

What's next?

Multiplicity of the Erotic Conference



OVERVIEW

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DEFINITIONS

Terms and Theories
related to health
disparities and sexual
minorities



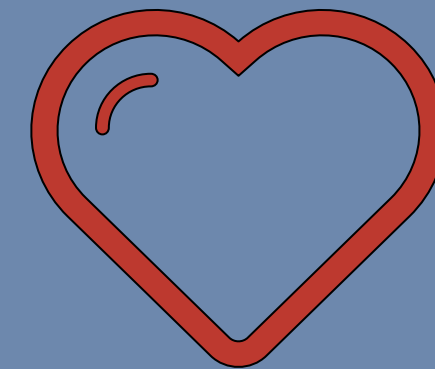
FINDINGS

Mental Health
Research Findings
from the 2016
National Kink Health
Survey



INJURIES

Injury Findings from
the 2016 National
Kink Health Survey



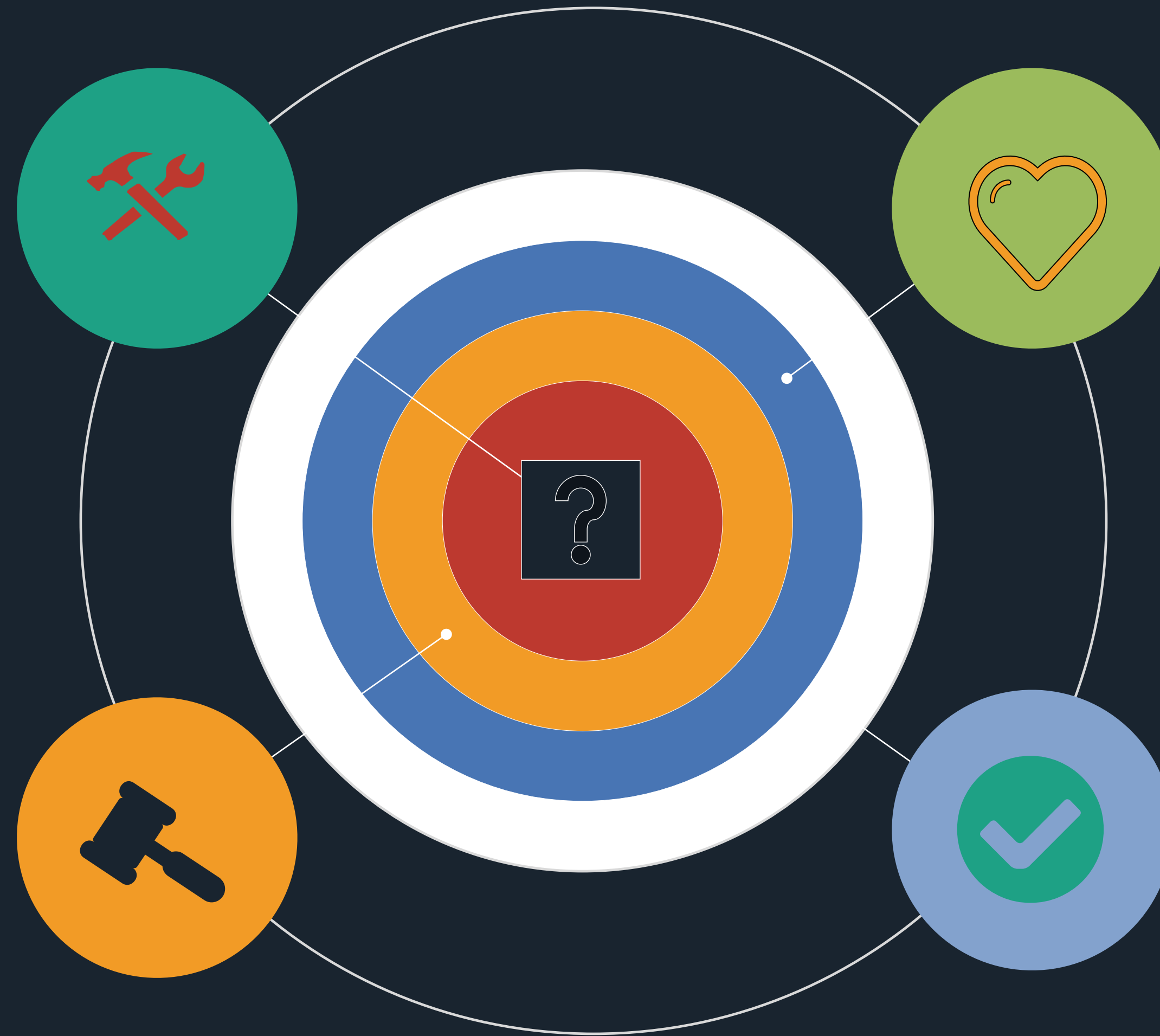
HEALING

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

HEALTH IMPACT OF BEING AN OUTSIDER

THERE IS MORE THAN MEETS THE EYE

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IS KINK A UNRECOGNIZED SEXUAL MINORITY?

Framework to Interpret

- Are kinky sex practitioners a sexual minority?
- Does identifying them as a “sexual minority group” aid in health efforts?
- Minority Stress Theory suggests mechanisms for explaining how a stigmatized minority status can lead to health problems.
- 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

CDC / NIH

DEFINITION OF HEALTH DISPARITY

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.”

CDC / NIH

DEFINITION OF SEXUAL/GENDER MINORITY

“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.

IS KINK A SEXUAL ORIENTATION?

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.

IS KINK A SEXUAL ORIENTATION?

