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Exploring voyeurism: a review of research

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Exploring voyeurism: a review of research

Summary

Introduction and purpose: Voyeurism is characterized by recurrent and intense sexual arousal derived from observing unsuspecting individuals who are naked, disrobing, or engaging in sexual activity. Suggested risk factors for developing voyeurism include childhood sexual abuse, substance misuse, hypersexuality, emotional dysregulation, poor mental health, maladaptive coping strategies, and external pressures. Estimating the global prevalence of voyeurism is challenging due to inconsistent data, with reported rates ranging from over 10% to approximately 30–40%. Studies consistently indicate that voyeuristic behavior is more common among men. It often exhibits a compulsive and repetitive nature and can serve as a precursor to other sexual crimes, such as sexual sadism or pedophilia. Treatment primarily involves cognitive behavioral therapy (CBT), with pharmacological support using SSRIs like fluoxetine and paroxetine, showing effectiveness. The aim of this publication is to discuss various aspects of voyeurism based on the latest literature.

Material and methods: The PubMed database was searched to find scientific articles in which the terms “voyeurism” or “voyeuristic” appear in the title, abstract, or keywords.

Conclusions: Further research is needed to refine prevalence estimates and enhance treatment strategies.

Key words: voyeurism, voyeuristic, paraphilia

Introduction

Paraphilias (sexual preference disorders) are typically defined as conditions in which sexual arousal or satisfaction arises from stimuli or behaviors that are not commonly considered sexually stimulating [1]. The DSM-V classification includes eight recognized paraphilias (pedophilia, exhibitionism, voyeurism, sexual sadism, sexual masochism, frotteurism, fetishism, and transvestic fetishism), whereas the ICD-10 categorization lists nine (fetishism, fetishistic transvestism, exhibitionism, voyeurism, pedophilia, sadomasochism, multiple disorders of sexual preference, other disorders of sexual preference, and unspecified disorders of sexual preference) [1,2].

The global prevalence of paraphilias is difficult to determine due to significant variability in the available data, with estimates ranging from approximately 2% to 60% [1,3,4]. A recent study by Joyal et al. [5], involving a representative sample of around 1,000 individuals, revealed that about half of the participants were interested in at least one paraphilia, and one-third had engaged in such behaviors at least once. The most frequently reported paraphilias in this study were fetishism, frotteurism, voyeurism, and masochism [5].

Research suggests that paraphilias are generally more common in men, although gender differences are not apparent for certain conditions [1,5,6]. The etiology of paraphilias remains unclear, with studies indicating possible influences of genetic, neurobiological, interpersonal,

and cognitive factors [1,7]. Several years ago, research identified potential links between paraphilias and changes in dopaminergic signaling [8]. Despite their likely prevalence in society, the limited number of studies on specific paraphilias makes them a compelling topic for further research.

Objective

This article aims to synthesize the most recent information on voyeurism, focusing on its etiology, prevalence, and treatment.

Methodology

A search was conducted in the PubMed database for scientific articles in which the terms "voyeurism" or "voyeuristic" appeared in the title, abstract, or keywords. Due to the limited availability of publications on this topic, articles published between 2007 and 2024 were included. The selection prioritized studies addressing the etiology, prevalence, and treatment of voyeurism.

Classification Criteria

DSM-V

In the DSM-V classification, Voyeuristic Disorder is assigned the code 302.82 and defined by the following criteria:

A. Over a period of at least 6 months, recurrent and intense sexual arousal from observing an unsuspecting person who is naked, in the process of disrobing, or engaging in sexual activity, as manifested by fantasies, urges, or behaviors.

B. The individual has acted on these sexual urges with a nonconsenting person, or the sexual urges or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. The individual experiencing the arousal and/or acting on the urges is at least 18 years of age. [9]

ICD-10

In the ICD-10 classification, voyeurism is assigned the code F65.3 and defined as follows:

- A recurrent or persistent tendency to observe people engaging in sexual or intimate behavior, such as undressing. This is conducted without the observed individuals being aware

and typically leads to sexual arousal and masturbation.
Additionally, the criteria include:
- Marked distress resulting from acting on the urges.
- The preference has persisted for at least six months [2].

