

# Working with Non-Traditional Sexual Interests in Sexual Offense Treatment

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July 10, 2024

Safer Society Foundation

# Poll Question #1: Which statement best describes your opinion about BDSM?

- ▶ A. BDSM is unhealthy and people who practice BDSM would benefit from professional intervention.
- ▶ B. BDSM is healthy for some people, but clients in sex offense treatment should not practice any form of BDSM.
- ▶ C. Some (but not all) clients in sex offense treatment should be able to practice certain forms of BDSM.
- ▶ D. All clients in sex offense treatment should be able to practice certain forms of BDSM.
- ▶ E. All clients in sex offense treatment should be able to practice whatever form of BDSM they express interest in, as long as it's consensual.

# Flow

- ▶ Provide a brief overview of BDSM
- ▶ Consider situations in which interest in BDSM presents in sex offense treatment
- ▶ Consider ways of approaching and working with clients who report interest in BDSM in sex offense treatment

# Part I: Intro to Consensual BDSM

Bondage & Discipline, Dominance & Submission, Sadism & Masochism

# Clinical Terminology

- ▶ **Normophilic** - Sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners
- ▶ **Paraphilic** - Any intense or persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners
- ▶ **Paraphilic Disorder** - Paraphilia that is currently causing distress or impairment to the individual or a paraphilia whose satisfaction has entailed personal harm, or risk of harm, to others (American Psychiatric Association, 2022)

# Blurred Lines Between Paraphilias and Paraphilic Disorders

- ▶ Krafft-Ebbing's *Psychopathia Sexualis* (1886) - Described paraphilias such as sadism and masochism, focusing primarily on examples of non-consensual sexual violence
- ▶ Paraphilias not clearly distinguished from mental disorders in the DSM-III and DSM-IV
- ▶ Seen as dangerous, violent, related to self-harm or histories of abuse (Ritchers et al., 2008; Shahbaz & Chirinos, 2017)
- ▶ Mental health professionals have expressed views of BDSM as harmful (Shahbaz & Chirinos, 2017; Sprott et al., 2023)
- ▶ Stigmatized kink community (Bezreh et al., 2012; Sprott et al., 2023)

# Un-blurring the Lines: People who act on Paraphilic Fantasy

- ▶ People who engage in abusive behaviors
  - ▶ Including domestic violence or sexual offending
- ▶ BDSM Practitioners
  - ▶ Consensual engagement in a variety of behaviors typically involving eroticizing power dynamics

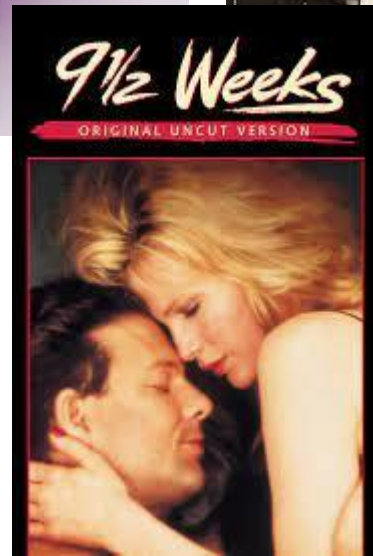
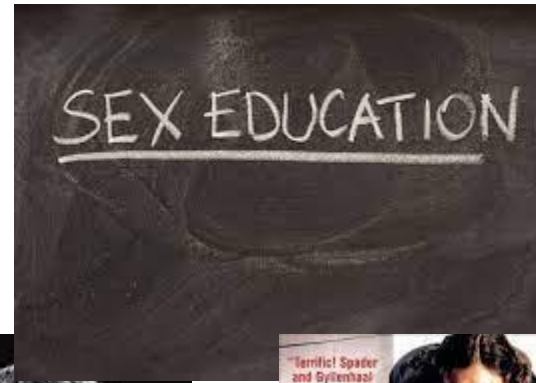
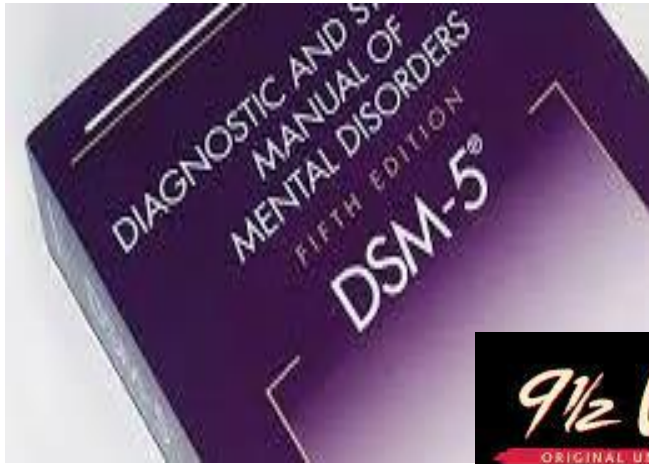
# What We Know About Paraphilic Fantasy in People Who Commit Sexual Offenses

