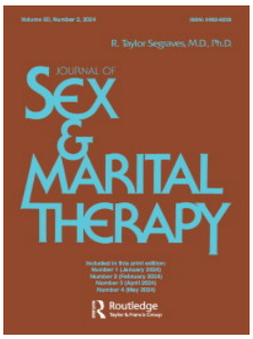

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The Complex Interplay between BDSM and Childhood Sexual Abuse: A Form of Repetition and Dissociation or a Path Toward Processing and Healing?

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ABSTRACT

In this theoretical paper the authors explore the connections between BDSM (i.e., practices involving bondage, discipline, dominance, submission, sadism, masochism) and CSA (childhood sexual abuse) in order to investigate the potential unconscious mechanisms at play and the therapeutic functions of BDSM practices among CSA victims. Drawing on the embodiment framework, the authors address how BDSM may serve as a form of unconscious repetition of traumatic experiences for certain CSA victims, with the aim of processing trauma and healing. A review of the empirical evidence regarding the links between BDSM and CSA trauma, along with the potential of BDSM to trigger trauma and elicit dissociation, guilt, or shame, is conducted. Finally, BDSM practices are reviewed through the concept of trauma-play, which involves deliberate rescripting. In short, the complex relationship between BDSM and CSA is highlighted, as well as its implications for understanding and potentially addressing trauma experiences in therapy.

In this theoretical paper, we delve into the complex relationship between BDSM (i.e., practices involving bondage, discipline, dominance, submission, sadism, masochism) and CSA (childhood sexual abuse). In doing so we seek to achieve the following: elucidate the various connections, processes, and potential therapeutic aspects that can arise through BDSM for survivors of CSA; better understand the scenarios in which BDSM might reproduce traumatic experiences and manifestations; and consider how BDSM practices can serve as a medium for CSA reprocessing and healing. Drawing from psychoanalytic concepts such as repetition, reworking, enactment, trauma-play, re-scripting, and embodiment, our aim is to provide insight into the complex interplay between BDSM and CSA.

Childhood sexual abuse is a global public health and social problem with long-lasting negative effects and elevated associated annual costs (Barth, Bermetz, Heim, Trelle, & Tonia, 2013). According to the World Health Organization (WHO, 1999), CSA is defined as "the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Childhood sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a

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relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person" (WHO, 1999). Estimates of worldwide CSA prevalence range from 8 to 31% for girls and 3–17% for boys (Barth et al., 2013; Pereda, Guilera, Forns, & Gómez-Benito, 2009).

Previous studies have demonstrated that CSA has significant negative effects both in the short and long term, including post-traumatic stress disorder (PTSD), various psychiatric disorders such as depression, anxiety, suicide and suicide attempts, and substance use, neurobiological effects, poor physical health, eating disorders, and psychosomatic physical complaints and conditions (Hailes, Yu, Danese, & Fazel, 2019). In addition to the various mental, physical, and behavioral problems, CSA is also associated with a variety of sexual health problems (Abajobir, Kisely, Maravilla, Williams, & Najman, 2017; Gewirtz-Meydan & Opuda, 2022; Leonard & Follette, 2002; Pulverman, Kilimnik, & Meston, 2018; Slavin, Scoglio, Blycker, Potenza, & Kraus, 2020).

Although we cannot address all the effects of CSA comprehensively in this context, it is commonly understood that CSA can be a profoundly distressing and traumatic experience. Survivors of CSA often grapple with a wide range of emotional, psychological, and physical consequences that can persist throughout their lives. These consequences include but are not limited to severe anxiety, depression, PTSD, low self-esteem, addiction to alcohol and illicit drugs, and a range of physical health issues (e.g., chronic pelvic pain, dyspareunia; Irish, Kobayashi, & Delahanty, 2010). Additionally, CSA can significantly impact an individual's sexual health, often leading to difficulties in forming and maintaining healthy intimate relationships. Healing and processing CSA trauma typically involves therapeutic interventions such as counseling, support groups, and other evidence-based approaches. However, there is no one-size-fits-all solution for survivors, and some methods may carry social stigma or not be widely accepted. In this context, the exploration of processing CSA trauma through BDSM practices is particularly significant. This unconventional approach challenges societal norms and expectations surrounding trauma recovery.

Pinpointing an exact definition for BDSM proves challenging; however, it typically encompasses sexual activities characterized by power dynamics between partners and/or the utilization of pain to induce sexual gratification (Brown, Barker, & Rahman, 2020; Simula, 2019). Within the BDSM community, those who engage may take part in a wide spectrum of activities including bondage (the use of restraints), discipline (the imposition of rules and punishments), dominance (asserting control over a partner), submission (surrendering control to a partner), sadism (deriving pleasure from inflicting pain or control), and masochism (finding pleasure in receiving pain, being humiliated, or relinquishing control). These activities often revolve around negotiated power dynamics, where participants establish clear boundaries, consent to specific acts, and prioritize safety and communication. BDSM is characterized by mutual consent and adherence to a set of principles known as SSC (safe, sane, and consensual) or RACK (risk-aware consensual kink) (Dunkley & Brotto, 2020; Moser, 2023). Those who abide by SSC/RACK rules prioritize the well-being of all parties involved, engage in open communication, and establish safe words or signals to ensure that any activity can be stopped immediately if a participant becomes uncomfortable or feels unsafe.

Sensations other than pain, such as pleasure, are commonly integrated into BDSM practices. Pain, in fact, may be used to accentuate the sensations of pleasure by playing on the contrast between the two extremes (Simula, 2019). In addition, although BDSM is often associated with sexual practices, it also includes emotional and psychological aspects, leading to intimate connections that go beyond physical activities. For those who engage in BDSM, it often represents a way to explore their desires, fetishes, and fantasies in a safe and controlled environment, fostering trust, intimacy, and personal growth.

