

LITERATURE REVIEW: FROTTEURISTIC DISORDERS

Ayu Nuzulia Putri*, Soetjipto**

* Medical Doctor, Psychiatric Department, Faculty of Medicine, Universitas Airlangga, Surabaya.

** Addiction Psychiatrist, Psychiatric Department, Faculty of Medicine, Universitas Airlangga, Surabaya.

ABSTRACT

Frotteuristic disorders is a rare paraphilia among other paraphilia. Frotteuristic are usually acquired with other paraphilia such as exhibitionism. Frotteuristic disorders is rubbing the genital area on other people to cause orgasm. This action often occurs in public area such as subways, elevators or shopping centers where victims are unaware. Some studies have difficulty getting data on frotteuristic disorders because this sexual harassment rarely reported to the police because there are no witnesses or evidence. This literature reviews aims to determine the comprehensive treatment for frotteuristic disorders.

Keywords: Frotteuristic, Paraphilia

Corresponding author : Ayu Nuzulia Putri., dr.

Medical Doctor, Psychiatric Department, Faculty of Medicine,
Universitas Airlangga, Surabaya.

HP: 085733900086 | email: dr.nuzulia@gmail.com

INTRODUCTION

Sexual preferences are distinguished from normophilic (normal) or paraphilia (anomaly). Normophilic is a sexual stimulus that is obtained from the genital area and both partners mutually consent to have sexual relations while outside that, it is considered as paraphilia (non normophilic). Eight examples of paraphilia are voyeurism, exhibitionism, frotteurism, masochism, sadism, pedophilia, fetishism, and transvestism [4].

Frotteuristic is a disorder in the form of sexual urges or behavior by touching or rubbing the genitals of others who do not know the act [3]. Frotteuristic and exhibitionism are paraphilia that have the same etiological basis with different expressions [5]. Frotteuristic is rarely found from other paraphilia [1]. This is because frotteuristic disorders are sexual harassment that is rarely reported to the authorities due to the absence of evidence and witnesses [9]. If there are victims who report to the authorities are often ignored [12]. Frotteuristic is comorbid with voyeurism and exhibitionism [26].

In Arizona, exhibitionism was found 14% of the number of sexual violations and 5% of exhibitionism had a frotteuristic diagnosis. In addition, Abel and colleagues reported that there were 25% of exhibitionism behavior and 11% for frotteuristic behavior in sexual offenders. Some surveys states that 30% of adult male admitted for having committed a frotteuristic actions [20]. Gittleson and Eacott found that 39% of incidents of exhibitionism were reported to occur in parks or forests while 45% occurred on roads, in contrast to frotteuristic actions that was carried out in public places and crowded areas such as in subway trains, elevators, or dance halls [20].

Frotteuristic perpetrators have three characteristics namely the first is the perpetrator has a large number of victims because of the ease to carry out frotteuristic actions. The second characteristic is that the perpetrator is not arrested because the victim is not sure of the complaint made and the third characteristic is that the perpetrator of the frotteuristic actions believes that he will not be jailed due to the difficulty of evidence and witnesses [23].

This literature review discusses intervention and therapy that can be done for frotteuristic disorders.

DISCUSSION

1. Definition

The first mention of frotteuristic was found in Kraft-Ebing scientific literature. Frotteuristic is the act of masturbation of a hypersexual who lacks confidence in his male sex to female [19]. Frotteuristic was derived from the word *frotteur*, French, which means rubbing or rubbing. According to the Oxford English dictionary, frotteuristic deviations are sexual stimulus that arise by rubbing the genital area of clothed female [19] and victims do not realize that they have received frotteuristic treatment [25]. Frotteuristic disorders first appear at the age of 15-25 years. Frotteuristic perpetrators are more common in males and frotteuristic actions can cause orgasms [13].

2. Epidemiology

Frotteuristic prevalence estimate can occur 30% in male in the general population [27]. A systematic review of the prevalence of paraphilia disorders, was found frotteuristic prevalence of 35%. Out of the 561 sexual offenders found 25% were frotteuristic perpetrators [27]. Victims of frotteuristic are quite high in female college students, around 24% and 8% in males [27].

