

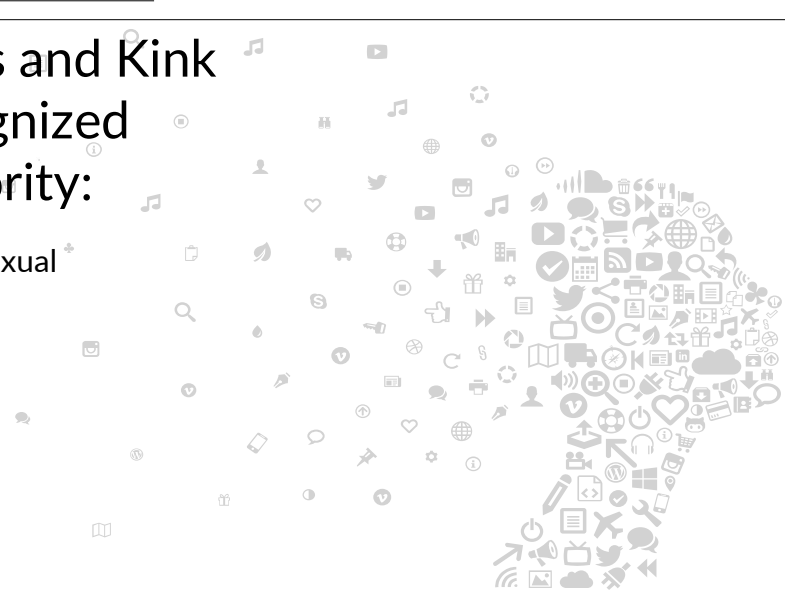
1

Health Disparities and Kink as an Unrecognized Sexual Minority:

Why It Matters to Sexual Health Medicine

Richard A. Sprott, PhD and
Anna Randall, LCSW, DHS, MPH
TASHRA - The Alternative Sexualities
Health Research Alliance
CARAS - The Community Academic Consortium for Research on
Alternative Sexualities

November, 2020
SMSNA



1

DISCLOSURES

Commercial Support:	Conflict of Interest:
none for the CE presentation.	none for the CE presentation.

2

DISCLOSURES

- *Accuracy and Utility*: most material is based on quantitative research over the past 30 years
- *Limitations*: almost all of the research is based on studies of populations that are not kink-involved or identified.
- Generalizability to the kink populations is limited.

3

OVERVIEW

4



DEFINITIONS

Terms and Theories related to health disparities and sexual minorities



FINDINGS

Mental Health Research Findings from the 2016 National Kink Health Survey



INJURIES

Injury Findings from the 2016 National Kink Health Survey



HEALING

What can we learn about BDSM and its' influence on Healing

4

5

KINK SEXUALITY

A growing field of study, we are learning more and more
about this subculture
but there is much more to know

5

6

THINK YOU DON'T HAVE ANY KINKY PATIENTS IN YOUR PRACTICE?

YOU ARE ALREADY
SEEING THEM

25% in 1993

What about now?

- 14% of men & 11% of women in US have had experience with SM (national sample, n = 2,742) (Janus & Janus, 1993).

- Lifetime "playful whipping": 16.2% Men, 13.8% Women (Herbenick, et al., 2017)

- Lifetime BDSM party/dungeon attendance: 4.3% Men, 2.6% Women

N FANTASY:

- >60% of n=1,516. (Joyal, Cossette, & Labierre, 2014)

DEMOGRAPHIC TRENDS

- May be more prevalent in LGBT populations.

- Educated, middle-class or higher, sexually experienced.

- POC, intersectionality, underrepresented in kink research.

6

DEFINING KINK SEXUALITY

7

- Umbrella term to address a wide range of fantasies, interests, identities, consensually agreed upon behaviors.
- Term encompasses BDSM Leather, and Fetish.
 - Acronym BDSM stands for (Bondage/Discipline, Dominance/Submission, Sadism/Masochism),
- Includes sexual identities, behaviors, interests, relationship orientations, relationship identities and relationship structures that are stigmatized by the dominant culture.
- Sizable overlap between kink and consensual non-monogamies (CNM),
 - eg. open marriages, non-exclusive relationships, and polyamory.

7

WHAT IS KINK SEXUALITY

8

- Eroticizing intense sensations (including but not limited to “pain”),
- Eroticizing power dynamics and differences,
- Enduring fascination with specific sensory stimuli including specific body parts or inanimate objects (“fetish”),
- Role play and dramatizing erotic scenarios, and
- Erotic activities that induce heightened or altered states of consciousness.

8

MUTUAL CONSENT IS A BEDROCK OF KINK

9

- These are **consensual** behaviors and relationships.
- Consent is negotiated and active throughout.
- Can be revoked at any time by participating parties.
- If the activity it is **NOT** mutually consensual,
 - It is a crime, *NOT a kink or fetish*.

9

10

THE GROWING DATA ON KINK

10

KINKY BEHAVIOR AND FANTASIES - PREVALENCE

11

- 14% of men & 11% of women in US have had experience with SM (national sample, n = 2,742) (Janus & Janus, 1993).
 - Lifetime “playful whipping”: 16.2% Men, 13.8% Women (Herbenick, et al., 2017)
 - Lifetime BDSM party/dungeon attendance: 4.3% Men, 2.6% Women
- Australia: 2% of sexually active men, 1.4% of women engaged in BDSM *in the past year* (Richters et al., 2008).
- In Fantasy: >60% of n=1,516. (Joyal, Cossette, & Labierre, 2014)

Demographic Trends

- May be more prevalent in LGBT populations.
- Educated, middle-class or higher, sexually experienced.
- POC, intersectionality, underrepresented in kink research.

