THE STATE HOSPITALS BOARD FOR SCOTLAND

PATIENT ACCESS TO SEXUALLY EXPLICIT AND VIOLENT MATERIALS POLICY

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REVIEW SUMMARY SHEET

No changes required to policy (evidence base checked)	☐

Changes required to policy (evidence base checked)	☒

Summary of changes within policy:

June 2023
This is a new policy created by combining:

1) CP55 Patient Access to Sexually Explicit Materials Policy
2) CP56 Patient Access to Violent Materials Policy

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1. PURPOSE

This policy including procedures was developed to ensure consistent and standardised practice when patients request to view sexually explicit materials or violent materials within The State Hospital.

This policy covers pornographic literature, sexually explicit and violent DVDs and video games.

2. BACKGROUND

The State Hospital is responsible for the health, safety and security of all patients within its care. It has a statutory duty to provide a therapeutic and safe living and working environment for patients and staff, and to protect the public from the consequences of a patient's activity and also protecting the patients from situations that may deteriorate their mental health or increase their risk to self and other (e.g. pornography and fraud).

3. INTRODUCTION

In line with the Clinical Model, when patients are admitted to The State Hospital they will be able to access *high quality treatment that is delivered promptly and effectively**, that supports recovery from mental illness, maximises social and emotional functioning** and reduces the risk of serious harm to self or others.*

The State Hospital endorses the Mental Health Recovery Model, which promotes holding and demonstrating values and practices that reflect this belief.

The State Hospital recognises that expression of sexuality is a healthy aspect of human behaviour, and that for patients detained in hospital, the means of expression may be a matter of sensitive consideration. This will sometimes involve patients having access to sexually explicit materials such as magazines and DVDs.

The State Hospital has an obligation to balance the rights of patients' access to sexually explicit material and violent material against factors related to legal constraints, clinical needs/risks, security considerations and manageability of the process.

Evidence suggests the extent to which different forms of sexually explicit and/or violent materials may be harmful is complex and dependant on several variables. These variables are related to individual differences within the person viewing it and also the type and content of the material being viewed. There is reason to think that some mentally disordered patients may be particularly susceptible to influence by such material. It is likely that such material may be harmful to some patients by increasing their risk of violence towards self and/or others and it therefore needs to be carefully limited and managed within The State Hospital.

This policy covers patients' access to all sexually explicit material and violent material in visual form (i.e. magazines, catalogues, DVDs, and video games).

4. RELEVANT GUIDANCE

The Mental Health (Care and Treatment) (Scotland) Act 2003

The 2003 Act introduced the concept of 'specified person' in respect of authorising restrictions in relating to safety and security. All patients in The State Hospital are automatically designated as specified persons.

Safety and Security in Hospitals

The placing of restrictions on the kinds of things, which those persons may have with them in the hospitals in which they are detained and the removal from them of articles kept in breach of such restrictions.

The regulations allow for articles or classes of articles, which individuals can have in hospital to be restricted completely, or for access to them to be limited. This decision must be based on the reasoned opinion that access or possession of the specific article will be a risk to the health and safety of an individual, or the security and **good order** of the Hospital. The intention of the legislation is to stop people having harmful items in hospital.

Most DVDs purchased in the UK are subject to classification by the British Board of Film Classification (BBFC). The BBFC advised that they make classification decisions on behalf of the general public. When they make classification decisions, they take account of the likely effect, if any that a work may be expected to have upon an **average viewer**. Accordingly, their classifications may have limited value when an organisation such as The State Hospital has to make decisions as to what our patient population should have access to.

Consenting adults? Capacity, Rights and Sexual Relationships - Mental Welfare Commission for Scotland, 2021

Service users might request assistance to access legal pornographic material for the purposes of sexual arousal or entertainment. Whilst this is part of sexual activity for many adults, staff should never introduce such materials to service users or encourage their use. ***It may be appropriate to explain to the person the exploitative nature of such materials and that they do not represent a true picture of sexuality.*** This being said, staff do not have the right to be judgemental, deny access to legal pornography to an individual who is able to make the choice, nor impose their own views on other people.

Legal pornography includes any materials that may be legally sold in the UK in a newsagent, a licensed sex shop, DVDs certificated by the British Board of Film Censors (BBFC).

