Violence in Institutional Settings: An overview of America’s dark history

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Abstract

In the present paper, I will examine incidences of violence against persons with disabilities in institutions, commonly referred to as mental hospitals or insane asylums, throughout the United States. Using information gathered from the undercover investigations of Nellie Bly, Burton Blatt, and Fred Kaplan, testimony from court case Wyatt v. Stickney, and the historic research of Rebecca Skloot, this paper demonstrates the prevalence of three major categories of violence which occurred in institutional settings 1) Eugenics & Non-consensual Experimentation, 2) Neglect and Restraint/Solitary Confinement, and 3) Physical Harm & Abuse. This paper concludes with a discussion of the impact each of the main sources used had on the deinstitutionalization movement and continues to have today with regards to historic preservation.

Keywords: Institutionalization, U.S., disability, eugenics, violence, abuse, court cases
Introduction

In 1851, Edward Jarvis famously proclaimed that mental disorder is “the price we pay for civilization” (Rothman, 1971, p. 112). As the superintendent of an institution, colloquially referred to as a mental hospital or insane asylum, Jarvis’ belief that mental retardation (a term which has since been deemed politically incorrect) was a shameful, yet inevitable, aspect of our society that ought to be controlled. It was “field experts” like Jarvis who perpetuated the idea that Americans with disabilities should to be removed from mainstream society and confined to segregated settings.

A variety of factors led to these institutional facilities being underfunded, overcrowded, understaffed, and riddled with acts of violence. The motives behind institutionalizing persons with disabilities and the manner in which hospitals were operated and overseen were major contributors to these problems. Asylums sought to incapacitate persons with disabilities, allowing them to be admitted from birth for the duration of their lives. Institution residents, also referred to as patients or “material,” lived hyper-regimented lives and were given little autonomy, which contributed to the power granted to hospital staff (Blatt & Kaplan, 1966, p. 89). As the testimony presented in this paper will demonstrate, this power, coupled with the inherent vulnerability of many persons with disabilities, often led to hospital staff abusing that power and mistreating residents. This mistreatment went largely unchecked, not only because insane asylums labeled the disabled population as inferior and undesirable, but also because neither private nor state-run institutions were overseen or held accountable by a federal agency or outside actor. Further, there were no government mandated educational requirements for persons with disabilities in public schools or institutional settings, which meant that educated residents were a rarity. Either as a result of their lack of education or the nature of their disability, many
residents were incapable of expressing themselves verbally, which meant that not only had staff members been granted ultimate authority over their charges, but patients had little to no connection to the outside world and no means or opportunity to report incidences of misconduct or inappropriate behavior. Had the focus of institutionalization been the education and rehabilitation of this population, with the ultimate goal of reintegrating them into mainstream society, the standard of living in these facilities would have radically improved.

Documentation of the occurrence of violent acts against institution residents is scarce. This is to be expected, given that facilities were not being held accountable by any outside actors and so many of the violent acts either occurred at the hands of hospital staff or were sanctioned by hospital administrators. The harsh realities of abuse within institutions has been partially unearthed by means of undercover investigations, historic research, and the gathering of evidence/recording of testimony to be used in court cases filed against hospital administrators. Although documentation of these occurrences is limited, the sources examined in this paper reveal chilling evidence of violence enacted in institutional settings against Americans with disabilities throughout the United States.

