

Kink 101

Competent Clinical Care

Cultural Competence with Alternative Sexualities

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CARAS – Community Academic Consortium for Research on Alternative Sexualities

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KINK / Poly / BDSM / Fetishes
are they more mainstream?

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What is BDSM?

"It serves as an umbrella label for forms of sexuality which incorporate restraint, pressure, intense sensation, and elements of power exchange between the engaged parties."

(Ortmann & Sprott, 2012)

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What is BDSM?-

- BDSM:
 - Bondage and Discipline (B/D)
 - Dominance and Submission (D/s)
 - Sadism and Masochism (S/M)

"the knowing use of psychological dominance and submission, and/or physical bondage, and/or pain, and/or related practices in a safe, legal, consensual manner in order for the participants to experience erotic arousal and/or personal growth."



Wiseman, 1996

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Kink/BDSM

*...is a situation where people –
of their own free will and
choice –
magnify the personal power
elements between them and
act this out for their mutual
pleasure.*



**This may be *sexual* pleasure,
but it does not always have
to be.**

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BDSM Prevalence

- **14% of men & 11% of women in US** have had experience with SM (national sample, n = 2,742) (Janus & Janus, 1993).
- From Durex's 2005 online survey of 317,000 people:
 - **10% of Americans** have experienced sadomasochism.
 - **5% worldwide** have experienced SM.
- Australia ***in the past year*** : 2% of sexually active men, 1.4% of women engaged in BDSM (Richters et al., 2008).

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BDSM Prevalence

Demographic Trends

- May be more prevalent in LGBT populations.
- Participants often report higher education & income.
- More likely to have broader sexual experience/repertoire.

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So, how many LGTBQI people are kinky?

- Kink is not uncommon:
 - 10-15% of the general U.S. population engages in non-traditional sexual practices.
 - 1-2% self-disclose and self-identify as “kinky”
 - May be more in some LGTBQI communities, but we don’t know.

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What is Kink?

- The preferred term for a diverse group that fall outside of the sexual mainstream:
 - BDSM
 - Fetishes
 - Other terms
 - "Leather" (LG term)
 - Not quite "Vanilla"
 - Freaky
- Covers consensual non-monogamy, sexual orientation and gender identity as they intersect with alternative sexuality practices.



Waldura, 2015

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Common Kink Activities

- Impact/Sensation/Pain Play
 - Spanking
 - Flogging
 - Whipping
 - Caning
 - Tickling
 - Hot/cold (wax, ice cubes)
 - Edgy stuff: needles, blood, "breath control and circulation control,



Wiseman, 1996

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Common Kink Activities

- Bondage/Restraint



Douglas Kent

CompleteShibari.com

Image credit: Douglas Kent

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Common Kink Activities

- Psychological dramatization
- Role-play
 - intense mental/emotional stimulation
 - eroticized roles
- Domination/submission
- rituals
- rule compliance



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Power Exchange Roles

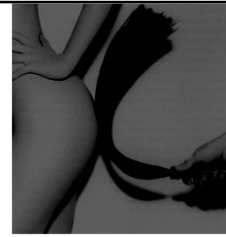
"The Top" - the person directing/guiding the activity or giving sensation. Other names for this:

- "Top"
- "Dominant/Dom/Domme"
- "Master/Mistress"

"The Bottom" - the person following/responding to the direction or receiving the sensation.

- "bottom"
- "submissive"
- "slave"

"A Switch" - a person who can enjoy different roles at different times or with different partners.



Wiseman, 1996

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Power Exchange Roles

"Sadist" –

someone who specifically enjoys consensually giving intense sensation or pain to their partner in an *erotic context*

"masochist"

someone who enjoys consensually receiving intense sensation or pain from their partner in an *erotic context*



Wiseman, 1996

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What is a Sexual Fetish?

A sexual focus on an object, body part, or material for erotic pleasure

- Shoes/feet
- Latex
- Cross-dressing
- Corsets
- Uniforms



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Other Kinky Stuff

- Role play
 - Furies
 - "Pony or Pup Play"
 - Medical scenes
 - 50s household
 - Victorian era
- Gender play
- Age play
- Anything else considered "non-traditional"



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What distinguishes the difference between Abuse?

