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Pharmacological Treatment of Sexual Offenders in German Outpatient
Treatment Centers

Running head: Pharmacological Sexual Offender Treatment

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Abstract

In Germany, depending on a sexual offender's culpability and the severity of the offence, he can be placed either in the forensic-psychiatric or the correctional system. Numbers concerning the pharmacological treatment of sexual offenders for the correctional system are missing so far. In sexual offenders the pharmacological treatment of paraphilic disorders is of special importance. The present study aimed at assessing the prevalence of pharmacological sexual offender treatment in German outpatient treatment centers supervising mainly clients from the correctional sector. An online questionnaire was sent to 112 outpatient treatment centers and 21 provided data relevant for the present study. The included institutions reported about a total of 813 sexual offenders of whom 200 (24.6%) were treated with pharmacological agents, most frequently antipsychotics (14.8 %) and selective-serotonin-reuptake-inhibitors (7.1 %). Of the total sample, 26.7 % of sexual offenders were diagnosed with a paraphilic—mainly with a pedophilic—disorder. Only 2 % were treated with androgen deprivation therapy. Compared to forensic-psychiatric institutions, only a minority of sexual offenders is treated with medication specifically addressing paraphilic symptomatology. However, the prevalence of paraphilic disorders found in the present study suggests that pharmacological treatment of paraphilic fantasies and behaviors could be of great importance in the correctional sector as well.

Key words: sexual offender; treatment; paraphilic disorder; antiandrogens; antipsychotics.

Introduction

The German criminal code is dominated by the principle of culpability. A sentence is imposed based on the personal guilt of the offender and is depending on the severity of the offence. An individual convicted of a sexual offence is to be transferred to a social-therapeutic detention center if the duration of the prison sentence is more than two years. A social-therapeutic detention center is usually placed within a penitentiary; however, it offers special offence preventive treatment interventions. All sexual offenders who have received a prison sentence lasting at least six month and who are at risk to reoffend are allocated to post-release supervision through an outpatient treatment center.

Alongside or instead of a prison sentence, detainment in a forensic psychiatric hospital may be ordered if the offence meets the constitutional requirement of proportionality (e.g. detainment in a forensic psychiatric hospital generally only comes into question for serious offences) and if the offender is judged to have a severely diminished responsibility during the time of the offence due to a mental disorder. Sexual offenders released from a forensic-psychiatric hospital are usually supervised by specialized forensic-psychiatric outpatient treatment centers.

Besides psychotherapeutic interventions, pharmacotherapy is one main treatment approach in sexual offender therapy. Furthermore, different meta-analyses have found that pharmacotherapy and psychotherapy compared to psychotherapy only and outpatient treatment compared to in-patient treatment seems to be more effective concerning the reduction of recidivism (Kim, Benekos & Merlo, 2016; Schmucker & Lösel, 2015). While there is the possibility of court-ordered psychological outpatient treatment, there is no possibility for court-ordered pharmacological sexual offender treatment in Germany (Turner et al. 2017).

Because a paraphilic disorder is among the most relevant dynamic risk factors for sexual recidivism and can be found in about 50 % of sexual offenders, its treatment is of

special importance (Eher et al. 2010; Hanson and Morton-Bourgon, 2005). Current treatment guidelines recommend that with increasing intensity of paraphilic desires and risk for paraphilia-motivated sexually violent behaviors, besides psychotherapy clinicians should first use selective-serotonin-reuptake-inhibitors (SSRIs) followed by antiandrogens, preferably cyproterone acetate (CPA), and in most severe cases gonadotropin-releasing-hormone-agonists (GnRH-agonists) (Thibaut *et al.*, 2010, 2016). Cyproterone acetate and GnRH-agonists are summarized under the term androgen deprivation therapy (ADT).

