

Cracking the Whip: Examining the Relationships Between Practice,  
Acceptance and Interest of BDSM Behaviours

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### Abstract

BDSM (bondage, discipline/domination, sadism, masochism), when practiced consensually is a form of atypical sexual behaviour. It is often misinterpreted and perceived negatively by popular media and society in general. It is predicted that individuals who engage in BDSM and are more familiar with such practice, are likely to rate such behaviours as more acceptable than those who are unfamiliar with the practice. To test this hypothesis 233 participants were recruited using Facebook, to complete an online survey (surveymonkey.net). As predicted, it was found that generally all individuals were accepting of typical sexual behaviours however, those who were more familiar with BDSM, perceived it more favorably than those who were less familiar with the practice. The results suggest that it is important to become educated on the range of sexual behaviours that exist in hopes to eliminate some of the stigma and social unacceptability experienced by BDSM practitioners.

### **Cracking the Whip: Examining the Relationship Between Practice, Acceptance and Interest of BDSM Behaviours**

BDSM, with the acronym standing for bondage, domination/discipline, sadism, and masochism, is a criticized form of consensual sexual behaviour that encompasses a variety of practices (Faccio, Casini, &Cipolletta, 2014). The bondage and discipline components involve the practice of physically restraining your partner while incorporating rules in punishment (Faccio, Casini, &Cipolletta, 2014). The dominance and submission component involves establishing a set of rules, customs and rituals that are related to giving and receiving control between consenting individuals (Faccio, Casini, &Cipolletta, 2014). Finally, the sadism and masochism component is when one experiences sexual pleasure as a result humiliation, suffering pain, or pain infliction on another consenting individual (Faccio, Casini, &Cipolletta, 2014).

BDSM generally involves the exchange of some form of power or pain, which may or may not be in terms of sexual pleasure (Barker, Iantaffi, & Gupta, 2007). Within the BDSM culture there is a slogan that is used among many practitioners: “Safe, Sane, And Consensual” (Bezreh, Weinberg, & Edgar, 2012). The slogan is used to discriminate BDSM from pathological sadomasochism, a paraphilic disorder in which an individual needs to give or receive pain for pleasure (Barker, Iantaffi, &Gupta, 2007; Faccio, Casini, &Cipolletta, 2014). This slogan is also used to inform people that the behaviours that take place within the BDSM culture are different from typical violence and/or domination (Bezreh, Weinberg, & Edgar, 2012).

Perhaps the most important aspect of BDSM is consent (Faccio, Casini, &Cipolletta, 2014). Prior to engaging in any BDSM related activities, each individual

must consent to all behaviours, discuss any relevant medical conditions, and identify soft and hard limits (Stockwell, Walker, & Eshleman, 2010). Soft limits are behaviours that do not have a firmly marked limit. During BDSM play, practitioners will often go slightly beyond the pre-established limits as long as all involved are aware, and give their consent (Bezreh, Weinberg, & Edgar, 2012). This form of BDSM play is commonly found during edge play (Jozifkova, 2013). Edge play involves higher risk BDSM practices, and is not always accepted among individuals who have not been exclusive BDSM partners for a long period of time (Jozifkova, 2013). Hard limits are behaviours that firmly mark the threshold past which an individual is not willing to go and when these limits are set, practitioners are not to go beyond these limits (Bezreh, Weinberg, & Edgar, 2012).

Faccio, Casini, and Cipolletta (2014) noted four criteria necessary to the practice of BDSM. First, the right to withdraw, is an allowance for an individual who assumes the submissive role to withdraw from this role at any time during the scene (i.e., a scene is defined as any consensual sexual BDSM interaction: Jozifkova, 2013). Second, participants must use a 'safe word', a previously established word by the couple, which represents the end of the scene. Third, there is a flexibility of roles allowing participants the option of remaining in the same role, or changing the role from submissive to dominant and vice-versa. Finally, satisfaction must be shared between both participants although not necessarily at the same time. There should be an equal exchange of pleasure during various scenes, but it is important to note that pleasure does not solely include sexual pleasure, it can also include the exchange of power (i.e., from no power, to total power; Faccio, Casini, & Cipolletta, 2014).

Weinberg, Williams, and Moser (1984) also noted five core components of BDSM which were generally very similar to the criteria listed above. However, in addition to the four previously mentioned criteria, both individuals must also be aware that the behaviours they are about to participate in are BDSM in nature, and both individuals must understand that role-playing is a common behaviour within the BDSM culture. Further and importantly, participants must be aware that the expected roles, for an agreed upon amount of time, may not be based in reality.