- ▶ Tendency to use fantasy to cope with negative emotionality (Gauthier et al., 2023)
- ▶ Deviant Sexual Interests - defined as enduring attractions to sexual acts that are illegal or highly unusual - are one of the two major predictors of sexual recidivism (Hanson & Morton-Bourgon, 2005)
- ▶ Untested hypothesis: As Light BDSM and Extreme/Forbidden/Mysophilic interests seem to be relatively separate constructs, these constructs may not be equally strong risk factors for sexual offending (Schippers et al., 2023)





Where are we  
getting our  
information  
about the other  
group?



YouTube

# Poll Question #2: Where have you received information on BDSM?

- ▶ A. No training or exposure to BDSM.
- ▶ B. Informally from others (partners, clients, known someone who practices BDSM).
- ▶ C. Entertainment / media (movies, books, internet).
- ▶ D. Interactions or trainings with the Kink community.
- ▶ E. Research-backed educational books, articles, websites.
- ▶ E. During general formal training on sexual health or paraphilic disorders.
- ▶ F. Specific formal training on BDSM.
- ▶ G. Other.

# What We Know About BDSM

- ▶ Covers a wide variety of interests and behaviors
  - ▶ Not all involve pain
  - ▶ Not all involve sexual activity
- ▶ BDSM is not the same as Consensual Non-Monogamy
- ▶ Most practice BDSM only during specific circumstances
- ▶ Most are not exclusively interested in BDSM practices
- ▶ There is a difference between BDSM behaviors and identity
  - ▶ Not everyone considers themselves kinky
  - ▶ Not everyone interacts with a community

# Common BDSM Terminology

- ▶ **Kink** - Broad term for non-traditional sexual interests or behaviors, including BDSM, sometimes used interchangeable with BDSM
- ▶ **Play** - Time-limited engagement in BDSM practices or term for type of BDSM activity (i.e. impact play)
- ▶ **Scene** - Session of BDSM play
- ▶ **Top / Bottom / Switch** - Clarifies who is doing an action and who is receiving an action in a scene
- ▶ **Dominant / submissive** - Roles in which the exchange of control/authority is a central part of the dynamic
- ▶ **Sadist / Masochist** - Roles involving inflicting or receiving intense or painful sensation or humiliation
- ▶ **Subspace** - Altered state of consciousness that may occur for a Bottom in a scene (Ambler et al., 2017; Dunkley et al., 2019)

# Common BDSM Activities

- ▶ Impact
- ▶ Bondage
- ▶ Scene or Relationship Dynamics
- ▶ Role Play
- ▶ Body Modification
- ▶ Sensory Deprivation
- ▶ Sensation Play
- ▶ Rough Play

# Is BDSM Abuse?

In contrast to abuse, BDSM involves:

- ▶ Consent of all parties
- ▶ Planning to reduce risk of harm
- ▶ Negotiation prior to acting
- ▶ Mutually agreed upon rules
- ▶ Consensual erotic pleasure and/or personal growth of all parties
- ▶ Ability to stop at any time, for any reason, by any party
- ▶ Practitioners do not feel they have an intrinsic right to control the behavior of others

(Wiseman, 1998)

