

## Exhibitionism Explored: Insights into the Deviant Act

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### ABSTRACT

The prevalence of exhibitionism and its potential consequences for both individual well-being and societal standards have long attracted the attention of forensic psychologists and psychiatrists studying deviant sexual behaviour. Despite its frequency and the significant impact on victims, including children, it often receives less research attention compared to other sex offenses, such as child molestation or rape. This study has a two-fold purpose. Firstly, it seeks to provide a comprehensive understanding of exhibitionism by examining its psychological and neurobiological foundations, prevalence, and potential effects on individuals and society. Secondly, it reviews the multidisciplinary and concept map approach to exhibitionism, aiming to shed light on the psychological factors contributing to its development, as well as its societal and legal repercussions. Exhibitionism leaves victims traumatized and raises concerns for society and the Criminal Justice system. The outcomes of this research have significant implications for the field of crime investigations. It can enhance the understanding of investigations into complex sexual offence cases, providing valuable insights for experts, investigating officers, and the judicial system in the pursuit of justice.

**Keywords:** *Exhibitionism, Deviant Behaviour, Mental Disorder, Psychological Factors, Societal Impact, Criminal Justice System*

In the early 14<sup>th</sup> century from an old French exhibition meaning “action of displaying”, show, exhibitions, or display. From Late Latin *exhibitionem* (nominative *exhibitio*), noun of action from past-participle stem of Latin *exhibere* "to show, display, present," literally "hold out, hold forth," from *ex* "out" and *habere* "to hold". Likewise, from the mid-15 centuries as "food, food, wellspring of help." Meaning "what is exhibited" is from 1786 (Mester, 1984). According to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM5, 2009), the term paraphilic disorder is reserved for those cases in which a sexually deviant fantasy or impulse has been expressed behaviourally.

The term "paraphilic disorder" is used to describe cases where a sexually deviant fantasy or impulse has been acted upon (Diagnostic and Statistical Manual of Mental Disorders, 2009). Individuals with paraphilic interests can experience sexual pleasure, but they are inhibited from responding to stimuli that are normally considered erotic. (Individuals with paraphilic

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Received: August 27, 2024; Revision Received: September 23, 2024; Accepted: September 27, 2024

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interests may experience sexual pleasure, but their arousal is typically in response to stimuli that are considered outside the norm.) (*General Discussion About Exhibitionism*, n.d.) The paraphiliac person's sexuality is mainly restricted to specific deviant stimuli or acts. These individuals' sexual preferences are centred around specific deviant stimuli or acts. Paraphilic disorders can range from nearly normal behaviour to behaviour that is destructive or hurtful only to a person's self or to a person's partner, and finally to behaviour that is deemed destructive or threatening to the community at large. There are many paraphilia disorders but, in this paper, we will study exhibitionism in depth. While there are numerous paraphilic disorders (like), this paper intends to delve into the exhibitionism disorder.