3. Etiology

The etiology of frotteuristic is not known clearly, it is suspected that frotteuristic, voyeurism, exhibitionism have the same concept, the existence of distortion in sexual relationship behavior. Manifestations are in the form of (1) the phase of meeting where each partner evaluates (voyeurism); (2) verbal or nonverbal affiliates phases such as looking, smiling and talking (exhibitionism); (3) the tactile phase where physical contact is made (frotteuristic) and (4) the phase of intercourse where sexual intercourse takes place [22].

4. Psychopathology

4.1 Physical and Sexual Harassment

Frotteuristic actions occur in children who have a history of sexual harassment, four times greater than children who do not experience sexual harassment [28]. In adolescent sexual offenders who have a history of sexual and physical harassment, are more stimulated to see videos of deviant sexual behavior, especially frotteuristic action. This was seen at the time of phallometric assessment [24].

4.2 Sexual Fantasy Deviations

There are several studies about sexual fantasy deviations in frotteuristic actions. Frotteuristic perpetrators in adolescent or young adults were reported to have an orgasm by looking at a card with frotteuristic action pictures. This shows at a young age the difficulty in controlling sexual stimulus [24].

4.3 Brain Injury

Retrospective studies on male and female patients in the inpatient and outpatient settings with brain injury showed that they do sexual deviant behavior such as exhibitionism or frotteuristic. Nearly 64% of patients with brain injury do frotteuristic action. In patients with severe brain injury, a history of drug use and a history of non-sexual criminals were correlated with sexual deviant behavior [24].

4.4 Antisocial Personality

Antisocial and frotteuristic personalities have a fairly high correlation. Several incidents of sexual harassment can occur in conjunction with other crimes [7]. Most sexual crime recidivist groups carry out exhibitionism and frotteuristic actions also have a history of non-sexual crime. Antisocial personalities who have aggressive, dishonest and manipulative behaviors tend to have deviant sexual behavior outside social norms [7].

4.5 Hypothesis of Social Inability

This hypothesis illustrates that frotteuristic perpetrators have psychological disorders such as low self-esteem, feel themselves not manly when meeting female or severe psychological disorders such as Asperger syndrome and mental retardation [24]. Frotteuristic actions can cause sexual satisfaction directly and do not require a fee. Perpetrators get sexual stimulus directly without risking rejection and can choose victims who have a small risk of reporting to authorities such as children and adolescents [24].

4.6 Hypothesis of Sexual Urge

Frotteuristic disorders are hypersexual individuals who have difficulty for controlling the urge to masturbate. Frotteuristic action gives males the choice to avoid sexual relations with females. This can be caused by egocentrism, impulsiveness or empathy [3]. This hypothesis is interpreted that frotteuristic is a manifestation of hyper sexuality or high sex urge [24].

4.7 Psychodynamics

Frotteuristic is a paraphilia which is considered as a defensive action, protecting the ego so as not face fear and repressed past events, there is fixation at the oedipal stage in psychosexual development. The thought of losing the penis in the vagina unconsciously equated with castration. People who have paraphilia disorders avoid anxiety by transferring sexual stimulus to safer activities. A person with this disorder, has social and sexual development that is not developed to be able to establish social relations and heterosexual adults in general [24].

5. Diagnosis

DSM-5 defines valid frotteuristic disorders if both of the following conditions are met [7]:

1. Over a period of at least 6 months, there is a repetitive and intense sexual arousal by touching or rubbing the genital of victims who are unaware of the act, can be manifested by fantasy or behavior
2. Sexual or fantasy urge cause socially significant stresses or disorder in the social, occupational or other important areas of function

Based on ICD-10, frotteuristic is defined as rubbing against people who cause orgasms in crowded public places, including in the category of Other Sexual Preference Disorders (F65.8) [10].

6. Differential Diagnosis

6.1 Obsessive-Compulsive Disorders (OCD)

This condition is related to unwanted desires. People with OCD often experience an obsession that can involve sex-related ideas that can develop into action. Doctors must distinguish between sexual obsession (ego dystonic) and sexual actions motivated by sexual stimulus (true paraphilia) [11]. People with sexual obsessions do not want and avoid these thoughts, inhibiting sexual arousal while frotteuristic vice versa. People with sexual obsessions feel guilty about their obsessions because of the harm that they will cause [6].

6.2 Lesch-Nyhan Syndrome

This condition is related to X-linked genetic results in deficiency of the hypoxanthine-guanine phosphoribosyltransferase enzyme in which a person experiences an irresistible urge to act against himself. This urge can hurt yourself. Some people choose to pull a tooth to prevent self-injury. This condition explains they do not want to hurt

themselves (do not have a threshold personality disorder or the idea of suicide), there is no sexual stimulus [6].

