MASTERS PRACTICE RESEARCH PROJECT

BDSM and Helpseeking

An exploratory qualitative survey

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of
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Attestation of authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

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Friday 11 November 2016

AUCKLAND UNIVERSITY OF TECHNOLOGY

Abstract

Master of Health Science in Psychology (MHSc)

BDSM and Helpseeking

by Walter John HAMER

Background: Awareness of the subculture of BDSM has grown considerably in recent years, particularly through media and fictional depictions of BDSM. Societal responses to BDSM have ranged from vilifying, to pathologising, to fictional glorifying. Due to the stigmatised nature of BDSM and the prevalence of sadistic abuse in the wider society, the BDSM community has a number of significant barriers to help-seeking, particularly around legal, medical, and therapeutic needs. **Objectives**: First, exploring how New Zealand BDSM practitioners experience and make sense of help-seeking, including the barriers and benefits of doing so. Second, based on this, informing the BDSM community and helping professions on guidelines around help-seeking with this niche population. **Methods**: Online qualitative survey, using thematic analysis to construct an interpretive description of the results. **Results**: Three themes were constructed from the data. The first theme is how BDSM practitioners engage with the dominance of helpers, including use or avoidance of negotiation, limit setting, and aftercare. The second theme covers three distinct patterns of appropriation of BDSM by outsiders, from dominant societal groups, from predators, and from the medical and psychological community. In response to this appropriation, a range of resistance techniques used by the BDSM community are discussed. The final theme is the interpretation of consent as technology. This technology takes skill to be used, and is a tool to aid protection from abuse as well as enabling valued interactions. **Conclusions**: This research supports the need for helping professionals to have cultural competence when working with this niche population. The cultural resources held by the BDSM community can be a valuable asset in improving help-seeking for BDSM practitioners, and improving the professional helping environment in general.

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I hope this project may be of ongoing value to the community.

Thank you to my father, for setting up my LATEX template.

Finally, to my partner, you truly are the most wonderful person I know.

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Chapter 1

Introduction

1.1 Aims

This project was born out of consultation with members of the local BDSM community. Barriers to help-seeking were raised as being a significant concern for many BDSM practitioners. This project aims to help reinforce efforts already being made within the local BDSM community to improve help-seeking outcomes for BDSM practitioners, and provide guidance for helping professionals if and when they work with a client that is also involved in BDSM.

1.2 About the Author

I am a 27 year old cis-male, born and raised in Auckland. I hold a Bachelors degree from the University of Auckland and an Honours degree from AUT University. I am currently training as a Counselling Psychologist. Outside of academia, I am also involved in a niche subcultural social community, similar in size to the local BDSM community.

For a long time I have been concerned with the culture of sexual harassment and abuse in wider society, coupled with cultural taboos around sex and intimacy. From my observations of harmful sexual inclinations within myself and as experienced by my loved-ones, I have been interested in exploring how to reduce harmful sexual behaviour in our society. This project was initially driven by a quest to research people that were aroused by rape and sexual assault, but had not acted on these impulses. However, the lack of any clear access to this demographic meant I sidelined this project. At the time, some acquaintances of mine had started engaging in the local BDSM community. The literature on harmful sexual behaviour that I was reading also included frequent reference to consensual BDSM, generally as a contrast to non-consensual sexual and physical abuse. Inspired by this, I sought an introduction to the community. While I was coming from a perspective emic to psychological helpers, I was still etic to the BDSM community. During consultation, I was able to relate some of my experiences within my own subcultural community to the general context of the BDSM community. I am thrilled with having this opportunity to learn from this subculture, and hope that a partnership of our respective perspectives will benefit both the BDSM community and helping professions, including psychologists.

1.3 Outline of Dissertation

Chapter 1 outlines the research aims and the context of the project, introduces the researcher, and states the structure of the thesis. Chapter 2 covers a description of BDSM and consent concepts in common use within this subculture. This is followed by a look at the law around BDSM, particular in New Zealand, and including some notable court cases. Then, a brief overview of paraphilias, how the psychiatric industry constructs these, and how they relate to BDSM. From there, an overview of the development of Kink Aware Professionals is provided. On the side of the help-seeker, an overview of help-seeking research in New Zealand is compared with the needs and barriers of the local BDSM community. This chapter concludes with the justification and research questions for the current study. Chapter 3 covers the methodological choices and the methods used to

answer the research questions, as well as the ethical considerations involved. Chapter 4 shows the results for the qualitative analysis, and the discussion relating this is incorporated throughout the results. Section 4.3.2 lists several limitations of the research. The final section 4.3 then situates the results in relation to the research questions. The chapter finishes with conclusions relevant to the main beneficiaries of the research.

Chapter 2

Literature Review

This chapter will cover a description of BDSM, including research around aspects of the subculture such as definitions of terminology and consent practices. Following this will be a brief look at the some of the legal questions around BDSM, including some relevant New Zealand case-law, and an overview of psycho-pathological perceptions of paraphilias and how this relates to BDSM. Then, research around the need for kink-aware professionals, the concept of help-seeking, and the local BDSM community will be used to set the stage for the research questions of this project.

2.1 BDSM

'BDSM' refers to Bondage, Discipline, Dominance, Submission, Sadism, and Masochism (Dancer, Kleinplatz, & Moser, 2006; Hébert & Weaver, 2014; Nichols, 2014; M. S. Weinberg, Williams, & Moser, 1984). Other acronyms commonly used are 'BD' for Bondage-Discipline or Bondage-Domination, 'DS' for Dominance-Submission, and 'SM' or 'Sadomasochism' for Sadism and Masochism. All these terms may refer to distinct activities, or may be used as a general reference to BDSM. Many terms relating to BDSM were inherited from the medical and psychiatric community, such as 'sadism,' 'masochism,' and 'fetish.' The term 'kink' emerged organically from within the community (Ortmann & Sprott, 2013). This term is used to describe a number of practices that may overlap with BDSM practices. The term kink may also be used synonymously with BDSM, or it may encompass a broader range of practices than BDSM. Kink, or kinky activities, are also generally considered to have a sexual component. Kink and BDSM are often contrasted with 'Vanilla,' or the status quo of sexual and intimate behaviour (Kleinplatz, 2006). To maintain specificity and consistency within this thesis, the acronym BDSM will be used. As the term 'scene' can be used to refer to the micro or the macro level of BDSM, the BDSM social scene as a whole (either within a region or globally) will be referred to as the 'BDSM community.' Specific instances of BDSM activities will be referred to as 'BDSM play,' 'BDSM activities,' or 'BDSM practices,' rather than a 'BDSM scene.'

Bondage is the use of (usually) physical restraint, which can in include anything from rope tying, suspensions, handcuffs or straitjackets, through to confinement in small spaces, or vacuum sealing a person in plastic. Consensual uses of chemical restrains might also fall under the umbrella of bondage.

Discipline refers to the practice of psychological restraint, physical and psychological conditioning, and/or behaviour modification. It can also refer to training, particularly of submissives or 'Bottoms.' In some social contexts, it can involve a progression through social ritual and educational procedures.

Dominance and submission ('D/s,' with the upper and lower case used to denote the power difference of the roles) refers to the willing exchange of power between participants. This exchange is usually reciprocal, with the dominant directing and taking the lead, and the submissive accepting and responding to the lead. Most participants agree that dominants and submissives have as much control as the other during BDSM play (Easton & Hardy, 2001). The degree of power exchanged can range greatly in scope and duration. Most people that engage in D/s identify as primarily either dominant or submissive (Breslow, Evans, & Langley, 1985; Connolly, 2006), however there are plenty of people that identify as 'Switches,' (Moser & Levitt, 1987), and will play either role depending on their partner, their inclination at the time, or the circumstance of the BDSM activity.

Sadism and masochism refer to the pleasure in giving and receiving pain, respectively. Often masochism involves an attempt to get into an altered state of consciousness through the gradual exposure to painful stimuli, though sometimes it is used for other means, such as exploring pain-tolerance levels.

Generally speaking, these practices are relational: they involve an interaction between two or more people. A person in a role of *acting upon* another is usually considered a 'Top,' while a person in a role of *being acted upon* is usually considered a 'Bottom.' This may follow a pattern of dominant-submissive, or sadist-masochist, and indeed such roles easily complement each other as a Top-Bottom dynamic, but this does not have to be the case.

People that practice BDSM participate in activities that encompass some or all of these categories. Quite often, any given activity will fall into multiple categories. Some BDSM practitioners view their involvement with BDSM as an occasional aside, some view it as part of their identity, and some view it as a lifestyle (Kolmes, Stock, & Moser, 2006). Occasionally, some people negotiate 24/7 BDSM relationships with their partner or partners, where roles are sustained over an agreed period of time (Dancer et al., 2006).

In their widely cited article, M. S. Weinberg et al. (1984) (see Pillai-Friedman, Pollitt, and Castaldo (2014) and Hébert and Weaver (2014) as examples) described five loose categories of the parameters within which BDSM activities tend to operate. First, a presence of a dominant-submissive relationship, second, role-playing, third, consent or willingness to participate, forth, a sexual context for the activities, and fifth, an agreement by everyone that the activities are part of BDSM. The authors are quick to point out that not all such categories are necessary. In particular, some participants do not view BDSM as a sexual activity (M. S. Weinberg et al., 1984). The term 'role-play' gives a sense of game, which may be apt in some circumstances, but for participants that participate in BDSM as 'serious leisure' (Newmahr, 2010) or for those for whom BDSM is a spiritual pursuit (Beckmann, 2007; Easton, 2007), the term 'play' may conjure associations that trivialise the activities. Certainly, much of BDSM involves *taking on* roles, and this act may be analogous to how people take on roles in an occupational, religious, or domestic environment. Consent or willingness are cornerstones of BDSM. Even in edgeplay, where boundaries and limits, including consensual limits, are intentionally pushed, this is done in a consensual manner, and the community has a number of ways in which they view and engage with consent. Overall, however, this definition provides no explanation for BDSM, nor does it create a full picture of what is involved.

2.1.1 The practice of BDSM

Not all BDSM practitioners practice or are interested in all aspects of BDSM. Some practices enjoyed by some participants are seen as uninteresting, revolting, or terrifying to other participants. In order to sustain common purpose in the face of diverse preferences, BDSM practitioners often draw upon a discourse around 'Your Kink Is Not My Kink (and that is ok)' (YKINMK). This amounts to a celebration of difference, and is a counter to potential divisiveness from within the BDSM community. All things considered, BDSM can be considered a fuzzy set, with members of the wider community in may respects heterogeneous to each other, rather than a homogeneous group. This is backed up by research from Hébert and Weaver (2014), who looked at the personality characteristics of BDSM practitioners and found more differences than similarities within the BDSM community, and few noticeable differences to the general population. This section will describe some of the common social and relationship patterns within the BDSM community.

2.1.2 Relationships

Play partners can be in the context of a long term, regular, casual, or one-off relationship. The degree of acquaintance with play partners can range from newly acquainted through to intimate partners, and anything in-between. Play partners may be an addition to a monogamous romantic relationships, or part of a non-monogamous relationship structure. Long term relationships may include BDSM as a part of that relationship,

or the entire relationship might be defined in BDSM terms, for example with 24/7 total power exchange arrangements. When it comes to paid relationships, professional dominants engage in BDSM play with paying clients, and demonstrators might employ someone to assist with a demonstration at an event.

2.2   Prevalence

Prevalence rates are hard to estimate, with stigma, changing social perceptions, and question choice impacting the responses given. In terms of enjoying pain in a sexual context, two early studies provide wildly varying figures. Kinsey, Pomeroy, and Martin (1948) estimated that 50% of males and 54% of females enjoyed being bitten in a sexual context. By contrast, Hunt (1974) estimated that 5% of the population got sexual pleasure from giving or receiving pain. A slightly more recent survey of Canadian university students found that 65% had fantasised about being tied up, and 62% had fantasised about tying someone else up (Renaud & Byers, 1999). However, enjoying or fantasising about something, and actually engaging in it are quite separate things, and cultural perceptions around pleasure and pain have changed a lot since these studies. Furthermore, not all acts of bondage or sexually pleasurable pain are BDSM. Janus and Janus (1993) focused more explicitly on BDSM, and estimated a lifetime prevelance rate of 14% for males and 11% for females. A more recent study by Moser and Kleinplatz (2006) found comparable rates at 10% of adults. A relatively recent prevalence survey in Australia found 2.2% of sexually active males and 1.3% of sexually active females would admit to engaging in BDSM when explicitly asked, though a definition of BDSM was not provided (Richters, De Visser, Rissel, Grulich, & Smith, 2008). As such, this figure may well reflect the approximate minimum prevalence of engagement with the BDSM community, with room for as much as 6-8 times as many people engaging in BDSM over the course of their lifetime. However, with popular fiction depictions of BDSM such as *50 Shades of Grey*, released in 2011, awareness of and identification with BDSM may well have changed within the general population since these surveys.

2.3   Consent

Consent is an important feature of BDSM. Indeed, Turley and Butt (2015) found safety and consent to be central to the enjoyment of BDSM in the group they researched. If something goes wrong with the consent process, the immediate consequences can be significant for all involved, including physical and psychological harm, damage to relationships, legal consequences, and negative media coverage. In order to minimise these risks, the wider BDSM community has engaged in ongoing discussions and developments around consent.

Some approaches to consent focus on a 'whitelist,' or a list of things that participants are interested in. Some approaches focus on a 'blacklist,' or a list of things that participants are, to one degree or other, not interested in. Blacklists are generally referred to in terms of *limits*, such as hard limits and soft limits. Testing limits, in the context of expanding a persons comfort zone, is at times an intentional part of BDSM (Taylor & Ussher, 2001). Intrinsic to this whole process is the establishment, earning, and exploration of *trust*. In some relationships, an approach of 'no limits' is used, substituting in trust in place of declared boundaries (Brame, Brame, & Jacobs, 1993).