In the context of an individual's past CSA experiences, a complex and ongoing debate has emerged regarding whether BDSM serves as part of a healing process or poses potential dangers for survivors. Proponents argue that BDSM can provide survivors with a means of reclaiming control, exploring boundaries, and reshaping their relationship with their own bodies, contributing to the healing process. Critics, for their part, express concerns that the power dynamics and physical sensations inherent to BDSM activities may inadvertently retrigger trauma, leading

to dissociation or psychological harm. In addition, if BDSM practices do not follow strict consent roles, CSA survivors might have difficulty recognizing or asserting their boundaries due to past experiences (when their consent was violated), might agree to activities with which they are not fully comfortable, or might fail to communicate their limits effectively. Moreover, as BDSM practices can in fact involve physical harm, survivors might sometimes struggle to differentiate between abusive behavior and healthy BDSM practices, especially if BDSM is used by a partner as a guise for abuse, leading survivors to accept harmful behaviors under the mistaken belief that they are part of a consensual BDSM relationship. This assumption may underlie some therapists' questions/skepticism regarding the origin and motivations behind CSA survivors' interest in BDSM (Kolmes, Stock, & Moser, 2006), underscoring the necessity for a nuanced understanding of the intricate interplay between past trauma and adult sexual preferences.

The resolution of this debate hinges on recognizing the unique and individual nature of survivors' experiences, with an emphasis placed on the importance of informed consent, open communication, and professional guidance when survivors consider engaging in BDSM as part of their healing journey. At no point, to the best of our knowledge, has BDSM been recommended as a therapeutic practice or as a replacement for therapy. However, clinicians do often grapple with how to incorporate such practices into their treatment for CSA survivors. Thus, the discussion in this paper revolves around the observation that BDSM is a particular practice that some individuals with a history of CSA may explore or experience as a means of self-treatment, and the paper's focus is on understanding the consequences of such exploration. The authors acknowledge the importance of approaching the topic with sensitivity and avoiding pathologizing BDSM, recognizing that neither BDSM nor CSA is a monolithic experience. The central questions guiding this exploration were:

1. Is there a prevalent history of trauma among individuals engaged in BDSM, and are there specific correlates between BDSM practices and trauma survivors?
2. In what situations can BDSM reproduce traumatic experiences?
3. Can BDSM serve as a conscious or unconscious mean of trauma processing and healing?

Theoretical framework for understanding BDSM and trauma

Traumatic experiences, in accordance with embodiment-related theories, leave imprints on the body, with the memory of trauma being stored in the somatosensory system (Ensink, Berthelot, Biberdzic, & Normandin, 2016; van der Kolk, 2014). Such imprints include sensations, emotions, and physical responses, lingering within and potentially surfacing as pain (Daphna-Tekoah, 2019; Tsur, 2022) while the body awaits an opportunity for reenactment (Van der Kolk, 1989). Hence, trauma-processing necessitates the reestablishment of a connection between the person and the body, as the experience and progressive release of emotions that have been suppressed can foster the process of healing and recovering. In the current paper, embodiment is used as the theoretical framework to understand the connection between BDSM and CSA. Namely, BDSM activities, often characterized by heightened sensory engagements (Brown et al., 2020), can serve as a channel for survivors to reestablish a connection with their bodies. For instance, those who engage in BDSM often refer to an experience known as the "sub headspace" where the combination of giving up control (submission) and receiving a mix of physical pleasure and pain (masochism) allows the individual to connect to their body, sensations, and emotions in the present moment, in a fashion similar to mindfulness (Cascalheira, Ijebor, Salkowitz, Hitter, & Boyce, 2023; Labrecque, Potz, Larouche, & Joyal, 2021). As such, these activities can potentially enhance the reprocessing of trauma, offering a pathway for survivors to address and overcome the somatic manifestations of their traumatic pasts.

Despite lacking substantial empirical validation, it has been suggested in certain theories that an inclination toward BDSM might be rooted in CSA or in early traumatic experiences that

cascade into psychosexual, developmental, or personality dysfunction, ultimately leading to BDSM practices (Brown et al., 2020). Some decades ago, BDSM eroticism was interpreted by various psychoanalytic scholars as a symptomatic manifestation of underlying psychopathology rooted in early traumatic experiences (as suggested by Stolorow, 1975; Valenstein, 1973), developmental shortcomings (as suggested by Bychowski, 1959; Mollinger, 1982) or unresolved infantile conflicts (as suggested by Blum, 1976). Building on this foundation, Freud (Freud, 1921, 1962, 1920) extended this concept of repetition compulsion to sexual masochists, characterizing them as individuals who had experienced previous abuse during childhood and then attempt to regain control by reenacting traumatic events within managed contexts. Freud also extended this idea to the concept of sexual fantasies, proposing that fantasies are generated to repair damage to the self caused by major traumas, by transforming negative affects into pleasant ones through imagination (Canesso & Mafra, 2023).

Baumeister Baumeister (1988), however, suggested that masochism was neither a form of self-destruction nor a derivative of sadism but rather a means of escaping from high-level self-awareness as a symbolically mediated, temporally extended identity. This escape from self-awareness is achieved by focusing on the immediate present and bodily sensations, sometimes with a lower level of awareness of oneself as an object. The core elements of masochism, such as pain, bondage, and humiliation, are viewed as tools that facilitate this escape from high-level self-awareness (Baumeister, 1988).

