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Frotteuristic disorder - a specific paraphilia

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Abstract:

Summary: Frotteuristic disorder is characterized by recurrent and intense sexual arousal from touching or rubbing against a nonconsenting person over a period of at least six months. This behavior is manifested through fantasies, urges, or actions. Researchers suggest that factors such as nonsexual antisocial behavior and sexual preoccupation or hypersexuality may increase the risk of developing this disorder. Estimating the prevalence of frotteuristic disorder is challenging, with estimates ranging from a few percent to over 30%. While many studies indicate that the disorder predominantly affects men, this finding is not universally accepted. Victims of this disorder are typically young women, but only 2.6% of incidents are reported to the police. Most individuals with frotteuristic disorder do not seek treatment voluntarily, often being referred only after committing a crime.

Cognitive-behavioral therapy has shown significant therapeutic success, while pharmacological treatments typically involve antiandrogenic medications and drugs that lower sexual drive.

Introduction and purpose: The aim of this publication is to discuss various aspects of frotteurism based on the latest literature.

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

Conclusions: There are gaps in research, including underestimation of prevalence, gender differences, and unclear etiological factors. Further studies could lead to better understanding and improved treatments for individuals with frotteuristic disorder.

Keywords: frotteurism, frotteuristic, frotteuristic disorder

Introduction

Conditions in which an individual experiences sexual arousal or satisfaction in response to a stimulus or behavior not commonly recognized as sexually exciting are referred to as paraphilia (sexual preference disorder) [1]. The ICD-10 classification distinguished 9 types of paraphilia (fetishism, fetishistic transvestism, exhibitionism, voyeurism, paedophilia, sadomasochism, multiple disorders of sexual preference, other disorders of sexual preference, and disorder of sexual preference, unspecified) [2], while the newer ICD-11 recognizes 8 types (exhibitionistic disorder, voyeuristic disorder, pedophilic disorder, coercive sexual sadism disorder, frotteuristic disorder, other paraphilic disorder involving non-consenting individuals, paraphilic disorder involving solitary behavior or consenting individuals, and paraphilic disorders, unspecified) [3]. In comparison, the commonly used DSM-V classification in the USA distinguishes 8 diagnoses from this category (pedophilia, exhibitionism, voyeurism, sexual sadism, sexual masochism, frotteurism, fetishism, and transvestic fetishism) [4]. It is important to note that different classifications of sexual preference disorders show some variation - some entities, such as frotteuristic disorder, the subject of this article, were not included in the ICD-10 but are featured in the ICD-11, whereas they were already present in the older DSM-V [2,3,4,5]. Determining the prevalence of paraphilias in general, as well as of their specific forms globally, presents significant challenges for researchers, partly because many individuals exhibiting paraphilic behaviors do not report them to healthcare professionals [1,6,7]. Studies on this topic have yielded very different results, ranging from a few percent to more than half of the studied groups [1,6,7]. A study conducted by Joyal et al. [8] provided interesting information about the prevalence of interest in specific paraphilias and their actual enactment - according to the results, nearly half of the population studied expressed interest in some form of paraphilia, and about one-third of the participants had acted on it in real life. Given this information, it can be expected that paraphilic behaviors are relatively common globally, but the number of studies on each specific type is exceptionally limited, making this a topic requiring further and more in-depth research.

Objective

The purpose of this article is to gather the most recent information on frotteurism based on the latest available literature.

Methodology

A search was conducted in the PubMed database to find scientific articles in which the terms “frotteurism,” “frotteuristic,” or “frotteuristic disorder” appeared in the title, abstract, or keywords.

Due to the limited number of publications on this topic, articles published between 2010 and 2024 were selected. The focus was on articles particularly addressing the etiology, prevalence, and treatment of frotteurism.

Classification Criteria

ICD-10

Frotteurism or its corresponding diagnosis does not appear in the ICD-10 classification [2].

