WHAT PROFESSIONALS NEED TO KNOW ABOUT KINK

NCSF

national coalition for sexual freedom inc.

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WHAT PROFESSIONALS NEED TO KNOW ABOUT KINK

The National Coalition for Sexual Freedom has created this resource to provide information for professionals of all types, including mental health, medical, and legal professionals. This resource includes information on various kinds of intimate and erotic behaviors that fall under the umbrella of “Kink.” The science supports the health and well-being of those who engage in kink, yet has found a negative impact caused by stigma and discrimination. Read on to learn more about your clients’ challenges and issues, and how you can help this underserved population.

DEFINING KINK

Kink is the umbrella term for a wide variety of alternative sexual behaviors, identities, relationship structures, and erotic interests, including BDSM (Kleinplatz et al., 2006; Simula, 2019). It is impossible to enumerate all possible fantasies and behaviors that fall under the term kink.

Kink involves more than conventional sexual stimulation of the breasts and genitals, though intercourse and oral sex is included by many practitioners—up to 90% of the respondents according to one NCSF survey (Bowling, 2020). Different aspects of kink may include:

1) **Sensation play:** the giving and receiving of intense stimulation designed to impact the body, mind and/or emotions in a certain way,
2) **Power exchange:** the formal giving and taking of erotic and sexual control,
3) **Role play:** in which fantasy roles are undertaken, often with power, gender, age and other dimensions and fetishistic attire and props used to emphasize the intensity of the enactments, and
4) **Bondage and restraint:** which may involve rope, toys or manual restraint.

These identifiers are used by the clubs and businesses that serve consenting adults who are the constituents of NCSF, but it is important to recognize that many people do not identify as "kinky" even though they engage in these erotic behaviors. Sexual Diversity in America found that while up to 30% of adult Americans engage in behavior like spanking, 22% in roleplay, and 20% in bondage, less than 8% of respondents engage in the on-line or face-to-face communities of like-minded people by attending an educational workshop or party (Herbenick et al., 2017). The result is that millions of people haven't received any education about consent or skills. This is a gap in education that professionals can fill.

This guide discusses the more common behaviors involved in Kink. For a detailed discussion of consensual non-monogamy and polyamory, please see NCSF's pamphlet on What Professionals Need to Know About Consensual Non-Monogamy. These are separate communities with considerable overlap.

TYPES OF KINK

Alternative Sexuality (Alt-sex)
An umbrella term for a wide range of sexual and relationship practices between consenting adults, including consensual non-monogamy and kink.

BDSM
These initials stand for Bondage and Discipline, Sadism and Masochism, Dominance and Submission. Bondage is the practice of tying up or restraining a partner. Discipline includes commanding, supervising, punishing, or controlling one's partner. Sadism involves physically stimulating one's partner or emotionally stimulating them through humiliation or objectification play.

Masochism is consensually receiving intense stimulation, pain or humiliation. Dominance involves assuming a superior role and directing the action, while submission is assuming a subordinate role directed by others.

Cross-dressing

Some people assume identities and the appearance of different genders without identifying as transgender. There are many different reasons for cross-dressing, including: comfort and preference, gender exploration, enjoyment of violating social norms, or for erotic pleasure.

Exhibitionism

Within a kink context, this is the consensual act of exposing one's body in a public or semi-public place.

Fetishes

A sexual interest in objects like a body part (feet, hair) or accessory (latex, high heels). Fetishes range from highly specific fixations on a particular object to mild preferences.

Leather

This refers to a community of like-minded individuals who value loyalty, respect, honor and service. Founded by gay leather motorcycle clubs that rose after WWII (sometimes referred to as the Old Guard) this ethos has been adopted by a wide range of people of all sexual orientations and genders.

Power Exchange

This takes place after discussion and negotiation wherein one person agrees to submit to specific activities and the other agrees to be in control for a certain period of time. Communication takes place before, during and after to ensure consent.

Role Play

This is assuming an identity for a specific erotic interaction. Traditional examples of roleplay include: French Maid, schoolgirl and teacher, doctor and patient, boss and secretary.

Voyeurism
In a kink context, this is the consensual act of observing someone's body or intimate acts.

There are more ways to be kinky and to inhabit one of the above categories than space will permit. Keep in mind that what one of these may mean can be different for different people and this guide is a starting place. Explored individually what these mean for clients you work with.

TERMS YOU NEED TO KNOW

The first step in being able to communicate is to share an understanding about what words mean. The kink subculture has its own language that differs from mainstream definitions. For example, a "slave" in a kink context is someone who has consensually allowed another person to control certain aspects of their life, while retaining the ability to withdraw consent to the agreement at any time. This meaning is not the dictionary definition of "slave" with its inherent nonconsensual and historical frame of references. Many of the common terms in the kink communities have a transgressive or taboo reference, which in itself may heighten the participant's sexual response.

Explicit Prior Permission (EPP)
To get consent to kink requires:
1. You agree to specific acts and the intensity of those acts before you start.
2. You agree what roleplay resistance is ok to ignore.
3. You have to have a way to stop at any time, like a safeword or safe signal.
4. You are of sound mind.
5. You aren't allowed to risk seriously injuring someone.

While this is not an exhaustive list, it does help acquaint a professional with some of the important language of kink communities.

Aftercare	Emotional and physical care after a scene that is agreed to prior to beginning. Usually in reference to a top taking care of a bottom but sometimes the reverse. Aftercare often includes touching base with a play partner the next day.
Age Play	A roleplay interaction where one adult takes an older role and another adult takes a younger role. This roleplay may be a sexualized relationship or it may not. This activity does not ever include minors.
Bottom	Person receiving the action in a scene. May or may not take on a submissive role.
Collar	A collar is often used to indicate some form of committed relationship, usually in a power exchange relationship. In some cases, it is analogous to a wedding ring.
Consensual Nonconsent (CNC)	The bottom agrees that they will refrain from withdrawing consent once the specific acts have been negotiated and limits are agreed upon. However, CNC participants should still have a safeword to use in case of harm occurring or the need for the interaction to stop. Legally, for erotic acts to be consensual, you have a way to stop at any time.
Contract	A written agreement outlining the limits set by each participant including the structure, guidelines, rules, responsibilities, and boundaries of the relationship. A kink contract is not legally binding.
Dominant	A person who has negotiated authority over a submissive in a scene or relationship.