For some individuals there may be concerns about pornography leading to unhealthy sexual expression or increasing the potential for sexual offending. Staff may need to discuss this in the wider multidisciplinary team, in order to decide on access to or possession of such materials. Others will have restrictions imposed on them because they are in hospital settings where hospital policies, individual care plans and legislative restrictions may apply, or they may be in a community setting but still subject to legislative restrictions.

Where an organisation sanctions the purchase of legal material for an individual, such decisions should be clearly recorded and where a staff member has personal views against this, they should not have to be involved in this. A member of staff should never be taking such decisions without the full knowledge of their organisation.

5. REVIEW OF THE LITERATURE

Impact of accessing sexually explicit material

Theories around modeling and disinhibition (social learning theory, (Bandura)) are crucial when considering patients exposure to sexually explicit material. Modeling theory is the idea that changes in behaviour, cognition, or emotional state result from observing someone else's behaviour or the consequences of that behaviour. Disinhibitory are effects are evident when observers increase performance of formerly inhibited behaviour after observing models engage in threatening or prohibited activities without consequences. Excitation transfer theory (Zillmann & Sapolsky, 1977) suggests that viewing pornographic material creates a psychological and

physiological response in the viewer that is considered desirable. This then creates a belief in the viewer that the behaviour depicted would have the same response in real life. This can create confusion between fantasy and reality as the pornography scenes are now serving as a basis for future behaviour.

It should be noted that most of the studies conducted on the impact of pornographic material is based on the general population or sex offending population. All of the studies reported here were conducted on the general population unless otherwise stated. It is therefore important to consider this evidence within the context of those who have a severe and enduring mental illness and a history of offending behaviour including violence and anti-social attitudes. Numerous studies highlight individual factors such as age, IQ, personality traits, values and beliefs as being crucial when examining the impact of viewing pornographic material.

The majority of pornographic material portrays men as powerful and in charge and woman as submissive and obedient (DeKeseredy, 2015). It is important to note that even what is classified as non-violent pornography can still contain depictions of aggressive and violent behaviour. Bridges et al. (2010) reviewed 50 of the most popular pornographic films and found that of the 304 scenes the movies contained, 88% contained physical violence, principally spanking, gagging, and slapping and 49% contained verbal aggression, primarily name calling. Perpetrators of aggression were usually male, whereas targets of aggression were overwhelmingly female. Woman most often showed pleasure or responded neutrally to the aggression. This is reaction is important as it is reinforcing that the aggressive behaviours are not only acceptable but also pleasurable. This may be particularly relevant for those who are more susceptible to influence and have less well-constructed pro-social socio-sexual scripts.

Meta-analyses have now found that pornography consumption affects nonsexual aggression and attitudes supportive of violence in laboratory studies and is correlated with attitudes supportive of violence and sexually aggressive behavior in naturalistic studies. As with all behavior, sexual aggression is caused by a confluence of factors and many pornography consumers are not sexually aggressive. However, the accumulated data leave little doubt that, on the average, individuals who consume pornography more frequently are more likely to hold attitudes conducive to sexual aggression and engage in actual acts of sexual aggression than individuals who do not consume pornography or who consume pornography less frequently (Wright, Tokunaga, & Kraus, 2015). Furthermore Hald et al. (2010) reported that those who consume pornography, even non-violent pornography, are more likely to support statements that promote abuse and sexual aggression towards women and girls.

Numerous studies have reported that exposure to non-consenting content in pornography regardless of criminal background, exacerbates the positive association of pornography with both verbal and physical sexual aggression (Malamuth, 2018; Wright et al., 2015; Ybarra & Thompson, 2018). Wright and Tokunaga (2016) showed that more frequent exposure to objectifying media was associated with stronger notions of women as sex objects. Men who viewed women as sex objects had attitudes more supportive of violence against women in general. The authors accounted for mediating factors of age, ethnicity, religious status and sexual experience.

While most studies do not separate out the type of sexually explicit material, still image eg. magazine versus moving image eg DVD or only focus on moving images, it is important to note the potential differences between engaging in sexual fantasy stimulated by still images with those of a moving image. Moving images may increase the engagement with the material/sexual fantasy and influence the sexual scripting more.

