

Health Care Fears, Needs and Experiences of People who Practice BDSM: Summary Report

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Background

Two percent of Australians engage in an alternative lifestyle practice called Bondage and Discipline, Dominance and submission, and Sadoomasochism (BDSM) every year.¹ BDSM encompasses a wide range of consensual practices, including the restriction of movement, transferal of decision making power and use of pain or intense sensation. There can be a high degree of risk and skill involved. For example, rope bondage requires anatomical knowledge in order to prevent the compression of blood vessels or nerves.

Despite BDSM being a relative common and sometimes high risk practice, there is very little research exploring the physical health and wellbeing of its practitioners, and none of it in Australian populations. Limited international research discusses the relevance of BDSM to Health Care Professionals (HCPs), the barriers to disclosure including internalised stigma, and experiences of negative and positive interactions with HCPs.²⁻⁴

Aims

To investigate the health care experiences of people who practice BDSM in Australia.

Methods

Adults who live in Australia, practice BDSM and have a HCP were invited to complete an anonymous online survey about their health care experiences in April and May 2020. The survey contained multiple choice and short-answer questions with participants encouraged to tell their stories and experiences in their own words. For binary questions proportions and 95% confidence intervals were calculated using binomial methods. Answers to open ended questions were thematically analysed using a social constructionist viewpoint.

Protection of human subjects

This project was granted ethical approval by the University of Melbourne, Australia (Project number 1955711.2).

Results

There were 128 participants who started the survey; 5 did not answer any questions, 2 withdrew consent, 4 did not have a HCP and 1 was determined to be a duplicate. There were 118 participants included in the study, of which 106 provided at least one free-hand answer.

There were participants in every age range included in the survey (youngest 18-20 and oldest 60+). The majority of participants identified as bisexual (n=68, 57.6%) (Table 1). A number of participants (n=15, 12.7%) provided additional qualifying comments about their sexual orientation, most frequently identifying as heteroflexible or asexual. In terms of BDSM orientation, there were slightly more Switches (n=45, 38.5%) and less Tops (n=31, 26.5%). Thirty-three participants (28.2%) provided further descriptive detail about their identity such as *“Dom leaning Switch”* (Participant #20). The majority of participants (n=46, 39.0%) had more than 10 years’ experience practicing BDSM.

Almost all participants had a doctor (n=114, 96.6%) and approximately half had a Mental Health Worker (MHW) (n=57, 48.3%) (Table 2). Overall, just over half (n=62, 55.4%) had disclosed to one or more type of HCP, however, most had not disclosed to all of their HCPs (n=107, 95.5%) despite over half wanting to (n=58, 56.9%). The rates of disclosure and non-disclosure varied greatly depending on the type of professional. The highest

rates of disclosure were to MHW (n=40, 70.2%) and no-one reported disclosing to dentists. Only 41 (36.0%) had disclosed to a doctor.

Most participants believed that knowledge of BDSM could be relevant to HCPs (Table 3). The majority reported that BDSM impacted upon their health (n=68, 64.8%) and a similar majority reported that their health impacted on their practice of BDSM (69.8%, n=74). Almost one third (n=34, 31.8%) reported having experienced an injury due to their practice of BDSM and 43.4% (n=46) reported seeking health care advice due to their practice of BDSM (Table 4).

Analysis of the qualitative data provided four themes:

- Health and the practice of BDSM
- Barriers and reasons for disclosure of BDSM to HCP
- Experiences of health care following the disclosure of BDSM
- HCP characteristics and behaviours desired by people who practice BDSM

Health and the Practice of BDSM

Approximately one third of those who commented on the health impacts of BDSM reported physical impacts and two thirds reported mental health impacts. Most reported the impact was positive including: improving self-esteem and mood, promoting intimacy with partners, dealing with stress, and providing exercise and motivation to care for physical health. For some participants BDSM was a tool they used to manage their physical or mental health including coping with chronic pain or dealing with trauma.

"It clears my mind and helps ground me. It also helps to release a lot of stress, anger and tension. My Dominant knows how to employ methods to calm and stop my anxiety and panic attacks, through our dynamic I am required to maintain a healthier lifestyle including food intake, diet and exercise, as well as taking my medications."

