

Sexual Boundary Violations Committed by Female Forensic Workers

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A vast literature has focused on sexual boundary violations in professional practice. Much of this analysis has focused on the intersection between gender and professional authority in cases of misconduct committed by male professionals against female clients and patients. Although certainly of importance, such power-based gender analysis may overlook instances of misconduct in which a female professional engages in a sexual encounter with a male client. This article provides a review and analysis of the literature regarding sexual misconduct committed by female forensic workers. Aspects considered include the characteristics of the male forensic patient or prisoner, the characteristics of the female forensic worker, the organizational milieu, and the consequences of the misconduct. Recommendations for practice are offered.

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Instances of sexual boundary violations between professionals and clients have received considerable attention in the academic literature and from professional licensing bodies, particularly in the health and mental health disciplines. Scholarly literature in the 1980s and 1990s focused on studies of which professionals offend at what rate,^{1–3} characteristics of practitioners who offend,^{4–6} rehabilitation for offenders,^{7–10} and the impact of therapist-patient sexual exploitation on victims and others around them.^{11–16} As a result of increased attention and social mores that redefined fiduciary duties to include the responsibility to protect clients and patients from exploitation, professional licensing bodies moved to expand ethics guidelines, to develop systems to investigate alleged violations, and to sanction offenders. Revised codes of ethics dictated that health and mental health professionals were prohibited from engag-

ing in sexual intimacies with clients or patients, relatives or significant others of clients or patients, or students or supervisees.^{17–19}

Despite clear prohibitions in most professions, sexual boundary violations continue to be a concern, and thus, for purposes of prevention, researchers and theorists have attempted to understand the factors that lead to transgressions.²⁰ Previous analyses have tended to discuss boundary violations from a gender-based perspective, focusing on the intersection between professional authority and male power in intimate relationships. This focus has arisen from the fact that in the preponderance of cases, men have been the perpetrators and women the victims.^{8,21–23} Pope,²⁴ in summarizing a variety of self-report studies from therapists, noted that 0.9 to 12.1 percent of male therapists and 0.2 to 3.1 percent of female therapists admitted to sexual contact with patients and that 87 to 94 percent of therapists who admit to sexual relationships with a patient identified the patient as female. Concerns about boundary violations committed by men against women are not limited to the area of mental health; they are also found in the research literature on criminal justice^{25,26} and correctional settings,^{27–29} where the focus of analysis is on abuse of authority.

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Concern regarding misconduct committed by male professionals against female clients, patients, and prisoners is important; however, the power-based gender analysis may serve to quiet discussions about misconduct in which a female professional engages in a sexual encounter with a male client. While this occurs within all occupational groups, in a forensic setting, the occurrence of relationships between female staff and male inmates is well known.³⁰ A study examining the files of 549 employees of the Texas Department of Criminal Justice who had been disciplined for violating the rules of conduct revealed that 80 percent of nonsexual dual relationships and 60 percent of sexual involvements with inmates were engaged in by female workers.³¹ In a self-report survey of male inmates, 85 percent reported a friendship with a female officer, 29 percent reported kissing a female officer, and 26 percent reporting having sex with a female officer.³² Higher rates of boundary violations were reported by inmates who had served more than six years in prison and who were in minimum-security facilities. While some may consider the rates of reporting among inmates in this study to be suspect, the findings nevertheless point to serious concerns about female corrections and forensic staff.

In this article, we seek to provide an overview of the literature relevant to sexual boundary violations that occur between female corrections staff or female forensic workers and male inmates within the prison or forensic mental health environment. We consider characteristics of male prisoners and forensic patients that may provoke boundary-crossing and characteristics of female forensic workers and the organizations in which they work that may increase vulnerability to sexual boundary violations. For the purposes of this article, the terms forensic professionals, forensic workers, and forensic staff will be used interchangeably, to encompass forensic professionals such as social workers, psychologists, nurses and physicians, and corrections officers. While the roles of these groups vary considerably, many of the topics discussed in this article cross disciplinary boundaries.

Characteristics of Male Prisoners and Forensic Patients

While professionals with fiduciary responsibilities are at all times responsible for maintaining boundaries, some male prisoners or forensic patients are deft at manipulation and exploiting situations that will bring personal gain, thereby blurring the lines of re-

sponsibility when boundary violations occur. Elliott,³³ in a study of federal inmates, identified specific techniques that prisoners use to manipulate forensic staff, including testing, extortion, negotiation, ingratiation, and splitting. The techniques identified in Elliott's study, are highly reminiscent of the techniques identified by Gutheil^{34,35} and Gutheil and Gabbard³⁶ in discussing patient characteristics that can lead to sexual boundary violations.

