

The Role of Consent in the Context of BDSM

Sexual Abuse
2020, Vol. 32(6) 657–678
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DOI: 10.1177/1079063219842847
journals.sagepub.com/home/sax



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Abstract

Consent represents a central focus in the controversial realm of BDSM—an overlapping acronym referring to the practices of Bondage and Discipline, Dominance and Submission, and Sadism and Masochism. Many authors have argued that the hallmark feature that distinguishes BDSM activity from abuse and psychopathology is the presence of mutual informed consent of all those involved. This review examines the relevant literature on consent in BDSM, including discussions on safety precautions, consent violations, North American laws pertaining to BDSM practice, and the role of the BDSM community with respect to education and etiquette surrounding consent. Practical information relevant to professionals who work toward the prevention of sexual exploitation and abuse is provided. The explicit approach to consent practiced by those in the BDSM community is proposed as a model for discussions around consent in clinical and educational contexts. Criteria for distinguishing abuse from BDSM and identifying abuse within BDSM relationships are outlined. It is our hope to demystify the consent process and add to the growing body of literature that destigmatizes consensual BDSM practices.

Keywords

BDSM, consent, sexual safety, sexual coercion, sexual sadism

BDSM—an overlapping acronym referring to the practices of Bondage and Discipline, Dominance and Submission, and Sadism and Masochism—has garnered increased attention in recent years. Consent represents a central focus in the controversial realm of BDSM. Authors have argued that the hallmark feature distinguishing BDSM from

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abuse and psychopathology is consent (Connolly, 2006; Newmahr, 2011; Ortmann & Sprott, 2012; Taylor & Ussher, 2001). The practice of mutually defined and agreed-upon behaviors is said to be primary qualities that delineate BDSM from coercive sex (Cross & Matheson, 2006; Martin, Smith, & Quirk, 2016; M. S. Weinberg, Williams, & Moser, 1984; Yost, 2010). With this in mind, consent violations happen within the context of BDSM. This article aims to review the literature and laws concerning consent in the practice of consensual sadomasochism (SM). The parameters of consent with respect to BDSM are discussed. Safety precautions outlining how informed consent is obtained and maintained before, during, and after a scene are considered. The gray area of consent and potential for confusion are explored, drawing from North American laws and relevant research.

Most of the studies discussed in this article recruit from local BDSM communities and are thus limited to people who identify as BDSM community members. The following review must be interpreted with the knowledge that BDSM practitioners who volunteer for research may be more psychologically well adjusted than those who do not, and thus may not be representative of BDSM practitioners as a whole. It is also possible that people who practice BDSM behaviors without full consent or in harmful ways may provide untruthful responses, or not self-select to participate in research. The limitations of self-report, such as questionable honesty of responses and the problems associated with face-valid measures, must be kept in mind for many of the studies discussed. Social desirability of responses represents a problem for most self-report-based psychological research, but may be especially pertinent to BDSM practitioners, who often face stigma. The researchers who study BDSM tend to be advocates of BDSM, which may influence the nature of research questions pursued, the choice of whether or not to publish results, as well as introduce potential biases, such as experimenter effects. It is also possible that studies with unfavorable findings on BDSM are more prone to “the filedrawer effect” due to the sex-positive political climate adopted by most human sexuality journals.

History of Pathologizing Paraphilia

Despite increased awareness, there are many misconceptions surrounding consensual BDSM practice. These misconceptions can be traced back to early theorists' conceptualization of sadomasochistic behavior as perverse and pathological (see Freud, 1938; Krafft-Ebing, 1886), a viewpoint that may have stemmed from the fact that most sadomasochistic individuals examined in early literature were drawn from clinical or forensic populations. Such writings perpetuated the assumption that involvement in BDSM reflects symptoms of underlying psychopathology, regardless of the concerns for safety and consent (Connolly, 2006), and heavily influenced diagnostic classification systems. In recent decades, however, the growing body of literature on contemporary SM suggests that the early theories and diagnostic systems failed to accurately capture the lived experience of modern BDSM practitioners.

Krueger (2010, 2011) reviewed the empirical literature from 1900-2008 on the paraphilias of sexual masochism and sexual sadism in preparation for changes

planned for the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association [APA], 2013). Numerous studies demonstrate that BDSM practitioners are largely indistinguishable from nonpractitioners in terms of psychopathology (e.g., Connolly, 2006; Cross & Matheson, 2006; Richters, De Visser, Rissel, Grulich, & Smith, 2008; T. S. Weinberg, 2006). Krueger concluded that Sexual Masochism and Sexual Sadism should be retained in the *DSM-5*, noting that while sadomasochistic behavior is relatively common and is associated with good psychological and social functioning, there is a minority of sadomasochists who present with serious injuries or death during activities, and that such cases are pathological. Nonetheless, a large population of BDSM practitioners do not meet the *DSM-5* criteria (R. B. Krueger, 2010, 2011) and, as such, should be clearly differentiated.

The *DSM-5* introduced a distinction between nonpathological paraphilic interests and paraphilic disorders. In the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; *DSM-IV-TR*; APA, 2000), there was no term to indicate nonpathological, atypical sexual interests. The *DSM-5* redefined the term *paraphilia* so that it describes a persistent, intense, atypical sexual arousal pattern, independent of whether it is the source of impairment or distress, which would not be considered disordered. The *DSM-5* uses the term *paraphilic disorder* to describe a paraphilia that is accompanied by clinically significant distress or impairment. The classifications of *Sexual Sadism* and *Sexual Masochism* were meaningfully changed to *Sexual Sadism Disorder* and *Sexual Masochism Disorder*, respectively, to reflect this differentiation. This distinction specifies that a paraphilia is a “non-normative sexual preference” but not inherently a mental disorder, and that a diagnosis of a paraphilic disorder requires that one’s sadism or masochism must either involve a nonconsenting person or cause “clinically significant distress or impairment in social, occupational, or other important areas of functioning” (APA, 2013, p. 695). To qualify for a diagnosis, an individual must experience personal distress about their paraphilia, not merely distress resulting from society’s disapproval. This represents an important caveat, as it is not uncommon for BDSM practitioners to experience distress resulting from their interests conflicting with societal standards (Wright, 2006, 2010). Unfortunately, the decades long interpretation of the term *paraphilia*, which typically implied the presence of psychopathology, may continue to create confusion. This distinction, we argue, is paramount to identifying the practice of consensual BDSM, and to how BDSM clients are met in a therapeutic setting. A new iteration of the *International Classification of Diseases, Eleventh Revision* (*ICD-11*, World Health Organization, 2018), deleted the diagnostic categories that consist of consensual or solitary sexual behavior entirely, including consensual SM. Sexual Sadism has been replaced with *coercive sexual sadism disorder*.

