

Evaluation of the use of medication to manage sexual arousal (MMSA) with individuals convicted of a sexual offence (and some other stuff)

Belinda Winder & Don Grubin
and lots of other people....

Who are we?

- **Me – Prof. of Forensic Psychology, Set up and head RU, Vice Chair of SLF charity and responsible for managing research and evaluation plus charity givernance**
- **All of us - forensic psychologists (researchers, clinicians, combination)**
- **Sexual Offences, Crime and Misconduct Research Unit**
- **Set up in 2007, based at Nottingham Trent University & HMP Whatton**
- **Take up space at various prisons**
- **30ish researchers plus MSc Forensic Psychology students and Doctorate in Forensic Psychologists (e.g. stalking)**
- **Strong service user involvement**
- **Linked to SLF charity**

SOCAMRU

**Sexual Offences, Crime and Misconduct
Research Unit**

SOCAMRU projects

- **Evaluation of interventions (e.g. MMSA, Good Vibrations, Man Up)**
- **Prison-driven research e.g. denial, dementia, ASC, education, therapeutic climate of prisons, personality disorder**
- **Measures e.g. SARN for ID, creating a measure of adaptive functioning for use in the UK prison system**
- **Projects requested by externals (such as Muslim community, police) or to contribute to national reviews or inquiries (F&F, Care home perps)**
- **Qualitative research on ‘specialist’ groups e.g. collecting behaviour, offending against elderly victims, sextortion via internet**
- **Studying protective factors and purposeful activity (e.g. exercise, CoSA, religion / spirituality, work, education, peer support schemes)**
- **SLF projects – prevention, release, accommodation, transitions, CoSA, Drop In Centre**

SOCAMRU

**Sexual Offences, Crime and Misconduct
Research Unit**

Where we live (most of the time)

HMP Whatton, a treatment prison in the UK, holds approximately 840 adult males convicted of a sexual offence. Category C prison, not a TC but has rehabilitative culture (people choose to come here for treatment).

42% have a sentence of more than four years

56% are serving an indeterminate sentence including life sentence

Mix of child, adult and non contact offenders

RM 2000 scores

- 40 % medium

- 37 % high / very high

Age: 18-80+; average age in 40s



SOCAMRU

Sexual Offences, Crime and Misconduct
Research Unit

Other prisons and establishments

- **HMP Stafford (750+) – active citizenship**
- **HMP Nottingham (1050+) - local**
- **Secure hospitals (e.g. Rampton)**
- **Probation & Police**
- **Work with other organisations including charities, other universities**

SOCAMRU

**Sexual Offences, Crime and Misconduct
Research Unit**

Safer Living Foundation

- www.saferlivingfoundation.org
- <http://saferlivingfoundation.org/trustees-2/>



- **Registered UK charity 13 Feb 2014**

SOCAMRU

**Sexual Offences, Crime and Misconduct
Research Unit**

SLF: Projects

- **Prison-based Circles of Support and Accountability**
- **Community-based Circles of Support and Accountability project**
- **Young People's Circles project**
- **Prevention project**
- **Transitions and Release project e.g. Drop In Centre, Employability**
- **Three-quarters House project**
- **Peer buddy groups?**

SOCAMRU

**Sexual Offences, Crime and Misconduct
Research Unit**

SOCAMRU Service User Research & Evaluation group

- **Prison-based (2 years +)**
- **Community-based (new)**
- **Group meets every month to discuss research and evaluation plans**
- **Specialist groups e.g. ASC, dementia, understanding licence recall**
- **Prisoners help develop, and critique research protocols, suggest research ideas and mechanisms for evaluation eg time lag for prevention, lack of support out there, prison rumour mill, not understanding licence conditions**
- **Help to publicise projects (also through posters, prison radio and prison newsletters)**
- **Results fed back through posters, individuals leaflets, prison newsletters, radio, 121 meetings**

SOCAMRU

**Sexual Offences, Crime and Misconduct
Research Unit**

SOCAMRU qualitative research

- Prisoner as 'expert' e.g. IICSA study
- Use hand in hand with quantitative research to triangulate and understand quant. data.
- Consider what is normal, non-pathological and what others' 'normal' is
- Not anecdotal evidence, systematically gathered, coded and analysed then linked to theory and current evidence base
- Thematic analysis / IPA 'tell your story'
- Repertory grids 'What's normal? Who are you? Who are you similar to? What do you think of yourself?'
- Q sort 'understanding different perspectives'
- Narrative analysis (e.g. transgender sex offenders)

SOCAMRU

Sexual Offences, Crime and Misconduct
Research Unit

MMSA Evaluation

Location: Governor's office at HMP Whatton

Governor (Lynn Saunders):

Does the medication 'work'? Can you evaluate it? We need to know.

Me:

Sure

SOCAMRU

Sexual Offences, Crime and Misconduct
Research Unit

MMSA Evaluation

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 including maladaptive ones?

