

Report of the Victorian Women and Mental Health Network's project 'Listening to Women Consumers' Experiences in Mixed Sex Psychiatric Wards', 2007

**Victorian Women and Mental Health Network**



nowhere to be safe

*Women's experiences of  
mixed-sex psychiatric wards*

### *Useful contacts and further information*

#### **Victorian Women and Mental Health Network**

Women consumers or service providers can contact the Network via 'Networks' at [www.vicserv.org.au](http://www.vicserv.org.au), or via email [kim@prahranmission.org.au](mailto:kim@prahranmission.org.au) or phone 96929549.

#### **Department of Human Services Mental Health Branch Project**

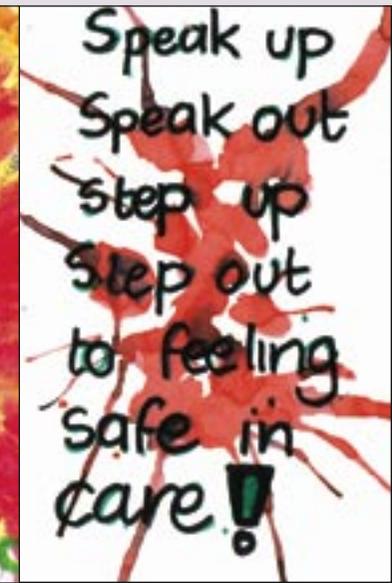
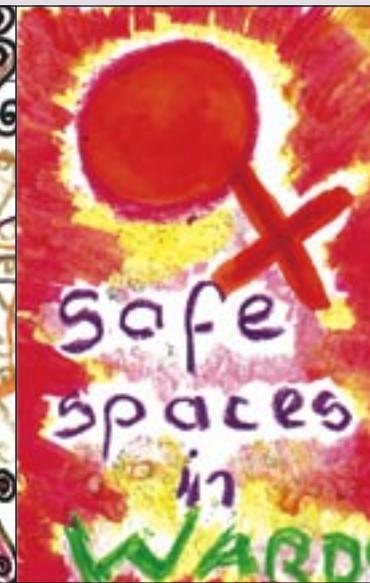
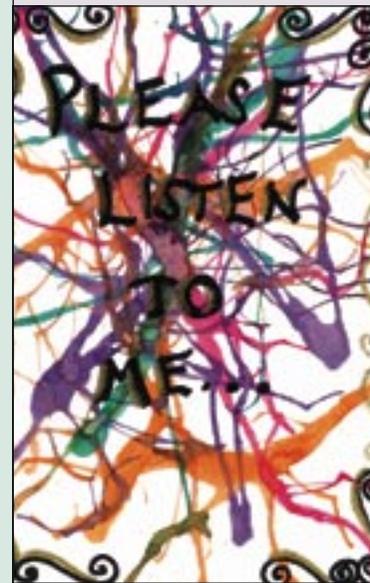
More information about the "Increasing Gender Sensitivity in Acute Adult Inpatients" project can be found online at [www.health.vic.gov.au/mentalhealth/](http://www.health.vic.gov.au/mentalhealth/).

#### **Women's Safety Project – Victorian Mental Illness Awareness Council**

The Victorian Mental Illness Awareness Council is a statewide body providing individual and systemic advocacy for consumers. For more information about VMIAC's Women's Safety Project, contact Jude Stamp, Systemic Advocate, email [systemic@vmiac.com.au](mailto:systemic@vmiac.com.au) or phone 9387 8317.

#### **Mental Health Legal Service**

Provides legal advice to consumers of mental health services. Visit [www.communitylaw.org.au/mentalhealth/](http://www.communitylaw.org.au/mentalhealth/) or phone 9629 4422.



## About this report

Published in April 2008 by the Victorian Women and Mental Health Network (“the Network”), compiled by Heather Clarke, Convenor with assistance from members of the Network Planning Group. Editing and design by Sarah Marlowe, cover art ‘Women Worn Out’ by Sue E Armstrong. Financial support for the Listening Event Project and report from the Victorian Office of Women’s Policy.

