

CONSENSUAL KINK VIA EXPLICIT PRIOR PERMISSION

Explicit Prior Permission is the new legal framework for consent to erotic use of force or restraint created by the American Law Institute (2021).

Here are the five things needed for EPP-

1. Consent to specific acts must be explicitly given in advance, in writing or verbally.
2. Participants must understand the risks involved and agree to the intensity of the acts in advance.
3. Anyone can stop what's happening during the activity at any time via an agreed upon word or signal to stop.
4. Participants must be aware of everyone's barriers to their ability to consent, such as diminished mental capacity or use of prescribed or recreational drugs or alcohol.
5. Only adults over 18 can give Explicit Prior Permission, and they must not be forced or coerced.

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NCSF's **database**

KAPPROFESSIONALS.ORG

The Kink and Polyamory Aware Professionals Directory (KAP) is a service offered by NCSF dedicated to providing the community with a listing of psychotherapeutic, medical, legal and other professionals who have stated that they are knowledgeable about and sensitive to diverse expressions of sexuality.

Resources

NCSF's "What Professionals Need to Know About Kink and Nonmonogamy"

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

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>

SCAN FOR
MORE
PROFESSIONAL
RESOURCES



how you can help

The NCSF relies on contributions from individuals and local BDSM, swing and polyamory groups for financial support. Contact us at ncsfreedom@ncsfreedom.org to find out how easy it can be to organize a fundraiser for NCSF!

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.

NCSF Mission Statement

The NCSF is committed to creating a political, legal and social environment in the U.S. that advances equal rights for consenting adults who engage in alternative sexual and relationship expressions.

The NCSF aims to advance the rights of, and advocate for, consenting adults in the BDSM, leather, fetish, swing, and polyamory communities. We pursue our vision through direct services, education, advocacy, and outreach, in conjunction with our partners, to directly benefit these communities.

Diversity, Equity and Inclusion Vision

NCSF's goal is to 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.

822 Guilford Avenue #127 • Baltimore, MD 21202-3707
General Information Line: 602-851-1590
ncsfreedom@ncsfreedom.org • www.ncsfreedom.org



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Understanding Kink and Consensual Nonmonogamy (CNM) for Healthcare Providers



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PREVALENCE

**ADULTS IN AMERICA:
30% engage in spanking,
22% in roleplay and
20% in bondage,
but only 4% have attended a BDSM or
sex workshop -Herbenick, 2017**

This indicates a gap in knowledge between those who do erotic force or restraint, and those who have the education on consent and skills to ensure they don't cause harm.

STIGMA

The expectation that providers will shun, discriminate, or express prejudicial attitudes if a concealable stigmatized identity is revealed can result in nondisclosure (Quinn et al., 2014) According to a recent survey (Jansen, 2024):

- 40% were discriminated against by healthcare providers because they are kinky
- 20% had BDSM related concerns they would have liked to discuss but did not
- 85% had some injury as the result of BDSM play, such as bruising, with the majority not needing any form of medical care.
- The most common injuries that needed medical assistance were:
- 47% from infections caused by BDSM injuries and 67% from STIs

Cultural competence guidelines help physical and mental health clinicians in preventing this stigma and discrimination (Beach et al., 2005; Butler et al., 2016). Experiences of discrimination contribute to health disparities and poor clinical outcomes (Spratt et al., 2021; Spratt et al., 2017; Waldura et al., 2016):

- 4x the odds of delaying or avoiding health interventions
- 10x the national averages for HIV+ along with decreased testing for HIV
- 5x the national average attempted suicide
- 2.6x the national average PTSD diagnosis

MANDATORY REPORTING

Health care providers may 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. 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 activity, 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.

Even with consent, no one is allowed to cause Serious Bodily Injury. Seriously bodily injury 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)

What to Do If You're Concerned

Sometimes serious injury can happen by accident, so a broken bone caused by a failed bondage suspension rig may not be reported, while a broken jawbone inflicted by a punch to the face is a sign of abuse. Nerve damage from bondage can happen through inexperience, which may not be reportable, or it could be abuse if the person was deliberately restrained for too long. Consent is not a defense to erotic choking/strangulation, so any injuries sustained could be reported. Scratches and surface cuts on the skin are typical, however cuts inside the anus or vagina are more serious and may be signs of abuse. Carefully inquiring with your patient can help distinguish accidental injuries occurring during consensual BDSM from abuse.

Ask questions about the risks and express genuine concern rather than judgment:

- Was this caused by an accident?
- Where did you learn to do that?
- There could be health issues you may not have considered: would you like to talk about the risks?

BE MORE AWARE

Language to Use

Many clients use their own terms rather than the more common terms of BDSM or Kink. To encourage a patient to disclose their kink involvement, consider saying:

- I understand that people are discriminated against for being kinky or nonmonogamous. Please know that you won't face discrimination from me for being kinky or nonmonogamous.
- I know that a lot of people enjoy different types of play in the bedroom.
- As long as it's consenting adults, and no one is harmed, I have no problem with it.
- How do you identify?
- Do you have partners?
- Who are you out to about these activities?
- Do you participate in educational or social adult groups and events?
- What are your relationship agreements?

Healthcare providers must educate about STIs and how they are transmitted in ways other than penis/ vaginal intercourse, i.e. oral sex, fluid exchange.

If you're concerned the behavior was not consensual, ask:

- Did you consent to specific act(s) that happened prior to the incident?
- Did you not explicitly consent to any acts prior to them being done during the incident?
- Did you withdraw consent during the incident?
- Was there any agreement that roleplay resistance could be ignored and that consent would be withdrawn by a safeword or safe signal?
- Were any objects or toys used during the incident? How were they employed?
- Did you understand the risks involved in the act(s)?
- Did you give consent to the intensity of the act(s)?
- Were there any circumstances that prevented the withdrawal of consent (i.e., unconscious, asleep, intoxicated)