

The Castration Cure¹?

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Introduction

Sex offenders, and in particular paedophiles, are amongst those offenders who are not only reviled but also feared by the public. Whilst the government has provided the courts with the ability to detain offenders for longer periods of time in custody, including life; this does not address the question regarding how such high risk sexual predators can be effectively monitored and managed when they are eventually released into the community. Perhaps due to this concern, the government has recently undertaken a review of the protection of children from sex offenders². Published in June 2007, the report makes several proposals with regards to the sentencing and management of high risk sex offenders. Amongst a list of 20 actions, the review includes trialling the use of polygraph tests; satellite tagging and tracking, and the use of hormonal drugs, often known as 'chemical castration'. This article focuses on the latter option and questions whether such treatment would be a welcome addition to the already existing high risk sex offender strategy in England and Wales.

Chemical castration

Chemical castration, or drug treatment as referred to by the government, involves the injection of antiandrogen drugs into the body. Two drugs licensed for such use are Medroxyprogesterone acetate (MPA)³ in the United States and Cyproterone Acetate (CPA) in Europe and Canada. In England and Wales, CPA is available under the trade name of Androcur and is currently used for a variety of conditions. For women it is used for acne, overactive oil glands and for the treatment of androgen dependent hair loss. In men, it is used for treating prostate cancer and by male to female transsexuals in conjunction with oestrogen

supplements⁴. Both MPA and CPA are synthetic progestins which act on the brain to inhibit hormones that stimulate the testicles to produce testosterone. This is done by tricking the brain into believing that the body has enough testosterone so that no more is produced. The drugs have antigonadotropic properties, which mean that they hamper the production of sex steroids by the gonads⁵. This inhibits the production of testosterone, which is responsible for the development of male characteristics such as body hair, beard growth, deep voice, greasy skin or hair and, more importantly for public protection purposes; the male sex drive⁶.

By reducing levels of testosterone, an offender will usually experience a reduction in sexual desire, a decrease in erotic fantasies and will often become temporarily impotent⁷. This occurs because testosterone is reduced to pre-puberty levels and if the drugs are taken in sufficient quantities, then testosterone levels can be reduced, in some offenders, to zero. Full effects also include a reduction in potency, orgasm, sperm production, frequency and pleasure of masturbation and sexual frustration⁸. Weiss⁹, moreover, argues that the use of chemical castration will not only suppress sexual urges and desires, but will also aid a patient's concentration on other therapeutic activities, which are also aimed at controlling deviant behaviour. This is achieved by bringing a feeling of calm to the offender and can thus reduce a propensity for violence¹⁰. When in this state, the offender is consequently more amenable to psychotherapy, which should be used in conjunction with chemically castrating drugs in order to achieve the most effective and long-term results. The combination of drug treatment with psychotherapeutic counselling is also put forward by the government. Oral administration of MPA usually takes ten to 14 days to take effect, by which point the offender will have a below normal level of testosterone in his body. This, in turn, will affect sexual arousal, penile circumference and sexual urges, but will probably not affect erection capabilities¹¹. Offenders can,

1. This work originally appeared in the Howard Journal (Harrison, K. (2007) The High Risk Sex Offender Strategy in England and Wales: Is chemical castration an option? *The Howard Journal*, Vol. 46, No. 1, 16-31) and has been shortened and updated for The Prison Service Journal.
2. Home Office (2007) *Review of the Protection of Children from Sex Offenders*, Home Office: London.
3. Available under the trade name of Depo-Provera, a female birth control drug.
4. <http://www.inhousepharmacy.com/bcp-hormones/cyproterone.html>, last accessed 8th October 2007.
5. <http://open-encyclopedia.com/Progestin>, last accessed 8th October 2007.
6. N. 5.
7. Hicks, P. (1993) 'Castration of sexual offenders: legal and ethical issues', *Journal of Legal Medicine*, 14, 641-67.
8. Craissati, J. (2004) *Managing High Risk Sex Offenders in the Community. A Psychological Approach*, New York: Routledge.
9. Weiss, P. (1999) 'Assessment and treatment of sex offenders in the Czech Republic and in Eastern Europe', *Journal of Interpersonal Violence*, 14(4), 411-21.
10. N. 9.
11. Wincze, J.P., Bansal, S. and Malamud, M. (1986) 'Effects of medroxyprogesterone acetate on subjective arousal, arousal to erotic stimulation, and nocturnal penile tumescence in male sex offenders', *Archives of Sexual Behaviour*, 15(4), 293-305.

therefore, still perform sexually, but it is hoped will not have the same desire to do so.