Members of the BDSM community are often subject to stigma, social unacceptability, discrimination, and prejudice (Barker, Iantaffi, & Gupta, 2007). This negativity is mainly related to misunderstandings and miscommunications between BDSM participants and those who do not participate in such behaviour. For instance, there are two paraphilic disorders which share common characteristics with behaviours practiced within the BDSM community. Both sexual sadism and sexual masochism are identified in the DSM-IV as a form of paraphilic disorder (Barker, Iantaffi, & Gupta, 2007). Sexual sadism is defined as a marked preference for obtaining or increasing sexual gratification by inflicting pain or humiliation on another person while sexual masochism is diagnosed when an individual has experienced a preference for obtaining pain or increasing sexual gratification through subjection to pain or humiliation (Davison, Blankstein, Flett, & Neale, 2008). Both paraphilic disorders have two criteria which differentiate them from consensual BDSM (or any other form of atypical behaviour). First, the behaviour must last for longer than 6 months and recurrent and intense sexual arousal occurs from the physical or psychological suffering of another and is manifested through fantasies, urges, or behaviours (APA, 2013). Secondly, these sexual urges are

acted upon with a non-consenting person; the sexual urges/fantasies are the cause of significant clinical distress; or the urges lead to impairments in social, occupational, or other important areas of functioning (APA, 2013). Unfortunately for BDSM practitioners, their sexual proclivities often get misinterpreted as one of these non-consensual disorders (Barker, Iantaffi, & Gupta, 2007).

Possibly as a direct result of such misconstrued information, there is a major discrepancy between the perceptions of BDSM and the reality of it. For example, sadomasochists are often portrayed as sex consumers, rather than people who usually treasure an intimate relationship (Jozifkova, 2014). Individuals who choose to participate in BDSM do so because they have an interest in such behaviours and not because they have a history of abuse or other psychological harm (Faccio, Casini, & Cipolletta, 2014). In fact, individuals who participate in BDSM are usually healthy, both psychologically and mentally, and do not choose this lifestyle because of a negative experience they previously had (Faccio, Casini, & Cipolletta, 2014). It is very important that this information be clarified and that BDSM is at worst identified as an atypical behaviour, rather than a paraphilia/paraphilic disorder.

Although considered a relatively new practice by the public, evidence of the existence of BDSM dates as far back as 420 AD and can be seen in the *Kama Sutra* by Vatsysayana (Gross, 2006). The *Kama Sutra* states that pain can be experienced as pleasure resulting in sexual pleasure (Gross, 2006). There have been a number of examples of BDSM presented in popular media today, such as music, movies and TV shows. However, it was not until the release of the book *Fifty Shades of Grey* (James, 2012) that the topic of BDSM was brought out of the shadows. Before the release of *Fifty*

*Shades of Grey*, BDSM had also been presented in popular culture through a popular song written by Rhianna entitled *S/M* (Bezreh, Weinberg, & Edgar, 2012). Further, there was an example of BDSM practice in a popular television show called *Buffy the Vampire Slayer* (Weiss, 2008). Although it is perhaps a positive that BDSM is being exposed within popular media today, there is also a downside. Since the information conveyed through the media often is a false representation of what the BDSM culture entails, it often causes a disconnect between BDSM fact and fiction which in turn can perpetuate stigma (Weiss, 2008). For example, in the book/movie *Fifty Shades of Grey* the main character (Christian Grey) is a dominant, however it is not primarily by choice (James, 2012). Grey was introduced to BDSM at a young age, was traumatized by the behaviours, and blames his past for his present desires (James, 2012). He believes that he cannot help who he has become and places the 'blame' on another individual for why he is interested in BDSM (James, 2012). This is an inaccurate representation of the overwhelming majority of the BDSM culture because as the literature states, those who participate in BDSM do not usually have any history of abuse or trauma behaviour (Faccio, Casini, & Cipolletta, 2014). Unfortunately, the sale of millions of copies of *Fifty Shades of Grey* worldwide has helped to perpetuate these inaccuracies. Again, this reveals how information can be misinterpreted between those who are unfamiliar with the practice and in turn can be a source of stigma for member of the BDSM community.

One way that awareness of BDSM can be raised, and stigma can be reduced is through education. The more educated an individual becomes in a certain area, the less likely they are to demonstrate stigma (Bezreh, Weinberg, & Edgar, 2012). Studies have shown that sex education can have many benefits. For example, it delivers a means of

safety for an individual, by providing them with the risks and benefits associated with various behaviours (Ku, Sonenstein, & pleck, 1992), so they know how to act in a safe and respectful manner. Also, sex education has been found to be beneficial in stigma reduction, and raising awareness of the various forms of sexual behaviours that exist (Bezreh, Weinberg, & Edgar, 2012). As the literature suggests, the more familiar an individual becomes with various consensual sexual behaviours, the more positively they will perceive them (Stockwell, Walker, & Eshleman, 2010). The negative perception surrounding BDSM seems mainly found among individuals who are not familiar with such behaviour (Stockwell, Walker, & Eshleman, 2010).

