A Case Study Approach to Understanding Pharmacologically Treated Sexual Offenders

Understanding the journeys of high risk male sex offenders receiving medication to reduce sexual preoccupation and / or hypersexuality

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Case Studies

The needs of the individual

- Case studies allow us to understand each person on an individual basis
- Allows interventions and recommendations to be individualised for each client

The needs of the group

- Should also inform us more broadly about the use of the medication…..

Anti-libidinal Evaluation Overview

How effective is anti-libidinal medication in reducing these clinical measures: sexual preoccupation, hypersexuality, strength of sexual urges, deviant fantasies?

What impact does the anti-libidinal medication have on a range of psychometric measures e.g. anxiety & depression, sexual compulsivity, personality traits?

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Context

Her Majesty's Prison Whatton

- 840 adult males convicted of a sexual offence
- Drug treatment commenced in November 2009
- 96 referrals
- Approximately 90% of individuals receive medication
- Drugs used
  - SSRI (Fluoxetine)
  - Anti-androgen (Cyproterone acetate / Androcur)
  - GnRH agonist (Triptorelin)

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The Case Studies

- **Case Studies:**
  - Include CS of 3 convicted adult male sexual offenders
  - Serving Indeterminate Sentences for Public Protection (ISPP)
- **Data Collection:**
  - Healthcare records
  - OASys information
  - Psychology and programme reports
  - Semi-structured interviews with offenders
  - Psychometric data

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Case 1: Derek

Demographics

- High risk sexual offender category (RM2000)
- Late 60s
- Abducted and abused aged 6
- Sexually abused by school teacher

Offending History

- Total of 3 sentencing appearances, 2 of which were sexual
  - Indecent assault and buggery (male cousin aged 12 months); sexual assault (2 year old); possession of sexually explicit images of children

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Case 1: Derek

Evidence of Sexual Preoccupation & Hypersexuality

Before Custody:

- Became sexually aroused and masturbated from age of 8
- Strong sexual attraction to young children and infants
- Masturbated 3-4 times a day

In Custody:

- Becomes aroused when watching young girls on TV
- Physical injury through prolonged and frequent masturbation

