



Kink and Non-Monogamy as Cultural Competency

Jason Chapman, 2021

Introduction



Objectives

- Participants will be able to view kink and non-monogamy through the lens of cultural competency
- Participants will gain an understanding of the stigmas and myths related to kink and non-monogamy
- Participants will apply general principles of cultural competency to the kink and non-monogamy cultures

Notes

*Note: These objectives are slightly modified from the presentation description but will cover the same areas

*Note: I use the language of “client” rather than “peer” or “consumer”

*Note: Some language used within the presentation may be inappropriate for all audiences

Minority Stress Model

- Minorities, especially when stigmatized, experience higher baseline stress exposure than non-minorities because they have unique, chronic, and socially based stress exposure that may add to their general stress burden
- Even with no overt discrimination, the clash in values between a minority group and society at large causes stress exposure beyond that experienced by the dominant culture.

*Note: don't forget about intersectionality; that individuals may identify with multiple minority or stigmatized cultures all of which influence their experience. In general, being in the minority of a minority increases the stress level experienced by an individual

How to Think & Learn for Cultural Competency

- Be open-minded
 - Accept what you are hearing as a view of the truth even when it is different than your view
- Be non-judgmental
 - Don't assign value (good/bad, right/wrong) to what you are hearing
- Notice when you are uncomfortable
 - This is a sign that you have beliefs that may interfere with being open-minded or non-judgmental



How to Think & Learn for Cultural Competency

- Try to re-examine things through the eyes of another
 - As you learn more about a culture, look around and imagine how everyday things you encounter might be seen differently by another



How to Think & Learn for Cultural Competency

- Ask yourself, “What will I do with this?”
 - How will this information change your views
 - How will it change your actions
 - How will this change your work
 - How will it change your agency

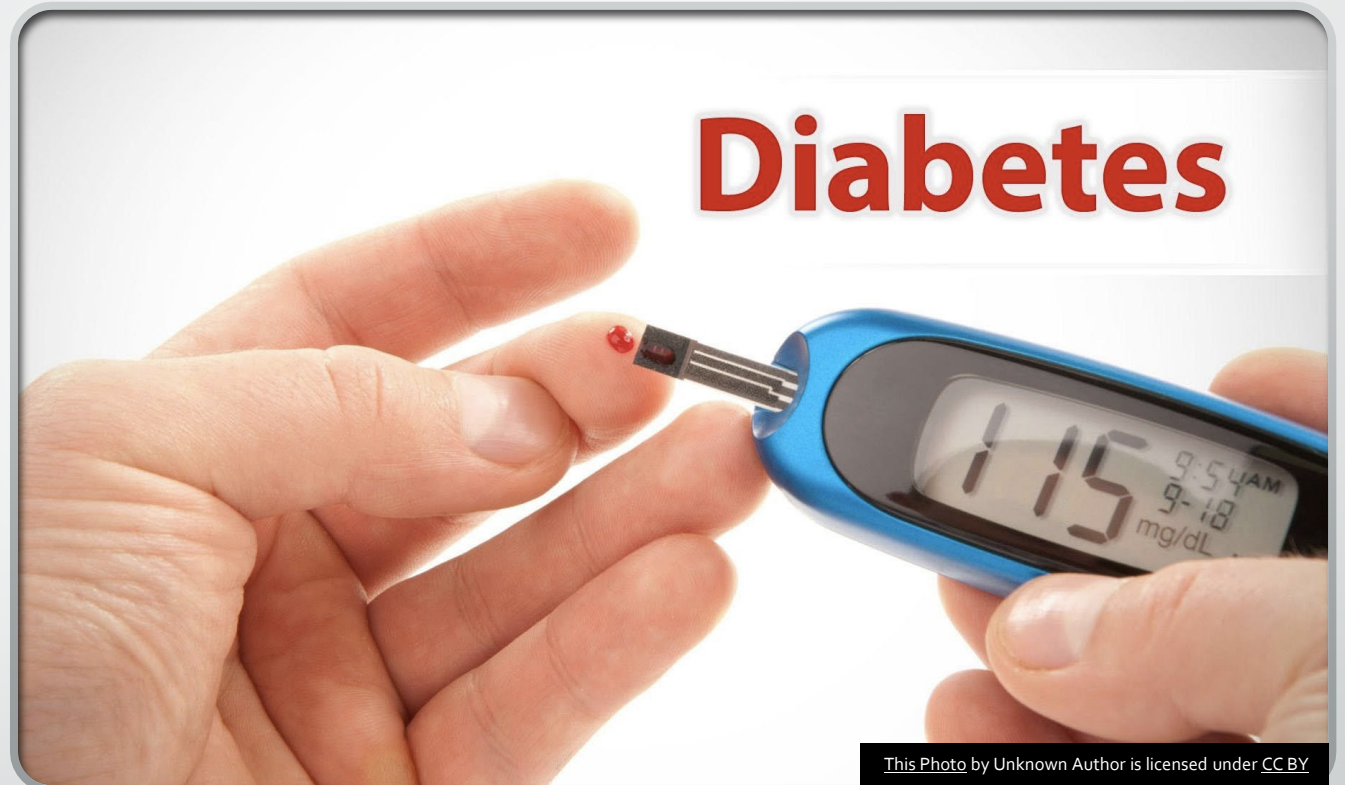
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Kink