11

RESEARCH ON PSYCHOLOGICAL FUNCTIONING

12

- **From Australian nationally representative sample:**
 - BDSM engagement not sig. related to any sexual difficulties or higher psych. distress. Men had sig. *lower* psych. distress. (Richters et al., 2008)
- **Recent comparison of Dutch BDSM participants (n=902) to controls (n=434). BDSM participants:**
 - Big 5: Less neurotic, more extraverted, more open to new experiences, more conscientious, *less* agreeable.
 - Had either similar or better attachment scores than controls.
 - Less sensitive to rejection. Higher subjective well-being. (Wismeijer & van Assen, 2013)
- **Study of 186 (n=164 male) Finnish BDSM particip.:**
 - Dist. of attachment styles nearly identical to general pop. (Sandnabba et al., 2002)

12

PSYCHOLOGICAL FUNCTIONING

13

- **Study of n=132 American BDSM participants:**

- Sample appeared comparable to published norms on tests of clinical psychopathology & severe personality pathology.
- No widespread elevations on measures of: Depression, anxiety, obsession-compulsion, psych. sadism, psych. masochism, or PTSD. Did show slightly higher narcissism.

(Connolly, 2006)

- **Comparison of n=93 BDSM participants to n=61 controls:**

- No sig. difference in measures of sexual guilt, escapism.
- Masochists no more prone to psych. distress than other groups.
- BDSM group scored equal or *lower* on Authoritarianism.
- BDSM group endorsed *more* pro-feminist beliefs.

(Cross & Matheson, 2006)

13

PSYCHOLOGICAL FUNCTIONING

14

- **Study of Portuguese (n=68) BDSM participants:**

- No diff. in sexual satisfaction b/w BDSM and non-BDSM contexts.

(Monteiro Pascoal, Cardoso, & Henriques, 2015)

- **Study of 321 BDSM-identified adults:**

- 34.7% reported non-zero level of suicidal ideation in past 2 weeks.
- Suicidality scores comparable to inpatient adolescents with previous suicide attempts.
- Suicidality predicted by feelings of internalized shame.

(Roush, Brown, Mitchell, & Cukrowicz, 2016)

14

COLLECTIVE RESEARCH FINDINGS OVER 30 YEARS:

15

BDSM/KINK Participants Were NO DIFFERENT Or MORE ELEVATED:

NO DIFFERENT

- Psychological distress
- Attachment styles
 - (equiv. to general pop.)
- Authoritarianism
- Feminist beliefs
 - (higher than controls)
- Sexual guilt
- Escapism
- Depression
- Anxiety
- Obsession/Compulsion
- PTSD
- Psychological sadism or masochism
- Severe & Personality psychopathology
- Sexual satisfaction b/w BDSM vs. non-BDSM

MORE ELEVATED

- Slightly *more* Narcissistic
- More dissociative experiences
- Higher suicidality, intern. shame.

Big 5:

- Extraversion
- Openness to New Exp.
- Conscientiousness
- Neuroticism
- Agreeableness



15

MYTHS OF BDSM/KINK & CHILDHOOD SEXUAL ABUSE

16

- Childhood sexual abuse widely assumed to be an etiological factor for BDSM interest.
- One study did find higher prevalence of abuse in sample of 186 (n = 164 male, n = 22 female) Finnish BDSM participants.
 - 7.9% males, 22.7% female. (Nordling, Sandnabba, & Santtila, 2000)
- “Small number” of n=268 reported abuse hx as influencing BDSM interest. (Yost & Hunter, 2012)
- Study of Australian nationally representative sample found *no* correlation between sexual abuse or coercion (ever or before age 16) and BDSM participation. (Richters et al., 2008)
- Replicated findings of attachment equivalence & normative psychosocial fx do not seem to support abuse etiology hypothesis.

16

17

AND YET KINK IS A STIGMATIZED AND MARGINALIZED

We propose that Kink may qualify as a community that suffers from public health disparities and has unaddressed or underserved health needs

17

18

FRAMEWORK TO INTERPRET

8

SEXUAL MINORITY

- Are kinky sex practitioners a sexual minority?
- Does identifying them as a “sexual minority group” aid in health efforts?

MINORITY STRESS

- Minority Stress Theory suggests mechanisms for explaining how a stigmatized minority status can lead to health problems.