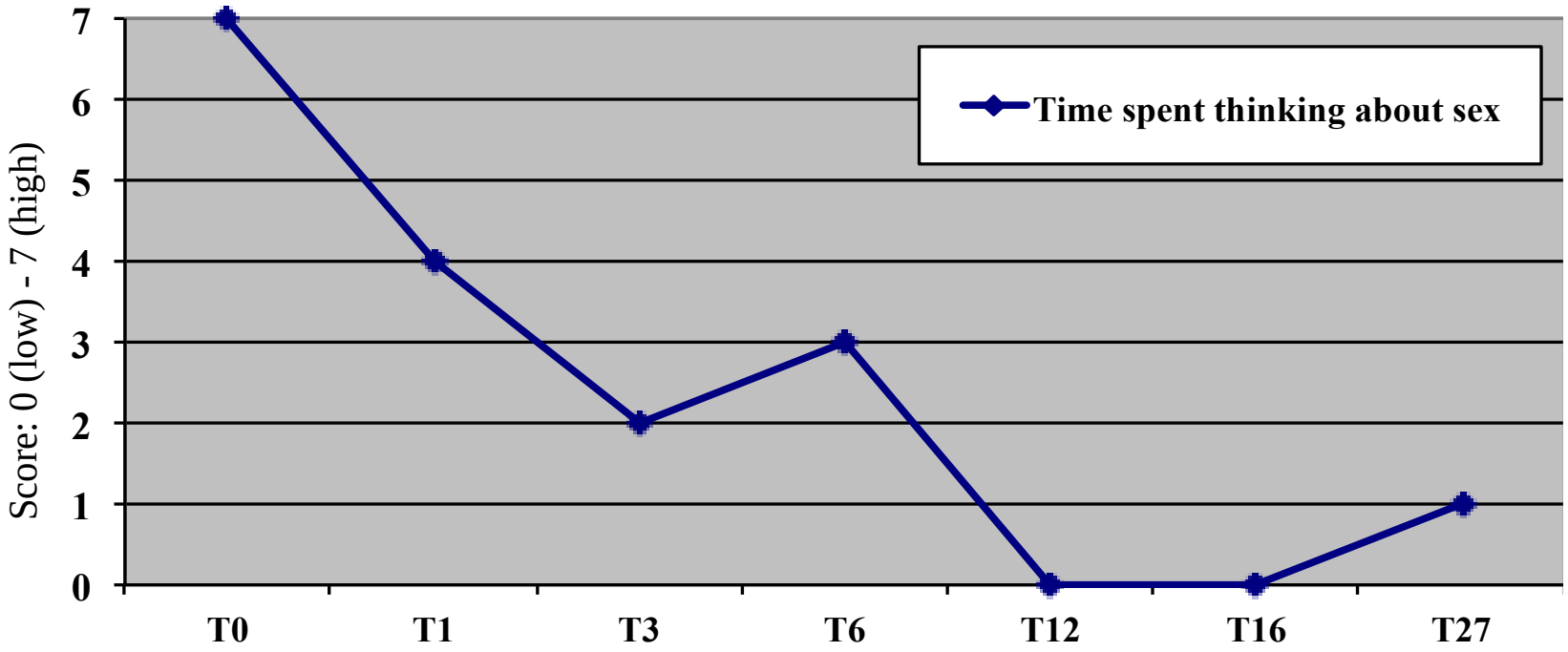
Case 1: Derek

Treatment Journey

- Not previously completed any psychological treatment
- Referred for anti-libidinals in 2010 by Offender Supervisor after expressing deviant sexual fantasies and urges involving children / babies and that he would reoffend upon release
- Started Fluoxetine (20mg) daily
- Dose changed to CPA (50mg) daily after 5 months
- Took CPA for 21 months and showed reductions in sexual preoccupation and masturbation
- Released
- Recalled after license breach
- Continuing on medication and now commencing psychological treatment

Case 1: Derek

Derek's sexual preoccupation



Time intervals (T0: pre-medication; T1: 1 month post-medication; T3: 3 months post-medication; T6: 6 months; T12: 12 months; T16: 16 months; T27: 27 months

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Case 1: Concluding Thoughts (Derek)

"waste of time, I don't suppose I could get an erection anyway so what's the point? You know what I mean - like I'm doing something, if I raped her, I raped her, if I would have done raped her, I wouldn't get enjoyment, I'm not gonna get the pleasure"

- Presents as traumatised from early childhood abuse
- We are hypothesising PTSD that needs dealing with to break this high sexual preoccupation and attraction to babies/infants
- Derek's journey is less typical in that he had not received any CBT treatment, but agreed to take the medication
- Whilst the medication is working, he needs additional help managing his risk
- *Referrals for medication can arise because of concerns by offender manager about risks presented (training need for OS and OM)*

Case 2: Stuart

Demographics

- Late 40s
- High risk sexual offender category (RM2000)
- Unhappy & lonely childhood
- Bullied and sexually abused by uncle at age of 5

Offending History

- Total of 3 sentencing appearances all for sexual offences
  - Indecent assault (female aged 6); x3 indecent assault (female aged 10); possessing and making indecent images of female (under 16)

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Case 2: Stuart

Evidence of Sexual Preoccupation & Hypersexuality

Before Custody:

- Masturbated daily since aged 12

In Custody:

- Sexual thoughts about children
- Becomes easily aroused to children on TV

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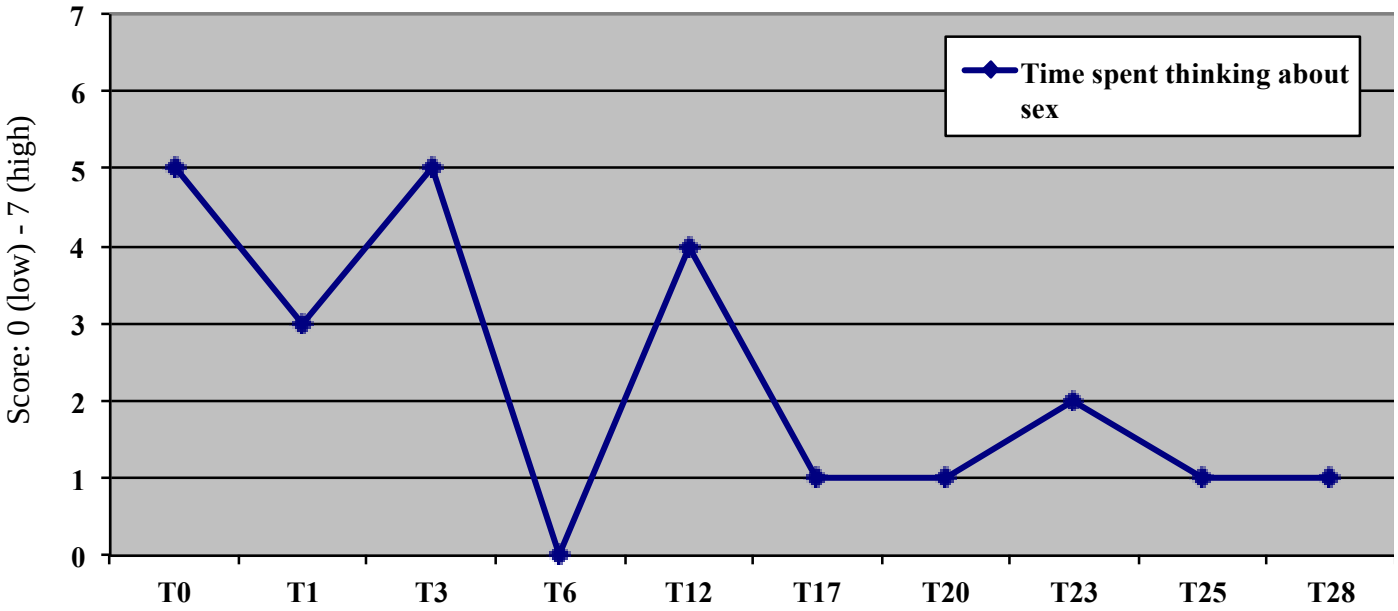
Case 2: Stuart

