

# EXPERIENCES OF SECLUSION ON LOCKED WARDS FOR WOMEN

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## **The seclusion room**

Sarah: It's cold in there.

Rebecca: What does it feel like being inside there?

Sarah: It's horrible.

Rebecca: Is somebody watching you?

Sarah: Yes staff are watching, in a little room with the window, watching you, observing.

# Leslie Topp (2018) *Single rooms, seclusion and the non-restraint movement in British Asylums 1838-1844*

William Cookson's 1840 letter to the *Lancet*:

- 'I believe that the abolition of visible restraint in the Lincoln Asylum has been followed by much secret oppression, much hidden violence, and by many revolting practices, a thousand times more dangerous than mechanical restraints, because they can be neither so easily detected, nor so readily controlled.'
- Topp concludes that 'The dilemma of seclusion was the dilemma of the asylum in microcosm. The removal of restraints from the limbs of its inmates served to call attention to the forms of restraint represented by the locked room, and by the enclosing walls of the institution itself'

# Goffman (1961) *Asylums*

The 'self-destructive mental patient who is stripped naked for what is felt to be his own protection and placed in a constantly lit seclusion room, into whose Judas window any person passing on the ward can peer'

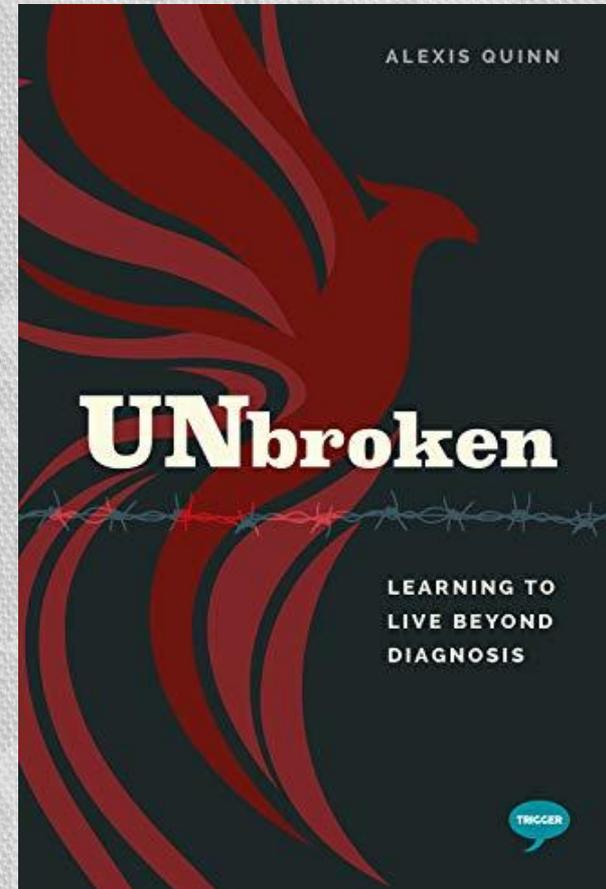
## Alexis Quinn (2018) *Unbroken*

(p73-75)

- *'It's much quicker and easier to lock somebody in a room than to talk things through, identify triggers in the environment, and make adjustments.'*
- *'Seclusion is a constant threat of extreme punishment hanging over your head. It's wrong.'*
- *'Afterwards, no one would talk about what happened. I could have used a chat to work on how to avoid overload and meltdown, always the main reason for seclusion.'*

(p311)

- *'I know if I get cold while asleep this can trigger a flashback of my stay in that freezing seclusion room. . . The experience of being locked inside a cage has had a severe psychological impact on me.'*



Sarah: It makes me more angry, it makes me stressed. I always bang my head, when I go in seclusion [pause] - I just smash my head. I had a piece of string in my pocket, they looked in my pocket and they didn't get everything out and I got the string and cut myself in seclusion.

Kate: I didn't try to strike [staff] I didn't do nothing I just said 'F off [name] I don't want to know.'

Rebecca: And so at that point you didn't realise why you were being secluded?

Kate: No, I was really scared I actually peed myself through being frightened. I wet myself!