Prevalence

Research indicates that a substantial minority of people in the general population engage in or fantasize about BDSM activities. A national study of sexual practices conducted in the United States on 2,800 respondents revealed that approximately 14%

of men and 11% women had participated in some form of BDSM behavior (Janus & Janus, 1993). Moser and Kleinplatz (2006) reviewed multiple studies that surveyed BDSM and estimated that 10% of adults in the general population have engaged in some form of BDSM activity. In a sample of 1,040 adults, Joyal and Carpentier (2017) found 19.2% of men and 27.8% of women to endorse desire to experience some form of masochism, while 9.5% of men and 5.1% of women endorsed a desire to experience some form of sadism. In the same study, 13.9% of men and 23.7% of women reported experiencing at least one lifetime act of masochism, and 7.4% of men and 3.9% of women reported experiencing sadism. Holvoet and colleagues (2017) surveyed 1,027 Flemish adults from a market research and polling agency, and found that 12.5% indicated regularly performing at least one BDSM-related activity. Of the participants in this study, 26% endorsed seeing themselves as being interested in BDSM, and 7.6% self-identified as BDSM practitioners.

Definitions of Consensual BDSM

Several authors have offered definitions for consensual BDSM. Wiseman (1996) defined SM as “the knowing use of psychological dominance and submission and/or physical bondage, and/or pain, and/or related practices in a safe, legal, consensual manner for the participants to experience erotic arousal” (p. 10). Townsend (1983) described six characteristics that embody a BDSM scene,¹ namely, power exchange in the form of dominance and submission, the infliction and reception of painful stimuli that is experienced as pleasurable by those involved, the use of role play or fantasy, some form of humiliation or degradation of the submissive partner, the incorporation of fetishistic elements, and ritualistic activities. Weinberg et al. (1984) identified five common features of sadomasochistic activities: the appearance that one partner controls the other, role play, consensuality, shared beliefs about what constitutes SM, and a sexual context. A qualitative study attempting to define SM found four main “definitional discourses” that reflect the way self-identified BDSM practitioners define SM, including consensuality, an unequal balance of power, sexual arousal, and compatibility of definition (Taylor & Ussher, 2001). Moser and Kleinplatz (2007) added to these lists of commonalities, noting that sadomasochistic interactions and relationships begin with negotiation and discussion of limits. Although BDSM comprises vast and varied activities, the explicit informed consent of all those involved represents the most prevalent characteristic of BDSM (Connolly, 2006; Pitagora, 2013; Taylor & Ussher, 2001; Yost, 2010).

BDSM and Consent

Practitioners consider consent to be a fundamental tenet of BDSM (Taylor & Ussher, 2001; Weinberg, 2006; Yost, 2010). The desire to engage in consensual SM rather than coercive SM distinguishes BDSM practitioners from psychiatric populations (Sandnabba, Santtila, Alison, & Nordling, 2002). Likewise, consent distinguishes a shared enjoyment of sadomasochistic acts from violence and assault (Connolly, 2006;

Moser & Kleinplatz, 2007). In the context of BDSM, participants ideally interact voluntarily with preestablished consent based on a mutual understanding of what activities are to take place (Pitagora, 2013). Consent represents an ongoing interactive and dynamic process that entails several precautionary measures, including negotiations of play, open communication of desires and boundaries, mutually defining terms, the notion of responsibility and transparency, and ensuring protection from harm through competence and skill (Holt, 2016).

The importance of consent is exemplified by mottos the BDSM community has adopted, such as “Safe, Sane, and Consensual (SSC)” and “Risk-Aware Consensual Kink (RACK).” These mottos serve as frameworks for BDSM participation and are useful for educating new practitioners in what is acceptable behavior (Williams, Thomas, Prior, & Christensen, 2014). More recently, Williams and colleagues (2014) introduced an alternative framework for BDSM negotiation and education that addresses some of the practical and conceptual limitations of SSC and RACK: “Caring, Communication, Consent, and Caution (4Cs).” The 4Cs were said to retain the general concepts of SSC and RACK, while incorporating the interrelated dimensions of caring and communication. These authors further suggest that consent can be broken down into three distinct levels: (a) surface consent, which is described as a basic “yes” or “no”; (b) scene consent, which involves the Top and Bottom negotiating the parameters of the scene; and (c) deep consent, which involves the Top being cognizant of the Bottom’s ability or mental capacity to use a safeword during a scene.

Qualitative interviews with BDSM practitioners ($n = 15$) on the subject of consent have found that they define consent as an “informed agreement between persons to act in an activity which is mutually beneficial for everybody involved” (Fulkerson, 2010, p. 32). Additional elements of consent were the necessity of a sound mind, that the agreement is made voluntarily without coercion or pressure from others and without the influence of mind-altering substances, and that both the Top and Bottom partners must give consent (Fulkerson, 2010). Furthermore, consent was said to include an understanding by all participants of what activities were allowed versus not allowed to take place during the scene. BDSM practitioners in another qualitative study voiced similar sentiments and unanimously stressed the importance of freely given consent in the absence of coercion (Holt, 2016). In both studies, participants discussed an understanding that any party involved can rescind consent at any point, and that the withdrawal of consent necessitates the immediate cessation of play.