Treatment Journey

- Completed Enhanced Thinking Skills (ETS), Adapted SOTP and Adapted Better Lives Booster (ABLB)
- Referred for anti-libidinals in 2010 by a programme facilitator
- Started on Fluoxetine (20mg) daily
- Dose increased to 40mg 3 months later
- Dose changed to combination of Fluoxetine (20mg) and CPA (50mg)
- Significant reductions in sexual preoccupation and masturbation
- Dose switched from CPA (50mg) alone to the combination twice
- Completed the Healthy Sex Programme (HSP)

Case 2: Stuart

Stuart's self-reported of amount of sexual preoccupation (time currently spent thinking about sex)



Time intervals (T0: pre-medication; T1: 1 month post-medication; T3: 3 months post-medication; T6: 6 months; T12: 12 months; T17: 17 months; T20: 20 months; T23: 23 months; T25: 25 months; T28: 28 months

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Case 2: Concluding Thoughts (Stuart)

"I feel more relaxed, feel more calm, more control of my own self"

"You've got to want to take it and better yourself because everybody could turn round and say 'well, that medication is fantastic' and still commit a crime. You've got to change inside yourself as well"

- Engaged in programmes and developed Insight into offending
- Desire to continue engaging with medication
- Therapeutic relationship with psychiatrist helping him make choices
- Stuart demonstrates a typical journey of an individual who requires the frequent adjustment of their medication type, and dosage
- *Dialogue needed about HSP and use of medication – optimal timings and dosage for each individual depending on need*

Case 3: Malcolm

Demographics

- Late 40s
- Borderline ID (WAIS = 73)
- Sexually abused by step father from age 4 onwards
- Bullied from a young age (4-11)
- High risk sexual offender category (RM2000)
- Past self-harm and previous suicide attempts
- Excessive alcohol use and drug use

Offending History

- Total of 5 sentencing appearances, 3 of which were sexual
  - x4 Indecent assault (against females aged 8-14); x2 sexual assault; x2 sexual assault by penetration; x4 causing/inciting a child to engage in sexual activity (some against son and daughter aged under 13)

Case 3: Malcolm

Evidence of Sexual Preoccupation & Hypersexuality

Before custody:

- First sexual encounter aged 8 (with brother, sister and school friends)
- Began having sex with sister aged 11 for a prolonged period
- Disclosed having sex at school 5 to 8 times a day and regularly using pornography
- Preference for sexual interaction with children aged 8-11

In custody:

- Frequently becomes sexually aroused while watching TV and masturbates 1-2 times a day
- Entrenched beliefs about sex with children
- Sexual thoughts were becoming unmanageable

Case 3: Malcolm

Treatment Journey

- Malcolm has completed ETS, Adapted SOTP and ABLB
- Referred for anti-libidinals by psychology in 2011 due to reports that his sexual urges and thoughts were becoming unmanageable
- Prescribed CPA (50mg) daily
- Dosage increased to 100mg after 3 months due to continued intrusive sexual thoughts and arousal which he found embarrassing
- The medication has reduced
  - Sexual arousal
  - Sexual thoughts
  - Frequency of masturbation