### *Understanding Exhibitionistic Disorder*

According to the American Psychiatric Association (APA), exhibitionistic disorder is classified as a mental disorder characterised by a person exposing their sexual organs or genitals to unsuspecting individuals, often strangers (Hugh-Jones et al., 2005). They get sexual enjoyment from this behaviour. This disorder is categorized under paraphilic disorders. As the individual derives sexual pleasure from such behaviour, which is why it falls under the category of paraphilic disorders. The word paraphilia comes from the Greek word; para means 'beside or aside' and philos means 'loving'. The word paraphilia means an extreme and continued sexual interest, such as ongoing fantasies, desires and sexual behaviours. The term "paraphilia" originates from the Greek words "para," meaning "beside" or "aside," and "philos," meaning "loving." Paraphilia refers to an intense and persistent sexual interest involving ongoing fantasies, desires, and behaviours. The focus of the exhibitionist's behaviour may be directed towards children, animals or inanimate objects. It is important to note that exhibitionism is observed both in women & men, and individuals with this disorder may intentionally create scenarios for others to watch them while they are indulged in sexual activities. This disorder may begin in late adolescence or early adulthood (Fouch, 2015). To understand the topic few examples are discussed; (Iyer, 2018) Mumbai: 43-year-old driver Jeevan Chaudhari parked his BMW close to an actor and engaged in public masturbation. According to doctors, he engaged in exhibitionism. More cases are being made against perverts, based on statistics found in Mumbai police records. If education and increased awareness played a part, Mumbai police spokesperson DCP Deepak Deoraj believes more women are coming forward with sexual harassment accusations now that they have confidence the police will apprehend and prosecute the perpetrator. A guy in a Jodhpur fort harassed a Korean YouTuber (2023). A man is accused of following the girl as she walked through the fort, exposing his privates, and behaved lewdly. The young woman fled while screaming for help. The whole thing was documented on film, which has gone viral on social media. T. (2016, February 19) Thiruvananthapuram: A 29-year-old man was found guilty of using exhibitionism to sexually abuse two young girls. First Additional Sessions Judge K P Indira sentenced Reji of Mudavoorakonam in Navaikulam to two years of labour imprisonment and imposed a fine of Rs 10,000 that must be paid to the victims. If the fine is not paid on time, the sentence will be extended by three more months. The man can be seen looking at the woman seated across from him while masturbating on the bus. But the woman was able to film the man without drawing his attention to herself. The woman later posted the footage on Facebook in an effort to get help identifying the pervert. The culture has evolved from standard sexting chat rooms to the sex communities and chat groups on different social media platforms. It's possible to access events and meetups for swinger parties, orgies, and sex parties with the help of networks such as Craigslist. There are safe spaces for expressing sexuality on different websites and groups that support private NSFW content. People have been emboldened to explore their sexuality via websites that offer live cam services, or those that let you make a little money from your fantasies (We are not

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mentioning the name of platforms and websites, because we are not here to encourage such behaviour).

### *Prevalence*

The prevalence of exhibitionism has been found to be higher than that of other types of paraphilia. A study, with nurses in England, reported that 44% had witnessed exhibitionism outside work, while among Hong Kong university students the proportion was 36%. Among female college students in the USA, the prevalence was 33%, while rates against women working in medical centers in the USA and Guatemala were 52% and 45%, respectively. A more recent study of undergraduate students in New York reported that 40% of female participants had been victims of exhibitionism at least once in their lifetime. (Choi et al., 2020) Accurate prevalence statistics for paraphilic disorders among adults are also challenging to determine because of cultural variations and constant modifications in criteria all throughout time. It has been speculated that men are more likely than women to develop paraphilic disorders in later life. It was found that 62.4% of 1915 men in the survey sample, who ranged in age from 40 to 79, exhibited at least one sexual arousal pattern linked to paraphilia, and that just 1.7% of these cases resulted in discomfort. (McManus et al., 2013) An association between the sex drive and paraphilic interests was discovered when the prevalence of paraphilic interest was investigated in a nonclinical sample of men and women. Different paraphilic interests are linked to a number of comorbid conditions, such as mood and anxiety disorders. Paraphilic interests in men tend to reflect persistent behaviours or result from brain injury, typically affecting the frontotemporal region. Patients showed that both could occur as a rare iatrogenic side effect of Parkinson's disease treatment in a recent systematic evaluation of paraphilias and paraphilic disorders in Parkinson's disease.

### *Perspective of Men:*

Zeenab Kaled, a sales worker from Punjab reveals how he takes part in this fetish: "I've shown myself in front of women. It's even better when they don't notice and I take my c\*ck out behind them. "Other times, women have done the same and I see them in other shops show their legs to me or bottom. I like it so much. "My friends tell me that women will show their stomachs to them in the sweet shops and they will get excited."

