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# Sex, gender and the carceral: Female staff experiences of working in forensic care with sexual offenders

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ABSTRACT

English high-secure hospitals have contained individuals deemed mentally disordered, and dangerous, since the mid-nineteenth century. With the development of gender sensitive services female patients have been moved out of these institutions into smaller secure settings. Female staff continue to work in high secure hospitals, but are often in a minority in these services. Little is known about how female staff experience the everyday world of work. This paper is based on in-depth interviews with female nurses employed in a unit caring for detained male sexual offenders with a diagnosis of personality disorder. It forms part of a much larger discourse-analytic study of nine patients, with a history of sexual offending, and eighteen mental health nurses, which focused on talk about pornography and criminality. The findings from this project have been previously reported in Mercer and Perkins (2014). This paper demonstrates how patriarchy remains an enduring cultural characteristic of caring for men detained under the Mental Health Act (1983, 2007) because of sexually violent crimes against women and children. It textures the ward environment and the relationships between people who work within it, constructing women as 'outsiders' and producing a masculine culture which leaves female staff feeling vulnerable and at risk. The analytic focus of the paper is concerned with exploring how women experience working in the male-dominated environment of a high-security Personality Disorder Unit (PDU). Three discursive repertoires are identified: the institutional space as male, the impact of working with men detained as a result of sexual offending, and the construction of therapeutic work as a 'job for the boys'. In this world, female staff, as a product of their gender, constructed themselves both as at risk and inviting risk.



## 1. Introduction

High-profile UK inquiry reports into maximum-secure psychiatric provision identified oppressive, sexist, cultures (Blom-Cooper, Brown, Dolan, & Murphy, 1992) and pornography (Fallon, Bluglass, Edwards, & Daniels, 1999) as problematic. Subsequent reorganisation, and integration of secure services into the National Health Service (NHS), saw major investment in the physical environment, new appointments, and a progressive rhetoric of empowerment, diversity and anti-discriminatory practice (Deacon, 2004). Notwithstanding broad policy trends toward democratising mental health services, and normalising service-user experiences (DoH, 1999, 2006), involvement initiatives have been, markedly, less significant in high-secure settings (Godin et al., 2007; McKeown et al., 2014), supporting claims that these institutions remain controlled, and controlling, environments (Pilgrim, 2007).

Central to sustained criticism, and debate, about secure psychiatry through the 1980s/1990s was the legitimacy of women patients being detained in environments ill-equipped to meet their health and psychosocial needs (Parkes & Freshwater, 2012). Gendered differences in the treatment of patients have been discussed for the past twenty years from historical, medical and anthropological perspectives. Chiefly, these looked at the lack of privacy and safety in in-patient services, where women comprised a minority population, security levels were inappropriately high, and equality was not valued (Bartlett & Hassell, 2001). These failings resulted in the publication of policy guidelines by the Department of Health regarding the provision of gender-sensitive care (DoH, 2002, 2003). These guidelines emphasised the need to develop services where women could feel safe and understood, and where staff would be skilled in responding appropriately to issues such as violence, abuse, parenting-roles, poverty, and isolation.

These gender-based service reconfigurations also reflected the modernisation principles of the NHS that people should be kept in the least restrictive environment, receive adequate care and treatment, and be located as close to their home community as possible (DoH, 1999). This was supported by the integration of three English high-security hospitals into local NHS Trusts from 2000 which was designed to reduce the insularity, and isolation, of high-secure psychiatric services, and to support their connection to community as highlighted in the *Fallon Inquiry Report* (Fallon et al., 1999) and *Tilt Report* (Tilt, 2000).

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The history of the transition from high-secure institutions to gender-sensitive services is well documented (e.g. Aitken, 2007; Warner, 1996; Warner & Wilkins, 2004; WISH, 1999). However, while a number of Department of Health mental health policy directives targeted the development of positive women's experiences of psychiatric services (DoH, 2002, 2003; DoH/CSIP, 2006; DoH/NIMHE, 2006) there is limited research evidence on the most effective ways to care for women with different types of mental health issue (Aitken & Noble, 2001; Archer, Lau, & Sethi, 2016). Change in women's services has been slow, and complicated by internal inter-professional dynamics played out as disciplinary groupings such as psychiatry, nursing and social work expand their roles and ways of working. This means that the domain and ownership of psychological knowledge has become a contested territory with the risk that the focus on improving female patient care is overshadowed by inter-professional dynamics (Beryl, Davies, & Vollm, 2018).