SOCAMRU

Sexual Offences, Crime and Misconduct
Research Unit

Clinical
Measures

Psychometric
Measures

Offenders'
Experiences

Staff
Perspectives
and
Experiences

Case Study to
further
understand
journeys on anti-
libidinals

SOCAMRU

Sexual Offences, Crime and Misconduct
Research Unit

Clinical

Psy'c

Offenders
Experience

Staffs
Experience

Case
Studies

Offender
Managers
understanding

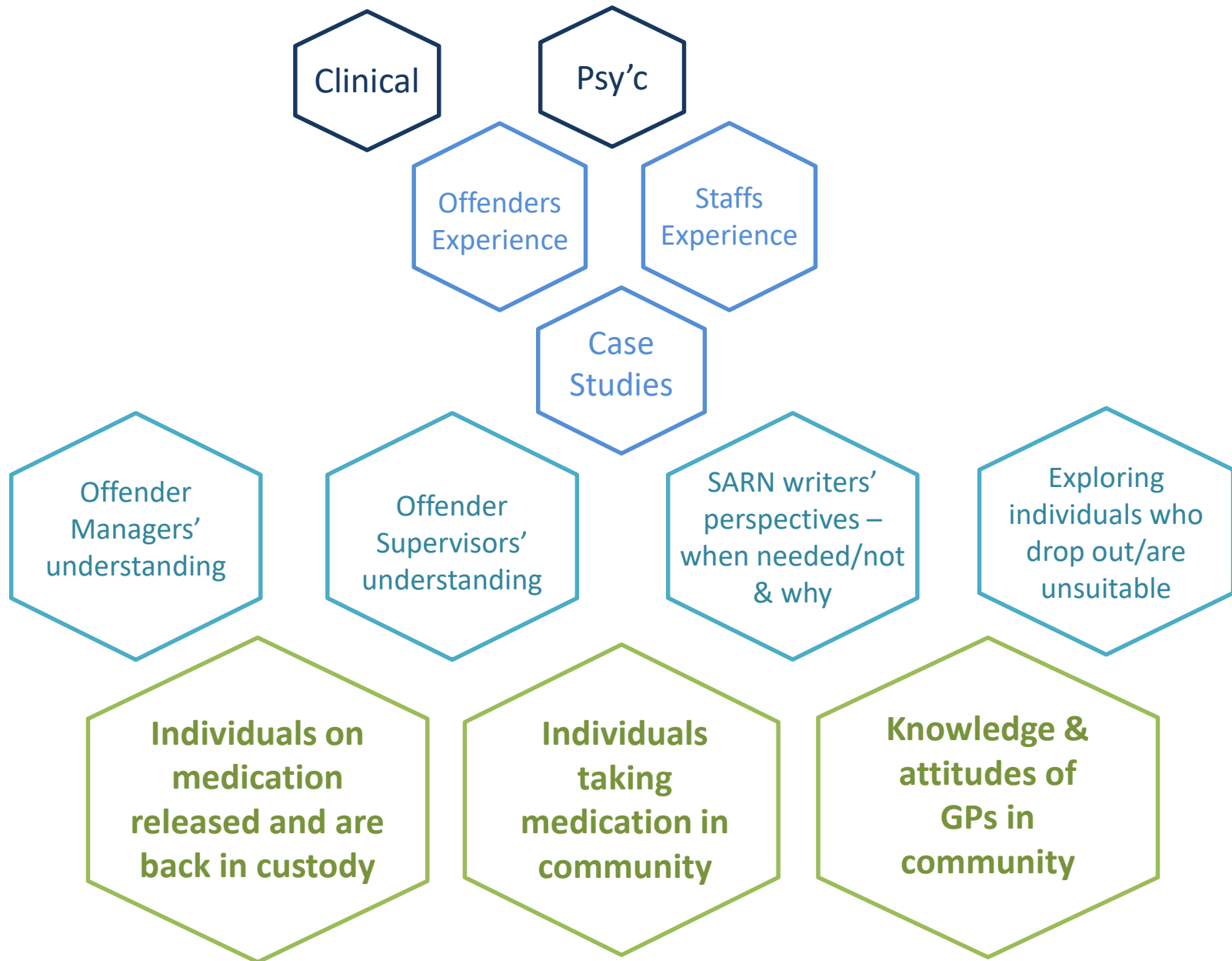
Offender
Supervisors
understanding

SARN writers
perspectives –
when needed/not
& why

Exploring
individuals who
drop out/are
unsuitable

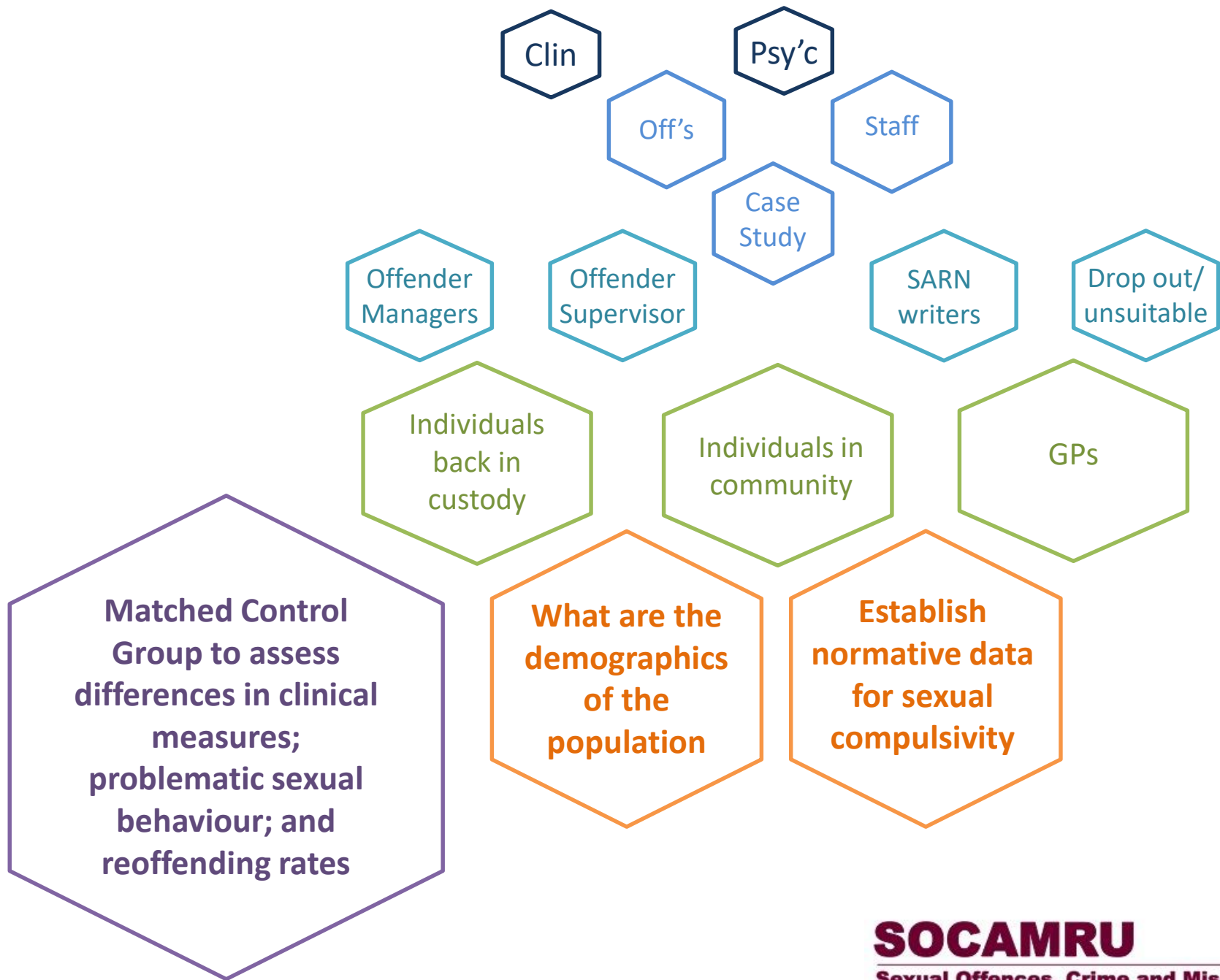
SOCAMRU

Sexual Offences, Crime and Misconduct
Research Unit



SOCAMRU

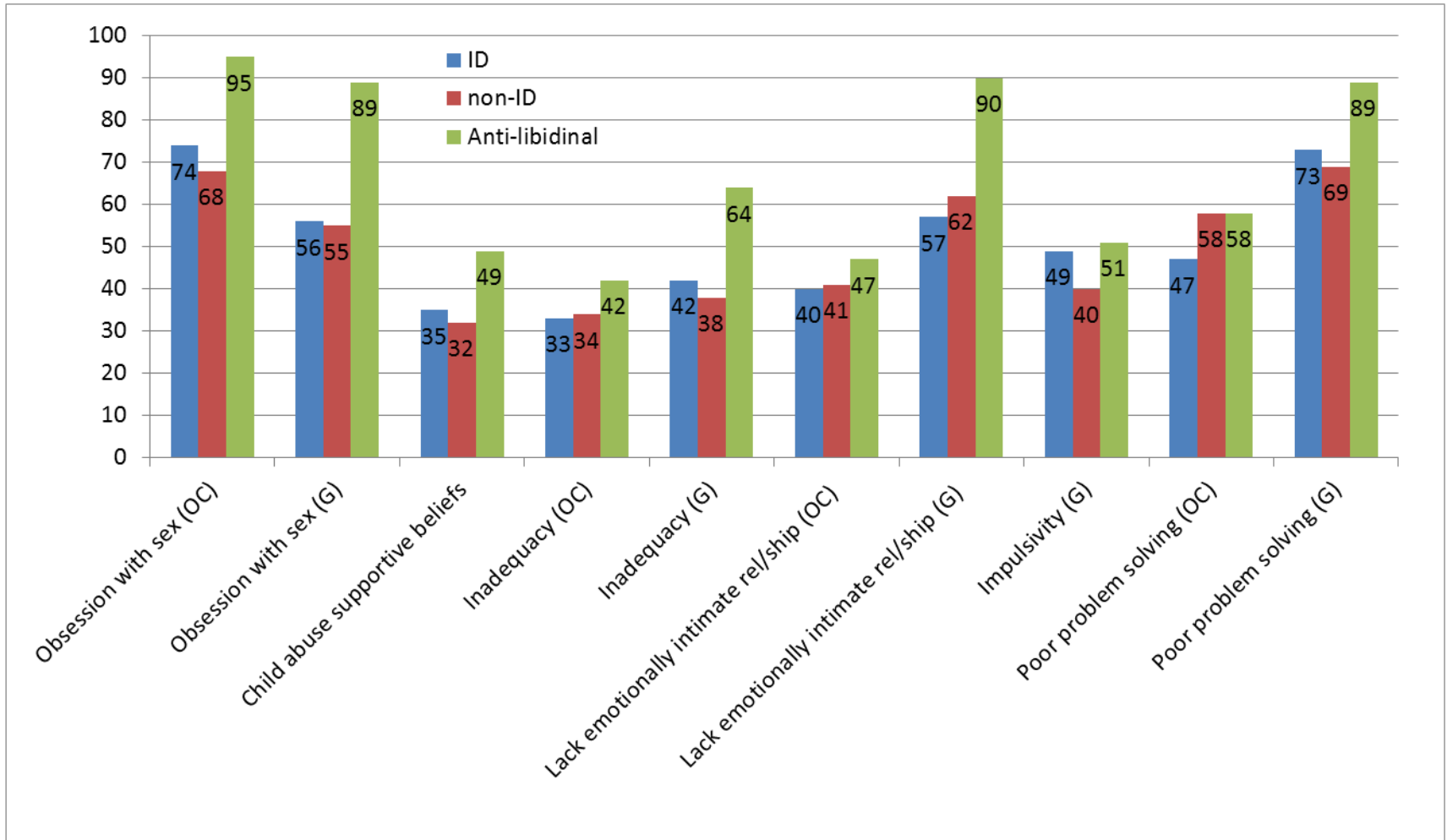
**Sexual Offences, Crime and Misconduct
Research Unit**



SOCAMRU

**Sexual Offences, Crime and Misconduct
Research Unit**

Proportion of SOs scoring 'strongly present' on most frequently occurring SARN risk factors



SOCAMRU

Sexual Offences, Crime and Misconduct
Research Unit

Medication

Two main types:

- Fluoxetine (SSRI)
 - Cyproterone acetate (CPA, anti androgen)
 - GnRh agonist (Triptorelin)
- Referral: can be made by anyone in the prison e.g. wing staff, offender supervisor, psychologist
 - Individuals have an initial appointment with myself to discuss the medication and consider whether they are suitable
 - Further appointments are made as necessary to answer questions
 - Individuals suitable for medication are typically started on 20mg Fluoxetine, taken daily as a tablet, with dosage increased to 40/60mg as necessary.
 - Where SSRIs do not appear to work, CPA is prescribed. Starting and typical dosage for CPA are 50mg daily by tablet, increased to 100mg where individuals are still reporting difficulties in managing deviant sexual fantasies, hypersexuality and/or sexual preoccupation.