### *Perspective of Women:*

Kiran Jugra\*, a 34-year-old worker, also from Punjab, adds to this: "Women cannot do a lot to get excited. Husbands don't do anything and we cannot ask someone for sex like normal." "I see men looking at me and might take my cardigan off. I've even taken my salwar off before when it is quiet and men have walked past looking at me. I like it and it turns me on." Motivation: Sexual pleasure from exposing their naked body, getting the feeling of arousal, feeling the adrenaline rush, to get the feeling of liberation, sexual gratification, some female exhibitionists even told VICE that they were drawn to Exhibitionism because they came from sexually repressed families which did not discuss sex and forbid their female relatives from wearing clothes considered revealing. According to sexologist Timaree Schmit, the difference between male and female exhibitionists is their perceived level of threat. "We consider a girl getting up on a bar flashing her tits as party behaviour, not a sex crime," she told VICE.

### *Need of the study*

Exhibitionism is a very sensitive issue with far-reaching societal legal, and mental health implications. Criminal cases where the accused are released early or sent to the mental asylum for the treatment of their conditions, as well as instances of malingering, underscore

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the complexity of this disorder and the challenges it poses to our legal and mental health systems. Furthermore, recent cases, like that of Sreejith Ravi (2022), draw attention to the importance of scrutinizing mental health claims in criminal cases. A comprehensive study is warranted to better understand the exhibitionistic disorder, its impact on individuals and society, and the development of appropriate prevention, intervention, and legal measures. This research can help address ethical and legal issues.

### ***Various Factors Playing Important role in Exhibitionism:***

Several factors contribute to the complexity of exhibitionism and the challenges it presents to our legal and mental health systems. The underlying psychological factors, such as deviant sexual desires and impulse control issues, play a significant role in the manifestation of this disorder. Additionally, societal attitudes and stigmatization surrounding exhibitionism further complicate the management and treatment of individuals with this condition. The legal system faces the challenge of determining appropriate measures, such as early release or mental asylum placement, to address both the safety of the public and the rehabilitation needs of the accused. These factors, combined with instances of malingering where individuals may feign exhibitionistic behaviours, underscore the intricate nature of this disorder and the need for comprehensive approaches in our legal and mental health systems.

### ***Biological Factors:***

Several studies have identified abnormal organic findings in persons with paraphilias. None has used a random sample of such persons; instead, they have extensively investigated patients with paraphilia who were referred to large medical centers. Among those patients, those with positive organic findings included 74 percent with abnormal hormone levels, 27 percent with hard or soft neurological signs, 24 percent with chromosomal abnormalities, 9 percent with seizures, 9 percent with dyslexia, 4 percent with abnormal electroencephalography (EEG) studies, 4 percent with major mental health disorders, and 4 percent with mental handicaps. The question is whether these abnormalities are causally related to paraphilic interests or are incidental findings that bear no relevance to the development of paraphilia. Psychophysiological tests have been developed to measure penile volumetric size in response to paraphilic and nonparaphilic stimuli. The procedures may be of use in diagnosis and treatment but are of questionable diagnostic validity because some men are able to suppress their erectile responses (Fouch, 2015).

### ***Neurobiological Factors:***

Adolescence is the time that paraphilias usually develop. These can occur as a result of early interactions or events, such as emotional abuse in childhood, dysfunctional families, behavioural issues in childhood, and sexual abuse in childhood. Although studies have shown that these behaviours lessen as a person ages, paraphilias have a tendency to remain chronic once they have developed. Biological factors may contribute to the formation of paraphilias, but psychological factors appear to be a key part of this process.

### ***Psychological Factors:***

**Sexual gratification:** Exhibitionism disorder may be driven by a desire for sexual arousal and gratification through the act of exposing oneself. **Exhibitionistic fantasies:** Individuals with exhibitionism disorder may have persistent and intrusive fantasies involving exposing themselves to others. **Impulse control issues:** Some individuals may struggle with impulse control, finding it difficult to resist the urge to engage in exhibitionistic behaviours.

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### ***Social Factors***

Childhood experiences: Traumatic or abusive experiences during childhood, such as sexual abuse or witnessing inappropriate sexual behaviour, may contribute to the development of exhibitionism disorder. Social isolation: Feelings of loneliness, social isolation, or a lack of healthy social connections may increase the likelihood of engaging in exhibitionistic behaviours as a means of seeking attention or validation. Distorted beliefs about sexuality: Cultural or societal factors that promote distorted beliefs about sexuality, such as objectifying others or viewing exhibitionism as acceptable, can influence the development of exhibitionism disorder.