ICD-11

In ICD-11, Voyeuristic Disorder is coded as 6D31, with the following criteria:
Voyeuristic disorder is characterised by a sustained, focused and intense pattern of sexual arousal—as manifested by persistent sexual thoughts, fantasies, urges, or behaviours—that involves observing an unsuspecting individual who is naked, in the process of disrobing, or engaging in sexual activity. In addition, in order for Voyeuristic Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. Voyeuristic Disorder specifically excludes consensual voyeuristic behaviours that occur with the consent of the person or persons being observed. [10].

Each classification system [2,9,10] explicitly notes that Voyeuristic Disorder should not be diagnosed in children or adolescents, as voyeuristic behaviors can be typical of age-related curiosity about sexuality. Additionally, consensual voyeurism does not meet the criteria for the disorder. Both DSM-V and ICD-11 distinguish between voyeurism as a behavior and voyeuristic disorder as a condition that arises only when the behavior causes distress or functional impairment. In summary, the diagnostic criteria for this disorder are similar across classification systems.

Suspected etiology

As previously mentioned, the etiology of paraphilias, including Voyeuristic Disorder, remains relatively poorly understood [1]. Based on the diagnostic frameworks provided by ICD-11 and DSM-V, it is logical to consider that engaging in voyeuristic behaviors may serve as a risk factor for developing Voyeuristic Disorder [9,10]. Other proposed risk factors include childhood sexual abuse, substance misuse, and sexual preoccupation or hypersexuality [9]. A relatively recent study conducted by Lister et al. [11] provides intriguing insights into the etiology of voyeurism, though it is important to acknowledge its primary limitation—a small sample size consisting of individuals convicted of voyeuristic acts. This study identified risk factors such as emotional dysregulation, poor mental health, inadequate emotional support, maladaptive coping strategies, hypersexuality, sexual habituation, relationship difficulties or

breakdowns, significant life events, and external pressures [11,12,13,14]. For many individuals, the onset of voyeuristic behaviors was often preceded by feelings of life dissatisfaction and a lack of adequate support or barriers to accessing available support systems [11,12,13]. Interestingly, not all voyeuristic acts were strictly sexually motivated. Some participants reported engaging in voyeuristic behaviors for the thrill or excitement associated with engaging in illegal activities [11]. This nuanced understanding of voyeurism suggests a complex interplay of psychological, social, and behavioral factors contributing to its development.

Global and gender-based prevalence

As previously mentioned, estimating the global prevalence of voyeurism is challenging due to highly variable data available in the literature [11]. Reported prevalence rates range from approximately 10-15% to as high as 30-40% in certain studies [3,5,11,15,16,17,18]. Research based on representative population samples suggests that the prevalence of voyeurism in the general population is around 16%, with 12% attributed to men and 4% to women [5,9]. Across the literature, researchers consistently agree that voyeuristic behaviors are more commonly exhibited by men [1,3,5,9,11,15,16,17].

The greater tendency of men to engage in voyeuristic behaviors remains inadequately explained [19,20]. Many researchers hypothesize that it may stem from differing perceptions of such behaviors between genders, with men viewing voyeuristic acts as significantly less repugnant than women do [5,19,21]. This discrepancy is also explained through evolutionary mechanisms, wherein men are thought to exhibit a greater propensity for short-term mating strategies [22,23].

In summary, sociosexuality and sexual compulsivity appear to play a key role in explaining the observed gender differences in voyeuristic behaviors. However, this area requires further investigation to provide a more comprehensive understanding [19].

Contemporary forms of voyeurism

Technological advancements have led to the emergence of new forms of voyeurism [11,24,25,26]. Fisico et al. [26] highlight the increasing prevalence of technology-facilitated sexual violence (TFSV), which includes video voyeurism. Video voyeurism is defined as the

act of photographing or filming someone without their consent in a situation that violates their privacy, typically during moments of undressing or sexual activity [26,27]. This form of voyeurism can be found in locations like changing rooms or gyms, and some behaviors associated with it have even gained specific terms [26]. Examples include "upskirting" (taking pictures or filming underneath a person's clothing) and "down-blousing" (taking pictures or filming down a woman's shirt) [28,29]. While these terms are generally associated with women, men can also fall victim to video voyeurism, though this appears to be a less common phenomenon [30].

