



**Psychological Functioning and Violence Victimization and Perpetration in BDSM
Practitioners from the National Coalition for Sexual Freedom**

Technical Report

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SECTION I: BACKGROUND

Many individuals of the past and present have considered BDSM practitioners (i.e., those who engage in bondage and discipline [B&D], dominance and submission [D/s], sadomasochism [SM], and other related activities) to be dangerous. The assertion is often supported by the long-standing assumption that BDSM practitioners are psychologically dysfunctional and/or violent (e.g., Freud, 1905/1995; Krafft-Ebing, 1886/1965). While such perspectives have resulted in unfortunately common acts of discrimination, and even victimization, of practitioners (Wright, 2008), recent empirical evidence has directly contrasted such theory.

Across a number of studies, BDSM practitioners often score lower or equal to non-practitioners on a variety of applicable measures (Connolly, 2006; Cross & Matheson 2006; Ritchers et al., 2008). More specifically, regarding psychological functioning, when compared to non-practitioners, BDSM practitioners have exhibited equivalent or healthier levels of depression, anxiety, self-esteem, distress, sexual difficulties, obsession-compulsion, attachment styles, posttraumatic stress, family background, paranoia, borderline personality disorder, and 'mental instability' (Connolly, 2006; Cross & Matheson 2006; Powell, 2010; Sandnabba, Santtila, Alison, & Nordling, 2002; Ritchers, de Visser, Rissel, Grulich, & Smith, 2008; Wismeijer & van Assen, 2013). Further, concerning violence proneness, when compared to non-practitioners, BDSM practitioners have scored equal or lower on psychopathological sadism and masochism, hostility, authoritarianism, and psychopathy (Connolly, 2006; Cross & Matheson 2006). In sum, to date, preliminary evidence suggests BDSM practitioners are not at significant risk for psychological dysfunction and violence perpetration.

In reaction to this emerging literature, other theories of BDSM practice are being proposed to compensate. Two examples describe BDSM as an adventurous sexual interest (Chivers, Roy, Grimbos, Cantor, & Seto, 2014; Cross & Matheson, 2006; Sandnabba, Santtila, Alison, & Nordling 2002; Ritchers et al., 2008) or a specialized leisure activity (Williams, 2006, 2009; Newmahr, 2010). Although significant differences between these theories exist, with the primary being the consideration of sexuality, both recognize BDSM to be a subculture that is composed of individuals who adopt certain identities, partake in various fantasies, and engage in particular behaviors. Through such newer theories, and other culture-focused studies, research into BDSM as a practice is increasing diverse, exploring the rates of certain activities, development of interests, and the like.

To further investigate all of above areas, this study examined the details of BDSM practice, as well as the psychological functioning and violence victimization and perpetration of practitioners.

Project Aims

The project was designed to examine three general areas:

- 1) Investigate BDSM as an identity, fantasy, activity and culture. This included: BDSM identity and preference for dominance, submission, or both, cultural background (i.e., age of first awareness, years involved, intensity of BDSM play, involvement in 24/7 relationships, adherence to philosophies, and openness), sexualization of BDSM (i.e., participation with romantic partners, involvement in sexual activities, satisfaction for BDSM and vanilla activities), participation in BDSM subtypes, BDSM fantasies, and BDSM activities.

2) Investigate the psychological functioning of BDSM practitioners. This included: mental health (i.e., depression, anxiety, stress, posttraumatic stress, and suicidality), emotional and cognitive tendencies (i.e., interest in emotional experience, emotion regulation techniques, and self-control), LGB identity, and romantic relationship functioning (i.e., relationship satisfaction and conflict resolution tactics).

3) Investigate the violence victimization and perpetration experiences of BDSM practitioners. For victimization, this included: general victimization, sexual assault victimization, hate crime victimization (based on perceived and actual BDSM and LGBT status), and stalking victimization. For perpetration, this included: general perpetration, aggression proneness, sexual aggression, and endorsement of rape myths.

For each aspect of Project Aims 2 and 3 (i.e., psychological functioning and violence victimization and perpetration), differences between practitioners' age, gender, sexual orientation and BDSM identity will be explored.¹

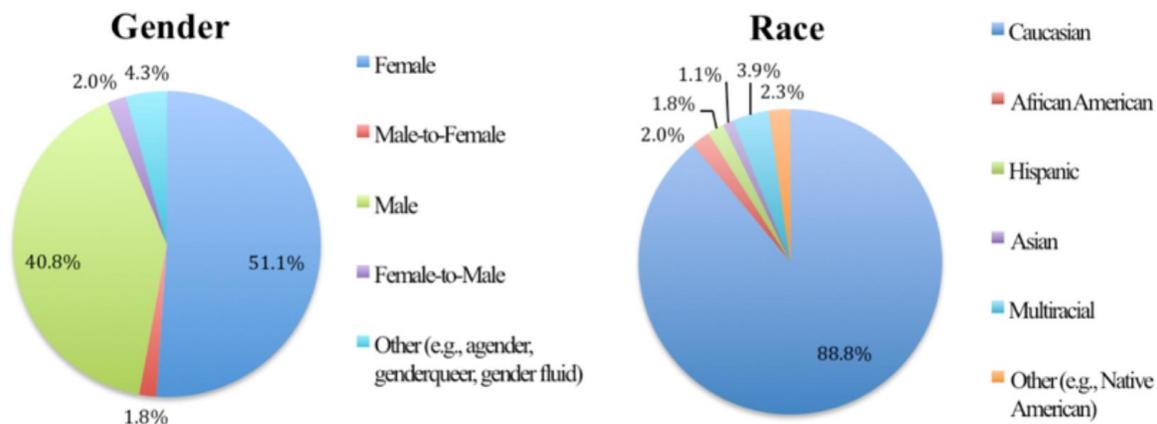
¹ Only differences are discussed. If a type of gender, sexual orientation, or BDSM identity is not mentioned, this means such individuals were not different from the rest of the sample.

