

**An Investigation Into the Use of Stereotypes and Their
Appropriateness Within BDSM Communities Specifically Pertaining to
Mental Health, Gender Identity, Sexuality and Parental Relationships**

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Abstract

BDSM (bondage, discipline and dominance, submission and sadism, and masochism), or 'kinks', pertain to consensual abnormal activities or interests from which participants derive sexual pleasure. Participation is stigmatised and practitioners can face sometimes harmful stereotypes. This paper focused on the most common; those who partake in BDSM are LGBTQ+, mentally ill or have poor parental relationships.

Study one aimed to assess the validity of these stereotypes using quantitative research methods. One-way ANOVAs were conducted on participant responses to an online survey containing questions from the sadomasochism scale (Weierstall & Giebel, 2017), Inventory of Parent and Peer Attachment (IPPA-45; Armsden & Greenberg, 1987) and Depression, Anxiety and Stress Scale (DASS-21; Lovibond & Lovibond, 1995). Associations arose between BDSM interest and identifying as genderqueer, queer or poor mental wellbeing. No association was found between parental relationships and BDSM interest.

Study two aimed to build upon study one, assessing the use of stereotypes, and any relationship between BDSM enjoyment and stereotype use. Chi-square tests of independence found no association between BDSM enjoyment and answers in line with stereotypes about sexuality, gender and mental wellbeing. A possible relationship appeared between BDSM enjoyment and the use of parental relationship stereotypes, however, in both groups most participants did not answer in line with this stereotype, suggesting low usage.

Evidence was found supporting stereotypes around the sexuality, gender and mental wellbeing of BDSM enjoyers. Positively, the use of some negative stereotypes about BDSM enjoyers is seemingly limited. Continued research should be undertaken with an aim to continued reduction in their use,

especially by medical professionals (Sprott et al., 2021) to reduce mal effects and stigma felt by kinky individuals.

Keywords: BDSM, LGBTQ+, Mental Health, Parental Relationships

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Summary

Increasing in popularity within popular media, BDSM (bondage, discipline and dominance, submission and sadism, and masochism), known colloquially as ‘kinks’ pertain to consensual abnormal activities or interests from which participants generally derive sexual pleasure. As is common with those whose interests differ from the norm, there are numerous, sometimes harmful, stereotypes about those interested in BDSM. This paper focuses on three of the most prominent stereotypes, that those who partake in BDSM are mentally ill, LGBTQ+ and have a poor relationship with one or more parent.

This research sought to assess the appropriateness and use of these stereotypes through two studies, each with its own hypotheses. The aim of this paper is to both expand upon pre-existing research into BDSM involvement, as well as begin to explore gender identify (specifically transgender and non-binary identities) as a contributing factor when looking at demographics of BDSM participants.

Study 1

Methods

Study one used a large-scale online survey to evaluate the relationships between participation in BDSM and independent variables of mental wellbeing, gender identity, sexuality and parental relationships. There were two hypotheses used to facilitate this.

Hypothesis 1. That there will be no significant differences between the mental health, or parental relationships and participation in the BDSM community.

Hypothesis 2. That there will be a difference in sexual and gender identity between those who do and do not participate in BDSM. A greater proportion of those who participate in BDSM will identify as queer or genderqueer than those who do not participate in BDSM.

Results

Results indicated statistically significant differences in sadomasochism scores between queer and heterosexual participants and cis- and transgender participants, with no significant differences being found when looking at mental wellbeing or parental relationships.

Study 2

Study two aimed to build upon the findings of study one and further investigate the use of stereotypes relating to those who partake in BDSM. Beyond this, this study sought to understand what individuals perceived to be the reasons people partook in BDSM

Methods

A second large-scale online survey was used to evaluate the relationships between an individual's involvement in BDSM, their perception of those who partake in BDSM and whether those involved are any less likely to hold opinions in line with stereotypes with a further two hypotheses.

Hypothesis 1. It is hypothesized that those who partake in BDSM will be less likely to rely on stereotypes than those who do not partake in BDSM.

Hypothesis 2. It is hypothesised that these reasons will include the aforementioned stereotypes as well as a person's own sexuality and enjoyment of BDSM.

Results

The first hypothesis was rejected, finding no differences in the use of stereotypes whether interested in BDSM or not. The second hypothesis was supported by the thematic analysis, which found the most common perceived reasons for interest related to mental wellbeing, relationship, sexuality and an individual's enjoyment.

Defining BDSM

A kink, or paraphilic sexual interest, is any habit or fantasy of a sexual nature that is deemed abnormal (Brown et al., 2010). Often also referred to as a fetish, they can pertain to various objects or activities, for example, feet, leather, or asphyxiation. A paraphilia is defined in the DSM-5 as sexual interest outside of “[...] genital stimulation or preparatory fondling with phenotypically normal [...]” partners (APA, 2013, p685). Generally, paraphilic sexual interests are grouped under the umbrella term of BDSM. Modern research, however, tends to have a greater focus on such interests and how they can be the basis of or form part of a healthy relationship and possible pathological and non-pathological reasons for people having such interests.

BDSM; bondage, discipline and domination, sadism and submission, and masochism has been suggested to have five components throughout literature (Graham et al., 2015; Moser & Kleinplatz, 2006b). The foremost being informed consent from all parties involved, with acts being unable to be defined under the BDSM umbrella without this (Williams, 2006). Further components of BDSM include roleplaying, the appearance of dominance and submission and a mutual understanding of the activities being consented to, though this is now more commonly referred to as informed consent. The final component suggested was a sexual context, however the inclusion of a sexual context within BDSM is debated by researchers (Moser & Kleinplatz, 2006b) and would exclude asexual individuals from communities by definition. BDSM and the acts that come under it are often colloquially referred to under the umbrella term of ‘kink’ (Scott et al., 2019) with interested individuals or activities being referred to as ‘kinky’, both terms are used interchangeably throughout this paper.

History of BDSM and Usual Sexual Practices

Throughout recorded history definitions and social understandings of what is an unusual sexual practice have drastically changed. Arising from the beliefs that sex was undertaken purely for

reproductive reasons and any other sexual activities were abnormal and would have severe negative mental and physical health implications (Gilbert & Barkun, 1981; Hare, 1962, via Cambridge, 2018) sexual deviancy was historically deemed a theological concern. In the late 1800s there was a shift into the use of psychiatry and sexual deviance was included within the definition of insanity (Shorter, 2008) and deemed to be a genital disease (Davidson, 1991). As recently as the early 20th century, paraphilic sexual interests were thought to be hereditary, with other sexual deviances, such as masturbation, triggering or worsening the degeneration. Beyond this, such sexual degeneration was believed to be a cause of other illnesses or social maladies deemed to be degenerative including pauperism and alcoholism (Rimke & Hunt, 2002).

The Statistical Manual, predecessor to the DSM, seemingly did not consider sexual perversions to be, or be indicative of, mental illness, though they were mentioned infrequently (De Block & Adriaens, 2013). Paraphilic sexual interests were included from the first publication of the DSM in 1952, noting such deviations as symptoms of underlying psychotic or neurotic disorders and sociopathic disturbances categorised with personality disorders (APA, 1952). Such sexual interests were not explicitly determined to be related to mental illness, with the publication seemingly undecided. With the publication of the DSM-II (1968) a list of sexual deviations was established; homosexuality, fetishism, paedophilia, transvestism, voyeurism, exhibitionism, masochism, and sadism (sadism, masochism, and exhibitionism were only included in publications in the USA) (APA, 1968). These acts were further separated into three groups: those towards the opposite sex, those towards sexual acts not often relating to coitus, and those towards coitus in abnormal circumstances (APA, 1968, p44).

BDSM Participants

There is a good amount of research allowing for a basic understanding of the prevalence of BDSM as well who generally partakes and the role they play, the majority of which is focused on

biological sex and occupation of participants, as well as their role or interest within BDSM play.

Throughout available research there is a wide range reported of the number of people interested or engaging in BDSM, from as little as 1.3% of women in one Australian study (Richters et al., 2003) to 69% of participants in a Belgian study (Holvoet et al, 2003). Prevalence rates often differ between research based on terminology and definitions used, as well as the base country of the research. Research focusing on BDSM fantasies generally find much higher participation rates; a Canadian study found 72% of men and 59% of women specifically having restraint fantasies (Renaud & Byers, 1999), and a Belgian study saw 69% reporting BDSM related fantasies (Holvoet et al., 2003). Though in Holvoet and colleagues' same study (2003) they found only 46.8% had acted on such fantasies, with only 7.6% considering themselves to be kinky, or as BDSM practitioners.

For some BDSM can be a part of their relationship, while for others the BDSM elements make up the entire relationship between people, with little to no interaction outside of this, both are commonly referred to as a 'dynamic'. When a dynamic exists within a relationship it can be a separate, but co-existing entity, often coming with an understood, verbal, or written contract to ensure the full understanding of all involved parties (though they have no legal standing; Liliana, 2013). Generally those who participate in BDSM identify as one of the following; a dominant, the individual within a dynamic who has the power and control within an encounter or dynamic (Dictionary.com, 2021), a submissive, the individual in a dynamic who gives up control to a dominant within an encounter or dynamic (Dictionary.com, 2023), or a switch, an individual who will act as either a dominant or submissive, this change can occur within a scene or between scenes (definition-of.com, *n.d.*).

Stereotypes of BDSM Enjoyers

Common Stereotypes

There are many stereotypes that can be found about those who participate in BDSM, including those that relate to; mental illness, that those who participate in BDSM must be mentally ill in some way or have past trauma, LGBTQ+ membership; that many of those who participate in BDSM identify as a member of the LGBTQ+ community, and parental relationships, that BDSM participants have a poor relationship with one or more parental figure, most commonly focusing on submissives looking for a dominant to take on this role. This paper focuses on these stereotypes and attempting to assess their validity and ascertain an understanding of their use within different populations.

Mental Illness. Likely due to the inclusion in previous publications of the DSM, a common assumption is made that those who partake in BDSM are mentally ill or have some form of trauma, usually sexual trauma. Sexual masochism and sadism disorders (SMD and SSD) can be found in the DSM-5 (APA, 2013); however, it stipulates that it must impair an area of functioning or cause clinically significant distress in order for SMD to be diagnosable. Most importantly, for SSD to be diagnosable it can also be diagnosed if such urges have been acted on with a non-consensual party (Liu et al., 2022). The vast majority of those who partake in BDSM do not meet the diagnostic criteria for SSD or SMD, however, their inclusion in the DSM since its inception in 1952 could provide an insight into the origins of this stereotype.

Despite being one of the more commonly researched stereotypes within this research, a consensus has struggled to be found, some have found those involved in kink to have greater levels of mental health concerns and some have found little to no correlations between BDSM involvement and mental health. Research conducted by TASHRA, The Alternative Sexualities Health Research Alliance, that focused on individuals who identified themselves as having an interest in kink in the USA, found disparities between the participants population and national averages for the time. They found PTSD rates that were 2.6x more than the national average and almost a 5x as high rate of suicide attempts

than the national average. Reports of higher rates of suicidal ideation, previous attempts and overall suicide risks are consistent within the kink community (Cramer et al., 2017; Roush et al., 2017).

However, there is also significant amount of published research to suggest that there is little difference in the mental wellbeing of those who enjoy BDSM when compared with the general population (Castellini et al., 2018; Richters et al., 2008), with some finding lower scores for depression in a BDSM population when compared with the population average (Connolly, 2006).

Generally, published research is lacking a consensus as to whether those involved in BDSM have better or worse mental health when compared with general populations.

BDSM, Gender Identity and Sexuality. Though not applicable to all in either community, there has been a strong alliance and association between the LGBTQ+ community and BDSM communities, which has been especially documented between leather BDSM communities and gay men (Sisson, 2007; Stein, 2012). Brown and colleagues (2020) conducted a scoping systematic review of most available research which suggests that there is a correlation between identifying as a member of both LGBTQ+ community and having an interest in BDSM.

Studies have found that homosexual women, homo- and bisexual men are more likely to participate in BDSM than their heterosexual counterparts (Richters et al., 2008) and that up to 33% of gay and bisexual women reported some involvement in BDSM (Bailey et al., 2003). A further study focusing on bisexual and lesbian women found that 44% had engaged in kink activities (Tomassilli et al., 2009). Multiple studies have found correlations between bisexuality and involvement in BDSM, with one study finding that bisexuals accounted for 30.7% of BDSM practitioners (Hébert and Weaver, 2014) and that Australian bisexual or gay men and lesbians who had partaken in BDSM were more likely to self-report having also partaken in some kind of bisexual experience (Richters et al, 2008). Beyond this, it

has been found that only approximately 30 – 40% of those involved in research identifying as heterosexual (Botta et al., 2019; Connolly, 2006).

It could be suggested from existing research that those in the queer community may lack as much fear of judgement as their heterosexual counterparts and therefore feel less trepidation around the stigma of being involvement in BDSM. Tomassilli and colleagues (2009) studied lesbian and bisexual women in New York (2009,) finding that bisexual women were between 1.8 and 2.9 times as likely to have participated in kink than the lesbians in the study, further suggesting that increased openness to things in other areas of their sexuality may increase the likelihood of being more open to engage in BDSM. It was further found that those who came out to others at younger ages were more likely to have been involved in kinky behaviours. Coming out at a younger age could be due to numerous different factors, however, suggests that an individual has less concern about the possible reactions of others.

Furthermore, research suggested that there is a relationship between an individual's gender identity and/or sexuality and the role they identify as within a dynamic, with genderqueer and pansexual people identified as most likely to be fluid within their role (Martinez, 2018; Lammers & Imhoff, 2016), known as being a switch. This research sought to develop and build upon these findings, as they are recent and few in number, with few studies having been conducted to investigate the role of sexuality and gender identity within BDSM.

Research around BDSM and gender identity tends to focus on the differences between men and women and how they experience and/or fantasise about BDSM, with little research being done on non-cisgender individuals. Most research has found that, when fantasising, men are more likely to report wishing to be dominant, (Joyal et al., 2015; Zurbriggen & Yost, 2004) and being aroused by sadism more than women, (19% vs 10%, Dawson et al., 2016). With women being more aroused by masochism, 17% vs 15% (Dawson et al., 2016) and 27.8% vs 19.2% (Joyal & Carpentier, 2017). Interest in fetishism varied

between studies with Joyal and Carpentier (2017) finding women to enjoy it more than men, 47.9% vs 40.4%, but Dawson and colleagues (2016) finding that men report more arousal in response to sadism than women, 28% vs 11% when both investigating non-clinical Canadian populations. These findings, especially surrounding men being more dominant with sadistic interests and women being more submissive and masochist supports commonly held stereotypes.

At present, research tends to focus on biological sex, rather than gender identity with research focusing on gender non-conforming individuals and paraphilic sexual interests being limited. Gender non-conforming individuals are those who are not cisgender (their gender being the same as assigned at birth) or do not identify with a binary gender, for example those who are; non-binary, genderfluid, or transgender men or women. One of the few pieces of research looking at genderqueer participants found that they are more likely to identify as switches than cisgender individuals, and that they also have more fluidity in their roles within a dynamic (Lammer & Imhoff, 2016).

Associations between gender identity, sexuality and BDSM have existed historically, often being interlinked with sexual deviance, with feminine or masculine features in men or women respectively believed to relate to sexual deviance (Lombroso & Ferrero, 1893/1999; Cryle & Downing, 2009). Gender played an important role when it came to historical beliefs of sexual deviance, with the belief that there was a connection between being masochistic and feminine, and being sadistic and masculine (Siegel, 1995). Beyond this, until the late 20th century submission, and the desire to submit, was understood to be part of female sexuality by psychoanalysts (Crozier, 2004), Krafft-Ebbing, a forensic psychiatrist at the forefront of sexual pathology understanding, believed these to be extensions of healthy behaviour (Hauser, 1994).

The proposed link between gender and sexual deviancy was further strengthened due to the belief that the loss of seminal fluid from male ejaculation resulted in lowering a person's masculinity

(Stephens, 2008). These beliefs were likely the starting point for commonly held stereotypes today surrounding who is involved in BDSM and the roles they play. Such stereotypes may have origins within specific areas of kink, such as sissification or forced feminisation; subsections of BDSM in which generally cisgender, heterosexual men take on feminine roles or wear clothing, jewellery or make up that is considered to be hyperfeminine (Fischer et al., 2016; Kinkly, 2017). Examples include having a submissive dress as a maid or wearing frilly underwear. This is one of the commonly portrayed kinks within popular media, possibly as it is generally less overtly sexual areas of kink, with participants not always having a broader interest in BDSM.

Current research concludes that the stereotypes surrounding sexuality and BDSM participation hold true, of the stereotypes being investigated in this paper this is the one with the most existing research. There has been less exploration into gender identity and involvement in BDSM, despite the prolificity of stereotypes surrounding gender and abnormal gender expression within kink spaces.

Parental Relationships. Possibly the most common stereotype of those who partake in BDSM is that they have a current, or historical, poor relationship with one or more of their biological parents and/or their caregivers. This stereotype is more commonly associated with submissives, with phrases such as mummy or daddy issues often used to describe their interest. The reasoning behind this stereotype is that submissive individuals are looking for a dominant to take on this role or act as some form of reliable protector that they have been missing, with one study finding that kinky men's relationships with their mothers had a significant correlation to their role within a BDSM dynamic. (Santtila et al., 2001). Despite how common this stereotype is, there is little to no published research investigating the reality of this as this research intended to do.

Stereotypes in Media

Many, if not all, of the aforementioned stereotypes are accentuated through media portrayals of those who participate in BDSM. Recently there has been increasing popularity of BDSM portrayals in mainstream media, these include the 50 Shades of Grey trilogy (2014) and the Netflix series 'Bonding' (2019). Prior to this the majority of BDSM exposure came from comedies, such as 'Preaching to the Perverted' (1997). This change likely due to a societal shift in what is deemed acceptable to be shown in popular media.

Barret (2007) investigated the portrayal of BDSM enjoying individuals, finding that generally this was done via highly sexualised stereotypes used as props in traditional media to demonstrate villainy or danger. This included the use of 'fetish clothing', such as PVC or leather outfits, and high heels. Beyond this, sadistic traits are often seen as intertwined with villains in western media, combined with homosexuality, transsexuality or confusion about sexuality or gender for example, Captain Hook in Hook (Spielberg, 1991) or Frank-N-Furter in the Rocky Horror Picture Show (White et al., 2002), portrayed as a camp villains with sadistic traits. This was likely borne of the homophobic attitudes of the time, especially in Hollywood following the sexual perversion rules in The Hays Code (Motion Picture Production Code: Juda, accessed October 2022) which goes some way to explain links between the two becoming stereotypes.

Further to villain coding, BDSM couples tended to be portrayed as abnormal and something to be a source of humour. Advertising uses stereotypes to reinforce the otherness of these activities, suggesting that people have resorted to such activities due to a lacklustre sex life, another stereotype still witnessed today. Barrett's (2007) interviews with UK based BDSM practitioners found 4 stereotypes of BDSM in the media: the mature dominatrix, young male submissive, vamp dominatrix, and public authority male submissive, with the former two and latter two often being coupled together. The mature dominatrix is often seen in PVC outfits with common, low shock value BDSM tools (such as

floggers or crops), in comedies and partnered with a young male submissive, who are submissive and inexperienced in all areas. Whereas the vamp dominatrix, despite being in similar attire tends to be younger and more sadistic, being the only group often seen in TV and film, often depicted with a public authority male submissive, rich, older men wanting to give up their power due to a stressful job, as can be seen in *Bonding* (Doyle, 2018) and *New Tricks* (East, 2005). Not all participants believed that such media representations bolstered stereotypes however, with some finding the inaccuracies to be humorous (Barrett, 2007). However, those who did find the stereotypes to be harmful or inaccurate suggested that this was due to them being based upon a standard perception of violence, rather than the more controlled, consensual actions undertaken within BDSM. This suggests that the inclusion of harmful stereotypes in media may reinforce people's possibly untrue opinions. Some of those involved in this study also believe that some portrayals leaned into a depiction of those involved in BDSM, especially submissives, are something to be seen as humorous, with Barrett concluding that revised treatments of characters involved in BDSM are needed, as has happened overtime with portrayals of minority groups.

Reasons for Participation in BDSM

Previous Etiologies

While the aforementioned stereotypes are prevalent, there are numerous proposals for and reasons why individuals participate in BDSM. Led by Spitzer (1981) by the 1980s it was generally understood that fantasies of a masochistic or humiliating nature could present an enjoyable idea for those deemed normal (APA, 1980), though it was Freud's characterisation of mental disorders used to define paraphilias as such, rather than their own definition in the DSM-III (APA, 1980). Etiological theories of BDSM, and those involved, were based mainly within psychoanalysis and include, but are not limited to, the expression of a death instinct, fear of intimacy, an expression of a self-destructive

violence, and the overdevelopment of feminine psychological factors. These were established primarily from individual cases, rather than empirical data or understanding (Freud, 1924; Berliner, 1947; Rothstein, 1991 cited in Labrecque et al., 2021). As practitioners began to publish accounts of their exploits within BDSM (for example Scott, 1985; Townsend, 1972) these aforementioned etiologies began to be brought under scrutiny.

Reasons For Interest

Where research has been looking at why individuals are interested in BDSM, or where such an interest can originate, two groups of theories have emerged; extrinsic and intrinsic origins (Yost et al., 2012). Extrinsic origins are some of the most common, and the basis of most stereotypes, focusing on an external factor with BDSM interests developing from potentially traumatic life events or situations such as poor parental relationships, chronic illnesses, and sexual trauma. Whereas intrinsic origins are those which state that interest in BDSM originates simply from an interest in an aspect of BDSM, which can be held from a young age and are part of a person, similar to a person's sexuality or personality, rather than developing through life experience.