Key issues related to video voyeurism include the victim's unawareness of the act and the potential for secondary victimization [26]. The first issue arises due to the voyeur's creativity in hiding cameras, such as placing them in shoes or backpacks [26]. Secondary victimization occurs because materials obtained through video voyeurism are often uploaded to pornography sites, leading to further violation of the individual's rights on a much larger scale [26,27,31,32]. This phenomenon is linked to the creation of "slutpages," websites where materials obtained through video voyeurism are shared [33]. Clancy et al. [33] suggest that these sites are relatively popular, and research into why men and women visit these sites again shows that video voyeurism primarily affects women. Men typically visit these sites for sexual purposes, while women are often seeking to see if any material involving them has been posted.

Complications and legal considerations

Voyeurism is classified as a non-contact sexual offense in many countries [34,35,36]. However, as previously mentioned, its prosecution and punishment are often problematic, given that the victim is frequently unaware of the violation of their rights [11]. Many researchers consider this situation particularly dangerous because voyeurism often has a compulsive and repetitive nature [37], is relatively common [38], and in many cases seems to serve as a precursor to other sexual offenses [11]. Studies conducted on individuals convicted of sexual crimes have shown that sexual sadism and pedophilia are the most common disorders among these individuals [39,40], with many exhibiting symptoms of multiple paraphilias. Voyeurism accounts for approximately 20% of these cases [41].

Treatment

Treating voyeurism, like other paraphilias, presents many challenges, primarily due to the fact that individuals affected by it rarely seek treatment voluntarily [1]. The primary method for treating voyeurism remains psychotherapy, with cognitive behavioral therapy (CBT) being the most commonly used approach due to its proven effectiveness in treating nearly all paraphilias [42]. Pharmacological treatment for voyeurism involves the use of selective serotonin reuptake inhibitors (SSRIs), with fluoxetine and paroxetine being particularly effective in this regard [43]. The literature also describes successful treatment of voyeurism with sodium valproate; however, this behavior appeared in the context of cyclothymia, which limits the applicability of this approach to the general population of cases [44].

Summary

Voyeurism is characterized by recurrent and intense sexual arousal from observing an unsuspecting individual who is naked, disrobing, or engaged in sexual activity. Voyeurism disorder is diagnosed when the individual acts on these urges, fantasies, or desires, or experiences significant distress as a result. It is important to note that consensual voyeuristic behaviors, where the individuals being observed agree to the situation, do not fall under the diagnosis of Voyeuristic Disorder.

Research suggests that various factors, such as childhood sexual abuse, substance misuse, hypersexuality, emotional dysregulation, poor mental health, lack of emotional support, maladaptive coping mechanisms, sexual preoccupation, relationship difficulties, significant life events, and external pressures may serve as risk factors for developing this disorder.

Estimating the global prevalence of voyeurism is challenging due to the wide range of data available in the literature, with reported rates varying from over 10% to 30–40%. However, most researchers agree that this behavior is more commonly exhibited by men. The advent of modern technology has given rise to new forms of voyeurism, such as "video voyeurism," where individuals are filmed or photographed without their consent in situations that invade their privacy, particularly while changing or engaging in sexual activities.

Voyeurism, often compulsive and repetitive, is suggested by studies to serve as a precursor to more severe sexual offenses. Research on convicted sexual offenders has found that sexual sadism and pedophilia are the most common disorders among this group.

The primary treatment for voyeurism remains psychotherapy, particularly cognitive behavioral therapy (CBT). Pharmacological treatment typically involves selective serotonin reuptake inhibitors (SSRIs), with fluoxetine and paroxetine being the most effective.

Given the limited availability of research, especially studies involving larger sample sizes, the authors highlight the importance of further exploration into this topic. They also emphasize the need for a more accurate understanding of voyeurism's prevalence in the general population, as current data may be inconclusive.

Author's contribution:
Conceptualization: K.W., A.Ma.; methodology: K.W., A.Ma.; software: K.W., A.Ma., J.W., A.W.; formal analysis: K.W., A.Ma., J.W., A.W.; investigation: K.W., A.Ma., J.W., A.W., J.D., A.Mu.; resources: K.W., A.Ma., J.W., A.W., J.R., E.Gw.; data curation: K.W., A.Ma., J.W., A.W., E.Ga.; writing - rough preparation: K.W., A.Ma., J.W., A.W., J.D., A.Mu., J.R., E.Gw., E.Ga.; writing - review and editing: K.W., A.Ma., J.W., A.W., J.D., A.Mu., J.R., E.Gw., E.Ga.; visualization:K.W., A.Ma., A.W.; supervision: K.W., A.Ma.; project administration: K.W., A.Ma. All authors have read and agreed to the published version of the manuscript.

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