Clinical Characteristics and Psychiatric Comorbidity in Males With Exhibitionism

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Background: This study was constructed to detail the demographic and phenomenological features of males with exhibitionism.

Method: Male subjects with DSM-IV exhibitionism were administered a semistructured interview to elicit demographic data and information on the phenomenology, age at onset, and associated features of the disorder. Subjects also underwent structured clinical interviews to assess both Axis I and Axis II comorbidities. Data were collected from September 2003 to March 2005.

Results: Twenty-five males with exhibitionism (mean ± SD age = 35.0 ± 13.1 years [range, 14–68 years]) were studied. The majority of subjects were single (60% [N = 15]) and heterosexual (80% [N = 20]). The mean ± SD age at onset for exhibitionism was 23.4 ± 13.1 years. All subjects reported urges to expose themselves with little control over these urges. Exposing oneself while driving was the most common expression of the disorder. Twenty-three (92%) suffered from a current comorbid Axis I disorder (major depressive disorder, compulsive sexual behavior, and substance use disorders were most common), and 40% (N = 10) suffered from a personality disorder. Suicidal thoughts were common (52% [N = 13]), and many (36% [N = 9]) had been arrested for exhibitionism.

Conclusion: Exhibitionism appears to be associated with high rates of psychiatric comorbidity and impairment. Research is needed to optimize patient care for men with this disorder.

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Exhibitionism is characterized by recurrent, intense, sexually arousing fantasies, sexual urges, or behaviors that involve the exposure of one's genitals to an unsuspecting stranger.[1] A diagnosis of exhibitionism is made either if the person acts on the sexual urges or if the urges or fantasies cause distress or interpersonal problems.[1] Although nonnormative sexual practices have been discussed for centuries, exhibitionism was not included in the DSM until 1980 with its categorization as a paraphilia. As such, research involving exhibitionism has largely focused on the larger category of paraphilias or on sexual offenders.[2–4] There has been only limited research, however, concerning the unique clinical characteristics of exhibitionism.

The current literature on exhibitionism presents a fragmented clinical picture. The scientific literature has suggested multiple ways of understanding, and thereby possibly treating, exhibitionism: as a sexual disorder similar to other paraphilias[3–5]; as an obsessive-compulsive spectrum disorder, with behaviors phenomenologically similar to those of individuals with obsessive-compulsive disorder[6]; and even as a possible addictive disorder, as paraphilias may be associated with elevated rates of comorbid substance use disorders.[7] Given these varied interpretations of exhibitionism, the purpose of the present study was to construct a detailed demographic and phenomenological picture of males with exhibitionism and to assess psychiatric comorbidity by using structured clinical interviews in a sizable study group.

METHOD

Male outpatients aged ≥ 14 years voluntarily requesting outpatient treatment and meeting DSM-IV criteria for exhibitionism were recruited by referrals from primary care providers and psychiatrists for treatment in an impulse-control disorders specialty clinic. Patients presented with a range of impulsive behaviors and reported the exhibitionism during the clinical evaluation of sexual behavior. All patients reporting impulsive behaviors were offered outpatient clinical care, inclusion in 1 of several research studies examining various clinical characteristics and psychiatric comorbidity of impulsive behaviors, or a onetime consultation evaluation. All subjects underwent the same semistructured interview and other assessments except that patients seen in consultation or for outpatient

clinical care did not complete the Medical Outcomes Study 36-item Short-Form Health Survey (SF-36). The Institutional Review Board (IRB) of Butler Hospital approved the studies and consent statements. All participants in research studies (N = 18) provided written informed consent. Data from participants seen for consultation (N = 2) or outpatient clinical care (N = 5) were later compiled using a chart review with a Health Insurance Portability and Availability Act (HIPAA) waiver form approved by the IRB. Data were collected from September 2003 to March 2005.