Unlike surgical castration¹², the testosterone reducing effects of chemical castration are reversible. Although the drug Depo-Provera remains in the bloodstream for six to eight weeks, the effects of the drug significantly fall within days¹³. In one study by Wincze, Bansal and Malamud¹⁴, offenders reported reoccurrence of unwanted sexual urges for children within one month of therapy being discontinued. So, whilst reinstatement of normality is not immediate, it does occur within a short space of time. Craissati¹⁵ argues, however, that whilst the discontinuation of MPA will result in reoffending, this is not the case when using CPA. She asserts that after a six to twelve month period on a correct dosage of CPA, this can be reduced and eventually stopped, without a return of deviant thoughts or behaviour. She does, nevertheless, concede that those who do have such treatment discontinued will still need constant monitoring and evaluation. In England and Wales this could be done through the use of Multi Agency Public Protection Panels (MAPPP). Pre-treatment sexual urges can also occur if the correct dosage of drugs is not administered, meaning that the offender needs to be individually assessed for his own correct dosage level. If this is not done, then it is likely that the treatment will not work or be as effective as it could be. The importance of this can be highlighted through information given on a website selling CPA for the purposes of testosterone reduction:

*The extreme range of dosage comes from input that some people find 10mg/wk sufficient to induce total impotence, and yet others take as much as 200mg/day with no obvious short-term adverse effects.*¹⁶

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Although the procedure of chemical castration is not as barbaric and invasive as surgical castration, it is, nevertheless, criticised as a method of treatment, due to the number of possible side effects. Reported effects of MPA include weight gain, migraine headaches, gallstones, the formation of blood clots, serious allergic reactions, depression including suicidal thoughts, hypoglycaemia, insomnia, difficulty in breathing, hypertension, thrombosis, shrinkage of the prostate vessels and diabetes¹⁷. Other reported side effects include breast enlargement, which is not only said to be common but also irreversible, abnormal spermatozoa, which is thought to be reversible, mood changes, and altered liver function¹⁸. These have also been noted by the government. CPA does, however, have less severe side effects than MPA. According to Davis¹⁹, CPA does not involve feminisation, drowsiness, weakness or fatigue and Cooper²⁰ argues that there is a virtual absence of side effects when using CPA on sex offenders.

The use of chemical castration in the US and Europe

Chemical castration legislation has existed in the US since January 1997. In California it is a mandatory condition of release from prison that the offender undertakes a programme of chemically castrating drugs. The treatment begins one week before expected release from prison and will continue during the duration of parole or the licence period²¹. Offenders who do not want to be chemically castrated have the option to be surgically castrated²². In Montana, the court must impose chemical castration on those who have been convicted of rape or incest for the second time or for the first time if the crime is particularly heinous. Injections begin one week prior to prison release and will continue until the Montana Department of Corrections believes it is no

12. Or bilateral orchiectomy, which is the removal of a man's testicles.
13. Carpenter, A. (1998) 'Belgium, Germany, England, Denmark and the United States: the implementation of registration and castration laws as protection against habitual sex offenders', *Dickinson Journal of International Law*, 16(2), 435-57.
14. N. 12.
15. N. 9.
16. <http://www.inhousepharmacy.com/bcp-hormones/cyproterone.html>, last accessed 8th October 2007.
17. Spalding, L. (1998) 'Florida's 1997 chemical castration law: a return to the dark ages', *Florida State University Law Review*, 25. Available at: <http://www.law.fsu.edu/journals/lawreview/frames/252/spalfram.html>, last accessed 8th October 2007.
18. N. 9.
19. Davis, T.S. (1974) 'Cyproterone acetate for male hypersexuality', *Journal of International Medical Research*, 2, 159-63.
20. Cooper, A.J. (1981) 'A placebo-controlled trial of the antiandrogen cyproterone acetate in deviant hypersexuality', *Comprehensive Psychiatry*, 22(5), 458-65.
21. Connelly, C. and Williamson, S. (2000) *A Review of the Research Literature on Serious Violent and Sexual Offenders*, Edinburgh: The Scottish Executive Central Research Unit.
22. N. 12.

longer necessary. In Florida, mandatory chemical castration is used when the offender is convicted of a sexual battery where there has been a prior conviction for the same offence. The court is required to order a sentence of MPA, as long as the offender has been deemed medically suitable²³. Under existing legislation, chemical castration is seen as a stand-alone solution and does not have to be offered in conjunction with either psychotherapy or other forms of counselling.

