
FROTTEURISM DISORDER

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Abstract

Frotteurism disorder or frotteurism is one of the paraphilic disorders that cause sexual arousal. It is the act of touching or rubbing the genitals against a person in a sexual manner, without their consent, to obtain sexual pleasure or to reach orgasm. Those who practice frotteurism find pleasure in having a private sexual experience in a public setting.

Key words: frotteurism, paraphilias, frotteurism disorder, DSM-V, sexual disorder, stigma.

INTRODUCTION

Although it can occur at any age, frotteurism disorder is most common in young, seemingly shy men between the ages of 15 and 25. It has also been observed in older men, reserved and socially withdrawn. Frotteurism is considered to be rare among women. The prevalence of the disorder is unknown, although approximately 10-14% of adult men seen by clinicians for paraphilic disorders meet the diagnostic criteria for frotteurism disorder. [1]

Definitions

The Manual of Diagnosis and Statistical Classification of Mental Diseases, 5th edition (DSM-V) distinguishes between paraphilia and a paraphilic disorder.

The term paraphilia is defined as “an intense and persistent sexual interest other than sexual interest for genital stimulation or foreplay with human partners, phenotypically normal, physically mature and consenting.” [2]

The term disorder was specifically added to the DSM-V to indicate paraphilic behaviors. Disorder paraphilic is “a paraphilia that

causes the individual emotional distress or dysfunction in the present or a paraphilia whose satisfaction involves self-harm or the risk of harm to others.”

This is also true for frotteurism, which is one of the eight paraphilic disorders listed in the DSM-V. Frotteurism is the act of touching or rubbing the genitals against a person who does not consent sexually.

The term *frottage* is derived from the French word “*frotter*”, which means “to rub”. Kraft-Ebbing first described this behavior in the book *Psychopathia Sexualis* in 1886, while Clifford Allen coined the term frotteurism in the 1960s.

The term *toucherism* is sometimes used to describe a condition closely related to frotteurism that involves only rubbing or stroking without rubbing, although it is generally considered to be part of frotteurism.

A person suffering from frotteurism is known as *frotteur*. Most individuals with this paraphilia are men and in most cases the victims are women. Frotters usually pick up their victims in crowded places (eg public transport vehicles, crowded sidewalks), which allows

for quick escape and excuse that the touch was accidental. The frotteur rubs his genital area against the victim's thighs or buttocks (usually female) or the frotteur caresses a woman's genitals or breasts with his hands. [3]

Etiology

The exact etiology is not known, but there are many theories about the cause of frotteurism disorder. Psychoanalysts suggest that individuals with frotteuristic behaviors may have unmet needs to rub against the victim and cuddle, as an infant does with his mother. People who engage in these behaviors may imagine that they share an exclusive and close relationship with their victims during the act. Freund and Seto argue that these individuals may also have problems with tactile interactions that may occur during normal human erotic or sexual interactions. [4]

There has been some research that has shown the existence of a biological mechanism, mainly through monoamine neurotransmitters that lead to abnormal sexual behavior. [5]

Although not specific to frotteurism, paraphilias have generally been associated with the following additional mental health diagnoses: [6]

- social anxiety;
- brain injuries;
- the history of sexual abuse, in general, was associated with a paraphilic disorder;
- intellectual disabilities;
- substance abuse;
- the presence of others or an accumulation of paraphilias, in particular exhibitionism and frotteurism.

Diagnosis and prevalence

According to DSM-5, the criteria for frotteurism disorder are met if for a period of 6 months a person has experienced intense sexual arousal and repeated that involves touching and rubbing a person who does not consent, characterized by fantasies, sexual impulses or specific behaviors. In some cases, people with frotteurism disorder reach orgasm during intercourse. Frotteurism disorder is sometimes accompanied by other mental health

disorders and clinical problems, especially along with other paraphilic disorders, such as exhibitionism or other combinations of paraphilic disorders. People with frotteurism may also experience anxiety, shame, low self-image, and other emotional problems that exacerbate behavior and complicate treatment.