The context to the pornography has also been shown to be influential to a person’s attitudes and expectations of sexual encounters. Miller et al. (2018) found that men who had viewed a taxi-themed pornography in the past 6 months rated a female taxi vignette character as being more likely to engage in porn-like sex with a male taxi driver. Similarly, those who had viewed workplace-themed pornography in the past 6 months judged a female workplace vignette character as being more likely to engage in porn-like sex with a male boss. This indicates that the context of the

pornographic material impacts a person's socio-sexual expectations of a given situation; therefore the context of the sexually explicit material should be taken into consideration for each patient.

Mellor and Duff (2019) completed a review which was consistent with previous reviews suggesting a causal relationship between exposure to pornography and sexual offending is not evident. However, the results of this review indicate that the topic area is complex and that studies can be contradictory at times. The review highlighted that pornography use did have a relationship with deviant sexual fantasies for some offenders. The review noted that pornography use did not predict recidivism for low risk offenders. However, there did appear to be a relationship with high-risk offenders. Again, suggesting the pornography use should be explored individually.

Given the above evidence there are several important factors for consideration when approving a patient's access to sexually explicit material. The majority of the evidence highlight that individual factors should always be taken into account when assessing risk associated with viewing pornographic material. Furthermore, the specific content of the material is crucial to the potential impact that it may have. Both of these factors must be considered on a case-by-case basis whilst taking account of the current evidence base.

Impact of accessing violent material

It is acknowledged that there is no single cause of violent behaviour and it can be easy to focus on only one cause of a violent act. As we know there are many variables including individual differences, environmental and situational factors which interact in an act of violence. In relation to the viewing of violent media, it is better to ask if viewing violent media content is a risk factor that can contribute to and increase the likelihood of aggressive and violent behaviour rather than a sole cause of it. It is important to note that research into the potential links between violence and aggression in the media and acting in a violent manner has been around for many decades, though it has been observed that since much of this research was conducted, depictions of sex and violence in the media have become more and more extreme and readily available (Nias, 2016).

Theories around modeling and disinhibition (social learning theory, (Bandura)) are crucial when considering patients exposure to violent material. Modeling theory is the idea that changes in behaviour, cognition, or emotional state result from observing someone else's behaviour or the consequences of that behaviour. Disinhibitory are effects are evident when observers increase performance of formerly inhibited behaviour after observing models engage in threatening or prohibited activities without consequences. Desensitization to this material is important particularly in relation to how patients may view violent acts in terms of severity, given that this can sometimes be skewed due to their previous exposure to violence and aggression.

Bushman and Anderson (2015) conclude that although exposure to violent media is not the cause of aggressive and violent behaviour, it is an important risk factor that can contribute to more aggressive and violent behaviours and fewer pro-social behaviours. In a recent meta-analysis, Bushman (2016) demonstrated links between exposure to violent media and hostile appraisals and these effects were stable over time.

Przybylski and Weinstein (2019) provided confirmatory evidence that violent video game engagement, on balance, is not associated with observable variability in adolescents' aggressive behaviour. It has been observed however that aggressive individuals may gravitate towards violent games (Przybylski et al. 2009) and that violent games might foment player aggression in experimental studies not because they prime aggressive cognitive schema, but rather that they frustrate the basic psychological need for competence (Przybylski et al. 2014). Gonzalez and Greitemeyer (2018) reported that those who were higher in traits of narcissism were significantly related to both violent video game play and the fascination with weapons. They found that those who had higher aggressive traits displayed an increased propensity towards violent video game play.

It is important to highlight that given the significant histories of trauma in many of our patients; viewing extreme acts of violence may also be distressing and negatively impact their mental health. Continued viewing of violent behaviours though media could reinforce that the world is a dangerous place to individuals who have high levels of anxiety around being victimized (Bushman, 2016). This could therefore destabilize their mental health and/or reinforce beliefs that others are out to harm them therefore they should be violent first.

6. INAPPROPRIATE MATERIAL

A patient may not possess any item printed, written, videotaped or recorded by any other means, either privately or for the use of others, which has been obtained by import, without legal sanction, or would not be available to the general public other than through specialised dealership or Import Company.

