

The following article was published in *The National Psychologist* in March 2015 and is preserved here in its original form, as *The National Psychologist* version is no longer available online. Original terms and acronyms are preserved to provide context to the reader as to how the model was developed and has evolved:

'Sexual Sobriety' Leaves Victims Untreated

By Omar Minwalla, Psy.D.

The focus of traditional sex addiction-compulsivity treatment models tends to be diagnosing and stopping specific sexual behaviors, termed "sexual sobriety." From a treatment perspective, it is correct and necessary to implement behavioral containment and stop destructive or problematic behaviors.

However, this is where most treatment ends, rather than also treating the other patterns of abuse of human beings and violations of human rights, termed "sex addiction-induced perpetrations" (SAIP).

The problem is sexual acting out disorders are not just sexual behaviors but are also abusive conduct patterns and complex pathologic systems, which often include elaborate deceptive compartmentalized sexual-relational realities and systems of abusive covert management.

These are patterns of methodical planning over time, careful construction of manipulation of others, and cognitive schemas well maintained to keep a compartmentalized reality protected from discovery. It takes pre-planning to sexually act out in many instances, sometimes requiring days of strategizing against the integrity of vital relational stability and family infrastructure required for health.

Maintaining a compartmentalized sexual or relational reality within a family system and relational intimate life takes profound energy to orchestrate, requiring careful and skilled methodology. This is not simply impulsive or compulsive sexual behavior.

A disorder of chronic lying in a family system is pathology and requires treatment, regardless of sexual acting out or not. Chronic patterns of establishing and maintaining a deceptive, compartmentalized sexual-relational system in an intimate relationship or family system is pathology and harmful, which is more accurate in description than simply "compulsive pornography use."

The process of gaslighting an intimate partner – the intentional psychological manipulation of victim's reality over time – is a form of emotional and psychological abuse and torture, eroding and damaging the victim's survival instincts and intuition, regardless of sexual behaviors. Clearly, there exist many symptoms of pathology beyond the single symptom of "lack of control of specific sexual behaviors" or "compulsivity." Sexual sobriety alone is an inadequate treatment model.

Sex addiction-induced perpetration (SAIP) is clinical pathology. However, within traditional treatment models there exists no established diagnostic or

clinical formulation for SAIP and no treatment, methodology, or clinical paradigm that accounts for and treats SAIP. This is a serious omission in the field and in clinical practice.

The reality here is that the preoccupation with diagnosing and treating these complex pathologies as simply “compulsive” or impulse control disorders, and focusing on treating sexual behaviors, while avoiding and omitting the proper diagnosis of abuse and covert violence, leaves dynamics of serious pathology untreated.

This also means that the people harmed, the victims of these dynamics of abuse, are rendered invisible. Their trauma and experiences are not being accounted for in clinical treatment models and their suffering is being dishonored by the complete omission, silence and denial that pervade existing treatment models. They are dishonored by the professional practice of being satisfied with simple behavioral control over specific sexual patterns (sexual sobriety) as the primary objective of treatment.

Victims need recognition of the patterns of harm and abuse they experience and have endured, which goes way beyond the Pollyanna descriptions of “hurt and betrayal” caused by specific sexual acting out behaviors. Furthermore, female victims are violated further by being labeled “co-sex addicts” routinely by professionals and “educated that they have a disease of self-perpetration” rather than being afforded therapeutic intervention for abuse and assessment and treatment for consequent acute and complex trauma (C-PTSD).

The Sex Addiction-Induced Trauma Model (SAITM) accounts for the clinical management and treatment of both sexual behaviors and SAIP. According to the model, sex addiction-compulsivity disorders are defined as “a complex system of sexual, personality and masculinity pathology, which may include the maintenance of a deceptive, compartmentalized sexual-relational reality, sexual-relational acting out behaviors, and other patterns of perpetration, abuse, and violation that causes serious PTSD and CPTSD (SAIT) in victims.”

The model proposes clinical management that includes assessing and diagnosing sex addiction-induced perpetrations and providing appropriate safety, stabilization, and clinical de-escalation for victims. Clinical management would also provide methodological treatment for perpetration-focused management, clinical resolution, and psychological integration. Clinical treatment would also include relational, family, and social considerations, as indicated, in a perpetration-victimization and post-traumatic clinical context and conscious framework.

The American Psychological Association’s Intimate Partner Abuse and Relationship Violence Working Group concluded, “We suggest that those involved in partner violence have specialized treatment needs and that those who treat them must do so with sensitivity and from a base of knowledge that comes from specialized training. Psychologists who do not have the requisite training potentially endanger their clients and are likely commit an ethical violation. Those who are teaching psychologists-to-be but who do not teach them about partner

violence are abrogating their responsibility and risk perpetrating the conditions which foster this problem.”

Perpetration requires treatment and appropriate clinical intervention, not defensive denial, silence, and professional avoidance. Clinical pathology that contributes to serious harm and violation of others and human rights requires an organized clinical methodology and direct clinical management, not undefined, underdeveloped, or squeamish clinical approaches.

After all and in fact, it is these dynamics of sex addiction-induced perpetrations that often “induce trauma,” do more human damage, and accrue more human cost than sexual acting out behaviors alone ever possibly could.