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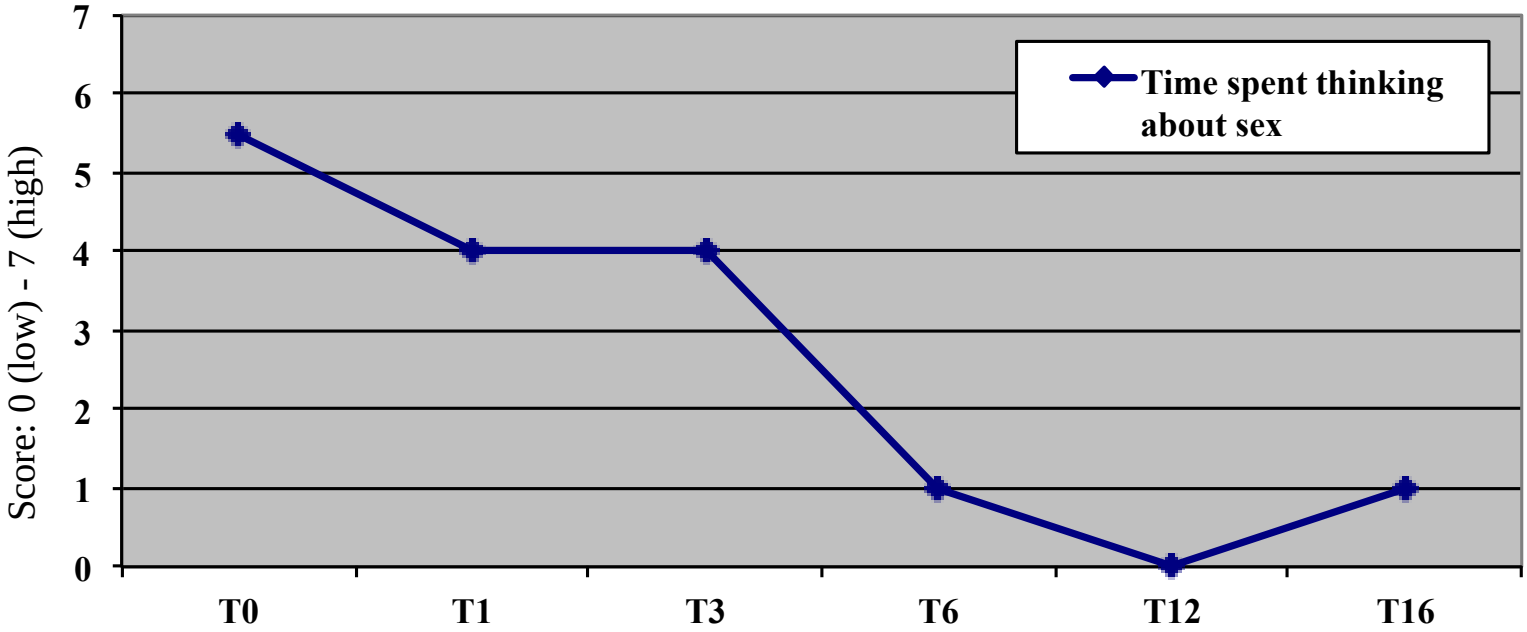
Case 3: Malcolm

Malcolm's self-reported amount of sexual preoccupation over 16 months



Time intervals (T0: pre-medication; T1: 1 month post-medication; T3: 3 months post-medication; T6: 6 months; T12: 12 months; T16: 16 months

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Case 3: Concluding Thoughts (Malcolm)

"I'm glad I'm on them [meds] and it's helped me out…coz sexual thoughts, feelings have gone out the window now which I'm quite pleased about"

- Presents as traumatised by early sexual abuse
- Has undergone group treatment but his high sexual preoccupation appears to have been a barrier in some respects (i.e. attitudes to children not changed)
- Currently benefiting from medication in terms of reductions in arousal - and actively seeking to increase dosage at times.
- Medication appears to be giving him the 'headspace' to help move toward the person he wants to be
- Malcolm demonstrates a fairly typical journey of taking the medication and showing significant reductions in hypersexuality and sexual preoccupation
- Continuing to take medication, is very happy with impact of medication
- *Still need psychological help to unravel offence supportive beliefs, may benefit more from treatment now as previously too preoccupied to benefit as much from it*

Case 4: Earl

Demographics

- Early 40s
- Medium risk sexual offender category (RM2000)
- In and out of care throughout childhood

Offending History

- Total of 6 sentencing appearances; 2 of which were for sexual offences
    - 19 counts of rape, indecent assault & causing a child to engage in sexual activity (against 3 daughters all aged under 16)

