

APPENDIX B
HORMONAL INTERVENTION THERAPY
Effective Criteria Checklist
Offender Traits Including Need for
Initiation of Hormonal Therapy

FORM 908F-20

Agency of Jurisdiction: _____

Address: _____ Telephone: _____

Offender Name: _____

DOB: _____

ICON#: _____

(Check all that apply)

_____ Clinical diagnosis of any of the following sexual deviancies:

- a) homosexual pedophile
- b) exhibitionist
- c) heterosexual pedophile

_____ Multiple paraphilias

_____ Multiple victims

_____ Victimized as a child

_____ Mentally handicapped/learning disabled

_____ Major head injury or other such contributing physical conditions prior to the onset of the inappropriate sexual behavior.

_____ Admission of offense(s) combined with such compelling sexual fantasies, pressures, or compulsions as to be deemed overwhelming.

_____ The deviant imagery/fantasy used for sexual gratification/arousal is so entrenched it is used even in normal sexual activities with a consenting partner.

_____ Lengthy deviant sexual history.

_____ Polygraphy indicates deception.

_____ Phallometric measures indicate deviant sexual arousal patterns.

_____ High initial plasma testosterone level.

_____ History of or continuing substance abuse.

_____ No evidence of preexisting/family of origin health issues likely to prohibit use of hormonal therapy.

_____ Offender verbalizing fear of re-offending.

_____ At risk as defined by the Iowa Sex Offender Risk Assessment (if available).

_____ Extremely poor impulse control/lack of will power to control deviant behavior.

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Comments:

Recommendations:

Prepared by

Date

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