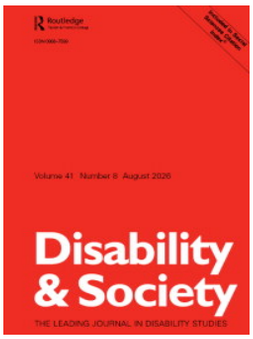

Disability & Society

ISSN: 0968-7599 (Print) 1360-0508 (Online) Journal homepage: www.tandfonline.com/journals/cdso20

Are things getting better for women with learning disabilities in secure services?

Rebecca Fish & Helen Jones

To cite this article: Rebecca Fish & Helen Jones (08 Aug 2026): Are things getting better for women with learning disabilities in secure services?, Disability & Society, DOI: 10.1080/09687599.2026.2712583

To link to this article: https://doi.org/10.1080/09687599.2026.2712583

Published online: 08 Aug 2026.

DISABILITY & SOCIETY
https://doi.org/10.1080/09687599.2026.2712583

Routledge
Taylor & Francis Group

CURRENT ISSUES

Are things getting better for women with learning disabilities in secure services?

Rebecca Fish[a] and Helen Jones[b]

[a]Faculty of Health and Medicine, Lancaster University, UK; [b]Birmingham and Solihull Mental Health NHS Foundation Trust

ABSTRACT

The experiences of learning disabled and neurodivergent women in UK mental health inpatient services have been historically marked by coercion, neglect, and systemic violence. The various exposures of abuse have made visible the brutality of institutional life, yet successive governments have failed to meet their own targets for reducing inpatient detention. Women continue to report the same experiences of disempowerment and humiliation that have been consistently documented. This article gives a commentary of developments in policy and research since the early 2000s, asking whether things have changed for these women. This is a current issue due to the continuing exposure of negative practices and deaths occurring in such units.

ARTICLE HISTORY
Received 27 October 2025
Accepted 25 July 2026

KEYWORDS
Epistemic justice; gender; inpatient services; institutional violence; learning disability; seclusion; self-harm

Introduction

The experiences of learning disabled and neurodiverse women in UK mental health inpatient services have been historically marked by coercion, neglect, and systemic violence (Fish 2018; Fish, Bjornsdottir, and Wilde 2025). The exposure of abuse at Winterbourne View in 2011 (and others that followed) made visible the brutality of institutional life, yet successive governments have failed to meet their own targets for reducing inpatient numbers. This is a current issue because women continue to report the same experiences of retraumatisation and disempowerment and these have been consistently documented.

This article draws on verbatim quotes from women themselves, contrasting early research with later work. Across these accounts, the same themes resurface. By tracing continuities and changes across twenty years of literature, we argue that things have not significantly improved for learning disabled women detained in inpatient units.

CONTACT Rebecca Fish r.fish1@lancaster.ac.uk

Early accounts

Research with women in residential services has consistently documented their profound sense of disempowerment. Women described being left out of treatment planning (epistemic injustice as articulated by Fricker 2007), as well as retraumatisation in response to the use of physical restraint, seclusion, and forced medication. For example:

> Well if you do naughty things they lock you in the side room for about a couple of days. Ah, they'd take your clothes away and you just had your nightdress on… but you can't come out, not until they tell you. ('Shirley' in (Phillips, 2007)

> It's awful when they restrain you, just awful… I think they [staff] hate me. They were laughing about it… I reckon some of the staff here might seclude people just to prove they are in charge. (Sequeira and Halstead 2001, 467-468)

> Nobody's bad for cutting up [self-injuring]. You shouldn't be punished either for cutting up… They're drawing up my guidelines. They'll tell me though, not ask me. ('Catherine' in Harker-Longton and Fish 2002, 147)

> Yeah, if it's men [restraining me] I go ballistic… they said that men shouldn't restrain me. There were men on me foot and even on me hand. (Woman resident in (Fish and Culshaw, 2005)

Further, in 2002, Crawford observed the following in her research with ten learning disabled women in a residential service:

