



Use of Restrictive Housing in the Juvenile Justice System

Caleb Purvis & April N. Terry

Fort Hays State University



Introduction

In recent years, the term solitary confinement was replaced with restrictive housing (RH) as it had a less negative tone. However, the terms both represent the same process of isolating individuals in cells with nearly no contact with others. Restrictive housing has many negative effects, including, but not limited to deteriorating mental health and increased rates of recidivism. Such practices are not limited to the adult system as incarcerated youth are also subjected to various forms of restrictive housing (e.g., protective custody, disciplinary and administrative segregation). While those who oppose the use of RH call this cruel and unusual punishment, the United States has deemed it allowable. There are options for changing the use of restrictive housing through complete eradication. The following will outline the use of RH for youth and end with suggestions for policy change.

Restrictive Housing

Explanation of Restrictive Housing

- Restrictive housing is the intentional separation of an incarcerated person from the general population as a means of imposing restrictions on their movement, behavior, and privileges (NIC, 2014).
- RH usually means 23-hours in an isolated cell for an indefinite amount of time; some studies show an average of 38 months in RH (Correctional Association, 2004).
- The U.S. is one of three countries that has refused to ratify the United Nations Convention on the Rights of the Child, which bans restrictive housing (Gagnon et al., 2022).

Use of Restrictive Housing with Youth

- The most likely use of RH for youth is preventative—facilities *anticipate* a need to isolate the youth (Fite et al., 2018).
- Youth are also placed in RH due to unwanted behaviors, inability to cope with emotions, and aggression (Fite et al., 2018).
- Studies find that youth with mental illness are more likely to be placed in RH than non-mentally ill youth (Lynch et al., 2016).

Intersectionality and Use of Restrictive Housing

- Some studies find that youth-of-color are more likely to be placed in RH than their white counterparts (Krezmien et al., 2015).
- Youth identified as having learning disabilities and behavioral health concerns along with emotional disturbances are more likely to be placed in restrictive housing (Krezmien et al., 2015).

“Restrictive housing, unless necessary for medical isolation, is not developmentally appropriate or a safe, effective way to care for youth in correctional settings” (as quoted by Wyckoff, 2021, p. 1).

