

NATIONAL COALITION
FOR SEXUAL FREEDOM

SERVICE
PROFESSIONALS
SURVEY
REPORT

2024

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TABLE OF CONTENTS

03 Executive Summary

04 Background

05 Methodology

06 Demographics

08 Work & Alt-Sex

10 Endorsement of Alt-Sex

12 Training Received

13 Perceived Responsibility

14 Experiences with Clients
Practicing Alt-Sex

15 Training

18 Experiences with Stigma

19 Protecting Patient Confidentiality

20 Kink & CNM Aware Lists

21 Online Support Group

22 Applications

23 Future Directions

24 References

25 Appendix A: KAP Among Professionals
Survey

36 Appendix B: Demographics Among Health
Professionals

EXECUTIVE SUMMARY

Findings

- **Experience**
 - Most professionals (70%) did not experience stigma. For those who did, stigma affected their person (e.g. aggression) and work (e.g. loss of job/referral).
 - Nearly 1/2 of professionals did not know about kink-aware guidelines
- **Personal Practice**
 - Professionals' personal practice was associated with endorsement and positive attitudes related to alt-sex
- **Endorsement of Alt-Sex**
 - Only 63% of those who are alt-sex aware advertise themselves that way
 - 64% of those who are alt-sex aware report that their employer knows
- **Training Received**
 - 65% have received formal and informal training
 - Participants reported that the following training types should be required: community group workshops, continuing education workshops, and experience with clients
 - Participants reported that in order to be alt-sex aware, the most important topics were consent, communication skills, and acceptance of others
 - Participants said that in order to serve alt-sex clients, the most important topics were consent, navigating stigma/discrimination from others, and navigating one's own privilege/biases.
- **Perceived Responsibility**
 - 69% report being "definitely" or "somewhat" responsible for educating others about alt-sex
 - Mental health professionals report the least responsibility, regardless of their training level

Background

Members of the alt-sex community (BDSM/kink/leather/fetish and consensual non-monogamy practitioners) face stigma from health professionals (Bettinger, 2002; Bowling et al., 2022; Dunkley & Brotto, 2019). In collaboration with UNC Charlotte, the National Coalition for Sexual Freedom (NCSF), conducted an online survey with 998 professionals assessing their attitudes to kink and consensual non-monogamy.

Analyses

Chi-Squared Test of Independence
One-Way ANOVA
Independent Samples *t*-Test

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Acknowledgements

We thank Lindsay Miller and Victoria Scott for their assistance with qualitative coding for this project.

We offer recommendations in regards to advancing culturally responsive care for alt-sex practitioners

BACKGROUND

Engagement in alternative sexuality (alt-sex) practices, such as kink, fetish, BDSM (bondage/discipline, domination/submission, sadomasochism), or consensual non-monogamy (CNM) are increasingly common. Previous research has estimated at least 30% of adults in the United States have engaged in some kink activity (Herbenick et al., 2017) and 20% have engaged in consensual nonmonogamy (CNM; Hauptert et al., 2017). Individuals who engage in these activities make up the alternative sexuality (alt-sex) communities, and face stigma and discrimination from health professionals (Bettinger, 2002; Bowling et al., 2022; Dunkley & Brotto, 2019). One survey of alt-sex practitioners found that approximately 11% of respondents reported discrimination from professional or personal service providers (Wright, 2008). Since over a third of American adults may part of alt-sex communities, it is important that professionals address their potential biases for culturally-responsive care and harm reduction.

Purpose

The aim of the study was to identify differences in professionals who are alt-sex “aware” and/or “friendly” compared to those who are not in terms of demographics, experience, personal practices, attitudes, training, and clientele.

Kink & CNM Aware

Trained in respect to the needs and practices of the Kink & CNM community

Kink & CNM Endorsement

Professionals that are either aware or friendly towards Kink & CNM community

Kink & CNM Friendly

Professionals that may not have had training or experience with kink, but are open-minded to it

METHODOLOGY

998 PARTICIPANTS

MARCH-APRIL 2023

In collaboration with UNC Charlotte, the National Coalition for Sexual Freedom (NCSF) conducted a cross-sectional survey via Qualtrics. Participants were recruited through alt-sex professional listservs (e.g. NCSF, American Psychological Association, American Public Health Association Reproductive and Sexual Health Section) and non-alt-sex specific professionals (e.g. therapeutic practices, medical groups) internationally. The **KAP Among Professionals Survey**, located in **Appendix A**, was comprised of the following three sections: **Demographics**, **Kink CNM**, and **Attitudes**. The **Attitudes** section was made up of the Attitudes Towards BDSM Scale (Kelsey et al., 2013) and the Attitudes Towards Polyamory Scale (Johnson et al., 2015). The survey took approximately 15-20 minutes and included questions about professional training and barriers, personal practice, stigma experiences, practice (such as percentage of clients reporting alt-sex issues), and attitudes toward alt-sex. The UNC Charlotte's institutional review board approved all protocols and procedures.

Data were analyzed by service professional groups (health professional only demographics are listed in **Appendix B**), with appropriate statistical tests to examine significant differences among groups. Data was analyzed by service professional groups using SPSS v. 29. For each of the following outcomes, we analyzed the outcome among all professionals in the sample (n = 988). Then, each analysis was re-run with only those who identified as health professionals. Open-ended responses were analyzed in Dedoose using content analysis.

DEMOGRAPHICS - ALL PROFESSIONALS

Survey respondents primarily identified as White (71.1%), cisgender women (44.3%). Age ranged from 19 to 79 years old ($M = 39.1$; $SD = 11.9$). Sexual orientation was varied, with the largest group being heterosexual individuals (47.6%), with bisexual/pansexual (16.3%) and multiple identities (13.7%) following. A majority of participants engaged in personal practice of alt-sex (71%). Most of the participants lived in the United States (87.8%).

Table 1: Participant Demographics

Variable	n	%
Gender		
Cisgender Man	413	41.4
Cisgender Woman	442	44.3
Gender diverse ¹	134	13.4
Sexual Orientation		
Sexually diverse ²	77	7.8
Bisexual/Pansexual	161	16.3
Lesbian/Gay	85	8.6
Heterosexual	469	47.6
Multiple identities	135	13.7
Race		
American Indian or Alaska Native	20	2.0
Arab, Middle Eastern or North African	12	1.2
Asian or Asian American	31	3.1
Black/African American	27	2.7
Latino/e or Hispanic Origin	13	1.3
Multiracial	161	16.2
Native Hawaiian or Pacific Islander	2	0.2
White/European American	705	71.1
Another not listed	15	1.5
Prefer not to answer	4	0.4
Relationship Structure		
Monogamous	280	28.5
Kink	48	4.9
Consensual Non-Monogamy	122	12.4
Questioning/Exploring in Kink	13	1.3
Questioning/Exploring in Relationship Structures	19	1.9
Other Relationship Structure	5	0.5
Multiple	491	49.9
Prefer not to answer	5	0.5
Country		
United States	861	87.8
Other	120	12.2

¹Gender diverse: Trans, agender, nonbinary, gender queer, or other

²Sexually diverse: Asexual, demisexual, queer, heteroflexible, or other

The majority of participants were health professionals (n = 752, 75%). See Appendix B for the demographics of health professionals only.