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Case 4: Earl

Evidence of Sexual Preoccupation & Hypersexuality

Before Custody:

- Masturbated to images of males and females several times a day from age 9
- Masturbated around 17 times a day

In Custody:

- Masturbates 2-7 times a day
- Constant, intense sexual thoughts & lack of control over these
- Easily aroused e.g. by vibrations from machinery at work – masturbates in toilets to relieve

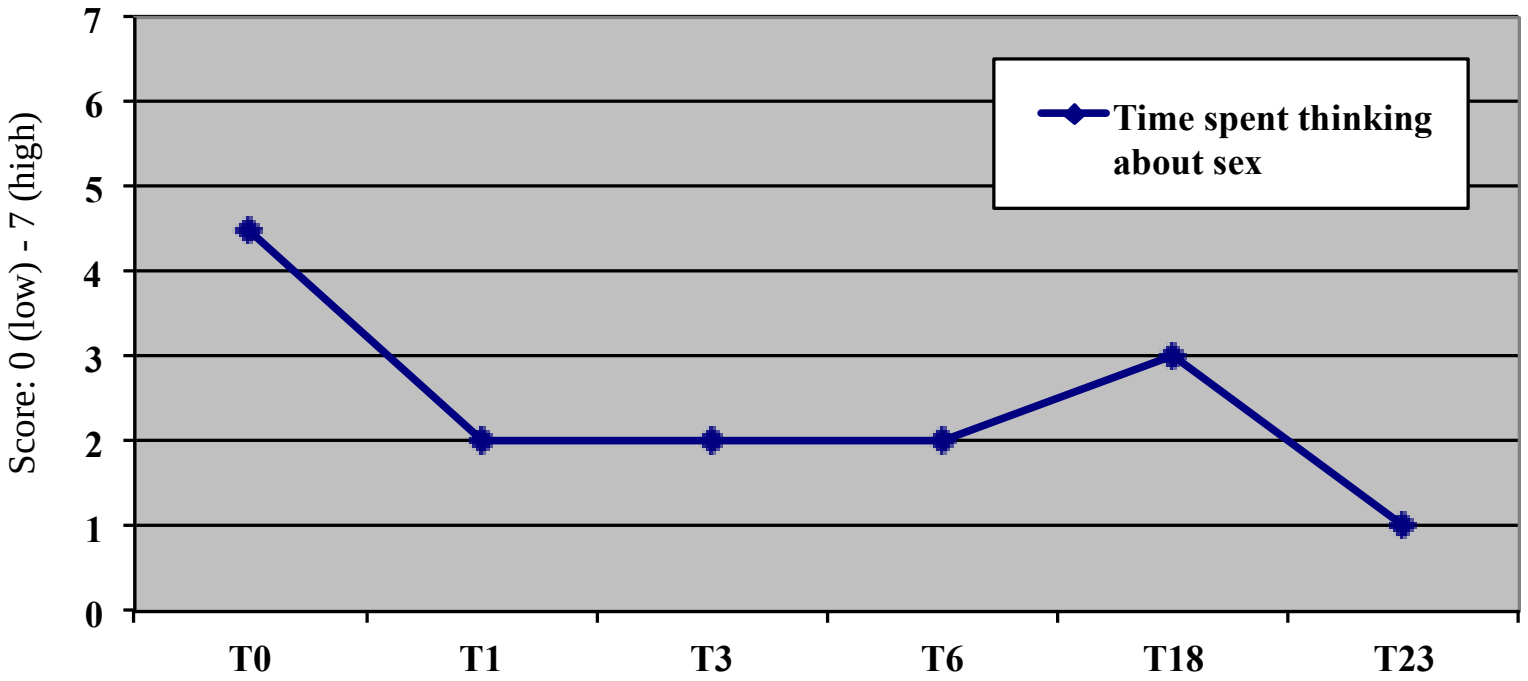
Case 4: Earl

Treatment Journey

- Earl has completed the ETS programme
- Referred for anti-libidinals in 2010 after disclosing (during assessment for the Sex Offender Treatment Programme) difficulty controlling his arousal and having invasive sexual thoughts that he found problematic
- Prescribed Fluoxetine (20mg) daily – reduced frequency and intensity of sexual thoughts
- Chose to stop after 12 months – due to feeling better
- Re-requested medication 1 month later due to sexual arousal and preoccupation returning
- 5 months later requested an increase in dose but never began taking medication
- Re-requested medication again but did not take them again
- *Difficult journey for some, resistant to letting go a fundamental part of their personality*

