A roomful of leopards: differentiating intimate partner violence from consensual kink

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ABSTRACT
This article offers a comprehensive exploration of the complexities of BDSM relationships and their differentiation from intimate partner violence (IPV), highlighting the historical and cultural stigmatisation of BDSM practitioners, the impact this has on kinky survivors, and the challenges faced by clinicians in understanding and supporting this community. The author critiques the diagnostic and cultural competency limitations that become barriers to care for kinky survivors, offers specific suggestions for differentiating consensual kink from IPV, provides risk assessment guidance, and introduces the "Four P's Framework" to help clients assess their relationship to power within BDSM dynamics.

Keywords: BDSM and kink, intimate personal violence (IPV), negotiated consensual power exchange, stigma, pathologisation and anti-kink bias.

> Only by contrasting Good to Evil can we fully appreciate either. In a roomful of leopards, who notices a spot? And in a heaven full of saints, who notices a virtuous act?
>
> Marquis de Sade (2005, p. 50)

Introduction

Erotic minorities, especially practitioners of bondage/discipline, dominance/submission, and sadism/masochism (BDSM), have been stigmatised as long as psychologists have studied and classified sexuality. From Krafft-Ebing's (1886) attempts to classify sexual and relational behaviours into distinctive categories, to Freud and Brill's (1920) efforts to explain their desires, persons who seek highly sensory erotic experiences, in which they form power exchange relationships not mirroring social norms, or experience sexual desire for traditionally non-sexualised objects, have been classified as mentally ill (APA, 2022), morally defective (Meibom & Meibom, 1761), and downright sinful (Mechelke, 2019).

In the twenty-first century, many clinicians describe themselves as "kink aware". However, there remains no universally adopted educational curriculum for working with kinky clients, and many clinicians report crucial deficits in their knowledge of this community (Kelsey et al., 2013). This lack of cultural competency results in kinky clients reporting high rates of bias and stigma (Berzeh et al., 2012) from their providers—particularly providers conflating BDSM with intimate partner violence (IPV) and disempowering the clients they serve (Sand, 2019). We cannot hope to explore the full scope of BDSM

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practice or the myriad ways in which coercion and violence can present in relationships within the pages allotted, however, we can address many glaring misconceptions about kinky people, their often clinically maligned and misunderstood power exchange relationships, and BDSM as a relational model and an erotic identity.

Kink and IPV as time and place specific

Kink and IPV are deeply influenced by their specific time and place. Kink is:

> a broad term for sex not thought of as "traditional". The most common definition considers kink to be anything outside of intercourse-based sex between two monogamous partners, particularly when it includes non-traditional desires and fantasies. (Beredjick, 2019)

When thinking about kink in current times, it is worth reminding ourselves that the practice of masturbation was considered a shocking sexual taboo just a hundred years ago (Hall, 1992). This idea of masturbation as non-normative was challenged by Alfred Kinsey's mid-twentieth-century research (1948, 1953), and today, masturbation is viewed as a healthy aspect of sexual development and expression (Bockting & Coleman, 2012). Also, practices considered as kinky in the West may be normalised in other cultures, such as the polyandry of China's Mosuo people, or the early sexual initiation practices of the Trobriand and Mangaia tribes of the South Pacific (Mallasasime, 2022). Furthermore, clinicians may struggle to navigate these cultural shifts and, in turn, fail to consider BDSM/kink as a distinct subculture, instead approaching their kinky clients from potentially pathologising perspectives of their specific time-and-place (Hughes & Hammack, 2019; Padjen, 2021).

The definition of IPV has also evolved. Historically, women were considered property and subjected to legal and physical abuses (PACWRC, 2016). This gender paradigm, whilst not universal, was globally pervasive and existed well into the twentieth century. "Put in the simplest terms: women were the chattel property of men under law until the early twentieth century. Married women could not own property because they were property" (Dworkin & MacKinnon, 1988). Supreme Court Justice Hugo Black described the status quo in 1966 as "the old common-law fiction that the husband and wife are one. This rule has worked out to mean … the one is the husband" (Paul, 1989). Because women were "civilly dead" under the law, the concept of IPV, as opposed to household discipline one might administer to an unruly child, did not exist (Siegel, 1995). Even today, no consistent protocol exists for reporting, responding to, and prosecuting IPV. The US is a patchwork of state-by-state policies, legal definitions, and resources that makes accessing survivor-centred care challenging (Russell, 2017). This is further confused when BDSM/kink is brought into the equation. BDSM practitioners aren't a recognised class in any state, nor is kink-affinity considered a protected trait (Onoma, 2017). Some state laws prohibit residents from consenting to physical injury—such as a consensual impact play scene (Pride Legal, 2023). Both

kink and IPV illustrate how societal norms and legal interpretations evolve, impacting how behaviours are understood and managed across different times and places. This can make it difficult for clinicians to differentiate between consensual kink and IPV, particularly when the client does not feel safe enough to offer a complete picture of their identities or when the clinician lacks the cultural competency to ask appropriate questions.