One of the most well known models of consent is 'Safe, Sane, and Consensual,' or SSC, widely attributed to david stein (author writes his name without capitalisation) (stein, 2002). Building off a common mantra of the time of 'have a safe and sane fourth of July,' the aim of the concept is to provide a bare minimum set of rules under which BDSM practices can be acceptably engaged in. 'Safe' refers to the concept of leaving no permanent physical or psychological damage. 'Sane' covers being able to differentiate fantasy from reality (an important feature of role-play), acting on your own judgement, and also covers avoiding significant impairment from intoxication or drug use. 'Consensual' differentiates BDSM from abuse, and excludes children from being involved. 'Risk Aware, Consensual Kink,' or RACK, is widely attributed to Switch (2000). RACK shifts the focus away from safety and cognitive capacity, putting it squarely on assessing risks and consenting. Risk

is also considered in terms of *necessary* and *unnecessary* risk; i.e. those risks that are inherent in the type of play, and those risks that can be avoided through planning. Under this concept, many higher-risk BDSM practices that were challenged under SSC are given a framework around how they can be navigated in a suitably consensual manner. 'Personally Responsible, Informed, Consensual Kink,' or PRICK, builds on RACK, but increases the emphasis on the role each person plays in the consent process. PRICK makes it very clear that a passive role in understanding what is going on is not acceptable. More recently, a new model of consent, called the 4C's, has been receiving growing attention in the wider BDSM community. This model focuses on for dimensions of Consent, Communication, Caring, and Caution (Williams, Thomas, Prior, & Christensen, 2014). Another perspective on consent, summarised by Pitagora (2013), covers the process of consent at different stages. This model looks at what tends to happen before, during, and after BDSM play. The model covers phases of negotiation and limit setting before play, revocable consent through the use of safewords during play, and aftercare once play is over. Aftercare consists of caring behaviours, often pre-negotiated, after BDSM play has finished. Not all BDSM practitioners include aftercare as part of their play, and the types of aftercare differ between individuals (Newmahr, 2010; Pitagora, 2013). This process model is observational, rather than aspirational: it describes patterns that often occur within the BDSM scene, instead of prescribing an ethics of consent. As consent is actively engaged with on a regular basis within the BDSM scene, these observations overlap with concepts described in models of consent such as SSC, RACK, PRICK, and the 4C's.

2.3.1 A virtue-ethics of consent

There is a noticeable shift in these models of consent from a rules-based, or deontological approach, to that of a values and attitudes approach, which is arguably a class of virtue-ethics. Hursthouse critiques many ethical theories for attempting (and failing) to adhere to what she terms is the Strong Codifiability Thesis. The Strong Codifiability Thesis is the idea that an ethical theory can both encompass all possible behaviour and also be used well by anyone (Hursthouse, 1999). The drive towards a more values- and attitudes-based ethics of consent within BDSM appears to be driven by similar types of problems from earlier, rules-based models. Many circumstances are left without guidance under SSC, which as a model simply prohibits many risky behaviours. Furthermore, individuals can certainly misunderstand or misuse SSC, such as treating it like a tick-box approach to consent or using it to claim someone interested in risky behaviour is abusive even when this is not the case. Later models of RACK and PRICK provide some guide to the character or attitude that practitioners need to have – be a risk-aware person, or be a person that takes personal responsibility and gets informed about what is involved in any given desired activity. The 4C's takes this further, and proscribes consensual BDSM practice as best performed by someone that has caring and cautions attitudes, in a context where they are consenting and communicating with the other people involved. This ethics of consent does not focus on proscribing how to behave in all situations, but rather on how BDSM practitioners can equip themselves to have the best chance of navigating most BDSM activities, even novel ones. Likewise, the 4C model is not one that will be able to be used by everyone. For example, if a person simply does not care about the other person(s) involved, or they are careless about risk, this model cannot be used well by that person. Thus, the 4C's can be seen as the latest attempt within the scene to describe an ethics of consent that focuses on the character (or in Aristotelian terms, virtue, (Aristotle & Crisp, 2000)) of the practitioner, rather than just focusing on a set of rules to follow.

2.3.2 Abuses vs uses of power

Many BDSM practices involve overt and consensual dynamics that are often covert and not explicitly consensual in the non-BDSM, or vanilla world. For example, spanking a child is non-consensual use of force, particularly, when judged on consent to sexual activity, a child is not of an age to give consent. Furthermore, the power difference between the adult and child is usually not up for discussion: adults are almost always larger, stronger, more knowledgeable, and hold considerable control over a child's environment (particularly parents and guardians). Until recently, spanking a child was viewed as acceptable in New Zealand, and the

public resistance to legal changes around hitting children highlight that this is likely to still be seen as an acceptable type of behaviour. Within the BDSM world, age-play (one person playing an adult, the other a child) and spanking are relatively common types of play, and are certainly combined together at times. Here, the power difference is negotiated, limited, and overt, with consent held as paramount. Behaviours that are often *abuses* of power in a vanilla context can be engaged in as *uses* of power within a consensual BDSM context.

BDSM relationships are a sub-type of relationships, rather than a categorically separate type of relationship, and as such they draw on many of the same cultural resources as vanilla relationships. Just as abuse happens within relationships in general, abuses also happen in BDSM relationships (Pitagora, 2015), but there is evidence to suggest there is no link between BDSM and abuse above and beyond the rates found in the general population (Wright, 2006). Furthermore, the socio-political climate that BDSM is situated in most Western, educated, industrialised, rich, and democratic societies results in an intersectionality of how risk for abuse is experienced in BDSM relationships. Pitagora (2015) interviewed four Americans that had experienced intimate partner violence in the context of an allegedly BDSM relationship, and described four ways in which intimate partner violence was experienced. First, participants reported a process of victimisation of inexperience. People being told they do not need a safeword, not told about consent processes, or told misinformation about what BDSM entails. Second, they talked about a conspiracy of silence around abuse in general, compounded by difficulties in talking about BDSM with others. Third, there are a range of minority stressors that all intersect, such as a risk of being 'outed,' heterosexual ideology, and people conflating all BDSM with abuse. They also reported difficulty in finding services of support, both in terms of the lack of availability, and in terms of balancing priorities against risks with engaging in such services. Lastly, the participants indicated a trend of abusers hiding in plain sight. These people would take BDSM as a way to manipulate others into accepting abuse (Glickman, 2011), using the intersectionality of minority stressors, the conspiracy of silence, and opportunities to meet inexperienced individuals as tools to facilitate their harmful predatory behaviour.

As such, BDSM can be considered as a way of intentionally using power for specific purposes. As with any power, there is the potential for beneficial use, as well as malicious or negligent misuse. To reduce these risks, BDSM communities create and discuss a range of harm reduction strategies, including consent practices, social structures, and environments within the community.

2.4 BDSM and the Law

2.4.1 Significant overseas cases

In 1994 UK, several men were convicted of grievous bodily harm for engaging in homosexual sadomasochistic acts over a 10 year period (*R v Brown*, 1994). This trial became know as the 'Spanner Case,' and received considerable legal and academic debate, drawing analogies between BDSM and duelling, brawling, circus acts, contact sports, elective cosmetic surgery, and non-medical circumcision, among others (D. J. Baker, 2014; Fox, 2005; T. S. Weinberg, 2006; White, 2006).

Legal sanction is not the only concern for BDSM practitioners. In the UK, a man was fired from his job as a probation officer after the probation service found out that an organisation he had informed them he was associated with sold BDSM products. Following his legal contest of this decision, the European Court of Human Rights upheld the decision of the probation service (Chatterjee, 2012). This case is particularly perturbing as the decision to remove an individual associated with consensual dominance contrasts markedly with the nature in which the organisation of the probation service exercises non-consensual dominance over those under their purview (Chatterjee, 2012). The absence of legal protection is another way in which laws can impact BDSM practitioners.

2.4.2   Law in the New Zealand context

The law in New Zealand does not restrict bondage or discipline practices, prostitution is legal, and while there are some restrictions to relationships formed around other D/s dynamics (e.g. professional with client, teacher with student), generally D/s relationships are legally acceptable. However, the practice of sadism and masochism likely falls under assault in New Zealand law. The Crimes Act 1961 defines assault as:

> "Assault means the act of intentionally applying or attempting to apply force to the person of another, directly or indirectly, or threatening by any act or gesture to apply such force to the person of another, if the person making the threat has, or causes the other to believe on reasonable grounds that he or she has, present ability to effect his or her purpose; and to assault has a corresponding meaning." (Ministry of Justice, 1961)

On the surface, this would suggest sadomasochism is indefensible in New Zealand. However, one important caveat to this definition is:

> "Unless the context otherwise requires." (Ministry of Justice, 1961)

Indeed, without this caveat, many contact sports would be illegal. Sadomasochism remains largely untested against New Zealand law. However, from a legal context, sadomasochism within the context of BDSM has several significant similarities with sports. There is an established culture and context for the behaviour, a range of explicit and implicit consent around what constitutes acceptable behaviour, and generally speaking a use of force that is intended to cause a short term experience (and no long term harm). Mountier (2012) conducted a legal analysis of consent within sport in New Zealand, several points of which are very pertinent to BDSM. As summarised by a ruling by the court of appeal for the case ((*R v Lee*, 2006) at [313] – [318]) (emphasis added):

> [313] The test in New Zealand at common law is not a results-based test. If **injury is not intended** and there is **no reckless disregard for the safety of others**, then **consent is a complete defence to any charge of assault**, provided what occurred comes within the scope of the consent.

> [314] Where **injury was intended** or where the perpetrator was **reckless**, consent is still a complete defence, provided what occurred comes within the **scope of the consent**, except in the situations set out below.

> [315] Apart from sparring matches or play-fights and organised matches conducted with a referee and according to established rules, consent is not a defence in relation to fighting. Those involved in sparring matches and play-fights must not be acting in reckless disregard for the safety of others and must not intend to cause bodily injury for consent to be operative.

> [316] Where **grievous bodily harm is intended**, public policy factors **may** require the Judge to **withdraw the defence of consent** from the jury. The same applies where a perpetrator acts in reckless disregard for the safety of others. When deciding whether consent should be withdrawn as a defence on public policy grounds in such situations the Judge should take into account the **right to personal autonomy**, the **social utility** (or otherwise) of the activity, the level of **seriousness of the injury** intended or risked, the level of **risk** of such injury, the **rationality of any consent** or belief in consent, and any other **relevant factors** in the particular case.

> [317] Under these principles, consent must be left to the jury if there is an evidential basis for it, except where s 63 applies, in cases of fighting, and in cases where grievous bodily harm is intended or where the perpetrator acts in reckless disregard for the safety of others and the Judge withdraws the defence on public policy grounds. Any withdrawal of the defence will usually be a conditional withdrawal as it will be for the jury to decide whether the Crown has proved intent to

inflict grievous bodily harm or that the perpetrator has acted in reckless disregard for the safety of others. In any particular case, there may also be other factual pre-requisites to the withdrawal of consent as a defence which may need to be decided by the jury.

[318] Where consent is left to the jury, it will be for the jury to decide whether the Crown has proved both lack of consent (either explicit or implied) and lack of honest belief in consent or whether the Crown has proved that what happened does not come within the scope of any consent and that the perpetrator did not honestly believe that it did.

This suggests that there is ample room for many sadomasochistic activities within the context of consensual BDSM. Indeed, as Mountier (2012) pointed out, the law in New Zealand differs to the law in the UK in that grievous bodily harm can be consented to, though whether consent is defensible is up to the judge. However, as the judge should be taking into account "right to personal autonomy, the social utility (or otherwise) of the activity, the level of seriousness of the injury intended or risked, the level of risk of such injury, the rationality of any consent or belief in consent, and any other relevant factors in the particular case," there seems ample room for the culturally established context of BDSM to be promoted for consideration, should a case require it.

There is one case in New Zealand law which explicitly considers the defence of consent in relation to grievous bodily harm resulting from BDSM. In *R v Barker* (2009), the judge found the defendant guilty of injuring with intent to injure and wounding with intent to injure in relation to two counts of scarification, with the defence of consent withdrawn. This was successfully appealed, with the judge from the appeals court ruling that the defence of consent should apply. Though no retrial was pursued by the crown, so the outcome of this particular case is untested, this does set a precedent for a defence of consent around BDSM practices.

Another case in New Zealand is also pertinent to the legal risks involved in BDSM. In *R v Chignell* (n.d.), the defendants, a professional dominatrix and her partner, were accused of murder after a client died in relation to BDSM activities. They were eventually acquitted of murder after a trial by jury (trial documents are not available) (NZHerald, 2009). While this case was complex and eventually came to an acquittal, the possibility of prosecution for murder highlights some of the legal risks that BDSM practitioners face should someone die during BDSM play.

A third, more recent case also highlights how BDSM can have legal consequences outside of the legality of the practice itself. *Griffin v Pierce* (2013) involved the application for a protection order by one person against a former partner on an allegation of domestic abuse. The former partner argued the behaviour in question was consensual BDSM. While the outcome of this case may or may not generalise to other cases, the process of disputing a claim of abuse with a claim of consensual BDSM is still risky, with the possibility of significant impacts on protection orders, child custody arrangements and/or mandatory treatment orders. One part of the ruling, at [51], also involved the judge querying whether the application for a protection order was part of a D/s game between the two parties. Another part, at [50] included comments from the judge about the "unnecessary length" to which one party described the nature of the BDSM relationship. While the judgement text is unable to provide a full impression of how the judge was perceived to treat BDSM, these two comments would suggest that there is a chance the judge was perceived to hold an unfavourable view of BDSM. While this is not a suggestion that this particular ruling was impacted by bias, it does highlight the potential for an unsympathetic environment within the court system that BDSM practitioners could none-the-less be required to engage with. Such an environment is consistent with research by Weiss (2008) and White (2006), who found evidence of rights violations and legal discrimination against BDSM practitioners overseas. Such legal handicaps are similar to those historically experienced by homosexual communities throughout the western world (Ferrer, 2011).

