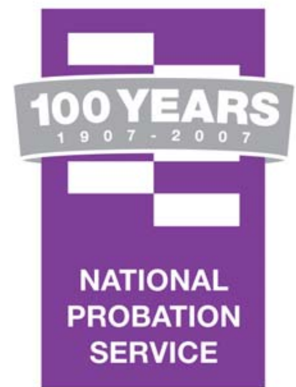
Probation
Circular



PC35/2007 – MEDICAL TREATMENT FOR SEX OFFENDERS

IMPLEMENTATION DATE: 1 December 2007 **EXPIRY DATE:** 30 November 2010

TO: Chairs of Probation Boards, Chief Officers of Probation, Secretaries of Probation Boards
CC: Board Treasurers, Regional Managers

AUTHORISED BY: Gordon Davison – Head of Public Protection Unit
ATTACHED: Annex A: Referral form
Annex B: Suggested letter to G.P.
Annex C: Information for offenders
Annex D: Equality Impact Assessment Form

RELEVANT PREVIOUS PROBATION CIRCULARS
N/A
CONTACT FOR ENQUIRIES
mark.farmer5@justice.gsi.gov.uk or 020 7217 0672

PURPOSE

To inform Probation Areas of arrangements made with the Department of Health to facilitate the provision of psychiatric interventions for sexual offenders, with consent, where there is a mental health problem that may impact on their risk of further sexual offending, including the prescription of relevant medication. To advise of suitability criteria and referral arrangements to enable offender managers and sex offender programme delivery staff to refer individuals to the service.

ACTION

Chief Officers should ensure that Offender Managers who work with sexual offenders, and programme delivery staff responsible for sex offender treatment programmes are aware of the contents of this Circular. Offender Managers and other staff should consider suitability of all sex offenders under supervision for the service and refer where appropriate.

SUMMARY

This Circular advises Areas about a new service whereby forensic psychiatric assessment and treatment can be facilitated for sex offenders who have mental health problems related to their offending, or who may benefit from medication to help them manage their sexual behaviour. It gives information on the types of medication that might be prescribed, with offenders' consent, defines which offenders might be suitable for the service, outlines referral criteria for it, and advises on information exchange between the probation and prison services, and the health service.

Introduction

To date all NOMS interventions for sexual offenders (such as sex offender treatment programmes) have been psychological in nature. Research has established, however, that for some sexual offenders medical intervention can be a successful additional approach to reducing the risk of further offending. Whilst psychological interventions will remain the preferred method of treatment for most sex offenders, in certain cases this could usefully be supplemented by medical treatment. This is particularly the case where individuals experience high levels of sexual arousal, or sexual rumination, which makes psychological treatments difficult. Medical intervention can also be useful in some cases where offenders continue to have intrusive deviant sexual fantasies or strong sexual urges that have not been effectively modified by psychological treatment. It should be noted that medical treatments are not intended to be the sole form of treatment for sexual offenders, and should only be used as part of a wider supervision plan involving sex offender treatment programmes and other management options as appropriate. Further, it should be noted that medical treatments are only available on a voluntary basis, and that offenders cannot be compelled to comply with them.

In addition, a small number of sex offenders have been identified as having a mental health problem alongside their sexually abusive behaviour, for example, a depressive or schizophrenic illness, which may be thought to have contributed to their offending behaviour, or might interfere with their completion of a sex offender treatment programme.

Background

Arrangements have been made with the Department of Health, which has developed a Service Level Agreement with Northumberland Tyne and Wear NHS Trust, for Professor Don Grubin to provide a national advisory service for prisons and probation aimed at increasing the availability of medical treatments for sex offenders. Additionally, the service aims to arrange psychiatric assessment for sex offenders with mental health problems where the mental health problem has contributed to the sexual offence, or is being put forward as a reason for non attendance on a sex offender programme. A network of psychiatrists is being established across England and Wales who will provide assessments where appropriate. The service will provide a straightforward route whereby appropriate NOMS staff (usually the Offender Manager for offenders in the community, or the SOTP Treatment Manager for offenders in prison) can refer offenders for further psychiatric assessment and prescription of medication if appropriate. *It should be noted that this service covers only psychiatric assessment in circumstances described above. It does not allow a route whereby other psychiatric assessments can be obtained, for example for court hearings or for general risk assessment. Offenders requiring such assessments should be referred via local arrangements as at present.*

The mental health assessment service is available to male and female offenders although it should be noted that anti-libidinal medication is appropriate only for males.