Power and control

In IPV research, diverse theories all focus on the central concepts of power and control. However, ambiguity persists in defining whether these are distinct or synergistic concepts in IPV, leading to inconsistent interpretations and measurements (Wagers et al., 2021). Our theoretical understandings of power and control are tangled and subjective enough when it's clear the behaviour being studied is non-consensual or coercive. Unsurprisingly, the notion of negotiated consensual power exchange can throw a significant wrench into the case conceptualisation of many clinicians trying to differentiate atypical but mutually satisfying power exchange relationships from the manipulative explanations and embarrassed rationalisations of IPV perpetrators and their victims. Often our awareness of the potential for unreliable narratives within abusive relationships leaves the clinician unable or unwilling to accept that their kinky client is acting from a place of personal agency and informed consent.

The primary differentiator between consensual BDSM and coercive IPV is the ability of the receiving partner to say "stop" and have it respected. No matter what other terms have been negotiated between a kinky person and their partner, the ability to pause a scene, step out of a dynamic, or end a relationship, is foundational within healthy BDSM (Wiseman, 1996). Even kinksters in 24/7 total power exchange (TPE) relationships—where one is considered the owned property of the other and generally gives up their right to opt out of most requests—told researchers about self-defined boundaries their dominant partners cannot cross:

> If my Owner tells me to do something, he trusts that I'll do it, and I do. In turn, I trust him not to ask things of me that are truly beyond me, or things that will damage me physically and emotionally. While there are no situations where I have the "right" to refuse an order, he is aware that I will nevertheless refuse any order that compromises my principles, consequences be damned. (Dancer et al., 2006, p. 90)

The kinky client can always pause, renegotiate, or walk away from a situation that feels unsafe or unsatisfactory. The client in an abusive relationship typically cannot.

A common pop-culture trope is that "the submissive holds all power in a relationship". This is an attempt to contextualise consensual power exchange within a society most familiar with the coercive power-over models reflecting patriarchal capitalism (Linden et al., 1983). The idea that one can claim power over their partner within a negotiated, mutually agreed upon framework—

existing only for those who choose it and only for so long as they consent—is challenging to understand as genuine power. The person ceding their authority to the other is "in control" since they can end the arrangement anytime, right? Many submissives find this notion to be a devaluation of the choices they make about their lives and relationships. The self-discipline, negotiation, behavioural and emotional regulation, and genuine deference offered to one's top/dominant partner aren't entered into lightly nor viewed as role-played or feigned (Williams & Williams, 2011).

There is no power exchange where one has no power to give. Once given, the dominant holds power until the submissive chooses to reclaim it. The nature of consensual kink is willing and mutual agreement between informed partners. The interplay of power and control within BDSM, however, is *power-with*, not power-over. BDSM/sexuality educators Easton and Hardy posit:

> most tops are uncomfortable with bottoms who are excessively passive … (and have) discomfort with the idea of taking power from the powerless … We share power when we give control over to the top, and together we become enormously potent. (2001, p. 27)

On the other hand, abusers steal power. They don't ask or negotiate. They operate from a position of power-over, entirely disinterested in the needs, limits, or desires of their partners, and their abused partner cannot end without exiting the relationship entirely.

BDSM and childhood abuse: the case of Eric

Eric, a thirty-seven-year-old heterosexual cis-male, sought support due to shame surrounding his interest in sadomasochistic scenes involving religious themes. Eric reported his wife experienced a viscerally negative reaction to disclosures of his sexual fantasies and said, "You need therapy. Something is wrong with you. You need to figure out what made you this way." The idea that kinky people are kinky because they've been abused is a common form of anti-kink stigma.