A patient may not possess any DVD that is either unclassified or classified 'R18'. The 'R18' category is a special and legally restricted classification primarily for explicit works of consenting sex or strong fetish material involving adults.

A patient may not possess '18' rated video games due to the reported effects of violent video games on aggressive behaviour, aggressive cognition, aggressive affect, physiological arousal, empathy/ desensitisation and prosocial behaviour (Huesmann et al, 2013).

It is also important to acknowledge that today's violent video games provide the type of first-person perspective that results in users identifying specifically with an aggressor. The addictive reinforcement structure of the game is designed to reward aggressive acts, which in turn can facilitate the rehearsal, learning and performance of aggressive scripts. (Tamborini, 2000; Tamborini et al, 2004)

Some '18' classification DVDs/videos contain high and unacceptable levels of sexually explicit material, high levels of violence and extreme depictions of sex combined with violence that are inappropriate for viewing within The State Hospital, and access to '18' DVDs therefore needs to be managed by the hospital. **The content of all '18' rated materials should be fully discussed by the clinical team.**

Depictions of violence that would be deemed unacceptable would be extended scenes of torture, graphic scenes of sexual violence and therefore material should be considered within the descriptors of the BBFC descriptors.

Through consideration of a patient's formulation, previous offending and clinical presentation, there may be occasions where material rated below '18' is deemed inappropriate as it is likely to have an adverse effect on the patients' mental health or increase their risk of harm to self or others. On these occasions this material should be fully discussed by the Clinical Team in the same manner as '18' material. It is the responsibility of the staff member making the purchase request to be aware of the patient's presentation and highlight any potential concerns to the Clinical Team.

7. ROLE OF THE SECURITY AND RESILIENCE GROUP

The Security and Resilience Group (which reports into the Security, Resilience, Health and Safety Oversight Group) is tasked with identifying any items that, in use, could adversely affect the health and safety of anyone within the Hospital or its security and good order. They provide an excerpt from the advice to patients on admission relating to Specified Persons Status.

In order to ensure that the prohibition of any such item is compliant with the Mental Health (Care and Treatment) (Scotland) Act 2003 and the associated safety and security regulations, RMO's are requested to complete a form with regards to each patient upon admission. This is to confirm that

there are no exceptions to the standard list of prohibited or restricted items included in the form for each patient and that any exceptions identified are recorded. Pornographic material not approved by the clinical team is included on this list.

The form will be scanned into RiO by Security so as to ensure the decision is recorded. If, at any time following completion of the form, the decision is reviewed, a new form should be completed. This may be due to a regular review of care and treatment or the patient exercising his right to a review under the Act.

8. ROLE OF THE CLINICAL TEAM

As part of the ongoing risk assessment process and regular review of patients' care and treatment, clinical teams will need to carry out assessments of individual patients, to establish the appropriateness of articles that patients may have in their possession or wish to access.

The clinical team should refer to a patient's formulation and previous offending behaviour to consider the individual differences which may relate to the risk and benefit to the patient. The team should discuss if the material is likely to adversely impact the patient's mental health or risk of harm to self or others. Particular attention should be given to the potential of the content of the sexually explicit material or violent material depicting offence parallels or re-triggering previous trauma.

If the Clinical Team agree to a patient gaining access to sexually explicit material prior to this being ordered for the patient, a member of staff should explain to the patient the exploitative nature of such materials and that they do not represent a true picture of sexuality. This will allow for further assessment of the potential impact of such materials on the individual.

Once the material has been given to the patient, all members of the Clinical Team should continue to observe and assess for any impact on the patient's behaviour or psychological functioning. Should there be any indication that the sexually explicit or violent material has had a negative impact upon the patient, it should be removed from their possessions immediately and then brought for further discussion through the Clinical Team.

The clinical team may decide to allow an individual patient access to material that might be deemed inappropriate (whether sexually/violently explicit or not) if it is part of a documented treatment programme. This must be clearly documented and evaluated accordingly. The clinical team should specify the observations to be made prior to and after use. All such material will not be stored within the patient's bedroom.

Any decision taken by the clinical team regarding these matters will be clearly recorded in the patient's documentation. A record of those who participated in the discussion should be recorded on the form and if there are strong objections to the patient accessing the material is held be some members of the team, their concerns should be recorded.