SOCAMRU

**Sexual Offences, Crime and Misconduct
Research Unit**

Medication & Participants

HMP Whatton started offering meds in November 2009

- **Drugs used**

- Fluoxetine, Paroxetine (SSRIs)
- Cyproterone acetate (CPA, anti androgen)
- Triptorelin (GnRH agonist)

145 + men referred for medication at HMP Whatton; initial medication was:

- 58% SSRIs
- 13% Anti-androgens
- 5% SSRIs & Anti-androgens
- 1% GnRH
- 5% still under assessment
- 18% No medication (declined / not suitable)

©55 CONTROLS recruited on admission

Now expanded throughout UK to 7+ prisons

SOCAMRU

**Sexual Offences, Crime and Misconduct
Research Unit**

Measures

Clinical Measures

- Captured at regular meetings between participants and Dr Kaul (prescribing psychiatrist)
- Data collated during private therapeutic session; used clinically to discuss and tailor medication

Psychometric measures

Dynamic measures (baseline pre-meds, then approximately every 3 months)

- Sexual Compulsivity Scale (SCS)
 - 10 items; 1-4; used means i.e. between 1-4; 'My desires to have sex have disrupted my daily life; I think about sex more than I would like to'
- Hospital Anxiety and Depression Scale (HADS)
 - Scoring is 0-21 on each sub-scale; caseness 8/21
- Severity Indices of Personality Problems (SIPP 118)

Static measures (conducted once only)

- PAI: Personality Assessment Inventory
 - 22 scales measuring clinical, treatment and interpersonal factors related to personality
- MPI: My Private Interests (was MSI)
 - Short scale measuring offence related sexual interests with 4 subscales 1) an obsession with sex; 2) a sexual interest in children; 3) a sexual interest in violent sex; and 4) multiple paraphilia.

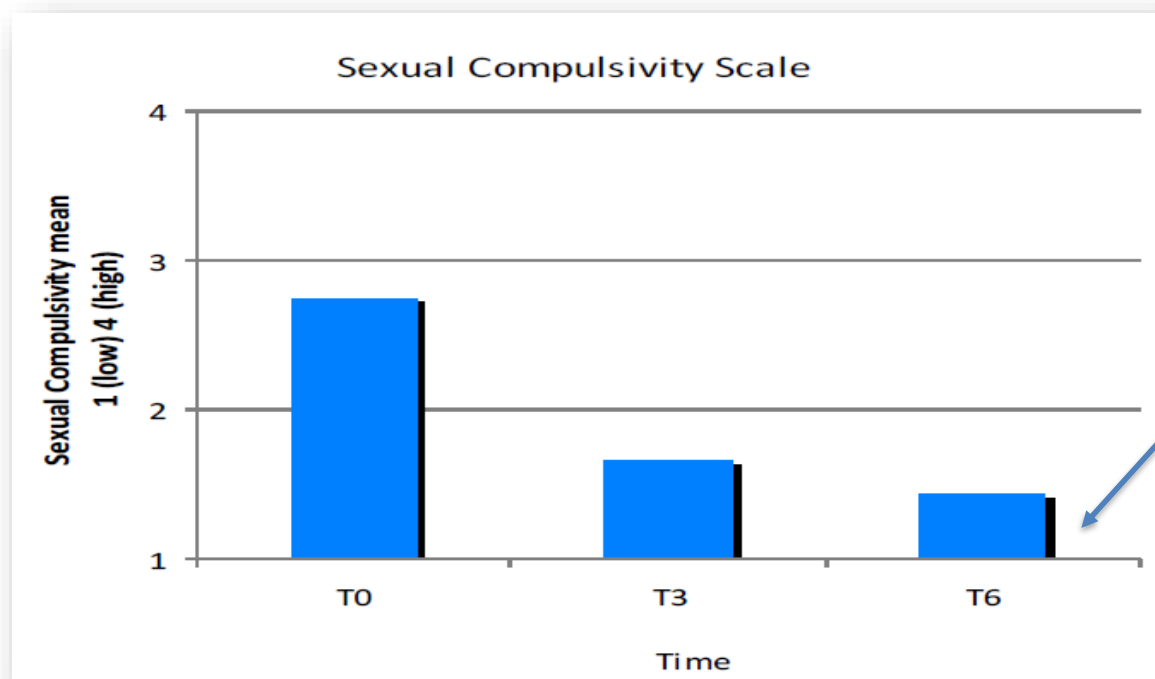
SOCAMRU

**Sexual Offences, Crime and Misconduct
Research Unit**

Evidence base in prison – HMP

Whatton

Mean Sexual Compulsivity Scores for participants taking medication to reduce sexual preoccupation: pre-medication (T0), three months post-medication (T3) and six months post-medication (T6).

