Restraints:
Retraumatization for Rape Victims?

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How does a patient with a history of rape perceive the experience of being placed in restraints while being treated as an inpatient on a psychiatric unit? Is it possible for a rape victim to perceive leather restraints as retraumatization of her or his rape? A review of the literature reveals information on the effects of restraint and seclusion, but does not discuss how restraints and seclusion affect a patient with the prior trauma of rape or sexual abuse. The incidence of rape and sexual assault is high in the United States, with one out of four females and one out of seven males, experiencing some form of sexual abuse before the age of eighteen (Speck, 1992). This high incidence means it is likely that an inpatient on a psychiatric unit will have an abuse history.

How do patients perceive being placed in seclusion and restraints? Authors frequently write of the effects of seclusion, soft-wrist restraints and posey vest restraints, but not about the use of leather restraints. Increased levels of anxiety, anger, depression, humiliation, abandonment, loneliness, and a loss of dignity have been reported; others view isolation as a form of torture; still others describe the experience as frightening, confusing, depressing, degrading, dehumanizing, humiliating, lonely, and inducing anger, guilt, and loss of self-esteem (Chamberlin, 1985; Jensen, 1985; Norris & Kennedy, 1992; Strumpf & Evans, 1988; Weick, 1992).

Restraint may precipitate regressive behavior, causing clients to further withdraw from reality (Steele, 1993). It is not uncommon to witness restrained clients crying, yelling, or screaming hysterically. Chamberlin states “It is possible that the treatment itself is producing more symptoms, more pathology” (p. 209).

Ledray (1990) states that rape is “the ultimate violation of the self, short of homicide” (p. 25). Rape is a crime of violence, not of sex. Rape is a high stress crime leading to the development of post-traumatic stress disorder (Resnick, Kilpatrick, Best, & Kramer, 1992). The perceived loss of personal power and self-control make many women feel extremely helpless and defenseless. They may experience considerable anxiety and agitation, and cry hysterically (Ledray, 1990), feeling the “sense of helplessness and loss of control...as more damaging than the sexual aspect of the encounter, per se” (Brownmiller, 1995; Groth, Burgess, & Holmstrom, 1977).

Nurses recognize the trauma that rape invokes. The North American Nursing Diagnosis Association (NANDA) recognizes rape trauma syndrome as a distinct nursing diagnosis. Defining characteristics include symptoms of post-traumatic stress response, such as numbness, impaired concentration, disbelief, panic, extreme detachment, severe anxiety, anger, and depersonalization (Taylor & Sparks, 1993). Are the feelings experienced by rape victims similar to those placed in leather restraints? During a group meeting for manic depressive and depressed clients, several individuals compared their experience of being in leather restraints to their experience of rape. Follow-up interviews were done with their permission. Names are withheld to maintain confidentiality.

Case Example 1

A 23-year-old woman stated she had admitted herself to the hospital to get help, but being locked up “drove me crazy.” When she attempted to leave the unit, male employees grabbed her, carried her to a cot, and placed her in leather restraints. She felt assaulted. The fight or flight response quickly released large amounts of adrenaline into her bloodstream, but she was unable to flee. She fought the best she could, but was quickly overpowered. She shared with the group that she kept telling the male employees that they were raping her, but no one would listen to her. She left the hospital feeling worse than when she arrived. She refuses to seek additional help. Her statement to the support group was shock-
ing: “I will die before I ever seek help from a psychiatric hospital again! I will never, ever, allow myself to be so humiliated, so tortured again!” This client refused all further treatment, remaining chronically ill.

Case Example 2

Another woman kept a diary of her experiences and feelings, which she offered to share with nurses in the hope that it might help others. It is a chilling story of how this one client perceived the experience of restraint and seclusion as revictimization. When a 45-year-old patient diagnosed with bipolar disorder attempted to hang herself while an inpatient on a psychiatric unit, staff reacted quickly by “take down” and placement in five-point restraints, face down, to protect the client from further harming herself. Staff reacted in the way they had been trained, viewing this as a positive response to the situation. The client, a rape victim at the age of 12, perceived the situation differently. Shortly after her release, this client wrote about what her perceptions of reality consisted of, and how dramatically the experience was a reenactment of her prior rape.