# Kink Community Response to Consent

- ▶ Safe Sane Consensual (SSC) or Risk Aware Consensual Kink (RACK) Mantras
- ▶ Hurt vs Harm
- ▶ Safety monitors at community events
- ▶ Workshops and Trainings
  - ▶ “Hard Skills” - Skills for engaging in certain types of play
  - ▶ “Soft Skills” - Interpersonal skills / skills for interacting
    - ▶ Vetting
    - ▶ Negotiation
    - ▶ Safe Words
    - ▶ Safety Call
    - ▶ Check-In



# How common is BDSM?

## Fantasy

- ▶ In Canadian study, 23-44% of sample reported interest in spanking or whipping; 41-52% in tying/being tied; and 26-65% in dominance/being dominated (Joyal, Cossette, & Lapierre, 2015)
- ▶ Dominance and Submission was the 11th most popular search category on Dogpile (Ogas & Gaddam, 2011)

## Reality

- ▶ 1.8% of Australian sample engaged in BDSM in past year (Richters et al., 2008)
- ▶ 33.9% of Canadian sample had tried a paraphilic behavior in lifetime (Joyal & Carpentier, 2017)
- ▶ >20% of US population had tied/been tied, >30% spanked, <8% attend BDSM party in lifetime (Herbenick et al., 2017)
- ▶ 46.8% of Belgium sample ever tried BDSM; 7.6% considered selves BDSM practitioners (Holvoet et al., 2017)

# Why Do People Engage in BDSM?

- ▶ Control
- ▶ Emotional Satisfaction / Stress Relief
- ▶ Couple Bonding / Trust / Connection
- ▶ Leisure / Recreation / Extreme Sport
- ▶ Altered States of Consciousness
- ▶ Spirituality / Transcendence
- ▶ Heal from Trauma
- ▶ Please Sexual Partners
- ▶ Sexual Arousal / Pleasure

# How are they?

- ▶ BDSM was not correlated with abuse or sexual difficulties (Richters et al., 2008)
- ▶ BDSM was not related to psychopathology (Richters et al., 2008; Sprott et al., 2023)
  - ▶ Men participating in BDSM reported lower levels of distress
- ▶ Compared to controls, BDSM practitioners were less neurotic, more extraverted, less rejection-sensitive, and had higher subjective well-being (Wismeijer & van Assen, 2013)
  - ▶ Women participating in BDSM were more confident in their relationships, had lower need for approval, and were less anxiously attached
- ▶ Masochism significantly linked to with higher satisfaction with sex life (Joyal & Carpentier, 2017)

# Part II: Clinical Work with Clients Endorsing Non-Traditional Sexual Interests

BDSM in SOTP

# Frank

- ▶ Convicted of Sexual Assault
  - ▶ Met Cindy at a bar and went back to her place, where they engaged in sexual activity - both parties believed initially to be consensual
  - ▶ Frank began to make “demands” during sexual activity and choked Cindy until she passed out
- ▶ In your office Frank states that he had been curious about BDSM, had seen pornography involving BDSM themes, and believed he was engaging in consensual BDSM during his offense

## Poll Question #3: Based on what you know, should Frank continue to practice BDSM?

- ▶ A. Frank should not engage in BDSM in the future.
- ▶ B. Frank may be able to practice certain BDSM activities in the future, but needs education and careful treatment planning for how to do so safely.
- ▶ C. Frank should be able to practice the BDSM activities he expressed interest in and does not need clinical intervention in this area.

# Alex

- ▶ Convicted of Voyeurism
  - ▶ Set up a series of hidden cameras to view people using the restroom in his home and at work
- ▶ In your office, Alex tells you he sees himself as a “Dominant” and is currently engaged in a D/s relationship
- ▶ Alex views D/s as a way of increasing intimacy and trust in his relationship and states it helps him feel useful, needed, and competent
- ▶ Alex also uses D/s as a way of meeting his partner’s needs

## Poll Question #4: Based on what you know, should Alex continue to practice BDSM?

- ▶ A. Alex should not engage in BDSM in the future.
- ▶ B. Alex may be able to practice certain BDSM activities in the future but needs education and careful treatment planning for how to do so safely.
- ▶ C. Alex should be able to practice the BDSM activities he expressed interest in and does not need clinical intervention in this area.