It should be noted that although inpatient mental health facilities still exist in America today, they have radically changed since the 1970s and 80s, when a mass movement for national deinstitutionalization occurred. Today, they are not characterized by the same harsh treatment, prison-like conditions, and societal segregation. This paper is divided into three main sections, 1) Eugenics & Non-consensual Experimentation, 2) Neglect and Restraint/Solitary Confinement, and 3) Physical Harm & Abuse, each of which explores a major type of violence which occurred in American mental hospitals prior to the deinstitutionalization movement.
Eugenics & Non-Consensual Experimentation

After the onset of Social Darwinism in the 1870s, the practice of eugenics was popularized internationally. In the U.S., the push to sterilize persons with disabilities was driven by the pervasive belief that all disabilities are hereditary. In 1924, a law was passed in the state of Virginia which sanctioned the involuntary sterilization of persons confined to mental health institutions in order to promote the “health of the patient and the welfare of the society.” That same year, Carrie Buck was admitted to the Virginia State Colony for Epileptics and Feeble-Minded and was soon after recommended for sterilization. Buck had grown up in the foster care system and at the age of seventeen became pregnant with the child of her foster brother, who she claimed had raped her. Buck’s foster parents petitioned a court to admit her to an institution based on her promiscuity, which they claimed resulted in feeblemindedness (Wolfe, 2015).

Buck and her state-appointed guardian were permitted to attend the trial which decided whether or not to accept the hospital’s recommendation for sterilization, at which Irving Whitehead offered to represent Buck. Whitehead was a prominent pro-sterilization lawyer who had previously served as a board member to the state institution Buck was committed to. Buck and the state-appointed guardian agreed to let him represent her. Whitehead essentially threw the case, the court ruled against Buck, as did the county’s Circuit Court and the Virginia Supreme Court of Appeals. In 1927, the Supreme Court case Buck v. Bell sought to determine whether the Virginia law denied Carrie Buck her right to due process and equal protection as protected by the Fourteenth Amendment (Wolfe, 2015).

In an 8-1 decision, the Supreme Court ruled in favor of sterilization. Justice Oliver Wendell Holmes wrote in his opinion that “it is better for all the world, if instead of waiting to execute
degenerate offspring for crime or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind…Three generations of imbeciles are enough” (Kevles, 1999). Since then, scientific research has demonstrated that many of the disabilities which qualified Americans for sterilization are not hereditary, and even in those which have a genetic link, there is no guarantee that offspring will inherit the same conditions (Mobley, 2010; Schachter, Shafer, & Sirven, 2013).

In failing to protect persons with disabilities against forced sterilization, *Buck v. Bell* established a legal precedent which justified the absence of consent when conducting medical procedures on populations perceived to be inferior. For this reason, the Supreme Court decision was referenced as case law by the defense in USA vs. Karl Brandt et al., commonly referred to as the 1947 Nuremberg Trials, to justify the sterilization of countless Nazi prisoners (Wolfe, 2015). During the trial, the defense (comprised of the German doctors who ran the experiments) argued that there was no international law in existence which established the definition for illegal human experimentation. This incited the prosecution to submit a document to the United States Counsel for War Crimes which established the ethical boundaries of human experimentation. The American military tribunal included an expanded version of the guideline in their verdict, thus creating the Nuremberg Code (United States Holocaust Memorial Museum, 2015).

Among other things, the code asserts that “the voluntary consent of the human subject is absolutely essential” in experimental research and that “proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death” (Code, 1949). Further, the code emphasizes that “the human subject should be at liberty to bring the experiment to an end” (Ibid). Despite the acceptance of this code of conduct by the American military tribunal, legislation which mandated informed
consent was not passed by the U.S. Congress until 1962, meaning that non-consensual human experimentation could lawfully occur in the country for fifteen years after the Nuremberg Code was established by a United States court of law (Sparks, 2002).

The Hospital for the Negro Insane, also known as Crownsville State Hospital of Maryland, housed nearly 3000 black men, women, and children diagnosed with a variety of physical, mental, and developmental disabilities (Skloot, 2010). Invasive medical experimentation was conducted on the patients at Crownsville and there is no evidence that suggests consent forms were ever signed by either patients or their legal guardians. One of the resulting studies was entitled “Pneumoencephalographic and skull X-ray studies in 100 epileptics.”