Drop	Also called sub-drop, top-drop or x-drop. A state of physical or emotional exhaustion due to intense stimulation which can be experienced by both tops and bottoms. Most common after particularly intense scenes (even if the scene was thoroughly enjoyed). Drop can include: sadness, remorse or guilt, physical shaking or chills, crying, and simple but profound exhaustion.
Dungeon	A semi-public play space where BDSM play can take place. Also known as a Play Space.
Dungeon Monitor (DM)	Sometimes referred to as a DM or Play Space Monitor. A person who supervises the interactions between participants at a play party to enforce the rules. Trained in first aid and safe play, they can interrupt a scene if they see something dangerous.
Edge Play	Activities that have a higher level of risk, like play piercing.
FetLife	Similar to Facebook for the kink community, this website provides ways to meet other kinky people, find out about educational offerings, and access support through discussion boards. www.fetlife.com
Impact Play	Using hands or other implements like canes or floggers to impact the body.
Lifestyle	Can refer to the kink subculture or the swinger subculture.
Limit	Boundaries set on behaviors, words, and interactions that are non-negotiable.
Master/slave	A consensual, negotiated non-egalitarian relationship dynamic. It is important to know what this means to each of the participants prior to agreeing to the relationship.
Negotiation	Process of discussing and agreeing upon kink activities as equals before beginning. See also: Consent.

Outing	The nonconsensual disclosure of someone's involvement in kink to their family, friends, co-workers, or in public.
Pansexual	A person who may feel attraction to individuals at any point on the gender identity spectrum and anywhere on the sexual orientation spectrum.
Play	A session of kink activities, typically defined within a period of time. Also referred to as a scene.
RACK	An acronym for Risk Aware Consensual Kink.
Safe Call	A safety protocol used when meeting a new play partner privately for the first time. It usually involves a phone call at a pre-arranged time, to a prearranged person, using special code words to let them know that everything is fine. If the call is not made, or if prearranged codes are not exchanged, the police are contacted.
Safeword	An agreed upon word or signal that can stop an activity at any time. Common safewords include "safeword" as well as a traffic light system where "red" means stop, "yellow" means slow/need a break, "green" means more/harder. A safe signal is used when someone is gagged. A safeword is required when doing any erotic force or restraint.
Scene	1) A session of BDSM activities, typically defined within a period of time, or 2) The kink subculture.
Sensation Play	Manipulating sensations, either adding in a sensual way or depriving of them though the use of blindfolds and gags.
SSC	An acronym for Safe, Sane, and Consensual.
Sub-space	A trance-like state induced by the body's endorphins that are released in response to pain, pleasure, or other intense sensations.

Submissive	Person who accepts the dominance or power that is consensually exerted over them by their partner.
Switch	A person who can take on both the top/bottom and dominant/submissive roles at different times or with different people.
Top	Person doing the action in a scene. May or may not also take a Dominant role.
Vanilla	A descriptive term used to describe activity that does not fall within the spectrum of kink activities, including vaginal and anal intercourse, and oral sex.

CONSENT

Consent to kink must be given explicitly to specific acts, along with their intensity, prior to beginning. Professionals need to be aware that there is a difference between true consent and coerced "consent." Power dynamics shouldn't be imposed on someone else. Until recently, there was no definition of affirmative consent for adults who engage in force or restraint during erotic power exchange and roleplay, resulting in two public health issues:

1) The criminalization of common, consensual erotic behaviors. Outdated U.S. case law has established, based on moral objections, that consent is not a defense to the use of force or restraint in an erotic context, including for mild non-injurious activities. This criminalization causes discrimination and stigmatization, which can lead to mental health issues and barriers to services for many people.

2) Sexual assault and assault are not prosecuted in this context. Law enforcement and prosecutors ignore this case law, and assume that someone who is injured or sexually violated during the use of erotic force or restraint "must have asked for it."

These public health issues demonstrated the need for a clear legal framework that differentiates consensual, noninjurious erotic activities from abuse and violence, so that reports of sexual assault and assault can be addressed. The American Law Institute grappled with these issues for six years and recently approved Section 213.10 of the Model Penal Code on Sexual Assault: "Affirmative Defense of Explicit Prior Permission."

- Explicit Prior Permission for consent to BDSM requires that: Everyone involved is informed of the risks and freely agrees to specific acts and the intensity before engaging in erotic force or restraint.
- There must be a way to stop at any time, and participants must be over 18 and of sound mind.
- Explicit Prior Permission prohibits serious physical injury, including permanent marks and impairment, or the risk of a life-threatening injury.

EXPLICIT PRIOR PERMISSION

According to Section 213.10 of the MPC on Sexual Assault, you may personally give another person explicit prior permission to use or threaten to use physical force or restraint, or to inflict or threaten to inflict any harm in connection with an act of sexual penetration, oral sex, or sexual contact, as long as it doesn't cause serious injury. Permission is "explicit" under subsection (1) when it is given orally or by written agreement:

(a) specifying that the actor may ignore the other party's expressions of unwillingness or other absence of consent;
(b) identifying the specific forms and extent of force, restraint, or threats that are permitted; and
(c) stipulating the specific words or gestures that will withdraw the permission.

SEXUAL CHOKING

Some people mistakenly consider sexual choking to be “kink” behavior; however, choking was not taught in foundational S/M, Kink, BDSM, or Leather Manuals. For example, there is no handkerchief color for breath play or choking in Samois’s What Color is Your Handkerchief? (1979). Historically, stance of most kink groups has been that choking is not allowed at events due to the liability risk. As of 2024, none of NCSF’s 57 Coalition Partner groups that serve kink practitioners were holding workshops on how to choke someone.