COMBINED EFFECTS

- Using Minority Stress Theory and concepts like Sexual Minority allow us to plug research and clinical work on kink into a robust and well-supported framework

18

WHAT MAKES UP A HEALTH DISPARITY

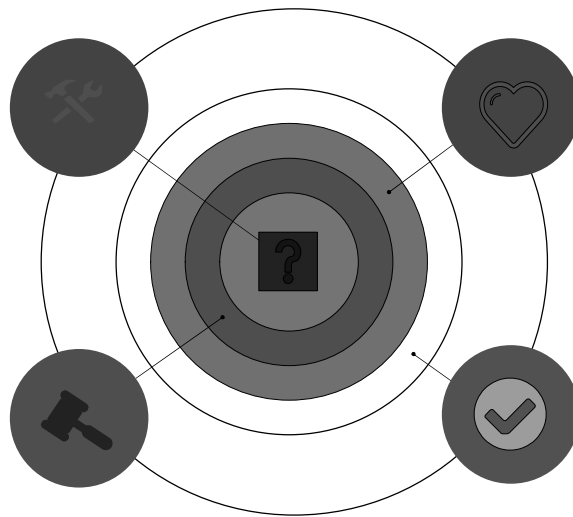
ITS IMPORTANCE TO PROVIDERS SERVING
KINK-INVOLVED PEOPLE

19

HEALTH IMPACT OF BEING AN OUTSIDER

20

THERE IS MORE THAN MEETS THE EYE



20

CDC / NIH DEFINITION OF HEALTH DISPARITY

21

1

Healthy People 2020 defines a *health disparity* as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.

Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on

- their racial or ethnic group;
- religion;
- socioeconomic status;
- gender;
- age;
- mental health;
- cognitive, sensory, or physical disability;
- sexual orientation or gender identity;
- geographic location;
- or other characteristics historically linked to discrimination or exclusion.”

21

CDC / NIH DEFINITION OF SEXUAL/GENDER MINORITY

22

2

“Sexual and gender minority” is an umbrella term that encompasses lesbian, gay, two-spirit, bisexual, and transgender populations as well as *those whose sexual orientation, gender identity and expressions, or reproductive development varies from traditional, societal, cultural, or physiological norms.*

This includes individuals with disorders or differences of sex development (DSD), sometimes known as intersex.

22

23

The 2016 KINK Health SURVEY and METHODS

US Survey

Inclusion criteria:

Age 18 +, US resident,

Kink fantasies, desires, longings.

Currently practice a kink or fetish related behavior.

- 178 Online Survey Questions
- Median 30 - 40 minutes to complete
- Data collected from April 2016 to October 2016

23

24

POSSIBLE EXPLANATIONS

For Suicidality, Other Health Disparities Findings

- Kink sample exhibits significant intersectionality of gender and sexual orientation diversity
- LIMITATIONS OF THE STUDY
 - Sampling Procedures
 - Lack of information about age of onset, progression of condition, in relation to kink behaviors, other mental health diagnoses
 - Small n for some subpopulations limiting analyses

24

DISCLOSURE TO HEALTH PROVIDERS

25

- 58.3% did not disclose to primary healthcare provider
- Satisfaction with primary healthcare provider 87.8%

- 50.4% disclose to mental health provider
- Satisfaction with mental health provider 83.0%

- Controlling for other covariates, an increase of one year in age above the sample mean (38 years) was associated with a slight, but significant increase in the odds of disclosure of kink identity or behavior to both a physical care provider (OR=1.03) and therapist (OR=1.02), as well as having experienced a kink-related injury in the past (OR=1.05).
- Gender identity, annual household income, and 5-year history of insurance coverage had no significant impact on any of the 6 outcomes.

25

INFLUENCES IN DISCLOSURE TO HEALTHCARE PROVIDER

26

SIGNIFICANT INCREASED ODDS OF DISCLOSURE

- Identifying as Homosexual
- Past experiences of discrimination or disrespect by provider
- Having to educate provider about kink
- Past STI Dx
- Reporting a kink related injury
- The kink-involved person's involvement in a larger community of like-minded people.

Past negative experiences with healthcare providers increased the odds of delaying or avoiding care significantly,

- 4X more likely to avoid/delay care compared to participants who did not have negative experiences

DECREASE IN ODDS OF DISCLOSURE

- Assigned female at birth

26

SATISFACTION WITH HEALTHCARE PROVIDER CARE

27

HIGHER ODDS OF PROVIDER SATISFACTION

- Disclosure of their kink identity or behaviors to their provider had a significant 3.47 times the odds of reporting being satisfied with their physical care than those who had not come out.

LOWER ODDS OF PROVIDER SATISFACTION

- Past discrimination or disrespect

27

INFLUENCES IN DISCLOSURE TO MENTAL HEALTH PROVIDER

28

SIGNIFICANT INCREASED ODDS OF DISCLOSURE

- Past experiences of discrimination or disrespect by provider
- Having to educate provider about kink
- Reporting a kink related injury
- The kink-involved person's involvement in a larger community of like-minded people.
- Identifying as Bisexual, Pansexual or Queer.

DECREASE IN ODDS OF DISCLOSURE

- Identifying as Black
- Identifying as Hispanic
 - When compared to those identifying as White

28

29

OTHER IMPORTANT HEALTH FINDINGS KHS 2016

Kink Related Injuries and How they Occur

29

30

KINK INJURIES

13.50% Reported an injury or medical complication related to kink or BDSM activities at some point in their lifetimes.