Pneumoencephalography, a primitive technique for taking brain X-rays in live patients, requires holes to be drilled in a patient’s brain so that the murky fluid surrounding the organ can be drained and replaced by either air or helium. Within three months, a patient’s body naturally refills the brain cavity, but in the meantime they will experience “crippling headaches, dizziness, seizures, vomiting” and the imaging technique was eventually abandoned because it “could cause permanent brain damage and paralysis” (Skloot, 2010, p. 276). “The Use of Deep Temporal Leads in the Study of Psychomotor Epilepsy” is another study which involved an invasive, risky medical procedure and was conducted on the patients of Crownsville around the same time as the research on Pneumoencephalography occurred in the early 1950s (Skloot, 2010).

Although Skloot’s investigation only uncovered two studies performed at Crownsville, it is likely that others were conducted outside of the five year scope which she researched. Not only did Crownsville house a large and diverse population in terms of both age and disability type, but in the decades prior to the Civil Rights Act of 1964, there was a widely held belief that black
persons were inferior. Institutionalization was deemed acceptable because persons with disabilities were considered undesirable members of society and racist ideology could have been used as justification for non-consensual human testing in a similar manner.

It was not until 1978 that “special protections for prisoners” were passed (which did not include institutionalized persons), while the rights of children were not meaningfully addressed until 1983, and the rights of Americans with disabilities, whether or not they are living in institutional settings, have still not been established by law (Sparks, 2015). Although the mandate for informed consent established in 1962 does apply to persons living in institutional settings, there is still a question of whether all persons with disabilities are capable of providing informed consent, given their cognitive abilities or mental state. Dresser (1996) explains that this lack of policy leaves the determination of appropriate standards and procedures up to institutional review boards (IRBs). One might speculate that institutional staff ought not to have the sole discretion in these cases.

If a person’s ability to provide informed consent is in question, one would expect a legal guardian to make decisions regarding experimentation, but persons with disabilities are not mandated to have such a guardian. When a person does have a legal guardian, there still exists the possibility of abuses of power in cases of possible experimentation. Many studies compensate subjects for their participation and guardians nearly always control the finances of their charges, so there is a financial incentive for guardians to give consent whether or not is in the best interest of their ward. And in cases which a court deems guardianship necessary but there is no person available to serve, the state must fulfill this role. As was demonstrated in the case Buck v. Bell, state actors are not always motivated by the wellbeing of their charges in these cases.
Neglect & Restraint/Solitary Confinement

Given the low staff-patient ratios due to overcrowding and a lack of funding, patient neglect was inevitable in large institutional settings. Documentation of patient neglect which occurred prior to deinstitutionalization is often accompanied by a record of the use of restraint and solitary confinement, which makes their descriptions more closely resemble those of maximum security prisons, rather than the hospitals they were intended to be.

In 1965, disability rights activist Burton Blatt and photographer Fred Kaplan unexpectedly gained support from administrators at five institutions, located in four eastern states, in order to tour parts of the premise which were not usually shown to the public and document the conditions. Kaplan took photos using a hidden camera in his belt and Blatt wrote an exposé entitled *Christmas in Purgatory*. When the book was first published in August of 1966, a mere one-thousand copies were printed and issued to government officials, mental health professionals, academics, and leaders of the mental health reform movement (1966). The collection was revered and consequently sent to press as a publication to be sold for the masses.

Blatt describes dormitories which housed infants where beds were placed “side by side and head to head… [children] lying in cribs, without interaction with any adult, without playthings, without any apparent stimulation” (Blatt & Kaplan, 1966, p. 34). In one institution, Blatt and Kaplan uncovered “forty or more unkempt infants crawling around a bare floor in a bare room,” while in another they observed “groups of 20 and 30 very young children lying, rocking, sleeping, sitting—alone. Each of these rooms were without toys or adult human contact” (Ibid). As Blatt and Kaplan observed, neglecting children with special needs can do more than just psychological damage. In institutional “nursery programs” there were “children with severe head lacerations,” which they were told by hospital staff were the result of head banging. Assuming
the children’s injuries truly were self-inflicted, there is still no justification for this occurrence in
a setting which is meant to ensure welfare, provide safety, treat disabilities, and correct any
accompanying negative behaviors, such as head banging. Blatt asserted that “head banging can
be drastically reduced in an environment where children have other things to do” (Blatt &
Kaplan, 1966, p. 34). Having worked as a personal care assistant with young persons with
developmental disabilities for over four years, my experiences lead me to believe that head
banging is nearly always a symptom of boredom or frustration when children are not given
enough stimulation or cannot verbally express themselves.