> … seclusion was the most damaging response, causing anger, resentment and hostility. Four women discussed their experiences of having received intramuscular medication whilst in seclusion; and due to drowsiness they lost track of all time. These experiences had angered the women, and in some cases had caused them to self-harm more as a form of retaliation and protest. All ten women noted that these responses had affected their relationships with staff in a negative way, identifying that talking was a more effective response to their distress, and the physical responses were forms of punishment. (2002, 128)

Presenting first-hand narratives from more recent research, Fish and Hatton (2017) showed how restrictive practices intensify trauma, especially for women with histories of abuse. Rather than offering therapeutic environments, secure units reproduce dynamics of surveillance, coercion, and blame. The behaviourist legacy of institutionalisation leaves women 'managed' rather than supported.

Alexis Quinn is an autistic woman who was detained in a series of psychiatric hospitals where she was repeatedly restrained and secluded. Her memoir Quinn 2019 describes the terror and cumulative impact of such interventions:

> If you don't do exactly what they say, when they say, you're in trouble. They hold all the power and they own you. They can restrain you when they like and fill you with chemicals when they like. (Quinn 2019, 54)

Quinn's story demonstrates how women are silenced and pathologised within services. Helen Jones's recent doctoral research (2022) echoes these same themes of punishment and retraumatisation. One woman told her:

> 'Kate': I said when you're in seclusion sometimes you get shoved in there… they don't give you blankets. I don't like being locked in cos when I was a kid I was locked in. (Jones 2022, 141).

Jones' participants demonstrate the over-use of restrictive practices:

> 'Cap': You cut your arm once… they put you in seclusion (Jones 2022, 155)

The parallels with earlier research are striking. Despite years of policy promises to build community-based and therapeutic alternatives, Jones's participants were still experiencing the same forms of isolation and dehumanisation. What emerges is not a picture of progress, but of repetition and reinforcement of institutional harms.

A comprehensive recent study of women's experiences of restraint and seclusion by Scholes, Jones, and Palmer (2022) features three dominant themes: powerlessness, dehumanisation, and broken relationships. Participants described the total loss of agency and feelings of dehumanisation:

> I felt powerless, like I had my legs pinned to the bed, my arms pinned down, my head was pinned down… it just feels like all your choices are taken away from you. (Scholes, Jones, and Palmer 2022, 6)

> They are watching me, and they are looking at me like I'm from the zoo. Not a human being. (Scholes, Jones, and Palmer 2022, 9)

These descriptions starkly echo earlier accounts. Despite government guidance to minimise restrictive interventions (DoH 2014), women remain subjected to practices that strip them of dignity. Further, families describe watching their loved ones deteriorate in environments of coercion, and report barriers to advocacy and lack of transparency from services (CQC 2020), echoing Quinn's concerns about silencing.

Undercover journalist Alan Haslam's *Panorama* investigation into the Edenfield Centre in 2022 features Harley, a 23-year-old autistic woman, who was routinely disparaged and dehumanised by staff. She was provoked and then subjected to restraint. Haslam reported:

> [Harley] was spoken about throughout the hospital as if she was a kind of monster. Most staff showed little compassion or understanding. I was in the room when managers agreed she should be restrained and forcibly placed in seclusion. I saw her dragged from a mattress on the floor and pinned to the ground face down, screaming. It was chilling. (Haslam 2022)

Harley's story highlights how women become quickly labelled in a way that legitimised further coercion.

New stories are emerging over time. For example, Hannah Aitken who had autism and ADHD, took her own life in 2023 after being sent to six privately run hospitals in four years (Bundock 2025). Prior to her death, she wrote an email to Sky News:

> I will never forget what I was put through, I put up with so much and it's only now I realised it wasn't right, for years I blamed myself.

A particularly shocking recent case is that of Kasibba, exposed by the BBC in 2025. A non-verbal autistic and learning disabled woman, she was detained in a mental health hospital for forty-five years. For twenty-five of those years she was held in long-term segregation, locked in for more than twenty-three hours a day. Without family advocates, her situation remained hidden until psychologist Dr Patsie Staite uncovered her case during a review. She recalled, 'I think what was really shocking was it was all legitimised' (Staite, cited in BBC 2025). Kasibba had been labelled 'dangerous' based on a single incident decades earlier. Despite evidence that she posed no risk, it took years of advocacy to secure her release.

