



Queer Women Transforming Trauma Through BDSM and Kink: A Qualitative Analysis

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Introduction

Bondage, discipline, dominance, submission, and sadomasochism (BDSM; Ortmann & Sprott, 2013), as well as other forms of non-traditional, alternative sexual practices (e.g., fetishism, paraphilia; collectively, “kink”), are frequently pathologized (Povls & Davies, 2012; Shahbaz & Chirinos, 2016; Weiss, 2015). To date, only one study has examined kink as a means to process early trauma (Barker et al., 2007). Framed from social constructivist (Sivan, 1986) and sex-positive (Crowell et al., 2017) perspectives, the present abstract aims to demonstrate the curative potential of kink (Sprott, 2020) and to reduce professional stigma.

The Rape, Abuse, and Incest National Network (2019) reported that 1-in-9 girls experience sexual abuse; 82% of all reported victims are female. According to the American Society for the Protective Care of Children (2018), 18.3% of child abuse cases involve physical abuse. While early trauma has deleterious consequences (Meston et al., 2006; Morrow & Smith, 1995), sexually abused women can develop positive sexual self-schemas (Hitter et al., 2017).

BDSM has been linked to childhood abuse (Hopkins et al., 2016; Nordling et al., 2000; Yost & Hunter, 2012), but larger studies found no evidence for this link (Richters et al., 2003, 2008). However, given that some therapists encounter BDSM clients with trauma histories (Lawrence & Love-Crowell, 2008), it is important that providers not stigmatize kink and conceptualize kink as contextually curative.

Evidence suggests that kink practices can alter consciousness (Ambler et al., 2017), reduce stress (Sagarin et al., 2009), and spur personal growth (Sprott, 2020). Community norms, such as aftercare (Ortmann & Sprott, 2013) and safe words (Langdridge & Barker, 2007), are especially relevant for trauma survivors.

Methods

Participants

Adults with a history of physical or sexual abuse as a minor were eligible. Twelve participants (Mage = 27.5, SD = 6.59) have been recruited from popular online forums (e.g., FetLife). All women identified as cisgender, 5 identified as pansexual (bisexual [4], bi-curious [2], lesbian [1]), 6 were single (polyamorous [2], monogamous [2], married [2]), and 9 identified as White (Latina [2], South Asian [1]). Five participants lived in urban environments (small city [4], suburb [3]) within the United States (10) and abroad (2). Eight had a bachelor’s degree or some college (graduate [3], high school [1]).

Procedure

Thematic analysis (Braun & Clarke, 2006) was used to analyze transcripts. In addition to participant checks, we use reflexive journals and audit trails hosted on the Open Science Framework (Patton, 2015). We intend to make transcripts and NVivo files available. Recruitment and transcription are ongoing. We generated the present results from reflexive journals and eight transcripts



BDSM-Congruent Therapy

It definitely solidified our therapeutic working relationship [...] I can tell this person that I go to a sex dungeon once a week and get hit with a riding croft and she’s not going to judge me [...] I remember the first time I told her anything. I was like, “ah! This is gonna be a shit show.” And she was just so non-judgmental about it and I was like, “nobody gets this—like nobody is this lucky.” (Odessa, cis woman, pansexual)

Gradual Exposure

So, you have your hard limits and then things that don’t bother you at all. And you can start out with the things that don’t bother you at all and then, slowly, work towards little things that, I guess, trigger you in a sense, and work your way. That’s what I’ve had to do. (Samantha, cis woman, bisexual)

I felt exact emotions that I felt in my life, having experienced those things before, and so, it’s like choosing to relive it—to like walk through it powerfully. (Luna, cis woman, bisexual)

“Caring About Your Pain”

It’s not actually about the pain, it’s about caring about your pain [...] So, I don’t have to cry to be alive or think to exist but the sensations just—I don’t know how to explain, actually. You feel really painful. You have a burning feeling that you can really, really feel it and you have to do something about it. So, you have a need to care about the pain [...] and care for yourself. (Natalie, cis woman, lesbian)

“Confidence Stemming From” Kink

You know, I’ve had people message me on [Kink.com] that—about my size [...] they were like, “there’s no way you’re size 14—stop lying.” And I was just like, “whatever. I know what size I am.” I’ve had people message me, you know: “I would love to fuck you.” [And I’m like] “No, honey. No, thank you, keep going.” [...] (laughing) I love those because it’s like the confidence is stemming from something. [...] I don’t take it anymore. I don’t. (Samantha, cis woman, bisexual)

Control Helps to Regain Power

With previous experiences sexually and [my abuse], I’d felt out of control in the sense that I couldn’t communicate when I was uncomfortable [...] I was being pressured [but with rope play,] this was a time when I was in complete control. If I didn’t want something, then it wasn’t going to happen. [...] So, even though I was, like, physically restrained [...] it was quite freeing because, even though I was the one who was bound, he was the one that was doing as he was told. (Ruby, cis woman, bisexual)

Results and Discussion

Generated themes support the development of kink-aware therapy (see Pillai-Friedman et al., 2015) while deconstructing norms of abuse (Kolmes et al., 2006) because, like other multicultural competencies, in-depth descriptions about kink-identified people are vital for reducing stigma (Lawrence & Love-Crowell, 2008). Queer women used kink to heal from, cope with, and transform their trauma. The BDSM community served as a cultural context in which the following themes became curative.

BDSM-Congruent Therapy

All participant had received some form of therapy, either before, during, or after they began involved with the BDSM community. Our participants made it clear that counseling psychologists should become kink-aware professionals (Pillai-Friedman et al., 2015).

Gradual Exposure

Participants described increased agency to control kink-related acts reminiscent of past trauma, resembling prolonged exposure (Cloitre et al., 2002). Luna stated that kink scenes are spaces where she can “trick [her] brain into relaxing.” Micala used kink roleplay to simulate reality to “fundamentally change [her] conception [of herself] as a sexual being.”

“Caring About Your Pain”

Participants described how masochistic pain releases emotional pain. Natalie’s trauma seemed to numb her body, so as an adult, she desires intense pain. Over time, the here-and-now pain of BDSM became greater than her memories. Reclaiming pain is a transformative aspect of kink (Shahbaz & Chirinos, 2016).

“Confidence Stemming From” Kink

Participants described an increased sense of self-confidence, a construct that was once in short supply due to abuse. Samantha said that by “sticking up for [her] kinks,” she has learned to be assertive generally. Maria echoed this sentiment. Strengthening internal characteristics is crucial in trauma recovery (Arias & Johnson, 2013).

Control Helps to Regain Power

Aspects of control emerged as curative. Due to her kink involvement, Odessa said “no” more often outside of play. JB reported that exploring herself as a domme allowed her to arrive at the realization: “I got to be who I think I am.” For others, like Lo and Lil, choosing to be powerless is a form of empowerment. Taking charge of sexual encounters is a crucial element in healthy sexuality among survivors of childhood sexual abuse (Draucker et al., 2011; Hitter et al., 2017).

Limitations

Results are tentative given that formal coding is in its infancy. Online recruitment may have excluded individuals from lower socioeconomic statuses and might not represent face-to-face BDSM communities, but purposeful sampling via the Internet is useful for hard-to-reach populations (Wilkerson et al., 2014). All participants had received therapy, so their ability to identify healing forces may be greater than the wider population.