How many people
do you know with
diabetes?

- Diabetes $\approx$ 9.3% of US population
- Engage in Kink activities $\approx$ 10% - 14% of US Population



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Prevalence

- Very hard to measure and agree on terms
 - $\approx 10\%$ - 14% of population engage in regular “kink” or “BDSM” activities
 - $\approx 33\%$ of population has engaged in “kink” or “BDSM” activities at least once
- Overall, there is no statistically significant difference between men and women when it comes to prevalence

*Note - Research mostly focuses on prevalence in well-educated white populations but the impact of stigma, and the lack of safe and culturally accessible kink spaces, is felt most strongly by non-white and lower income individuals

Prevalence – Fantasies

Fantasized Sex Act	Women *	Men*	*[sic] gendered assumptions in study
Dominating Someone	47%	60%	
Being Dominated	65%	53%	
Being Tied Up	52%	46%	
Spanking or Whipping Someone	24%	43.5%	
Being Spanked or Whipped	36%	28.5%	
Being Forced to Have Sex	29%	31%	
Having Sex with a Fetish/Non-Sexual Object	26%	28%	



- About 80% of population has had one or more “kinky” fantasies
- Fantasies considered “kinky” are common, yet many feel ashamed of these fantasies
- Normalize don’t stigmatize



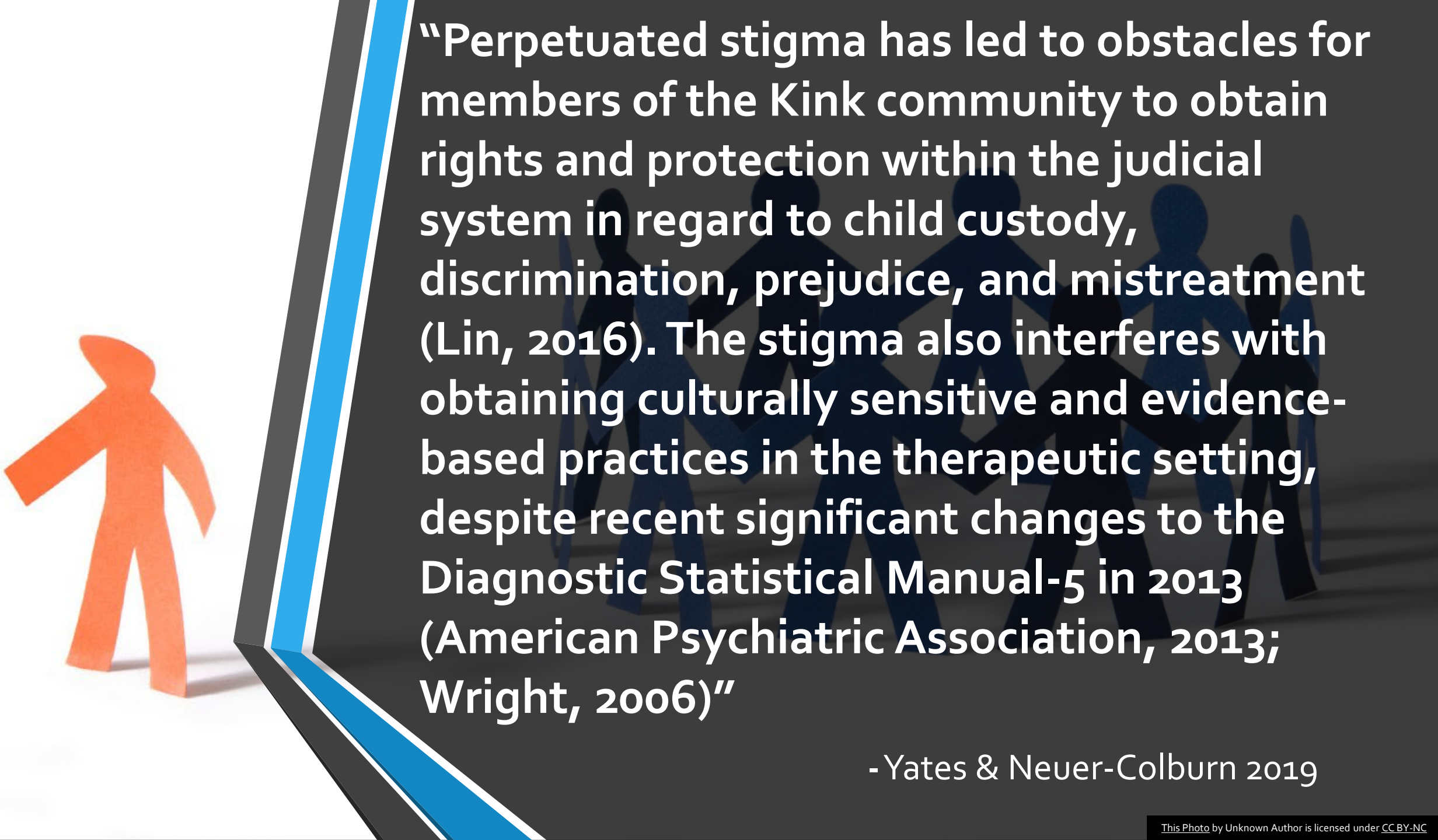
Need for Cultural Competency

- Until the DSM-5 (2013) kink and fetish activities could result in a diagnosis of paraphilia disorder
 - “We were seeing the DSM used as a weapon”
- Another 2008 Study (Wright), showed 96% of individuals in the community who experienced discrimination or violence did NOT report it out of fear
- In a 2016 study (Rousch), “thwarted belongingness” in the kink community was associated with increased suicidal ideation



Need for Cultural Competency

- 2008 National Coalition for Sexual Freedom Study on the prevalence of discrimination and stigma on the kink community
 - 49% had experienced discrimination by a medical professional
 - 39% had experienced discrimination by a mental health professional
 - 25% had experienced discrimination by the police or a government official
 - 35% reported loss of friendships
 - Less than 1/3rd of people in the community are “out”



“Perpetuated stigma has led to obstacles for members of the Kink community to obtain rights and protection within the judicial system in regard to child custody, discrimination, prejudice, and mistreatment (Lin, 2016). The stigma also interferes with obtaining culturally sensitive and evidence-based practices in the therapeutic setting, despite recent significant changes to the Diagnostic Statistical Manual-5 in 2013 (American Psychiatric Association, 2013; Wright, 2006)”

- Yates & Neuer-Colburn 2019

Defining Terms - Kink

Kink

- Abnormal or non-conventional sexual practices, concepts, or fantasies (Previously described in DSM as paraphilia)