Outside of the kink communities, the popularity of sexual choking has grown rapidly in the past several years among adults under the age of 40. In 2021, a campus-representative survey of over 4,200 University students found that most of the choking participants (88.9%) understand that people can die from being choked during sex, yet 37.5% said choking was safe and half (49.6%) reported that they knew how to engage in choking safely (Herbenick, 2025).

However recent research has confirmed there is no safe way to choke someone. Cutting off the blood from the brain can potentially cause physical harm, such as brain damage or cardiac arrest (Bichard, 2022). Being choked is also associated with mental health issues, including feeling depressed, anxious, sad, and lonely (Herbenick, 2021). Repeated choking seems to compound these harms, increasing the risk of impairing working memory for verbal and visual tasks (Hou, 2023).

It’s also important to note with clients that even with consent, sexual choking is illegal under Appellate case law (Sunny Sky Stone v. Oregon, 2023), Federal Law, the UCMJ and Explicit Prior Permission. Almost all U.S. States have anti-strangulation laws due to the ultrahazardous risks of choking. In addition to criminal charges being filed, Personal Injury Payout demands are increasingly being awarded to people who have been injured for

payment of medical bills, suffering, and time off work.
NCSF's Choking Survey (2026) examined alt-sex practitioners' perceptions of health risks related to sexual choking, along with their sources of information and risk mitigation strategies. It's notable that nearly half of respondents who engaged in choking did not receive information about safety or consent prior to choking or being choked the first time. Many participants stated they stopped engaging in choking after they discovered the health risks involved, therefore sex therapists and sex educators should refrain from normalizing and encouraging sexual choking from fear of "kink shaming" clients. Instead, they need to clearly distinguish between nonharmful kink practices and those that can seriously injure someone, and keep hazardous acts as fantasy or roleplay only.

Education must address the fact that many participants seemed to understand that choking is dangerous in general, while simultaneously believing that their own abilities such as knowledge, communication practices, training, or experience have reduced their personal likelihood of harm. This education should explore how beliefs of exceptionalism can lead to complacency, which was found in these survey results in the reported lack of a risk mitigation plan specific to choking in case something goes wrong.

Educational interventions can include harm-reduction suggestions, such as neck holding rather than squeezing or applying pressure in order to simulate the act of choking. Other alternatives include: rebreathing breath play, jaw holding, the non-asphyxiating use of gags, hoods, or collars, pressure on the collar bone as opposed to the neck, as well as the use of corseting to replicate the light-headed feeling often sought through sexual choking.

BEST PRACTICES FOR CONSENT TO KINK

1. All activities must receive Explicit Prior Permission by verbal or written agreement rather than through gestures, body language or past behavior.

2. Informed consent requires a discussion of the risks involved in the activity and the steps that are needed to reduce those risks including: study, training, technique and practice.

3. Everyone should fully understand both the desires and the boundaries of the other participants.

4. Everyone should freely consent to who will be involved prior to beginning.

5. Everyone is free to withdraw prior consent at any time during the activity.

6. Everyone should have an agreed upon word or signal (called a “safe word”) to clearly express their desire to stop, even if it’s simply “stop” or “no.”

7. Consent must be freely given, and not coerced, forced or manipulated from someone.

8. Each person should understand everyone’s limitations or barriers to their ability to consent to the planned activities, such as age, diminished mental capacity, or use of drugs or alcohol.

9. Don’t re-negotiate in the middle of your scene unless it is to reject activities that were previously agreed to. A person who is in an altered state of mind may not be able to give informed consent.

10. Anything that results in serious bodily injury or that goes beyond the expectations of one of the participants may be deemed criminal, even where consent was given. Serious bodily injury, as defined by the Model Penal Code on Sexual Assault, means injury which creates a substantial risk of death or which causes serious, permanent disfigurement, or protracted loss or impairment of the function of any bodily member or organ.

CONSENSUAL KINK vs. INTERPERSONAL VIOLENCE

Consensual	Abuse
• You have clearly discussed how to stop what is happening. • You negotiate as equals prior to the beginning of the exchange. • You have enough information to know what you're agreeing to do. • You set your own limits, and your partner(s) set theirs. • Your limits are respected. • You can express your feelings. • You can speak to whomever you choose. • You understand and agree to the risks involved.	• You can't stop what's happening even if you want to. • You have no understanding of what will happen and no chance to agree or refuse. • Your questions aren't answered truthfully. • You are tricked, coerced or pressured into doing things. • You are forced to drink or take drugs, or necessary medication is withheld. • You are afraid to be honest about what you think and feel. • You are isolated and cut off from outside support, information or counsel. • You are threatened or can't leave.

Encourage the adoption of an Exit Strategy and strategies for STI protection for clients who engage in kink. For example:

- You can create the ability to leave before or during any activities through a pre-arranged word.
- You do not have to justify or validate the different reasons and/or need for an exit.
- You have the right to keep your exit strategy from being modified by anyone else.
- You have the right to choose your protection. Stealthing may not be illegal, but knowingly passing on an STI is illegal in 35 states.

CONSENT VIOLATIONS

NCSF's Consent Survey (Bowling et al., 2020) found that of 2,996 respondents, nearly 24% had been nonconsensually touched and 8% had touched others nonconsensually within an alt-sex context such as a social event or party. That is a 33% decline in 5 years, with NCSF's Consent Violations Survey (Wright et al., -2015) finding nearly 36% of the respondents reported being touched without permission at a kink meeting, club, munch, party or event. Almost one-third of these 2015 consent violations were a nonsexual touch while 38% involved sexual touching on breasts, genitals or buttocks. Multiple violations at different times were reported by 10% of the respondents.