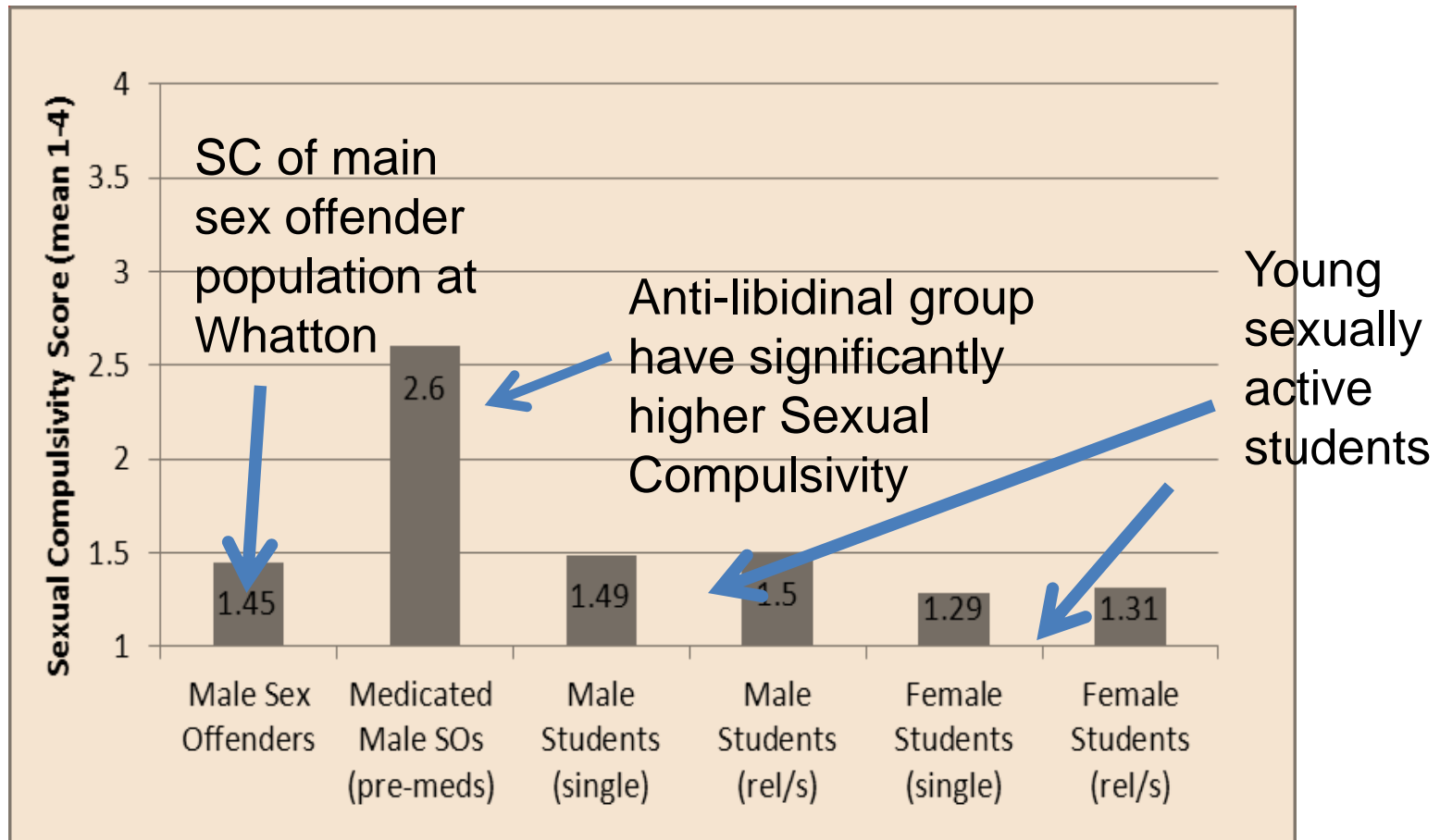


Below the levels of 'typical' sex offenders

SOCAMRU

Sexual Offences, Crime and Misconduct
Research Unit

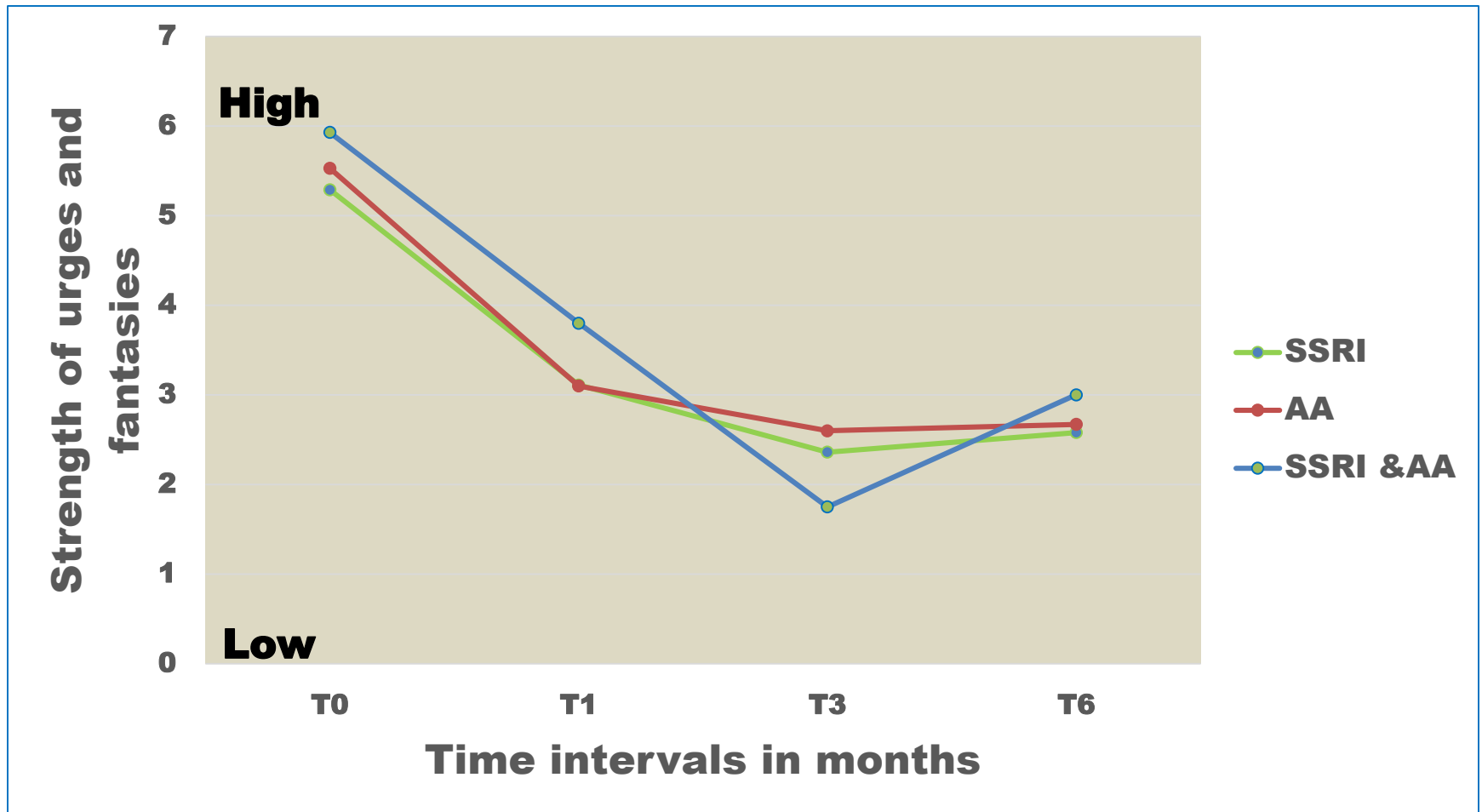
Levels of Sexual Compulsivity



SOCAMRU

Sexual Offences, Crime and Misconduct
Research Unit

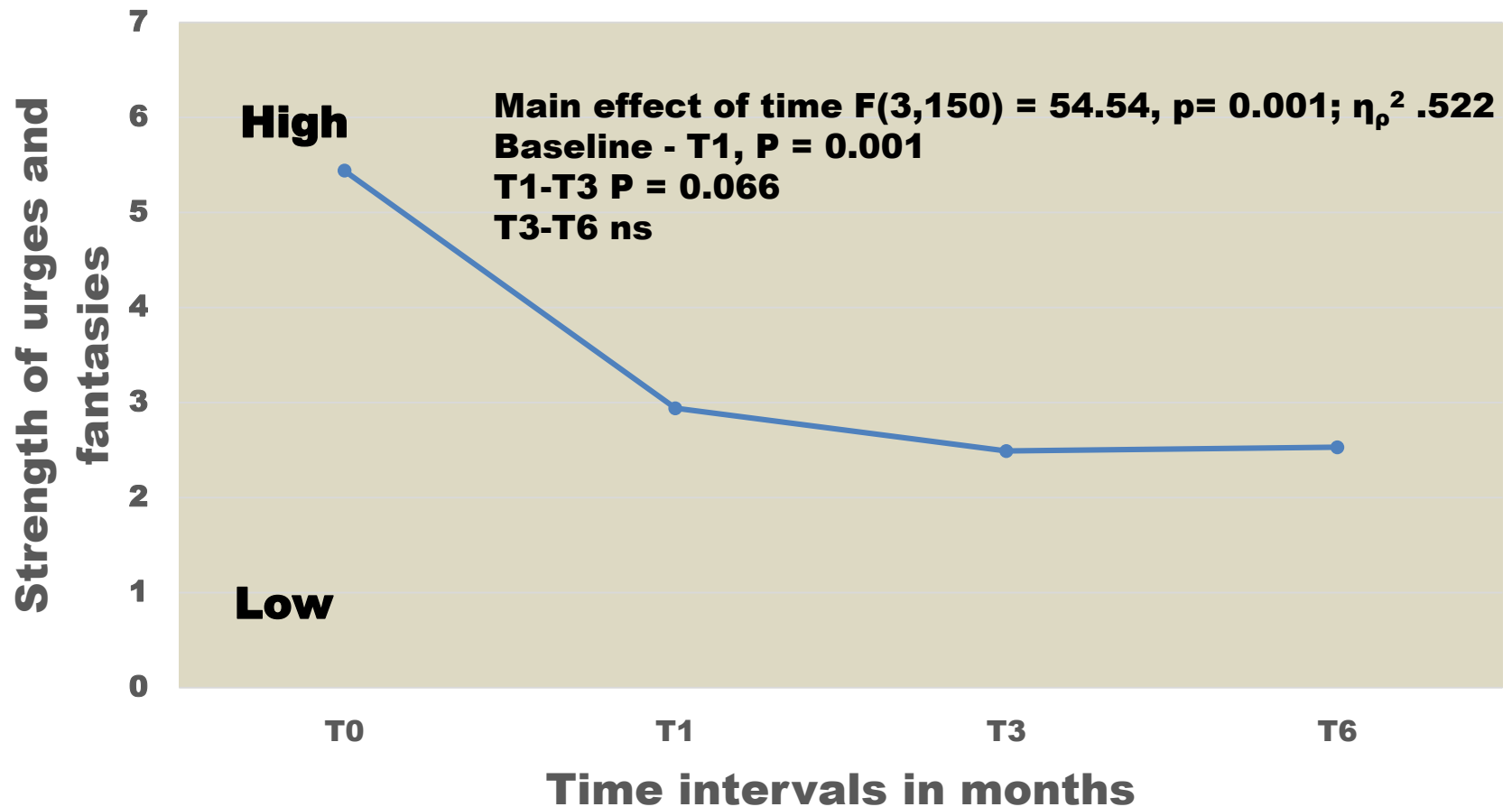
CM: strength of sexual urges



SOCAMRU

Sexual Offences, Crime and Misconduct
Research Unit

CM: strength of sexual urges – all meds combined



SOCAMRU

Sexual Offences, Crime and Misconduct
Research Unit

BASELINE

SIPP scores VS general population, in-patients, out patients

SIPP-118 Subscale <i>(Lower means more disordered)</i>	Participants (n=69)	General population (Andrea, 2007) (n=555)	In-patients (Andrea, 2007) (n=555)	Out patients (Andrea, 2007) (n=157)
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Emotional regulation	2.40 (0.67)	3.30 (0.61) p=.001	2.44 (0.69) ns	2.78 (0.63) p=.001
Effortful control	2.21 (0.66)	3.16 (0.56) p=.001	2.53 (0.70) p=.001	2.80 (0.71) p=.001
Frustration tolerance	2.38 (0.60)	2.96 (0.56) p=.001	2.24 (0.56) ns	2.36 (0.56) ns
Responsible industry	2.72 (0.69)	3.44 (0.50) p=.001	2.87 (0.67) ns	3.07 (0.69) p=.001
Aggression regulation	3.05 (0.82)	3.66 (0.45) p=.001	3.30 (0.73) p=.013	3.34 (0.66) p=.004
Intimacy	2.46 (0.56)	3.17 (0.60) p=.001	2.68 (0.69) p=.001	2.76 (0.63) p=.001
Enduring relationships	2.53 (0.58)	3.31 (0.58) p=.001	2.47 (0.67) ns	2.54 (0.65) ns
Self-respect	2.59 (0.73)	3.30 (0.59) p=.001	2.36 (0.67) p=.01	2.35 (0.74) p=.008

SOCAMRU

**Sexual Offences, Crime and Misconduct
Research Unit**

CHANGES OVER TIME

SIPP scores of participants VS general population