Most common injuries – nerve compression due to too long in bondage, falling and fainting, abrasions and bruising, wound infections

More serious injuries reported – rectal or vaginal tearing, head trauma due to accidental falls

INCREASED ODDS OF INJURY

- 19% Chose to delay or avoid healthcare out of fear of stigma
 - Also reported higher odds of experiencing past discrimination or disrespect
 - Also reported having to educate provider about kink
- Having reported a past kink-related health concern to a healthcare provider

30

INJURY HISTORY 2016 NKHS

31

3
1

Overall Findings

- The age of the person significantly predicted whether they have ever had a kink-related injury or medical complication, $b = -0.03$, $p < 0.001$.
- The odds ratio indicates that as someone's age increases by one unit, the odds of ever having a kink-related injury decreases by 0.96.
- No other difference or correlation was found, examining gender identity, race/ethnicity, sexual orientation identity, etc.

31

32

KINK AS A SEXUAL ORIENTATION

We propose that Kink may qualify as a community that suffers from public health disparities and has unaddressed or underserved health needs

32

IS KINK A SEXUAL ORIENTATION?

33

*Findings from the KISS Project**

Moser (2016):

ELEMENTS OF SEXUALITY ENTAILED BY THE CONCEPT OF ORIENTATION:

- Sexual attraction that is strong and persistent;
- Relative immutability or fluidity of sexual attraction / arousal that is beyond conscious control;
- Early onset, developmentally, in childhood or adolescence;
- Significant psychological consequences to denying, exploring, fulfilling or repressing sexual attraction and arousal; and
- Lifelong patterns of sexual attraction and arousal.

33

IS KINK A SEXUAL ORIENTATION?

34

Sexual Attraction That Is Strong And Persistent *Lifelong Patterns Of Sexual Attraction And Arousal

Characteristic		Average Age/Years in Kink (n) (SD) Percentage of Life Course Involved in Kink	Characteristic		Average Age/Years in Kink (n) (SD) Percentage of Life Course Involved in Kink
Race/Ethnicity			Sexual Orientation	Heterosexual	43.79 (18) (.1825)
	White	42.82 (53) (.2241)		Gay	38.56 (18) (.2261)
	Hispanic/Latino	31.80 (4) (.0859)		Bisexual	49.81 (7) (.2295)
	Black	31.38 (5) (.1120)		Pansexual, Queer	37.99 (20) (.1988)
	Asian/Pacific Islander	31.63 (2) (.0348)		Lesbian	31.63 (7) (.2037)
	Multiracial/Mixed/Other	32.55 (6) (.0701)			
Gender					
	Cisgender Men	41.58 (32) (.2255)			
	Cisgender Women	38.33 (27) (.1935)			
	Transgender, Queer, Fluid	40.61 (11) (.1722)			

34

IS KINK A SEXUAL ORIENTATION?

35

3
5

(Could you choose not to be kinky?)

Relative Immutability Or Fluidity Of Sexual Attraction / Arousal
That Is Beyond Conscious Control

*"I guess I **technically** could. Like I could choose not to eat steak the rest of my life...But, I would say no - the craving is always going to be there... It would always be in the background. Festering."*

[24-year-old multiracial heterosexual cisgender woman]

"I don't think you can. It's like someone asking me if I could not itch, if I could not date boys...I couldn't see myself not being kinky. Even as a little girl, I thought about kink with sex. It's like taking my identity away. It is part of who I am."

[34-year-old Hispanic heterosexual cisgender woman]

35

IS KINK A SEXUAL ORIENTATION? The KISS Study

36

3
6

early onset, developmentally, in childhood or adolescence

Age of first kink awareness/interest	n, % of total sample, participant description
0-5 years of age	9 (12.68%) Queer/Pansexual Cisgender Woman = 2 Lesbian Cisgender Woman = 2 Heterosexual Cisgender Man = 2 Queer/Pansexual Trans Woman = 1 Bisexual Cisgender Man = 1 Bisexual Cisgender Woman = 1
6-10 years of age	21 (29.58%) Gay Cisgender Man = 7 Queer/Pansexual Genderqueer Person = 4 Heterosexual Cisgender Man = 3 Heterosexual Cisgender Woman = 2 Lesbian Cisgender Woman = 2 Heterosexual Genderqueer Person = 1 Queer/Pansexual Cisgender Woman = 1 Bisexual Transgender Man = 1

36

IS KINK A SEXUAL ORIENTATION?

early onset, developmentally, in childhood or adolescence

37

3
7

Age of first kink awareness/interest	n, % of total sample, participant description	Breakdown by Identity
11-15years of age	13 (18.31%)	Gay Cisgender Male = 3 Heterosexual Cisgender Woman = 2 Queer/Pansexual Cisgender Woman = 2 Lesbian Cisgender Woman = 2 Bisexual Cisgender Woman = 1 Bisexual Transgender Woman = 1 Queer Cisgender Man = 1 Queer Transgender Man = 1
16-20 years of age	12 (16.90%)	Heterosexual Cisgender Man = 4 Queer/Pansexual Cisgender Woman = 3 Gay Cisgender Man = 2 Queer Genderqueer Person = 1 Heterosexual Cisgender Woman = 1 Queer/Pansexual Cisgender Man = 1

