

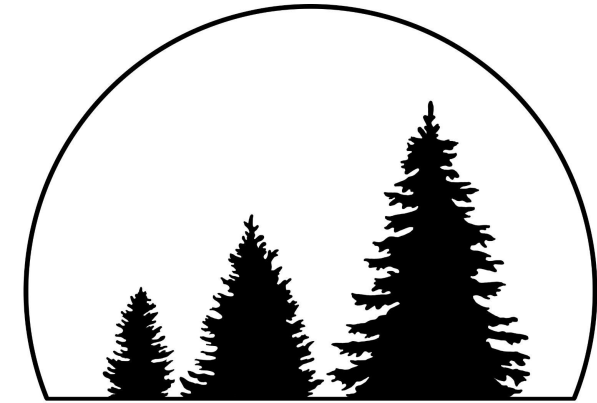
Kink in the Clinic

Clinical Guidelines for Working with Kink Practitioners



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Outline:

- Kink Proclivity
- Kink Practices
- Pathology or Pacification
- Clinical Guidelines

Proclivity.1

68.8% report at least one BDSM fantasy or practice.

Holvoet, et.al., 2017

Proclivity.2

46.8% performed at least one BDSM related activity.

Holvoet, et.al., 2017

Proclivity.3

67% reported BDSM entry via media sources.

17% reported BDSM entry via relationship.

Walker, 2022

Proclivity.4

Age of BDSM fantasies = 13-15 years old

Age of BDSM entry = 18-22 years old

Walker, 2022

Proclivity.5

Though BDSM proclivity may develop prior to college for many, college provides the freedom necessary to begin exploring and cultivating both normative and alternative sexual identities and novel sexual experience.

Lindgren, et.al. 2009



♪ IF YOU ARE
KINKY AND YOU
KNOW IT CLAP
YOUR...

OH, THEY'RE TIED?
NEVERMIND

Practice.1

BDSM

(BD)SM = Bondage & Discipline

B(DS)M = Dominance & Submission

BD(SM) = Sadism & Masochism

Practice.2

Bondage & Discipline

Almost 50 percent of both women and men have fantasized about being tied up in order to obtain sexual pleasure.

Dominance & Submission

Sixty-five percent of women and more than 50 percent of men have fantasized about being dominated sexually.

Sadism & Masochism

Almost 25 percent of women and more than 40 percent of men have fantasized about spanking or whipping someone for sexual pleasure

~Joyal (2017)

Practice.3

The Basic Tenets of BDSM

SAFE

SANE

CONSENSUAL

Practice.3A

Risk

Aware

Consensual

Kink

Practice.4

KINK

Achieving sexual arousal from a particular behavior. For example: Having rope restraints applied.

FETISH

Achieving sexual arousal from a particular object. For example: Wearing a certain piece of clothing or gear.

What are some of the most common K/F?

Dominance/Submission

Roleplay

Spanking

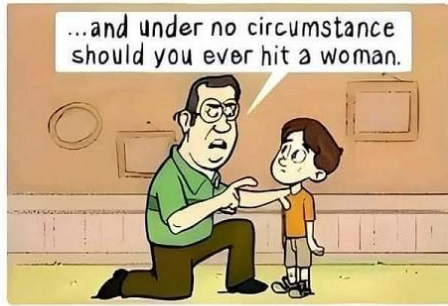
Body Worship

Bondage

Orgasm Denial

Sensory Deprivation

Lingerie / Outfits / Fetishwear





Pathology or Pacification.1

Pathology: To behave in an extreme or unacceptable way...

Pacification: An attempt to create or maintain peace...

Pathology or Pacification.2

What do most people think?

What do you think?

Pathology or Pacification.3

Research indicates that people into BDSM are *psychologically healthy* and *no more likely to have suffered child abuse or sexual trauma* than anyone else.

In fact, a Dutch study shows that compared with the general population, in some ways BDSM Players might be psychologically healthier. (Psychology Today 4/2015)

Pathology or Pacification.4

Scientists at the University of Illinois measured cortisol levels (a key stress hormone) before and after participants BDSM Play and found decreased cortisol levels, showing that BDSM reduced players' emotional stress.

(Psychology Today 4/2015)

Pathology or Pacification.5

There have been multiple cases of individuals who participate in Kink play who report that the practice provides a release which keeps them from pursuing various potentially harmful behaviors.

For example, those who indicate a problem with substance abuse, find they have less need for substances when they maintain their Kink practices.