Through the use of excessive familiarity and pseudocloseness, conversations can be initiated about the personal life of staff.³⁵ This pushing of limits can in part be an attempt to gather information about staff for the purpose of determining their vulnerability to manipulation. Subsequent self-disclosure by staff, motivated by a desire to form a therapeutic alliance or arising from the staff member's personal needs,³⁷ can expose vulnerabilities that may later be used to negotiate desirable privileges or special accommodations. If more subtle forms of manipulation fail, prisoners may resort to extortion through threatening, intimidating, or pressuring forensic staff. Such behavior may include the use of implicit or explicit threats of self-harm or harm to others to effect boundary transgressions. It may also include emotional or actual blackmail to force the continuation of a romantic or sexual relationship that the worker wishes to end.³⁴

Ingratiation may involve an attempt by the prisoner to endear himself to a staff member by actions for which the employee feels appreciative and inclined to reciprocate in some way. As identified by Gutheil,^{34,35} in these situations the professional becomes embroiled in a narcissistic fusion of "I'm special, you're special." Complementary statements are particularly powerful when the staff member is experiencing difficulties in her personal relationships or questioning her professional abilities.³⁰ As a corollary to ingratiation, a prisoner or patient may engage in splitting to undermine and isolate a member of staff from colleagues.^{35,38}

Worley and colleagues³⁹ interviewed 82 prisoners who had been named in cases of misconduct perpetrated by staff. From the analysis of these interviews, three categories of prisoners who had engaged in inappropriate relationships with staff were identified: heartbreakers, exploiters, and hell-raisers. The heartbreaker was described as a prisoner who seeks a long-term romantic relationship with a female worker because he holds genuine romantic feelings for that

worker. He courts the female worker for a lengthy period before any romantic involvement and does not disclose the relationship to anyone. He is more likely to hold jobs that allow for minimally supervised mobility throughout the institution, allowing him to interact with female staff in various areas of the institution without eliciting much suspicion. He begins the courtship process by engaging the female worker in casual conversation that eventually leads to the exchange of personal information. He also plays the “touch game” which consists of supposedly accidental touches, to determine how flexible the female worker’s boundaries are and to minimize the power differential between staff and prisoner.

The exploiter forms romantic relationships with female staff solely for the purpose of improving his status within the underground prison economy.³⁹ He intimidates female staff through the use of physical or psychological threats and is skillful at identifying vulnerable staff, including women who are having relationship difficulties. He performs favors for staff that are against institutional policy, such as giving them food or reading materials. Once a staff member has committed a breach in policy, the prisoner is able to use the information for blackmail. The exploiter often blackmails staff into providing him with tobacco, drugs, or anything else that can be used to dominate the prison marketplace.

The hell-raiser forms romantic relationships with female workers for the sake of creating difficulties in the institution.³⁹ He often uses the act of masturbating in the presence of female staff to gauge how likely a specific employee is to participate in a relationship with him. Female workers who ignore this behavior are perceived as weak or as enjoying it. The hell-raiser is also more likely to perceive female forensic staff as working in an institution for the purpose of finding a man.

Individual Factors Contributing to Boundary Violations by Female Staff

Gabbard⁴⁰ suggests that professionals who commit sexual boundary violations fall into four categories: lovesickness, masochistic surrender, predatory psychopathy and paraphilias, and psychotic disorders. Predatory individuals and those individuals with paraphilias take advantage of relationships with patients or prisoners to gratify sexual needs, generally having multiple victims. On very rare occasions, professionals who commit boundary violations have a

serious mental illness and offend in the midst of an acute episode. Most commonly, however, professionals who offend fall into the categories of lovesick or masochistic surrender.⁴¹ Those in the lovesick category often have impoverished personal lives, or have experienced recent crises such as divorce or loss of a loved one. The relationship with a patient or prisoner stems from the need to fill an emotional void. Those motivated by masochistic surrender pride themselves in their tireless and selfless devotion and are therefore vulnerable to manipulation by patients.⁴² Individuals in both the lovesick and masochistic surrender categories often begin by violating a series of nonsexual boundaries but descend down the slippery slope to sexual misconduct.^{37,42–47} They then become victims of the perils of secrecy, knowing that they are violating boundaries, but unable to disclose their actions to others or to seek guidance as their situation becomes more problematic.³⁴

Marquart and colleagues,³¹ in their study of employees in the Texas Department of Criminal Justice, found that one percent of those who engaged in dual relationships and two percent of those who engaged in sexual acts with prisoners could be classified as rescuers. Naiveté was seen as the cause of 16 percent of dual relationships and 2 percent of sexual acts. Seven percent of those engaged in dual relationships and 36 percent of those engaged in sexual acts were classified as predators. Offenders in this category were primarily males who used sex as a commodity in the prison exchange. However, by far the largest category, involving 75 percent of dual relationships and 60 percent of sexual acts, was that of the lovesick. Further analysis revealed that 75 percent of those in the lovesick category were female employees who perceived the inmate as a boyfriend or soulmate, and 79 percent of the female staff who committed dual (including romantic relationships without sexual relations) or sexual boundary violations did so because of lovesickness. In these cases, the female forensic worker disregarded the prisoner’s criminal history, placed him on a pedestal, and envisioned a life together after the prisoner was released.

Relationship Difficulties

As noted earlier, experiencing difficulty in personal romantic relationships is a particular risk factor for committing a boundary violation stemming from emotional needs. Female forensic workers in the lovesick category are more likely to have experienced

recent domestic discord, divorce, or separation. In one study, letters from workers revealed domestic violence, sexual frustration, marital strife, or boredom.³¹ Not only might a female worker who is experiencing personal problems in a romantic relationship be at an increased risk of committing a sexual boundary violation to fulfill her needs, but it is also possible that she will be targeted by a prisoner who intends to exploit the relationship for personal gain. A prisoner in a study conducted by Worley and colleagues³⁹ reported that he targeted a female forensic worker who had been experiencing difficulties in personal relationships, to exploit her vulnerable state. Thus, forensic workers should be self-aware regarding emotional vulnerability and, when vulnerable, more cautious regarding the risk of committing a boundary violation.