## Network contacts

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## Acknowledgements

The Network pays tribute to the women consumers who participated in the Listening Events for their courage in speaking about their personal experiences and allowing their comments and artwork to be documented in this report. We are particularly grateful to Julie Dempsey and Julie Brunskill, without whom this project would not have been possible. We also acknowledge the contribution of staff who supported women to be involved.

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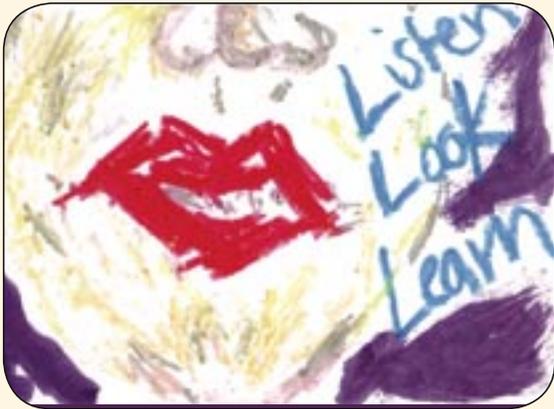


## Women’s Top Ten suggestions for improving inpatient safety

1. Locate bedrooms in separate women’s and men’s corridors.
2. Separate women’s lounges, outdoor areas and family visitor areas.
3. Lockable bedroom and bathroom doors.
4. Separate women’s and men’s bathroom facilities in both Low Dependency and High Dependency Units.
5. Introduce Patient Codes of Conduct which clarify unacceptable behaviour.
6. Earlier intervention by staff to protect women and prevent escalating patient conflict.
7. Better staff support for women who experience harassment.
8. Staff to be aware of patients’ previous experiences of trauma.
9. To be treated by female staff where possible, particularly at night.
10. More opportunities for communication and therapeutic contact with staff.



# Introduction: Why change is needed



**The Victorian Women and Mental Health Network (“the Network”) was established in 1988 to promote mental health policy and services sensitive to women’s needs.**

The Network first identified the need to rethink mixed sex wards – introduced in the 1960s — in our 1998 publication *Speaking Out*, a book of stories about women’s experiences of mental health services.

Since then consumers and service providers have continued to express concerns arising from women’s experiences of:

- Intimidation and harassment
- Witnessing verbal and physical aggression
- Unwelcome sexual advances
- Men entering women’s bedrooms
- Threatened or actual assault, including sexual assault
- The effects of sexual disinhibition, experienced by both men and women with a mental illness, and
- The re-traumatising of women with previous experiences of abuse.

In 2005 the Network began a project to raise awareness of these issues. It included surveys of consumers and services providers, a postcard campaign and the Listening Events, at which women spoke about what made them feel safe or unsafe in hospital.

In 2006 we surveyed 75 women consumers, of whom 61 per cent had experienced harassment or abuse in hospital. 51.5 per cent of these women said that they would

prefer women only wards and a further 27 per cent identified a need for more separate sleeping and recreation areas.

We also surveyed 42 mental health staff, of whom 70 per cent reported that harassment and abuse occurs in wards, 30 per cent saying it occurs ‘frequently’. This is especially alarming given that 50 to 70 per cent of women inpatients have experienced past physical or sexual abuse, including child sexual assault.

In 2007, the Network organised five Listening Events with local psychiatric disability rehabilitation services in Box Hill, Ringwood, Geelong, Beaconsfield and Preston. Many of the 65 women consumers who took part appreciated the chance to speak about experiences that had been previously ignored.

Women were invited to suggest ways to increase safety in wards, and to create postcards – featured throughout this report – with messages for mental health services.

