



# DIGNITY AND SAFETY IN RESTRICTIVE DETENTION REGIMES

IN BRIEF



ICRC



A. Quilty/CRC

*It depends who's on duty. Sometimes, when I'm about to be moved, they tell me what's going to happen so I know what to expect. The staff restrain me properly and even put their hand on my back to keep me calm. That's often the only human contact I get, and it gives me a sense of control. But other staff just bark orders and don't explain what's happening. They're rough with me. It makes me tense up. I realize I have to be moved, but I wish they'd all act in the same way and understand how their actions affect me.*

*– Detainee*



# INTRODUCTION

At the International Committee of the Red Cross (ICRC), we have a long history of working to ensure that all detainees, including those detained outside armed conflict, are treated with dignity and humanity. We work closely with security services, the military, prison and probation services, and other State authorities, as well as non-State armed groups and individuals, to make sure detainees are held in safe, orderly settings – regardless of the circumstances of their arrest, the nature of their offence, how they conduct themselves while detained, and the reasons for their detention or internment.

In this booklet, we explore so-called restrictive detention regimes – what they are, how they are used and how this practice affects detainees, detention facility staff and visitors. Our examination focuses solely on long-term restrictions, setting aside disciplinary sanctions and other short-term measures. Building on our wealth of experience in visiting places of detention around the world, we look at how the use of such regimes could be avoided, and at what managers, staff and visitors can do to limit the risk to detainees' dignity and safety where regimes of this type are used.





# UNDERSTANDING THE RISKS OF RESTRICTIVE REGIMES

## WHAT IS A RESTRICTIVE REGIME?

For the purpose of this document, a restrictive regime is a set of long-term measures employed to manage detainees on the basis of the risks they present to the community, staff and other detainees – whether assessed or perceived – and to determine to which prison detainees are allocated (and/or where they are held within that prison). This booklet focuses in particular on two commonplace restrictions:

- **separation**, whereby a person is physically removed from the general detained population, whether temporarily or permanently, and is therefore less able to interact with other detainees
- **controlled movement**, whereby a person's movement is restricted (the detainee is closely guarded by staff or physically restrained), or they are forcibly moved to a particular cell or facility, or placed under enhanced observation.

Restrictive regimes can arise in a number of ways, sometimes by law or policy, sometimes by design, sometimes by default. Some detention settings are especially likely to engender restrictive measures. For instance, maximum-security facilities are often designed to restrict detainees' movement and to control or limit their contact with staff and other detainees. Under certain jurisdictions, detainees may be subject to restrictive regimes by virtue of the offence for which they have been charged or sentenced, or because of their sexual orientation,

gender, health, political or ideological beliefs, or other personal traits. Detention facility managers and staff can sometimes impose restrictive measures if they believe that a person could be targeted by other detainees, or that their behaviour, ideology or perceived influence could pose a danger to themselves or others. And in some cases, restrictive regimes are used to prevent criminal activity, to stop a detainee colluding with others to tamper with evidence before a trial, or to reduce the likelihood of escape.

*I'll never really get over it. You never can. My family understands that there are times when I have to get away for a while – when all the people, sounds and smells get too much and I have to hide somewhere quiet. The panic, the voices, the hallucinations, they never leave you.*

*– Detainee*

International laws and standards state that detainees cannot be deprived of their right to appropriate living conditions, including decent shelter, ventilation, sanitation, nutrition and drinking water; access to the open air and daily physical exercise; access to health care; and adequate personal space. Anyone who is charged with a criminal offence is entitled to legal representation and assistance. Contact with family members cannot be prohibited, except for a limited time for imperative security and order purposes.