While there has been a national strategy to promote gender-friendly services for female patients, little attention has been paid to the experiences of female staff. In particular, there has been scant research into how the transition of women patients from high-secure hospitals has impacted on staff, notably those female nurses who remained behind. The idea for this paper emerged during the discourse analysis of staff and patient accounts that focused on pornography within a secure PDU. The patient participants were all male, as were most of the nurses who took part. The overall aim of the study from which this data are drawn was to explore how forensic nurses and mentally disordered sexual offenders, with a diagnosis of personality disorder, constructed accounts of pornography and offending in one high-secure PDU. A detailed account of these findings has previously been reported (Mercer & Perkins, 2014). This paper focuses on the way in which women working in a PDU for sexual offenders talked about their everyday lives as nurses. Although this was not the initial focus of the study, the accounts provided by women demonstrated how their everyday lives on the ward were shaped by the nature of the service being provided. The focus on male sexual offenders and the policing of pornography in a high-secure setting marked women out as different, with them describing their position as 'outsiders' in the masculine culture of the PDU. The ward was constructed as a risky place where the threat posed by male sexual offenders was counter-balanced by the physical protection afforded by male staff.

## 2. The study

The study was undertaken for a PhD and used discourse analysis (DA) to understand the experiences of staff and patients detained under the Mental Health Act (1983, 2007) in a high secure setting. The study focused on talk about pornography and sexual offending. DA comprises a number of social science research approaches (Silverman, 2001). Prioritising language to explore the interwoven discourses that are created through interactions between people and structures, it acknowledges multiple truths and competing realities. This language-use can be seen as an inter-subjective rather than purely subjective process (Cameron, 2001). As Lemke (1995) suggests, individual voices are fashioned out of the available voices that permeate everyday life. The study adopted a constructivist version of DA (Potter & Wetherell, 1987) prominent in critical research (e.g. Crowe, 2005) which focuses on variability in accounts and aspects of language as social practice, providing a link between culture and self. In common with Foucauldian and critical discourse analysis [CDA] it allows for the interrogation of how ideological assumptions and power inequities are mobilised (e.g. Fairclough, 1995, 2001), which is appropriate for the study of high-secure psychiatry (e.g. Foucault, 1978, 1977; Holmes, Jacob, & Perron, 2014).

## 3. Data collection

All nursing staff and patients in the PDU were eligible to participate in the study. Responsible Clinicians (RCs) identified those patients, from their caseload, who they deemed to be well enough to take part. All of those identified by the RC were approached (DM), and all agreed to participate/consent after being given an information sheet and the opportunity to discuss the project and ask any questions. Likewise, all interested nursing staff were provided with an information sheet by the researcher (DM) before being invited to participate/give consent. Nineteen forensic nurses agreed to be interviewed, but one female member of staff withdrew prior to interview when the reality of being audio-recorded emerged – even though this had been explicitly stated on the information sheet. In depth semi-structured interviews were undertaken (DM) using a topic guide. The topic guide was designed to elicit information from forensic nurses and patients about the construction of pornography in a high-secure setting for mentally disordered sex offenders. The topic guide identified areas to be covered in the interview but was not proscriptive in any way. This open approach to data collection allowed the voices of women to emerge with a distinctly gendered account of their lives in this setting. Interviews were audio-recorded with 18 forensic nurses and 9 sexual offenders recruited from the PDU. Of the 18 nurses 5 were female, occupying a range of roles spanning senior clinical manager to nursing assistant. All of the registered nursing staff had a minimum of 5 years forensic experience post-training. Interviews took place in the PDU interview rooms, and written field-notes were recorded in a notebook. Interviews lasted a minimum of 1 h, but extended up to 4 h with some breaks. The transcription of interviews was undertaken by DM and included speech characteristics, intonations, and pauses in line with Edwards (2004) and Coates and Thornborrow (1999).