Table 2: Participants' Professions and Work Settings

+ Variable	n	%
Profession		
Counselor	100	10.1
Psychologist	99	10.0
Social Worker	70	7.1
Marriage and Family Therapist	75	7.6
Physician	39	4.0
Nurse	12	1.2
Creative Therapist	5	0.5
Attorney	33	3.3
Massage Therapist and/or Body Worker	65	6.6
Sex Therapist	14	1.4
Building Contractor	11	1.1
Insurance	6	0.6
Real Estate	26	2.6
Business Services	11	1.1
Life Coach	12	1.2
Marketing/PR	6	0.6
Event Professional	5	0.5
Spiritual Advisor	11	1.1
Expert Witness	2	0.2
Another Not Listed	74	7.5
Multiple	310	31.4
Mental Health	156	15.8
Medical	12	1.2
Mixed Mental Health and Medical	132	13.4
Other	10	1.0
Work Setting		
Medical Center	62	6.3
Counseling Center	36	3.7
College/University	31	3.2
Private Practice	335	34.1
Corporation	76	7.7
Consultant	32	3.3
Community Mental Health Center	47	4.8
Government (no VA)	14	1.4
VA/VA Medical Center	18	1.8
Psychiatric Hospital	5	0.5
Private Office	55	5.6
Another Not Listed	29	3.0
Multiple Responses	243	24.7



WORK & ALT-SEX

Survey respondents most commonly held professional degrees (44%) and had obtained licensure (72.4%). Most participants worked in urban areas (60%).

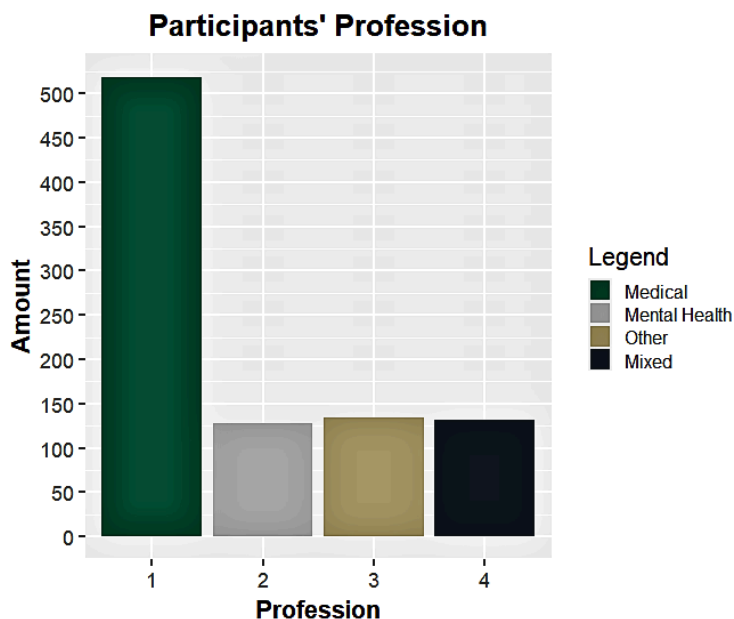


Table 3: Participants' Education, Region, and Awareness

Variable	n	%
Degree		
Less than high school	8	0.8
High school graduate	36	3.7
Some college	88	8.9
2 year degree	108	11.0
4 year degree	153	15.5
Professional degree	429	43.6
Doctoral degree	162	16.5
Work Region		
Urban	594	59.5
Rural	95	9.5
Suburban	225	22.5
Other	66	6.6
Kink & CNM Awareness/Friendliness		
Neither aware nor friendly	97	11.1
Aware	21	2.4
Aware and friendly	300	35.0
Kink Awareness/Friendliness		
Neither aware or friendly	45	5.2
Aware only	10	1.2
Aware and friendly	8	0.9
CNM Awareness/Friendliness		
Neither aware nor friendly	139	16.2
Aware only	211	24.6
Aware and friendly	27	3.1
When in Career You Became Kink & CNM Aware		
Before beginning	234	43.4
During formal schooling	67	12.4
During internships/rotations	46	8.5
0 - 10 years on the job	134	24.8
11 - 25 years on the job	46	8.5
25+ years on the job	12	2.2

Note. CNM is used as an abbreviation for consensual non-monogamy. For Kink & CNM Awareness/Friendliness, 140 participants did not respond to this question.

About one-third of participants were both kink and CNM aware and friendly. In terms of becoming kink and/or CNM aware/friendly, 36% of participants did so after their career started.

WORK & ALT-SEX

Nearly 1 out of 3 (30%) of the participants experienced stigma. Of those who were kink and CNM aware, 54% advertised themselves that way with 64% reporting that their employer knew them as kink and alt-sex aware. Nearly half of participants did not know about kink aware guidelines.

Table 4: Participants' Involvement in Alt-Sex Education

Variable	n	%
Kink & CNM Education Received*		
Formal	62	11.7
Informal	44	8.3
Both	415	78.4
None	8	15.1
Experienced Stigma*		
No	369	69.8
Yes	171	30.2
Advertise as Kink & CNM Aware*		
No	260	45.7
Yes	309	54.3
Employer Knows Kink & CNM Aware*		
No	133	24.2
Yes	354	64.5
Unsure	62	11.3
Subscribe to NCSF's KAP Aware Professionals List		
No	327	35.5
Yes	511	55.5
Didn't Know it existed	48	5.2
Listed on Psychology Today's "Sex-positive, Kink Allied" List		
No	424	45.9
Yes	307	33.3
Didn't know that existed	147	15.9
Aware of Kink Aware Guidelines		
No	413	48.5
Yes	438	51.5

Note. CNM is used as an abbreviation for consensual non-monogamy.

*Frequencies among those who identified as Kink and/or CNM aware and/or friendly.