6.3 Smith-Magenis Syndrome

Some people with intellectual disabilities (ID) have the habit of shaking hands or hugging others several times, related to the Smith-Magenis genetic condition. This genetic disease is caused by the loss of chromosome 17. In addition to touch, this syndrome is associated with polyembolokoilamania, the act of inserting objects into the orifices of the body including the rectum and vagina [6].

6.4 Williams Syndrome

Another genetic syndrome is Williams Syndrome, caused by the loss of micro genes on the chromosomes. This syndrome is characterized by behavior at cocktail party, where people behave too friendly and affective towards strangers. This condition has an advanced linguistic ability that often causes misunderstanding in understanding the actions taken against others [6].

6.5 Epigenetic Syndrome

There are several epigenetic syndromes, including the so-called happy puppet syndrome (Angelman's syndrome) which is associated with a happy attitude and hand flapping. Prader-Willi syndrome is caused by the loss of chromosome 15 from the paternal chromosome. People with Prader-Willi syndrome show an urge to eat due to lack of satiety and excessive sleep like symptoms of hypogonadism. People with Angelman's or Prader-Willi syndrome can be misdiagnosed as frotteuristic [6].

7. Assessment Tools

There are various subjective psychometric scales for assessing a patient's sexual behavior and can be used during clinical evaluation [11]. The most common objective tools are penile plethysmography, polygraphy and the duration of viewing of visual stimulus. Penile plethysmography also called phallometry involves the measurement of changes in penis circumference or volume during sexual stimulus from audio/video tapes or photos. Measurements are made by placing the instrument on the penis which is done by the patient himself [1]. The Abel Assessment Sexual Interest (AASI) is a watch time assessment. Psychometric includes Multidimensional Inventory of Development, Sex and Aggressive Behavior (MIDSA), The Multiphasic Sex

Inventory (MSI), The Bradford Sexual History Inventory and The Clarke Sex History Questionnaire for Males-Revised. MSI is able to distinguish between types of sexual offenders. MIDSA, MSI and SHQ-R assess sexual interests and behavior. MIDSA is the most comprehensive psychometric [1].

Assessment Tools

Objective Tools

- *Penile Plethysmography (Phallometry)*
- *Polygraph*
- *Abel Assessment for Sexual Interest (AASI)*

Self-Report

- *Multi-Dimensional Inventory of Development, Sex and Aggressive Behavior (MIDSA)*
- *Multiple Sex Inventory (MSI)*
- *Bradford Sexual History Inventory*
- *Clarke Sex History Questionnaire for Males-Revised (SHQ-R)*

Source Practical Guide to Paraphilia and Paraphilia Disorder (Richard *et al.*, 2016)

8. Management

8.1 Pharmacology

A. Selective Serotonin Inhibitors (SSRI)

The use of SSRI for the treatment of paraphilia disorders is the gold standard for paraphilia treatment [28]. SSRI can reduce libido, orgasm, and ejaculation through activation of the 5HT2 receptor [28]. The most studied SSRI for paraphilia are fluoxetine and sertraline which have shown effectiveness in reducing fantasy and paraphilia behavior such as pedophilia, exhibitionism, voyeurism, and fetishism [28]. SSRI are recommended in the treatment of paraphilia and cases with comorbid of obsessive-compulsive disorder and depression [28].

B. GnRH Analogue

GnRH analogue is another form of antiandrogen treatment whose mechanism of action is to suppress the release of the luteinizing hormone and stimulate testosterone production in the pituitary gland [8]. GnRH analogue reduces testosterone in surgically castrated individuals within 1 month [8]. The three GnRH analogues are tryptorelin, leuprorelin, and goserelin. GnRH analogue has advantages over steroid antiandrogen such as MPA and CPA. GnRH analogue can be used if steroid administration is contraindicated or ineffective. GnRH

analogues shows effectiveness in cases of failure in treatment with psychotherapy and other antiandrogens [18].

