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Walden University

College of Social and Behavioral Sciences

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Kaitlyn Hillier

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Walden University
2019

Abstract

The Impact of Childhood Trauma and Personality on Kinkiness in Adulthood

By

Kaitlyn Hillier

MC, Athabasca University, 2016

BA, Athabasca University, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

April 2019

Abstract

Historically, kinky sexualities and sexual behaviors have been understood as pathological or perverse. Such misunderstandings and misrepresentations have contributed to the development and perpetuation of kink stigma. The aim of this retrospective, cross-sectional, correlational research study was to explore the potential relationship(s) between pathology, personality, and kinky sexual behaviors/roles in adulthood. Guided by queer-feminist theory, the research questions addressed whether personality traits, experiences of childhood trauma, or a combination thereof, were predictors for kinky behaviors/roles in adulthood. A multi measure, anonymous, and confidential survey was distributed online including the Childhood Traumatic Events Scale as a childhood trauma questionnaire, the Mini-IPIP, and the sadomasochism checklist. Multiple regression analyses were used, and the results showed that experiences of childhood trauma, personality characteristics, or the combination of both were not significant predictors for kinky sexual behaviors in adulthood. Among the sample surveyed, there were no significant relationships found between the variables to provide sufficient evidence to support the negative perceptions and stigmatization of the kinky population. These findings contribute to social change by better informing deficiencies in the historical pathology-based and personality-based academic literature on kinky sexualities. Additionally, the findings of the present study provide others with an increased awareness and understanding of the kink community and lifestyles which benefits evolving society and psychological professionals, scholars, and the kink community.

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Dedication

This dissertation is dedicated to the people who defy norms; the non conformists, those who challenge stigma or, walk to the beat of their own drum. To all those who never quite 'fit in' with the status quo, this dissertation is for you.

Acknowledgments

I thank the non conformists in my own life for encouraging me to conduct my research and become a voice for the outlier groups in the world. I would like to give tremendous thanks to my amazingly supportive team, Dr. Rasmussen, Dr. Napoli, my husband JK, my mother TH, and my mentor PJ.

Table of Contents

| | |
|--|----|
| List of Tables and Figures..... | v |
| Chapter 1: Introduction to the Study..... | 1 |
| Preface..... | 1 |
| Introduction..... | 2 |
| Background..... | 6 |
| Problem Statement..... | 9 |
| Purpose Statement..... | 10 |
| Research Questions..... | 10 |
| Theoretical Framework..... | 12 |
| Nature of the Study..... | 13 |
| Definitions of Theoretical Constructs..... | 14 |
| Definition of Terms..... | 16 |
| Significance..... | 18 |
| Assumptions and Limitations..... | 20 |
| Scope and Delimitations..... | 22 |
| Summary..... | 23 |
| Chapter 2: Literature Review..... | 25 |
| Introduction..... | 25 |
| Literature Search Strategy..... | 26 |
| Theoretical Foundation..... | 27 |
| Key Variables and Concepts..... | 31 |

| | |
|--|----|
| Background: Sexuality..... | 31 |
| Background: Kink and BDSM..... | 33 |
| Background: Kink Stigma..... | 36 |
| Literature Review Relevant to Research Questions..... | 42 |
| Kink and Trauma | 42 |
| Kink and Individual or Personality Characteristics | 50 |
| Kink and Sexual/Gender Identity..... | 55 |
| Kink and Health | 64 |
| Summary and Conclusions | 76 |
| Themes | 76 |
| What is Known and Unknown about Kink | 77 |
| Summary | 79 |
| Chapter 3: Research Method..... | 81 |
| Introduction..... | 81 |
| Purpose of the Study | 81 |
| Research Design and Rationale | 82 |
| Methodology | 86 |
| Participant Population..... | 86 |
| Setting and Sample | 86 |
| Procedures..... | 87 |
| Instrumentation | 90 |
| Demographics | 90 |

| | |
|---|-----|
| SMC | 90 |
| CTES (CTQ)..... | 93 |
| Mini-IPIP | 96 |
| Analysis..... | 98 |
| Operationalization..... | 102 |
| Data Analysis Plan..... | 103 |
| Data Cleaning/Screening | 106 |
| Limitations | 106 |
| Threats to Internal Validity..... | 106 |
| Threats to External Validity..... | 108 |
| Threats to Construct or Statistical Conclusion Validity | 108 |
| Internal Consistency for Reliability | 109 |
| Ethical Procedures | 109 |
| Summary..... | 113 |
| Chapter 4: Results and Findings | 115 |
| Introduction..... | 115 |
| Data Collection | 117 |
| Baseline Descriptive and Demographic Characteristics of Sample..... | 118 |
| Results..... | 121 |
| Exploratory Data Analysis..... | 121 |
| Correlations..... | 122 |
| Simple Linear Regression..... | 124 |