ENDORSEMENT OF ALT-SEX

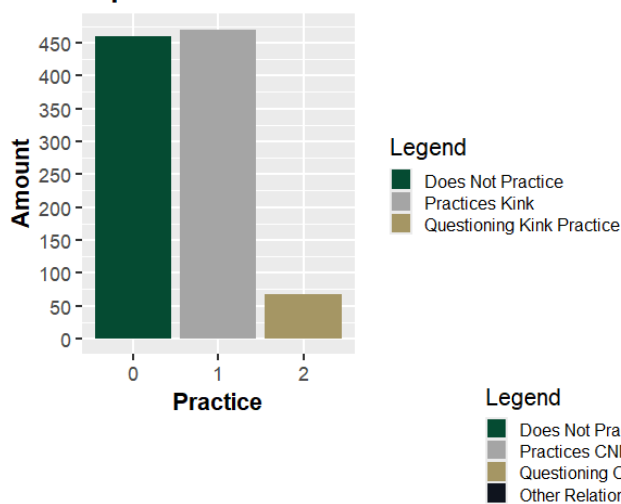
PROFESSIONALS' PERSONAL PRACTICE IS ASSOCIATED WITH ENDORSEMENT AND POSITIVE ATTITUDES TOWARDS KINK/CNM

TO ASSESS WHETHER THERE WAS A RELATIONSHIP BETWEEN PERSONAL PRACTICE OF KINK AND CNM, AND THEIR ALT-SEX ENDORSEMENT, A CHI-SQUARE TEST OF INDEPENDENCE WAS RUN. ADDITIONALLY, A ONE-WAY ANOVA WAS RUN TO ASSESS THE RELATIONSHIP BETWEEN PERSONAL PRACTICE OF KINK AND ATTITUDES TOWARD KINK AND CNM.

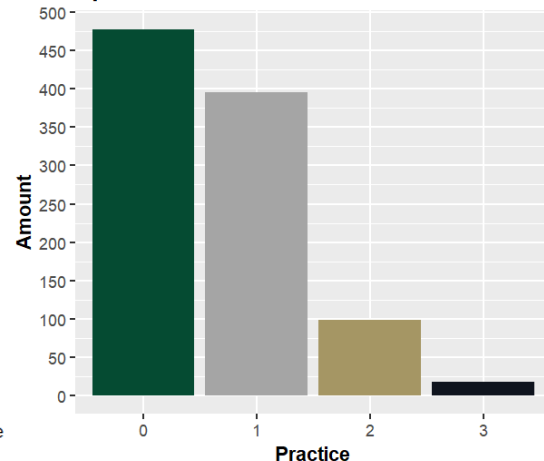
Among all professionals, there was a significant relationship between personal kink practice and alt-sex endorsement (a, b). Our results suggested that those who practiced kink were more likely to endorse kink relative to those who did not practice. Similarly, those who practice CNM were much more likely to endorse CNM compared to other participants (c, d).

We also found a significant effect of personal practice of kink on attitudes towards kink, such that those that did not practice or were questioning had more negative attitudes relative to those who practiced. Again, similar results were found with attitudes towards CNM, such that those who practiced kink indicated the most positive attitudes toward CNM, followed by those who were questioning, and then by those who did not practice.

Participants' Practice of Kink



Participants' Practice of Consensual Nonmonogamy



(a) all: $\chi^2(2, 858) = 179, p < .001$. (b) health: $\chi^2(1, 563) = 129.4, p < .001$.
 (c) all: $\chi^2(3, 854) = 68.4, p < .001$. (d) health: $\chi^2(1, 563) = 47.3, p < .001$.

ENDORSEMENT OF ALT-SEX

MENTAL HEALTH PROFESSIONALS MOST LIKELY
GROUP TO ENDORSE ALT-SEX -
PHYSICAL HEALTH PROFESSIONALS LEAST LIKELY

TO ASSESS WHETHER THERE WAS AN ASSOCIATION BETWEEN PROFESSION AND ALT-SEX ENDORSEMENT, A CHI-SQUARE TEST OF INDEPENDENCE WAS RUN.

All Professionals

Among all professionals, there was a significant association between profession and alt-sex endorsement (a). Our results suggested that those working in the mental health field were more likely to endorse alt-sex relative any other profession.

Health Professionals

Among health professionals, there was a significant association between profession and alt-sex endorsement (b). Our results suggested that, among health professionals, those who worked in mental health were the most likely to endorse alt-sex. Notably, among health professionals, the majority of those who specialized in the medical field did not endorse alt-sex. This is supported by previous research (Bettinger, 2002; Bowling et al., 2022; Dunkley & Brotto, 2019) suggesting that medical professionals equate alt-sex with risky sex.

Furthermore, among health professionals, there was a significant association between profession and identifying as a alt-sex professional (c). Once again, those in mental health professions were the most likely to be alt-sex aware, with counselors being the most aware, followed by marriage and family therapists, and psychologists.

Two final analyses were run to examine whether profession and being on the alt-sex Psych Today List, or another alt-sex list, were associated. However, both analyses showed there was not a significant association between profession and alt-sex list subscription.

(a) all: $\chi^2(4, 858) = 75.1, p < .001$. (b) health: $\chi^2(1, 858) = 74.9, p < .001$. (c) $\chi^2(1, 494) = 39.6, p = .002$.

TRAINING RECEIVED

65% OF PARTICIPANTS RECEIVED BOTH FORMAL AND INFORMAL TRAINING

TO ASSESS WHETHER THERE WAS AN ASSOCIATION BETWEEN PROFESSION AND TYPE OF TRAINING, A CHI-SQUARE TEST OF ASSOCIATION WAS RUN.

All Professionals

Among all professionals, there was a significant association between profession and type of training (a). Few ($n = 19, 2.11\%$) had no training, while some received only informal training ($n = 133, 14.7\%$), formal training ($n = 160, 17.7\%$), and most received mixed training ($n = 589, 65.3\%$).

Health Professionals

Among health professionals, there was a significant association between profession and type of training (b). Few ($n = 9, 1.4\%$) had no training, while some received only informal training ($n = 90, 14.7\%$), formal training ($n = 97, 15.8\%$), and most received mixed training ($n = 415, 67.9\%$).

Table 5: Types of Alt-Sex Education Participants Received.

Variable	n	%
Education Source		
Information from Clients	432	43.3
Continuing Education Credits	330	33.1
Graduate Training	214	21.4
Online Training (not CE bearing)	290	29.1
Self-Education from Academic Sources	483	48.4
Self-Education from non-Academic Sources	507	50.8
Kink or CNM Community Educational Resources	506	50.7
Kink or CNM Community Events	396	39.7
Pornography	174	17.4
Other	43	4.3
None of the Above	15	1.5
Types of Education		
Formal	160	17.7
Informal	133	14.7
Both	589	65.3

Note. CNM is used as an abbreviation for consensual non-monogamy.

(a) all: $\chi^2(4, 902) = 46.1, p < .001$. (b) health: $\chi^2(1, 611) = 86.6, p < .001$.