Mainly because of their prolactin-elevating effects first- as well as some second-generation antipsychotics can also lead to a reduction of general sex drive and sexual functioning (Park *et al.*, 2012). Some case reports have shown that antipsychotics seem to be able to reduce paraphilic symptomatology (e.g., Wang *et al.*, 2014; Sethi *et al.*, 2013). However, in one older placebo-controlled cross-over study the first-generation antipsychotics chlorpromazine and benperidol were not more effective than placebo treatment in the reduction of paraphilic symptomatology in a group of 12 pedophilic sexual offenders (Tennent, Bancroft, and Cass, 1974). Due to the weak state of research current treatment guidelines recommend the use of antipsychotics only if comorbid disorders (e.g. psychotic disorders, personality disorders) justify their application (Thibaut et al. 2010).

It can be assumed that pharmacotherapy is more frequently used in the forensic-psychiatric sector because most sexual offenders with severe paraphilic or other mental disorders are placed in forensic-psychiatric institutions. In a recent survey of clinicians from Europe and North America about 80% of the participants named forensic-psychiatric hospitals as the most common institutions in which sexual offenders are treated pharmacologically (Turner *et al.* 2017). However, precise treatment numbers for the correctional system are to our knowledge not available so far. The present study aimed at providing an overview about the prevalence of pharmacotherapy in sexual offenders currently

treated in outpatient treatment centers in Germany with a focus on those institutions treating mainly patients from the correctional system.

Material and Methods

The present study was part of an ongoing series of surveys concerning the treatment and management of offenders from the correctional system. However, it was the first study within this series that evaluated the use of pharmacological agents in sexual offenders. Independently of the present study other researchers have conducted comparable surveys for the forensic-psychiatric sector (Freese, 2014; Turner *et al.* 2013).

An extensive online search was conducted, in order to identify all currently operating outpatient treatment centers for offenders from the correctional system. In total, $n = 112$ outpatient treatment centers could be identified, however, some institutions treated both offenders from the correctional system and those from the forensic-psychiatric sector. An online questionnaire regarding the year 2016 containing diverse subjects, such as financial and personal matters of the institutions, but most importantly characteristics of the patients and applied treatment approaches, was developed. Concerning mental disorder diagnoses the institutions were asked to provide the number of offenders with a mental disorder supervised in their institution. This question, however, referred to all clients treated in the single institutions and did not differentiate between offender subgroups. Only in sexual offenders we evaluated the number of paraphilic disorders and the number of sexual offenders treated with one of the following medications: SSRIs, antipsychotics, CPA, GnRH-agonists.

Every identified institution received an e-mail describing the goal of the survey and including a personalized link to the questionnaire. Participants were given six weeks to complete the questionnaire. Because of the mere survey character of the study and the complete anonymity during the data collection process, an official ethical approval from an institutional review board was not necessary. However, it can be assured that all parts of the

present study were in accordance with the Declaration of Helsinki's ethical principles as well as the legal and ethical demands of the national data protection rules and regulations.

Results

Altogether, $n = 47$ institutions participated and $n = 21$ provided data about pharmacological sexual offender treatment. These 21 institutions reported about a total patient sample of $N = 1,145$ offenders, of whom $n = 813$ were convicted for a sexual offence, $n = 283$ for a violent offence, and the remaining $n = 49$ offenders for any other offence (e.g., arson, theft, etc.).

Mental disorder diagnoses reported most frequently among all offenders were personality disorders ($n = 380$; 33.2%; F50-F69; ICD-10), substance use disorders ($n = 281$; 24.5%; F10-F19; ICD-10), and affective disorders ($n = 89$, 7.8%; F30-F39; ICD-10). Of all included sexual offenders, $n = 319$ (39.2%) had been diagnosed with a paraphilic disorder (see Table 1).

Across the included institutions $n = 200$ sexual offenders (24.6%) were treated pharmacologically. Antipsychotics were used most frequently ($n = 121$ sexual offenders, 14.8%), followed by SSRIs ($n = 58$ sexual offenders, 7.1%), CPA ($n = 11$ sexual offenders, 1.4%), and GnRH-agonists ($n = 4$ sexual offenders, 0.5%).