| | |
|---|-----|
| Multiple Regression Analyses | 125 |
| Summary | 129 |
| Chapter 5: Discussion, Conclusions, and Recommendations | 131 |
| Introduction..... | 131 |
| Interpretation of the Findings..... | 132 |
| Interpretation of Findings using Queer-feminist Theory | 135 |
| Limitations of the Study..... | 135 |
| Recommendations..... | 139 |
| Implications..... | 140 |
| Conclusion | 142 |
| References | 146 |
| Appendix A: Demographic Questionnaire..... | 168 |
| Appendix B and B1: SMC | 170 |
| Appendix C: Demographic Report | 173 |

List of Figures and Tables

| | |
|--|-----|
| Figure 1. Proposed Model # 1 of Childhood Trauma (CTES), Extraversion (Mini-IPIP), Kink behavior/identification/Submission (SUB/SMC)..... | 99 |
| Figure 2: Proposed Model # 2 of Childhood Trauma (CTES), Extraversion (Mini-IPIP), Kink behavior/identification/Dominance (DOM/SMC)..... | 100 |
| Figure 3: Proposed Model # 3 of Childhood Trauma (CTES), Neuroticism (Mini-IPIP), Kink behavior/identification/Dominance (DOM/SMC)..... | 100 |
| Figure 4: Proposed Model # 4 of Childhood Trauma (CTES), Neuroticism (Mini-IPIP), Kink behavior/identification/Submission (SUB/SMC)..... | 100 |
| Table 1 Means, Standard Deviations, and Intercorrelations..... | 123 |
| Table 1.1 Means, Standard Deviations, and Intercorrelations (Outlier Removed)... | 124 |
| Table 2. ANOVA for the Submission Regression Model..... | 127 |
| Table 2.1 ANOVA for the Submission Regression Model (Outlier Removed)..... | 127 |
| Table 3. Regression Coefficients for Variables Predicting Submission..... | 127 |
| Table 3.1 Regression Coefficients for Variables Predicting Submission (Outlier Removed) | 127 |
| Table 4. ANOVA for the Dominance Regression Model..... | 128 |
| Table 4.1 ANOVA for the Dominance Regression Model (Outlier Removed)... | 128 |
| Table 5. Regression Coefficients for Variables Predicting Dominance..... | 128 |
| Table 5.1 Regression Coefficients for Variables Predicting Dominance (Outlier Removed)..... | 128 |

Chapter 1: Introduction to the Study

Preface

Human sexuality before the 17th century was understood a set of natural and primal acts; such acts occurred openly without shame or stigma (Foucault, 1990). Before the fusion of church and state, sexual behaviors were not limited to the context of heterosexual marriage and the need to procreate; but, were simply a pleasurable and natural release of sexual tension that did not adhere to labels of sexual orientation (Foucault, 1990). Once church and state fused, human sexuality became closeted, taboo, risqué, and no longer focused on pleasure; thus, humanity underwent a transformative era of sexual repression and silence (Foucault, 1990). Open and shameless engagement in pleasurable sexual activities became punishable and marginalized and, sex transformed into an act of procreative duty (Foucault, 1990). Because of this new, repressed sexuality of humankind, sexuality for pleasure became deviant, perverse, and pathological (Foucault, 1990).

The impact of historical sexual repression has perpetuated the stigma of open sexuality and the collective unconscious developed by North American ancestors through colonization, industrialization, and the birth of capitalism has created some of today's current discomfort with sexuality and taboo sexual behaviors (Foucault, 2012; Jung, 1980). Despite modern advertising and the media's emphasis on using sexual imagery and innuendo to promote any agenda, sex sells because it is still considered to be alluring and sexually gratifying to consider forbidden fruit (Stepp, 2006). Interestingly, sex sells because sexuality and sexual behaviors (risqué or not) are enticing to the masses (Stepp,

2006). As such, people throughout history have been both attracted to and cautious of open and shameless sexualities (Foucault, 2012; Stepp, 2006). More recently, there has been notable intrigue and criticism of the trending sexual lifestyle of kink.