PERCEIVED RESPONSIBILITY

MENTAL HEALTH PROFESSIONALS
REPORT LEAST RESPONSIBILITY FOR
EDUCATING OTHERS ABOUT ALT-SEX
REGARDLESS OF THEIR TRAINING LEVELS

TO ASSESS WHETHER THERE WAS AN ASSOCIATION BETWEEN TYPE OF TRAINING AND PERCEIVED RESPONSIBILITY TO EDUCATE OTHER PROFESSIONALS, AN INDEPENDENT SAMPLES T-TEST WAS RUN.

69% OF PARTICIPANTS

REPORT “DEFINITELY” OR “SOMEWHAT” RESPONSIBLE FOR
EDUCATING OTHERS ABOUT ALT-SEX

All Professionals

Among all professionals, there was a significant association between profession and perceived responsibility (a). Our results suggested that those in the mental health field feel significantly less responsible for educating others about alt-sex when compared to those in the medical field or in mixed professions.

Health Professionals

An independent samples t-test among mental health professionals did not show any significant difference between those with training vs those without training in their perceived responsibility to educate others (b),

Table 6: Participants' Perceived Responsibility to Educate Others

Perceived Responsibility	n	%
Definitely responsible	194	20.7
Somewhat responsible	450	48.1
Neither responsible nor not responsible	246	26.3
Somewhat not responsible	35	3.7
Not at all responsible	10	1.1

(a) all: $F(4, 930) = 4.87, p < .001$. (b) health: $t(493) = -1.02, p = .31$.

EXPERIENCES WITH CLIENTS PRACTICING ALT-SEX

PROFESSIONALS' PERSONAL PRACTICE, BUT NOT ENDORSEMENT OR ATTITUDES, PREDICTS PERCENTAGE OF ALT-SEX CLIENTS SEEN

TO ASSESS WHETHER THERE WAS AN ASSOCIATION BETWEEN PERCENTAGE OF CLIENTS PRACTICING ALT-SEX AND PROFESSIONAL'S ENDORSEMENT OF ALT-SEX, A ONE-WAY ANOVA WAS RUN. A CORRELATION WAS RUN TO DETERMINE WHETHER THERE WAS AN ASSOCIATION BETWEEN PERCENTAGE OF CLIENTS PRACTICING ALT-SEX AND ATTITUDES TOWARDS KINK AND CNM. FINALLY, ANOTHER ONE-WAY ANOVA WAS RUN TO ASSESS THE LINK BETWEEN PERCENTAGE OF CLIENTS PRACTICING ALT-SEX AND PERSONAL PRACTICE AMONG PROFESSIONALS.

Among professionals, there was a not significant impact of alt-sex endorsement on percentage of alt-sex clients seen (a, b). However, among all professionals, their personal practice of CNM significantly impacted the percentage of alt-sex clients seen (c), but kink practice did not (d). Among health professionals, their personal practice of kink (e) and CNM (f) significantly impacted the percentage of alt-sex clients seen. Our results suggested that those not engaged in alt-sex saw a significantly lower percentage of alt-sex clients relative to professionals that did practice alt-sex. Correlation results revealed there was not a significant correlation between the percentage of clients practicing alt-sex and attitudes towards kink or CNM.

Table 7: Percentage of Clients with Alt-Sex Involvement

Variable	Mean	SD
Percentage Clients Alt-Sex Involvement	32.6	22.5
Percentage Client Alt-Sex Concerns	24.7	20.9
Health Professionals Only		
Percentage Clients Alt-Sex Involvement	33.1	21.8
Percentage Client Alt-Sex Concerns	24.6	19.5

(a) all: $F(1, 543) = 2.15, p = .14$. (b) all: $F(1, 420) = 0.03, p = .87$. (c) all: $F(3, 903) = 3.76, p = .01$.

(d) all: $F(2, 154) = 0.52, p = .60$. (e) health: $F(488) = 4.02, p = .02$. (f) health: $F(487) = 7.45, p < .001$.

TRAINING: TYPES THAT SHOULD BE REQUIRED

Most Important Types



Community Groups'
Workshops



Continuing Education
Workshops



Experience with
Clients

Table 8: Rankings of Training Requirements

Training Requirement	% of Time in Top 3	% of Time in Bottom 3
University/College Training	26.1	36.4
Continuing Education Workshops	47.4	18.8
Experience with Clients	42.6	19.3
Reading Current Research	41.3	18.8
Workshops Provided by Kink & CNM	53.5	15.1
Community Groups		
Play Events Provided by Kink & CNM	21.9	43.4
Community Groups		
Personal Experience with Kink & CNM	34.1	33.9
Reading First Person Accounts	23.3	34.1
Other	9.9	80.7

Note. CNM is used as an abbreviation for consensual non-monogamy.

"OTHER" WAS NOT INCLUDED IN TOP 3 OR BOTTOM 3 ANALYSIS SINCE IT REQUIRED USERS TO GENERATE THEIR OWN RESPONSE. HOWEVER, RESPONSES WERE QUALITATIVELY ANALYZED. OTHER TOPICS INCLUDED: CLINICAL SUPERVISION FROM ALT-SEX AWARE PROFESSIONAL, LISTENING TO PODCASTS, UNDERSTANDING THERAPEUTIC APPROACHES (E.G. DIALECTICAL BEHAVIOR THERAPY, ATTACHMENT, SELF-HARM), ATTENDING A CONFERENCE, MEMBERSHIP IN ADVOCACY GROUPS, AND PORNOGRAPHY.

LEAST IMPORTANT TYPES:

COMMUNITY GROUPS' PLAY EVENTS

UNIVERSITY/COLLEGE TRAINING

READING FIRST PERSON ACCOUNTS

TRAINING: TOPICS FOR ALT-SEX AWARE

Most Important Topics



Consent



Communication
Skills



Tolerance of
Others

To be considered aware, in the open-ended text some participants reported that some of the topics should be required and others would be recommended although we did not differentiate.

Table 9: Rankings of Knowledge Requirements to be Considered Aware

Training Requirement	% of Time in Top 3	% of Time in Bottom 3
Consent	39.7	10.2
Skills with Toys	10.2	41.2
Navigating Stigma and Discrimination from Others	17.0	11.7
Navigating One's Own Privileges and Biases	26.7	10.5
Relationship Dynamics	23.1	10.2
Communication Skills	28.7	8.7
Edge Play	9.2	42.7
Terminology	23.3	9.6
Personal Experience	15.4	24.6
Community Etiquette	13.1	10.5
Current Research	18.9	10.9
Tolerance/Acceptance of Others	27.6	13.1
Cultural Competence in Particular Marginalized Communities	23.6	11.3
Training in Intersectionality Theory	17.1	12.9
Other	6.4	71.3

Note. CNM is used as an abbreviation for consensual non-monogamy.