## UNDERSTANDING THE IMPACT OF RESTRICTIVE REGIMES

Restrictive regimes should not be a permanent feature of detention, even if they are imposed lawfully. Some restrictive measures – especially solitary confinement – carry severe risks. Detainees may:

- be subjected to ill-treatment, abuse or forced disappearance, which can go undetected
- be treated as guilty before they have even been tried, have difficulty accessing courts and lawyers, or even be forgotten about by the law
- find it harder to complain about their conditions or treatment, and be excluded from all-important education, vocational training and employment programmes
- face needless physical and mental hardship on top of their loss of liberty (especially for detainees serving life sentences)
- struggle to remain integrated with society if they have been deprived of social interaction.

Restrictive regimes affect detainees' physical, mental and social well-being, making it harder for them to fit back into society upon release. Because every aspect of their lives is controlled and monitored, detainees are often left with a diminished sense of self. They are less able to hold private conversations and develop emo-

tional bonds, and therefore struggle with the notion of medical and legal confidentiality. And for many detainees, their only physical contact with another person comes when they are searched or escorted by a member of staff. Moreover, many detainees held under restrictive regimes are less willing and able to engage meaningfully with others – both in detention and the outside world – especially if they do not enjoy the same rehabilitation and recreation activities as their counterparts. People who are released straight from a restrictive regime often find life outside detention hard to cope with, meaning they pose a danger to themselves and the community. What is more, many former detainees harbour resentment towards the State for the way they were treated, leaving them feeling disaffected and disenfranchised.

But the consequences of restrictive regimes go beyond detainees. They affect the people who work in detention facilities, too. For example, front-line staff find that category-specific restrictions leave them with limited flexibility – a situation that can sometimes put them at risk and cause untold stress. Staff often lack the knowledge or authority to provide additional support when detainees display dangerous, unpredictable or threatening

behaviour. In some cases, they have to make tough boundary-setting choices – striking the right balance without being overly restrictive – and can face ethical or moral dilemmas that make it harder for them to fulfil their duty of care. A sense of powerlessness, coupled with a pervading climate of fear, can lead to unhealthy environments. And social, medical and pastoral staff also have to weigh up their duties and professional ethical principles – such as independence and confidentiality – against personal security concerns, while ensuring that such considerations do not unduly influence their decision-making.

The implications of restrictive regimes extend even further to detainees' family members, who often have to undergo enhanced security checks and, in some cases, face years without physical contact. Restrictions on private communication can undermine relationships and even tear families apart. Some families lose track of their relatives when they are moved to different detention facilities, or find it financially or logistically impossible to visit their loved ones. And the distress that long-term restrictive measures causes detainees is likely to affect their families, too.

*It's kind of you to visit me, Miss, but I don't know how to behave in front of other people anymore. I don't want you to think I'm stupid or anything. It's just that I haven't had a proper conversation for years, and I wonder whether I still can.*

*– Detainee*

## WHEN DO RESTRICTIVE REGIMES AMOUNT TO TORTURE/ILL-TREATMENT?

A restrictive regime involving the intentional infliction of severe mental or physical pain or suffering – in order to obtain information or a confession, for the purpose of punishment, intimidation or coercion, or on the grounds of discrimination – is tantamount to torture as defined by international humanitarian law and international human rights law.

Some separation measures are considered ill-treatment because of the health impacts and suffering they cause. Under the revised United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules),

the following forms of separation are prohibited:

- indefinite solitary confinement (defined as confinement for 22 hours or more a day without meaningful human contact and with no end date known to the detainee)
- prolonged solitary confinement (defined as confinement for more than 15 consecutive days)
- confinement (solitary or otherwise) in a dark or constantly lit cell for any length of time.

The Nelson Mandela Rules also ban solitary confinement for certain categories







of vulnerable detainee – children (under the age of 18), pregnant women, women accompanied by infants and breastfeeding mothers, as well as detainees with mental or physical disabilities when their condition would be exacerbated by such a measure.