### ***Causes***

There is no conclusive evidence regarding what causes or triggers exhibitionistic proclivities. Some of the risk factors for developing Exhibitionistic Disorder include antisocial personality disorder, alcohol abuse and interest in paedophilia. One of the biological theories says that testosterone, the hormone that influences the sexual drive in both men and women, increases the susceptibility of males to develop sexually deviant behaviours. The study of learning theory has shown that emotional abuse in childhood and family dysfunction are both significant risk factors in the development of exhibitionism. (McNally & Fremouw, 2014) The psychoanalytical theories are based on the assumption that male gender identity requires the male child's separation from his mother psychologically so that he does not identify with her as a member of the same sex, the way a girl does. There are even a small number of documented cases of men becoming exhibitionists following traumatic brain injury without previous histories of alcohol abuse or sexual offenses.

### **Here also put rationale and then discuss symptoms**

#### ***Symptoms from DSM-V and ICD-10:***

- The behaviour occurs over a time period of six months
- The behaviour is repeated and the result is extreme sexual arousal when showing the genitals to strangers
- The behaviour makes the individual very distressed
- Social, career and/or everyday life is disrupted
- When the person is examined, other mental and physical illnesses are ruled out
- The check-up must take into account if the individual is abusing substances
- The degree of distress the individual feels about his behaviour, as well as his feelings about the victim of his behaviour, must be considered
- The person displaying his exhibitionistic behaviour to a person who has inability to control the behaviour is geared to a person who does not permit or agree to it

The health professional must determine if the exposure is specific to children or adults and the surroundings in which it's likely to occur. (Firestone et al., 2006)

### ***Comorbidity:***

One of the research by Kafka and his associates suggests that recognition of psychiatric comorbidity is a key to facilitating maximally effective therapy for hypersexual individuals, including paraphilias and non-paraphilias (Dryden-Edwards, 2022). The most prevalent Axis I disorders among both groups are mood disorders, especially early-onset dysthymic disorder and major depression. Also prevalent among both groups are anxiety disorders, and substance abuse. The one comorbid diagnosis that differentiated the hypersexual groups was

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ADHD, which was associated with paraphilic status among subjects. Also differentiating the groups were developmental variables associated with paraphilic status that included a higher incidence of physical abuse, fewer years of education, and more psychiatric/substance abuse hospitalizations. The majority of practitioners surveyed agreed that they commonly observe a range of psychiatric conditions existing concurrently with exhibitionism. Most frequently noted were mood disorders (specifically bipolar spectrum disorders and depression), impulse control disorders including attention deficit hyperactivity disorder (ADHD), obsessive-compulsive features, social anxiety, post-traumatic stress, and personality disorders. Almost half of surveyed practitioners reported that they frequently refer clients to a psychiatrist for evaluation and possible medication management. (Levenson, 2016)

### *Exhibit behaviour in females:*

One reason for the lack of research about women exhibitionists may be due to the fact that female nudity is more acceptable in society than male nudity, and females may not be as likely to be reported to the police or caught engaging in the act (Hugh-Jones et al., 2005). A national sample from Sweden found a correlation between individuals exposing themselves and fantasies about exhibitionism, and 4.1% of men and 2.1% of women reported at least one instance of being sexually aroused by exposing their genitals to a stranger (Langström & Seto, 2006; Langevin et al., 1979). Female perpetrators of exhibitionism are less likely to find that their targets experience the exposing behaviour as offensive or threatening because males typically view the act of females exposing their genitals as desirable and not inappropriate (Forsyth & Deshotels, 1997; Murphy, 2003). In one of the research studies, it was found that the median age of the 2,201 female participants was 21 years. Their education level was as follows: 65 high school only, 1,597 some college, 392 bachelor's degrees, 114 master's degrees, and 33 doctoral degrees. The exhibition item "I have had urges to expose myself in public" was identified by 254 (7.2%) of the participants. The exhibition item "I have exposed myself in public" was identified by 482 (13.6%) of the participants. There was a trend for women exhibitionists to score above their male counterparts with regard to sex-related affect disturbance, engagement in illegal behaviors, prostitution and pimping, and forcible sex. These results are particularly valuable because, although exhibitionistic women may engage in high-severity illegal behaviours with greater frequency, the literature indicates that men are disproportionately arrested for sexual crimes. This may be due to biased arresting (i.e., men are seen as more dangerous), different laws (i.e., it is not illegal to expose breasts in some jurisdictions), different social norms (i.e., more acceptance of exhibitionistic clothing for women) or decreased reporting against women by men, who may welcome seductive behaviour.

