



External Research Summary

Recidivism in Pharmacologically Treated High Risk/High Need Sex Offenders

KEY WORDS: *sex offender, pharmacology, treatment, recidivism, sexual deviance, violent reoffending*

Impetus

Sexual offenders cause substantial, justifiable, concern not only within the correctional system but also for the public. A significant proportion of sexual offenders also have mental health diagnoses on their files. In addition, sexual deviance is a strong predictor of sexual recidivism and there is research evidence, both theoretically and clinically, to suggest that sexual deviance responds to pharmacological intervention. The relationship between the effects of mental health diagnoses, their treatment with psychotropic medications, and the effects that medication has on sexual deviance has not been explored in depth.

What we did

The study sample was made up of all offenders admitted to the Clearwater Sex Offender treatment unit between December 1995 and December 2000. This 48 bed male residential treatment program, within the Correctional Service of Canada, specializes in offenders with high criminogenic risk and needs. Treatment duration lasted, on average, 5.8 months and subsequent to this, the offender would be returned to their home institution. Program orientation was described as “biopsychosocial” meaning that the program addressed medical and psychiatric disorders as well presenting cognitive based, relapse prevention anti-sex offending programming. During the five year period, 365 sex offenders attended the program with an average age of 37.4 years and an average STATIC-99 (Hanson & Thornton, 1999) score in the “moderate high” range. Recidivism data were collected from the Canadian Police Information Centre.

What we found

A total of 366 prescriptions were given to 36% of the sample over the 5 year period. A first outcome was that offenders who were prescribed medications

stayed in the sex offender treatment program significantly longer than those without medications. Those prescribed antidepressants stayed in program an extra 2.25 months, Selective Serotonin Reuptake Inhibitors (SSRI's) an additional 1.6 months and those given first generation anti-psychotics an extra 1.5 months. By the fifth year of follow-up 79% of men had been released to the community. While only 30 offenders treated with SSRI's were followed for the whole 5-year follow-up period, results for this group of sexual offenders found that those prescribed SSRI's violently reoffended significantly less often than those not on SSRI's. In addition, ten offenders diagnosed with paraphilias and treated with SSRI's were followed for 5 years without sexual recidivism though two offenders were convicted of non-violent offences after three years.

What it means

The use of psychotropic medications may assist in the treatment of sexual offenders through two primary mechanisms. The first of these is the reduction of subjective distress through the reduction of symptoms of impulsivity, anxiety, depression, and associated emotional distress. It is hypothesized that reductions of these factors enabled the offenders to remain in the treatment program longer and benefit more from their learning. Secondly, research has shown that sexual compulsivity and deviance are responsive to psychopharmacological interventions. While data from 10 offenders is insufficient for statistical analysis, these results suggest the need for further research.

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