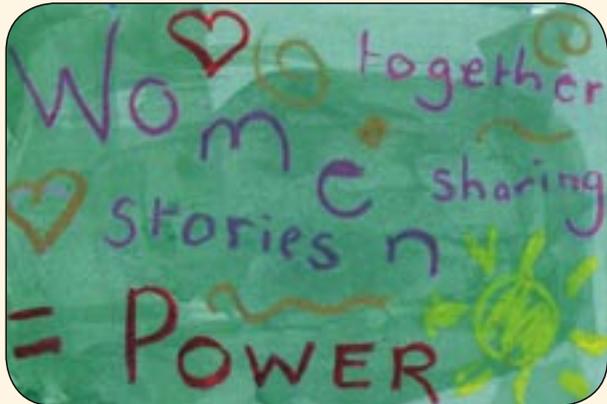
Key concerns included:

- lack of privacy and safety
- harassment and violence by male patients
- how the use of space in wards affects women’s safety
- the impact of staff responses
- distressing experiences in High Dependency Units, and
- the needs of women who have experienced previous abuse.

## *Julie D’s experience*

“I have been in the hospital system since 1982 with multiple admissions to a number of psychiatric inpatient units. Although the size and program of the hospitals change, the issue of safety for female patients in mixed wards remains the same as it did 25 years ago ... female patients often have to endure unwanted verbal aggression from male patients in the form of inappropriate sexual suggestions, insulting homophobic comments to gay women and physical or sexual threats and demands.”

# Lack of privacy and safety



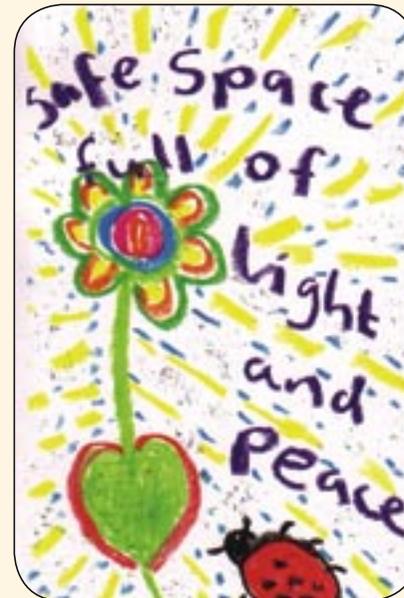
"A couple of years ago I was admitted involuntarily. At the time I was very fearful and suffering from delusions. The most prominent delusion was that men were a threat and their intentions were to harm me. This made me really scared. I felt in danger.

During this time I was lying on my bed and a man entered my room without knocking or asking permission. He stood there looking at me, which made me very nervous...eventually he left.

It would have been good at this time to have had female staff working with me."

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"I woke up one night and there was a male patient standing at the end of my bed...another time someone was entering the patients' bedrooms and swapping our clothes around...I felt vulnerable and violated."



One woman spoke of having been tormented verbally and intimidated by a male patient in the outdoor area. When she advised staff she was told to "go inside".

He later came into the bathroom while she was showering and rubbed soap into her eyes. She identified a need for lockable bathroom doors locks to preserve patients' privacy.



## Lack of privacy for visitors

"Our female visitors are like a magnet to the male patients."

One female visitor reported that a male patient lay with his head in her lap while she sat on the couch in the common area. Despite her obvious discomfort, it was some time before staff asked him to move.



# Intimidation, harassment and violence by male patients



**“When you’re not feeling so strong, just a male presence can be intimidating.”**

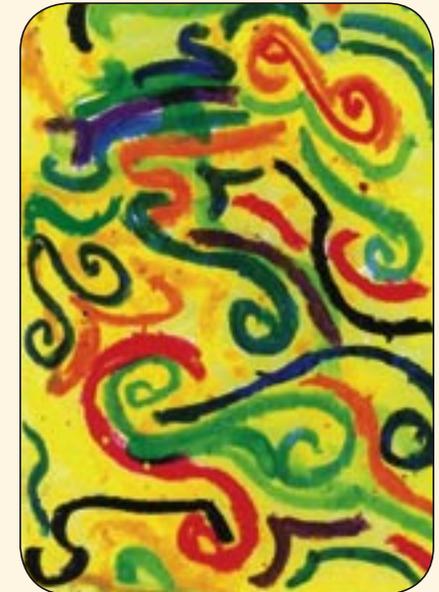
Women all agreed that verbal intimidation by male patients was routine, and that the staff response is often, “If you’re frightened, we’ll put you in HD”. (High Dependency Unit, see page 12).