### *Exhibit behaviour in males:*

Men are less repulsed by the idea of exhibitionism, on average, than women were. These differences were medium. These differences however were not replicated when examining anticipated action. Essentially, there was a large floor effect with both sexes showing considerably less interest in performing an act of exhibitionism. While a small effect of risk was found, there were no sex differences to explain. Most genital exhibitionists are male; it is very rare that women get sexually aroused by exposing their genitals to an unsuspecting stranger. Women may derive pleasure through feeling admired and powerful over the men that they arouse by such exposure; however, the motivation is a wish for money, power, admiration, and overcoming shame rather than for sexual gratification. Male sexual exhibitionism is similarly motivated by the wish for power, admiration, and counter-shame; but in men, it is reinforced by sexual pleasure as well. Thus, both men and women can be

exhibitionistic, but with rare exceptions, only men reveal their genitals for sexual gratification (Silverstein, 1996).

### ***Relationship between deviant behaviour and criminality***

Escalation risk in exposing behaviour for progression from non-contact to contact offending, (West & Zimmerman, 1987) reported that noncontact offenders, perpetrators of exhibitionistic behaviour, are “generally harmless”. Alternatively, (Lea et al., 1999) surveyed professionals working with sex offenders and found that 87% of them viewed non-contact sex offenders as having the potential to escalate their crimes. Psycho-legal professionals have also been divided when assessing the risk of escalation to contact sexual offending, specifically among individuals who expose. For example, the predominant view in the late 19th century and early 20th century was that individuals who were exposed were “not sexually aggressive” (Jokl, 2017) (Rooth, 1973). Conversely, various publications in the 1960s and 70s from Australia, Europe, and North America began to associate exhibitionistic behaviour with prior, concurrent, or subsequent acts of sexual violence including attempted rape, forcible rape, paedophilia, and sexual murder (Fouch, 2015) have suggested that sexual violence among persistent exhibitionists is rare. Rooth (1973) cited research indicating that approximately 10% of persistent exhibitionists progressed to more serious sexual offending (McNally & Fremouw, 2014) stated that exhibitionistic behaviour has often been handled as a “nuisance offence” by the legal system, but that such behaviour may “progress into other sexually deviant, potentially dangerous behaviours” if untreated. West (1987) detailed that “in rare cases [exhibitionistic behaviour] can be a prelude to more serious crime”. People with narcissistic ego deficits often present exhibitionistic tendencies to compensate for their internal inadequacy. Unhealthy exhibitionism has compulsive and often hostile components. Genital exhibitionism includes both a hostile and a compulsive quality. The sexual exhibitionist wishes to show off his penis and prove what a powerful man he is. He attempts to both surprise and impress women. He may also attempt to express hostile impulses toward women. What has not been fully appreciated is that genital exhibitionists have high levels of shame and the “flashing” behaviour is a manifestation of counter shame. Narcissistic injuries result in a turning away from love objects to an overvaluation of the body or particular organs and their intactness, size, strength, beauty, and grandiosity (Reich, 1960). Most glaring is the overvaluation of the phallus. Psychodynamic theories of exhibitionism attribute the behaviour to castration anxiety and feelings of inferiority. The individual exhibits to obtain a startle reaction from the victim and to prove that his penis really does exist (Fenichel, 1945; Rosen, 1979). One dynamic theory suggests fear of castration by older women (i.e., mother) and a need to prove the existence of the penis (Rosen, 1979) It is a desperate attempt to prove that the penis and the individual are worthwhile. Acting-out behaviour increases when the exhibitionist experiences shame and feelings of inadequacy. Historically, the male phallus symbolizes masculinity and power (at least according to men). Female genitals, however, do not traditionally symbolize either femininity or power in women. Breasts and the potentially childbearing womb traditionally represent femininity and feminine power. Many women do expose their breasts or at least do so in a manner that attempts to elicit attention and admiration (i.e., low necklines or see-through blouses). Some women expose their genitals as a source of attaining attention and money by posing for nude photographs or films. The male genital exhibitionist attempts to undo his shame by waving his flag of masculine power. Men with exhibitionism assert their masculinity by exhibiting their genitals. These men frequently use these exhibitionistic episodes as masturbatory fantasies. An exploration of such a man’s sense of masculinity and childhood history is essential in helping him resolve this behaviour (and its underlying

