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**A Survey Study Investigating Stigma Towards BDSM in the General Population and Self-Stigmatization among BDSM Practitioners.**

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## **ABSTRACT**

Introduction: Previous research has shown rather high prevalence rates of BDSM-related activities in the Belgian population. Nevertheless, BDSM is still being stigmatized and pathologized. Yet very few studies have focused on these phenomena among BDSM practitioners and in the general population. The current two-part study investigated a) stigmatizing attitudes and beliefs about BDSM in the general population, and b) self-reported stigma in members of the BDSM community. Methods and results: In study 1, a cross-sectional survey questionnaire, containing the Big Five Inventory and a self-developed stigma-questionnaire, was completed by 300 members of the general population lacking any interest in BDSM (135 males, 158 women, 4 gender fluid, 3 genderless). Three dimensions of stigmatizing attitudes and beliefs about BDSM were identified, being prejudices, discrimination and incomprehension. About 86% maintained stigmatizing beliefs about these sexual interests and practices. Higher age, higher levels of conscientiousness, and lower levels of openness and agreeableness were found to be predictors for stigmatization. Study 2 involved 256 BDSM practitioners (110 males, 135 women, 7 gender fluid, 2 genderless) who completed a questionnaire with items concerning experienced stigmatization or discrimination because of their BDSM interests. About 28% reported not feeling comfortable to share their interests with the outside-world. Conclusion: These results suggest that people who do not conform to the current social standards of our society may not be explicitly excluded, but often seem to remain the subject of stigmatization and discrimination. Proper education about the concept of BDSM could be a first step in stigma-reduction.

Key words: BDSM; stigma; Big Five personality traits; experienced stigma

## INTRODUCTION

BDSM, formerly known as sadomasochism (or S&M), is an acronym for bondage and discipline, dominance and submission, and sadism and masochism. It refers to a range of (sexual) experiences and interactions in which, by mutual consent, the use of physical restraint, intense sensorial feeling, humiliation and/or fantasy about dominance and submission play a key part [1-4]. Interest in this form of expression of intimacy and/or sexuality is rather common, with survey studies reporting experience with BDSM-related activities in up to 50% of the general population [4-6]. Nonetheless, despite these high levels of self-reported experience with BDSM-related activities (including being tied up, whipping, spanking) only about 8% self-identified as a BDSM practitioner and of those, only 13% (i.e. 1% of the total population) indicated to have taken these interests outdoors (i.e. going to BDSM-related events) at least once in their lifetime [4].

The discrepancy between these high prevalence rates in the general population and the lower rates of actual self-identification as practitioner may partially result from the fact that BDSM is still being stigmatized and even pathologized. In the past, researchers and lawmakers have categorized these practices as sexual pathologies [7]. In fact, Krafft-Ebing was the first to describe both sadism and masochism in his 'Psychopathia Sexualis' [8], which was thought to be the bible of sexology in the 19<sup>th</sup> century [7], thus labeling them as illnesses. Similarly, Freud [9] considered BDSM practices to be a form of maladaptive coping styles. In the 1970s and 1980s, BDSM oriented scientific literature tended to focus on forensic aspects of these interests and SM-related deaths [10-11]. Today, sexual sadistic disorder and sexual masochistic disorder are still part of the Diagnostic and Statistical Manual of Mental Disorders (5<sup>th</sup> Edition) (DSM-5) [12]. This latest version of the DSM, however, distinguishes paraphilias from paraphilic disorders, and thus possibly contributes to

the destigmatization of BDSM to some extent. The recent surge of scientific BDSM literature has given more balanced insights in these interests [3] but nonetheless, the BDSM community is still impeded by misapprehensions and stigmatization not only by our society, but also by (mental) healthcare professionals [13]. By focusing on possible BDSM-related problems in psychotherapy, therapists may unintentionally sustain these stigmatizing beliefs in our society [14-15].

It can be argued that the distinct stigma surrounding the spectrum of BDSM, arises from the fact that it links sexuality to characteristics which can be negatively interpreted, such as pain, power display and humiliation, rather than the social norm (i.e., considering sexuality as an expression of romance, affection and tenderness). Moreover, previous research has illustrated that in general, people who belong to sexual minority groups (i.e., people within the LGBTQ-community, transgenders, and people with SM-oriented interests) are more likely to be confronted with stigma [16-19]. Such stigma leads to increased levels of psychological distress [20-21], causing several psychosocial problems, such as feelings of hopelessness, emotional dysregulation, negative self-schemas and feelings of social rejection [22-23]. The impact of structural stigma in sexual minorities has been associated with suicide attempts [22,24] and higher mortality risk mostly driven by suicide-related deaths [23].

