A Statement on Ethical Transparency in the Treatment of Sex Addiction:
A Statement to the Professional Community and the Public Regarding Psychological Treatment for Sex Addiction, Infidelity, and Partner Trauma

By Dr. Omar Minwalla (MD = Mad Dad)

To my professional colleagues, treatment organizations, and to the public seeking psychological care,

I am speaking today in service of patients, ethical clarity, and professional integrity—particularly in the treatment of **sex addiction**, infidelity, and deceptive sexuality.
For decades, individuals and families impacted by sex addiction have turned to clinicians, treatment centers, and professional organizations in good faith. They have entrusted us with their psychological safety, their financial resources, and their most intimate realities. With that trust comes a profound ethical responsibility: to be honest about what we diagnose, what we treat, and how we do so.

- Patients are not passive recipients of care.
- They are **consumers of professional psychological services**, and they are entitled to transparency.

What Patients Are Entitled to Ask
Any professional or organization offering treatment for **sex addiction** should be able to answer, clearly and publicly:

1. What is your organizational history in treating the partners of sex addicts?
2. When did you begin treating partners as patients in their own right?
3. What treatment models have you used over time for partners of sex addicts?
4. When exactly did those models change, *what specifically changed*, and why?
5. What do you currently assess, diagnose, and treat in partners of sex addicts?
6. Who provides that treatment—and with what licensure, supervision, and training?

These are not hostile or political questions.
They are **basic informed-consent questions**.

A Necessary Ethical Reckoning in the Sex Addiction Field
For many years, the sex addiction treatment field relied on the *co-sex addict* model. Under this framework, partners—overwhelmingly women—were routinely pathologized. Trauma responses to systemic gaslighting, chronic lying, prolonged subjugation to integrity-abuse, coercive control, and intimate partner abuse were misdiagnosed as co-sex addiction, co-dependency, or personality pathology, including borderline or histrionic.

This was not a minor theoretical disagreement.
It was a clinical mistake, a form and example of gender-based diagnostic mislabeling of

patients seeking treatment for sex addiction, and a profound **clinical and diagnostic failure** that harmed thousands of patients across decades.

The American Psychological Association (APA) has long warned against the misdiagnosis of trauma in women, particularly when trauma symptoms are reframed as character or relational pathology. Yet, despite this guidance, there has been no meaningful public reckoning within the sex addiction field—no clear responsibility-taking, no apology to the partners harmed, and no transparent accounting of how or why these models were abandoned.

Silence does not correct harm.
Avoidance does not repair it.

Integrity-Abuse Must Be Explicitly Addressed in Sex Addiction Treatment
For over a decade, I have taught that **sex addiction is not only a compulsive sexual behavior issue—it is also an integrity-abuse and psychological abuse issue**. Chronic deception, gaslighting, and double-life behaviors constitute a form of intimate-partner abuse that must be named and treated as such.

As a result, professionals and organizations offering sex addiction treatment must now answer plainly:

1. Do you assess sex addicts for integrity-abuse?
2. Do you diagnose integrity-abuse when it is present?
3. Do you treat the partner of a sex addict as a victim of psychological abuse?
4. Is this diagnosis documented in treatment plans?
5. If you do not treat integrity-abuse, do you clearly disclose that to patients?
6. If you do, what is your treatment model, and what is it called?

Ambiguity here is not neutral.
It protects systems while leaving patients confused and vulnerable.

A Call for Transparency and Repair
Large sex addiction treatment organizations, residential treatment, and professional bodies have generated substantial revenue over decades while operating under evolving—or unclear—models of care. With that influence comes responsibility. The public deserves transparent answers to three simple questions:

1. What is your organizational history in treating partners of sex addicts?
2. What exact treatment model do you offer today?
3. Whose clinical work and intellectual labor developed that model?

This is not about blame.
It is about **truth, accountability, and ethical repair**.

Why I Am Speaking Now

Purpose of This Statement
This statement is not intended to assign blame, allege misconduct, or characterize the motives of any individual or organization. Rather, it is an invitation to continued professional dialogue, ethical clarity, and alignment with best practices in trauma-informed care.

For many years, I have focused my efforts on education, clinical development, and patient advocacy within this field. I offer this statement in that same spirit: to encourage transparency, informed consent, and thoughtful reflection in the treatment of sex addiction, infidelity, and compulsive-impulsive sexual behavior disorder fields.

It is my professional position that patients affected by sex addiction—and the partners, children, and families who are often profoundly impacted—deserve clear information, accurate diagnosis, and the highest standards of ethical psychological care.

For many years, I chose restraint and silence in order to protect patients and support the evolution of the field. But silence, when it allows ongoing confusion or ethical evasion, becomes a form of participation.

I am speaking now, because partners of sex addicts deserve informed consent.
Because truth matters in treatment.
And because integrity must be modeled—not merely taught.

It is now fucking 2026. We should be able to clearly and honestly articulate what we offer to patients impacted by sex addiction.

Anything less fails the people who trusted us most.

With clarity and resolve,
Dr. Omar Minwalla
(MD = Mad Dad)
Licensed Psychologist & Clinical Sexologist
Founder, Institute for Sexual Health (ISH)
Originator, Deceptive Sexuality & Trauma Treatment Model