Controlled movement measures may amount to ill-treatment if staff members abuse their authority, for example by making detainees adopt an unnatural, forced position while being escorted, employing excessive force, or using sensory deprivation techniques (such as earmuffs and hoods), when unnecessary

and disproportionate, that cause disorientation and panic. Restraints can also cause physical or psychological trauma – and therefore humiliation – if used on detainees in a forced position or if applied so tightly that they inflict pain. And authorities must not impose excessive or inhumane movement controls that deprive detainees of medical attention. Moreover, enhanced observation can sometimes undermine detainees' right to privacy, especially if night-time checks (for example, to see if the detainee is still present and breathing) are carried out in a way that amounts to sleep deprivation.

# CURBING THE USE OF RESTRICTIVE REGIMES

## A FAIR, WORKABLE LEGAL AND POLICY FRAMEWORK

Restrictions should be proportionate, limited in duration and used only as a last resort once all other options have been exhausted. To guard against the arbitrary use of restrictions, detainees should be placed under restrictive regimes only if deemed necessary, proportionate and non-discriminatory – as determined by personal needs and a risk assessment, which should be reviewed regularly and be based on the detainee's history and input from staff from different fields. While policies and procedures have their place,

they should not preclude facility staff and managers from interpreting the rules sensibly to suit the individual circumstances of detainees better, provided that sufficient oversight is in place. Flexibility should therefore be built into law and policy, and staff and managers should have the latitude to decide whether to impose, retain or withdraw restrictions. The detention facility director, as the person with the ultimate duty of care to both staff and detainees, should have the final say on such matters.

## OVERSIGHT AND ACCOUNTABILITY

Oversight is essential to ensure that restrictive measures are applied lawfully and transparently and to avoid ill-treatment and torture. This should include regular monitoring by senior staff and a daily visit by the facility director to talk to detainees, especially those held in restricted detention. In addition to internal oversight, facilities should (and in some cases, must) give independent monitoring bodies unfettered access to detainees held under restrictive regimes, and the authority to determine whether the measures are both lawful and applied correctly.

On the other hand, oversight can in some countries be the obstacle preventing more humane treatment. In some countries, the law imposes high security regimes as a matter of course for certain groups of detainee, giving detention facilities little leeway in how they treat individual detainees. Their attention becomes focused on complying with the letter of the law and passing inspections, rather than easing restrictions and addressing any concerns raised by independent bodies.

Detainees should have the right to appeal against restrictive measures. While some information will naturally need to remain confidential, detainees should be able to obtain sufficient facts to challenge the decision and mount an informed defence. Staff and detainees should also feel able to report incidents – ideally through regular tripartite dialogue with management – to ensure that grievances are properly aired, and are addressed appropriately and promptly. Failure to do so can foster a negative atmosphere and can ultimately escalate adverse behaviour and risks.



## REGULAR REVIEW

Risks and circumstances change, so regular reviews are vital. If detainees have clear targets to aim for, they are more likely to take responsibility for their conduct and have greater incentive and motivation to change. Yet for someone who is locked behind bars around the clock, with little or no human contact, opportunities to demonstrate their progress are few and far between – yet another argument in favour of giving managers the leeway and authority to act on their observations and judgement.

For example, if a detainee is placed under a restrictive regime for their own safety, the authorities have a duty to make alternative arrangements and address the root causes of the detainee's vulnerability. Here, regular review and thorough preparation play an important role in easing the transition back into normal detention once the perceived risk has subsided – ensuring that the detainee poses no risk to themselves or others, and giving the person the confidence to cope with the change.

## INSTRUCTIONS

Clear instructions, setting out when restrictions may be justified and the grounds on which they can be imposed, helps to curb the arbitrary, unlawful or excessive use of restrictive regimes. Such guidance should be made available to all front-line staff and detainees, and

reviewed regularly to reflect evolving national and international obligations and standards. In an orderly detention facility, with well-trained, professional staff who can put themselves in the shoes of detainees, restrictive measures may not be needed at all.