“I came into the hospital voluntarily. I trusted the staff would be there to help me, not hurt me. I was isolated from other patients, deprived of any outside stimuli, such as music, television, or reading material. I could only think about my illness and what my future might be. I was hurting so intensely, I really believed that death was the only way to end the emotional pain I was experiencing. I was caught unexpectedly as I attempted to hang myself in the restroom. Without warning, I was grabbed by the staff I had trusted, thrown to the floor, dragged to a cot, placed face down, and placed in five-point restraints. I felt sheer terror as the leather restraints tightened painfully around my wrists and ankles. I couldn’t see who had grabbed me, who had touched my arms, my legs, my chest, my thighs; I couldn’t see anything.

Hands grabbed at my body, pulling my pants down, exposing my buttocks. I only felt terror, humiliation, and pain. The staff left without a word as I screamed for help, begged for mercy.

“Suddenly I wasn’t in the hospital any more. I wasn’t 45; I was 12. My terror increased unmercifully, with my heart pounding as though to burst through my chest wall, my head feeling as if it was about to explode. The pain in my wrists and ankles increased steadily. A neighbor, a trusted family friend, had offered to help me fix my bike, if I would just go into the garage with him. I felt sheer terror as the leather restraints tightened painfully around my wrists and ankles.

His hands pulled down my pants; the pain was excruciating as he ripped me open. I screamed. I cried hysterically. I fought to get away, but the man was too big, too strong, too overpowering. In terror, I fought to free myself. The pain in my hands became excruciating as the leather cut deeply into my hands. My heart kept pounding and my head felt about to explode. I begged for mercy; I begged for someone to help me. No one ever came. ‘Why? Why are you doing this to me? I trusted you! Why are you hurting me?’ There was no answer. There was no escape, no hope of anyone coming to my rescue in that remote rural area. What have I done? Do I deserve this? Maybe I’m not fighting hard enough. I fought harder, but to no avail. At last, he left me lying in the dirt, filthy, invaded, traumatized for life.

“I heard the door open, the footsteps of a man as he walked to the foot of my bed, staring at my exposed, helpless, powerless body. ‘Please don’t rape me! Please let me go! Please stop hurting me!’ He left as silently as he had come into the room. ‘Why are they doing this to me? I didn’t hurt anyone. I didn’t try to hurt anyone but myself. Why didn’t they even bother to ask why?’ The pain became increasingly intense as my hands became horribly swollen from fighting the leather restraints. I begged for mercy. ‘Why are you torturing me?’ Is this the way I am to die—slowly suffocating in the mattress, in terrible pain, in terror? How much better if I had been able to die from hanging. I wanted death, an end to the pain I was suffering. I wanted peace. ‘Please, God, let my heart stop beating. Let the torture end!’

“Dirty and crying I went home to my family. I told my parents what happened between sobs. My father walked away without saying a word. My mother said I obviously had misunderstood our ‘friend’s’ actions. The bleeding was explained away as my first period. ‘Surely my husband will help me. He will get me out of here. He won’t let them keep hurting me.’ He came; he
saw my pain, my terror, my swollen hands. He walked away saying ‘I’m not going to help you get out of here. This is for your own good.’ He left. I was totally, completely abandoned and betrayed. I wanted to die worse than ever before.”

She didn’t die. Eventually physical exhaustion set in, and her screams became only sobs into the mattress. She was eventually freed. That night she tentatively made her way into the hallway. There she saw a female nurse on the other side of a door standing next to a basket full of her personal belongings, including her teddy bear. The teddy bear looked comforting through the window in the door. A male nurse was busy with his back to her, so she raised her hand to knock on the door to request her teddy bear. She was immediately grabbed and, once again, the cold, hard leather restraints tightened around her wrists and ankles, cutting into her flesh. She was again face down without explanation.

“Why? What have I done? I didn’t do anything! I just wanted to ask for my teddy bear. Please, please let me go! I just wanted my teddy bear! I didn’t do anything! Why are you doing this to me?” I just totally lost it this time. Psychologically, I couldn’t take any more. I became that abused 12-year-old, being raped over and over again. I fought with every ounce of strength I had left in me, but it was a lost battle. No one cared; no one helped me.”

This patient allowed me to review her medical records to see what staff had recorded during this time. The nurse’s note confirms that the patient was in five-point restraints and “hysterical.” Unfortunately, no nursing interventions are documented. Eventually, she was once again released, more depressed, frightened, and overwhelmed than before. Staff asked her to make a “no harm” contract.