Safety Measures

Negotiation

Safety precautions, such as negotiation and safewords, are of paramount importance in the practice of healthy BDSM. Acceptable BDSM is predicated on thorough negotiation (Williams et al., 2014): the process of establishing consent and communicating boundaries. Negotiation represents an integral precursor to any BDSM scene or power-exchange relationship (Langdridge, 2007; Moser & Kleinplatz, 2007). Agreements of consent

should be explicit, rather than tacit, and based on a mutual definition of what activities are permissible (Pitagora, 2013). Communication about the structures and processes involved in a BDSM scene is essential to ensure that a BDSM experience is pleasurable and safe for all people involved (Moser & Kleinplatz, 2006). During negotiation, practitioners are able to communicate what they are interested in, voice any health issues or activities that are off limits, and come to an agreement on the parameters of what activities a scene will involve (Holt, 2016). Negotiation typically involves the Bottom warning the Top of any emotional triggers, as well as outlining “hard limits”—activities that they do not wish to engage in and will not consent to under any circumstances, and “soft limits”—activities that are currently off limits at that particular point in time, but may one day be renegotiated (Holt, 2016; Moser & Kleinplatz, 2007). This process varies greatly in terms of complexity, ranging from a simple pre-scene discussion of what activities will take place, to lengthy in-person and email correspondence that takes place over the course of several weeks and involves extensive checklists of personal limits (Fulkerson, 2010).

The complexity of negotiation varies often according to the level of relational familiarity between players and the nature of activities in terms of risk. A strong foundation of emotional closeness and trust, built on a history of positive BDSM experiences with the partner in question, often lessens the need for extensive negotiation. Likewise, light play involving minimal risk tends to warrant less negotiation than heavy play (Holt, 2016). The extent of negotiation also fluctuates depending on the context and can be influenced by the mood, temperament, and reputation of those involved (Pitagora, 2013).

Prescene negotiation may involve discussion of what is to take place following the scene in the form of aftercare, which refers to the procedures needed to bring an individual back to a pre-play cognitive and emotional state (Holt, 2016; Pitagora, 2013). Aftercare is generally viewed as an important aspect of play by both the Top and Bottom and provides an opportunity to discuss any misunderstandings or problems that may have arisen during the scene (Holt, 2016). Although more formal negotiation takes place prior to a scene, ongoing communication is important during and after a scene (Holt, 2016; Williams et al., 2014). Prior research has found that good communication is a key ingredient to a positive BDSM relationship (Cutler, 2003; Harrington & Williams, 2012). Communication is viewed as a personal responsibility and as a tool that enables players to protect themselves while engaging in mutually enjoyable play (Holt, 2016). Transgressing an individual’s negotiated limits represents a serious *faux pas* in the BDSM community, with considerable social repercussions (Moser & Kleinplatz, 2007). People who practice BDSM outside of an organized community may not face the social consequences of consent violations that are present within the BDSM community, and, as a result, may not be held as accountable for transgressions and boundary violations. It should be noted that even with negotiation, misunderstandings happen. It is important that each participant not only be on the same page in terms of what activities are allowed, but also that each participant share mutual definitions of those activities.

The practice of negotiation concerning consent and BDSM activities has important applications outside of this context. In mainstream society, consent for sexual activity is often implicitly assumed rather than discussed openly. The explicit negotiation of consent could be a model for discussions around consent in more conventional sexual relationships. Ideally, such negotiation requires verbal communication about the limits and boundaries of consent before engaging in any sexual activities. In addition, all participants should have a shared understanding of what agreed-upon sexual activities are to take place—a mutual definition of activities is important, as different people ascribe different meanings to the same words (e.g., does the term *sex* refer concretely to penetration or does it encompass other activities such as oral sex?). All participants of a sexual encounter should have a fully informed and shared understanding of what they are consenting to do. Using this strategy in consensual sexual situations between two or more individuals could help prevent accidental boundary violations. This practice normalizes a dialogue around how and when to talk about what is on and off limits with a potential sexual partner. In addition, it provides an opportunity for a broader discussion about what an individual likes versus does not like sexually, before, during, and after a sexual encounter.

The psychoeducation of undergraduate students surrounding how to negotiate sexual consent could have great preventive utility with respect to on-campus sexual assault—a significant problem faced by universities, with approximately 11.2% of all students experiencing rape or sexual assault through physical coercion, violence, or incapacitation (Cantor et al., 2015). Undergraduate psychoeducation of this nature would emphasize the right to withdraw consent at any time, as well as make a distinction between implied consent (i.e., the assumption that a person has given permission for an action, based on signs or behaviors, or by inaction or silence) and explicit consent (i.e., an express agreement to do something or allow something to happen, made with complete knowledge of all relevant facts, such as the risks involved). In addition, it would emphasize the importance of being capable of giving consent (i.e., not cognitively impaired by alcohol or drug intoxication) and the importance of understanding what sexual behaviors are being consented to (i.e., participants have a mutual understanding of what activities will take place). Such a model could have a positive impact on preventing perpetrator violence, lowering the incidence of rape on college campuses. A movement to normalize explicit discussions around consent in university settings may also help empower potential victims.

A model of consent based on that which is common to BDSM practice may also prove useful for professionals working with sexual offenders. Establishing a concrete way of establishing and maintaining consent through negotiation and ongoing communication could reduce the risk of reoffending among individuals with a history of committing sexual assault.