Blatt and Kaplan were also able to document the hospitals’ “therapeutic isolation,” an official
term used by hospital staff to refer to solitary confinement cells. As Blatt explicates in his
description of these cells, staff jargon is extremely misleading in this case:

“These cells are usually located in the basements of large dormitory buildings. Sometimes
they are located on an upper floor, off to the side and away from the casual or official
visitor's scrutiny. They are generally tiny rooms, approximately seven feet by seven feet,
shielded from the outside with a very heavy metal door having either a fine strong screen or
metal bars for observation of the "prisoner." Some cells have mattresses, others blankets, still
others bare floors. None that we had seen (and we found these cells in each institution
visited) had either a bed, a wash stand, or a toilet. What we did find in one cell was a thirteen
or fourteen year old boy, nude, In a corner of a starkly bare room, lying on his own urine and
feces. The boy had been in solitary confinement for several days for committing a minor
institutional infraction (p. 18).”

And because hospitals have a limited number of these cells, alternate methods of restraint were
employed whenever hospital staff deemed such action necessary. After seeing so many children
with their hands and legs bound in four of the five institutions, Blatt probed staff members and
supervisors about the underlying reasons for this practice, ultimately determining that both
solitary confinement and restraint were largely practiced for the same reasons; the profound short
staffing in the dormitories (Blatt & Kaplan, 1966). One of the attendants interviewed went so far
as to request that more therapeutic isolation units be built in order to help him watch over the
100+ adults who he and a singular assistant were placed in charge of caring for. The attendant asked what else he could possibly do with “patients who do not conform,” asserting that staff “must lock them up, or restrain them, or sedate them, or put fear into them” (Blatt & Kaplan, 1966, p. 18).

Evidence of mass neglect and the inapt implementation of confinement also surfaced through court cases, Wyatt v. Stickney (1970) being one of the most prominent. This case cited numerous horrific incidents which had previously occurred at the Bryce State Hospital in Tuscaloosa, Alabama, but it was later broadened to include the Alabama Partlow State School and Hospital and Alabama’s Searcy Hospital. Similar incidences were occurring at all three state-run facilities and the plaintiffs understood the power of strength in numbers (“Alabama Disabilities Advocacy Program,” 2004). As one of the first cases in the United States which directly addressed the maltreatment of patients in state mental hospitals, the presiding Chief Judge Johnson was shocked to hear testimony which described one resident who had been placed in solitary confinement for multiple years and another who had been confined to a strait jacket for nine years, supposedly without release, in order to prevent him from sucking on his fingers (Wyatt, 1972).

Plaintiff Ricky Wyatt testified to the deplorable living conditions at Bryce and stated that he was threatened with shock therapy, although his aunt and legal guardian never consented. She had worked at Bryce prior to a surge of layoffs which resulted in extreme understaffing. It should be noted that Wyatt, a fifteen year old boy, was placed in Bryce Hospital after he misbehaved while living in a group home, even though he did not have a disability (ADAP, 2004). In 1972, Judge Johnson announced that “the evidence... has vividly and indisputably portrayed Partlow State School and Hospital as a warehousing institution which, because of its atmosphere of
psychological and physical deprivation, is wholly incapable of furnishing [habilitation] to the mentally retarded and is conducive only to the deterioration and the debilitation of the residents” (Wyatt, 1972).