Should a case arise, the ethics of consent within BDSM may, if it is demonstrably adhered to, reduce the risks of charges of assault. Consent processes should limit unnecessary risks of harm, provide a context where problems are able to be identified and addressed safely, promote personal autonomy, and, if a charge of grievous bodily harm is brought, provide a clear indication in the rationality of the belief in consent. Consent is not just

protection for the most vulnerable parties involved in BDSM play, but for all parties involved. Overall, most BDSM appears to be legal, though many BDSM practices have yet to be fully tested in New Zealand law.

2.5 Mental Health and BDSM

Like the legal system, the mental health industry is also a powerful social structure which has had a significant impact on BDSM through the pathologisation of 'paraphilias.' Paraphilias, as depicted in the latest edition of the diagnostic and statistical manual, currently mean sexual stimuli that are *necessary* for sexual arousal or orgasm and that deviate from the pervading cultural norms of a community (American Psychiatric Association, 2013). Their long and turbulent history has been well documented elsewhere (De Block & Adriaens, 2013; Mulé, n.d.; Reiersøl & Skeid, 2006). In the most recent iteration of the diagnostic and statistical manual, the DSM-5, paraphilias are now considered distinct from *paraphilic disorders*, though a necessary component of them (American Psychiatric Association, 2013; Seto, Kingston, & Bourget, 2014). Some paraphilic disorders are also related to criminal behaviour (Baur et al., 2016), and debate around distinction between 'normal' human sexual behaviour, culturally approved sexual behaviour, pathological sexual behaviour, and criminal behaviour has been ongoing throughout the history of modern psychiatry (De Block & Adriaens, 2013; Krafft-Ebing & Klaf, 1965). The inclusion of highly stigmatised criminal pathologies, particularly paedophilia (Jahnke, Imhoff, & Hoyer, 2014) and zoophilia, in the same category as terms related to BDSM, like sadism, masochism, and fetish, also contributes to the stigmatisation of BDSM (Mulé, n.d.). The history of paraphilic diagnoses have not adequately considered consensual practice (Beckmann, 2005; Krueger, 2010; Langdridge, 2006; Reiersøl & Skeid, 2006; Sagarin, Cutler, Cutler, Lawler-Sagarin, & Matuszewich, 2008; Taylor & Ussher, 2001; B. Thompson, 1994; M. Thompson, 1991), though the latest two iterations of the diagnostic and statistical manual have put considerable more emphasis on consent (American Psychiatric Association, 2000, 2013; De Block & Adriaens, 2013).

Some people explore paraphilia-related behaviours within a consensual subculture context, such as BDSM communities (Hébert & Weaver, 2015), though in these contexts the sexual behaviour may not be strictly necessary for arousal, merely causally contributory. Oosterhuis (2000) argues that paraphilias were essentially a joint creation between psychiatrists and patients. Indeed, there is significant overlap between many of the terms used (Ortmann & Sprott, 2013), particularly evident through join use of terms like fetish, sadism, masochism, voyerism, and exhibitionism. Thus, paraphilias and BDSM are enmeshed in language and in community. There is a significant problem with the shared uses of language, however: the words appear the same, but the meaning behind these terms is often very different. Psychiatric diagnoses describe paraphilic behaviour as a *need*, while BDSM communities tend to describe their activities as a *desire*. A *need* must, by definition, be met regardless of the consent of others involved. A *desire*, by contrast, has no tautologically implied compulsion. This has lead to a powerful discipline of academic work on paraphilias that uses a pathological prism of research (Newmahr, 2010), is biased by cultural norms, and the academic theories behind these perspectives are not representative of marginalised groups, such as the BDSM community (N. L. Baker, Buick, Kim, Moniz, & Nava, 2012).

2.5.1 Development of Kink Aware Professionals (KAP)

Against this backdrop, Kolmes et al. (2006) conducted an online survey of American BDSM practitioners and their experiences of therapy. The researchers also invited therapists to participate, but while they received replies from 175 BDSM practitioners, they only received replies from 17 therapists, so they focused on the responses from the former. The central argument the researchers made from the results was that working with clients that are involved in BDSM is an ethical issue of *cultural competence*. The implication of this is that therapists need training and/or support to ethically and safely work with BDSM practitioners. The researchers described several harmful or unhelpful practices that therapists have engaged in, such as confusing BDSM with abuse or self-harm, assuming BDSM interest was caused by past trauma, abandoning clients that engage with BDSM, being overly fascinated or unprofessionally inquisitive about BDSM, using clients to learn

about BDSM, misrepresenting themselves as kink-aware when they were not, and trying to 'fix' clients based solely on their interest in BDSM irrespective of whether this was contributing to the presenting problem. The researchers also described several beneficial and helpful practices that therapists have done, such as being accepting, non-judgemental, taking the initiative to learn more about BDSM, understanding and promoting consensual BDSM practices, being able to tell the difference between BDSM and abuse, and letting the client determine whether BDSM has a positive effect on their life. There were also several specific things that therapists could help clients with, such as overcoming shame and stigma, promoting consensual BDSM, and helping clients navigate their journey with BDSM, provided these were needs driven by the client.

Building on this, Pillai-Friedman et al. (2014) developed a protocol for training kink-aware professionals. This training builds on previous research around sexuality training (Barker, 2005; Stayton, 1998). The training process suggested consists of three components: desensitisation and re-sensitisation, including BDSM specific exposures and discussions, personal learning, though not involving learning from clients, and BDSM-specific supervision (Pillai-Friedman et al., 2014). This training is aimed at therapeutic, legal, and medical professionals. Barker (2005) has also produced a tool for training therapists, challenging underlying biases and understandings of BDSM. The distinction between kink-aware and kink-friendly therapists is also important, with kink-friendly professionals being those that are able to provide a generally supportive environment but without specialist skills, and kink-aware being able to offer culturally competent services, as well as help with kink-specific issues like coming out, communication to non-kinky partner, negotiating boundaries, facilitating 24/7 contract, and distinguishing BDSM from abuse (Kolmes et al., 2006). At the time this thesis was written, there is just one registered kink-aware professional (a counsellor) in New Zealand (National Coalition for Sexual Freedom, 2016).

2.6 Help-seeking

Having culturally competent helpers is one part of the helper-helpee dynamic. On the other side is the need for help-seeking behaviour on the part of the helpee. Cornally and McCarthy (2011) analysed the concept from a medical perspective, influenced by the use of the term in a nursing and public health promotion context. They draw the concept down to a problem focused, intentional action, involving a interpersonal interaction with a third party. This requires antecedents to the seeking behaviour, including recognising there is a problem, defining the problem, deciding to act, and one or more sources of help. While the authors focus solely on a physical and mental health perspective, the same logic and process can be used for legal, spiritual (van Duijl, Kleijn, & de Jong, 2014), existential, interpersonal, or political problems. Furthermore, skills acquisition, where a third party is required as a teacher, could also result in help-seeking behaviour. For the purposes of this thesis, political help-seeking will be considered a subsidiary of legal help-seeking, and not explicitly focused on. While the discussion of BDSM within the political sphere is significant for the BDSM community as well as wider implications around consent, personal autonomy, sexual flourishing, and protection of vulnerable or marginalised populations, this is beyond the scope of this project. As such, help-seeking will be considered in terms of physical health, mental health, legal, spiritual, existential, and interpersonal problems.

Research into help-seeking behaviour in New Zealand has covered young New Zealanders (de Bruin, 2011; Senior, n.d.), including young New Zealanders with regards to sexual attraction, self harm, and suicidality (Lucassen et al., 2011), females targeted by intimate partner violence (Fanslow & Robinson, 2009), and problem gambling Bellringer, Pulford, Abbott, DeSouza, and Clarke (2008). Some of the barriers described by these demographics may also be relevant to the BDSM community. On their research brief about help-seeking by young New Zealanders, Senior (n.d.) suggested several areas were relevant to youths. These primarily included stigma, lack of knowledge, confidentiality, self-sufficiency, perceptions of helping agencies, and self-help via the internet. A range of other issues were also highlighted, such as cost and location of services, relationships with professionals, linking formal and informal help-seeking, and education. Lucassen et al. (2011) identified that non-heteronormativity among youths was a risk factor for difficulties getting professional

help for emotional difficulties. The themes formed by de Bruin (2011) from interviewing New Zealand youths about their help-seeking were increasing awareness of help options, how helpful, trustworthy, and friendly the helper was, the closeness of the helping relationship, what the youths had heard about the helper, and the reactions of the helper to the difficulties. When it came to females experiences of intimate partner violence in New Zealand, Fanslow and Robinson (2009) found that over three quarters of those surveyed had told someone about the violence, but two fifths had indicated no-one had helped them. Unhelpful responses were experienced by some of those surveyed, and these came from both formal and informal helpers, suggesting wider efforts to educate the community and helping professionals is needed. Problem gambling is less closely analogous to BDSM, though Bellringer et al. (2008) found that shame, and awareness and understanding of available support were significant barriers to help-seeking for problem gamblers. The ways in which these help-seeking experiences may overlap with the BDSM community include inexperience, the intersectionality of non-heteronormativity, confidentiality and the risk of being 'outed,' shame, stigma, awareness and understanding of support options, helper competence, and helper-helpee relations. However, as there is no New Zealand research on BDSM and help-seeking, these parallels remain hypothetical, and there may be experiences that are either specific to help-seeking BDSM practitioners, or experienced differently to these other help-seeking demographics.

2.7 BDSM in New Zealand

There is relatively little research on New Zealand BDSM communities. Zhang (n.d.) conducted an ethnographic interview of 21 predominantly Auckland-based BDSM practitioners, and noted several themes relevant to the contemporary BDSM community as well as several themes specific to the New Zealand context. Current media representations depict BDSM as unsafe, involving dysfunctional relationships, and involving unrealistic expectations, but on the other hand there are some normalising aspects to these representations, particularly for sex-related practices. An increase in 'lite-kink,' i.e. people including a token amount of BDSM-style behaviour in an otherwise vanilla sexual context, has increased the demand for, and thus the availability and affordability of, many types of BDSM paraphernalia. The internet also affords a vast array of private purchasing options, and quick access to terminology, guides, resources, local events, and online communities. The number of people actively involved in public events in Auckland, including munches and play parties, ranged in the low hundreds, with participants at any given event numbering less than 100. This is in marked contrast with much larger BDSM communities overseas, in the UK and the USA in particular. The participants in Zhang's research indicated there are several positive aspects of the Auckland community, some stemming directly from it's modest size. These include being open and welcoming of newcomers, being respectful and safety-conscious, being able to police themselves, being able to share information easily, and the supportive nature of the community. The self-policing aspect of the community alludes to reputations being a currency of control, implying that 'outing' people can be used as a threat to increase conformity with safety standards. This sort of self policing has also been reported overseas, such as in the Israeli BDSM community Haviv (2016). The flip-side to this is that Zhang's participants reported feeling like gossip, rumour, and drama run rampant in the Auckland community. Furthermore, they reported that people within the community are judgemental even if they try not to be, challenging the YKINMK principle. With a community this size, BDSM is often the only thing many people have in common, and this results in a feeling of a fragmented community. This fragmentation leaves little real will to deal with predators, or provide support for people targeted by them. Also, event organisers can feel overwhelmed, overburdened, or unsupported, as their role carries a huge responsibility within the community, with no few alternatives to take on this responsibility.

When it comes to dealing with sexual predators in and around the BDSM community, several members of the local BDSM community have started consulting with helping organisations, including the police Auckland Adult Sexual Response Team. This included putting together materials to help members of the Auckland community deal with harassment, assault, and sexual assault (-nic-, 2014b; Ruru, 2013), establishing a list of

contacts and counsellors (-nic-, 2014a), and training helping organisations about BDSM (-nic-, 2014b). The information includes advice on what community organisations can do in response to someone that is deemed a risk (exclusion from events), as well as information on: what options there are when reporting incidents to the police; a step-by-step guide to reporting sexual assault; a definition of sexual assault; details about coercion, non-sexual offences, blackmail, harassment, and defamation; legal considerations around 'outing' someone online, non-consensual recording of intimate acts, and disclosure of STI's.

2.8   Current Study

Building on the research by Kolmes et al. (2006), Zhang (n.d.), and the current efforts within the BDSM community to deal with sexual predators and harassment, this current study will explore the experiences of BDSM practitioners in New Zealand if and when they engage in help-seeking behaviour. The project will take a broad definition of help-seeking to allow room for target areas of legal, medical, and psycho-therapeutic help-seeking, as well as other types of help-seeking that are relevant to the participants. The reasons for help-seeking will be open to when BDSM is directly related to the reason for seeking help, or when it is unrelated but none-the-less impacts the help-seeking experience.

2.9   Research Questions

■ What are BDSM practitioners' experiences and sense-making of barriers and benefits to help-seeking?

  □ How can this help BDSM practitioners that engage in help-seeking behaviour?
  □ How can this inform the practice of professional helpers?