- Consent
- Knowledge
- Negotiation



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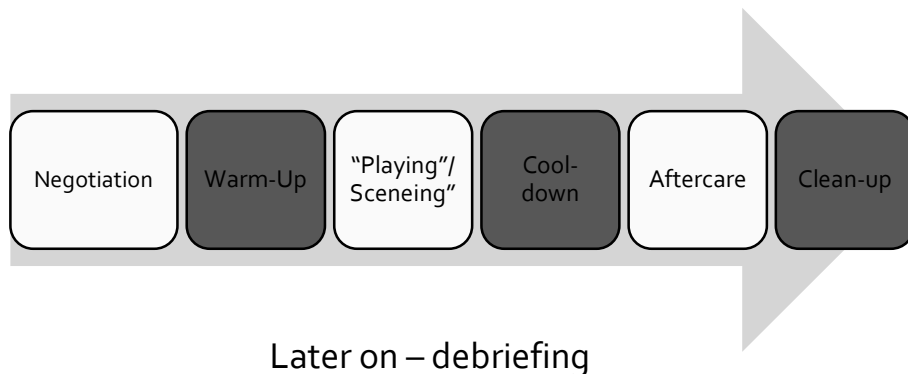
CONSENT

Without consent: *NOT ACCEPTABLE*

- NO! sex with minors, developmentally delayed adults, animals or others unable to consent
- NO! coerced/forced sex between adults
- NO! “cheating” on intimate partners

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EXAMPLE OF "PLAY" OR "SCENE" EXPERIENCE



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The Reality of BDSM

- Approximately **10-15%** of people **express alternative forms of sexuality and consensual non-monogamy**
- A smaller number of people (**probably 1-2% ?**) **build identities and family structures** around these alternative sexualities and relationship orientations
- **Key Element - Importance of CONSENT**
- **Participants BDSM often report higher education & income.**
- **More likely to have broader sexual experience repertoire.**

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The Reality

- BDSM communities have strong cultural values and practices that guard against violence/abuse
- There are **strong social networks, historical roots, and cultural values and practices** around alternative sexualities
- Poly communities and Swinging communities have strong values on relationship health and satisfaction
- Both emphasize *Consent & communication (esp. negotiation)* around sexuality

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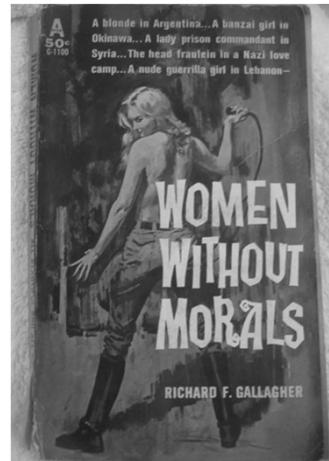
The Reality of BDSM

- Values support **relationship health & satisfaction**
- Early data points to an **Increase in exploration and acceptance** of these behavioral and relational choices
- May be more prevalent in **LGBTQ** populations.
- **Women may experience empowerment** in alternative sexuality communities

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Stigma and Stereotype

- Sick (*mental illness*)
- Sin (*moral failing*)



De Block, 2013

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Stigma and Stereotype

- ALTERNATIVE SEXUALITIES ARE ANTI-SOCIAL
 - BDSM is violence
 - BDSM is abuse
 - Poly / swinging is hedonistic
 - Poly / swinging is narcissistic
- ALTERNATIVE SEXUALITIES ARE MENTAL DISORDERS
 - These people are alone, isolated
 - These people cannot function at higher levels of psychological maturity
 - "People are into BDSM because they were abused as children"
- ALTERNATIVE SEXUALITIES ARE EASY TO SPOT

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Stigma when coming out

- Stigma and Microaggressions: “you shouldn’t go to places like that” (abstinence message stigmatizes; generalized assumption about community spaces)
- assumptions about increased abuse, DV, sexual risk-taking, STIs
- assessing IPV/DV can shut down kinkster because of stereotype threat (need for cultural competency)

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KINKY PEOPLE SAY



“People who are stigmatized and misunderstood, such as sexual minorities, might be unhappy—but the unhappiness itself is the problem that should be treated, not the person’s sexual identity or practice.”

Jillian Keenan in Slate

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2015

The KINK Health Project

First study 2015: interview study, 115 participants, kink-identified, thematic analysis of interviews.