The 2020 Consent Survey also found that 25.5% of the respondents reported their consent was violated during an alt-sex encounter. Of those, 3.9% suffered an injury during the consent violation. That is a decline of 20% compared to the 2015 Consent Violations Survey which found 29% of the 4,503 respondents reported that their pre-negotiated limits and/or their safeword have been violated.

Two-thirds of reported first consent violations occurred before they participated in the kink communities, or within the first three years of participation. One-fourth of the respondents said their pre-negotiated limits were violated before they started to participate on kink websites or attending a kink meeting, club, munch, party or event.

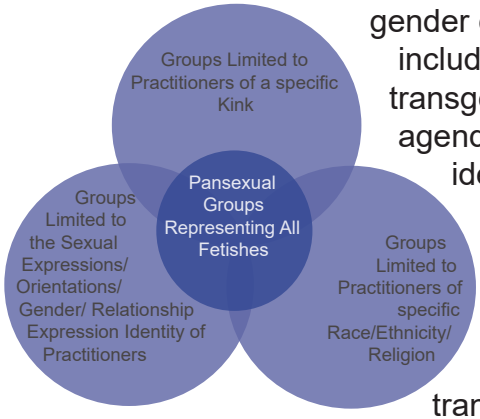
Privilege continues to play a role in consent violations with 20% (220 respondents in 2015) reporting that the person who violated their consent held a leadership role in a educational or social group or event at the time it happened. In 2022, NCSF's Incident Reporting & Response Report found that 20% of the consent violations that were reported were committed by community-organizers.

Among those who reported in 2015 that their limits or safeword were violated, 40% say it has happened to them once. 27% reported being violated twice, while 33% reported their limits have been violated three or more times.

COMMUNITY RESOURCES

Kink communities have sprung up in many locations in the United States, Canada, Australia, New Zealand, South Africa, Europe and the Middle East. It is helpful for practitioners to participate in community events in order to learn how to communicate about kink as well as learning how to process their feelings with other group members. Since the late 1990s, the kink communities have been Internet-based to facilitate in-person meet-ups and social events, enabling people to find ways to meet and learn more. This subculture overlaps significantly with others in which alternative lifestyles are accepted, such as LGBTQIA+ and consensual non-monogamy communities.

The kink communities are best thought of as a complex overlapping Venn diagram, with many groups and events who serve different kinks. People of all sexual preferences and gender expressions are involved, including straight, gay, lesbian, bi, transgender, gender non-conforming, agender, aromantic, and asexual identified people. Some kink communities are pansexual and welcome everyone, others specifically serve heterosexual/heteroflexible, bisexual, gay or lesbian, or transgender practitioners. Many have histories of mostly white participation, however more recently there is a growing social movement to emphasize Diversity, Equity and Inclusion in order to serve increasingly racially diverse constituents. Indeed, people of all races,



nationalities, religions and political leanings engage in kink behavior, and some have conflicts between their desires and their belief systems.

NCSF is the only advocacy organization dedicated to the kink communities, and is entirely supported by our member groups and businesses, grassroots fundraisers, and volunteer efforts. Along with NCSF, organizations that engage in community-based research include:

CARAS - CARAS is dedicated to the support and promotion of excellence in the study of alt-sex behaviors and the dissemination of results to the alt-sex communities, the public and the research community.

TASHRA - TASHRA is a community-based 501(c)(3) non-profit, founded in 2012, that strives to improve the physical and mental health of adults who engage in consensual and alternative sexual practices including kink, BDSM (bondage/discipline, domination/submission, sadism/masochism), and sexual fetishism.

The Leather Archives & Museum was founded in 1991 as a community archives, library, and museum of leather, kink, fetish, and BDSM history and culture. Making leather, kink, BDSM, and fetish accessible through research, preservation, education and community engagement.

Science of BDSM Team - The Science of BDSM Research Team is led by professor of social psychology, Dr. Brad Sagarin, and composed of academics and community members. Members of the team include graduate and undergraduate students in a variety of fields, professors of psychology, clinical psychologists, and kinky people who are interested in supporting research. The team aspires to produce and disseminate quality research on BDSM (bondage/discipline, dominance/submission, sadism/masochism), and kink related topics.

Prevalence

Sexual Diversity in America is the definitive prevalence survey in the United States which found that 30% of adult Americans engage in spanking, 22% in roleplay, 20% in bondage, and almost 13% in playful whipping. Less than 4% have attended a BDSM party.

In Canada, Joyal & Carpentier's provincial survey (2017) found nearly half of the sample expressed interest in at least one paraphilic category, and approximately one-third had had experience with such a practice at least once. Voyeurism, fetishism, frotteurism, and masochism interested both male and female respondents at levels above what is usually considered to be statistically unusual (15.9%). Interestingly, levels of interest in fetishism and masochism were not significantly different for men and women. Masochism was significantly linked with higher satisfaction with one's own sexual life.

A U.S. survey about sexual fantasies, while not a representative sample, found that the erotic use of force is a common American fantasy (Lehmiller, 2018). When asked to describe their favorite sexual fantasy of all time, the second most common theme was being "forced" to have sex (61% of women, 54% men, and 68% of nonbinary participants) or "forcing" someone to have sex (20% of women, 38% of men, and 38% nonbinary participants). Most fantasies about forcing someone made it clear that they didn't want to assault their partner (e.g., "they secretly want it").

Psychological Health

Both the American Psychiatric Association's Diagnostic and Statistical Manual (DSM-5-TR) and the World HealthOrganization's proposed International Statistical Classification of Diseases and Related Health Problems - 11(ICD - 11) make clear that consensual kinky practices are not, in and of themselves evidence of psychopathology. They only merit clinical attention when clients

report substantial subjective distress and/or impairment in work or life functions attributable to their sexuality. This does not include the consequences of stress from societal stigma.