> Psychoanalytic theory predicts that those with BDSM interests should have underlying psychological and personality dysfunction, as these interests are rooted in trauma that will result in mental health issues. (paraphrased from Ten Bring et al., 2021)

We already know that reports from BDSM practitioners regarding trauma histories are no higher than for their non-kinky peers (Connolly, 2006; Richters et al., 2008). Furthermore, a study of BDSM practitioners identifying as survivors of childhood trauma found that:

> personality characteristics (extraversion and neuroticism) do not significantly predict either dominant or submissive kinky behaviours or roles in adulthood … the combination of experiences of childhood trauma and personality characteristics do not significantly predict kinky behaviours/roles of dominance and submission in adulthood. (Hillier, 2019, p. 141)

At intake, Eric denied any history of childhood sexual abuse and reported an adverse childhood experiences (ACE) score of two, indicating parental divorce during childhood and emotional abuse ("religious scrupulosity") from a devoutly Catholic mother. Eric experienced messages of unworthiness, dirtiness, and shame in adolescence, informing his fantasies of intense sadomasochistic scenes involving religious elements such as scourging and crucifixion. Eric denied these fantasies were linked to specific traumatic experience(s). Eric stated:

> this is about selfless love. Jesus suffered because he loved us and that idea, someone loving us so much they'd go through anything, was comforting. Even if I wasn't really deserving of the sacrifice. As an adult, the idea of my partner suffering to show her love for me is hot and deepens my love for her.

The clinician's role is first to recognise countertransference, which may occur due to Eric's fantasies. The violent nature of crucifixion, for example, could evoke concerns about sexual sadism or negative feelings by a clinician who considers Eric's desires blasphemous. Psychoanalysis may ascribe maladaptive meaning to Eric's desires, though they're not traumatic in origin.

> Repetitive maladaptive behavior of non-traumatic origin arises from an evolutionary-based process whereby patterns of behavior frequently displayed by caregivers and compatible with a child's temperament are acquired and repeated. It has a familiarity and ego-syntonic aspect strongly motivating the person to retain the behavior. (Bowins, 2010, p. 282)

That said, kinky childhood abuse survivors should not be neatly bundled into either "traumatic origin maladaptation" or "non-traumatic origin maladaptation" boxes. Whilst evidence is insufficient to describe BDSM/kink itself a therapeutic modality, there is a body of autoethnographic and qualitative research exploring ways in which BDSM can be used as a vehicle for healing. A recent study identified six themes within this population:

> *cultural context of healing* (using BDSM norms and previous therapy to reframe kink and trauma), *restructuring the self-concept* (strengthening internal characteristics which had been harmed or distorted), *liberation through relationship* (learning to be valued by intimate others), *reclaiming power* (setting and maintaining personal boundaries), and *repurposing behaviors* (transcending painful memories through masochism). (my italics, paraphrased from Cascalheira et al., 2023)

Essential to Eric's work in therapy was identifying these themes in his exploration of BDSM. Recognising how his wife's revulsion mirrored the messages received from his mother (*restructuring the self-concept*) and expanding his capacity for creative expression of fantasies within a safe and consensual context (*reclaiming power*) created space for Eric to work through the childhood pain of emotional abuse without pathologising his sadomasochistic desires. Exploring his underlying desire for "selfless love" empowered Eric to recontextualise his fantasies not as shameful proof of "brokenness" but as capacity for genuine, reciprocal, and deeply affectionate love for his wife.

Clinical bias as a barrier to care

Another instance of tension between power-over and power-with lies in the very nature of the therapeutic relationship. White (1993) asserts, "A domain of knowledge is a domain of power, and a domain of power is a domain of knowledge" (p. 37). The clinician's role as keeper of specialised knowledge and, therefore, holder of power over the client, is one we cannot separate from the clinical assessment process. Ideally, clinicians will operate from a person-centred, client-led, shared decision-making perspective throughout the therapeutic relationship. However, this isn't always the experience kinky clients like Eric receive—particularly when it comes to their relational or sexual preferences regarding BDSM and other practices.

The subjective nature of BDSM and kink has resulted in multiple frameworks for what should be considered maladaptive, problematic, or even criminal. As a result, clinicians' perspectives on kinky clients are heavily informed by where, when, and by whom they were trained, resulting in varying interventional approaches, case conceptualisations, and diagnoses from provider to provider—even within the same area and time.