37

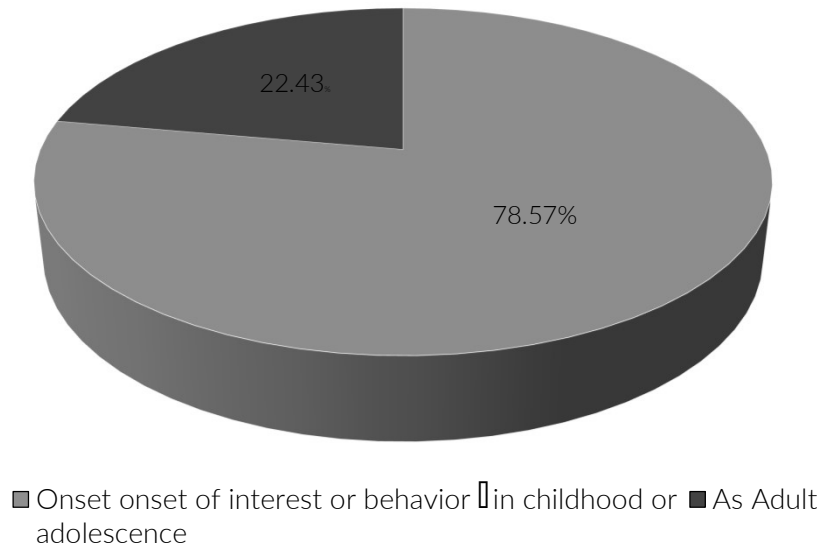
IS KINK A SEXUAL ORIENTATION?

Early Onset, Developmentally, In Childhood Or Adolescence

38

3
8

ONSET OF INTEREST



38

IS KINK A SEXUAL ORIENTATION?

39

Significant Psychological Consequences To Denying, Exploring, Fulfilling Or Repressing Sexual Attraction And Arousal

"It's ... in my fabric. I'm not going to say it's in my DNA but it's in my psychological makeup to be kinky and.. a number of years ago I tried to stop. ... to just ... be vanilla and that was just was a complete disaster. I think I'm just, to quote a cliché, 'wired for it.' You know, but I'm certain that I cannot not be kinky."

[008, 55-year-old White gay cisgender man]

39

40

WHY WE WANT TO KNOW HEALTH STATUS

What health disparities might be present in the kink subculture?

40

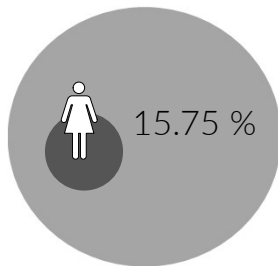
MENTAL HEALTH FINDINGS

41

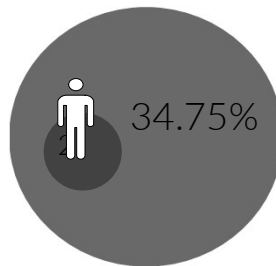
4
1

KINK HEALTH SURVEY

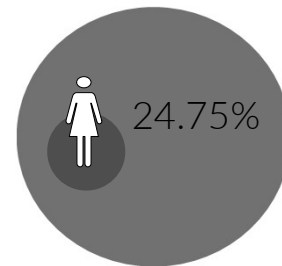
Ever hospitalized for a
mental health concern?



Currently taking medication
for a mental health
condition?



Have you ever attempted
suicide?



41

EYEBALL COMPARISON

42

2016 NKHS & CDC NATIONAL STATS – Lifetime prevalence

Condition	KINK HEALTH SURVEY	National Prevalence
HEP C	0.52%	0.305%
HIV +	3.72%	0.378%
Obesity	36.83%	36.2% in Louisiana (highest)
Bipolar	5.91%	3.9%
PTSD	17.98%	6.8%
Attempted Suicide	24.70%	4.6%
Non-Suicidal Self-Injury	17.84%	5.9%
Eating Disorders	14.62%	1.21%