In an attempt to identify factors that may influence one's tendency to stigmatize, a variety of research has focused on exploring the relationship between personality and stigma, prejudice and discrimination. For instance, Yuan et al. [25] investigated the effects of personality on stigma towards mental illness. Their research found a negative relationship between personality traits agreeableness and openness, and stigma towards mental illness. Similarly, the results found by Cramer et al. [26] showed a large negative relationship between Big Five personality trait openness and antigay prejudice on the one hand, and

between openness and right-wing authoritarianism (RWA) on the other. RWA was, in its turn, positively related to antigay prejudice. Other, more recent research also linked lower levels of openness to higher levels of homophobia [27].

In addition to being confronted with stigma, people who belong to sexual minority groups sometimes internalize these stereotypes, prejudices and discrimination toward themselves, thereby inducing self-stigma [28]. Self-stigma is, in its turn, associated with higher levels of negative emotions (e.g., guilt, shame, and stress) and depression [29]. A study of Timmins et al. [30] showed that higher levels of prejudice events (i.e., events in which one is confronted with acts of stigmatization and discrimination, such as harassment because of their sexual minority position) were associated with higher levels of expectations of rejection and self-stigma in transgender individuals. Secondly, self-stigma in itself was found to be associated with psychological distress. Herek et al. [31] even argued that sexual minority individuals who report higher levels of self-stigma are more likely to conceal their sexual orientation to people outside of the sexual minority population, such as parents, heterosexual acquaintances and friends, and coworkers. Disclosure of one's sexual identity, on the other hand, is associated with positive psychological outcomes [32].

In the past, an abundance of scientific research has addressed stigmatization and its possible consequences in the LGBTQ-community, yet so far very little studies have focused on these phenomena among BDSM practitioners. The current study is the first to a) investigate stigmatizing attitudes and beliefs about BDSM in the general population, and b) to gauge self-reported stigma in members of the BDSM community. In line with previous research by Cramer et al. [26], and Allen & Walter [27], we hypothesize that participants of the general population who score higher on the Big Five personality traits openness and

agreeableness uphold less stigmatizing attitudes and beliefs towards BDSM in general and BDSM practitioners in specific.

## **METHODS**

### **Participants**

#### *Study 1*

A cross-sectional survey based on a self-developed questionnaire was conducted from January 2018 to February 2018. A digital invitation for participation was sent to a sample of the Dutch speaking general Belgian population (N = 300; 135 males, 158 women, 4 gender fluid, 3 genderless) by iVox (Leuven, Belgium), a market research and polling agency with access to a panel of 150.000 Belgian citizens of the general population. Only those subjects that indicated that they did not have experience with nor ever had any interest in BDSM were eligible for participation to the survey.

#### *Study 2*

In parallel, members of the Dutch speaking online BDSM community were recruited through Fetlife (a BDSM related social networking website) to participate in a similar survey, created in Survey Monkey. In total, 256 (79%) of the 325 BDSM practitioners who participated completed the survey.

### **Procedure and Measures**

#### *Study 1*

Information on BDSM and the purpose of the study was presented in an online informed consent. Afterwards, the questionnaire was presented, which consisted of four sections: (1) general questions on demographic variables, (2) questions concerning one's sexual identity, (3) a set of 23 questions assessing one's attitudes and beliefs towards BDSM practitioners, and (4) the Big Five Inventory (BFI) [33], a self-report questionnaire, based on the Five-Factor Model of Costa and McCrae [34], gauging the Big Five personality traits (i.e., Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness), was presented. The questionnaire encompasses 44 items that are to be scored on a 5-point Likert Scale with 1 being "completely disagree" and 5 "completely agree".

Since there are no existing questionnaires which measure stigmatization against BDSM practitioners, we based ourselves upon the Stigmatizing Attitudes and Beliefs Actions Scale (SABAS)[35] and the Beliefs towards Mental Illness scale (BMI) [36] in order to construct a stigma-questionnaire which explores stigmatization of BDSM practitioners within the general population. SABAS is a self-report questionnaire containing 18 items which measure abortion stigma at both individual and community level. These questions were rephrased in order to gauge stigmatization towards BDSM interests. The BMI is a self-report questionnaire, constructed to assess stereotypical beliefs on mental illness (e.g. 'mentally ill people are dangerous', and 'individuals with mental illness are socially untrustworthy').