In cases where medication is potentially advantageous, one of two types of medication will be considered:

<u>1. SSRIs (selective serotonin reuptake inhibitors)</u>: These drugs are commonly prescribed for depression, anxiety, and obsessive compulsive disorder. They have a relatively mild side effect profile. They act by increasing the concentration of serotonin, a neurotransmitter (or chemical messenger) found in the brain that is related to mood, impulsivity, appetitive behaviours such as eating and sleeping, and sexual activity (amongst other things). Serotonin systems are known to interact with testosterone in the brain in the regulation of sexual behaviour.

SSRIs appear to be most effective where there is:

- Sexual preoccupation
- A compulsive aspect to offending
- Offending associated with depressed or anxious mood state
- Impulsive offending

Although sex drive may be decreased by SSRIs, this is not a predictable effect. Instead, the aim is to reduce the *intensity* of sexual fantasies and sexual urges, enabling the offender to control them better, for example by using skills learned in the context of sex offender treatment.

2. Antilibidinal medication: These drugs reduce testosterone levels to those found in pre-pubescent boys, thereby decreasing sexual interest and arousal. Although offenders can still be sexually aroused by relevant stimuli, they are generally less interested in sex, and there is a great reduction in spontaneous sexual behaviour. Response is not instantaneous, and it may take a number of months before effects are maximal.

Antilibidinal medication is associated with a range of side effects, including the risk of liver damage, breast growth, hot flushes, depression and a decrease in bone density.

The most common of the antilibidinals is cyproterone acetate (Androcur), which is taken orally. Long-acting drugs such as leuprolide acetate, goserelin, or triptorelin can be given by injection, and may be effective in cases where cyproterone has failed to suppress sex drive adequately, although they are substantially more expensive.

It is important to note, as indicated above, that none of these drugs on their own can ensure that a re-offence will not occur, and they should be used only in the context of an overall risk management plan.

Assessment of suitability

It is anticipated that only small numbers of sex offenders will benefit from these treatments. Offenders should be screened carefully according to the following criteria where referral is being considered. Referrals in cases that do not meet the criteria will be refused.

Offenders will be appropriate for referral to the advisory service where:

1. Specific mental health issues are identified that relate directly to assessment or treatment (for instance, where mental illness is thought to contribute to the risk of reoffending, or where mental health problems are being put forward as a bar to taking part in a treatment programme), or;

2. Where there is evidence of one or more of the following:

   - Hyperarousal (e.g., frequent sexual rumination, sexual preoccupation, difficulties in controlling sexual arousal, high levels of sexual behaviour),
   - Intrusive sexual fantasies or urges

- Subjective reports of experiencing urges that are difficult to control
- Sexual sadism or other dangerous paraphilias such as necrophilia. Highly repetitive paraphilic offending such as voyeurism or exhibitionism may also be responsive to medication.

Referral process

1. For offenders on supervision in the community suitable candidates should be identified by the offender manager, using the referral criteria above. If suitable offenders are identified by MAPPA, treatment provider staff or other staff, the offender manager should be advised in order that a referral may be made.

2. Where the offender is in prison the referral to the advisory service may be made by the treatment manager for the prison Sex Offender Treatment Programme (SOTP), but the offender manager must be fully briefed prior to any referral being made. If the offender is not subject to SOTP the referral may come from the offender manager, who would need to liaise with the prison doctor as below.

3. An information leaflet for offenders is attached at Annex C. Please note this information should not be given to offenders generally. It should only be provided to those assessed as suitable according to the criteria set out in this Circular. This is to avoid raising expectations of offenders who might not require or be suitable for this service.

4. The offender manager (or treatment manager for prison cases) should discuss the service with the offender in order to secure agreement for a referral to take place, bearing in mind the voluntary nature of the service.

5. The referral should then be sent to the central point of contact in NOMS, using the referral form at Annex A (details of central point of contact are on the form)

6. The referral will be screened by the central contact. Appropriate referrals will then be sent to Professor Grubin. Referrals considered inappropriate will be returned to offender manager together with an explanation as to why they have been rejected.