Evidence suggests kink practitioners are not at significant risk for psychological dysfunction or violence perpetration. Across a number of studies, kink practitioners often score lower or equal to nonpractitioners on a variety of applicable measures (Connolly, 2006; Cross et al., 2006; Ritchers et al., 2008). More specifically, regarding psychological functioning, when compared to non-practitioners, kink practitioners have exhibited equivalent or healthier levels of depression, anxiety, self-esteem, distress, sexual difficulties, obsession-compulsion, attachment styles, post traumatic stress, family background, paranoia, borderline personality disorder, and “mental instability” (Connolly, 2006; Cross et al., 2006; Powell, 2010; Sandnabba et al., 2002; Ritchers et al. 2008; Wismeijer et al., 2013).

NCSF’s Psychological Functioning and Violence Victimization and Perpetration in BDSM Practitioners survey of 800+ practitioners (2015) found as a whole:

- Participants were well functioning, with few mental health concerns, beneficial emotional and cognitive tendencies, a positive LGB identity, and healthy romantic relationships
- Many aspects improved with age, meaning younger participants experienced more psychological dysfunction than older participants
- Other facets of functioning did not show overarching patterns by gender or sexual orientation

Further, concerning violence proneness, when compared to nonpractitioners, kink practitioners have scored equal or lower on psychopathological sadism and masochism, hostility, authoritarianism, and psychopathy (Connolly, 2006; Cross et. al 2006). NCSF’s 2015 survey found that the majority of participants had been victims of violence but were not prone to perpetrating violence, with low rates of aggression proneness, sexual aggression, and endorsement of rape myths.

STIGMA

Minority Stress Theory and investigations of multiple minority stress have outlined the impact of stigma, prejudice and discrimination on the health of sexual minorities (Meyer et al., 2013; McConnell et al. 2018). Sources of stress that affect physical and mental health beyond the stressors of everyday life include: institutional discrimination, interpersonal hostility and rejection, violence, the clash in values between a stigmatized social group and the larger society, anticipated stigma, and the stress of concealment and information management.

NCSF's research has found that kink practitioners were between two and three times more likely to be at elevated suicide risk compared to college student and community-dwelling adult comparisons (Cramer et al. 2017). Internalized stigma, shame and guilt were significant risk factors for elevated rates of suicidality in another sample of kink practitioners (Roush et al., 2017).

Key Points (Cramer, 2017)

As a whole, participants…

- **were more submissive than dominant in their BDSM identities, fantasies and activities.**
- **became aware of their BDSM interests in their late teens.**
- **had been engaged in BDSM for more than a decade.**
- **were active in the BDSM community.**
- **practiced by mindful philosophies (i.e., 'Safe, Sane, and Consensual', 'Risk-Aware Consensual Kink').**

DISCRIMINATION

Kinky people suffer discrimination and even criminal charges for engaging in consensual sexual activities that are different than traditional sexual behaviors.
The NCSF Violence & Discrimination Survey (2008) found that 1/3 of over 3,000 people surveyed suffered some form of discrimination or persecution. They lost their job or even their children because of the myths and stereotypes. Others suffered violence and were physically attacked because of the stereotypes.

Discrimination by Professionals (NCSF, 2008)

Medical Doctor 48.8%
Mental Health practitioner 39.3%
Police or govt. employee 25.4%
Other Professional Service 8.4%
Lawyer 7.8%
Other Personal service provider 6.1%
Dentist 1.7%
Building contractor 1.7%
Accountant 1.2%
Other 6.9%

Discrimination by Professionals

One major vulnerability for harm results from uninformed professionals perpetuating these prejudices inherent in society. Implicit experiences of prejudice such as micro-aggressions, lack of role models, and lack of social recognition are higher for this population:

- The need in social work, specifically, for awareness and research-informed training about BDSM and alternative relationship styles has been reported (Williams et al, 2015).
- “As a mental health professional I have witnessed misunderstandings and misdiagnoses by my colleagues for service users with alternate sexual practices.” (Wright, 2008)

The following statements are from In Their Own Words; quotes provided by respondents in the 2nd National Survey of Discrimination & Violence Against Sexual Minorities (Wright, 2008):

Discrimination by Law Enforcement Professionals

“I was raped by a roommate a year ago. The detective on the case was convinced that it was a scene just because I was involved with BDSM, and that I reported it as rape because I was a spiteful ex-girlfriend.”

“Police refused to make a report after being mugged.”

“Visited by police to check out our home due to complaints by local church group.”

Discrimination by Medical Professionals

“At a hospital, was asked to talk to a psych nurse because of my involvement in a loving BDSM relationship.”

“My doctor even though he was advised of my lifestyle decided that he would take it upon himself to call the police when I had bruises on me. It took me a long time explaining to the detectives as to why it wasn’t domestic violence. My husband was even brought in for questioning.”

“I have had one doctor ask me to find a new doctor once my sexual lifestyle was discussed.”

Discrimination by Mental Health Professionals

“My therapist suggested that I needed to go to a different therapist who could provide more intensive therapy for my BDSM lifestyle.”

“The therapist refused to continue to see me until I acknowledge that I was being ‘Abused’.”

“I was told by several mental health professionals that my desires to inflict pain on another, albeit willing participant, was deviant and I needed to deal with my anger and bigotry issues.”

“After finding out about my interest in BDSM, my psychiatrist stated that I ‘cannot be ruled out as a danger to myself or others due to her interest in BDSM’.”

Discrimination by Family Courts & Child Protective Services:

“Loss of custody and supervised visitation ordered because I was deemed to be in a ‘Perverse’ sexual lifestyle ‘outside of the confines of the social moral norm’...no kidding...that’s what the judge said.”

“My ex used the fact that I (and actually he at one point) enjoyed the BDSM lifestyle to mean that I was damaged, mentally ill, and violent and screwed up my custody. He now has legal custody because I ran out of money to fight.”