Participant #67 (30-39yo submissive)

Of the 34 participants who reported injuries as part of their practice of BDSM, 28 provided an explanation. Five described expected and desired consequences including bruises, cuts and grazes. Six participants described minor injuries such as pulled muscles and temporary nerve impairment. Fifteen reported potentially serious injuries including back injuries, nerve damage and domestic violence (Appendix 1). The most common mechanism of injury was a fall.

Participants reported that their physical health often limited the type and length of BDSM activities, for example having difficulty holding positions such as kneeling due to arthritis, pain or obesity. Others found that their capacity and interest to engage in sexual or BDSM activities varied due to their general health, disability or chronic disease.

"Sometimes my physical health impacts how my partner and I practice BDSM. It can be particularly challenging engaging in any sort of S&M activities when my pain tolerance is diminished."

Participant #7 (30-39yo Switch)

Barriers and Reasons for Disclosure of BDSM to HCP

Reasons for disclosure could broadly be divided into three categories: relevance of BDSM to presenting issue, visible signs of BDSM such as bruising, and wanting holistic health care with consideration to their lifestyle and relationships.

"It can be directly relevant to care in the following ways: considerations for recovery from injuries etc. and whether this means needing to avoid certain BDSM activities, understanding of aspects of play and how they would differ from injuries etc. received in another context (e.g. needle related injury - sterile needles typically used in needle play VS a needle stick on the street), realising that bruises and injuries can be consensual and not a result of domestic violence and abuse."

Participant #86 (18-29yo bottom)

Barriers to disclosure included being unsure of the reaction they might receive and were concerned about being judged or discriminated against. Participants anticipated reactions of disgust, shock and ignorance and were worried that their practice of BDSM might be confused for abuse or mental illness. Eight were concerned that HCPs would report them to police or child protective services if abuse was suspected.

"We face judgement for our desires in every aspect of our life, and often can lose our jobs because of kink given that many things are considered illegal (ie. physical abuse). Strictest confidentiality is needed to ensure complaints aren't made that negatively affect our life."

Participant #85 (30-39yo bottom)

Experiences of Health Care following Disclosure

Fifty-nine participants answered questions regarding their experiences of health care following the disclosure of their BDSM practice. The vast majority reported at least one positive or neutral experience following disclosure. They described their HCPs reaction as professional, accepting, respectful and affirming. Several participants had sought out kink aware or kink educated professionals.

"I've done this a couple of times and they were always neutral or mildly interested. I'm pretty open so I was happy to talk to them about what I did. I never felt judged or such."

Participant #106 (18-29yo Dominant)

The level of knowledge HCPs had varied from none to being well informed. Some HCPs ignored the disclosure completely. Some focussed their question on sexually transmitted infections only. Some were knowledgeable and able to fit BDSM into an appropriate therapeutic context. A number asked about domestic violence and accepted the answer that it was consensual.

"He did ask that it was consensual and I was safe to discuss DV [domestic violence] issues if needed. When I told him it was consensual he accepted it and moved on. He did assume I was heterosexual, but apologised for making the assumption and answered my question about F/F [female-to-female] STD [sexually transmitted disease] transmission."

Participant #95 (18-29yo Switch)

Participants said that following a positive experience they felt relieved, safe and comfortable.

"I asked him what would happen if I was admitted to an ER [emergency room] while wearing a chastity device, and the reply was that ER's see heaps of stuff and if they needed to put a catheter in or take it off for imaging they have power tools in the ER that can cut through anything. This relieved a concern and allowed me to make an informed decision with my partner. Quite simply, knowing he was kink aware made me comfortable."

Participant #113, (30s bisexual switch)

Unfortunately, a number of participants (n=13) who had disclosed their practice of BDSM to a HCP reported one or more negative experiences. They described their HCPs as judgemental, making assumptions and

discriminatory. Common experiences were participants being advised sadomasochism is abusive or that non-monogamous relationships are unethical. Some participants were asked to leave or referred to sexual health clinics. Participants felt frustrated, dismissed and traumatised by these experiences.

