



CASO CLÍNICO/CASE REPORT

Frotteurism and Kleptomania in High-Functioning Autism Spectrum Disorder: A Case Report

Frotteruismo e Cleptomania na Perturbação do Espectro do Autismo de Alto Funcionamento: Caso Clínico

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RESUMO

As vulnerabilidades inatas nas perturbações do espectro do autismo (PEA) aumentam o risco de comorbidades psiquiátricas e questões de enquadramento legal. Os défices persistentes na comunicação social, os interesses restritos e repetitivos, ou as particularidades sensoriais podem facilitar o aparecimento de comportamentos desviantes.

Este caso clínico descreve a história de um jovem de 22 anos que exibia comportamentos particulares categorizados em frotteurismo e cleptomania. A natureza impulsiva destes comportamentos era também ela consistente com padrões repetitivos e estereotipados. A referência a prévias dificuldades a nível social, sobretudo na vertente da comunicação foi proeminente, tendo conduzido à suspeita do diagnóstico de PEA.

Este caso apresenta duas condições raras, comórbidas com a PEA, cujas implicações a nível legal podem afetar severamente a vida dos indivíduos. A importância desta associação aplica-se sobretudo em PEA de alto funcionamento, devido à probabilidade destes indivíduos chegarem não diagnosticados à vida adulta. O diagnóstico de PEA mostra-se pertinente sobretudo no campo da psiquiatria forense, pois a aferição diagnóstica permitirá o acesso a intervenções adequadas a nível da educação sexual e competências sociais.

ABSTRACT

Innate vulnerabilities in autism spectrum disorder (ASD) could increase the risk of comorbid psychiatric conditions and judicial problems. Persistent deficits in social communication, narrow, repetitive interests, or sensory impairments could lead to deviant behaviors.

This case study refers to a 22-year-old male who exhibited behavioral particularities in agreement with the presence of frotteurism and kleptomania. The impulsive nature of these behaviors was consistent with repetitive and stereotyped patterns. Premorbid social impairments, mainly in the communication domain, were also prominent, leading to the suspicion of ASD.

This case report introduces two rare comorbid conditions in ASD, with forensic implications that can severely impact patients' lives. The importance of this association especially applies to high-functioning ASD, given the propensity to an unknown diagnosis. A high-level awareness of ASD, especially in forensic psychiatry, is of paramount pertinence regarding the opportunity for early interventions addressing sexual education and social skills training.

Autism, high-level, frotteurism, kleptomania, sexual, impulse, forensic, psychiatry, social skills

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Keywords: Autism Spectrum Disorder; Disruptive, Impulse Control, and Conduct Disorders

Palavras-chave: Perturbação do Espectro do Autismo; Perturbações Disruptivas de Controlo dos Impulsos e de Conduta

INTRODUCTION

Autism spectrum disorder (ASD) is a neurodevelopmental condition characterized by two core dimensions: social communication difficulties and restricted repetitive behaviors, interests, or activities.¹ The severity of symptoms in ASD belongs to a continuum where functional impairment could range drastically.¹

The worldwide prevalence of ASD is estimated 62/10 000, approximately 1 percent of the general population, occurring more frequently in males with an assessed ratio of 3-4:1.²⁻⁴

Usually, ASD emerges early in childhood, but occasionally a period of apparently normal development is observed, and ASD only becomes evident in adolescence or young adulthood when the patient's skills no longer meet increasing environmental demands.⁴ A systematic review found a prevalence of between 2.4% and 9.9% of unrecognized adults with ASD among psychiatric inpatients.⁵

A recent meta-analysis synthesized the most prevalent comorbid psychiatric conditions in the ASD population as anxiety disorders, depressive disorders, mood disorders, psychotic disorders, suicidal behavior, eating disorders, substance use disorders, obsessive-compulsive and related disorders, attention-deficit/hyperactivity disorder, disruptive, impulse-control and conduct disorders.⁶

In some aspects, social communication deficits are seen as peculiar eye contact, incongruence in facial mimic, and inappropriate verbal and nonverbal expression.⁷ The inability to engage socially and behavioural adjustment difficulties lead to interpersonal challenges, failing to develop appropriate peer relationships.⁷ Intrinsic deficits regarding interpersonal relationships provide ASD individuals with fewer opportunities to engage in different experiences and contexts. Deficits in social interaction and perceiving subtle cues, as well as a deficit in mentalization (ability to attribute mental states to oneself and others, and also to recognize others' perspectives as possibly distinct from their own), contribute to impaired romantic and sexual behaviors.⁸ Adding to this feature of problems, repetitive and stereotyped behaviors and specific sensory patterns are also an issue of concern.⁸ Sensory impairments can prompt inadequate sexual behaviors. It is indeed recognized that ASD individuals, mainly among men, report hypersexual behaviors more frequently.⁹ Most ASD individuals do not receive sexual education, which increases the probability of displaying unappropriated behaviors.⁹ Based on available literature on the ASD population, the prevalence of disruptive, impulse-control, and conduct disorders range from 12% to 48%, and inappropriate sexual behaviors and paraphilias were reported for about 25%.^{6,8}

In this case report, we will describe two uncommon forensic-related conditions in an ASD patient, namely frotteurism and kleptomania.