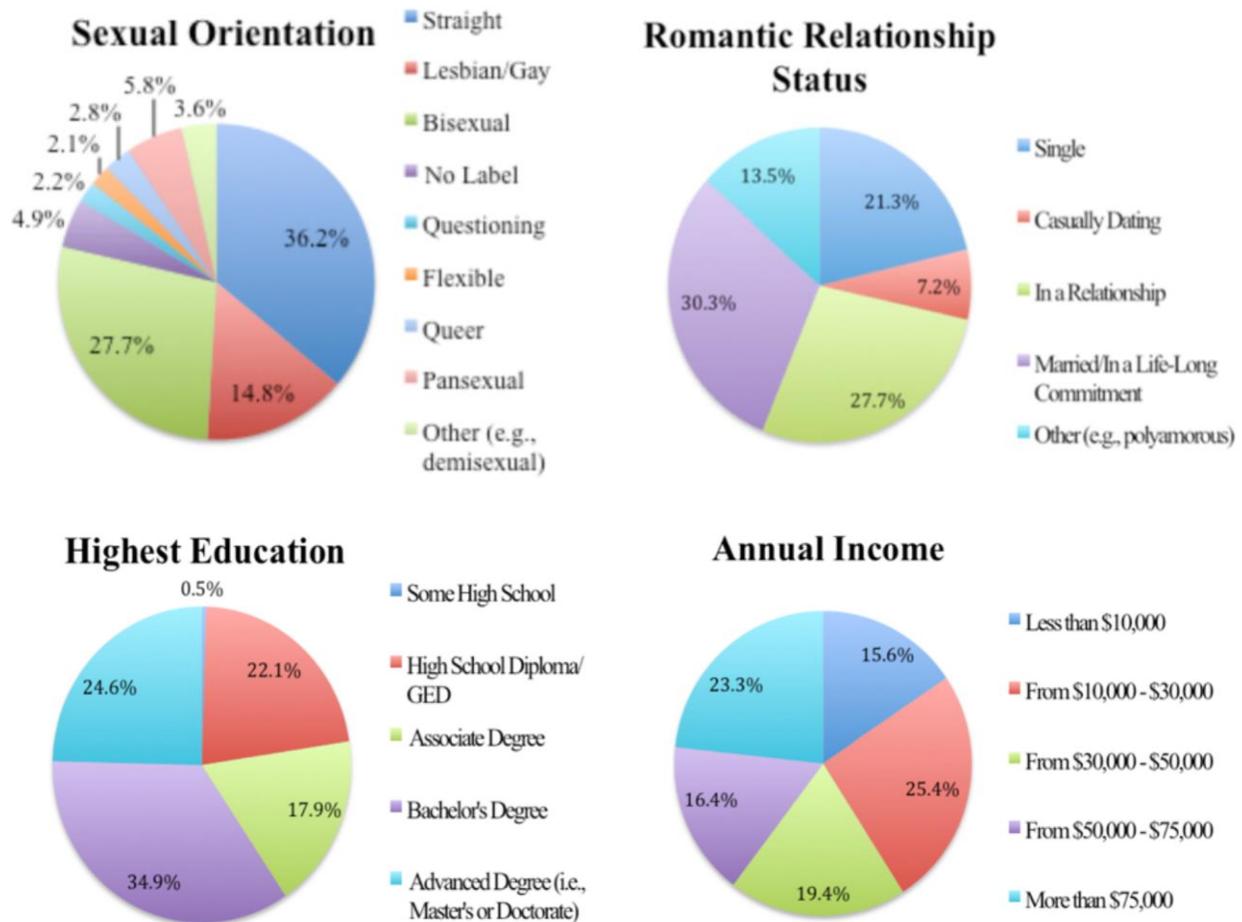
SECTION II: METHOD

Sample

Participants were 816 individuals from the National Coalition for Sexual Freedom. They ranged between 18 and 99 years of age, being average 41.0 years of age. The sample was divided approximately evenly by gender, with males and females comprising halves of the sample, although lesser amounts were male-to-female transgender, female-to-male transgender, or ‘other’ (e.g., agender, gender fluid, genderqueer; see Figure 1). By race, the vast majority of individuals were Caucasian, but a minority were African American, Hispanic, Asian, Multiracial, or ‘Other’ (e.g., Native American, see Figure 2). Two-thirds of people identified as a sexual minority, with larger proportions identifying as lesbian/gay and bisexual and smaller quantities identifying as questioning, hetero/homoflexible, pansexual, queer, unlabeled, or other (e.g., asexual, demisexual; see Figure 3). As a whole, participants were well educated, with four-fifths holding some form of college degree (see Figure 5). The sample considerably varied by annual income, ranging between a sixth earning less than \$10,000 and a fifth earning more than \$75,000 (see Figure 6). While an approximate two-thirds reported no medical condition, small percentages endorsed having various disorders and/or diseases, such as 2.1% having HIV and 0.6% having AIDS. Participants reported little alcohol use, at an average 2.5 drinks per week, although 43.0% denied any alcohol use. Even less drug use was reported, using an average of 0.5 drugs per week, although 89.1% denied any drug use.

By romantic relationship status, approximately, a fifth of the sample was single, a tenth was casually dating, and thirds were in a relationship or married/in a life-long commitment (see Figure 4). Another tenth of the sample was ‘other’; while different statuses were included (e.g., engaged, widowed), the vast majority who chose this category report being in a polyamorous relationship (see Figure 4). Of the romantically involved, relationships were 8.4 years long on average. Further, slightly more than half of participants preferred open/non-monogamous romantic relationships. Lastly, participants reported an average 1.8 and 4.3 romantic and sexual partners, respectively, in the past year; however, one partner was most common.

Figures 1-6.



Measures

BDSM Practice & Identity:

- Various aspects of BDSM identity and culture were measured through the BDSM Identity Scale.
- The prevalence of BDSM activities under two conditions: a) in fantasy vs. real life and b) in the dominant vs. submissive role was measured through the BDSM Activity Scale.

Psychological Functioning:

- *Mental Health*
 - Depression, anxiety, and stress were measured through the Depression Anxiety Stress Scales-21 (Lovibond & Lovibond, 1995; Osman et al., 2012).
 - Posttraumatic stress was assessed by the Posttraumatic Stress Disorder Checklist-Civilian (Conybeare, Behar, Solomon, Newman, & Borkovec, 2012; Weathers, Litz, Herman, Huska, & Keane, 1993).
 - Suicidality was evaluated through the Suicidal Behaviors Questionnaire-Revised (Linehan, 1981; Osman et al., 2001).

- *Emotional and Cognitive Tendencies*
 - Interest in emotional experience was measured by the Need for Affect Questionnaire-Short Form (Appel, Gnambs, & Maio, 2012; Maoi & Esses, 2001). Such is inclusive of two tendencies: Approaching and avoiding emotion-inducing situations.
 - Emotion regulation techniques were assessed by the Emotional Regulation Questionnaire (Gross & John, 2003): Such is inclusive of two techniques:
 - Cognitive reappraisal: rethinking a situation to change its emotional impact (e.g., When I want to feel less negative emotion, I change the way I'm thinking about the situation.)
 - Expressive suppression: restraining from emotional expression (e.g., I control my emotions by not expressing them.)
 - Low Self-control (i.e., high scores reflect greater impulsivity) was evaluated through the Self-Control Scales (Grasmick, Tittle, Bursik, & Arneklev, 1993).
- *Lesbian, Gay, and Bisexual Identity*
 - Lesbian, gay, and bisexual identity was measured through the Lesbian, Gay, and Bisexual Identity Scale (Mohr & Kendra, 2011). Such is inclusive of eight aspects:
 - Concealment motivation: keeping one's LGB identity private (e.g., I keep careful control over who knows about my same-sex romantic relationships.)
 - Identity uncertainty: being confused over one's LGB identity (e.g., I'm not totally sure what my sexual orientation is.)
 - Internalized homonegativity: dismissing of one's LGB identity (e.g., If it were possible, I would choose to be straight.)
 - Difficult process: considering one's LGB identity development to have been challenging (e.g., Admitting to myself that I'm an LGB person has been a very painful process.)
 - Acceptance concerns: worrying over social stigma as an LGB person (e.g., I think a lot about how my sexual orientation affects the way people see me.)
 - Identity superiority: preferring LGB people over heterosexual people (e.g., I look down on heterosexuals.)
 - Identity centrality: considering one's LGB identity to be important (e.g., Being an LGB person is a very important aspect of my life.)
 - Identity affirmation: being proud of one's LGB identity (e.g., I am glad to be an LGB person.)
- *Romantic Functioning*
 - Romantic relationship satisfaction was assessed by the Relationship Assessment Scale (Hendrick, 1988)
 - Conflict resolution tactics between romantic partners was evaluated through the Revised Conflict Tactics Scale (specified for activity outside of BDSM; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Such is inclusive of three categories:
 - Psychological aggression (e.g., I insulted or swore at my partner.)
 - Physical assault (e.g., I slapped my partner.)

- Healthy conflict resolution (e.g., I explained my side of a disagreement to my partner.)

Violence Victimization and Perpetration

- *Victimization*
 - General adulthood victimization (for physical assault, robbery, burglary/theft, vandalism, and blackmail) was assessed through a yes/no checklist.
 - Sexual assault victimization, hate crime victimization based on actual or perceived BDSM practitioner status, and hate crime victimization based on actual or perceived lesbian, gay, bisexual or transgender status were measured through the Victimization Experiences Inventory (Herek, Gillis, & Cogan, 1999).
 - Stalking victimization was assessed through the National Violence Against Women Stalking Survey Screening Questions (e.g., Followed, watched, or spied on you; Nobles, Fox, Piquero, & Piquero, 2009; Tjaden & Thoennes, 1998).
- *Perpetration*
 - General adulthood perpetration (for physical assault, robbery, burglary/theft, vandalism, and blackmail) was assessed through a yes/no checklist.
 - Aggression proneness was measured through the Aggression Questionnaire (specified for activity outside of BDSM; Buss & Perry, 1992). Such is inclusive of four types of aggression:
 - Physical aggression (e.g., Given enough provocation, I may hit another person.)
 - Verbal aggression (e.g., When people annoy me, I may tell them what I think of them.)
 - Anger (e.g., Sometimes I fly off the handle for no good reason.)
 - Hostility (e.g., I sometimes feel that people are laughing at me behind my back.)
 - Sexual aggression perpetration was assessed through the Aggressive Sexual Behavior Inventory (specified for activity outside of BDSM; Mosher & Anderson, 1986). Such is inclusive of six forms of sexual aggression:
 - Sexual force (e.g., I have calmed a person down with a good slap or two when they got hysterical over my advances.)
 - Use of drugs or alcohol (e.g., I have gotten a person high on marijuana or pills so they would be less able to resist my advances.)
 - Verbal manipulation (e.g., I have threatened to leave or to end a relationship if the person wouldn't have sex with me.)
 - Angry rejection (e.g., I have called a person an angry name and pushed them away when they would not surrender to my need for sex.)
 - Anger expression (e.g., I have gripped a person tightly and given them an angry look when they were not giving me the sexual response I wanted.)
 - Use of threats (e.g., I have promised a person that I wouldn't harm them if they did everything that I told them to.)
 - Endorsement of rape myths was evaluated through the Updated Illinois Rape Myth Acceptance Scale (McMahon & Farmer, 2011; Payne, Lonsway, & Fitzgerald, 1999). Such is inclusive of five specific myths:

- ‘Victim asked for it’ (e.g., If a person goes to a room alone with someone else at a party, it is their own fault if they are raped.)
- ‘Perpetrator didn’t mean to: Uncontrollable sex drive’ (e.g., When people rape, it is usually because of their strong desire for sex.)
- ‘Perpetrator didn’t mean to: Intoxication excuse’ (e.g., It shouldn’t be considered rape if a person is drunk and didn’t realize what they were doing.)
- ‘It wasn’t really rape’ (e.g., If a person doesn’t physically fight back, you can’t really say it was rape.)
- ‘Victim lied’ (e.g., A lot of times, people who say they were raped often led the other person on and then had regrets.)

Procedure

From September 2014 to December 2014, participants were recruited through various electronic means by the National Coalition for Sexual Freedom, such as distribution through website post and email list-serve. All methods informed participants of eligibility criteria (i.e., at least 18 years of age and at least a 10th grade education) and included a link that routed participants to the online questionnaire, which was located on SurveyMonkey.com. The initial page of the questionnaire was the consent form, describing the purpose of the study as well as the rights and roles of participants, and providing contact information for the principal investigators (i.e., Dr. Cramer and Ms. Wright), the Institution Review Board supervising the study, and a national directory for psychological services. Consent was indicated by selecting an ‘I agree’ button at the bottom of the form and continuing to the questionnaire. After completing the online questionnaire at the time and location of their choosing, participants could enter their email in a separate survey to be provided with aggregate results at a later date, after data analysis was conducted.

SECTION III: RESULTS

BDSM Practice

Key Points:

As a whole, participants...

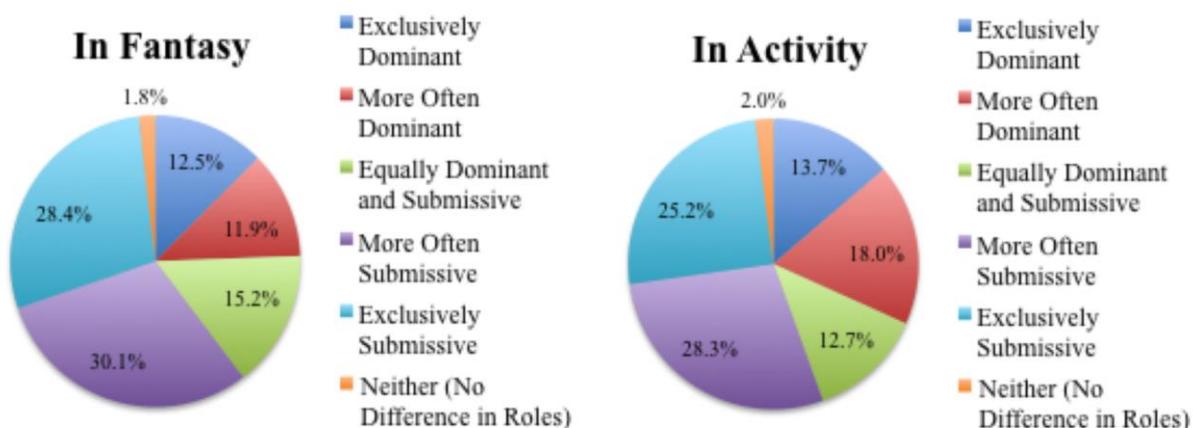
- were more submissive than dominant in their BDSM identities, fantasies and activities.
- became aware of their BDSM interests in their late teens.
- had been engaged in BDSM for more than a decade.
- were active in the BDSM community.
- practiced by mindful philosophies (i.e., ‘Safe, Sane, and Consensual’,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

BDSM Identity and Culture

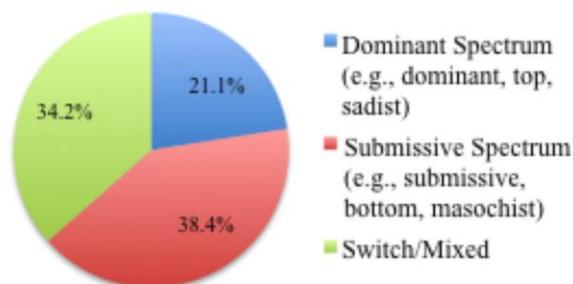
In both sexual fantasy and activity, the vast majority of participants had specific role preferences, with only 2% of the sample favoring sexual activity with no power differences between partners. The remaining 98% were more submissive than dominant: Approximately two-thirds of the sample preferred submission in both sexual fantasy and activity, while a fourth and third preferred domination in sexual fantasy and activity, respectively (see Figure 7 and 8). A smaller amount, about a seventh or eighth, were equally submissive and dominant (see Figure 7 and 8).

Such preferences were reflected in the sample’s BDSM identities (see Figure 9). Two-fifths identified as submissive, bottom, masochistic, and/or by another identity that would qualify along the submissive spectrum (e.g., slave, pet). One-fifth identified as dominant, top, sadist and/or by another identity that would qualify along the dominant spectrum (e.g., master, owner). Finally, two-fifths identified as a switch and/or combined various identities from the submissive-spectrum and dominant-spectrum to form a ‘mixed’ identity. Two-thirds of participants utilized multiple identities, using 2.3 identities on average.

Figures 7-9.



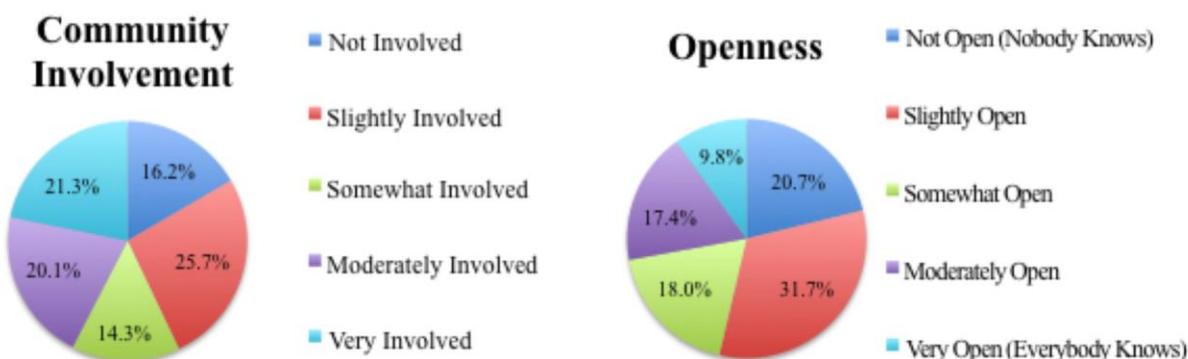
Current BDSM Identity



Participants most often became aware of their BDSM interests in their late teens. While the most common age was 16, the average age for first awareness was 19.6 years of age. However, the specific age ranged significantly across participants, being reported as early as young childhood (e.g., ages 3, 4, 5) and as late as elderliness (e.g., ages 68, 70, 94). The sample had practiced BDSM from 0 to 64 years, with an average length of 13.8 years. The most practiced level of BDSM was medium intensity play, followed by heavy play, then by light play (see Figure 12). A little less than half, specifically 42%, had been or were currently involved in a 24/7 BDSM relationship, usually as the submissive partner.