“I did whatever they wanted, I answered the way I knew they wanted me to answer. The staff terrified me. I would never have told them the truth about how I felt; surely they would only “rape” me again. I feel betrayed, victimized, dehumanized. When they told me to take my clothes off for a strip search, I simply complied. They had already taken away all sense of self, all dignity. I could no longer defend myself. There was nothing left to defend. I did exactly what I was told to do, when to do it, how to do it. I lied about how I felt in order to get out of that prison. It took a week, but I was finally set free, my hands still swollen, my right thumb painfully numb at all times.”

Two months later, this client picked up paper and pen and once again wrote about her feelings:

“For years after the rape, I felt dirty, alone, withdrawn, terrified of ever being touched by a man again. Psychotherapy helped me trust again, and my relationship with my husband was a good one. Now I can’t stand to be touched. Once again I’m afraid of being hurt. My Bipolar illness can be controlled with medications. The trauma I experienced in the hospital with staff and family is not so easy to resolve. Once again I’m working on issues of trust and sexuality. I am chronically depressed, crying over nothing, over everything. Now, I have intense flashbacks of being attacked at the hospital, as well as flashbacks of being raped. They are one and the same to me. People I trusted to help me when I reached out for help punished me for becoming manic. They may not have raped me vaginally, but they most certainly raped me emotionally, psychologically, and spiritually.”

Case Example 3

A 28-year-old male, sexually molested at age 9, listened to the story told by the patient in the case example above and responded empathetically.

“I understand all too well what you are saying. I’ve been in those leather restraints, locked away in a room all alone for days at a time. There is nothing worse. You become totally unprotected, totally vulnerable. All the nurses do is come in to torture you, stick needles in you. I cried, I screamed for help, I begged for mercy. No one ever responded to me. No one cared if I was dead or alive. I will never, ever allow myself to be taken to a psychiatric institution again; I will kill myself first. Death is far preferable to life in such a place where torture is accepted as the norm. How can anyone working in such places think they are ‘helping’ anyone?”

“Oh, I figured out that if I could just get released from the restraints, I could fake my way into being discharged. I, too, was released when I was too exhausted to fight any longer, to even care if I was dead or alive. I became the model patient. I told them what they wanted to hear. They claim they helped
me, but they are fools! I simply outsmarted them. They will never again have such an opportunity to try to destroy me again. I guess the absolute worst part of it for me was I was totally at their mercy; I had no control over anything. They could do whatever they wanted to, whenever they wanted to. It was no different than being abused while growing up."

**Case Example 4**

A 30-year-old woman explained during an interview what her experience was like when she sought help for recurrent panic attacks, nightmares, and flashbacks of being abused by her uncle at age 10.

"I didn’t want to go to the hospital. I was afraid, and embarrassed. I just wanted someone to help me, because I couldn’t even function at work anymore. Things had just been getting worse and worse. I finally checked myself into an open psychiatric unit at a local hospital. There nurses greeted me friendly enough, assuring me I could tell them anything or if I needed help. I didn’t feel like meeting other patients; I guess I was afraid of them. I just didn’t know what to expect. One thing that the psychologist I had been seeing for several months had encouraged me to do was to write down in a journal what my nightmares and flashbacks consisted of.

"I requested paper to write on while in the hospital, and my wish was granted. I wrote about my recurrent dreams of a knife, a very unique, very large knife. I dreamt of death; I dreamt of suicide; I had flashbacks of being in my uncle’s house, of him telling me how safe I was, how much he loved me, how he forced himself on me, how terrified and humiliated I was. I was in a strange city, and there was no escape for a little girl. I had only wanted to die then, the only possible escape I could think of.

"The flashbacks were like pieces of a puzzle, fuzzy and incomplete, yet the feelings of pain and terror were always present. I made the terrible mistake of writing down those thoughts, those nightmares, those pieces of my memory. I also wrote down how I had, in desperation the day before, looked for a way to commit suicide. I wanted death, not pain. The only thing I could find was a metal serrated knife, which I used to scratch the surface of my wrist. I drew blood, but very little. I couldn’t stand the pain, and quickly decided that was a really stupid thing to do anyway.

