

Frotteuristic Disorder

Code: 302.89 (F65.81)

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Diagnostic Criteria 302.89 (F65.81)

- 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.

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Specify if:

In a controlled environment. This specifier is primarily applicable to individuals living in institutional or other settings where opportunities to touch or rub against a nonconsenting person are restricted.

In full disclosure. The individual has not acted on the urges with a nonconsenting person, and there has been no distress or impairment in social, occupational, or other areas of functioning, for at least 5 years while in an uncontrolled environment.

Specifiers

The "in remission" specifier does not address the continued presence or absence of frotteuristic per se, which may still be present after behaviors and distress have remitted.

Diagnostic Features

The diagnostic criteria for frotteuristic disorder can apply both to individuals who relatively freely disclose this paraphilia and to those who firmly deny any sexual attraction from touching or rubbing against a nonconsenting individual regardless of considerable objective evidence to the contrary. If disclosing individuals also report psychosocial impairment due to their sexual preferences for touching or rubbing against a nonconsenting individual, they could be diagnosed with frotteuristic disorder. Individuals who do not act on their urges, as demonstrated by lack of anxiety, obsessions, guilt, or shame about these paraphilic impulses and are not impaired in other important areas of functioning because of this sexual interest, and their psychiatric or legal histories indicate that they do not act on it, they could be ascertained as having frotteuristic sexual interest but should not be diagnosed with frotteuristic disorder.

Nondisclosing individuals include, for instance, individuals known to have been touching or rubbing against nonconsenting individuals on separate occasions but who consider all urges to touch or rub as sexual attractions. Some individuals may report that the identified episodes of touching or rubbing against an unwilling individual were all unintentional and nonsexual. Others may disclose past episodes of touching or rubbing against nonconsenting individuals but contest any major or persistent sexual interest in this. Since these individuals deny having fantasies or impulses about touching or rubbing, they would consequently reject feeling distressed or psychosocially impaired by such impulses. Despite nonsexual acts, some individuals may be diagnosed with frotteuristic disorder. Recurrent traumatic behavior constitutes satisfactory support for frotteurism (by fulfilling Criterion A) and concurrently demonstrates that this paraphilically motivated behavior is causing harm to others (by fulfilling Criterion B).

"Recurrent" touching or rubbing against a nonconsenting individual (i.e., multiple victims, each on a separate occasion) may, as a general rule, be interpreted as satisfying this criterion if there were multiple occasions of touching or rubbing against the same nonconsenting individual, or there was evidence of a strong preference for touching or rubbing against nonconsenting individuals. Note that multiple victims are a sufficient but not a necessary condition for diagnostic; criteria may also be met if the individual acknowledges intense frotteuristic sexual interest with clinically significant distress and/or impairment.

The Criterion A time frame, indicating that signs or symptoms of frotteurism must persist for at least 6 months, should also be interpreted as a general guideline, not a strict threshold, to ensure that the sexual interest in touching or rubbing against a nonconsenting individual is not transient. However, the duration part of Criterion A may also be met if there is clear evidence of recurrent behaviors or distress over a shorter but nontransient time period.

Prevalence

Frotteuristic acts, including the uninvited sexual touching of or rubbing against another individual, may occur in up to 30% of adult males in the general population. Approximately Frotteuristic Disorder 693

10%-14% of adult males seen in outpatient settings for paraphilic disorders and hypersexuality have a presentation that meets diagnostic criteria for frotteuristic disorder. Hence, whereas the population prevalence of frotteuristic disorder is unknown, it is not likely that it exceeds the rate found in selected clinical settings.

Development and Course

Adult males with frotteuristic disorder often report first becoming aware of their sexual interest in nonconsensually touching unsuspecting persons during late adolescence or emerging adulthood. However, children and adolescents may also touch or rub against unwilling others in the absence of a diagnosis of frotteuristic disorder. Although there is no minimum age for the diagnosis, frotteuristic disorder can be difficult to differentiate from conduct-disordered behavior without sexual motivation in individuals at younger ages. The persistence of frotteurism over time is unclear. Frotteuristic disorder, however, by definition requires one or more contributing factors that may change over time with or without treatment, subjective distress (e.g., anxiety, depression, alienation, sexual frustration, loneliness), hypersexuality, sexual impulsivity, psychosocial impairment, and/or the propensity to act out sexually by touching or rubbing against unsuspecting persons. Therefore, the course of frotteuristic disorder is likely to vary with age. As with other sexual preferences, advancing age may be associated with decreasing frotteuristic sexual preferences and behavior.

Risk and Prognostic Factors

Temperamental, nonsexual antisocial behavior and sexual preoccupation/hypersexuality might be nonspecific risk factors, although the causal relationship to frotteurism is uncertain and the specificity unclear. However, frotteurism is a necessary precondition for frotteuristic disorder, so risk factors for frotteurism should also increase the rate of frotteuristic disorder.

Gender-Related Diagnostic Issues

There appear to be substantially fewer females with frotteuristic sexual preferences than males.

Differential Diagnosis

Conduct disorder and antisocial personality disorder. Conduct disorder in adolescents and antisocial personality disorder would be characterized by additional norm-breaking and deviant behaviors. The specific sexual interest in touching or rubbing against a nonconsenting individual should be lacking.

Substance use disorders. Substance use disorders, particularly those involving stimulants such as cocaine and amphetamines, might involve single frotteuristic episodes by intoxicated individuals but should not involve the typical sustained sexual interest in touching or rubbing against unsuspecting persons. Hence, recurrent frotteuristic sexual fantasies, urges, or behaviors that occur also when the individual is not intoxicated suggest that substance abuse disorder might be present.

Comorbidity

Key comorbidities in frotteuristic disorder are largely based on research with males suspected of or convicted for criminal acts involving sexually motivated touching of or rubbing against a nonconsenting individual. Hence, these comorbidities might not apply to other individuals with a diagnosis of frotteuristic disorder based on subjective distress over their sexual interest. Conditions that occur comorbidly with frotteuristic disorder include hypersexuality and other paraphilic disorders, particularly exhibitionistic disorder and voyeuristic disorder. Conduct disorder, antisocial personality disorder, depressive 694 Paraphilic disorders, and other mood disorders, such as major depressive disorder, bipolar disorders, anxiety disorders, and substance use disorders also co-occur. Potential differential diagnoses for frotteuristic disorder sometimes occur also as comorbid disorders. Therefore, it is generally necessary to evaluate the evidence for frotteuristic disorder and possible comorbid conditions as separate questions.