SIPP-118 Subscale <i>(Lower means more disordered)</i>	General pop'n (n=478)	Participants Baseline (n=69)		Participants 3 months (n=54)		Participants 6 months (n=41)	
		Mean (SD)	Mean (SD)	T test p value	Mean (SD)	T test p value	Mean (SD)
Emotional regulation	3.30 (0.61)	2.40 (0.67)	p=.001	2.78 (0.68)	p=.004	2.99 (0.65)	p=.013
Effortful control	3.16 (0.56)	2.21 (0.66)	p=.001	2.64 (0.65)	p=.001	2.77 (0.70)	p=.001
Frustration tolerance	2.96 (0.56)	2.38 (0.60)	p=.001	2.76 (0.64)	ns	2.86 (0.59)	ns
Responsible industry	3.44 (0.50)	2.72 (0.69)	p=.001	2.96 (0.60)	p=.001	3.13 (0.56)	p=.001
Aggression regulation	3.66 (0.45)	3.05 (0.82)	p=.001	3.25 (0.69)	p=.007	3.38 (0.62)	ns
Intimacy	3.17 (0.60)	2.46 (0.56)	p=.001	2.67 (0.56)	p=.001	2.79 (0.54)	p=.001
Enduring relationships	3.31 (0.58)	2.53 (0.58)	p=.001	2.78 (0.64)	p=.001	2.86 (0.61)	p=.001
Self-respect	3.30 (0.59)	2.59 (0.73)	p=.001	2.87 (0.70)	p=.001	3.15 (0.63)	ns

SOCAMRU

**Sexual Offences, Crime and Misconduct
Research Unit**

Study 1: Impact of SSRIs on sexual preoccupation: a service user experience

- **Aim: To explore the use of SSRIs to reduce sexual preoccupation**
- **Participants**
 - 13 convicted adult male sexual offenders
 - White British (12) or White Other (1) with a mean age of 51 (29-73) and an average IQ of 88 (63-108)
 - 20 – 60mg Fluoxetine per day
- **Data collection**
 - Semi-structured interviews, 1-2 hours each
 - 1-3 interviews per participant, (total 23)
 - Thematic analysis of transcripts

SOCAMRU

Sexual Offences, Crime and Misconduct
Research Unit

Results

- **Five broad clinical themes emerged from deductive (T1, 2, 5) – inductive thematic analysis:**