Series (2022, 129) reflects on the enduring detention of people with learning disabilities as a symptom of the 'post- carceral landscape of care, where the boundaries between 'home' and institution' are increasingly murky'. She observes, 'There should be no space where the polarized characteristics of home and institution collide; and yet there are' (Series 2022, 124).

Research consistently shows that confinement within locked wards exacerbates distress and self-harm and is associated with loneliness, reduced autonomy, loss of community ties, and exposure to behavioural management practices (Chester 2019; Fish 2017). Importantly, women in secure services are more likely than men to have experienced prior trauma, sexual violence, and systemic disadvantage, which is re-enacted through these restrictive practices (Balderston et al, 2019; Fish 2018, 2022; Mckeown et al., 2019). Importantly, it is very hard to find accounts of people in this situation due to testimonial injustice; he legacy of notions of 'acquiescence' has ensured that there is an enduring paucity of research that gleans the perspectives of people with learning disabilities (Aspis, 2022; Fish 2025; Samways, Heslop, and Dowling 2024; Williams and Jobe 2025).

Recent developments

Despite the overwhelming continuity, there are small signs of change. Relational and restorative practices are being discussed more often in the literature (Fish and Morgan 2021; Lamph et al. 2023; Quinn et al. 2023; Quinn 2025), suggesting that change is possible. The CQC's *Out of Sight – Who Cares?* (CQC 2020, 50) features the voices of families whose relatives remain detained in inpatient units and recommends:

> People, their families and advocates must be involved in the development of services and care plans. Services must support families to do this, especially where families are located far away from people's placements. There must also be a way for them to escalate any concerns.

The *My Heart Breaks* report, led by Baroness Sheila Hollins (2023), makes discrete recommendations for reducing the use of seclusion and segregation. The report is not without criticism (Tromans et al. 2025), however Hollins regularly brings these discussions to Parliamentary debates, increasing awareness of inpatient services and their practices.

Enduringly though, the overwhelming picture is one of systemic failure. Women continue to be dehumanised and retraumatised in spaces that claim to offer care and treatment. Promises of deinstitutionalisation remain unmet, almost 4000 people with learning disabilities and/or autism are still in hospital, and 32% of these are women. Almost a third (30%) have been there over 2 years (NHS Digital 2025) and 17% have been there over 10 years (CQC 2020). Many of these people are placed further than 50 km from home (13%), and 865 of them experienced restraint in the past year.

Recent policy/guidance indicates an intention to bring about change within secure settings, although there is to date limited data available to assess outcomes for women with learning disabilities. The 2025 Mental Health Act reform outlines amendments to ensure that people with a learning disability and autistic people can no longer be detained for treatment under section 3 (for their safety or the safety of others), or placed on a community treatment order, unless they have a co-occurring psychiatric disorder that meets detention criteria. Further, NHS England's Women's Secure Pathway Transformation (WSPT), launched in 2024, has yet to release evaluation findings and is currently in the initial stages of implementation. This highlights a lack of measurable changes in secure pathways. Notably, the Mental Health Act now requires services to re-evaluate detention procedures and the use of restrictive practices on an ongoing basis.

Conclusion

The question, 'Are things getting better for learning disabled women in mental health units?' can only be answered with a resounding *no* based on the literature reviewed in this article. Across two decades of research and investigations, the same themes of trauma recur. The examples in this article all describe a system that silences women's voices, legitimises their deprivation of liberty, and subjects them to violence. As highlighted by Lovett three decades ago:

> We can hardly be surprised at violence, against one's self or others, in the loveless and sterile environments we have provided for people with disabilities. Where there is no mutual respect, the only right is might. Where there is no love, power becomes the object of desire. (Lovett, 1996 71)

Progress has been rhetorical rather than real. Small gestures of relational practice exist, but they are far outweighed by the persistence of restraint, seclusion, segregation, and indefinite detention, showing how the system can still conceal extreme violence under the guise of legitimacy. Until community-based alternatives are fully resourced, and until learning-disabled and neurodiverse women's voices are treated as authoritative knowledge, the cycle of harm will continue (Fish, Bjornsdottir, and Wilde 2025).