The prevalence rate of frotteurism is not yet clearly established, as it is assumed that most people with this condition do not seek professional help voluntarily. It is difficult to assess the prevalence of frotteurism because the studies either do not have the necessary methodological quality or include small sample sizes or use local rather than national or international samples and do not consistently apply DSM criteria. The prevalence rate of frotteurism can also be uncertain because, in most cases, victims are unaware that they have been touched or rarely report incidents to the authorities. Frotteurism is a predominantly male disorder and usually occurs for the first time in late adolescence and decreases until the age of 25 years. It has been estimated that 30% of adult men have engaged in frotteuristic acts, and 10% to 14% of men diagnosed with paraphilic disorders also meet the diagnostic criteria for frotteurism disorder. Data on the prevalence of female diagnoses of frotteurism disorder are not available. [7]

Assessment

An essential feature of the frotteurism disorder is that this behavior is repetitive.

According to DSM-V, if the individual did not act in his interest and did not present mental discomfort or dysfunctions, it is considered that has a frotteuristic sexual interest, but not a frotteurism disorder.

As part of establishing the diagnosis and excluding other causes, routine laboratory and imaging tests can be obtained.

Laboratory work may include:

- metabolic panel;
- hormonal tests: tests of thyroid function, prolactin, luteinizing and follicle-stimulating hormone test, testosterone tests.

If additional deviant sexual behaviors are suspected, nocturnal penile tumescence

may be considered along with brain scans, as indicated.

Some important points to consider that can help get a diagnosis:

1. the most common form of behavior is the rubbing of an individual's genitals against the victim's thighs or buttocks;

2. the act usually takes place in a wide variety of crowded public settings, such as public transport, subways, elevators, malls or other crowded places;

3. behaviors are usually repetitive.

Most cases are not reported. Frotters often do not face legal consequences (rarely arrested), have a large base of casualties and are unlikely to be sentenced to long sentences. However, there are no systematic studies to support these findings.

The initiators of frotteuristic behaviors do not seek to have any conversation with the victim and are often surprised if they are "caught".

Causes and risk factors

There are no scientifically proven causes or risk factors for this disorder. At the same time, there are several theories. [8]

A person who has accidentally rubbed against someone in a crowd and, as a result of rubbing, has been sexually aroused may want to repeat this experience. This episode could replace more traditional means of sexual arousal.

Childhood trauma, such as sexual abuse or anxiety disorder, can prevent a person from developing a normal psychosexual development. People with this disorder may feel contact with a stranger as a form of foreplay and intimacy.

Another possible reason for this behavior is that a person may have problems with the affectivity and intimacy of sexual behavior. This could be caused by the abnormal anatomy of the brain that affects the emotional health and the control of the impulses.

The signs of paraphilia are often evident before adolescence. Someone who is very concerned about sex may have a higher risk of rubbing.

Treatment

People with frotteurism disorder generally do not receive treatment on their own and receive help only after they have been arrested for sexual assault and treatment is required by the courts. And because those with frotteuristic tendencies tend to act quickly in crowded public places and are often able to disappear or mingle in a crowd without being caught, there is little reliable information on the prevalence or success rates of treatment. Because the literature on this topic is rare, treatment modalities are often generalized for all paraphilic disorders.

Standard treatments for frotteurism disorder include medication and psychotherapy. Medications such as hormones and certain antidepressants can be used to reduce sexual desire. Behavioral or cognitive-behavioral therapy can help manage sexual needs and redirect thoughts to more appropriate ways to control inappropriate sexual impulses and behaviors. In many cases, people requesting a diagnosis have already been charged with a sex offense or similar offense.

Psychotherapy focuses on identification triggers of frotteuristic behavior and the development of strategies to redirect thoughts and feelings.

A multimodal approach is recommended, ie one that includes individual and family or community participation, in addition to psychotherapeutic and pharmacological interventions.

Several different therapeutic models, including psychotherapy, cognitive behavioral therapy, solution-oriented therapy, psychoanalysis, relaxation therapy, biofeedback, have been explored with a certain success. In addition, the clinician must be aware of his counter-transfer during this process.