Or cutters who report less of a need to “cut” when they participate in their Kink practices.

The bottom line seems to be that their Kink play serves as a *pacification* mentally and emotionally removing (or decreasing) the desires to use substances or cut.

For these folks, Kink becomes a harm reduction strategy....

Why BDSM?

Researchers at Idaho State University asked 935 kinksters what BDSM meant to them. The top answers were personal freedom (90 percent), adventure (91 percent), self-expression (91 percent), stress relief (91 percent), positive emotions (97 percent), and above all, pleasure (99 percent).



Counselor Discrimination...

Indeed a 2008 [survey](#) of kinksters by the [National Coalition of Sexual Freedom](#) (NCSF) found that 39.3% of total respondents (346) were discriminated against by mental health practitioners.

[Kinkaphobia is Pervasive in the Mental Health Field \(Psychology Today\)](#)

Here were some of the comments...

Client Experiences...

- "I was told by a licensed psychologist that I was a sick individual and that if I did not get help immediately, and change the way I lived, that I would never have a productive life, and that I would never find any happiness. By fitting into the 'norm' I would be a more socially 'productive' person, and I would be able to live a 'normal' life."
- "The therapist refused to continue to see me until I acknowledge that I was being 'Abused'."
- "Mental Health Professional said I was psychologically unsound. That no one in their right mind would consent to 'those types' of activities."

Kinkaphobia

Are you a sex-therapist, psychologist, or psychiatrist suffering from Kinkaphobia? Help is available. Get treatment now before you harm any more patients that you have shamed, judged or mis-diagnosed as suffering from a psychological disorder or addiction based on your moralistic, outdated, unsubstantiated, harmful beliefs about Kink oriented clients. Shaming is not therapy. "Above all, do no harm!"

Galen Fous MTP - Author of *Decoding Your Kink*

galenfous.com

Clinical Guidelines



TASHRA

The

Alternative

Sexualities

Health

Research

Alliance

<https://www.tashra.org/>

TASHRA'S Mission

TASHRA's educational mission advocates that healthcare providers should approach providing care to kink-identified people in the same manner they would approach any distinct culture or subculture that is marginalized by mainstream culture.

Printable Set of Guidelines

<https://www.tashra.org/kink-clinical-practice-guidelines/>

The Organization of the Guidelines...

AREA 1: Foundational Knowledge, Skills, and Attitudes (#1-9)

AREA 2: Life-Span Developmental Issues (#10-13)

AREA 3: Assessment & Interventions (#14-19)

AREA 4: Professional Education, Training, and Community Care (#20-23)

Quick View Handout - Kink & Clinical Guidelines

Table 1. Summary list of kink clinical practice guidelines.

Area 1: Foundational Knowledge, Skills and Attitudes (Guidelines 1–9)

Guideline 1: Clinicians understand that kink is used as an umbrella term for a wide range of consensual erotic or intimate behaviors, fantasies, relationships, and identities.

Guideline 2: Clinicians will be aware of their professional competence and scope of practice when working with clients who are exploring kink or who are kink-identified, and will consult, obtain supervision, and/or refer as appropriate to best serve their clients.

Guideline 3: Clinicians understand that kink fantasies, interests, behaviors, relationships and/or identities, by themselves, do not indicate the presence of psychopathology, a mental disorder or the inability of individuals to control their behavior.

Guideline 4: Clinicians understand that kink is not necessarily a response to trauma, including abuse.

Guideline 5: Clinicians recognize that kink intersects with other identities in ways that may shape how kink is expressed and experienced.

Guideline 6: Clinicians understand that kink may sometimes facilitate the exploration and expression of a range of gender, relationship, and sexuality interests and identities.

Guideline 7: Clinicians recognize how stigma, discrimination, and violence directed at people involved in kink can affect their health and well-being.

Guideline 8: Clinicians understand the centrality of consent and how it is managed in kink interactions and power-exchange relationships.

Guideline 9: Clinicians understand that kink experiences can lead to healing, personal growth, and empowerment.

Area 2: Life-Span Developmental Issues (Guidelines 10–13)

Guideline 10: Clinicians consider how generational differences can influence kink behaviors and identities.

Guideline 11: Clinicians understand that kink interests may be recognized at any age.

Guideline 12: Clinicians understand that there is a wide variety of family structures among kink-identified individuals.

Guideline 13: Clinicians do not assume that kink involvement has a negative effect on parenting.