"OTHER" WAS NOT INCLUDED IN TOP 3 OR BOTTOM 3 ANALYSIS SINCE IT REQUIRED USERS TO GENERATE THEIR OWN RESPONSE. HOWEVER, RESPONSES WERE QUALITATIVELY ANALYZED. OTHER TOPICS INCLUDED: SEXUAL ATTITUDES REASSESSMENT, MENTORING FROM OTHER PROFESSIONALS, SAFETY, PERSONAL RELATIONSHIPS WITH ALT-SEX PRACTITIONERS, DIFFERENTIATING BETWEEN FORMS OF VIOLENCE, AND COMMUNITY RESOURCE KNOWLEDGE.

LEAST IMPORTANT TOPICS:

EDGE PLAY

SKILLS WITH TOYS

PERSONAL EXPERIENCE

TRAINING: TOPICS TO SERVE ALT- SEX CLIENTS

Most Important Topics



Consent



Navigating Stigma/
Discrimination from Others



Navigating One's Own
Privileges/Biases

Table 10: Rankings of Knowledge Requirements to Serve Kink & CNM Clients

Training Requirement	% of Time in Top 3	% of Time in Bottom 3
Consent	69.5	1.3
Skills with Toys	37.6	25.7
Navigating Stigma and Discrimination from Others	45.3	1.9
Navigating One's Own Privileges and Biases	43.0	0.8
Relationship Dynamics	16.9	1.6
Communication Skills	18.6	2.3
Edge Play	2.7	31.6
Terminology	13.7	3.3
Personal Experience	3.6	21.1
Community Etiquette	4.4	3.5
Current Research	7.2	7.4
Tolerance/Acceptance of Others	20	13.6
Cultural Competence in Particular Marginalized Communities	10.5	43.8
Training in Intersectionality Theory	5.4	52
Other	1.7	95.5

Note. CNM is used as an abbreviation for consensual non-monogamy.

OTHER WAS NOT INCLUDED IN TOP 3 OR BOTTOM 3 ANALYSIS SINCE IT REQUIRED USERS TO GENERATE THEIR OWN RESPONSE. HOWEVER, RESPONSES WERE QUALITATIVELY ANALYZED. OTHER TOPICS INCLUDED: SEXUAL ATTITUDES REASSESSMENT/SEX POSITIVITY, SAFETY, INTIMATE PERSONAL VIOLENCE AND SEXUAL VIOLENCE, AS WELL AS LAWS AND LEGAL MANDATES.

LEAST IMPORTANT TOPICS:

CULTURAL COMPETENCE

EDGE PLAY

SKILLS WITH TOYS

EXPERIENCES WITH STIGMA

Professionals' experiences with stigma in relation to alt-sex affected their person (e.g. aggression) and their work (e.g. loss of job or referrals).

Aggression/Assault

A client's ex called me a sexual deviant and threatened me so I had to file a police report (#98)

Can't talk freely/Censorship

[Giving] presentations... on working with CNM clients...any reference to being a kink aware professional was removed from my bio (#255)

Demonizing/pathologizing

Jokes have been made in social circles about my clients being "freaks". (#641)

Ill fit with culture/clients

Other counselors have [spoken] about not wanting my clients in the waiting room with their clients (#70)

Loss of job/income/referrals

People are much less likely to refer children to my practice since I "outed" myself as kink-aware. (#668)

Minimizing work

Clients believing I automatically rule out certain options, paths, solutions, etc. due to my orientation (#45)

Unwanted soliciting

Clients send obscure messages soliciting sex work rather than counseling services. (#307)

Work deemed inappropriate

Accused by colleagues that I'm advocating that clients engage in "cheating" (CNM) or "trauma-related behavior" (Kink) (#909)

PROTECTING PATIENT CONFIDENTIALITY

In order to still collect their fee from third parties, participants said the following would help them protect their patients' confidentiality.

Request of Information/ insurance form

I will discuss with client if something outside of contract was ever requested and obtain a ROI [Request of Information] (#27)

Generic or vague language

Deliberate note writing to exclude information not necessary for third party payers to know (#265)

Consent forms

Signed consent from client to submit diagnosis to insurance (#124)

Software

Secure payment methods such as credit card processing, bank transfers, or online payment services to collect fee from third parties. (#274)
HIPAA-compliant electronic health record (#3)

HIPAA

I already utilize a HIPAA compliant electronic health record; the subject of sessions is not disclosed to third parties (#469)

KINK & CNM AWARE LISTS

When asked about their original motivation to join a kink/CNM aware list, participants' reasons related to themselves or the larger field or community.

Increase professional contacts

I was hoping to find a supportive and open-minded community to exchange experiences and learn more about different aspects of these lifestyles. (#277)

Increase knowledge

To learn more and grow as a person and clinician (#847)

Self promotion

It was a free source to market myself to a client demographic I was looking to work with (#614)

Decrease stigma/ improve community

I figured if it mattered to someone enough to search, then I should probably be on that list (#718)

Membership in alt-sex communities

I identify as kinky and CNM and have been judged by professionals as a client in my past. (#731)

Fill shortage or gap

Being a member of the kink community and knowing how difficult it can be to find a kink aware therapist (#668)

Work or expertise

My training made me feel competent enough to say so (#1288)

ONLINE SUPPORT GROUP

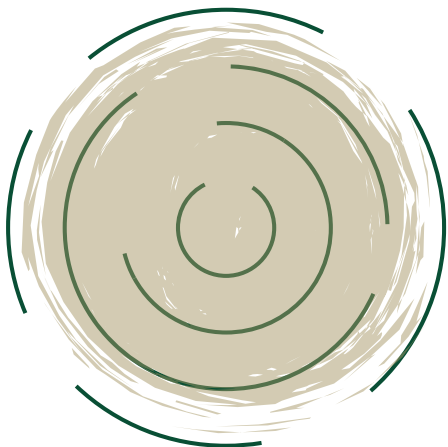
In terms of joining an online peer support/supervision group for dealing with issues of professional practice and lifestyle participation, the majority of participants said they would be somewhat or very likely to join (51%). Their reasons for being likely or unlikely to join are included below.

