People with OCD as risk objects

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Patients as risk objects

• Historical context – importance of risk assessments

• Our patients can be objectified as risk objects (Felton et al, 2018)

• Potential for harm and being unsafe

• Policies which are designed to protect the staff and the institution from the risk of being criticised or prosecuted – motivation is fear and intolerance of uncertainty

• Unintended consequences - infantilising patients, reducing personal responsibility, incident forms, omission of care
People with OCD as risk objects

- Historical context – expansion of safeguarding
- Sexual thoughts, doubts, urges, images about being a paedophile and groinal sensations
- Misunderstood – reporting to Safeguarding or to employers or in Family Courts
- Protect the professional
- Unintended consequences – suspended from employment; separated from children; makes OCD worse; mistrust of professionals by OCD community
Not the time to increase doubts

“He gave me a differential diagnosis which made me panic as it increased my doubts about whether I did have OCD.”

“She said that to be on the safe side, it would be better if I avoided working with children until I had received treatment.”

“She said that whilst most people do not act on their sexual thoughts, some people do”

“She said I was unlikely to act out any urges, but she was still obliged to notify Safeguarding.”

“He said it was extremely rare for such thoughts to mean that someone was dangerous, but if I was still worried, I could go for a specialist assessment at the sexual offenders unit.”

Increased distress and made their OCD much worse
• NICE guidelines on OCD (2005)
  “If healthcare professionals are uncertain about the risks associated with intrusive sexual, aggressive or death-related thoughts reported by people with OCD, they should consult mental health professionals with specific expertise in the assessment and management of OCD. These themes are common in people with OCD at any age and are often misinterpreted as indicating risk.”
The phenomenology of sexual thoughts about children in people with paedophilia compared compared to people with OCD

Jess Simmonds, Fiona Challacombe, David Veale

OCD (n=29) and paedophilic attraction (n=27)

Structured Diagnostic Interview to conform diagnosis

Self-report scales: Ego-dystonicity scale; Obsessive Compulsive Inventory; Intolerance of Uncertainty Scale; How Thoughts Work

Semi-structured interview on experience of sexual thoughts and how they responded
Content of thoughts

**OCD Group**
- Doubts and ‘what if’ thoughts about being a paedophile or experiencing paedophilic attraction
- Thoughts/worries about having sexually abused a child in the past
- Limited detail of sex acts/sexual images of children involved in thoughts disclosed

**Paedophilic Attraction Group**
- Thoughts about sexually abusing a child in the present or future
- Sexual thoughts about a child known to the person
- Thoughts involving intimacy or making love
- Thoughts related to aesthetic attraction to children
- Detailed description of sex acts/sexual images of children involved in thoughts disclosed
People with OCD are more likely to report

1. Thoughts to be ego-dystonic, repugnant and completely at odds with their values
2. Interpret thoughts as meaning a) they are thoroughly bad, abnormal or disgusting b) that it is morally the same as making it happen
3. Sudden onset with a significant event
4. Fears they not be able to work in their chosen occupation
5. Greater frequency of thoughts (mean 9.5 hours a day)
6. Greater distress from the thoughts
7. Other intrusive thoughts of violence, telling lies, or jumping in front of a vehicle
8. Check whether they were sexually aroused
9. Avoidance of situations with children
10. Use of alcohol or substances in response to the thoughts
11. Not act on thoughts even if guarantee of not being caught
People with paedophilia are more likely

1. To experience sexual arousal with child
2. To seek out children or have opportunities to be alone with child
3. To have engaged in illegal acts with children in the past
No difference between people with OCD and paedophiles

1. Fear of getting caught or punished
2. Fear of not be able to get married and have children
3. Fear of being incorrectly accused of a crime
4. Proportion of images, a felt sense, groinal sensation, video
5. Past sexual experiences as child that they felt bad or ashamed about, frequency of sexual or physical abuse
6. Severity of depression on PHQ9
Focus on treatment not risk assessment

1. Clear pattern in motivations and behaviour
2. Analyse effect sizes to determine greatest differences and domains where no difference.
3. Identify areas which people with OCD struggle with and probably not helpful to discuss
4. Stop focus risk. Harmful to report to Safeguarding – causes more harm to children.
5. No central commission for Safeguarding. People with OCD collateral damage.
5. Focus on treatment – SSRI or CBT – normalise thoughts, the problem is the way you interpret thoughts as being bad and your solutions of avoidance and checking.
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