We leave you with the words of 'Catherine', who recognised the logic behind these damaging placements (Harker-Longton and Fish 2002, 146):

> The doctors say I'm bad and I'm sure they think I'm mad or I wouldn't be here. I keep them in a job though.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This study was supported by ESRC, ES/H037594/1.

References

Aspis, S. (2022). Why are disabled people with learning difficulties being prevented from leading campaigns, projects and initiatives. *Disability & Society* 37 (1): 154-159. https://doi.org/10.1080/09687599.2021.1895078

BBC. 2025. "Locked up: Woman Held in Mental Health Facility for 45 Years – File on 4 Investigates." BBC Radio 4, March 4.

Bundock, L. 2025. "Hannah, 22, Died after Buying Poison Online - Why Her Death Raises Serious Questions for NHS." Sky News Online, October 19.

Care Quality Commission (CQC). 2020. "Out of Sight – Who Cares? Restraint, Segregation and Seclusion Review." Accessed October 24, 2025. https://www.cqc.org.uk/sites/default/files/20201218_rssreview_report.pdf

Chester, V. 2019. "Autistic Women and Girls: Under-Recognised, under-Researched and under-Served." *Advances in Autism* 5 (1): 1–1. https://doi.org/10.1108/AIA-01-2019-049.

Crawford, J. 2002. "The Institutional Hazard of Being a Visible Woman." In *Care and Treatment of Offenders with a Learning Disability: A Collection of Papers from the First International Conference Held at the University of Central Lancashire*, edited by C. Dale and L. Storey. Preston: University of Central Lancashire.Accessed June 23, 2026. Accessed June 23, 2026.

Fish, R. 2017. *A Feminist Ethnography of Secure Wards for Women with Learning Disabilities: Locked Away*. London: Routledge.

Fish, R. 2018. "Behind This Wall'–Experiences of Seclusion on Locked Wards for Women." *Scandinavian Journal of Disability Research* 20 (1): 139–151. https://doi.org/10.16993/sjdr.59.

Fish, R. 2022. "Women's Experiences of Special Observations on Locked Wards." *Disability & Society* 37 (3): 528–533. https://doi.org/10.1080/09687599.2022.2034112.

Fish, R. 2025. "Transforming Care: The Role of Institutional Violence." In *The Routledge Handbook of Disability, Crime, and Justice*, 296–311. London: Routledge.

Fish, R., and C. Hatton. 2017. "Gendered Experiences of Physical Restraint on Locked Wards for Women." *Disability & Society* 32 (6): 790–809. https://doi.org/10.1080/09687599.2017.1329711.

Fish, R., and H. Morgan. 2021. "Them Two Are around When I Need Their Help" The Importance of Good Relationships in Supporting People with Learning Disabilities to be "in a Good Space." *British Journal of Learning Disabilities* 49 (3): 293–302. https://doi.org/10.1111/bld.12410.

Fish, R., K. Bjornsdottir, and A. Wilde. 2025. "Feminist Intellectual Disability Studies." edited by G. Bennett and E. Goodall. Cham: Palgrave Macmillan. https://doi.org/10.1007/978-3-031-40858-8_124-1

Fish, R and E. Culshaw. 2005. "The Last Resort? Staff and Client Perspectives on Physical Intervention." *Journal of Intellectual Disabilities : JOID* 9 (2): 93–107. https://doi.org/10.1177/1744629505049726.

Fricker, M. 2007. *Epistemic Injustice: Power and the Ethics of Knowing*. Oxford: Oxford university press.

Harker-Longton, W., and R. Fish. 2002. "Cutting Doesn't Make You Die' One Woman's Views on the Treatment of Her Self-Injurious Behaviour." *Journal of Learning Disabilities* 6 (2): 137–151.

Haslam, A. 2022. "Undercover Hospital: Patients at Risk – Panorama." BBC One, September 28.