Lack of Self-Awareness

As in all therapeutic encounters, forensic workers must assess the appropriateness of interventions and interactions from the perspective of the client. Instances of countertransference must be identified and dealt with through consultation and supervision, to assist workers to differentiate between their needs and those of the client.⁴⁸ In doing so, forensic workers are reminded not to lose sight of the reasons that patients and prisoners are in prison.³⁰ Not only prisoners, but also patients in a forensic unit of a psychiatric facility, often have personality disorders as the primary diagnosis and exhibit a high level of functioning. Gutheil³⁴ cautioned that a patient's high functioning can conceal primitive dynamics and lead a therapist to miss the pathologic explanation that underlies the patient's apparent desire to transcend the boundaries of the transference-bound relationship.

A frequently occurring example of lack of self-awareness is the misuse of self-disclosure. There has been considerable controversy regarding the circumstances under which self-disclosure in professional practice is appropriate.^{49,50} Inappropriate self-disclosure by the therapist commonly occurs in the early stages of a relationship in which boundary violations occur^{30,51,52} and is commonly used by the legal system to advance or support a claim of sexual misconduct.⁵⁰ When the relationship between the forensic worker and the prisoner involves the exchange of information regarding personal problems, it becomes less clear to both parties that the relationship is professional rather than social. Thus, the risk of sex-

ual boundary violations increases, particularly when the client takes on the role of comforter or confidant for the therapist.⁵²

Inadequate Job Preparedness and Supervision

In one study, the forensic staff who became involved with prisoners were more likely to be English-speaking women with no prior military experience, to have lower pre-employment application scores, to have committed the infraction within their first year of employment, and to have an equivalency degree, rather than a high school diploma.³¹ These findings are consistent with previous ones that inadequate training, poorly defined job description, and inadequate supervision or failure to use supervision can play a role in the violation of therapist-client sexual boundaries.¹⁰ The lack of supervision, job preparedness, and clarity about one's duties may also explain the findings in another study that the staff who committed small breaches were more susceptible to committing serious breaches and that those who committed sexual boundary violations were more likely to have had previous disciplinary infractions.³⁹ Therefore, the slippery-slope effect may be diminished by increased job training, understanding of duties, and supervision, thus decreasing the risk for both the worker and the prisoner.

Organizational Factors Contributing to Boundary Violations by Female Staff

Much of the literature on sexual boundary violations among mental health professionals assumes that the therapeutic relationship occurs in a particular type of environment (often an office, hospital, or clinic) within a clearly defined therapeutic contract. Although boundaries may appear clearer in certain work situations, they have been noted to be less clear in other settings, such as rural communities,^{53,54} or in cross-cultural settings.⁵⁵ The nature of the forensic or prison milieu also presents unique risk factors for violations.

The Dynamic Between Staff and Prisoners

The power dynamics in a prison can influence the relationship between front-line staff and prisoners. Sykes⁵⁶ provided a detailed description of the dynamic between corrections officers and prisoners in his 1958 book, *The Society of Captives*. Sykes contends that because security staff have such frequent and prolonged contact with prisoners, they tend to

view the prisoners as people who happen to be incarcerated, rather than as “criminals.” He argued that “even the most serious offenders lose their significance with the passage of time” (Ref. 56, p 55). It is noted that since the time Sykes’ work was published, correctional facilities have taken measures to prevent boundary violations between staff and prisoners by rotating staff member’s unit assignments and providing relevant training. However, Crawley and Crawley⁵⁷ suggested in 2008 that Sykes’ contention may still hold true. They stated that, given corrections officers’ proximity to prisoners over long periods and the intimacy of their work, it is not possible for them to hold an us-versus-them mentality for any significant length of time. This increasing accommodation may be especially true in cases in which staff members are from the same community as the prisoners with whom they work, which is often the case in smaller cities or rural areas.

There are several reasons why staff may not strictly adhere to or enforce the institutional rules and professional boundaries. Sykes contends that the degree to which staff can adequately perform their duties depends on the behavior of the prisoners. Staff will not be rated positively on their ability to manage those on their unit if it is noisy, dirty, and chaotic. While staff members have the option of sanctioning noncompliant prisoners, they often fail to do so consistently, as the formal documentation of such behavior does not reflect well on their superiors’ ability to manage the institution. Given the lack of formal methods of control over the prisoners, staff members often discover that the best technique is to make deals or trades with the prisoners. Therefore, the staff members use these transactions to buy certain obedience at the cost of tolerating some disobedience. As indicated earlier, acts of negotiation can serve to create more intimate relationships between staff and prisoners, which can leave staff more vulnerable to manipulation and to commission of sexual boundary violations. Alternatively, these interactions also leave staff vulnerable to extortion which may involve coercing staff into engaging in sexual activities with a prisoner. While Sykes acknowledges that this dynamic between staff and prisoners leaves staff vulnerable to manipulation, he also notes the importance of cooperation as staff are acutely aware that those they are guarding are capable of overpowering them in the event of a riot. Therefore, maintaining a reciprocal relationship with the prisoners is beneficial for the

staff, in that it reflects positively on their ability to maintain order and may serve to reduce the probability of an uprising.