7. Professor Grubin will make the final decision regarding whether the referral is appropriate for the service (if in doubt, he will contact the offender manager for more information).

8. Once a referral is accepted, Professor Grubin will discuss the case with the most appropriate local psychiatrist.

9. Professor Grubin will then inform the referrer (offender manager or treatment manager) of the psychiatrist's details to enable appropriate liaison to take place between them (see below).

10. The referrer can then liaise with the identified psychiatrist regarding the case.

11. Where the offender is in the community the offender manager must request the offender's GP to refer the offender to the identified psychiatrist. The suggested standard letter (Annex B) may be used for this purpose. Where the offender is in prison the

treatment manager for the SOTP (or the offender manager in cases where the offender is not subject to SOTP) should request the prison doctor do the same, using the same suggested letter. If there are problems with this, Professor Grubin will discuss the situation with the prison doctor or GP.

12. Following assessment, the psychiatrist will discuss the case with Professor Grubin and further consultation will take place if psychiatric treatment is to be provided.

For community cases, this pathway means, of course, that offenders will need to have a GP. Where this is not the case, supervising officers may need to assist the offender in registering with a GP practice. More information on this is available at:

http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=1095

Exchange of information

The psychiatrist will discuss with the offender issues of confidentiality, and come to an agreement about what information is to be shared with the offender manager. Provided that the offender agrees, the expectation is that the psychiatrist will pass on relevant details regarding response to treatment, for example the impact of medication on fantasy content and frequency. However, due to confidentiality of patient information, if an offender does not agree for information about him being disclosed, then the psychiatrist will be limited in what can be communicated. As a minimum this will involve information as to whether or not the offender is attending appointments, and is taking medication. The advice to psychiatrists will be that if an offender does not agree to even this basic information exchange then serious consideration should be given to not providing treatment. Of course, immediate and identifiable risk to others is paramount, and confidentiality will be overridden where this exists.

Licence conditions

It is anticipated that this service will be undertaken on a voluntary basis and therefore a contact requirement condition requiring an offender to attend upon a medical practitioner and co-operate with any recommended treatment would not apply. If the offender does have a licence condition to attend upon a medical practitioner this should be noted on the referral form to enable consideration of this to take place.

Movement of offenders between prisons/release arrangements

Cases of prisoners subject to medical treatments outlined in this Circular will be subject to standard Care Co-ordination procedures. Under these arrangements it is the responsibility of the medical practitioners providing treatment to ensure that when a patient leaves a prison establishment arrangements are in place either in the receiving prison or the community, to ensure continuity of care.

Duration of service

The Department of Health has a Service Level Agreement with Northumberland Tyne and Wear NHS Trust for the provision of the advisory service for a period of three years from October 2007.

Annex A

Medical treatment for sexual offenders
Request for service

Offender details:	**Referring Officer details:**
Name………………………………………………	**Name**…………………………………………….
Address/prison………………………………	**Job title**…………………………………………
……………………………………………………	**Office/prison address**…………………………
……………………………………………………	……………………………………………………
Postcode………………………………………..	……………………………………………………
Telephone………………………………………	**Postcode**……………………………………….
	Telephone……………………………………..

Information about the offender:

Offence……………………………………………………………………………………………………

Date of offences…………………………………………………………………………………………

Sex offender treatment programme history……………………………………………………………

……...

MAPPA level……………………………………………………………………………………………..

Any mental health problems? (please specify)………………………………………………………...

……..

Details of any current mental health treatment (including details of medical practitioner)………..

……..

……...

Any other relevant health details……………………………………………………………………….

……...

……...

Offender's G.P.

Name………………………………………………………………………………………………………

Address…………………………………………………………………………………………………..

……..

Postcode…………………………………..**Telephone**…………………………………………………...

Reason for referral (delete as appropriate):
Assessment for mental health problems related to offending/Assessment for mental health problems preventing attendance on sex offender treatment/Assessment for medication

How does this referral meet the eligibility criteria for the service?