Stoller (1987) further built on this notion with the concept of “perversions,” which include sadomasochistic fantasies and behaviors that are motivated by underlying hostility resulting from trauma, and which survivors may act out as a form of "revenge" against their traumatic experiences. From this perspective, engaging in what he termed a “perverse act” (e.g., masturbating to sadomasochist fantasies or participating in sadomasochistic activities) allows survivors to revisit their past trauma and endeavor to conquer it. This sense of "triumph" is achieved by attempting to replace the negative emotions associated with the traumatic memory, such as powerlessness and humiliation, with pleasurable sensations, orgasms, and feelings of mastery and control. However, it should be noted, that a recent narrative review found that there appears to be little support for psychoanalytic theories of BDSM development (Brown et al., 2020).

Delving into the demographics of those who engage in BDSM might shed empirical light on these theoretical propositions. The results of various empirical studies have seemed not to support the theoretically based anticipation that a significant portion of BDSM enthusiasts encountered some form of early trauma (Brown et al., 2020). For instance, Connolly (2006) observed that those who engaged in BDSM reported PTSD and trauma-related scores that were comparable to, but not higher than, average population scores. Moreover, such individuals (i.e., those who engage in BDSM) did not exhibit elevated levels of borderline personality disorder or dissociative identity disorder symptoms (Connolly, 2006). Another study, conducted among 19,307 Australian respondents aged 16–59 from the general population, revealed that BDSM was not significantly related to having experienced sexual abuse, either ever or before the age of 16 years, for both men and women (Richters, de Visser, Rissel, Grulich, & Smith, 2008). In light of these empirical results, it is worth noting that not all of those who engage in BDSM view their practice as solely motivated by psychosexual or erotic needs (Sprott, 2020). Indeed, some discuss their BDSM practices as they would hobbies or leisure activities, describing them as intrinsically motivated and resulting in positive outcomes such as the relief of stress, adventure, relaxation, or self-expression (Sprott, 2020; Sprott & Williams, 2019). This outlook may partially explain why the empirical data do not reveal links between trauma history or psychopathology and BDSM practices, as for some, BDSM may be more of a freely chosen hobby than a practice motivated by psychosexual needs or suffering.

Shulman and Horne (2006) examined the guilt reduction theory, which postulates that women experiencing high sex guilt may develop sexual fantasies typified by the use of force (i.e., fantasies with themes of violence and lack of consent). These fantasies serve to absolve them of the guilt potentially associated with initiating or consenting to sexual scenarios, as they are

forced to participate in sexual activities. Using path model analyses to observe direct and indirect effects between variables, these assumptions were tested among a sample of 261 adult women. Despite the theory linking CSA to increased sex guilt and sexual fantasies typified by the use of force, the study found no direct link between CSA and sex guilt or between sex guilt and fantasies typified by the use of force. However, CSA was positively associated with fantasies typified by the use of force. The relationship between sex guilt and these fantasies was indirect, mediated by erotophilia. The findings also suggest that while CSA is related to fantasies typified by the use of force, it's not their sole origin. The study challenges the notion that trauma combined with sexual practices automatically leads to perversion, highlighting the complexity of the interplay between trauma and sexuality without necessarily resulting in perverted behavior. In this context, BDSM practices may present a viable option for some survivors, suggesting that such practices are not inherently perverted. They could be viewed as either a healthy expression of sexuality or a stepping stone toward other forms of sexual expression or healing.

In a recent study conducted among a sample of 1,219 adults from the general population, any form of childhood abuse was significantly associated with sadomasochistic tendencies, and CSA was associated with strong increases in sadomasochistic tendencies (Abrams, Chronos, & Milisavljevic Grdinic, 2022). In another study among 164 men and 22 women recruited from Finnish BDSM clubs, 7.9% of the men and 22.7% of the women reported a history of CSA (Nordling, Sandnabba, & Santtila, 2000). In this study, the prevalence of CSA among those who engaged in BDSM was significantly higher than the prevalence in the general Finnish population (i.e., 1–3% of men and 6–8% of women), yet the substantial majority of these individuals (90.4%) reported no history of CSA. In addition, those who reported CSA were more prone to participating in the sadomasochist club activities. The results from this study (i.e., Nordling et al., 2000) seem to support the later conclusions of Abrams et al. (2022) suggesting that those who engage in BDSM and have a history of CSA are more inclined to seek out sadomasochistic relationships and practices. Nordling et al. (2000) suggested that this tendency might be explained by CSA survivors' perception of violence as a more normative aspect of sexuality. Furthermore, a recent review also suggested an association between a history of CSA and having more sexual fantasies that involve force, as well as elements of sadomasochism, submissiveness, and dominance (Gewirtz-Meydan & Opuda, 2023). Finally, findings of a study examining the role of childhood trauma in kinky sexual behavior among adults indicated that trauma did not significantly predict either dominance or submissive sexual behaviors within a sample of those who engaged in BDSM, suggesting that trauma may not be a prevalent precipitating factor in BDSM interest (De Neef, Coppens, Huys, & Morrens, 2019; Hillier, 2019; Powls & Davies, 2012). It is worth noting that even among the general population, more than 50% of women report having rape fantasies, and such fantasies do not reflect a willingness to be violated in real life, nor are they considered pathological (Bivona & Critelli, 2009).