Forensic staff can lose their ability to enforce the institutional rules by inadvertently handing power over to the prisoners. Some prisoners gain power through attaining coveted work positions that allow them to move throughout the institution,³⁹ and others do so by encroaching on the duties of staff.⁵⁶ The more minor chores such as locking and unlocking doors or checking cells during head counts may be slowly taken over by prisoners. Similarly, in a forensic mental health unit, nurses reported asking high-functioning and trusted patients to accompany them on night rounds when they were concerned about possible violent behavior of other patients, allowing those prisoners to assume the role of their protectors. By allowing prisoners to encroach on their duties, staff unintentionally hand some of their power over to the prisoners. Those who recognize that this power shift has occurred and attempt to regain the power that they have lost may be faced with extortion by the prisoners, who threaten to inform the staff’s superiors anonymously of their previous indiscretions. Therefore, staff may become vulnerable to extortion because they have sought assistance from the prisoners or because the prisoners have intentionally offered their assistance for the purpose of future blackmail.

The Dynamic Among Staff in the Prison Environment

The dynamic among staff is a factor that may increase the female staff’s vulnerability to crossing sexual boundaries. Recently it has been reported that male corrections officers commonly view traditional female qualities to be unnecessary and detrimental in prison work.⁵⁸ This outlook can have negative implications for how male officers treat their female colleagues. In the masculinized prison setting, female officers believe they are treated unfairly by their male counterparts. Participants in one study reported that they were less likely to be accepted by the male staff and had become easy targets for verbal and sexual harassment from male officers and management that was sometimes witnessed by prisoners. They also reported that it is common for male officers to take control away from female officers during incidents of prisoner aggression, and in doing so, to model gender-biased behavior.⁵⁹ This sexist behavior may rein-

force a prisoner's perception that the female officer is incompetent and subordinate to men. In addition, prisoners or forensic patients may play the role of sympathizer, relating to the worker's perceived unjust treatment, yet readily engage in moral blackmail at the first sign that staff are wavering from the institutional rules or professional roles.

Hostility and bullying among staff are also significant problems in the prison workplace. Many officers report being bullied by their managers who are verbally abusive and pressure staff to make shift changes without notice and to work in unsafe conditions.⁶⁰ There are also circumstances in which bullying and hostility occur between workers. This behavior most frequently occurs when there are workers who are unwilling to subscribe to the most dominant customs, values, and norms of the profession, including workers who prefer roles that require more traditionally feminine skills, such as those needed in a therapeutic context.⁵⁷ Corrections officers who choose to work with subgroups such as sex offenders or the elderly may be at an increased risk of experiencing bullying from other officers. Forensic nurses also frequently experience professional isolation, as they must balance the need to protect society with the need to provide care for the client.³⁸ This experience is likely to befall other helping professionals in the prison, such as social workers, psychologists, and doctors.

Female forensic workers have limited opportunities to gain and demonstrate their work-related skills; have little recourse in instances of sexual harassment because management either cause or ignore complaints; and experience feelings of anxiety, depression, fear, and powerlessness.⁵⁹ These obstacles, in combination with the bullying that may occur between staff, place female corrections officers at risk of isolation, especially when they cannot rely on their superiors to provide guidance or impose sanctions when they are necessary. Consequently, the officers are at risk of being targeted by prisoners, such as exploiters, who are skilled at identifying vulnerable female staff.³⁹ There may be an increased vulnerability to seeking or accepting consolation from prisoners, who also are familiar with feelings of loneliness, depression, anxiety, fear, distress, and hopelessness.⁶¹ It is common for prisoners to use flattery to engage female staff,⁶² which may be greatly appreciated by female staff who are feeling isolated and lonely. Therefore, the negative dynamic between

male and female corrections staff may cause female officers to feel rejected by their male colleagues and accepted by the male prisoners.

The Dynamic Between Forensic Workers and the Public

In addition to feeling isolated as a result of the masculinized prison environment, many forensic workers experience isolation outside their work environment. Prison workers and others working in the forensic environment often feel as though those in other professions and the general public view them with suspicion and wariness or see them as contaminated.⁵⁷ In one study of police officers, a participant reported "You spend your first 5 years telling everyone you're a cop, and the next 25 denying it."⁶³ It is suggested that others are eager to avoid contact with anything associated with crime or the prison environment.⁶⁴ Fear of rejection can result in reluctance among forensic workers to share the details of their work with others. Further, working exclusively with a client group that may have perpetrated horrendous crimes against others can lead to a sense of distrust of others more generally or a splitting of the world between good and evil and a general suspicion toward others in society.⁶⁵ Thus, an us-versus-them mentality can develop along with a reliance on relationships with coworkers for social networking.⁶³ When these relationships are not strong and supportive, workers may turn to patients or inmates for support.