The purpose of the present study was to examine people's perceptions and attitudes as they relate to BDSM. In particular, the study examined if attitudes about and participation in BDSM activities influenced participants' ratings of sexual behavior scenarios. . It was hypothesized that individuals who participate in, and are more familiar with BDSM, will be more accepting of the behaviour, and have an increased positive view of the practice, compared to individuals who do not participate and are not as familiar with BDSM. A similar hypothesis was supported by the findings of Stockwell, Walker, and Eshleman (2010) who found that those who identified with the BDSM culture were more accepting of the related behaviours. This hypothesis however, was tested in a sample of 9 individuals of whom only completed a high school diploma, and 8 psychology graduate students (Stockwell, Walker, & Eshleman, 2010). The participants in this study were asked to complete several different questionnaires and tests which measured their implicit and explicit attitudes towards BDSM (Stockwell, Walker, & Eshleman, 2010). The present study however, involves and much larger sample with a



greater age range. An additional aim of the study was to investigate the relationship between a wide range of sexual behaviours (BDSM and non-BDSM) in which participants participate in, and how acceptable and accurate participants view consensual BDSM interaction.

## Methods

### Participants

Recruited through Facebook, 233 participants (195 female, 37 male, 1 unidentified gender), volunteered to take part in the study by completing an anonymous online survey ([www.surveymonkey.net](http://www.surveymonkey.net)). The mean age of the female participants was  $M = 25.37$  (ranging from 19–58 years, there were two females who did not identify their age) and the mean age of the male participants was  $M = 24.73$  (ranging from 19–48 years). Upon completion of the survey, participants would be further classified, via a mean split, as willing/not willing, accepting/not accepting, and participating/not participating with regards to BDSM related sexual behaviour (see Figure 2).

### Materials and Procedure

Participants completed an informed consent process and a questionnaire (see appendix A) via [surveymonkey.net](http://surveymonkey.net) and by clicking “next” on the online consent page, participants authorized their willingness to participate. Participants were asked to fill out a two-part questionnaire. Part one consisted of a list of 40 sexual behaviours (20 non-BDSM, 20 BDSM). The list of behaviours was a collective sample that were retrieved from a variety of sources including a sexual behaviour textbook (*Our Sexuality 12<sup>th</sup> ed.*), internet websites, and various journal articles. All behaviours can be seen in the appendix B and Figure 1. Participants were asked to rate, on a scale from 1 (*very*

*acceptable/willing*) to 5 (*not at all acceptable/willing*), the acceptability of the behaviours and their willingness to participate in the behaviour. They were also asked to indicate if they have participated in the various behaviours.

The second section consisted of three different scenarios related to typical and atypical sexual behaviours between two consenting individuals. Each scenario was developed so they presented behaviours that were “clearly BDSM”, “ambiguous but non-BDSM”, and “clearly not BDSM”. The “clearly BDSM” scenario involved behaviours that were from the list of 20 BDSM behaviours, from section 1 of the questionnaire. The “ambiguous but non-BDSM” scenario included terminology from BDSM related behaviours (i.e. “whipping”) however, at no point during the scene was there pain inflicted (i.e. “whipping with a feather”), making the scenario not representative on BDSM, as BDSM involves giving or receiving pain for pleasure (Gross, 2006). The “clearly not BDSM” scenario included behaviours that were from the list of 20 typical behaviours, found in section 1 of the questionnaire.

For each of the three scenarios, participants were asked to determine if the scenario was representative of BDSM practice and were asked to rate how acceptable the interaction was, again using a 5-point Likert scale (*1- strongly unacceptable* to *5-strongly acceptable*). At the end of the questionnaire participants were asked to provide their age and gender.

The survey was conducted via Survey Monkey and distributed through Facebook. Prior to beginning the survey, participants were informed of the explicit content in the study, the study’s confidentiality and anonymity, and they were told they could withdraw from the study at any time. They were also informed that they could freely omit any

answer(s) that they were uncomfortable with. All participants completed the survey at their own pace and no time restrictions were present.