Overall, theories suggesting a direct connection between CSA trauma and BDSM are challenged by empirical evidence (Blizard, 2001; Brown et al., 2020; Rothstein, 1991). The relationship between BDSM and trauma, particularly CSA, is complex and far from straightforward. Inconsistent findings have been revealed in the existing research, and this inconsistency is key to understanding the complex relationship between BDSM and trauma recovery. Although not all CSA survivors engage in BDSM, a subset of this group does, and it is this group that merits focused discussion so that clinical perspectives can be offered. That said, the lack of consistency in findings and the deeply personal nature of both BDSM and trauma responses necessitate a cautious approach. Although there are anecdotal reports and qualitative studies suggesting therapeutic benefits for some survivors who engage in BDSM, robust empirical data supporting its widespread efficacy as a healing tool is still limited. The overall aim of this study was therefore to suggest clinical perspectives on the subset of CSA survivors who use BDSM, particularly in the context of the limited data currently available. By delving into the existing research, albeit sparse and inconsistent, we sought to shed light on how BDSM might intersect with trauma recovery for some individuals. The goal is to provide clinicians with insights and considerations

that can guide their approach when working with CSA survivors who engage in BDSM, fostering a more nuanced and empathetic understanding of this complex and multifaceted issue.

Reproduction of child sexual abuse trauma in BDSM

The second question we wished to address in the current paper was: In what situations can BDSM reproduce traumatic experiences? The intricate relationship between BDSM practices and individuals with a history of trauma warrants careful consideration. Some scholars may hold the viewpoint that BDSM can potentially resurface traumatic patterns for survivors of abuse (Baumeister, 1988; Stoller, 1987). Themes of control and submission within BDSM might parallel or trigger memories of powerlessness, and consensual role-play can evoke the emotional residue of past non-consensual situations. Stoller (1987) suggested that the relief provided by using BDSM fantasies/practices in response to traumatic memories was temporary, encouraging a compulsive and rigid repetition of the fantasy/behavior, which in turn becomes an increasingly distressing experience for survivors and further blurs the line between reality and play.

In addition, consent violations, or not being aware of the protective frameworks inherent in BDSM, could unintentionally harken back to traumatic experiences during which personal boundaries were violated (Cascalheira et al., 2023). Furthermore, the intense sensory experiences and controlled physical stimulation integral to BDSM might resonate with past instances of physical harm, potentially amplifying distress (Nordling et al., 2000). In response, some individuals might employ dissociation, a psychological coping mechanism, to detach from the overwhelming sensations and emotions, creating a mental barrier between themselves and the triggering elements (Gewirtz-Meydan & Godbout, 2023; Gewirtz-Meydan & Lassri, 2023).

The catalyst for triggering elements might not always be the BDSM activities themselves, but rather the dissociation invoked as a coping mechanism. In some cases, the very act of disconnecting from one's emotions and surroundings, a self-protective measure, could serve as a trigger when confronting past traumas. Moreover, it is not uncommon for survivors to grapple with feelings of guilt and shame when engaging in BDSM (Gewirtz-Meydan & Opuda, 2023). For some, the enjoyment of scenarios involving elements such as force and submission within the context of consensual play can also be perplexing or conflictual. For instance, patterns of arousal and discomfort reactions toward BDSM and violent (non-consensual) sexual fantasy scenarios in 566 adults (13% reported CSA) were examined in a study by Canivet, Bolduc, and Godbout (2022). A latent class analysis of reaction patterns revealed that CSA survivors were most represented in the "dissonant" and "enthusiastic" profiles. The "dissonant" profile was characterized by a mixture of high arousal and high discomfort reactions toward the fantasy scenarios, which could reflect the conflicting and perplexing emotions survivors may experience in response to these elements. The "enthusiastic" profile was characterized by high arousal reactions and little discomfort, and presented high sexual compulsivity, which could reflect a pathway where the compulsive repetition of BDSM fantasies may serve to alleviate the pain of traumatic memories. The psychological dissonance arises from the stark contrast between their current empowered, consensual situation and their past experiences of violation and harm. This incongruity can lead to internal turmoil, as survivors question how they can derive pleasure from scenarios that mirror their past traumas. It is crucial to understand that the guilt and shame often felt by survivors stem from the enduring emotional scars of their traumatic experiences, rather than from the consensual BDSM practices in which they might engage. It is almost inevitable that social norms exert an influence. Survivors may internalize the belief that being a CSA survivor and having BDSM fantasies are mutually exclusive. Consequently, the emotional impact of the trauma is not solely a result of the assault itself but also influenced by societal attitudes toward the experience and the perception of what is considered acceptable or unacceptable.

BDSM as a medium for trauma processing and healing

As for the third question we wished to address in this paper—namely, whether BDSM can be employed as a means of trauma processing and healing—we offer a lens through which to understand how BDSM might facilitate trauma recovery (alongside standard psychotherapeutic treatment and within an experience of integration). Lehmiller (2018) highlighted that BDSM-themed sexual fantasies among CSA survivors are often mechanisms for coping with past trauma rather than attempts at reenactment. Within the realm of force-related fantasies in BDSM, Lehmiller suggested that survivors might find empowerment by exerting control over experiences that were once beyond their control. Notably, BDSM can be a pathway to resilience and recovery. This process of transforming trauma into strength and mastery through repetition is known as trauma-play (Thomas, 2020). It distinctly differs from a simple reexperience of CSA, as it involves a deliberate revisitation of the past from a position of greater resilience and agency. Diverging from the unconscious or dissociative replication of traumatic events, the engagement in BDSM as trauma-play involves a deliberate enactment of personal traumas within a controlled and consensual environment. This deliberate approach allows for an intentional and cognizant interaction with the traumatic narrative.