The Therapeutic Milieu

Forensic workers can experience a sense of conflict when the obligations of the role clash with professional values and ethics.^{66,67} The level of care or quality of the therapeutic relationship can be minimized by the need to ensure the security of the institution and public safety. The balance is a delicate one that has to be maintained for many professionals working in the forensic setting, especially those who work within a therapeutic framework. The development of a therapeutic alliance with the prisoner, and the expression of care and concern for the prisoner and his needs, enhances the ability to improve emotional states and modify behavior. On the other hand, the therapeutic alliance can create risks to forensic patients and prisoners who lose sight of the nature of the relationship and the obligations of the worker to report imminent or future risks to the safety and security of others in the organization or members of the public.⁶⁷ Further, given the isolation that the

prisoners experience and a likely history of poor interpersonal relationships, they may misconstrue the interaction necessary for a therapeutic relationship as sexual interest.³⁰ It may become particularly confusing in the therapeutic milieu where an element of the forensic worker's role is to provide the prisoner with the opportunity to practice social skills. The worker may have to engage in social activities with the prisoner, such as playing cards, which may lend support to the idea that the relationship is social, rather than professional. In cases in which practicing social skills is part of the forensic worker's role, it is important for her to identify the purpose of the activity clearly both to the prisoner and to herself.

Implications of Sexual Boundary Violations

Once a sexual boundary violation has been discovered, there are negative implications that affect not only the individuals directly involved, but other female forensic workers, managers, the institution, and the associated government agency.

Implications for the Prisoner

A prisoner who has entered into a sexual relationship with a forensic worker for the purpose of exploiting her will not experience the same negative outcome as one who has authentic romantic feelings. If the sexual relationship between a forensic worker and a prisoner who is considered to be an exploiter or hell-raiser is discovered, the prisoner will lose access to the privileges or products that he has been receiving through the relationship with the worker when the staff member leaves or loses her position or through the transfer to another institution. If the prisoner has been using the worker to gain access to goods that could be sold in the underground prison economy, the prisoner will lose his position in the inmates' social order. If this type of exploitation is considered to be a risk factor for recidivism or if it comes to light that the prisoner is involved in the prison black market, the prisoner is at significant risk of an increase in security classification. Subsequently, the prisoner's likelihood of early release in the near future would also be considerably jeopardized. This outcome may be viewed by others as positive or negative.

Prisoners who experience genuine feelings of love or emotional closeness to the female forensic worker are likely to be affected differently from those who were solely using the relationship for the purpose of

manipulation. Several authors have outlined the wide-ranging consequences for clients who have engaged in sexual relationships with their therapists,^{11-13,16} and these are likely to be applicable to prisoners who have engaged in sexual relationships with female staff. They may experience ambivalent feelings toward the therapist and about whether the relationship should be disclosed, along with feelings of guilt, emptiness, and isolation. The client may also experience feelings of sexual confusion, for example, if a therapist sexualizes the client's request for physical comfort. Clients also frequently experience a sense of betrayal by therapists and an impaired ability to trust. Once the relationship is discovered and the repercussions make it evident that the relationship was inappropriate, the client may come to resent and feel misled by the therapist. Clients may also experience ambivalence with regard to role identity and role reversal and may feel responsible for the therapist's feelings and actions, may have suppressed rage, and may display emotional lability. Finally, the client may experience cognitive dysfunction, including preoccupation with what has occurred, an inability to concentrate, and an increased risk of suicide resulting from the abusive experience.

Implications for the Forensic Worker

Sexual relationships between staff and prisoners are not permitted in any forensic setting and can result in the dismissal of the employee. A staff member found guilty of sexual boundary violations may lose her job and her good standing with her professional colleagues, and she may be subject to criminal charges³⁵ or civil litigation. Upon discovery, organizational and collegial support might quickly disappear, and the person might become isolated in the work environment.¹⁴ Thus, the potential occupational, financial, and reputational implications of sexual misconduct are substantial. Consequently, the worker must keep the nature of the relationship secret, increasing the risk of blackmail and coercion.

Emotional and relational risks are also present. If the indiscretion does not result in the loss of her job, she will be forced to end her relationship with the prisoner. Therefore, in addition to the other stresses associated with the discovery of her sexual boundary violation, the female forensic worker is likely to experience the emotions associated with the end of a romantic relationship. These often include depression, sadness, loss of self-esteem, confusion, and ru-

minating on the matter. In addition, family and other relationships become strained or disrupted as a result of the revelation. As noted by Worley *et al.*,³⁹ many of the female forensic workers who engaged in sexual boundary violations in their study were experiencing difficulties in their personal romantic relationships. Infidelity is the leading cause of divorce across 160 cultures⁶⁸; therefore, an extramarital affair can result in the loss of one's partner. Further, those who commit adulterous acts are more likely to experience heightened levels of guilt, anxiety, and shame.^{45,69}

Implications for the Organization

Sexual boundary violations committed by one member of an organization or profession, taints the reputation of the organization and profession as a whole.⁷⁰ The idea that females are ill equipped to work in a forensic environment is held by many male forensic workers and male prisoners.^{39,59,71} Female forensic workers are sensitive to the fact that they need to convey and maintain an image of competency in their work. In a study conducted by Jurik, a female corrections officer stated "We need only the most qualified women. There are so few women that every incompetent one hurts all the others who come in after her" (Ref. 72, p 379).