While the level of engagement varied considerably, five-sixths of participants were involved in the BDSM community (see Figure 10). Such social engagement was reflected in the philosophies participants practiced by: Approximately 80% stated they practiced by the 'Safe, Sane, and Consensual' philosophy and 90% stated they practiced by the 'Risk-Aware Consensual Kink' philosophy. Further, four-fifths of participants were at least slightly open about their BDSM practice with non-practicing friends and family (see Figure 11).

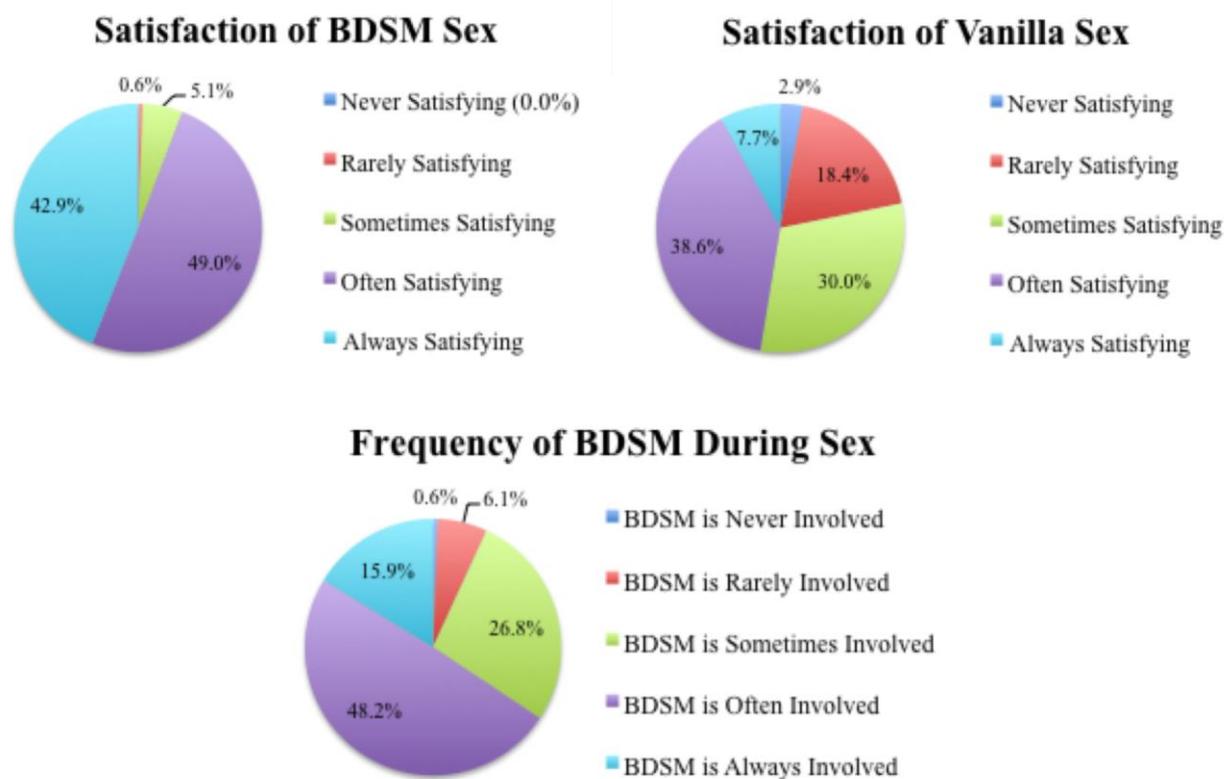
Figures 10-12.





Approximately two-thirds of the sample primarily practiced BDSM for sexual purposes. Further, about one-third only engaged in BDSM with romantic partners. On a scale of frequency (with the options being never, rarely, sometimes, often, and always), for the largest proportion of participants, about half of the sample, BDSM was often involved in their sexual activities (see Figure 16). The vast majority of the participants found BDSM sexual activities to be often or always satisfying (see Figure 13). As for vanilla sexual activities, to most, such activities were either sometimes or often satisfying (see Figure 14).

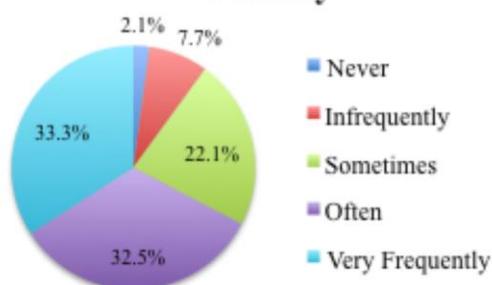
Figures 13-16.



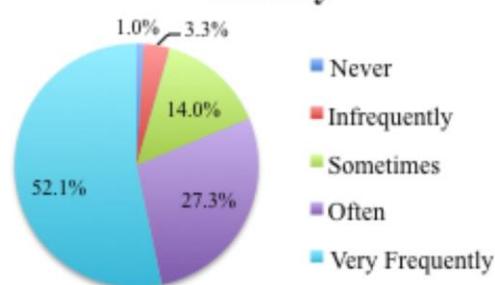
During sexual fantasy, most participants experienced bondage and discipline themes (B&D) often or very frequently, dominance and submission themes (D&s) very frequently, and sadomasochism themes (SM) variably (see Figures 17-19). During sexual activity, most participants experienced bondage and discipline (B&D) sometimes, dominance and submission (D&s) very frequently, and sadomasochism (SM) variably (see Figures 20-22).

Figures 17-22.

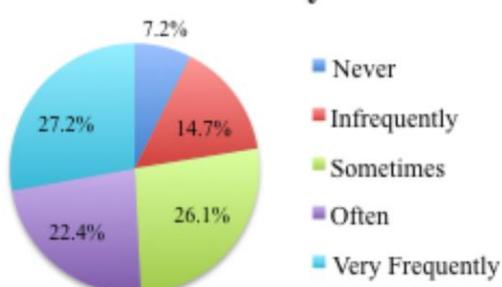
Frequency of B&D During Sexual Fantasy



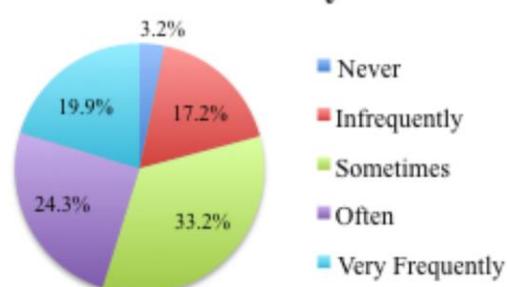
Frequency of D&s During Sexual Fantasy



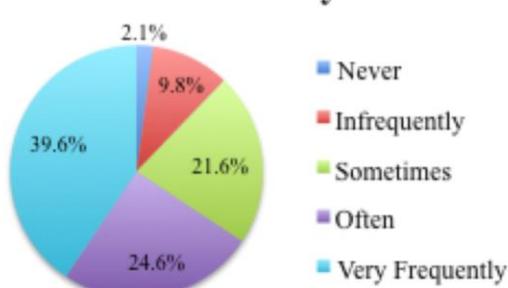
Frequency of SM During Sexual Fantasy



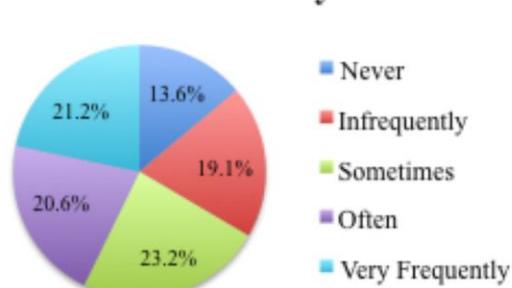
Frequency of B&D During Sexual Activity



Frequency of D&s During Sexual Activity



Frequency of SM During Sexual Activity



BDSM Fantasy and Practice

Like BDSM identity, submissive fantasies and practices were more common than their dominant counterparts. For specific activities, the most common fantasies were role-playing as the submissive partner, being spanked/slapped, and having sexual toys/equipment used, while the least common fantasies were role-playing as a rapist, acting childlike or role-playing as a child, and having partners act childlike or role-play as a child. The most common practices were being spanked/slapped, being bitten, and having sexual toys/equipment used, while the least common practices were role-playing as a rapist, role-playing as a rape victim, and having partners act childlike or role-play as a child. The percentages for reported frequency of each fantasy and practice are listed in Table 1 and 2, respectively.

