Managing sexual compulsivity in men convicted of sexual offences: The role of medication

Sexual compulsivity is a common problem among men convicted of sexual offences, and it can present barriers to them undertaking psychological treatments to address their offending behaviour. The UK prison system offers a medical treatment pathway for these individuals, but there is not yet enough evidence for the effectiveness of some of the medications involved for them to be licensed in the UK specifically for that purpose. However, a study conducted by NTU in collaboration with HMPPS and NHS England, published in 2024,[†] has shown some promising results.

Background

Problematic sexual arousal (PSA) can manifest as obsessive thoughts, urges, or behaviours related to sex. People experiencing PSA may have difficulty controlling their sexual impulses, leading to personal distress and potentially to harmful actions. In particular, PSA can be a significant issue among men convicted of sexual offences, and it has been highlighted as a risk factor for sexual reoffending. Previous research has also found that people struggling with sexual thoughts, behaviours, and urges can have difficulty focusing on psychological treatments, hindering their progress.

> "Struggling with sexual thinking is the most strongly present risk factor for sexual reoffending."

In the UK, there are currently two main types of medication offered to men in prison with convictions for sexual offences who are also experiencing PSA: anti-androgens (AAs) and selective serotonin reuptake inhibitors (SSRIs). Of these, SSRIs are prescribed "off label", meaning that there are limitations on their use for managing problematic sexual arousal. Nonetheless, they may lead to fewer side-effects than AAs. As such, further evidence is needed to demonstrate their effectiveness and potentially widen their use in this context.

The study

The research examined the effectiveness of both AAs and SSRIs in people with PSA residing in a specialist UK prison for men with convictions for sexual offences. Their levels of sexual compulsivity were compared with a non-medicated group at the same institution, both before the treatment started and again after three months.

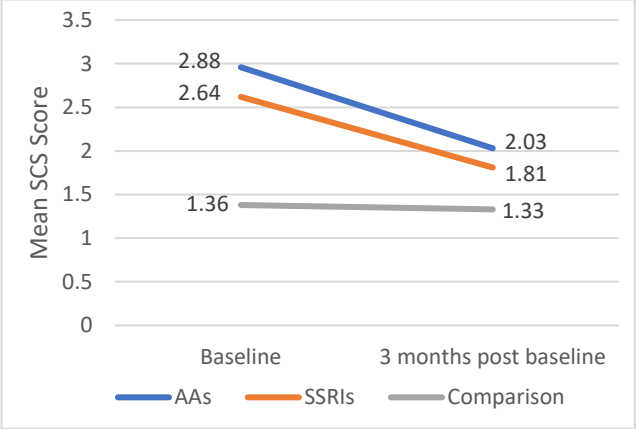
Of the 183 referrals to the Medication to Manage Sexual Arousal service at the prison between 2010 and March 2019, the final experimental sample comprised 77 individuals; eight were receiving AAs and 69 were receiving SSRIs. The comparison (non-medicated) sample included 58 people.

Research measures

Several measures were used to assess the participants in the study, and one of these was their Sexual Compulsivity Scale (SCS) scores at the two time points. The SCS was developed to assess insistent, intrusive, and uncontrolled sexual thoughts and behaviours. It asks people to rate ten statements on a scale of 1 to 4, indicating "not like me at all" to "very much like me". These include items such as "my sexual thoughts and behaviours are causing problems in my life" and "my desires to have sex have disrupted my daily life". In this study, the overall scores were taken as the average of the scores of the individual items.

Results

A plot of the changes in SCS scores from baseline to the three-month follow up assessment is shown below. The first notable result is that there was a clear difference between the initial SCS scores of those referred for medication and those in the comparison sample. There was also a slight (but not statistically significant) difference between the scores of those receiving AAs and those receiving SSRIs.



Changes in SCS scores: baseline to 3-month point

Much more striking is the reductions of around 30% in mean SCS scores that were seen for those on either kind of medication after three months. In contrast, no significant changes in SCS score were seen for the comparison group. Furthermore, although there was variation between individuals, clinically significant SCS-score reductions were seen in around 38% of the participants who were taking medication.

> **"Our findings provide further evidence for SSRIs as an additional treatment option."**

Implications

Although the sample size was relatively small (especially for the AA group), it is clear from these results that both types of medication show notable promise for reducing PSA. There are different guidelines for the use of the two types of medication, and AAs tend to be prescribed to those who are experiencing more significant issues with PSA; nonetheless, as noted, AAs also tend to result in more side-effects than SSRIs.

The results of this study suggest that although SSRIs are not yet officially approved for use in treating PSA, they have the potential to play a significant role. They could, for example, be used for as a starting point for treatment, with patients being moved on to AAs if treatment with SSRIs is not successful.

The use of SSRIs may also be important outside prison, where people may desire some level of healthy sexual activity, which is more achievable with SSRIs than with AAs. Community GPs may also feel more comfortable prescribing SSRIs than AAs.

> **"The less severe side-effects and greater patient tolerance of SSRIs ... could be a vital consideration for treatment."**

Future research

The small scale of this study, and the fact that it was not randomised, mean that the next step is to conduct a randomised controlled trial of SSRIs versus placebo. Such as study is currently in the planning stage, and it is hoped that this will provide further support for changing the prescribing guidelines for SSRIs to include the treatment of PSA.

Summary

- PSA in those convicted of sexual offences can be a barrier to behavioural therapies.
- Significant reductions in sexual compulsivity were seen with both AA and SSRI treatment.
- SSRIs could serve as an initial treatment option due to them having fewer side-effects than AAs.

[†]Winder, B., Norman, C., Hamilton, J., Cass, S., Lambert, A., Tovey, L., Hocken, K., Marshall, E., Lievesley, R., Hamilton, L., Antoniadis, Z., & Kaul, A. (2024). Evaluation of selective-serotonin reuptake inhibitors and anti-androgens to manage sexual compulsivity in individuals serving a custodial sentence for a sexual offence. *The Journal of Forensic Psychiatry & Psychology*, *35*(3), 425–460. **https://doi.org/10.1080/14789949.2024.2338917**

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