- 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		
Race/Ethnicity	White	42.82	(53)	(.2241)
	Hispanic/Latino	31.80	(4)	(.0859)
	Black	31.38	(5)	(.1120)
	Asian/Pacific Islander	31.63	(2)	(.0348)
	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)
Sexual Orientation				
	Heterosexual	43.79	(18)	(.1825)
	Gay	38.56	(18)	(.2261)
	Bisexual	49.81	(7)	(.2295)
	Pansexual, Queer	37.99	(20)	(.1988)
	Lesbian	31.63	(7)	(.2037)

IS KINK A SEXUAL ORIENTATION? (Could you choose not to be kinky?)

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- 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]

IS KINK A SEXUAL ORIENTATION?

- early onset, developmentally, in childhood or adolescence

Age of first kink awareness/interest	<i>n</i> , % of total sample, participant description
0-5 years old	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	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

IS KINK A SEXUAL ORIENTATION?

- early onset, developmentally, in childhood or adolescence

Age of first kink awareness/interest	<i>n</i> , % of total sample, participant description
11-15	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	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

IS KINK A SEXUAL ORIENTATION?

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- early onset, developmentally, in childhood or adolescence

78.57% onset of interest or behavior in childhood or adolescence

IS KINK A SEXUAL ORIENTATION?

- 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]

WHAT IS GOING ON?

*SOME
THEORIES.....*





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

MINORITY STRESS THEORY

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- 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

MINORITY STRESS THEORY

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and the Interpersonal Theory of Suicide

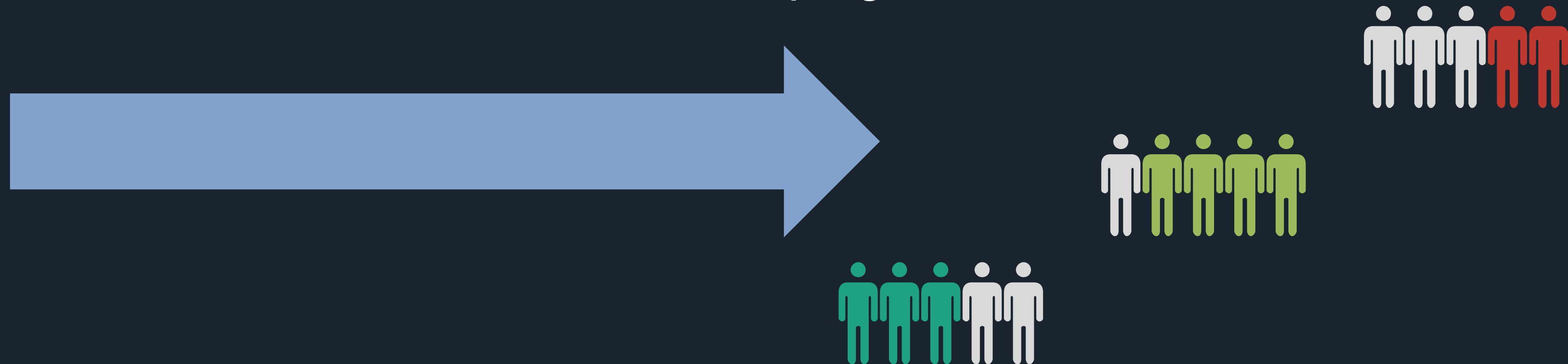
Stigmatized minority status leads to -

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



SENSATION SEEKING

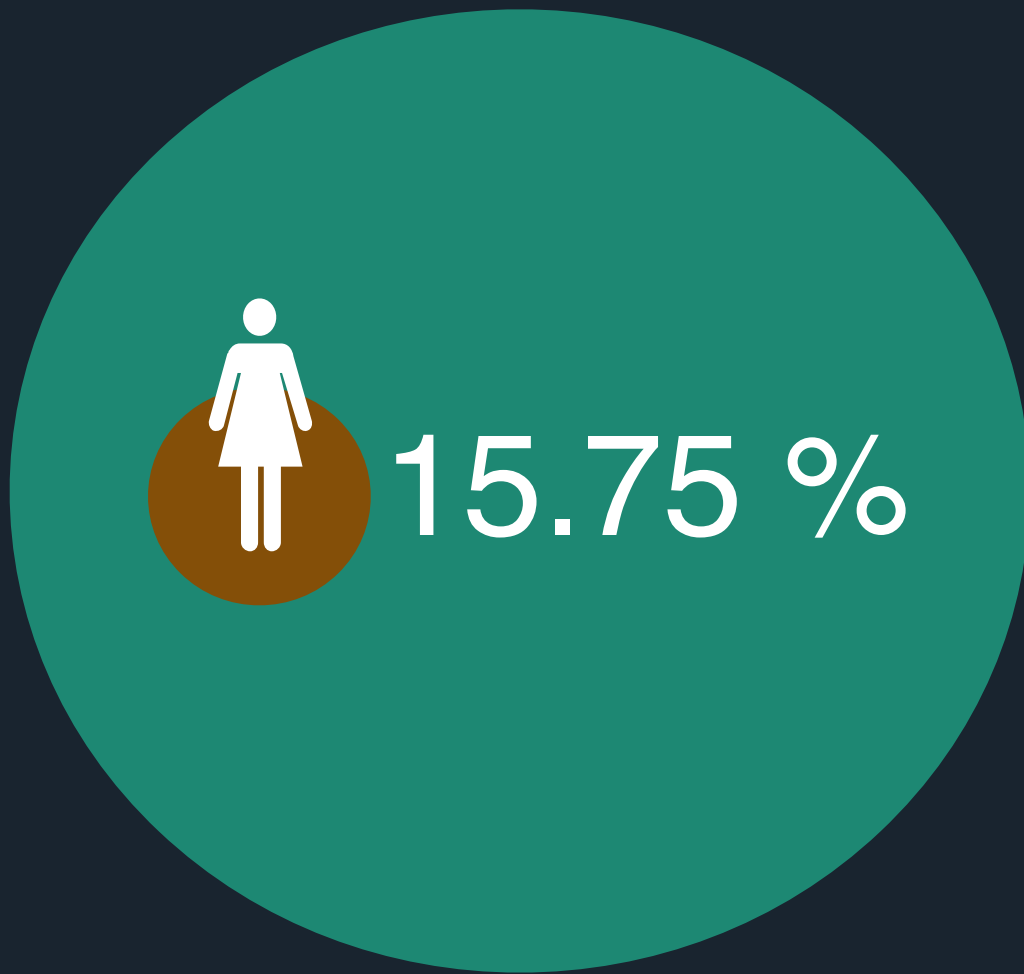
- Are kinky sex practitioners higher on the personality dimension of sensation-seeking?
 - Biological/genetic components of sensation-seeking
 - significant and large
 - People high in sensation-seeking
 - More vulnerable to developing substance use disorders