Safewords

Safewords are verbal codes to end or alter activities taking place in a BDSM scene, and generally represent an important tool used to assure ongoing consent through a

scene (Pitagora, 2013). The use of a safeword overrides any power dynamics and typically signals the wish to terminate activity and a withdrawal of consent (Fulkerson, 2010; Sagarin, Cutler, Cutler, Lawler-Sagarin, & Matuszewich, 2009). Safewords are established prior to engaging in BDSM activity, such that all parties are aware of what its use signals: the end of consent. Consent can be withdrawn through the use of a safeword at any time during a BDSM scene, regardless of the scene intensity or duration (Beres, 2007; Pitagora, 2013). A safeword can reflect a desire to stop the scene for numerous reasons, ranging from the identification of boundaries being crossed to a simple desire to not continue (Taylor & Ussher, 2001). Safewords can be an agreed-upon word that would not typically be spoken during the course of a scene (Sagarin et al., 2009). There is also a universal safeword system, called the *traffic light* system, wherein “red” means stop everything, “yellow” means slow down and do not go further, and “green” communicates the desire for greater intensity. A benefit of having a standardized safeword system is that it can function as a “house safeword” in most community settings across North America. In scenes where the use of a verbal safeword is not possible, specific gestures can be used to communicate the desire to stop the activity instead. “Silent safewords,” such as clapping of hands or snapping fingers, function as a way of resolving communication issues when one of the participants is gagged. The ability to use a safeword and the act of respecting the use of a safeword go hand in hand with consent (Jozifkova, 2013). Safewords can be used to signal physical or emotional discomfort. The use of safewords is encouraged for both Tops and Bottoms (Jozifkova, 2013).

Safewords and negotiation are especially important in scenes involving rape-play. Rape-play is the enactment or role play of nonconsensual sex within an invisible structure of pre-negotiated consent (Joyal et al., 2015; Pitagora, 2013; Sandnabba et al., 2002). Scenes involving rape-play, or “consensual non-consent,” require extensive negotiation and planning so that behaviors that would otherwise be indicative of a lack of consent can be performed with the mutual understanding that such behaviors do not, in that instance, signal a desire to stop (Pitagora, 2013). The individuals involved are thus able to act out a nonconsensual fantasy in real life, with safety precautions in place, while freely engaging in outwardly resistant and coercive behaviors. Safewords enable practitioners to safely engage in scenes while acting in ways that would otherwise seem nonconsenting. Participants who endorsed an interest in rape fantasies in a prevalence study by Joyal and colleagues (2015) specified that they would never want to actually have such experiences. Thus, rape fantasies do not necessarily translate to corresponding desire for rape (Masters, Johnson, & Kolodny, 1988). The simulated activity of coercive sex with pre-established consent may be enjoyed, whereas real-life sexual assault would likely be traumatic and unwanted (Critelli & Bivona, 2008).

Although safewords represent a useful tool for helping to ensure safety in BDSM exchanges, they are not failsafe. There are instances in which a Top may miss, or fail to heed, the use of a safeword. Similarly, there are instances in which a Bottom may resist using a safeword, or be in a state that may hinder their ability to use a safe word (e.g., subspace²). The use of safewords could be suggested to individuals who want to

explore the edgier aspects of their sexuality and prescribed as a cautionary measure for sexual offenders to adopt in the prevention of future sexual misconduct.

Consent and the BDSM Community

A lack of communication, or the violation of boundaries set during negotiation, signals the presence of abuse (Jozifkova, 2013). BDSM communities have a code of conduct concerning the boundaries of safe, consensual BDSM (Holt, 2016). Among BDSM community members, pushing non-negotiated activities or sexual boundaries during a scene that were not established during pre-scene negotiation is considered a serious offense (Jozifkova, 2013; Taylor & Ussher, 2001). If a BDSM scene endures after a participant has used a safeword and withdrawn consent, it becomes a nonconsensual act of violence (Pitagora, 2013; Taylor & Ussher, 2001). BDSM communities have been reported by members to strictly police dangerous practitioners and consent violators (Fulkerson, 2010; Holt, 2016).

Graham and colleagues (2016) examined the role, meaning, and function of BDSM communities from the perspective of self-identified BDSM practitioners and found that one of the several functions those communities served was to provide functional resources, such as education, safety, and information about consent. In this way, the community serves to create an atmosphere that encourages playing within one's abilities, with the role of consent and negotiation being central to safety discussions. The ubiquity of participant responses in identifying consent as a key aspect of the community's role indicates that consent and safety are key social norms within the community. Community members strongly endorsed the importance of educating new members on consent and safety procedures. In accordance with social learning theory, it is possible that the modeling of proper consent and negotiation etiquette by established BDSM community members may lead less-experienced members to imitate those practices and adopt corresponding values about consent and safety (Graham et al., 2016).

Over the course of 150 hours of ethnographic observation and 22 in-person interviews, Holt (2016) investigated how BDSM practitioners negotiate and maintain boundaries, and how boundary violations are handled by a community without access to formal agents of social control. It was found that public BDSM events were supervised by *Dungeon Monitors*—trusted and experienced community volunteers who look out for play infractions or signs of distress. Event organizers or hosts were reported to serve a similar role in private play party settings, and event attendees were said to share in the responsibility of protecting one another. People with repeated consent violations are labeled as “predatory” and blacklisted so that they are excluded from the BDSM community (e.g., being banned from play parties, clubs, and organizations) as well as being shunned on an individual interpersonal level (Fulkerson, 2010; Holt, 2016). This study should be interpreted with the limitations of ethnographic research in mind.

Newmahr (2011) also discussed the means by which the BDSM community promotes safety within the context of recreational leisure. Like other serious recreational

leisure activities, the BDSM community enforces community-defined boundaries and serves to regulate community norms of safety and consent (Bezreh, Weinberg, & Edgar, 2012; Newmahr, 2010). As with most forms of serious leisure, the BDSM community stresses the importance of education and skill. The community acknowledges that physical and psychological risks are inherent in many forms of BDSM, and, as such, great emphasis is placed on practitioners' acquisition of both technical and communication skills (Newmahr, 2010). The community also provides a social framework for vetting potential play partners, allowing for the verification of potential partners through community reputation (Graham et al., 2016).