Castration is also available in Texas and between 1997 and 2005; three offenders have been surgically castrated. The procedure is only available if the offender consents, and is part of a two-stage process whereby the offender is first chemically castrated. Of interest, the law was described by a medical ethics professor, as a treatment bill rather than a punishment bill²⁴. Perhaps this is, therefore, the American example that should be adopted. A process which is voluntary and is not connected with release from, or an attempt to avoid, a prison sentence. A process that is, rather, centred on helping and treating the offender as part of, or separate to, the sentencing package, rather than being at the core of punishment. The only change which the author would advocate is that the process is solely by means of drug therapy rather than by irreversible surgical means. In Iowa, chemical castration is a condition of parole for those sexual offenders whose victims were aged twelve years or under. Here however it is referred to as hormone therapy, again perhaps emphasising it as a treatment package rather than as continuing punishment²⁵.

France has also tested the use of chemical castration with sex offenders. In 2005, 48 repeat sex offenders were involved in pilot trials. All of the men concerned had completed prison sentences and were undergoing voluntary therapy for a period of two years²⁶. More recently the French President Nicolas Sarkozy has included drug treatment in his anti-paedophile action plan²⁷. A secure hospital specifically for paedophiles is to

be built in Lyon and opened in 2009. Offenders will be released into the community when their risk is considered to be at a manageable level, but will be electronically tagged and may be chemically castrated²⁸.

In Belgium, in 1999, it was estimated that approximately 10 per cent of sex offenders within extensive treatment centres were taking anti-androgen medication, with the drug of choice being CPA²⁹. Treatment was carried out in conjunction with psychotherapy and constant medical evaluation. This is again similar to current governmental proposals. Other European countries that are currently using chemical castration for sex offenders include Germany, the Czech Republic, Denmark, Sweden, Hungary and Italy³⁰.

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Effectiveness

One of the reasons that chemical castration arguably works is because it lowers levels of testosterone. In 1990, Dabbs found that male prisoners who were measured as having high levels of testosterone were more likely to have been involved in violent crimes and prison violations. By measuring the testosterone levels of 692 adult male prisoners,

he found that:

Inmates who committed crimes of sex and violence had higher testosterone levels than inmates who were incarcerated for property crimes or drug abuse³¹.

Even mild reductions in testosterone can reduce levels of male aggression. By suppressing testosterone production in eight normal men, Loosen found that:

All of their subjects showed marked reductions in outward-directed anger during the experiment, while half exhibited reductions in anxiety and sexual desire³².

23. N. 18.

24. Crowe, R. (2005) 'Drugs, surgery may temper drive, but sexual interest won't normalize', *Houston Chronicle*, 10 May.

25. N. 22.

26. <http://news.bbc.co.uk/1/hi/world/europe/4170963.stm>, last accessed 15th October 2007.

27. <http://news.bbc.co.uk/2/hi/europe/6957054.stm>, last accessed 15th October 2007.

28. <http://news.bbc.co.uk/2/hi/europe/6954868.stm>, last accessed 15th October 2007.

29. Cosyns, P. (1999) 'Treatment of sexual abusers in Belgium', *Journal of Interpersonal Violence*, 14(4), 396-410.

30. Gawande, A. (1997) *The Unkindest Cut: The Science and Ethics of Castration*. Available at:

<http://www.papillonsartpalace.com/unkindes.htm>, last accessed 15th October 2007.

31. Dabbs, J. (1995) 'High testosterone linked to crimes of sex, violence', *Crime Times*, 1(3), 2. Available at:

<http://www.crimetimes.org/95c/w95cp4.htm>, last accessed 15th October 2007.