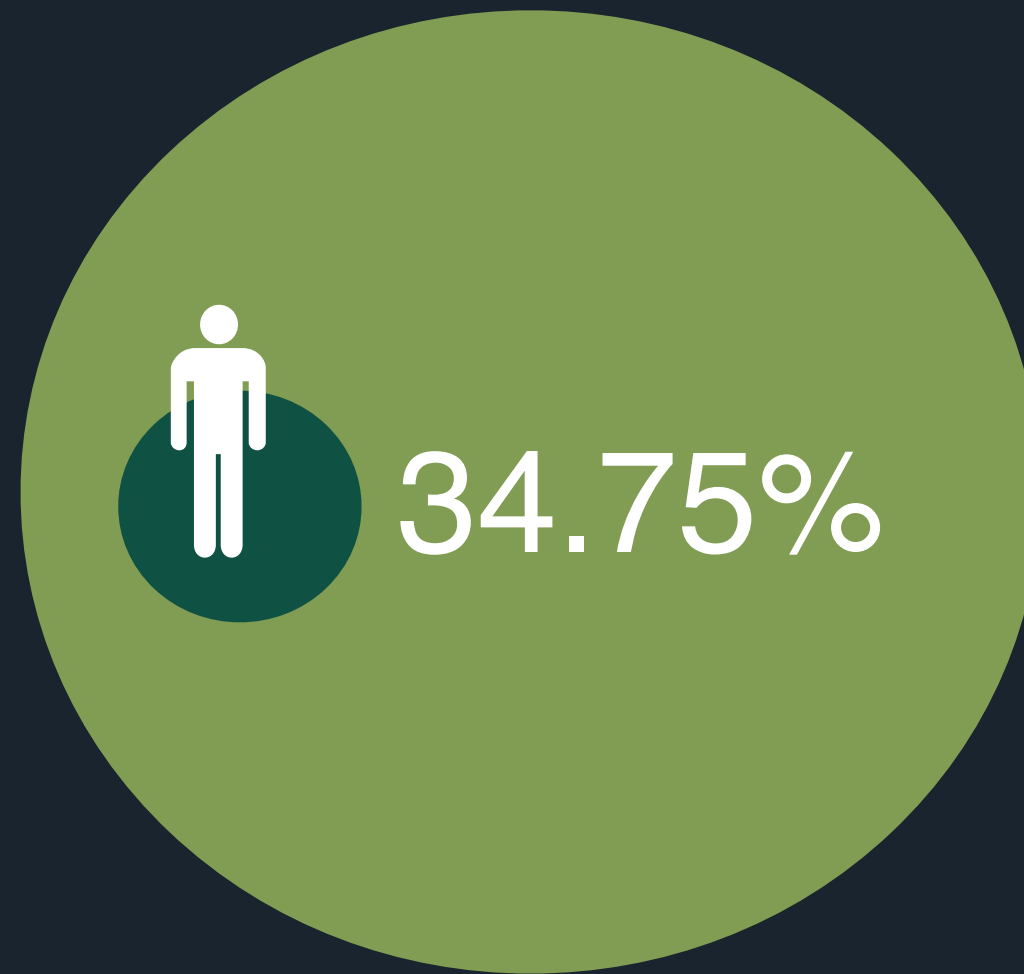
MENTAL HEALTH FINDINGS

KINK HEALTH SURVEY

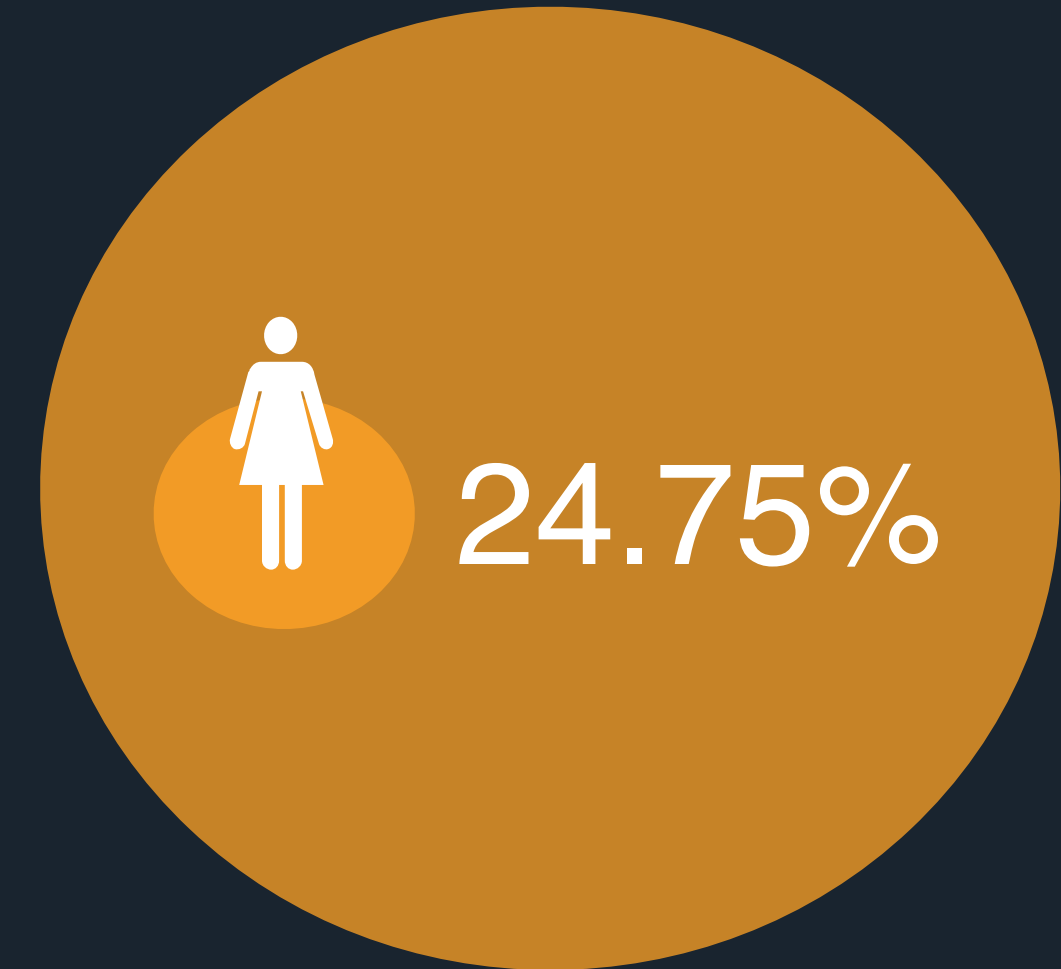
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EVER HOSPITALIZED
FOR A MENTAL
HEALTH CONCERN?



CURRENTLY TAKING
MEDICATION FOR A
MENTAL HEALTH
CONDITION?