## CLEAR-CUT ROLES AND RESPONSIBILITIES

### (a) Front-line staff and managers

Front-line staff tend to have more contact with detainees than anyone else. It is their job to promote and maintain a secure, positive environment. This is not an easy task. In many parts of the world, front-line staff have told us how staffing shortages carry risks for both employees and detainees. Staff need to be trained to manage and interact positively with detainees, and require mental-health and stress-management support so they can fulfil their duties. Managers also have a vital role to play – in lobbying senior ministry officials or bringing in external agencies to secure sufficient time and resources, in supporting and supervising staff and in drafting clear job descriptions so staff fully grasp their responsibilities and are able to prioritize accordingly.

It is important that front-line staff should not be routinely expected to gather information on detainees and report it, unless there is a real risk of harm to the detainees or to others. Detainees need to be able to trust staff, and this will be compromised if they believe everything that they say and do is being reported. There should be a clear division between staff who are tasked with receiving, analysing and interpreting information to protect the public, e.g. to make sure detainees do not escape, and front-line detention staff who are directly interacting with detainees and seeking to build a relationship of trust.





## **(b) Health-care staff**

Health-care staff are an integral part of the detention system, ensuring that all detainees receive care to at least the same standards as they would expect in the community, and providing adequate levels of hygiene, nutrition and sanitation. Yet theirs, too, is a difficult role because many detainees have specific medical needs, and because staff have to cope with the unique challenges that come with operating in detention settings.

The World Medical Association and the Nelson Mandela Rules have brought welcome clarification to the nature and scope of their duties, marking a clear divide between health-care staff and the detention authorities and stressing that they must act in the patient's best interests at all times. In fact, the relationship between health-care staff and detainees is governed by the same ethical and professional standards as the doctor-patient relationship in the community. The Nelson Mandela Rules state that health-care staff:

- have a duty to protect detainees' physical and mental health and prevent and treat disease on the basis of clinical grounds only
- must respect detainees' autonomy with regard to their own health and informed consent in the doctor-patient relationship
- must treat all medical information as confidential
- must not engage, actively or passively, in acts that may constitute torture or other cruel, inhuman or degrading treatment or punishment
- must not contribute to decision-making processes for sanction and punishment.

It is important that both health-care and custodial staff understand and accept these rules and standards, otherwise health-care staff could be expected to take part in imposing restrictive measures, thereby causing harm to the very people they are professionally and ethically obliged to protect.

*I woke up in hospital after abdominal surgery and my hands were handcuffed to the bed. I could hardly move because of the pain. There's no way I could have escaped. I was in agony.*

– Detainee

*I'd like to spend one-to-one time with my clients, but the environment makes me nervous. It's a tense atmosphere. I'm uncomfortable meeting detainees in person, so I let the security staff stay, even though I know I can't have a proper conversation when they're around.*

*– Social worker*

Yet where these rules are understood and applied, health-care staff can be instrumental in curbing the need for restrictive regimes altogether – for example, by identifying the underlying causes of a detainee's behaviour early on, suggesting solutions and helping to avoid further escalation. Moreover, health-care staff should be actively involved in monitoring a detainee's health while they are under a restrictive regime, taking action if they believe the detainee's health or safety is at risk, and examining them in private with no security staff present.

### **(c) Social, educational and welfare/parole staff**

Social, educational and welfare/parole staff have a duty to help all detainees prepare for life after release. Detainees under restrictive regimes – whether pre-trial or post-sentencing, including those with lengthy, life or death sentences – should be entitled to take part in meaningful, productive activities and rehabilitation programmes, as a way of reinforcing positive behaviour and making detention easier to manage. Getting detainees to take part in such activities and programmes also gives them an incentive to change and makes it easier for them to rejoin the general detained population. Staff should therefore set clear expectations about the length of time detainees will spend in restrictive detention – without being swayed by security considerations – to help create a sense of personal responsibility and motivation.