Chapter 3

Methodology and Methods

This chapter provides an overview of the qualitative research approach used to help answer the research questions from section 2.9. The following sections cover the ontological and epistemological assumptions behind the chosen methodology of interpretive description, and why this methodology is suited to meeting the objectives of the study. Following this are sections covering the methods for participant selection, survey distribution, data collection, and analysis. The final section will consider some relevant ethical issues for this research, and how they were navigated.

3.1 Ontology, Epistemology, Axiology

In an abstract sense, the overall aims of this research were operating within a social context. This social context involved a group of people loosely connected to each other through mutual involvement and understandings around a type of activity (BDSM), and how these people interacted with another group of people that had taken on a certain type of useful social role (helping others). As such, this research was operating within a *social reality*, a concept drawn from a social-constructionist perspective of ontology (Burr, 2003; Thorne, 2016). This research rested on the ontological assumption that social realities are, to a significant degree, produced, reproduced, and maintained through the communication of understandings and meanings; a meaning-generating process (Burr, 2003).

This approach is anti-reductionist, in that information is not 'found,' meaning is constructed. It is also anti-essentialist, in that there is no assumed necessary traits or permanent fixtures of the social reality. This is in contrast, for example, to the reductionist and essentialist perspectives found in much of the clinical literature on paraphilias, which is predominantly conducted through a pathological epistemological lens (Newmahr, 2010). As language and communication facilitate meaning-generating processes in human social realities, this research rested on the epistemological assumption that language and communication can function as a source of knowledge-access to the meaning-generating processes behind a given social context. In lay terms, this is the idea that people can describe meaningful aspects of their social world to other people. This research was situated within the broader social reality of the New Zealand BDSM community, and as such was a feature of that social reality. The parameters for the outcomes of this research extended to helping and/or hindering social constructions within these social environments.

As this research relates to two types of social groups, BDSM communities and helping professionals, the axiology assumptions driving this project were that this research should be of benefit to both types of group.

3.2 Methodology

The ontological assumption that social realities are a meaning-generating process, and the epistemological assumption that language and communication are a source of knowledge-access to this process, meant that

the methodology needed to collect experiences and/or opinions from community members. As the axiological assumptions include producing knowledge that can inform clinical practice and require practical application within a real world context, a methodology that is aligned with naturalistic enquiry would be appropriate (Thorne, 2016). As such, an interpretive description approach was selected (Thorne, 2016).

3.3 Research Methods

Three options were considered: focus groups, face-to-face interviews (either in person or online), and an anonymous online qualitative survey. After considering the pros and cons of these options, and consultation with members of the community, an anonymous, online, qualitative survey method was chosen. This method matches the methodological approach of interpretive descriptive, while ensures the highest possible discretion for participants, both in terms of confidentiality and in terms of demands on contributing data to the study. The main drawback of this approach is the lack of flexibility with questions, which was offset through the specificity and breadth of the questions asked and the number of participants sought.

3.3.1 Consultation

The design of the project was informed by several consultation meetings with members of the local BDSM community, discussion with another researcher in the field, and a review of academic literature around BDSM in general. This process culminated in discussions around difficulties members of the local BDSM community have had in engaging with therapists, legal professionals, and medical professionals. Based on the premise that seeking help is an important part of the human experience, any hindrance to seeking help is likely to be a significant concern to those involved. Thus, the first process of the methodology was to find a topic relevant to the community, and to explore the parameters and specificity of this topic.

3.3.2 Participant selection

Participants self-selected to participate. In order to offset the lack of flexibility with the questions on the online survey, a target of a minimum of 20 participants was set.

3.3.2.1 Inclusion and exclusion criteria

The survey was limited to participants that self identified as being over 20 years old, living primarily in New Zealand, being involved in BDSM for at least two years, and having an experience of help-seeking they were willing to talk about. This was to attempt to focus on established members of the BDSM community, rather than new or inexperienced members, and to avoid ethical considerations around researching youths in a sexual context.

3.3.3 Recruitment and advertising

The survey was advertised on a dedicated profile on a social networking website in popular use with the local BDSM community, with the expressed written permission of the site owners. No advertisements were posted to groups on the website without the permission of the people running the group, and as no-one gave permission, no posts were made. The primary researcher provided information about where to find the project to several people that had been involved in the consultation process, which resulted in a snowballing effect of participant recruitment (Biernacki & Waldorf, 1981). Several business cards were made available at BDSM events with the permission of the organisers, and provided a link to the survey and the social network profile. The primary researcher also gave a five minute talk about the project at a munch, which served to advertise the research and further facilitate the snowballing recruitment method. The survey was available online from the 24/06/2016 to the 31/08/2016.

3.3.4 Data collection

The survey was created on Qualtrics (2016). All participant meta-data was not collected, with each submission given a randomly generated identification code. All questions had open answer options. The survey began with general demographic information including age, ethnicity, sex and gender, sexual orientation, job or occupation, average yearly income, and previous voting preferences. After this, participants were asked to describe the types of BDSM play they have had experience with as well as how they describe their orientation within the context of BDSM. The next section asked about personal experiences with help-seeking, concerns they had with this, and what sorts of things they look for in a helper. The final section asked more broadly about what specific types of helpers, such as therapists, medical professionals, and lawyers, might need to know about BDSM, and what the participant and BDSM practitioners in general get out of BDSM. The survey also prompted for some specific details around aftercare. Participants were given the option to request a summary of the results via a dedicated email address (not connected to the survey), and a copy of the thesis.

3.3.5 Data analysis

The data was analysed using a thematic analysis, as this approach is flexible enough to work with short- or long-answer survey responses, and matches the methodology of interpretive description (Terry, 2016). The procedure used followed the six steps set out by Braun and Clarke (2006):

1. familiarization with the data,

2. generating initial codes,

3. searching for themes,

4. reviewing themes,

5. defining and naming themes, and

6. producing the report.

Data familiarisation was done through reading of and listening to (via text-to-speech software) the raw data. Initial codes were constructed as a brief summary of each salient point, modelled off the active listening technique of *reflection*. Both semantic and latent content was coded for. Codes were then be sorted into groups based on similarity. From there, themes were searched for based on the groupings of codes. Reviewing, refining and naming process for the themes was conducted concurrently with the production of the report.

3.4 Ethical Considerations

3.4.1 Privacy and confidentiality

During consultation, several people raised concerns about the way in which the research would need to be done in order to minimise the chances that people in the community would be put at risk of being 'outed' by the research process. The use of an anonymous online survey removed the possibility of accidental outing via association with the researcher. The demographic information was collated for the report without linking the information together, to limit the chance that someone that knew a participant could identify them based on the demographic information. Any quotes included in the report were given a random name (selected of a random name generator) and the age of the participant, except where the quote included information that was clearly public knowledge about an individual within the BDSM community. In this eventuality, the quote was attributed to a 'de-identified' label. All raw data was stored in password protected files, and all printed copies of the raw data were securely destroyed after they were used.

3.4.2 Minimising risk to the community

During consultation, several people referred to past experiences from researchers, journalists were mentioned in particular, that had been disingenuous in intent, or harmful to the community. The primary research attempted to mitigate this partially by using the consultation process as a trust building exercise. This provided several community members with chances to detail the axiology they would like the project to work from. The primary researcher also ensured all advertising of the project clearly showed the ethical approval from AUTEC, and as well as a concise summary of who was conducting it, why it was being conducted, what will be done with the results, and how people can get involved.

3.4.3 Ethics approval

Ethics approval was granted by AUTEC on 22 June 2016, as shown in appendix A.

Chapter 4

Results and Discussion

This chapter overs the results and discussion of the survey data. The first section describes the demographic data

4.1 Demographic Data

Overall there were $n = 42$ responses to the survey, with $n = 1$ incomplete and thus not included at the time the survey closed. Of those, $n = 18$ did not answer any of the main questions in the survey, and $n = 8$ of those did not answer the demographic questions either. As such, a total of $n = 34$ people filled out the demographic questions, though $n = 1$ was clearly a repeat attempt as the demographic information was relatively specific and almost identical. A small number reported repeating the survey during their survey answers, though as the survey is anonymous this was unable to be verified. The remaining survey questions had $n = 24$ responses, though not every participant answered every question. This section will report on the $n = 33$ different demographic responses.

4.1.1 Sex/gender

Participants were given an open answer question asking for either their sex (biological) and/or their gender (what you identify as), and $n = 25$ participants identified their biological sex as female, of which $n = 6$ explicitly stated they were cis-gender. $n = 6$ identified as male, and $n = 2$ identified as non-binary, or afab (assigned female at birth) and agender.

4.1.2 Age and length of time involved in BDSM

Age was provided by all but one participant. The average age of responders was 36.2, with a median of 34.5, a standard deviation of 10.9, and a range of 21 to 63. All but two participants gave an indication of how long they had been actively involved in BDSM. The average length of time was 10.5 years, with a median of 7, a standard deviation of 9.5, and a range of 2 to 40. Assuming continuous involvement in the BDSM once the person starts, the average age when participants first began BDSM was 26.2 years old, with a median of 24.5 years old, a standard deviation of 9.9, and a range of 8 to 51 years old. Assuming the responses are correct, $n = 2$ participants reported starting their involvement under the age of consent (8 and 12 years). It is worth noting that involvement in BDSM does not necessarily mean involvement in sex. The spread of starting ages was evenly split between under 20's at $n = 10$, 20-30's at $n = 10$, and over 30's at $n = 11$.

4.1.3 Ethnicity

All of the people that responded to the demographic questions reported that New Zealand was their primary country of residence. The range of ethnic identities and frequencies are listed in Table 4.1, using the language provided by participants. The responses are predominantly Pākehā, New Zealand European, or European. A total of $n = 5$ people identified as Māori, making up 15% of the total responses, and $n = 6$ participants

TABLE 4.1: Ethnicity

Ethnicity	Frequency
NZ-European or White Kiwi or Pākehā	22
European or White or Caucasian or Australian or American	7
Māori	5
Asian or South-East Asian or Indian	3
Multi-ethnicity	6
New Zealander	1

TABLE 4.2: Sexual Orientation

Sexual Orientation	Frequency
Heterosexual or Straight	12
Pansexual	8
Bisexual	5
Heteroflexible or Straight with bi tendencies	5
Queer or Pansexual Queer	2
Asexual	1

stated they had more than one ethnicity, with New Zealand European-Māori the most common of these. No participants reported any Pacific Island ethnicities. One participant reported their ethnicity as 'New Zealander.'

4.1.4 Sexual orientation

There were a range of sexual orientations reported by participants, as shown on Table 4.2, using language provided by the participants. It is worth noting that no participant used the term gay, lesbian, or homosexual, but almost 64% of participants reported some degree of non-heterosexuality. One of the events at which I spoke about the project was a community munch where the discussion of 'things in-between' was the focus of the event, including asexuality, heteroflexibility, pansexuality, and bisexuality. This may account for some of the specificity with which participants reported their sexual orientation.

4.1.5 Voting, occupation, and income

Participants were asked which political parties they voted for in the last national election, the results of which are shown on Table 4.3. The results heavily weigh towards Labour and Greens. National received a small amount of support, and of the $n = 3$ of these people that provided an indication of their income, all three of them earned between \$80,000 and \$100,000 per annum. A forth National voter also voted for the Greens. There were $n = 3$ Labour voters that reported incomes between \$70,000 and \$150,000, and $n = 3$ people in this income range that either did not vote or could not remember whom they voted for. Of the remaining parties that were elected, no participant indicated they supported New Zealand First, the Māori Party, United Future, or ACT. With the exception of one vote for Internet/Mana, no participant indicated support for a political party that did not get elected. For comparison, the election results for 2014 had National at 47.0% (60 seats), Labour at 25.1% (32 seats), Greens at 10.7% (14 seats), New Zealand First at 8.7% (11 seats), the Māori Party at 1.3% (2 seats), ACT at 0.7% (1 seat), United Future at 0.2% (1 seat), and Internet/Mana at 1.4% (0 seats) (New Zealand Electoral Commission, 2014).

TABLE 4.3: Voting

Political Party	Frequency
Labour	15
Greens	11
National	5
Internet/Mana	1
Voted for two different parties	7
Cannot remember	1
Did not vote	2
No answer	5

Only $n = 21$ participants provided some indication of their annual income, plus $n = 1$ participant that indicated they were a student but did not provide an income. Of these, the average income was \$58,000, with a median of \$55,000, a range from \$8,000 or the benefit to \$150,000, and a standard deviation of \$42,000 (all amounts are to 2 significant figures). A total of $n = 2$ participants indicated they were on the benefit and $n = 1$ stated they were a student but gave no indication of their income, so a rough estimate of \$10,000 per year was used for these for the purposes of this calculation. For comparison, the average income of full time workers in New Zealand in 2016 is \$1,257 per week or \$65,364 per year, with a median of \$1,062 per week or \$55,224 per year (Statistics New Zealand, 2016).

Participants reported a range of professions. A total of $n = 25$ participants gave an indication of their occupation. These included: unemployed, marketing, retail, engineering, education, parent, performer, personal instructor, accountant, sales, corporate learning and development, IT, administration, art, graphic design, student, analyst, customer service, libraries, lawyer, homemaker, counsellor, and seafarer. Only $n = 2$ participants indicated that BDSM was a source of income for them, using the term 'pro-domme' or 'dominatrix.'

This suggests that of the community, those willing to complete this survey were politically centre-left, with a small number of moderately well-off participants that hold centre-right political opinions (the dominant political opinion in New Zealand as measured by the last election). Many participants had average or above average paying jobs across a range of sectors, though there were also a number of people with low or unreliable sources of income.