Fetish

- Sexual fixation or need for an object or body part
- Often used interchangeably with “Kink” but technically distinct

BDSM

- Bondage/Discipline, Domination/submission, and Sadism/Masochism

Defining Terms - Kink

Top/Bottom

- The partner who gives stimulation/the partner who receives stimulation
- Often but not always synonymous with Domination/submission

Switch

- Someone who enjoys switching between Top and Bottom roles

Play or Scene

- Refers to the act of engaging in BDSM or Kink activities



Wide Range of Kinks – Over 946 Listed on Clips4Sale

“Your kink is not my kink, but your kink is okay”

“Don’t yuk my yums”

Kink Myths

- People get into kink because of childhood trauma or mental health issues

- “Experiences of childhood trauma, [or] personality characteristics, or the combination of both were not significant predictors for kinky sexual behaviors in adulthood.” Hillier 2019



- 2016 National Kink Health Survey High ACE scores Kinky = 9.6% National Prevalence = 15.8%
 - 75% of individuals are seeking mental health support unrelated to their kink interests, another 23% indicated the reason for seeking support was only tangentially related

Kink Myths

- Being involved in kink leads to mental health issues
 - Studies have shown that those involved in kink tend to show more favorable psychological factors than control groups
 - “BDSM practitioners were less neurotic, more extraverted, more open to new experiences, more conscientious, less rejection sensitive, had higher subjective well-being, yet were less [easily influenced].”
- 85.16% of kink practitioners said it affected their mental health in a positive way, only 1.1% said it affected their mental health in a negative way



Kink Myths

- Kinky people are just looking for sex (intercourse) or are hypersexualized (slut shaming)
- Many kinks may not involve sex at all and in many kink subcultures (i.e. shibari, spankos, CFNM, etc.) expecting sex is widely considered to be rude or even out of bounds during play parties or conventions
- Individuals in the kink community are usually more selective of partners because of the need to negotiate scenes, ensure matching kink interests, and to find the required skill level for some activities.



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Kink Myths

- Submissives lose the right to consent (aka you can't be abused or raped if you agree to be submissive)
 - Consent is almost universally more nuanced and detailed in kink relationships.
 - Consent is usually negotiated in detail as to what, how, how long, and under what conditions. The widespread use of safewords in the kink community is based on the idea that consent can be withdrawn at any point for any reason
 - Consensual non-consent play (aka slave play or rape play) is always negotiated ahead of time, time limited, and still contains agreed upon boundaries and/or safewords



Kink Myths

- Submissives lose the right to consent (aka you can't be abused or raped if you agree to be submissive) cont. . .
 - All the kink community's ethics abbreviations include consent
 - 4 C's – Caring, Communication, Consent, and Caution
 - SSC – Safe, Sane, and Consensual
 - RACK – Risk-Aware Consensual Kink
 - PRICK – Personal Responsibility, Informed, Consensual Kink





Questions? Insights?