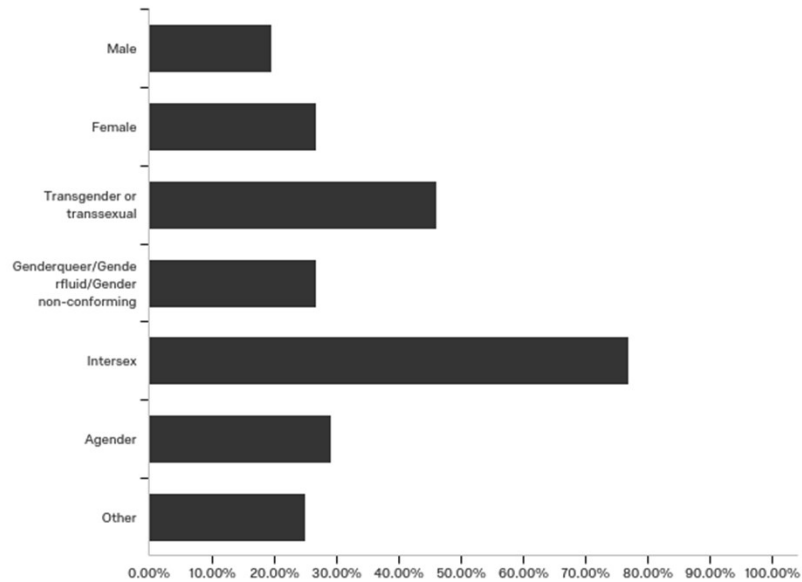
42

Suicide Attempts by Gender Identity

43

43

2016 NKHS



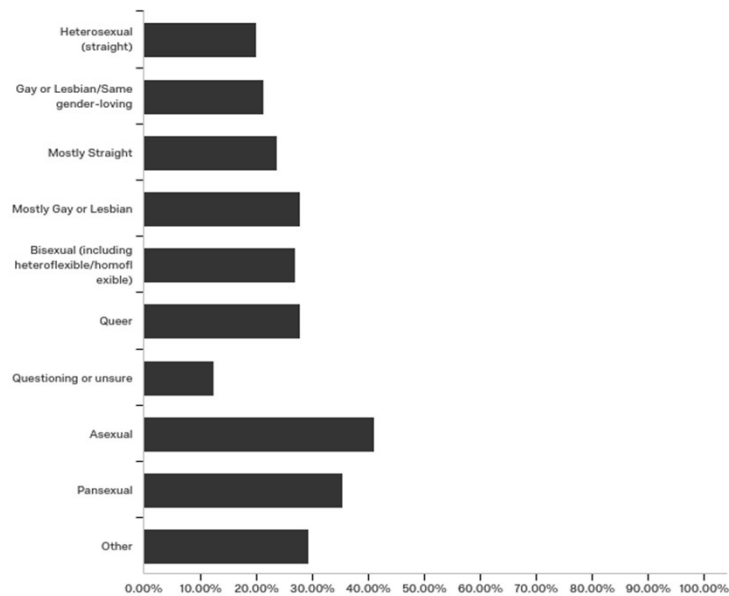
43

Suicide Attempts by Sexual Orientation Identity

44

44

2016 NKHS



44

45

WHAT IS GOING ON?

SOME
THEORIES.....



45

45

MINORITY STRESS THEORY

46

4
6

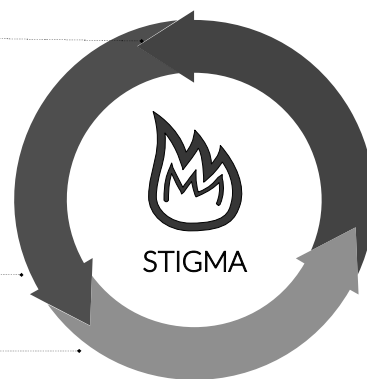
Excess stress is experienced by people assigned or perceived as part of stigmatized social categories



.....If "OUT" =



- overt discrimination by institutions
- hostility/rejection by others interpersonally
- violence



Health outcomes are directly impacted by internal and external forces

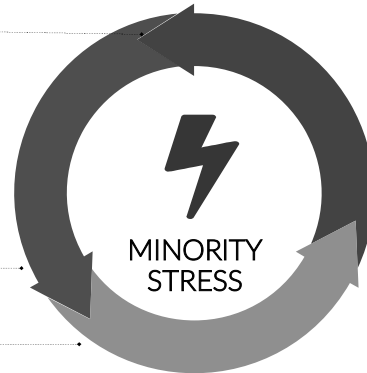
46

MINORITY STRESS THEORY

47

4
7

- Excess stress occurs if person is "closeted" =
- Part of the stress is *the clash in values* between stigmatized social group and larger society
- Part of the stress is *anticipated stigma*
- Part of the stress is concealment and information management (*maintaining the closet*)



Minority Stress has been found in
LGBTQUI+, bisexual and other
stigmatized groups

47

MINORITY STRESS THEORY

48

and the Interpersonal Theory of Suicide

Stigmatized minority status leads to -

- ◆ Social isolation
 - Person feels alienated from others
- ◆ Perceived burdensomeness
 - Burdensomeness to others is
 - Main pathway between stress and suicidality



48

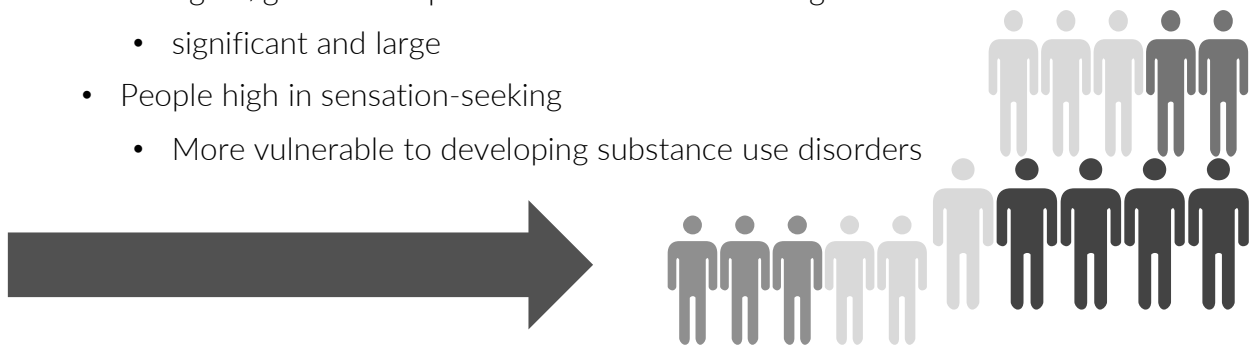
48

SENSATION SEEKING

49

Are kinky sex practitioners higher on the personality dimension of sensation-seeking?