One of the key discussions that has emerged out of theoretical papers related to BDSM and trauma-play is the question of whether trauma-play is better described as the reenactment of trauma or as the rescripting of trauma (Thomas, 2020). Brothers (2013) refrained from distinguishing between these terms, contending that engaging in past trauma enactments is not tantamount to re-traumatization but rather reflects a conscious attempt to rescript the original trauma scenario and regain control. By repeatedly reenacting the early experiences of trauma, a path emerges for gradual rescripting, characterized by a dynamic oscillation between repetition and restoration (Thomas, 2020). This process is facilitated by a fusion of past scripts and aspirations for the future (Weille, 2002). From this perspective, BDSM can be seen as a *playground* where transformative procedures unfold, allowing for an ongoing reenactment that progressively nurtures the evolution of rescripting (Brothers, 2013; Cascalheira et al., 2023; Thomas, 2020). Based on embodiment theory (Van der Kolk, 1989), it is possible that the convergence of reenactment and rescripting occurs when the trauma becomes encoded somatically. This standpoint aligns with the broader aspiration of addressing trauma within the context of BDSM, where concepts of control, repair, and personal growth intersect. Recreating past sexual trauma through BDSM represents a conscious choice to revisit those experiences, fostering processing and transformation. Survivors of early traumas who practice BDSM discussed this (i.e., BDSM) as a way of restructuring the self-concept, reclaiming personal power, engaging in elements of prolonged exposure, navigating negative emotions and stress, redefining pain, and embracing stigmatized aspects of themselves within mainstream society (Cascalheira et al., 2023; Hammers, 2014; Lindemann, 2011; Simula, 2019).

Limitations

This paper has limitations that are important to acknowledge. The most significant limitation is the lack of sufficient empirical data to robustly support the clinical perspectives being proposed. The specificity and clinical orientation of existing research on BDSM among CSA survivors often does not provide the breadth or depth of evidence needed for generalizable conclusions. For example, there is limited data on the motivations of CSA survivors engaging in BDSM, limiting our understanding of why and how BDSM may be used as a coping mechanism or a path to healing. Equally underexplored are the effects of participating in these practices for CSA survivors, including potential risks or issues linked to heightened distress, persistent sexual or relational difficulties, or the possibility of re-traumatization. The varied definitions and understandings of BDSM add another layer of complexity, as the practices encompass a wide range of activities and dynamics, challenging the development of uniform clinical approaches. These

limitations underscore the need for a cautious interpretation of the findings and suggest that they be viewed as preliminary insights into an intricate and evolving field.

Future research

The available empirical data suggests heterogeneity among CSA survivors when it comes to BDSM practices and the positive/negative effects of such practices, thus calling for further research. Using person-centered statistical approaches such as latent class analyses may be useful to better understand the different trajectories which may or may not lead CSA survivors to engage in BDSM and the impacts BDSM practices may have on CSA survivors. Furthermore, clinical studies must be conducted before suggesting that BDSM can potentially be beneficial to the empowerment and recovery of CSA survivors, and in which contexts. In addition, victims of other types of traumas may also turn to BDSM as a coping mechanism or a means of processing their experiences. For instance, individuals who have experienced physical violence or neglect may find that their interest in BDSM aligns with the type of deprivation or trauma they have endured. As is evident, the current article focused solely on CSA. In future research, it would be valuable to differentiate and examine the relationships between BDSM and different trauma types, including interpersonal trauma and other forms of trauma, to gain a more comprehensive understanding of the complex dynamics at play.

Clinical implications

In this paper we suggest the nuanced therapeutic potential that BDSM practices might hold for some survivors of CSA inclined to such practices (Sprott, 2020). Acknowledging the wealth of existing literature guiding clinicians in their work with individuals who engage in BDSM (Dunkley & Brotto, 2018), our focus was on the clinical implications specifically concerning such individuals (i.e., those who engage in BDSM) who have a history of CSA, and how BDSM intersects with their past trauma experiences. Our intent is not, however, to advocate for the replacement of trauma therapy or sex therapy with BDSM practices. We are not encouraging therapists to propose BDSM as an ideal practice for all CSA survivors, nor are we implying that all individuals engaging in BDSM have experienced early traumas or are using their practices to heal from potential trauma. Instead, we aim to inform clinicians who engage with survivors on this matter. Many survivors approach clinicians with concerns, and clinicians often feel unsure about how to respond or provide guidance. In these situations, professionals can be educated on the theory behind why such interests may arise, validate survivors' experiences, and explain why it is not necessarily pathological to have these fantasies even when there is no history of trauma. Clinicians can guide survivors to accept and work through any feelings of shame or discomfort that may arise, encourage flexibility to ensure that scenarios or sexuality do not become overly rigid and restrictive, and work on increasing feelings of security and acceptance toward pleasure, empowerment, and personal freedom. Additionally, it is crucial to address any criminal aspects, such as child involvement or non-consensual violence, and make appropriate referrals when necessary.

It is paramount for clinicians to abstain from stigmatizing or pathologizing individuals who derive healing, empowerment, and personal growth from consensual BDSM experiences (Cascalheira et al., 2023; Pillai-Friedman, Pollitt, & Castaldo, 2015). A therapeutic stance characterized by openness and non-judgmental exploration is necessary, in which the diverse trajectories that survivors may undertake in their pursuit of healing are acknowledged. Although conventional trauma therapies remain fundamental, it is important that clinicians acknowledge the possibility that for some CSA survivors, consensual BDSM engagement could offer complementary therapeutic advantages (Cascalheira et al., 2023; Hammers, 2014; Thomas, 2020). By fostering open conversations about the interplay between BDSM and trauma, clinicians create a safe space for survivors to share their unique experiences, preferences, and coping mechanisms.