Subjects were individually and privately interviewed using a semistructured interview to elicit demographic data and data regarding sexual behavior and clinical features of exhibitionism (e.g., triggers to exposure, legal problems, history of sexual abuse and suicide attempts). Co-occurring psychiatric diagnoses were assessed using the Structured Clinical Interview for DSM-IV (SCID),[8] and the following were used to assess impulse-control disorders: Structured Clinical Interview for Pathological Gambling (SCI-PG),[9] a valid and reliable diagnostic instrument based on the SCID, and SCID-compatible modules using DSM-IV diagnostic criteria for compulsive buying, compulsive sexual behavior, kleptomania, pyromania, trichotillomania, and intermittent explosive disorder.[10,11] Sexual disorders (paraphilias, sexual desire disorders, orgasmic disorders, and gender identity disorder) were examined with a semistructured clinical interview using DSM-IV criteria. In addition, each subject was assessed with the Structured Clinical Interview for DSM-IV Personality Disorders (SCID-II).[12]

The SF-36,[13,14] a reliable and valid self-report measure, was used to assess current health status and health-related quality of life in all subjects. Mental health–related quality of life was assessed with 3 SF-36 subscales: social functioning, role limitations due to emotional problems, and mental health (a measure of psychological distress and well-being). Results from the SF-36 were compared to those of the United States general population by calculating the difference in standard deviation units. Using the method described by Koran et al.,[15,16] the mean scores for the United States population were subtracted from the mean scores for the subjects with exhibitionism and then divided by the standard deviation of the U.S. population scores.

RESULTS

Demographics

Twenty-five consecutive males with histories of exposing themselves were studied. All 25 met DSM-IV criteria for the diagnosis of exhibitionism. At the time of presentation, the ages of the subjects ranged from 14 to 68 years (mean ± SD age = 35.0 ± 13.1 years). The sample included 24 white subjects (96.0%) and 1 African American subject (4.0%). Two (8.0%) were still attending high school, 15 (60.0%) had completed high school, 1 (4.0%) had some college education, and 7 (28.0%) had earned college degrees. Fifteen (60.0%) were single, 6 (24.0%) were married, and 4 (16.0%) were divorced. Twenty (80.0%) identified themselves as heterosexual; 4 (16.0%), as homosexual; and 1 (4.0%), as bisexual. Two (8.0%) subjects reported a history of being sexually abused during childhood or adolescence, 1 (4.0%) reported having been a victim of exhibitionism during childhood, and 2 (8.0%) reported a history of physical abuse.

Table 1. Triggers to Exposing Oneself in 25 Males With Exhibitionism[a]

Trigger	N	%
Boredom	11	44.0
Stress	8	32.0
Attractive person	7	28.0
Interpersonal conflict	6	24.0
Feeling down or sad	6	24.0
Feelings of inadequacy	4	16.0
None	4	16.0
Particular place	1	4.0

[a]Subjects may have reported multiple triggers to their behavior.

Clinical Characteristics

The reported mean age at onset of exhibitionism was 23.4 ± 13.1 years (range, 13–63 years). Fourteen subjects (56.0%) reported age at onset as during adolescence. The mean duration of exhibitionism was 11.6 ± 7.0 years (range, 1–26 years). The disorder appears chronic in this sample, with only 1 subject reporting a period of greater than 2 months without symptoms after onset. No subject had begun exposing himself in response to a medical or neurologic condition or recalled a history of head trauma that coincided with the onset of exhibitionism.

Episodes of exhibitionism were frequent, with subjects reporting a mean number of 1.5 ± 1.0 times per week. Three subjects (12.0%) exposed themselves only 1 time per month, whereas 5 (20.0%) exposed themselves a mean number of 3 times per week. No subject reported exhibitionism less frequently than 1 time per month. All 25 subjects reported that the frequency of behavior increased over the course of the illness.

All 25 subjects reported urges to expose themselves. When asked about the degree of control over the urges, subjects reported being unable to resist the urge a mean of 64.0% ± 23.0% (range, 25%–100%) of the time. In fact, 22 (88.0%) reported that at least 50% of the time they experienced an urge they were unable to resist. Triggers that elicited the urge to expose are listed in Table 1.

Males with exhibitionism exposed themselves in a variety of places. Seventeen (68.0%) reported that they exposed themselves while driving, 12 (48.0%) exposed themselves in stores or in parking areas near stores, 10 (40.0%) exposed themselves in parks, and 7 (28.0%) reported exposing themselves in their own yards.

Table 2. Scores on the SF-36 in Males With Exhibitionism and in a United States Population Sample

Variable	Males With Exhibitionism (N = 18) Mean	SD	United States Population (N = 2474)[a] Mean	SD	Difference in SD Units
Social functioning	67.8	10.0	83.3	22.7	–0.68
Role limitations due to emotional problems	70.3	11.2	81.3	33.0	–0.33
Mental health	53.6	10.2	74.4	18.1	–1.15

[a]Data from Koran et al.[15]
Abbreviation: SF-36 = Medical Outcomes Study 36-Item Short-Form Health Survey.