## MITIGATING AND ADDRESSING THE RISKS OF RESTRICTIVE REGIMES

While it is preferable to avoid restrictive regimes altogether, doing so – at least in the short term – is not always possible. This is especially true under jurisdictions where restrictive measures are imposed on certain detainees by law, and where the detention facility itself has no say on when detainees are placed under or released from such regimes. Yet even then, it is worthwhile exploring ways to lessen or eliminate the risk that these measures pose to detainees.

### MATERIAL CONDITIONS UNDER RESTRICTIVE REGIMES

Detainees placed under restrictive regimes should be housed in cells that are as similar as possible to normal cells which, in turn, should be designed to emulate life in the community. When detainees are given choices – such as switching the light on or off, or personalizing their cells – it gives them a sense of normality that is vital to their mental health. In addition, using colours

and everyday furnishings that echo life outside detention can help reinforce normal patterns of behaviour and even reduce aggression. Wherever possible, decisions around in-cell materials, colours and fixtures should not be made on security grounds alone – instead, the aim should be to communicate positive expectations and create a more personal environment for detainees who cannot be housed with the general detainee population. Moreover, if detainees cannot join in group activities, they should be given books, magazines, educational materials and in-cell work opportunities to lessen the impact of isolation and provide a purposeful way to fill their time. However, even with improved in-cell conditions, detainees still need to leave their cell regularly for meaningful human contact and an opportunity to experience different settings.

## REHABILITATION AND REINTEGRATION ACTIVITIES

Like all detainees, people held in restrictive detention need to be prepared for life after release, no matter the reason for their detention or where they are held in custody. Ideally, all detainees should undergo a needs and risk assessment at the start of their custodial term and the authorities should draw up a plan outlining how best to address their needs and get them ready for their return to the community. This duty extends equally to foreign-national detainees, even if they are expected to leave the State in which they are detained once released.

Detainees who serve graduated sentences – transitioning to more open conditions as they near the end of their custodial term – are less likely to become institutionalized and reoffend post-release. The authorities will, of course, need to weigh up whether detainees are likely to escape or pose a

*The staff do whatever they can to ease the tension, but the law says I have to be kept in these conditions. We talk about sport, about chess, about how much I miss my daughter. My relationship with the staff has changed my view of the State. I think I can make a meaningful contribution to society once I'm released.*

– Detainee

danger to the public, and consider their behaviour in detention, before deciding whether such a regime is appropriate. But there are plenty of ways to help detainees adjust to life outside custody, regardless of their security category – from more open detention facilities through to time spent in the community, either working or with family. Moreover, it makes sense for States to have as few people in high-security prisons as possible, as these are by far the most expensive.

People held under restrictive regimes are often transferred between detention facilities. So keeping track of detainees' medical, behaviour, psychological, security, education and work records is a vital

component of rehabilitation efforts. In the course of our work, we have come across cases where these records have gone missing in transit, meaning detainees have had to undergo fresh security assessments on arrival at their new facility. As well as wasting resources, this process can leave detainees feeling upset and despondent because all evidence of their past progress has been lost – including any courses they were unable to complete before being transferred. Moreover, poor record-keeping can have implications for a detainee's living conditions, treatment and safety in custody, and can even obstruct judicial processes, such as release and protection orders.





*It's impossible to get to know detainees in person as we're so busy. I signed up for this job because I wanted to help people rejoin society and live their lives free from crime. But I often struggle with the basics, like moving detainees to the showers and between their cells and the courtyard.*

*– Detention officer*

## **STAFF TRAINING AND COORDINATION**

All too often, detention authorities justify the use of restrictive regimes on security grounds. Even when standards and guidance recommend a more nuanced approach, and when more pragmatic options are available, they tend to see restrictive measures as the safer option. And in many cases, pressure from the public and politicians forces authorities to apply these regimes unnecessarily, unfairly and disproportionately – especially in today's climate of fear around violent extremism and radicalization.

