

ORIGINAL RESEARCH



Frequency, Perceived Effect and Coping Strategies for Frotteurism among Nursing Students at a University in Enugu, Nigeria: A Cross-sectional Descriptive Survey

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Abstract

Background

Frotteurism has been regarded as just a nuisance crime but studies have shown that victims experience months of distress and feelings of violation and disgust. As nursing undergraduates navigate from their residence to their points of clinical placement, they may be exposed to frotteuristic treatments from members of the public and this might cause them distress. As no similar data exists in literature, this study ascertained the frequency, perceived effect, and coping strategies for frotteurism among undergraduates at the University of Nigeria, Enugu.

Methods

A cross-sectional descriptive design was adopted among 229 Nursing undergraduates. Data was collected using a researcher-developed structured questionnaire for prevalence and perceived effects and the BRIEF coping inventory to ascertain coping mechanisms.

Results

Majority (73.4%) of respondents had experienced frotteuristic victimization at least once. Rubbing of the thigh by a stranger (58.5%) and touching that involves any sensitive areas (56.8%) were the commonest frotteuristic treatments experienced, though their frequencies were low, (1.42 ± 1.13 , and 1.35 ± 1.11) respectively. The reported effects of frotteurism were anger/upset (4.36 ± 0.98), and changes in behavior such as being more cautious while in public places (4.23 ± 0.98). Coping strategies among victims included turning to work/ other activities to take their minds off (2.58 ± 1.18) and accepting the reality that it had happened (2.53 ± 1.10). Experience of frotteurism was not significantly associated with the demographic characteristics of age ($p = .760$), gender ($p = .863$), and academic level of study. There was no significant association between the frequency of frotteurism treatment and perceived effects among victims ($p = .457$).

Conclusion

The majority of the respondents had experienced a frotteuristic victimization by strangers and the experience was perceived to be upsetting. Findings highlight the need for healthcare providers to recognize the need for providing supportive interventions to victims of this common but often overlooked sexual offense.

Keywords: Coping strategies, Frequency, Frotteurism, Perceived effect, Prevalence, Undergraduate Nursing Students.

Introduction

Frotteurism is a type of paraphilic disorder that involves rubbing one's genitalia on a non-consenting stranger (victim) in a public place to achieve sexual satisfaction. It may also involve touching, groping, and brushing a stranger's (victim's) breast, buttocks, thighs, and other sensitive parts of the body to achieve orgasm¹. Federoff (2019) conceptualized frotteuristic disorder as a condition defined by recurrent and intense sexual arousal from touching or rubbing against a non-consenting person, as manifested by fantasies, urges, or behaviors, or by rubbing against non-consenting people for sexual stimulation². The most common form of frotteurism, however, is when the individual rubs his or her genitals against the victim's thighs and buttocks; or with women, fondles her genitalia or breasts with his hand³.

The American Psychiatric Association (APA) described

paraphilia as denoting any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners⁴. Paraphilic disorders are regarded as the presence of deviant, maladaptive erotic urges, which may result in a significant threat to the psychological and physical well-being of the affected individuals and/or others⁵. Frotteurism in addition to voyeurism, and exhibitionism, are a subset of paraphilias referred to as courtship disorders because they resemble distorted components of human courtship behavior⁴. Frotteurism and some other paraphilic disorders, although merely regarded as nuisance crimes, unfortunately, occur quite frequently and have been shown to cause serious distress to the victims⁶.

Despite evidence of its frequent occurrences, frotteurism has received little empirical recognition^{1,7-8}, being one of the least studied types of paraphilic disorder¹. APA indicated

that frotteurism acts, including the uninvited sexual touching of or rubbing against another individual, may occur in up to 30% of adult males in the general population⁴. Globally, the prevalence of frotteurism is on the rise, and so also the victims¹. A systematic review by Johnson et al found a prevalence of 7.9 -9.7 percent among victims⁹. Their findings revealed a need to develop more rigorous research on this topic. Empirical evidence suggest that this behavior has more often been reported in young adolescent males between 15 and 25 years; and also seen in older, reserved, and socially withdrawn men; with their victims being mostly young females¹.

A 2016 study by Clark et al among 459 undergraduate students in a major metropolitan city in New York designed to investigate the frequency and correlates of frotteurism and exhibitionism revealed a high rate of victimization among female college students for both paraphilias⁹. A similar study in Korea reported that 11% of the victims experienced frotteurism⁶. More than 66% of the respondents (female passengers who use public transit) in a study in Tokyo reported having been subjected to acts of frotteurism¹⁰. From data obtained from a Sexual Abuse Online survey in Japan conducted in 2020, out of 96.4% who were women, 64% reported being groped over clothing while 35% were groped beneath clothing¹¹.

