BDSM 101 for the ED Nurse

By Linda Reimer

Fifty Shades of Grey (2011) by E.L. James, although not the first book on the market that explores the world of BDSM, has been the most popular, selling more than 100 million copies and being the most popular e-book ever downloaded. It was marketed as erotica fantasy for women and has been translated into more than 50 different languages. The sequel, *Grey* (2015), released this summer, has already sold more than a million copies and tells the same story from the perspective of the dominant Christian Grey.

Following the release of the first book in 2012–2013 the sex toy industry recorded a 8% increase in sales while home renovation and hardware stores sent out memos to their staff explaining how to respond appropriately to customers' requests for cable ties, rope and duct tape and outlines how managers were to keep a close eye on stock to ensure that it didn't become depleted ("Sex toy injuries rocket", February 2015).

Meanwhile, in the fall of 2014 in Toronto, a very popular national broadcasting radio host and Canadian celebrity was let go from his job for what he stated in a Facebook post was consensual rough sex. This story continued to evolve, eventually translating into four counts of sexual assault and one count of choking for Mr. Ghomeshi, to which he pleaded not guilty.

"In dozens of Canadian bedrooms, consensual couples are choking each other, verbally abusing one another and even striking each other with closed fists" (Hasselback, 2014).

What are the implications of these stories to health care providers and how can we counsel patients who may be exploring the BDSM scene? Can we distinguish between acting out a fantasy and assault? Can we care for patients who seek medical care for injuries in an informed, non-judgmental manner?

Initially we need to learn the language. BDSM stands for bondage and discipline/dominance and submission/sado-masochism and refers to erotic play and sexual acts that revolve around taking or relinquishing control. There is a continuum of activities that would be considered part of the BDSM realm. The National Coalition for Sexual Freedom (Moore, Pincus, & Rodemaker, 2014) offers these definitions:

Bondage: The practice of restraining individuals through the use of rope, chain, cuffs made for that purpose, or other devices or materials. The purpose can be to render the person immobile, to make the person accessible, or for the purpose of display, which might be intended to cause humiliation.

Discipline: The practice of controlling behaviour using rules and punishment. Punishment can be both physical, like spanking, and emotional, like humiliation.

Domination: When someone is granted control or authority in a scene, situation, or relationship. Dominants are usually referred to with a capital letter (e.g., You, D/s, Master, M/s).

Submission: When someone grants control or authority in a scene, situation, or relationship. Submissives are usually referred to with a lowercase letter (e.g., i, D/s, slave, M/s).

Sadism: Being sexually excited by the consensual application of force and infliction of physical or emotional pain in a scene, situation, or relationship.

Masochism: Being sexually excited by the consensual receiving of force and infliction of physical or emotional pain in a scene, situation, or relationship. Sometimes known as a "pain slut."

Prevalence of BDSM activities in Canada, reported in the Durex Global Sex Survey of 2005, indicate that 8% of adults have tried sado-masochism and 33% have used masks, blindfolds or other forms of bondage (compared to 20% worldwide). A CBC article from 2015 states that 10% of adults in North America have tried some form of BDSM and that 5% regularly engage in it.

Older data often quoted in BDSM literature states that *The Canadian Journal of Human Sexuali*ty reported that 65 per cent of university students interviewed for a 1999 study by Janus had entertained sexual fantasies about being tied up, and as far back as 1953 a study conducted by the Kinsey Institute, found that 55 per cent of females and 50 per cent of males had experienced an erotic response to being bitten.

"BDSM is intended to be a mutually pleasurable interaction between two people, in which any pain or stimulation that is consented to is welcomed by that person and is experienced as a form of pleasure" (Moore, Pincus, & Rodemaker, 2014).

Not everyone who incorporates BDSM play into their sexual experiences is a part of the BDSM "community". The community is a loose term for individuals who participate regularly in the BDSM scene. They may have a power differential relationship with one person and/or participate in parties at which they meet others who are interested in BDSM play or fantasies.

What is the difference between BDSM play and assault? The key is the issue of consent. Those who participate in the BDSM scene regularly outline the principles around consent using the guide "safe, sane and consensual" or "risk-aware consensual kink". Specifically, "safe" means being knowledgeable about the techniques and safety concerns involved in what is being done in the scene and acting accordingly. "Sane" means knowing the difference between fantasy and reality and acting accordingly. "Consensual" means respecting the limits imposed by each participant at all times. The use of a "safe word", agreed upon beforehand, ensures that each participant can end his or her participation with a word or gesture (LLC Statement on SM vs. Abuse, 2003).

Consent is negotiated ahead of any acting out within a scene, is very detailed and is ongoing. Hard and soft limits are discussed in advance. Hard limits are the acts that the individuals absolutely will not do or participate in and soft limits being those they may consider under the right circumstances. Using alcohol or drugs while acting out a scene is discouraged so that participants are able to stay alert and safe.

Some groups feel it is important to distinguish what BDSM is not. It does not involve violence, coercion or an activity that is non-consensual (The Sex Information and Education Council, 2012).