- Biological/genetic components of sensation-seeking
 - significant and large
- People high in sensation-seeking
 - More vulnerable to developing substance use disorders



49

49

INJURY HISTORY 2016 NKHS

50

Q: Have you ever had a kink-related injury or medical complication? Something that occurred during a scene or as a result of a scene, that caused you to consider medical attention or caused you to miss work? By "scene" we mean an encounter or interaction that involved a kink or fetish activity, like bondage, flogging, etc.

YES: 13.30%
(n = 153, out of 1,150 answering)

5
0

50

INJURY HISTORY 2016 NKHS

51

5
1

"I felt warm and just a teeny bit nauseous. I suppressed it. Suddenly I didn't feel well and gave my "yellow" word. My Domme immediately released me but, while she was doing so, I passed out cold for about a minute."

"I went to the hospital for evaluation but they didn't find anything. Now I call "yellow" when I get the warm/nauseous feeling right away."

"I have neuropathy in my hands and it causes pain above normal levels when I use them for hand spanking my partner. I am having to resort to implements to effect spankings so as to eliminate severe pain in my hands these days. (Been spanking ladies for over 35 years.)"

51

INJURY HISTORY 2016 NKHS

52

5
2

SELF REPORTS FROM PARTICIPANTS WHEN ASKED ABOUT THEIR INJURIES

"Scrotal Infusion led to infection of scrotum and 4 day hospital stay."

*"My standing sling frame came apart unexpectedly and one of the pieces hit me across the brow, split it open, and required stitches.
Fun story."*

"Suspension by the arms caused thumb pain that persisted for approximately 6 months."

52

53

HEALING AND WELLBEING

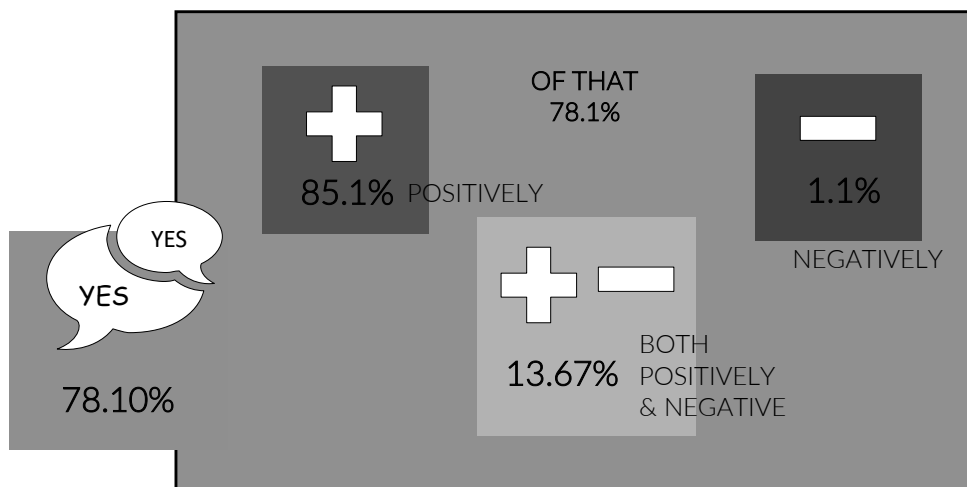
Strengthening, Toughening and Healing
Role of Kink

53

54

IMPACT OF KINK ON MENTAL HEALTH KHS

Q: Do you feel that your involvement in kink has affected your mental health, either positively or negatively?



54

MENTAL HEALTH HISTORY 2016 NKHS

55



	In the last 12 months	Anytime in your lifetime
Eating Disorder	4.98%	14.62%
Non-suicidal Self Injury	4.43%	17.84%

Is kink helping people manage certain conditions?

5
5

55

IMPACT OF KINK ON MENTAL HEALTH

56

6

"Our relationship began as a simple D/s one, but has evolved into a Daddy Dom/girl very naturally. ... no one has ever taken me in hand before, nurturing and guiding."

"My relationship with my current primary involves very cathartic scenes, often with him breaking through the barriers that I put up, and ending with a really good, deep emotional release."

"Afterwards, he will hold me and rock me, making me feel as though I have someone who cares about the way I am, for the first time in my life. I have had trust issues, and an inability to let myself be openly vulnerable, due to an absent mother and an emotionally neglectful father. I have taken care of myself from a very young age (grade school) and have never allowed someone to take care of me until him."

56

57

HOW MIGHT KINK AFFECT WELLBING

Paper On Wellbeing And Kink
Sprott and Randall, 2018

57

58

POSITIVE EFFECTS ON WELL-BEING

"Kink helped me heal from the molestation, bullying, anger, depression, and anxiety I felt and experienced. I was broken and in some ways still am, but the kink community and my pagan community have both been instrumental in breaking down those walls and helping me grow. If it were not for the members of my House I would most likely still be lost and searching for an identity....and I don't think that I would be as happy. When I started I needed the pain....now I just need someone who cares enough to help me fulfill myself and drive me towards being my best self. I don't think I could get that in a vanilla relationship."

5
8

58

NEGATIVE EFFECTS ON WELLBEING

WHAT KINK IDENTIFIED PEOPLE SAY KHS 2016

59

5
9

OVERCOMING FEAR

"Kink experiences have been enjoyable and beneficial. Yet overcoming the fear of trying is difficult and distressing."

