



DISCLAIMERS

- Preliminary research presented today
- Highly diverse community
- Can not speak for all Kink/Leather/BDSM community members or for those who are hidden to themselves or us
- San Francisco is a bubble
- Lots of positive healthcare local experiences due to a high number of knowledgeable providers
- Dearth of published research
- Unfolding events! Media, ACA, Social Changes



Meet TASHRA The Alternative Sexualities Health Research Alliance

- The Kink Health Project - Qualitative Research Study
116 Interviews – Community inv. 1-20yrs (12 avg.)
43 % have seen therapist for kink-related-concern
- "Gerbil Poll" – 496 Participants
48% have Therapist
75% out to Therapist vs 43% out to HCP

WHAT The Research Says about Kink

Not a whole heck of a lot!

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

How is Kink experienced?

- A relationship structure – "Our Dynamic"
- A spiritual experience
- As intense physical sensation
- For self-actualization
- As a feeling - such as emotional catharsis
- As a spicy addition to sex
- As a social niche
- As a political & cultural identity
- As a skill & an art
- As a 'safer sex' way to play with others

Kink Health Project: Relational Concerns

- KINK-DISCREPANCY AMONG COUPLES
(kink and vanilla, AND different kinks/fetishes in a kinky couple)
- KINK - SEX CONNECTIONS
(some people separate and maintain monogamy by not doing sex with their kink; others, it is all one thing, etc./ not all about sex/)
- ISSUES OF M/S DYNAMICS and healthcare interactions –
(uneasy concerns for both doctors and for patients about abuse conflation; recognition of "kink family" as legitimate family, etc)

Reasons for Coming Out

- Having kink-related questions
 - Wanting validation, help accepting sexuality
 - Wanting to know why they are kinky
 - Kink activities “interfering” with life
- Desire inherent conducive environment
- Value being open/honest about self identity

Reasons for NOT coming out

- Stigma
- Fear of Pathologizing – OR Misdiagnosis
- “Nothing Will Go Wrong” – Denial
- Depersonalization through labeling/assumption
 - Lack of Professionalism
(confidentiality) lack of trust/arrogance
 - Lack of Cultural Humility/Judgment/Micro-aggressions
- Social/Legal /Confidentiality in community
- Minority Stress

Most Common Concern



Why They Seek Therapy

- Relationship Distress
- Isolation
- Navigating “Dynamic”
- Jealousy
- “My Kink is not Your Kink”
- Desire Discrepancies
- “Coming Out” as Kinky
- Same as any NON-Kinky person

Case: "I love my "Daddy""

Agency Setting. Heterosexual kinky couple are in therapy. Brian age 40 & Jessica age 18 . The describe a Dominant/ submissive relationship of one year. She calls him "Daddy" and he calls her his "little girl". Jessica has Dissociative Identity Disorder and has several identified personalities. One of them is a 6 year old girl. Brian asks, "if she has this little girl inside her, can she give consent to sex or even D/s?" What do you do or say?



Practice concerns?
Reporting issues?
Can she give consent?

Case: "My slave is depressed"

Nathan, age 37 calls therapist about his male partner. He reports that he is very concerned about his "slave" Paul, age 25 They are in a 5 year M/s relationship.

Paul has a history of major depression and is unwilling to seek treatment for a serious downturn in mood and refusal to take his medication. Nathan is his Master, and his slave paul has agreed to reenter therapy, if ordered by Master.

Nathan is calling to make an appointment for therapy for Paul. Nathan is asking you to allow him to come to therapy with Paul and to include him in all treatment decisions.

Case: "Bruises make me feel loved"

Community mental health center setting. This is your 12th session with Adele, age 28. She has been dating Vinny, age 32 for 6 months. Adele entered therapy to work on "asking for what she wants and needs".

Adele has described that she and Vinny are "into BDSM" and that she enjoys the sensations and safety with Vinny she feels when "letting go" during BDSM. Adele calls herself a submissive and calls Vinny her dominant.

In this session Adele shows you the large bruises on her legs from this weekends' "play" with Vinny. She smiles and tells you how proud she is of them. Tells you how excited she was that she was able to ask him to make sure he "hit her hard enough" so that she could remember him all week. She keeps rubbing her hand over the bruises and smiling.

Clinical Recommendations

Take Note:

- Appropriate emotions expression?
- BDSM's *global* effects on client's relationships, if any.
- Is the pacing of play and the relationship mutually agreed upon?
- Any serious physical injuries or any psychological harm (e.g. anxiety, depression, trauma) resulting from BDSM?

(Partially adapted from Weitzman, n.d.)

Questions to ask :

- 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)

References

- Dancer, P. L., Kleinplatz, P. J., & Moser, C. (2006). 24/7 SM slavery. *Journal of Homosexuality*, 50, 81-101.
- Kleinplatz, P., & Moser, C. (2004, June). Toward clinical guidelines for working with BDSM clients. *Contemporary Sexuality*, 38(6), 1, 4.
- Nichols, M. (2006). Psychotherapeutic issues with "kinky" clients: Clinical problems, yours and theirs. In P. J. Kleinplatz & C. Moser (Eds.), *Sadomasochism: Powerful Pleasures*. (pp. 281-300). New York City: Harrington Park Press.
- Weitzman, G. (n.d.). *How can you tell when a BDSM relationship has turned unhealthy or abusive?* Retrieved June 29, 2011 from <http://www.numenor.org/~gdw/psychologist/bdsm-vs-abuse.html>
- Wiseman, J. (1996). *SM101: A realistic introduction*. 2nd edition. San Francisco, CA: Greenery Press
- Wright, S., Guerin, J., & Heaven, C. (2012). *NCSF Consent Counts Survey*. Retrieved from https://ncsfreedom.org/images/stories/pdfs/ConsentCounts/CC_Docs_New_031612/consent_survey_analysis.pdf



Anna Randall, DHS, MSW, MPH

TASHRA –
The Alternative Sexualities
Health Research Alliance

Tashra.org
Follow us on Twitter @kinkhealth

anna@tashra.org

Kink Aware Professionals List KAP - ncfs

Help
TASHRA
get our
upcoming survey
out to Kinky Folks
Everywhere!