Frotteurism is a paraphilic disorder defined as intense and recurrent sexual arousal by touching or rubbing another person's body without consent.^{1,10} Impulses or fetishes must drive the individual, the behavior is repetitive, and the condition causes distress or clinically significant impairment in functional domains.¹ Population-based studies report this condition as more frequent in young adolescent males, with a peak age of onset between 15 and 25 years old, and the exact prevalence is unknown.¹¹ Deviant sexual behaviors and paraphilias have been reported in ASD populations primarily by case studies.⁸ To our knowledge, there is no literature addressing frotteurism in ASD, none any case report. Moreover, most paraphilic interests in ASD cases reports are in individuals with some degree of cognitive impairments, and in ASD high-functioning profiles, the most frequent ones were fetishism and voyeurism.^{8,9} Kleptomania is an impulse-control disorder, characterized by a recurrent incapacity to resist an impetuous desire to steal unneeded or valueless objects.¹ The incidence of kleptomania in the general population is about 0.3%–0.6%, and there is no literature addressing it in the ASD field, none any case report to our knowledge.¹²

The prevalence of ASD individuals has risen in recent decades, with nearly half of them with at least average intelligence, although in these cases, social and communicational difficulties still constitute barriers in daily life.⁹

CASE REPORT

A 22-year-old male college student was referred to a Psychiatry Liaison Unit, on the college's campus, considering a suspicion of frotteurism and kleptomania and patient-related increased distress. He had no previous psychiatric follow-up.

After an initial evaluation, signs of paraphilic tendencies were identified. A diagnosis of frotteurism was considered since the patient described incidents occurring in the last two years, where he covertly scrubbed his genitals against unknown women's thighs or buttocks at crowded places, mainly college parties, which led him to sexual pleasure. Those repetitive situations were correlated with a desire to assert dominance by touching a specific number of women each time he assaulted. He never considered his behavior offensive and could not anticipate the harm his outrage could have on others.

Concomitantly, a diagnosis of kleptomania was considered when the patient described in detail particular events of theft that had occurred in the last three years. He described episodes where he stole relatively worthless objects (e.g., towels, bikes, women's underwear, lemons) and kept them home. When detailing such thefts, he reported increasing excitement immediately before the act, with accompanying repetitive thoughts about the possibility of being arrested.

After committing thefts, he had a sense of accomplishment. He also usually masturbates to personal stolen objects like clothes. He was aware of his conduct and recognized he should not have engaged in those behaviors, regretting his inadequate conduct and claiming he had tried to resist the impulses. When he detailed assaults, the patient consistently applied logic where the act constituted a big gain for him and a slight loss for others, so almost harmless. Despite the presence of insight and guilt feelings, the behavior relapses.

The described scenario created significant distress for him with worries concerning relationships and intimacy. He considered himself incapable of having a relationship or attaining a satisfactory job with an auto-recognized distress in the understanding of the emotional field.

The patient also experienced long-term difficulties in the interpersonal communication domain with consequent social isolation. He was unable to establish and maintain friendships and social relationships, primarily because of his rigidity and non-adaptative behavior; he had a small number of friends and described feeling excluded from social networks. He had superficial connections with most of his relatives, except his grandmother. Regarding his cognitive functioning level, the patient recognized his achievements as underperforming, he completed his master's degree but expressed a lack of motivation and a tendency to procrastinate. He only had temporary non-qualified jobs and did not search for more suitable options; he disliked job interviews because he felt unable to read social cues. Yet, he received work proposals but denied them because they demanded routine adjustments. This assortment of difficulties was present since adolescence, with an exacerbation at the onset of adulthood when the demand for social abilities increased. The whole of this description raised suspicion of ASD.

After a clinical evaluation by a psychiatrist specialized in neurodevelopmental disorders, the patient was assessed by a psychologist with training in ASD diagnostic interviewing. Although meeting the criteria for ASD from the DSM-5, he underwent assessment with the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), Module 4, that corroborated the suspicion of ASD [Communication (C = 3); Reciprocal Social Interaction (RSI = 3); Overall Total (C + RSI = 6); Restricted and Repetitive Behaviors (RRB = 1); Imagination (I = 1), Autism Spectrum: C (cut-off = 2) or RSI (cut-off = 4) or Overall total (C + RSI) (cut-off = 7), I and RRS without cut-off.^{1,13,14}

Medical history was unremarkable except for a frenectomy at the age of 10. Regarding drinking habits, he assumed recurrent episodic alcohol abuse (6 to 10 units of alcohol on occasion), mainly in social interactions, as it reportedly helped him to decrease anxiety and facilitated social interaction. Further investigation was carried out with a blood sample to analyze blood count, liver, renal and thyroid function, and infection panel. He also performed a computed tomography (CT) scan which was normal.

