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.

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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