Likely

- Community
 - There are very few of us that practice law in these areas. I would like an opportunity for peer support (#365).
- To discuss concerns
 - Learning how to navigate personal and professional boundaries (#308)
- It's the right thing to do
 - I think it would help us better understand and approach our patients as full humans with larger experiences rather than snapshots. (#1315)
- It doesn't exist currently
 - there is a need for such a group outside of gatekeeper-y organizations (#824)

Unlikely

- Unnecessary because of work
 - Very little of my practice involves these issues (#798)
- Unnecessary because of knowledge
 - The continuing education and other supervision I'm completing are sufficient to support my practice (#794)
- Supervisor/leader
 - Some of the groups I've seen have degraded into non-professional groups (#483)
 - Already leading a group: "I get enough support in current peer consultation group" (#474)
- The stage of career
 - Because I don't work much with the population and I am close to retirement (#726)
- Privacy
 - I keep my lifestyle participation strictly separate from my professional life. Law is a staid, conservative field, and a lawyer's reputation is absolutely critical. (#1134)
- Time & Cost
 - Am not willing to pay for group unless it is structured with clear goals and outcomes (#838)



APPLICATIONS

Training

- As personal practice was associated with greater endorsement of alt-sex and positive attitudes, training may need to focus on those who are not engaged in personal practice of alt-sex.
- Many participants were not familiar with kink-aware guidelines. Not only spreading awareness about them, but sharing digestible resources for understanding and using these guidelines may be helpful for professionals.
- Mental health professionals reported the least responsibility for educating others about alt-sex. This may represent an opportunity for increasing perceptions of responsibility and community enhancement. However, a majority of participants (69%) do report feeling responsible for educating others. Providing professionals with opportunities and platforms to share this type of education with others may be a promising strategy for raising awareness.

Practice

- Participants reported various patient confidentiality strategies that they used, including generic language and secure platforms.
- Participants were mixed in whether they would want to join an online support group. Those who said they would be likely to join a group was to fill existing gaps and to discuss concerns.
- The varied effects of stigma on participants themselves and their work point to a need for protections and awareness among professionals (including strategy sharing, and targeted information campaigns among professional groups). As alt-sex practitioners engage in strategies to identify alt-sex friendly and/or aware providers (such as using lists or word-of-mouth), providers themselves are facing barriers to serving alt-sex clients.

APPLICATIONS CONTINUED

Stigma

- With 1 in 4 professionals (76%) reporting discrimination against their person or professionally, this indicates the need for more cultural competency education for professionals who are not alt-sex aware or friendly.
- Of those who were kink and CNM aware, only 63% advertised themselves that way with a similar percentage reporting that their employer knew them as kink and alt-sex aware. Given that participants recommended that one of the top recommended topics for serving alt-sex clients was navigating stigma/discrimination as well as one's own privilege/biases, this may be a prevalent concern.
- Stigma may also be one reason why 31% of professionals report they are not responsible for educating others about alt-sex. This may represent an opportunity for developing strategies for professionals to share education without personally identifying as alt-sex aware or friendly.

Future Directions

- This study did not longitudinally examine attitudes in relation to training. Deeper examination into training and attitudes may be needed to identify differences in attitudes among those who enroll in trainings related to alt-sex.
- Examining the effects of localities with more trainings offered by community organizations or area health education centers may identify opportunities for reinforcing training gaps. In other words, is the accessibility or availability of trainings why some professionals are not as alt-sex aware? Or does stigma still have a significant impact on the willingness of professionals to access training?
-
-

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APPENDIX A

KAP Among Professionals

Demographics Section

1) I am at least 18 years of age and a professional.

I agree.

I do not agree.

2) Please verify your humanity

eCaptcha verification

3) What is your age?

4) What best describes your race and ethnicity? (Check all that apply)

American Indian, Alaska Native, or Indigenous

Arab American, Middle Eastern, or North African

Asian or Asian American

Black or African American

Biracial or Multiracial

Latino/e or Spanish Origin

Native Hawaiian or Pacific Islander

Southeast Asian

White/European American

Another race or ethnicity not listed above

Prefer not to answer

5) Which best describes your gender identity? (Check all that apply)

Man

Woman

Nonbinary

Agender

Genderqueer

Another gender not listed

6) Do you identify as trans?

No

Yes

I'm not sure

KAP Among Professionals Continued

7) Which best describes your sexual orientation? (Select all that apply)

heterosexual/straight

lesbian

gay

bisexual

heteroflexible

pansexual

asexual

demisexual

queer

another identity not listed

8) What country are you based in?

United States

Canada

The United Kingdom

Another country not listed

9) What state/province are you located in?

10) Which if these do you personally identify as a practitioner of (select all that apply):

Monogamous

Kink (i.e., BDSM, Leather, Fetishes, Role play)

Consensual Non-monogamy (i.e., polyamory, swing, Lifestyle, relationship anarchy, open relationship)

Questioning/exploring in kink

Questioning/exploring in relationship structures

Other relationship structure

Prefer not to answer

KAP Among Professionals Continued

Professional Qualifications Section

1) Below we refer to professionals. By this we mean anyone providing services to others (e.g. health providers, massage therapist, realtor, spiritual advisor, among others). Which type of profession are you currently? (Select all that apply)

Counselor

Psychologist

Social Worker

Marriage and Family Therapist

Physician

Nurse

Creative Therapist

Attorney

Massage therapist and/or body worker (reiki, acupuncture, etc.)

Sex therapist

Building contractor

Real estate

Business services

Life coach

Marketing/PR

Event professional (weddings, birthdays)

Spiritual advisor

Expert witness

Mediator

Another not listed here (specify) _____

2) Do you accept third party payment for your services?

No

Yes

**This question only displayed if participant answered counselor, psychologist, social worker, marriage and family therapist, physician, nurse, massage and/or body worker, and/or sex therapist to previous question*

3) What do you need to protect the confidentiality of your clients and still collect your fee from third parties?

**This question only displayed if participant answered yes to the previous question*

KAP Among Professionals Continued

4) How often are third party payment reporting requirements a barrier to your abilities to provide quality services to marginalized clients?

Never

Sometimes

About half the time

Most of the time

Always

**This question only displayed if participant answered counselor, psychologist, social worker, marriage and family therapist, physician, nurse, massage and/or body worker, and/or sex therapist to question 2 of this section*

5) How many years have you been working as a professional?

6) Do you hold a state/country/provincial license for your profession?

Yes

No, I don't have a license but my field has licensure

No, my field doesn't have licensure

7) For which are you qualified based on your license?

Independent practice

Supervised practice

**This question only displayed if answered yes to the previous question*

8) Do you have certifications other than a license? Please list them if so.

No

Yes _____

9) What is the highest degree you hold?

Less than high school

High school graduate

Some college

2 year degree

4 year degree

Professional degree

Doctorate

KAP Among Professionals Continued

10) In what type of setting do you work? (select all that apply)

Medical center

Counseling center

College/University

Private Practice

Corporation

Consultant

Community mental health center

Government (not VA)

VAVA medical center

Psychiatric hospital

Private office

Other (specify) _____

11) What type of area do you predominantly work in?

Rural

Urban

Suburban

Other (specify) _____

Kink CNM Section

1) To your best estimate, what percent of your clients identify as kink or CNM involved?

Kink - Percent 0-100 _____

CNM - Percent 0-100 _____

2) What percent of your clients present with concerns related to kink/CNM behaviors/relationships?