32. Loosen, P. (1995) 'Mild testosterone reduction effective against aggression?', *Crime Times*, 1(4), 4. Available at:

<http://www.crimetimes.org/95d/w95dp6.htm>, last accessed 15th October 2007.

Research on the effectiveness of chemical castration is largely optimistic, especially if used in conjunction with cognitive behavioural treatment programmes. If used in this way, Hicks³³ argues that it will work for the majority of paraphiliacs. Dr Berlin, a Professor at the Johns Hopkins University School of Medicine in Maryland, also reiterates these findings. He argues that in conjunction with psychological counselling, chemical castration is effective, especially when used on those offenders who are motivated to change. In one study, recidivism was reduced to 15 per cent, which he notes is artificially high, as this included all sexual and non-sexual offences. In another study, however, only eight per cent of 629 men had reoffended after a five-year follow-up period³⁴.

Effectiveness has also been studied at the Treatment Institution at Herstedvester, Denmark, where sex offenders have been treated using a combination of chemical castration and psychotherapy since 1989. Initially, drug treatment was with the drug Androcur, but as this was found to stabilise in offenders after a period of two years, it is now supplemented with another drug known as Decapetyl. In 1989, 30 men began treatment using drug therapy and counselling. In 1997, five of the men were still under detention, twelve had been released on probation but were still undergoing treatment, five had been released on probation with limited supervision and had discontinued treatment at the end of the supervision period, one had been released on probation and was being treated using antabuse treatment³⁵ and another released on probation had stopped the treatment due to aggressive behaviour associated with the drugs. Of the five who had discontinued treatment, only one had reoffended. The other four had been without treatment for a period of two-and-a-half years and had not reoffended. Of the 17 who had continued with treatment, there were no incidences of reoffending. The researchers also noted that the offenders:

Feel more relaxed and develop more fields of interest. At the same time, it becomes far easier for them to talk about personal relationships

and they are able to take an interest in other people in a more natural way³⁶.

Another drug, tested for its effectiveness with sex offenders, is Triptorelin, of which Decapetyl is a derivative. Rosler and Witztum³⁷ found in one study of 30 men, that the drug was more effective than other chemically castrating drugs. Reoffending rates were cut to 0 per cent as opposed to 20 per cent to 40 per cent, and the drug was less risky concerning side effects, and more easily administered, as it could be given monthly rather than weekly. Drug treatment was again combined with psychotherapy and the men noted that they believed that this significantly contributed to the success of the programme.

Effectiveness of any of these drugs can only be achieved, however, if there is adequate monitoring of the offenders. Obviously if offenders are either not taking the correct dosage or, indeed, are trying to reverse the effects through, for example, testosterone supplements, then the desired effects will not be achieved. Any programme of

chemical castration must thus be closely monitored and controlled. In England and Wales this could be achieved through MAPPP personnel. They would not only have the task of monitoring behaviour and relapse signs, as they currently do, but they would also have to work with medical personnel to monitor the administration of treatment and the testing of the offender's blood at frequent stages to determine compliance. This could work in a similar way to the current drug rehabilitation requirement. Failure to co-operate with the programme could either result in recall to prison or be dealt with as a separate offence.

Offender comments concerning chemical castration have also been encouraging. Frederick Hoffman, a compulsive paedophile, spent over 20 years in Atascadero State Hospital in California and as part of his treatment was given chemically castrating drugs. He states:

With the chemical castration I have not had a sexual thought in over four years — no sexual thoughts, no fantasies, no nothing³⁸.

... Chemical castration is effective, especially when used on those offenders who are motivated to change.

33. N. 8.

34. Berlin, F.S. (1994) 'The case for castration, part 2', *Washington Monthly*, 26(5), 28.

35. This is a medication which induces sickness when alcohol is consumed. It is used to prevent a person from drinking alcohol.

36. Hansen, H. and Lykke-Olesen, L. (1997) 'Treatment of dangerous sexual offenders in Denmark', *Journal of Forensic Psychiatry*, 8(1), 195–99.

37. Rosler, A. and Witztum, E. (1998) 'Treatment of men with paraphilia with a long acting analogue of gonadotropin-releasing hormone', *New England Journal of Medicine*, 338(7), 416–22.