In summary, we present the case of a young male with ASD, concomitant kleptomania, and frotteurism, with severe functional repercussions.

DISCUSSION

Co-occurring psychiatric conditions have been frequently reported in individuals with ASD, negatively impacting long-term outcomes.¹⁵ To our knowledge, this is the first case report of an ASD patient with concomitant frotteurism and kleptomania.⁶

The case describes a major impulse control impairment in an ASD background that could regroup both concomitant disorders, frotteurism and kleptomania, two unusual conditions with a common field: repetitive behavior driven by impulse. These two comorbid conditions are rare in ASD and could especially apply to high-functioning ASD since those individuals frequently go unrecognized till an adult age, probably as a result of their efforts towards somewhat acceptable behavior to social requirements during growth, and higher self-control abilities but that become limited when social patterns turn out more challenging.⁹

Due to social and communication persistent deficits, disadvantages in perceiving social cues, intense fixation on restricted interests, impaired 'Theory of Mind', and "interpersonal naiveté" in ASD, some patients will present difficulties in intimacy and sexual aspects, engaging in misappropriate behavior.^{9,16-19} Therefore, impaired impulse control, specific obsessive interests, and patients' inability to understand the consequences of their actions, may result in injurious behaviors toward others.^{16,20} Disorders characterized by impulsivity often have features of compulsivity and vice versa within an intricate relationship. Both impulsivity and compulsivity may reflect failures of response inhibition, but they differ in aspects of response inhibition: compulsivity relates to an inability to terminate action, whereas impulsivity refers to problems initiating actions.²¹ In the neurobiological field there is some overlap of neural substrates of compulsivity (dorsolateral prefrontal cortex, the lateral orbital frontal cortex, caudate nucleus, supplementary motor area, premotor cortex, and putamen) and impulsivity (ventrolateral prefrontal cortex, anterior cingulate, presupplementary motor and their link to the caudate nucleus and putamen) circuits.²¹

The core symptoms of ASD combined with limited sexual knowledge and even fewer opportunities to experience romantic experiences could predispose ASD to problematic behaviors.⁹ Specific sensory patterns (hyposensitivities and hypersensitivities) are frequently reported in ASD.⁹ Paraphilic behavior here, recognized as frotteurism, could be understood partially as an expression of sensory sexual impairment with a consequent search of an above-average stimulation to achieve arouse level. Restricted repetitive interests, obsessive patterns of thought, fixations on people or objects, and the difficulty in recognize the limits of others' personal field, could interfere with social functioning and adjustment to social norms, leading to inappropriate behaviors.^{4,22} It is the context of frotteuristic act (not the act itself since it is part of normal sexual activity) that is classified as deviant, and so Lussier and Piche with the social incompetence hypothesis defended that psychological deficits and fragilities lead to social inadequacy as not asking or respecting partners consent.²³ It is important to mention that frotteurism is probably the most non-diagnosed

paraphilic disorder, with 26.7% of prevalence in general population,²⁴ since the deviant nature of the behavior is hardly recognized by victims and consequently the declaration of the complaints is low.

In the case of sexually inappropriate conduct in ASD, proposed intervention strategies should embrace areas like sexual knowledge, dating behaviors, social skills training, interpersonal facilities, emotional competencies, and strengthening of socially desirable behaviors.¹⁹

CONCLUSION

To our knowledge, this is the first case report of a young male with ASD who exhibited deviant behaviors compatible with frotteurism and kleptomania. The co-occurrence of

these conditions in the context of other behavioral specificities and social impairments led to the suspicion of ASD.

Increased awareness of even rare co-occurring mental health conditions in ASD is crucial because it could severely impact patients' lives. Timely recognition is especially important in high-functioning ASD individuals since they are frequently non-diagnosed in adulthood. This is of interest not only in the medical field but also in forensic settings, where ASD could remain unrecognized.

Interventions addressing social skills training, learning opportunities regarding sexuality, and impulse control strategies should be implemented as early as possible. The final goal is to allow ASD individuals to express themselves in socially acceptable ways.

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ARF: Concepção e escrita do primeiro draft

SM: Concepção e revisão

GA: Análise ou interpretação dos dados do trabalho

NM: Revisão crítica de importante conteúdo intelectual

Todos os autores aprovaram a versão final a ser publicada

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ARF: Conception and writing of the first draft

SM: Design and revision

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NM: Critical revision of important intellectual content

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