Coercion and Sexual Assault: When Consent Is Not Met

Abuse in BDSM

Sexual abuse and consent violations in BDSM practice occur both within and outside of the BDSM community. Such breaches can occur in the form of conscious violations of consent, accidental violations of consent, or through misunderstandings resulting from the lack of mutual definitions of agreed-upon activities. Individuals who are interested in committing sexual assaults may hide within the BDSM community or may use an alleged interest in "consensual" BDSM to legitimize acts of nonconsensual activities. Although advocates of the BDSM community draw a concrete line between consensual activity and nonconsensual abuse, this line can be blurred in reality. Power differentials, for example, may result in the submissive partner consenting to activities they would not otherwise agree to in an effort to please their dominant. Power differentials could also influence a Bottom's decision to use a safeword, and, conversely, affect decisions about whether or not to come forward about crossed boundaries and consent violations. Furthermore, community members who come forward with experiences of sexual exploitation or abuse are not always treated with respect. Conversely, if a Top and Bottom have discrepant definitions for a mutually approved activity, misunderstandings can ensue.

The National Coalition for Sexual Freedom (NCSF) surveyed 4,598 individuals involved in BDSM and reported on several aspects of consent violation in a tech report available on the NCSF website. Of these participants, 1,307 (28.4%) endorsed being touched without permission. Examples from this subsample were varied, ranging from receiving an unwanted hug (6%; 1.7% of the entire sample) to unwanted sexual touch (38%; 11% of the entire sample). The prevalence of adult sexual assault has been found to represent approximately 22% of women and 3.8% of men in the general population (Elliot, Mok, & Briere, 2004). Twenty-four percent of the total NCSF sample reported that their pre-negotiated limits had been violated during a BDSM scene, and 13% reported an occasion in which their safeword was not respected. Among this subsample, 40% endorsed having a single experience of consent violation, while 27% reported two, and 33% reported three or more. One in four respondents of this subsample endorsed that the consent violation happened prior to being involved with the BDSM community. Women (31%), non-heterosexual individuals (31% pansexual,

26% gay/lesbian, 28% bisexual, 20% asexual, 38% other than those sexual orientations specified), and people of non-cisgender³ identities (36% gender queer, 34% transgender, 27% other than those gender identities specified) reported a higher frequency of such instances than men (13%) and heterosexually identifying individuals (18%). Among those individuals whose pre-negotiated limits or safeword was ignored, men (78%) and heterosexuals (65%) were most commonly reported to be the consent violators. When individuals from this subsample were asked the reason behind their consent violation, participants endorsed several reasons, including the following: 2% due to alcohol, 6% accidental, 7% reporting it was part of their partner dynamic, 11% due to a lack of skills or knowledge, and 15% miscommunication, while 26% endorsed being attacked by a predator, and 33% said they were manipulated or coerced. When asked what they thought about the violation when it happened, 81% reported that they wanted it to stop, while close to one in three endorsed that they were not sure if it counted as a consent violation. This latter finding illustrates how ambiguous the boundaries of consent can be.

We could identify only one academic article that specifically described the experience of sexual assault in the context of BDSM (Haviv, 2016). Individuals who practice BDSM may face additional difficulties in terms of reporting abuse. Haviv (2016) explored what factors members of the Israel BDSM community ($n = 20$) consider in deciding whether to report sexual offenses to the police. Some members of the Israel BDSM community reported experiencing sexual assault in the context of BDSM. Beyond the difficulty of reporting a “typical” sexual assault, BDSM practitioners are faced with the additional barriers of belonging to a stigmatized community and the circumstances of assault within that community. Reasons for not reporting to the police included fear of victim-blaming, a desire to not “out” themselves or others, fear of being stigmatized, difficulty explaining BDSM, and difficulty proving assault. Participants also reported that the BDSM community attempts to address and prevent sexual assault. Given the barriers for disclosing abuse within BDSM relationships, professionals working with this population should familiarize themselves on how to recognize and discuss real sexual assault.

Differentiating Abuse From BDSM Within BDSM Relationships

Although professionals must be careful not to conflate BDSM activities with intimate partner violence or abuse, it is important to recognize that BDSM relationships are not immune to real, nonconsensual abuse. Even with a basic working understanding of consent in the context of BDSM, it can be difficult for clinicians to differentiate healthy BDSM from abuse within a BDSM relationship. It is thus important for professionals to educate themselves on how boundaries concerning BDSM activities are negotiated and maintained, as well as how to identify problematic actions within such relationships. In addition to transgressing sexual and physical boundaries, abuse in BDSM can involve both psychological and financial manipulation. Markers for delineating BDSM from abuse include voluntariness, communication, a safeword or ability to withdraw consent, safer sex, and access to education and information about BDSM.

Moser (2006) provided a list of physical indicators that help professionals discriminate between consensual BDSM and abuse. He specified that facial bruising and defensive marks on the forearms rarely result from BDSM. Common parts of the body marked by BDSM activity tend to be fleshy areas that can withstand intense stimulation, such as the thighs, upper back, breasts, genitals, and buttocks. Furthermore, marks from physical abuse tend to be random and not focused in a singular area, whereas marks originating from a BDSM scene often have a pattern, are well defined, and suggest that the individual remained still.

Jozifkova (2013) outlined guidelines that differentiate BDSM from violence, and how healthy BDSM relationships compare with abusive relationships. Healthy BDSM relationships can be distinguished from abusive relationships based on the following criteria: (a) whether the Bottom partner experiences legitimate fear, indicative of abuse, versus feelings of safety, indicative of consensual BDSM; (b) all parties should feel comfortable using a safeword to rescind consent; (c) withdrawals of consent are respected by the cessation of BDSM activities; (d) in healthy BDSM relationships, partners are able to discriminate between BDSM activity and common everyday life; (e) in abusive relationships, it is not uncommon for the victim to be intentionally isolated from friends and family; this is not the case in healthy BDSM relationships; (f) emotional volatility marked by periods of violence and reconciliation are common in abusive relationships, while healthy BDSM relationships do not exhibit such drastic emotional highs and lows; (g) a clear disparity in social hierarchy between partners exists not only in abusive BDSM relationships, but also in some healthy BDSM relationships—the level of hierarchical disparity in day-to-day life is the distinguishing factor, such that everyday hierarchy disparity is mild in healthy BDSM relationships; (h) mutual respect for one another, irrespective of power dynamics, is present in healthy BDSM relationships; and (i) the ongoing negotiation and communication characteristic of healthy BDSM relationships are absent or disrespected in abusive relationships.