The final rephrased questionnaire, developed for the current study (see Table 4), contained 23 items. Participants were instructed to indicate to what extent they agreed with these beliefs. All items were scored on a 5-point Likert Scale with 1 being "completely disagree" and 5 "completely agree".

## *Study 2*



In addition to gauging demographic variables and questions concerning their BDSM-related identity and interests, BDSM practitioners were asked to answer 9 items (e.g., ‘have you ever been bullied, intimidated or socially excluded because of your BDSM activities?’, ‘have you ever had relationship problems because of your BDSM preference?’) gauging to which extent they experienced stigmatization or discrimination because of their BDSM interests in their lives (see Table 4). These items were dichotomous and had to be answered with “yes” or “no”. If “yes”, participants were asked to specify the situation in which this occurred.

Second, 15 items regarding self-stigmatization were presented (see Table 4), of which 4 items questioned negative feelings during or after BDSM play (e.g., ‘to which extent have you ever experienced feelings of shame during or within the first few hours after participating in BDSM play?’), and 10 items gauged possible effects of BDSM on several aspects in the respondents’ life (e.g., ‘how do you estimate the effect of participating in BDSM-related activities on your relationship?’, ‘how do you estimate the effect of participating in BDSM-related activities on your ability to cope with negative experiences?’). Last, respondents were asked how often they had ever experienced feelings of shame or regret after BDSM play.

### **Data Analysis**

Both IBM SPSS Statistics 25 and JMP were used to conduct the statistical analysis. Descriptive statistics were used to report demographic variables for both the general population and BDSM practitioners. Second, descriptive analysis was used to determine prevalence rates of experienced stigma and self-stigma in BDSM practitioners.

In order to analyze the absence or presence of stigmatizing attitudes and beliefs, scores were dichotomized with scores 4 or 5 pointing towards the presence of stigma on each item, and other scores (1-3) pointing towards the absence thereof.

Categorical Principal Component Analysis (CATPCA) was conducted on the 23 stigma-items in order to determine the number of categories needed and to identify the nature of these categories by content. An initial analysis was run to obtain eigenvalues for each factor. The Kaiser's normalization criterion, which specifies a cut-off score for eigenvalues of 1, was used to determine the number of factors to extract. All factor loadings were rotated using the orthogonal varimax rotation method to maximize the dispersion of loadings within factors. A cut-off score of  $r = .40$  for factor loadings was used to attribute items to a specific factor. Factor scores were calculated for each participant. Next, item scores were recoded with scores of 1 to 3 as 0, and scores 4 and 5 as 1 in order to indicate, respectively absence or presence of each stigma item. Thereafter, prevalence rates were determined for all 23 items and for each stigma factor.

In order to investigate which variables predicted the amount of stigma, we performed a series of linear mixed model (LMM) analyses, with Prejudices, Discrimination and Incomprehension as the dependent variables. LMM are relatively new statistical linear regression models that allow containing both fixed (i.e. the independent variables of interest in the model that have predictive value towards the dependent variable that is being investigated) and random effects (explaining the variation in the model that is not explained by the independent variables of interest). The following variables were entered in the model as fixed factors: age, gender, education, sexual orientation, and personality trait scores. Subject ID entered each of the LMM as a random effect variable. For these LMM analyses the statistical program JMP was used.

## **RESULTS**

### **Study 1**

### *Demographics of the general population*

A total of 300 non-BDSM respondents of the general Belgian population completed the survey. The vast majority identified themselves as heterosexual (93%), 4% as heteroflexible (i.e., primarily heterosexual orientation with minimal homosexual activity), and only 1 to 2% as bisexual or homosexual. Demographic variables are illustrated in Table 1.

### *Factor analysis*

We explored two through four factor solutions as part of the CATPCA. Three factors had eigenvalues over Kaiser's normalization criterion of 1. All factors combined, explained 64.74% of the variance. A four-factor solution improved total variance up to 68.82%, however factor four failed to load with only two variables. As such, the limited increase in explained variance of the four-factor model lead us to maintain the three factor-model as the final model. Table 2 shows the factor loadings of the three-factor model after varimax rotation. In total 15 items cluster on factor 1, a factor that represents items reflecting *Prejudices*, including items such as "People with BDSM interests have psychological issues". Factor 2 with 5 items represents *Discrimination*, including items as "I wouldn't like working with a colleague who practices BDSM". Finally, 3 items loaded on the final factor, representing *Incomprehension*, including items as "When BDSM practitioners let someone hurt them, it's not voluntarily".