# John

- ▶ Convicted of Sexual Abuse of a Child
  - ▶ Had a close relationship with an 11-year-old girl, whom he later sexually assaulted
- ▶ Acknowledges pedophilic interests
- ▶ In your office, John expresses desire to engage in age play with “littles”
- ▶ John tells you that he believes age play will allow for consensual activity with adults in a way that will help him avoid acting out on fantasies to engage in sexual activity with children in the future

## Poll Question #5: Based on what you know, should John continue to practice BDSM?

- ▶ A. John should not engage in BDSM in the future.
- ▶ B. John may be able to practice certain BDSM activities in the future, but needs education and careful treatment planning for how to do so safely.
- ▶ C. John should be able to practice the BDSM activities he expressed interest in and does not need clinical intervention in this area.

# Should Clients in SOTP Engage in BDSM?

- ▶ What is our role as SOTP providers?
- ▶ Where does client autonomy come in?
- ▶ What are the client's goals?
- ▶ What does healthy sexuality look like for this client?
- ▶ Will these behaviors increase or decrease recidivism risk?
- ▶ Will these behaviors increase or decrease relationship problems?
- ▶ Is there a problem the client is trying to solve by engaging in BDSM?

# Where to Start with a Client Who Reports Interest in BDSM

- ▶ Reinforce willingness to share this with you and explore any concerns about this discussion
- ▶ Be aware of your own thoughts about BDSM
- ▶ Don't move too quickly into problem-solving
- ▶ Express willingness to process and better understand your client's interests and experiences

# Client Understanding of BDSM

- ▶ What is their understanding of concepts/terminology?
- ▶ How long have they engaged in BDSM?
- ▶ How strongly do they identify with BDSM?
- ▶ Is this interest ego syntonic or dystonic?
- ▶ How have they obtained / ensured consent during BDSM?
- ▶ Where are they getting their information about BDSM?
- ▶ Ideal scene:
  - ▶ What does this look like?
  - ▶ What sensory events or emotional states are appealing?

# What Behaviors Are We Talking About?

- ▶ Impact
- ▶ Pulling hair
- ▶ Scratching / Biting
- ▶ Sex toys
- ▶ Wearing leather
- ▶ Acts of service
- ▶ Picking out clothes
- ▶ Sensory play (ice, blindfolds, hot wax, feathers)
- ▶ Pick-Up Play
- ▶ Handcuffs
- ▶ Rope bondage
- ▶ Consensual Non-Consent
- ▶ Age Play
- ▶ Choking

# Why Does the Client Want to Engage in BDSM?

- ▶ Sexual arousal
- ▶ Urging from sexual partner
- ▶ Curiosity / sexual exploration / skills acquisition
- ▶ Interest in taboo topics
- ▶ Desire for structure (Dunkley & Brotto, 2020)
- ▶ Cope with paraphilic disorder
- ▶ Cope with boredom
- ▶ Cope with relationship problems
- ▶ Reenact abuse dynamics

# Does BDSM Relate to Offense Behaviors?

- ▶ Interest in BDSM leading to offending
- ▶ Interest in offending leading to BDSM communities / practices
- ▶ Escalations from consensual to non-consensual behaviors
- ▶ Efforts to avoid further offending through BDSM communities / practices



# What Are Our Clinical Concerns?

- ▶ Consent
  - ▶ Abuse / Domestic Violence
- ▶ Harm
  - ▶ Risky behaviors
  - ▶ Lack of awareness of harm
- ▶ Relationship Dynamics
  - ▶ Experience / Knowledge
  - ▶ Willingness to Communicate
  - ▶ Respect / Trust / Intimacy
- ▶ Over or under-emphasizing kink in treatment
- ▶ Kink masking or relating to recidivism risk factors:
  - ▶ Paraphilic Disorder
  - ▶ Attractions to Non-Consent (Harris et al., 2012; Seto et al., 2012)
  - ▶ Impulsivity / Self-Regulation
  - ▶ Sex as Coping
  - ▶ Sexual Preoccupation
  - ▶ Relationship Stability
  - ▶ Hostility Toward Women
  - ▶ Emotional Identification with Children

