Using Medications to Manage Sexual Preoccupation and Compulsivity

Examination of Changes in Personality Disorder in Convicted Sex Offenders Taking Medication for Sexual Preoccupation

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Sexual preoccupation is a key risk factor in sexual recidivism (Hanson & Morton-Bourgon 2005). There are a number of theories apropos the key psychological mechanisms behind sexual preoccupation yet one of the promising approaches to the treatment of sexual preoccupation has been with anti-libidinal medication. The psychological mechanisms that may underpin sexual preoccupation are nonetheless of interest in terms of the aetiology, development and maintenance of sexual preoccupation.

This presentation explores the personality characteristics (as measured by the Personality Assessment Inventory) and levels of maladaptive personality traits (as measured by the Severity Indices of Personality Problems; measures the personality functioning traits linked to sexual recidivism in relation to self-management and relationships [Hanson & Morton-Bourgon 2005; Mann et al., 2010]) in a sample of sexually preoccupied male sex offenders taking anti-libidinal medication. Personality Disorders (PD) are defined as significant impairments in self and interpersonal functioning, stable across time and consistent across different situations (American Psychiatric Association, 2013). In the general population, prevalence rates of PD are fairly low (4-11% National Offender Management Service and National Health Service England; 2015). In prison populations and in particular among sexual offenders, the prevalence rates are considerably higher (almost 90% Dunsieh et al., 2004). With the new Offender Personality Disorder Pathway Programme in the UK, the prevalence and PD among this sample is of interest.

This study was an empirical exploratory project, which used statistical analysis to explore the extent to which individuals referred for anti-libidinal medication demonstrate characteristics of PD. The research focused on those taking both Selective Serotonin
Reuptake Inhibitors (SSRIs) and anti-androgens. This study also reports on the clinical and statistical significant change of anti-libidinal medication on PD.

Levels of personality disorder were found to be significantly higher in the medicated offenders (pre-medication) than the general population or psychiatric outpatients with PD. The sex offender population presented with high levels of maladaptive personality functioning (being unable to adapt to the situation or environment) on measures of self-management and relationship development and maintenance. Statistical and clinically significant reductions in PD post medication and enhanced interpersonal relations were also found. Positive change in adaptive personality functioning was observed over time with sex offenders being better able to adapt to the situation or environment and moving into the clinically ‘normal’ range (general population norms).

The results suggest that medication improves adaptive functioning on personality areas linked to self-control and relationships; areas which research suggests are linked to sexual recidivism (Hanson & Morton-Bourgon, 2005). This provides support for an integrated approach (Beech & Ward, 2006) to the treatment of sexual offenders, where pharmacological treatments are used alongside psychological treatments in an attempt to reduce recidivism. Explanations for the findings will be discussed including the hypothesis that the medication targets the psychological mechanisms that underpin sexual preoccupation, such as the ability to adapt personality to self-control and the ability to develop and maintain relationships.

**Learning Goals and Objectives:**

- To consider the levels of PD in convicted sex offenders in comparison with other forensic groups.
- To consider the extent to which individuals referred for anti-libidinal medication demonstrate the characteristics of PD and what facets of PD are most prevalent.
- To examine the reductions in personality disorder for sex offenders post anti-libidinal medication.
- To explore potential reasons for reductions in personality disorder for sex offenders post anti-libidinal medication.
- To examine the implications of these findings in light of classifications of personality disorder in DSM-V.
The Use of Anti-Androgen and SSRI Medication to Reduce Sexual Preoccupation and Compulsivity with Incarcerated Adult Male Sexual Offenders

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Sexual preoccupation and/or deviant sexual interests significantly predict sexual, violent and general recidivism (Hanson & Morton-Bourgon, 2004; Harkins & Beech, 2007). However, Sex Offender Treatment Programmes, which are the standard psychological treatment method in UK prisons (Ho & Ross, 2012), cannot always cover the range of deviant sexual fantasies and arousal present in some sexual offenders (Adi et al., 2002) or psychological treatment alone might be insufficient (Marshall, Marshall & Serran, 2006). This often results in treatment needs relating to deviant sexual fantasies, sexual preoccupation or hypersexuality being left unmet.

Within a UK prison, provisions have been made for voluntary pharmacological treatment (Selective Serotonin Reuptake Inhibitors and Anti-androgens) for high risk, sexually preoccupied sex offenders in custody in order to address this gap. This presentation reports the findings of the evaluation of this programme to date. The study is three-fold and reports on: (1) the characteristics of the service users including demographic and offending information, level of risk and IQ (2) levels of sexual preoccupation, sexual compulsivity and hypersexuality pre and post medication and; (3) comparisons of sexual compulsivity between those taking anti-libidinal medication and a matched control group.

The anti-libidinal sample consists of 127 adult male convicted sexual offenders. Exploration of the characteristics of this group revealed a sample with disproportionately high levels of intellectually disability and a high risk of reoffending (according to RM2000). Comparison of sexual preoccupation, sexual compulsivity and hypersexuality pre and post medication revealed reductions in all for both SSRIs and anti-androgen medication. In particular, the sexual compulsivity scores six months post medication for the sample were less than those reported for generic sex offenders elsewhere (Winder et al., 2013), indicating that the sexual compulsivity scores of our sample of medicated offenders had dropped to below that of ‘typical’ sex offenders. This finding will be further explored through comparisons with a matched control group of adult male convicted sexual offenders (currently n=43). Sexual compulsivity scores of this group are compared to the 127 matched participants taking anti-libidinal medication and results will be reported.
Learning Goals or Objectives:

- To explore whether anti-libidinals (i. Selective Serotonin Reuptake Inhibitors (SSRIs), ii. Anti-androgens and iii. combined) are effective in reducing sexual compulsivity, sexual preoccupation and hypersexuality.
- To understand the profile of adult male individuals who have been convicted of a sexual offence and who have been referred for medication given their inability to manage high levels of sexual preoccupation.
- To understand the levels of sexual compulsivity in incarcerated sex offenders – both those taking anti-libidinal medication and those not taking medication and to provide matched comparisons.
- To consider the treatment pathways available for UK sex offenders and how the new national pathway of medication ‘works’, with psychological treatments.
- To understand challenges and barriers for individual prisoners requesting the (voluntary) medication.