If the sexual indiscretion becomes public, it may also cause damage to the reputation of the institution and the corresponding governmental agency.^{70,73} The ability of the administration to manage a prison or forensic unit effectively rests on the employees' ability to manage the prisoners.⁵⁶ It is not likely that the public or relevant governmental agency would interpret sexual relationships between forensic staff and prisoners as an effective or appropriate management technique. Public knowledge of such indiscretions undermines confidence in the institution, its managers, and the correctional system as a whole.

Recommendations for Practice

The literature on sexual boundary violations in professional practice contains important information about strategies for staying within boundaries, including maintaining an awareness of the possibility of transference or countertransference and seeking supervision and consultation as required. In addition, authors speak of the need to examine personal motivations and needs such as vulnerability, narcissistic impulses, and rescue fantasies. The well-known

Table 1 Recommendations

Forensic Workers

- Do not lose sight of why the prisoner/patient is in the forensic system
- Clearly reinforce boundaries and set limits on the prisoner/patient's behavior
- Always address a prisoner/patient's inappropriate comments or behaviors
- Personally acknowledge when you experience feelings of sexual attraction to a prisoner/patient and seek consultation
- Refrain from discussing personal information or issues with prisoners/patients or within the earshot of prisoners/patients
- Try to maintain a healthful social life outside of work
- Do not use work as a resource to have your personal needs met
- Be aware of methods of manipulation employed by prisoners/forensic patients
- Clearly explain the purpose of all interventions to the prisoner/patient

Forensic Workplaces

- Provide training opportunities for workers regarding boundary violations
- Address concerns about hostile or unsafe work environments
- Ensure that supervision is easily available for workers
- Provide opportunities for support of workers

slippery slope, whereby minor violations, such as overly personal self-disclosure, the exchange of gifts or favors, and the bending of rules, may lead to more serious violations, is an ever-present hazard. Each of these concerns also relates to female forensic workers and the means for avoiding boundary violations with prisoners or forensic patients.

Forensic environments pose additional risks due to the nature of the client served and the organizational climate and rules. While male corrections officers may effectively use exchange as a means of controlling behavior and ensuring security in prison, the gender-based relationships between male prisoners and female workers change the nature of these interactions and the perceptions of the parties involved. Specialized training and supervision should be available to women working with men in forensic environments so that they can openly discuss these interactions, the risks that they confer, and the strategies for practice. The need for consultation is particularly necessary, given research that suggests that women working in men's correctional facilities may feel isolated from their coworkers and unable to share struggles and concerns with peers.

Conclusions

A vast body of literature has focused on sexual boundary violations in professional practice. Much of this analysis has focused on the intersection between gender and professional authority in cases of misconduct committed by male professionals against female clients and patients. While these breaches are important, a power-based gender analysis may serve to quiet discussions about misconduct in which a female professional engages in a sexual encounter with a male client. Such relations may occur in any setting, but forensic mental health and prison environments present unique risks for boundary violations between male patients or inmates and female staff. Factors that increase risk include personality characteristics of prisoners or forensic patients that result in the commission of a crime in the first place, including functional level and the ability to charm, manipulate, and intimidate others. Characteristics of the environment in which people are incarcerated and the necessary interplay between prisoners and staff to maintain order in the facility also contribute to the risk of sexual boundary violations. A further factor is the isolation that forensic workers may feel from others in the community because of the nature of their work, and that female corrections officers may feel from their male counterparts. When these factors intersect with vulnerabilities in the worker, such as poor training, emotional distress and isolation, or a misguided notion about rescuing patients or prisoners, sexual improprieties may occur. Such problems should be discussed more openly in the forensic environment so that female workers can seek consultation and guidance when they feel they are at risk.