Case 4: Earl

Earl's self-reported of amount of sexual preoccupation (time currently spent thinking about sex)



Time intervals (T0: pre-medication; T1: 1 month post-medication; T3: 3 months post-medication; T6: 6 months; T18: 18 months; T23: 23 months

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Case 4: Concluding Thoughts (Earl)

"It's given me relief from erm sexual thoughts and the masturbating side of it so I'd say yeah I'm quite happy with the medication as it is"

- Ambivalent about taking medication
- Recognises sexual preoccupation is intrusive on a daily basis
- However, remains attached to it
- What function is it serving?
- Would benefit from case formulation
- Earl demonstrates the journey of a small number of individuals who agree to take the medication, but then stop (sometimes stopping and starting again)

The Case Studies

- The journeys for each individual on anti-libidinal medication are different and require individualised treatment
- The psychiatrist (and psychology team) must be responsive to individual needs
- Individuals may start / stop medication frequently and need dosage changes
- Need for therapeutic relationship
- Need for psychiatrist and therapist to work together

Conclusion

- Medication needs to be tailored to the individual
- Optimal time to receive medication
- Interaction with HSP and SOTP
- Training for OS and OM (and all prison staff)
- Consideration of exit strategy for individuals taking the medication
- Experiences of recalls, licence breaches
- Experiences with GPs, accessing medication in the community
- Indicates tensions between interested parties and highlights needs for multi-team working and shared knowledge
- Highlights differences between people
- Informs training needs
- Presents challenges about interactions with other treatments and medication
- Issues with compliance, timing, external factors, changing landscape of attitudes and knowledge from CJS
- People undertake complex journeys which, when documented individually, inform practice for the group.

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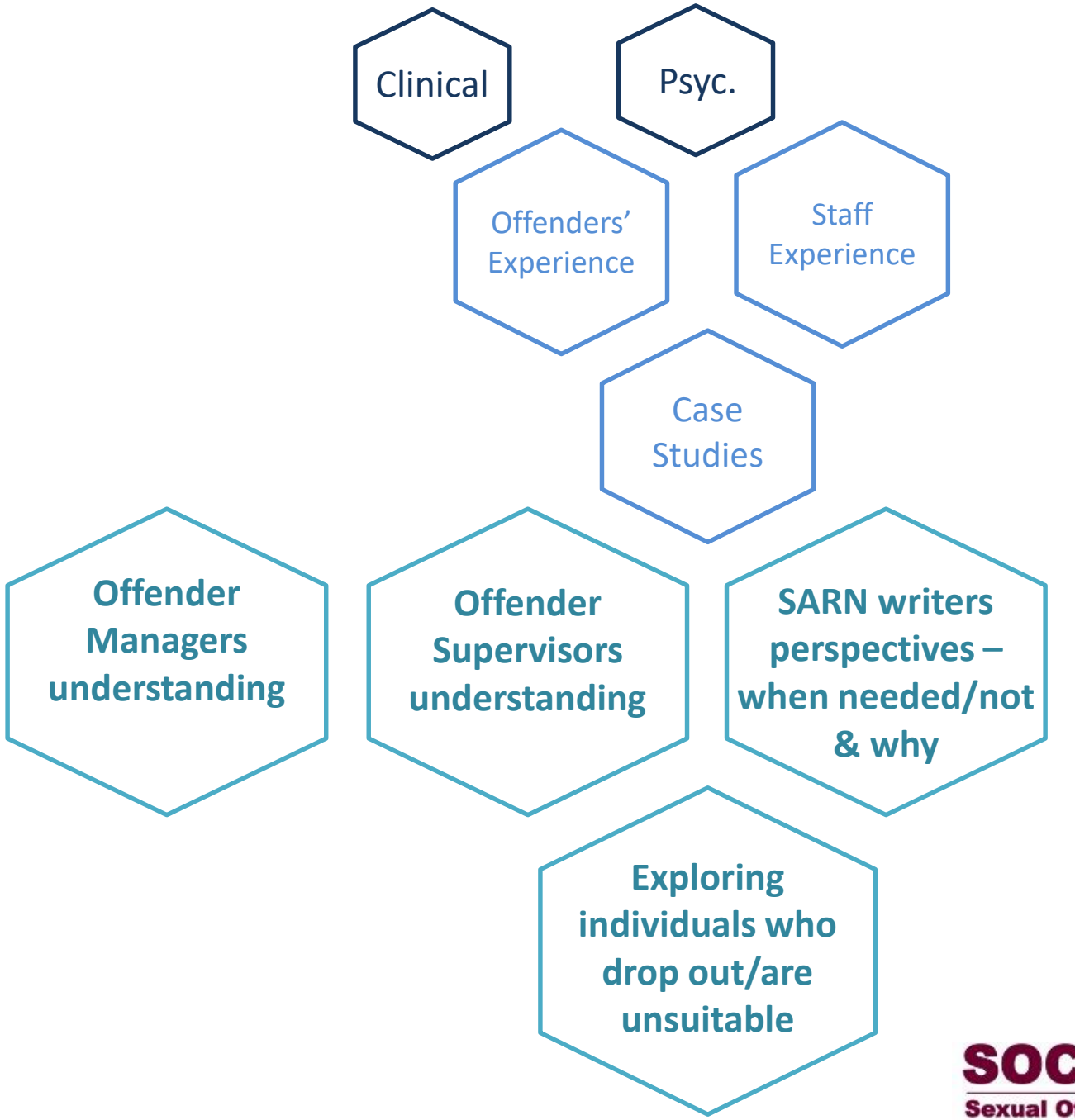