9. SEXUALLY EXPLICIT MAGAZINES

A patient, unless there are restrictions in place as a result of a clinical team assessment of a patient's clinical presentation, formulation or security concerns, may order magazines from the most popular titles within the public domain, i.e. magazines which are readily available in newsagents, within the broad areas of adult female nudity and adult male nudity. All magazines must be ordered through the Procurement Department.

They may not order a magazine that shows sexual images of vaginal, anal or oral penetration by penis or object(s); the act of ejaculation or images of ejaculate; naked children or children in

sexualised situations; sexual violence, including bondage, rape or torture, or sexualized animal-human contact.

Patients who wish to order a sexually explicit magazine may make an application to the clinical team, supported by any explanation as to why they wish to do so. (Request to access sexually explicit literature – Appendix 1)

Sexually explicit magazines must be kept in the patient's room for personal and private use and should not be taken into communal areas. There should be no sexually explicit images from the magazines on display in the patient's room. The magazines must be kept in the storage facilities in the room and not left around in such a manner as could cause offence to another person.

Consideration should be given to the amount of sexually explicit magazines that a patient has in their possession at the one time. If the team view that a large quantity of magazines is being kept within a patient's bedroom, the patient will be asked if they wish some to be destroyed or kept within their store off the ward.

When the magazine arrives in the hospital it will be placed in an envelope with the patient's name on it to ensure others who are not approved to view it have no access to it. This will then be given to a member of ward staff to check that the material contained is within the parameters of what is allowed (see previous description of approved material). Ward staff will then give this envelope with the magazine to the patient at an appropriate time where they can access their room to place the magazine within it. The magazine should not be left in communal areas, including the patient lockers in the day area.

If patients no longer require the sexually explicit magazine this will be placed in an envelope and given to staff for checking and disposal. Staff should ensure the magazine is in a sealed envelope and disposed of in a non-patient area waste bin or clinical waste bag.

10. DVDs

The patient library will only hold up to '15' certificated DVDs.

A patient may have any DVD up to and including classification '15' on the basis that these do not include inappropriate material or material that may be associated with the reasons for their detention or may be detrimental to their mental health. For example, a patient with a history of offences against children wishing to access DVDs that depict children in semi-nudity or a patient with delusions in relation to superheroes watching films with this content. Clinical teams will be required to assess requests on a case by case basis and indicate where further restrictions are required.

A patient may request to have access to a DVD at classification '18' providing its 18 classification containing sexually violent and/or violent content is not deemed harmful to either their mental health or is likely to increase their risk to self or others. The content basis for the rating should be ascertained through the British Board of Film Classification website www.bbfc.co.uk. This request should be discussed with the keyworker and appropriate documentation (Request to access '18 certificate media – Appendix 2) will be completed by the keyworker for discussion at the Clinical Team meeting.

If the requested DVD does not have a content description on the www.bbfc.co.uk website then this material will not be permitted into the hospital given uncertainties of its content rating.

Patient should not have access to DVD's which show sexual images of vaginal, anal or oral penetration by penis or object(s); the act of ejaculation or images of ejaculate; naked children or children in sexualised situations; sexual violence, including bondage, rape or torture, or sexualized animal-human contact.

When a patient's request for an 18 classification DVD is successful and a visitor plans to make the purchase reception staff at Security should be informed of this. Staff should ensure that details of the approved material is available to receiving staff to ensure the material is a match for the material approved by the clinical team.

A patient may not possess any DVD that is unclassified or classified "R18'.

11. VIDEO/CONSOLE GAMES

Patients may not have access to video games which contain high levels of violence, particularly those which can be executed in the first person and would be classified 18.

Staff should be aware of the individual patients' formulation and consideration of type of video game and player interaction with the game. Should a game raise concerns in relation to paralleling a patient's previous violent behaviour or potential to trigger previous trauma, access to this game should be raised through the clinical team.

For guidance see information contained within the Technology and Electronic Devices Policy.

12. ACCESS TO FREEVIEW

Where a patient has access to Freeview within their bedroom the Clinical Team must consider the types of channels available on the television and whether all are appropriate for the individual patient. The 'Procedure for Restriction of TV Channels' should be used if required.