Labrecque et al. (2021) conducted a review of available literature to gain an understanding of why individuals are interested in consensual sadism and/or masochism (S&M). They found that throughout literature there are eight general themes surrounding the origins of interest in S&M, both intrinsic and extrinsic, and a further eight themes for reasons for interest, split into use of interpersonal power, altering a state of mind, and experiencing physical pain. Intrinsic origins of S&M interests were found in several studies, with participants recalling knowledge of them since childhood, then consciously becoming, or developing into sexual fantasies through puberty (Beszreh et al., 2012; Gosselin & Wilson, 1980), though many of these cannot identify a specific origin of their interests. Beyond this, some studies have found that, on average, those involved in BDSM have significantly higher education levels

than those not involved (Sandnabba et al., 1999; Yost & Hunter, 2012), this combined with an association between higher education and sexual openness and diversity (Laumann et al., 1994) could suggest an association between BDSM participation and a higher sexual and/or intellectual curiosity. However, this association could simply be drawn from those with increased world experience from greater levels of education may be more open-minded when it comes to acting on or sharing such interests than others.

Extrinsic origins of BDSM interest are among the most commonly discussed stereotypes, especially parental relationships and sexual trauma, though there are more theories under this umbrella, including chronic illnesses (which will be discussed later in the paper) and simply being introduced to a BDSM activities by other parties (Laumann et al., 1994; Yost & Hunter, 2012). Some clinical cases have found these interests have developed as a coping mechanism for trauma from sexual, physical, or verbal abuse experienced in childhood (Abrams & Stefan, 2012), though this seems to be an exception, rather than the rule as many studies have found no higher rates of trauma resulting from childhood abuse in those interested in BDSM compared with those who are not (Gosselin & Wilson, 1980; Yost & Hunter, 2012). Beyond this, some posit an instrumental-learning hypothesis involving experiencing sexual enjoyment from a pre-erotic experience, such as corporal punishment or being restrained when playing, and this creating a psychophysiological pairing (Money, 1987), leading to having interest in BDSM later in life, though there is little modern research supporting this hypothesis.

Practitioners have also reported partaking in BDSM as part of an adaptive defensive mechanism by garnering enjoyment from painful chronic conditions before adulthood (Sandahl, 2001; Takemoto, 2009). The final origin uncovered by Labrecque and colleagues (2020) was simply being consensually introduced to the practices by an individual in their life. Little research has been conducted on any of these extrinsic origins to date meaning that prevalence rates are unknown.

BDSM and Mental Health

There is a growing amount of evidence to dispel the commonly held stereotypes that those who enjoy BDSM are mentally ill, and that this enjoyment is little more than a symptom of these issues, with studies showing no higher rates of mental illness between those who do and do not participate (De Neef et al., 2019). Much of the research supporting a link is conducted within clinical populations, for example Hopkins et al (2016) who investigated engagement in sadomasochism in a clinical sample of those with a sexual addiction, finding that individuals having symptoms indicative of trauma predicted their involvement in consensual sadomasochistic activities.

However, studies outside of such populations fail to replicate this relationship (Connolly, 2006; Gemberling et al., 2015). More recently, studies are finding that some level of interest in BDSM within the general population, non-clinical samples, is relatively common (Castellini et al, 2018; Joyal & Carpentier, 2017), leading to the removal of fetishism, sadomasochism, and fetishistic transvestism from the World Health Organisation's most recent International Classification of Diseases (ICD-11, World Health Organization). Though, research has found that those who are sexually submissive often suffer more with psychological issues than those who are sexually dominant, while not often at clinical levels, these issues tend to revolve around self-esteem and anxiety (Botta et al., 2019; Gosselin & Wilson, 1980).

Research is beginning to recognize some palliating effects of BDSM and dominant-submissive relationships, with some professional dominatrixes seeing themselves as a therapist of sorts for their clients (Lindemann, 2011) and 40% of BDSM practitioners using it as a coping mechanism for daily stress (Schuerwegen et al., 2020). Furthermore, evidence has suggested that the use of pain within kink can have a variety of benefits for an individual, including cortisol reduction (Sagarin et al., 2009), aiding in the management of personal problems (Shabaz & Chirinos, 2016) and mental wellbeing (Sprott &

Randall, 2019). With further research finding that those who participate in BDSM are more extroverted, open to new experiences, with more secure attachments and higher wellbeing than those who do not, as well as being less sensitive to rejection and less neurotic (Richters et al., 2008).

Moreover, some interested in BDSM have reported these activities to be part of the healing process when recovering from sexual trauma (Easton, 2007; Ortmann & Sprott, 2013), for some this is the prominent motivation for participation, noting that re-enacting traumatic events can aid their recovery. Some posit that an individual changes their perception of their past abuse by gaining psychological control over it and allowing them to have more positive connotations (Taylor & Ussher, 2001). Recently this use of re-enacting traumatic events as BDSM scenes to aid in overcoming them has been defined as trauma play (Thomas, 2020), though is more commonly referred to as consensual-non-consent. Cascalheira and colleagues (2021) investigated the possible curative nature of kink with adult participants who had experienced early abuse and were BDSM practitioners. Having conducted a thematic analysis they found that six main themes emerged: a cultural context of healing, the combination of previous therapy and BDSM to reframe their trauma, restructuring and strengthening of internal characteristics and the self-concept, reclaiming their power and allowing themselves to both set and maintain boundaries, repurposing behaviours, and finally the redefinition of memories with a new association between pain and pleasure through masochism. Despite having a small study population (20 participants) these results provide an insightful framework to continue investigation into the possible benefits of participation in BDSM, within a safe and trusting environment, for those with trauma in their early life. As with most therapeutic techniques, BDSM play is not effective or for all individuals overcoming sexual or violent trauma but can be incredibly beneficial for some. Continued statistical support for these findings could influence interactions between therapists and their kinky clients who have found it to be helpful.

Neurodivergence and BDSM is seemingly as yet unexplored in research, however, there are a growing number of self-reports from individuals reporting associations between their own neurodivergence, especially ADHD, and exploration of BDSM lifestyles. Examples posted anonymously on the chronicsex.org forum (September, 2021) and on the Queer Courtesan blog (Queer Courtesan, 2020, accessed 13/05/2023) explain how the author's participation in BDSM helps them to manage their ADHD (attention deficit hyperactivity disorder). They explain the periods of calm that come during play that are unrivalled by techniques they have tried in the past and that involvement in a power exchange dynamic aids with their executive dysfunction, a common ADHD symptom which sees an individual struggle with managing their thoughts, actions, and emotions (Cleveland Clinic, accessed 11th May 2023). Power exchange dynamics typically see a dominant partner taking on the responsibility of making decisions for the submissive, this can include but is not limited to decisions around clothing, screen time, when to wake up and go to sleep, with rewards and/or punishments being established between parties. Theoretically speaking such a dynamic could be beneficial for a kinky or sub-leaning individual with ADHD, allowing them to lessen their daily mental load.

Barkley (2011) theorises that self-motivation can be a struggle for those with executive dysfunction and suggests the use of external motivations such as post it notes or checklists as self-encouragement. The implementation of rewards within a BDSM dynamic fits well within this model and could be found in various power exchange dynamics. While limited to those who would enjoy such an intense dynamic and can find a partner with whom they feel comfortable doing so, being the submissive partner in a power exchange could be beneficial for neurodivergent individuals struggling with executive dysfunction and further research into these self-reports could be beneficial in looking at the validity of such reports and to aid clinical professionals who may be working with neurodivergent kinky individuals.

Pain for Pleasure

Throughout available literature researchers have hypothesized various theories as to why some individuals enjoy, or experience sexual arousal, from being consensually hurt physically, individuals who are masochistic or masochists. Newmahr (2010) proposed four theories as to why and how submissives or masochists may enjoy pain; transformed pain, investment pain, autoletic pain, and sacrificial pain. Transformed pain involves a mental reframing resulting in actions that are painful being perceived as pleasurable. Investment pain is seen as important for a succeeding in a greater goal, though pain is still experienced as painful, it is worth it for something more, possibly a reward or a sense of pride from pleasing their dominant, within BDSM communities this is often referred to as a 'funishment'. Autoletic pain is most similar to pure masochistic pain, experienced as pain and taking pleasure in that sensation, and finally sacrificial pain is pain that is not enjoyed, nor is it intended to be, and is seen as a sacrifice, likely as some form of punishment within a dominant/submissive dynamic.

Beyond this, an individual can have a change in how they process pain when it occurs, with continued BDSM play, positive associations of anticipation and experience of pain can be created (Newmahr, 2010). Further to this, Dunkley and colleagues (2020) identified prominent theories found in available literature; that feelings of helplessness and submission are enhanced when experiencing pain and that this then intensifies the enjoyment of such activities, that the feeling of triumph from overcoming pain results with an individual feeling proud of themselves, as if they have achieved something. Pain in this context can be used to alleviate emotional pain and life stresses, and finally, that the contrasting sensations between pleasure and pain strengthens pleasurable sensations.

Kink, Chronic Pain and Disability

Though currently limited due to assumptions of asexuality in disabled individuals (Jobson, 2020; Kattari, 2014), research has begun to investigate why those with disabilities or chronic pain participate in BDSM. Borne of the notion that the controlled pain experienced within BDSM differs greatly from

uncontrollable pain often experienced by such individuals (Bauer, 2014), with pain being interpreted differently when experienced in this context (Newmahr, 2010). Kattari (2015) found that some reported a reduction in the pain experienced as a result of their condition after having received pleasurable pain during BDSM play. Furthermore, pain within BDSM has been suggested to distract or alleviate chronic pain, with endorphins being released from consensual pain blocking pain signals (Tellier, 2017).

Seemingly one of the major draws of those with disabilities to BDSM is the importance placed on communication and negotiations, with some indicating that they prefer, or exclusively enter relationships with those in BDSM communities as they feel better able to explain their specific needs, feeling that their BDSM partners are both more willing to listen to and understand their needs and creative when accommodating these (Kattari, 2015). The lack of rigid understandings for sexual practices within BDSM communities allows for such accommodations to be more achievable, allowing them to experience sexual pleasure when conventional penetrative sexual activities may have restricted their ability to do so (Reynolds, 2007), ultimately leading to increased sexual satisfaction (Pillai-Friedman et al., 2015).

Though continued research is needed, understanding the positive impacts BDSM can have on individuals who are atypical, whether that be physically or mentally disabled, is important in continually improving aid that is provided to them. Such research can also lead to a greater understanding as to why people may enjoy BDSM, moving away from established stereotypes and a move towards lessening the stigma around these activities for disabled individuals as well as their able-bodied counterparts.

Impact of Stereotypes

As with all stereotypes, stereotypes of those who participate in BDSM can result in negative consequences for the individuals involved. The issues faced by kinky individuals can be non-existent or relatively minor, for example embarrassment or shame about what they are aroused by, resulting in fear

around those in their personal and/or professional life finding out. Most issues faced stem from such interests being seen as abnormal or in some way wrong or perverted, further bolstered by representations in media, and the obscene nature of some interests, for example CNC (consensual non-consent) or rape play, which could present challenges when trying to explain an interest in (Stiles and Clark, 2011). However, while rare, such issues have been known to extend into family courts, for example, parents losing child custody battles due to sadomasochistic interests, without any evidence for this having any negative impacts on the child (Klein & Moser, 2006), and 808 people reporting to The National Coalition for Sexual Freedom based in Baltimore, USA having their interest in kink brought up in custody hearings, with up to 87% of these not being awarded any custody or visitation rights, from 2005 to 2017 (Wright, 2018). While this was significantly reduced after the revisions in DSM 5, there are still instances of this, although they are incredibly infrequent (Wright, 2018).

The stereotype surrounding the mental wellbeing of those partaking in BDSM increases the importance of this research as it has been found that it can influence clinical psychological aid given to those who partake in it. Issues may result from professional bias or lack of understanding of BDSM and those who partake in it (Hillier, 2018), with research finding reports of “biased or inadequate care” (Kolmes et al, 2006, p. 316) being given to those in BDSM relationships., with up to 48% of practitioners admitting that they lack competence surrounding the topic (Kelsey et al., 2013). Unlike standard relationships, those involving BDSM are not necessarily limited to sexual or romantic relationships and can extend into all aspects of a participant’s life, including but not limited to meals and clothing choices being made by a dominant for a submissive with pre-negotiated consent. Therefore, it is imperative for clinical practitioners to understand the nuances involved in such a dynamic to comprehend the lines between what is consensual and beneficial for the individuals involved and what is abuse, without preconceptions.

The negative impact stereotypes and perceived stigma can have on BDSM practitioners (Brown et al., 2021; Sprott et al., 2021) was a driving force at the outset of this research, inspiring the investigation in order to ascertain their accuracy. This was especially important for those that may result in negative stigma, causing issues for practitioners. An understanding of the accuracy of these stereotypes could be used as evidence to build upon as continued research confronts the negative stigma surrounding BDSM involvement.

Aim

The aim of this study was to best answer the research question, ‘are four of the common stereotypes about those who enjoy BDSM valid when comparing the mental health, parental relationships, gender identity and sexuality between groups?’ and test the validity of the hypothesis that that there will be no significant correlation between the mental health, or parental relationship and BDSM enjoyment, but that there will be a positive relationship between non-heterosexual orientation or gender non-conforming participants and their participation in BDSM.

Hypotheses

The first study attempted to assess the validity of common stereotypes of those who enjoy BDSM; that they have poor mental health, poor parental relationships, or are more likely to be members of the LGBTQ+ community than those who are ‘vanilla’ or do not have these desires. While research has investigated certain identities within BDSM spaces, including sexuality, parental relationships and mental health, there has been limited research focusing on transgender identities and comparing these BDSM populations with those who are cisgender. Two hypotheses were investigated within the first study.

Hypothesis 1

That there will be no significant correlation between the mental health, or parental relationship and participation in the BDSM community.

Hypothesis 2

That there will be a positive relationship between non-heterosexual orientation or gender non-conforming participants and their participation in BDSM.

Study One: The Appropriateness of Common Stereotypes, Demographics of BDSM Participants

Methodology

Participants

318 participants, (80 male, 218 female, 18 non-binary and 2 participants who identified only as transgender, but did not reveal their gender) completed the study, all of whom fulfilled the inclusion criteria of being over the age of 18 and over the age of consent in their country of residence if this was higher than 18.

A more detailed view of the participant demographics can be found in the tables below. Please note, due to the sometimes-fluid nature of LGBTQ+ identities, a number of participants identified with more than one option provided to them, for example one participant identified as an asexual, bisexual nonbinary person. Furthermore, participants were asked separately their gender identity and whether this matched their gender assigned at birth, 14.4% of participants self-identified as transgender or gender queer. Participants were not required to answer either question, with some choosing to only answer one or the other.

Table 1*Sexuality Demographic Information of Participants*

Sexuality	N
Heterosexual	172
Homosexual	13
Bi- or Pansexual	114
Asexual	3
Other	10
Did not answer	6
Queer	140
Non-Queer	172

Table 2*Interest in BDSM as per Sadomasochism Scale Demographic Information of Participants*

Interest in BDSM	N
Interested in BDSM or 'kinky'	252
Not Interested in BDSM or not 'kinky'	66

Participants were recruited online via opportunity sampling after the study was advertised on social media including Twitter (now X) and Facebook. Other participants were recruited via the School of Psychology's Research Participation Scheme. In all cases, data was collected via secure online survey site Qualtrics, and no data was collected directly via Twitter/Facebook.

Design

This quasi-experimental, between-participants survey was completed online via Qualtrics. Furthermore, there was an exploratory element of this study, looking at gender queerness and BDSM interest. The dependent variable was whether or not the individual had an interest in BDSM, as measured by the sadomasochism checklist (Weierstall & Giebel, 2017), and the independent variables were gender identity, sexuality, recent mental wellbeing, as measured by the Depression, Anxiety, and Stress Scale (DASS-21; Lovibond & Lovibond, 1995) and parental attachment style, as measured by the Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987).

Materials

Depression, Anxiety, and Stress Scale (DASS-21). The DASS-21 is a 21-item scale designed to measure symptoms of depression, stress, and anxiety of participants in the week preceding the study. There are 7 items measuring each state and example items include: "I couldn't seem to experience any positive feeling at all", "I had a feeling of shakiness", and "I found myself getting upset by quite trivial things" for depression, anxiety and stress respectively. Participants answer using a 4-point Likert scale from 1(did not apply to me at all) to 4 (applied to me very much or most of the time), with higher scores indicating more recent symptoms. Participants were given scores out of 28 for each subsection; depression (questions; 3, 5, 10, 13, 16, 17, and 21), anxiety (questions; 2, 3, 7, 9, 15, 19, and 20) and stress (questions; 1, 6, 8, 11, 12, 14, and 18). As the scale is half the length of the original, the total score is then doubled to determine the severity of each using the recommended cut-off scores (Lovibond & Lovibond, 1995), assigning each participant a level for each ranging from "normal" to "extremely severe". Each participant's wellbeing was determined by their total DASS score across the three subscales, a Cronbach's Alpha test was carried out on these scores and found excellent internal consistency, $\alpha = .938$.

Inventory of Parent and Peer Attachment (IPPA-45). The IPPA is a 75-item scale measuring parental and close friend relationships had by adolescents. This study focused on parental attachment, utilising the short versions of the scales (IPPA-45, Wilkinson, 2008) and only providing the participants with the parental subscale. Items for each parent are the same apart from the inclusion of mother or father, for example, “my mother/father respects my feelings” and “my mother/father accepts me as I am”, with participants answering on a 5-point Likert scale from “almost never or never true” to “almost always or always true”, with higher scores indicating a positive relationship with each parent. For the purposes of investigating possible impacts of caregiver relationships within this study the original scale has been slightly altered, with questions asking about a “parent” in place of “mother” or “father” and having participants label who they are answering each section about, one for their primary caregiver and one for their secondary caregiver if they have one, in order to be inclusive to varying family dynamics. A Cronbach’s Alpha was carried out and found that for the primary caregiver there was good internal consistency, $\alpha = .839$, and for the secondary caregiver there was excellent internal consistency, $\alpha = .975$.

Sadomasochism Checklist. Finally, the sadomasochism checklist contains 48 items to determine a participant’s experience with BDSM-related activities (Weierstall & Giebel, 2017). There are 24 items each relating to being submissive or dominant, for example “being blindfolded by your partner” and “blindfolding your partner” respectively. For this study only 14 items were used for each as some more extreme fetishes were not included in order to reduce the risk of distress to participants (see Appendix D and E). Though some questions were removed each part of the scale had good and excellent reliability, respectively; the submission scale, $\alpha = .889$, and for the dominance scale, $\alpha = .915$. An additional question was included asking if the individual has any fetishes that were not mentioned and allowing them to indicate what these are if they felt comfortable doing so.

The DASS-21, IPPA-45, and sadomasochistic checklist were compiled into an online survey, along with questions about demographic characteristics, including gender identity, and sexual orientation, that were accessed by participants on Qualtrics. Data was downloaded to, cleaned, coded, and analysed on SPSS statistics software and Microsoft Excel. The study was available on the University of Kent RPS, beyond this, the researcher's personal social media was used for the promotion of the study.

Procedure

Participants either received a link for the Qualtrics survey or were directed to it via the research participation scheme, before being presented with an information sheet and tick boxes to complete to confirm they give their informed consent. The participant was then able to complete the questionnaire, before being presented with a debrief form, outlining the purpose of the study and how to withdraw their data if they wish, upon completion. This research was approved by the University of Kent Psychology Ethics Committee (ethics approval number: 202216436540997481).

Statistical Plan

The data was first downloaded from Qualtrics into an excel document and cleaned to remove any identifying characteristics collected by Qualtrics such as IP or email address of participants, for participants from the University, their university credentials were also removed once they had received their recompense for participation, credits towards their undergraduate course.

The cleaned data was then transferred into SPSS statistics and demographic data was analysed. This allowed participants to be separated into two groups for the dependant variable; interested in BDSM and not interested in BDSM, and two groups for each independent variable; normal or abnormal mental health and parental relationships, LGBTQ+ or heterosexual and cisgender or genderqueer.

In order to determine whether participants were considered to be interested in BDSM or not, their responses to the sadomasochism scale first had to be converted into a total score. Participant responses were coded as “none at all” = 1, “fantasy only” = 2, and “yes, enjoyable to me” = 3, giving each participant a score out of 42 for dominance and submission. These scores were then added together and divided by 2, giving each participant an overall BDSM enjoyment score. Participants were determined to have an interest in BDSM and related activities if they had a total score of 21 or over, or they had a score of 21 or over on either the dominance or submission scale, they were coded as for being interested in BDSM = 2, if below they were deemed uninterested = 1. This was a predetermined scale set out by the sadomasochism checklist (Weierstall & Giebel, 2017).

At this level the participant would have answered at least that they had fantasies about half of all acts described, or fantasies, or higher about all acts on the dominance or submission scale. Beyond this, the sadomasochism checklist is further scored by participants’ fantasies of BDSM. If they were determined to have fantasised about more BDSM acts than they had partaken in and enjoyed, if their total number of fantasies was less than acts they had tried, they were coded as “1”, if the number of fantasies was greater, they were coded as “2”, and if there was no difference, they were coded as “3”. These were then used to conduct a one-way ANOVA to determine if there were any statistical differences between sexuality and participation in BDSM activities, as has been found by some (Chivers et al., 2014).

Participants were grouped based on their sexuality and identified to be LGBTQ+ if they answered that they were anything but heterosexual when asked (i.e. chose one of the following answers: homosexual, bi/pansexual, asexual or other). The criteria for grouping gender identity was similar, participants were identified as being genderqueer if they answered that they were non-binary or identified that their gender was not the same as they were assigned at birth. This excludes one

participant who answered 'Other' to both the sexuality and gender identity questions, but when defining this wrote that he was a "straight man". For the purposes of data analysis, participants' sexuality, gender identity, and sex assigned at birth were coded to label if a participant was queer = 2 or heterosexual = 1, and genderqueer = 2 or cisgender = 1.