Non-Monogamy

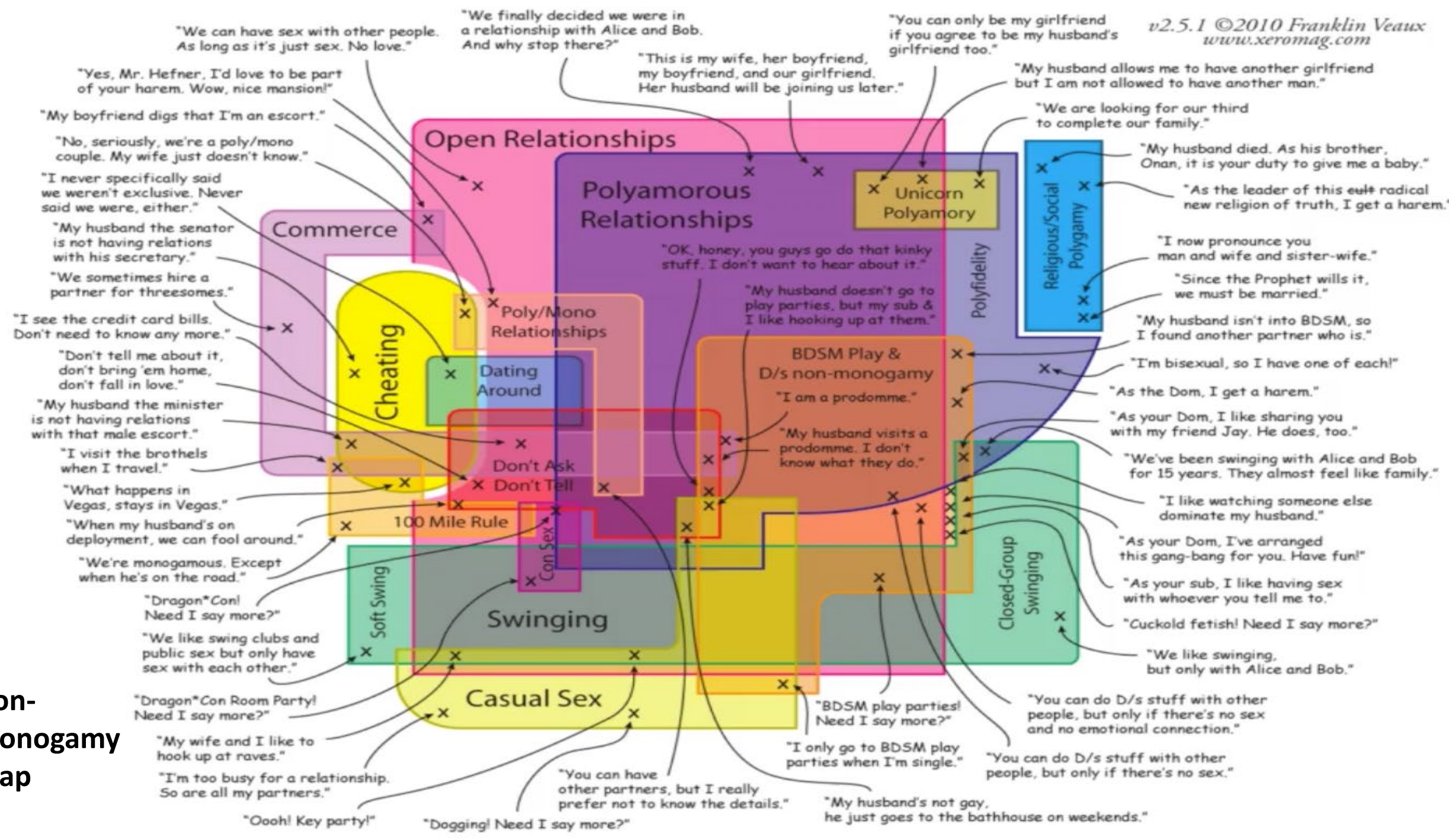


ENM Defined

- Ethical Non-Monogamy
- Engaging in romantic and/or sexual relationships with multiple partners when all partners are aware, give consent, and have their boundaries respected
- CNM – Consensual Non-Monogamy



Non-Monogamy Map



Prevalence

- ≈5% currently engaged in a relationship identified as ethically non-monogamous
- ≈19.6% have engaged in a form of ethical non-monogamy at some point in their life
 - How many people do you know that can speak a foreign language ?
 - In U.S. about 20%
- ≈ 16.8% desire to engage in ethical non-monogamy
- ≈ 11.9% feel that ethical non-monogamy is their ideal form of relationship





Need for Cultural Competency

- “Most people idealize monogamy and uphold a set of cultural assumptions that monogamous relationships are optimal and that monogamous romantic relationships should take priority” – Carvalho et al 2021
 - Think of your favorite songs about love
 - How many of them default to monogamy?
 - Think of your favorite Romantic Comedy or Romantic Drama
 - Did the resolution in the movie affirm monogamy? Would the plot exist at all if ENM was involved?