Although 2 men (8.0%) reported that at times they did not want anyone to notice, all subjects reported that they generally had a target for their behavior. Of the 20 heterosexual males, 19 (95.0%) reported that they wanted a woman to notice their behavior. Of the 5 homosexual/bisexual males, all 5 wanted a man to notice. One heterosexual and 1 homosexual male also reported that they liked exposing themselves to children in addition to adults. Eighteen (72.0%) reported that they wanted the person who noticed them to respond with interest or excitement, although all 18 reported that they did not want the behavior to lead to a sexual encounter. Only 4 (16.0%) reported that they wanted to shock or disgust a person, while 1 (4.0%) reported that he wanted no specific reaction.

When asked how they felt during the exposure, subjects reported a variety of responses, with some reporting several different feelings. Eleven (44.0%) reported feeling excited or turned on by exposing themselves, and 9 (36.0%) reported that exhibitionism made them feel wanted or desired. Eight (32.0%) felt a relief or felt calmer after exposing themselves. Six (24.0%) felt powerful after exposing themselves.

Fifteen subjects (60.0%) masturbated while they exposed themselves. Sixteen (64.0%) masturbated after the act of exhibitionism. Only 6 (24.0%) fantasized about exposing themselves. Nineteen (76.0%) reported feeling distressed after the act of exhibitionism. In fact, 13 (52.0%) reported thoughts of suicide due to the shame and embarrassment they felt, and 3 (12.0%) had attempted suicide as a means of stopping their behavior. Nine (36.0%) had been arrested for exposing themselves.

Results from the SF-36 are presented in Table 2. The mean score for mental health was more than 1 standard deviation below the mean for the general population. The mean scores for social functioning and role limitations due to emotional problems were also below those for the general population.

Comorbidity

Table 3 summarizes comorbidity results for Axis I disorders. Twenty-three (92.0%) reported symptoms consistent with a current Axis I disorder in addition to exhibitionism, and 24 (96.0%) reported at least 1 lifetime Axis I disorder in addition to exhibitionism. Six (66.7%) of the 9 subjects with current major depressive disorder reported that they had not had mood symptoms prior to their exhibitionism. In fact, they reported that mood symptoms were a result of both the distress and shame associated with exposing themselves and the legal repercussions of exhibitionism. Similarly, 2 subjects with current anxiety disorders attributed their symptoms to being arrested for exposing themselves and the concern over future legal problems.

Of the 13 subjects with a lifetime substance use disorder, 11 (84.6%) reported that the substance use disorder came after the onset of exhibitionism, and 10 (76.9%) of the 13 felt that shame and embarrassment due to the exhibitionism was a major contributor to their substance use. Two (50.0%) of the 4 subjects with a current drug use dis-

Table 3. Psychiatric Comorbidity in 25 Males With Exhibitionism

Disorder	Current N	Current %	Lifetime N	Lifetime %
Mood disorders				
Major depressive disorder	9	36.0	10	40.0
Bipolar disorder	0	0	0	0
Dysthymia	0	0	0	0
Anxiety disorders				
Obsessive-compulsive disorder	2	8.0	2	8.0
Panic disorder	0	0	1	4.0
Agoraphobia	0	0	0	0
Social phobia	1	4.0	1	4.0
Posttraumatic stress disorder	1	4.0	1	4.0
Generalized anxiety disorder	2	8.0	3	12.0
Any anxiety disorder	4	16.0	6	36.0
Substance use disorders				
Alcohol abuse/dependence	5	20.0	7	28.0
Drug abuse/dependence	4	16.0	9	36.0
Any substance use disorder	8	32.0	13	52.0
Eating disorders				
Anorexia nervosa	0	0	0	0
Bulimia nervosa	0	0	1	4.0
Any somatoform disorder	1	4.0	1	4.0
Any psychotic disorder	0	0	0	0
Impulse-control disorders				
Compulsive sexual behavior	7	28.0	7	28.0
Compulsive buying	0	0	0	0
Pathological gambling	3	12.0	3	12.0
Kleptomania	1	4.0	1	4.0
Trichotillomania	0	0	0	0
Pyromania	0	0	0	0
Intermittent explosive disorder	2	8.0	3	12.0
Any impulse-control disorder	12	48.0	13	52.0
Sexual disorders				
Pedophilia	2	8.0	3	12.0
Zoophilia	0	0	1	4.0
Fetishism	4	16.0	4	16.0
Sexual sadism	2	8.0	2	8.0
Urophilia	2	8.0	2	8.0
Transvestic fetishism	1	4.0	1	4.0
Voyeurism	2	8.0	2	8.0
Male erectile disorder	2	8.0	2	8.0
Sexual disorder not otherwise specified	3	12.0	3	12.0
Any sexual disorder	14	56.0	15	60.0

order were addicted to cocaine and reported that cocaine worsened the urges to expose themselves.

