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CASE REPORT

Genital self stimulation with exhibitionism in a preschooler

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Abstract:

Humans show a wide array of sexual preferences and behaviors. Some individuals have unconventional preferences with regard to the sex and age of sexual partners, or with regard the nature of sexual activities. Masturbation refers to sexual stimulation of a person's genitals, often to the point of orgasm. Self masturbation is a common form of autoeroticism. We are reporting a 4 years old child with self stimulating behaviour and exhibitionism.

Key words: Sexual self-stimulation, exhibitionism, children

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Introduction

Masturbation refers to sexual stimulation of a person's genitals, often to the point of orgasm (Merriam-Webster's Collegiate Dictionary, 2003). The stimulation can be performed manually, by other types of bodily contact (short of sexual intercourse), by use of objects or tools, or by some combination of these methods. Self masturbation is a common form of autoeroticism, and masturbation with a partner (mutual masturbation) is also common. Men and women have techniques and characteristics in common, but also have specific preferences in the ways they like to masturbate or be masturbated. Studies have found that masturbation is frequent in humans of both sexes and all ages, although there is variation. Examples of hypersexual behavior, as seen in children with a comprehensive research diagnosis of mental retardation, ADHD, mania, schizophrenia, seizure disorder and in whom abuse and overstimulation were ruled out [1-3] include trying to touch private parts on the examiner; rubbing themselves suggestively on table edges; imitating sexy rock stars; and touching themselves in a flirtatious manner or using highly explicit sexual act language. Exhibitionism is described in the *DSM-IV-TR* as the exposure of one's genitals to a stranger, usually with no intention of further sexual activity with the other person [4].

For this reason, the term exhibitionism is sometimes grouped together with expression,

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"voyeurism," ("peeping," or watching an unsuspecting person or people, usually strangers, undressing or engaging in sexual activity) as a "hands-off" paraphilia. This contrasts with the "hands-on disorders" which involve physical contact with other persons. The disorder appears to have its onset before age 18.

There is paucity of literature on genital self-stimulation with exhibitionism in young children and none from India. We describe a child, 4 years old having genital self-stimulation presenting in the form of masturbation with features of exhibitionism.

Case Report

Mr R, 4 years old boy was brought to the Psychiatry outpatient department by his mother

with complaints of excessively stimulating his genitalia against the bed and also masturbating many times a day for last seven months. On being scolded, he started spending more time in the bathroom. This behavior had become worse when he started masturbating and showing his genitalia in public. On one occasion, he was taken to a social function where he opened his underwear to show genitalia to a young girl and started masturbating. He had developed this behavior for last six months. He tried to control the behaviour but failed there was pleasure from genital stimulation. Due to this behaviour, the child was distressed and became irritable. The habit of masturbation was learned from his close friend. The history was not suggestive of mental retardation, ADHD, mania, schizophrenia, OCD, seizure disorder, head injury, sexual abuse and any other psychiatric disorder, chronic physical illness or drug dependence. There was no family history of any psychiatric illness. Physical examination was normal. The investigations, which included haemogram, urine examination and culture, blood urea and sugar, EEG, ultrasonography of abdomen and CT scan of head were all normal. On mental state examination, he showed irritability and sad mood. There were ideas of guilt for his sexual behaviour. There was no formal thought disorder or perceptual abnormality. Higher mental functions were normal. He fulfilled the criteria of hypersexual behavior with exhibitionism and was started on counseling and escitalopram 5mg in the morning, which was gradually increased to 10mg after 2 weeks period. There was gradual decline in his genital self stimulation and exhibitionism in seven weeks. This patient has been followed up for the last three months and has not developed any similar symptoms.

Discussion

The exact prevalence of hypersexual behavior in children is not known. Masturbation or genital self stimulation behavior may be seen even in toddlers and preschoolers. These children may indulge in repetitive sexual self stimulating activity during periods of stress or boredom. Occasional masturbation by kids can be considered a normal behavior. It is part of normal development in these children. Further, Kinsey

reported that 32 percent of boys two to 12 months old were able to reach climax [5]. At age three, most boys masturbate manually, but many still lie on their stomachs and writhe while engaging in other activities, such as watching television, and a few use other means of stimulation [6]. Masturbation by kids is common between 2 months and 3 years of age. This sexual self stimulation has a sudden onset. This behavior of sexual self stimulation may continue until the child is provided with remedies for stress or unhappiness which had led the child to this behavior. After 5-6 years of life, these children may continue doing it in private. In fact, masturbation by kids is one of the differential diagnoses that are considered by the doctor in children who are brought with symptoms resembling seizures [7]. Frequency of masturbation is determined by many factors, e.g., one's resistance to sexual tension, hormone levels influencing sexual arousal, sexual habits, peer influences, health and one's attitude to masturbation formed by culture [1].

In some cases, the exhibitionist masturbates while exposing himself (or while fantasizing that he is exposing himself) to the other person. Some exhibitionists are aware of a conscious desire to shock or upset their target; while others fantasize that the target will become sexually aroused by their display [1]. In general, psychiatrists disagree whether exhibitionism should be considered a disorder of impulse control or whether it falls within the spectrum of obsessive-compulsive disorders (OCDs).

The present case was atypical because firstly, he had developed the habit of masturbation with exhibitionism. This occurred without any comorbid psychiatric disorder; secondly, there was a guilt feeling associated with it; and lastly, there was complete remission of hypersexual behavior with symptoms of exhibitionism with escitalopram. Selective serotonin reuptake inhibitors (SSRIs) have been used in the treatment of paraphilia but this patient improved with escitalopram even without showing features of depression [8]. It is justified to include hypersexual behavior as a separate diagnostic entity as proposed in draft of DSM-V [9].

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