

## Finding Kink and CNM Aware Medical Providers

You deserve nonjudgmental medical care and should not have to censor your history or avoid an appointment. With a provider you see regularly, it's best to bring up your sexuality early in your professional relationship, so that you set the foundation for a better mutual understanding of your future medical needs.

You can ask:

- Are you familiar with alternative forms of sexual expression, nonmonogamy and BDSM/kink in particular?
- How many kinky or CNM clients have you knowingly worked with?
- Do you feel that people who engage in such activities present any challenges to you as a healthcare provider?
- Do you understand that BDSM and related activities can be done consensually for fun and erotic satisfaction, and are not inherently abusive activities?
- I have more than one partner; would you allow the people in my relationship to join my appointments or visit me?
- Are you okay with patients who live within unique relationship configurations such as Master/slave, Dom/sub, polyamorous, and so on?

Consult with the Kink and Polyamory Aware Professionals (KAP) on [KAPProfessionals.org](http://KAPProfessionals.org), a free referral source. If there isn't a practitioner close to you, call the nearest listed professionals (even non-medical professionals) and ask if they can recommend someone local.

Contact the nearest LGBTQIA+ healthcare clinic or community center. Providers who deal with LGBTQIA+ concerns may be more open to hearing about your kink and nonmonogamy-related medical issues.

## how YOU can HELP

The NCSF relies overwhelmingly on contributions from individuals, businesses, and local BDSM, Swing and Polyamory groups for financial support. Ask your group to organize a fundraiser for NCSF, and contact us at [ncsfreedom@ncsfreedom.org](mailto:ncsfreedom@ncsfreedom.org) to find out how easy it can be!

You can also participate in NCSF activities, ranging from writing letters to the media and government officials, to joining in community outreach. Get information about NCSF actions, as well as coverage of mainstream news concerning sexual freedom issues, by subscribing to our free newsletter at [www.ncsfreedom.org](http://www.ncsfreedom.org).

### NCSF's Mission Statement

The NCSF is committed to advancing the rights of consenting adults in the BDSM-Leather-Fetish, Swing, and Polyamory communities through education, advocacy, and outreach.

The Foundation of the National Coalition for Sexual Freedom (FNCSF) is NCSF's 501(c)(3) charitable foundation. It provides educational programs related to our mission. Tax-deductible donations support the projects of our foundation.

### Diversity Equity and Inclusion Vision

NCSF's goal is to better fulfill our mission through a better understanding of a diverse range of voices and experiences in our communities. We recognize the similarities and differences between people that make us all unique. We aim to be inclusive by creating opportunities for more people of various backgrounds to be represented and heard by NCSF.



national coalition for sexual freedom inc.

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# Finding Kink and Consensual Nonmonogamy (CNM) Aware Medical Care

PROTECT YOUR HEALTH AND YOUR RIGHTS



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# PLAN ahead FOR emergencies

If your emergency situation is the result of BDSM play, or your body has marks from recent play, tell the provider right away that it's the result of consensual erotic play that you enjoy, know how to do safely and can stop at any time. If you try to hide it, they may automatically assume that there is abuse involved.

Present the emergency staff with contact information for your doctor and/or therapist who can answer any pertinent questions. A calm and straightforward presentation is always best.

Holding back vital information can lessen the quality of care. However, share the minimum necessary for the provider to fully understand the problem. Don't go into extra details. Don't make up elaborate stories. If a provider is sensitive and has a clue, they will ask the right questions for the information they need

## resources

Take a copy of NCSF's "What professionals need to know about Kink and Nonmonogamy" to your appointment.

Dr. Charles Moser offers Health Care Without Shame: A Handbook for the Sexually Diverse and Their Caregivers - <http://www2.hu-berlin.de/sexology/BIB/hcws/hcws.html>

The Kink Clinical Guidelines - <https://www.kinkguidelines.com/the-guidelines>

APA Division 44 BDSM Task Force - <https://www.div44cnm.org/>

OR SCAN FOR MORE RESOURCES



# FOR KINK AND NONMONOGAMY PRACTITIONERS, THERE ARE FOUR ISSUES THAT MAY COMPLICATE YOUR MEDICAL CARE

## MANDATORY REPORTING

Health care providers are legally required to make a report if they provide medical services to a patient whom they suspect is suffering from a physical injury due to abusive conduct. However, BDSM can be distinguished from interpersonal violence in several ways (Jozifkova, 2013):

- Participants engage in BDSM voluntarily without coercion or fear, and
- Communication is necessary before, during and after the activities, with expressed limits and desires respected by all participants, and
- Participants can stop the activities at any time using safewords, safe signals or by expressing the need to stop.

## SERIOUS BODILY INJURY

Even with consent, no one is legally allowed to cause Serious Bodily Injury. This is well-defined in law and doesn't include minor injuries like cuts or bruising. Serious bodily injury includes:

- A permanent disfiguring mark
- Impairment or dysfunction of a limb or organ (i.e., nerve damage, broken bone)
- A risk of life-threatening injury (i.e., choking/strangulation, internal bleeding)

## KINKY IS NOT A MENTAL DISORDER

A provider might be predisposed to consider kink or nonmonogamy a manifestation of a mental disorder. However, the American Psychiatric Association has consensual sadism, masochism, cross-dressing and fetishes in the DSM-5 and does not consider these paraphilias to be Paraphilic Disorders (2022):

"The term bondage-domination-sadism-masochism (BDSM) is broadly used to refer to a wide range of behaviors that individuals with sexual masochism and/or sexual sadism (as well as other individuals with similar sexual interests) engage in, such as restraints or restriction, discipline, spanking, slapping, sensory deprivation (e.g. using blindfolds), and dominance-submission roleplay involving themes such as master/enslaved person, owner/pet, or kidnapper/victim." (DSM-5-TR, p. 791)

## Stigma & Discrimination

Due to personal beliefs or lack of awareness, a provider may consider kink or nonmonogamy inappropriate. They are likely reacting to a stereotype and such judgments are not about anyone's personal activities, but rather their own biases. Stigma from medical professionals is likely due to:

- Limited information about sexual health and the erotic use of force or restraint (see Resources).
- Inaccurate beliefs and negative attitudes about clients involved in kink (Lawrence et al., 2008; Nichols, 2006; Sprott et al., 2017; Sprott et al., 2021).
- A history of pathologizing kink in literature (Kolmes et al., 2006).