1. Effects of medication: positive and negative
2. Compliance and engagement
3. Participant understanding
4. Participant concerns
5. Overall experience

1: Effects of medication

- **Sexual preoccupation and associated sexual behaviours**
 - Decreased frequency & intensity of sexual thoughts, fantasies and urges
 - Reduction in masturbatory frequency
 - Increased control of sexual thoughts & ability to distract
 - Physical effects
- **Obsessive compulsive disorder and depressive symptoms**
 - Reduction in symptoms
 - Increased ability to communicate with and to socialise
- **Impulse and emotional control**
 - Increased ability to recognise inappropriate sexual thoughts
 - Altered nature of fantasies
 - Improved management of emotions.
- **Side effects**
 - Tiredness, drowsiness, nausea, constipation and headaches

Research & Clinical Team

- Prof Belinda Winder belinda.winder@ntu.ac.uk
- Dr Christine Norman
- Helen Elliott
- Jessica Faulkner
- Rebecca Lievesley
- Dr Kerensa Hocken
- Dr Adarsh Kaul (prescribing psychiatrist at HMP Whatton)
- Prof. Don Grubin

- Next - CoSA

SOCAMRU

Sexual Offences, Crime and Misconduct
Research Unit

Circles of Support & Accountability



Based on restorative justice principles Circles can help sex offenders, with little or no pro social support, to overcome these feelings and successfully reintegrate back into society. Started in Canada over 20 years ago, running in UK, in US (Minnesota, Vermont, Durham), Netherlands, Australia.



SOCAMRU

**Sexual Offences, Crime and Misconduct
Research Unit**

What are Circles of Support and Accountability (CoSA)?