4.1.6 BDSM preferences and experiences

Participants were asked about what sorts of BDSM practices they had personal experience with, and also what their preferences, types, and orientations towards BDSM were. In order to maintain anonymity, Table 4.4 lists the breadth of terms provided. Several participants simply stated they were interested or had engaged in a broad range of BDSM activities without listing them. The types of roles and types of play described are listed descriptively to illustrate the range of interests of the participants while maintaining a low risk of identifying any participant to anyone else in the scene. The range of activities described covers a wide range of activities and roles, encompassing the breadth of bondage, discipline, dominance, submission, sadism, and masochism. Some participants indicated that their BDSM play was always or usually non-sexual, some stated that some of there interests overlapped with sexual play, and some participants explicitly mentioned sexual play as part of their BDSM preferences. A number of participants gave an indication as to the types of relationships they were involved in while engaging in BDSM, such as polyamourous, swinging, long term D/s, 24/7 D/s, marriage, casual partners, and paid clientele. Four types of event were mentioned: munches, public play parties, private play parties, and workshops. Overall, the responses show that within those responding to the demographic questions, BDSM interest is heterogeneous. Furthermore, a wide range of preferences are represented within the data set.

TABLE 4.4: Preferences and experiences

Types of roles
Babygirl, bottom, brat, daddy, dominant, event organiser, fluid/evolving roles, kitten, little, mistress, mummy, owned property, paid teacher/exhibitor (bottom), pet, primal (predator), princess, professional dominant, rope bunny, service submission, slavedoll, submissive, teacher/educator (of BDSM techniques), top, switch.
Types of play
Age play, anal play, balloon bondage, bastinado (foot whipping), begging, belt impact, biting, blade play, blindfold, blood play, body worhsip, bondage, breath play, cable ties, cages, CBT (cock and ball torture), clothes pegs, consensual BDSM, consensual non-consent, constraint challenges, corporal punishment, cropping, cutting, D/s, deep throat, degradation, discipline, domestic discipline, electrical play, enemas, erotic hypnosis, erotic massage, exhibitionism, face slapping, feminisation, fire play, fisting, flogging, foot fetish/worship, gags, heavy impact, hoods, hot wax, humiliation, impact, improvised bondage, latex, leather restraint, masks, masochism, medical play, metal bondage, mummification (vac beds, sleep sacs), needles, objectification, orgasm control/denial, over-the-knee, paddles, pegging, pet play, piss-play, predicament bondage, protocol play, punching, role play, rope, rope shibari, rope suspensions, rubber/latex bondage, sadisim, sadomasochism, sensational/sensual, sensory deprivation, service, sexless play, sexual play, shoe fetish, sissification, slapping, slave training, spanking, straight jackets, thuddy-impact, tickling, ties, trust play, urethral sounding, watersports, whips.

4.2 Thematic Analysis

This section includes the results and discussion from the thematic analysis. The following sections cover the three main themes of the results, with a discussion of each integrated within. This is followed by a section on the limitations of the research, and ends with a concluding section. All quotes are provided verbatim, and all names are randomly selected from an online name generator. Where quotes are likely to clearly identify an individual, the quote is credited to a 'de-identified participant.'

4.2.1 Engaging with the dominance of helpers

4.2.1.1 *A priori* interpretive lens: Power held by help-seekers

This theme uses the nature of a helper-helpee dynamic, along with the observed patterns of consent within the BDSM community described by Pitagora (2013), to help guide and make sense of this aspect of the data. Viewing the process of help-seeking in light of who holds the power assumes helpers hold a great deal of power within the helping relationship. Generally, a helper is invited to interact with a help-seeker during a vulnerable time for the latter person, without this vulnerability being reciprocated. That is, there is an exchange of power between helper and help-seeker. However, within the context of power-exchange, the BDSM community is excellently resourced for navigating this dynamic by dint of explicit, regular, and detailed exploration and discussion of power-exchange dynamics within the context of D/s. While some helpers may understand the privileged position they hold and the implications of this, nuanced processes around negotiating this dynamic are not commonly taught. Within psychology, medicine, and law, for example, ethics tends to involve a declared list of ethical considerations, and engagement with this list is generally on an as-needed basis. This does not mean every BDSM practitioner has an awareness, knowledge, or skill around power-exchange, but they are more likely to than helpers, and are likely to be connected to people that can provide these insights. The BDSM

community cannot rely on the helpers being as-well equipped. As these negotiation and consent process with regards to power differences are (in a D/s context) collaborative in nature, there appears to be a need for helping professions to step up their awareness, knowledge, and skills in this area. The BDSM community may well be a valuable resource to help with awareness and knowledge, with skill requiring the regular implementation and review of this.

The need for a collaborative nature of this process was also illustrated through the care some participants took in protecting helpers. As one participant described it, once being outed was no-longer a concern for them, their primary concern became "centred around not making the helper feel more uncomfortable than absolutely necessary. I give them as much information as they ask for, but try not to over-share." [Pauline, 35]. Here, the help-seeker is also taking on a protective role towards the helper. This is also in line with BDSM concepts of consent: over-sharing details of BDSM could constitute non-consensual exhibitionism, placing the helper in a role of unconsenting voyeur. As such, the need for helpers to engage in this process is not just for the benefit of the help-seeker; it is also imperative that helpers are given space to set boundaries on what they are exposed to.

As such, this theme centres around the power held by anyone in a helping role, and I intentionally draw on language used within the BDSM community as an interpretive lens to illustrate this. By asking for help, help-seekers are offering the helper some power over the situation. This power includes knowledge of the vulnerability, an invitation to provide a solution or support, and often also includes an invitation or a context where the helper can investigate the context related to the help-seeking. The more personal the help is, the more power is involved in this exchange.

4.2.1.2   Negotiation

Throughout the responses, a range of participants described ways that they had or would systematically engage with helpers. With the power held by mainstream helpers, one pattern of behaviour around help-seeking mirrors the power-exchange dynamic seen within the context of BDSM play: 'Dominance/submission,' or 'D/s.' Though approaches to helpers varied among participants, an analogy can be drawn between both the macro-level help-seeking by the community, and micro-level help-seeking by individuals from the community. That is, there is a pattern of prior negotiation, setting limits, and in one case, aftercare by help-seeking BDSM practitioners. There are also responses suggestive of the risks involved with not engaging in help-seeking with a careful process.

When it comes to negotiation, several participants referenced initiatives by members of the BDSM scene to engage with and educate helping organisations. Much like prior negotiation with in the context of BDSM play, this was conducted outside of any specific help-seeking situation. This process of prior negotiation was summarised by one participant:

> "After some incidents of sexual assault in the Auckland community (which I wasn't directly in-volved with), I approached Auckland HELP, and Whangarei Rape Crisis to see if support would be available for the survivors if they wanted it. Both groups were very supportive, but didn't know anything about BDSM. When I offered to run a workshop for their support workers, they took me up on it. HELP put me in contact with the Adult Sexual Assault Team of the Auckland Police, who reacted in much the same way: they didn't really know anything about BDSM, so two of us went in and spent several hours talking to the ranking members of the team. We've had positive ongoing contact since then, and they've been very helpful both in dealing with community issues when they occur, and in coming to talk to groups of kinksters and answer questions. In the same vein, I approached the Auckland Sexual Health Clinic with questions, had much the same result (they didn't know anything about it, but were willing to learn). That's ongoing." [de-identified participant]

Several participants referred to the need to negotiate roles with helpers. This included negotiating the help-seekers role of needing to receive support with a role in educating helpers. One participant described the task

of educating their therapist as an arduous process, "It took two sessions for me to feel they had even the most basic understanding and even then they didn't really," [Matilda, 27] while another commented "it gets really old having to explain BDSM to people over and over again, especially when you only have a certain amount of time (say, an hour for counselling appointments)" [Yvonne, 27]. In these instances, the negotiation process is not equally invested in by both participants of the helping relationship. By contrast, another participant was very clear about what they wanted from a potential helper when it comes to discussing BDSM:

> "It's helpful when the helpers actually ask clear questions. First, what they need to know to do their job, and then anything that they're curious or concerned about so that I can put their minds at ease. I need to be able to trust them not to ask for more information than they can handle without getting too shocked/taken aback to actually do their jobs." [Pauline, 35]

This person states an interested in building trust with a helper, taking into consideration their own needs as well as the needs and limits of the helper. This also illustrates the joint needs of helper-helpee and learner-educator, as it can be helpful for expert helpers to become learners, both prior to and during the process of helping. One participant described several medical professionals that had maintained a professional attitude and managed to negotiate not only what the helper needed, but also included a negotiation for a student medical professional to learn from the helpee:

> "I have been open with all my GPs since getting involved in the scene, except for the doctor who conducts my company medical assessment for work. I've had very good responses, after an initial reaction of shock. When I asked the nurse at my current medical centre if she could make a note of it (ie. my involvement in BDSM) on my medical record, she let me type it in myself to ensure that it was correct, then we had a discussion of what BDSM involves, and how it could affect my health care. My GP read it, then we had a similar discussion. My GP has advised me on dealing with blackouts when being beaten, and a doctor who removed a mole from a buttock was perfectly willing to discuss how long it would be before I could be safely caned on that area. She did say that she'd been practicing medicine for 30 years and had never been asked that before, but after the initial shock, we had a perfectly reasonable discussion. I went in to a previous GP for something unrelated, and he said I was due for a pap smear. He asked if I'd like to do it while I was there. I told him I was happy to, but I'd had a good caning the night before and the marks were fairly extensive. It was a teaching practice, so after getting my consent, he got one of the students to do the smear. Evidently without warning them first. The student was fairly distracted by the bruising, so I told them to have a good look and ask the questions they needed to ask before they continued. They asked the standard questions (ie. "Doesn't that hurt? Why do you do that? How long do the bruises last?"), then the smear progressed fairly smoothly. " [Pauline, 35]

This example highlights some of the benefits of collaborative negotiation where all parties have an opportunity for their needs and wishes to be met in a safe and respectful manner. However, in practice it is not always easy to get buy-in to the creation of a safe helping dynamic. In order to protect themselves, one participant disclosed that "you tend to test the waters a bit to see how they react before you fully disclose" [Yvonne, 27]. Another acknowledge that "I have been lucky. Others, not always so much," [Matilda, 27], suggesting that positive encounters such as with the medical professionals mentioned in the previous quote are unreliable. This is where the prior negotiation efforts of the community to meet with medical and therapeutic organisations have a real opportunity to improve the gamble of help-seeking for BDSM-practitioners.

4.2.1.3 Limit setting

When it comes to setting limits, one way this plays out in a help-seeking context is around risk management. Again, this is directly analogous to limit setting during BDSM play. Some participants described limits in

terms of a 'whitelist,' i.e. types of things they explicitly would like helpers to do, while some participants described limits in terms of a 'blacklist,' i.e. types of things they explicitly want helpers to avoid doing. This is summarised as some Dos and Don'ts for professional helpers, which are listed on Table 4.5, Table 4.6, Table 4.7, Table 4.8, Table 4.9, and Table 4.10. Table 4.5, Table 4.6, and Table 4.7 are broken down into things to do or avoid doing before, during, and after seeing a client that is involved in BDSM. By-and-large, the list of Dos and Don'ts follows the same types of things that any helping professional should do with any niche population, and indeed could be surmised simply as: do your job; don't do what is not your job.

That said, it is worth noting that working with people involved in BDSM has one oft noted issue that is unlikely to be quite as significant for most other niche populations. Several participants noted that when helpers react reflexively with unprofessional curiosity, disgust, shock, or shaming, as several categories show on Table 4.8, this is a significant barrier to help-seeking for this population. It is these types of emotional reaction that prompted Pillai-Friedman et al. (2014) to create a Kink Aware Professional programme, with an explicit component for desensitisation and re-sensitisation around BDSM content. The authors also categorised kink-friendly professionals, which compared with the feedback from participants in this survey would amount to a professional capable of acting within the Dos and Don'ts listed here, but without explicit training in the area. There were a range of requests for kink-friendly and kink-aware professionals from responders, with comments like:

> "creating a list of kink-friendly / kink-aware professionals that would be happy to have their details distributed, and doing this via fetlife would be a very valuable asset. It would help a lot of kinksters get help that they would like but don't know where to find." [Matilda, 27]

The perceived risk of over-inquisitive or emotionally rejecting responses from helping professionals is the key reason working with BDSM practitioners should be regarded differently from other niche populations. Any helping professional can seek to improve their ability to work in a specialist area, improving their awareness, knowledge, and skills to do so. Due to the nature of BDSM, helping professionals may need to do all of these things, as well as recondition reflexive emotional reactions.

Another way in which limit-setting plays out is in how participants emphasise the need for helpers to have no assumptions or judgements, as shown on Table 4.8 and Table 4.9, followed by requests for helpers to ask questions from a place of some basic knowledge, as shown on Table 4.6 and Table 4.5, respectively. This functions as a way for help-seekers to maintain control, and thus set limits around, the way in which BDSM impacts the session. The requests to ask questions and clarify carry an important duel role: they give some indication of the internal processes such as potential judgements and assumptions of the helper, and they give a space in which the help-seeker can direct the narrative around BDSM. Indeed, participation in this survey can be considered a form of limit-setting, in that this is a potential avenue for these limits to be expressed and communicated to helpers.

