

# Differentiating sexual violence from BDSM

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BDSM (bondage and discipline, dominance and submission, and sexual sadism and masochism) is a sexual interest and, for some, a sexual orientation.<sup>1</sup> By definition, BDSM is consensual. Sexual violence is characterized by *intentional* nonconsensual sexual behavior. Perpetrators of sexual violence often disregard the desires and boundaries of their partners and use force to overcome any resistance.

Although BDSM is consensual, BDSM participants may engage in nonconsensual acts at times, just as a rapist may engage in consensual intercourse at times. The difference between coitus and rape is consent, and the difference between BDSM and sexual violence is also consent. The differences between BDSM and sexual violence are important and can have significant legal consequences (criminal and civil) as well as psychological ramifications for the individuals involved.

Due to similarities in the appearance and results of the activities, it can be difficult to ascertain whether BDSM acts were consensual. The present article is an attempt to familiarize clinicians with some basic information to distinguish sexual violence from BDSM. This article also may facilitate the clinician's cultural competence when interacting with the BDSM community.

To complicate the distinction between sexual violence and BDSM, there are BDSM participants who commit “consent violations” (ie, engage in activities to which the participants have not consented or ignore previously agreed-upon limits).<sup>2</sup> Consent violations are not necessarily sexual violence. Often, these are the result of misunderstandings, inexperience, or getting caught up in the moment. Although many BDSM participants have experienced these, such violations do not tend to become a persistent pattern, but the emotional consequences can be indistinguishable from sexual violence. Whether intentional or not, an alleged consent violation is always serious. A BDSM participant who commits a pattern of consent violations may be considered a sexually violent offender. There are those who falsely profess consensual BDSM interests but prey upon BDSM individuals.

Outside of legal proceedings, BDSM participants are rarely diagnosed as having paraphilic disorders,<sup>3</sup> and perpetrators of sexual violence are criminals and not necessarily diagnosed with mental disorders. There are BDSM-oriented individuals who do not self-identify as such, but their behaviors and intents are indistinguishable from those who do. This is analogous to people who engage in same-sex sexual activities but do not define themselves as gay or bisexual.

Especially between individuals who have not previously engaged in BDSM with each other, a discussion about consent and limits (ie, agreement about which activities are prohibited) is common, explicit, and detailed. Concerns about participants changing their minds, misunderstandings, intoxication, regret afterward, and being pressured during interactions to changing limits are no different than in other sexual interactions. In general, BDSM interactions are safer for the participants than interactions initiated outside the BDSM community.<sup>2</sup> It should be noted that submissive and dominant partners have limits that can be violated.

BDSM participants are usually aware of the fine line between wonderful and way too much. BDSM organizations are proactive in providing educational programs about consent and delineating what constitutes a consent violation. The information is available online (see <https://www.consent.academy/consent--sex.html>, <https://ncsfreedom.org/key-programs-2/consent-counts/>).

It is also important to distinguish between being triggered (ie, intense reactions elicited by past negative events) and experiencing nonconsensual acts. There can be further problems when the interaction intensifies too quickly, reality does not match the fantasy, or participants do not possess the skills to engage in an activity safely. These are serious problems but do *not* necessarily constitute sexual violence.

The pattern of physical marks (bruises, welts, scratches, etc) can help distinguish BDSM from violence. BDSM rarely involves facial bruising; rather, the marks often form a pattern, suggesting that the recipient was not avoiding the blows, whereas injuries from violence are more haphazard and defensive wounds are common. Marks resulting from BDSM interactions generally avoid the lower back, bony areas, and major organs.<sup>4</sup>

Possibly the most useful question is “If you knew that your partner was not enjoying the interaction, would that lessen or increase your arousal?” BDSM participants usually are aware when their partners are not enjoying an activity, and they report that it would lessen their arousal. Perpetrators of sexual violence are focused on their own enjoyment, would not care or notice their partners' reaction, or may be more aroused by their partners' lack of enjoyment. Even if an activity was agreed on initially, consent can be withdrawn at any time. Once it is withdrawn, persisting in the behavior can turn a consensual encounter into sexual violence. The physiologic signs of sexual arousal are not proxies for consent.

Other important questions include “How did you know your partner was enjoying it?” “Did your partner have or use a safeword (ie, a word or gesture that means the activity needs to stop)?” “Did you know what your partner’s limits were?” “What did you negotiate would happen?”

Questions unlikely to help in determining if an individual is sexually violent include “Were you or your partner turned on?” “Did your partner ever use a safeword before?” “Do you have a history of violating limits?” “Did your partner ever say ‘no’ or ‘stop’?” “Did your partner provoke you?”

In any sexual interaction, one partner may be too rough or too gentle for the other partner. Some sexual activities are arousing, some not so arousing, some tolerated, some uncomfortable, and some can trigger the end of interaction. If a partner is asked after an interaction, an honest appraisal may include “I loved the oral sex, the coitus did not last long enough, the nipple stimulation was great at first but became irritating, the spanking was too tentative, but I would like to see you again.”

The clinician should be aware that a number of BDSM variations (eg, consensual nonconsent, domestic discipline) may appear to be sexually violent but are actually prenegotiated consensual interactions. “Rape” fantasies are common, but unlike an actual rape, the individual who is fantasizing controls who, what, where, when, and so forth. This person is free to stop or change the fantasy, which is not characteristic of an actual rape. Rape play or reenactment usually occurs with a trusted partner who can let the “victim” give up control. Some people who have been raped report that rape play has been therapeutic. Nevertheless, it can go very wrong.

BDSM interactions and relationships can and do end for a variety of reasons. First-time BDSM interactions often occur in semipublic settings where other BDSM practitioners can

intervene, or a participant can arrange a “safe call” (ie, if the practitioner does not call by a certain time, the police or authorities are alerted). These safeguards lower the risk of becoming a victim.

Distinguishing between BDSM and sexual violence is possible and important, and it can avoid inappropriate referrals or dismissals of these complaints.

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### Conflicts of interest

None declared.

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