Hollins, S. 2023. *My Heart Breaks: Families Speak out on Long-Term Detention*. Baroness Hollins Report. London: Department of Health and Social Care.

Jones, H. 2022. "Women with Learning Disabilities in a Secure Hospital Setting and Their Experiences of Seclusion: Adopting a Feminist Case Study Approach." Doctoral thesis *on learning disabled women in secure services*. Birmingham City University repository.

Lamph, Gary, Rebecca Nowland, Paul Boland, Jayn Pearson, Catriona Connell, Vanessa Jones, Ellie Wildbore, et al. 2023. "Relational Practice in Health, Education, Criminal Justice, and Social Care: A Scoping Review." *Systematic Reviews* 12 (1): 194. https://doi.org/10.1186/s13643-023-02344-9.

Lovett, H. 1996. *Learning to Listen: Positive Approaches and People with Difficult Behaviour*. London: Jessica Kingsley Publishers.

Mckeown, M., A. Scholes, F. Jones, and W. Aindow. 2019. "Coercive Practices in Mental Health Services: stories of Recalcitrance, Resistance and Legitimation." *Madness, Violence, and Power: A Critical Collection,* 263–285.

NHS Digital. 2025. "Learning Disability Services Monthly Statistics, AT: August 2025." MHSDS, July 2025. Accessed October 24, 2025. https://digital.nhs.uk/data-and-information/publications/statistical/learning-disability-services-statistics/at-august-2025-mhsds-july-2025

Phillips, D. eborah. 2007. "Embodied Narratives: Control, Regulation and Bodily Resistance in the Life Course of Older Women with Learning Difficulties." *European Review of History: Revue Europeenne D'histoire* 14 (4): 503–524. https://doi.org/10.1080/13507480701752151.

Quinn, A. 2019. *Unbroken: Learning to Live beyond Diagnosis*. Newark: Trigger Publishing.

Quinn, A. 2025. "Relationships of Concern: The Perils of the Progress Paradox in Positive Behavioural Support." *International Journal of Positive Behavioural Support* 15 (1): 35–44.

Quinn, A., A. Wood, K.-M. Lodge, and S. Hollins. 2023. "Listening to the Experts: Person-Centred Approaches to Supporting Autistic People and People with an Intellectual Disability in the Mental Health System." *BJPsych Advances* 29 (5): 308–317. https://doi.org/10.1192/bja.2023.31.

Samways, B., P. Heslop, and S. Dowling. 2024. "Self-Reported Explanations for Self-Injury by People with Intellectual Disabilities: A Systematic Review of Qualitative Studies." *International Journal of Developmental Disabilities* 70 (3): 382–396. https://doi.org/10.1080/20473869.2022.2098665.

Scholes, A., J. Jones, and L. Palmer. 2022. "It Just Takes Your Dignity Away": Women's Lived Experiences of Restrictive Interventions in Mental Health Inpatient Services." *International Journal of Mental Health Nursing* 31 (6): 1376–1389. https://doi.org/10.1111/inm.12966.

Sequeira, H., and S. Halstead. 2001. "Is It Meant to Hurt, is It?" Management of Violence in Women with Developmental Disabilities." *Violence Against Women* 7 (4): 462–476. https://doi.org/10.1177/10778010122182550.

Series, L. 2022. *Deprivation of Liberty in the Shadows of the Institution*. Bristol: Policy Press.

Tromans, Samuel J., Indermeet Sawhney, Mahesh Odiyoor, Jana de Villiers, Jane McCarthy, Harm Boer, Regi Alexander, et al. 2025. "Long-Term Segregation and Seclusion for People with an Intellectual Disability and/or Autism in Hospitals: Critique of the Current State of Affairs." *The British Journal of Psychiatry: The Journal of Mental Science* 226 (1): 39–46. https://doi.org/10.1192/bjp.2024.211.

Williams, H., and A. Jobe. 2025. "Testimonial Injustice: Exploring 'Credibility'as a Barrier to Justice for People with Learning Disabilities/Autism Who Report Sexual Violence." *Disability & Society* 40 (4): 1061–1083. https://doi.org/10.1080/09687599.2024.2323455.