4.2.1.4 Risk assessment

It is particularly significant that participants reported a need for medical, mental health, and legal helpers to differentiate between BDSM and abuse. This distinction was brought up frequently, this participant giving a detailed indication of some of the differences and 'red flags' to look out for:

> "It is important l for "Helpers" to know the differences between consensual BDSM and other violence or abuse There should always be a clear history of negotiation and consent before BDSM play and the client should be able to confirm this . They may have even kept a written copy The should be able to tell the helper if these agreements were adhered to and should have been able to say NO to stop play at any time if play became intolerable to them . There should be no evidence Drugs or Alcohol used to coheres them As far as physical evidence goes ..With impact play bruising may be extensive but will mainly be centered on the buttocks , or the shoulder blade areas of the

TABLE 4.5: What helpers should do beforehand

Prior to helping:	Quotes
Educate yourself	"I want them to be knowledgable and be willing to learn more if necessary." [Awhina, 21] "I do believe they should try to be proactive in their learning" [Iris, 48]
Understand BDSM concepts	"The different physical acts that are performed" [Sue, 31] "I think it would be great if all of the relevant professionals gained at least a basic understanding of BDSM in their studies." [Pauline, 35]
Understand BDSM terminology	"General overview of terminology" [Pauline, 35]
Understand physical responses to play	"An understanding of the physical and chemical responses to BDSM practices" [Sue, 31]
Understand psychological responses to play	"Also allow for the fact that if a person is in subspace they may take time to be able to give a clear answer. This is not a negative thing, it is a chemical reaction, and shouldn't be seen as a problem" [Matilda, 27]
Understand consent processes	"They need to understand consent and how the bdsm community applies it" [Teresa, 34]
Be emotionally prepared	"In an ideal world, they would already know enough to not show expressions of surpise, shock, pity or disgust." [Iris, 48]

back and maybe the breasts . Bruising in violence usually has a far more random aspect with no clear pattern . I believe that it is harder to distinguish rape from enthusiastic consensual sex The main differences are to do with the consent or lack of" [Lila, 59]

Here, a range of indicators are suggested as ways of differentiating between BDSM and abuse. This is particularly important as BDSM practices are not homogeneous. Along a similar vein, another participant adds in the attitudes one might expect from a BDSM help-seeker as opposed to an abused help-seeker:

"Most people I know who are involved in positive BDSM interactions view those interactions, and any marks that result, in a positive manner. They smile, and are happy to explain how the marks got there, any safety precautions they took, etc. They may be embarrassed at being asked about them, but they are often proud of the marks, or of their partner, in a way that's difficult to fake. People in an abusive or harmful relationship/interaction are less likely to have a positive response or a clear, explicit understanding of mitigating risks in play, negotiations, etc. because those things don't happen in abusive relationships. They can sometimes get defensive when questioned, and the bruising patterns are totally different. In consensual play, marks are usually fairly even (give or take a bit) and focussed mainly on safe areas (ie. muscular or fatty areas such as the back, buttocks, thighs, upper arms, etc.). Deep bruising isn't uncommon. The marks look as if the bottom was making some attempt to stay still during the scene; marks from bondage and restraint are on areas designed to avoid surface nerves. Bruising from assault tends to result in injury patterns such as defensive injuries to the forearms, surface bruising to the face and/or throat, and is uneven. There are signs that the person was trying to avoid the blows, and the marks are on areas that are less safe to hit hard. There's a lot of information around about identifying injuries from assault, and I'm sure that medical professionals have access to that information." [Pauline, 35]

TABLE 4.6: What helpers should do while helping

During helping:	Quotes
Check for abuse	"it's great that doctors and lawyers and police are asking about the potential of abuse and would be willing to intervene if someone vulnerable showed up at their doorstep" [Beth, 26]
Check and validate consent	"I would also ideally expect that if told that marks/bruising etc is as a result of consensual BDSM activity, they would accept that as a very valid and legitimate response" [Iris, 48]
Listen	"To listen, and be willing to learn about things they may have had misconceptions about." [Awhina, 21]
Discuss relevant details	"When I asked the nurse at my current medical centre if she could make a note of it (ie. my involvement in BDSM) on my medical record, she let me type it in myself to ensure that it was correct, then we had a discussion of what BDSM involves, and how it could affect my health care. My GP read it, then we had a similar discussion." [Pauline, 35]
Ask relevant questions	"Ask about consent, including negotiation discussion beforehand and agreed follow-up / aftercare after. Ask what would happen if we stopped BDSM practices. Ask about why we are involved in BDSM. Ask enough questions to build a full picture." [Sue, 31]
Provide resources	"He could have suggested I look up resources" [Robin, 34]
Check motivations for engaging in BDSM	"What motivates them to play and how do they look after themselves after?" [Robin, 34]
Check patterns of play	"Keep an eye on patterns of behaviour ie is being in BDSM actually making the persons mental or physical state worse over a period of time." [Adalynn, 37] "Frequency and severity is relevant too - if someone is starting to play increasingly hard and increasingly rapidly, that may be a psychological escape. Or it might not - but it's worth watching on the same mental scales that help judge 'a few drinks' vs 'drinking problem'." [Zac, 32]
Focus on the presenting problem	"If they're here to see you because of XYZ, treat them for XYZ. You can ask about other symptoms that may be related to some bigger underlying health problem, but if the topic does come up, don't fixate on their BDSM interests." [Beth, 26]
See if BDSM helps	"can actually be a beneficial stress relief" [Maria, 21]
Be open minded	"They need to be very open minded and caring." [Teresa, 34] "keep an open mind" [Lara, 22]
Be accepting	"Helpers are people, and they don't have to agree with what I do, or even understand what I do: they only need to accept that I do it, and take that information into account when deciding how to help me." [Pauline, 35]
Be supportive	"anyone I have ever discussed my bdsm lifestyle with has always acted professionally and generally supportively" [Lorena, 52] "Be supportive" [Awhina, 21]
Have a holistic view of the client	"Someone who could see the larger picture and was able to see me as me rather than a person who has a kinky background" [Jonah, 43]
Regulate responses	"I've had very good responses, after an initial reaction of shock." [Pauline, 35] "I have been too scared of their reaction and have not known how to find someone kink positive." [Awhina, 21]

TABLE 4.7: What helpers should do afterwards or as needed

After helping:	Quotes
Be confidential Seek supervision	"Confidentiality is imperative." [Yvonne, 27] "He told me that he needed to confer with a colleague, asked my permission to do so, and said this was outside of his direct knowledgebase. When he came back to our next session he was much better prepared, asked good questions, and that was when I felt like he started to become helpful to me" [Matilda, 27]
As needed:	**Quotes**
Refer to specialists	"most of the services told me she 'didn't fit the criteria', instead of passing me along to an agency they knew would be able to offer suggestions." [Yvonne, 27] "be willing to refer them to someone else who does" (understand the lifestyle) [Lorena, 52]

TABLE 4.8: Immediate reactions that helpers should avoid

Helpers should not:	Quotes
Be disingenuous	"Don't be afraid to admit that the subject at hand is too much. Don't hide that you'd be OK with the concept, either. Playing spot-the-shibboleths is enough of a problem in the pub without dealing with it in the consult room." [Zac, 32]
Pull a face	" If you're going to build a 'meaningful therapeutic relationship' then don't make a face, pass a comment or make one of those patronising 'mm I see' noises when the topic of BDSM comes up" [Beth, 26]
Act surprised or disgusted	"NOT express shock, surprise, pity or disgust." [Iris, 48]
Act shocked	"I don't want the person I'm trying to get help from to look scandalised, or uncomfortable." [Awhina, 21]
Be over-curious or obsessive	"It's also important to not appear to be morbidly fascinated about BDSM and ask a hundred intimate questions out of unprofessional curiosity." [Beth, 26]
Analyse 'why'	"I also would be very uncomfortable if a curious medical worker wanted to ask questions to understand 'why' I like to be hurt." [Iris, 48]
Be judgmental	"non judgmental" [Lara, 22] "Be discreet and non judgmental" [Teresa, 34]

TABLE 4.9: Knowledge issues for helpers to avoid

Rely on clients as educators	(helpers should) "not find themselves discovering this stuff on the job for the first time with no idea how to handle it or what to do/say" [Iris, 48]
Make assumptions	"Making blanket statements about the practice, as everyone does things differently." [Yvonne, 27]
Assume BDSM is abuse	"They need to know that someone who enjoys being hit isn't inherently being abused, and someone who likes to cause pain isn't inherently an abuser." [Awhina, 21] "If abuse has taken place, this is because whoever conducted it stepped outside the bounds of what BDSM stands for, which is ultimately consent. The only grey area around this really is consensual non-consent, and even then this usually has some limitations or a high level of trust associated with it." [Matilda, 27]
Assume BDSM is not abuse	" I don't want people not to question those with bruises, abrasions or ligature marks ... because when that person who is genuinely in an abusive relationship who isn't strong enough to reach for help does happen to need attention and have a door for help opened... I don't want there to be a sense of apathy or for whatever their situation to be 'normalized' or 'marginalized'" [Bonnie, 31]
Assume trauma is the cause of BDSM	"It does not necessarily stem from trauma" [Matilda, 27] "Most people who enjoy BDSM are not mental and don't have any weird childhood trauma Freudian shit going on." [Beth, 26]
Assume BDSM is self harm	"Pain play is not self harm." [Maria, 21]
Disproportionately focus on BDSM	"Fear that involvement in BDSM practices will lead to substandard health care, doctors focussing on the wrong things, (ie bruises instead of sore ankle), counsellors focussing on the wrong things (ie BDSM practice instead of emotional upheaval from new job)" [Yvonne, 27]

TABLE 4.10: Responses that helpers should avoid

Discredit consent	"Check for consent and once established that any injury or trauma was as a result of consensual activity treat the condition not the cause" [Lorena, 52]
Pathologise consensual activity	"They cannot assume that kink is a sign of mental illness, or that if someone is mentally ill, the kink is a symptom. They need to be able to recognise when kink can in fact help with the management of mental illness." [Awhina, 21] "They should avoid talking about BDSM like it is a disease that you have." [Jonah, 43]
Vilify BDSM	"If a helper, particularly a professional, were to criticise what I do, or attempt to make me feel that there's something wrong with what I do, then that would probably be the last time I sought help from that category of helper." [Pauline, 35]
Lecture	"Obviuosly a broad minded non judgemental attitude works best with no 'lecturing'" [Lila, 59]
Generalise risk	"we are no more dangerous than anyone else... while we might have sex with multiple people that doesn't make us less safe or more in danger.... those beliefs and research (if any) are not applicable to sex-positive healthy educated individuals." [Bonnie, 31]
Overdo caution	"Willingness to apply medical knowledge of trauma (eg, blood altering side-effects are useful to know about someone who enjoys getting bruised or tightly bound) to the patient, without over-doing the caution: "Don't do that, then" should be reserved for when it's medically dangerous, rather than being the default out of an abundance of caution: Because if everything is always "Don't do it, ever", then you don't know when it was 'contains risk' (motorcross) vs 'terrible idea' (free-diving records)." [Zac, 32]
Let alternative lifestyles be a barrier to helping	"he couldn't see a way forward for us to progress through our issues without shedding our "external influences, ala other partners"" [Bonnie, 31]
Forbid BDSM	"being concerned that my GP would forbid me to practice BDSM due to health" [Robin, 34]
Abandon clients	"I once called around 20 social service agencies to try and find help for a homeless, seuxally abused 18yo girl who had been living in a D/s relationship, but because she had no dependants and was so young, most of the services told me she 'didn't fit the criteria', instead of passing me along to an agency they knew would be able to offer suggestions." [Yvonne, 27]
Be indiscreet	"I come from a small town so all the other professsionals (lawyers, accountants etc) would soon hear about my ex-wifes version of my BDSM practices. So it does taint the professsional relationship I have/had with other professionals in town" [Jonah, 43]

Here, the concept of consenting to the activity is described as having broad implications for how the activity played out. Consent is not 'yes... now anything goes,' but rather it involves an enthusiasm for the activity that fundamentally changes how the use of physical force, power, or control impacts those involved. Furthermore, the indicators of patterns, such as absence of defensive injuries, and regular markings on safer areas, indicate the play is consistent with considerations for the well-being of those involved.

4.2.1.5 Disengaging with help-seeking

Several participants gave responses that reflect an absence of these sorts of communication processes during help-seeking. For example, one stated "I have at times had concerns about severe bruising, which I felt unable to show/discuss with my GP." [Iris, 48]. Here, the person suggests they still have a relationship with their doctor, but they are withholding information that could be important for their health. Another person commented "One of my beatings was fairly severe and I had considered medical attention (not emergency/hospital but at least checking in with the GP just to make sure it would heal or if it was healing on its own at a normal rate). In the end I didn't go and it was fine after a few weeks." [Beth, 26] In this case, the person debated seeking help, but in the end avoided it altogether. In another instance, one person stated "At times I have had health related appointments that I have had to cancel due to marks/bruising on my body that I would not feel comfortable to explain to a health professional. Examples are appointments for a mammogram and smear tests." [Iris, 48] In this instance, this person was experiencing barriers to help-seeking that impacted other health issues, beyond those directly related to BDSM. In all these cases, contact is either avoided, or the topic of BDSM is avoided. Either way, this disengagement from communication processes increases risks to participants.

