricting the solitary confinement of youth. [The Performance-based Standards \(PbS\)](#) indicate that confining youth to their room should be brief, supervised, and only used to protect them from harming themselves and others. [The Council of Juvenile Correctional Administrators](#) position follows this standard and offers the following nine guidelines.

1. The use of isolation should be a last resort only after verbal de-escalation techniques are employed to defuse a situation;
2. All staff should be trained in the use of Isolation policy;
3. Isolation may not be used as punishment;
4. Staff must request permission to use room confinement from higher managers in a facility;
5. Residents on 'suicide watch' may never be placed in isolation;
6. Any use of isolation beyond 15-minutes must be recorded in incident reports;
7. Duration of isolation must be recorded;
8. Medical and Mental Health staff should be included in the intervention; and
9. The use of isolation reports should be completed and reviewed at the program and higher administrative levels.

How can facilities reduce the use of isolation?

Reducing the use of isolation is a process that requires a balance of safety and the needs of youth in the facilities. [The Nevada Division of Child and Family Services' state facilities policy](#) has requirements that can help apply the national standards mentioned above. The policy states that **Confinement is "used only when necessary, as a last resort, and consistent with policy, to ensure youths' safety or the safety of others. Confinement is not used as a disciplinary sanction. When confinement of youth is required to maintain the safety and security of the state facility, it will be time-limited to the shortest amount of time necessary to restore order."**

Key questions to guide change:

- Why and how does your juvenile justice system/agency use isolation?
- How can you begin to shift the culture to focus more on treatment than compliance?
- What does the current data show about your justice system's use of isolation?
- Do you have policies and/or procedures to use data to monitor the use of isolation? If not, who needs to be at the table to develop those policies and/or procedures?
- Does your juvenile justice system/agency have alternative behavior management options and responses?

Additional Resources

The **CJCA Toolkit: Reducing the Use of Isolation** offers steps for facilities looking to reduce the use of isolation. The toolkit includes practical guidance for each of the following five steps and examples of states who have reduced the use of isolation.

1. Adopt a mission statement and philosophy that reflects rehabilitative goals;
2. Develop policies and procedures for use and monitoring of isolation;
3. Identify data to manage, monitor, and be accountable for use of isolation;
4. Develop alternative behavior management options and responses; and,
5. Train and develop staff in agency mission, values, standards, goals, policies, and procedures.

[View the CJCA Toolkit](#)

The National Council of Juvenile and Family Court Judges (NCJFCJ) also released a resolution regarding **Reducing the Use of Solitary Confinement for Youth** which offers guidance for Judges who are interested in limiting the use of isolation in their jurisdictions.

[Read the NCJFCJ Resolution](#)

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