*** Please insert table 1 about here ***

Discussion

During the year 2016, 24.6% of sexual offenders were treated with pharmacological agents in outpatient treatment centers treating mainly patients from the correctional system in Germany. In contrast, a previous study reported that 37% of sexual offenders in German forensic-psychiatric institutions (hospitals and outpatient treatment centers) are treated with

medications, confirming the suggestion that pharmacotherapy is found more frequently in the forensic-psychiatric sector (Turner *et al.*, 2013). The mere fact that the presence of a severe mental disorder is a prerequisite to be placed in a forensic-psychiatric institution may explain the higher treatment numbers. However, the high prevalence of psychiatric disorders and especially paraphilic disorders in our sample underscores the importance of pharmacotherapy for the correctional sector.

By far the most widely used drugs were antipsychotics and SSRIs. In contrast, in forensic psychiatric institutions ADT was applied more frequently than SSRIs or antipsychotics (Turner *et al.* 2013). The frequent use of antipsychotics and SSRIs in the correctional sector was probably due to the high prevalence of personality disorders and affective disorders within our sample. However, it has to be noted that we did not evaluate for which indication pharmacological treatment in each individual was given. Thus, it could be possible that SSRIs were prescribed for affective disorders like depression as well as for paraphilic or personality disorders. Comparably, antipsychotics could have been used to treat bipolar, personality or psychotic disorders or given the high prevalence of paraphilic disorders even to treat paraphilic symptomatology. Nevertheless, given the fact that the evidence for the treatment of personality disorders with antipsychotics and SSRIs is rather weak and off-label and the same accounts for paraphilic disorders one may hypothesize that the use of medications is mainly symptom oriented (Stoffers *et al.* 2010; Khalifa *et al.* 2010; Thibaut *et al.* 2010).

Only a small number of sexual offenders was treated with ADT (less than 2%). In contrast, in forensic-psychiatric institutions about 16% of sexual offenders are treated with ADT (Turner *et al.* 2013). In order to be judged to have a severely diminished responsibility during the time of the offence and to be placed in a forensic-psychiatric hospital due to a paraphilic disorder usually requires the paraphilic symptomatology to be especially intense. Intense paraphilic urges and desires would at the same time increase the likelihood that

pharmacotherapy may be useful to control the patient's paraphilic symptomatology. However, almost 40% of the sexual offenders included in the present study were also diagnosed with a paraphilic disorder, pointing out that ADT could be of higher relevance in the correctional sector than it is right now.

In light of the potentially severe consequences that might be caused by suboptimal treatment strategies for society (e.g., an increased risk of sexual recidivism) but also for the individual patient (e.g., adverse treatment effects) the decision whether or not a sexual offender may be treated with pharmacotherapy should preferably be made on a case by case basis by an experienced forensic psychiatrist and should be evidence-based (Turner et al., 2014; Turner & Briken, 2018). The results of the present study have shown that a significant number of sexual offenders in the correctional system are diagnosed with a paraphilic disorder, however, only a minority is treated with ADT and the majority with antipsychotics. Future studies should investigate how rigorous, rational and evidence based the indication for medical treatment in this area is made. Even if the prevalence of pharmacotherapy within the correctional system seems to be lower compared to treatment numbers found in the forensic-psychiatric system it is high enough to cause serious problems if not driven by evidence based strategies.

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Table 1
Prevalence of paraphilic disorder diagnosis (total sample $n = 813$)

Paraphilic disorder	<i>n</i> (%)
Pedophilic disorder	215 (26.4%)
Exhibitionistic disorder	34 (4.2%)
Voyeuristic disorder	16 (2.0%)
Sadomasochistic disorder	13 (1.6%)
Fetishistic disorder	5 (0.6%)
Fetishistic transvestitism	1 (0.1%)
Paraphilic disorder not otherwise specified	26 (3.2%)
Multiple paraphilic disorders	9 (1.1%)