Victims of frotteurism have reported having serious psychological and behavioral changes and some even became afraid to board public transport¹². They also experience long-term feelings of distress⁶. Up to 20% of the victims in the Korean study described distress lasting for months¹⁰. Globally, the effect of frotteurism on the victim is understudied, the reason being that victims rarely report these sorts of cases due to a lack of evidence and the cultural concept of male superiority¹². When victims do report, they could be asked questions such as “What were you wearing?”, “Are you sure you were not dressed provocatively?”¹³ and numerous other judgmental questions. This may make the victims suffer in silence and prefer not to report such encounters, thereby allowing the perpetrators to not get the appropriate help or sanctions meant for them; and the victims, not getting the help they needed. This sadly, is also the case in Nigeria. The result is a lack of adequate data on the frequency and perceived effect of frotteurism on the victims in Nigeria. Few studies can be found in the literature that have focused on paraphilia as a disorder but there is dearth of literature on frotteurism in Nigeria and other sub-Saharan African developing countries, to the best of knowledge of the researchers¹⁴⁻¹⁶. There is also no documented evidence on frotteurism among nursing students in Nigeria

Undergraduate nursing students in universities in Nigeria including Enugu state are usually exposed to clinical experiences from the 2nd year of their academic programme. During these postings, students are usually dressed in their white uniform and move from their residence to the health facilities daily. Transporting themselves during these postings usually expose them to members of the public who would look at them in admiration in most cases. Some individuals may go to the extent of engaging them in conversations or attempt to initiate relationships. Anecdotal evidence affirms that there have been situations where students were exposed to touching and/or groping. These experiences might affect undergraduates in diverse ways

Literature evidence shows a paucity of data on the

prevalence of this sexual deviation and its correlates. Data on how victims cope with this sexual deviation can help health care providers gain more insight into the challenges of such individuals and therefore position them to render the best form of assistance. Further research could establish the extent to which support outside the family or friends' group or treatment would be indicated⁸. There is also no documented evidence in the Nigerian literature space on how victims attempt to cope with this menace. The study sets out to fill the gap in the literature by ascertaining the prevalence, frequency, perceived effects, and coping mechanisms for frotteurism as a paraphilic disorder on the victims among nursing students in a Nigerian university.

Methods

Design and Sample

The study employed a descriptive cross-sectional survey design. The population was 838 nursing undergraduate students of a university and a sample of 229 nursing students, determined using Cochran formula. Respondents were conveniently elected from the four class streams of students (200 level to 500 level). Hence, 62, 29, 77 and 61 students from 200, 300, 400 and 500 academic levels respectively participated in the study. Only students who have spent at least one academic session in the Department and have had at least one block of clinical posting participated in the study.

Exclusion Criteria

All 100 level students who belong to the preclinical class that have not been exposed to clinical postings were excluded from the study. Also students who declined to participate were excluded from the study.

Ethical Approval

The study was conducted in accordance with the Declaration of Helsinki for research with humans. Ethical approval was obtained from Health Ethics and Review board of the University of Nigeria Teaching Hospital, Ituku Ozalla, Enugu (UNTH/HREC/2023/07/711). Only individuals who voluntarily consented to participate in the study after due explanation were recruited. The researchers also maintained confidentiality by ensuring that all information given by the respondents were kept confidential and anonymous.

Measures

The instruments used for data collection were a researcher-developed questionnaire – to ascertain the socio-demographic characteristics, the prevalence and frequency of frotteurism and its perceived effect, as well as a coping inventory adapted from the BRIEF COPE inventory to identify the coping strategies used by victims. Data for frequency of frotteuristic victimization among victims were collected on a 5-point scale, from 0 to 5, where 0 represents Never, 1 for Rarely, 2 for Sometimes, 3 for Often, and 4 for Always. Data on perceived effect were collected on a 5-point scale, from 1-5 where 1 represented Strongly Agree, 2 for Disagree, 3 Neutral, 4 for Agree and 5 for Strongly Agree. The adapted coping inventory was also rated on a 4-point scale of 1 to 4, with (1) representing ‘not at all’, 2 representing ‘a little’, 3 representing medium and 4 representing ‘a lot’. The instruments were validated by experts in the field and the reliability Data Collection