> Psychiatry has attempted to place categorical boundaries around its diagnostic concepts but has failed at numerous attempts not to over-diagnose … and has resulted in the pathologisation and stigmatisation of those participating in sexually diverse activities. (Tosh, 2015, p. 54)

The violence of stigma

Bias towards BDSM/kink can hinder effective therapy and lead to inaccurate understandings and assessment of the client's treatment needs. In one study, 50% of clinician "respondents indicated uncertainty as to whether most of those practicing BDSM are psychologically healthy" (Kelsey et al., 2013, p. 262). Clinicians are not separate from the societies in which they live, and unfortunately, BDSM practitioners still face significant social stigma. In a recent study, 86% of respondents reported at least one stigmatising belief and 77% reported at least one discriminatory attitude against BDSM practitioners (Schuerwegen et al., 2020). This might explain why fewer than half of kinky people are out to their healthcare providers due to "anticipated stigma" and concern "clinicians will confuse behaviors with intimate partner violence" (Waldura et al., 2016).

These concerns are justified when one reads much of the literature written about IPV and sexual assault. Feminist therapies have historically led the field in identifying IPV as a critical public health issue *and* in centring the personal wisdom of the client as the ultimate expert on their lives and experiences (Tosh, 2015). This affirmation and positive regard fades quickly, however, when the client discloses their kink identity or power exchange relationship. From Second Wave resistance to Samois, the revolutionary lesbian kink organisation founded by Gayle Rubin (Linden et al., 1983), to the hostility expressed towards self-described feminist pornographer and kink educator Tristan Taormino in the *Handbook of Sexual Assault and Sexual Assault*

Prevention (Foubert et al., 2019), feminist scholars writing about BDSM within the context of sexual violence often dismiss experiences of empowerment and agency expressed by BDSM practitioners in ways unheard of in other academic contexts. Echoes of this kink-scepticism and (often absolutist) anti-BDSM bias are common within the world of sex addiction treatment (Carnes, 1992) as well, making the choice of provider especially crucial for kinky survivors.

> Conflating assault with consensual kink is as harmful as equating rape with consensual sex. They're two completely different acts, carrying different physical and emotional risk levels. To confuse the two, intentionally or not, is to both trivialize sexual violence and further stigmatize kinky people's sexual orientation. It lets real abusers off the hook while throwing kind-hearted kinksters under the bus. (Sloan, 2019, p. 40)

Minority stress

Whilst there is still debate around whether kinky people should be included under the umbrella of queer identity or the LGBTQIA community, it's fair to say those with a sexual or relational preference for BDSM are erotic minorities compared to more "vanilla" practices. As with other marginalised groups, kinky people face discrimination, victimisation, pressure to conceal their marginalised identity, and internalised negative beliefs of self, resulting in increased adverse mental health outcomes (Alessi, 2013) and minority stress-related suicidality (Williams & Sprott, 2022). The latter is particularly concerning, considering survivors of IPV and sexual assault already face higher suicidality risks (Cavanaugh et al., 2011; Dworkin et al., 2022). Anti-kink bias *must* be understood as a central concern for kink-identified victims of IPV and sexual assault. Social science researchers note "disclosing one's interest in SM[1] to therapists can be dangerous. The 175 BDSM-inclined therapy patients surveyed … had experienced 118 incidents of biased care" (Berzeh et al., 2012,p. 40). In this way, the kinky survivor is first harmed by their abuser and then revictimised by responders and providers who lack the cultural competency necessary to meet their needs adequately. This creates a potential cycle of violence for the survivor where blame:

> predicted decreased sexual assertiveness, which in turn predicted revictimization and these results emphasize how victim-blaming responses are uniquely damaging, especially in the context of revictimization. (paraphrased from Bhuptani & Messman-Moore, 2019, p. 316)

Language and the kinky survivor

One example of inadvertently revictimising kinky survivors is the way language is used to describe the circumstances around their assault.

> Several scholars have provided worldwide evidence being "outed" as a BDSM practitioner can result in concerns involving child custody, employment, domestic violence allegations, and privacy … in addition, many kink practitioners reported

> being discriminated against when seeking help from medical or mental health professionals. (paraphrased from Afana, 2021, p. 22)

Because of the genuine fear of discrimination experienced by kinky people—especially Black, indigenous, people of colour, and queer survivors who face double-stigma of racism/homophobia and anti-kink bias (Cruz, 2015), many kinky survivors are reluctant to out themselves as BDSM practitioners when reporting an assault. Unfortunately, this can result in further stigmatisation by responders who may see elements of BDSM/kink present within the assault and use discriminatory or stigmatising language (such as pervert, deviant, freak, etc.) without being aware the victim is a practitioner of BDSM/kink. Conversely, because much of BDSM/kink is sensory and relational but may not include elements such as nudity or penetration (often considered cultural or legal "prerequisites" for a sexual assault) the kinky survivor may have their experiences misunderstood, their violations minimised, and their trauma invalidated.