"When a young medical student

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"came in that day, I was feeling much better—perhaps the drugs they had been giving me were helping some, I don’t really know. But I wasn’t suicidal. I just wanted to get rid of the panic attacks and the flashbacks. He noticed my writings and asked to see them. I agreed—I trusted him. I quickly learned I had made a terrible error in judgment. He had shared part of my writings, the part about wanting to hurt myself, with the nursing staff. Before I ever had a chance to explain anything, a large group of nursing staff rushed into my room, grabbed me and dragged me to lock me up. I had trusted them; I had trusted my uncle. I will never trust another nurse or doctor ever again. They did not listen to me; they did not even bother to read all that I had written. They ‘helped’ by hurting me all over again. I will never forget what they did to me. I will never again ask for help."

**Common Themes**

The preceding case examples speak of different situations, different hospitals, and many different nurses; yet, the patients who have shared their stories with us share many feelings in common. A list of experiences associated with both their experience of sexual assault and of being restrained in a psychiatric setting is found in the Table. Each person in the case examples speaks of experiencing a betrayal of trust, as well as a determination to never again seek help, preferring to face death rather than the possibility of restraints. Is this the way nurses want their clients to feel?

Nurses working with such clients must try to better understand them, and identify better ways to help them. This is not the first time clients have spoken about their feelings regarding psychiatric treatment; as early as 1976, Wadeson and Carpenter reported that individuals interviewed 1 year after seclusion, without the use of leather restraints, still felt bitter about the experience. Soliday (1985) stated "failure to understand how the patients feel can easily lead to the design and implementation of procedures that are needlessly inefficient and traumatic" (p. 286).

For a client who has experienced rape or sexual molestation, and then later is placed in leather restraints, it seems easy to understand why the client would view his or her "treatment" as retraumatization. Tooke and Brown (1992) found that patients requested that the use of restraints be discontinued.

**Summary**

Clients who have experienced trauma through rape or sexual assault
discuss the traumatic feelings associated with being placed in leather restraints during times of hospitalization for psychiatric/mental health problems. In the eyes of those who have openly discussed their private interpretations of their experiences, restraint becomes revictimization. The clients who came forward to tell their stories may be only a small percentage, or they may represent a much larger percentage of the inpatient psychiatric population than nurses and therapists have recognized. Developing a therapeutic rapport with clients is a critical element of psychiatric/mental health nursing that may be severely impaired if the client perceives nurses to be perpetrators of violence.

Recommendations

Research into client perceptions of the experience of being in leather restraints is needed. Outlaw and Lowery (1994) identified that both clients and staff were able to identify the cause for restraints being initiated; however, the client interviews were done during restraint, and their perception of feelings during the event were not addressed. It is time to listen to how clients perceive treatment with leather restraints and consider alternative methods of treatment. Clients come to a psychiatric setting expecting help, not hurt. Nurses are taught to use the therapeutic use of self when interacting with clients, not to humiliate, dehumanize, or punish them. Nurses seriously must consider the client’s prior life events before using anything as severe as restraints.

Alternative care for someone who is out of control must be considered carefully. Including the client and family members in developing a comprehensive plan of care at admission is an appropriate time to find out what helps to calm him or her down, and whether specific distractions, personal items, or solitude are helpful. Clients know their own behavior patterns better than we do. For some, the sound of music can be intrusive and irritating, escalating out of control behavior. Others find music soothing and calming. Any activity may have one effect on one person, but a different effect on another. Each person is a unique human being. At admission is also the time to determine what are known fears and anxieties, along with gaining information about former victimization and abuse.

Including the client in the development of the nursing plan of care offers the client a sense of being respected, a sense of being part of his or her own treatment plan.

References


KEY POINTS

Restraints

1. Many clients hospitalized with a mental illness have a prior history of rape or abuse.

2. Clients who experience "take down" and subsequent restraint and seclusion may perceive the experience as rape retraumatization.

3. Thorough assessment during the admission process should include history of sexual abuse or other prior high stress trauma. Intervention that is tailored to the individual client's needs should be identified immediately.

4. When therapeutic communication and individualized interventions to de-escalate the client fail, and the client is a real danger to self or others, nurses must medicate appropriately and stay with the client during restraint to help reorient and assist the client into regaining control as quickly as possible. A therapeutic rapport with clients in restraints requires intensive care and patience.