The copies of questionnaires were administered individually to the students in their various classrooms and retrieved the

Table 1: Demographic Characteristics of the Nursing Students n = 229

	Frequency	Percent	Range	M±SD
Age (years)			18-35	23.12±2.63
- < 20	52	22.7		
- 21-25	149	65.1		
- 26-30	26	11.4		
- 31 +	2	.9		
Gender				
- Female	201	87.8		
- Male	28	12.2		
Religion				
- Christianity	225	98.2		
- Others	4	1.7		
Ethnicity				
- Igbo	216	94.3		
- Hausa	1	0.4		
- Yoruba	2	0.9		
- Others	10	4.4		
Level				
- 200L	62	27.1		
- 300L	29	12.6		
- 400L	77	33.6		
- 500L	61	26.6		
Use of public transport				
- At least once daily	124	54.1		
- More than once daily	105	45.8		
Place of residence				
- School hostel	100	43.7		
- Off campus/lodge	102	44.5		
- Family house/residence	27	11.8		

same day during lecture break periods or at the end of each class day. The data collection instruments were administered to 62, 29, 77 and 61 students selected from 200, 300, 400 and 500 level respectively amounting to a total of 229 Completed questionnaire were collected after each period of administration. Data collection lasted for 4 days.

Data Analysis

Descriptive statistics such as frequencies and percentages were used to summarize the data on demographic characteristics and prevalence of frotteuristic experiences. Means and standard deviation were used to summarize data on frequency and perceived effects of frotteuristic experiences. An overall mean score for the frequency of victimization and perceived effect were obtained for each respondent (after reversing the negatively worded items) The mean score was grouped as high if the mean is above 2.0 for frequency of victimization and above 3.0 for a perceived effect. A mean score of 2.0 and below for frequency of victimization and 3.0 and below for perceived effect of frotteurism was considered low. A mean of 2.5 for coping strategy was used as the criterion for accepting an item as a strategy. Chi-square test was used to test the associations between frequency, perceived effects and some demographic characteristics at a 5% level of significance. The Fisher's exact test was used if data failed to meet Chi-square assumptions. All data analysis was carried out with the aid of the Statistical Package for the Social Sciences (SPSS) version 23.

Results

Socio-demographic characteristics of participants

The age of the participants ranged between 18 and 35 years, with a modal age group of 21-25 years. Their mean age was 23.12 ± 2.63 years. Most of them were females (85.6%). They were mainly Christians (97.8%) and of Igbo ethnicity (94.3%). More than half of the participants (54.1%) used public transport at least once daily while 41.0% used it more than once daily. Very few (11.8%) lived in family houses/residences, while 44.5% and 43.7% lived off-campus and in school hostels respectively.

Table 2: Frequency of Frotteurism among the Students n = 229

	Frequency	Percent
Frotteuristic Treatment		
- Non-victims (frotteurism treatment score = 0)	61	26.6
- Victims (frotteurism treatment score > 0)	168	73.4
Frequency of victimization (n = 168)		
- High (mean frotteurism treatment score > 2.0)	14	8.3
- Low (mean frotteurism treatment score ≤ 2.0)	154	91.7

Table 3: Frotteuristic Treatments among Victims n = 168

	Never	Rarely	Sometimes	Often	Always	M±SD
	(0)	(1)	(2)	(3)	(4)	
Rubbing of the thigh by a stranger in classroom, public transport or any public place	34	69	38	14	13	1.42±1.13
Rubbing of the breast by a stranger in classroom, public transport or any public place	83	48	23	6	8	0.86±1.09
Touching that involve any of the following sensitive areas; breast, pelvic region, thigh, buttock by a stranger in classroom, public transport or any public place	38	67	40	12	11	1.35±1.11
Groping of the thigh, breast or pelvic region in classroom, public transport or public place by a stranger	97	38	22	5	6	0.72±1.04
Being ejaculated on by a male counterpart who is a stranger in a public transport or public place	137	13	9	5	4	0.37±0.90
Rubbing or rocking with an erect penis by a stranger in a public place or public transport	84	49	27	2	6	0.79±1.00