Area 3: Assessment and Interventions (Guidelines 14–19)

Guideline 14: Clinicians do not assume that any concern arising in therapy is caused by kink.

Guideline 15: Clinicians understand that reparative or conversion therapies are unethical. Similarly, clinicians avoid attempts to eradicate consensual kink behaviors and identities.

Guideline 16: Clinicians understand that distress about kink may reflect internalized stigma, oppression, and negativity rather than evidence of a disorder.

Guideline 17: Clinicians should evaluate their own biases, values, attitudes, and feelings about kink and address how those can affect their interactions with clients on an ongoing basis.

Guideline 18: Clinicians understand that societal stereotypes about kink may affect the client's presentation in treatment and the process of therapy.

Guideline 19: Clinicians understand that intimate partner violence / domestic violence (IPV/DV) can co-exist with kink activities or relationships. Clinicians should ensure their assessments for IPV/DV are kink-informed.

Area 4: Professional Education, Training and Community Care (Guidelines 20–23)

Guideline 20: Clinicians strive to remain informed about the current scientific literature about kink and avoid misuse or misrepresentation of findings and methods.

Guideline 21: Clinicians support the development of professional education and training on kink-related issues.

Guideline 22: Clinicians make reasonable efforts to familiarize themselves with health, educational, and community resources relevant to clients who are exploring kink or who have a kink identity.

Guideline 23: Clinicians support social change to reduce stigma regarding kink.

pleasurable or erotic interests, behaviors, practices, relationships, and identities. Kink may include sexual arousal/pleasure from painful sensations and power dynamics, eroticizing body parts and inanimate objects (known to many as “fetish”), enacting or exaggerating erotic situations, and participating in erotic activities that involve intensifying or altering states of consciousness (e.g., “subspace”), that is, one of many possible psychological states emerging during erotic peaks rather than drug-induced changes in mental state).

Many kink practitioners report combating kink-related stigma on both personal and institutional levels (Nichols & Fedor, 2017; Sprott & Benoit-Haddock, 2018). Due to external stigma, some kink practitioners have internalized the belief that their kinky desires are evidence of psychopathology (Pillai-Friedman, Pollitt, & Castaldo, 2015). These beliefs may need to be clarified in therapy. It is imperative that clinicians engaging with kink practitioners be committed to affirming and uplifting their identities and behaviors.

Automatically classifying kink behaviors as psychopathology is an example of the institutional stigma experienced by many kink practitioners, which is one reason for the reluctance among many kink practitioners to disclose their identities to the psychotherapist (Pillai-Friedman et al., 2015). People of color, women, and gender diverse individuals may be told that their interests are politically incorrect, men may be told that their kink interests are sexist or even mask

Self Report Counseling Competence

Journal of Counseling Sexology & Sexual Wellness: Research, Practice, and Education} Vol. 4 - Issue 1 (2022)

Cultural Humility vs. Cultural Awareness vs. Cultural Competence

Cultural *Awareness* is like knowing Walmart carries shoes.

Cultural *Competence* is like knowing what style shoes Walmart carries.

Cultural *Humility* is like buying the shoes and wearing them, feeling how they feel.

Find a Sex-Positive, Kink Allied Therapist

City, Zip or Name



[Search All Therapists >](#)





Kink Aware Professionals (KAP)

Sex-Positive Support for Kink and Nonmonogamy

[Return to the NCSF](#) [KAP Directory Search](#) [Submit a Listing](#) [Take the KAP Survey](#)

Welcome to the Kink and Polyamory Aware Professionals Directory (KAP)

[Login for Professionals](#)

TAKE THE KAP SURVEY

Please tell us what it means to you to be a Kink and Polyamory Aware

Popular Resources

- 1) [EveryDay Health](#)
- 2) Fetlife.com (adult site)
- 3) F-List (roleplay site)
- 4) Bdsmtest.org

Clinical Resources

Book: *Becoming A Kink Aware Therapist* by Shahbaz & Chirinos

Article: Becoming Kink-aware - a necessity for sexuality professionals ... *Sexual & Relationship Therapy*, 2015 - Vol. 30 No. 2, 196-210

Article: Therapy Experiences of Clients With BDSM Sexualities ... *Electronic Journal of Human Sexuality*, 2009 - Vol. 12

Clinical Practice Guidelines for Working with People with Kink Interests ... kinkguidelines.com

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SCAN ME