Table 1. Fantasy

Activity	Never	Infrequently	Sometimes	Often	Very Frequently
Tying or binding my partner with rope/chains/etc	33.0%	21.0%	21.3%	12.0%	12.7%
Being tied or bound with rope/chains/etc	20.6%	9.9%	21.1%	21.9%	26.5%
Using handcuffs on my partner	50.1%	22.1%	15.1%	7.7%	5.0%
Being handcuffed	39.5%	15.8%	20.0%	12.5%	12.3%
Using clamps/clothespins/etc on my partner	45.8%	15.2%	17.6%	15.6%	5.8%
Having clamps/clothespins/etc used on me	33.3%	17.9%	20.6%	15.0%	13.2%
Blindfolding my partner	34.7%	18.8%	21.2%	14.0%	11.4%
Being blindfolded	25.1%	13.0%	21.8%	20.7%	19.4%
Role-playing as the dominant partner (master/cop/teacher/etc)	35.7%	20.2%	16.1%	14.7%	13.4%
Role-playing as the submissive partner (slave/criminal/pupil/etc)	21.9%	12.4%	12.6%	20.6%	32.5%
Using hot wax/electricity/etc on my partner	45.8%	21.9%	16.1%	9.6%	6.6%
Having hot wax/electricity/etc used on me	33.8%	18.8%	19.7%	15.2%	12.5%
Biting my partner	27.6%	16.9%	19.1%	16.5%	19.9%
Being bitten	29.4%	15.4%	17.5%	16.7%	21.0%
Punishing my partner	48.2%	17.4%	13.8%	11.3%	9.3%
Being punished	33.3%	13.4%	14.6%	18.3%	20.5%
Telling my partner what to do through aggressive commands	41.3%	16.7%	15.2%	14.2%	12.6%
Being told what to do through aggressive commands	25.7%	11.0%	15.9%	19.7%	27.6%
Role-playing as a rapist	75.2%	11.0%	6.1%	4.7%	2.9%
Role-playing as a rape victim	49.3%	14.5%	13.0%	11.8%	11.5%

Whipping/flogging/caning/ paddling/etc my partner	39.8%	17.4%	14.5%	12.7%	15.6%
Being whipped/flogged/canned/ paddled/etc	24.6%	12.5%	14.2%	19.7%	28.9%
Gagging my partner	51.1%	16.9%	14.5%	9.4%	8.1%
Being gagged	39.1%	15.1%	16.5%	14.2%	15.1%
Using knives/razors/etc on my partner	67.0%	13.0%	7.8%	6.6%	5.5%
Having knives/razors/etc used on me	54.3%	14.5%	13.1%	8.9%	9.2%
Spanking/slapping my partner	35.5%	15.1%	16.1%	15.7%	17.6%
Being spanked/slapped	22.3%	11.0%	16.4%	19.4%	30.9%
Wearing a uniform	49.4%	18.3%	16.3%	8.0%	8.1%
Having my partner wear a uniform	47.4%	17.3%	17.9%	9.6%	7.8%
Preventing my partner from having an orgasm	52.6%	14.6%	14.0%	10.5%	8.3%
Being prevented from having an orgasm	41.1%	15.4%	16.4%	13.7%	13.4%
Using sexual toys/equipment on my partner	21.8%	15.9%	18.9%	19.7%	23.7%
Having sexual toys/equipment used on myself	13.2%	10.2%	20.2%	23.5%	32.8%
Humiliating my partner	65.6%	13.5%	8.1%	7.4%	5.5%
Being humiliated	49.5%	12.0%	12.5%	13.2%	12.7%
Having my partner act childlike or role-play as a child	83.3%	8.5%	4.7%	1.6%	2.0%
Acting childlike or role-playing as a child	71.4%	8.8%	7.8%	4.7%	7.2%

Table 2. Practice

Activity	Never	Infrequently	Sometimes	Often	Very Frequently
Tying or binding my partner with rope/chains/etc	40.2%	20.2%	16.1%	11.2%	10.5%
Being tied or bound with rope/ chains/etc	27.3%	18.5%	22.8%	17.2%	14.2%
Using handcuffs on my partner	65.2%	17.3%	9.7%	3.9%	3.9%
Being handcuffed	54.7%	21.1%	11.8%	6.5%	6.0%
Using clamps/clothespins/etc on my partner	52.6%	15.7%	15.0%	10.5%	6.3%
Having clamps/clothespins/etc used on me	40.4%	20.2%	18.6%	12.3%	8.5%
Blindfolding my partner	46.1%	17.8%	17.4%	10.5%	8.2%

Being blindfolded	33.7%	22.2%	22.5%	11.6%	9.9%
Role-playing as the dominant partner (master/cop/teacher/etc)	49.9%	15.3%	10.5%	10.0%	14.2%
Role-playing as the submissive partner (slave/criminal/pupil/etc)	34.4%	13.6%	16.4%	13.8%	21.7%
Using hot wax/electricity/etc on my partner	61.0%	16.7%	12.4%	5.6%	4.3%
Having hot wax/electricity/etc used on me	48.7%	22.4%	16.5%	7.8%	4.5%
Biting my partner	32.0%	16.2%	19.2%	14.3%	18.3%
Being bitten	29.7%	18.8%	17.4%	15.4%	18.8%
Punishing my partner	59.7%	14.8%	12.7%	6.9%	5.9%
Being punished	45.7%	17.5%	16.9%	9.4%	10.4%
Telling my partner what to do through aggressive commands	47.7%	15.6%	13.5%	11.9%	11.4%
Being told what to do through aggressive commands	31.3%	19.6%	20.6%	12.9%	15.7%
Role-playing as a rapist	86.6%	6.3%	4.5%	1.6%	1.0%
Role-playing as a rape victim	76.8%	12.5%	5.1%	3.2%	2.3%
Whipping/flogging/caning/paddling/etc my partner	49.9%	12.7%	11.4%	12.7%	13.2%
Being whipped/flogged/canned/paddled/etc	33.5%	16.4%	15.8%	15.4%	18.9%
Gagging my partner	63.5%	14.0%	10.9%	6.1%	5.5%
Being gagged	50.6%	21.1%	14.5%	7.7%	6.1%
Using knives/razors/etc on my partner	76.5%	9.4%	5.6%	4.7%	3.8%
Having knives/razors/etc used on me	67.6%	13.0%	9.3%	5.8%	4.3%
Spanking/slapping my partner	43.3%	14.7%	10.5%	14.2%	17.3%
Being spanked/slapped	24.8%	14.2%	18.0%	19.2%	23.8%
Wearing a uniform	69.4%	15.3%	9.1%	3.2%	3.1%
Having my partner wear a uniform	69.9%	16.1%	8.3%	3.8%	2.0%
Preventing my partner from having an orgasm	62.9%	13.1%	11.9%	5.5%	6.6%
Being prevented from having an orgasm	52.9%	19.2%	13.0%	7.7%	7.1%
Using sexual toys/equipment on my partner	33.1%	18.1%	15.1%	12.9%	20.8%
Having sexual toys/equipment used on myself	20.5%	17.0%	21.2%	19.9%	21.4%
Humiliating my partner	75.0%	10.4%	8.2%	3.1%	3.3%
Being humiliated	63.8%	13.7%	11.4%	5.0%	6.0%
Having my partner act childlike or role-play as a child	88.0%	6.9%	2.2%	2.0%	1.0%

Acting childlike or role-playing as a child	80.3%	7.4%	4.3%	4.2%	3.9%
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Psychological Functioning

Key Points:

As a whole, ...

- participants were well functioning, with little mental health concerns, beneficial emotional and cognitive tendencies, a positive LGB identity, and healthy romantic relationships.
- many aspects improved with age, meaning younger participants experienced more psychological dysfunction than older participants.
- while other facets of functioning did not show overarching patterns by gender or sexual orientation, males and questioning individuals experienced a more negative LGB identity.
- submissives experienced more psychological dysfunction than dominants and switches.