38. Channel 4 (2007) *The Castration Cure*, 5 July, Electric Sky Productions.

Although the drugs were initially given by injections, towards the end of his sentence, he had a two inch titanium lined implant surgically placed into his arm. Drugs were slowly released at regular intervals with the implant lasting for a period of one year. The drug Lupron, is more commonly used for the treatment of prostate, breast and ovarian cancer, and is marketed in England and Wales as Prostag SR, a one monthly injection and Prostag 3, a three monthly injection.

In England, Robert Oliver, a convicted paedophile, advocates the use of chemical castration for those sex offenders who wish to undertake the treatment. In his comments to his sentencing judge following a repeat sexual offence he argued:

*No amount of sentence can stop the way I feel at the moment, the only way the streets will ever be safe is to put me on a course of injections where I can be controlled and I can be switched off*³⁹.

Another offender in California, subject to weekly injections of Depo-Provera described how the drugs had:

*Just changed a lot of things ... I'm not focused on sexuality. I don't have that major sex urge within me all the time. I can sit down and concentrate on different things, where I couldn't really concentrate on things before. I have a little more hope that I am not going to get into more trouble, so I am more involved in things*⁴⁰.

The use of chemical castration in England and Wales

Prior use

Chemical castration as a sentencing or treatment option appears to have existed in England and Wales to a certain degree, although the practice appears at most to be minimal and, in all likelihood, until very recently non-existent. In September 1973, a drug known as Benperidol became available for the treatment of sex offenders following a 1971 study⁴¹. This involved the evaluation of 28 men either imprisoned or attending outpatient clinics, as part of probation conditions, at Wormwood Scrubs. Dr Field, the psychotherapist

involved in the study, reported that all of the men noticed a reduction in sexual desire, although for two, this was not accompanied by a decrease in erotic fantasies. During the period between November 1975 and November 1978, 138 sex offenders in British prisons were involved in one or more types of chemical treatment for sexual urges⁴². Trials and use, however, were ended due to the fact that 12.32 per cent or 17 of the men had to have operations to remove breasts due to the side effects of the drugs, either whilst still in prison (15) or after their release (2)⁴³.

A decade later, in June 1983, David Bosley was released from prison on probation so that he could be treated with a programme of hormones, after admitting over 100 sex offences against a seven-year-old boy. Despite the use of chemical castration here, the following year, The Times newspaper reported that a judge at the Central Criminal Court had denied a request for chemical castration from a man who had been convicted of attempted buggery and indecent assault. The man had been a past patient of Rampton Hospital and had seven previous sexual convictions. Despite this lack of support by the judiciary, the use of testosterone-lowering drugs were used as a treatment in the 1980s at St Clements Hospital in London, although chemical castration does not appear to have been used as a sentencing option. Drugs used at the clinic included oestrogen implants, Depo-Provera and Cyproterone⁴⁴.

Future use?

If chemical castration was to be used in the future for the treatment of sex offenders a number of considerations would need to be taken into account. On whom would it be used, should it be mandatory or voluntary and how much would it all cost?

It is likely that chemical castration will only work with certain classes of sex offender and indeed most of the research shows effectiveness only for those offenders who are classed as preferential paedophiles — those who have sexual relationships with children and never adults. Similarly it may not work for those who deny their offending. Offenders need to be individually assessed for the correct dosage of drugs that they require and to achieve maximum effectiveness, the drugs need to be used in combination with psychotherapy or some other form of counselling⁴⁵.

The selection of offenders would, therefore, need to be a medical rather than a legal decision. It should not

39. World in Action (1997) *Extreme Measures*, 10 November, London: Independent Television.

40. *Ibid.*

41. *The Times*, 10 September 1973, p.3.

42. Sim, J. (1990) *Medical Power in Prisons: The Prison Medical Service in England 1774–1989*, Buckingham: Open University Press.

43. *Ibid.*

44. *The Times*, 9 February 1984, p.2.45. Marshall, W.L. .

45. Marshall, W.L. (1999) 'Current status of North American assessment and treatment programs for sexual offenders', *Journal of Interpersonal Violence*, 14(3), 221–39.

necessarily be based on the nature of the crime or its seriousness but on the offender's suitability and motivation to respond to such treatment. For example, suitability in Oregon, where chemical castration is used for selected sex offenders who are eligible for parole or post-prison supervision, is measured on the following criteria:

The inmate

1. has a current or past conviction for a sex crime.
2. is within six months of release on parole or post-prison supervision, and
3. the inmate's present incarceration is for a second conviction of a sex crime; the inmate lacks intellectual capacity for impulse control or has demonstrated an excessive sex drive⁴⁶.