Yet every detainee should be managed in a balanced, reasonable manner that reflects his or her individual needs. That is why it is vital that everyone understands how to

cushion the impact of restrictive regimes. Detention staff should be trained how to manage detainees, in particular difficult detainees; training should include de-escalation and communication techniques and the use of force as a last resort. Management should make staff aware of linguistic, cultural and religious diversity and sensitivities, and should ensure that staff are properly supervised and, where necessary, rotated periodically to prevent burnout.

Concerns around violent extremism also bring the need for proper training and coordination into sharp focus. If detention staff are not trained to identify risky or suspicious behaviour they may end up

reporting everything, leaving detainees with no clear boundaries. Consequently, detainees can feel hard-done-by when held under restrictive regimes for no apparent reason. In addition, proper discussion and coordination are vital to comprehensive, informed and individualized risk assessment.

Looking beyond training and coordination, it is important to remember that detention settings demand staff with a

particular temperament and skill set. Detention staff must have the right interpersonal skills and be able to carry out their duties fairly and impartially. They need to be willing to answer detainees' questions and explain why restrictions have been imposed and for how long. And crucially, they must have the wherewithal to earn detainees' trust so they feel comfortable talking about what is happening in their personal lives.



*Sometimes I wish the rules weren't so strict. We only review detainees' classification every six months, but a lot can change in that time. I know him well. I can tell when he's had a good or a bad day. Today, all I want to do is give him the uninterrupted night's sleep he needs, but the rules say I have to open the door and shine the light in to check on him every hour. I know it disturbs him.*

– Detention officer

## **CONSISTENCY AND STANDARDIZATION**

Restricted regimes tend to be applied inconsistently across categories of detainee (e.g. high-security, pre-trial and life-sentence detainees), and allocation decisions are frequently based on the crime committed and the length of sentence rather than detainee risk assessment. Moreover, while some detention facilities have sections for different categories, detainees often experience the higher level of restriction no matter where they are held. And in many cases, detention authorities misinterpret the rules on high-security regimes, taking what the

law says – on, for instance, out-of-cell time or number of monthly visits – as a maximum instead of a minimum. States should, therefore, seek to ensure that all categories of detainee are afforded the best living conditions possible and can engage in purposeful activities, seeking to raise standards in detention for all. More generally, ensuring that security measures align with individual detainee risk will in some countries demand a system-wide rethink of how the criminal justice system works, from the law through to prison architecture and procedures.

## WHAT DOES “MEANINGFUL HUMAN CONTACT” MEAN?

Any restrictions on social interaction must be grounded in international law. The Nelson Mandela Rules define solitary confinement as confinement for 22 hours or more per day without “meaningful human contact”. Yet there is no internationally agreed definition of the term. It can mean different things in different contexts and cultures and depends, to a large extent, on detainees’ personalities and behaviour – as well as the attitudes of detention authorities and detainees alike.

At the ICRC, we consider “meaningful human contact” to mean social interaction that is, as far as possible, similar to what a person might expect in the community – an opportunity to experience the psychological and social stimulation that human beings need for their mental well-being. Enabling meaningful human contact is, therefore, about striking the right balance between privacy, security and well-being. Failure to achieve this balance is not only harmful to detainees – it can also make it harder for them to fit back into society post-release.

## WHAT MEANINGFUL HUMAN CONTACT MEANS IN PRACTICE

There are some useful considerations authorities might take into account if seeking to ensure detainees have meaningful human contact:

- Are staff selected for their ability to interact with detainees and make a positive impact? Are they subject to psychometric assessments, background checks or other processes to ensure they are suitable, and do they receive ongoing training?
- Do staff encourage meaningful activity and good-quality face-to-face interactions with detainees, or do they put up disproportionate barriers?
- How do staff deal with grief or illness in a detainee’s family, or with life events such as separation and divorce?
- Can non-security staff (e.g. doctors, therapists, priests) meet detainees face-to-face and is appropriate physical contact allowed? Are restrictions automatically imposed (e.g. the presence of security staff) in meetings between detainees and non-security staff?
- Is a doctor able to examine a detainee properly, in line with medical ethics?