1. Specific mental health issues are identified that relate directly to assessment or treatment (for instance, where mental illness is thought to contribute to offending, or where mental health problems are being put forward as a bar to taking part in a treatment programme), or;
2. Where there is evidence of:

- hyperarousal (e.g., frequent sexual rumination, sexual preoccupation, difficulties in controlling sexual arousal, high levels of sexual behaviour),
- intrusive sexual fantasies or urges
- subjective reports of experiencing urges that are difficult to control
- sexual sadism or other dangerous paraphilias such as necrophilia. Highly repetitive paraphilic offending such as voyeurism or exhibitionism may also be responsive to medication

Please provide any additional supporting evidence available, including details of previous convictions, any details of current offence, and previous mental health reports/assessments, copy of pre-sentence report.

Please return this form and supporting evidence to:

Mark Farmer,
First Floor,
Abell House
John Islip St
London SW1P 4LH

Annex B

Dear

Re: insert name of offender

Following his conviction for x/release from a prison sentence for x I have been supervising Mr in the community. He describes ongoing intense feelings regarding children/strong sexual urges he finds difficult to control etc. I have discussed these problems with Dr , consultant forensic psychiatrist based at , who thought he might benefit from further assessment and possible treatment with medication. He/she asked whether it would be possible for you to make a formal referral to him/her in order to take this forward. As Dr already knows about Mr , only a short note to him confirming your agreement would be necessary. I have also discussed this referral with Mr .

Please let me know if you require any further information. I would of course be happy to discuss any of the above with you further if you thought that would be helpful.

Yours sincerely,

Annex C

Medical treatments for people who have committed sexual offences

Offender Information Sheet

Psychological therapy as in Sex Offender Treatment Programmes is the main type of treatment for men who have committed sex offences. For some individuals, however, medication can also provide further benefit. This is something you will be able to discuss with your Offender Manager or Sex Offender Treatment Programme treatment manager. If you then think that medication might be right for you, a doctor will need to see you. The doctor will be able to give you much more information about what is involved. The purpose of this information sheet is to tell you about the two types of drugs that are most often used. These are known as Selective Serotonin Reuptake Inhibitors (SSRIs) and Anti-libidinal medication

SSRIs

You may have heard of the drug Prozac. This is the brand name for 'fluoxetine', which is one of a number of SSRIs. We commonly use SSRIs to treat depression, but they can also treat anxiety, being unable to stop thinking about things (obsessive thinking), feelings of having to do things you might not want to (compulsion), and doing things without really thinking them through (impulsivity). These drugs can be helpful when factors such as these are linked to offending.

SSRIs might be helpful if you have frequent sexual fantasies (particularly when you find it hard to distract yourself from these fantasies), if your sexual urges are hard to control, or if you have thoughts of offending when you feel depressed. In these situations, SSRIs should reduce the *intensity* of sexual fantasies and sexual urges. Then you can control your fantasies better, for example by using the skills you have learned in your treatment programme. Men who take SSRIs are still capable of having sex as normal.

SSRIs can cause a number of side effects, but these are usually mild, and often go away after the early stages of treatment. Examples are feeling sick, changes in how often you need to go to the toilet, poor appetite, restlessness, and headache. Your doctor will be able to discuss possible side effects with you in more detail.

Anti-libidinal medication

These drugs reduce levels of the male hormone testosterone. This has the effect of decreasing sexual interest and arousal. Although you can still have sex, it is much more difficult. It is possible, however, to adjust the dose to a level where you can have sex with a partner.

Doctors may recommend anti-libidinal medication for people who have such a high sex drive that they can't focus very well in their treatment programme, or if their sex drive affects their normal day to day functioning. The aim is to 'turn down the volume' of sexual arousal.

The most common anti-libidinal medication is cyproterone acetate (also known as Androcur), which you take as a tablet. Other examples are leuprorelin acetate, triptorelin, and goserelin, all of which are given by long acting injection. Although very effective at reducing sex drive, these drugs can cause a wide range of side effects, such as hot flushes, breast growth, and a decrease in bone mass. Again, your doctor will be able to discuss all possible side effects with you in more detail.

Whenever medication is used, it is important to remember that the drug on its own will not ensure that reoffending will not take place. Your Medication is just one part of your overall relapse prevention plan.