## 4. Data analysis

The transcripts were read on a number of occasions by DM and EP. Each transcript was initially coded by DM. This coding focused on understanding the function and construction of accounts by identifying constituent parts of the discourse (Potter & Wetherell, 1987; Wood & Kroger, 2000). As coding proceeded each transcript was compared, by DM, with those of the other participants. DM and EP discussed themes, and discursive repertoires, as they emerged and EP ensured coding matched the themes.

## 5. Findings

The findings will be explored in terms of three themes. The first establishes the idea that the institutional space in which the study took place is characterised by female staff as a hyper-masculine territory where male staff and patients spoke about women as both decorative and dangerous. Secondly, the institutional space is made more complicated for women by the focus on sexual offenders. In this context, some male patients were given limited access to some types of pornography, and considerable effort was expended by staff on policing pornography within the secure site (Mercer, 2012). However, female staff were extremely uncomfortable with the pornographic material to which these men were given access. According to the female staff this was underpinned by the way in which they viewed intimacy and relationships, and from their complete lack of familiarity with, and understanding of, pornography. Thirdly, the lack of a shared understanding of pornography across all staff members created an environment in which women struggled to maintain their own identity as a woman and, at the same time, carve out a role for themselves as nurses. As a result women felt discouraged from taking part in sex offender treatment.

### *5.1. The institutional space: a male workplace*

Within this predominantly male workplace, female nurses were subsumed within the male discourse which constructed their identity as sexual rather than professional. In this context, female nurses occupied a dual role; on the one hand eliciting danger and, on the other, providing distraction and reducing tensions in a male-dominated

environment. The suggestion that their presence created a calming influence, unrelated to skill or training, devalued their contribution by reducing it to a counter-balance to the physical presentation of male staff:

> "… we're seen very much as a decorative thing and we're here to smooth the waters [pause] 'cos men mightn't act out as much if women are there [pause] Our role is very much… played down, it's a man's world here" (female nurse 11).

The sense of being an outsider, in a masculine culture, was an organising feature of the female staff accounts. Descriptions of daily life on the ward referenced the ward as a male space; frequent references to sport and sex signalled, and normalised, their exclusion from male territory and male bonding. The collective experience of female nurses was characterised in terms of feeling different: A visible and pervasive diminution of being, with terms like 'old boy' and 'little girl' juxtaposed to connote gender disparity. One respondent described this experience in terms of an 'old boy network' which seemed to undermine the power and autonomy she had as an adult woman, and reduced her status to that of a 'little girl'.

> "You do see it all the time… it's very old boy networkish [pause] as a woman in here sometimes you can feel that you're the little girl" (female nurse 7).

Sexually divided labour characterised the female accounts of life on the wards, with tasks allocated to them referred to as 'girly jobs':

> "… promotion prospects are very poor because we're not seen to be in charge enough… to have enough power… physical or whatever… patients see us very much as a token role as well [pause] and there are jobs that are seen to be girly jobs" (female nurse 11).

One female nursing assistant spoke about the expectation, incumbent on gender rather than grade, that she make hot drinks for the men on her shift and carry these from the kitchen to the male domain of the office. The role of the woman was to keep the 'boys happy', which often involved taking care of their meals and refreshments. Described as doing the 'donkey work', female staff talked about expectations that they be in the kitchen at mealtimes; serving food, washing crockery, counting cutlery, and generally tidying up:

> "They're sexist like that… they just won't wash dishes [pause] I need somebody to help me dish the food out and if there's men around I guarantee you that it's me and [another woman] in the kitchen" (female nurse 12).

> "There was a lady on this group who was [pause] of maturing years and her role was to make the tea… and that was it [pause] and she'd been told by the team leader… who then became the ward manager… that that was her only role… to make sure the boys were happy and that the tea was made [pause] that was what she did [pause] anyway I came and they say I emancipated her… because I said 'you make one cup of tea… and if they have six cups everybody makes a cup' [pause] and I hope that will change" (female nurse 11).

One nurse highlighted how male patients also concurred with this:

> "… when I didn't do the dinners one day… he asked me 'Why didn't you do the dinners?' And I said 'Well because I was busy doing this' And he said 'Well you should… 'cos you're the woman'… implying that women should be in the kitchen [pause] it gives a lot away about people's perceptions" (female nurse 7).