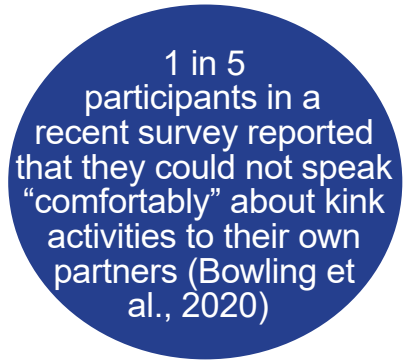
Discrimination by Legal Professionals

“Been asked by lawyer why dressed in leather and refused service when told that BDSM is my lifestyle.”

“I cannot be certain. However, it may be that a wrongful death claim/suit related to my mother’s death was advised by an attorney to be handled differently, or followed up inadequately with respect to directly relevant witness testimony, because of my involvement with and participation in, our local munch. (The man blushed to the ears at the mere word ‘kink’.)”

DISCLOSURE

When people are not out about their kink practices or involvement in the alt-sex communities, they may fear being discovered and shunned by people who disapprove. There can be added stress that comes with concealing this identity. In a recent NCSF survey, 1 in 5 participants in a recent survey reported that they could not speak "comfortably" about kink activities to their own partners (Bowling et al., 2020). Less than 1 in 10 reported they were comfortable speaking about kink with co-workers, while less than 13% reported they were comfortable speaking with family about it. Two-thirds said they were comfortable speaking with their friends.



These findings are similar to the reports received over 20 years earlier, in the Violence & Discrimination Against Sexual Minorities Survey (Wright, 1998). That survey asked: "Are you completely 'out' about your involvement in sexual minority practices?" with 62% of the respondents stating they were not "completely out."

Respondents to NCSF surveys are presumably aware of the potential benefits of being out to the communities in which they participate. However, stigma about kink and alternative relationship practices is still sufficiently robust that less than 68% of kink practitioners were comfortable disclosing to other kink practitioners. This finding implies that most participants face the costs of using stigmatized strategies for keeping their public and private lives separate, including compartmentalization, secrecy, lying, deception, and bring at least some ambivalence to situations in which they are tempted to disclose. For example, it is not uncommon for therapists to report that it may take some time in a therapeutic relationship for important material to be disclosed. As uncomfortable as it may be, this is a common aspect of alternative relationship styles, even for people who are open about other matters.

This common lack of disclosure about kink involvement means this population is vulnerable to "outing" which is when someone nonconsensually discloses a person's involvement in kink to their co-worker, family, friends, or in public. Typically outing occurs as a form of revenge, or as a coercive factor to blackmail someone for sexual favors or for money. The kink communities regard outing as a form of assault, even though there is nothing illegal about outing, due to the harm it does to someone. In 2022, NCSF's Incident Reporting & Response received reports from 20 groups and individuals who said they were outed or doxed, compared to 20 reports received in 2021, and 4 in 2020.

MENTAL HEALTH PROFESSIONALS

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR, 2022), defines paraphilias as:

> **"any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners."** (p. 779) **"A paraphilic disorder is a paraphilia that is currently causing distress or impairment to the individual or a paraphia whose satisfaction has entailed personal harm, or risk of harm, to others. A paraphilia is a necessary but not a sufficient condition for having a paraphilic disorder, and a paraphilia by itself does not necessarily justify or require clinical intervention."** (p. 780)

> **"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)

Those exploring or practicing kink are often stereotyped and face stigma by healthcare providers. Professionals also need to be aware of how a client's kink practices and identities intersect with their other demographics and identities (e.g. gender identity, race, ethnicity, nationality, socioeconomic status, religion, spirituality, ability, etc.) to potentially create unique experiences of prejudice or discrimination (Crenshaw 1989, 1990). A recent systematic review suggests a need to develop evidence-supported programs to assist sexual minority individuals in mitigating intersectional risks for mental health (Huang et al., 2020). Cultural humility, which encourages lifelong learning and an attitude of openness and humility in working with cultural differences, is a helpful framework for supporting a clinician's cultural competence in working with kink clients (Lekas et al., 2020; Tervalon et al., 1998).

Clinical Guidelines

Kink has not formally been recognized as a sexual minority or sexual orientation by the CDC or NIH, however there are clear empirical grounds for clinicians to approach the care of kink practitioners in the same way they would approach the care of other sexual minorities.

The American Psychological Association has approved professional practice guidelines in areas such as multicultural practice (APA, 2017) and working with lesbian, gay, bisexual, and transgender clients (APA, 2021; 2015).

A model for this can be found in The Kink Clinical Practice Guidelines, created by a team of highly experienced clinicians who explored what constitutes clinical best practices in working with those who are interested in kink. The guidelines range from understanding kink fantasies and behaviors, current research on psychology and kink, effects of stigma, the positive effects that can lead to healing, personal growth, and empowerment, and more.

Recommendations for supporting clients:

• **Education** - Look up information about kink rather than using time in session.
• **Avoid assuming monogamy** - Being married or partnered does not equate to monogamy.
• **Acknowledge stigma** - This may be causing/amplifying distress.
• **Avoid blaming kink** - Stress from societal stigma may be causing the problem.
• **Use inclusive language** - Ask about preferred language (i.e., partner(s), spouse, etc.).
• **Clarify agreements and terms** - Ask, do not assume; all kinks are unique.
• **Signal kink affirmation** - With statements and kink symbols.
• **Ask about sexual identity** - On forms and intake to avoid mislabeling.
• **Judgment and bias** - Avoid judgment, recommending a traditional relationship, or pressuring clients to disclose kink status.

Interpersonal Issues

Clinicians can assist clients with dealing with interpersonal issues that arise during a client's exploration of kink:

- **Developing boundaries and limits** - All healthy relationships require good skills in deciding on and maintaining one's boundaries and respecting others' boundaries.
- **Communication** - You can't have consent for kink without clear communication, but learning how to talk about needs and desires can be difficult.
- **Dealing with Change** - Transitioning from traditional sexual practices to exploring kink may mean that clients need assistance in navigating the feelings that arise.