8.2 Non Pharmacology

A. Cognitive Behavioral Therapy (CBT)

CBT is an effective way of frotteuristic disorders. Some cognitive aspects include identifying cognitive distortion and patient rejection [16]. The CBT method focuses on decreasing sex urge, teaching it to transition thoughts into more normative stimuli. The therapist can arouse empathy from the victim by telling the frotteuristic action that it is embarrassing for a victim to find semen in her skirt or what the victim feels when someone presses her back and rubs his genital but the victim cannot move or the therapist can describe the fear experienced by the victim [16].

B. Psychoanalytic

Several theories and therapies have been developed in frotteuristic disorders. The therapy approach to frotteuristic is psychoanalytic [21]. The psychoanalytic approach aims to help clients remember early development, trauma conditions, parenting of significant figures, unconscious childhood experiences that have an effect on sexual behavior in adulthood [4].

C. Castration

Surgical castration has been the drug of choice in Europe since the 1800s and in the US since the 1900s. Castration through bilateral orchiectomy for sex offenders is no longer used in Europe but still exists in Germany and several countries in the United States [17]. This option is also available in the Czech Republic with the consent of the patient [17]. In the opinion of experts, castration is not only a reduction in sex offenses but also a decrease in sexual fantasy. Castration empties the amount of testosterone. A side effect of this approach is bone demineralization [17].

CONCLUSION

Frotteuristic disorders including paraphilia are quite rare compared to other paraphilia. Reports of frotteuristic disorders are quite rarely reported because of the difficulty to obtain the witnesses and evidence, as well as victims do not realize that they are victims. The frotteuristic perpetrator will seek help from the psychiatrist when the frotteuristic action is considered to disturb the function of work and daily life.

The therapy that can be given in frotteuristic disorders is SSRI, for example fluoxetine or sertraline with the same dose that is given in the treatment of OCD. In non-psycho pharmaceutical therapy, CBT can be performed. This method focuses on decreasing sexual urge, teaching to transition the thoughts into more normative stimuli. In addition, psychoanalysis to help patients explore the past related to trauma, parenting that has an influence on sexual behavior in adulthood.

REFERENCES

- [1] R. Balon, *Practical Guide to Paraphilia and Paraphilic Disorders*. 2016.
- [2] J. W. Barnhill, "Paraphilic Disorders," *DSM-5® Clin. Cases*, 2013, doi: 10.1176/appi.books.9781585624836.jb19.
- [3] K. M. Beier, T. Krüger, and B. Schiffer, "Sexually Violent Predators: A Clinical Science Handbook," *Sex. Violent Predators A Clin. Sci. Handb.*, 2019, doi: 10.1007/978-3-030-04696-5.
- [4] F. S. Berlin, "Paraphilic disorders: A better understanding," *Curr. Psychiatr.*, vol. 18, no. 4, pp. 22–28, 2019.
- [5] M. S. Bhatia, A. Jhanjee, S. Srivastava, and P. Kumar, "An uncommon case of hypersexual behaviour with frotteurism," *Med. Sci. Law*, vol. 50, no. 4, pp. 228–229, 2010, doi: 10.1258/msl.2010.010103.
- [6] M. M. Campbell, L. Artz, and D. J. Stein, "Sexual disorders in DSM-5 and ICD-11: A conceptual framework," *Curr. Opin. Psychiatry*, vol. 28, no. 6, pp. 435–439, 2015, doi: 10.1097/YCO.000000000000197.
- [7] H. C. O. Chan and E. Beauregard, *Non-Homicidal and Homicidal Sexual Offenders: Prevalence of Maladaptive Personality Traits and Paraphilic Behaviors*, vol. 31, no. 13. 2016.
- [8] J. H. Choi *et al.*, "Therapeutic effects of leuprorelin (leuprolide acetate) in sexual offenders with paraphilia," *J. Korean Med. Sci.*, vol. 33, no. 37, pp. 1–12, 2018, doi: 10.3346/jkms.2018.33.e231.
- [9] S. K. Clark, E. L. Jeglic, C. Calkins, and J. R. Tatar, "More Than a Nuisance: The Prevalence and Consequences of Frotteurism and Exhibitionism," *Sex. Abus. J. Res. Treat.*, vol. 28, no. 1, pp. 3–19, 2016, doi: 10.1177/1079063214525643.
- [10] M. K. D. R. M. dr. SpKJ, *Buku Saku Diagnosis*

