Elizabeth Grant
The use of segregation for children & youth: Applying theoretical understandings to current practice
Presenting the 6th National Juvenile Justice Summit, 2017

© The Author

PERMISSIONS

Permission granted by the Author via email dated 14 June 2017:

“As these were all conference presentations I hold and assert my copyright to the work. I am happy to have them in the public domain”

27 June 2017

http://hdl.handle.net/2440/105876
The use of segregation for children & youth: Applying theoretical understandings to current practice

Dr Elizabeth Grant
Office of the Deputy Vice Chancellor & Vice President
The University of Adelaide

What is segregation?

Segregation is the practice of holding people in solitary confinement, generally isolated from human contact (apart from prison staff)

‘Reasons’ for segregating people in prison environments?

- For violations or under investigation of violations of the institution’s regulations,
- Being deemed as a ‘high profile’ prisoner,
- ‘Unable to be housed’ in the mainstream population,
- Overcrowding,
- Prisoners on transfer (transfers between prisons for court appearances, medical appointments) due to bed shortages,
- Deemed ‘at risk’ of suicide or self-harming.

Current rationale for the use of segregation in juvenile detention

Behaviour management tool
Suicide prevention strategy

What does a segregation cell look like?

Consequence Table

C1
CONVALESCENT - kept in a secure cell to be assessed

C2
WATER BARRICADE - in a cell isolated from human contact

C3
Suicide risk - kept in a cell isolated from human contact

C4
Evaded from order of detention, Escape, sleeping on isle, non-compliance of all directions, refusal to participate in any activity, refusal to cooperate with institutional staff

C5
Refusal to accept any form of treatment, breach of any condition of detention, refusal to participate in any activity, refusal to cooperate with institutional staff

C6
Self-harming - suicide attempt, self-intoxication, self-administration of substances, refusal to perform all activities

C7
Internal isolation/Exclusion/Permanent Exclusion

What does a segregation cell look like?
Extreme anxiety and heightened suggestibility occurs (even after short periods in isolation) (Suedfeld 1974; 1980; Fisher 1994).

Hypersensitivity to external stimuli, hallucinations, panic attacks, cognitive deficits, obsessive thinking, paranoia, and a litany of other physical and psychological problems (Grassian 2006).

High rates of nervousness, obsessive rumination, anger, violent fantasies, nightmares, trouble sleeping, as well as dizziness, unduly perspiring hands and heart palpitations (Shalev 2008).

Gastro-intestinal, cardiovascular and genito-urinary problems, migraine headaches and profound fatigue (Grassian and Friedman 1986).

Heart palpitations (awareness of strong and/or rapid heartbeat while at rest), diaphoresis (sudden excessive sweating), insomnia, back and other joint pains, deterioration of eyesight, poor appetite, weight loss and sometimes diarrhoea, lethargy, weakness, tremulousness (shaking), feeling cold and aggravation of pre-existing medical problems (Shalev 2008).

Prisoners housed in segregation are compelled to ruminate on events that they are unable to deal with due to their situation, thus increasing their distress and increasing the risk of suicide and self-harm.

The literature notes that the majority of prison suicides occur whilst the prisoner is alone, most commonly when the person is in isolation or segregation.

Prisoners regarded as ‘at risk’ may be confused and unclear as to whether they are being treated or punished when they are placed in an observation cell.

What happens when a segregation is overused as a behaviour management tool?

The use of segregation for people displaying ‘at-risk’ behaviours has been universally condemned.
A total institution is a place of work and residence where a great number of similarly situated people, cut off from the wider community for a considerable time, together lead an enclosed, formally administered round of life.

Types of ‘Total Institutions’: Orphanages, nursing homes, leper colonies, mental hospitals, sanitariums, concentration camps, P.O.W. camps, penitentiaries, jails, colonial compounds, work camps, boarding schools, ships, army barracks, convents, abbeys and monasteries.

Studies of people in total institutions show that emotional and behavioural responses are reactions to the:

- loss of liberty,
- loss of autonomy,
- loss of goods and services,
- loss of heterosexual relationships and
- loss of personal security.