### *Stigmatizing attitudes*

Item scores were recoded in order to indicate whether respondents disagreed or agreed with each stigma item.

Of the participants of the general population 14.3% ( $n = 43$ ) reported no stigmatizing attitudes and beliefs toward BDSM practitioners, whereas 85.7% agreed with at least one stigmatizing attitude or belief, 65.3% with at least two, and one out of three respondents agreed with at least five items. Only .3% ( $n = 1$ ) agreed with all but one of the 23 stigma items to some extent. Regarding the three stigma factors, 69% ( $n = 177$ ) reported to agree with at least one Prejudice item, in contrast to .3% ( $n = 1$ ) whom agreed with all Prejudice items. For the factor Discrimination 77% ( $n = 231$ ) agreed with at least one item, whereas 5.7% ( $n = 17$ ) with all items. In regard to Incomprehension, 42% ( $n = 126$ ) agreed with at least one of the items, and 4% ( $n = 12$ ) with all of them. Table 3 presents the top ten stigma items to which respondents of the general population agreed most.

We investigated which demographics and personality traits predicted each of the three stigma factors. In the final model, total Prejudices scores were predicted by conscientiousness ( $F(1, 292) = 10.18, p = .0016$ ), openness ( $F(1, 292) = 4.51, p = .0346$ ), age ( $F(1, 292) = 11.85, p < .001$ ), age\*openness ( $F(1, 292) = 4.11; p = .0436$ ), with in addition sexual orientation marginally reaching significance ( $F(3, 292) = 2.38, p = .0696$ ). Participants of higher age, higher conscientiousness and lower openness tended to display higher prejudice scores.

Discrimination scores were predicted by high conscientiousness levels ( $F(1, 291) = 14.40, p < .001$ ), gender ( $F(3, 291) = 3.15, p = .0254$ ), age ( $F(1, 291) = 4.30, p = .0389$ ) as well as sexual identity ( $F(3, 291) = 2.95, p = .0330$ ). People of older age, women and non-bisexually oriented people seemed to report more discriminatory attitudes.

Finally, Incomprehension was predicted by personality traits agreeableness ( $F(1, 293) = 5.14, p = .0241$ ) and openness ( $F(1, 293) = 4.19, p = .0415$ ), age ( $F(1, 293) = 9.31, p = .0025$ ), and sexual identity ( $F(3, 293) = 3.03, p = .0297$ ). These variables were found to have a

negative predictive effect on Incomprehension. Participants who scored lower on agreeableness and openness, as well as older and non-bisexual people were more likely to report higher levels of Incomprehension.

## **Study 2**

### *Demographics of the BDSM population*

In total, 256 (79%) of the 325 participants of the BDSM community completed the survey. Regarding BDSM-identity, half of the respondents identified themselves as Subs (50%), another 27% as Doms/Dommes, and 23% self-identifying as Switch. Demographic variables are illustrated in Table 1.

### *Experienced stigma and discrimination in BDSM participants*

Prevalence rates were determined for different types of experienced stigma and discrimination in BDSM practitioners. About 28% of the participants reported not feeling free to share their BDSM preference with others, whereas 64% did to some extent. Only 8% reported not feeling the need to share their preference with others. Regarding relationships, 35 % experienced problems in their relationships due to their BDSM preference, while in 32%, participants indicated that their preference had led to an erroneous choice of partners. Thirty-five percent of the respondents indicates not being able to experience their BDSM preference due to their partner. A minority of the population reported having experienced stigma at work (3.7%), being bullied (6.5%), being discriminated (7.4%), and having been in to contact with the justice system because of their BDSM preference (2.8%). For 14.8% their BDSM preference has led to negative experiences that were not related to BDSM play.

### *Self-stigmatization in BDSM participants*

Prevalence rates were determined for self-stigmatizing feelings and beliefs in BDSM participants. Almost 36% of respondents reported having felt regretful after participating in BDSM play at least once. Only 1% stated feeling regretful every time after having put their BDSM interests into practice. Furthermore, respondents indicated feeling ashamed (55%), confused (46%), weird or divergent (45%), and guilty (33%) during or after they participated in BDSM-related activities at least once. Of this subgroup of BDSM participants reporting regret, 2 to 4% reported experiencing these feelings almost every time.