ICD-11

The diagnosis of frotteuristic disorder (6D34) is included in the ICD-11 classification and is defined by the following diagnostic criteria:

Frotteuristic 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 touching or rubbing against a non-consenting person in crowded public places. In addition, in order for Frotteuristic Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. Frotteuristic Disorder specifically excludes consensual touching or rubbing that occurs with the consent of the person or persons involved [3].

DSM-V

In the DSM-V, the diagnosis of frotteuristic disorder (302.89) is included and is defined by the following diagnostic criteria:

A. Over a period of at least 6 months, recurrent and intense sexual arousal from touching or rubbing against a nonconsenting person, 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 [4].

Both the ICD-11 [3] and DSM-V [4] classifications emphasize that frotteuristic disorder should not be diagnosed in children and adolescents due to the fact that puberty is a time of experimentation with one's sexuality. In contrast to the DSM-V [4], the ICD-11 [3] does not include a time criterion, as it considers the key factor for diagnosing the paraphilic disorder to be a sustained, focused, and intense pattern of sexual arousal. It is also important to note that both ICD-11 [3] and DSM-V [4] suggest that the diagnosis of frotteuristic disorder is only appropriate when frotteuristic behaviors cause negative feelings in the person engaging in them and/or involve another individual who has not consented to such behaviors. This view is supported by the notion that many paraphilic behaviors should be considered as variations of the norm, provided that they do not negatively affect those involved and occur with the consent of all parties [5].

Suspected Etiology

The etiology of many paraphilias remains relatively poorly understood, and this is also the case with frotteuristic disorder [1]. Some researchers suggest that nonsexual antisocial behavior and sexual preoccupation/hypersexuality may be risk factors for frotteuristic disorder, but the relationship between these factors remains unclear [4].

According to psychoanalysts, frotteuristic disorder develops as a result of unmet childhood needs for physical closeness with the mother [9].

It has also been suggested that the disorder may arise from issues with tactile interactions, which are typical in "classic" sexual activity [10].

Other factors that have been somewhat linked to the development of frotteuristic disorder include social anxiety, traumatic brain injury, a history of sexual abuse, intellectual disabilities, substance abuse, the presence of other or multiple paraphilias (especially exhibitionism and frotteurism) [11], anxiety and depression [12], Parkinson's disease [13], Kleine-Levine syndrome [14], and Kluver-Bucy syndrome [12].

Some research groups also highlight the connection between dopamine and serotonin neurotransmission disturbances and the development of many paraphilias [15,16,17]. Finally, it is worth mentioning a case study by Błachut et al. [18], in which frotteuristic behaviors likely developed in connection with *mega cisterna magna*.

Global Prevalence and Gender Differences

The exact prevalence of frotteuristic disorder is difficult to estimate, with figures ranging from a few percent to over 30%, depending on the source. Many researchers believe that this disorder occurs almost exclusively in men [6,19,20,21,22,23,24]. Interestingly, a study by Joyal et al. [8] reported significantly different findings, with nearly one in three men and one in five women declaring an interest in and experience with frotteuristic behaviors. However, it is important to note the primary limitations of this study, including the potential non-representativeness of the sample and its limited size [8]. To date, no research has been conducted to explain the gender differences in interest in frotteurism. However, it can be speculated that factors such as a more liberal attitude towards paraphilias among men may play a role in these differences [25].

Complications and Legal Considerations

Non-consensual frotteurism is classified as a contact sexual offense in most countries [26,27]. As mentioned earlier, frotteuristic behaviors are predominantly exhibited by men, with young women often becoming their victims [23]. Frotteuristic offenses appear to be particularly frequent in Asian countries, which can be attributed to the socio-cultural background. Overcrowded public transportation in larger cities especially encourages such behaviors [26,28,29]. It is also noteworthy that, according to Harada et al. [26], only 2.6% of victims report these offenses to the police. Furthermore, the study by Harada et al. [26] suggests that individuals committing sexual assaults with characteristics of frotteurism exhibit a relatively high five-year recidivism rate of about 35%.