Motivation and acceptance by the offender that his conduct is wrong and beyond his control are also key factors in effectiveness and thus selection. Brody and Green⁴⁷ argue that offenders who are committed to treatment against their will are less likely to respond positively.

The offender must co-operate with treatment in order to have any chance for containing the deviant sexuality⁴⁸.

This would appear to be another reason why such treatment should only be offered on a voluntary basis, and should be given as a package of treatment upon release from prison, rather than as part of a punishment agenda.

The cost of chemical castration largely depends on which drug or combination of drugs is used and how often such drugs are required. In 2001, the Department of Legislative Services in Maryland estimated that a weekly MPA injection cost \$40 (£19.60) or approximately \$2,100 (£1,029) per year. Drugs given on a monthly, rather than weekly basis, cost approximately \$500 (£245) per month or \$6,000 (£2,940) per year. This did not include additional costs involved in supervision and appropriate counselling⁴⁹. Despite such costs, the cost of implementing chemical castration through Depo-Provera therapy is significantly lower than the cost of

incarceration. Dr Thomas Ball, a urology Professor at the University of Texas in San Antonio, estimates it costs \$7,000 per year for daily pills and monthly injections of Depo-Provera⁵⁰ compared to \$24,000 a year to keep a criminal in prison⁵¹.

In England and Wales, Dr Pierre Bouloux of the Royal Free Hospital, estimates the cost of chemically castrating treatment to be in the region of £2,000 — £3,000 per year. This is for the drug Leuproreline Acetate, trade name Prostag SR and Prostag 3. Other estimates suggest the cost may be even lower, perhaps as little as several hundred pounds⁵². These do not take into account, however, the costs of delivering and monitoring the drug use, MAPPP personnel and other treatment programmes such as psychotherapy or other forms of counselling.

Conclusion

Whilst the treatment of sex offenders using chemical castration could be expensive, if it is effective and reduces re-offending and thus protects the public as studies suggest that it does, it should be a welcome addition to the already existing high-risk sex offender strategy in England and Wales. Provision should be on a purely voluntary basis; it should be delivered in conjunction with other psychotherapy therapy; offenders should be informed of all potential side-effects and should be able to stop treatment at any time. Programme success comes predominantly when the individual offender wants to change and so any form of drug therapy should aim to be part of an all-encompassing treatment package rather than part of a punishment agenda. Offenders should thus be punished first and treated secondly. If chemical castration was offered in this way, then there is also no reason why it could not be used with those paedophiles, who whilst unconvicted, still pose a significant risk to children and the society at large. As argued by Berlin:

If legislation and punishment alone cannot fully solve the problem, medicine and science need to be called into action. And if society can be made safer by such means, why not use them?⁵³

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46. Wong, C.M. (2001) 'Chemical castration: Oregon's innovative approach to sex offender rehabilitation, or unconstitutional punishment?', *Oregon Law Review*, 80, 276.
 47. Brody, A.L. and Green, R. (1994) 'Washington states' unscientific approach to the problem of repeat sex offenders', *Bulletin of the American Academy of Psychiatry and the Law*, 20, 343–56.
 48. *Ibid*, p. 352.
 49. Department of Legislative Services, Maryland General Assembly, 2001 Session, FISCAL NOTE, available at http://mlis.state.md.us/PDF-Documents/2001rs/fnotes/bil_0008/hb1428.PDF, last accessed 8th October 2007.
 50. Larry Don McQuay — a self-described 'child-molesting demon' released, SAN ANTONIO EXPRESS NEWS, (Garnett Service April 9, 1996).
 51. Flack, Courtney, Chemical Castration: an effective treatment for the sexually motivated pedophile or an impotent alternative to traditional incarceration? Available at www.law.wayne.edu/organization/lawjournal/doc/Flack%20Article.pdf, last accessed 8th October 2007.
 52. <http://news.bbc.co.uk/1/hi/uk/6748789.stm>, last accessed 8th October 2007.
 53. N. 35.