In regard to possible effects of participating in BDSM-related activities on certain aspects in their life, only 1 to 5.5% of respondents indicated possible negative effects of BDSM on their relationships (5.5%), body image (5%), physical fitness (4.1%), assertiveness (2.8%), sex life (2.3%), their ability to cope with setbacks (2.3%), stress levels (2.3%), self-confidence (1.9%), their ability to communicate (1.9%), self-knowledge (1%), and insight into human nature (.9%).

## **DISCUSSION**

The current study investigated stigmatizing attitudes and beliefs about BDSM in the general population as well as self-reported stigma in members of the BDSM community.

In the general population, we investigated the presence of stigmatizing attitudes and beliefs towards BDSM practitioners. By use of an adapted stigma-questionnaire, we identified three dimensions of stigmatizing beliefs and attitudes about BDSM: Prejudices, Discrimination, and Incomprehension. Despite the lack of previous research to compare to, the prevalence rates of stigmatizing attitudes and beliefs towards people with BDSM interests found in the general population of the current study seem rather high. About 86% indicated to

agree with at least one stigmatizing attitude, whereas only 14% did not agree with any stigmatizing statement. The highest prevalence rates were found in Discrimination, with 77% of respondents whom agreed to at least one discriminatory attitude and Incomprehension having the lowest scores (44%). These results suggest that about half of the people of the general population cannot understand the appeal BDSM participants experience from their activities and even may attribute it to unhealthy dynamics (e.g. 'being hurt can't be voluntary') or pathological drives ( e.g. 'BDSM practitioners have a negative self-image'). Even more tend to have a discriminatory positioning towards BDSM practices and participants, as the most supported statements related to not wanting to have people with BDSM interests in their proximity or their personal lives. The results of the current study support previous research stating that people who belong to sexual minority groups are more likely to be confronted with stigma due to their sexual preference [16-18]. On the other hand, these prevalence rates seem to be in contrast to the sexual evolution our Western society has gone through the past years, seemingly limiting the taboo on the different ways to experience sexuality. With Belgium belonging to the countries with LGTBQ-positive legislation and government policies [37] it can be argued that the prevalence rates found in the current study appear to contradict the hypothesis of Kuyper and Fokkema [20] that sexual minority individuals might experience less stigma in countries with more civil rights equity and where societal attitudes towards this population are quite positive. Given the LGTBQ-positive policies in Belgium, there appears to be some openness towards sexual minority groups, but the results of the current study suggest that these positive values are not or only to a lesser degree reflected towards BDSM practitioners.

Second, we explored which variables predict stigma towards BDSM practitioners. Overall, age and the personality traits conscientiousness (i.e., being organized and disciplined), openness (i.e., being curious and open to experiences), and agreeableness (i.e.,

being compassionate and tolerant) were found to be predictors for stigmatization in the general population. Specifically, older people—especially women—who are more conscientious and less open to new experiences tend to exhibit more prejudices towards people with BDSM interests. Similar results were found for discrimination. Incomprehension concerning the voluntary aspect of receiving pain and the idea that people truly enjoy BDSM related activities, can mostly be found in older people and in people who score lower on agreeableness and who are less open to unknown or new experiences. Except for the personality trait conscientiousness, the results of the current study confirm previous research into the relationship between personality traits and having stigmatizing attitudes and beliefs in general [38], and towards people with different sexual preferences in specific, such as LGBTQ's [26-27]. The current results agree with previous research conclusions stating that especially openness seems to be a potentially important predictive factor for stigmatizing beliefs and prejudice. Previous research has mainly focused on the effect of this specific personality trait on stigma. Lower levels of openness were found not only to be associated to higher levels of homophobia and antigay prejudice but also to higher levels of right-wing authoritarianism and stigma towards mental illness [25-27].

A separate study investigated perceived stigma as defined by Herek [39]. Despite a rather large amount (64%) of BDSM participants of the current study report being able to share their BDSM interests with people outside of the BDSM community, still 28% of the BDSM participants does not feel at ease to share their interests with the outside-world. Experiences of stigmatization and discrimination because of their BDSM-related interests might influence their reluctance to share their sexual preferences. Especially in intimate relationships BDSM participants seem to experience stigma because of their BDSM interests. Approximately 35% of participants with a preference for BDSM don't put their interests into practice because of their current (sexual) partner, which of course may not only result from



stigmatizing beliefs of their partner, but also from the (sexual) preferences and boundaries of the latter. Apart from relationships, people with BDSM interests even have experienced stigmatization and discrimination at work and in contact with the justice system, albeit to a lesser degree. Despite the difference in prevalence rates, these results support Wright's [19] findings which state that people with SM-oriented interests experience stigmatization and discrimination in several aspects of their life (e.g. social, recreational, political). In addition, several BDSM participants reported not only having experienced possible negative effects due to their BDSM preference, but also experienced feelings of shame and regret during or after BDSM play, indicating the presence of self-stigma.