### Results and Discussion

The mean scores of each sexual behaviour was calculated and classified according to participants' acceptance level of each behaviour. Mean acceptability ratings of each behaviour can be seen in Figure 1. There were some behaviours that were rated very acceptable (i.e., white bars; cutoff  $M = 4.02$ ), and some that were rated unacceptable (i.e., black bars; cutoff  $M = 2.89$ ). Twelve of the behaviours were not clearly classified as acceptable or unacceptable (i.e., grey bars; between acceptable and unacceptable cutoffs). Since these behaviours were not classified clearly, this demonstrated that participants were neither accepting nor unaccepting of these behaviours. Also, participants were unsure if these behaviours were representative of BDSM or not (as seen in Chi-Square tests for independence below), which in turn could have influenced their judgment of the behaviours.

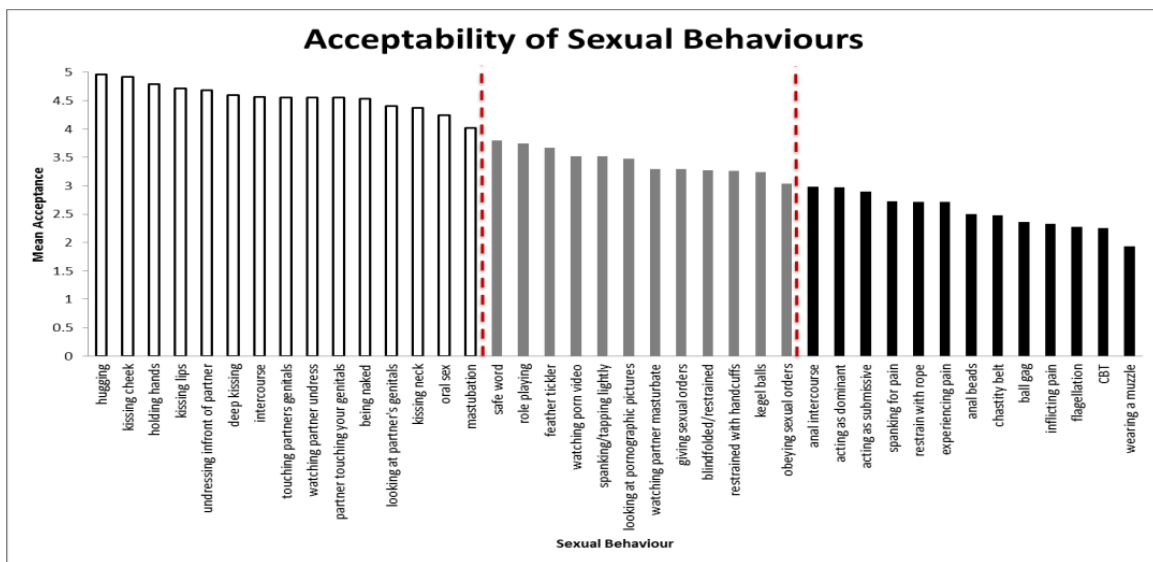


Figure 1. The average acceptance score of typical (white), atypical (black), and unclassified (grey) sexual behaviours.

Participants were classified into two groups (BDSM or non-BDSM) based on their evaluation of the forty behaviours. Those with scores above the mean ( $M = 57.46$ ) among the BDSM behaviours were placed in the BDSM group and those with scores below the mean were placed in the non-BDSM group. Scores above the mean for the three questions (i.e., acceptability, willingness to participate, and participation) indicated that those participants were more accepting, more willing to participate, and have participated in the listed behaviours. The sample sizes, based on the mean splits, for each question are presented in Figure 2.

Upon categorizing each participant as BDSM or non-BDSM, independent measures t-tests were conducted to determine if the perceived acceptance, perceived willingness to participate and actual participation in the twenty BDSM related behaviours, had an effect on how acceptable participants rated the three sexual scenarios (i.e., clearly non-BDSM, ambiguous but non-BDSM, and clearly BDSM). Table 1 presents the results for the independent measures t-tests. There were significant differences in the acceptance scores of the three scenarios based on one's own acceptability ratings of BDSM behaviours. The three scenarios were rated significantly higher by those who were more accepting of BDSM, than those who were not ( $p < .05$ ). with those who rated BDSM behaviours as more acceptable rating each of the scenarios

