

Policy Document Control Page

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Originated By: Fiona Christopher

Designation: Clinical Services Manager

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Review

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Responsibility of: Fiona Christopher

Designation: Clinical Services Manager

This guidance is to be disseminated to all relevant staff.

This guidance must be posted on the

Intranet

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Guidance for the Management of Pornography and Sensitive Material in In-Patient Units

1. Introduction

- 1.1 The following guidance provides details of how staff can effectively and sensitively manage service user's access and contact with pornography and sensitive material.
- 1.2 The aim of the guidance is to facilitate a consistent approach throughout the service by equipping staff with a clear rationale regarding the management of such material while protecting the rights of individuals involved.
- 1.3 The guidance also takes account of those workers who may come into contact with such material and provides guidance as to how they should manage such situations while providing them with a level of protection and understanding that they may find such material 'offensive' to their beliefs either on religious or personal grounds.
- 1.4 Decisions regarding the management of pornographic and sensitive material need to be undertaken within the care planning process and be individualised for each service user within the framework of the guiding principles laid down in this document.
- 1.5 The guidance covers the range of media that are now available:
 - Photographs
 - Magazines, catalogues, books etc
 - DVD
 - Video
 - Posters
 - Papers
 - TV
 - Telephone
 - Internet

2. Research

- 2.1 There has been a significant amount of research undertaken to identify a relationship between the use of pornographic material and incidents of sexual offending. The results that are available, while not conclusive, have shown that there may be a correlation between pornography and sexual violence, subordination and objectification of women and acceptance or rape

supportive attitudes and self-reporting rape proclivity. Although the evidence of a causal link remains unclear, pornography contributes to a social climate that is conducive to sexual aggression and there is no demonstrable positive benefit of pornography.

- 2.2 Research has found that while it cannot be proved that pornography did not cause sexual aggression, the majority of serious perpetrators had viewed pornographic material prior to their index offence. There is also some evidence that suggests sexual arousal to pornography shows some habituation in that users of pornography may require more explicit and more deviant forms of pornography to achieve the same level of sexual arousal.
- 2.3 The final factors involve clinical reasons. Consideration needs to be given to the effect of pornography on individuals who have serious mental illness and how this material could influence their behaviour towards others.

3. Definition

3.1 Pornographic material

3.2 Pornography consists of material that is graphic and sexually explicit and involves the subordination of women, men or children and contains any one or more conditions of harm in the form of sexual objectification or sexual violence.

3.3 This may include:

- 3.3.1 Dehumanise sexual objects, things or commodities and/or
- 3.3.2 Body parts, including but not limited to vaginas, breasts, buttocks and anuses, and penis, exhibited in such a way that they are reduced to those parts and/or
- 3.3.3 Sexual objects who enjoy humiliation or pain and/or
- 3.3.4 Sexual objects tied up or cut up or mutilated or bruised or physically hurt and/or
- 3.3.5 Being penetrated by or penetrating animals and/or
- 3.3.6 In scenarios of degradation, humiliation, injury, torture, shown as filthy or inferior, bleeding, bruised or hurt in a context that makes these conditions sexual.

3.4 Sensitive material

3.5 Sensitive material is more difficult to define, but may include racist literature or images; posters and pictures that may cause offence to others; some television broadcasts, specific photographs of children (dependent upon index offence or beliefs)

4. General Principles

4.1 A consistent approach that is therapeutic and non-punitive should be adopted to the effective management of pornographic and sensitive material.

- 4.2 Decisions should be agreed by the multidisciplinary team on an individual basis and form part of the standard care planning process. Decisions will be fully documented in the clinical notes, which provide a clear rationale for the decision and the appropriate level of actions and monitoring process that has been agreed.
- 4.3 The individual service user will be informed by the named nurse and/or consultant regarding the rationale and decision.
- 4.4 A clear written statement should be made prior to all admissions, which can be further explained to each service user by their named nurse.
- 4.5 An understanding of sexual attitude should form an integral element of the pre-admission base-line assessment, which should make the discovery of pornography at a later date easier to manage appropriately.
- 4.6 All members of staff should make service users fully aware of what measures are in place for each individual and not undertake arbitrary decisions regarding confiscating material outside of agreed plans.

Procedure for the Management of Pornographic and Sensitive Material

1. Interim Process

- 1.1 The following procedure provides guidance for staff to follow when pornographic material is discovered on the ward. There are various options to consider and several issues that need to be reviewed. The situation will need to be resolved as quickly as possible and involve the MDT.
- 1.2 To avoid a confrontational situation the patient needs to be fully involved in the discussion at the time of discovery. A clear explanation needs to be given to the patient and that a further fuller discussion needs to be undertaken to resolve the situation. Again the likelihood of this not being a major issue is a clear statement to service users at the point of admission.

2. Option Appraisal

- 2.1 Options to consider when pornographic material is discovered:
 - 2.1.1 Nature of the pornography?
 - 2.1.2 Is the material legal or illegal?
 - 2.1.3 Potential for causing offence to others?
 - 2.1.4 Can the material be kept discretely by the individual?
 - 2.1.5 Does the material need to be immediately removed until a decision can be taken?
 - 2.1.6 Are there any previous indicators related to past sexual offences associated with the material?

3. Temporary removal of material

- 3.1 If the nurse-in-charge feels that the material needs to be removed until a full MDT review can be undertaken, the service user needs to be involved in this decision.
- 3.2 The action should be documented in the clinical notes and the material should be placed in a sealed large envelope with the service user's details on locked in a secure cupboard on the ward.
- 3.3 An explanation should be given to the service user and they should be allowed to be present when the material is sealed in the envelope and placed in the appropriate secure area.

4. MDT Review

- 4.1 The MDT should include a medical representative and a senior member of nursing or OT staff.

- 4.2 Decisions regarding the management of pornographic material should be made on an individual basis.
- 4.3 Not all pornographic material is detrimental to the well-being of the service user and can be used therapeutically in some circumstances.
- 4.4 There may be a need for certain media to be safely controlled on the ward such as the use of some catalogues.
- 4.5 The MDT will need to be sensitive when considering the needs of the individual and their ability to make rational decisions and to use the material appropriately.
- 4.6 Some material can be displayed in individual bedrooms for personal use, which may include posters and pictures. However, consideration needs to be given to such material, which some staff may find offensive on religious or personal grounds.
- 4.7 Material may be held by service users if it can be held discretely in a draw or cupboard and only used when the service user is on their own.
- 4.8 DVD's and video's should be viewed in the individuals own personal space i.e. bedroom. If the service user does not have access to his/her own DVD/video player an agreed room may be set aside at specific times.

5. Disputes

- 5.1 Service users who disagree with the decision by the team should have the facility to appeal against the decision.
- 5.2 This panel should consist of the Service Manager and Lead Consultant. If the Lead Consultant is involved in the decision another Consultant should undertake to hear the appeal.