Women also identified feeling unsafe in outside areas.

One woman described how a male patient followed her around the ward. When she indicated she wasn’t interested, he threw things at her. Staff told her to “keep away from him”.

“On one occasion a male patient came into the room I was sharing, pulled out a knife and held it to my room-mate’s neck.

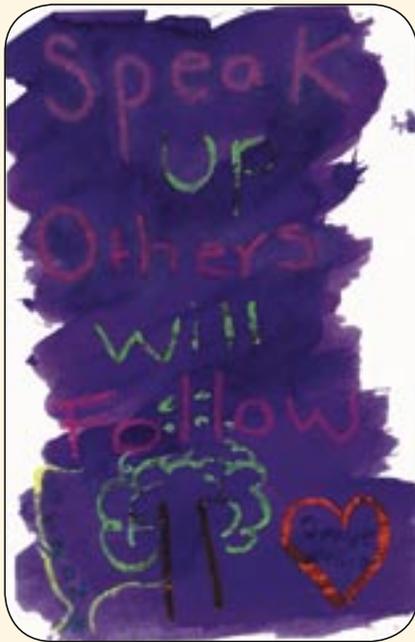
“Staff responded to this male, but not once following this incident were we asked how we were. Instead we were told ‘go back to bed’. Now whenever I am admitted to hospital, I feel afraid if I need to sleep in a room by myself.”



## Julie B's Story

“I have been in the mental health system for the past four years. There have been many times that I haven’t felt safe and there was nobody around to let them know so I kept it to myself...my last stay was probably my worst...I had a man attack me verbally each day...

I didn’t say anything to the nurses because I was afraid if they said something to him he could take it out on me worse...out in the courtyard a huge fight occurred between two males...I sat in shock and was unable to move for some time because it was another trigger from my past.”



**“I observed other patients engaging in sexual relations...I felt the women involved were too unwell to make informed decisions about these situations.”**

One woman observed that male patients often took advantage of very unwell women. She reported varying staff responses:

“Some staff were strict...I felt safer knowing that staff were doing something.”

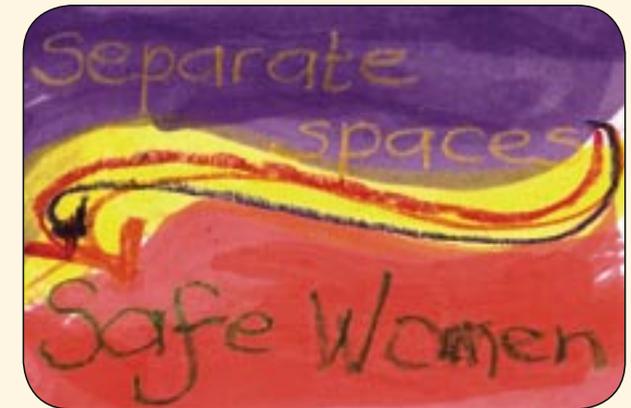
# Inappropriate sexual activity

Overall, she felt that having women and men in wards together created complications:

“We are all unwell and can’t cope with intimate relationships.”

When one woman was acutely unwell, other patients told her that her husband was never coming to visit again, and pressured her to have sex with another patient.

When her husband next visited, they told him that his wife had had sex with another patient. She was left feeling terrible, and that it was her fault.



## Sexual assault

A number of women disclosed that they had been sexually assaulted in hospital, but that no action had been taken:

“I was sexually assaulted while in hospital...the staff ignored me.”

A woman reported her assault by a cleaner, of which “no one took any notice.”

One woman told of another woman being raped while she was heavily sedated. This woman felt that there was no point reporting the incident, as she would not be believed.

Women’s experience is that “you lose your credibility when you have an episode”.



# Women's experiences in High Dependency Units



## Women reported feeling unsafe in High Dependency (HD) because of:

- the higher proportion of males
- no continuous staff presence at night
- being next to male patients in rooms that do not lock
- heavy sedation, leading to increased vulnerability

"When I was admitted to HD, I felt they treated me as less than an animal. I tried to talk to the staff but they ignored me – just gave me the injection. I felt like an outcast. I was so heavily medicated, I was falling asleep in my food..."

