

Informational Justice Clarification

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This clarification is to help people better understand how Deceptive Sexuality and Trauma Treatment (DSTT) is not the same as current treatments for infidelity, compulsive sexual behavior, or sex addiction. DSTT subsumes traditional treatment approaches and expands the field by illuminating blind spots, clinical errors, missing pieces, and ethical deficits in these current psychological treatments.

Deceptive Sexuality and Trauma Treatment (DSTT) is:

1. **Not** a co-responsibility for infidelity model of treatment.
2. **Not** a single diagnosis of compulsive sexual behavior disorder.
3. **Not** the sex addiction model (i.e., it is not a single-diagnosis addiction concept only).
4. **Not** a betrayal trauma treatment, betrayal recovery, or a partners of sex addicts trauma model. Deceptive sexuality trauma (DST) is different and distinct from betrayal trauma.
5. **Not** a model that endorses, but refutes the concepts of co-sex addiction, prodependence/prodependency, and/or codependency to treat survivors of psychological abuse or the abusive-injured relationship.
6. **Not** a model that endorses, but refutes the concepts and the proposed treatments for sexual anorexia and/or intimacy anorexia.
7. **Not** a model that endorses, but refutes the application of the Karpman drama triangle to victims of psychological abuse or to abusive-injured relationship(s).
8. **Not** a problem sexuality diagnosis, and refutes attempts to modify human sexual arousal or to medicalize faith-based ideologies or misinformed moral judgment.
9. **Not** a model that endorses, but refutes attachment-based treatments for intimate partner abuse, and instead utilizes a restorative justice model to treat abusive-injured relationship(s).
10. **Not** a model that avoids the treatment of abuse, victimization, or trauma according to psychological practice guidelines and ethical responsibilities articulated clearly by the American Psychological Association (APA).

Dr. Minwalla's voice, teachings, and grounded theory, Deceptive Sexuality and Trauma Treatment (DSTT), are explicitly not the same as any of the above. Instead, DSTT may subsume, or encompass as a subordinate some parts of these models, as is relevant for advancing the assessment, diagnosis, and treatment of infidelity, compulsive sexual behavior disorder, and sex addiction.

Important NOTE: Dr. Minwalla and DSTT supports the health-promoting functions and conditions found by many men, and any person, in twelve-step programs, including important human vulnerability, voices, and fellowship. While DSTT does not rely or depend on recovery-based spiritual programming, DSTT does not oppose, but honors patient self-determination.