Table 4: The Perceived Effect of Frotteurism on the Victims n = 168

	SD	D	NAD	A	SA	M±SD
	(1)	(2)	(3)	(4)	(5)	
-No negative feelings	83	34	15	11	25	2.17±1.47
Angry/upset	5	6	12	46	99	4.36±0.98*
Scared/shocked	9	16	23	61	59	3.86±1.16*
feeling violated or disgusted	7	11	17	44	89	4.17±1.12*
Fearful the perpetrator wanted to cause harm	11	20	37	50	50	3.64±1.21*
Long-term feeling of distress	26	30	28	52	32	3.20±1.36*
Changes in behaviour such as being more cautious while in public pslace or public	5	6	18	55	84	4.23±0.98*
Monitor proximity or closeness to others	7	15	18	60	68	3.99±1.12*
Avoids crowd	17	28	35	51	37	3.38±1.27*
Avoid being alone	26	39	37	41	25	3.00±1.30
Avoids the use of public transport	47	64	29	14	14	2.31±1.20
Overall effect						3.63±0.64
Overall effect grouped	Frequency		Percent			
- High (mean effect score > 3.0)	142		84.5			
- Low (mean effect score ≤ 3.0)	26		15.5			

Item with mean (M) > 3.0 was accepted by the respondents for an effect; * indicates item with M > 3.0; - indicates negatively worded item

Table 5: The Coping Strategies of Victims of Frotteuristic Treatment n = 168

	Not at all (1)	Little bit (2)	Medium (3)	A lot (4)	M±SD
I turned to work or other activities to take my mind of the incident	43	38	35	52	2.57±1.18*
I concentrated my efforts on doing something about the situation I'm in	46	43	46	33	2.39±1.09
I said to myself 'this isn't real'	75	42	34	17	1.96±1.03
I used alcohol or other drugs to make myself feel better	132	15	12	9	1.39±0.84
I got emotional support from others	72	46	29	21	1.99±1.05
I gave up trying to deal with it	90	29	37	12	1.83±1.01
I gave up trying to make situation better	49	32	49	38	2.45±1.14
I refused to believe that it has happened	74	41	28	25	2.02±1.10
I said things to let my unpleasant feelings escape	71	31	40	26	2.13±1.13
I got help and advice from other people	62	31	37	38	2.30±1.19
I used alcohol or other drugs to help me get through it	128	16	13	11	1.45±0.89
I tried to see it in a different light, to make it seem more positive	72	30	40	26	2.12±1.13
I criticized myself	109	23	20	16	1.66±1.02
I tried to come up with a strategy about what to do	48	39	47	34	2.40±1.11
I got comfort and understanding from someone	56	35	45	32	2.32±1.13
I gave up the attempt to cope	102	25	33	8	1.68±0.95
I looked for something in what happened	94	33	23	18	1.79±1.04
I made jokes about it	72	34	34	28	2.11±1.14
I did something to think about it less such as going to movies, watching TV, reading, daydreaming, sleeping or shopping	63	34	35	36	2.26±1.17
I accepted the reality of the fact that it has happened	40	39	49	40	2.53±1.10*
I expressed my negative feelings	53	50	32	33	2.27±1.11
I tried to find comfort in, my religion or spiritual beliefs	63	30	48	27	2.23±1.12
I tried to get advice or help from other people about what to do	69	30	38	31	2.18±1.16
I learnt to live with it	54	38	48	28	2.30±1.09
I thought hard about what steps to take	55	35	41	37	2.36±1.15
I blamed myself for things that happened	105	27	19	17	1.69±1.03
I've been praying or meditating	53	37	38	40	2.39±1.16
I made fun of the situation	93	21	23	31	1.95±1.20
Item with mean (M) > 2.5 was accepted by the respondents for a coping strategy; * indicates item with M > 2.5					

Table 6: Association between demographic characteristics and prevalence of frotteurism

	Frequency of Frotteurism		Total	Chi-Square	p-value
	Yes	No			
Age (years)				.549	.760
- ≤ 20	23(67.6)	11(32.4)	34		
- 21-25	110(73.8)	39(26.2)	149		
- > 25	20(71.4)	8(26.2)	28		
Gender				.030	.863
- Female	144(73.5)	52(26.5)	196		
- Male	21(75.0)	7(25.0)	28		
Level				5.822	.121
- 200L	41(66.1)	21(33.9)	62		
- 300L	18(64.3)	10(35.7)	28		
- 400L	63(81.8)	14(18.2)	77		
- 500L	46(75.4)	15(24.6)	61		

Table 7: Associating Frequency of Victimization and Perceived Effect of Frotteurism

	Perceived Effect of Frotteurism		Total	Fishers exact
	High	Low		p-value
Level of frotteuristic victimization				.457
- High	11(78.6)	3(21.4)	14	
- Low	131(85.1)	23(14.9)	154	