**Physical Abuse**

While hospital staff and administrators were able to make the case that the underlying reason for the prevalence of incidences of neglect and restraint/solitary confinement was poor staff to patient ratios, the same justification certainly cannot be used to explain incidences of outright patient abuse. It should be noted that abuse did not occur solely between staff and residents and although it is rare, there is documentation of patients harming fellow patients. However, staff ought to be held responsible, at least in part, for the occurrence of these patient-to-patient incidences of violence because they had been placed in charge of caring for a group of people which the institutions and society had deemed incapable of caring for themselves.

Groundbreaking female journalist Nellie Bly sought to uncover the truth about the goings-on at America’s first municipal mental hospital, Roosevelt Island (colloquially referred to as Blackwell’s Island), by posing as a person with a psychiatric disorder and being admitted as a patient (Bly, 1887). With an entire chapter of her book *Ten Days in a Madhouse* dedicated to sharing stories which involve patients being choked and beaten by staff, Bly is able to demonstrate that physical abuse was not an occasional occurrence, but rather a staple of staff-patient interactions when those in charge grew bored or agitated.

In her book, Bly relays the story of Urena Little-Page, a middle-aged patient who insisted that she was only eighteen years old and would become upset if people rejected this notion. Knowing about Urena’s delusion, some of the nurses decided to tease her, exclaiming that they knew her real age:
“Until the simple creature began to yell and cry, saying she wanted to go home and that everybody treated her badly. After they had gotten all the amusement out of her they wanted and she was crying, they began to scold and tell her to keep quiet. She grew more hysterical every moment until they pounced upon her and slapped her face and knocked her head in a lively fashion. This made the poor creature cry the more, and so they choked her. Yes, actually choked her. Then they dragged her out to the closet, and I heard her terrified cries hush into smothered ones. After several hours’ absence she returned to the sitting-room, and I plainly saw the marks of their fingers on her throat for the entire day” (ch. 13).”

Bly also references foreign patients who were placed in the hospital not because they had any sort of disability, but because they were unable to speak sufficient English to avoid admittance or request permission to leave. Among them, Frenchwoman Josephine Despreau, who had grown ill while staying in New York and was consequently taken to the police. When she could not communicate with them due to the language barrier, police brought her to Roosevelt Island.

Obviously upset upon the realization that she had been deemed insane and locked away, Despreau began to cry, which resulted in the nurses choking her until they hurt her throat, which was still hurting when she relayed the story to Bly (Bly, 1887).

Another of Bly’s fellow patients, Mrs. Cotter, was so badly beaten with a broom handle that it caused permanent internal damage, the punishment for crying after she mistakenly thought she had seen her husband. Cotter told Bly that staff members then took her to an alternate location and:

“Tied my hands and feet, and, throwing a sheet over my head, twisted it tightly around my throat, so I could not scream, and thus put me in a bathtub filled with cold water. They held me under until I gave up every hope and became senseless. At other times they took hold of my ears and beat my head on the floor and against the wall. Then they pulled out my hair by the roots, so that it will never grow in again” (ch. 14).

Bly’s exposé is filled with stories of patients, some of whom had apparent disabilities, while others had the journalist convinced that they had as little reason to be locked away as she did. The behavior of the Roosevelt Island nurses comes across as sadistic in nature and on one
occasion, Bly observed a deadly outcome. A young girl had come to the island visibly sick and on the first night that she arrived, “the nurses took her and, after beating her, they held her naked in a cold bath, then they threw her on her bed. When morning came the girl was dead. The doctors said she died of convulsions, and that was all that was done about it” (Ibid).