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dynamics). Women find more subtle ways of overcoming shame, or they succumb to it through inhibition.

Most genital exhibitionists are male; it is very rare that women get sexually aroused by exposing their genitals to an unsuspecting stranger. Women may derive pleasure through feeling admired and powerful over the men that they arouse by such exposure; however, the motivation is a wish for money, power, admiration, and overcoming shame rather than for sexual gratification. Male sexual exhibitionism is similarly motivated by the wish for power, admiration, and counter-shame; but in men, it is reinforced by sexual pleasure as well. Thus, both men and women can be exhibitionistic, but with rare exceptions, only men reveal their genitals for sexual gratification.

### *Understanding the Legal Implications of Exhibitionism:*

Exhibitionism often has legal repercussions. The legal implications depend largely on the subtype of exhibitionism and the severity of the behaviour displayed. In some cases, exposure can lead to sexual harassment charges or possibly sexual assault. Being aware of statutory laws in relation to Exhibitionism is critical to avoiding legal repercussions. It is important to note that the legal consequences of exhibitionism can also vary depending on the location where the behaviour occurred. For example, in some states or countries, public nudity is considered a criminal offense, while in others it may be legal in certain designated areas. It is important to research and understand the laws in your specific location to avoid any legal issues related to exhibitionism.

### *Indian laws:*

Paedophilia too is a mental disorder. "Just as perpetrators of paedophilia are punished, exhibitionism too needs to be treated as a sexual offence," said psychiatrist Dr. Harish Shetty to TOI.

### **Section 509. Word, gesture or act intended to insult the modesty of a woman:**

Whoever, intending to insult the modesty of any woman, utters any words, makes any sound or gesture, or exhibits any object, intending that such word or sound shall be heard, or that such gesture or object shall be seen, by such woman, or intrudes upon the privacy of such woman, <sup>1</sup> [shall be punished with simple imprisonment for a term which may extend to three years, and also with fine] After Section 509 of the Penal Code, the following shall be inserted, namely:

- **Section 509A. Sexual harassment by relative:** Whoever, being related to a woman through blood, adoption or marriage, and not being her husband, takes the advantage of his proximity and induces, seduces or threatens such woman with intent to insult her modesty by word, gesture or act shall be punished with rigorous imprisonment which shall not be less than one year but which may extend to five years and shall also liable to fine.
- **Section 509B. Sexual harassment by electronic mode:** Whoever, by means of a telecommunication device or by any other electronic mode including the internet, makes creates, solicits or initiates the transmission of any comment, request, suggestion, proposal, image or other communication, which is obscene, lewd, lascivious, filthy or indecent with intent to harass or cause or having knowledge that it would harass or cause annoyance or mental agony to a woman shall be punished with rigorous imprisonment for a term which shall not be less than six months but may extend to two years and shall also be liable to fine."