Wendy: If it needs be for the safety of the staff because some of these ladies, they come in and they've been in other settings, and they've had bad times. You have to have some kind of safety guard somewhere. And plus so they can't harm themselves. So when I started I found it difficult, to use seclusion, but once I realised that it was for their safety and ours, you can come to terms with it.

Jackie: If somebody's so out of control and so risky and dangerous to themselves or others, [seclusion] is about saying 'we're going to take control now' and in this situation it's all about how it's done and making sure it is a humane and supportive, more that one person talking and one person taking a lead - it's knowing the individual.

Annie: . . . In [previous service] one particular incident I do remember very very well, I'd been self harming all day from the minute I'd got up and it was about half past three in the afternoon. I got put in seclusion with no clothes on in the male ward with males watching me.

Rebecca: Nothing to cover yourself up with?

Annie: Eventually I did because I were banging on the door so hard saying, 'I want a cover!' so they give me one in the end.

Rebecca: . . . So when you have to be secluded, what is the reason over just being restrained?

Annie: It all depends on what staff it is

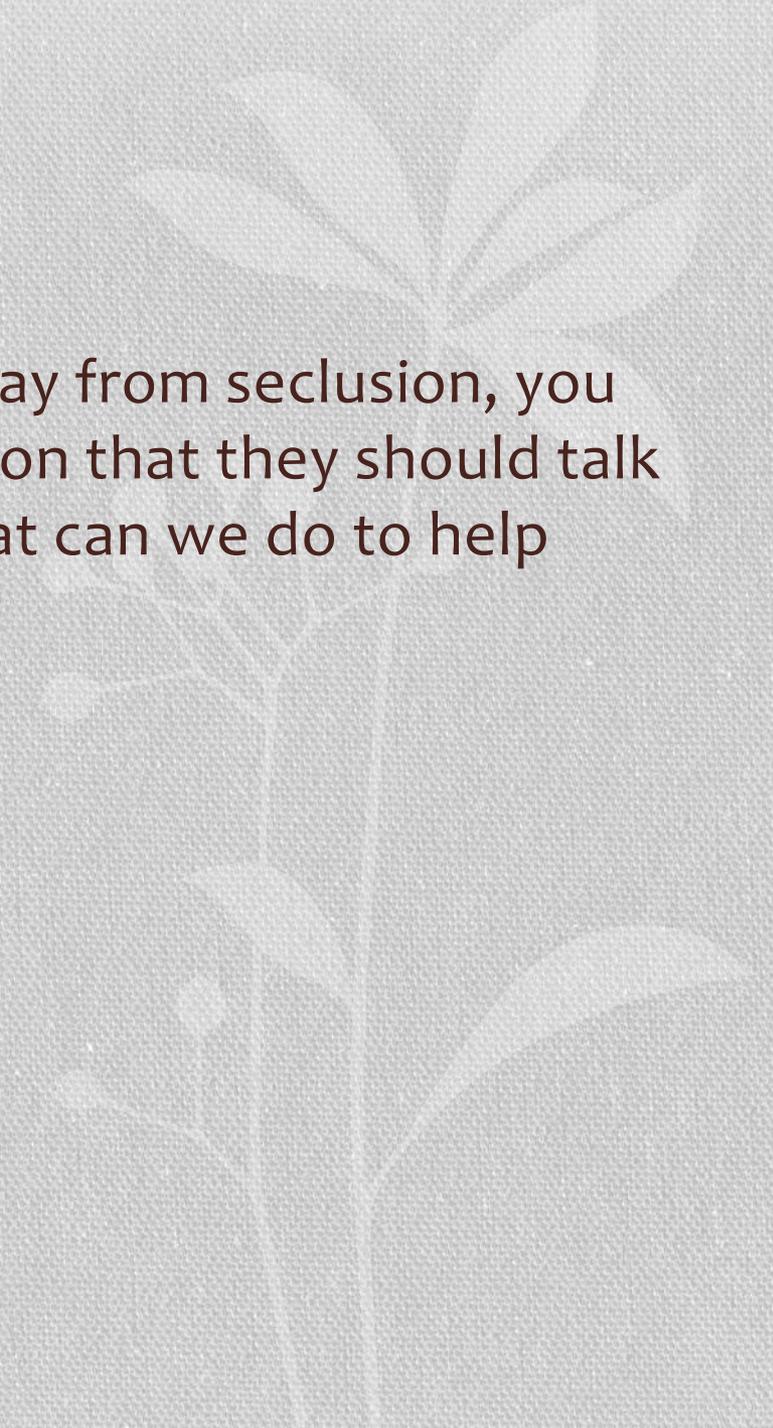
# Experiences of Seclusion

- Some women mentioned being secluded when they first arrived
- Women wanted more information about when seclusion would be used
- Both staff and women with experience of being secluded remarked on the indignity of the process of seclusion
- No safe space or alternative space to show anger or explain distress
- Restraint and seclusion were retraumatising
- Issues of body exposure with restraint
- Issues of privacy and discomfort with seclusion
- The consensus was not to engage with women for fear of reinforcement, at the very time when they may be ready to talk
- No debrief after

# Gender and RIs

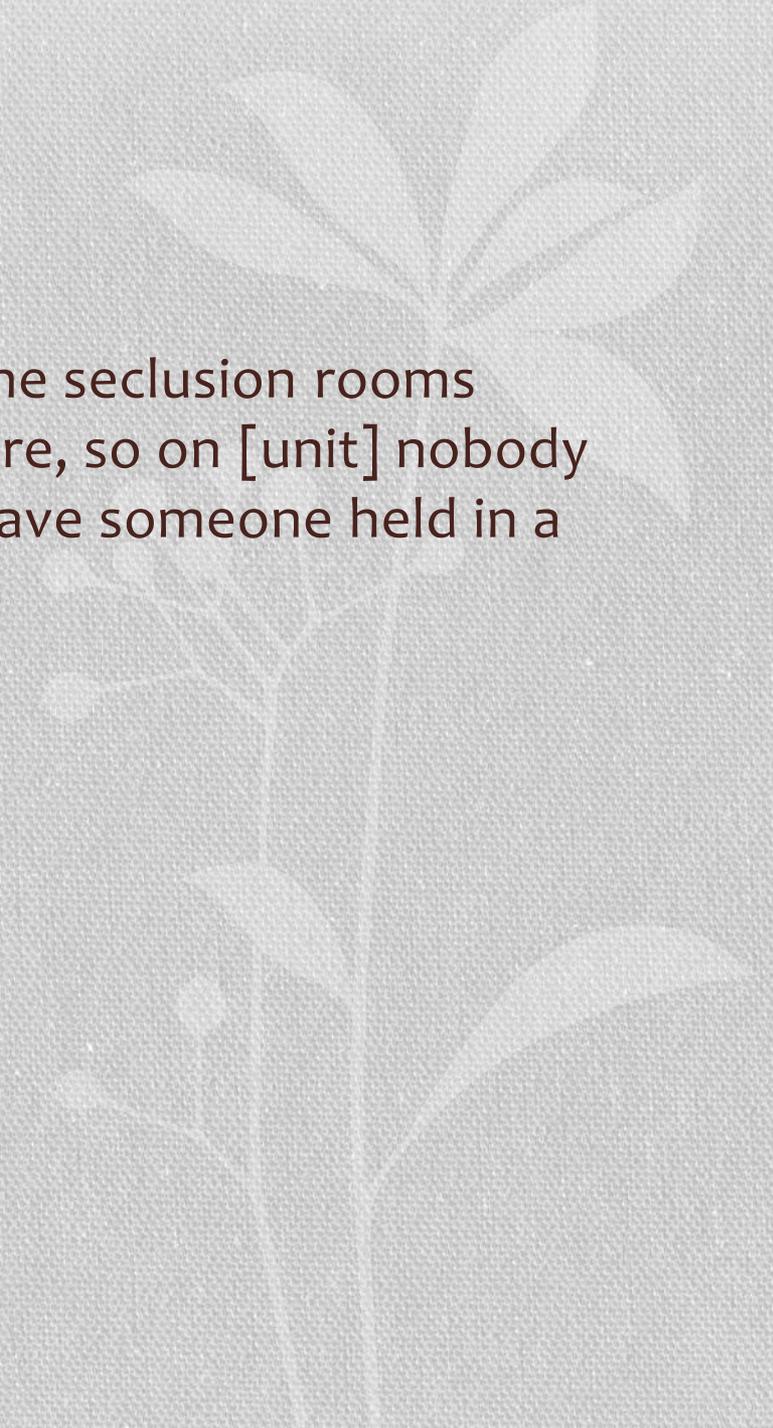
- NHS Census of learning disability services in England (2015) – Women make up a quarter of people in inpatient services. Women were more likely to have restrictive intervention (47% vs 32%) experienced in the 3 months before census date.
- Malda-Castillo et al (2018) Incident analysis (LD secure unit England) – Women 3x more likely to be restrained and secluded than men.