# Education and Awareness

- ▶ Ensure clients have a realistic understanding of BDSM
  - ▶ BDSM vs Abuse
  - ▶ Interests vs Behaviors
  - ▶ How BDSM may relate to risk
- ▶ Awareness of psychological, emotional, and physical dangers
  - ▶ Ex: Choking (Herbeneck et al., 2020; Herbenick et al., 2022; Schori et al., 2022), Humiliation, Bondage
- ▶ Consider societal and relational struggles
  - ▶ Coping with stigma
  - ▶ Problems related to child custody
  - ▶ Potential loss of employment
- ▶ Awareness of local laws and probation stipulations on BDSM activities (Dunkley & Brotto, 2020)

# Moving Away From BDSM

- ▶ Return to Client Goals
- ▶ Motivational Interviewing
- ▶ Arousal Techniques (Gannon et al., 2019)
- ▶ Safety Planning
- ▶ Problem-Solving / Approach Goals
  - ▶ Increase intimacy skills
  - ▶ Improve conflict resolution skills

# Moving Toward BDSM

- ▶ Consider which specific behaviors to pursue and which to avoid
  - ▶ Recidivism risk
  - ▶ Safety risk
  - ▶ Personal boundaries
  - ▶ Partner boundaries
  - ▶ Societal boundaries and implications
  - ▶ Legal boundaries and Probation stipulations
- ▶ When to avoid starting or engaging in BDSM
  - ▶ Intoxication
  - ▶ Anger / Recent conflict
  - ▶ Adding activities during a scene
  - ▶ Lack of clarity on boundaries or consent

# Moving Toward BDSM

## ▶ Communication with partner

- ▶ Boundaries / Limits
- ▶ Wants / Expectations
- ▶ Consent
- ▶ What to do if something goes wrong

## ▶ Debrief with client

- ▶ What went well
- ▶ What went wrong
- ▶ Changes to safety plans

# Moving Toward BDSM - Support

- ▶ Consider limited resources available due to sexual offense
  - ▶ Kink Community efforts to protect members by reporting and excluding people known to have engaged in abusive or aggressive behaviors
  - ▶ Exposure to risky stimuli
  - ▶ Rural setting limiting ability to engage physically with the community
  - ▶ Parole stipulations
- ▶ Support network
  - ▶ Awareness and reaction to interests
  - ▶ Awareness of differences between BDSM and abuse

# Resources

- ▶ National Coalition for Sexual Freedom: <https://ncsfreedom.org/>
- ▶ SM 101: A Realistic Introduction (Wiseman, 1998)
- ▶ Becoming a Kink Aware Therapist (Shahbaz & Chirinos, 2017)
- ▶ Clinical Guidelines for Working with Clients Involved in Kink: <https://doi.org/10.1080/0092623X.2023.2232801> (Spratt et al.2023)
- ▶ [Guidelines for Psychological Practice with Sexual Minority Persons \(apa.org\)](https://www.apa.org/practice-guidelines/sexual-minority) (American Psychological Association, 2022)

# Kink and BDSM in SOTP

- ▶ Alexander, A., Sower, E., Neal, B., & Schmader, A. (2023). Kink and BDSM awareness in sex offense treatment. *Journal of Positive Sexuality*, 9(2), 9-14.  
<https://doi.org/10.51681/1.922>
- ▶ Dunkley, C. R., & Brotto, L. A. (2020). The role of consent in the context of BDSM. *Sexual Abuse*, 32(6), 657-678.  
<https://doi.org/10.1177/1079063219842847>



# Poll Question #6: Which statement best describes your opinion about BDSM?

- ▶ A. BDSM is unhealthy and people who practice BDSM would benefit from professional intervention.
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- ▶ C. Some (but not all) clients in sex offense treatment should be allowed to practice certain forms of BDSM.
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- ▶ E. All clients in sex offense treatment should be able to practice whatever form of BDSM they prefer, as long as it's consensual.

# QUESTIONS?

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