Mental Health

Depression, anxiety, and stress. Based on criteria for young adults, the sample endorsed normal levels of depression, anxiety, and stress. There were small, but detectable, differences for age, sexual orientation, and BDSM identity: Depression, anxiety, and stress decreased with age. As compared to many of the remaining sexual orientations, straight and pansexual people were less depressed and ‘other’ people were more depressed; straight and queer individuals were less anxious. Submissives were more anxious than dominants and switches, and more stressed than switches. There were no differences based on gender.

Posttraumatic stress. Overall, participants endorsed minimal levels of posttraumatic stress symptoms. Yet, 14% of the sample would likely qualify for a diagnosis of posttraumatic stress disorder (Conybeare et al., 2012). There were small, but detectable, differences for age and sexual orientation: Posttraumatic stress decreased with age. As compared to many of the remaining sexual orientations, straight individuals experienced less posttraumatic stress. There were no differences based on gender or BDSM identity. In addition, posttraumatic stress symptoms were associated with a history of sexual assault and hate-crime victimization based on BDSM status (but not hate-crime victimization based on LGB status).

Suicidality. On average, the sample was at low risk for suicide (as compared to none, moderate or high risk in young adults). There were small, but detectable, differences for age, gender, and sexual orientation: Suicidality decreased with age. Females and male-to-female transgender individuals were more suicidal than males and, for male-to-female transgender individuals, ‘other’ individuals. As compared to many of the remaining sexual orientations, straight people were less suicidal and queer people were more suicidal. There were no differences based on BDSM identity.

In sum, participants were not experiencing serious mental health problems in these areas.

Emotional and Cognitive Tendencies

Interest in emotional experience. As a whole, participants tended to approach emotional situations rather than avoid them. There were small, but detectable, differences for age, sexual orientation, and BDSM identity: Avoidance of emotional situations decreased with age. As compared to many of the remaining sexual orientations, ‘other’ and questioning individuals more often prefer to avoid emotional situations. Submissives more often prefer to avoid emotional situations than dominants. There were no differences based on gender.

Emotion regulation techniques. On average, participants favored reframing negative thoughts over emotional suppression. There were small, but detectable, differences for age and gender: Cognitive reappraisal increased and emotional suppression decreased with age. Males engaged in emotional suppression more often than females. There were no differences based on sexual orientation or BDSM identity.

Self-control. In general, participants reported normal levels of self-control. There were small, but detectable, differences for age and gender: Self-control decreased with age. Males and male-to-female transgender individuals had higher self-control than females and, for male-to-female transgender individuals, ‘other’ individuals. There were no differences based on sexual orientation or BDSM identity.

Combining the results, the sample preferred to approach emotion-inducing situations and use cognitive reappraisal for emotion regulation, while exhibiting normal levels of self-control.

Lesbian, Gay, and Bisexual Identity

The results described below are limited to those identifying as lesbian, gay, bisexual, or any other form of similar sexual minority (e.g., pansexual, questioning).

Concealment motivation: As a whole, participants reported little desire to conceal their LGB status. There were moderate differences for gender and sexual orientation, and small, but detectable, differences for BDSM identity: Males desired more concealment than females, male-to-female transgender individuals, female-to-male transgender individuals, and ‘other’ individuals. As compared to many of the remaining sexual orientations, lesbian/gay and queer people desired less concealment and questioning people desired more concealment. Submissives desired more concealment than switches. There were no differences based on age.

Identity uncertainty: The sample was not confused about their specific LGB identity. There were small, but detectable, differences for age and BDSM identity, moderate differences for gender, and large differences for sexual orientation: Confusion over LGB identity decreased with age. Females were less confused over their LGB identity than males and ‘other’ individuals. As compared to many of the remaining sexual orientations, lesbian/gay people were less confused over their LGB identity and questioning, hetero/homoflexible, unlabeled, and ‘other’ people were more confused over their LGB identity. Submissives were more confused over their LGB identity than dominants.

Internalized homonegativity: Participants, in general, did not want to abandon their LGB orientation for a heterosexual one. There were small, but detectable, differences for gender and moderate differences for sexual orientation: Males wanted to abandon their LGB orientation more than females and female-to-male transgender individuals. As compared to many of the remaining sexual orientations, questioning individuals wanted to abandon their LGB orientation more and queer individuals wanted to abandon their LGB orientation less. There were no differences based on age or BDSM identity.

Difficult process: The sample did not experience a troublesome LGB development. There were small, but detectable, differences for age, sexual orientation, and BDSM identity, and moderate differences for gender: Having experienced a troublesome LGB development decreased with age. Females and female-to-male transgender individuals had a less troublesome LGB development than males, male-to-female transgender individuals, and ‘other’ individuals. As compared to many of the remaining sexual orientations, questioning people had a more troublesome LGB development and queer people had a less troublesome LGB development. Submissive had a more troublesome LGB development than dominants and switches.

Acceptance concerns: As a collective, participants were not anxious over being stigmatized for their LGB identity. There were small, but detectable, differences for age and BDSM identity, and moderate differences for gender: Anxiety over potential LGB stigma decreased with age. Females were less anxious over LGB stigma than males, male-to-female transgender individuals, and ‘other’ individuals. Submissives were more anxious over LGB stigma than dominants and switches. There were no differences based on sexual orientation.

Identity superiority: Overall, participants did not believe their LGB identity made them unique compared to heterosexual individuals. There were small, but detectable, differences for gender and sexual orientation. Male-to-female transgender individuals believed in LGB superiority more than males and ‘other’ individuals, who believed in LGB superiority more than females. As compared to many of the remaining sexual orientations, lesbian/gay people believed in LGB superiority more. There were no differences based on age or BDSM identity.

Identity centrality: The sample did consider their LGB identity to be fundamental to their general identity. There were small, but detectable, differences for gender and BDSM identity, and large differences for sexual orientation: Males and females considered their LGB identity to be less fundamental than ‘other’ individuals. As compared to many of the remaining sexual orientations, lesbian/gay and queer people considered their LGB identity to be more fundamental. Dominants considered their LGB identity to be less fundamental than switches. There were no differences based on age.

Identity affirmation: As a group, participants were proud of their LGB status. There were small, but detectable, differences for gender and moderate differences for sexual orientation: Males were less proud of their LGB status than females, male-to-female transgender people, and ‘other’ people. As compared to many of the remaining sexual orientations, lesbian/gay and queer individuals were more proud of their LGB status and questioning people were less proud of their LGB status. There were no differences based on age or BDSM identity.

Combining these results, it appears the participants, overall, report a positive LGB identity with little difficulties with associated concerns, such as fear of social stigma or thoughts of supremacy.

Romantic Functioning

The results described below are limited to those in a romantic relationship.

Relationship satisfaction. The sample was mostly satisfied with their romantic relationships. There were small, but detectable, differences for BDSM identity: Submissive were less satisfied with their relationships than dominants and switches. There were no differences based on age, gender, and sexual orientation.

Conflict resolution tactics. In the past year, participants commonly engaged in healthy resolution tactics (on a median of 65 occasions), rarely engaged in psychological aggression (on

a median of 3 occasions), and practically never engaged in physical assault (on a median of 0 occasions) in response to conflicts with romantic partners. There were small, but detectable, differences for age: All forms of conflict resolution tactics decreased with age. There were no differences based on gender, sexual orientation, and BDSM identity.

According to the above, in general, participants were experiencing largely satisfying and healthy romantic relationships.

Violence Victimization and Perpetration

Key Points:

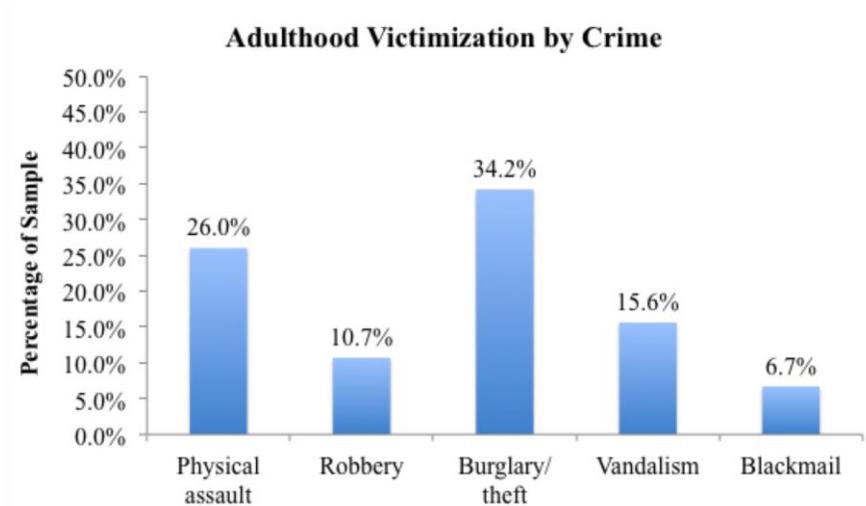
As a whole, ...