### *5.2. The impact of sexual offending on the ward culture*

A significant feature of the world in which these female staff worked was influenced by the sexual offending of the patients. Restricting access to pornographic material formed an important element of the work carried out in the unit. When it came to the discourse around pornography women intimated that the subject was unfamiliar and embarrassing. Pornography was defined as a masculine discourse; to speak about pornography required knowing about it, and this was a privilege of men. To be able to define pornography assumed a familiarity with the genre, in terms of the content and the function, which female staff did not have:

> "… a lot of people use it now… and that's… is that a need? For them? To be able to get fulfilment? I don't really know because [pause] unless you actually have lots of dealings with it then… I don't think I could answer that appropriately… because I haven't" (female nurse 11).

> "… but then again I don't think people… everyday people… should really be looking at pornographic material… it's hard isn't it because… I don't have an understanding of what they get from it" (female nurse 12).

To take for granted a socially validated and appropriate role for pornography, though, was to accept uncritically the world in which it belonged, and for women this was rooted in a domain of which they had no direct experience and no comparable language. The uncertainty expressed, here, about why pornography might be used hinted at how limited experience, and exposure, combined to exclude and silence women. Thus, when one female nurse respondent began to reflect upon, and challenge, these assumptions with 'honesty', her account was framed as being 'controversial':

> "… if I'm being honest I don't know if there is a need because I suppose it's… you see this is quite controversial isn't it? If I say there's a need… then I would say that everybody would be using it wouldn't they? And I don't believe that everybody does because if you look at your own… life… so I don't believe there is a need" (female nurse 11).

Working in a predominantly male environment, dominated by a masculine culture, female staff struggled to define pornography outside of something that was almost an innate aspect of the social world of men. When required to make an assessment of whether pornographic material was appropriate for patients, one nurse reported that she had needed to ask her male colleagues; 'lads' were experts on 'lads mags':

> "There's a patient on here who's been approved to have… I think it's called soft porn? [pause] so this magazine came the other day and I opened it and I looked and I was quite mortified to be honest… but that's me being judgmental isn't it? [pause] Because it was very graphic of women's [pause] bodily parts… and I said to a couple of the lads that were in the office with me 'Oh god! Look at this' I said 'Tell me if that's… ok?' So they had a look and they said 'Oh yeah that's soft porn' [pause] Well I felt incredibly embarrassed about giving this… to this patient so I said to one of them [laughs] 'Would you tell him when I'm not around that it's in the office… and he can get it off one of you'" (female nurse 11).

Female staff reflected on the contrast between their ideas of sex and love and pornographic images which seemed to connote 'hurt' and 'violence'. One nurse suggested that pornography developed existing fantasy, and promoted interest in forms of sexual behaviour that exploited and abused women. Sex and violence, pain and pleasure, were interwoven themes in an eroticisation of suffering:

> "I think it would definitely exaggerate sexual feelings… and these images that you see… they're not exactly loving relationships are they? They're usually quite violent… the ones I've seen anyway… throughout my life… they're usually of women being hurt… or some with men being injured in some way and… they're aggressive and it's not really about… they're not loving relationships are they? And so it's… portraying a violent act and that could make you misinterpret what sex was about" (female nurse 12).

While women struggled to define pornography, or understand its use, they reported being upset and offended by the pornographic images which papered the physical space in which they were employed to provide care:

"… and display it [pornography] on their walls… so that when you went in to search their rooms it was this… it was there in your face and it… it was disgusting" (female nurse 11).

Since the female staff viewed sex in the concept of relationship and intimacy, they found it particularly difficult looking at pornographic pictures of women. They reported feeling humiliated and harassed by the way in which patients associated the female staff with pornographic images on the basis of a shared characteristic – their sex:

"I remember another patient getting a copy of… it was a magazine… it had pictures of readers wives in and he actually walked down the corridor… and I didn't realise what he was looking at and… it just made me feel awful [pause] he came down… and he was going… like this [sexual gesture] as he came up the corridor… and as he got nearer to me he said 'Aww I think this is you isn't it?' And he gave me this picture of this woman who'd exposed every bit of herself… and I just thought it was totally inappropriate… he was an untreated sex offender and was making reference to me… in relation to this picture [pause] so they were very uncomfortable experiences that left me feeling quite vulnerable [pause] and quite threatened [pause] intimidated [pause] and I don't believe that's what we're here for" (female nurse 11).