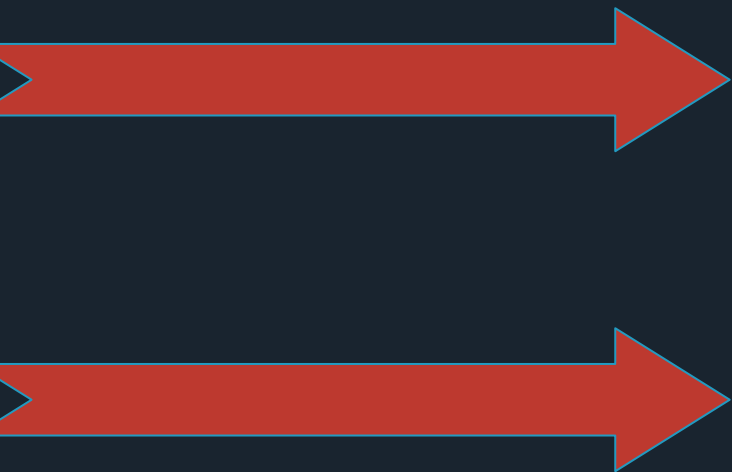


HAVE YOU EVER
ATTEMPTED SUICIDE?

MENTAL HEALTH HISTORY 2016 NKHS

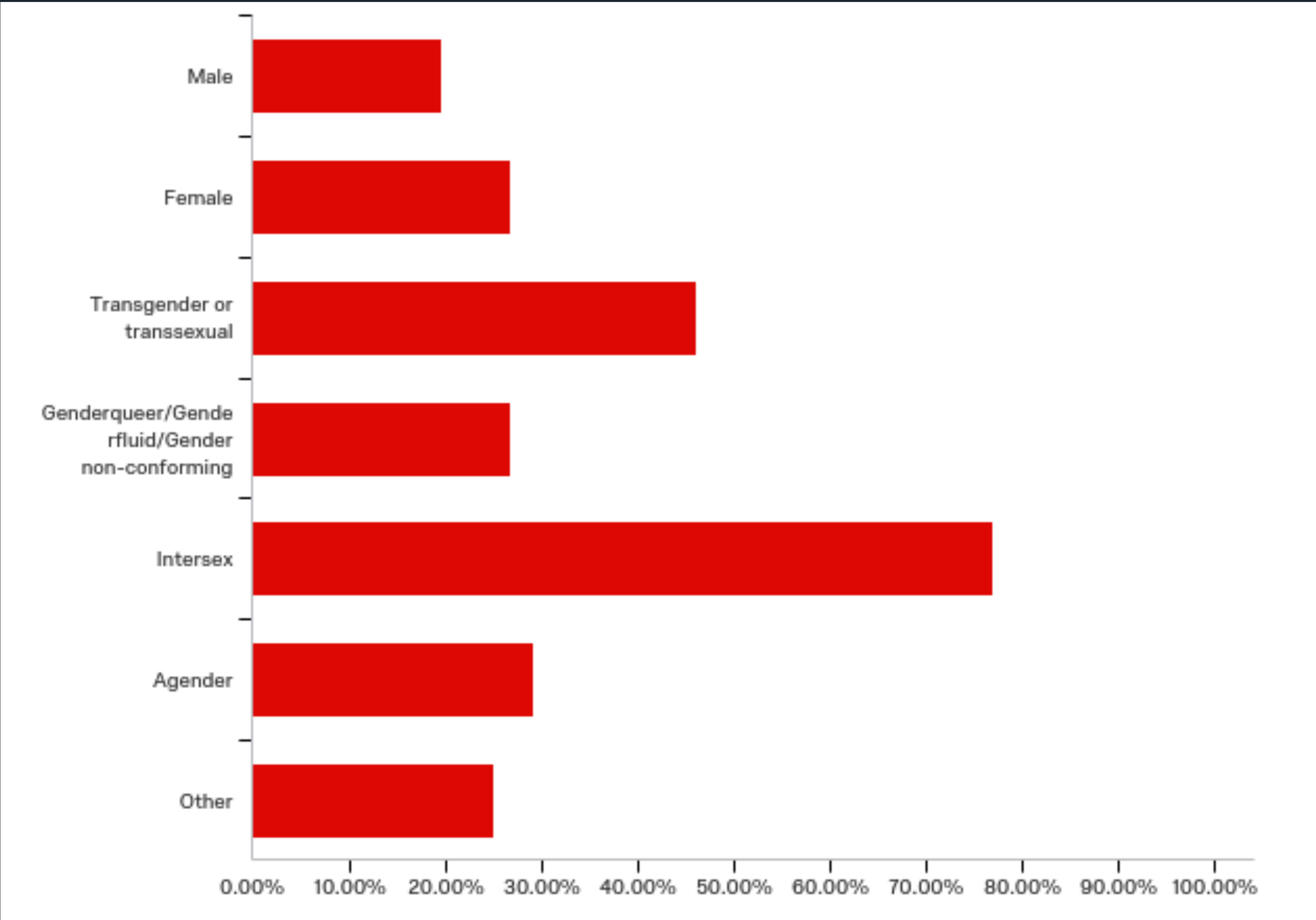
	In the last 12 months	Anytime in your lifetime
Anxiety	40.27%	33.20%
Depression	38.84%	41.08%
Bipolar	6.42%	5.91%
PTSD	14.36%	17.98%