4.2.1.6 Aftercare within a help-seeking context

Perhaps the most useful way that the analogy between micro-BDSM D/s processes and helper-help-seeker processes is the concept of aftercare. In the case of helping, aftercare would involve a process of resolving ruptures to the helping relationship. One participant described a particularly poignant example of this going well with their therapist:

> "In the counselling experience I mentioned earlier, I really respected that the guy was very honest. He told me that he needed to confer with a colleague, asked my permission to do so, and said this was outside of his direct knowledgebase. When he came back to our next session he was much better prepared, asked good questions, and that was when I felt like he started to become helpful to me. He also made me aware that if he had seemed surprised in the previous session, it was just that he was, not that he was judging me, which I genuinely appreciated." [Matilda, 27]

However, this was not universally experienced. Several participants commented about burning bridges after poor experiences, with comments like "It only takes one bad report of one bad experience to put kinksters off seeking help from that organisation or type of organisation for a long time," and "If a helper, particularly a professional, were to criticise what I do, or attempt to make me feel that there's something wrong with what I do, then that would probably be the last time I sought help from that category of helper." [Pauline, 35]

4.2.1.7 Summary

An absence of safe processes is likely to be significant for any help-seeker, not just BDSM practitioners. While the process around an ethics of consent in the context of BDSM is very specific to the types of activities involved, the process of ritualised follow-up, prior negotiation of what will happen, limits on what helpees and helpers should experience, and discussion of how to resolve problems that might arise during the course of help-seeking are all worth giving more consideration within the context of medical and mental health helping professions. Post-care support does happen, including things like complaint processes and patient follow-up

processes (Hammond, 2016). However, the BDSM processes provide a conceptual structure that ties these in with a wider array of helping processes, such as consent to care, negotiation of the relationship, and limits on what is acceptable. Acknowledging the power dynamics between helper and help-seeker gives prescriptive suggestions on processes to help facilitate this relationship. Just as these processes reduce risk, increase engagement, and foster communication in a BDSM context, so too can these processes improve help-seeking. Where these processes were reported being used in a help-seeking context by participants, they were overwhelmingly favourable; where there absence was apparent, the impact of this was felt.

4.2.2 Appropriation of BDSM

This theme covers a range of ways in which dominant social groups, predators, and medical and psychological helpers were perceived to appropriate aspects of BDSM. In reaction to this, there were also a range of ways in which participants resist this appropriation.

4.2.2.1 Cultural appropriation

Alongside the dominance of helpers sits the cultural appropriation of BDSM concepts by dominant social groups. This is most notable in the context of mainstream media depictions of BDSM, which, as one person put it, "BDSM is often portrayed in a negative light" [Manu, 39]. A specific example is '50 Shades of Grey,' which participants warned helpers to avoid as a source of information about BDSM: "Please don't liken it to 50 shades of grey. That story is full of problems and if you're unsure why, please ask people from within the scene. They will happily tell you" [Matilda, 27] and "don't just read 50 shades of grey and think you know it all" [Yvonne, 27]. One participant gave some clearer reasons why this piece of fiction in particular should be avoided: "abuse and bdsm are probably seperate things, with one simply masquerading as the other, 50 shades of grey style." [Awhina, 21]. As differentiating consensual BDSM from abuse was a key issue participants discussed, as highlighted in Table 4.6 and Table 4.9, this comment suggests that '50 Shades of Grey' is undercutting this distinction by appropriating and twisting the concept BDSM for entertainment. This is harmful to the stigma and social image of the BDSM community. It is particularly problematic if helpers draw assumptions about the practice from sources like this.

Appropriation took the form of one particularly troubling encounter, recounted: "I had a builder who thought my home dungeon space was good enough invite to talk dirty to me... and ask suggestive questions which we're not appropriate." [Bonnie, 31]. Here, the trades-person saw the symbolism's associated with BDSM as justification for initiating non-consensual sexual objectification. The careful language the participant used does not portray the emotional response they felt while in this vulnerable position, but through further comments the participant implied they had severely limited the amount of help they sought from tradespeople as a result of this. This case highlights the ease with which BDSM can be appropriated by outsiders. In this case, a new meaning to BDSM was imposed on the person.

4.2.2.2 Predator appropriation

Through all this is also a thread of abusers appropriating BDSM as a cover for their predation. The concept of "Rape under the guise of BDSM" [Lila, 59] was matched with experiences of this behaviour, such as one participant stating "I am close with a woman who was abused terribly by a man under the guise of a D/S relationship." [Manu, 39]. This is all the more difficult when helpers make assumptions about BDSM that conflate abuse and BDSM. The fear of this was described by one participant as "You can just imagine their thoughts as they contemplate that they literally asked for it..." [Matilda, 27] One person described the consequences of this in a legal context:

"People in authority didn't know enough to help meaningfully, (ie Police), and misunderstood information (example- Police detective discussing rape of someone in a D/s context and not understanding how that could happen)" [Yvonne, 27]

While the BDSM community has a wide range of concepts and processes around consent, whatever protective benefits these can afford are only available if people are aware of them. With predators and legal helpers making the same assumption that BDSM means the person has asked to be abused, the consequences of this can be dire. In this way, BDSM can be appropriated as a tool, by both abusers and by the legal profession, to minimise access to legal help. This relates to research by Pitagora (2015), who highlighted how intimate partner violence was experienced intersectionally by some members of the Californian BDSM community. In particular, the concept of abusers that hide in plain sight relates directly to the appropriation of BDSM for the use by predators. The difficulties described in getting legal aid are mirrored in research by Haviv (2016). This research described some intersections of vulnerabilities when Israeli BDSM practitioners reported sexual assault. The difficulty in explaining and providing proof discussed by the authors also relates to the assumptions made by police described here.

4.2.2.3 Medical and psychological depictions of BDSM

The imposition of outside meaning was also criticised when coming from medical and psych-pathological depictions of BDSM. Some participants indicated they had an up-to-date understanding of the DSM-5 diagnostic criteria for paraphilias (American Psychiatric Association, 2013), commenting "That BDSM is a completely normal thing according to the DSM and not a mental illness. Pain play is not self harm. That it is not abuse if it is consensual and can actually be a beneficial stress relief" [Maria, 21] and "Be aware of the changing attitudes towards bdsm, look at how DSM 5 views it compared to previous versions. Do not seek to solve or 'cure' bdsm." [Lorena, 52]. This almost certainly refers to the inclusion of a non-consent criteria for sexual sadism disorder in the DSM-IV-TR, followed by the distinction between paraphilia and paraphilic disorder in the DSM-5 (American Psychiatric Association, 2000, 2013; De Block & Adriaens, 2013). Here, the participants are stating a request for helping professionals to adopt a non-pathologising opinion of BDSM, in the context that BDSM is consensual activity. Behind this request comes an anticipation that professional helpers still approach BDSM with the legacy of pathologisation that health professionals were trained from until at least the last decade and a half. The use of non-medical pathologisation was also anticipated, with one participating a requesting that "If they have consented to said activity do not try and convince them that they've been stockholm syndromed or coerced or gaslighted or whatever into agreeing." [Beth, 26]. The resistance to the range of ways in which pathologisation can be imposed upon BDSM practitioners was made evident by another participant:

"They cannot assume that kink is a sign of mental illness, or that if someone is mentally ill, the kink is a symptom. They need to be able to recognise when kink can in fact help with the management of mental illness. They need to know that someone who enjoys being hit isn't inherently being abused, and someone who likes to cause pain isn't inherently an abuser. So in short, they need to be kink positive and knowledgable. And also understand the way healthy informed consent should be key to any relationship or encounter involving bdsm." [Awhina, 21]

This is not to say that participants ruled out BDSM and psychopathology, with one person commenting that health professionals should check "that is isn't self harm, there isn't any underlying mental illness that is drawing said person to BDSM." [Bonnie, 31]. Another person elaborated on their perception of psychopathology within the BDSM scene, not as a cause of BDSM, but where BDSM may be sought for relief from mental and emotional distress:

"I think it is reasonably simple to detect when a person is in a very vulnerable mental/emotional state. It would be fantastic if a GP could pass on referrals to kink friendly practitioners. There is

a disproportionate (just my opinion based on my experience) number of people in the kink world with mental health and depression issues. I have real life friends who are engaging in BDSM activities in ways that really help, and I see many (typically young women in their 20's) who are trying to do the same, but ending up in a worse state. I wish I had some wise words to offer, but I don't. Gut feel is what works best for me when assessing if someone is actually ok or not." [Iris, 48]

Here, the person is situating BDSM as a possible source of help for mental health issues, but that in their opinion there were a significant number of people with mental health issues, and a significant number for whom BDSM was not a source of help. This comment also reflects a duel need from helpers: friendly understanding of BDSM, and professional expertise. The participant stated they felt they lacked the professional skills needed to adequately help some members of the community, and they held an expectation that not all therapists will have a friendly understanding of BDSM. The idea that a therapist could be unfriendly towards BDSM emphasises how therapists have the power to interpret a presentation that includes involvement in BDSM in a pathological light. This participant clearly values BDSM, especially as a source of help for some people, but the process of pathologisation of BDSM devalues this entirely.

4.2.2.4 Resistance to appropriation

A significant amount of the indications of appropriation came from reactions or anticipations of it, such as from resistances to pathologisation. This resistance also included putting effort into clearly defining or demarcating BDSM concepts, as well as drawing on language around analogous practices. Encompassing both of these responses to appropriation, one participant took umbrage with the term 'BDSM practices' used in one of the survey questions. They responded to the question with:

"I do not consider I 'engage in bdsm practices', that phrasing does not work for me. It is an integral part of my wiring and it is intertwined into many aspects of my life. It is not all that I am by any means, but like my sexual orientation it is part of who I am rather than a practice I engage with." [Lorena, 52]

While this person was the only person to actively write a critique of that question, this was in line with a general process of defining and demarcating BDSM throughout the survey. This included emphasising the importance of terminology, and the distinctions between BDSM, consent, and abuse covered in the previous section and highlighted in Table 4.5 and Table 4.9. The use of language in the second half of the comment is similar to the uses of language in gay-rights activism. In this way BDSM is described in a way that is able to draw on the same cultural capital that was (and is) used to justify, legitimise, and understand homosexuality. Similar responses included comments ranging from "It can simply be an orientation, like any other form of identity,"[Matilda, 27] a "lifestyle," [Lara, 22; Lorena, 52; Maria, 21; Sue, 31; Yvonne, 27; Zac, 32] and "my kink is very much part of who I am as a person and deeply intertwined with my sexuality." [Iris, 48]. However, some participants described involvement in BDSM with terms such as "BDSM interests," [Beth, 26] "a person chooses to engage with bdsm," [Lorena, 52] "while it is an integral part of a persons' sexual activity preferences, it is not necessarily all. (People that like BDSM can also enjoy intimacy, sensuality, 'vanilla' intercourse)," [Yvonne, 27] and "They need to understand that what BDSM activities consenting adults participate in in private has no more bearing on any other aspect of their life (work, child care, finances, etc.) than the fact that a vanilla person has vanilla sex in private." [Pauline, 35]. These comments draw less from the cultural capital around homosexuality, instead situating BDSM as able to be an adjunct to heteronormative intimacy. Whether drawing on the same language used in homosexuality, or describing BDSM in a way that is compatible with heteronormative intimacy, the intent is for BDSM practitioners to achieve legitimacy as sexual citizens by being seen as a variation of a similar, socially accepted intimate practice. This use of language has also been observed by other researchers overseas, such as Chatterjee (2012).

BDSM practitioners go out of their way to frame their involvement in BDSM in other socially acceptable ways. Several participants made analogies with sports, including "boxing" [Brandon, 43] and "Mixed Martial Arts." [Brandon, 43; Iris, 48]. When discussing risk, one participant used a sport analogy to show the difference between "'contains risk' (motorcross) vs 'terrible idea' (free-diving records)." [Zac, 32]. Another described the analogy more broadly, "most BDSM practitioners practice it much as one would an art, a sport or another hobby," [Yvonne, 27] as not all BDSM involves physical risks analogous to sports. When describing rope suspension equipment, one person used an analogy with "art materials for human installation projects." [Bonnie, 31]. These all serve to show BDSM in a light that is acceptable to mainstream perspectives. The boundaries of these analogies were also commented on, which was highlighted by one participant:

> "it's not easy to understand D/S dynamics. I recall being horrified at witnessing my first impact session. Unless you're part of the scene, it's almost impossible to understand the energies" [Manu, 39]

The use of analogies serves as an important form of resistance to appropriation, allowing BDSM practitioners to regain control of the context within which BDSM is situated. This acts as a counter to analogies made or potentially made by outsiders, especially when these analogies draw on medical, psycho-pathological, religious, or fictional sources.

4.2.2.5 Summary

Threaded throughout the responses are a range of experienced, perceived, or potential ways in which outsiders appropriate BDSM. This is particularly problematic when it is done by a helping professional, and can contribute to the intersections of vulnerability that compound the difficulties that BDSM practitioners have when seeking help. BDSM practitioners have a range of ways in which they can resist appropriation, and this resistance functions as a protective measure against this vulnerability. An awareness of this dynamic is vital for any helping professional working with this population, especially if they come from an etic perspective.