Based on their scores on the IPPA-45, participants were determined to have a positive, neutral or negative relationship with their primary and secondary caregivers and grouped based on these. Scores for most questions were coded from 1 (almost never or never true) to 5 (almost always or always true), though the answers for items 3, 5, 7, 10, and 15 were reverse coded. The total scores from adding each item's score together were then used to determine the overall relationship between each participant and their caregiver; totals below 38 were determined to be negative relationships, coded as 1, totals between 39 and 45 were considered neutral relationships that were neither positive or negative, coded as 2, and totals above 46 were considered positive relationships, coded as 3.

Finally, participants were sorted into those who were considered to have poor mental health and those who were not. As per the DASS scale guidelines, scores for most questions were coded from 1 (almost never or never true) to 5 (almost always or always true), though the answers for items 3, 5, 7, 10, and 15 were reverse coded.

However, when this was first done based on the original scoring determinations all participants were classed as having poor mental health. As the majority of the participants in the study were all university students and the survey was completed shortly before examination season, so a median split approach was used. Those who's score on each scale was equal to or above the median were grouped as having poorer anxiety, depression or stress levels than those who score below the median.

Once participants had been assigned into the above groups, ANOVAs were able to be conducted in SPSS Statistics. Each independent variable: mental wellbeing, parental relationships, gender identity

and sexual identity was compared with their interest in BDSM to determine whether there was a difference between the two.

Ethical Considerations

Before entering the main body of the survey; participants needed to confirm that they have read the information sheet and are freely giving their informed consent, then confirm that they are over the age of 18, and the age of consent in their main country of residence, due to the sexual nature of the study. Participants were asked to create a unique identifying code, known only to them, ensuring confidentiality and any identifying data collected by Qualtrics (e.g. IP address) was deleted during data cleaning. There was no deception involved in the study. The risk of harm to participants was low, however some may find certain aspects distressing, so in the debrief there were reminders about the need for enthusiastic consent and safewords before partaking in any acts discussed, these are also highlighted in the questions around such acts and participants were able to decline answering any questions they feel uncomfortable. Beyond this, there was a link to Mind's guide to support for victims of abuse (Mind, 2021) in the debrief and a reminder of how to withdraw their data from the study and contact the researchers, also found in the information sheet.

Results

The dependant variable was total scores for each participant on the sadomasochism scale. One-way ANOVAs were conducted to determine if there were any significant statistical differences in a participant's score on the sadomasochism scale and the independent variables being investigated within this study were the sexual and gender identity of participants, their mental wellbeing and their relationship with one or both of their parents (or legal guardian).

A statistically significant difference in scores on the sadomasochism scale between queer and heterosexual participants was shown by a one-way ANOVA, $F(1, 310) = 38.951, p = <.001$, with a medium

effect size, $\eta^2 = 0.112$, suggesting a relationship between identifying as queer and partaking in BDSM. Those who identified as queer ($M = 28.35$, $SD = 6.82$) scored higher on the sadomasochism scale than those who identified as cisgender ($M = 23.69$, $SD = 6.35$).

Furthermore, a significant difference was also seen in sadomasochism checklist scores between cisgender and transgender participants in a one-way ANOVA, $F(1, 316) = 5.788$, $p = .017$, with a large effect size, $\eta^2 = 0.202$, suggesting a relationship between gender identity and interest or participation in BDSM. Those who identified as transgender ($M = 29.16$, $SD = 7.17$) scored higher on the sadomasochism scale than those who identified as cisgender ($M = 25.52$, $SD = 6.88$). Therefore, the first hypothesis has been accepted and there are statistically significant differences between score on the sadomasochism scale relating to sexuality and gender identity and participation in BDSM within this sample population. The evidence found supports the stereotype that queer and transgender individuals are more likely to be interested in BDSM than heterosexual and cisgender individuals.

When looking at mental wellbeing, three variables were used: depression, anxiety and stress scores on the DASS scale, with participants being determined to have a high or low level of each using a median split within this data set. The high and low groups for each variable were compared based on their total score on the sadomasochism scale. One-way ANOVAs conducted found significant statistical differences found between participant's total sadomasochistic scores and whether they have a high or low stress, anxiety, or depression level as per the median split of the total DASS score in this participant population. For stress, $F(1, 315) = .12.555$, $p = <.001$, with a small effect size, $\eta^2 = .038$. For anxiety, $F(1, 315) = 7.150$, $p = .008$, with a small effect size, $\eta^2 = .022$. For depression, $F(1, 315) = .028$, $p = .028$, with a small effect size, $\eta^2 = .015$. This suggests that, within this sample, those with higher levels of stress, anxiety, or depression were more likely to be interested in BDSM than those with lower levels, as shown in table 3.

Table 3

Mean and Standard Deviations of Sadomasochism Scores for Higher and Lower Levels of Stress, Anxiety and Depression

Scale	Lower Level			Higher Level		
	N	Mean	Standard Deviation		Mean	Standard Deviation
Stress	170	24.45	6.76	47	27.19	6.97
Anxiety	168	24.74	6.73	49	26.82	7.12
Depression	165	24.89	6.81	52	26.62	7.08

Finally, contrary to some of the stereotypes discussed, when conducting one-way ANOVAs on the relationships with primary and secondary caregivers and interest in BDSM, no significant statistical differences were found. There were two data analyses used to investigate this, as not all participants identified a secondary caregiver, one ANOVA was conducted comparing interest in BDSM with whether they were determined to have a positive, neutral, or negative relationship with their self-identified primary caregiver ($n = 313$) and another with the relationship with the secondary caregiver ($n = 202$).

No significant relationship was found between participant's scores on the sadomasochism scale and caregiver relationship being deemed positive, neutral, or negative as per the IPPA scale with a primary caregiver $F(2, 310) = 1.570$, $p = .210$, nor with a secondary caregiver, for those who had one, $F(2, 199) = .946$, $p = .390$. This supports the second hypothesis and would suggest that there is not a relationship between an individual having an interest in BDSM and their relationship with the main caregivers they identified when growing up.

Study One Discussion

The results of study one suggested that some stereotypes of those who enjoy BDSM are more accurate than others. Evidence was found to support those relating to sexuality, gender identity and poor mental health, but not to support the stereotypes suggesting that poor parental relationships are related to an individual's interest or participation in BDSM.

Statistically significant differences were found when comparing the sadomasochism scores of queer participants and heterosexual participants, as well as between transgender and cisgender participants. These results suggest that there is an increased likelihood of an individual being interested in BDSM if they identify as LGBTQ+ compared with those who identify as heterosexual or cisgender.

These findings were congruent with the majority of available research into queer individuals and interest in BDSM. A further literature review published in 2023 (Sprott, 2023) found that research internationally continues to find greater reports of involvement in BDSM from queer individuals than heterosexual ones, this includes studies in Finland (Sandnabba et al., 2002), Belgium (Holvoet et al., 2017) and the Kink Health Survey based in the USA (Sprott et al., 2021).

A smaller effect size was found when comparing sexuality and interest in BDSM than when looking at gender identity. This could suggest that identifying as transgender has a greater impact on having kink-related interests than identifying as queer within this sample. However, there was only a very small sample size of transgender participants who responded to the survey, so there is limited scope to be able to suggest that this is true of the wider population. Despite calls for further research focusing on transgender individuals within the BDSM space, research has been limited by the low transgender population. Some have found that the participant pool of transgender BDSM enjoyers is too small to conduct an individual analysis, for example Martinez (2018) found only 3% of participants in their study identified as transgender, just under half the number identified in this study (6.9%). Future

research could aim to focus on transgender individuals specifically, however, as a minority group that can face significant prejudice, individuals may not feel comfortable coming forward and identifying themselves with another stigmatised group more publicly.

When investigating whether differences could be found in the mental wellbeing of those who enjoy BDSM compared with those who do not, significant differences were found, with those who were deemed interested in BDSM having greater symptoms of stress, anxiety and depression than those without BDSM interests. Though the effect size was small for all three, these results are congruent with some previous findings, as well as the stereotype being investigated. The greatest effect size was found when focusing on scores for stress, both existing research and stereotypes focus on stress as one of the prominent triggers for a desire to partake in BDSM, especially for submissive behaviours (Brown et al., 2020).

Finally, as hypothesised, though contrary to common stereotypes, no relationship was found between parental relationships with an individuals' primary or secondary caregiver and an interest in BDSM. This would suggest the stereotype of having a poor relationship with one or both parents has little to no bearing on an individual's interest in BDSM later in life. Further investigation could be done in the future in order to identify the origins of the stereotype, as there is seemingly minimal published research to show support for it with kinky populations.

In order to build upon the results of this study, it was important to investigate whether, having established which stereotypes appear to be accurate and which don't, these stereotypes are seemingly used in people's understanding of BDSM. Beyond this, an attempt was made to ascertain an understanding of whether involvement in BDSM reduces the use of stereotypes, particularly those that were found to be inaccurate or harmful.

Study Two: The Use of Common Stereotypes by Practitioners and Non-Practitioners of BDSM as per the Sadomasochism Scale

Study two had an aim of building upon the results of study one and further investigating the use of stereotypes, with a focus on trying to ascertain an insight and initial understanding into whether an individual's own experience or interest within BDSM could be determined to influence this. Research has suggested that the development of stereotypes can be borne of ignorance about a given group and that harmful stereotypes may be reduced by way of education (Turner, 2020). To date, minimal research has been published specifically investigating whether personal knowledge or understanding of BDSM has an impact on the reliance of stereotypes and this study aimed to provide an initial insight into this.

There were two hypotheses to facilitate this investigation.

Hypothesis 1: After reading vignettes about BDSM relationships, individuals will answer in-line with stereotypes when asked what they believe are individual's reasons for participation, however, it is hypothesized that those who partake in BDSM will be less likely to rely on stereotypes than those who do not partake in BDSM.

Hypothesis 2: Furthermore, this study also sought to understand what individuals perceived to be the reasons people partook in BDSM. It is hypothesised that these reasons will include the aforementioned stereotypes as well as a person's own sexuality and enjoyment of BDSM.

Methodology

Participants

530 participants, 166 male, 345 female, 14 non-binary or gender fluid people, and 5 who identified as 'Other' who fulfilled the inclusion criteria (being over the age of 18, and over the age of consent in their main country of residence, if this was higher than 18) completed the online survey. Of

the participants, 367 were heterosexual and 163 under the queer umbrella, 24 were genderqueer, 506 were cisgender, with 441 interested in BDSM-related activities and 89 not.

Participants were recruited online via opportunity sampling; advertised on social media, via Prolific, a paid survey recruitment website, and via the School of Psychology's research participation scheme (RPS), though participants were unable to complete this study via RPS if they had already completed the first study.

Design

This study was a cross-sectional, quasi-experimental design. It used a between-subjects formatted survey which was completed online via Qualtrics. Furthermore, there was an exploratory element, investigating whether an interest in BDSM influenced responses to a vignette about common BDSM stereotypes around gender queerness, sexuality, mental illness and BDSM interest.

The independent variables were whether or not a participant is interested in BDSM according to the sadomasochism checklist (Weierstall & Giebel, 2017). The dependent variables were the responses from participants pertaining to gender, partner gender, sexuality, and parental relationships of those described in the vignettes and the reasons given for why they participate in BDSM.

Materials

Sadomasochism Checklist. As in study one, the sadomasochism checklist (Weierstall & Giebel, 2017) was used to assess whether a participant had a personal interest in BDSM. This version used in this study contained 15 items and participants were asked to indicate how interested they were in each item in either the role of being a submissive or a dominant, for example "Use of blindfolds or experiencing other sensory deprivation". The coding of responses was the same as in study one and as per the guidelines, if participants indicated that they would be interested in participating in at least half of the actions described, they were determined to be interested in BDSM. In this study, this was if they

scored 30 or above on the scale. For the study two responses, the scale's Cronbach's alpha = .90, giving it excellent internal consistency.

Vignettes. Each participant was presented with 4 randomly selected vignettes (Appendix B), one exploring a power exchange, one describing inflicting or receiving pain, and two describing a dominant and submissive relationship. For each vignette all involved were described with gender neutral names using they/them pronouns and there were 4 variables; the subject's job role that was perceived to be lower or higher stress (in a café or as a CEO respectively) and whether they enjoyed their job or not, had a positive or negative relationship with their parents and if they were submissive or dominant in their relationship.

After each vignette participants were asked to answer two questions. The first question was a randomly selected one of the following six (ensuring that similar numbers of participants were given each questions); asking about the subject's sexuality, gender identity, relationship with their parents, and whether the participant believes; that mental strain from their job to have an impact of their interest in BDSM, that their mental wellbeing influences their dynamic (due to them having good or poor wellbeing or it being unrelated) and what their two main reasons for BDSM participation are.

The second question randomly assigned a gender identity to the subject of the vignette (transgender man or woman, cisgender man or woman, or non-binary) and asked the participant to suggest the gender identity of their partner. These responses were used to ascertain the use of stereotypes around the genders of individuals and their partners within BDSM relationships and around gender roles within BDSM.

Procedure

As in study one, the sadomasochism checklist and vignettes were compiled into an online survey, along with questions about demographic characteristics, including gender identity, and

sexual orientation, that were written and accessed by participants on Qualtrics. Data was then downloaded to, cleaned, coded, and analysed on SPSS statistics software and Microsoft Excel. The study was available on the University of Kent RPS, beyond this, the researcher's personal social media was used for the promotion of the study via social media. The survey completion procedure for this study was the same as for study one. This research was approved by the University of Kent Psychology Ethics Committee (ethics approval number: 202216686044147973).

Statistical Plan

As in study one, the data was first downloaded from Qualtrics into an excel document and cleaned to remove any identifying characteristics collected by Qualtrics such as IP or email address of participants, for participants from the University, their university credentials were also removed once they had received their recompense for participation.

The grouping of participants to determine whether or not they were deemed to have an interest in BDSM according to the sadomasochism scale was also the same as in study one. Participants were also sorted into groups depending on whether or not they had identified as queer, the coding information for this was also the same as in study one. Participant responses were coded as "none at all" = 1, "fantasy only" = 2, and "yes, enjoyable to me" = 3, giving each participant a score out of 42 for dominance and submission. These scores were then added together and divided by 2, giving each participant an overall BDSM enjoyment score, with the highest possible total score being 60. Participants were determined to have an interest in BDSM and related activities if they had a total score of 21 or over, or they had a score of 21 or over on either the dominance or submission scale, they were coded as for being interested in BDSM = 2, if below they were deemed uninterested = 1. This was a predetermined scale set out by the sadomasochism checklist (Weierstall & Giebel, 2017).

In order to conduct a quantitative analysis on qualitative data, the answers given by participants to vignettes were coded as 1 = “in line with stereotypes” or 2 = “not in line with stereotypes”. These were then collated by topic (sexuality, gender identity, mental health and parental relationships) per participant and each participant was coded into a group of “answered in line with stereotypes” if the majority of their answers agreed with the stereotype, “did not answer in line with stereotypes” if the majority of their answers went against stereotypes, or “neither in line, nor not in line with stereotypes” if their answers had an even split between being in line and not in line with stereotypes.

Once participants had been assigned into the above groups, a chi-square test of independence was conducted in SPSS Statistics. This variable between which an association was being investigated were whether the participants answered in line with common BDSM stereotypes and whether they were interested in BDSM as per the sadomasochism scale. Chi-square tests were used to evaluate the relationship between those who were interested in BDSM and the control (those who were not) and whether they answered in-line with specific stereotypes, relating to mental health, sexuality, and parental relationships. If any statistically significant relationships are found, further post hoc tests will be conducted on the data to attempt to determine the direction of the relationship.

Thematic Analysis. There were a total of 1,047 responses to the vignettes provided in study two. Each answer was entered in to an excel document and then sorted by hand into 96 general themes. Similar answers were grouped together, for example “pleasurable to them” and “they enjoy it” would be grouped. At this stage, any entirely unique responses were determined to be their own theme.

These were then sorted in 4 main themes, determined by the most commonly suggested reasons for participation in BDSM in the responses, these were enjoyment, mental wellbeing, relationships and sexuality. Each theme contained up to 4 sub-themes.

Ethical Considerations

The ethical considerations for this study were much the same as in study one, the only difference was surrounding the risk of harm to participants. While the risk of harm to participants was still low, they were reading vignettes of a sexual nature that some could find triggering or uncomfortable, therefore, a link to a domestic violence charity and information on how university students could contact Student Support and Wellbeing services if they were in distress were provided. Beyond this, a pre-screening question asking participants to give their age was included before they were told about age restrictions, with any participants under 18 years old not being able to enter the full study due to its sexual nature.

Results

Demographics

A total of 530 participants completed the majority of the study, 272 were interested in BDSM activities and 258 were not.

Please note, due to the sometimes-fluid nature of LGBTQ+ identities, a number of participants identified with more than one option provided to them, for example one participant identified as an asexual, bisexual nonbinary person. Furthermore, participants were asked separately their gender identity and whether this matched their gender assigned at birth, though participants were not required to answer either question and some chose not to answer both. A more detailed breakdown of the participant demographics can be seen in the tables below.

Table 4*Gender Identity Demographic Information of Participants*

Gender Identity		N
Male	Cisgender	162
	Transgender	4
Female	Cisgender	343
	Transgender	2
Nonbinary, agender or genderfluid		14
Other		5

Table 5*Sexuality Demographic Information of Participants*

Sexuality	N
Heterosexual	365
Homosexual	40
Bi- or Pansexual	97
Asexual	3
Unsure or Questioning	21
Other	4
Queer	163
Non-Queer	367
Did not answer	6

Table 6*Interest in BDSM as per Sadoomasochism Scale Demographic Information of Participants*

Interest in BDSM	N	Mean Score
Interested in BDSM or 'kinky'	272	38.91
Not Interested in BDSM or not 'kinky'	258	22.60

BDSM Participation and Use of Stereotypes

A series of chi-square tests of independence was performed to evaluate the relationship between answering in-line with common stereotypes about the sexuality, gender identity, mental wellbeing and parental relationships of BDSM enjoyers and whether or not a participant was considered to be interested in BDSM. All were found not to be statistically significant, excluding the use of stereotypes relating to parental relationships which had a significant relationship with BDSM enjoyment.

When evaluating the relationship between answering in line with stereotypes relating to parental relationships and BDSM participation, the chi-square test was found to be statistically significant, $\chi^2 (2, N = 511) = 7.196^a$, $p = .027$, meaning that the two variables are not independent from one-another. This suggests that there is a relationship between whether an individual is interested in BDSM and whether they answer in line with stereotypes about parental relationships when making assumptions about those involved in BDSM.

Table 7

Numbers of Participants Who Answered in Line with Stereotypes about Parental Relationships and Whether or Not They Are Interested in BDSM

	Answers In Line with Stereotypes	Answers Neither in Line nor Not in Line with Stereotypes	Answers Not in Line with Stereotypes
Interested in BDSM	77 29.05%	37 13.96%	151 56.98%
Not Interested in BDSM	50 20.32%	28 11.38%	168 68.29%

A post hoc test was conducted on the result to attempt to establish the specific association between stereotype use and interest in BDSM. The test suggested that an interest in BDSM was associated with the use of stereotypes ($Z = 2.28, p = .074$) and that a lack of interest in BDSM was associated with not using stereotypes around BDSM and parental relationships ($Z = 2.64, p = .031$). However, when using the Bonferroni adjusted significance level for this calculation ($p = .0083$), these results were determined not to be significant.

Despite the presence of an overall significant chi-square test, suggesting a relationship between BDSM enjoyment and the use of stereotypes, a post hoc test could not find a significant relationship, therefore these results should be interpreted with caution.

A chi-square test of independence was performed to evaluate the relationship between answering in-line with common mental health stereotypes related to enjoyment of BDSM and whether or not a participant was considered to be interested in BDSM. The relationship between these variables

was not significant, $\chi^2 (2, N = 521) = 4.732^a, p = .094$. Similarly, when evaluating the relationship between answering in-line with common stereotypes about stress that are related to enjoyment of BDSM and whether or not a participant was considered to be interested in BDSM. The relationship between these variables was not significant, $\chi^2 (2, N = 517) = .129^a, p = .937$, suggesting that when compared with those who do not enjoy BDSM, having a personal interest in BDSM does not mean an individual is any more or less likely to answer in line with mental health stereotypes when making assumptions about those involved in BDSM.

A chi-square test of independence was performed to evaluate the relationship between answering in-line with common stereotypes about sexuality related to enjoyment of BDSM and whether or not a participant was considered to be interested in BDSM. The relationship between these variables was not significant, $\chi^2 (2, N = 515) = .431^a, p = .806$, suggesting that when compared with those who do not enjoy BDSM, having a personal interest in BDSM does not mean an individual is any more or less likely to answer in line with stereotypes about sexuality, notably that queer individuals are more likely to be involved than heterosexuals, when making assumptions about those involved in BDSM.

However, when evaluating the relationship between being queer or heterosexual and answering in line with sexuality stereotypes, there was a significant relationship $\chi^2 (2, N = 515) = 16.276^a, p = <.001$. A significant relationship was also found between different sexualities (heterosexual, homosexual, bi/pansexual and asexual) and whether answers were considered to be in line with stereotypes $\chi^2 (6, N = 491) = 12.824^a, p = .046$.

Believed Reasons for Participation in BDSM: Thematic Analysis

A thematic analysis was conducted on all participants' responses as to why they believed individuals in the vignettes participated in BDSM, with 1,047 total responses to different scenarios. The reason for this was to be able to investigate participants' beliefs about reasons for participation in

BDSM, with minimal restrictions or guidance, which may have occurred if another method, such as providing multiple choice answers, had been used.

This resulted in 96 general explanations (see Appendix G), consolidated into 4 main themes; mental wellbeing, relationships, sexuality, and enjoyment, each with multiple sub-themes for each bar enjoyment (Table 8).