NOMS National Offender Management Service
Working together to reduce re-offending

Ministry of JUSTICE

Annex D

Equality Impact Assessment

Preliminary Screening

Statistics & Research

Gathering Evidence through Community Engagement

Assessment & Analysis

Action Plan

The EIA Report

NOMS National Offender Management Service
Working together to reduce re-offending

EQUALITY IMPACT ASSESSMENT
Group
Directorate
Public Protection Unit

PRELIMINARY SCREENING

Date of Screening	20/09/2007
Name of Policy Writer	Mark Farmer
Director General	

Name of Policy : Medical treatments for sex offenders	x	This is a **new** policy
		This is a **change** to an existing policy
		This is an **existing** policy

Policy Aims, Objectives & Projected Outcomes
This PC informs Probation Areas about a new service that has been agreed with the Department of Health. The service will: 1) will facilitate assessment and if appropriate treatment for sex offenders with mental health problems, where the mental health problem had an impact on their offending behaviour, or where it prevents them taking part in sex offender treatment programmes. 2) facilitate access to medication for certain sex offenders where this is clinically indicated.

Will the policy have an impact on national or local people/staff?	YES/NO
Are particular communities or groups likely to have different needs, experiences and/or attitudes in relation to the policy	NO
Are there any aspects of the policy that could contribute to equality or inequality?	NO
Could the aims of the policy be in conflict with equal opportunity, elimination of discrimination, promotion of good relations?	NO
If this is an amendment of an existing policy, was the original policy impact assessed?	N/A

If your answer to any of these questions is **YES, go on to the full EIA**.

If you have answered **NO to any particular questions**, please provide explanatory evidence.

This policy will affect a relatively small group of individuals – a subset of sex offenders who have the characteristics described above. It should be noted that anti-libidinal medication is suitable only for male offenders. Provision of any medication will be on a voluntary basis. There is no evidence that this policy will be in conflict with equal opportunity.

If you have answered **NO to all of these questions** then you must also attach the following statement to all future submissions that are related to this

policy and ensure it is signed off by senior management. You must also include this statement within any regulatory impact assessment that is related to this policy.

“This policy was screened for impact on equalities on [insert date]. The following evidence [Evidence] has been considered. As a result of this screening, it has been decided that a full equality impact assessment is not required. “

FULL IMPACT ASSESSMENT

STATISTICS & RESEARCH

What relevant quantitative & qualitative data do you have in relation to this policy?

Please site any quantitative (e.g. statistical research) and qualitative evidence (monitoring data, complaints, satisfaction surveys, focus groups, questionnaires, meetings, research interviews etc) of communities or groups having different needs, experiences or attitudes in relation to this policy area.

Equality Target Areas	**How does the data identify potential or known positive impacts?** **How does the data identify any potential or known adverse impacts?**
Race (consider e.g. nationalities, Gypsies, Travellers, languages)	No known impact
Disability (consider social access and physical access)	No known impact
Gender	The mental health assessment service is available to male and female offenders although it should be noted that anti-libidinal medication in this context is only appropriate for male offenders.
Gender Identity	No known impact
Religion and Belief	No known impact
Sexual Orientation	No known impact
Age	No known impact (not for under 18s)

What research have you considered commissioning to fill any data gaps? For example, you may need to ensure quantitative & qualitative data groups include stakeholders with respect to this policy. N.B Include any recommendations in your action plan
No research considered

Who are the stakeholders, community groups, staff or customers for this policy area?
Sexual Offenders with mental health problems/problems with management of sexual drive Offender managers Relevent forensic psychiatric practitioners Prison staff GPs

What are the overall trends and patterns in this qualitative & quantitative data? Disproportionality; regional variations; different levels of access, experiences or needs; combined impacts.
N/A

Please list the specific equality issues that may need to be addressed through consultation (and further research)?
• None

GATHERING EVIDENCE THROUGH COMMUNITY ENGAGEMENT

INTERNAL STAKEHOLDER ENGAGEMENT: Consulting & involving Other Government Departments, Staff, Agencies & NDPBs

Does this policy affect the experiences of staff? How? What are their concerns?	
Staff	Offender managers will refer offenders to this advisory service. This will provide an additional service to meet a need for sexual offenders that is so far unmet. As such it will provide added reassurance for staff and other public protection agencies
Staff Networks & Associations	N/A
Trade Unions	N/A

How have you consulted, engaged and involved internal stakeholders in considering the impact of this proposal on other public policies and services? For example your policy may affect access to housing, education, health, employment services.
Consultation has taken place with selected probation areas, prisons, Offender Management Unit.