Common topics addressed in therapy

- Boundary setting and communication
- Consent
- Risk assessment
- Creating and adjusting relationship agreements
- Disclosure about being kinky
- Disapproval from family and friends
- Coping with stigma and judgment
- Discrimination (e.g., employment, housing, custody)
- Safer sex considerations
- Finding resources and support

Negotiation

Encourage your clients to ask themself these questions and clarify with their partners prior to playing:

- Who will be involved or observing?
- What will we be doing?
- Where is it okay to touch?
- When is there a risk of injury or a health issue?
- Why are we doing this?
- How can we stop at any time?

Risks

All kink behaviors carry some risk, including the disappointments that more ordinary relationship behaviors carry, including:

- STIs can be transmitted, and if sexual intercourse happens, pregnancy can result
- Physical or emotional injury
- Being triggered by previous trauma
- Accidents and misunderstandings
- Disappointment when reality doesn't match fantasies

- Being victimized by someone who is ignorant, lacks self-knowledge, or is exploitive or manipulation
- Being ostracized from groups due to violation of social norms
- Being outed

MEDICAL PROFESSIONALS

Medical schools do not routinely include a discussion of kink in their sexual health curricula (Shindel, 2013) and kink is rarely included in continuing medical education offerings for clinicians. In addition, a review of the medical literature found no peer reviewed clinical research describing the physical health of kink-oriented individuals or their use of health care outside of mental health fields (Waldura et Al, 2015).

Injury

Kink activities are often designed to create powerful physical or psychological experiences and, as such, can pose health risks. For example, people who engage in kink could be at risk for health complications from kink behaviors, including bruising, broken skin, nerve damage, fainting or anal/vaginal trauma (Waldura et al, 2015). According to the Kink Health Study, 14% of their respondents had a kink-related injury or medical complication at some point in their lives, while 31% had discussed a kink-related health concern or question with a medical professional (Sprott et al, 2016). Despite the fact that a total of 44% of the sample had visited a doctor for a kink-related health concern, some of these people hid the origin of concern or injury. The stigma associated with kink may inhibit disclosure of possibly relevant sexual activity to health care providers (Eaton et al, 2015).

Explicit Prior Permission offers an affirmative defense for the use of erotic force or restraint with consenting adults, as long as there is no serious bodily injury. Serious bodily injury, as defined by the Model Penal Code on Sexual Assault, means injury which creates a substantial risk of death or which causes serious, permanent

disfigurement, or protracted loss or impairment of the function of any bodily member or organ.

The American Law Institute further states:

> It is therefore important not to stretch "serious bodily injury" under Section 213.10(3)(c) to include freely accepted physical discomfort, bruising and even sharper pain associated with paddling, slapping, handcuffing, and the like.

Mandatory Reporting

One area of concern for kink-oriented people is the issue of consensual kink activities being confused with intimate partner violence (IPV) or abuse (Pitagora, 2016). Distinguishing IPV from consensual kink activities has long been a clear point of activism within the organized kink communities, especially for discussing rights within the legal and social services systems (NCSF, 1998). Since there is little training to assist medical professionals in how to identify the difference between kink vs abuse, this can be a significant issue in regards to mandatory reporting.

Domestic violence, or intimate partner violence, affects approximately 41% of women and 25% of men in their lifetime, according to the CDC (2023).

Five states have no laws concerning domestic violence reporting requirements: Alabama, Louisiana, South Carolina, Washington, and Wyoming (Mandatory Reporting Training, 2023).

At least eighteen states and Washington D.C. require reports when there is reason to believe the patient's injury may have resulted from an illegal act, and some restrict reporting to illegal acts rising to certain levels (AZ, CA, CO, DC, ID, IL, IA, MA, MN, NE, NH, NC, ND, OH, OK, PA, UT, WV, WI).

At least seven states require healthcare providers to report

injuries that they have reason to believe resulted from an act of violence (FL, HI, MI, NE, NC, OH, TN). At least eight states require reports under circumstances in which the injury appears intentionally inflicted (AK, AR, CO, GA, HI, ID, NV, OR), and in nine states the gravity of the injury relates to the decision to report (AK, AZ, HI, IN, IA, KS, NY, NC, OH).

A few states have voluntary reporting provisions where domestic violence is concerned, while laws in Mississippi and Pennsylvania specify that any person may report abuse.

LEGAL PROFESSIONALS

The American Law Institute (ALI) is a research and advocacy group of judges, lawyers, and legal scholars established in 1923 to adapt U.S. common law to changing social needs. NCSF worked with the ALI to create the legal framework of Explicit Prior Permission for consent to kink in the revised Model Penal Code on Sexual Assault - Section 213:10.

Prosecutors haven't been pressing charges when crimes are committed that involve BDSM acts because they didn't have the legal framework to explain how consent is obtained and maintained when it includes the use or force or restraint. As a consequence, sexual assaults are under-reported when it involves kink practices. In the NCSF Consent Violations Survey (2015) out of 1,041 people who reported nonconsensual experiences, only 29 people (2.7% of the 1,041 people who answered the question) say that they reported the consent violation to the police. 12 of those people were referred to victim services. In more than half the cases (15 people), the local District Attorney didn't prosecute. In only 2 of the cases there were convictions. When asked if the police were helpful, more than half said the police weren't helpful at all. This is a barrier to services and to justice.

Now with Explicit Prior Permission, law enforcement has a legal framework that is intended to replace outdated case law which

has consistently found that “consent is not a defense to assault” in regards to even mild BDSM activities.

Legality of Kink

Explicit Prior Permission is detailed in Article 213 Section 10 AFFIRMATIVE DEFENSE OF EXPLICIT PRIOR PERMISSION:

You may personally give another person explicit prior permission to use or threaten to use physical force or restraint, or to inflict or threaten to inflict any harm in connection with an act of sexual penetration, oral sex, or sexual contact, as long as it doesn’t cause serious injury. Permission is “explicit” under subsection (1) when it is given orally or by written agreement:

(a) specifying that the actor may ignore the other party’s expressions of unwillingness or other absence of consent;
(b) identifying the specific forms and extent of force, restraint, or threats that are permitted; and
(c) stipulating the specific words or gestures that will withdraw the permission.