The prompt death of a sick woman who was admitted to Roosevelt Island would not have been questioned by outsiders because she had arrived sick and no one outside of the patients had any idea that she had been treated so poorly by hospital staff. Although we will never know for sure because so many hospital records were either destroyed or lost, testimonial evidence would suggest that an overwhelming number of patient deaths were likely caused, at least in part, by neglect or abuse. In reference to court case Wyatt v. Stickney, former U.S. Attorney Ira DeMent commented that at Alabama state-run institution Bryce Hospital there was “a cemetery in the back, but no records. Someone would die — they would merely dump them in an unmarked grave and that was the end of it and no accountability, supervision, no investigation to determine the cause of death — nothing” (ADAP, 2004).

In 1948, Crownsville Hospital for the Negro Insane averaged one doctor for every 225 patients, and its death rate was far higher than its discharge rate” (Skloot, 2010, p. 275). In 1955, Crownsville was 800 patients above capacity In 1958, the Washington Post published an article which asserted that Crownsville State Hospital was losing “curable patients” due to overcrowding and a lack of staff which pushed patients to a “chronic stage” (Skloot, 2010, p. 274).

As previously discussed, Wyatt v. Stickney (1972) cited numerous atrocities within Alabama’s state-run institutions, but perhaps the most heinous incidences were that of a resident who was scalded to death and another who was killed when a fellow patient wedged a running
water hose into his anus. Candid accounts of such occurrences had never been discussed in a U.S. courtroom prior to *Wyatt v. Stickney* and as Chief Judge Johnson noted, “each of these incidents could have been avoided had adequate staff and facilities been available” (Wyatt, 1972).

**Conclusion**

Given the finite number of primary sources which document the conditions of American institutions and the gross lack of data collection from hospital patients and staff, scholars must heavily rely on what few resources we have which depict the goings-on in these settings beyond the standard guided tour, visitation room, and marketing brochures. Ideally, there would have been dozens of Nelly Blys going undercover and writing nationally acclaimed books, Blatt and Kaplan would have visited more than five institutions in four eastern states, court cases including gruesome testimony would have been brought against more states than just Alabama, and more documented cases of sterilization and non-consensual medical testing would have be uncovered while medical records were still available. But, given the sources we do have and the fact that they span numerous decades, reference institutions in at least seven states (four unidentified states in the east, New York, Maryland, Virginia, and Alabama), and relay the stories of people young and old with diverse disability types, racial identities, and socioeconomic statuses, it can be assumed that there exists countless more stories just like the ones referenced in this paper.

When writing his book, Blatt chose not to disclose the names of the institutions which he visited, in part because he wanted to protect the individuals who allowed him to document the conditions, but also because he wanted to stress that the conditions were pervasive throughout the United States, not solely at the hospitals he was able to visit. By not naming the hospitals visited, Blatt forced Americans to focus on institutions as an institution. Blatt published his book
in order to present his findings “in the hope that they will inspire constructive action among those in responsible positions. For those not in positions to legislate or reform, we hope to strike a chord of awareness, to shatter the shell of complacency born of ignorance that surrounds the problem” (Sarason, 1966, ii). Blatt stated that although increased funding and additional staff would have proven helpful to these facilities, “even more important, is the fundamental belief that each of these residents is a human being” (Blatt & Kaplan, 1966, p. 22).

Emil Kraepelin once postulated that people justify the mistreatment of persons with disabilities because to them, disabled people seem to “passively endure whatever was inflicted upon them,” which “gave rise to the popular assumption that they were insensitive to hunger, cold, and pain” (Blatt & Kaplan, 1966, p. 26). Kraepelin explains that the result of such assumptions is the suffering of persons with disabilities being “looked upon as self-evident and unalterable while the significance of their plight [is] never fully appreciated” (Ibid). The investigatory work and public outcries of Bly, Blatt, Kaplan, Skloot, and the prosecutors in *Buck v. Bell* and *Wyatt v. Stickney* gave a voice to so many of those who were silenced during the times of institutionalization. And by exposing the prevalence of violence within their areas of study, they contributed to a better public appreciation of the plight experienced by all those who were taken from society and made to endure whatever was inflicted upon them.
References