"It was Mother's Day...my daughter came to see me but they had to put me to bed."

During one woman's admission to HD she was stripped naked by a male nurse and two security staff in full view of other patients, injected, then forcibly dressed in hospital pajamas. She experienced intense humiliation and has ongoing trauma from this incident.

"It can be you and three guys... the violence that goes on is terrifying...one man thought I was the devil...he put his fist through the glass window in his door trying to get me...lots of staff attended to him but no one ever spoke to me about how I was."

"In HDU the bathroom facilities are shared and doors are not allowed to be locked – sometimes you'll be in the shower and a man will come in to use the toilet."

"The unisex bathrooms worried me a lot...I felt cut off at night and worried about being assaulted."

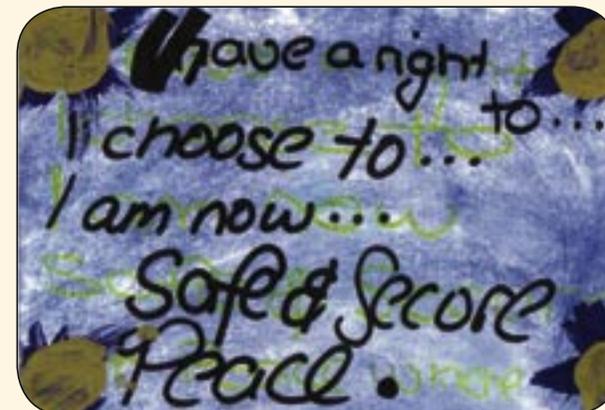
"On one occasion when I was in HD, a man knocked on my bedroom door and then urinated in front on me."

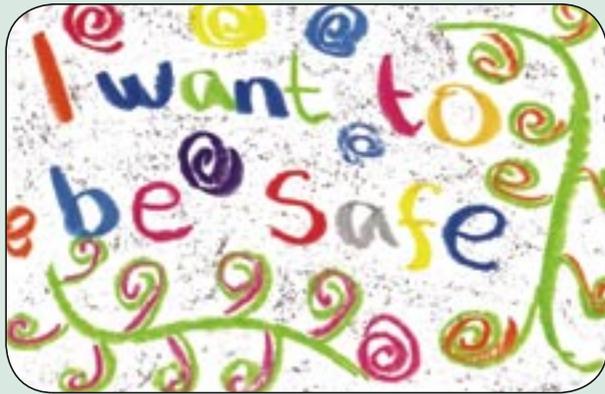
"A man exposed himself to me in HD – afterwards no one asked me how I was."

"High Dependency was frightening ... I kept myself safe by being in a corner ... I feel sexually vulnerable when I'm unwell ... patients are aggressive to the staff ... when the staff stay in their enclosure, they feel safe, but I don't feel safe in the ward or HD."

During an altercation in HD, a male patient punched one woman in the mouth, breaking a front tooth.

Despite being an ongoing client of mental health services, it took eleven months for the woman to receive dental treatment to address the damage.





## Miranda's Story

Miranda was sexually assaulted while an inpatient in the HDU where patients in need of additional care and monitoring are placed.

In the middle of the night, another patient came into Miranda's room and got into bed with her. She was wary because she knew he'd been in a fight. She was concerned he might try to hit her so she just kept discouraging him and asking him to leave.

Eventually a nurse checked and discovered the male patient in Miranda's bed. They removed him and some time later she was placed back in the general ward.

This assault was particularly distressing because it brought up memories of a previous assault Miranda had experienced.

The following day in the general ward a male patient kept trying to talk to her. She was fearful, believing he might also assault her. After two days, she removed herself from treatment by absconding. On being returned to the ward she was placed back in HD with the same patient who had assaulted her.

Miranda has suggested that emergency safety buzzers be available in all the bedrooms.

Her experience highlights that there is no consistent staff presence in HD at night, only periodic monitoring.