- Do foreign-national detainees enjoy regular, meaningful interaction with staff, for example via a professional interpreter or using other communication aids?
- Is appropriate physical contact (e.g. a handshake) allowed between detainees, and between detainees and staff?
- How do staff and detainees address each other (e.g. by first or last name, detainee/officer number, Sir/Madam)?
- Can a detainee initiate conversation with others?
- What is the last thing a detainee hears (i.e. what the staff member says) before night-time lock-up and the first thing in the morning?
- How is meaningful human contact facilitated throughout the day?





## MITIGATING RISK THROUGH DETENTION FACILITY DESIGN

Restrictive regimes that involve isolation and limited socialization can put pressure on detention staff and limit detainees' opportunities to spend time outdoors and take part in sport, education and work activities. Yet all detainees have the same basic human needs and fundamental rights, no matter where or how they are detained – even if they are locked in their cell for much of the day. Staff have a duty to protect and uphold these rights.

Prison planning and design therefore play an important role. Designers need to consider what building materials, architecture, layout and technologies to use, and remove all the physical barriers that would prevent staff from interacting meaningfully with detainees, and detainees with each other. This would also enable staff to react quickly when incidents occur.

## FACILITATING CONTACT WITH OTHERS

Connecting with the outside world is important for all detainees, no matter the reason for their detention. Family and community support groups can be instrumental in keeping detainees in touch with the outside world. Regular phone calls and family visits – unrestricted, wherever possible – are of paramount importance for detainees and family members alike. Authorities should embrace modern technologies, such as Skype and email, as an additional communication channel outside family visits, particularly for foreign-national detainees. And where a detainee has no family members, detention facilities could bring in volunteer visitors to help maintain that all-important connection with the world beyond the prison walls.

Detention staff should not ban restricted detainees from associating with other detainees as a matter of course. Instead, they should consider each person's circumstances on its merits. Most facilities have detainees who do not subscribe to the crimes or ideologies espoused by higher-security prisoners, and whom staff can trust to act as peers or counsellors – provided they are properly trained and supervised and are not tasked with disciplining detainees or reporting on them to staff. For restricted detainees, detention staff are often the only people they interact with. So allowing them to take part in activities alongside other inmates – ideally with a wide variety of different people – can make a big difference.

*It's been months since she last hugged her son. She's not a violent person. I don't understand why we can't all be in the same room together. I hate seeing her through the bars. It would make such a difference if we could just have a hug.*

*– Mother of a detainee*

# CONCLUSION

Having limited freedom is part and parcel of detention. In some cases, placing additional, temporary restrictions on a detainee is an unavoidable necessity. Yet many restrictive measures, such as separation, enhanced supervision and controlled movement, are inherently harmful to the health and dignity of detainees and staff alike – and can even border on ill-treatment and torture. As such, decisions to impose measures like these must be based on an individual needs and risk assessment, with input from detention facility staff and detainees themselves, and regularly reviewed. Risk is dynamic, so the response to risk must be dynamic too.




Detention is a distressing experience, with physical and mental health impacts that remain with a detainee for life and, ultimately, shape their view of the State and society. Everyone, policymakers included, needs to understand and acknowledge this fact – and work to prevent restriction crossing the line into repression. By doing so, they will help to ensure that detention remains safer and more dignified for all.

*I've got a lengthy sentence. The staff prioritize detainees who are going to be released soon. So I'm left with nothing to fill my time. All I have are my thoughts. I'm withdrawing further into myself. Sometimes I think I'll never get out of here. I have no idea how to behave outside. All I know is my cell, my mundane routine and my own company.*

*– Detainee*



We help people around the world affected by armed conflict and other violence, doing everything we can to protect their dignity and relieve their suffering, often with our Red Cross and Red Crescent partners. We also seek to prevent hardship by promoting and strengthening humanitarian law and championing universal humanitarian principles.

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