As mentioned earlier, frotteuristic behavior has been associated with several other mental health disorders, such as depression, anxiety, and low self-esteem. [9] Therefore, treatment often also involves the treatment of the underlying or comorbid disorder. Regarding pharmacological interventions, can be administered both drugs that "suppress" the

sexual drive, ie suppresses testosterone, as well as drugs that “reduce” the sexual drive, such as serotonergic antidepressants. Administration of medroxyprogesterone acetate, a female hormone, can also help reduce sexual impulses.

Anti-androgens, especially GnRH analogues, have been used as evidence-based treatment to reduce impulsivity and hypersexuality in severe cases. [10]

Ethical challenges that require informed consent before administering GnRH analogues must be addressed. In addition, because impulsive hypersexuality is considered to be a factor in this disorder, certain serotonergic antidepressants, such as Fluoxetine, Sertraline, and Paroxetine, have been modestly successful in attenuating the increase in sexual drive in people who may also have comorbid conditions such as depression or obsessive-compulsive disorder (OCD). [11]

Differential diagnosis

Substance abuse disorder: An intoxicated person who uses psychostimulants such as methamphetamine or cocaine may experience an episode that may mimic frotteurism. If such recurrent episodes continue, a diagnosis of frotteurism disorder may be considered in the absence of acute substance poisoning.

Traumatic brain injury: Frontal and frontotemporal deficiencies resulting from traumatic brain injury may show a similar lack of inhibition and increased sexual behaviors. However, cognitive impairments are usually present as a result of brain damage.

Conduct disorder and antisocial personality disorder: lack of morality, non-compliance with the law and social norms can be important to distinguish a disorder of frotteurism. The distinction is centered on the lack of sexual interest or arousal by touching or rubbing a person who does not consent by someone with such a disorder.

Other differential diagnoses may include:

Obsessive-Compulsive Disorders

Mood Disorders

Other disorders of sexual dysfunction

Other paraphilic disorders

Forecast

Because this is an under-studied disorder, the actual prognosis is unknown. Very few cases are self-reported, and most offenders are discovered through legal proceedings. Large-scale studies or long-term studies based on reliable results are absent in this area. As a significant component of treatment is based on self-reporting and the individual’s willingness to seek help, it is safe to assume that motivated individuals, with good community support and active involvement in the treatment, may have a better prognosis than those who do not are.

Complications

Very little is known about the long-term impact of frotteurism on the initiator or the victim.

If comorbid conditions are taken into account, this can lead to the development of a frotteurism disorder, which can cause significant damage to the individual clinically or functionally. These individuals may have low self-esteem, severe social anxiety, and feelings of guilt. Untreated mental health conditions can cause a further decline in mental health. Once time “caught”, stigma from society and obedience of rules, as well as the application of additional legal penalties, may occur. For those with severe sexual disorders, mandatory registration in the register of sex offenders, regular “check-ins” with the legal system or restrictions when it comes to the access to the real estate market can further complicate the picture.

This can be similar to a traumatic experience for the victim - increased anxiety, hypervigilance, avoidance of public transport, insecurity and a general feeling of distrust.

Discouraging and educating the patient

There is no drug treatment approved by major international agencies for frotteuristic behaviors. People should be educated and encouraged to seek psychotherapeutic interventions and medications when necessary. It is important to inform the patient that the management of underlying or

comorbid conditions also helps to improve this disorder. The stigmatization of the patient is a real problem that must be recognized and addressed by the clinician.

CONCLUSION

Frotteurism disorder can be successfully treated, although not everyone affected by this paraphilic disorder can be completely cured. Frotteurism is considered to be in complete remission if five years pass without another manifested episode or an uncontrolled impulse. Many people with this condition do not think they have a problem, so it is important that friends or family members form a support network to keep them on track. Constrachevici L, M., & Delcea C. (2019), Delcea C., (2019), Popa T., & Delcea C., (2019), Eusei D., & Delcea C., (2019), Dragu D., & Delcea C., Paraphilias (2019) Ongoing therapy with a therapist or mental health counselor may also be necessary, but a forensic psychiatrist is best able to assess, diagnose, and manage the treatment of people with frotteurism, thus improving their outcomes, and reducing thus, future sex crimes.

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