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BDSM: The *50 Shades* Revolution

By Brooke M. Faight, MSN, WHNP-BC, IF

Until recently, BDSM has remained largely “underground” in the United States because of the explicit nature of the activities and social stigma surrounding such participation. Although many books and movies have included BDSM in their content, it was not until *50 Shades of Grey* was published in 2011 that open discussion and inquiry about this topic became commonplace. For healthcare providers (HCPs), many considerations are relevant in terms of caring for patients who partake in BDSM play. This article presents answers to some frequently asked questions from HCPs regarding alternative sexual practices.

What is BDSM?

BDSM stands for *bondage & discipline, dominance & submission, and sadism & masochism*. The first two terms refer to erotic behavior shared between consenting adults involving physical restraints (bondage) and psychological obedience (discipline). A dominant, also known as *the top*, is the partner with the active or controlling role. A submissive, also known as *the bottom*, relinquishes control to the dominant. Sadism and masochism refer to the act of gaining pleasure (often sexual gratification) from inflicting (sadism) or receiving (masochism) physical or psychological pain on or from another person. Many persons who partake in BDSM refer to themselves as *kinky* or *kinksters*. Many kinksters consider BDSM a lifestyle rather than an alternative sexual practice. In fact, in a dominant/submissive relationship, the roles of each partner are frequently a constant, and may be relevant in a healthcare setting.



How do I distinguish between BDSM play and abuse?

Kinky play can result in markings similar to those of physical abuse, including bruises, cuts, burns, piercings, and blisters. The factor separating kinky and abusive acts is *consent*. As in any other form of sexual behavior, roles and activities in BDSM should be mutually agreed upon. Many kinksters sign contracts that include an escape word that results in termination of activity at any given time by either partner. BDSM markings derived from consensual behavior are typically symmetric and occur on fleshy parts of the body such as the hips and buttocks. Abuse markings tend to be found on bony and/or sensitive parts of the body such as the spine, the face, or the flank. Kinky patients may hesitate to discuss their activities in a healthcare setting, but, unlike patients who have been abused, they are unlikely to demonstrate fear, shame, or avoidance behavior.

How do I diagnose these behaviors?

Kinky behavior without self-reported clinical impairment does not classify an individual as having a paraphilic disorder. The *DSM-5*, released in May 2013, has de-pathologized BDSM. Kinky activities without clinical impairment are now defined as “unusual sexual interests” that do not necessarily warrant intervention by an HCP. By contrast, persons who have sex with

non-consenting partners or with children, animals, or individuals with intellectual/developmental disabilities, and persons who deliberately cause harm to themselves or others can be diagnosed with a paraphilic disorder.

Where do kinky individuals play?

Kinky play can occur anywhere. However, many kinksters seek out designated BDSM *dungeons*. These facilities, located in most major cities across the U.S., typically require membership and allow for safer kinky play with others who share similar interests and desires. Most dungeons have monitors who protect members against unwanted acts committed against them.

How do I discuss BDSM with kinky patients without offending them?

Like all patients, kinky patients should be addressed in a nonjudgmental manner. To facilitate honest communication, HCPs should establish rapport with these patients, assure them of confidentiality, and allow for

open and safe conversation. HCPs who are uncomfortable caring for patients in this community can go to the National Coalition for Sexual Freedom's website to locate a **Kink Aware Professional**^A. ●

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Resources

National Coalition for Sexual Freedom (www.ncsfreedom.org)

FetLife (www.fetlife.com)

The Alternative Sexualities Health Research Alliance (<http://www.tashra.org>)

Rape, Abuse & Incest National Network (<http://www.rainn.org/public-policy/laws-in-your-state>)

Web resource

A. <https://ncsfreedom.org/resources/kink-aware-professionals-directory/kap-directory-homepage.html>

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