References

1. Akamatsu T: Intimate relationships with former clients: national survey of attitudes and behavior among practitioners. *Prof Psychol Res Pract* 19:454–8, 1988
2. Borys D, Pope K: Dual relationships between therapist and client: a national study of psychologists, psychiatrists and social workers. *Prof Psychol Res Pract* 20:283–93, 1989
3. Kardener S, Fuller M, Mensh I: A survey of physician's attitudes and practices regarding erotic and nonerotic contact with patients. *Am J Psychiatry* 130:1077–81, 1973
4. Apfel R, Simon B: Sexualized therapy: causes and consequences, in *Sexual Exploitation of Patients by Health Professionals*. Edited by Burgess A, Hartman C. New York: Praeger, 1988, pp 143–51
5. Gabbard G: Psychodynamics of sexual boundary violations. *Psychiatr Ann* 21:651–5, 1991
6. Jackson H, Nutall R: A relationship between childhood sexual abuse and professional sexual misconduct. *Prof Psychol Res Pract* 32:200–4, 2001
7. Gartrell N, Herman J, Olarte S, *et al*: Management and rehabilitation of sexually exploitative therapists. *Hosp Community Psychiatry* 39:1070–4, 1988
8. Gonsiorek J: Intervening with therapists who sexually exploit clients, in *Innovations in Clinical Practice: A Source Book*. Edited by Keller P, Heyman S. Sarasota, FL: Professional Resource Exchange, 1987, pp 417–27
9. Pope K: Preventing therapist patient sexual intimacy: therapy for a therapist at risk. *Prof Psychol Res Pract* 18:624–8, 1987
10. Schoener G, Milgrom J: Helping clients who have been sexually abused by therapists, in *Innovations in Clinical Practice: A Source Book*. Edited by Keller P, Heyman S. Sarasota, FL: Professional Resource Exchange, 1987, pp 407–16
11. Armsworth M: A qualitative analysis of adult incest survivors' responses to sexual involvement with therapists. *Child Abuse Neglect* 14:541–54, 1990
12. Burgess A: Physician sexual misconduct and patient's responses. *Am J Psychiatry* 138:1335–42, 1981
13. Pope K: How clients are harmed by sexual contact with mental health professionals: the syndrome and its prevalence. *J Counsel Dev* 67:222–6, 1988
14. Regehr C, Glancy G: Sexual exploitation of patients: issues for colleagues. *Am J Orthopsychiatry* 65:195–202, 1995
15. Williams M: Exploitation and interference: mapping the damage from therapist-patient sexual involvement. *Am Psychol* 47:412–21, 1992
16. Simon R: Psychological injury caused by boundary violation precursors to therapist-patient sex. *Psychiatr Ann* 21:614–9, 1991
17. American Psychiatric Association: *Principles of Medical Ethics: With Special Annotations for Psychiatry*. Arlington, VA: American Psychiatric Association, 2009
18. American Psychological Association: *Ethical Principles of Psychologists and Code of Conduct*. Washington, DC: American Psychological Association, 2002
19. National Association of Social Workers: *Code of Ethics*. Washington, DC: NASW, 2008
20. Swiggart W, Feurer I, Samenow C, *et al*: Sexual boundary violation index: a validation study. *Sex Addict Compulsiv* 15:176–90, 2008
21. Holroyd J, Brodsky A: Psychologists' attitudes toward and practices regarding erotic and nonerotic contact with patients. *Am Psychol* 32:843–9, 1977
22. Gechtman L: Sexual contact between social workers and their clients, in *Sexual Exploitation in Professional Relationships*. Edited by Gabbard G. Washington, DC: American Psychiatric Press, 1989, pp 27–38
23. Stomm-Gottfried K: Professional boundaries: an analysis of violations by social workers. *Fam Soc* 80:419–49, 1999
24. Pope K: *Sexual Involvement With Therapists*. Washington, DC: American Psychological Association, 1994
25. Maher T: Police sexual misconduct: officers' perceptions of its extent and causes. *Crim Just Rev* 28:355, 2003
26. Maher T: Police chief's views on police sexual misconduct. *Police Pract Res* 9:239–50, 2008
27. Kubiak S, Hanna J, Balton M: I came to prison to do my time—not to get raped: coping within the institutional setting. *Stress Trauma Crisis Int J* 8:157–77, 2005
28. LaBelle D: Women, the law, and the justice system: neglect, violence, and resistance, in *Women at the Margins: Neglect, Punishment, and Resistance*. Edited by Figueira J, Sarri R. New York: Haworth Press, 2002, pp 347–69