Table 8*Themes and Sub-Themes Found in the Thematic Analysis*

Theme	Sub Themes	Examples
Mental Wellbeing	Feelings of worthlessness and low self esteem	"Insecurity"
		"Feeling of security"
		"Validation and approval"
		"Depression"
	Poor mental health	"Trauma"
		"The need to feel secure"
	Emotional management or escapism	"Stress at work"
		"Need control over life"
Relationships	Power and control	"Not needing to make their own decisions"
	Relationship with parents	"Bad relationship with parents"
		"Poor parental trauma"
		"Pleasing their partner"
	Relationship with partner(s)	"Deep infatuation and a desire to meet their sexual interest"
Sexuality	Feeling comfortable with a partner	"Good bond and communication"
		"Satisfy their partner's needs"
	Exploration	"Keep things more interesting in the bedroom"

Enjoyment	“Want to have a change”
	“Curiosity”
	“Likes to be dominant”
	“Fun and enjoyment”

Note: This table displays the themes and sub-themes of the thematic analysis, with examples from participant responses.

Within the theme of mental wellbeing there were sub-themes of; feelings of worthlessness or low self-esteem leading to an individual feeling deserving of any suffering faced as a submissive, poor mental health being the reason for participation interest in BDSM. Stress related reasons were a relatively common answer, with 14.42% (n = 151) of responses referring to “*stress*”, and 23.84% (n = 36) of these specifying that BDSM related activities are being used as “*stress relief*”. Some participants further suggested that individuals may use kink as a coping mechanism when facing struggles with their mental wellbeing, for example one participant suggests that kink may be used to transform “*stressful situations found in life in to satisfying ones*”.

The use of BDSM as emotional management or a form of escapism from day-to-day issues faced, such as gender identity or a job, and finally, power and control, including the desire to have this power over another and relinquishing one’s own power to a partner (whether that be a long-term partner, or a partner within an individual scene). Control was also a major sub-theme under mental wellbeing, found in 29.32% (n = 307) of responses, this included both a desire to be in control of a partner, or to have a partner be in control of them. There were suggestions that this could be due to a desire to gain control over an aspect of their life, if they lack control in other areas. Other suggested that some may see giving

up control as cathartic and aid in improving their mental wellbeing, with BDSM acting as a form of *“relief”*.

The theme of relationships encompassed communication and comfort within healthy relationships, both with partners and with caregiver(s). Participants suggested that different types of relationships with caregivers could have different influences over a person’s sexual interests later in life. For example, a person’s caregiver allowing them to feel comfortable discussing and exploring such interests or negative parental relationships could lead to a perceived need for the structure and rules found within a BDSM dynamic. Participants further suggested that healthy communication with a partner, as well as feeling comfortable within the relationship, allowing individuals to feel able to explore their own, or their partner’s, interests as they feel less concerned about a negative reaction.

However, some also suggested that negative experiences within relationships, especially with parental figures could lead to an interest in BDSM. A number of participants answered that they believed reasons could relate to poor parental relationships, for example, *“poor childhood”*, *“maternal deprivation”* and *“bad relationship with parents”*. Of the 1,047 total responses, 6.59% (n = 69) contained either the phrase *“bad relationship with parents”* or *“poor relationship with parents”*

Beyond this, it could be interpreted that some participants believe that poor childhood parental relationships, may have led to poor mental wellbeing and therefore an interest in BDSM, for example one participant believed a reason for interest was *“early childhood trauma from not getting on with parents”*, with another believing that they could be *“childhood experiences manifesting as fetishes”*. Furthermore, of the 6.02% (n = 63) of answers that referenced *“trauma”*, 39.68% (n = 25) of these specified *“childhood trauma”*.

Similarly, the theme of sexuality related to comfort, though participants focused more on the idea that those who had already faced possible stigma when coming out about their sexuality feeling

less concerned about stigma surrounding BDSM. Finally, there was a sub-theme of exploration, resulting from a lack of excitement within an individual's sex life leading to trying BDSM due to exposure in media or porn. Themes of, or relating to, mental wellbeing, sexuality, and parental relationships supports previous research suggesting the use of stereotypes by the overall study population, reinforcing previous research.

Finally, there is the theme of enjoyment, responses falling under this theme primarily explained engagement in BDSM activities as something people just enjoyed without there necessarily being a psychological explanation as to why. Just under a third of responses, 31.32% (n = 328), included *"enjoy"*, *"enjoys"* or *"enjoyment"* as a reason that a participant believed someone to be involved in BDSM behaviours, with a further 5.25% (n = 55) giving *"fun"* as a reason. Other answers given in relation to this included *"arousing for them"*

Enjoyment being an individual's main motivation for is a seemingly novel one within research, however, it may have been overlooked in the pursuit of explanations as to why someone finds it enjoyable.

Study Two Discussion

The results from this study found that participants typically did not use stereotypes when understanding BDSM behaviours. This applied whether or not the participants were interested or involved in BDSM.

The results of study two found that there was only one significant relationship between an individual's involvement in BDSM and the use of common BDSM-related stereotypes, those relating to poor parental relationships. When a post-hoc test was conducted on the data, however, it was found that there was no statistical significance to the direction of this relationship. The lack of significant result

in the post-hoc test could suggest that further research utilising a larger sample size could be beneficial. Though, it could also suggest that the relationship originally found was incredibly weak.

Those who did not answer in line with stereotypes and were determined to be interested in BDSM had the highest mean score on the sadomasochism test of the three groups. Those whose answers aligned with stereotypes had the lowest mean score. Although not significant, a trend appeared in which non-kinky participants endorsed fewer stereotype explanations than kinky participants, 68.29% of responses from non-kinky participants were not in line with stereotypes, compared with 59.68% of those from kinky participants. Similarly, a greater proportion of kinky participants were found to answer in line with stereotypes (29.05%), than non-kinky participants (20.32%). This would suggest that having greater interest in, suggesting more personal knowledge of, BDSM does always relate to answers less in line with common stereotypes.

Despite this, within this participant population, the majority of participants in both groups did not answer in line with stereotypes about parental relationships (59.68% of those interested in BDSM and 68.29% of those not interested in BDSM), suggesting that it is becoming a less commonly used stereotype. This combined with the results of study one, which suggested that common stereotypes around parental relationships are not entirely accurate, could imply that the seeming inaccuracy of the stereotype has led to a reduced use of it over time by those inside the kink community as well as those outside. There is limited published research into the parental relationships had by those who enjoy BDSM at a non-clinical level, that is those who did not have clinical trauma resulting from childhood experiences. This lack of interest from researchers could be explained by the inaccuracy and lowered use of the stereotype.

When faced with limited information about an individual within a vignette there was no significant statistical relationship found in responses relating to mental health, sexuality or gender

identity between those within the BDSM community and those outside of it. This contrasts with the findings of study one, which found further evidence to support the stereotypes surrounding the sexuality, gender identity and mental health of kink enjoyers. This again suggests that there not a consistent relationship between personal involvement in BDSM and whether an individual answers in line with stereotypes. Beyond this, the responses given are in contrast to the evidenced demographics of the kinky population, especially the higher numbers of the queer community found within it (Brown et al., 2020).

The final analysis focused on trying to ascertain an understanding of what people believe to be the reasons that those who partake in BDSM do so. The responses were not compared between the two groups, finding four emerging themes; mental wellbeing, relationship, sexuality, and enjoyment, with three of these encapsulating the stereotypes that have been looked at throughout this paper. These themes being found further suggests that these stereotypes are still actively relied upon when making assumptions about those who partake in BDSM.

The responses also explored intrinsic explanations for an interest in BDSM; enjoyment and sexuality, which are infrequent throughout existing research. A number of participants suggested that people were partaking in BDSM purely because it was enjoyable to them in some way and that there was no root cause for this, it was a part of them as an individual and was inherent like their sexuality or personality.

Discussion

This research contributes to the understanding of the accuracy of stereotyping around BDSM and how and when these stereotypes are used. The findings provide a basis for stereotypes about the sexuality, mental wellbeing and gender identity of BDSM enjoyers, although do not support the frequent use of stereotypes around parental relationships. Furthermore, little relationship was found to suggest

that being involved in BDSM impacted a participants' likeliness to answer in line with stereotypes. It was also noted that a large number of participants moved away from simply using reductionist statements when making assumptions about those involved in BDSM.

This has implications for the directions that should be taken in future research and that there should be a focus on understanding that some harmful stereotypes are inaccurate and therefore working to reduce their use and stigma around BDSM in a bid to reduce the negative stigma that can be felt by practitioners.

Study Limitations

The majority of limitations with this research can be found across both studies, though where possible best efforts were made to reduce their impact between the two. The main limitations of the research were ethical restrictions possibly impacting the reliability of the sadomasochism scale, a volunteer bias possibly skewing the participant population and a high number of students from the same University within in the participant population.

Due to each study being distributed to university students through an internal system 10 items on the sadomasochism scale were removed in order to reduce possible distress to participants. These statements were about more extreme interests such as consensual non consent, ownership and the inclusion of bodily fluids, examples include "being forced by your partner to please her/him against your will" and "being made unconscious by your partner" (all omitted items are detailed in appendix D).

In place of these omissions, participants were given a free text box where they were invited to detail any sexual interests, they had that they believed to fall under the BDSM umbrella that had not been mentioned in an attempt to mitigate the omissions. The inclusion of a free text box also allowed for a wider definition of who was interested in BDSM within the participant population, as while thorough, the sadomasochism scale did not intend to cover all areas of BDSM, focusing mostly on

sadomasochism and power dynamics. Having been utilised by 45 participants further interests were introduced including edge, blood and consensual-non-consent (CNC) play.

Similarly, due to the distribution method, a high number of participants were first- and second-year students from the same university in Southeast England. However, between the periods of data collection for study one and study two an attempt was made to rectify this somewhat, leading to the second study also utilising Prolific to collect participant responses.

Furthermore, the nature of the participant recruitment may have led to volunteer bias, which could explain the high number of participants (81.7% across both studies) identified as being interested in BDSM. As potential participants were given a brief description of the purpose of the study, those with a personal interest in the topic may have been more willing to contribute. The divisive nature of BDSM may have similarly affected the participant pool in the opposite way, resulting in those who are uninterested or made uncomfortable by the topic may have decided to avoid participating based on the title or description of the studies. In the majority of cases where volunteer bias is a concern a level of deception when describing the study is ethically acceptable, however in this case due to the sexual nature of the study with highly sexual and sensitive content, it would be unethical to do so.

A consistent issue across BDSM research is the metric by which individuals are deemed to have an interest in BDSM, leading to a large amount of variation in across studies using different methods. This has also been recognised by other researchers in their publications, for example Dahl and colleagues (2024) who used a self-identification-based approach. Going forward, it would be best to use a combination of approaches within an individual study in order to determine whether an individual is interested in BDSM, with the focus being on self-identification in the first instance. Focusing on what activities an individual has or hasn't partaken in could restrict the inclusion of participants who are not in a safe situation to explore their sexuality further, as well as those who are unable or unwilling to find

other kinky individuals in their geographical proximity. The latter can be especially pertinent for those who enjoy BDSM with research suggesting that high numbers of practitioners, up to 43%, place a great deal of importance of community within the space (Vivid et al., 2020).

Study One

In addition to the limitations across both studies, the most significant limitation of study one was the participant population containing a very high proportion of students as most completed the survey via an internal University-based system. While this can be common within research, previous studies have found that on average those with an interest in BDSM have a much higher education levels than those who do not (Sandnabba et al., 1999; Yost & Hunter, 2012) which may have impacted the results.

There was also found to be very high stress levels according to the DASS scale within the participant population of study one, with only one participant not being determined to be experiencing stress for the two weeks prior to completing the study. While there are a number of external factors which could have further impacted stress levels, as the data collection took place during a period of assignment deadlines at the university this could have increased stress levels beyond other time periods throughout the year. The use of a study population from which the majority were based within higher education at the same university could have had an impact on the results. While this was recognised, and the study population was changed for the second study by changing the data collection method to a less student-focused one.

The results of the DASS scale suggesting that the vast majority of participants were struggling with mental health could suggest that the scale is less fit for purpose for modern research and that base levels of depression, anxiety or stress levels may have significantly increased in the two decades since the scale was first developed. The data collection period being during the latter end of the Covid-19

pandemic also likely had a significant impact on the depression, anxiety and stress symptoms being reported, with the World Health Organisation reporting that by March 2022 there had been a 25% increase in worldwide depression and anxiety prevalence resulting from the pandemic (World Health Organization, 2022) and that young people and women, the highest demographic groups within the participant population of this study, were the worst affected. The Mayo Clinic also found that, while levels of anxiety, depression, stress and insomnia were lower in 2022 than in 2020 or 2021, internationally they were still higher than pre-pandemic levels (Mayo Clinic Staff, 2024). An attempt was made to mitigate the above effects by using a median split of data to create two groups for analysis: those with higher and lower levels of depression, anxiety and stress.

A final possible limitation of the first study is the possibility of comorbidity between parental relationships and mental health (Lanjekar et al., 2022), which was not controlled for within this study and would be difficult to do so using this possible, possibly requiring semi-structured interviews with certain participants. It is likely that especially poor parental relationships or childhood experiences could negatively impact an individual's mental wellbeing and any impact this may have had on any BDSM related interests would be difficult to attribute to one or the other.

Study Two

Certain limitations of study one were recognised and steps were taken to reduce their impact before the outset of study two. The main action between studies was to expand participant recruitment to include data collection via Prolific, doing so aimed to mitigate any skewing of results coming from a university focused sample. The aim was to both expand the participation population in terms of age and possible experience by inviting participants who were fluent in English and fit the inclusion criteria to complete the study on Prolific, as the majority of university psychology students are women aged 18-24, however there were still many more women in the participant population than any other gender.

In part, this change was made due to further background research conducted between the two studies uncovering evidence suggesting that those interested in BDSM have significantly higher levels of education than those who are not (Joyal, 2015). The results of this research did not seem to support these findings as both studies saw a similar percentage of participants with an interest in BDSM (79.2% in study 1 and 83.2% in study 2), though there is no guarantee that there is any difference in education level between university students and those on Prolific.

Finally, it can be difficult to determine if an individual is relying on stereotypes or simply referring to their own lived experiences. In this case especially, two of the stereotypes being focused on (sexuality and gender) are likely based on fact, so it cannot be said for certain if the lack of significant differences between the two groups is that one or both is using stereotypes or if it is due to how they have perceived those who may be around them with an interest in BDSM.

Context Within Existing Research

Study One

Overall, the findings from this study were congruent with existing literature. While published work varies as to whether there are more queer or heterosexual people within BDSM communities, the majority of published work concludes that being a member of the LGBTQ+ community and having an interest in BDSM is more common than being heterosexual with an interest, with some studies reporting as little as 30% of BDSM practitioners surveyed identifying as heterosexual (Botta et al., 2019).

At time of writing, there was a gap in the literature with minimal exploration of gender identity with BDSM spaces as much of what is available focusing on cisgender individuals and their roles within dynamics which this research intended to fill. Much previous literature focused on data collection within BDSM communities when seeking to ascertain greater a greater understanding of the demographics of the scene, this research however, conducted data collection within a lay population in an attempt to not

risk the exclusion of those with a milder interest in BDSM that may not actively identify as 'kinky' or attend BDSM spaces such as munches or dungeons where some previous research has taken place.

Beyond this, it was found that those who were interested in BDSM had higher levels of stress, anxiety, or depression symptoms. These findings are in line with some existing research, for example the 2016 Kink Health Survey (Sprott et al., 2021), which had a focus on the health of those involved in kink, including their health in areas which can relate to their involvement, for example kink-related injury, mental health and disclosure of their kink involvement to their healthcare provider. Similarly to the present study, some published research has found mostly only small, weak associations were found between mental health symptoms and BDSM fantasy or involvement (Dahl et al., 2024).

Although, there is growing research to suggest that BDSM can be used by some as an effective coping mechanism for mental health (Connolly 2006; Cascalheira et al., 2021), resulting in practitioners demonstrating greater mental wellbeing. Conversely, it has been suggested that an individual's involvement in BDSM has been found to have a negative impact on practitioners' mental wellbeing due to the stigma they face as a result of their interests. With this being further confounded by those involved in kink often being a member of more than one marginalised community, most frequently the LGBTQ+ community, and facing additional stigma due to this (Brown et al., 2010).

When examining this study within the context of existing literature, it would seem that any relationship that exists between mental health and enjoyment in BDSM is largely dependent on the individual and their lived experiences. The inconsistencies found throughout the literature that exists would suggest that those who enjoy BDSM should not be looked at as a group when investigating mental wellbeing, rather smaller sub-groups within the population should be investigated.

There is little published research focusing on the relationships with parents or caregivers had by those involved in BDSM, with much of this research tending to focus on sexual trauma as a result of poor

childhood relationships or attachment styles, rather than a relationship lacking in comfort or trust. A relationship has been found when investigating men involved in BDSM and their attachment style with their mother. However, this focused on whether each man identified as a masochist or sadist and if they had a secure or avoidant attachment style and found only weak associations (Santtila et al., 2001; Wismeijer and Van Assen, 2013). The research in this paper offered a novel approach, as it allowed participants to identify who they believed to be their primary and secondary caregivers, with responses including mother, father, grandparents, other family members and foster parents. This means that this research should have provided a more well-rounded understanding associations between how an individual is raised and sexual interests later in life.

Study Two

As in study one, the findings of this study are congruent with the majority of published literature, as well as adding further insight into the perceived use of stereotypes when making assumptions about those with an interest in BDSM. The findings around assumptions of gender roles and believed reasons for participation in BDSM compare favourably to the research and conclusions found in Brown and colleagues (2020) scoping review of literature up to the outset of this paper. Moreover, this research provides evidence for situations in which stereotypes about BDSM may be overlooked in favour of more commonly used stereotypes, such as assumptions of heteronormativity or gender roles.

Though little research has been done specifically into the use of stereotypes surrounding BDSM, there is a significant amount of research that demonstrates the stigma and negative effects faced by those involved in BDSM (Sprott et al., 2021), the majority of which are likely borne of unfavourable stereotypes about those involved in BDSM. These are often derived from the limited, potentially biased view of BDSM practitioners portrayed within media (Barrett, 2007).

The findings of this research allow for a starting point for future research about the use of stereotypes. While it has been proven in existing research that stigma exist, this study provided novel insights into their use, especially by those within the BDSM community. This knowledge should be taken into account when assessing the approach taken to reduce the negative impact of unfounded negative stereotypes and stigma targeted towards those who partake in BDSM.

Directions for Future Research

Going forward there should be two main focus areas of future research to build upon the findings of this study. The first should be a focus on continuing the understanding of how transgender individuals partake in kink and gender identity within the kink community. The second is a continued development of the understanding of the different interactions between mental health and involvement in BDSM; trauma as a possible trigger point for an exploration of BDSM, the curative effects that BDSM can have on some, as well as investigating the impact stigma, whether perceived or genuine, can have on practitioners' mental wellbeing. These should be undertaken with the overarching aim to reduce the negative stigma and impact that can be felt by kinky individuals.

One of the major implications of this study is the introduction of gender identity research within the BDSM space. Further to this, this research having positive findings of a relationship existing between identifying as transgender and having an interest in BDSM, which, at time of writing, is incredibly limited in terms of published literature, provides scope for continued investigation into the topic.

Going forward efforts should be made to build on research above into gender identity and transgender individuals with interests in BDSM and within BDSM spaces, as this is a group that has been consistently overlooked in both academia and media. Though this was a relatively small sample of transgender participants the positive findings of this research should be used as a starting point for continued investigation.

In order to ascertain a greater understanding of mental health and BDSM, future research could utilise different measures or clinical diagnoses could be used to determine mental wellbeing over a longer-term period than the DASS scale. Furthermore, research could investigate if there are any associations between specific kinks and mental health disorders, such as masochism, age regression, or pet play as more exploratory research suggests that these can be used as coping mechanisms for some (Casalheira, et al., 2021). Beyond this, research should investigate any possible co-morbidity between childhood trauma from poor parental relationships and mental health issues in adult life (Stafford et al., 2016) and whether there is a correlation between this and BDSM interest in adulthood.

As well as published research, there are various self-reports of the benefits on platforms such as Reddit, for example a subreddit called r/CPTSD (lillylilxxx, 2022) in which numerous users report feelings of catharsis or safety within their BDSM dynamics and such a dynamic allowing them to develop their ability to communicate with a partner. Users have reported these effects from both submissive and dominant roles within a dynamic. Such reports could be a starting point for explorative research into the curative nature of kink within a clinical sample of those with CPTSD.

Continued research should also be conducted on the palliative effects of BDSM on some practitioners, beyond those who use BDSM to as a way to cope with previous trauma or as a stress reduction method. 'Subspace', a term used for the altered state of consciousness a submissive individual sometimes enters into during a scene (Sagarin et al., 2015), has been found by some to have a reductive impact on the emotional and physical stress felt by submissives within a scene (Pitagora, 2017).

The continuous need for future research should be undertaken within the context of the negative impact perceived stigma can have on the desire of kinky individuals to seek healthcare, with 19% of those asked in a US study avoiding healthcare for this reason (Sprott et al., 2021), as well as findings of inadequate care resulting from professional bias (Hillier, 2018). Therefore, a focus point of

research should be not only understanding the stigmas around BDSM but also working to overcome them. This is needed to contribute to the ongoing education of medical professionals who may need to work with kinky clients to allow them to best understand the effects and intricacies of BDSM relationships or dynamics. This should include the differences between BDSM dynamics and relationships that involve BDSM or kink play, as these can manifest differently in practice and likely have different impacts on the individuals involved.

Conclusion

In conclusion, having successfully built on previous research and explored novel avenues, this research has expanded on and supported existing literature about the use of stereotypes within the BDSM community, as well as the demographics of those who partake in BDSM.

One of the greatest takeaways from this research is the novel finding of differences in BDSM interest between cis- and transgender participants, presenting an opportunity for further exploration into a subject unexplored within published works. The second is the continuing support for the invalidity of harmful stereotypes about those who enjoy BDSM which can hopefully support those being negatively impacted due to misinformation, as well as aid in the effective training of medical practitioners who interact with kinky individuals within their profession.

