

**Standards of Care for the Treatment of Adult Sex Offenders
of the
International Association for the Treatment of Sexual Offenders (IATSO)**

STATEMENT OF PURPOSE

Although each profession has its own standards of care, the following are minimal recommendations of Standards of Care. It is recommended that professionals involved in the treatment of sexual offenders use the following minimal criteria for the evaluation of their work. It is recommended that the reasons for exceptions to these standards, in the management of any individual case, be very carefully documented.

DEFINITIONS

Standards of Care:

Standards of Care are exactly what is implied: standards for caring for patients. In this case: care and treatment of sexual offenders.

Paraphilia:

Paraphilia is an erotosexual condition occurring in men and women who are responsive to, or dependent upon, an unusual or socially unacceptable stimulus in imagery or fantasy for initiation and maintenance of erotic-sexual arousal and the facilitation or attainment of orgasm.

Sexual Offense:

A *sexual offense* involves engaging in illegal sexual behaviour which is defined by criminal statutes. It should be also noted that there is great discrepancy throughout the world as to what constitutes a sexual offense. (Pallone, 1990)

Sexual Offender:

An individual who commits a sexual crime as legally defined in his or her own culture legal jurisdiction.

Psychological Treatment:

Psychological treatment refers to the array of therapies which have been designed to treat sexual offenders. Different treatments are based on different psychological and psychiatric theories regarding the origin of the paraphilic sexual offending, for example, psychoanalytic, cognitive, behavioral, social learning, and family systems theories. Psychological or psychiatric care can be provided in individual, couple, family or group settings. The purpose of treatment is to prevent further offending behavior and further victimization of others.

Biomedical Treatment:

Biomedical treatment refers to the use of pharmacological treatment. Pharmacologic therapy has included (but is not limited to) the use of antiandrogens, antidepressants, and antianxiety, antiepileptic, antipsychotic, and/or other medications.

PROFESSIONAL COMPETENCE

Possession of an academic degree in behavioral science, medicine, or for the provision of psychosocial clinical services does not necessarily attest to the possession of sufficient competence to conduct assessment or treatment of paraphilic or sexual offending problems. Persons assessing and/or treating sexual offenders should have clinical training and experience in the diagnosis and treatment of a range of psychiatric and psychological conditions and also specialized training and experience in the assessment and treatment of paraphilic and sexual offender problems. This would generally be reflected by appropriate licensure as a psychiatrist, psychologist, or clinical therapist and by documentation of training and experience in the diagnosis and treatment of a broad range of sexual conditions, including paraphilic disorders and sexual offenses. Treatment providers must be competent in making a differential diagnosis.

The following *minimal standards* for a professional should be adhered to:

1. A minimum of a master's degree or its equivalent or medical degree in a clinical field granted by an institution of education accredited by a national/regional accrediting board or institution.
2. Demonstrated competence in therapy and indicated by a license (or its equivalent from a certifying body) to practice medicine, psychology, clinical social work, professional counselling, or marriage and family counselling.
3. Demonstrated specialized competence in counselling and diagnosis of sexual disorders and sexual offending behaviors as documentable by training or supervised clinical experience, along with continuing education.
4. Demonstrated training and competence in providing psychotherapy.

ANTECEDENTS TO SEXUAL OFFENDER TREATMENT

1. Prospective patients should receive an extensive evaluation of their sexual offending behavior and their overall sexual health. It would also include appropriateness for treatment, amenability for treatment, psychological/psychiatric diagnoses, and evaluation for the safety and protection for the community.
2. A thorough physical examination is recommended especially when physical problems are suspected that might require specific treatment, i.e., heart problems, high blood pressure, liver damage, brain lesions, and epilepsy.
3. Prospective patients should receive a psychological and/or psychiatric examination which would rule out other psychological/psychiatric disorders. If any other psychological/psychiatric disorders are found, treatment of such disorder requires treatment in addition to their treatment for their paraphiliac or sexual offending behavior.
4. If medication is deemed necessary or requested by the patient, the patient must be given information regarding the benefits and potential side effects or disadvantages of biomedical treatment.

THE PRINCIPLES OF THE STANDARDS OF CARE

Principle 1: There is evidence that some kinds of treatment may be effective in managing and reducing recidivism with some types of sexual offenders.

Principle 2: Sexual offender treatment is viewed by offenders as an elective process (the choice is theirs), since individuals may not view their sexual offending behavior as psychologically or medically pathological.

Principle 3: The evaluation of treatment of sexual offenders requires specialized skills not usually associated with the professional training of clinical therapists or medical professionals.

Principle 4: Sexual offender treatment is performed for the purpose of improving quality of life and is considered a humane treatment for people who have committed a sexual offense and to prevent the patient from engaging in further sexual offending behavior.

Principle 5: The patient with a documented biomedical abnormality is first treated by procedures commonly accepted as appropriate for any such medical conditions before beginning, or in conjunction with psychotherapy.

Principle 6: The patient having a psychiatric diagnosis (i.e., schizophrenia) is first treated by procedures commonly accepted as appropriate for the psychiatric diagnoses, or if appropriate, for both.

Principle 7: Sexual offender treatment may involve a variety of therapeutic approaches. It is important for professionals to keep abreast of this growing and developing field and provide the most efficacious treatments which have been demonstrated through outcome studies.

Principle 8: A treatment plan may involve the use of pharmacotherapy which may relieve some sexual arousal and fantasy and some individuals may feel less driven.

Principle 9: Professionals who work with sexual offenders should be prepared to work with the criminal justice system in a professional and cooperative manner.

Principle 10: Sexual offenders often have a need for follow-up treatment/visits, and this should be encouraged or possibly required.

Principle 11: It is unethical to charge patients for services which are essentially for research or which do not directly benefit the patient.

Principle 12: In order to effectively persuade the professionals in the legal community as well as society in general about the efficacy of sexual offender treatment, professionals should cooperate with and carry out scientifically sound treatment outcome research.

Principle 13: Sexual offenders often must face legal proceedings, and professionals treating these individuals must be prepared to appear in court if necessary.

Principle 14: Sexual offenders are given the same rights to medical and psychological privacies as any other patient group, with the exception of where the law requires otherwise, i.e., reporting laws, subpoenaing of records.

Principle 15: Sexual offenders should not be discriminated against based on age, gender, race, ethnicity, national origin, religious beliefs, socio-economic status, or physical or mental disability.

Principle 16: Professionals who treat sexual offenders must view these individuals with dignity and respect. If they fail to view the offender or their offense with compassion, then the professional should make a proper referral.