Criminalisation of BDSM

The use of affirming language and willingness to believe that survivors can and do choose to engage in consensual BDSM and other kinks is key to being fully present for the kinky survivor. Survivor advocates have long understood that belief, a sense of control, and autonomy are core elements of the healing process for victims of sexual assault and IPV (Kirkner et al., 2021). A lack of belief in the agency of the kinky survivor to engage in consensual kink can become a double-edged sword during their interactions with law enforcement, advocates, and clinicians.

> The tendency to blame the victim of domestic violence and exonerate the perpetrator may be greater when the woman does not fulfill her traditional role or challenges the male dominant position in the relationship. (Valor-Segura et al., 2011, p. 198)

The insidious influence of gender role expectations can undermine belief in the survivor, which can directly impact both their trauma recovery and their pursuit of justice in three discrete ways: 1) doubting women's ability to consent to BDSM due to patriarchal norms; 2) assuming male survivors inherently claim more power in a patriarchal culture, thus overlooking male/nonbinary submissives and non-heteronormative dynamics within BDSM; and 3) blaming survivors for violence within BDSM contexts, attributing it to their involvement in perceived high-risk or socially unacceptable activities. Such biases are entrenched in legal systems criminalising consensual BDSM practices, leading to the dismissal of legitimate crimes against survivors (Woo, 2020).

As public awareness of BDSM has increased, and expressions of consensual kink have been normalised through popular (though problematic) depictions, such as *Fifty Shades of Grey* and the Netflix sitcom *Bonding*, so, too, has its use as a defence against allegations of IPV and sexual assault in courtrooms.

> Defendants rely on the argument that repeated sexual activity is less likely to be criminal: if it's routine, then it's not rape. This strategy relies on and reinforces myths and stereotypes about sexual violence, particularly partner/marital sexual violence. (paraphrased from Zaccour, 2021)

These myths and stereotypes, including the notion kinky people cannot be assaulted or are somehow responsible for their own violation, are rooted in an anti-kink bias and structural stigma where BDSM is seen as intrinsically deviant and, therefore, its practitioners as less deserving of protection (Herek, 2007).

Abusive dynamics within kink

We know sexual abuse and coercive control can exist within kinky relationships. We also know non-kinky perpetrators use the language of BDSM to mask their abuse. The difficult task for clinicians then is the discernment between what normative healthy kink looks like and what behaviours should be identified as problematic or "deviant". The notion of deviance is built into the language of both psychiatry and the criminal justice system. After all, both fields seek to differentiate the "normal" from the "aberrant" and to protect the former from the latter. This often creates a paradigm in which the couch and the court attempt to quantify just how much harm is acceptable before "deviance" can be accurately labelled (Tosh, 2015). This process can reinforce many stigmas experienced by BDSM practitioners, due to associations (within both the mental health and law enforcement communities) of sadomasochism with paraphilic sexual sadism.

This is most noticeable when one considers the severe sexual sadism scale developed by Marshall and Hucker (2006). Whilst this eleven-criteria measure itself is considered to be a reliable and valid tool for assessing risk in those being evaluated as potentially dangerous persons (Mokros et al., 2012), it fails to recognise that the sexual sadism diagnosis itself is controversial (Richards & Jackson, 2011) and is often misused (Frances & Wollert, 2012). This tool becomes most concerning when we consider the five behaviours considered "core" criterion—at least three (a–c) of which may result in a high false-positive rate amongst kink-identified people:

> The 5 items with the strongest weightings included the following: (a) the offender is sexually aroused by sadistic acts, (b) the offender exercises power/control/domination over the victim, (c) the offender humiliates and/or degrades the victim, (d) the offender tortures the victim or engages in acts of cruelty to the victim, and (e) the offender mutilates sexual parts of the victim's body. (paraphrased from Nitschke et al., 2012, pp. 1447)

If the notion of consensual power exchange challenges our framework of power and control, the diagnostic models are controversially subjective, and the measurement tools potentially problematic, how can we discern healthy, consensual expressions of BDSM and kink from coercive control and potentially criminal violation? To quote Marquis de Sade himself, "in a roomful of

leopards, who notices a spot?" (2005, p. 50) This author looks for the following warning signs and behavioural indicators when assessing the risk and safety of kinky clients and their relationships.