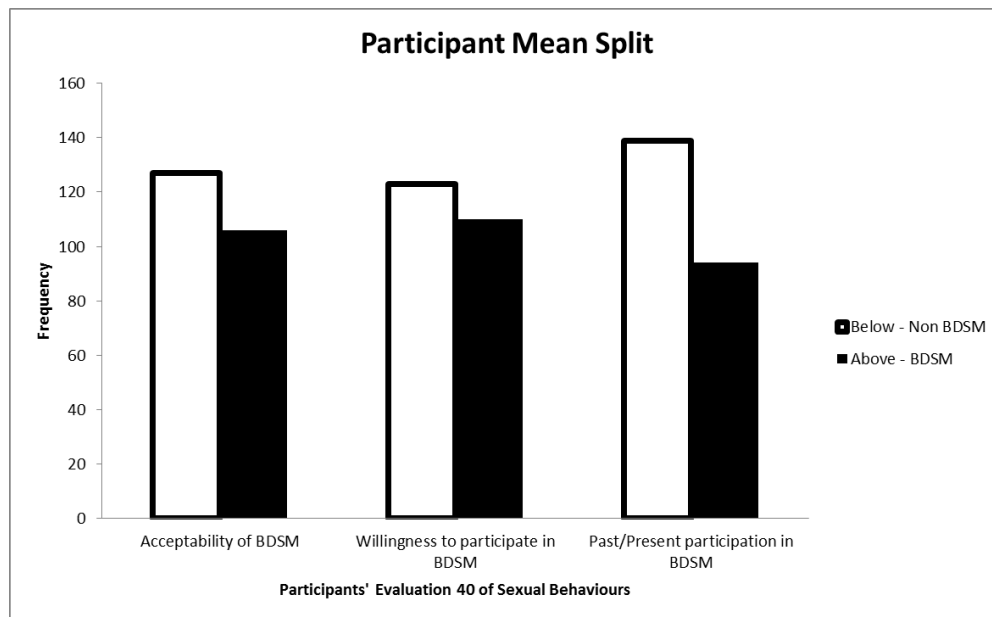


Figure 2. Participant classification based on scores of behaviours.

significantly more favorably than those who found the BDSM behaviours to be unacceptable. Likewise, there were significant differences in the acceptance scores of the three scenarios based on ones willingness to participate in BDSM ( $p < .05$ ) with those who were more willing to participate in BDSM rating each of the three scenarios as significantly more acceptable than those who were less willing to participate. Finally, there was no significant difference in the acceptance scores of Scenario 1 based on ones participation in BDSM. This suggests that whether one participated in BDSM or not did not have an effect on how acceptable they viewed the first scenario as both groups of participants rated scenario one as highly acceptable. There was however, a significant difference in how acceptable participants viewed scenarios 2 and 3. Those who participated in BDSM rated scenario two and three as significantly more acceptable than those who did not participate in BDSM. This result is consistent with previous results, in

that those who are familiar with BDSM practice are likely to rate such behaviours as more acceptable than those who are less familiar.

*Table 1.* Independent measures t-test equations.

	<b>Acceptability</b>	<b>Willingness</b>	<b>Participation</b>
<b>Scenario 1 (Non-BDSM)</b>	t(160.8) = -2.33, p = .021	t(163.11) = -2.40, p = .018	t(228.53) = -1.65, p = .100
<b>Scenario 2 (grey)</b>	t(230.76) = -3.31, p = .001	t(229.58) = -4.74, p = .000	t(231) = -2.09, p = .038
<b>Scenario 3 (BDSM)</b>	t(216.43) = -5.28, p = .000	t(207.12) = -7.99, p = .000	t(213.48) = -3.80, p = .000

To assess the participants' accuracy judgments of each scenario in terms of representing BDSM or not, Chi-Square tests for independence were conducted. Results of these tests revealed that there were no significant relationships between any of the classification splits and how accurately people classified the three scenarios ( $p > .05$ ). These results suggest that regardless of how participants were classified (i.e., more or less acceptable, more or less willing, higher or lower participation rates), the accuracy of scenario classification did not change (see Figure 3). To reiterate, scenario 1 was non-BDSM, scenario 2 may or may not have been perceived as BDSM, and scenario 3 was BDSM.