While some responses within the thematic analysis were worded in such a way that implies prejudice or judgement, responses were generally more positive and constructive than was hypothesised. Many moved away from reductionist statements such as 'daddy issues' or 'trauma' and indicated the benefits of kink to the individual including "feeling of security" and it being demonstrative of a "good bond and communication", suggesting a lessening of stigma around BDSM and a possible shift in the connotations associated with the stereotypes used. However, this trend was seen less when evaluating the qualitative data, which suggested the continued existence of stereotypes. Moreover, a

number of participants mentioned the emerging trend of an interest in BDSM being borne as a result of some form of sexual trauma or to alleviate symptoms of mental health issues, a topic on which there is yet to be published research.

Finally, stereotypes are generally developed from a place of ignorance and used to fill in unknowns when presented with limited information, however, this research suggested that a personal interest in BDSM does not always reduce a reliance on stereotypes and that a greater general understanding of how an individual's interests can develop is still needed. While the findings from this research are positive and congruent with existing published research, continued research into those who partake in BDSM would still be beneficial.

References

- Abrams, M., & Stefan, S. (2012). Sexual Abuse and Masochism in Women: Etiology and treatment. *Journal of Evidence-Based Psychotherapies*, 12(2), 231–239.
- American Psychiatric Association. (1952). Diagnostic and statistical manual of mental disorders (1st ed.). American Psychiatric Press.
- American Psychiatric Association. (1968). Diagnostic and statistical manual of mental disorders (2nd ed.). American Psychiatric Press.
- American Psychiatric Association. (1980). Diagnostic and statistical manual of mental disorders (3rd ed.). American Psychiatric Press.
- American Psychiatric Association. (1987). Diagnostic and statistical manual of mental disorders (3rd ed., rev.). American Psychiatric Press.
- American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders (4th ed.). American Psychiatric Press.
- American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). American Psychiatric Press.
- Anonymous. (2021, September 6). *BDSM helps me manage my ADHD*. Chronic Sex.
<https://www.chronicsex.org/2018/09/bdsm-adhd/>
- Bailey, J. V., Farquhar, C., Owen, C., & Whittaker, D. (2003). Sexual behaviour of lesbians and bisexual women. *Sexually Transmitted Infections*, 79(2), 147-150.
- Barkley, R. A. (2011). The important role of executive functioning and self-regulation in ADHD. *J Child Neuropsych*, 113(21), 41-56.
- Barrett, J. (2007). You've Made Mistress Very, Very Angry': Displeasure and Pleasure in Media Representations of BDSM.

- Berliner, B. (1947). On some psychodynamics of masochism. *The Psychoanalytic Quarterly*, 16(4), 459–471. <https://doi.org/10.1080/21674086.1947.11925693>
- Bezreh, T., Weinberg, T. S., & Edgar, T. (2012). BDSM Disclosure and Stigma Management: Identifying Opportunities for Sex Education. *American Journal of Sexuality Education*, 7(1), 37–61. <https://doi.org/10.1080/15546128.2012.650984>
- Botta, D., Nimbi, F. M., Tripodi, F., Silvaggi, M., & Simonelli, C. (2019). Are role and gender related to sexual function and satisfaction in men and women practicing BDSM? *The Journal of Sexual Medicine*, 16(3), 463–473. <https://doi.org/10.1016/j.jsxm.2019.01.001>
- Brown, A., Barker, E. D., & Rahman, Q. (2020). A systematic scoping review of the prevalence, etiological, psychological, and interpersonal factors associated with BDSM. *The Journal of Sex Research*, 57(6), 781-811.
- Cascalheira, C. J., Ijebor, E. E., Salkowitz, Y., Hitter, T. L., & Boyce, A. (2021). Curative kink: survivors of early abuse transform trauma through BDSM. *Sexual and Relationship Therapy*, 1-31. <https://doi.org/10.1080/14681994.2021.1937599>
- Castellini, G., Rellini, A. H., Appignanesi, C., Pinucci, I., Fattorini, M., Grano, E., Fisher, A. D., Cassioli, E., Lelli, L., Maggi, M., & Ricca, V. (2018). Deviance or normalcy? The relationship among paraphilic thoughts and behaviors, hypersexuality, and psychopathology in a sample of university students. *The Journal of Sexual Medicine*, 15(9), 1322–1335. <https://doi.org/10.1016/j.jsxm.2018.07.015>
- Chivers, M. L., Roy, C., Grimbos, T., Cantor, J. M., & Seto, M. C. (2014). Specificity of sexual arousal for sexual activities in men and women with conventional and masochistic sexual interests. *Archives of Sexual Behavior*, 43(5), 931–940. <https://doi.org/10.1007/s10508-013-0174-1>

- Connolly, P. H. (2006). Psychological Functioning of Bondage/Domination/Sado-Masochism (BDSM) Practitioners. *Journal of Psychology & Human Sexuality*, 18(1), 79–120.
https://doi.org/10.1300/j056v18n01_05
- Cramer, R. J., Mandracchia, J., Gemberling, T. M., Holley, S. R., Wright, S., Moody, K., & Nobles, M. R. (2017). Can need for affect and sexuality differentiate suicide risk in three community samples?. *Journal of Social and Clinical Psychology*, 36(8), 704-722.
- Crozier, I. (2004). Philosophy in the English boudoir: Havelock Ellis, love and pain, and sexological discourses on algophilia. *Journal of the History of Sexuality*, 13(3), 275-305.
[doi:10.1353/sex.2005.0007](https://doi.org/10.1353/sex.2005.0007).
- Cryle, P., & Downing, L. (2009). Feminine sexual pathologies. *Journal of the History of Sexuality*, 18, 1 – 7.
- Dahl, A. A., Cramer, R. J., Gemberling, T., Wright, S., Wilsey, C. N., Bowling, J., & Golom, F. D. (2024). Exploring the prevalence and characteristics of self-labelled identity, coping, and mental health among BDSM-practicing adults in the United States. *Psychology & Sexuality*, 15(1), 54-72.
- Davidson, A. (1991). Closing up the corpses: Diseases of sexuality and the emergence of the psychiatric style of reasoning. In G. Boolos (Ed.), *Mind, meaning, and method: Essays in honor of Hilary Putnam*, 295 – 325. Cambridge, England: Cambridge University Press.
- Dawson, S. J., Bannerman, B. A., & Lalumière, M. L. (2016). Paraphilic interests: An examination of sex differences in a nonclinical sample. *Sexual Abuse*, 28(1), 20-45.
- De Block, A., & Adriaens, P. (2013). Pathologizing Sexual Deviance: a History. *Journal of Sex Research*, 50(3–4), 276–298. <https://doi.org/10.1080/00224499.2012.738259>

- De Neef, N., Coppens, V., Huys, W., & Morrens, M. (2019). Bondage-Discipline, Dominance-Submission and Sadomasochism (BDSM) From an Integrative Biopsychosocial perspective: A Systematic review. *Sexual Medicine*, 7(2), 129–144. <https://doi.org/10.1016/j.esxm.2019.02.002>
- Definition of switch*. (n.d. accessed 2023, October 14). <https://www.definition-of.com/switch>
- Dictionary.com. Dominant Definition & Meaning
- (2021). *Dictionary.com*. <https://www.dictionary.com/browse/dominant>
- Dictionary.com. Submissive Definition & Meaning (2023). *Dictionary.com*.
- <https://www.dictionary.com/browse/submissive>
- Doyle, R. (2018). Bonding [Review of *Bonding*]. In *Netflix*.
- East, J. (2005, May 9). *New Tricks* (A Delicate Touch) [Television *New Tricks*]. BBC.
- Easton, D. (2007). Shadowplay: S/M journeys to our selves. *Safe, sane and consensual: Contemporary perspectives on sadomasochism*, 217-228.
- Ferrero, W., Lombroso, C., & Lombroso, C. (1897). *The female offender*. Appleton.
- First, M. (2008). Clarifying the relationship between vice and mental disorder: Vice as manifestation of a psychological dysfunction. *Philosophy, Psychiatry, and Psychology*, 15, 35 – 38.
- Fischer, N. L., Seidman, S., & Meeks, C. (Eds.). (2016). *Introducing the new sexuality studies*. Routledge.
- Freud, S. (1924). *The economic problem of masochism*. The standard edition of the complete psychological works of sigmund freud, volume XIX (1923-1925): The ego and the Id and other works.
- Gemberling, T. M., Cramer, R. J., Wright, S., & Nobles, M. R. (2015). *Psychological functioning and violence victimization and perpetration in BDSM practitioners from the national coalition for sexual freedom* (Technical Report). The National Coalition for Sexual Freedom.
- Gilbert , A. N. , & Barkun , M. (1981). Disaster and sexuality . *Journal of Sex Research* , 17 , 288 – 299.

- Gosselin, C., & Wilson, G. (1980). *Sexual variations: Fetishism, sadomasochism, transvestism*. Simon and Schuster.
- Graham, B. C., Butler, S. E., McGraw, R., Cannes, S. M., & Smith, J. F. (2015). Member perspectives on the role of BDSM communities. *Journal of Sex Research*, 53(8), 895–909. <https://doi.org/10.1080/00224499.2015.1067758>
- Groneman, C. (2000). *Nymphomania: A history*. New York: Norton.
- Hare, E. (1962). Masturbatory Insanity: The History of an Idea. *Journal of Mental Science*, 108(452), 1-25. doi:10.1192/bjp.108.452.1
- Hauser, R. (1994). Krafft-Ebing's psychological understanding of sexual behavior. R. Porter & M. Teich (Eds.), *Sexual knowledge, sexual science* (210 – 227). Cambridge, England: Cambridge University Press.
- Hébert, A., & Weaver, A. (2014). An examination of personality characteristics associated with BDSM orientations. *The Canadian Journal of Human Sexuality*, 23, 106–115. doi:10.3138/cjhs.2467
- Holvoet, L., Huys, W., Coppens, V., Seeuws, J., Goethals, K., & Morrens, M. (2017). Fifty shades of Belgian gray: The prevalence of BDSM-related fantasies and activities in the general population. *The Journal of Sexual Medicine*, 14(9), 1152-1159.
- Hopkins, T. A., Brawner, C. A., Meyer, M., Zawilinski, L. L., Carnes, P. J., & Green, B. A. (2016). MMPI-2 Correlates of Sadomasochism in a Sexual Addiction sample: Contrasting and Men and women. *Sexual Addiction and Compulsivity: The Journal of Treatment and Prevention*, 23(1), 114–140. <https://doi.org/10.1080/10720162.2015.1095137>
- ICD- 11 - World Health Organization. ICD-11 Beta Draft website. (cited, available: <http://apps.who.int/classifications/icd11/browse/l-m/en>.

- Jobson, R. E. (2020). *Giving in: Chronic pain, BDSM, and crip/queer Utopia* (Doctoral dissertation, Carleton University).
- Joyal, C. C. (2015). Defining “normophilic” and “paraphilic” sexual fantasies in a population-based sample: On the importance of considering subgroups. *Sexual medicine*, 3(4), 321-330.
- Joyal, C. C., & Carpentier, J. (2017). The prevalence of paraphilic interests and behaviors in the general population: A provincial survey. *Journal of Sex Research*, 54(2), 161–171.
- Kattari, S. K. (2014). Sexual experiences of adults with physical disabilities: Negotiating with sexual partners. *Sexuality and Disability*, 32, 499-513.
- Kattari, S. K. (2015). “Getting it”: Identity and sexual communication for sexual and gender minorities with physical disabilities. *Sexuality & Culture*, 19, 882-899.
- Kinkly (n.d. 2017, accessed 2025, March 17). *Sissy Training*. <https://blog.kinkly.com/definition/sissy-training/>. Labrecque, Frédérique, Audrey Potz, Émilie Larouche, and Christian C. Joyal. "What is so appealing about being spanked, flogged, dominated, or restrained? Answers from practitioners of sexual masochism/submission." *The Journal of Sex Research* 58, no. 4 (2021): 409-423.
- Lammers, J., & Imhoff, R. (2016). Power and sadomasochism: Understanding the antecedents of a knotty relationship. *Social Psychological and Personality Science*, 7(2), 142-148.
- Lanjekar, P. D., Joshi, S. H., Lanjekar, P. D., Wagh, V., & WAGH, V. (2022). The effect of parenting and the parent-child relationship on a child's cognitive development: A literature review. *Cureus*, 14(10).
- Laumann, E. O., Gagnon, J. H., Michael, R. T., & Michaels, S. (1994). *The social organization of sexuality: Sexual practices in the United States*. University of Chicago Press.
- Liliana. (2013, accessed 2022, October 5). *BDSM contract Forms, Clauses & resources* - *BDSMContracts.org*. *BDSMContracts.org* - BDSM Contract Forms, Clauses & Resources. <https://bdscontracts.org/>

lillylilxxx (September 2022, accessed 5th May 2025).

https://www.reddit.com/r/CPTSD/comments/xhaijp/bdsm_is_my_best_coping_mechanism/?rd_t=41464

Lindemann, D. J. (2011). BDSM as therapy? *Sexualities*, 14(2), 151–

172. <https://doi.org/10.1177/1363460711399038>

Liu, A., Zhang, E., Leroux, E. J., & Benassi, P. (2022). Sexual sadism disorder and Coercive Paraphilic Disorder: A scoping review. *The journal of sexual medicine*, 19(3), 496-506.

Martinez, K. (2018). BDSM role fluidity: A mixed-methods approach to investigating switches within dominant/submissive binaries. *Journal of Homosexuality*, 65(10), 1299-1324.

Money, J. (1987). Masochism: On the childhood origin of paraphilia, opponent-process theory, and antiandrogen therapy. *Journal of Sex Research*, 23(2), 273–

275. <https://doi.org/10.1080/00224498709551364>

Moser, C. A., & Kleinplatz, P. J. (2006). Introduction. *Journal of Homosexuality*, 50(2–3), 1–

15. https://doi.org/10.1300/j082v50n02_01

Oosterhuis, H. (2000). *Stepchildren of nature: Krafft-Ebing, psychiatry, and the making of sexual identity*. University of Chicago Press.

Ortmann, D. M., & Sprott, R. A. (2013). *Sexual outsiders: Understanding BDSM sexualities and communities*. Rowman & Littlefield Publishers.

Pillai-Friedman, S., Pollitt, J. L., & Castaldo, A. (2015). Becoming kink-aware—a necessity for sexuality professionals. *Sexual and Relationship Therapy*, 30(2), 196-210.

Pitagora, D. (2017). No pain, no gain? Therapeutic and relational benefits of subspace in BDSM contexts. *Journal of Positive Sexuality*, 3(3), 44-54.

Professional, C. C. M. (n.d., accessed 2023, May 11). *Executive dysfunction*. Cleveland Clinic.

<https://my.clevelandclinic.org/health/symptoms/23224-executive-dysfunction#:~:text=What%20is%20executive%20dysfunction%3F,development%20disorders%20and%20mood%20disorders>

Queercourtesan. (2023, February 2). *10 Ways BDSM Helps my ADHD*. Queer

Courtesan. <https://queercourtesan.com/2020/10/26/10-ways-bdsm-helps-my-adhd/>

Renaud, C. A., & Byers, E. S. (1999). EXPLORING THE FREQUENCY, DIVERSITY, AND CONTENT OF

UNIVERSITY STUDENTS' POSITIVE AND NEGATIVE SEXUAL COGNITIONS. *The Canadian Journal of Human Sexuality*, 8(1), 17-17.

Richters, J., De Visser, R. O., Rissel, C. E., Grulich, A. E., & Smith, A. M. (2008). Demographic and

psychosocial features of participants in bondage and discipline, "somasochism" or dominance and submission (BDSM): Data from a national survey. *The journal of sexual medicine*, 5(7), 1660-1668.

Richters, J., Grulich, A. E., De Visser, R. O., Smith, A. M. A., & Rissel, C. (2003). Sex in Australia:

Autoerotic, esoteric and other sexual practices engaged in by a representative sample of adults. *Australian and New Zealand Journal of Public Health*, 27(2), 180–190. <https://doi.org/10.1111/j.1467-842x.2003.tb00806.x>

Rothstein, A. (1991). Somasochism in the neurosis conceived as a pathological compromise formation.

Journal of American Psychoanalytic Association, 39(2), 363–375.

<https://doi.org/10.1177/000306519103900203>

Roush, J. F., Brown, S. L., Mitchell, S. M., & Cukrowicz, K. C. (2017). Shame, guilt, and suicide ideation

among bondage and discipline, dominance and submission, and somasochism practitioners:

- Examining the role of the interpersonal theory of suicide. *Suicide and Life-Threatening Behavior*, 47(2), 129-141.
- Sagarin, B. J., Cutler, B., Cutler, N., Lawler-Sagarin, K. A., & Matuszewich, L. (2009). Hormonal changes and couple bonding in consensual sadomasochistic activity. *Archives of Sexual Behavior*, 38(2), 186–200. <https://doi.org/10.1007/s10508-008-9374-5>
- Sagarin, B. J., Lee, E. M., & Klement, K. R. (2015). Sadomasochism without sex? Exploring the parallels between BDSM and extreme rituals. *Journal of Positive Sexuality*, 1(3), 50-55.
- Sandahl, C. (2000). Bob Flanagan: Taking it like a man. *Journal of Dramatic Theory and Criticism*, XV(1), 97–106.
- Sandnabba, N. K., Santtila, P., & Nordling, N. (1999). Sexual behavior and social adaptation among sadomasochistically-oriented males. *Journal of Sex Research*, 36(3), 273–282. <https://doi.org/10.1080/00224499909551997>
- Sandnabba, N. K., Santtila, P., Alison, L., & Nordling, N. (2002). Demographics, sexual behaviour, family background and abuse experiences of practitioners of sadomasochistic sex: A review of recent research. *Sexual and relationship Therapy*, 17(1), 39-55.
- Santtila, P., Sandnabba, N. K., & Nordling, N. (2001). Retrospective perceptions of family interaction in childhood as correlates of current sexual adaptation among sadomasochistic males. *Journal of Psychology & Human Sexuality*, 12(4), 69-87.
- Scott, G. G. (1985). *Erotic power: Exploring the world of BDSM*. Citadel Press.
- Shahbaz, C., & Chirinos, P. (2016). *Becoming a kink aware therapist*. Routledge. <https://doi.org/10.4324/9781315295336>
- Sharman, J., White, M., Sarandon, S., Bostwick, B., O'Brien, R., & Curry, T. (2002). *The Rocky Horror picture show*. Beverly Hills, CA, Twentieth Century Fox Home Entertainment.

- Siegel, C. (1995). *Male masochism: Modern revisions of the story of love*. University Press.
- Spielberg, S., (1991). *Hook* (M. Kahn, Ed.) [DVD *Hook*]. TriStar Pictures.
- Spitzer, R. L. (1981). The diagnostic status of homosexuality in DSM-III: a reformulation of the issues. *The American Journal of Psychiatry*.
- Sprott, R. A. (2023). The intersection of LGBTQ+ and kink sexualities: A review of the literature with a focus on empowering/positive aspects of kink involvement for LGBTQ+ individuals. *Current sexual health reports*, 15(2), 107-112.
- Sprott, R. A. (2023, accessed 27th April 2025). Updates on the International Kink Health Study.
<https://www.tashra.org/updates-on-the-international-kink-health-study/>
- Sprott, R. A., & Randall, A. M. (2019). Health disparities and kink as an unrecognized sexual minority: What's next? Paper presented at Multiplicity of the Erotic Conference.
- Sprott, R. A., Randall, A., Smith, K., & Woo, L. (2021). Rates of injury and healthcare utilization for kink-identified patients. *The journal of sexual medicine*, 18(10), 1721-1734.
- Sprott, R., Randall, A. M., & Moser, C. (2019). Clinical Practice Guidelines for Working with People with Kink Interests. *ResearchGate*. <https://doi.org/10.13140/RG.2.2.18464.33287>
- Stafford, M., Kuh, D. L., Gale, C. R., Mishra, G., & Richards, M. (2016). Parent–child relationships and offspring's positive mental wellbeing from adolescence to early older age. *The journal of positive psychology*, 11(3), 326-337.
- Stephens, E. (2008). Pathologizing leaky male bodies: Spermatorrhea in nineteenth-century British medicine and popular anatomical museums. *Journal of the History of Sexuality*, 17, 421 – 438.
- Stiles, B. L., & Clark, R. E. (2011). BDSM: A subcultural analysis of sacrifices and delights. *Deviant Behavior*, 32(2), 158-189.

Submissive Definition & Meaning | Dictionary.com. (2021).

Dictionary.com. <https://www.dictionary.com/browse/submissive>

Takemoto, T. (2009). Love is still possible in this junky world: Conversation with Sheree Rose about her life with Bob Flanagan. *Women & Performance: A Journal of Feminist Theory*, 19(1), 95–

111. <https://doi.org/10.1080/07407700802655588>

Taylor, G. W., & Ussher, J. M. (2001). Making sense of S&M: A discourse analytic account. *Sexualities*, 4(3), 293–314. <https://doi.org/10.1177/136346001004003002>

Tellier, S. (2017). Advancing the discourse: Disability and BDSM. *Sexuality and Disability*, 35(4), 485–493.

Tomassilli, J. C., Golub, S. A., Bimbi, D. S., & Parsons, J. T. (2009). Behind closed doors: An exploration of kinky sexual behaviors in urban lesbian and bisexual women. *Journal of Sex Research*, 46(5), 438–445.

Townsend, L. (1972). *The Original Leatherman's Handbook*. LT Publications.

Turner, R. (2020). Reducing prejudice and discrimination. In Oxford Research Encyclopaedia of Psychology. Oxford University Press.

Vivid, J., Lev, E. M., & Sprott, R. A. (2020). The structure of kink identity: Four key themes within a world of complexity. *Journal of Positive Sexuality*, 6(2), 75–85.

Weinberg, M. S., Williams, C. J., & Moser, C. (1984). The social constituents of sadomasochism. *Social Problems*, 31, 379–389. doi:10.2307/800385

Williams, D. (2006). Different (Painful) strokes for different folks: A general overview of sexual sadomasochism (SM) and its diversity. *Sexual Addiction & Compulsivity*, 13, 333–346.

doi:10.1080/10720160601011240

Wismeijer, A. A., & Van Assen, M. A. (2013). Psychological characteristics of BDSM practitioners. *The journal of sexual medicine*, 10(8), 1943–1952.