These distinguishing criteria also represent a useful tool that can be shared with clients who express interest or involvement in BDSM activities. For example, take a client who expressed being open to exploring a romantic partner's interest in consensual bondage, but fears that such behaviors could be considered abusive. Helping clients consider each of these criteria with respect to their personal situations could help clients to safely engage in and navigate consensual BDSM activities, minimizing the possibility of unintentional harm. This information could also prove useful in educating sexual offenders to reduce their risk of reoffending.

The NCSF website provides useful resources for professionals and BDSM practitioners alike, including community assistance guides for handling consent violations. The NCSF Resource Library contains helpful legal information concerning consent, including a guide for law enforcement professionals, a guide for determining whether a consent violation can legally be considered assault, and a document outlining an individual's rights and options with respect to consent violations. It also includes summaries of assault laws and past legal cases. Additional documents of note include a pamphlet entitled, "What Professionals Need to Know About BDSM," an aid for

Table 1. NCSF Guidelines for Determining the Presence or Absence of Informed Consent.

Informed consent must be judged by balancing the following criteria for each encounter at the time the acts occurred:

- Was informed consent expressly denied or withdrawn?
- Were there factors that negated the informed consent?
- What is the relationship of the participants?
- What was the nature of the activity?
- What was the intent of the accused abuser?

Table 2. NCSF Guidelines for Determining Whether a BDSM Practitioner Could Be Suffering Abuse.

Whether an individual’s role is Top/Dominant or Bottom/submissive, they could be suffering abuse if they answer no to any of the following questions:

- Are your needs and limits respected?
- Is your relationship built on honesty, trust, and respect?
- Are you able to express feelings of guilt, jealousy or unhappiness?
- Can you function in everyday life?
- Can you refuse to do illegal activities?
- Can you insist on safe sex practices?
- Can you choose to interact freely with others outside of your relationship?
- Can you leave the situation without fearing that you will be harmed, or fearing the other participant(s) will harm themselves?
- Can you choose to exercise self-determination with money, employment, and life decisions?
- Do you feel free to discuss your practices and feelings with anyone you choose?

professionals concerning ethical standards and cultural competence in working with BDSM practitioners, as well as the “BDSM Versus Abuse Policy Statement,” which provides guidelines for law enforcement and social services professionals regarding the difference between abuse and BDSM. Tables 1 and 2 outline questions professionals can ask to determine whether informed consent was obtained and whether a BDSM practitioner could be suffering abuse. If working with this population is outside of one’s scope of practice, professionals can also refer clients to health and legal service providers listed on the NCSF’s Kink Aware Professionals Directory: a service that provides a list of psychotherapeutic, medical, legal, and other professionals who have declared competency in this area. The NCSF recommends considerations for evaluating a consent violator’s actions, including the seriousness of the offense in terms of harm, intent, the presence or absence of multiple accusations, the presence or absence of police reports or restraining orders, and confession. Several resources are provided for individuals on the receiving end of consent violations, such as phone support lines and a compilation of advice for victims of assault. The NCSF also works with the police and the BDSM community to report consent violations when lines are crossed.

For professionals looking to gain competence in working with BDSM practitioners, there is the Kink Knowledgeable Program, a professional training program that

provides continued education for professional communities. This program published a book entitled, *Becoming a Kink Aware Therapist* (Shahbaz & Chirinos, 2018). The Community-Academic Consortium for Research on Alternative Sexualities (CARAS) is similarly dedicated to providing education for mental health professionals. A recently published review on clinical considerations and recommendations in treating BDSM practitioners summarizes training resources for mental health care professionals (Dunkley & Brotto, 2018).

Paraphilias and Sexual Coercion

The *DSM-5* now distinguishes between paraphilic interests and paraphilic disorders, but can the BDSM community attract individuals with paraphilic disorders? Individuals with Fetishism or Sexual Masochism Disorder may gravitate toward the BDSM community, but neither of these conditions involves non-consenting others, and the diagnostic criteria warrant a diagnosis only if the individual experiences clinically significant distress in relation to their interest and associated behaviors. Individuals with Sexual Sadism Disorder are perhaps the most likely to conceal themselves within the BDSM community. Research has found considerable overlap between sadism and other paraphilias (Abel et al., 1988; Långström & Seto, 2006). A clinical study on men voluntarily seeking treatment for paraphilic sexual behavior found that of the men who were diagnosed with Exhibitionism, 46% also met criteria for involvement in sexual abuse of unrelated girls, and 20% to 30% met criteria for involvement in sexual abuse of unrelated boys, related girls, or adults (Abel et al., 1988). In addition, 63% of the men who were diagnosed with Voyeurism also endorsed engaging in exhibitionistic behavior. With respect to the co-occurrence of paraphilias within the general population, a national population survey found that respondents who endorsed engaging in voyeuristic or exhibitionistic behaviors were more likely to report having fantasies about exhibitionistic or voyeuristic activity, respectively, and we also significantly more likely to engage in sadomasochistic behavior (Långström & Seto, 2006).

Paraphilic disorders are commonly seen in sex offenders (Dunsieth et al., 2004), and paraphilic sex offenders have a greater likelihood of reoffending (Hanson & Morton-Bourgon, 2004). One study found behavioral indicators of sexual sadism, such as physical arousal in response to violent imagery, predicted sexual and violent recidivism, whereas *DSM-IV* diagnosis of Sexual Sadism did not emerge as a strong predictor (Kingston, Seto, Firestone, & Bradford, 2010). Behavioral indicators of sexual sadism may thus be a more reliable estimator in considering risk to reoffend. Due to its association with sexual and violent recidivism, sexual sadism represents an important construct for evaluators to assess in sexual offenders. If an evaluator were to discover that a sexually offending client has engaged in BDSM, it would be prudent to assess for Sexual Sadism Disorder in estimating the client's risk to reoffend.