MENTAL HEALTH HISTORY 2016 NKHS

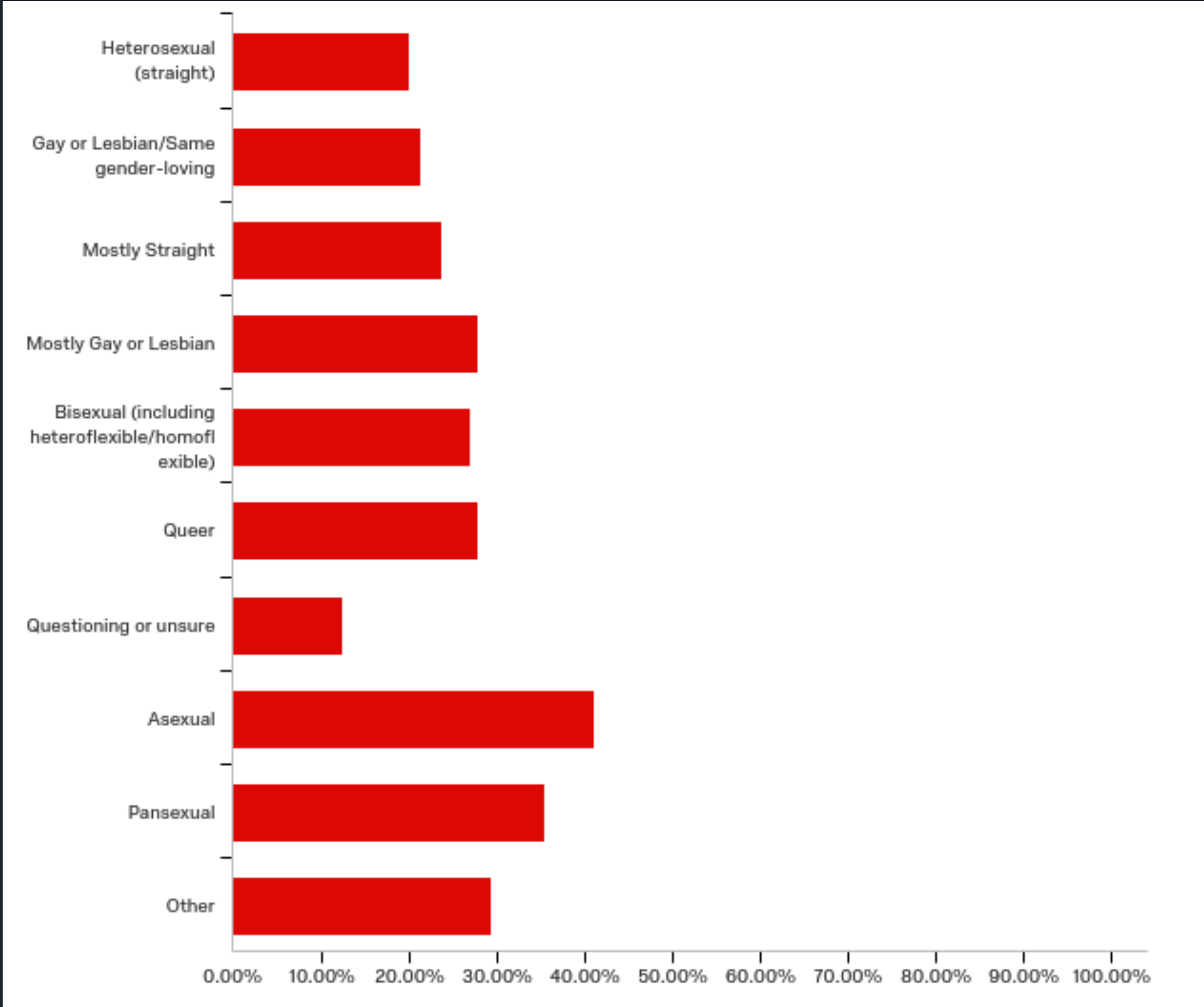


	In the last 12 months		Anytime in your lifetime
Eating Disorder	4.98%		14.62%
Non-suicidal Self Injury	4.43%		17.84%
ADD or ADHD	7.53%		11.15%
Autism Spectrum	1.45%		2.17%