“Sometimes it does not go well when they tend to become judgemental or offer advice that is not needed. Furthermore, it doesn't help when they choose not to deal with you and offer you to go to a family planning centre of sorts”

Participant #72 (18-29yo Switch)

“Disapproval and lecture of the dangers of domestic abuse. [I felt] judged and dismissed.”

Participant #44 (18-29yo Switch)

Most participants regardless of positive or negative experiences would disclose to a HCP again, although about a quarter had some conditions that they would only disclose with that particular HCP or only if they felt comfortable.

“Being able to openly inform my health professional enables me to get the best treatment. It also makes for a good conversation during our monthly appointments.”

Participant #107 (40-49yo Dominant)

HCP Characteristics and Behaviours desired by people who practice BDSM

Eighty-four participants, of whom fifty had disclosed their practice of BDSM to a HCP, provided information about knowledge and behaviour they desire in HCPs.

For some participants BDSM was a significant feature of their identity and relationships as well as being a set of activities that could impact upon their health. They wanted to feel safe to disclose their practice of BDSM when it was relevant and have their privacy respected when it was not.

“Kink is something that impacts my general health and well-being, so if it's important to raise that I will. It is also important to raise in the context of physical examinations and marks (bruises etc) from scenes. On the other hand, privacy is important to me, especially about a somewhat dicey topic that isn't widely accepted, so I won't bring it up to every medical professional.”

Participant #119 (18-29yo submissive)

Participants wanted their HCP to know that BDSM is usually practiced by healthy people and can be healthy while also acknowledging the importance of HCPs being able to identify abuse from BDSM and abuse within BDSM. Many mentioned the time and effort spent learning how to engage in BDSM and that injuries were frequently unavoidable accidents rather than carelessness.

“They need to let go of the idea that only unstable or damaged people practice BDSM or kink. Most of us are average people, from average backgrounds, generally intelligent and self-aware. We understand what we're doing, accept the risks, and seek the pleasure and satisfaction to be found in it. For most of us it is only one facet of a rich life. Treat us like whole people.”

Participant #2 (40-49yo bottom)

Several participants wanted HCPs who know about the different types of sadomasochistic activities. They wanted their doctors to be able to provide appropriate advice about managing the risks and injuries.

“There are a lot of kinks that require medical knowledge to practice. Like rope bondage. Knowledge of pressure point injuries and how to recognize nerve damage are important. Who better to ask than a doctor who has studied this? “

Participant #113 (30-30yo Switch)

Many participants wanted a list of HCPs who were educated about BDSM and comfortable treating people who practice BDSM.

“Many people in the scene try and get names of kink friendly doctors and psychologists from others in the scene rather than tell their normal GP. A site with names of doctors who are kink friendly would be amazing.”

Participant #85 (30-39yo bottom)

Conclusions

It is important for HCPs to know about their patients’ practice of BDSM because it can have an impact on their physical and mental health. The majority of participants reported that BDSM had an impact on their health, a similar majority reported that their health impacted on their practice of BDSM, and almost one third reported an injury related to their practice of BDSM. Almost all felt that knowledge of BDSM could be relevant for some HCPs; however, less than sixty percent had ever disclosed to a HCP (less than forty percent to their doctor). Participants were afraid that disclosure of their practice of BDSM to HCPs would lead to judgement, discrimination and possible reporting of abuse. When participants did disclose their practice of BDSM, most found their HCP receptive and professional.

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Table 1: Characteristics of Participants

Demographic Characteristic	n	%
Age (years)		
18-29	26	22.0%
30-39	39	33.1%
40-49	25	21.2%
50-59	17	14.4%
60+	11	9.3%
Total	118	100%
Sexual Orientation		
Heterosexual or Straight	37	31.4%
Homosexual, Gay or Lesbian	4	3.4%
Bisexual or Pansexual	68	57.6%
Other	9	7.6%
Total	118	100%
Comments	15	12.7%
BDSM Orientation		
Top, Dominant or Master	31	26.5%
Switch or (unspecified) Mixed	45	38.5%
bottom, submissive or slave	41	35.0%
Total	117	100%
Comments	33	28.2%
BDSM Experience		
0-5 years	46	39.0%
6-9 years	26	22.0%
10+ years	46	39.0%
Total	123	100%