Need for Cultural Competency

- “Most people hold the belief that an exclusive coupled relationship is a “natural” part of the human experience and, subsequently, sexual behaviors outside of monogamous coupling are pathologized” - Carvalho et al 2021
 - Monogamy is central to attachment theory and the investment model of relationships
 - A research study (Conley et al 2017) showed institutional bias against studies favoring ENM



Need for Cultural Competency

- Only 14.2% of Americans indicated they have respect for people engaged in polyamory
 - Note: 16.8% desire ENM and 11.9% feel it is ideal but only 5% engage in it

More Non-Monogamy Terms

Polyamory (Poly)

- A form of ENM that emphasis “many loves” through multiple loving and romantic relationships with consent of all members and their partners.

Polycule

- A grouping of the poly person and their partners

Hierarchical Poly (primary/secondary)

- An ENM relationship formed with the understanding that one relationship will receive most of the time/attention and/or have special “rights”. Relationships are not seen as equally important.
- The opposite of non-hierarchical poly

More Non-Monogamy Terms

Nesting Partner

- Identifies the partner that one is living with and may or may not be their primary partner

Metamour

- The partner of your partner

Compersion

- The feeling of joy when another is experiencing joy. The opposite of jealousy

NRE (New Relationship Energy)

- The surge of feelings and emotions at the start of a new relationship. Can be difficult for other partners to handle