There are some limitations to the study. Apart from an adequate sample size, the scope of the study is limited to Dutch-speaking Belgian citizens with access to the internet. This applies to both participants of the general population as of the BDSM community, potentially limiting the generalizability of the results. Moreover, to assess stigmatizing attitudes and beliefs towards BDSM practitioners, an existing stigma-questionnaire had to be adapted to the BDSM-context and is thus in need of further validation. Furthermore, it is possible that the results of the current study are an underestimation of the actual prevalence rates of stigmatizing attitudes and beliefs in the general population towards BDSM, due to socially desirable responses of participants in the general population. Similarly, limitations are present concerning the questioned items assessing experienced stigma in the BDSM practitioners. It should also be noted, that the results on experienced stigma were based on self-reported lifetime experiences of stigma and discrimination, and thus are subject to recall bias.

Nonetheless, these findings may offer potentially important insights on understanding the psychosocial well-being of people who participate in BDSM-related activities. Our results

suggest that people who do not conform to the current social standards of our society may not be explicitly excluded, but often remain the subject of stigmatization and discrimination, despite political endeavors, based on the current results. Furthermore, these findings suggest the need for sensitization and normalization of these consensual sexual interests not only in our society, but also in (mental) healthcare professionals in particular as they might play a key role in the psychosocial and physical well-being of BDSM participants [13], and in currently preserving the existing stigmatizing beliefs in our society. Additional interventions and governmental or social policies to reduce stigma against sexual minority groups in general and the BDSM community in specific are necessary. Since it is repeatedly proven in empirical research that individuals who show higher levels of openness are less likely to uphold stigmatizing beliefs, a major opportunity lies within spreading knowledge and accurately informing individuals in our society about BDSM. Although our society might not be ready yet for such interventions, a first step in this direction may be by addressing this small part of sexuality in sex education. In this way people are taught, even at a younger age, that there are various aspects to acceptable, consensual sex. Further empirical research into this population might play an important role in the process of destigmatization. We hope that, by raising this awareness, we pave the road to further destigmatization of the BDSM community and people in general who share these interests in BDSM-related activities.

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## **Compliance with Ethical Standards**

### *Disclosure of potential conflict of interest*

Manuel Morrens has received funding for scientific research unrelated to the current project from Johnson & Johnson Belgium.

### *Ethics Approval*

The study was performed in line with the principles of the Declaration of Helsinki. Approval was granted by the ethical committee board of UZA/UA (University (Hospital) of Antwerp).

### *Consent to participate*

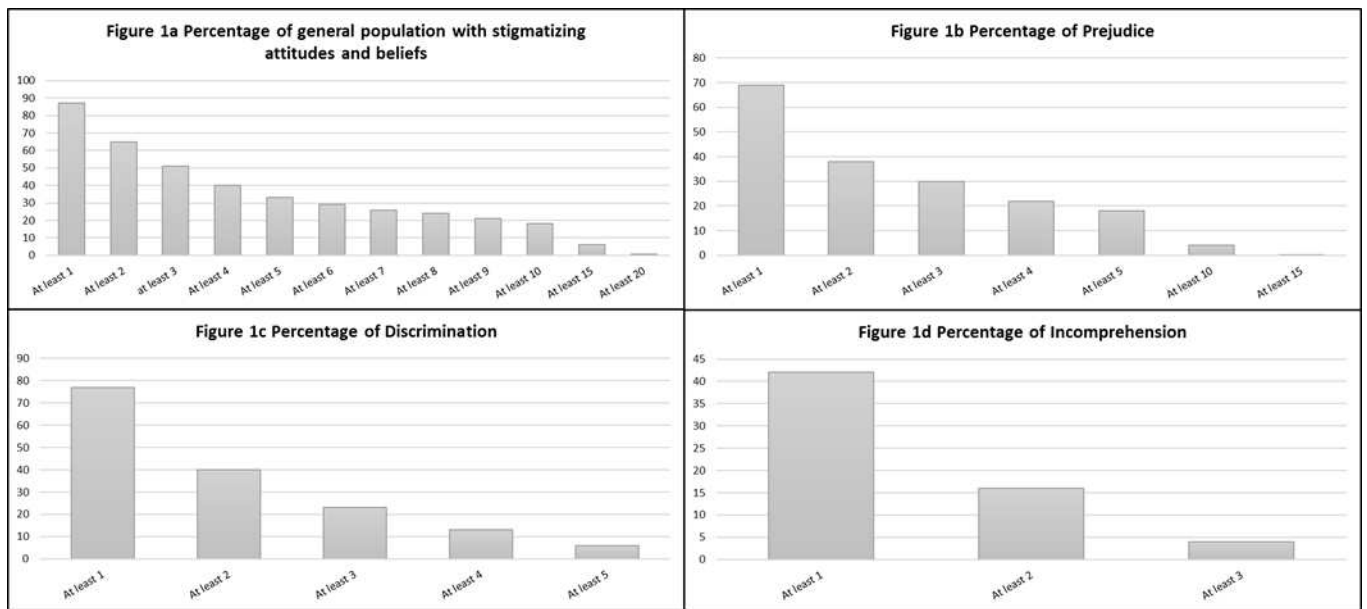
Informed consent was obtained from all individual participants included in the study.