As Miranda commented: "High Dependency is such a scary place. It doesn't take long to get raped."



## The needs of women with experiences of abuse

**Women identified a widespread lack of awareness about safety issues for women who have experienced abuse.**

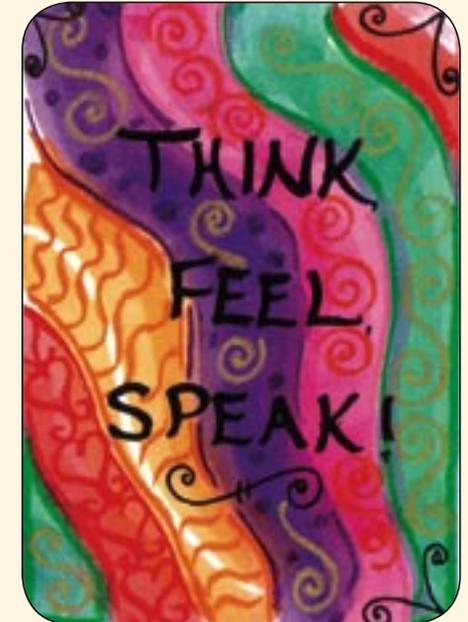
One woman was asked to tell the story of her assault to an all-male staff team:

"I felt completely unsafe and vulnerable. Nurses would demand that I leave my room suggesting this would make me feel better.

"A male patient was walking around with an erection and males also walked into my room. My experience was that the inpatient ward was very scary."

Anger expressed by male patients can "trigger" some women's fears arising from previous experiences. This response is often misinterpreted and inappropriately responded to.

Many women with abuse histories experience generalised fear. On an inpatient unit there is often nowhere they can go where they feel safe.



Feelings of lack of safety are intensified when staff enter patients' rooms without knocking:

"He just walked in – I jumped six feet in the air."

# The importance of staff responses



**Some women identified very helpful responses from staff:**

**“Awareness has really changed in the ward where I am admitted...they always make sure I have a female contact nurse and if she goes off the ward, she tells me who else I can talk to.”**

“I recall a male nurse who spoke to me when I was very unwell and couldn't talk at all, I knew what was going on but I couldn't express anything...he suggested one day I might feel like talking to one of the nurses...I felt he understood.”

However, many women said they were uncertain about where they could take their concerns.

They said that the Contact Nurse is supposed to be someone they can speak with about issues, but often it was nurses not women who controlled this staff-patient contact.

Women were also concerned that staff can become desensitised:

“You get in there and no-one talks to you.”

“They listen but they don't hear.”

Many women's experience is that when they try to raise issues relating to lack of privacy or safety, they are told that they have misinterpreted other patients' behaviour, or that is it part of their psychosis.

“When you are psychotic, they don't look at you as a person.”

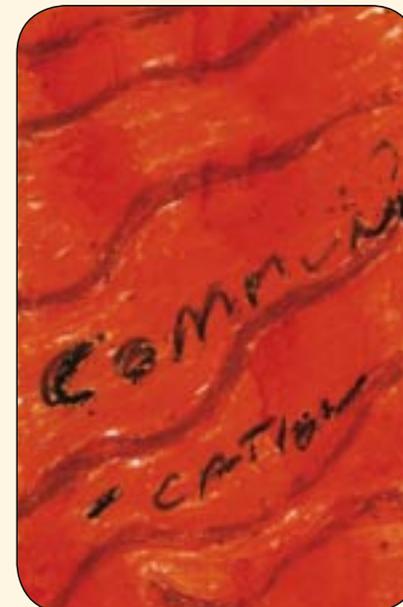
“If you're a voluntary patient, staff listen to you a bit, but if you've been certified, it can feel like you have no rights.”