### 5.3. Therapeutic work: a job for the boys

Female nurses reported being discouraged from taking part in sex offender treatment (SOT), and prevented from engaging with sexual aspects of offending behaviour in patients for whom they had a clinical responsibility. They talked about working with 'sexual offending' but emphasised a distance between themselves and the 'sexual offender':

"… well I don't actually address any of his sexual offending behaviour in detail because in the past there's been difficulties with female staff… that he was… and he'll admit this himself… that he was basically using it to get off on [pause] talking to female staff about what he'd done and that was triggering fantasies for him…. so we've come to an agreement boundary wise that he's allowed to mention it… basics… no detail… I focus more on his thoughts and feelings at that time… or on how he thinks and feels about it now… we don't go into any sort of sexual details at all (female nurse 4).

"I think given the fact that I'm a female… I think it would be inappropriate for me to discuss their sexual offending… so I don't… and it certainly wouldn't do me… any good… to sit and discuss their offending behaviour" (female nurse 11).

By virtue of being female, and women being the 'object' of a male gaze, the risk to female staff was portrayed as ever present. To reduce this threat 'male staff' alone were assigned an active role in discussing sexual stories. This is particularly interesting in the light of the everyday lad's talk in which the male staff engaged with male patients:

"… but if he's got anything sexual to discuss he goes to male staff not me… agreed [pause] and all the male staff on the ward are aware of that… staff nurses… so today it would be [name of staff] he'd speak to" (female nurse 4).

The female nurse was described as a casualty of the patriarchal polarity where they could be, at once, both helpless and hazardous, in need of protection and inviting risk:

"I think it's just… a type of patriarchy really in terms of men being able to protect the… vulnerable woman… but it's a structural understanding that… these women need looking after and it's a dangerous territory for them to go down… but it's a very powerful message that women get… that they need help… y'know there's something dangerous going on here… or it means that… there's something more to this relationship than meets the eye" (female nurse 13).

Talk about sex and sexuality constructed a central dynamic in female nurse-male patient relations. Female staff, while struggling to assert a positive sense of identity, and resist the otherness ascribed by gender, highlighted the way in which they believed that patients used their offence histories and sexual stories to intimidate and threaten them as women:

"Triggers… sort of go off in our minds when patients are coming to you and saying 'I'm having fantasies about other members of staff' [pause] That's quite a difficult issue… it's difficult for the staff concerned because they're quite fearful as well… but there's some [patients] I think that like it and will tell you to try and frighten somebody as well… to try and use it as a power thing" (female nurse 7).

'Fear' was recognised as a feature of everyday life on the wards, where the 'respect' of potentially aggressive men was described as something that had to be hard-earned:

"… you have to work hard to build a relationship to protect yourself… in a way [pause] you have to work really hard to get the patient to respect you without breaking your boundaries… 'cos you just [long pause] they could really hurt you… physically they could… for example if a patient didn't… was going to take exception to me they could give me a right good pasting and find every opportunity to do it [pause] and it would be awful… I would be traumatised by it and I wouldn't like it to happen… but it could [pause] so there's a lot of fear element to working here… there's always that chance" (female nurse 12).

While women members of staff were set apart in the male environment by being female, they recognised the benefits of protection from harm afforded by male members of staff:

"… on the one hand I like working with all men… I do… because they do protect me generally… you feel very protected and very safe with the men on the ward… so I do… in some ways… like it… and in some ways I don't [pause] that y'know… you're not involved with all the boys things and football and things like that… so it can be difficult" (female nurse 7).

While the male staff provided the 'safety' and 'security' to work in the environment, the work they carried out was limited by the fact that they were female. The therapeutic engagement with sexual offenders, by female staff, was infused with ideas of dangerousness and risk. However, unlike other areas of mental health nursing, these female staff respondents recognised the emphasis was as much about control as care:

"… but you're a nurse… people forget that because it's very blurred here between nursing and security (female nurse 7).