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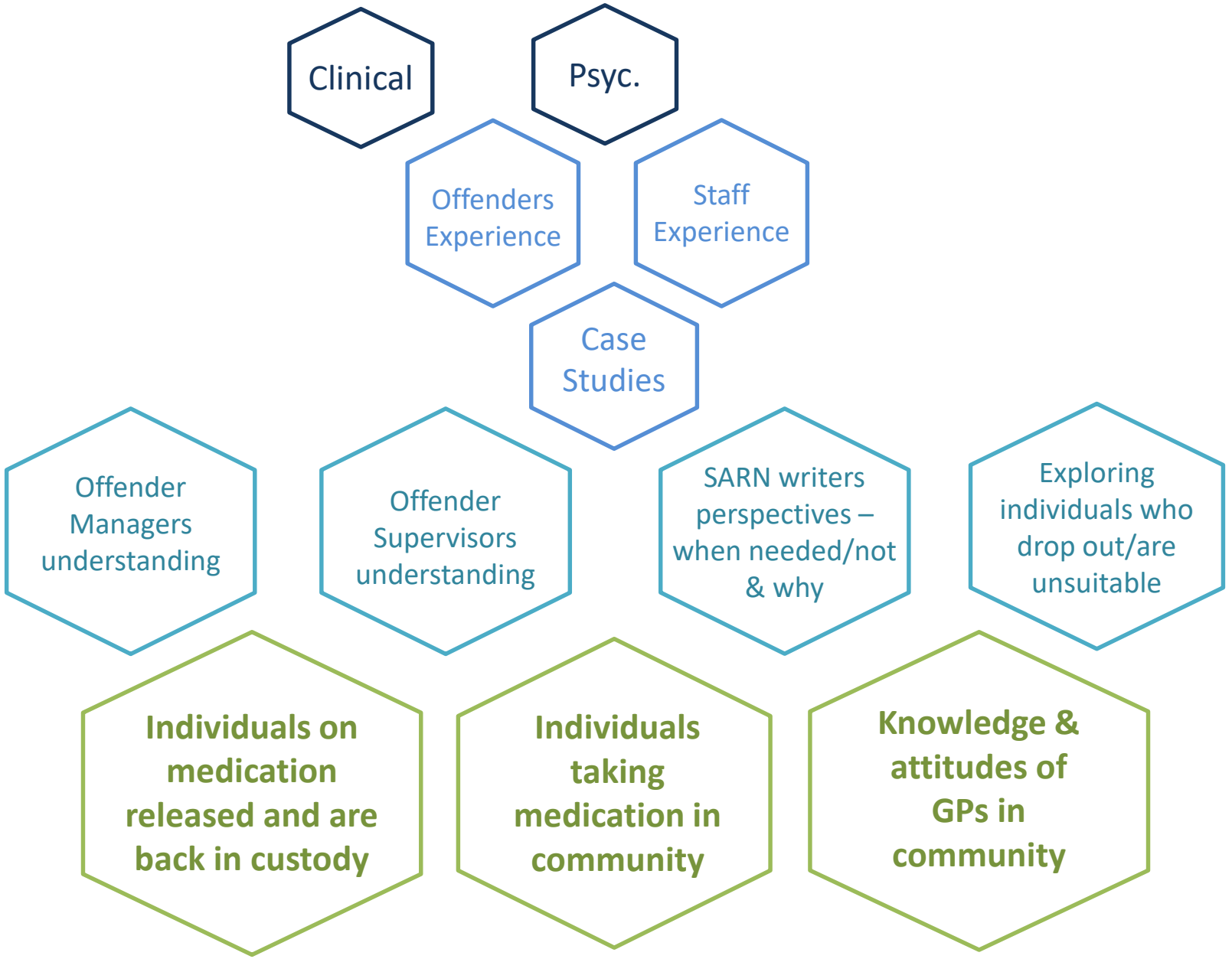