Introduction

The novel *Fifty Shades of Grey* (author, year) enabled people to talk about more openly and engage in, various forms of kinky behaviors and lifestyles (Hillier, 2018; James, 2012; Linos, 2015). However, kinky behaviors existed long before literature, film, and television began highlighting the lifestyles and historical, psychological theory and practice have not had a friendly and inclusive relationship with the kink community (Hodges, 2011). Historically, engagement in unconventional sexual behaviors and lifestyles, especially non heteronormative, non monogamous, or otherwise non missionary sexual acts, was (and still is in certain places) outlawed and regarded as inappropriate or perverse (Foucault, 1990, 2012). Traditional psychoanalytic theory contributed to the understanding and perception of such unconventional sexual behaviors and lifestyles as pathological and rooted in experiences of childhood traumas, which has remained present (whether consciously or unconsciously) in the minds of people today (see Hodges, 2011; Sprott & Benoit Hadcock, 2018). Such pathological perceptions (both historical and current) have founded the basis for sexual persecution and marginalization (Foucault, 2012; Glass, 2018).

Although a paradigmatic shift has been occurring since the 1960s and the sexual revolution within North America toward sexual inclusivity and sexual freedom, there have been many setbacks and stalemates along the way (Garton, 2014). Recently, in

addition to continued sexism, homophobia, heteronormative bias, transphobia, and sexual stigmatization, the issue of kink stigma has presented itself (Waldura, Arora, Randall, Farala, & Sprott, 2016; Worthen, 2016). Although the *Diagnostic and Statistical Manual* no longer pathologizes kink, kink stigma remains and relates to a populations' disapproval and non inclusion of persons who engage in kinky sexual behaviors (Rimm, 2016). Kink stigma further includes negative perceptions, understandings, and assumptions about members of the kink community (Waldura et al., 2016).

One of the most common assumptions is that being kinky somehow implies that an individual has experienced traumatic or otherwise adverse situations within their historical development (Linos, 2015; Sprott & Benoit Hadcock, 2018). Demonstrated in the film based on James (2012), the phrase "fifty shades of fucked up" epitomizes this assumption (Universal Pictures & Focus Features, 2015, 2:34). However, such assumptions cannot be made of an entire population of individuals. Although the assumption may be true for some people, as is the case with any generalization, it cannot be assumed that all members of a given community hold the same qualities, attributes, or neuroses.

Kinky sex and sexuality relate to the practice of unconventional or risqué sexual behaviors and predilections including bondage, dominance/submission and sadomasochism (BDSM), 24/7 (full-time) or part-time dominant and submissive relationships/master-slave relationships, age play (age variations/role playing), choking, topping/bottoming, rape play (consensual non consent), power exchanges, dungeon scenes, edge/knife play, fire play, impact play (whips/flogs), medical play, restraint,

sensation play/sensory deprivation, shibari (rope bondage), suspension, switching (being both dominant and submissive), wax play, and others (ReKink, 2017). Kinky sexualities also include fetishes (objects or actions that hold sexual significance for arousal) like enemas, cupping, golden showers (urine) or scat play (feces), plushies/furries or pony play (costuming as animals), and many others (ReKink, 2017). Kinky lifestyles may include nonmonogamies like swinging, polyamory, or open relationships, and others (kinky, n.d.; Nichols, 2015).

Although certain kinks may seem deviant, the healthy kink community adheres to the credo of “safe, sane, and consensual” (Williams, Thomas, Prior, Amezquita, & Hall, 2017, p. 1). Any healthy and engaged member of the community governs their actions by this credo and ensures that all behaviors are safe to the involved individuals, are agreed to with sound body and mind, and with an informed series of consent processes and mutual negotiations (Williams et al., 2017). A person's kink is subjective and based on an individual's sexual desires; and, people's kinks could be conventional, slightly unconventional, or unconventional as described above (ReKink, 2017). Based on the discussion presented by Mason (2015), it is possible that some people may engage in kinky behaviors without identifying as members of the kink community or even knowing they are embracing a kink, while other people would knowingly engage in kink behaviors and identify as members of the kink community. Therefore, the current study addresses kink stigma by better informing the understandings of the kinky community by researching the subcultures of kinky sexualities and the common factors perceived to be shared amongst these groups. My goal with the present research was to challenge the

stigmas, overgeneralizations, and negative assumptions of these subcultures by accurately informing public and professional opinion with a sex-positive and inclusive study that assesses the accuracy of the assumption that kinky people's interest in nonconventional and risqué sexual behaviors is related to adverse or traumatic experiences during childhood or due to problematic personality characteristics.