"you look at Mental Illness [another directorate within the Trust] there's more women in charge down there… because it's more of the caring nurturing role with mental illness… but here… it's all about machoism isn't it? So women can't be in charge" (female nurse 11).

This nurse places caring and machoism as oppositional. In her view machoism dominated the work culture in the PDU restricting women's ability to 'be in charge'.

## 6. Discussion

The findings reported in this paper were unexpected. They provided an important way of understanding how talk worked to silence and exclude female nurses in a high-secure setting for sexual offenders. In the current climate in which a spotlight has been shone on pay inequalities in the work place (HMSO, 2017), and the harassment of women at work by men, these accounts of the female nurse respondents relay discourses of exploitation and marginality. Although small scale, these rare insights into the experience of working in a predominantly male environment, with sexual offenders, raise cause for concern. Female staff reported being defined as both decorative and problematic in the everyday life of caring in a forensic setting. They felt marginalised by the male staff; they had neither the language nor experience to understand pornography and their input into treatment was presented as risky and potentially provocative. Worryingly, in this hyper-masculine environment, female staff presented themselves as being at risk and constructed their gender as the cause of this risk.

Debates about patriarchy, profession and inequitable relations have long been recognised in nursing (Witz 1992; Carter, 1994; Welch 2011), with men distancing themselves from female co-workers, and feminised representations, to achieve prestige, power and situational dominance (Evans, 1997; Mercer, 2013). In mental health settings, however, a 'tradition of toughness' has historically constructed nursing roles in terms of physicality and policing (Morrison, 1990), creating islands of masculinity within professional cultures (Evans, 2004; Mercer & Perkins, 2014). In this sense, UK high-secure hospitals, like other disciplinary components of the carceral network, remain a vestige of the 'total institution' (Goffman, 1961; Tracy, 2004).

Little has been written about the experiences of female nursing staff working in the UK forensic mental health field. However, there is some research literature, both UK-based and international, which examines the experiences of women working in criminal justice and correctional settings. Looking at the experience of female professionals in traditionally male defined ultra-masculine occupations, this corpus of work reveals a parallel set of themes related to othering and exclusion, role conflict and identity management (Tracy and Scott 2006). Women employed in the penal system report sexualisation, tokenism, and protection by officers, with male staff and inmates describing female staff as a calming or moderating force (Crewe, 2006). Zimmer (1986) in her book *Women Guarding Men*, suggests that the occupational subculture of prisons stresses the importance of machismo for successful job performance.

In Crewe's (2006) study male prisoners oiled their interactions with male officers through discussions of typically 'male' topics such as football, motor-sports, action films, and women. Alongside hostility, resentment, and resistance (Hemmens, Miller, Burton, & Milner, 2002), poor promotion prospects, and cynical uncaring cultures (Weiskopf, 2005) nursing staff in American prisons reported the difficulties of creating a caring, and healing, environment within the boundaries of custody. Borrowing Foucauldian ideas around power, discourse, and disciplinary technologies illustrates the multiple and overlapping ways in which sex and gender are constructed within contemporary secure settings (Pemberton, 2013).

## 7. Conclusion

It is acknowledged that this paper is based on the accounts of a small sample of female nurses working in one high-secure setting in the UK. But, their language and experiences are echoed in a larger body of literature exploring the culture of carceral institutions. Collectively they allow understanding of how male dominated environments, characterised by a heterosexist discourse, act as sites for the reproduction of hegemonic masculinities (Kupers 2005, Tracy and Scott 2006, Cesaroni and Alvi 2010). There is much work to be done in combating sexist cultures, particularly in occupations where women are in a minority and men hold positions of power. It is not just a matter of resisting the knowledge, power and truth which flow from the institutional and disciplinary apparatus (Ali, 2002) but providing a new societal lens through which the exploitation and harassment of women in all its forms, subtle and overt, is replaced by an understanding of sexual equality. If history is repeated, there will be the familiar institutional responses of culture-change programmes, service-user involvement, educational initiatives, staff support, training and development, and robust reporting mechanisms. There needs to be recognition that this all takes place within wider structures of societal discriminatory practices, and achieving egalitarian and democratic services will have little success unless the silent screams of the other are acknowledged (Foucault 1977).

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