



The Art of Suffering

Cultural competence in assessing
kink/BDSM practitioners

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Disclaimer

- This is taken from the perspective of a licensed professional working in CA
- LCSW
- Focus
 - Clients over 18 years of age
 - Independent
- Class is aimed to:
 - Provide information
 - Acknowledge how difficult the risk assessment process is
 - Highlight the role of cultural competence
- I do not take responsibility for any patient outcomes or personal approaches taken with this information

Risks most assumed with BDSM/kink:

- Abuse
- Behaviors are self-harm
- BDSM is “inherently violent” and cannot be done safely
- Kink is born from abuse/trauma
- The kink community has a high prevalence of abusive people

Suicide Warning Signs

These signs may mean someone is at risk for suicide. Risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

- ❖ Talking about wanting to die or to kill oneself.
- ❖ Looking for a way to kill oneself, such as searching online or buying a gun.
- ❖ Talking about feeling hopeless or having no reason to live.
- ❖ Talking about feeling trapped or in unbearable pain.
- ❖ Talking about being a burden to others.
- ❖ Increasing the use of alcohol or drugs.
- ❖ Acting anxious or agitated; behaving recklessly.
- ❖ Sleeping too little or too much.
- ❖ Withdrawing or feeling isolated.
- ❖ Showing rage or talking about seeking revenge.
- ❖ Displaying extreme mood swings.

Suicide Is Preventable.

Call the Lifeline at 1-800-273-TALK (8255).

With Help Comes Hope

Why is cultural
competence
important?



Limitations of most risk assessments/screenings

Overall, assessments/screenings result in false positives ¹

- Overabundance of caution

- Looking at history/behaviors without lens of the whole person

Most effective approach is to utilize multiple screening tools as well as discussion of safety planning AND a client's protective factors ²

Evidence-Based Safety Assessments

- [SAFE-T Assessment](#)
- [C-SSRS Assessment](#)
- [PHQ-9 Assessment](#)
- Knowledge of suicide/self-harm risk factors based on demographics, history of trauma (individual, historical, collective), environment/surroundings, physical health, etc.

Protective factors of those in the kink/BDSM community

Intimate relationships



Communication skills

Curiosity/creativity



Support network



Heightened self-awareness physically and mentally

Resilience

Pain

vs.

Suffering

Purely physical sensation, often finite unless determined otherwise

Focused on a state of mind (mental, emotional, spiritual) that is often coupled with physical anguish, often long-term/sustained

EXPERIENCE pain, **ENDURE** suffering

Types of Suffering

- Physical
 - Prolonged pain, intense, enduring
 - Role: catharsis, sexual release
- Emotional/Mental
 - Degradation, humiliation, isolation
 - Role: sexual release, replaying traumatic moments in a controlled way
- Spiritual
 - Fasting, repetitive actions for long periods of time
 - Role: spiritual ascension, reaching a higher spiritual awareness

Approach of the Professional

- Address personal biases and how they can effect client care
- Strengths-based
- Client-centered
 - Determine if their issues/struggles relate to their BDSM lifestyle
 - Learn how BDSM relates to the client and their motivation to participate in BDSM
- Connecting to other kink aware or practicing professionals who are willing to be consulted
 - Kink Aware Professionals
 - Link with LGBTQ+ aware clinicians
- Create a risk plan with client to help maintain safety if found to be high risk

Clinical Practice Guidelines for Working with People with Kink Interests

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Developed by the
Kink Clinical Practice
Guidelines Project
kinkguidelines.com



Created by practitioners that work with clients in the lifestyle³

How Do I Approach Hospitalization?

As mandated reporters, we must meet state guidelines with regards to harm to self/others

Hospitalization when plan/intent/means have been identified clearly

First, offer to client if they are willing to go of their own accord for support

Forced hospitalization does violate ethics and should be last resort


LCSW: dignity/worth of a person, social justice

LMFT: client autonomy and decision making, confidentiality

ACA: autonomy, justice

Citations

1. <https://societyforpsychotherapy.org/wp-content/uploads/2014/06/Fowler-2012.pdf>
2. https://sprc.org/wp-content/uploads/2023/01/RS_suicide-screening_91814-final.pdf
3. <https://www.kinkguidelines.com/>



Thank you for your time!
Questions/thoughts/concerns?