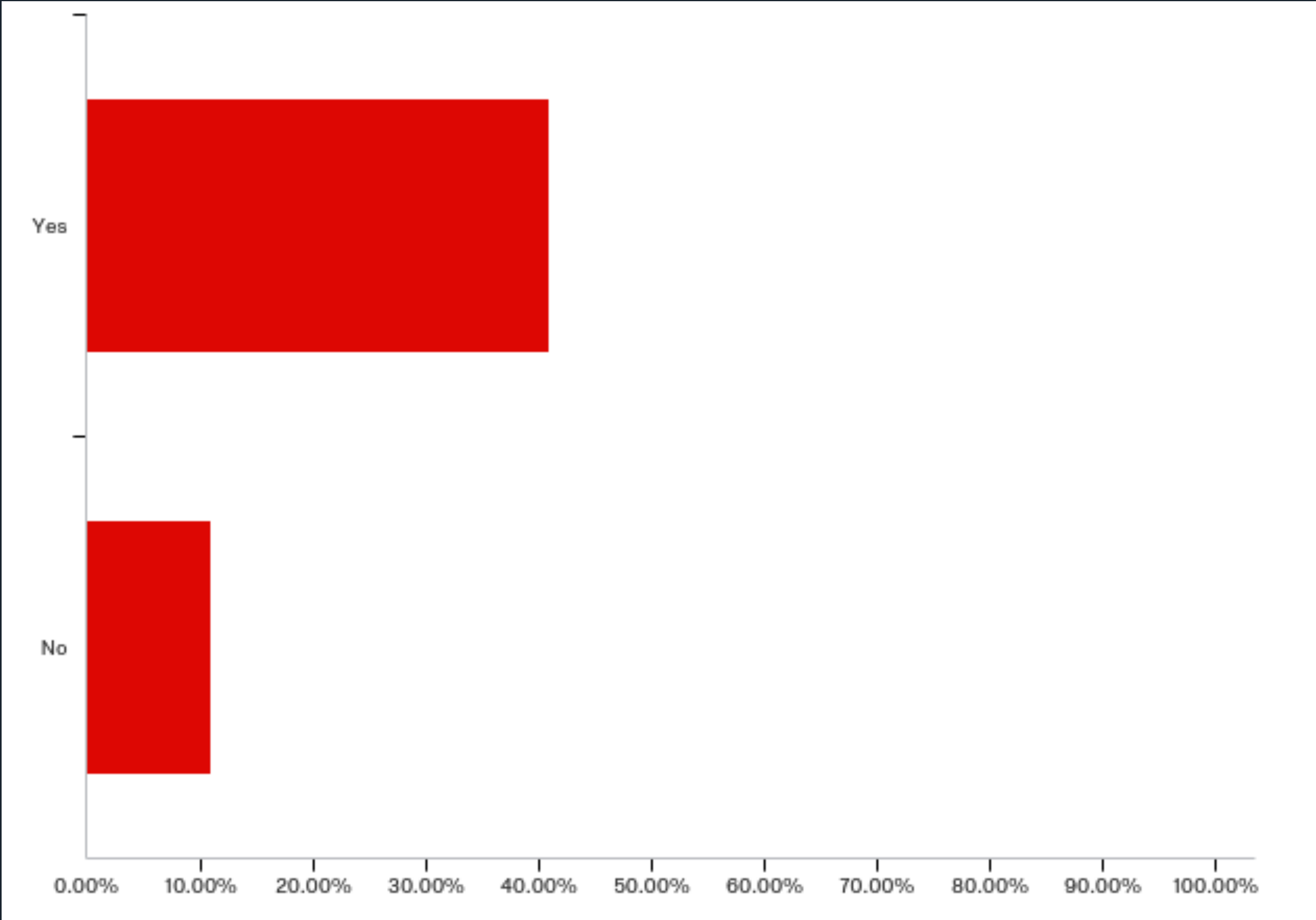
Suicide Attempts by Gender Identity 2016 NKHS



Suicide Attempts by Sexual Orientation Identity 2016 NKHS



Suicide Attempts by NSSI 2016 NKHS



EYEBALL COMPARISON

2016 NKHS & NATIONAL

Our Sample	National Prevalence
0.52% Hep C	0.305% Hep C
3.72% HIV +	0.378% HIV +
36.83% obesity	state with highest rate: Louisiana at 36.2%
33.2% anxiety - lifetime prevalence	28.8% anxiety - lifetime prevalence
41.8% depression - lifetime	16.6% <i>major depressive disorder - lifetime</i>
5.91% bipolar - lifetime	3.9% <i>bipolar - lifetime</i>
17.98% PTSD - lifetime	6.8% <i>PTSD - lifetime</i>
24.70% attempted suicide - lifetime	4.6% <i>attempted suicide - lifetime</i>