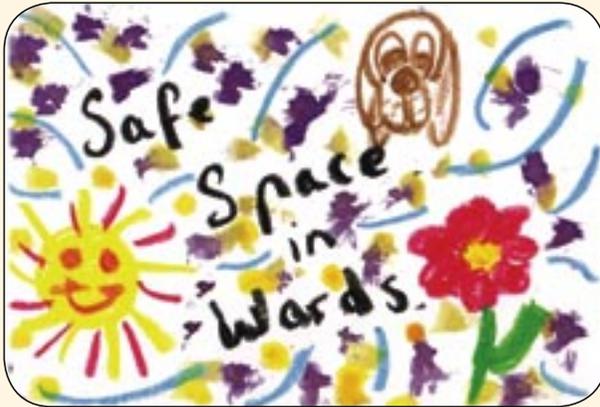
“It's awful the way some of the staff talked in a derogatory way about patients in front of us as if we weren't there...hearing them made me worried that they wouldn't listen to me...I felt there was no control over what might happen to me.”

## **Support for women through talking**

Women identified the focus on medication during inpatient treatment as too narrow, and were keen to see increased opportunities to talk with staff about ways of soothing themselves and managing emotional distress.

They were also interested in more activities like cooking and going for walks.





## Ward design

**Women were unanimous in their support for wards that provided more separate spaces for female and male patients.**

“There needs to be a lockable door between the women’s and men’s sleeping quarters.”

Women felt safer in wards where their bedrooms were mainly in one corridor, and men’s elsewhere.

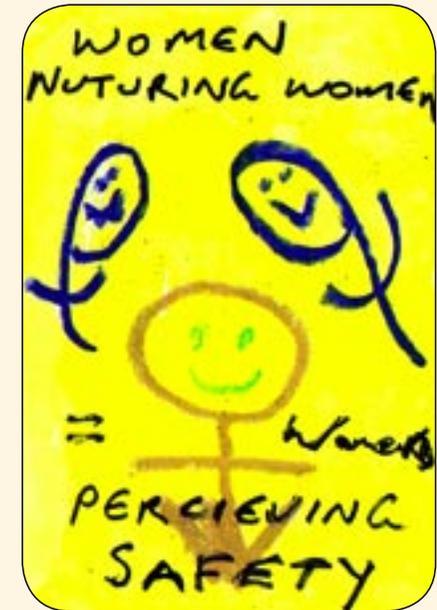
For example, women commented favorably about a ward with ‘women only’ and ‘women preferred’ corridors separated from the male corridors by the nurses’ station and common area.

Some wards had very long corridors, which felt less safe.

Being able to lock their doors was also important:

“I had a good experience in the ward...bedroom doors were able to be locked which made me feel safe.”

# What would make women feel safer?



**Women made a number of suggestions about what would make them feel safer and improve inpatient care.**

**The top ten are listed in the front of this booklet.**

### Ward design

- women prefer not to be in mixed wards
- separate women’s corridors that are readily accessible to nurses’ station
- single bedrooms with lockable doors

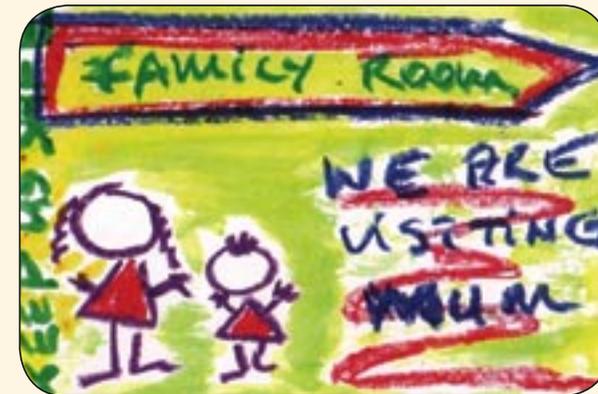
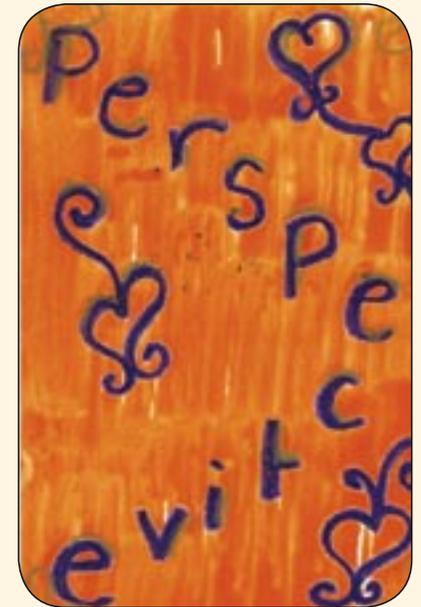
- well-maintained bathroom door locks
- separate bathroom facilities in all parts of the wards
- gender-sensitive toilet options for women during admissions to Seclusion
- separate women’s lounges and outdoor areas
- family visiting areas adjacent to the women’s corridor with access to tea, coffee and toys, pets should be permitted to visit, and
- visitor’s badges and better signage for visitors.