*Consent to publish*

Not applicable.



## Figures



**Figure 1:** Prevalence rates of stigmatizing attitudes and beliefs in the general population towards BDSM practitioners.

(A) Total percentages of stigmatizing attitudes and beliefs within the general population towards BDSM practitioners. – (B) Percentages of Prejudices. – (C) Percentages of Discrimination. – (D) Percentages of Incomprehension.

## Tables

Table 1: Demographic parameters of participants of the general population and BDSM community

	General population ( <i>n</i> = 300)	BDSM community ( <i>n</i> = 256)
Age (y; mean $\pm$ SD)	40.3 (13.5)	40.7 (13.4)
Gender		
Male	135 (45%)	110 (43%)
Female	158 (53%)	135 (53%)
Other	7 (2%)	10 (4%)
Living Area		
Urban	39 (13%)	90 (35%)
Suburban	146 (49%)	121 (48%)
Rural	115 (38%)	43 (17%)
Education		
High school not finished	7 (2%)	0 (0%)

High school	119 (40%)	89 (35%)
University college	96 (32%)	107 (42%)
University	70 (23%)	47 (18%)
University (post doc)	7 (2%)	11 (4%)
<b>Sexual Orientation</b>		
Heterosexual	278 (93%)	112 (44%)
Heteroflexible	12 (4%)	72 (28%)
Bisexual	3 (1%)	37 (15%)
Homosexual	7 (2%)	10 (4%)
<b>BDSM-identity</b>		
D-type (Dom/sadist/...)	0 (0%)	61 (27%)
s-type (sub/masochist/...)	0 (0%)	115 (50%)
switch	0 (0%)	52 (23%)

Abbreviations: y = years; SD = standard deviation

Table 2: Component loadings of the stigma questionnaire items.

Items	Factor 1: Prejudices	Factor 2: Discrimination	Factor 3: Incomprehension
4. BDSM practitioners have psychological issues	<b>.603</b>	.353	-.325
5. BDSM is a form of abuse	<b>.622</b>	.264	-.369
8. BDSM practitioners are dangerous	<b>.665</b>	.439	.060
11. SM should be prosecutable	<b>.673</b>	.381	-.134
12. Shame if a relative practices BDSM	<b>.729</b>	.437	.065
13. BDSM practitioners can't work at a daycare	<b>.714</b>	.437	-.042
14. Difficult if a friend practices BDSM	<b>.730</b>	.339	-.177
15. BDSM practitioners can't be trusted	<b>.731</b>	.398	-.014
16. BDSM practitioners are no different than other people	<b>-.419</b>	-.591	.109

17. BDSM practitioners are bad partners	<b>.808</b>	.217	-.213
19. BDSM practitioners have a negative self-image	<b>.732</b>	.238	-.305
20. BDSM goes against feminist principles	<b>.792</b>	.258	-.099
21. There is no true consent	<b>.748</b>	.002	-.279
22. You're not a good person if you inflict pain on someone	<b>.847</b>	.239	-.170
23. BDSM is immoral	<b>.787</b>	.309	-.225
2. I'm afraid of BDSM practitioners	.530	<b>.424</b>	-.023
7. Don't mind working with a BDSM practitioner	-.314	<b>-.775</b>	.080
9. Don't mind living next to a BDSM club	-.118	<b>-.649</b>	.144
10. Don't mind living next to a BDSM practitioner	-.364	<b>-.818</b>	.052
18. BDSM practitioners aren't allowed to babysit	-.293	<b>-.623</b>	.316

1. Painful stimuli can't be enjoyable	-.104	-.209	<b>.756</b>
3. Being hurt can't be voluntarily	-.055	.043	<b>.665</b>
6. BDSM is an unhealthy form of sexuality	-.446	-.301	<b>.636</b>

*Note.* Rotation Method: Varimax with Kaiser Normalization.