What positive and adverse impacts were identified by your internal consultees? Did they provide any examples?
N/A

Feedback the results of this internal consultation and use it as a basis for work on external consultation

EXTERNAL CONSULTATION & INVOLVEMENT

How did your engagement exercise highlight positive and negative impacts on different communities?	
Voluntary Organisations	N/A
Race	N/A
Faith	N/A
Disability Rights	N/A
Gender	N/A
Gender Identity	N/A
Sexual Orientation	N/A
Age	N/A

Feedback the results of your community engagement (i.e. involvement and consultation) to all participants including internal and external stakeholders

ASSESSMENT & ANALYSIS

Does the EIA show a potential for differential impact on any group(s) if this proposal is introduced? If Yes, state briefly whether impact is adverse or positive and in what equality areas.
No

What were the main findings of the engagement exercise and what weight should they carry?
This policy does not appear to carry significant impact for equality

Does this policy have the potential to cause unlawful direct or indirect discrimination? Does this policy have the potential to exclude certain group of people from obtaining services, or limit their participation in any aspect of public life?
No. It will help individuals with intrusive thoughts and feelings manage them,

How does the policy promote equality of opportunity?
As above – it will facilitate access to psychiatric help for certain individuals, and will facilitate medical treatments for others who have problems controlling their sexual behaviour. All help will be provided on a voluntary basis.

How does your policy promote good relations? How does this policy make it possible for different groups to work together, build bridges between parallel communities, or remove barriers that isolate groups and individuals from engaging in civic society more generally?
Some sex offenders may be excluded from society due to an inability to control their sexual behaviour and feelings. This service will assist these offenders. In addition it will reduce the likelihood of sexual offending thus contributing to safer societies

How can the policy be revised, or additional measures taken, in order for the policy to achieve its aims without risking any adverse impact?
N/A

Are there any concerns from data gathering, consultation and analysis that have not been taken on board? Please justify and explain the reason for your decision.

N/A

ENSURING ACCESS TO INFORMATION

How can you ensure that information used for this EIA is readily available in the future? (N.B. You will need to include this in your action plan)
• This EIA will be attached to the relevant Probation Circular

How will you ensure your stakeholders continue to be involved/ engaged in shaping the development/ delivery of this policy? (N.B. You will need to include this in your action plan)
• By taking feedback from offender managers and the Department of Health on roll out of the project

How will you monitor this policy to ensure that the policy delivers the equality commitments required? (N.B. You will need to include this in your action plan)
• As above

Now submit your EIA and related evidence to the Equality & Diversity Unit for quality assurance and clearance.

ACTION PLAN

Recommendations	Responsibility	Actions required	Success Indicators	Target Date	What progress has been made?
Data Collection					
Publication Arrangements	Head of Sex Offender Team	EIA to be published with Probation Circular	Publication	1st December 2007	
Monitoring & Review Arrangements	Head of Sex Offender Team	Collecting feedback from offender managers and the	Positive feedback	Ongoing	
List other recommendations that are required					

Please ensure that the action plan is agreed by your Director/ Minister

THE EQUALITY IMPACT ASSESSMENT REPORT

The EIA report is a concise summary of the results of your EIA work. You should ensure that you cover the topics described below.

Background:

- Context of policy/programme
- Link to strategic aims and objectives
- Scope of the EIA work (e.g. if linked to previous EIA or work delivered by another Government Department)

Methodology:

- Approach to data collection and analysis
- Results of consideration of existing evidence

Consultation & Involvement:

- Stakeholder/community involvement in developing proposals
- List of organisations engaged (optional)

Assessment & analysis

- Key Findings from the data collection and community engagement
  - Positive impacts: existing or potential
  - Adverse impacts: existing or potential

Recommendations

- Describe how you will respond to the key findings by:
  - strengthening the potential for positive impact,
  - removing areas that may exacerbate or engender adverse impact
  - including measures to mitigate any adverse impact that may occur
  - including measures that ensure ongoing compliance with statutory obligations
  - monitoring arrangements
  - ensuring continued public access to information about the policy/programme.
  - action plan (optional)

Date of EIA Report

Date of Publication of Results

Ensure that the EIA Report is published on the NOMS/ MoJ website before your policy/programme is implemented.