KEY FINDINGS:

- certain types of injuries experienced,
- 44% of the sample had visited a doctor for a kink-related health concern;
- some people hid the origin of concern or injury.
- Anticipated stigma was high
- only 38% were out as kinky

Waldura et al. (2016) Fifty shades of stigma: Exploring the healthcare experiences of kink-oriented patients. October 27 published online, [*Journal of Sexual Medicine*](#)

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The KINK Health SURVEY

- US National Survey
- Inclusion criteria: 18 years or older, living in the United States, *have had fantasies, desires, longings around kink/fetish, and currently practice a kink or fetish related behavior*
- 178 Survey Questions
- Median 30 - 40 minutes to complete
- Data collected from April 2016 to October 2016 -
- **PRELIMINARY REPORT** based on 987 completed

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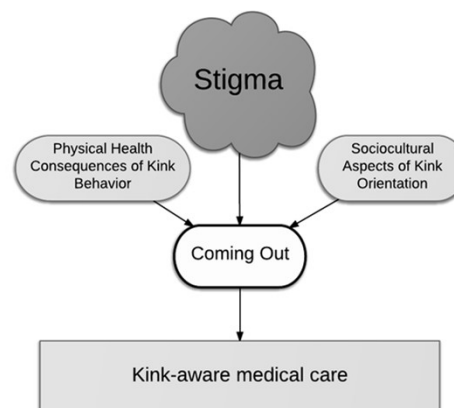
Physical Health

- 14% had a *kink-related injury* or medical complication at some point in their lives
- 31% had discussed a *kink-related health concern* or question with a medical professional

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KINK COMPETENT CARE

5 Major
Themes
To
Consider



Waldura et. al, manuscript in prep

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ENVISIONING Kink-Aware / Kink-Competent Medical Care

#1 Be able to differentiate between kink behaviors and intimate partner violence (IPV)

(hint...ask the patient)

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STANDARDS OF CARE

- LEGAL - *Scope of Practice* (legal)
- ETHICAL - *Scope of Education, Training and Experience*
- Determining **Consent** is critical
- Mandated Reporting Standards
- Clinic, Hospital, Agency, Practice Guidelines
- Do you Report - IPV/DV -?
- When to refer out to *Non-Consent Specialist*

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Themes in our interviews

- *Issues about Coming Out as Kinky*
- Many people make up stories about their injuries to not reveal the real etiology of how they came to have them.
- High profile jobs or jobs that have to do with children create additional worries about coming out and asking for help.
-
- Being kinky plus rearing children also may raise concerns (may also be additionally compounded for LGBT folks)

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Reasons for Coming Out

- Safety questions, STI testing, want to get needs met
 - Worries about germs, exposure in public dungeons; harm reduction strategies for risky behaviors
- Being asked by provider about sexuality
- Wanting to de-stigmatize kink
- Important value to be open/honest about self identity

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Reasons for NOT coming out

- Fear of Pathologizing – misdiagnosis
- “Nothing Will Go Wrong”/Denial by kinkster/Kink not connected to health
- Depersonalization through labelings/assumptions and stigma
 - Lack of Cultural Humility/judgement/Micro-aggressions
 - Lack of professionalism (confidentiality)/lack of trust/arrogance
 - Curiosity/Poor professional boundaries with shift focus
- DV/abuse/BDSM conflation (stigma, enforcer role)
- Social consequences of breach of confidentiality
- Not wanting to educate providers (minority stress)

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Themes

Coming Out as Kinky....

- ◎ LGBTQI may increase self-advocacy for some
 - Being kinky & child rearing also may raise concerns (additionally compounded for LGBT folks)
- ◎ Many people make up stories about their injuries to healthcare providers
- ◎ High profile jobs or jobs that have to do with children (teachers)
- ◎ Barriers for kink friendly providers to come out

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Themes in interviews

- *Special Concerns around STI testing and care*
 - STI testing for “married” folks is often questioned.
 - Will that be different for married LGBT? Is there a bias there as well? (reinforce a negative stereotype: “*Married gay men are all sleeping around?*”)
 - Lack of knowledge of which vaccinations are good practice for kink/poly folks. *Does the Dr. even know?*
 - Differences in what constitutes an STI panel for men and women who request “full panels.”

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Example

Posted on a kink-related forum:

Question about lube used for fisting –

“is it possible to have heart problems or heart disease, high cholesterol, from using Crisco as a lube?
_”

-- *went to community to ask, not a doctor*

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Clinical Case

- You are doing a pelvic exam on a 32 year old woman when you notice marks like these:



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Clinical Case

Do you:

- Ignore them (she would probably be embarrassed if you mentioned it)
- Ask her about how she got them
- Ask her to tell you about BDSM (well it *IS* fascinating)
- Call a case consult
- Call Adult Protective Services
- Call the Police to report IPV/DV
- Other...

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Asking about Marks

- “I notice you have some bruises on your buttocks. Can you tell me how you got them?”

“I want to make sure that all my patients feel safe with their intimate partners and aren’t being hurt or forced to do something they don’t feel comfortable with. Were you OK with getting these marks?”

- “Were these marks consensual?”

