

# An Investigation into Seclusion and Restraint Policy in Youth Forensic and Mental Health Settings: Does Gender Influence Policy?

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## Introduction

Gender issues in the application of restraint and seclusion (R/S) pose a complex challenge for institutions who must balance the physical and psychological safety of the patient, their peers and staff. Some researchers view seclusion as more appropriate for male service users and thus males run a higher risk of being restrained or secluded (NICE, 2005; Te Pou, 2008). However, other research has failed to find gender differences in terms of either the rate or application of R/S in youth facilities (Bowers et al., 2010). No extant studies have examined R/S policy in a gender context among Canadian adolescents.

## Research Questions

1. Do institutions have policies that relate to gender?
2. Which gender is more likely to be secluded?
3. How is gender taken into account during restraints or seclusions?

## Participants and Data Collection

Clinical directors from ten youth forensic and mental health facilities across Canada took part in a structured phone interview that examined their R/S policies and practices.

During the interview, facilities were asked a series of questions including describing their formal policies regarding restraint and seclusion, their development and implementation. In order to better understand gender relevant issues, institutions were also asked to describe which gender is more likely to undergo R/S, if the institution has any gender specifications regarding the use of R/S and policies dictating sex of staff that conduct R/S.

## Gender Policies

Six of the institutions surveyed employed policies that considered gender. A common theme among policies was a requirement that at least one same-gendered staff be available to assist in R/S at all times. Institutions varied in how strictly they followed this policy.

- One facility noted that male-biased staffing ratios made adhering to this policy highly difficult, if not impossible.
- One respondent noted that R/S decisions were made on the basis of staff competency and experience rather than gender.
- Another institution viewed same-gendered policies as posing an increased risk for staff and patient injury when staff were required to restrain physically larger patients.

**“we do have policy around it being the same gender person doing a search of the person prior to leaving them in the seclusion room but we don't have any gender differentiation around who would do a restraint”**

**“obviously having a male physically restrain a child whose just been raped is gonna be re-traumatizing”**

## Gender and Rates

Findings on which gender was more likely to be secluded were mixed:

- Four facilities noted that males and females were secluded at equal rates.
- One facility noted that females were secluded more often.
- Five respondents said that males were secluded more often.

The apparent trend towards males being placed in seclusion more frequently may be due in part to higher male populations in these types of facilities.

## Staffing Issues

Given the decreased availability of female staff, some will have male staff hold an individual's feet or legs, as opposed to holding a patient's head. In restraining female patients, male staff typically will not take the lead in bringing the youth to the floor.

A number of institutions were mindful of patients with histories of sexual abuse. Some respondents also noted serving individuals who have undergone traumatic experiences such as rape or torture in refugee camps. For these patients, additional effort is taken to ensure that physical restraint is used as infrequently as possible.

## Discussion

These results highlight commonalities as well as inconsistencies across Canadian youth forensic and mental health facilities. Perhaps most troubling was that only a small majority of institutions had gender-relevant policies that pertained to R/S. Further, institutional directors reported difficulties in adhering to policies when actually conducting restraints.

In order to ensure the physical and psychological well-being of youth patients, institutions should adopt R/S policies that address gender. Delaney (2005) argues that introduction of new policy be conducted using a multi-strategy approach. Improvements to policy can include a commitment to incident monitoring and follow-up, improved intake assessment and the development of individualized patient care plans. Changes in policies must include attitudinal and philosophical shifts as well as the development of leadership structures capable of executing these changes (Delaney, 2005).

## Future Directions

Given the lack of research on gender differences in R/S, further research examining the influence of gender would be worthwhile. In particular, longitudinal research that tracks change following policy implementation would be beneficial to best practice policy.

**“We do [have a gender] policy and that policy has been with us for many years. It is critical to have that policy. But due to the equality of staff and staffing ratios [it is] impossible.”**