Ten (40.0%) of the men with exhibitionism had at least 1 other lifetime paraphilia. Five subjects (20.0%) met diagnostic criteria for at least 2 other lifetime paraphilias. Of the 10 subjects with exhibitionism and at least 1 other paraphilia, 8 (80.0%) reported that symptoms of exhibitionism occurred before the other paraphilias.

In addition to Axis I comorbidity, 10 subjects (40.0%) suffered from at least 1 personality disorder. Three (12.0%) had dependent personality disorder, 2 (8.0%) had borderline personality disorder, 2 (8.0%) had narcissistic personality disorder, 2 (8.0%) had antisocial personality disorder, 2 (8.0%) had paranoid personality disorder, 2 (8.0%) had avoidant personality disorder, and 1 (4.0%) had obsessive-compulsive personality disorder.

DISCUSSION

To my knowledge, this is the largest study examining the clinical characteristics and psychiatric comorbidity of men suffering from exhibitionism in a sample seeking treatment voluntarily. The results demonstrate that exhibitionism most often begins in late adolescence or early adulthood but that it can begin at any age. Subjects in this study reported a long duration of illness (mean of approximately 11 years) with virtually no asymptomatic periods. This finding suggests that if left untreated, exhibitionism appears to be chronic. Therefore, clinicians should inquire about exhibitionism when taking a sexual history, as early treatment intervention may be important. Case studies and series have shown that both pharmacologic[4–6,17–21] and psychosocial[3,22–24] interventions may be helpful for this disorder.

Approximately one third of the subjects had been arrested for exposing themselves, but only 1 was a registered sexual offender. In that case, the sexual offender status was due to pedophilia, not exhibitionism. In fact, most of the subjects in this sample exposed themselves while driving and had never been arrested. Given that much of the literature on exhibitionism comes from sexual offender research,[2,3,25] the question arises as to whether exhibitionism may be more common than initially thought and whether there may be a range of sociopathy among men with exhibitionism.[25]

Comorbidity among men with exhibitionism in this study was high. In fact, the vast majority (92%) reported a current comorbid disorder. These men suffered from elevated rates of current and lifetime comorbid sexual disorders, impulse-control disorders, and substance use disorders. These findings suggest that exhibitionism in men may be associated with impaired impulse control over a wide range of activities. In particular, 40% of the subjects had at least 1 other paraphilia. These comorbidity data may suggest that more intensive treatment for a wide range of sexual and impulsive behaviors is needed for men who expose themselves. Also, because major depressive disorder and many of the substance use disorders appeared to be largely secondary to the exhibitionism, early treatment targeting exhibitionism may prevent further psychiatric difficulties for many of these men.

This study has several limitations. First, this study relied on self-reported sexual and criminal history, not actual criminal records, and therefore the extent of both sexual behavior and legal problems may have been underreported. Second, the study sample consisted of adolescents as well as adults. There is some controversy about how frequently sexually deviant behavior in adolescence will continue into adulthood.[26,27] Given that there were only 2 adolescents in this study, however, our results may reasonably generalize to most men with exhibitionism, although large epidemiologic surveys are needed to confirm this. Third, men with exhibitionism who voluntarily seek treatment may differ from individuals who do not seek treatment or have a more severe form of pathology. The extent to which these results generalize to women with exhibitionism[28,29] or the larger population of men with exhibitionism warrants future study.

CONCLUSION

The results of this exploratory study suggest that exhibitionism in men generally begins during young adulthood and appears chronic. Thoughts of suicide and social dysfunction are common in men with exhibitionism. Additionally, exhibitionism in men appears to be associated with comorbid psychiatric conditions, particularly disorders characterized by impaired impulse control. Large prevalence studies are needed to elucidate the course of exhibitionism and its relationship to other psychiatric disorders (e.g., prospective studies and studies of etiology and pathophysiology). Clinical trials are necessary to identify efficacious treatments for men with exhibitionism.

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