Range of ACE Scores is 0 to 14

61.2% of sample have 4 or less ACE points

9.6% of sample have 10 or more ACE points

N=980

Mean ACE score: 4

Median ACE score: 3

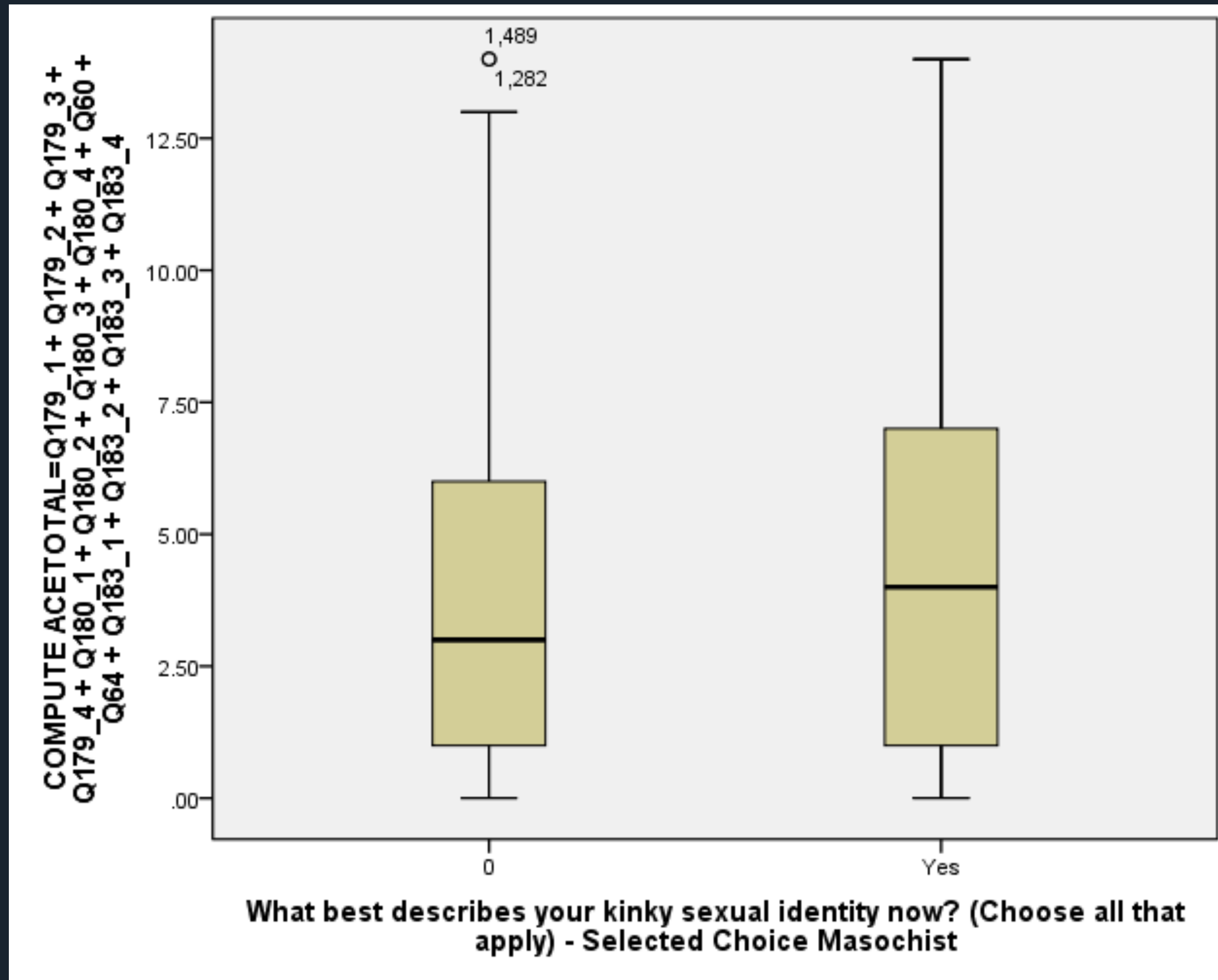
Lowest 25% of sample, ACE score = 1

Lower 50% of sample, ACE score = 3

Lower 75% of sample, ACE score = 6

ACE scores, Masochists vs. Others 2016 NKHS

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The graph shows a significant higher ACE scores for Masochists than non-Masochists

The above shows higher ACE scores for Submissives than non-Submissives

No difference in ACE scores between Dominants vs non-Dominants

No difference in ACE scores for Sadists vs. Non-Sadists

No difference in ACE scores for Switches vs. Non-Switches



SO WHAT ABOUT WHEN WE HURT?

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)

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.)

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

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.

BDSM and Healing

Does BDSM assist?

KINK VOICES: WHY WE PLAY

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“Endorphins feel good that’s why I do this, the mental health community needs to be better educated and not judgmental.”

-- Anonymous, nurse for 20 yrs

"A good scene is an incredible stress-reliever for both myself and my dominant. It gives the opportunity to escape the real world, so to speak, for at least a short time and focus entirely on one another... On the psychological side, it’s strengthened our bond to one another, deepened our understanding

of ourselves, and opened up a much wider path of communication not only between one another, but to other people in general.”