Frequency of frotteurism among nursing students

Findings in Table 2 showed that 73.4% of the students reported they had been victims of frotteurism at least once, however the frequency of victimization was low (91.7%); only 26.6% had no experience of frotteuristic treatment and only 8.3% had high frequency of experience of frotteuristic treatment

Forms of Frotteuristic Treatments among participants

Table 3 revealed that rubbing of the thigh by a stranger (1.42 ± 1.13) and touching that involves any of the sensitive areas (1.35 ± 1.11), were the frotteuristic treatments experienced by the victims. This result also shows that 58.5% and 56.8% of the respondents had experienced those two forms of frotteurism respectively at least once.

Perceived effect of frotteurism among participants

Table 4 revealed that the perceived effects of frotteurism on the victims were mostly anger/upset (4.36 ± 0.98), changes in behaviour such as being more cautious while in public places (4.23 ± 0.98) and feeling violated or disgusted' (4.17 ± 1.12). Others effects included: monitoring proximity or closeness to others (3.99 ± 1.12), scare/shock (3.86 ± 1.16), fear that the perpetrator may have wanted to cause harm (3.64 ± 1.21), avoiding crowd (3.38 ± 1.27) and long-term feeling of distress (3.20 ± 1.36). The overall perceived negative effect was high among majority (84.5%) with a grand mean of 3.63 ± 0.64 .

Coping strategies of victims of frotteuristic treatment

Table 5 showed that the coping strategies of victims was mainly to turn to work or other activities to take their mind of things (2.58 ± 1.18) and accepting the reality of the fact that it has happened (2.53 ± 1.10).

Association between students' demographic Characteristics and frequency of frotteuristic victimization.

Table 6 revealed that there was no significant association between frequency of frotteurism and the demographic characteristics of the students: age ($p = .760$), gender ($p = .863$) and class level of academic study ($p = .121$). Thus, experiencing frotteuristic treatment never depended on the students' age, gender and level of study.

Association between the frequency of victimization and perceived effect of frotteurism among the victims.

Table 7 showed that there was no significant relationship between frequency of frotteuristic victimization and perceived effects of frotteurism among victims ($p = .457$). Hence, their perceived effect did not depend on the frequency of victimization.

Discussion

The findings from this study indicates that frotteuristic

victimization is quite common with majority of the respondents (73.4%) reporting having been victimized at least once. The prevalence is therefore considered high. This is a rather surprising finding given that little attention is paid to such issues in most societies. People are hardly aware that a substantial proportion of the society are victims of this disorder. . The findings corroborate Clarks et al⁹ who stated that there are indications that acts of paraphilic disorders like frotteurism and exhibitionism are frequent occurrences, even though these sexual paraphilias have received little empirical attention. The Clark's et al study also found a high rate of victimization among undergraduate students.

Concerning the frequency of frotteuristic victimization per individual, findings show frequencies such as rarely, to sometimes. This shows that most victims have only experienced it about just once or twice. This, of course, could be due to fact that victims usually tended to become more careful and more observant subsequently. In the present study only 8.3% of the victims reported having experienced a frotteuristic act from a stranger for more than twice for as long as they could remember.

Of those who had been victims, the commonest forms reported were: being rubbed on the thigh by a stranger in a public place. being touched in sensitive areas such as breast, pelvic region, thigh, and buttock by a stranger in classroom, public transport or other public places. Many also reported being rubbed on with an erect penis in a public place and being ejaculated on by a male counterpart who is a stranger in a public place. The findings in this study reported higher frequency of frotteuristic treatment when compared with the work of Kash (2019) where the result revealed 37% of female Transmilenio had been victimized¹⁷. In contrast to the findings of this study also, is the work of Choi et al. on the impact and prevalence of becoming a victim of frotteurism and exhibitionism in Korea⁶. Their result revealed that only 11% of the respondents had been victims of frotteuristic treatment and many of those victims had experienced it only once for as long as they could remember. The discrepancy in findings could arise from the different assessment tools or the setting in which the study was carried out. For everyday practice among healthcare providers, this high prevalence calls for more attention because it means that a good number of consumers of healthcare services may have been victims of frotteurism at one time or another. This makes it imperative to no longer ignore the sexual deviation and raises an urgent need for healthcare providers to address the experience of victims. On the hand, the implication is that the offenders are many in number and will equally require the intervention of healthcare providers.