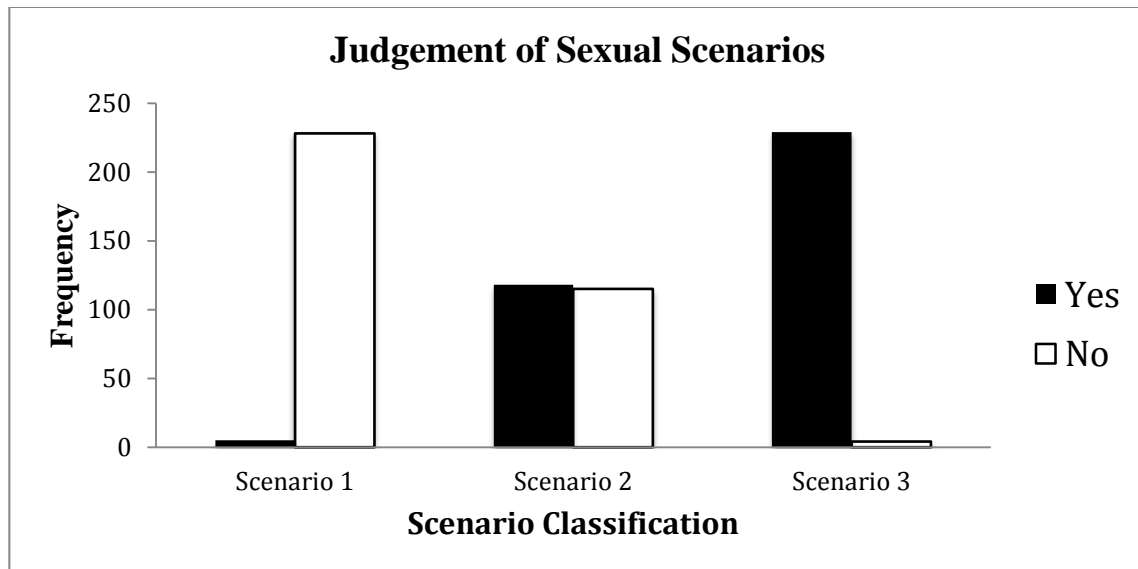


Figure 3. Classification of BDSM scenarios.

Nevertheless, regardless of participant classification, the accuracy of scenario judgments differed across each scenario. One sample binomial tests revealed that scenarios 1 and 3 were accurately classified ( $p = .000$ ). While scenario 2 was not ( $p = .896$ ). It is interesting to note that three of the behaviours (role playing, feather tickler, and anal intercourse) that were shown to be grey (Figure 1) in the first section of the survey, were also included in the grey scenario (scenario 2). This seems to have influenced participants perception of the scenario and could be a possible explanation as to why, regardless of participant classification, scenario 2 was inaccurately judged. This result demonstrates how sexual education could be beneficial in determining not only the extremes of BDSM play, but also recognizing the less extreme behaviours that exist. Perhaps if individuals were aware of the range of behaviours that were and were not representative of BDSM, they would have been able to accurately judge sexual interaction displayed in the second scenario. Perhaps a future investigation could provide

an education session regarding sexual behaviour and what constitutes BDSM and non-BDSM in order to determine if people's perceptions of acceptability would change.

We anticipated that one possible limitation of the analyses was the use of the mean split to classify participants as BDSM or non-BDSM. It would be easy to argue that the classification was too broad which led to the ambiguous classification of the second scenario. To address this, the data was analyzed using two different, more stringent, participant classifications. First, the classification split was completed in regards to participation in BDSM behaviours. Participants who partook in ten or more BDSM sexual behaviours were classified as BDSM with nine or less being classified as non-BDSM. Chi-Square tests for independence again revealed no significant relationship ( $p > .05$ ). That is, whether one participated in BDSM behaviours or not, they were still unable to accurately identify the sexual scenario. Since this still might be argued to be too conservative a split, the sample was split again based on participant's participation in BDSM sexual behaviours but this time extreme top and bottom fifty participants were included in the analyses. Chi-square tests for independence again, revealed no significant relationship ( $p > .05$ ). Participants who were involved in the majority of BDSM behaviours were still unable to accurately identify if the sexual scenario was representative of BDSM or not. This affirmed the suggestion that regardless of the level of participation in BDSM behaviours there were still ambiguities about the boundaries defining the practice.

Since this study was completed by a large variety of people, future studies may benefit by utilizing a subject pool of individuals who self-identify as being members of the BDSM community. If the "grey" area still exists within this group then perhaps the



BDSM boundaries are not as well defined as the literature suggests. The behaviours used in the first phase of the questionnaire may also explain the “grey” behaviour ratings.

Perhaps a different set of behaviours would lead to a different set of results.

### **Conclusion**

It was expected that individuals who were familiar with a range of sexual behaviours would likely perceive these behaviours more favorably than individuals who are less familiar with such behaviours. This hypothesis was supported and both replicates and extends the findings of Stockwell, Walker, and Eshleman (2010). Perhaps one of the most relevant findings from the present study is the demonstration that there is a need for sex education and to clearly define what are considered BDSM behaviours as there seems to be a disconnect between perception and practice. Becoming informed on what constitutes BDSM could allow individuals to accurately distinguish between behaviours that are and are not acceptable in terms of BDSM which could in turn, hopefully, eliminate some of the stigma, social unacceptability, discrimination, and prejudice that are experienced by members of the BDSM community (Barker, Iantaffi, & Gupta, 2007).