4.2.3 Consent technology

Consent was consistently described in relation to BDSM and abuse. The function consent has in this regard is suggestive of a tool that can be used to navigate the activities involved. That is, typographically similar activities are abusive when consent is not used, and acceptable when it is. This came out in comments throughout the questions in the survey, with the most detailed descriptions provided by participants as they indicated how professional helpers can identify abuse from not abuse, such as:

> "Language around consent. Bdsm is all about communication and consent, without which it is simply abuse. If this person reports a lack of general communication, lack of safe words or lack of respect for safe words used, no discussion of limits or disrespecting limits, these are all signs of an abusive partner. Also, if the person feels pressured into doing things they do not want, outside of explicitly discussed and agreed upon limits, then that is abuse" [Awhina, 21]

> "Most people I know who are involved in positive BDSM interactions view those interactions, and any marks that result, in a positive manner. They smile, and are happy to explain how the marks got there, any safety precautions they took, etc. They may be embarrassed at being asked about them, but they are often proud of the marks, or of their partner, in a way that's difficult to fake. People in an abusive or harmful relationship/interaction are less likely to have a positive response or a clear, explicit understanding of mitigating risks in play, negotiations, etc. because those things don't happen in abusive relationships. They can sometimes get defensive when questioned, and the bruising patterns are totally different. In consensual play, marks are usually fairly even (give or

take a bit) and focussed mainly on safe areas (ie. muscular or fatty areas such as the back, buttocks, thighs, upper arms, etc.). Deep bruising isn't uncommon. The marks look as if the bottom was making some attempt to stay still during the scene; marks from bondage and restraint are on areas designed to avoid surface nerves. Bruising from assault tends to result in injury patterns such as defensive injuries to the forearms, surface bruising to the face and/or throat, and is uneven. There are signs that the person was trying to avoid the blows, and the marks are on areas that are less safe to hit hard" [Pauline, 35]

"If abuse has taken place, this is because whoever conducted it stepped outside the bounds of what BDSM stands for, which is ultimately consent. The only grey area around this really is consensual non-consent, and even then this usually has some limitations or a high level of trust associated with it." [Matilda, 27]

"It is important l for "Helpers" to know the differences between consensual BDSM and other violence or abuse There should always be a clear history of negotiation and consent before BDSM play and the client should be able to confirm this . They may have even kept a written copy The should be able to tell the helper if these agreements were adhered to and should have been able to say NO to stop play at any time if play became intolerable to them . There should be no evidence Drugs or Alcohol used to coheres them As far as physical evidence goes ..With impact play bruising may be extensive but will mainly be centered on the buttocks , or the shoulder blade areas of the back and maybe the breasts . Bruising in violence usually has a far more random aspect with no clear pattern . I believe that it is harder to distinguish rape from enthusiastic consensual sex The main differences are to do with the consent or lack of" [Lila, 59]

4.2.3.1 Skill at using consent as a protective tool

An interpretation of this is that consent is, in this way, a protective tool. The comments above reflect several BDSM ethics of consent concepts, such as aspects of SSC, RACK, PRICK, No Limits, and 4C's (Pitagora, 2013; stein, 2002; Switch, 2000; Williams et al., 2014). This indicates a degree of awareness and knowledge of these on a practical level within the BDSM community, as well as the ability to describe skills in how they can be implemented. In this way, the ethics of consent can be considered a type of *phronesis*, or practical wisdom (Aristotle & Crisp, 2000), and not just a set of theoretical ethical constructs.

This interpretation is further supported by comments from some participants highlighting abuse that occurred when consent processes were not adequately used:

"When I first entered the community, I had a play session that went a lot further than I wanted it to. Essentially I was raped, but didn't feel able to talk to authorities about it and was too new to the scene to know who to talk to. I spoke to my lawyer, who ensured that I was physically and emotionally safe and have since set up my own safety network." [Manu, 39]

"I have also had a sexual experience where I wasn't comfortable with a male dominant having unprotected sex with me but I didn't feel in a position to negotiate (I'd caught a lift to [a location in New Zealand] and I was staying at their place and his partner was there as well holding me down and I didn't know how to ask and he was the third person I'd done anything intimate with/first person who didn't automatically put a condom on and... yes). I had considered asking but didn't want to deal with the backlash and being told that I wasn't mature enough to ask for my wishes to be respected in that kind of situation and also didn't want to get him into trouble and... yes it's complicated." [Beth, 26]

In both cases, these people were in a position of inexperience and in a position of less power. The experience of Manu included her play partner failing to include the ability to revoke consent, inadequate care for her, and

may have involved inadequate prior negotiation and communication. The experiences of Beth included her play partners failing to provide adequate prior negotiation and space for communication, inadequate caution around avoidable risks, and was suggestive that the play partners had a lack of care for her well-being. Both experiences would likely have been markedly different if consent had been used. Alongside their position of less power, the fact that inexperience was a contributing barrier to using consent in these ways also highlights another aspect of consent: using it takes skill. Thus, consent is not just a protective tool, but also the skill to use this tool. Further support for this is drawn from comments around skills participants stated they learned through engaging in BDSM. These comments reflect, among other things, a range of necessary, consent-related skills:

> "Communication is the MOST important skill. We need to learn to confidently articulate what IS and is NOT ok. Agree limits well ahead of actual play. Self trust. Trust your gut instincts. If you think something is a little bit wrong or off, it definitely is! Say no! Don't try this at home kids! Do not try and wield a flogger, whip, cane or scalpel just because you saw it done in a movie/porn clip. Do some serious online research first and then find some like-minded folk in the community who can help you develop your skills so you can practice safely on a real person." [Iris, 48]

> "BDSM is a very broad term, so the only possible answer is, "It depends." I'd say that everyone needs to learn about consent, negotiation, safewords, red flags, aftercare and communication (especially how to say no), regardless of their labels and specific interests. If they're interested in getting involved with the public community, they need to learn about etiquette and what constitutes appropriate behaviour at different types of events. Apart from that, they need to learn about the safety risks inherent in their preferred types of play, how to mitigate those risks, how to play safely, and how to deal with the likely injuries associated with that style of play. For example, breath play may result in cessation of breathing, so learning CPR would be a good start; fire players should learn to treat burns; people into rope bondage should learn to identify and treat nerve injuries. If being outed would be a serious problem for them, they need to learn about computer hygiene (clearing cookies, incognito mode browsing, using a separate email address and phone number for kink interactions, etc.)." [Pauline, 35]

4.2.3.2   Consent as an enabling tool

Consent is more than just a protective tool, it is also an enabling tool. Consent can be used to allow or aid certain types of behaviours. In the case of BDSM, being able to successfully consensually engaging in a range of risky behaviours was described as having a range of positive benefits by participants. All of this was made possible through the use of consent.

> "From healthy interactions, I gain self-confidence, satisfaction, a better understanding of how far I can push my body and how much damage I can take, strategies for processing physical pain, and some wonderful friendships with people who I wouldn't have met in other areas of my life. Pain play helps me to manage stress and feelings of guilt, and other types of play satisfy my curiosity about how certain things feel. It's motivated me to work through some personal triggers that have been a problem for years. It's often fun. I generally feel safer at kink events because I'm surrounded (mostly) by people who believe in consent. That means that, unlike at a vanilla bar or nightclub, when someone gropes me or otherwise harasses me, I actually have backup. That gives me a chance to actually go out and relax rather than having to keep my guard up and watch for predators all the time. Participating in BDSM has helped me to widen my circle of trust, and gain a less black-and-white view of trust. When I bottom for workshops, or play casually, I can extend a limited amount of physical trust in a controlled environment in relative safety, whereas I would often not allow the workshop participants to touch me in other situations, such as private play or

at a play party. I've made some unexpected friends as a result. From the negative interactions, I get practice in saying no and enforcing it, which gives me more confidence in other situations. I'm also getting better at reading people." [Pauline, 35]

"In good practice, most participants communicate far better than a straight sexual relationship - medical conditions and triggers (an action that can cause a participant to panic, maybe a memory from a past event) are often discussed, and consent and safety words are widely used to control when play takes place and when it should stop - even those in control have the understanding that they can stop play too, and this is respected. An active community such as Auckland has enough numbers to come together and create safe environments to learn and practice in, safe events where people with experience can guide the less experienced into safer more effective practices." [Brendon, 43]

4.2.3.3   Conclusion: Consent as interpersonal technology

This gives an interpretation of consent as a *technology*, comprising of the interpersonal skills and language-equipment needed to protect against avoidable harm and to enable valued interactions. This technology is able to be improved upon, taught, and exported to other contexts, including vanilla relationships and intimacy. The process of mainstream relationships learning from BDSM was also noted by Kleinplatz (2006), and this type of partnership is positive and validating of BDSM concepts, in contrast to appropriation of BDSM as described in section 4.2.2.

4.2.3.4   Summary

Media and fictional depictions of BDSM often avoid a nuanced understanding of consent (Musser, 2015), as indeed do many depictions of vanilla sex and intimacy (Gavey, 2005). Furthermore, the legacy of rape culture has a very real and pervasive influence on many relationships, vanilla or otherwise (Gavey, 2005). While moralists dance around the edges of BDSM with grand ethical theories of liberty and human dignity (Simard, 2015), the reality is that the gap between this theory and the practical wisdom within the BDSM community from regular engagement with risk-management leaves the moral theorists woefully unable to provide nuanced guidance with navigating these behaviours. By contrast, the cultural capital from within the BDSM community offers the tools and training to navigate risky interpersonal interactions with great social dexterity. This ethics of consent developed out of a necessity from the BDSM community, and generalises well to less overtly risky, vanilla relations.

4.3   Summary and Recommendations

4.3.1   General discussion

The three questions proposed in section 2.9 were:

- ■ What are BDSM practitioners' experiences and sense-making of barriers and benefits to help-seeking?
  - □ How can this help BDSM practitioners that engage in help-seeking behaviour?
  - □ How can this inform the practice of professional helpers?

Section 4.2 covers the first question, detailing themes of engaging with dominant helpers, appropriating of BDSM, and consent technology. All three of these also provide some guidance for BDSM practitioners. The construction of help-seeking in terms of power-exchange provides a structure well-known to BDSM practitioners, frames avoidance behaviours as a problem of inadequate consent processes, and prescribes a solution of

improving consent processes within the context of help-seeking professions. The themes of appropriation of BDSM and consent technology provide concise language-constructs that BDSM practitioners can use to categorise some types of problems, in the case of appropriation, and validate the cultural capital of BDSM, in the case of consent technology.

In terms of informing professional helpers, this research strongly supports the notion that working with this niche population is a matter of *cultural competence*, as stated by Kolmes et al. (2006). Table 4.5, Table 4.6, Table 4.7, Table 4.8, Table 4.9, and Table 4.10 from section 4.2.1.3 likewise mirror the types of barriers and helpful processes identified by Kolmes et al. (2006). In particular, the barriers that result from reflexive emotional responses from helpers strongly support desensitisation and re-sensitisation training as proposed by Pillai-Friedman et al. (2014). However, it is worth considering that may helping professionals may have already been somewhat desensitised through media and fictional depictions of BDSM. While fictions such as pornography and '50 Shades of Grey' de-emphasise many very important parts of BDSM, including consent, they tend to over-emphasise the provocative nature of the acts depicted. Emotional responses are the main difference between the Dos and Don'ts for professionals working with clients that are involved in BDSM as opposed to other niche populations. As such, general sexuality training, education around consent within a BDSM context, and a basic understanding of terminology may be sufficient for the general practice of helping professionals. This would fall under the category of kink-friendly rather than kink-aware (Kolmes & Weitzman, 2010), with the latter category and commensurate amount of training reserved for specialists. As the current state of kink specialists in New Zealand is extremely sparse (National Coalition for Sexual Freedom, 2016), there appears to be demand for more kink-friendly professionals across legal, health, mental health, and trade professions, and more kink-aware specialists within health and mental health.

4.3.2 Limitations of the research

4.3.2.1 Participants

One of the limiting factors of this research is the substantially lower response rate for males and non-binary gender than for females. Just $n = 3$ males completing both the demographic and the open answer parts of the survey. Only $n = 2$ participants reported non-binary gender in the demographic information, and neither of them completed the open answer parts of the survey. Intersections of masculinity and gender-nonconformity with BDSM and barriers to help-seeking may well include considerations beyond the results of this study. Future research targeting the the intersections of these demographics may be particularly helpful for helping professionals working in this area.

4.3.2.2 Religious and spiritual help-seeking

While religious and spiritual help-seeking was included in may of the open answer questions, there was no specific section dedicated to this type of help-seeking, and religious and spiritual beliefs were not solicited in the demographic section. Only one participant mentioned religion at all, simply stating a screening process for potential helpers: "Do they hold strong religious beliefs of any sort whatsoever? (That tends to make me avoid them)" [Pauline, 35]. It is unknown whether the lack of talk around religious or spiritual help-seeking was because religious and spiritual help-seeking were not a significant issue for many members of the local BDSM community, because this was a different priority to other types of help-seeking, because religious or spiritual BDSM practitioners did not fill out the survey, and/or whether this was as a result of survey design.

4.3.2.3 Social helpers

Some participants mentioned help-seeking in the context of informal social support, but this was not substantially investigated within the survey. Future research in this area would highlight what resources are available

within the community, how they are used, and who uses them, as well as potential improvements to this type of support. This would also be useful for professional helpers to know.

4.3.3 Concluding reflections

At the conclusion of this project, I am still etic to the BDSM community. I believe that through my engagement with the community and their engagement with this project, we will be able to further improve a partnership between psychologists and the BDSM community. I look forward to working more with the community as they pursue their projects on improving access to help for their members. On a personal note, I have learned a considerable amount about consent through this process, which will be invaluable in my future intentions to reduce harmful sexual behaviour in our society. I have learned a great deal about myself, too, including a much greater awareness of my own emotional reactions to provocative stimuli. This project has been a privilege and a joy to work on, and I hope it is of some value to the BDSM community.

Appendix A

Ethics approval

AUTEC Secretariat

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E: ethics@aut.ac.nz
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22 June 2016

Gareth Terry
Faculty of Health and Environmental Sciences

Dear Gareth

Re Ethics Application: **16/243 BDSM and therapy: Experiences of BDSM and help-seeking.**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Subcommittee (AUTEC).

Your ethics application has been approved for three years until 22 June 2019.

As part of the ethics approval process, you are required to submit the following to AUTEC:

- A brief annual progress report using form EA2, which is available online through http://www.aut.ac.nz/researchethics. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 22 June 2019;

- A brief report on the status of the project using form EA3, which is available online through http://www.aut.ac.nz/researchethics. This report is to be submitted either when the approval expires on 22 June 2019 or on completion of the project.

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence. AUTEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this. If your research is undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply there.

To enable us to provide you with efficient service, please use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at ethics@aut.ac.nz.

All the very best with your research,

Kate O'Connor
Executive Secretary
Auckland University of Technology Ethics Committee

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