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**Section 354:** Assault or criminal force to a woman with intent to outrage her modesty. — Whoever assaults or uses criminal force to any woman, intending to outrage or knowing it to be likely that he will thereby outrage her modesty, shall be punished with imprisonment of either description for a term which may extend to two years, or with a fine, or with both.

### ***Differential Diagnosis***

Clinicians must differentiate a paraphilia from an experimental act that is not recurrent or compulsive and that is done for its novelty. Paraphilic activity most likely begins during adolescence. Some paraphilias (especially the bizarre types) are associated with other mental disorders, such as schizophrenia. Brain diseases can also release perverse impulses.

### ***Course and Prognosis:***

The difficulty in controlling or curing paraphilic disorders rests in the fact that it is hard for people to give up sexual pleasure with no assurance that new routes to sexual gratification will be secured. A poor prognosis for paraphilic disorder is associated with an early age of onset, a high frequency of acts, no guilt or shame about the act, and substance abuse. The course and the prognosis are better when patients have a history of coitus in addition to the paraphilia, and when they are self-referred rather than referred by a legal agency.

### ***Intervention:***

Prevention, Intervention, and Treatment This section highlights the importance of prevention, intervention, and treatment strategies for exhibitionism. It discusses the role of education, awareness, and public policies in reducing the occurrence of exhibitionistic behaviours (Loureiro F et al., 2021). Additionally, it explores therapeutic approaches and rehabilitation programs for individuals engaged in exhibitionism (National Research Council (US) et al., 2009)

### ***Management or correctional techniques:***

Five types of psychiatric interventions are used to treat persons with paraphilic disorder and paraphilic interests: external control, reduction of sexual drives, and treatment of comorbid conditions (e.g., depression or anxiety), cognitive-behavioural therapy, and dynamic psychotherapy. Prison is an external control mechanism for sexual crimes that usually does not contain a treatment element. When victimization occurs in a family or work setting, the external control comes from informing supervisors, peers, or other adult family members of the problem and advising them about eliminating opportunities for the perpetrator to act on urges. Drug therapy, including antipsychotic or antidepressant medication, is indicated for the treatment of schizophrenia or depressive disorders if the paraphilia is associated with these disorders. Antiandrogens, such as cyproterone acetate in Europe and medroxyprogesterone acetate (Depo-Provera) in the United States, may reduce the drive to behave sexually by decreasing serum testosterone levels to subnormal concentrations. Serotonergic agents, such as fluoxetine (Prozac), have been used with limited success in some patients with paraphilia. Cognitive-behavioural therapy is used to disrupt learned paraphilic patterns and modify behaviour to make it socially acceptable. (Krueger, Richard & Kaplan, Meg. (2002). The interventions include social skills training, sex education, cognitive restructuring (confronting and destroying the rationalisations used to support victimisation of others), and the development of victim empathy. Imaginal desensitisation, relaxation techniques, and learning what triggers the paraphilic impulse so that such stimuli can be avoided are also taught. In modified aversive behaviour rehearsal, perpetrators are videotaped acting out their paraphilia with a mannequin. Then the patient with paraphilic disorder is confronted by a therapist and a group of other offenders who ask questions about

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feelings, thoughts, and motives associated with the act and repeatedly try to correct cognitive distortions and point out lack of victim empathy to the patient. Insight-oriented psychotherapy is a long-standing treatment approach. Patients have the opportunity to understand their dynamics and the events that caused the paraphilia to develop. In particular, they become aware of the daily events that cause them to act on their impulses (e.g., a real or fantasised rejection). Treatment helps them deal more effectively with life stresses and enhances their capacity to relate to a life partner. In addition, psychotherapy allows patients to regain self-esteem, which in turn allows them to approach a partner in a more normal sexual manner. Sex therapy is an appropriate adjunct to the treatment of patients with specific sexual dysfunctions when they attempt non-deviant sexual activities. Good prognostic indicators include the presence of only one paraphilia, normal intelligence, the absence of substance abuse, the absence of nonsexual antisocial personality traits, and the presence of a successful adult attachment. Paraphilic disorders, however, remain significant treatment challenges even under these circumstances (Stravynski A, et al., 1997).