Prohibited acts under Section 213.10 are:

(1) The defense provided by this Section is unavailable when:
(a) the act of sexual penetration, oral sex or sexual contact occurs after the explicit permission was withdrawn, and the actor is aware of, yet recklessly disregards, the risk that the permission was withdrawn;
(b) the actor relies on permission to use force or restraint or ignore the absence of consent when the other party will be unconscious, asleep, or otherwise unable to withdraw permission;
(c) the actor engages in conduct that causes or risks serious bodily injury and in doing so is aware of, yet recklessly disregards, the risk of such injury; or
(d) at the time explicit permission is given, the other party is, and the actor is aware of, yet recklessly disregards, the risk that the other party is:
i. younger than 18;

ii. giving permission while subjugated to physical force or restraint;
iii. giving permission because of the use of or threat to use physical force or restraint or extortion if that party does not give the permission;
iv. lacking substantial capacity to appraise or control his or her conduct due to intoxication, whether voluntary or involuntary, and regardless of the identity of the person who administered the intoxicants;
v. incapacitated, vulnerable or legally restricted;
vi. subjected to prohibited deception;
vii. subject to trafficking.

Law Review Articles

Sex Is Not A Sport: Consent And Violence In Criminal Law. 2001-2002 - 42-BC-Law-Rev-239 – Sex is not a Sport

Beyond The Pleasure Principle: The Criminalization Of Consensual Sadomasochistic Sex 2001-2002 - 11-Tex-J-Women-L-51 – Beyond the Pleasure Principle

Morality-Based Legislation Is Alive And Well: Why The Law Permits Consent To Body Modification But Not Sadomasochistic Sex. 2006-2007 - 70-Alb-Law-Rev-1615 – Morality-based legislation

The Right to Be Hurt: Testing the Boundaries of Consent. February 2007 - 75-GW-Law-Rev-165 – The Right to be Hurt

Pain, Pleasure, And Consenting Women: Exploring Feminist Responses To S/M and Its Legal Regulation in Canada Through Jelinek's The Piano Teacher. 2007 30-Harv-J-Law-Gender-425 – Pain Pleasure and Consenting Women

Consent to Harm 2007-2008. 28-Pace-Law-Rev-683-2 – Consent to Harm

Autonomy, Dignity, and Consent to Harm 1/29/2008. 60-Rutgers-Law-Rev-723 – Autonomy Dignity and Consent to Harm

The Moral Limits Of Consent As A Defense In The Criminal Law 2009. 12-New-Crim-L-Rev-93 – Moral Limits to Consent

CHILD CUSTODY AND DIVORCE

The Kink Health Survey (2016) asked the question “how many children do you care for or look after (even part time)?” 234 out of 1,000 participants answered that they take care of at least one child.

Between 2005 and 2017, NCSF was contacted by 808 parents regarding child custody hearings wherein their kink involvement had become an issue (Wright, 2018). Prior to 2010, the DSM-IV-TR had been used by social workers and psychologists to diagnose a paraphilia, and judges denied custody on that basis, with only 13-19% of parents retained custody or visitation rights out of the dozens of parents who contacted NCSF, depending on the year. However, after the public posting of proposed revisions to the DSM-5 in 2010, and the publication of the DSM-5 in 2013, which explicitly made clear that there was a distinction between consensual paraphilias and paraphilic disorders, the number of parents losing custody dropped precipitously. In 2015, only 3 parents had their custody removed due to their kink practices and only 5 parents lost custody in 2017 (Wright, 2018).

Since 2018, no parents have lost custody solely due to their kink practices. NCSF continues to receive reports from parents and assists in providing referrals to professionals and resources to combat the stigma of kink.

FORMS

Health Care

Hospitals and health clinics often have rules about who can visit a patient or be present during a procedure. A medical power of attorney can grant partners the right to see or have a right to a say in their partner's care if they are incapacitated.

The American Bar Association has a Medical Power of Attorney Guide with an easy-to-use, multi-state form for adults.

Legal Forms

Consult your kink aware attorney for appropriate forms for issues like:

- Child Custody
- Power of Attorney
- Estate Planning

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Other Resources from the National Coalition For Sexual Freedom

Kink Aware Professionals: List yourself in our Directory of Kink and Polyamory-aware Professionals https://www.kapprofessionals.org/

Order free Materials: https://ncsfreedom.org/order-ncsf-materials/

Sign up for newsletter: https://ncsfreedom.org/

Professional Resources: https://ncsfreedom.org/resource-library/

- Consensual Non-monogamy for Mental Health Professionals brochure
- What Professionals Need to Know about Consensual Non-monogamy
- What Professionals Need to Know about Kink
- Kink Clinical Guidelines
- BDSM Glossary
- Education Outreach Resources for Professionals

Get Help through Incident Reporting & Response
https://ncsfreedom.org/incident-reporting-response/

Education Outreach: Request a workshop for your group, practice, or company with https://ncsfreedom.org/educational-outreach-overview/

Consent Information from Consent Counts
https://ncsfreedom.org/key-programs-2/consent-counts/

Volunteer: Consider donating one of your most important assets, your time! Whether you want to work behind the scenes or take a more public role — we have a project just right for you! There are important tasks to be done and we need your help to make it all happen. https://ncsfreedom.org/volunteers/

Shop: https://www.cafepress.com/ncsfreedom

Join: NCSF is a coalition of groups, clubs and businesses, including mental health practices and law firms. The Foundation of the NCSF is a charitable foundation that provides education and conducts research. https://nationalcoalitionforsexualfreedom.wildapricot.org/

Member Resources: https://ncsfreedom.org/member-resources/

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.

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,** or ordering free materials.

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