Recognizing the therapeutic potential of BDSM contributes to destigmatizing and empowering survivors within a strong ethical framework. Practitioners should encourage CSA survivors to express their sexual experiences, feelings, and any associated shame or discomfort (Canivet et al., 2022). Furthermore, sexual fantasies and the imaginary realm in general represent a highly personal and safe sanctuary of the human psyche, where individuals can explore their sexuality without fear of limits, repercussions, or risks as may be found in real-life sexual behaviors (Canivet et al., 2022). The therapeutic goal in working with individuals who have an interest in BDSM, and who have a history of trauma, is not to encourage or pass judgment on BDSM but to maintain a non-judgmental stance throughout the process. Such a stance involves educating both patients and their partners on effective techniques to manage dissociation, which is crucial for ensuring a safe and consensual experience. Additionally, emphasis is placed on the careful selection of a partner to avoid potential risks and to maintain a secure environment in which to engage in BDSM.

BDSM may present survivors with a chance to revisit early CSA trauma, this time from an empowering perspective (Cascalheira et al., 2023; Stoller, 1987). Beyond revisiting the experience, BDSM can serve as a platform for survivors to master their trauma. Such empowerment emerges as survivors actively select and manage the BDSM scenarios, fostering a sense of agency and control over their experiences. The BDSM dynamic facilitates the reprocessing of trauma through a framework defined by clear boundaries, ethical considerations, established code words, and ongoing communication regarding individual limits (Cascalheira et al., 2023; Hunter, 2015). Unlike the survivor's history of being unseen and manipulated, BDSM enables the survivor to engage from a position of certainty and control. Furthermore, the role of the survivor's counterpart in the context of BDSM is crucial in this context. The current counterpart role contrasts starkly with the counterpart role in the original CSA experience, where feelings of powerlessness and disregard prevailed. The current counterpart's offers of support, empathy, and responsiveness can be particularly meaningful for survivors as they offer a form of repair—a clear departure from the survivor's initial encounters which were marked by feelings of powerlessness and disregard. The presence and behavior of the counterpart in this context can provide a transformative experience, shifting the narrative from one of victimization to one of empowerment and mutual respect.

Finally, in the context of CSA, survivors often endure their trauma in isolation, with their accounts frequently being met with disbelief and shame. This lack of having had an external observer during the abuse can intensify feelings of vulnerability and impede survivors' ability to receive validation for their experiences. In contrast, BDSM involves at least two consenting adults, providing an inherent witness to the proceedings. This participant, whether the partner or other observers in a safe BDSM environment, plays a vital role in validating the consensual nature of the interaction, ensuring ethical boundaries, and affirming the survivor's agency and choices. However, it is important to recognize that this trust can be breached in BDSM, just as it can be in any other intimate relationship. Therapists can also act as crucial witnesses in the healing journey of CSA survivors engaging in BDSM. They can assist in maintaining a sense of agency, coping with complex emotions, and navigating the intricate landscape of trauma and recovery. This therapeutic role is pivotal in helping survivors process their experiences, offering a witness to their narrative outside of the BDSM context. This external validation and support from a therapist can be instrumental in the survivor's journey toward healing and empowerment.

Conclusions

The complex connection between BDSM and CSA demands a nuanced exploration in which the diversity of experiences within both realms is acknowledged. Although BDSM is not a replacement for trauma treatment, it can serve as a complex and multifaceted way for some trauma survivors to seek reprocessing and healing. By drawing on psychoanalytic concepts, this paper

sheds light on the potential therapeutic aspects of BDSM when practiced consensually, ethically, and within a safe and supportive context. It is essential to approach this topic with respect for the experiences of survivors, emphasizing the importance of informed consent, communication, and therapeutic guidance when utilizing BDSM as a means of CSA exploration and reprocessing.

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References

Abajobir, A. A., Kisely, S., Maravilla, J. C., Williams, G., & Najman, J. M. (2017). Gender differences in the association between childhood sexual abuse and risky sexual behaviours: A systematic review and meta-analysis. *Child Abuse & Neglect*, *63*(63), 249–260. doi:10.1016/J.CHIABU.2016.11.023

Abrams, M., Chronos, A., & Milisavljevic Grdinic, M. (2022). Childhood abuse and sadomasochism: New insights. *Sexologies*, *31*(3), 240–259. doi:10.1016/j.sexol.2021.10.004

Barth, J., Bermetz, L., Heim, E., Trelle, S., & Tonia, T. (2013). The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis. *International Journal of Public Health*, *58*(3), 469–483. doi:10.1007/s00038-012-0426-1

Baumeister, R. F. (1988). Masochism as escape from self. *Journal of Sex Research*, *25*(1), 28–59. doi:10.1080/00224498809551444

Bivona, J., & Critelli, J. (2009). The nature of women's rape fantasies: An analysis of prevalence, frequency, and contents. *Journal of Sex Research*, *46*(1), 33–45. doi:10.1080/00224490802624406

Blizard, R. A. (2001). Masochistic and sadistic ego states: Dissociative solutions to the dilemma of attachment to an abusive caretaker. *Journal of Trauma and Dissociation*, *2*(4), 37–58. doi:10.1300/J229v02n04_03

Blum, H. (Ed.) (1976). *Female psychology: Contemporary psychoanalytic views*. New York: International University Press.

Brothers, D. (2013). The leather princess: Sadomasochism as the rescripting of trauma scenarios. *Progress in Self Psychology: Conversations in Self Psychology*, *13*, 245–270.