Consent in BDSM play is to be explicitly (and some say enthusiastically) expressed and it is important to note that consent can be withdrawn at any time (Luksic, 2015). This is the case in non-BDSM sexual encounters, as well. This may seem obvious, but it is also important to point out that one cannot give consent if not capable of doing so. A circumstance in which someone is passed out or is highly intoxicated is an example.

At this point in Canada, consent to activities that cause bodily harm is still a grey area. However, decisions are based on the premise that one cannot consent to something that will cause serious harm to the self. The pivotal criminal case on this issue is the 1991 Supreme Court of Canada decision R. vs. Jobidon in which the court determined consent cannot be used to excuse situations where adults intend to cause serious harm to one another.

The Ontario Court of Appeal ruled in R. vs. Welch (1995) that, "when the activity in question involves pursuing sexual gratification by deliberately inflicting pain upon another that gives rise to bodily harm, then the personal interest of the individuals involved must yield to the more compelling societal interests, which are challenged by such behaviour" (Hasselback, 2014). In other words, it is not in the best interest of society for the courts to agree that one can consent to physical harm in a sexual scenario.

Is it possible for those who participate in BDSM to have their rights violated? A study was conducted by the National Coalition for Sexual Freedom (2014) in which a survey was posted online asking members who identified as participating in the BDSM culture to respond to questions about consent violations. Almost one third (29%) reported that their pre-negotiated limits and/or safe word had been violated. Of those, one in three involved manipulation or coercion and one in four said a predator attacked them. Nearly one in three said the consent violation was caused by an accident, miscommunication or lack of skills or knowledge.

The largest percentage of participants said they were non-consensually penetrated (29%), only 2.7% reported the violation to police, and 7% reported having an injury that required medical attention while 0.5% reported receiving a serious physical injury that was life- threatening or serious enough to cause dysfunction in an organ or limb.

Injuries from BDSM play can range from superficial such as bite marks, bruises, welts to burns, lacerations, nerve damage and perforation to life-threatening and death. There may be a delay in seeking medical treatment due to embarrassment regarding how the injuries were obtained and risk of stigma. Maintaining a non-judgmental approach will ease the patient's discomfort in disclosing important details that may be relevant to a health care provider's assessment and treatment.

A search of the literature reveals case histories of injuries from vaginal and anal fisting such as perforation, lacerations, peritonitis and hemorrhage (Cohen, Giles, & Nelson, 2004). Other reported injuries include foreign body insertion in the rectum (for erotic purposes) including medical and surgical management (Caliskan, Makay, Firat, Karaca, Akgun, & Korkut, 2011).

Jay Wiseman (who has health care training and experience) is often recognized as a leader and educator within the BDSM world (*SM 101: A realistic introduction*, 2000), outlines five threatening moves that can put a participant of BDSM at serious risk of harm or death. He refers to them as "the bad five". They are self-bondage, chest punching, ball-kicking, gun-play and breath play. The one area that seems to be disputed in the BDSM world is the issue of breath play, which involves strangulation and suffocation during a sex scene.

Some of the allures of breath play are that the receiver describes sensory distortions, hallucinations and euphoria due to the anoxia. The "choking game" amoung teenagers and non-fatal strangulation in domestic violence literature outlines the dangers associated with a lack of oxygen to the brain. The risks associated with breath play include cardiac arrest, brain damage from anoxia and ischemia, stroke, seizure, aspiration and death (Toblin, Paulozzi, Gilchrist, & Russell, 2008). Denying the brain oxygen in any form should be considered very dangerous and not a game or play.

While there is little data on the prevalence, BDSM activities are probably more common than identified in the scholarly literature. It appears that with the immense popularity of *Fifty Shades of Grey* books and movies, more individuals are experimenting. While incorporating a blindfold or light spanking into a relationship brings inconsequential risk, there are many more concerns around the aggressive and potentially dangerous forms of BDSM activities. This is especially true in circumstances in which the participants are using drugs or alcohol, are not properly educated or not practising in a safe, sane and consensual manner. Having knowledge of BDSM language and activities, consent issues and the potential dangers will enable emergency room staff to ascertain a thorough history from patients presenting with injuries related to these activities and provide timely interventions. It also affords an opportunity for individuals who felt violated by the experience or who did not consent to connect with a forensic nurse or social worker.

About the author

Linda Reimer, RN, BScN, SANE-A, TITC-CT, is a registered nurse who has been practising in the field of interpersonal violence and forensic nursing since 1995 at the Domestic Abuse and Sexual Assault Care Centre of York Region. She has a Bachelor of Science in Nursing from the University of Toronto and a forensic studies certificate from Mount Royal University. Ms. Reimer teaches the Introduction to Forensic Health and Blunt Trauma Injuries at Seneca College and is a certified sexual assault nurse examiner and clinical traumatologist. She is a member of the Forensic Nurses Society of Canada, is on the board of the International Association of Forensic Nurses (IAFN) and was the recipient of the 2012 IAFN Achievement Award.