Kink - Percent 0-100 _____

CNM - Percent 0-100 _____

Clients report kink or CNM, but their concerns are not related to their alt-sex interests

3) Do you consider yourself to be? (select all that apply)

Kink-aware

CNM-aware

Kink-friendly

CNM-friendly

None of the above

Other

KAP Among Professionals Continued

4) Other than NCSF's list of kink aware providers, do you advertise your services as kink aware of for the Kink / CNM communities?

No

Yes

**This question only displayed if participant did not selected none in question 3 of this section*

5) Does your employer know you're a Kink / CNM aware or friendly professional?

No

Yes

Unsure

**This question only displayed if participant did not select none in question 3 of this section*

6) Have you experienced stigma as a Kink / CNM aware professional?

No

Yes

7) Please share about how you've experienced stigma as a kink/CNM aware professional.

**This question only displayed if participant answered yes to the previous question*

8) To what extent do you feel that kink aware professionals should be responsible for furthering the kink or CNM competence of fellow professionals?

Definitely responsible

Somewhat responsible

Neither responsible nor irresponsible

Somewhat not responsible

Not at all responsible

9) When in your professional career did you become Kink / CNM Aware?

Before beginning

During formal schooling

During internship/rotations

On the job: (new professional: 0-10 years)

On the job: (mid-career: 11-25 years)

On the job: (late-career: 25+ years)

Other _____

KAP Among Professionals Continued

10) What kind of kink or consensual non-monogamy education have you received? (select all that apply)

Information from clients

Continuing Education Credits

Graduate Training

Online training (not CE bearing)

Self-education from academic sources

Self-education from non-academic sources

Kink or CNM community educational resources

Kink or CNM community events (e.g., conventions, roundtable discussions)

Pornography

None of the above

Other (specify) _____

11) Approximately how many continuing education credits have you completed related to kink / CNM?

Kink _____

CNM _____

12) How available do you think are kink / CNM related continuing education opportunities? (Rated on 5-point Likert scale from "none at all" to "a great deal")

Kink

CNM

13) Are you on NCSF's Kink and Polyamory Aware Professionals List?

No

Yes

I didn't know such a thing existed

14) Are you on Psychology Today's "Sex-positive, Kink Allied" List as a Kink or Polyamory aware professional?

No

Yes

I didn't know such a thing existed

15) Are you on any other kink or CNM aware professionals list? (please specify)

No

Yes _____

16) What originally motivated you to sign up to be on a kink or polyamory awareness list?

**This question only displayed if participant answered yes to any of the three previous questions*

KAP Among Professionals Continued

17) Are you aware of Kink Aware Guidelines? (<https://www.kinkguidelines.com/>)

No

Yes

18) Are you aware of the APA Division 44: CNM Committee's recommendations? (<https://ncsfreedom.org/wp-content/uploads/Casio/11/CNM Mental-Health-brochure-6.15.21.pdf>)

No

Yes

**This question only displayed if participant answered counselor, psychologist, social worker, marriage and family therapist, physician, nurse, creative therapist, and/or sex therapist to question 2 of this section*

19) What kind of training do you think is required to be considered a Kink / CNM Aware Professional? Rate from most necessary to least.

University/college training

Continuing Education workshops

Experience with clients

Reading current research

Workshops provided by Kink / CNM community groups

Play events provided by Kink / CNM community groups

Personal experience with Kink / CNM

Reading first person accounts

Other

20) What kind of knowledge do you think is required to be considered a Kink / CNM Aware Professional? Rate from most necessary to least.

Consent

Skills with toys

Navigating stigma and Discrimination from others

Navigating one's own privileges and biases

Relationship dynamics

Communication skills

Edge play

Terminology

Personal experience

Community etiquette

Current research

Tolerance of others

Cultural competence in particular marginalized communities

Training in intersectionality theory

Other _____

KAP Among Professionals Continued

21) What kind of knowledge do you think professional who aren't Kink / CNM aware need to understand in order to serve Kink / CNM clients? Rate from most necessary to least.

- Consent
- Skills with toys
- Navigating stigma and Discrimination from others
- Navigating one's own privileges and biases
- Relationship dynamics
- Communication skills
- Edge play
- Terminology
- Personal experience
- Community etiquette
- Current research
- Tolerance of others
- Cultural competence in particular marginalized communities
- Training in intersectionality theory
- Other _____

22) How likely is it that you would join an on-line peer support/supervision group for dealing with issues of professional practice and lifestyle participation if you could find one?

Extremely unlikely

Somewhat unlikely

Neither likely nor unlikely

Somewhat likely

Extremely likely

23) Please explain why you would be likely/unlikely to join such a support/supervision group.

KAP Among Professionals Continued

Attitudes Section

Attitudes Towards BDSM Scale (Kelsey et al. 2013)

Below we use the phrase BDSM to refer to bondage/discipline, domination/submission, and sadomasochism. Please rate your agreement with each statement below. Ratings on a 5-point Likert scale where 1 = strongly disagree, 2 = somewhat disagree, 3 = unsure, 4 = somewhat agree, and 5 = strongly agree.

- 1) Kink/BDSM is a orientation like heterosexuality.
- 2) Most Kink/BDSM practitioners have a history of childhood abuse.
- 3) A person's interest in kink/BDSM is innate, more than just a matter of choice.
- 4) Kink/BDSM is caused by maltreatment during childhood.
- 5) Kink/BDSM can be part of a health long-term relationship.
- 6) People can engage in kink/BDSM without being physically harmed.
- 7) Most practitioners of kink/BDSM are psychologically health individuals.
- 8) Psychologically healthy individual does not engage in kink/BDSM activities.
- 9) Sexual masochism can be practiced in healthy ways.
- 10) People can engage in kink/BDSM without experiencing emotional problems.
- 11) Sexual sadism is unhealthy.
- 12) People who engage in kink/BDSM are more likely to become involved in domestic violence.
- 13) Individuals who engage in sexually sadistic behaviors are likely to be abusive in other areas of their lives.
- 14) Parents who engage in kink/BDSM are more likely to abuse their children.
- 15) People who engage in submissive behaviors suffer from poor self-esteem in other areas of their lives.
- 16) People who engage in sexually dominant behaviors are aggressive in other areas of their lives.
- 17) Kink/BDSM interests can be eliminated through psychotherapy.
- 18) It could be helpful to refer individuals troubled by their kink/BDSM desires to a kink/BDSM support group.
- 19) Kink/BDSM should be eliminated through psychotherapy.

KAP Among Professionals Continued

Attitudes Towards Polyamory Scale (Johnson et al. 2015)

Below we use the phrase CNM to refer to consensual non-monogamy. Please rate your agreement bondage/discipline, domination/submission, and sadomasochism. Please rate your agreement with the below statements. Ratings on a 5-point Likert scale where 1 = *strongly disagree*, 2 = *somewhat disagree*, 3 = *neither agree nor disagree*, 4 = *somewhat agree*, and 5 = *strongly agree*.