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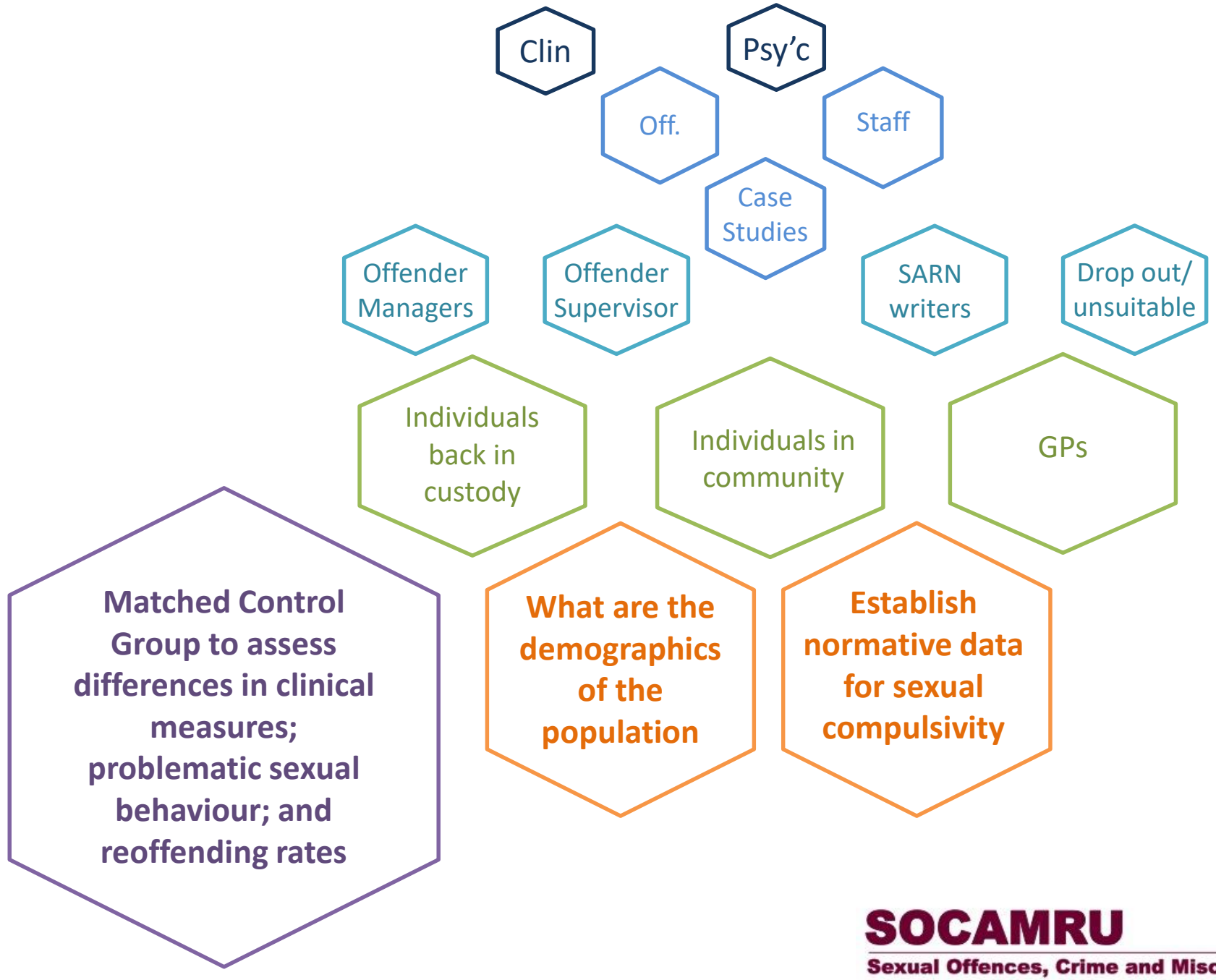

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