Abusive behaviours in any relationship

- Isolating partner from friends/family
- listening in on phone calls, screening texts/emails, using spyware
- tracking movement/location without consent
- withholding financial support
- withholding basic needs (food, water, adequate rest)
- deliberately unsafe play
- failure/refusal to treat injury
- punishment or scene play when angry
- using punishment to address non-kink related issues (if not negotiated)
- body/disability shaming outside of negotiated contexts
- destroying property
- threatening to harm children/pets
- threatening self-harm or suicide if relationship changes/ends
- threatening to "out" partner if they don't comply
- failing to stop when safe word or other signal is used.

Red flags in BDSM/kink relationships

Pushiness: attempts to goad the other into activities or scenes not negotiated, uses guilt/shame to get their way.

Non-negotiation: disinterested in setting limits, refuses to renegotiate agreements.

Boundary creep: the established lines between kink space and mundane/vanilla spaces begin to blur or get crossed.

Feedback rejection: minimises partner's needs, refuses to accept critique, invested in being right.

Gatekeeping: tries to define what a "real" kinkster looks like/does; uses authority to manipulate.

Learned helplessness: reluctant to manage activities of daily living, resistant to growth/change, over-reliance on partner, co-dependency.

Red flags in the therapeutic relationship

Lack of emotional insight: limited emotional vocabulary, no self-reflection.

Challenging the clinician: ego/power plays, attempts to exert dominance in sessions, resistance to clinical insights/suggestions.

Misogyny: expressed hostility towards women/femmes, transphobia/homophobia, affinity for or participation in incel/NoFap/pick-up artist (PUA) groups.

Disdain for partners: disregard for emotions, mockery, gaslighting, weaponisation of consent.

Rationalising aggression: victim blaming, minimising their own agency.

Rationalising non-consent: violating boundaries, creating or consuming non-consensual sexual media ("revenge porn").

Harm, not hurt: intentional injury of partners, children, or pets; cruelty in other domains.

Criminal behaviour: petty theft, stalking/catfishing, harassment, etc.

Intrusive/invasive behaviour: asking inappropriate or overly personal questions, "Google stalking" clinicians or others.

Play vs practice

The most significant differentiator between IPV/sexual assault and consensual kink is the prioritisation of consent as necessary for arousal, amongst those who describe desires which would be dangerous or even criminal if acted out.

> There were those who described intense rape and murder fantasies who sometimes wished to move beyond role-play but were surprised by how quickly they became turned off as soon as the pain, or lack of consent, became "real". Central to arousal was the importance of the acts being *not* real. (Tosh, 2015, p. 33)

BDSM practitioners who engage in highly sensory play may be perceived as violent or aggressive by outside observers—such as intense spanking, caning/whipping, needle/edge play, breath play, etc.—typically do so within a context emphasising the consent of those participating and could be categorised as prosocial sadists. As defined by NIU's Science of BDSM, prosocial:

> BDSM sadists reported higher levels of sexual arousal and showed a greater phallometric response to stories depicting sexual violence when compared to men with some sadistic interest and men with no sadistic interest, *but only when explicit consent was present*. (Erickson & Sagarin, 2021, p. 2)

In contrast, abusers often fall within the agonistic continuum, engaging in behaviours involving sexual gratification through the infliction of agony without consent (D'Orazio & Flinton, 2021). This includes not just physical but also emotional and verbal cruelty without the partner's consent, far from the negotiated consensual degradation of BDSM. Kahr (2018) notes how abusers can be outwardly "nice" people but exhibit deep cruelty towards intimate partners, finding gratification in their lack of consent, contrasting with BDSM practitioners who view consent as essential.

When assessing a client who fantasises about, or engages, in high-risk/high-sensation forms of BDSM/kink, the clinician should focus on the role consent plays in these desires. Asking detailed questions, using motivational interviewing skills, and approaching erotic themes from a place of non-judgemental curiosity can allow the practitioner to gain insight into whether the client is engaging in negotiated consensual kink, visualising a potential sexual/relational reality, or rehearsing pathological behaviour. The clinical question, as Tosh describes it, becomes whether the client is engaged in "play or practice" (2015).