Wright, S. (2018). De-pathologization of consensual BDSM. *The Journal of Sexual Medicine*, 15(5), 622-624.

Yost, M. R., & Hunter, E. L. (2012). BDSM practitioners' understandings of their initial attraction to BDSM sexuality: Essentialist and constructionist narratives. *Psychology & Sexuality*, 3(3), 244–259. <https://doi.org/10.1080/19419899.2012.700028>

Zurbriggen, E. L., & Yost, M. R. (2004). Power, desire, and pleasure in sexual fantasies. *Journal of Sex Research*, 41(3), 288-300.

Appendix

Appendix A

Study One Qualtrics Survey

Start of Block: Information & Consent

Q5 School of Psychology

Keynes College

University of Kent

Canterbury, CT2 7NP

Study Information Sheet

Title of project: BDSM Interest Demographics

Ethics approval number: 202216436540997481

Lead investigator: Holly Donkersloot

Co-investigators: Dr. Lydia Kearney, Dr. Afroditi Pina

Aims of the Study: The aims of this study are to investigate the validity of common stereotypes surrounding those who partake in, or fantasise about, BDSM-related activities. These stereotypes are that those who are genderqueer/non-conforming and/or a member of the LGBTQ+ are more likely to participate than cisgendered and/or heterosexual people, and that those who enjoy BDSM have worse mental health or parental relationships than those who do not.

Eligibility Requirements:

To take part you must be both:

- Over 18 years of age.
- Over the age of consent in your main country of residence.

What you will need to do and time commitment:

You will need to complete an online survey. This should take around 15-20 minutes. University of Kent Psychology students will receive one RPS credit for participating.

Risks/Discomforts involved in participating:

There should not be any risks or discomfort involved, though personal questions about sexual activities or fantasies will be asked. You can feel free not to answer questions you do not wish to, and it will not be possible to connect any responses to you. We understand that gender identity and sexuality are fluid, so please answer with the labels that you feel best describe you at the time of completion.

Confidentiality of your data

Any responses you provide will be treated confidentially. Any publication resulting from this work will report only aggregated findings or fully anonymised examples that will not identify you. Any responses you provide will be completely anonymous—you will be asked to generate a participant code which will be kept with your responses in case of withdrawal of data. Only the research team will have access to the participant codes. The rest of your responses (anonymous) may be used by the research team,

shared with other researchers, or made available in an online data repository.

Remember that participation in this research study is completely voluntary. Even after you agree to participate and begin the study, you are still free to withdraw at any time and for any reason. Please note that once your data have been included in published analysis or data repositories, it cannot be withdrawn.

If you would like a copy of this information sheet to keep, please contact the lead researcher (gd312@kent.ac.uk). If you have any complaints or concerns about this research, you can direct these, in writing, to the Chair of the Psychology Research Ethics Committee by email at: psychethics@kent.ac.uk.

Q6 I confirm that I have read and understood the above information

- ☐ Yes (1)

Q7 I understand that my participation is voluntary and I can withdraw at any time without giving a reason.

- ☐ Yes (1)

Q8 I understand that my data will be treated confidentially and any publication resulting from this work will only report data that does not identify me. My anonymised responses, however, may be shared with other researchers or made available in online data repositories

- ☐ Yes (1)

Q9 I freely agree to participate in the study.

- ☐ Yes (1)

End of Block: Information & Consent**Start of Block: Eligibility**

Q1 Are you 18 years old or above?

- ☐ Yes (1)
- ☐ No (2)

Skip To: End of Survey If Q1 = No

Q2 Are you above the age of consent in your main country of residence?

- ☐ Yes (1)
- ☐ No (2)

Skip To: End of Survey If Q2 = No

End of Block: Eligibility**Start of Block: ID**

Q11 Please enter your unique six digit identification code below.

To create this please use:

The first two letters of your current street address

The first two letters of your favourite colour

The last two digits of your phone number

For example YOPU78 for York Road, Purple, and 07712345678.

You will need this code to withdraw your data from the study, so you may wish to make a note of it.

Q26 Please enter your Kent login (eg. gd312) to receive your RPS credit upon completion

End of Block: ID

Start of Block: Gender & Sexuality

Q11 Which of the following best describes your gender identity?

- ☐ Male (1)
- ☐ Female (2)
- ☐ Non-binary (3)
- ☐ Prefer not to say (4)

Q12 Is your gender identity the same as assigned at birth?

- ☐ Yes (1)
- ☐ No (2)

Q24 Which of these best describes your sexuality?

- ☐ Heterosexual (1)
- ☐ Homosexual (2)
- ☐ Bi- /Pansexual (3)
- ☐ Asexual (4)
- ☐ Other (please specify) (5)

Q25 If 'Other', please identify your sexuality here

End of Block: Gender & Sexuality

Start of Block: DASS-21

Q12 Please read each statement and choose one option which indicates how much the statement applied to you over the past week. There are no wrong or right answers.

	Did not apply to me at all (1)	Applied to me to some degree, or some of the time (2)	Applied to me to a considerable degree or a good part of the time (3)	Applied to me very much or most of the time (4)
I found it				
hard to wind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
down (1)				
I was				
aware of dryness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
in my mouth (2)				
I couldn't				
seem to				
experience any	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
positive feeling at				
all (3)				
I				
experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
breathing				
difficulty (e.g.				

excessively rapid
breathing,
breathlessness in
the absence of
physical exertion)

(4)

I found it
difficult to work
up the initiative to
do things (5)

I tended
to over-react to
situations (6)

I
experienced
trembling (e.g. in
the hands) (7)

I felt that I
was using a lot of
nervous energy (8)

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I was
worried about
situations in which
I might panic, and
make a fool of
myself (9)

☐☐☐☐

I felt that I
had nothing to
look forward to
(10)

☐☐☐☐

I found
myself getting
agitated (11)

☐☐☐☐

I found it
difficult to relax
(12)

☐☐☐☐

I felt
down-hearted and
blue (13)

☐☐☐☐

I was
intolerant of

☐☐☐☐

anything that kept
me from getting
on with what I
was doing (14)

I felt close
to panic (15)

I was
unable to become
enthusiastic about
anything (16)

I felt I
wasn't worth
much as a person
(17)

I felt that I
was rather touchy
(18)

I was
aware of the
action of my heart
in the absence of

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

physical exertion

(e.g. sense of

heart rate

increase, heart

missing a beat)

(19)

I felt

scared without

any good reason

(20)

I felt that

life was

meaningless (21)

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End of Block: DASS-21

Start of Block: Kinkiness

Q16 The following are possible activities you could partake in with a partner/s with yourself in a **submissive role**. Please indicate whether you would/ believe you would take enjoyment from the

activity.

All acts following enthusiastic consent from all parties involved.

	None at all. (1)	Fantasy Only. (2)	Yes, enjoyable to me. (3)
Being clawed, pinched, or bitten by your partner. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being stimulated by light beatings. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving rough sex from your partner. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting spanked by your partner. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting clamps, weights, clips, or other devices that cause pain used on your body. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Getting whipped, paddled, or flogged by your partner. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having plugs or other toys put into your body that cause pain. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving commands from your partner on how to please them. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having the submissive role in bondage and discipline play. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being blindfolded by your partner. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Being verbally humiliated by your partner. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting tied up by your partner with chains, ropes, belts, etc for total devotion. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having your breath controlled by your partner, eg. by facesitting, smothering, or toys. (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being strangled or suffocated by your partner. (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q17 The following are possible activities you could partake in with a partner/s with yourself in a **dominant role**. Please indicate whether you would/ believe you would take enjoyment from the activity.

All acts following enthusiastic consent from all parties involved.

		None at all. (1)	Fantasy Only. (2)	Yes, enjoyable to me. (3)
Clawing, pinching, or biting your partner. (1)	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Stimulating your partner with light beatings. (2)	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Having rough sex with your partner. (3)	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Spanking your partner. (4)	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Using clamps, weights, clips, or other devices that cause pain on your partner's body. (5)	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>

Whipping, paddling or flogging your partner. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Putting plugs or other toys into your partner's body that cause pain to them. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Giving your partner commands on how to please you. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having the dominant role in bondage and discipline play. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blindfolding your partner. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbally humiliating your partner. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tying up your partner with chains,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ropes, belts, etc. for
total devotion. (12)

Controlling
your partner's breath
eg. by facesitting,
smothering, or toys.
(13)

Strangling or
suffocating your
partner. (14)

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Page Break

Q19 Do you have any kink/ BDSM interests beyond those mentioned?

- Yes (1)
- No (2)

Q20 If yes, please indicate what these interests are (if you feel comfortable doing so)

End of Block: Kinkiness

Start of Block: Parental Attachment (IPPA)

Q22 Please identify who you determine to be your primary caregiver growing up (eg. mother, father, adoptive mother/father, grandparent, etc.)

Q13 The following questions ask about your primary caregiver growing up (the one you have identified in the previous question)

Please read each statement and select one answer.

	Almos t Never or Never True (1)	Not Very Often True (2)	Someti mes True (3)	Often True (4)	Almos t Always or Always True (5)
My caregiver respects my feelings. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

accepts me as

I am. (2)

I like

to get my

caregiver's

point of view

☐☐☐☐☐

on things I'm

concerned

about. (3)

My

caregiver can

tell when I'm

☐☐☐☐☐

upset about

something. (4)

When

we discuss

things, my

caregiver cares

☐☐☐☐☐

about my

point of view.

(5)

My
caregiver
trusts my
judgement. (6)

☐ ☐ ☐ ☐ ☐

I tell
my caregiver
about my
problems and
troubles. (7)

☐ ☐ ☐ ☐ ☐

I feel
angry with my
caregiver. (8)

☐ ☐ ☐ ☐ ☐

I don't
get much
attention from
my caregiver.
(9)

☐ ☐ ☐ ☐ ☐

My
caregiver
helps me to
talk about my

☐ ☐ ☐ ☐ ☐

difficulties.

(10)

My
caregiver

doesn't

understand

what I'm going

through these

days. (11)

I can
count on my

caregiver

when I need to

get something

off my chest.

(12)

Talking over
my problems

with my

caregiver

makes me feel

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ashamed or
foolish. (13)

I tell my
caregiver

about my
problems and
troubles. (14)

I feel my
caregiver is
successful as a
parent. (15)

☐☐☐☐☐☐☐☐☐☐

Q23 Did you have a secondary caregiver growing up?

- ☐ Yes (1)
- ☐ No (2)

Skip To: End of Block If Q23 = No

Display This Question:

If Q23 = Yes

Q14 Please identify who you view as your secondary caregiver growing up (eg. mother, father, step-mother/father, adoptive mother/father etc.)

Display This Question:

If If Please identify who you view as your secondary caregiver growing up (eg. mother, father, step-mot... Text Response Is Not Empty

Q21					
The following questions ask about your secondary caregiver growing up. (The one you have identified in the previous					
	Almos	Not	Someti	Often	Almos
	t Never or	Very Often			t Always or
	Never True (1)	True (2)	mes True (3)	True (4)	Always True
					(5)

question)

Please read
each
statement and
select one
answer.

My
caregiver
respects my
feelings. (1)

☐☐☐☐☐

My
caregiver
accepts me as
I am. (2)

☐☐☐☐☐

I like
to get my
caregiver's

☐☐☐☐☐

point of view
on things I'm
concerned
about. (3)

My
caregiver can
tell when I'm
upset about
something. (4)

When
we discuss
things, my
caregiver cares
about my
point of view.
(5)

My
caregiver
trusts my
judgement. (6)

○ ○ ○ ○ ○

○ ○ ○ ○ ○

○ ○ ○ ○ ○

I tell
my caregiver
about my
problems and
troubles. (7)

☐ ☐ ☐ ☐ ☐

I feel
angry with my
caregiver. (8)

☐ ☐ ☐ ☐ ☐

I don't
get much
attention from
my caregiver.
(9)

☐ ☐ ☐ ☐ ☐

My
caregiver
helps me to
talk about my
difficulties.
(10)

☐ ☐ ☐ ☐ ☐

My
caregiver

☐ ☐ ☐ ☐ ☐

doesn't
understand
what I'm going
through these
days. (11)

I can
count on my
caregiver
when I need to
get something
off my chest.
(12)

Talkin
g over my
problems with
my caregiver
makes me feel
ashamed or
foolish. (13)

I tell
my caregiver

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about my
problems and
troubles. (14)

I feel
my caregiver is
successful as a
parent. (15)

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e Break

End of Block: Parental Attachment (IPPA)

Start of Block: Debrief

Q20 Thank you for your time, the study is now complete.

Please read the following debrief.

Q21 Thank you for completing this survey for my masters by research (MRes). The collated answers will be used to test the validity of common stereotypes surrounding BDSM participation and whether or not these are rooted in fact.

Please ensure to click through beyond this page or your responses will not be submitted, thank you.

The specific stereotypes being investigated are that BDSM is more prevalent with members of the LGBTQ+ and genderqueer communities compared with heterosexuals, and that those participating in BDSM having worse mental health and parental relationships than those with normophilic or 'vanilla' interests. Previous research suggests and increased participation in BDSM by members of these communities, but that mental health and parental relationships and attachment styles do not differ when compared with the general population.

BDSM can be part of a healthy relationship, or play partnership/ group dynamic (Brown et al., 2020), when enthusiastic consent is obtained from all parties beforehand and with safety measures in place, such as a predetermined safe word, or traffic light system.

If you have been affected by anything in this study, please see the Mind Guide to Support for Abuse for further help;

<https://www.mind.org.uk/information-support/guides-to-support-and-services/abuse/>

Please feel free to contact the researcher, Holly (they/them) if you would like any further information on the study and the results of the study at: gd312@kent.ac.uk. If you would like a copy of this form to keep, please contact the researcher, Holly. If you have any complaints or concerns about this research, you can direct these, in writing, to the Chair of the Psychology Research Ethics Committee by email at: psychethics@kent.ac.uk.

End of Block: Debrief

Appendix B

Vignettes

Charlie enjoys inflicting pain on their partner, they do so using various instruments, such as whips and floggers, and they take pleasure from seeing marks left by them on their submissive. This dynamic does not continue outside of the bedroom and they find catharsis during aftercare caring for their submissive, tending to any pain or marks left and reassuring them about any concerns they have post-scene. Charlie had a bad relationship with their parents growing but now have moved out and they are a CEO of a finance company and doesn't enjoy their job.

Charlie enjoys inflicting pain on their partner, they do so using various instruments, such as whips and floggers, and they take pleasure from seeing marks left by them on their submissive. This dynamic does not continue outside of the bedroom and they find catharsis during aftercare caring for their submissive, tending to any pain or marks left and reassuring them about any concerns they have post-scene. Charlie had a good relationship with their parents growing but now have moved out and they are a CEO of a finance company and doesn't enjoy their job.

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their submissive, tending to any pain or marks left and reassuring them about any concerns they have post-scene. Charlie had a good relationship with their parents growing but now have moved out and they are a CEO of a finance company and enjoy their job.

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Charlie enjoys inflicting pain on their partner, they do so using various instruments, such as whips and floggers, and they take pleasure from seeing marks left by them on their submissive. This dynamic does not continue outside of the bedroom and they find catharsis during aftercare caring for their submissive, tending to any pain or marks left and reassuring them about any concerns they have post-scene. Charlie had a good relationship with their parents growing but now have moved out and they work in a café, but doesn't enjoy their job.

Charlie enjoys inflicting pain on their partner, they do so using various instruments, such as whips and floggers, and take pleasure from seeing marks left by them on their submissive. This dynamic does not continue outside of the bedroom and they find catharsis during aftercare caring for their submissive, tending to any pain or marks left and reassuring them about any concerns they have post-scene. Charlie had a bad relationship with their parents growing but now have moved out and they work in a café and enjoy their job.

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Kai enjoys receiving pain from their partner, they do so using various instruments, such as whips and floggers, and they take pleasure from seeing marks left them by their dominant. This dynamic does not continue outside of the bedroom and they find catharsis during aftercare caring for their submissive, tending to any pain or marks left and reassuring them about any concerns they have post-scene. Kai had a good relationship with their parents growing but now have moved out and they work in a café and enjoy their job.

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Ash and Nat partake in a total power exchange relationship, meaning Ash consensually has complete control over Nat and makes the majority of decisions for them, also known as a 24/7 dynamic. This involves, for example, reminders to take medication, drink water, deciding what they will wear each day, and have some control over their finances. Ash had a good relationship with their parents, but now they've moved out they feel incredibly fulfilled in this relationship take comfort in knowing that they are helping Nat in this setup. This dynamic does not continue into their work, they work in a café and enjoy this job.

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This involves, for example, reminders to take medication, drink water, deciding what they will wear each day, and have some control over their finances. Ash had a bad relationship with their parents, but now they've moved out they feel incredibly fulfilled in this relationship take comfort in knowing that they are helping Nat in this setup. This dynamic does not continue into their work, they work in a café and do not enjoy this job.

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Alex and Tay have been in a relationship for 4 years, when the relationship started Tay was more submissive and Alex was more dominant, but overtime this has changed, with Tay being dominant during the majority of scenes and Alex being submissive. They have decided that this dynamic works far better for them both than the original, as a dominant Tay takes on a nurturing role, rewarding or punishing them for doing or not doing things in both sexual and non-sexual ways. They have a good relationship with their parents and see them when they can, and they both work in a cafe and enjoy their jobs.

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Harri and Morgan have been in a relationship for 4 years, when the relationship started Morgan was more submissive and Harri was more dominant, but overtime this has changed, with Morgan being dominant during the majority of scenes and Harri being submissive. They have decided that this dynamic works far better for them both than the original, as a dominant Morgan takes on a nurturing role, rewarding or punishing them for doing or not doing things in both sexual and non-sexual ways. They

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Appendix C

Study Two Qualtrics Survey

Start of Block: Prescreening



Q120 Before you enter the survey, please enter your age in years (Please enter only in numbers, eg. 17)

Skip To: End of Block If Condition: Before you enter the survey... Is Greater Than or Equal to 18. Skip To: End of Block.

Display This Question:

If Before you enter the survey, please enter your age in years (Please enter only in numbers, eg. 17) Text Response Is Less Than or Equal to 17

Q123 Thank you for your interest in my study, however, due to the sexual content involved you must be over the age of 18 to view or complete this survey.

Skip To: End of Survey If Q123 Is Displayed

End of Block: Prescreening

Start of Block: Information Sheet

Q18 Study Information Sheet

Title of project: BDSM Stereotypes

Ethics approval number: 202216686044147973

Lead investigator: Holly Donkersloot

Co-investigators: Dr. Lydia Kearney, Dr. Afroditi Pina

Aims of the Study: The aim of this exploratory study is to investigate whether an individual's reliance on stereotypes when assigning labels to another based only on their sexual behaviours is impacted by their own interest in BDSM; that is, are those involved in BDSM less likely to make assumptions on others based on stereotypes than those with no interest in BDSM? These stereotypes are that those who are genderqueer/non-conforming and/or a member of the LGBTQ+ are more likely to participate than cisgendered and/or heterosexual people, and that those who enjoy BDSM have worse mental health or parental relationships than those who do not.

Eligibility Requirements:

To take part you must be:

- Over 18 years of age.
- Over the age of consent in your main country of residence.

What you will need to do and time commitment:

You will need to complete an online survey. This should take around 20 minutes.

Risks/Discomforts involved in participating:

There should not be any risks or discomfort involved, though personal questions about sexual activities or fantasies will be asked. There will also be descriptions of sexual acts, the majority of which will be consensual though it will be made extremely clear if not. You can feel free not to answer questions you do not wish to, and it will not be possible to connect any responses to you. We understand that gender identity and sexuality are fluid, so please answer with the labels that you feel best describe you at the time of completion.

Confidentiality of your data Any responses you provide will be treated confidentially. Any publication resulting from this work will report only aggregated findings or fully anonymised examples that will not identify you. Any responses you provide will be completely anonymous—you will be asked to generate a participant code which will be kept with your responses in case of withdrawal of data. Only the research team will have access to the participant codes. The rest of your responses (anonymous) may be used by the research team, shared with other researchers, or made available in an online data repository.

Remember that participation in this research study is completely voluntary. Even after you agree to participate and begin the study, you are still free to withdraw at any time and for any reason. Please note that once your data have been included in published analysis or data repositories, it cannot be withdrawn.

If you would like a copy of this information sheet to keep, please contact the lead researcher (gd312@kent.ac.uk). If you have any complaints or concerns about this research, you can direct these, in writing, to the Chair of the Psychology Research Ethics Committee by email at: psychethics@kent.ac.uk.

End of Block: Information Sheet**Start of Block: Consent**

Q6 I confirm that I have read and understood the above information

- ☐ Yes (1)

Q7 I understand that my participation in voluntary and I can withdraw at any time without giving a reason.

- ☐ Yes (1)

Q8 I understand that my data will be treated confidentially and any publication resulting from this work will only report data that does not identify me. My anonymised responses, however, may be shared with other researchers or made available in online data repositories

- ☐ Yes (1)

Q9 I freely agree to participate in the study.

- ☐ Yes (1)

Q1 Are you 18 years old or above?

- ☐ Yes (1)
- ☐ No (2)

Q2 Are you above the age of consent in your main country of residence?

- ☐ Yes (1)
- ☐ No (2)

End of Block: Consent

Start of Block: Unique ID

Q11 Please enter your unique six digit identification code below.

To create this please use:

The first two letters of your current street address

The first two letters of your favourite colour

The last two digits of your phone number

For example YOPU78 for York Road, Purple, and 07712345678.

You will need this code to withdraw your data from the study, so you may wish to make a note of it.

Q124 If you are a **University of Kent student**, please enter your IT account details to receive your RPS credit (eg. gd312) ***PLEASE NOTE***: credits are awarded manually, please do not do the study multiple times, if you haven't had your credit within 12 hours of completion please email gd312@kent.ac.uk

Q126 If you are a **Prolific user**, please enter your Prolific ID

End of Block: Unique ID

Start of Block: Sexuality/ Gender

Q3 Which of these best describes your sexuality?