Concerning the perceived effect of frotteuristic victimization, majority of the victims (84.5%) reported that the experience had some (negative) effect on them. The major effect reported by the victims included anger/upset, changes in behavior such as being more cautious while in public place and feeling violated or disgusted. Few reported avoiding

crowd, being scared and shocked, and long-term feelings of distress. Some other victims feared that the perpetrator may have wanted to cause harm while some other victims avoided being alone. Similar findings were reported from the work of Valan (2020) and Clark et al (2016), where the result showed that most of the victims reported feeling violated, irritated and angry/scared^{8,18}. However, the result from the work of Choi et al. (2020) indicated that one of the major impacts was long-term feeling of distress⁶. Differences in findings could be as a result of environmental contribution and general upbringing of individuals in developing nations like Nigeria where people pay less attention to non-life-threatening issues in the face of the more pressing survival needs, they rather could be angry or disgusted as the case may be. Considering the high prevalence of perceived negative effect, there should be provisions in the Nigerian healthcare system that address the negative effects of frotteurism on victims, such as skilled psychological assistance to help resolve the negative effects. The finding, once again, emphasizes the need for reporting and a well-designed treatment targeted at helping the sufferers of this sexual deviant behaviour

Most of the respondents coped with such frotteurism victimization using both emotion-focused and problem focused strategies, for example, by turning to work or other activities to take their minds off and also, accepting the reality that such an incident had occurred and they cannot help it. This finding is in contrast to the findings of the study by Adhikira et al. which indicated that majority of the victims of frotteurism preferred not to react and kept silent about the incident¹⁹. It also contrasts to the findings of the study of Worke et al. whose results indicated that victims coped by allowing stakeholders and authorities to intervene in such situations without which such victims would have become devastated²⁰. The differences in finding could be attributed to the application and effectiveness of the legal system of developed countries where perpetrators could be charged as offenders and be brought to justice. In Nigeria, the position of the law is not clear concerning these disorders, therefore, nothing is really done about it; and victims cannot rely on the law to have their back at such times. Provision of support by all stakeholders and significant others can position victims to access a variety of coping mechanisms in order to resolve any feelings of distress and disgust among others.

This study also showed that there was no significant association between students' demographic data and frequency of victimization to frotteurism. The frequency of victimization is independent of their age, gender or even level of study. Also, there was no significant relationship between frequency of victimization and perceived effect on the victim. The level of perceived effect was never dependent on the number of times an individual was a victim. This is similar to the findings of a previous study which indicated that there was no significant relationship between the perceived effect and the number of times a victim has been victimized¹⁸. This finding implies that any member of the population can be a potential victim of frotteuristic experience as no demographic variable was found to exclusively characterize individuals who suffered victimization. Consequently, any intervention designed for preventing or managing the aftermath of frotteuristic acts must be all inclusive.

Conclusion

This study reported a high prevalence of victimization among victims; and majority of them reported some negative

effects which included anger/upset, changes in behavior and feeling violated or disgusted. This is therefore a call on the authorities and stakeholders to take actions necessary to mitigate the rise of this paraphilic disorder and reduce the number of victims to this nuisance crime. Efforts should also be made to identify perpetrators, proffer the necessary treatment to prevent future occurrence. It is also imperative to provide a support system that will help victims to cope effectively following a frotteuristic victimization where it has already taken place.

Study Limitations

Only a self-reporting method was used to collect data and hence is subjective and difficult to verify. Efforts were made to counsel the respondent on the need to be as truthful as possible. In addition, only one Department of Nursing Sciences in a university in Enugu was studied limiting generalizability. .. Being a cross-sectional study, cause-effect relationship was not determined in our study.

Declarations

Authors' contributions

Study conception and design was done by CEI, and MOA. Data collection was done by CEI and MAO. Data analysis and interpretation were done by all authors. Drafting of the article and approval was done by CEI, PNI, and MAO. Critical revision of the article was done by CEI and PNI. All the authors reviewed and approved the manuscript.

Funding

Not applicable. The researchers received no funding for the research. The authors also declare that they have no known competing financial interests or personal relationships that could influence the work reported in this paper

Data availability

Data is provided within the manuscript.

Consent for publication

Consent was obtained for the use of this data for research and academic purposes including publications.

Acknowledgements

The authors acknowledge and appreciate our respondents that participated in the research. We also acknowledge the Dean of Student affairs of the University and the Head of Department for the permission to collect data for this study

Consent to Participate declaration: Only individuals who signed our consent form after due explanation as an evidence of voluntary consent participated in the study.

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