A study by Drury et al. [30], however, indicates that frotteurism is not one of the most common diagnoses among individuals convicted of sexual offenses. Nonetheless, paraphilic behaviors are a significant risk factor for future sexual offenses, and "milder" forms of these behaviors, such as frotteurism, may serve as a precursor to more severe sexual crimes [31,32,33].

Treatment

Patients suffering from frotteuristic disorder typically do not seek treatment voluntarily; most are referred for therapy only after committing a crime, which complicates therapeutic collaboration [9].

Specific treatment protocols for frotteurism have not been developed, so interventions effective for treating other paraphilias are applied [9]. Cognitive Behavioral Therapy (CBT) has shown relatively high therapeutic efficacy, but other approaches such as solution-focused therapy, psychoanalysis, relaxation therapy, and biofeedback have also proven effective [9,17].

In pharmacological treatment, anti-androgen drugs (most commonly GnRH analogs) and medications that reduce sexual drive (mainly those affecting serotonergic transmission) are used [34,35,36]. Medications from the SSRI group, such as fluoxetine, sertraline, and paroxetine, show considerable effectiveness in treating various paraphilias due to their impact on serotonergic transmission (which, as mentioned earlier, is likely one of the etiological factors of paraphilias) and their effectiveness in treating co-occurring disorders (e.g., depression or obsessive-compulsive disorders) [19].

Summary

Frotteuristic disorder is characterized by recurrent and intense sexual arousal from touching or rubbing against a non-consenting person over a period of at least six months. This is typically manifested through fantasies, urges, or behaviors. Researchers suggest that factors such as nonsexual antisocial behavior and sexual preoccupation or hypersexuality may act as risk factors for the development of this disorder. Psychoanalysts propose that frotteuristic disorder may result from an unmet childhood need for physical closeness, particularly with the mother. Additional factors, such as social anxiety or traumatic brain injury, have also been linked to the development of this condition.

The prevalence of frotteuristic disorder is difficult to estimate and ranges from a few percent to over 30%, with many studies suggesting that it predominantly affects men, although this finding is not universally agreed upon. The typical victims are young women. Notably, only 2.6% of individuals affected by this type of crime report it to the police. Many individuals with frotteuristic disorder do not seek treatment voluntarily and are often referred for therapy only after committing a crime.

There are no specific treatment protocols for frotteurism, and as a result, therapeutic interventions used for other paraphilias are typically applied. Cognitive-behavioral therapy (CBT) has shown relatively high therapeutic efficacy. In terms of pharmacological treatment, antiandrogenic medications and drugs that lower sexual drive are commonly used.

In summary, there are significant gaps in research on frotteurism, including underestimation of its prevalence, gender disparities, and a lack of studies on the reasons for gender differences in interest in frotteurism. Additionally, the etiology of the disorder remains unclear. Further research could help clarify the causes of frotteurism, potentially leading to more effective treatments for individuals affected by this paraphilia.

Author's contribution:

Conceptualization: K.W., A.M.; methodology: K.W., A.M.; software: K.W., A.M., J.W., A.W.; formal analysis: K.W., A.M., J.W., A.W.; investigation: K.W., A.M., J.W., A.W., W.C.; resources: K.W., A.M., J.W., A.W., A.Wi.; data curation: K.W., A.M., J.W., A.W., E.G.; writing - rough preparation: K.W., A.M., J.W., A.W., W.C., A.Wi., E.G.; writing - review and editing: K.W., A.M., J.W., A.W., W.C., A.Wi., E.G.; visualization: K.W., A.M., A.W.; supervision: K.W., A.M.; project administration: K.W., A.M.

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Publicly available datasets were analyzed in this study. This data can be found here: <https://pubmed.ncbi.nlm.nih.gov/> (access 2024.10.08).

Conflicts of interest:

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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