Brown, A., Barker, E. D., & Rahman, Q. (2020). A systematic scoping review of the prevalence, etiological, psychological, and interpersonal factors associated with BDSM. *Journal of Sex Research*, *57*(6), 781–811. doi:10.1080/00224499.2019.1665619

Bychowski, G. (1959). Some aspects of masochistic involvement. *Journal of the American Psychoanalytic Association, 39*, 431–449. doi:10.1177/000306515900700203

Canesso, A., & A. L. Mafra. (2023). Freudianism/sigmund freud: Sexual fantasies. In K. Shackelford (Ed.), *Encyclopedia of Sexual Psychology and Behavior: Vol. (1–4)*. Springer International Publishing. https://www.researchgate.net/publication/370989056_FreudianismSigmund_Freud_Sexual_Fantasies

Canivet, C., Bolduc, R., & Godbout, N. (2022). Exploring variations in individuals' relationships to sexual fantasies: A latent class analysis. *Archives of Sexual Behavior*, *51*(1), 589–600. doi:10.1007/s10508-021-02136-z

Cascalheira, C. J., Ijebor, E. E., Salkowitz, Y., Hitter, T. L., & Boyce, A. (2023). Curative kink: Survivors of early abuse transform trauma through BDSM. *Sexual and Relationship Therapy*, *38*(3), 353–383. doi:10.1080/14681994.2021.1937599

Connolly, P. H. (2006). Psychological functioning of Bondage/Domination/Sado-Masochism (BDSM) practitioners. *Journal of Psychology and Human Sexuality*, *18*(1), 79–120. doi:10.1300/J056v18n01_05

Daphna-Tekoah, S. (2019). My body protests: Childhood sexual abuse and the body. *Journal of Loss and Trauma*, *24*(5–6), 533–549. doi:10.1080/15325024.2018.1549179

De Neef, N., Coppens, V., Huys, W., & Morrens, M. (2019). Bondage-discipline, dominance-submission and sado-masochism (BDSM) from an integrative biopsychosocial perspective: A systematic review. *Sexual Medicine*, *7*(2), 129–144. doi:10.1016/j.esxm.2019.02.002

Dunkley, C. R., & Brotto, L. A. (2018). Clinical considerations in treating BDSM practitioners: A review. *Journal of Sex and Marital Therapy*, *44*(7), 701–712. doi:10.1080/0092623X.2018.1451792

Dunkley, C. R., & Brotto, L. A. (2020). The role of consent in the context of BDSM. *Sexual Abuse: Journal of Research and Treatment*, *32*(6), 657–678. doi:10.1177/1079063219842847

Ensink, K., Berthelot, N., Biberdzic, M., & Normandin, L. (2016). The mirror paradigm: Assessing the embodied self in the context of abuse. *Psychoanalytic Psychology*, *33*(3), 389–405. doi:10.1037/pap0000018

Freud, S. (1921). *A general introduction to psychoanalysis*. New York: Boni and Liveright.

Freud, S. (1962). Creative writers and daydreaming. In J. Strachy (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (pp. 142–152). London: Hogarth Press and the Institute of Psycho-Analysis.

Freud, S. (1920). Beyond the pleasure principle. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud*, (pp. 7–64. London, UK: Hogarth Press.

Gewirtz-Meydan, A., & Godbout, N. (2023). Between pleasure, guilt, and dissociation: How trauma unfolds in the sexuality of childhood sexual abuse survivors. *Child Abuse and Neglect*, *141*,106195. doi:10.1016/j.chiabu.2023.106195

Gewirtz-Meydan, A., & Lassri, D. (2023). Sex in the shadow of child sexual abuse: The Development and Psychometric Evaluation of the Post-Traumatic Sexuality (PT-SEX) Scale. *Journal of Interpersonal Violence*, *38*(5-6), 4714–4741. doi:10.1177/08862605221118969

Gewirtz-Meydan, A., & Opuda, E. (2023). The sexual fantasies of childhood sexual abuse survivors: A rapid review. *Trauma, Violence, and Abuse*. *24*(2), 441–453. doi:10.1177/15248380211030487

Gewirtz-Meydan, A., & Opuda, E. (2022). The impact of CSA on men's sexual function: A systematic review. *Trauma, Violence & Abuse*, *23*(1), 265–277. doi:10.1177/1524838020939134

Hailes, H. P., Yu, R., Danese, A., & Fazel, S. (2019). Long-term outcomes of childhood sexual abuse: An umbrella review. *The Lancet Psychiatry*, *6*(10), 830–839. doi:10.1016/S2215-0366(19)30286-X

Hammers, C. (2014). Corporeality, sadomasochism and sexual trauma. *Body and Society*, *20*(2), 68–90. doi:10.1177/1357034X13477159

Hillier, K. (2019). *The impact of childhood trauma and personality on kinkiness in adulthood* [Doctoral dissertation, Walden University].

Hunter, L. E. (2015). Kink in community and the modern clinic sexual outsiders: Understanding BDSM sexualities and communities by David M. Ortmann and Richard A. Sprott. *The Journal of Sex Research*, *52*(2), 237–237. doi:10.1080/00224499.2014.945334

Irish, L., Kobayashi, I., & Delahanty, D. L. (2010). Long-term physical health consequences of childhood sexual abuse: A meta-analytic review. *Journal of Pediatric Psychology*, *35*(5), 450–461. doi:10.1093/jpepsy/jsp118

Kolmes, K., Stock, W., & Moser, C. (2006). Investigating bias in psychotherapy with BDSM clients. *Journal of Homosexuality*, *50*(2–3), 301–324. doi:10.1300/J082v50n02_15

Labrecque, F., Potz, A., Larouche, É., & Joyal, C. C. (2021). What is so appealing about being spanked, flogged, dominated, or restrained? Answers from practitioners of sexual masochism/submission. *Journal of Sex Research*, *58*(4), 409–423. doi:10.1080/00224499.2020.1767025

Lehmiller, J. J. (2018). *Tell me what you want: The science of sexual desire and how it can help you improve your sex life*. Boston: Da Capo Lifelong Books.