### ***Recent Cases:***

Man, O. T., 36 years old. Sexo-logically examined for the first time at 33 years in the court proceedings with the verdict of protective outpatient sex therapy treatment. Without deviations in family medical history, parents with university degrees, healthy, two-years-younger brother. He was treated six times in a psychiatric hospital for alcohol addiction and pathological gambling syndrome, first treatment occurred at the age of 28. In the enforcement proceedings with a debt of CZK 500,000, which he increased during relapses, completed his secondary education at high school with a school-leaving examination, higher education at the Faculty of Mathematics and Physics at the University of Technology unfinished, accepted to university five times in total. Currently unemployed, a year earlier he worked as a programmer. Single, childless, in a 7-year relationship with a partner whom he met during one of the treatments, she suffers from social phobia. At present, he has a 13-month love affair. The first masturbation happened at the age of 13 with a fantasy of having sexual intercourse with his peers. First exhibition at the age of 16 in the windows facing the street, during which he masturbated in the expectation of being seen by the passers-by. First sexual intercourse at 24 years with a professional companion. Overall, at the time of the first visit to the sexologist, he had relationships with 3 women. He sees the main problem in alcohol. Currently, he is treated in a psychiatric hospital where he was ordered by the court into institutional protective sexology treatment because during outpatient attendance, he repeatedly exhibited his genitals during inebriation in the park. Due to the anxious-depressive symptomatology, antidepressant drug therapy has been deployed. In the expert opinion, he was assessed as having a disorder – exhibitionism with sadomasochistic features and personality disorder. Serum testosterone control was performed and anti-androgens were deployed.

## **DISCUSSION**

Exhibitionism is the act of exposing in a public or semi-public context those parts of one's body that are not normally exposed – for example, the breasts, genitals or buttocks. The practice may arise from a sexual desire or compulsion to expose themselves in such a manner to groups of friends or acquaintances, or to strangers for their amusement or sexual satisfaction or to have the bystander look at the person's naked body parts for the Exhibitionist's sexual stimulation, even if the bystander isn't interested. An exhibitionist wants to be seen nude, they usually put themselves in a situation to be 'caught'. They look for opportunities to show themselves off and get sexually excited when they are seen. They relate nudity with eroticism and are usually the ones that go to nude camps, circle-jerk malls

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(they do exist) in order just to live a 'normal' life among others being naked, being seen naked, and sometimes touched if an exhibitionist wants to be touched. Effectively identifying and managing these disorders can reduce their morbidity and alleviate the suffering of the affected people and those closest to them (<https://myanimelist.net/forum/?topicid=1326635>).

### **Future Scope:**

Future studies on exhibitionistic disorder may concentrate on several crucial areas. First, identifying preventative and intervention techniques can be aided by knowledge of the underlying mechanisms and risk factors linked with the condition, such as genetics, neurobiology, and environmental impacts. Secondly, investigating the role of technology and the internet on Exhibitionistic Disorder is vital, as online platforms provide new channels for engaging in exhibitionistic behaviours. Early detection and intervention can be the main topics of research in this field. Thirdly, it's critical to create more potent treatment strategies. The main treatments available now are psychotherapy; however, in order to improve outcomes, future research can investigate novel therapeutic techniques, pharmaceutical interventions, or a combination of approaches. Lastly, it's critical to look into the trauma suffered by victims as well as the psychological and emotional effects on those who have the illness. The research can inform the development of support systems, victim-centred interventions, and public awareness campaigns. By expanding our knowledge in these areas, we can work towards better prevention, intervention, and support for individuals affected by Exhibitionistic Disorder.

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### **Acknowledgment**

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

### **Conflict of Interest**

The author(s) declared no conflict of interest.

**How to cite this article:** Bhambhani, L.P., Kumari, R. & Tripathi, M. (2024). Exhibitionism Explored: Insights into the Deviant Act. *International Journal of Indian Psychology*, 12(3), 2754-2766. DIP:18.01.266.20241203, DOI:10.25215/1203.266