Relationship

Maps

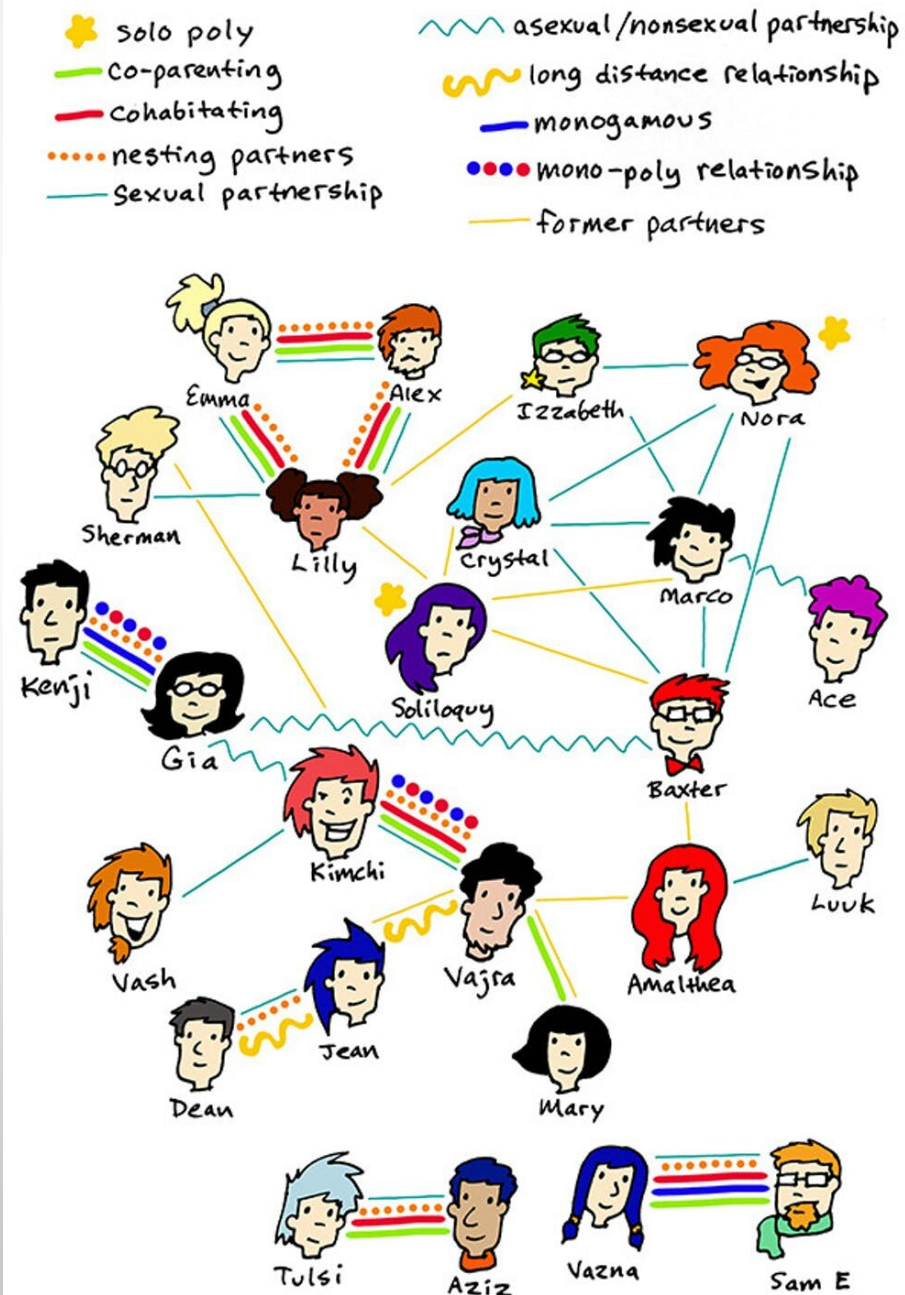
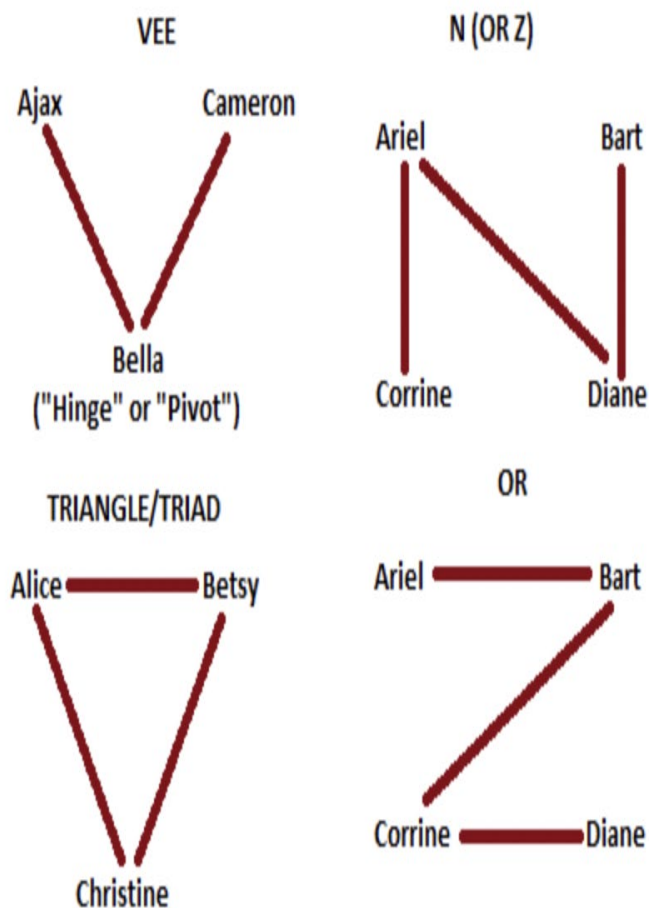
MONOAMORY/MONOGAMY

Alan — Blake

POLYAMORY

N (OR Z)

OR



Non-Monogamy Myths

- ENM relationships are just looking for sex (slut shaming)
 - No difference in frequency of sex between ENM individuals and monogamous individuals
- Sexual satisfaction was higher among individuals engaging in polyamory and highest among swingers
- No difference in sexual satisfaction between monogamy and open relationships



Non-Monogamy Myths

- ENM relationships are not stable
 - ENM and monogamous relationships have similar levels of commitment, longevity, satisfaction, and passion
- Psychological well-being and relationship quality is similar between ENM and monogamous individuals
- ENM relationships tend to have higher levels of trust and lower levels of jealousy



Non-Monogamy Myths

- ENM is exactly how STI's spread
 - No difference between spread or rate of STI's between ENM and monogamous individuals
 - Unfaithful individuals are significantly less likely to get tested for STI's or practice safer sex
 - Individuals who identify as or practice ENM are more likely to practice safer sex, be frequently tested for STI's, and communicate openly about their partners, risks, and sexual health issues





Questions? Insights?