Leonard, L. M., & Follette, V. M. (2002). Sexual functioning in women reporting a history of child sexual. *Annual Review of Sex Research*, *13*(1), 346–388. doi:10.1080/10532528.2002.10559809

Lindemann, D. (2011). BDSM as therapy? *Sexualities*, *14*(2), 151–172. doi:10.1177/1363460711399038

Mollinger, R. (1982). Sadomasochism and developmental stages. *Psychoanalytic Review*, *69*, 379–389. Stolorow, R. (1975). The narcissistic function of masochism (and sadism). *International Journal of Psychoanalysis*, *56*, 441–448.

Moser, C. (2023). Differentiating sexual violence from BDSM. *The Journal of Sexual Medicine*, *20*(10), 1233–1234. doi:10.1093/jsxmed/qdad114

Nordling, N., Sandnabba, N. K., & Santtila, P. (2000). The prevalence and effects of self-reported childhood sexual abuse among sadomasochistically oriented males and females. *Journal of Child Sexual Abuse*, *9*(1), 53–63. doi:10.1300/J070v09n01_04

Pereda, N., Guilera, G., Forns, M., & Gómez-Benito, J. (2009). The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review*, *29*(4), 328–338. doi:10.1016/j.cpr.2009.02.007

Pillai-Friedman, S., Pollitt, J. L., & Castaldo, A. (2015). Becoming kink-aware – a necessity for sexuality professionals. *Sexual and Relationship Therapy*, *30*(2), 196–210. doi:10.1080/14681994.2014.975681

Powls, J., & Davies, J. (2012). A descriptive review of research relating to sadomasochism: Considerations for clinical practice. *Deviant Behavior*, *33*(3), 223–234. doi:10.1080/01639625.2011.573391

Pulverman, C. S., Kilimnik, C. D., & Meston, C. M. (2018). The impact of childhood sexual abuse on women's sexual health: A comprehensive review. *Sexual Medicine Reviews*, *6*(2), 188–200. doi:10.1016/j.sxmr.2017.12.002

Richters, J., de Visser, R. O., Rissel, C. E., Grulich, A. E., & Smith, A. M. A. (2008). Demographic and psychosocial features of participants in bondage and discipline, "sadomasochism" or dominance and submission (BDSM): Data from a national survey. *Journal of Sexual Medicine*, *5*(7), 1660–1668. doi:10.1111/j.1743-6109.2008.00795.x

Rothstein, A. (1991). Sadomasochism in the neuroses conceived of as a pathological compromise formation. *Journal of the American Psychoanalytic Association*, *39*(2), 363–375. doi:10.1177/000306519103900203

Shulman, J. L., & Horne, S. G. (2006). Guilty or not? A path model of women's sexual force fantasies. *The Journal of Sex Research*, *43*(4), 368–377. doi:10.1080/00224490609552336

Simula, B. L. (2019). Pleasure, power, and pain: A review of the literature on the experiences of BDSM participants. *Sociology Compass*, *13*(3), 1–24. doi:10.1111/soc4.12668

Slavin, M. N., Scoglio, A. A. J., Blycker, G. R., Potenza, M. N., & Kraus, S. W. (2020). Child sexual abuse and compulsive sexual behavior: A systematic literature review. *Current Addiction Reports*, *7*(1), 76–88. doi:10.1007/s40429-020-00298-9

Sprott, R. A. (2020). Reimagining "kink": Transformation, growth, and healing through BDSM. *Journal of Humanistic Psychology*. doi:10.1177/0022167819900036

Sprott, R. A., & Williams, D. J. (2019). Is BDSM a sexual orientation or serious leisure? *Current Sexual Health Reports*, *11*(2), 75–79. doi:10.1007/s11930-019-00195-x

Stoller, R. J. (1987). Pornography: Daydreams to cure humiliation. In R. J. Stoller (Ed.), *The many faces of shame* (pp. 292–307). New York: The Guilford Press.

Stolorow, R. (1975). The narcissistic function of masochism (and sadism). *International Journal of Psychoanalysis*, *56*, 441–448.

Thomas, J. N. (2020). BDSM as trauma play: An autoethnographic investigation. *Sexualities*, *23*(5–6), 917–933. doi:10.1177/1363460719861800

Tsur, N. (2022). Chronic pain personification following child abuse: The imprinted experience of child abuse in later chronic pain. *Journal of Interpersonal Violence*, *37*(5-6), NP2516–NP2537. doi:10.1177/0886260520944529

Valenstein, A. (1973). On attachment to painful feelings and the negative therapeutic reaction. *Psychoanalytic Study of the Child*, *28*, 365–392. doi:10.1080/00797308.1973.11822301

Van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Viking.

Van der Kolk, B. A. (1989). The compulsion to repeat the trauma: Re-enactment, revictimization, and masochism. *Psychiatric Clinics of North America*, *12*(2), 389–411. doi:10.1016/S0193-953X(18)30439-8

Weille, K.-L. H. (2002). The psychodynamics of consensual sadomasochistic and dominant-submissive sexual games. *Studies in Gender and Sexuality*, *3*(2), 131–160. doi:10.1080/15240650309349194

World Health Organiztion. (1999, March 29–31). Report of the consultation on child abuse prevention. https://apps.who.int/iris/handle/10665/65900