- ☐ Homosexual (1)
- ☐ Heterosexual (2)
- ☐ Bi-/Pansexual (3)
- ☐ Asexual (4)
- ☐ Unsure/ Questioning (5)
- ☐ Other (please enter below) (6)

Q5 If other, please enter here

Q4 Which of these best describes your gender identity?

- ☐ Male (cisgender) (1)
- ☐ Male (transgender, assigned female at birth) (2)
- ☐ Non-binary / Agender/ Genderfluid (3)
- ☐ Female (cisgender) (4)
- ☐ Female (transgender, assigned male at birth) (5)
- ☐ Other (please enter below) (6)

Q6 If other, please enter here

End of Block: Sexuality/ Gender

Start of Block: BDSM Self Identification

Q20 Please answer how much you would think you would/ do enjoy the following activities in

EITHER a submissive OR dominant role; having them done to yourself or doing them to others.

All acts only being partaken in after full informed consent from all parties.

	A			
	None at all (1)	A little (2)	moderate amount (3)	A lot (4)
Clawing, pinching, and biting (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulation from light beatings (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rough sex (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spankings (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of clamps, weights, or clips to inflict pain (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of whips, paddles, or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

floggers to inflict
pain (6)

Use of
plugs or other
insertable toys to
inflict pain (7)

Giving or
receiving
commands on
how to please (8)

Having the
submissive role in
bondage and
discipline play (9)

Having the
dominant role in
bondage and
discipline play (10)

Use of
blindfolds or
experiencing

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

other sensory
deprivation (11)

Verbal
humiliation

and/or
degradation (12)

Use of
restraints; ropes,
chains, belts, etc.
(13)

Breath
control (14)

Choking/
asphyxiation (15)

Check a
moderate amount
(16)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

End of Block: BDSM Self Identification

Start of Block: Vignette info

Q17 All acts described in the following scenarios are undertaken by adults providing full informed consent before they occur, unless otherwise stated. The word 'scene' will be used to describe the period in which two consenting adults are engaging in BDSM or kink related activities, sexual or non-sexual, with pre-discussed limits, safewords, and expectations understood by both parties.

End of Block: Vignette info**Start of Block: Vignette info**

Q18 Please carefully read the following vignettes and answer the associated questions for each

End of Block: Vignette info**Start of Block: Inflicting Pain - Vignettes**

Q20 Charlie enjoys inflicting pain on their partner, they do so using various instruments, such as whips and floggers, and they take pleasure from seeing marks left by them on their submissive. This dynamic does not continue outside of the bedroom and they find catharsis during aftercare caring for their submissive, tending to any pain or marks left and reassuring them about any concerns they have

post-scene. Charlie had a bad relationship with their parents growing but now have moved out and they are a CEO of a finance company and doesn't enjoy their job.

Q21 Charlie enjoys inflicting pain on their partner, they do so using various instruments, such as whips and floggers, and they take pleasure from seeing marks left by them on their submissive. This dynamic does not continue outside of the bedroom and they find catharsis during aftercare caring for their submissive, tending to any pain or marks left and reassuring them about any concerns they have post-scene. Charlie had a good relationship with their parents growing but now have moved out and they are a CEO of a finance company and doesn't enjoy their job.

Q22 Charlie enjoys inflicting pain on their partner, they do so using various instruments, such as whips and floggers, and they take pleasure from seeing marks left by them on their submissive. This dynamic does not continue outside of the bedroom and they find catharsis during aftercare caring for their submissive, tending to any pain or marks left and reassuring them about any concerns they have post-scene. Charlie had a bad relationship with their parents growing but now have moved out and they are a CEO of a finance company and enjoy their job.

Q23 Charlie enjoys inflicting pain on their partner, they do so using various instruments, such as whips and floggers, and they take pleasure from seeing marks left by them on their submissive. This dynamic does not continue outside of the bedroom and they find catharsis during aftercare caring for their submissive, tending to any pain or marks left and reassuring them about any concerns they have post-scene. Charlie had a good relationship with their parents growing but now have moved out and they are a CEO of a finance company and enjoy their job.

Q24 Charlie enjoys inflicting pain on their partner, they do so using various instruments, such as whips and floggers, and they take pleasure from seeing marks left by them on their submissive. This dynamic does not continue outside of the bedroom and they find catharsis during aftercare caring for

their submissive, tending to any pain or marks left and reassuring them about any concerns they have post-scene. Charlie had a bad relationship with their parents growing but now have moved out and they work in a café and doesn't enjoy their job.

Q25 Charlie enjoys inflicting pain on their partner, they do so using various instruments, such as whips and floggers, and they take pleasure from seeing marks left by them on their submissive. This dynamic does not continue outside of the bedroom and they find catharsis during aftercare caring for their submissive, tending to any pain or marks left and reassuring them about any concerns they have post-scene. Charlie had a good relationship with their parents growing but now have moved out and they work in a café, but doesn't enjoy their job.

Q26 Charlie enjoys inflicting pain on their partner, they do so using various instruments, such as whips and floggers, and take pleasure from seeing marks left by them on their submissive. This dynamic does not continue outside of the bedroom and they find catharsis during aftercare caring for their submissive, tending to any pain or marks left and reassuring them about any concerns they have post-scene. Charlie had a bad relationship with their parents growing but now have moved out and they work in a café and enjoy their job.

Q27 Charlie enjoys inflicting pain on their partner, they do so using various instruments, such as whips and floggers, and take pleasure from seeing marks left by them on their submissive. This dynamic does not continue outside of the bedroom and they find catharsis during aftercare caring for their submissive, tending to any pain or marks left and reassuring them about any concerns they have post-scene. Charlie had a good relationship with their parents growing but now have moved out and they work in a café and enjoy their job.

End of Block: Inflicting Pain - Vignettes

Start of Block: Inflicting Pain - Questions

Q28 Which of the following do you think best describes Charlie's gender identity?

- ☐ Cisgender Male (1)
- ☐ Transgender Male (assigned female at birth) (2)
- ☐ Cisgender Female (3)
- ☐ Transgender Female (assigned male at birth) (4)
- ☐ Nonbinary (do not identify with a gender) (5)
- ☐ Gender fluid (6)

Q62 How do you believe Charlie sexually identifies?

- ☐ Homosexual (1)
- ☐ Bi/Pansexual (2)
- ☐ Asexual (3)
- ☐ Heterosexual (4)

Q66 Do you believe Charlie has a more positive, negative, or neutral relationship with their primary caregiver (parent, grandparent, foster carer, etc.)

- ☐ Positive (1)
- ☐ Negative (2)
- ☐ Neither positive nor negative (3)

Q67 Do you believe that any stress/ mental strain from Charlie's job could have an impact on how they act during a scene?

- Yes (1)
- No (2)
- I don't believe it is relevant (3)

Q68 Do you think Charlie's position in the dynamic is related to their mental wellbeing? Which of these best fits with your opinion?

- Yes, they have good mental wellbeing (1)
- Yes, they have poor mental wellbeing (2)
- No, they would feel this was regardless of their mental wellbeing (3)

Q69 What do you think are the **two** main reasons for Charlie's participation in BDSM?

End of Block: Inflicting Pain - Questions

Start of Block: Charlie Gender

Q131 Charlie is a transgender man, what do you think his partner's gender identity is?

Q132 Charlie is a cisgender man, what do you think his partner's gender identity is?

Q133 Charlie is nonbinary, what do you think their partner's gender identity is?

End of Block: Charlie Gender

Start of Block: Receiving pain

Q29 Kai enjoys receiving pain from their partner, they do so using various instruments, such as whips and floggers, and they take pleasure from seeing marks left them by their dominant. This dynamic does not continue outside of the bedroom and they find catharsis during aftercare caring for their submissive, tending to any pain or marks left and reassuring them about any concerns they have post-scene. Kai had a good relationship with their parents growing but now have moved out and they work in a café and enjoy their job.

Q30 Kai enjoys receiving pain from their partner, they do so using various instruments, such as whips and floggers, and they take pleasure from seeing marks left them by their dominant. This dynamic

does not continue outside of the bedroom and they find catharsis during aftercare caring for their submissive, tending to any pain or marks left and reassuring them about any concerns they have post-scene. Kai had a bad relationship with their parents growing but now have moved out and they work in a café and enjoy their job.

Q32 Kai enjoys receiving pain from their partner, they do so using various instruments, such as whips and floggers, and they take pleasure from seeing marks left them by their dominant. This dynamic does not continue outside of the bedroom and they find catharsis during aftercare caring for their submissive, tending to any pain or marks left and reassuring them about any concerns they have post-scene. Kai had a good relationship with their parents growing but now have moved out and they work in a café and doesn't enjoy their job.

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Q34 Kai enjoys receiving pain from their partner, they do so using various instruments, such as whips and floggers, and they take pleasure from seeing marks left them by their dominant. This dynamic does not continue outside of the bedroom and they find catharsis during aftercare caring for their submissive, tending to any pain or marks left and reassuring them about any concerns they have post-

scene. Kai had a good relationship with their parents growing but now have moved out and they are a CEO of a finance company and enjoy their job.

Q35 Kai enjoys receiving pain from their partner, they do so using various instruments, such as whips and floggers, and they take pleasure from seeing marks left them by their dominant. This dynamic does not continue outside of the bedroom and they find catharsis during aftercare caring for their submissive, tending to any pain or marks left and reassuring them about any concerns they have post-scene. Kai had a bad relationship with their parents growing but now have moved out and they are a CEO of a finance company and enjoy their job.

Q36 Kai enjoys receiving pain from their partner, they do so using various instruments, such as whips and floggers, and they take pleasure from seeing marks left them by their dominant. This dynamic does not continue outside of the bedroom and they find catharsis during aftercare caring for their submissive, tending to any pain or marks left and reassuring them about any concerns they have post-scene. Kai had a good relationship with their parents growing but now have moved out and they are a CEO of a finance company and doesn't enjoy their job.

Q37 Kai enjoys receiving pain from their partner, they do so using various instruments, such as whips and floggers, and they take pleasure from seeing marks left them by their dominant. This dynamic does not continue outside of the bedroom and they find catharsis during aftercare caring for their submissive, tending to any pain or marks left and reassuring them about any concerns they have post-scene. Kai had a bad relationship with their parents growing but now have moved out and they a CEO of a finance company and doesn't enjoy their job.

End of Block: Receiving pain

Start of Block: Receiving Pain - Questions

Q74 Which of the following do you think best describes Kai's gender identity?

- ☐ Cisgender Male (1)
- ☐ Transgender Male (assigned female at birth) (2)
- ☐ Cisgender Female (3)
- ☐ Transgender Female (assigned male at birth) (4)
- ☐ Nonbinary (do not identify with a gender) (5)
- ☐ Gender fluid (6)

Q78 How do you believe Kai sexually identifies?

- ☐ Homosexual (1)
- ☐ Bi/Pansexual (2)
- ☐ Asexual (3)
- ☐ Heterosexual (4)

Q79 Do you believe Kai has a more positive, negative, or neutral relationship with their primary caregiver (parent, grandparent, foster carer, etc.)

- ☐ Positive (1)

- Negative (2)
- Neither positive nor negative (3)

Q80 Do you believe that any stress/ mental strain from Kai's job could have an impact on how they wish to be treated during a scene?

- Yes (1)
- No (2)
- I don't believe it is relevant (3)

Q81 Do you think Kai's position in the dynamic is related to their mental wellbeing? Which of these best fits with your opinion?

- Yes, they have good mental wellbeing (1)
- Yes, they have poor mental wellbeing (2)
- No, they would feel this was regardless of their mental wellbeing (3)

Q82 What do you think are the **two** main reasons for Kai's participation in BDSM?

End of Block: Receiving Pain - Questions

Start of Block: Kai Gender

Q134 Kai is a transgender man, what do you think his partner's gender identity is?

Q135 Kai is a cisgender man, what do you think his partner's gender identity is?

Q136 Kai is nonbinary, what do you think their partner's gender identity is?

End of Block: Kai Gender

Start of Block: Power exchange - Ash

Q38 Ash and Nat partake in a total power exchange relationship, meaning Ash consensually has complete control over Nat and makes the majority of decisions for them, also known as a 24/7 dynamic. This involves, for example, reminders to take medication, drink water, deciding what they will wear each day, and have some control over their finances. Ash had a good relationship with their parents, but now they've moved out they feel incredibly fulfilled in this relationship take comfort in knowing that they are helping Nat in this setup. This dynamic does not continue into their work, they work in a café and enjoy this job.

Q39 Ash and Nat partake in a total power exchange relationship, meaning Ash consensually has complete control over Nat and makes the majority of decisions for them, also known as a 24/7 dynamic. This involves, for example, reminders to take medication, drink water, deciding what they will wear each day, and have some control over their finances. Ash had a good relationship with their parents, but now they've moved out they feel incredibly fulfilled in this relationship take comfort in knowing that they are helping Nat in this setup. This dynamic does not continue into their work, are a CEO of a finance company and enjoy this job.

Q40 Ash and Nat partake in a total power exchange relationship, meaning Ash consensually has complete control over Nat and makes the majority of decisions for them, also known as a 24/7 dynamic. This involves, for example, reminders to take medication, drink water, deciding what they will wear each day, and have some control over their finances. Ash had a bad relationship with their parents, but now they've moved out they feel incredibly fulfilled in this relationship take comfort in knowing that they are helping Nat in this setup. This dynamic does not continue into their work, they work in a café and enjoy this job.

Q41 Ash and Nat partake in a total power exchange relationship, meaning Ash consensually has complete control over Nat and makes the majority of decisions for them, also known as a 24/7 dynamic. This involves, for example, reminders to take medication, drink water, deciding what they will wear each day, and have some control over their finances. Ash had a bad relationship with their parents, but now they've moved out they feel incredibly fulfilled in this relationship take comfort in knowing that they are helping Nat in this setup. This dynamic does not continue into their work, are a CEO of a finance company and enjoys this job.

Q42 Ash and Nat partake in a total power exchange relationship, meaning Ash consensually has complete control over Nat and makes the majority of decisions for them, also known as a 24/7 dynamic. This involves, for example, reminders to take medication, drink water, deciding what they will wear each day, and have some control over their finances. Ash had a good relationship with their parents, but now they've moved out they feel incredibly fulfilled in this relationship take comfort in knowing that they are helping Nat in this setup. This dynamic does not continue into their work, they work in a café and do not enjoy this job.

Q43 Ash and Nat partake in a total power exchange relationship, meaning Ash consensually has complete control over Nat and makes the majority of decisions for them, also known as a 24/7 dynamic. This involves, for example, reminders to take medication, drink water, deciding what they will wear each day, and have some control over their finances. Ash had a bad relationship with their parents, but now they've moved out they feel incredibly fulfilled in this relationship take comfort in knowing that they are helping Nat in this setup. This dynamic does not continue into their work, they work in a café and do not enjoy this job.

Q44 Ash and Nat partake in a total power exchange relationship, meaning Ash consensually has complete control over Nat and makes the majority of decisions for them, also known as a 24/7 dynamic. This involves, for example, reminders to take medication, drink water, deciding what they will wear each day, and have some control over their finances. Ash had a good relationship with their parents, but now they've moved out they feel incredibly fulfilled in this relationship take comfort in knowing that they are

helping Nat in this setup. This dynamic does not continue into their work, they are a CEO of a finance company and do not enjoy this job.

Q45 Ash and Nat partake in a total power exchange relationship, meaning Ash consensually has complete control over Nat and makes the majority of decisions for them, also known as a 24/7 dynamic. This involves, for example, reminders to take medication, drink water, deciding what they will wear each day, and have some control over their finances. Ash had a bad relationship with their parents, but now they've moved out they feel incredibly fulfilled in this relationship take comfort in knowing that they are helping Nat in this setup. This dynamic does not continue into their work, are a CEO of a finance company and do not enjoy this job.

End of Block: Power exchange - Ash

Start of Block: Ash - Questions

Q83 Which of the following do you think best describes Ash's gender identity?

- ☐ Cisgender Male (1)
- ☐ Transgender Male (assigned female at birth) (2)
- ☐ Cisgender Female (3)
- ☐ Transgender Female (assigned male at birth) (4)
- ☐ Nonbinary (do not identify with a gender) (5)
- ☐ Gender fluid (6)

Page Break

Page Break

Q87 How do you believe Ash sexually identifies?

- Homosexual (1)
- Bi/Pansexual (2)
- Asexual (3)
- Heterosexual (4)

Q88 Do you believe Ash has a more positive, negative, or neutral relationship with their primary caregiver (parent, grandparent, foster carer, etc.)

- Positive (1)
- Negative (2)
- Neither positive nor negative (3)

Q89 Do you believe that any stress/ mental strain from Ash's job could have an impact on how they act during a scene?

- Yes (1)
- No (2)
- I don't believe it is relevant (3)

Q90 Do you think Ash's position in the dynamic is related to their mental wellbeing? Which of these best fits with your opinion?

- ☐ Yes, they have good mental wellbeing (1)
- ☐ Yes, they have poor mental wellbeing (2)
- ☐ No, they would feel this was regardless of their mental wellbeing (3)

Q91 What do you think are the **two** main reasons for Ash's participation in BDSM?

End of Block: Ash - Questions

Start of Block: Ash Gender

Q84 Ash is a transgender man, what do you think his partner's gender identity is?

Q85 Ash is a cisgender man, what do you think his partner's gender identity is?

Q86 Ash is nonbinary, what do you think their partner's gender identity is?

End of Block: Ash Gender

Start of Block: Power exchange - Nat

Q46 Ash and Nat partake in a total power exchange relationship, meaning Ash consensually has complete control over Nat and makes the majority of decisions for them, also known as a 24/7 dynamic. This involves, for example, reminders to take medication, drink water, deciding what they will wear each day, and have some control over their finances. Nat had a good relationship with their parents, but now they've moved out they feel cared for and less stressed in this relationship take comfort in knowing that Ash enjoys this setup. This dynamic does not continue into their work, they work in a café and enjoy this job.

Q47 Ash and Nat partake in a total power exchange relationship, meaning Ash consensually has complete control over Nat and makes the majority of decisions for them, also known as a 24/7 dynamic. This involves, for example, reminders to take medication, drink water, deciding what they will wear each day, and have some control over their finances. Nat had a good relationship with their parents, but now they've moved out they feel cared for and less stressed in this relationship take comfort in knowing that Ash enjoys this setup. This dynamic does not continue into their work, are a CEO of a finance company and enjoy this job.

Q48 Ash and Nat partake in a total power exchange relationship, meaning Ash consensually has complete control over Nat and makes the majority of decisions for them, also known as a 24/7 dynamic. This involves, for example, reminders to take medication, drink water, deciding what they will wear each day, and have some control over their finances. Nat had a bad relationship with their parents, but now they've moved out they feel cared for and less stressed in this relationship take comfort in knowing that Ash enjoys this setup. This dynamic does not continue into their work as a CEO of a finance company and enjoy this job.

Q49 Ash and Nat partake in a total power exchange relationship, meaning Ash consensually has complete control over Nat and makes the majority of decisions for them, also known as a 24/7 dynamic. This involves, for example, reminders to take medication, drink water, deciding what they will wear each day, and have some control over their finances. Nat had a bad relationship with their parents, but now they've moved out they feel cared for and less stressed in this relationship take comfort in knowing that Ash enjoys this setup. This dynamic does not continue into their work, they work in a café and enjoy this job.

Q50 Ash and Nat partake in a total power exchange relationship, meaning Ash consensually has complete control over Nat and makes the majority of decisions for them, also known as a 24/7 dynamic. This involves, for example, reminders to take medication, drink water, deciding what they will wear each day, and have some control over their finances. Nat had a good relationship with their parents, but now they've moved out they feel cared for and less stressed in this relationship take comfort in knowing that Ash enjoys this setup. This dynamic does not continue into their work, they work in a café and do not enjoy this job.

Q51 Ash and Nat partake in a total power exchange relationship, meaning Ash consensually has complete control over Nat and makes the majority of decisions for them, also known as a 24/7 dynamic. This involves, for example, reminders to take medication, drink water, deciding what they will wear each day, and have some control over their finances. Nat had a good relationship with their parents, but now they've moved out they feel cared for and less stressed in this relationship take comfort in knowing that Ash enjoys this setup. This dynamic does not continue into their work, are a CEO of a finance company and do not enjoy this job.

Q52 Ash and Nat partake in a total power exchange relationship, meaning Ash consensually has complete control over Nat and makes the majority of decisions for them, also known as a 24/7 dynamic. This involves, for example, reminders to take medication, drink water, deciding what they will wear each day, and have some control over their finances. Nat had a bad relationship with their parents, but now they've moved out they feel cared for and less stressed in this relationship take comfort in knowing that Ash enjoys this setup. This dynamic does not continue into their work, they work in a café and do not enjoy this job.

Q53 Ash and Nat partake in a total power exchange relationship, meaning Ash consensually has complete control over Nat and makes the majority of decisions for them, also known as a 24/7 dynamic. This involves, for example, reminders to take medication, drink water, deciding what they will wear each day, and have some control over their finances. Nat had a bad relationship with their parents, but now they've moved out they feel cared for and less stressed in this relationship take comfort in knowing that

Ash enjoys this setup. This dynamic does not continue into their work, are a CEO of a finance company and do not enjoy this job.

End of Block: Power exchange - Nat

Start of Block: Nat - Questions

Q101 Which of the following do you think best describes Nat's gender identity?

- ☐ Cisgender Male (1)
- ☐ Transgender Male (assigned female at birth) (2)
- ☐ Cisgender Female (3)
- ☐ Transgender Female (assigned male at birth) (4)
- ☐ Nonbinary (do not identify with a gender) (5)
- ☐ Gender fluid (6)

Q105 How do you believe Nat sexually identifies?

- ☐ Homosexual (1)
- ☐ Bi/Pansexual (2)
- ☐ Asexual (3)
- ☐ Heterosexual (4)

Q106 Do you believe Nat has a more positive, negative, or neutral relationship with their primary caregiver (parent, grandparent, foster carer, etc.)