- the majority of participants had been victims of violence but were not prone to perpetrating violence, with low rates of aggression proneness, sexual aggression, and endorsement of rape myths.
- while other aspects of victimization and perpetration did not consistently vary across age, aggression proneness decreased with age, meaning younger participants were more prone to aggression than older participants.
- although other facets of victimization and perpetration did not differ overall by gender, males endorsed rape myths more than females.
- there were no overarching differences by sexual orientation.
- dominants were higher in aggression proneness and sexual aggression perpetration (but not rape myth acceptance) than submissives and switches.

General Victimization

As an adult, approximately, 1 in 3 participants had been victims of burglary/theft, 1 in 4 participants had been victims of physical assault, 1 in 6 participants had been victims of vandalism, 1 in 10 participants had been victims of robbery, and 1 in 15 participants had been victims of blackmail (see Figure 23).

Figure 23.



Sexual Assault Victimization

Defined as being forced or frightening into unwanted sexual activity, 42.2% of participants reported they had been sexually assaulted. See Table 3 for specific rates by demographics.

Hate Crime Victimization Based on BDSM Practitioner Status

Defined as being a victim of a crime based on actual or perceived BDSM practitioner/kinky status, 7.7% of participants reported they has been victims of a BDSM-based hate crime. See Table 3 for specific rates by demographics.

Hate Crime Victimization Based on LGBT Status

Defined as being a victim of a crime based on actual or perceived lesbian, gay, bisexual, or transgender (LGBT) status, 10.2% of participants reported they had been victims of an LGBT-based hate crime. See Table 3 for specific rates by demographics.

Stalking Victimization

Defined as being a victim of repeated negative pursuing behaviors, 68.1% of participants reported they have been stalked. See Table 3 for specific rates by demographics.

Table 3.

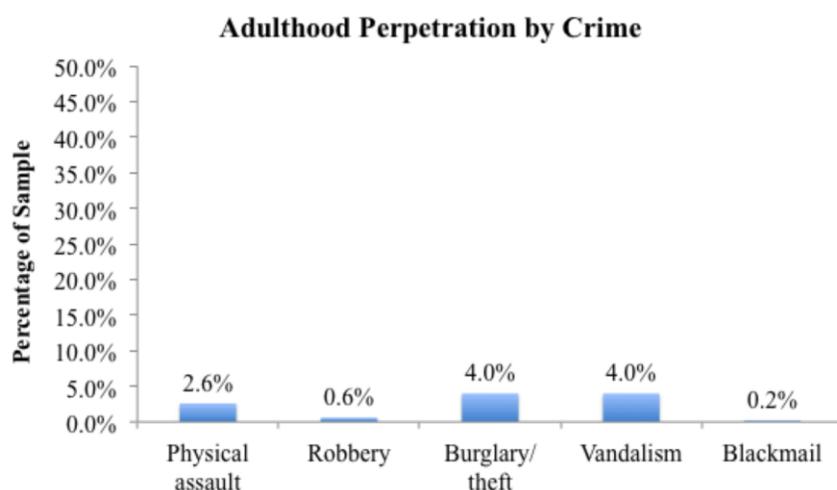
Demographic	Sexual Assault	Hate Crime (BDSM)	Hate Crime (LGBT)	Stalking
Total	42.2%	7.7%	10.2%	68.1%
Gender				
Male	22.1%	3.9%	14.0%	60.5%
Female	59.3%	9.9%	4.4%	74.8%
Female-to-Male Transgender	47.1%	6.2%	17.6%	76.5%
Male-to-Female Transgender	37.5%	25.0%	50.0%	50.0%
‘Other’	51.7%	12.1%	24.2%	81.8%
Sexual Orientation				
Straight	30.7%	5.1%	2.4%	66.6%
Lesbian/Gay	39.0%	7.5%	37.0%	61.7%
Bisexual	52.5%	10.7%	8.9%	68.0%
Questioning	47.1%	11.8%	0.0%	72.2%
Hetero/Homoflexible	52.9%	0.0%	5.9%	94.1%
Pansexual	60.9%	8.5%	8.5%	83.0%
Queer	47.6%	13.0%	27.3%	78.3%
Unlabeled	56.4%	7.5%	2.5%	69.2%
‘Other’	55.6%	10.3%	0.0%	79.3%
BDSM Identity				

Dominant	31.2%	8.8%	10.0%	71.8%
Submissive	48.7%	8.1%	9.4%	65.8%
Switch/Mixed	45.2%	7.2%	11.2%	69.9%

General Perpetration

As an adult, 1 in 25 participants had committed burglary/theft, 1 in 25 participants had committed vandalism, 1 in 38 participants had committed physical assault, 1 in 167 participants had committed robbery, and 1 in 500 participants had committed blackmail (see Figure 24).

Figure 24.



Aggression Proneness

Physical aggression. Participants, in general, described themselves as physically unaggressive. There were small, but detectable, differences for age, sexual orientation, and BDSM identity: Physical aggression decreased with age. As compared to many of the remaining sexual orientations, lesbian/gay and queer individuals were less physically aggressive. Dominants were more physically aggressive than submissives and switches. There were no differences based on gender.

Verbal aggression. Collectively, participants described themselves as neither verbally aggressive nor verbally unaggressive. There were small, but detectable, differences for age and BDSM identity: Verbal aggression decreased with age. Dominants were more verbally aggressive than submissives and switches. There were no differences based on gender or sexual orientation.

Anger. Participants, overall, did not describe themselves as angry. There were small, but detectable, differences for age and BDSM identity: Anger decreased with age. Dominants were angrier than submissives and switches. There were no differences based on gender or sexual orientation.

Hostility. As a group, participants did not describe themselves as hostile. There were small, but detectable, differences for age and sexual orientation: Hostility decreased with age. As compared to many of the remaining sexual orientations, flexible and queer people were less

hostile and questioning people were more hostile. There were no differences based on gender or BDSM identity.

Based on such patterns, participants, overall, were not prone to aggression.

Sexual Aggression

Sexual force: Overall, participants practically never used force to obtain sexual activity. There were small, but detectable, differences for gender and BDSM identity: Males used more force to obtain sexual activity than females. Dominants used more force to obtain sexual activity than submissives and switches. There were no differences based on age or sexual orientation.

Use of drugs or alcohol: Participants, as a whole, practically never used drugs or alcohol to obtain sexual activity. There were small, but detectable, differences for gender: Males used more drugs and alcohol to obtain sexual activity than females or ‘other’ individuals. There were no differences based on age, sexual orientation, or BDSM identity.

Verbal manipulation: The sample practically never used verbal manipulation to obtain sexual activity. There were small, but detectable, differences for BDSM identity: Dominants used more verbal manipulation to obtain sexual activity than submissives and switches. There were no differences based on age, gender, or sexual orientation.

Angry rejection: In general, participants practically never used angry rejection to obtain sexual activity. There were small, but detectable, differences for BDSM identity: Dominants used more angry rejection to obtain sexual activity than submissives. There were no differences based on age, gender, or sexual orientation.

Anger expression: Participants practically never used anger expression to obtain sexual activity. There were small, but detectable, differences for BDSM identity: Dominants used more anger expression to obtain sexual activity than submissives and switches. There were no differences based on age, gender, or sexual orientation.

Use of threats: As a group, participants practically never used threat to obtain sexual activity. There were small, but detectable, differences for age and BDSM identity: Use of threats to obtain sexual activity increased with age. Dominants used more threats to obtain sexual activity than submissives and switches. There were no differences based on gender or sexual orientation.

Summarizing the above, the sample had perpetrated **extremely** low rates of sexual aggression.