- Gangguan Jiwa Rujukan Ringkas dari PPDGJ-III DSM-5 ICD-11*, Ketiga. Jakarta: Bagian Ilmu Kedokteran Jiwa FK-Unika Atmajaya, 2019.
- [11] E. J. Edwards, "Personality Factors, Obsessive-Compulsive Behavior, and Sexual Fantasy as Predictors of Paraphilic Disorder Intensity," 2017.
- [12] R. Eher, M. Rettenberger, and D. Turner, "The prevalence of mental disorders in incarcerated contact sexual offenders," *Acta Psychiatr. Scand.*, vol. 139, no. 6, pp. 572–581, 2019, doi: 10.1111/acps.13024.
- [13] M. B. First, "<DSM-V and Paraphilic Disorders 2014.pdf>," vol. 42, no. 2, pp. 191–201, 2014.
- [14] A. Giami, "Between DSM and ICD: Paraphilias and the Transformation of Sexual Norms," *Arch. Sex. Behav.*, vol. 44, no. 5, pp. 1127–1138, 2015, doi: 10.1007/s10508-015-0549-6.
- [15] R. Goyena and A. . Fallis, *Diagnostic Interviewing*, Fourth edi., vol. 53, no. 9. New York London, 2019.
- [16] J. T. Guterman, C. V. Martin, and J. Rudes, "A Solution-Focused Approach to Frotteurism," *J. Syst. Ther.*, vol. 30, no. 1, pp. 59–72, 2011, doi: 10.1521/jsyt.2011.30.1.59.
- [17] B. J. Holoyda and D. C. Kellaher, "The Biological Treatment of Paraphilic Disorders: an Updated Review," *Curr. Psychiatry Rep.*, vol. 18, no. 2, pp. 1–7, 2016, doi: 10.1007/s11920-015-0649-y.
- [18] S. Jana, "Evaluation of Phosphodiesterase-5 Inhibitory Potential of Biofield Energy Treated DMEM by Determining cGMP Level in Human Endothelial Cell Line," *Investig. Gynecol. Res. Womens Heal.*, vol. 2, no. 4, pp. 2–6, 2018, doi: 10.31031/igrwh.2018.02.000542.
- [19] D. F. Janssen, "'Frotteuristic Disorder': Etymological and Historical Note," *Arch. Sex. Behav.*, vol. 47, no. 4, pp. 821–824, 2018, doi: 10.1007/s10508-018-1188-5.
- [20] C. C. Joyal and J. Carpentier, "The Prevalence of Paraphilic Interests and Behaviors in the General Population: A Provincial Survey," *J. Sex Res.*, vol. 54, no. 2, pp. 161–171, 2017, doi: 10.1080/00224499.2016.1139034.
- [21] C. Joyal and J. Ankfold, "Official Definitions of Paraphilias," pp. 1–5, 2017.
- [22] S. D. Khan and K. Gunasekaran, "Sexual Paraphilia," *Sex. Med.*, no. 1, pp. 121–129, 2019, doi: 10.1007/978-981-13-1226-7_11.
- [23] R. B. Krueger, G. M. Reed, M. B. First, A. Marais, E. Kismodi, and P. Briken, "Proposals for Paraphilic Disorders in the International Classification of Diseases and Related Health Problems, Eleventh Revision (ICD-11)," *Arch. Sex. Behav.*, vol. 46, no. 5, pp. 1529–1545, 2017, doi: 10.1007/s10508-017-0944-2.
- [24] R. J. Levin, "The Textbook of Clinical Sexual Medicine," *Textb. Clin. Sex. Med.*, 2017, doi: 10.1007/978-3-319-52539-6.
- [25] J. N. I. Martínez-López *et al.*, "Legal and Policy Implications in Mexico of Changes in ICD-11 Paraphilic Disorders," *J. Sex. Med.*, vol. 16, no. 10, pp. 1623–1637, 2019, doi: 10.1016/j.jsxm.2019.07.022.
- [26] R. Ranger and P. Fedoroff, "Frotteurism," pp. 1–2, 2015.
- [27] R. Scott Johnson, B. Ostermeyer, K. A. Sikes, A. J. Nelsen, and J. H. Coverdale, "Prevalence and treatment of frotteurism in the community: A systematic review," *J. Am. Acad. Psychiatry Law*, vol. 42, no. 4, pp. 478–483, 2014.
- [28] K. Thomas, *Sexual Deviance: Theory, Assessment and Treatment*, vol. 187, no. 2. 1999.