Table 2: Participant interaction with Health Care Professionals

	Current Relationship		Disclosure of BDSM		Non-disclosure of BDSM	
	n	%	n	%	n	%
Health Care Professional (HCP)						
Doctor	114	96.6%	41	36.0%	72	63.2%
Mental Health Worker	57	48.3%	40	70.2%	23	40.4%
Dentist	60	50.8%	0	0.0%	59	98.3%
Other HCP	72	61.0%	27	37.5%	62	86.1%
Total number of participants	118					

This table shows participants reported interaction with HCPs. The first column shows which participants had current HCP interactions and the proportion shows how many of the total participants had each type of interaction. The second two columns show which HCPs participants chose to disclose or conceal their practice of BDSM and the proportion is based on the number of participants who currently have a relationship with that type of professional. For example, 114 participants currently have a doctor and 41 have disclosed their practice of BDSM to a doctor so $41/114*100$ is 36.0%.

Table 3: Participants beliefs and experiences of BDSM, Health and Health care in Australia

	n	Proportion	95% confidence
Participants who believed knowledge about BDSM could be relevant for HCPs	107	91.5%	84.8-95.8%
Participants whose health had an impact on their practice of BDSM	74	69.8%	60.1-78.4%
Participants whose practice of BDSM had an impact on their health	68	64.8%	54.8-73.8%
Participants who experienced an injury due to their practice of BDSM	34	31.8%	23.1-41.5%
Participants who sought health care advice due to their practice of BDSM	46	43.4%	33.8-53.4%
Participants who disclosed their practice of BDSM to one or more HCP	62	55.4%	45.7-64.8%
Participants who concealed their practice of BDSM from one or more HCP	107	95.5%	89.9-98.5%
Participants who concealed and wanted to disclose	58	56.9%	46.7-66.6%
Participants who avoided health care due to their practice of BDSM	17	16.2%	9.7-24.7%

Proportions are calculated based on the number of participants who answered each question.

Table 4: Participants who sought health care advice related to their practice of BDSM

	n	%
Health Care Seeking Behaviour		
Sought advice from a Health Care Professional	24	22.6%
Sought advice from another source	22	20.8%
Not sought health advice related to their practice of BDSM	60	56.6%
Total	106	

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Appendix 1: Potentially Serious Injuries due to the practice of BDSM as reported by Participants

Participant	Participant's quote describing injury and/or incident
7	I was accidentally stabbed in my right calf. My partner and I were engaging in knife play. I was in the role of submissive, on all fours, blindfolded, and my partner was behind me cutting off my stockings. The knife slipped and the blade went straight into my calf.
13	testicular damage due to play as an inexperienced young man who only had thoughtful and caring lovers prior.
19	Got testicular torsion when playing many years ago. Saw a GP, but it resolved itself while waiting, about 80 mins after first symptom.
28	Broken or sprained tailbone. We were doing takedown so I wasn't being still so sometimes kicks miss.
34	a vertebrae injury during play due to an accidental miscalculation
38	I have underlying muscular issues and I just got a bit too rough and pulled a few muscles in my back and shoulders, nothing serious though
44	Immediate stop of activity and then an appointment the next day
49	He violently orally raped me. The violence was real and not ok play
51	Nerve damage in a shoulder from being restricted in a position too long.
67	One time the suspension point for our shibari [rope bondage] rig dislodged from the ceiling whilst I was upside down - mid suspension and I fell about a meter and a half, landing awkwardly on my neck. Bit of a stiff neck and a brace for 2 weeks
84	During kink play an error in judgement was made resulting in a concussion for myself.
85	nerve damage or paralysis
110	I was doing a ball busting [male genital sadomasochism] session with my partner. During the session, I slipped on the floor and broke 3 toes.
113	I have received a soft tissue injury to my neck and shoulder from a rope suspension gone wrong... It still hasn't fully recovered after 5 years.
121	Mental [injury]. Submissive who turned out to be domestically abusive and isolating as a form of power, pushing deliberately for the explosions to claim "poor me, I'm so set upon". Resulted in worsening depression, and three+ months of broken heart on breakup.
133	anal tears, cane cuts, hurt discs in neck/back, cuts, bruises