Haney, Banks and Zimbardo studied the development of behaviour and the effects of roles, labels, and social expectations in a simulated prison environment

Participants’ behaviours changed dramatically. Guards felt the need to show their dominance. Prisoners learned they had little effect on what happened to them, ultimately causing them to stop responding and give up. Prisoners began to accept their roles as less important human beings.

Studies of prisoners have identified six types of behavioural reactions occurring in response to the prison environment.

These are termed ‘resistance behaviours’

The six types include:
1. Self-protecting,
2. Campaigning,
3. Escaping,
4. Striking,
5. Confronting
Characteristics of Resistance Behaviours have shown that they:
- Need to be considered as a continuum rather than a singular act,
- Are not exclusive,
- May not be sequential,
- May be displayed by the individual and as group collectives simultaneously.

Resistance Behaviours
1. Self-protecting,
2. Campaigning,
3. Escaping,
4. Striking,
5. Confronting
1. Self-protecting,  
2. Campaigning,  
3. Escaping,  
4. Striking,  
5. Confronting  
Resistance Behaviours

More recent research suggests:

both theories have merit as "...both internal and external stimuli contribute to the pressures and strategies of coping in prison" (Paris 1982:10),

and

* "the combination of both, distinct but complementary models aid in the discussion of the interaction between the person and the custodial environment" (Grant 2006:14).

Resistance Behaviours have generally been explained within two frameworks:

'The Importation Model'

'The Deprivation Model'

Resistance Behaviours have generally been explained within two frameworks:

'The Importation Model'

'The Deprivation Model'

Resistance Behaviours have generally been explained within two frameworks:

'The Importation Model'

'The Deprivation Model'

Three factors influence the congruency between the prisoner and the prison environment. These include:

- Personal Factors
- Environmental Factors
- Institutional Factors

Resistance Behaviours have generally been explained within two frameworks:

'The Importation Model'

'The Deprivation Model'

Resistance Behaviours have generally been explained within two frameworks:

'The Importation Model'

'The Deprivation Model'

Resistance Behaviours have generally been explained within two frameworks:

'The Importation Model'

'The Deprivation Model'

Resistance Behaviours have generally been explained within two frameworks:

'The Importation Model'

'The Deprivation Model'

Resistance Behaviours have generally been explained within two frameworks:

'The Importation Model'

'The Deprivation Model'
Learned Helplessness

People in states of 'learned helplessness' display:
- learned apathy belying acute distress,
- a negative affect,
- reduced aggression,
- low frustration level.

Learned Helplessness

Generally people:
- do not avoid adverse situations,
- have slower task solving,
- have greater failures in completing tasks,
- higher tolerance of medications, and
- will persevere with unproductive strategies.

'Learned Helplessness' is:
- causal of depression,
- The individual in a state of learned helplessness will continue to attempt to regain control of the environment, however, after repeated unsuccessful attempts goes into a state of 'helplessness'.

Helplessness

People in a state of 'helplessness' generally display:
- Continuation of the behaviours of 'learned helplessness',
- A severe depressive state,
- Low persistence and low levels of tolerance for frustrations occur long after incongruent environmental conditions have dissipated (Seligman 1973; 1974; 1975),
- Dependence on illicit and licit drug dependencies,
- Can result in premature death (Parisi 1982).

So where to from here?
Reconceptualising the juvenile justice paradigm

Step 1: Banning segregation

2012, the American Academy of Child and Adolescent Psychiatry released a policy statement opposing the use of solitary confinement.
2013 the United Nations Special Rapporteur on Torture, stated that the effect that a prolonged period in isolation can have on a child's mental health is so severe that countries should implement "an absolute ban" on solitary confinement and seclusion of any duration for children as well as people with psychosocial disabilities
2014, the American Medical Association approved a resolution saying solitary confinement is detrimental to adolescent health and should be prohibited.
Rethinking the nature of the juvenile justice system

What should ‘normal’ juvenile justice detention look like?

What should ‘normal’ juvenile justice detention look like?

The designed environment should mirror and promote activities and routines which may occur in the outside society. Levels of security in prison environments should be proportional to the risk a person presents to society and provide the prisoner with the highest achievable level of personal control over their environment.