The available research points to notable differences between BDSM-identified sadists and men who have engaged in coercive sexual practices. One study examined

whether individuals within a subculture with long-standing norms of affirmative consent (i.e., the BDSM community; $n = 57$) reported lower rape-supportive attitudes than individuals not within this subculture (MTurk sample,⁴ $n = 68$; College Student sample, $n = 60$; Klement, Sagarin, & Lee, 2017). Endorsements of rape-culture related constructs were compared groups. BDSM practitioners reported significantly lower levels of benevolent sexism, rape myth acceptance, and victim-blaming compared to both groups. The lower endorsement of rape myth acceptance and victim-blaming among BDSM practitioners was thought to reflect the practice of explicitly negotiated consent characteristic of the BDSM community. Likewise, lower levels of benevolent sexism—a type of sexism that denies women agency—found among practitioners may reflect the BDSM community's attempts to support all practitioners' agency and autonomy. These findings challenge the perspective that BDSM represents an acceptable outlet for acting out sexual aggression against women (Dworkin, 1974; Griffin, 1981).

Another study examined a range of sexual fantasies and behaviors and applied cluster analyses to ascertain whether individuals who endorse elevated SM interests also endorsed coercive fantasies (Martin et al., 2016). Four clusters of participants emerged: a group reporting elevated interest in SM without coercion ($n = 117$), a group reporting elevated SM activity without coercion ($n = 138$), a group endorsing high levels of coercive fantasy and behavior ($n = 57$), and a group endorsing no interest in coercive fantasy or SM ($n = 238$). The coercive group exhibited a distinct profile marked by elevated boredom proneness, high sensation seeking and antisocial behaviors, externalization of blame (including a tendency to blame female victims of sexual assault), and low empathetic concern. Conversely, the groups endorsing the highest levels of SM interest and activity endorsed intact empathetic capacity and showed no elevations in victim-blaming. However, the active SM group did show increased sensation seeking and antisocial behavior. These findings suggest a shared component between the active SM group and the coercive group in terms of disinhibition and sensation seeking, with marked differences in empathetic concern and victim-blaming attitudes distinguishing these groups. The results of this study provide evidence for the meaningful distinction of intent regarding pleasure versus coercion separating SM activity from coercive sexual interests. These findings indicate that an interest in BDSM should not be conflated with an interest in or higher risk of engaging in sexual coercion.

There is some evidence from psychophysiological sexual arousal research that differentiates between people endorsing SM practices from those endorsing coercive sex. Harris, Lalumière, Seto, Rice, and Chaplin (2012) and Seto, Lalumière, Harris, and Chivers (2012) aimed to determine sources of arousal for people who have engaged in coercive sex (i.e., sexual offenders against adults), and BDSM-identified sadists. Using penile tumescence, Harris and colleagues (2012) attempted to determine the cues that elicit sexual offenders' erectile responses to rape stories in the laboratory. Sexual offenders ($n = 12$) and non-sexually offending incarcerated controls ($n = 14$) were exposed to audio-recorded scenarios that varied with respect to sexual activity and nudity, violence and injury, and expression of nonconsent. Sexual offenders were

best distinguished from non-offenders by the presence or absence of nonconsenting cues, such as victim resistance and active refusal, rather than the presence or absence of violence and injury cues. As sexual offenders gave little evidence of sexual sadism, these findings suggest that differences in responding to the presence or absence of consent may be a greater contributor than violence and injury to the unique pattern of sexual offenders' erectile responses. Note that as the sample of sexual offenders may have been extreme cases having been referred to a psychiatric institution, these findings may not generalize to men who commit "acquaintance rape."

Seto and colleagues (2012) investigated the critical cues producing self-identified sadists' sexual responses to test sexual sadism as an explanation of sexual offenders' arousal patterns. The genital and subjective arousal responses of BDSM-identified sadists ($n = 18$), men with some sadistic interests ($n = 22$), and non-sadists ($n = 23$) were compared on a series of stories that distinguished violence and injury cues from resistance and nonconsent cues. Sadists responded with significantly higher subjective and physiological arousal to stories with cues of violence and injury relative to stories not involving violence and injury than non-sadists and men with some sadistic interests. In response to stories with cues for nonconsent, no group differences emerged. Visual examination of sadists' subjective and genital response profiles showed that sadists responded the most to descriptions of mutually consenting sexual interactions involving violence, followed by mutually consenting, non-violent sex. These findings indicate that sexual sadism (as endorsed by BDSM practitioners) primarily involves arousal to violence and injury in a sexual context rather than resistance and nonconsent. That the study's group assignment was based on self-report impacts the generalizability and validity of results. Together, these studies illustrate that those who have been convicted of rape appear to have sexual arousal linked to nonconsent, while sadists recruited from the BDSM community show increased arousal to stories containing violence but not nonconsent. Of course, there is overlap between these groups, and there may be men with both sexual preferences.

BDSM and the Law

BDSM sits on the margins of legality in Canada and the United States. Even when consensual, BDSM activities can be prosecuted under criminal law concerning assault-related provisions and obscenity provisions. The Supreme Courts of both nations specify that a person cannot consent to an assault that causes significant bodily harm. This stance is problematic for BDSM practitioners, as BDSM activities that leave visible marks can be criminalized, and the concept of carefully negotiated consent is rendered irrelevant. These laws separate BDSM cases from rape cases, given that sexual assault is not deemed to be criminal unless a lack of consent is shown, whereas the causing of significant bodily harm in BDSM cases is inherently criminal, regardless of consent. Although consent as a defense may be considered in criminal cases, there are significant limits, such as the degree of harm, the way in which consent was obtained, and the types of people who cannot legally provide consent. The laws of Canada and many American States require persons to be in a state of consciousness capable of

Table 3. Key Practitioner Messages Concerning BDSM and Consent.