- 1) Polyamory/CNM is harmful to children.
- 2) Polyamorous/CNM relationships can be successful in the long term.
- 3) I think that committed relationships with more than two individuals should have the same legal rights as married couples.
- 4) People use polyamorous/CNM relationships as a way to cheat on their partners without consequence.
- 5) Assuming I had children, I would allow my children to spend time with a peer who had polyamorous/CNM parents.
- 6) Polyamorous/CNM relationships spread STIs (sexually transmitted infections).
- 7) Religious forms of polyamory/CNM (such as polygamy) are acceptable.

APPENDIX B

DEMOGRAPHICS AMONG HEALTH PROFESSIONALS

752 PARTICIPANTS

IDENTIFIED AS WORKING IN A HEALTH PROFESSION

Table 1: Health Professionals' Demographics

Variable	n	%
Gender		
Cisgender Man	290	38.6
Cisgender Woman	352	46.8
Gender diverse ¹	108	14.3
Sexual Orientation		
Sexually diverse ²	106	14.1
Bisexual/Pansexual	122	16.2
Lesbian/Gay	64	8.6
Heterosexual	354	47.1
Multiple identities	103	13.7
Race		
American Indian or Alaska Native	16	2.1
Arab, Middle Eastern or North African	8	1.1
Asian or Asian American	29	3.9
Black/African American	24	3.2
Latino/e or Hispanic Origin	12	1.6
Multiracial	119	15.8
Native Hawaiian or Pacific Islander	2	0.3
White/European American	526	69.9
Another not listed	11	1.5
Prefer not to answer	3	0.2
Relationship Structure		
Monogamous	202	27.0
Kink	36	4.8
Consensual Non-Monogamy	109	14.6
Questioning/Exploring in Kink	10	1.3
Questioning/Exploring in Relationship Structures	17	2.3
Other Relationship Structure	2	0.3
Multiple	368	49.3
Prefer not to answer	3	0.4
Country		
United States	649	86.3
Other	93	12.4

¹Gender diverse: Trans, agender, nonbinary, gender queer, or other

²Sexually diverse: Asexual, demisexual, queer, heteroflexible, or other

Survey respondents were primarily identified as White (69.9%), cisgender women (46.8%). Age ranged from 19 to 79 years old (M = 36.05; SD = 11.25). Sexual orientation was varied, with the largest group being heterosexual individuals (47.1%), with bisexual/pansexual (16.2%) and sexually diverse (13.7%) following. The largest age categories of participants were 36-50 years (37%) and 25-35 years (31%). Most of the participants lived in the United States (86.3%).

Table 2: Education and Disciplines of Health Professionals

Variable	n	%
Health Profession		
Counselor	100	13.3
Psychologist	99	13.2
Social Worker	70	9.3
Marriage and Family Therapist	75	10
Physician	39	5.2
Nurse	12	1.6
Creative Therapist	5	0.7
Massage Therapist and/or Body Worker	65	8.6
Sex Therapist	14	1.9
Multiple	273	36.3
Mental Health	156	20.7
Medical	11	1.5
Mixed Mental Health and Medical	106	14.1
Accept Third Party Payment		
Yes	322	42.8
No	420	55.9
Frequency of Third Party Payment as Barrier		
Never	244	34.3
Sometimes	305	42.9
About Half the Time	108	15.2
Most of the Time	43	6.0
Always	11	1.5
Work Setting		
Medical Center	50	6.7
Counseling Center	36	4.8
College/University	25	3.3
Private Practice	289	38.6
Corporation	23	3.1
Consultant	15	2
Community Mental Health Center	44	5.9
Government (no VA)	7	0.9
VA/VA Medical Center	17	2.3
Psychiatric Hospital	3	0.4
Private Office	35	4.7
Another Not Listed	8	1.1
Multiple Responses	196	26.1
Aware of APA Division 44: CNM Committee's Recommendations		
No	350	58.8
Yes	245	41.5

Note. CNM is used as an abbreviation for consensual non-monogamy.

Table 3: Health Professionals' Education, Region, and Awareness

Variable	n	%
Degree		
Less than high school	6	0.8
High school graduate	26	3.5
Some college	71	9.5
2 year degree	76	10.1
4 year degree	83	11.1
Professional degree	354	47.1
Doctoral degree	132	17.6
Work Region		
Urban	442	58.8
Rural	82	10.9
Suburban	175	23.3
Other	46	6.1
Kink Awareness/Friendliness		
Neither aware or friendly	36	5.5
Aware only	7	1.1
Aware and friendly	8	1.2
CNM Awareness/Friendliness		
Neither aware nor friendly	116	17.6
Aware only	170	25.8
Aware and friendly	23	3.5
Kink & CNM Awareness/Friendliness		
Neither aware nor friendly	65	9.9
Aware	16	2.4
Aware and friendly	217	33.0
When in Career You Became Kink & CNM Aware		
Before beginning	178	42.2
During formal schooling	54	12.8
During internships/rotations	41	9.7
0 - 10 years on the job	108	25.6
11 - 25 years on the job	34	8.1
25+ years on the job	7	1.7

Note. CNM is used as an abbreviation for consensual non-monogamy. For Kink & CNM Awareness/Friendliness, 140 participants did not respond to this question.

Table 4: Health Professionals' Percentage of Clients with Alt-Sex Involvement

Variable	Mean	SD
Percentage Clients Alt-Sex Involvement	33.1	21.5
Percentage Client Alt-Sex Concerns	24.6	19.8

Table 5: Health Professionals' Practice in Relation to Alt-Sex

Variable	n	%
Kink & CNM Education Received*		
Formal	46	11.0
Informal	35	8.4
Both	333	79.9
None	3	0.7
Experienced Stigma*		
No	339	68.3
Yes	157	31.7
Advertise as Kink & CNM Aware*		
No	172	39.5
Yes	263	60.5
Employer Knows Kink & CNM Aware*		
No	84	20.0
Yes	290	69.2
Unsure	45	10.7
Subscribe to NCSF's KAP Aware Professionals List		
No	228	32.0
Yes	427	60.0
Didn't know that existed	32	4.5
Listed on Psychology Today's "Sex-positive, Kink Allied" List		
No	296	41.3
Yes	283	39.5
Didn't know that existed	111	15.5
Aware of Kink Aware Guidelines		
No	309	46.3
Yes	358	53.7
Aware of APA Division 44: CNM Committee's Recommendations		
No	350	58.8
Yes	245	41.5

Note. CNM is used as an abbreviation for consensual non-monogamy.
 *Frequencies among those who identified as Kink and/or CNM aware and/or friendly.