The Four P's Framework

As we have already seen, mainstream conceptualisations of IPV can be less than helpful when working with kinky survivors. The intentional queering of power within BDSM relationships renders many conventional tools ineffective since the kinky survivor may not see their relationship dynamic or personal relationship to power represented. The Four P's Framework is a tool the author has developed to help kinky clients evaluate the coercive or collaborative nature of their relationships, without incorporating language that may not resonate with the client or accurately reflect their negotiated dynamic. The Four P's Framework allows the kinky (or non-kinky) client to assess their own level of personal power without undermining or pathologising any power they may have consensually ceded to their partner(s). These levels are as follows.

Pleasure

In a perfect world, most every intimate encounter our clients have would be a pleasurable one. Sexual pleasure has been linked to improved immune function, greater cardiovascular strength (Brody, 2010), reduced stress and anxiety levels, lower depression rates, and greater self-esteem as well as relationship strength (Resnik, 1997). Pleasure is a human right and optimally, when clients are asked to place their last intimate encounter within the Four P's Framework, they will indicate it was pleasurable.

Performance

Whilst pleasure is the ideal, we must acknowledge that for many—particularly longer-term relationships or those with mismatched libidos—pleasure isn't always the ultimate goal. Performance, in this instance, does not mean engaging in unwanted sex or allowing one's boundaries to be violated. Rather, it refers to the reactive desire experienced when one chooses to engage in safe, comfortable, intimate behaviours and the positive outcomes these moments evoke for the client (Castellanos, 2014). Performance in this framework might also be understood as what McCarthy (2015) calls "good enough sex". Ideally, our clients' intimate experiences should always fall within the realms of pleasure or performance, with the scale tilted significantly towards the former.

Persuasion

Persuasion refers to the verbal and emotional manipulation that can become insidious in unhealthy relationships as well as the gaslighting and outright coercion that occurs in abusive relationships. Persuasion can be hidden within the language of negotiation. However, it is distinctly different in that the persuader isn't open to alternatives and instead seeks to find the "right words" to get what they want. This can look like:

- If you really loved me, you'd just do it.
- I worked so hard today, it's the least you could do.

- If you want something from me, you must give something in return.
- A good submissive/bottom/pet wouldn't need to be asked.
- I can't be patient forever.
- If you were committed to this relationship, you would.
- Other couples are doing it, why aren't we?
- Do you want to go back to therapy and tell them you didn't want to, *again*?

Many relationships experience difficult times where one or both partners might be tempted to use the phrases above. But where this wheedling, cajoling attempt to "wear them down" becomes a pattern of behaviour, it can represent a significant devolution of the quality of the relationship and the persuader's respect for their partner's agency and autonomy. Persuasion is the pathway to power theft.

Power theft

Whilst best practice within the BDSM community is to implement and consistently utilise safe words or other stop cues, there are many who choose to forego these practices in favour of a more intense dynamic often referred to as master/slave, owner/property, or total power exchange (TPE). In these relationships, the submissive/bottoming partners consciously relinquish their right of refusal and trust their dominant/topping partner to scrupulously adhere to the limits, preferences, and boundaries put in place during their negotiations. The notion of "power-over" as problematic can feel incongruous, even within power exchange dynamics more limited in scope. As a result, it's not uncommon for some kinksters to resist the "power and control" language used by IPV-informed providers. Coming back to Easton and Hardy's model of "power-with", and the understanding one must first hold power to cede it voluntarily, opens up space for the kinky client to consider whether they're still choosing to surrender power within the relationship or if, perhaps, their partner has begun to steal it from them.

Elements of consensual kink

The purpose of this article has been to help the reader understand the context (time and place) for assessing minority sexual and relational expressions and effectively discern between these practices (which can sometimes be troubling to providers who aren't kink-informed) and genuinely coercive or abusive behaviours such as sexual assault and IPV. Our efforts would be incomplete if we did not touch on what healthy BDSM/kink should look like. There are five elements nearly all kink practitioners, educators, and researchers have identified as being universal to the practice of safe and ethical BDSM/kink:

- *Consensual*. Any form of BDSM, power exchange, fetish, or paraphilia play undertaken without full awareness and consent of all involved cannot be considered as ethical practice. Notably, "due to its emphasis on

negotiation and ongoing consent, BDSM may be correlated with lower rates of IPV and sexual assault" (Pittagora, 2020).