### Staff-patient contact

- patients to be treated with dignity
- treatment by female staff where possible, especially at night
- more opportunities for communication and therapeutic contact with staff
- to avoid fear that results from the unexpected, staff to provide regular information to patients about what is happening on the ward and how staff plan to respond to patient needs
- greater awareness of patients' past trauma experiences
- implementation of patient Codes of Conduct which clarify unacceptable behaviour
- confidence that if women experience harassment, staff will support them
- consistent responses to female and male patients (some women felt that mental illness is taken more seriously in male patients)

- the right to spend time in their own bedroom
- staff support for children to visit (some women had experienced disapproval)
- improved co-ordination of medication at discharge, and
- opportunities for staff contact with consumers **when they are well**, to give staff insight into consumers' experience of admissions.



## Using women's stories to advocate for safety

The Network has used information shared by women at the Listening Events to lobby mental health services to make wards more sensitive to women's needs.

In Geelong, women's feedback was conveyed to local mental health staff during a presentation by psychiatric disability staff, network representatives and a local consumer.

Women's postcards were framed and will be displayed in the ward's new Family Lounge which is being planned, to raise awareness of women's suggestions for improving safety.

In the Eastern region, Network representatives and psychiatric disability rehabilitation staff met with the Director of Mental Health Services to pass on women's concerns.

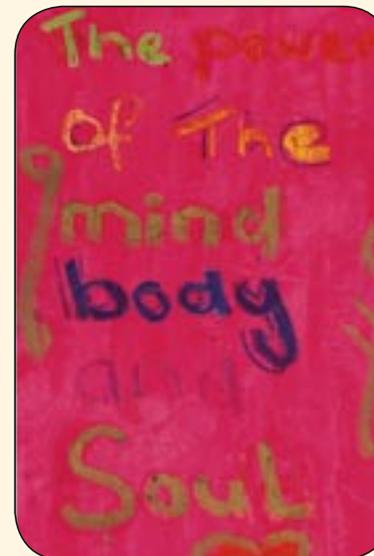
As a result, a women's area with its own common room is being considered in the

redevelopment of Maroondah Hospital's West Ward, due to open in early 2008. The Network hopes to hold similar meetings in other regions where ward expansions are planned, e.g. in the North where women's feedback from the Listening Event has been incorporated into the planning process for the new ward.

The issues raised by women consumers have also been taken into account in the recommendations of a project called "Increasing Gender Sensitivity in Acute Adult Inpatients", overseen by a Mental Health Branch Advisory Committee in 2007.

Further work is likely to be undertaken by the Mental Health Branch to implement these recommendations in 2008. The Network is committed to working with consumers to advocate for improved inpatient environments for women.

## The Network's proposals for gender-sensitive wards



The Women and Mental Health Network proposes that:

- Design of new psychiatric wards should ensure rooms are arranged in clusters that can be separated to provide safe spaces for women and men.
- Current Facility Design Guidelines should be updated to ensure that existing wards incorporate separate bedroom areas, women-only lounges, family spaces, common areas and single sex toilet facilities in all parts of the wards.
- Mental Health Branch should develop guidelines for promoting sexual safety in inpatient settings, which:
  - Clarify that sexual activity in inpatient units is unacceptable
  - Clarify how ward design can promote a safer environment
  - Outline responses to allegations of physical and sexual assault, and
  - Promote trauma informed care for patients who disclose past abuse.