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- BDSM markings
 - Symmetric
 - Fleshy areas
 - Major muscles (gluteus)
- Abuse markings
- Face
- Spine
- Flank

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The impact of kink on physical health

- 44% visited an healthcare provider for a kink-related concern
- Highly sexually active community: *what is their STI risk?*
- Most common physical consequences
 - Musculoskeletal injuries
 - Bruising
 - Broken skin
 - Nerve damage
 - Anal/vaginal trauma
 - Burns
 - Blood borne pathogen exposure
 - Fainting

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Inviting your patients to come out

- "Is there anything else you want me to know about your sexuality, so I can take best possible care of you?"
- "I want all my patients to be able to have healthy and satisfying sexual lives. Do you have questions about any of your sexual practices that I can answer for you?"

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Encouraging trust

- “I’m so glad you chose to tell me that you are [kinky, into BDSM, etc.]. There may be some things I don’t know much about, so I hope it’s OK if I ask questions when I don’t understand something.”
- I’m glad to hear that you are expressing your sexuality in a way that feels authentic to you. Please let me know how I “ can be a resource for you so that you stay healthy.”

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CLINICAL QUESTIONS

FURTHER QUESTIONS TO ASK IF YOU SUSPECT ABUSE:

- Are your needs and limits respected?
- Is your relationship built on honesty, trust and respect?
- Are you able to express feelings of guilt, jealousy, unhappiness?
- Can you function in everyday life?
- Can you refuse to do illegal activities and unsafe sex practices?
- Can you choose to interact freely with others outside the relationship?
- Can you choose to exercise self-determination with money, employment and life decisions?

(Adapted from NCSF’s Statement on SM vs. Abuse)

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Kink Can Co-Exist with IPV

- *"Thank you for trusting me with that. I'm glad to hear that what you are doing is consensual...but sometimes, even kink relationships can become abusive. I want you to know that if you ever feel you are being abused, or wonder if you are, please allow me to help. I will assist you to get the help you wish and I won't get the abuse confused with your kink life."*

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"What are some of the major health concerns facing your "community" right now?"

- Affordability
- Enforcer role of provider
- Lack of screening and treatment
- Aging and chronic health concerns
- Culture and diversity sensitivity
- Obesity /// Fat Shaming
- Gender inequality
- Finding quality/knowledgeable care

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A vision of kink-aware medical care

- Offer non-judgmental risk-reduction counseling
- Individualize STI screenings
- Acknowledge and welcome non-traditional intimate partners into the healthcare setting
- Use teaching moments to expand other clinicians awareness

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"I was in heaven"

Video: Impact

Mollena Williams - Submissive



Mollena Williams, 2012

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"Submissives need to be cherished"

Video: BDSM The Facts & Myths

Kaede Young – Dominant



Danielle Kellar, 2015

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"You Still Need Consent"

Video: BDSM The Facts & Myths

Kaede Young – Dominant



Danielle Kellar, 2015

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Conclusions

- Interest in “non-normative” sexual practices is common and seen all over the world
- Prevalence of behaviors difficult to estimate:
 - 2% per year
 - 10-15%+ lifetime
- Practitioners may have special healthcare needs (both physical and mental)
- Frequent desire to “come out,” however few dare because of fear of stigma

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Be this.....

Kink competent healthcare means:

- Know their language / behaviors
- Understand erotic orientation
- Understand consent in their context
- Differentiate Abuse vs Consent
- Know “community” resources and leaders
- Identify your own limits of competency
- Know when to ask for help or refer

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You are the next wave of healthcare providers

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"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 (their committed relationship group) 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.*"

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Optimal Sexuality

What comprises optimal Sexuality?

- Being present, focused and embodied
- Connection, alignment, merger, being in sync
- Deep sexual and erotic intimacy
- Extraordinary communication, heightened empathy
- Authenticity, being genuine, uninhibited, transparency
- Transcendence, bliss, peace, transformation, healing
- Exploration, interpersonal risk-taking, fun
- Vulnerability and surrender

Kleinplatz, et al. 2009

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<p>The KINK HEALTH Project</p>  <p>THE CLINICIANS' GUIDE TO CARE OF KINKY PATIENTS</p> <p>A practical approach to caring for patients who engage in non-traditional sexual practices</p> <p>tashra.org</p>	<p>The Alternative Sexualities Health Research Alliance</p> <p>www.tashra.org</p>	<p>The KINK HEALTH Project</p> <p>THE KINKSTERS' GUIDE TO BETTER HEALTHCARE</p>  <p>tashra.org</p>
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