The <i>DSM-5</i> and <i>ICD-11</i> have made changes to distinguish consensual sadomasochism from pathological manifestations of such behaviors.
Consent distinguishes BDSM from abuse and psychopathology and represents an ongoing interactive and dynamic process involving safety precautions.
Consensual BDSM is predicated on explicit negotiation, which could be used as a model for discussing consent in other contexts.
Physical and relational indicators can be used to distinguish healthy versus abusive BDSM practice.
Although research shows notable differences between BDSM-identified sadists and men who have engaged in coercive sexual practices, it is prudent to assess for sexual sadism disorder in sexual offenders due to its association with violent recidivism.
In North America, a person is not able to consent to an assault that causes significant bodily harm, making BDSM that leaves visible marks of a criminal offense regardless of whether consent was obtained.

continuous, ongoing consent, wherein consent can be withdrawn at any time. As BDSM can produce altered states of consciousness (e.g., subspace; Pitagora, 2017) that may influence a Bottom's ability to withdraw consent, the relationship between BDSM and the law is further complicated. It should also be noted that many people enact nonconsensual sadomasochistic scenarios in "normal" or conventional relationships in ways that are sanctioned by society. Indeed, North Carolina has a law specifying that women cannot revoke consent once she agrees to sex; her partner can legally ignore an expressly stated retraction of consent as long as she initially consented (June 2017).

Conclusion

The available literature on BDSM supports the notion that explicitly stated and agreed-upon consent is a fundamental tenet of BDSM. The key practitioner messages concerning BDSM and consent discussed in this article are summarized in Table 3. Among the wide range of activities that constitute BDSM, consent is perhaps, in theory, the single unifying and universal characteristic. While mainstream sexual encounters also stress the importance of consent, consent often takes the form of an unstated, implicit assumption based on perceived behavioral displays of interest or willingness. The BDSM community takes consent further, demanding explicit rather than tacit consent. In its ideal form, it requires verbal communication and negotiation about the limits and boundaries of consent before engaging in BDSM, as well as the mutual definition of any consented-upon activities (Taylor & Ussher, 2001). This emphasis on consent can be viewed as the hallmark that distinguishes BDSM from coercive sexual abuse (Connolly, 2006) and BDSM from pathological forms of ostensibly similar behaviors (Langdridge, 2007).

The step of having a straightforward conversation of agreed-upon activities with mutually understood definitions defines the parameters of BDSM activity in a way

that is not obtainable through tacit or implied agreements of consent. Engaging in a verbal discourse surrounding consent serves to minimize misunderstandings and protect the safety and well-being of those involved. In addition to an established method of negotiating consent, BDSM offers a mechanism that signals the termination or withdrawal of consent through the use of safewords. The BDSM community's approach consent can be used as educational tools for professionals and could serve as a model for discussions around consent geared toward the prevention for sexual assault. A concrete model for establishing and respectfully maintaining consent could be applied to therapy for sexual offenders or to general educational outreach on college campuses. Making explicit consent a priority, and knowledge of how to adequately obtain consent, is of particular sociocultural relevance in light of the ongoing Me-Too movement.

Future research might design and test a psychoeducational intervention based on the BDSM model of consent. The efficacy of such an intervention could be examined among sexual offenders, as well as applied and tested in university settings. Additional research demonstrating how BDSM, and sadism in particular, differs from sexual sadism disorder is also needed. Research contrasting sadists from the BDSM community with forensic populations of violent sexual offenders would be valuable in delineating these disparate groups. For example, research has shown that BDSM-identified sexual sadists physiologically respond to sexual violence rather than sexual resistance and nonconsent, while sexual offenders differentially respond to themes of nonconsent (Seto et al., 2012; Lalumière et al., 2012). Further research of this nature may help disassociate consensual sexual sadists from violent sexual offenders and, in turn, reduce the stigma associated with consensual SM. Given the utility of biophysical indicators of sexual sadism in predicting recidivism among sex offenders, physiological arousal research examining responses to consensual versus nonconsensual sado-masochistic content may shed further light on previous research findings.

Despite the explicit emphasis on consent, and the various measures put in place to help assure it, consent violations are not uncommon within the BDSM community. As with conventional sexual transgressions, boundaries concerning consent can be breached both intentionally and accidentally, within and outside of a BDSM scene. Individuals looking to commit sexual assault or individuals with Sexual Sadism Disorder may hide within the BDSM community, and misappropriate the label of BDSM as a cover for sexual assault. The BDSM community views violations of consent as serious offenses that are typically not left unaddressed. Resources, such as those offered by the NCSF, exist to help community members regulate issues surrounding consent, and these resources may also be of use to professionals working with victims of sexual assault. The BDSM community educates its members on the importance of consent and maintains an ongoing dialogue of how to best achieve, maintain, and respect consent among practitioners. When optimally practiced, BDSM entails a high level of awareness and engagement with the discourse around consent. Professionals working with relevant populations should take care not to conflate consensual BDSM activity with abuse or an interest in sexual coercion, while also being familiar with how to identify the presence of real abuse within BDSM relationships.

The criteria that distinguish abuse from BDSM could provide helpful psychoeducational material for sexual offenders, with the intent of lowering the risk of reoffending.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

Notes

1. "BDSM scene" is a colloquial term that refers to a given BDSM (bondage and discipline, dominance and submission, and sadism and masochism) encounter or exchange of BDSM activity.
2. Subspace refers to a psychophysical altered state of consciousness characterized by activation of the sympathetic nervous system and the release of endogenous endorphins and epinephrine that a Bottom may experience within a BDSM scene (Pitagora, 2017).
3. Non-cisgender refers to individuals whose gender identity does not match the sex that they were assigned at birth.
4. MTurk is an online crowdsourcing marketplace.

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