### References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington, D.C: American Psychiatric Association.
- Barker, M., Iantaffi, A., & Gupta, C. (2007). Kinky clients, Kinky counselling? The challenges and potentials of BDSM. In Moon, Lindsey (Ed.), *Feeling queer of queer feeling: Radical approaches to counselling sex, sexualities and genders* (pp. 106-124). London, UK: Routledge.
- Bezreh, T., Weingerg, T. S., & Edgar, T. (2012). BDSM disclosure and stigma management: Identifying opportunities for sex education. *American Journal of Sexuality Education*, 7, 37-61. doi:10.1080/15546128.2012.650984.
- Davison, G. C., Blankstein, K. R., Flett, G. L., & Neale, J. M. (2008). *Abnormal Psychology* (3rd ed.). Mississauga, ON: John Wiley & Sons Canada, Ltd.
- Faccio, E., Casini, C., & Cipolletta, S. (2014). Forbidden games: The construction of sexuality and sexual pleasure by BDSM 'players'. *Culture, Health, and Sexuality: An international Journal for Research, Intervention and Care*, 16, 752-764. doi:10.1080/13691058.2014.909531.
- Gross, B. (2006, spring). The pleasure of pain. *The Forensic Examiner*, 57-61.
- James, E.L. (2012). *Fifty Shades of Grey*. New York, NY: Vintage Books, Random Housing inc.
- Jozifkova, E. (2013). Consensual sadomasochistic sex (BDSM): The roots, the risks, and the distinction between BDSM and Violence. *Current Psychiatry Reports*, 15, 1-8. doi:10.1007/s11920-013-0392-1.

- Ku, L. C., Sonenstein, F. L., & Pleck, J. H. (1992). The association of AIDS education and sex education with sexual behaviour and condom use among teenage men. *Family Planning Perspectives, 24*, 100-106.
- Stockwell, F. M. J., Walker, D. J., & Eshleman, J. W. (2010). Measures of implicit and explicit attitudes toward mainstream and BDSM sexual terms using the IRAP and questionnaire with BDSM/fetish and student participants. *Psychology Record, 60*, 307-324.
- Weiss, M. D. (2008). Mainstreaming kink: The politics of BDSM representation in US popular media. *Journal of Homosexuality, 50*, 103-132.  
doi:10.1300/J082v50n02\_06
- Weinberg, M., Williams, C., & Moser, C. (1984). The social constituents of sadomasochism. *Social Problems, 31*, 379-389.

## Appendix A

**Cracking the Whip: Examining the Relationships Between Practice, Acceptance and Interest of BDSM Behaviours****Informed Consent Form**

The purpose of this Informed Consent Form is to ensure you understand the nature of this study and your involvement in it. This consent form will provide information about the study, giving you the opportunity to decide if you want to participate.

**Researchers:** This study is being conducted by me, Sarah Doody, as part of my independent project for Psychology 4950. I am under the supervision of Dr. Peter Stewart.

**Purpose:** The study is designed to investigate attitudes towards sexual behaviors which will include, but not be limited to, kissing, hugging, intercourse, bondage, and domination. The results will be used to write my independent project, and will be presented at the Grenfell Campus Psychology Student Conference on April 1st, 2015. The study may also be published in the future. However, all discussion and analyses will be completed on a group basis only.

**Age of Consent:** Participants of this study **MUST** be at least 19 years of age. If you do not meet this age requirements, do not participate.

**Task Requirements :** You are being asked to complete a questionnaire, via SurveyMonkey.net, pertaining to information about a number of sexual behaviors. There are no right or wrong answers. I am only interested in your opinions and your potential willingness to participate in these behaviors. I will also ask you about any personal history with these behaviors. Please feel free to omit any questions you are uncomfortable answering.

**Duration:** The questionnaire will take approximately 15 minutes to complete.

**Risks and Benefits:** This questionnaire includes descriptions of sexual content that may be offensive to some participants. For example, terms such as whipped, restrained, handcuff, and gag will be included in the survey. Again, please note that you should only answer questions that you are comfortable with.

**Anonymity and Confidentiality:** Your responses are completely anonymous and confidential. All information will be analyzed and reported on a group basis. No IP information will be collected.

**Right to Withdraw:** Your participation in this research is totally voluntary and you are free to stop participating at any time. Your data will be removed from the database and not included in any of the analyses.

**Contact Information:** If you have any questions or concerns about the study, please feel free to contact me at [sdoody@grenfell.mun.ca](mailto:sdoody@grenfell.mun.ca) or my supervisor, Dr. Peter Stewart at 639-2504 or [pstewart@grenfell.mun.ca](mailto:pstewart@grenfell.mun.ca). As well, if you are interested in knowing the results of the study, please contact me or Dr. Peter Stewart after the Grenfell Campus Psychology Student Conference which will be held on April 1, 2015. You are more than welcome to attend.