29. Women in Prison: Sexual Misconduct by Correctional Staff. Washington, DC: United States General Accounting Office, 1999
30. Peternelj-Taylor C: Forbidden love: sexual exploitation in the forensic milieu. *J Psychosoc Nurs Ment Health Serv* 36:17–23, 1998
31. Marquart J, Barnhill M, Balshaw-Biddle K: Fatal attraction: an analysis of employee boundary violations in a southern prison system, 1995–1998. *Just Q* 18:887–910, 2001
32. Dial K, Worley R: Crossing the line: a quantitative analysis of inmate boundary violations in a southern prison system. *Am J Crim Just* 33:69–84, 2008
33. Elliott W: Power and control tactics employed by prison inmates: a case study. *Fed Prob* 70:45–8, 2006
34. Gutheil T: Boundaries, blackmail, and double binds: a pattern observed in malpractice consultation. *J Am Acad Psychiatry Law* 33:476–81, 2005
35. Gutheil TG: Boundary issues and personality disorders. *J Psychiatr Pract* 11:88–96, 2005
36. Gutheil TG, Gabbard GO: Obstacles to the dynamic understanding of therapist-patient sexual relations. *Am J Psychother* 46:515–25, 1992
37. Simon R: The natural history of therapist sexual misconduct: identification and prevention. *Psychiatr Ann* 25:90–4, 1995
38. Schafer P: When a client develops an attraction: successful resolution versus boundary violation. *J Psychiatr Ment Health Nurs* 4:203–11, 1997
39. Worley R, Marquart J, Mullings J: Prison guard predators: an analysis of inmates who establish inappropriate relationships with prison staff, 1995–1998. *Deviant Behav* 24:175–94, 2003
40. Gabbard G: Psychodynamic approaches to physician sexual misconduct, in *Physician Sexual Misconduct*. Edited by Bloom J, Nadelson C, Notman M. Washington, DC: American Psychiatric Press, 1999, pp 205–23
41. Bloom J, Nadelson C, Notman M: *Physician Sexual Misconduct*. Washington, DC: American Psychiatric Publishing, 1999
42. Gabbard G: Lessons to be learned from the study of sexual boundary violations. *Am J Psychother* 50:311–22, 1996
43. Gabbard G, Nadelson C: Professional boundaries in the physician-patient relationship. *JAMA* 273:1445–9, 1995
44. Gutheil T, Simon R: Non-sexual boundary crossings and boundary violations: the ethical dimension. *Psychiatr Clin North Am* 25:585–92, 2002
45. Glass L: The gray areas of boundary crossings and violations. *Am J Psychother* 57:429, 2003
46. Simon R: Therapist-patient sex: from boundary violations to sexual misconduct. *Psychiatr Clin North Am* 22:31–47, 1999
47. Gutheil T, Simon R: E-mails, extra-therapeutic contact, and early boundary problems: the Internet as a 'slippery slope'. *Psychiatr Ann* 35:252–60, 2005
48. Gutheil TG, Gabbard GO: Misuses and misunderstandings of boundary theory in clinical and regulatory settings. *Am J Psychiatry* 155:409–14, 1998
49. Barnett J, Lazarus A, Vasquez M, *et al*: Boundary issues and multiple relationships: fantasy and reality. *Profess Psychol Res Pract* 38:401–10, 2007
50. Beach M, Roter D, Rubin H, *et al*: Is physician self-disclosure related to patient evaluation of office visits? *J Gen Intern Med* 19:905–10, 2004
51. Edelwich J, Brodsky A: *Sexual Dilemmas for the Helping Professional*. New York: Brunner/Mazel Publishers, 1991
52. Epstein R, Simon R: The exploitation index: an early warning indicator of boundary violations in psychotherapy. *Bull Menninger Clin* 54:450–66, 1990
53. Endacott R, Wood A, Judd F, *et al*: Impact and management of dual relationships in metropolitan, regional and rural mental health practice. *Aust N Z J Psychiatry* 40:987–94, 2006
54. Simon R, Williams I: Maintaining treatment boundaries in small communities and rural areas. *Psychiatr Serv* 50:1440–6, 1999
55. Miller PM, Commons ML, Gutheil TG: Clinicians' perceptions of boundaries in Brazil and the United States. *J Am Acad Psychiatry Law* 34:33–42, 2006
56. Sykes G: *The Society of Captives: A Study of a Maximum Security Prison*. Princeton, NJ: Princeton University Press, 1958
57. Crawley E, Crawley P: Understanding prison officers: culture, cohesion, and conflict, in *Understanding Prison Staff*. Edited by Bennett J, Crewe B, Wahidin A. Portland, OR: Willan Publishing, 2008, pp 134–50
58. Pedrazza EL, Rico EP, Senger MR, *et al*: Ecto-nucleotidase pathway is altered by different treatments with fluoxetine and nortriptyline. *Eur J Pharmacol* 583:18–25, 2008
59. Pogrebin M, Poole E: The sexualized work environment: a look at women jail officers. *Prison J* 77:41–57, 1997
60. Crawley E: Emotion and performance: prison officers and the presentation of self in prisons. *Punish Society* 6:411–27, 2004
61. Scott D: Creating ghosts in the penal machine: prison officer occupational morality and the techniques of denial, in *Understanding Prison Staff*. Edited by Bennett J, Crewe B, Wahidin A. Portland, OR: Willan Publishing, 2008, pp 168–86
62. Cheeseman K, Worley R: Crossing the line: a quantitative analysis of inmate boundary violations in a southern prison system. *Am J Crim Just* 33:69–84, 2007
63. Regehr C, Johannis D, Dimitropoulos G, *et al*: The police officer and the public inquiry. *Brief Treat Crisis Intervent* 3:383–96, 2003
64. Marsh A, Dobbs J, Monk J: *Staff Attitudes in the Prison Service*. London: Office of Population Consensus and Surveys, 1986
65. Regehr C, Cadell S: Secondary trauma in sexual assault crisis work: implications for therapists and therapy. *Can Soc Work* 1:56–63, 1999
66. Pope KS, Gutheil TG: Contrasting ethical policies of physicians and psychologists concerning interrogation of detainees. *BMJ* 338:1653, 2009
67. Regehr C, Antle B: Coercive influences: informed consent in court mandated social work practice. *Social Work* 42:300–6, 1997
68. Betzig L: Causes of conjugal dissolution: a cross-cultural study. *Curr Anthropol* 30:654–76, 1989
69. Atwood J, Seifer M: Extramarital affairs and constructed meanings: a social constructionist therapeutic approach. *Am J Fam Ther* 25:55–75, 1997
70. Regehr C, Glancy G: Sexual exploitation of patients: issues for colleagues. *Am J Orthopsychiatry* 65:194–202, 1995
71. Zimmer L: *Women Guarding Men*. New York: Elsevier, 1986
72. Jurik N: An officer and a lady: organizational barriers to women working as correctional officers in men's prisons. *Soc Probl* 32: 375–88, 1985
73. Peternelj-Taylor C: Whistleblowing and boundary violations: exposing a colleague in the forensic milieu. *Nurs Ethics* 10:526–40, 2003