Table 3: Top ten stigmatizing attitudes and beliefs.

	<i>%</i>
I wouldn't like living next to a BDSM club.	67
I wouldn't like someone who practices BDSM looking over my children.	40.7
I wonder whether the receiving party actually consents with BDSM and isn't just doing this to favor the other person.	33.7
BDSM is an unhealthy way of experiencing intimacy and sexuality.	33
Letting someone hit or submit you in the context of BDSM, points to problems with your self-image and self-respect.	25.7
Severe SM practices should be prosecutable.	22.3
I can't imagine people enjoy giving and/or receiving painful stimuli.	20.7
I wouldn't like living next to someone who practices BDSM.	20.3
I would find it hard if my best friend were to tell me he/she is a sadomasochist.	18.7
People with BDSM interests have psychological issues.	18.3

Table 4: Questionnaire items on stigma towards BDSM practitioners, experienced stigma, and self-stigma.

<b>Stigmatizing attitudes and beliefs towards BDSM practitioners</b>
I can imagine people enjoy giving and/or receiving painful stimuli.
I am afraid of people with BDSM interests.
When BDSM practitioners let someone hurt them, it's always voluntarily.
People with BDSM interests have psychological issues.
BDSM is a form of abuse within a relationship.
BDSM is a healthy way of experiencing intimacy and sexuality.
I wouldn't mind working with a colleague who practices BDSM.
BDSM practitioners are dangerous to outsiders (i.e., people who don't want to have anything to do with BDSM).
I wouldn't mind living next to a BDSM club.
I wouldn't mind living next to someone who practices BDSM.
Severe SM practices should be prosecutable.
I would be ashamed if a close relative practices BDSM.
BDSM practitioners should be prohibited to work in a children's daycare or school.
I would find it hard if my best friend were to tell me he/she is a sadomasochist.
Someone who practices BDSM is hard to trust.
Except from the BDSM context, people who practice BDSM aren't that different from other people.
Someone who hurts his/her partner in the context of BDSM is a bad partner.



I wouldn't mind someone who practices BDSM looking over my children (e.g., babysitting).
Letting someone hit or submit you in the context of BDSM, points to problems with your self-image and self-respect.
Submitting and inflicting pain on a masochistic women, with mutual consent, goes against all principles of feminism.
I wonder whether the receiving party actually consents with BDSM and isn't just doing this to favor the other person.
When you submit your partner or inflict pain on him/her, you're not a good person.
BDSM goes against every moral principle, and is just wrong.
<b>Experienced stigma in BDSM practitioners</b>
Have you ever come into contact with the legal system because of your BDSM activities?
Have you ever been inconvenienced at work or at social authorities because of your BDSM activities?
Have you ever been bullied, intimidated or socially excluded because of your BDSM activities?
Have you ever had relationship problems because of your BDSM preference?
Have you ever felt discriminated because of your BDSM preference?
Has your BDSM preference ever led to negative experiences that weren't related to BDSM play?
Did you ever feel like your BDSM preference has led to an erroneous choice of partner in the past?

Do you have an unexplored BDSM preference at the moment because your partner(s) aren't open to the idea?

How free do you feel to share your BDSM preference with others (outside the scene), should you feel the need?

### **Self-stigmatization in BDSM practitioners**

To which extent have you ever experienced the following feelings during or within the first few hours after participating in BDSM play?

- Shame
- Confusion
- Feeling weird or divergent
- Guilt

How do you estimate the effect of participating in BDSM-related activities on:

- Your relationship(s)
- Your sex life
- Your ability to be assertive
- Your ability to communicate
- Your ability to cope with negative experiences
- Your stress levels
- Your physical fitness
- Your self-confidence
- Your self-knowledge
- Your insight into human nature
- Your body image

To which extent have you ever experienced feelings of shame or regret after participating in BDSM play?