- **A Circle involves 4-6 volunteers who offer support to a high-risk sex offender**
 - Screened, selected and trained
 - Meet with a Core Member (sex offender) in the community once a week to offer social support
- **Volunteers are supervised by a professionally qualified Project Co-ordinator**
 - Provides advice and support through supervision
 - Communicates and shares information with other risk management agencies through the MAPPA process

Theory: The three key principles

Support

Monitor

Maintain

Reduce Isolation and Emotional Loneliness



Model Appropriate Relationships



Demonstrates Humanity and Care

Public Protection



Support Statutory Authorities-
Police, Probation, MAPPa



Safer Communities



Hold Offenders Accountable



Relationship of Trust



Maintain Treatment Objectives



Reduce Reoffending

(Saunders & Wilson, 2003)

SOCAMRU

**Sexual Offences, Crime and Misconduct
Research Unit**

Research and Evaluation

Two strands of research form the evaluation:

Strand One

Dynamic Risk Review measures (every 3 months; fails vs succeeds)

Questionnaires administered to the core members at different time points of the Circle

Hope Scale, Social and Emotional Loneliness Scale (Short), Personal Growth Initiative scale II, MOS Social Support, UCLA Loneliness Scale

- Evaluate the impact and effect of the Circle on the Core Member & compare core members against a matched control group

End of Circle data

Reconviction data

Evaluation

Stand Two

Interpretative Phenomenological Analysis of semi-structured interviews with core members at different time points during the Circle.

- To explore their experiences of being in a prison-based circle and compare them to core members on community only circles

Thematic analysis of semi-structured interviews with the volunteers

- To understand their experiences of working on a prison-based circle and compare them to volunteers on community only circles

Repertory grids administered to the core members at the same time as the interviews above.

- To examine the constructs used by the core members to make sense of their world

Project, Research & Clinical Team

- **Dr Nicholas Blagden**
- **Michelle Dwerryhouse**
- **Rosie Kitson-Boyce**
- **Helen Elliott**
- **Coordinators**
- **Core Members**
- **Volunteers**
- **Service User group**
- **Prof Belinda Winder**
- **Rebecca Lievesley**
- **Dr Kerensa Hocken**

- **-) prevention**

SOCAMRU

**Sexual Offences, Crime and Misconduct
Research Unit**

Resist not desist: The need for a prevention project

Preventative initiatives

- **Stop it Now** - free, anonymous helpline providing information, advice, and guidance to anyone concerned about child sexual abuse.
- Currently no free community treatment available
- **Prevention Project Dunkelfeld:** Nearly half of the 358 participants interviewed had never had sexual contact with a minor (*Beier et al., 2009*)
- Research estimates a time frame of almost a decade **between** onset of sexual fantasies and the time of the first arrest (*Piché, et al., 2016*)

Reactive not proactive

- Criminal Justice System offer treatment only after an offence has occurred.
- Only for those known to the authorities / CJS

SOCAMRU

Sexual Offences, Crime and Misconduct
Research Unit

Methodology

Participants

- N = 17 convicted adult male sexual offenders
- Mean age 48 (SD = 7.72; 31 - 57), all White British

Index Offence

- 10 convicted for sexual offences; 6 violent & sexual; 1 violent
- 10 had committed offences against children; 7 against adults

Data collection & Analysis

- Semi-structured interviews, with 1-2 interviews per participant
- Thematic analysis – 5 themes emerged; we are focusing on ‘inadequate help’ today

SOCAMRU

Sexual Offences, Crime and Misconduct
Research Unit

1. Inadequate Help

This theme summarises the outcome for participants who actively sought help and the restrictive factors for those that did not seek help for their sexual thoughts prior to coming to prison.

- Participants sought help in different ways – police; drop in centre; parents; doctor (GP); psychologist; Hospital; Counsellor; Spouse.
- Offered either inadequate or no support
- Fed into helplessness and lack of trust.
- Number of barriers to seeking help: fear, shame, denial, uncertainty, regret

1. Inadequate Help

“so we sat down, started explaining what these fantasies were like the impact that was having on me life and the fact that I’d get more stressed. Anxiety. Debt. You know those were all triggers. And again she says I’m **sorry Mr Nathan, but until you commit an offence there’s nothing we can do**”

“**All that happened was it was an assessment** [by psychiatrist]. There was no treatment...More time went by, still events were happening, I was still having these thoughts.”

“to have people basically, especially the experts not take it any further I thought then, they can’t believe me. You know, and **do I actually have to do something to prove that I need, I need help.** And it wasn’t long after that, that the attack on the [victim] happened.”

Nathan

SOCAMRU

**Sexual Offences, Crime and Misconduct
Research Unit**

The End

- Attracting funding for e.g. drop in centre then evaluating potential impact
- SLF - seeking to employ people with sexual convictions (practice what we preach)
- Focus on understanding purpose, meaning and identity
- Helping to improve the experience (and utility) of the prison environment
- Consent and humanity
- Consider non-pathological and what is 'normal'
- Understand what Sus normal is
- Involving service users (e.g. see next slide)

Service User MH: Physical & Mental Health

- Registered with a GP in TOWN very quickly, however there was an issue with having enough medication on my release and getting a repeat prescription. This happened again when I moved back to TOWN.
- Some difficulty finding a NHS Dentist that is taking new patients but this is an issue for everyone due to the lack of NHS Registered Dentists.
- Remain motivated to sourcing appropriate employment/purposeful activity although I can't say the same about my partner. He is finding my lack of job/purposeful activity prospects very difficult.
- A feeling of loneliness has reared it's ugly head. Due to my offending history I have lost all of my family and friends. The only person I have is my partner. Once I identified this I have started to deal with it through my Offender Manager & COUNTYshire Action Trust.

SOCAMRU

**Sexual Offences, Crime and Misconduct
Research Unit**