Cultural Competency



Perspective on Cultural Competency

- “Most clients want to know that their counselors understands [sic] their worldviews, even if they do not share them.”
- “Empathy regardless of [culture] of counselor and client was the most important predictor of favorable treatment outcomes.”
- “The extent to which a cultural match is necessary in therapy depends on client preferences.”



Perspective on Cultural Competency

- “What matters is “self-knowledge and basic knowledge of other cultures, traits conducive to working well with diverse groups, and the ability to apply cultural competence in practical ways.”

Cultural Competency and Boundaries

- Clinical Boundaries “become pretty tempting because they allow us to set an arbitrary line and not have to set individual, situational limits”
REJECTED
- Peer Support Boundaries are flexible, dynamic, and individually negotiated



Cultural Competency and Boundaries

- What would you like me to know about your sexuality/relationships so I can support you the best I can?
- What kinds of responses do you want or would be most helpful when you talk about your sexuality/relationships?
- Do you feel like your sexuality/relationships is related to or important for the work we do?
- What concerns do you have regarding my responses to your sexuality/relationships?



Cultural Competency and Boundaries

- Think about if you can honor or find compromise with those responses
- Tell them:
 - Where your limits are and what you are not comfortable discussing
 - When you are uncomfortable and may need some time to process
 - If you need to find someone else for them to work with
- Reassess and renegotiate as needed



Traits Conducive to Cultural Competency

- Self-Reflection
 - If you have feelings, they are coming from an attitude or belief you hold
 - Check-in with yourself often and be willing to be critical of yourself



Traits Conducive to Cultural Competency

- Self-Reflection
 - Review the things you have done or said and ask yourself if they were appropriate, biased, and congruent with your values
 - Have you shown respect to the client?
 - Have you validated the client's identity?
 - Are you adapting to the client's cultural needs or are you asking them to adapt to yours?



Traits Conducive to Cultural Competency

- Partnership and Autonomy
 - We don't choose goals for clients, we don't put our definitions of recovery or crisis on the client, we don't choose the path of recovery or even if recovery is a goal



Traits Conducive to Cultural Competency

- Partnership and Autonomy
 - Allow the client to define their culture, it's relationship to the work you do, and what their cultural needs are
 - If you cannot do this, be honest with yourself and with the client
 - You need to be honest about your values



Specific Issues in Cultural Competency for Kink and ENM

- It is almost never about the kink or relationship style
 - Remember that only 2% of individuals are seeking assistance because of issues directly caused by Kink and/or ENM
 - Most of the time you just need to listen and the Kink and/or ENM is just context
 - Hearing, accepting, and validating the client's self-identity is the single most important thing you can do to demonstrate cultural competency

Specific Issues in Cultural Competency for Kink and ENM

- If you need to know more, do your own research
 - Don't make the client responsible for your education
 - Most of us are naturally curious about Kink and ENM but it is easy to overwhelm the client and distract from what they really need or want to focus on

Specific Issues in Cultural Competency for Kink and ENM

- The most common need is for you to monitor and correct the agency or care team
 - Very few people are trained in this area of cultural competency
 - Media portrayals (50 Shades of Grey) are highly inaccurate
 - The subject can be very shocking
 - When others learn about Kink or ENM practices they are very quick to judge, and it is your job to educate them



Questions? Insights?



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Recommended Website

[Clinical Practice Guidelines for Working with
People with Kink Interests](#)

[Alternate Link](#)

- Kink
 - <https://www.witchofthewands.com/2018/07/16/everyday-casual-sadism/>
- Diabetes
 - <http://www.christyduan.com/doctors-should-pay-more-attention-to-their-kinky-patients-heresquos-why.html>
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- Non-Monogamy Map

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