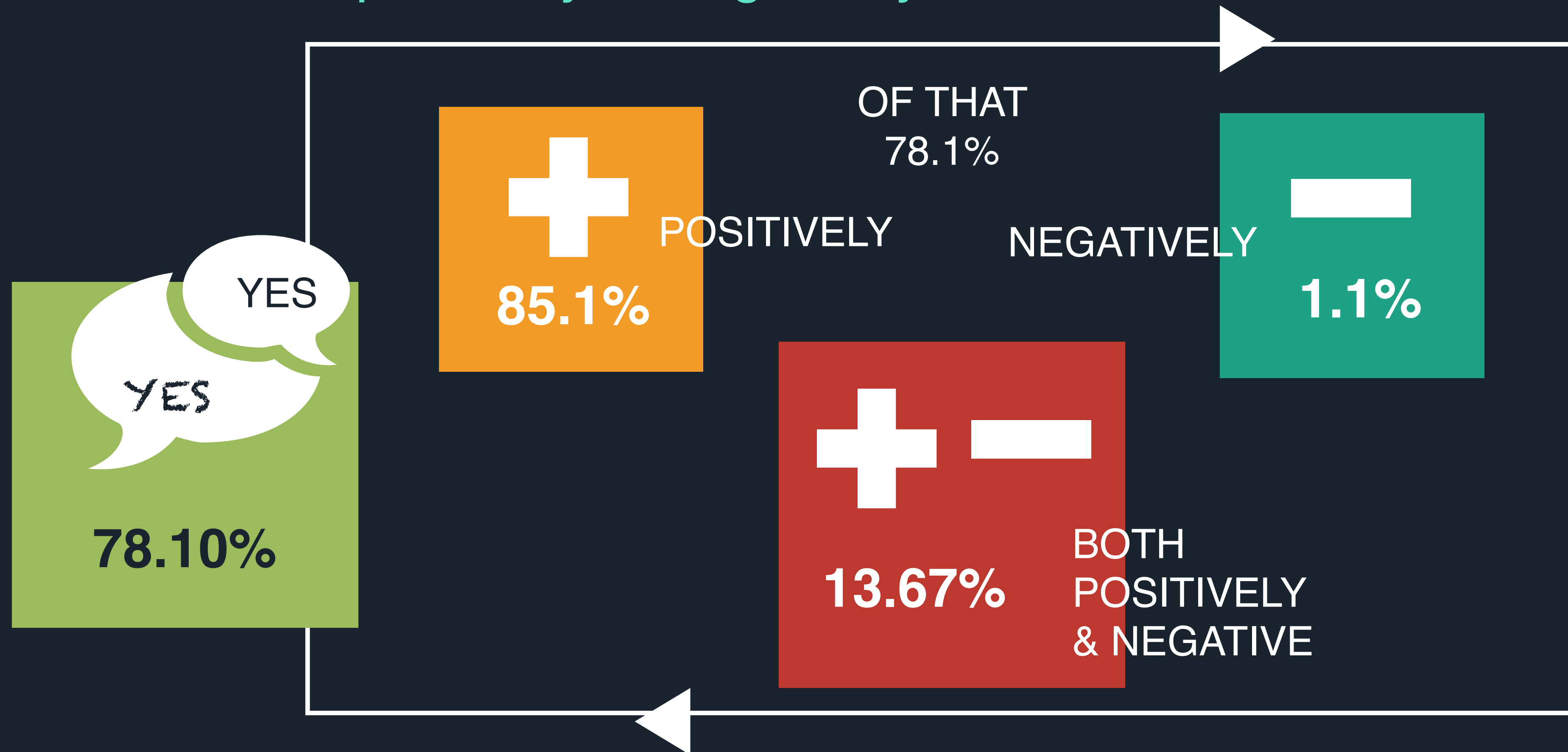
-- Jenn

“I have chronic back stuff, and work is stressful, and I have asthma, and have had a flogging help a LOT with stress, relieve my chronic mid-thoracic pain, and interestingly help with my asthma flair too!” — Laurel, D.O. (osteopathic physician)

IMPACT OF KINK ON MENTAL HEALTH KHS

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



IMPACT OF KINK ON MENTAL HEALTH

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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.**



Carol Ryff's work

- Ryff, C. and Keyes, C. (1995). The structure of psychological well-being revisited. Journal of Personality and Social Psychology, 69, 719-727.
- There are six dimensions of well-being:

Self-acceptance

Positive relations with other people

Autonomy

Environmental mastery

Purpose in life

Personal Growth



Self Acceptance

- *Self-acceptance*: being able to affirm and admit both good and bad qualities, good and bad actions or decisions – to accept all of one's self



Autonomy, Self-Determination

- *Autonomy*: being able to function and stand on one's own, to resist peer pressure, to be able to regulate and manage one's own behavior

Positive Effects on Well-Being KHS

0

Kink Role/Identity	Self Acceptance	Positive Relations	Autonomy	Environmental Mastery	Purpose in Life	Personal Growth
Top (n=178)	82 (46.07%)	71 (39.89%)	77 (43.26%)	13 (7.30%)	3 (1.69%)	74 (41.57%)
Bottom (n=228)	73 (32.02%)	93 (40.79%)	120 (52.63%)	24 (10.53%)	2 (0.88%)	85 (37.28%)
Switch (n=262)	87 (33.21%)	117 (44.66%)	152 (58.02%)	18 (6.87%)	3 (1.15%)	86 (32.82%)
Sadist (n=148)	48 (32.43%)	68 (45.95%)	65 (43.92%)	6 (4.05%)	2 (1.35%)	60 (40.54%)
Masochist (n=206)	60 (29.13%)	87 (42.23%)	113 (54.85%)	15 (7.28%)	0 (0.00%)	62 (30.10%)
Dominant (n=185)	69 (37.30%)	73 (39.46%)	81 (43.78%)	6 (3.24%)	1 (0.54%)	63 (34.05%)
Submissive (n=271)	88 (32.47%)	111 (40.96%)	130 (47.97%)	21 (7.75%)	2 (0.74%)	94 (34.69%)
Master/Mistress (n=83)	38 (45.78%)	32 (38.55%)	31 (37.35%)	2 (2.41%)	0 (0.00%)	32 (38.55%)
Slave (n=67)	23 (34.33%)	28 (41.70%)	35 (51.47%)	1 (1.49%)	1 (1.49%)	17 (25.37%)

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.”

NEGATIVE EFFECTS ON WELLBEING

WHAT KINK IDENTIFIED PEOPLE SAY KHS

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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

Themes/Categories

Negative Impact on Positive Relations with Others

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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

Psychological Needs

motivations for kink

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 understimulation (“to feel something”)





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)

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

Psychological Needs

Motivations for kink in the mental health setting

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THE NEEDS AND MOTIVATIONS FOR ENGAGING IN KINK ARE THE SAME AS THE REASONS MANY PEOPLE GO INTO THERAPY

- Personal growth,
- Emotion regulation,
- Trauma reframing,
- Symptom management,
- Self exploration,
- intimacy

This is why there is often a fuzzy line between kink and therapy

REMEMBER, BDSM scenes are not therapy

TASHRA

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Alternative
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ADDRESSING THE HEALTHCARE
NEEDS OF SEXUAL OUTSIDERS

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COMING
SOON

KINK HEALTH SURVEY 2019



KEEP IN TOUCH WITH US⁴⁹

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



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