**Adele:** I think men are a little bit easier to understand in that you can say, 'He gets very angry about this, and he'll hit someone and be aggressive for half an hour,' and it's more predictable, whereas I think with women they can maybe keep an incident going for days. It can be verbal aggression, then leading to threats, then leading to hostility, then an actual assault or self-harm, or some act that leads to seclusion and it can carry on. And I think staff get frustrated, desperate, burnt out.



**Bonnie:** If there's another room away from seclusion, you know like a calm down room, I reckon that they should talk to us and say 'How do you feel, what can we do to help you?' and that.

**Brian:** The incidents became far less intense and far shorter in duration, again going from many hours in seclusion, quite wild really for want of a better phrase, to maybe having a half hour period of being upset and distressed and crying. It's just through being consistent really, through letting people know that they're being supported and it's unconditional support that we offer, we're not going to sulk or ignore you if you are angry, or if you throw a brew over us, we'll still be there saying 'do you want a brew?' later on when you're calm and things like that. Being consistent and having the whole team being consistent and making them feel valued as a person, saying 'let's go to the canteen and we'll have a brew and have a chat'



**John:** Where I used to work, they had the seclusion rooms removed, they don't have them any more, so on [unit] nobody goes in seclusion. But then you might have someone held in a restraint for hours and hours.

- **Iona:** My attitude towards her was very upbeat and very OK. I was never negative towards her, if she couldn't do something I didn't say it in a negative way. And the relationship was very different between some other staff members and her because they'd had all the aggression and I'd never had aggression. We'd have a laugh to be honest, we'd laugh and joke and I think there was an element of – what's the difference? Those staff thought that I must be doing something for her that I shouldn't be doing. Because there's that punitive role, they'd have a lot of animosity for her because of all the battles they'd had with her. Their attitude towards her was very different than mine, whereas I'd always had a very positive relationship with her.

# Things that help to balance power

- Accessible information about everything, including rights, use of interventions, how to progress through the service
- Allowing people to take risks.
- Involving people and families as equals in care planning throughout
- Community meetings
- Recognise the connection between powerlessness and anger. Assess behaviour contextually and relationally.
- Space for anger and understanding – voluntarily used
- Trauma informed care, reasonable adjustments to service regime
- Involve more service users in training and recruitment.
- As Elly Chappel said – we need staff who are willing to call out bad practice and challenge the use of restriction.

# Practices that add to power disparity

- Incentives systems
- Restricting access to information, peer support, families,, advocacy, belongings
- Shortage of staff leading to changes in routine and further restrictions

# Change systems first, not people

- Restrictive practices challenge human rights and give rise to concerns over social justice. Changing the person and their behaviour should not be the starting point. Rather, it is necessary initially to examine how to change services, systems and environments as a means of changing behaviour (Ramcharan, 2018).
- Workers may bear responsibility for quite serious consequences without necessarily having sufficient authority to alter systemic practices or overarching power relations. Most members of the mental health workforce would plausibly deny they entered into this work wishing to abuse, harm or dominate (Spandler and McKeown, 2017).

‘Women who end up in secure care have a fundamental need for therapy and empowerment, not containment and security’

(Powell, 2001)



## Accessible summaries of research Available at [wp.lancs.ac.uk/news/](http://wp.lancs.ac.uk/news/)

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### Easy read: Women with learning disabilities living on locked wards



In 2012, I spent time in three of women's wards in an NHS learning disability secure unit. I wrote a book about it called 'Locked Away'.

I asked women what they liked about living here, and what they did not like. I also talked to

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### Easy read: 'Behind this wall'— seclusion and locked wards