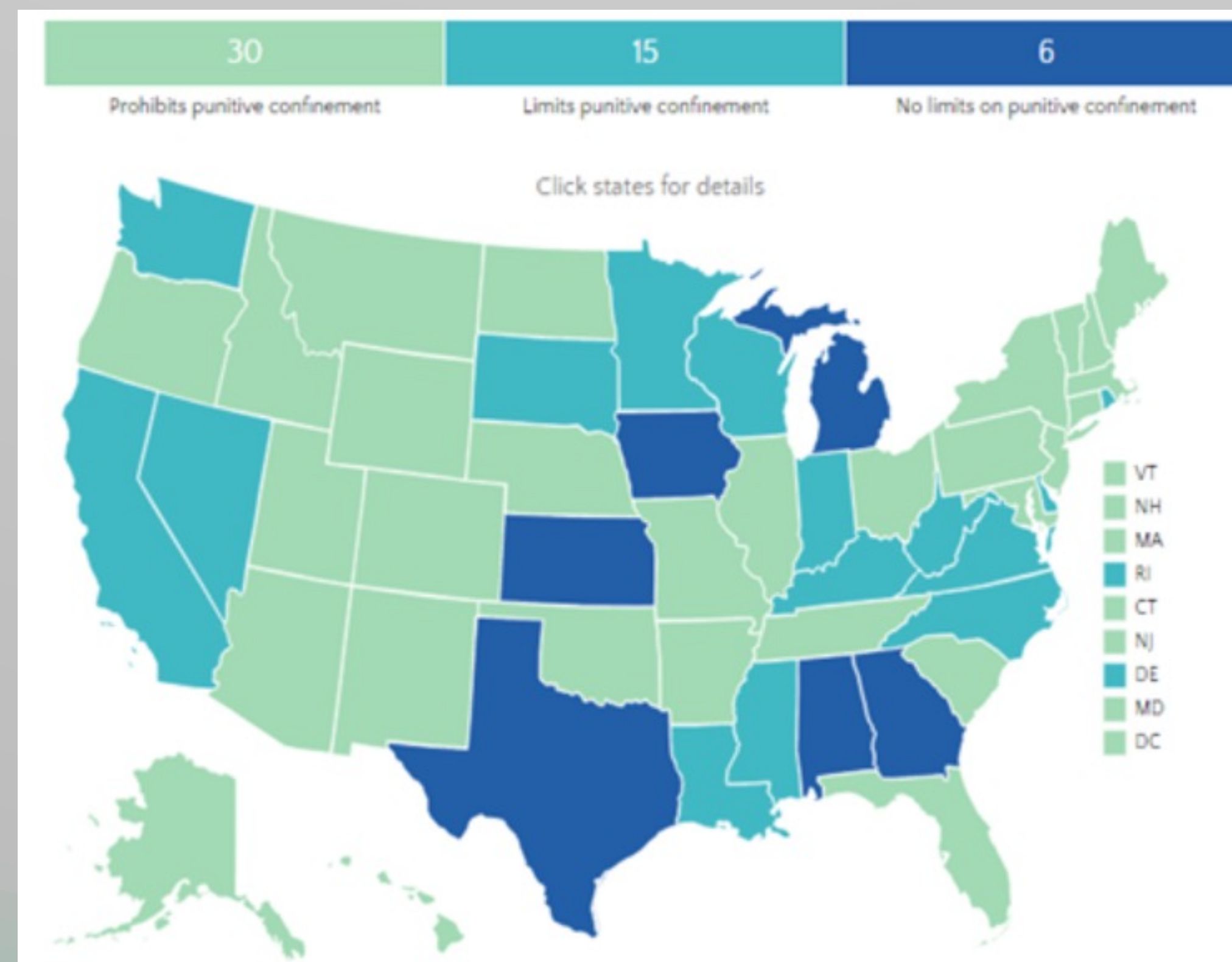
Negative Outcomes

Mental Health

- For youth, research finds the use of RH leads to worsening symptoms for those who had preexisting psychological needs (Braun et al., 2017; Lindahl et al., 2022).
- Even for youth who did not have preexisting conditions, studies find an increase in symptoms aligning with depression (e.g., desperation) (Braun et al., 2017).
- Research finds that those who spend time in RH have higher rates of death after release with suicide and drug overdose as the leading causes (Brinkley-Rubinstein et al., 2019).

Recidivism

- Use of RH has been associated with greater rates of recidivism after release compared to those who did not spend time in RH (Clark & Duwe, 2019).
- Use of RH has been associated with reincarceration as a result of technical parole violation(s) (Zgoba et al., 2019).
- While some may believe the use of RH acts as a deterrent for future delinquent behavior, research has not found this to be true (Zgoba et al., 2019).



Policy Recommendations

Training

- Since research shows already vulnerable youth (e.g., those with mental illness) are placed in RH, implicit bias training could help professionals recognize these issues and modify the use of RH.
- All staff should receive training on developmental needs for youth, including physical, mental and emotional health (Braun et al., 2017).
- Training on positive rehabilitative options, rather than punitive approaches, can help decrease the need for RH (Braun et al., 2017).
- Staff should receive ongoing training on trauma-informed care for all youth, not just those in RH units (APA, 2024).

Best-practices

- RH should only be used temporarily when a youth is perceived to be in immediate harm to self or others (APA, 2024).
- The use of RH for longer than 15 minutes should be approved by facility management (Gagnon et al., 2015).
- Youth should not be placed in RH within the first 24-hours of their incarceration as this is a heightened time of vulnerability and stress (Braun et al., 2017).
- When RH seems like the only option, additional case planning and continuous mental health care should be offered (APA, 2024).

References

- American Psychological Association (APA). (2024, February). *APA Resolution: Opposing involuntary individual isolation of youth in juvenile justice settings*. Retrieved from chrome-extension://efaidnbmnnnibpcajpcgclefindmkaj/https://www.apa.org/about/policy/isolation-youth.pdf
- Braun, C., Wright, E., & Spohn, R. (2017). Restrictive housing among juvenile populations. *Reports*, 93, 1-7.
- Brinkley-Rubinstein, L., Sicaraman, J., & Rosen, D. (2019). Association of restrictive housing during incarceration with mortality after release. *JAMA Network Open*, 2(10), 1-11.
- Clark, V. A., & Duwe, G. (2019). From solitary to the streets: The effect of restrictive housing on recidivism. *Corrections*, 4(4), 302-318.
- Correctional Association of New York. (2004). Mental health in the house of corrections. Retrieved from <http://www.correctionalassociation.org/wp-content/uploads/2004/06/Mental-Health.pdf>.
- Fite, P. J., Pederson, C., & DiPierro, M. (2018). Individual risk factors associated with increased levels of restricted housing among detained youth. *Residential Treatment for Children & Youth*, 35(2), 139–154.
- Gagnon, J. C., Kern, L., & Mathur, S. R. (2022). The Council for Exceptional Children, Division of Emotional and Behavioral Health's position statement on solitary confinement. *Behavioral Disorders*, 47(4), 282-291.
- Krezmien, M. P., Travers, J., Valdivia, M., Mulcahy, C., Zablocki, M., Ugurlu, H. E., & Nunes, L. (2015). Disparate disciplinary confinement of diverse students in juvenile corrections. In *Transition of Youth and Young Adults* (Vol. 28, pp. 273-290). Emerald Group Publishing Limited.
- Lindahl, J., Reddy, N., Chin, M., Chin, I., Shurman, S., Pine, S., & Lowenhaupt, E. (2022). Adverse psychiatric and health impacts of restrictive housing for adolescents in juvenile correctional settings. *Journal of the American Academy of Child & Adolescent Psychiatry*, 61(1), 23-25.
- Lynch, L. E., Mason, K. V., & Rodriguez, N. (2016). Restrictive housing in the US: Issues, challenges, and future directions. *Washington, DC: US Department of Justice, Office of Justice Programs*.
- National Institute of Corrections (NIC). (2014). *Restrictive housing FAQ*.
- Wyckoff, A. S. (2021, October 25). *Reduce or eliminate restrictive housing for youths: AAP endorsement*. American Academy of Pediatrics.
- Zgoba, K. M., Pizarro, J. M., Salerno, L. M. (2019). Assessing the impact of restrictive housing on inmate post-release behavior. *American Journal of Criminal Justice*. 45(1), 102-1250