Endorsement of Rape Myths

‘Victim asked for it’. The sample strongly rejected the ‘victim asked for it’ myth. There were small, but detectable, differences for age and gender: Endorsement of this rape myth increased with age. Males and female-to-male transgender individuals endorsed this rape myth more than females, male-to-female transgender individuals, and ‘other’ individuals. There were no differences based on sexual orientation or BDSM identity.

‘Perpetrator didn’t mean to: Uncontrollable sex drive’. As a group, participants rejected the ‘perpetrator didn’t mean to: uncontrollable sex drive’ myth. There were small, but detectable, differences for age and gender: Endorsement of this rape myth decreased with age. Males endorsed this rape myth more than females. There were no differences based on sexual orientation or BDSM identity.

'Perpetrator didn't mean to: Intoxication excuse'. Collectively, participants rejected the 'perpetrator didn't mean to: intoxication excuse' myth. There were small, but detectable, differences for age and gender: Endorsement of this rape myth decreased with age. Females endorsed this rape myth less than males, female-to-male transgender individuals, and 'other' individuals (and male-to-female transgender individuals endorsed this rape myth less than 'other' individuals). There were no differences based on sexual orientation or BDSM identity.

'It wasn't really rape'. Participants, overall, strongly rejected the 'it wasn't really rape' myth. There were small, but detectable, differences for gender: Males endorsed this rape myth more than females and 'other' individuals. There were no differences based on age, sexual orientation, or BDSM identity.

'Victim lied'. The sample rejected the 'victim lied' myth. There were small, but detectable, differences for age and gender: Endorsement of this rape myth increased with age. Males and female-to-male transgender individuals endorsed this rape myth more than females and 'other' individuals. There were no differences based on sexual orientation or BDSM identity.

With these combined results, as a group, participants largely rejected rape myths.

SECTION IV: SUMMARY AND RECOMMENDATIONS

Review of the Findings

Indicators of poor psychological functioning or high violence perpetration were few and far between. There were no overwhelming concerns within a range of mental and emotional factors. Further, although most individuals had been victims of various forms of violence and/or aggression, extremely few had perpetrated such themselves. Collectively, all results undermine the equation of BDSM to mental illness and/or violence. It is alternatively suggested BDSM is a specialized phenomenon that variously presents itself in some individuals' fantasies, activities, identities, and culture. Across the specifics, for many, the interest appears to be deep-seated, long-standing, but possibly most importantly, enjoyed with no apparent detrimental results.

Applications for Professionals

Based on these results, practitioners should not be considered mentally ill or violent individuals. Instead, practitioners can be regarded as generally psychologically healthy. Therefore, it is recommended that any type of professional who comes into contact with practitioners consider education and self-reflection in efforts to refrain from stereotyping toward BDSM persons. However, although practitioners are largely typical individuals, certain professionals should be attuned to the possibility of special issues specific to this population. For instance, given the high rate, practitioners may have concerns that relate to a history of trauma, such as resulting physical or psychological injuries (e.g., posttraumatic stress disorder).

Outreach and Training Recommendations

The results presented above can be utilized for education through outreach and training. Although such can be constructively administered to people of an endless number of vocations, those who can often encounter and potentially frequently confuse BDSM (i.e., with violence, mental illness) may represent the best populations for such efforts. Example recommendations are provided as follows.

Lawyers and Police: For more considerate laws and their enforcement, topics of outreach and training for lawyers and police can focus on:

1) Lawmakers can legally recognize consent as the determinant between violence and BDSM (a mutually beneficial action conducted by autonomous individuals). Lawyers can look to current statutes differentiating sex and rape for guidance. For more specific directions, see NCSF's Consent Counts.

2) Law enforcement should refrain from using BDSM as the reason for legal investigation. Following the above summary of findings, consultation with experts may assist in mistakenly conducting legal investigation based on stereotypes or misunderstandings of BDSM as equating to interpersonal crime and violence.

3) If BDSM-related cases proceed to court, attorneys can educate the judge or jury on the practice through a variety of methods (e.g., present empirical evidence, call expert witnesses) to correct any pertinent myths. For more specific directions, see NCSF's Incident Response or Gemberling and Cramer (2014) recommendations for expert testimony on sexually myth-ridden topics.

Health Professionals: For more comprehensive care, topics of outreach and training for health professionals including, but not limited to, primary care physicians, psychologists, and psychiatrists, can focus on:

1) Because BDSM can result in physical marks (e.g., bruises, cuts) observable to others, such may attract attention from various professionals in their desire to assist. However, after the origin is explained or otherwise dismissed, professionals should remain focused on the practitioner's presenting concerns, as opposed to BDSM practice and/or its results.

2) Professional best practices suggest providing advice on BDSM practice only when it is solicited or when unsafe practice is readily apparent, as evidenced by physical marks or anecdotal statements demonstrating engagement in activities that pose serious medical complications unknown to the practitioner.

3) Psychiatrists and psychologists should engage in ongoing revision of the sexual sadism and sexual masochism sections of the Diagnostic and Statistical Manual of Mental Disorders. For more specific directions, see NCSF's DSM-V Revision Project. For a list of those who may already engage in such BDSM-informed services, see NCSF's Kink Aware Professionals Directory.

Lay Public (Non-Practitioners): For less social stigma and its impact (e.g., hate crimes), topics of outreach and training for public awareness can focus on:

1) Those employed by media may aid in correcting misrepresentations that foster stereotypes of practitioners. Although debunking BDSM as violence or mental illness can also be addressed publically, journalists, screenwriters, authors, etc would assist in this regard by remembering practitioners are not solely defined by their BDSM interests and activities. As with all people, practitioners are multifaceted individuals. For more specific directions, see NCSF's Media Outreach.

2) If BDSM status becomes known intentionally or unintentionally, any non-practitioner, such as family, friends, or coworkers, should regard practitioners with respect. Although displaying courtesy takes many forms, respect may be shown through considerate communication. For instance, replace words and phrases that reflect stereotypes (e.g., aggressor) with those that are the preference of the practitioner or are common in the community (e.g., dominant, top). If confused, individuals can acknowledge their uncertainty, or even discomfort, and ask for guidance.

BDSM Practitioners: Topics of outreach and training for BDSM practitioners can focus on:

1) The community should continue exploration of mindful philosophies (e.g., 'Safe, Sane, Consensual', 'Risk-Aware Consensual Kink') and training in safe practice. By understanding the psychological and physical limits of practitioners, the health of the practitioners, and the community itself, will be upheld.

2) While many practitioners are content, a small minority are distressed by their BDSM status (Connolly, 2006). Therefore, increasing confidence within these individuals (and maintaining such in others) may promote their esteem, and accordingly strengthen the community.

3) If applicable and interested, practitioners should seek professional assistance for various issues, such as coping with trauma (e.g., common symptoms of posttraumatic stress disorder are depression/anxiety, uncontrollable thoughts, flashbacks/nightmares). For a list of those who may already engage in such BDSM-informed services, see NCSF's Kink Aware Professionals Directory.

Future Directions

Additional research can provide more detailed information on BDSM practitioners' thoughts, emotions, behaviors, and identities. While investigation into a wide range of topics will help clarify, promising potential avenues can focus on expanding and extending the previous results.

- 1) Although general rates, such as the level of functioning and frequency of violence, can provide ample information, a comparison to different samples (e.g., college students, the general population) may clarify how BDSM practitioners stand in reference to others. For example, practitioners rejected all rape myths, yet many people reject rape myths (Payne, Lonsway, & Fitzgerald, 1999). Therefore, with a comparison, it can be determined if practitioners are lower, higher, or equal to others on their rejection of rape myths.
- 2) A more nuanced examination of psychological functioning can provide a more detailed understanding of BDSM for the edification of practitioners, researchers, and society. Doing so could comment on a variety of interactions: whether BDSM truly breaks into distinct facets (i.e., bondage and discipline vs. dominance and submission vs. sadomasochism) or falls under an overarching theme; how hate crime victimization based on BDSM status corresponds to mental health symptoms; whether those in polyamorous vs monogamous relationships differ in their satisfaction or conflict resolution tactics.
- 3) Studies outside of this one can continue to explore the experiences of BDSM practitioners. Examples include examining the development of BDSM interests over time or situation, the importance of care after a BDSM scene, and the role of resiliency from trauma within this population.

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