13. RESPONSIBILITY OF PATIENTS

Patients are not permitted to lend or exchange media amongst themselves.

Patients must make a formal request to the clinical team **prior to** obtaining/purchasing potentially restricted items. No such items will be accepted on behalf of the patient until approval has been granted.

Given that patients routinely interact and lend possessions to one another, it is recognised that restricting trading of magazines, DVDs and computer games is in practice very difficult to achieve. It is acknowledged, therefore, that there will be trading that may give patients' access to material that their clinical team would prefer they did not access. Patients should therefore recognise that continuing to seek out material against the advice of their clinical team may be disadvantageous to their continuing progress through the hospital.

14. RESPONSIBILTY OF STAFF

Staff should ensure that all requests for sexually explicit material or violent material regardless of the age certification are considered for appropriateness in relation to the individual patient's formulation and current presentation. Staff should then follow the protocol for bringing this request to the Clinical Team.

Where a staff member has personal views against being exposed to sexually explicit material, they should not have to be involved in this. The staff member should note their views with their line manager/nurse in charge.

All staff should continue to monitor and assess the patient's behaviour, mental health and psychosocial functioning and if the sexually explicit or violent material is thought to have had a detrimental effect on their mental health or increased their risk, it should be removed immediately and their concerns raised at the Clinical Team for further discussion about the patient's access to the material.

15. EQUALITY AND DIVERSITY

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation / translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith / religion / beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

16. STAKEHOLDER ENGAGEMENT

Key Stakeholders	Consulted (Y/N)
Patients	Y
Staff	Y
The Board	Y
Carers	N
Volunteers	N

17. COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY

This policy will be communicated to all stakeholders within The State Hospital via the intranet and through the staff bulletin.

The Person Centred Improvement Service will facilitate communication with Patients.

Clinical Forum as Advisory Group will be responsible for the implementation and monitoring of this policy.

This policy will be reviewed every three years or earlier if required.

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Appendix 1

REQUEST TO OBTAIN SEXUALLY EXPLICIT MAGAZINES

Patient:	**Keyworker:**
Ward:	**RMO:**

Only sexually explicit magazines which are available in the public domain can be requested. The following must be completed by/on behalf of the patient for Clinical Team consideration.

TITLE OF MAGAZINE:
DESCRIPTION OF CONTENT:
PATIENT'S RATIONALE FOR REQUEST AND INSIGHT INTO VIEWING THE MATERIAL:

MEMBERS OF CLINICAL TEAM PRESENT FOR DISCUSSION
KEY POINTS FOR CONSIDERATION OF PATIENT'S FORMULATION AND OFFENDING BEHAVIOURS

CLINICAL TEAM DECISION: APPROVAL YES/NO REASONS FOR DECISION:
SPECIFIC CONCERNS RAISED:

RMO signature:____________________________________

Date: ____

Appendix 2

REQUEST TO ACCESS '18' CERTIFICATE MEDIA

THIS FORM MAY ALSO BE USED FOR REQUESTS FOR LOWER CERTIFICATE MEDIA IF IT MAY BE INAPPROPRIATE FOR INDIVIDUAL PATIENT.

Please attach a copy of the BBFC description to this form.

Patient:	**Keyworker:**
Ward:	**RMO:**

DVD Title:

____

The British ***Board of Film Classification*** *includes a searchable database of UK censored movies – www.bbfc.co.uk – which offers a summary of why a film was rated at any given category. BBFCinsight is designed to give a detailed idea of what issues are likely to be contained in a particular film.*

DESCRIPTION OF CONTENT: (note the content which led to the rating)
PATIENT'S RATIONALE FOR REQUEST AND INSIGHT INTO VIEWING THE MATERIAL:

MEMBERS OF CLINICAL TEAM PRESENT FOR DISCUSSION
KEY POINTS FOR CONSIDERATION OF PATIENT'S FORMULATION AND OFFENDING BEHAVIOURS

CLINICAL TEAM DECISION: APPROVAL YES/NO REASONS FOR DECISION:
SPECIFIC CONCERNS RAISED:

RMO signature:____

Date: ____