- ☐ Positive (1)
- ☐ Negative (2)
- ☐ Neither positive nor negative (3)

Q107 Do you believe that any stress/ mental strain from Nat's job could have an impact on how they wish to be treated during a scene?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't believe it is relevant (3)

Q108 Do you think Nat's position in the dynamic is related to their mental wellbeing? Which of these best fits with your opinion?

- ☐ Yes, they have good mental wellbeing (1)
- ☐ Yes, they have poor mental wellbeing (2)
- ☐ No, they would feel this was regardless of their mental wellbeing (3)

Q109 What do you think are the **two** main reasons for Nat's participation in BDSM?

End of Block: Nat - Questions

Start of Block: Nat Gender

Q128 Nat is a transgender man, what do you think his partner's gender identity is?

Q129 Nat is a cisgender man, what do you think his partner's gender identity is?

Q130 Nat is nonbinary, what do you think their partner's gender identity is?

End of Block: Nat Gender**Start of Block: Dom vs Sub**

Q54 Alex and Tay have been in a relationship for 4 years, when the relationship started Tay was more submissive and Alex was more dominant, but overtime this has changed, with Tay being dominant during the majority of scenes and Alex being submissive. They have decided that this dynamic works far better for them both than the original, as a dominant Tay takes on a nurturing role, rewarding or punishing them for doing or not doing things in both sexual and non-sexual ways. They have a good

relationship with their parents and see them when they can, and they both work in a cafe and enjoy their jobs.

Q55 Alex and Tay have been in a relationship for 4 years, when the relationship started Tay was more submissive and Alex was more dominant, but overtime this has changed, with Tay being dominant during the majority of scenes and Alex being submissive. They have decided that this dynamic works far better for them both than the original, as a dominant Tay takes on a nurturing role, rewarding or punishing them for doing or not doing things in both sexual and non-sexual ways. They have a bad relationship with their parents and see them when they can, and they both work in a cafe and enjoy their jobs.

Q56 Alex and Tay have been in a relationship for 4 years, when the relationship started Tay was more submissive and Alex was more dominant, but overtime this has changed, with Tay being dominant during the majority of scenes and Alex being submissive. They have decided that this dynamic works far better for them both than the original, as a dominant Tay takes on a nurturing role, rewarding or punishing them for doing or not doing things in both sexual and non-sexual ways. They have a good relationship with their parents and see them when they can, and they both work in a cafe and do not enjoy their jobs.

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punishing them for doing or not doing things in both sexual and non-sexual ways. They have a bad relationship with their parents and see them when they can, and they both work in a cafe and do not enjoy their jobs.

Q58 Alex and Tay have been in a relationship for 4 years, when the relationship started Tay was more submissive and Alex was more dominant, but overtime this has changed, with Tay being dominant during the majority of scenes and Alex being submissive. They have decided that this dynamic works far better for them both than the original, as a dominant Tay takes on a nurturing role, rewarding or punishing them for doing or not doing things in both sexual and non-sexual ways. They have a good relationship with their parents and see them when they can, and they both are a high up in a company and enjoy their jobs.

Q59 Alex and Tay have been in a relationship for 4 years, when the relationship started Tay was more submissive and Alex was more dominant, but overtime this has changed, with Tay being dominant during the majority of scenes and Alex being submissive. They have decided that this dynamic works far better for them both than the original, as a dominant Tay takes on a nurturing role, rewarding or punishing them for doing or not doing things in both sexual and non-sexual ways. They have a bad relationship with their parents and see them when they can, and they both are a high up in a company and do not enjoy their jobs.

Q60 Alex and Tay have been in a relationship for 4 years, when the relationship started Tay was more submissive and Alex was more dominant, but overtime this has changed, with Tay being dominant during the majority of scenes and Alex being submissive. They have decided that this dynamic works far

better for them both than the original, as a dominant Tay takes on a nurturing role, rewarding or punishing them for doing or not doing things in both sexual and non-sexual ways. They have a good relationship with their parents and see them when they can, and they both are a high up in a company and do not enjoy their jobs.

Q61 Alex and Tay have been in a relationship for 4 years, when the relationship started Tay was more submissive and Alex was more dominant, but overtime this has changed, with Tay being dominant during the majority of scenes and Alex being submissive. They have decided that this dynamic works far better for them both than the original, as a dominant Tay takes on a nurturing role, rewarding or punishing them for doing or not doing things in both sexual and non-sexual ways. They have a bad relationship with their parents and see them when they can, and they both are a high up in a company and do not enjoy their jobs.

End of Block: Dom vs Sub

Start of Block: Sub - Questions

Q110 Which of the following do you think best describes Alex's gender identity?

- ☐ Cisgender Male (1)
- ☐ Transgender Male (assigned female at birth) (2)
- ☐ Cisgender Female (3)
- ☐ Transgender Female (assigned male at birth) (4)

- Nonbinary (do not identify with a gender) (5)
- Gender fluid (6)

Q114 How do you believe Alex sexually identifies?

- Homosexual (1)
- Bi/Pansexual (2)
- Asexual (3)
- Heterosexual (4)

Q115 Do you believe Alex has a more positive, negative, or neutral relationship with their primary caregiver (parent, grandparent, foster carer, etc.)

- Positive (1)
- Negative (2)
- Neither positive nor negative (3)

Q116 Do you believe that any stress/ mental strain from Alex's job could have an impact on how they act during a scene?

- Yes (1)
- No (2)
- I don't believe it is relevant (3)

Q117 Do you think Alex's position in the dynamic is related to their mental wellbeing? Which of these best fits with your opinion?

- Yes, they have good mental wellbeing (1)
- Yes, they have poor mental wellbeing (2)
- No, they would feel this was regardless of their mental wellbeing (3)

Q118 What do you think are the **two** main reasons for Alex's participation in BDSM?

End of Block: Sub - Questions

Start of Block: Sub Gender

Q137 Alex is a transgender man, what do you think his partner's gender identity is?

Q138 Alex is a cisgender man, what do you think his partner's gender identity is?

Q139 Alex is nonbinary, what do you think their partner's gender identity is?

End of Block: Sub Gender

Start of Block: Dom vs Sub 2

Q143 Harri and Morgan have been in a relationship for 4 years, when the relationship started Morgan was more submissive and Harri was more dominant, but overtime this has changed, with Morgan being dominant during the majority of scenes and Harri being submissive. They have decided that this dynamic works far better for them both than the original, as a dominant Morgan takes on a nurturing role, rewarding or punishing them for doing or not doing things in both sexual and non-sexual ways. They have a good relationship with their parents and see them when they can, and they both work in a cafe and enjoy their jobs.

Q144 Harri and Morgan have been in a relationship for 4 years, when the relationship started Morgan was more submissive and Harri was more dominant, but overtime this has changed, with Morgan being dominant during the majority of scenes and Harri being submissive. They have decided that this dynamic works far better for them both than the original, as a dominant Morgan takes on a nurturing role, rewarding or punishing them for doing or not doing things in both sexual and non-sexual ways. They have a bad relationship with their parents and see them when they can, and they both work in a cafe and enjoy their jobs.

Q145 Harri and Morgan have been in a relationship for 4 years, when the relationship started Morgan was more submissive and Harri was more dominant, but overtime this has changed, with Morgan being dominant during the majority of scenes and Harri being submissive. They have decided that this dynamic works far better for them both than the original, as a dominant Morgan takes on a nurturing role, rewarding or punishing them for doing or not doing things in both sexual and non-sexual ways. They have a good relationship with their parents and see them when they can, and they both work in a cafe and do not enjoy their jobs.

Q146 Harri and Morgan have been in a relationship for 4 years, when the relationship started Morgan was more submissive and Harri was more dominant, but overtime this has changed, with Morgan being dominant during the majority of scenes and Harri being submissive. They have decided that this dynamic works far better for them both than the original, as a dominant Morgan takes on a nurturing role, rewarding or punishing them for doing or not doing things in both sexual and non-sexual ways. They have a bad relationship with their parents and see them when they can, and they both work in a cafe and do not enjoy their jobs.

Q147 Harri and Morgan have been in a relationship for 4 years, when the relationship started Morgan was more submissive and Harri was more dominant, but overtime this has changed, with Morgan being dominant during the majority of scenes and Harri being submissive. They have decided that this dynamic works far better for them both than the original, as a dominant Morgan takes on a nurturing role, rewarding or punishing them for doing or not doing things in both sexual and non-sexual ways. They have a good relationship with their parents and see them when they can, and they both are a high up in a company and enjoy their jobs.

Q148 Harri and Morgan have been in a relationship for 4 years, when the relationship started Morgan was more submissive and Harri was more dominant, but overtime this has changed, with Morgan being dominant during the majority of scenes and Harri being submissive. They have decided that this dynamic works far better for them both than the original, as a dominant Morgan takes on a nurturing role, rewarding or punishing them for doing or not doing things in both sexual and non-sexual ways. They have a bad relationship with their parents and see them when they can, and they both are a high up in a company and do not enjoy their jobs.

Q149 Harri and Morgan have been in a relationship for 4 years, when the relationship started Morgan was more submissive and Harri was more dominant, but overtime this has changed, with Morgan being dominant during the majority of scenes and Harri being submissive. They have decided that this dynamic works far better for them both than the original, as a dominant Morgan takes on a nurturing role, rewarding or punishing them for doing or not doing things in both sexual and non-sexual ways. They have a good relationship with their parents and see them when they can, and they both are a high up in a company and do not enjoy their jobs.

Q150 Harri and Morgan have been in a relationship for 4 years, when the relationship started Morgan was more submissive and Harri was more dominant, but overtime this has changed, with Morgan being dominant during the majority of scenes and Harri being submissive. They have decided that this dynamic works far better for them both than the original, as a dominant Morgan takes on a nurturing role, rewarding or punishing them for doing or not doing things in both sexual and non-sexual

ways. They have a bad relationship with their parents and see them when they can, and they both are a high up in a company and do not enjoy their jobs.

End of Block: Dom vs Sub 2

Start of Block: Dom - Questions

Q119 Which of the following do you think best describes Morgan's gender identity?

- ☐ Cisgender Male (1)
- ☐ Transgender Male (assigned female at birth) (2)
- ☐ Cisgender Female (3)
- ☐ Transgender Female (assigned male at birth) (4)
- ☐ Nonbinary (do not identify with a gender) (5)
- ☐ Gender fluid (6)

Q123 How do you believe Morgan sexually identifies?

- ☐ Homosexual (1)
- ☐ Bi/Pansexual (2)
- ☐ Asexual (3)
- ☐ Heterosexual (4)

Q124 Do you believe Morgan has a more positive, negative, or neutral relationship with their primary caregiver (parent, grandparent, foster carer, etc.)

- ☐ Positive (1)
- ☐ Negative (2)
- ☐ Neither positive nor negative (3)

Q125 Do you believe that any stress/ mental strain from Morgan's job could have an impact on how they wish to be treated during a scene?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't believe it is relevant (3)

Q126 Do you think Morgan's position in the dynamic is related to their mental wellbeing? Which of these best fits with your opinion?

- ☐ Yes, they have good mental wellbeing (1)
- ☐ Yes, they have poor mental wellbeing (2)
- ☐ No, they would feel this was regardless of their mental wellbeing (3)

Q127 What do you think are the **two** main reasons for Morgan's participation in BDSM?

End of Block: Dom - Questions

Start of Block: Dom Gender

Q140 Morgan is a transgender man, what do you think his partner's gender identity is?

Q141 Morgan is a cisgender man, what do you think his partner's gender identity is?

Q142 Morgan is nonbinary, what do you think their partner's gender identity is?

End of Block: Dom Gender

Start of Block: End

Q2 Thank you for your time, please continue to the next page **and** click through to complete the survey.

End of Block: End

Start of Block: Debrief

Q19 STUDY DEBRIEF SHEET

Title of Project: BDSM Stereotypes

Supervisors: Dr Lydia Kearney, Dr Afroditi Pina

Lead Investigator: Holly Donkersloot

Researcher Email: gd312@kent.ac.uk

Thank you for completing this survey for my masters by research (MRes). The collated answers will be used to assess the use of stereotypes between two groups; those who partake in BDSM-related activities and those who do not, group placement will be determined by answers on the sadomasochism checklist (Weierstall & Giebel, 2017). It is hypothesised those who partake in BDSM are less likely to use stereotypes would suggest a level of education and understanding of BDSM and that this would result in individual's being less likely to rely on stereotypes to make assumptions.

The specific stereotypes being investigated are that BDSM is more prevalent with members of the LGBTQ+ and genderqueer communities compared with heterosexuals, and that those participating in BDSM having worse mental health and parental relationships than those with normophilic or 'vanilla' interests. Previous research suggests and increased participation in BDSM by members of these communities, but that mental health and parental relationships and attachment styles do not differ

when compared with the general population.

BDSM can be part of a healthy relationship, or play partnership/ group dynamic (Brown et al., 2020), when enthusiastic consent is obtained from all parties beforehand and with safety measures in place, such as a predetermined safe word, or traffic light system. However, harmful stereotypes persist and can have detrimental effects on practicing individuals, with researchers finding issues arising from this in psychological fields (Kolmes et al., 2006).

If any of the content in this study has raised questions about your own relationship, please follow this link for advice and support; <https://respectphoneline.org.uk/help-for-perpetrators/abusive-relationships/> . If you are a University of Kent student, you can also contact Student Support and Wellbeing for emergency or ongoing support, <https://www.kent.ac.uk/student-support> .

Please feel free to contact the researcher, Holly (they/them) if you would like any further information on the study and the results of the study at: gd312@kent.ac.uk. If you would like a copy of this form to keep, please contact the researcher, Holly. If you have any complaints or concerns about this research, you can direct these, in writing, to the Chair of the Psychology Research Ethics Committee by email at: psychethics@kent.ac.uk.

End of Block: Debrief

Appendix D

Full Sadomasochism Checklist (Weierstall & Giebel, 2017) with Omissions Noted

Submissive:

1. Being clawed, pinched or bitten by your partner.
2. Being stimulation by your partner with light beatings.
3. Receiving rough or hart sexual intercourse with your partner.
4. Getting spanked by your partner.
5. Being tormented by your partner using wax or branded. (omitted)
6. Getting clamps, weights, clips or other devices that cause pain used on your body.
7. Getting whipped, paddled or flogged by your partner.
8. Having your genitals tortured by your partner. (omitted)
9. Getting plugs or other toys put into your body that cause pain.
10. Receiving commands of your partner on how to please her/him.
11. Having the submissive role in bondage and discipline role play.
12. Being blind folded by your partner.
13. Being verbally humiliated by your partner.
14. Getting tied up by your partner with chains, ropes, belts etc. for total devotion.
15. Being placed by your partner into a cage or cellar for confinement of the submissive. (omitted)
16. Being forced by your partner to please her/him against your will. (omitted)
17. Being humiliated by your partner together with others. (omitted)
18. Being displayed as subordinate to (o)thers by your partner. (omitted)
19. Being forced by your partner to swallow her/his sperm/vaginal secretion. (omitted)
20. Having your partner urinate on you. (omitted)

21. Being forced by your partner to ingest feces or vomit. (omitted)
22. Having your breath controlled by your partner, e.g. by facesitting, smothering or toys.
23. Being strangled or suffocated by your partner.
24. Being made unconscious by your partner, e.g. by using a bag. (omitted)

Dominant:

1. Clawing, pinching or biting your partner during sexual play.
2. Stimulating your partner with light beatings.
3. Having rough or hard sexual intercourse with your partner.
4. Spanking your partner.
5. Torment your partner using wax or branding. (omitted)
6. Using clamps, weights, clips or other devices that cause pain on your body.
7. Whipping, paddling or flogging your partner.
8. Torturing your partner's genitals. (omitted)
9. Putting plugs or other toys into your partner's body that cause pain to her/him.
10. Giving your partner commands how to please you.
11. Having the dominant role in bondage and discipline role play.
12. Blindfolding your partner.
13. Verbally humiliating your partner.
14. Tying your partner with chains, ropes, belts etc. for total devotion.
15. Placing your partner into a cage or cellar for confinement of the submissive. (omitted)
16. Forcing your partner to please you against her/his will. (omitted)
17. Humiliating your partner with others. (omitted)
18. Display your partner to others as submissive. (omitted)

19. Forcing your partner to swallow your sperm/vaginal secretion. (omitted)
20. Urinating on your partner. (omitted)
21. Forcing your partner to ingest feces or vomit. (omitted)
22. Controlling your partner's breath, e.g. by facesitting, smothering or toys.
23. Strangling or suffocating your partner.
24. Making your partner become unconscious, e.g. by using a bag. (omitted)

Appendix E

Sadomasochism Checklist (Weierstall & Giebel, 2017) as used in Study One

The following are possible activities you could partake in with a partner/s with yourself in a **submissive role**. Please indicate whether you would/ believe you would take enjoyment from the activity.

All acts following enthusiastic consent from all parties involved.

1. Being clawed, pinched, or bitten by your partner.
2. Being stimulated by light beatings.
3. Receiving rough sex from your partner.
4. Getting spanked by your partner.
5. Getting clamps, weights, clips, or other devices that cause pain used on your body.
6. Getting whipped, paddled, or flogged by your partner.
7. Having plugs or other toys put into your body that cause pain.
8. Receiving commands from your partner on how to please them.
9. Having the submissive role in bondage and discipline play.
10. Being blindfolded by your partner.
11. Being verbally humiliated by your partner.
12. Getting tied up by your partner with chains, ropes, belts, etc for total devotion,
13. Having your breath controlled by your partner, eg. by facesitting, smothering, or toys.
14. Being strangled or suffocated by your partner.

The following are possible activities you could partake in with a partner/s with yourself in a **dominant role**. Please indicate whether you would/ believe you would take enjoyment from the activity.

All acts following enthusiastic consent from all parties involved.

1. Clawing, pinching, or biting your partner.
2. Stimulating your partner with light beatings.
3. Having rough sex with your partner.
4. Spanking your partner.
5. Using clamps, weights, clips, or other devices that cause pain on your partner's body.
6. Whipping, paddling or flogging your partner.
7. Putting plugs or other toys into your partner's body that cause pain to them.
8. Giving your partner commands on how to please you.
9. Having the dominant role in bondage and discipline play.
10. Blindfolding your partner.
11. Verbally humiliating your partner.
12. Tying up your partner with chains, ropes, belted etc. for total devotion.
13. Controlling your partner's breath eg. by facesitting, smothering, or toys.
14. Strangling or suffocating your partner.

Appendix F

Sadomasochism Checklist (Weierstall & Giebel, 2017) as used in Study Two

Please answer how much you would think you would/ do enjoy the following activities in EITHER a submissive OR dominant role; having them done to yourself or doing them to others.

All acts only being partaken in after full informed consent from all parties.

1. Clawing, pinching, or biting.
2. Stimulation from light beatings.
3. Rough sex.
4. Spankings.
5. Use of clamps, weights, or clips to inflict pain.
6. Use of whips, paddles, or floggers to inflict pain.
7. Use of plugs or other insertable toys to inflict pain.
8. Giving or receiving commands on how to please.
9. Having the submissive role in bondage and discipline play.
10. Having the dominant roles in bondage and discipline play.
11. Use of blindfolds or experiencing other sensory deprivation.
12. Verbal humiliation and/or degradation.
13. Use of restraints; ropes, chains, belts, etc.
14. Breath control.
15. Choking/ asphyxiation.

Appendix G

All Themes Found in Thematic Analysis

- Need for control
- Need to be needed
 - Valued/ depended upon
- Need to feel cared for
- Need to be controlled
- Need to reciprocate care from partner
- Parental relationship
- Stress release when lacking control
- Need for control due to poor parental relationship
- Healthy/ mentally stable
- Healthy partnership
- Healthy parental relationship
 - Resulting in healthy relationship with sex and sexuality
- Relief from dislike of job
- Need for power they don't have otherwise
- Enjoyment
- Helping a partner
- Stress relief/ relaxation
- Freedom
- Sexual pleasure/ preference

- Comfort within relationship/ safety with partner
- To feel close with partner
- Attention
- To keep sex life interesting
- Poor parental relationship
- Feeling of superiority due to having power/control
- Not enjoying job
- Sexual exploration
- Trauma
- Need for validation
- Need for control as sub (choosing to give power to partner)
- Manipulation/ pressure
- ADHD, wanting to keep things interesting
- Rebellion against parents
- Their personality
- Early sexual exposure leading them to have become bored with vanilla sex
- Environmental influence
 - People around them into BDSM
- Depression
- Narcissism
- Improve sex life
- Indecisiveness

- To please partner
- Invalidation of childhood emotions
- Lack of love from mother
- Lack of love from primary caregiver
- Bodily enjoyment/ pleasure
- Low self-esteem
- Need for control over all areas of life
- Fear of abandonment
- Poor relationship with father
 - “daddy issues”
- Emotional numbness
- Feeling of worthlessness
- Porn
- Media
- Enjoys inflicting pain
- Enjoys marking partner (ownership kink)
- Enjoying their job allows them to be more open
- Catharsis from childhood trauma
- Sense of security from giving up control
- To manage emotions
- Not knowing proper love
- Association between pain and pleasure

- Financial issues
- Psycho/sociopath
- Lacking satisfaction
- Desensitised to “average sex”
- Stress from gender issues
- Genetics
- Thrill/ adrenaline
- Previous trauma
- Expressing frustrations from job
- Exploring sexuality
- Gay
- Important part of relationship
- Unhealthy attachment
- Masochist
- Transference of negative emotions to positive feelings
- Maternal deprivations
- Wanting aftercare
- Satisfaction from things going their way
- Addiction/ PTSD
- Sociopath
- Enjoys seeing reaction to pain
- Being an only child

- Angering a parent
- Curiosity
- Escapism
- Stupidity
- Self-hatred
- Low self-worth
- Security
- Animalistic male instincts
- Exploration sexually, due to being queer
- Submissive or dominant
- Superiority complex
- Addicted to this way of showing emotion
- Like the structure from having rules