If this study raises any personal issues for you, please contact the Sexual Assault Crisis Line at 1-800-726-2743 or the Mental Health Crisis Line at 1-888-737-4668.

This study has been approved by an ethics review process at Grenfell Campus, Memorial University of Newfoundland.

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By continuing, I acknowledge that I have been informed of, and understand, the nature and purpose of the study, that I am 19 years of age or older, and I freely consent to participate. This Informed Consent Form will be available to print at the end of the survey.

## Appendix B

## Survey

For the questions that follow, please use the rating scales provided to rate how acceptable within society the behaviour is; how willing you are to participate in the behaviour; and if you have ever participated in this behaviour before. Some of the behaviours are gender specific and will not apply to you. Please select "Not applicable" for these behaviours. Assume that all the behaviours are occurring between consenting and fully informed adults.

<b>Behaviour</b>	<b>Acceptability (1 – 5)</b>	<b>Willingness to Participate (1 – 5)</b>	<b>Past/Present participation (yes/no)</b>
Holding hands			
Blindfolded or being blindfolded by your sexual partner while restrained			
Kissing on the lips			
Experiencing pain for pleasure			
Intercourse			
Acting as a submissive			
Showing your genitals to your sexual partner (being naked)			
Using kegel balls			
Using a safe word			
Touching your partners genitals			
Wearing a muzzle			
Spanking/tapping lightly with hand			
Roleplaying			
Undressing in front of your sexual partner			
Spanking to inflict pain for pleasure			
Performing oral sex			
Obeying sexual orders for pleasure			
Inflicting pain for pleasure			
Masturbation			
Using anal beads			
Looking at pornographic pictures			
Wearing a ball gag			
Your sexual partner touching your genitals			
Wearing a chastity belt			
Kissing deeply (i.e. French Kissing)			
Using a feather tickler			
Watching pornographic videos			
Flagellation (i.e. Flogging, Whipping)			
Anal intercourse			

Using CBT (cock and ball torture)			
Hugging			
Restraining or being restrained with handcuffs			
Kissing on the cheek			
Giving sexual orders for pleasure			
Watching your sexual partner undress			
Acting as a dominant			
Looking at your sexual partner's genitals			
Restraining or being restrained with rope			
Watching your sexual partner masturbate			

On the next three pages you will be asked to read three scenarios, each depicting a sexual behaviour between consenting adults. You will then be asked to indicate: **1)** if the behaviours are representative of BDSM (Bondage, Domination, Sadism, Masochism) and **2)** how acceptable you view the behaviour.

**Scenario 1:**

A couple are in a committed, long-term relationship. They have been dating for 5 years. One evening they decide to have a “date night”. They put on a movie for the two of them to watch. The couple snuggle up on the couch and begin to watch the movie. Halfway through, one of them leans over and kisses the other on the cheek. Things become more intimate when kisses proceed down the cheek, to the neck. Arousal increases as one partner performs fellatio on the other. The two go up to their bedroom where they have intercourse before going to sleep.

Is this behaviour representative of BDSM?                      Yes    No

How acceptable are these behaviours?

1	2	3	4	5
completely unacceptable				completely acceptable



**Scenario 2:**

A couple are in a committed, long-term relationship. They have been dating for 3 years. One partner feels that their sex life is losing its spark and asks the other if they can try something new. The partner suggests role playing. Later that night, one partner dresses up as a sexy nurse, while the other plays the role of the patient. Things become intimate and they decide it would be fun to use some props. One partner gets a long white feather and silk scarf. One partner is blindfolded and is then whipped with the feather. Arousal steadily increases and the two conclude the evening by engaging in anal intercourse.

Is this behaviour representative of BDSM?                      Yes    No

How acceptable are these behaviours?

	1	2	3	4	5
completely unacceptable					completely acceptable

**Scenario 3:**

A couple are in a committed, long-term relationship. They have been dating for 4 years. While on vacation, the couple visits one of the local sex shops. One partner suggests that they pick up a couple of new "toys" to add to their collection. They purchase a new leather whip and a set of handcuffs. Later that night they decide to test their new toys. One partner orders the other to undress and get on the bed. The undressed partner is then handcuffed to the headboard and their partner begins whipping them. The partner enjoys the whipping and asks for more. The two continue in this manner until one says the previously established safe word. The couple conclude the evening with intercourse while the one partner remains restrained to the bed.

Is this behaviour representative of BDSM?                      Yes    No

How acceptable are these behaviours?

1	2	3	4	5
completely unacceptable			completely acceptable	

**Demographics:**

1. I self-identify my gender as:    Male\_\_\_\_\_      Female\_\_\_\_\_      Other \_\_\_\_\_
2. Age (19+): \_\_\_\_\_