- *Negotiable*. Because consent is central within the BDSM/kink community, there is an expectation that any relationship, scene, or encounter will first be discussed in detail to define each person's needs, desires, expectations, and boundaries ahead of their intimate interaction. Ethical kink never begins with one party dictating the terms to another, even if they ultimately negotiate a dynamic in which that party has the authority to offer dictates in the future. Power-with comes before power is ceded/assumed.
- *Reciprocal*. Negotiation/renegotiation are centred within BDSM/kink because ethical kink is reciprocal. The partners know they'll experience mutual engagement, enjoyment, and agency within the unique dynamic created. Reciprocity shouldn't be confused with "fairness". Equality is rarely the goal within a power exchange dynamic. Rather, reciprocity centres "equality of expectation" (Goerlich, 2021). Even when the scene involves one partner inflicting intense sensation upon the other, or the relationship affords space for them to hold greater decision-making authority over their partner, these intentional imbalances have been discussed, negotiated, and carefully calibrated to ensure everyone involved has needs met, boundaries respected, and voices heard.
- *Adjustable*. Negotiation in ethical kink isn't a one-time process but a communications norm, revisited regularly by the parties involved. For some, this is a weekly check-in, where partners "step out of the dynamic" and address any issues, challenges, or concerns they're experiencing (Williams & Williams, 2011). For others, it may be an annual review of a formal slave/service contract. Even within 24/7 TPE dynamics, there is typically a mechanism to adjust or modify agreements or revoke certain consents (Cascalheira et al., 2022). A BDSM dynamic ceasing to be adjustable is at risk of becoming abusive.
- *Revocable*. Perhaps the defining characteristic differentiating ethical BDSM/kink from coercive abuse is that it can be halted by either party at any time. Whether this means adjusting the negotiated dynamic to revoke consent for actions once allowed (such as when a dominant/top decides they no longer wish their submissive/bottom to call them by a specific honorific or nickname), to modify the elements of a scene in real-time (communicating that whilst the idea of caning sounded fun when chatting, the experience is less enjoyable than expected), or to end the relationship entirely; either party can do so without fear. Disappointment may be expressed, or sorrow at losing a meaningful connection, but the request to stop will always be honoured. The fundamental difference between BDSM and abuse is that a single word or gesture can end a scene, but all the pleading, rationalisation, and bargaining in the world won't convince an abuser to relinquish control.

Conclusion

Whether they know it or not, almost every provider has encountered a kinky client. Depending on the study, anywhere from 2–8% of the population considers BDSM/kink to be a core part of their erotic map (Goerlich, 2021), especially as 36% of Americans tell researchers they incorporate elements of BDSM/kink into their sexual expression (Eveleth, 2014), and 50–60% of respondents fantasise about BDSM/kink (Joyal et al., 2015). Whilst the creators of the clinical practice guidelines for working with people with kink interests (Moser et al., 2019) have developed a comprehensive resource, belonging on the desk of every practitioner, little research has been conducted specifically on how IPV and coercive abuse present within BDSM relationships. Pittagora's research examining the role of consent culture as a mediating factor within the BDSM community (2013, 2015, 2020) is an invaluable starting point, but further research needs to be conducted to centre the lived experience of kinky survivors and develop resources, tools, and treatment protocols that affirm kink identities and relationships, even as they address immediate traumas.

What we do know from countless studies and a myriad of community voices is that it is entirely possible to engage in BDSM/kink safely and consensually (Moser, et al., 2019), that doing so has many relational and individual benefits (Mundy & Cioe, 2019), and that myths and misconceptions about BDSM cause harm in the form of anti-kink stigma and minority stress (Alessi, 2013). Kinky survivors deserve culturally competent trauma care, delivered by providers who do not exacerbate harm through lack of information or biases. This process begins when clinicians and responders can accurately and empathetically differentiate between IPV and consensual kink. In other words, we must learn to truly see and accurately assess the leopards.

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Note

1. Whilst the author understands there are many forms of kink *not* considered SM (or sadomasochism) it's important to understand this is a distinction without a difference when a survivor interacts with a provider who lacks the kink competency to differentiate this for themselves. One example of anti-kink bias is the notion that all kink is sadomasochistic in nature.

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