58 year old White male with kink identities as Top, Switch, Sadist, Masochist, Dominant, kink and Submissive

THE RISE AND FALL OF SELF-ESTEEM

"I am unsure if, at times, it has both raised my confidence and self-esteem, or lowered it, as I think about why I may enjoy certain kinks, or if they're a result of past abuses."

27 year old White female with kink identities as Bottom, Switch, Dominant, and Submissive

"I AM NOT BAD"

"I deal with strong feelings of self-loathing and a belief I am 'bad.' Having dominant desires towards someone can reinforce those strong feelings. However, in an actual scene, I am able to use communication and mutual trust to remind myself I am not 'bad.'"

20 year old White male/transgender/genderqueer with kink identities as Top, Switch, and Dominant

59

THEMES/CATEGORIES

60

NEGATIVE IMPACT ON POSITIVE RELATIONS WITH OTHERS

ISSUES WITHIN THE COMMUNITY OR WITHIN PARTNER RELATIONSHIPS

- "Social Viciousness"
- Bad Treatment By Play Partners
- Physical And Emotional Abuse
- Interest Discrepancy / Mismatch
- Kink And Vanilla Partner Dynamics / Tension
- Relationship Conflict / Jealousy
- Neuroatypicality / PTSD / Mental Health Concern Issues As A Stumbling Block
- Racism / Transphobia

DIFFICULTIES CONNECTING WITH OTHER KINKY PEOPLE

- Alienation / Internalized Shame / Being Isolated
- Access To Partners
- Neuroatypicality / PTSD / Mental Health Concern Issues As A Stumbling Block

ISSUES WITH OTHERS OUTSIDE THE COMMUNITY

Minority Stress / Stigma / Closet / Negative Judgment / Shaming

60

60

61

PSYCHOLOGICAL NEEDS EXPRESSED FOR KINK-INTEREST

What kink-interested people say about why they are drawn to kink and what they get out of it

61

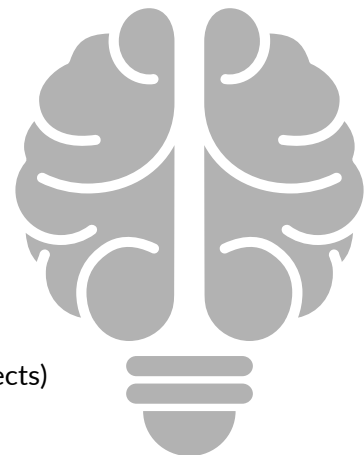
PSYCHOLOGICAL NEEDS

Motivations For Kink

62

SOME OF THE NEEDS OR USES OF KINK, AS EXPRESSED BY PRACTITIONERS:

1. Peak experiences/personal or spiritual growth
2. Emotion regulation: to up-regulate or down-regulate
3. To counter depression symptoms
4. To counter anxiety symptoms
5. Attention regulation / mindfulness practice
6. To address symptoms of ADHD
7. Interoception management
8. To dampen overstimulation (endorphin / endocannabinoid effects)
9. To heighten under-stimulation ("to feel something")



62

62

PSYCHOLOGICAL NEEDS

63

Motivations for Kink



INTEROCEPTION MANAGEMENT

- Is perhaps related to people attempting to manage their impulses and desires for non-suicidal self-injury (NSSI)
- people attempting to manage sensory processing differences when they are on the “spectrum” (ASD)

63

63

PSYCHOLOGICAL NEEDS

64

MOTIVATIONS FOR KINK

SOME OF THE NEEDS OR USES OF KINK, AS EXPRESSED BY PRACTITIONERS:

- Confront and reframe past trauma
- Increase relationship closeness / intimacy
- Exploration of the self
 - less dominant aspects of personality

64

64

THE IMPORTANCE OF KINK QUALIFYING AS A SEXUAL MINORITY

- Identifies Particular Health Needs of The Kink Population
- Provides Health Providers Foci for Diagnostic Assessment and Treatment
- Identifies At-Risk and Vulnerable Subgroups and Individuals
- Creates Areas for Health Prevention Strategies
- Allows for Development of Community Education Programs
- Bolsters Kink as Legitimate Field of Scientific Study
- Strengthens Possible Funding Sources For Research

65



KEEP YOUR EYES OPEN FOR THE
INTERNATIONAL KINK HEALTH
SURVEY COMING IN 2021

**COMING
SOON**

66



KEEP IN TOUCH WITH US

TASHRA and CARAS are here to be resources

We continue to provide a way for kink identified individuals to connect with the healthcare community so that we can create more competent and compassionate care




CLINICAL CONTINUING EDUCATION,
INTERNSHIPS AND RESEARCH OPPORTUNITIES

THANKS FOR COMING

CONTACT US

@ TASHRA.ORG

TEAM@TASHRA.ORG

TWITTER @KINKHEALTH

INSTAGRAM KINKHEALTH

Contact Info 

Email: richard@tashra.org

Email: anna@tashra.org

Support: team@tashra.org

67

MORE CLINICAL CONTINUING EDUCATION,
INTERNSHIPS AND RESEARCH OPPORTUNITIES

CONTACT US

@ TASHRA.ORG

TEAM@TASHRA.ORG

TWITTER @KINKHEALTH

INSTAGRAM KINKHEALTH

RICHARD AND ANNA

68