In the trending spirit and practice of sex positivity and inclusivity of sexual diversity, the present research is appropriate and needed to aid mental health professionals to gain insight into a trending subculture of individuals who may present for treatment. As such, results derived from the current study may lead to a reduction in misinformed opinions and thus, continued marginalization of a nondominant sexual subculture. The current study and results contribute to social change by increasing awareness and inclusivity of sexual subcultures and nonconventional lifestyles.

The following sections of this proposal includes a background of the related or relevant literature to the topics of kink, kink stigma, BDSM, personality characteristics about sexuality and kinky behaviors, childhood trauma about sexuality and kinky behaviors, and kink role identification. By summarizing related literature, I demonstrated and defined the gap in the literature to justify the need for further research. Next, I defined the problem and describe its relevance for study. I also described how the problem builds upon past research and expands to address a deficiency in the current kink-based literature in a meaningful way. Also, I described the purpose of my study and provide the quantitative research questions and hypotheses.

Additionally, I described the theoretical and conceptual frameworks to guide and structure the present research. I also provide operational definitions and prefacing assumptions while also identifying the scope, limitations, and delimitations of the present research. Lastly, I concluded Chapter 1 with a discussion of the significance of the present research and a summary of the chapter.

Background

There are several academic and scholarly contributions related to BDSM as a subculture of kink/fetish sexual behaviors, gender and human sexuality, and the interrelationship of experiences of childhood trauma and sexual deviancy. A detailed review of the literature related to these topics is provided in Chapter 2. First, Hammers (2014) conducted qualitative research on female members of the BDSM community who had survived sexual trauma in hopes of challenging pathological perceptions of kinky sexuality and behaviors. Hammers found that the use of *rape play* by some participants was an answer to or a mechanism of coping for their experiences of historical traumas. Hitter, Adams, and Cahill (2017) asserted that women overcame and processed their experiences of sexual trauma by creating unconventional but positive sexual self-schemas. Moreover, Yost and Hunter (2012) described the experiences of BDSM practitioners as they transitioned into the BDSM sub culture through procedures of sexual self-discovery and informed decision making.

Bezreh, Weinberg, and Edgar (2012), Dymock (2012), and Waldura et al. (2016) researched kink stigma and the discrimination of sexual minorities as well as the negative beliefs of kinky persons. The research on sexual stigma was inspired by the historically

negative relationship between unconventional sexual practices and psychological theory. For example, psychoanalytic theory and practice have conceptualized kinky behaviors as perversities or paraphilias (Hodges, 2011). Recent research on the correlations between childhood trauma, sexual deviance, the influence of childhood trauma on sexual deviance/aggression in adulthood amongst sexual offenders found that adverse childhood experiences often predict of adult sexual deviances (Levenson & Grady, 2016). Further, Seehuus, Clifton, and Rellini (2015) studied the impact of family relationships during childhood development on the development of sexuality in adulthood. The authors found that familial relationships during childhood and adult sexual development negatively affect both the sexual functioning of adults and adults' sexual satisfaction (Seehuus et al., 2015).

Another predominant theme within the preliminary review of literature is sexual and gender identities. Martinez (2016) and Stiles and Clark (2011) explored how consenting sadomasochists or BDSM players justify or describe their participation in an unconventional sexual lifestyle based on gender, sexual orientation, and role within the kink lifestyle. Also, personality characteristics presented as a clear theme. Hébert and Weaver (2014), Wismeijer and Assen (2013), and Richters, de Visser, Rissel, Grulich, and Smith, (2008) assessed personality traits and other personal factors that may be related to the sexual development and identification of kinky adults. The authors concluded that engaging in BDSM should simply be understood as a personal sexual interest or preference instead of a response to adverse or otherwise negative historical

experiences or personality traits (Hébert & Weaver, 2014; Wismeijer & Assen, 2013; Richters, de Visser, Rissel, Grulich & Smith, 2008).

Lastly, on methodological and theoretical frameworks, Dymock (2012), Martinez (2016), Santana (2016), and Weismantel (2014) argued that assessing kink or fetish behaviors from modernized and psychodynamically based lenses is positively comprehensive and appropriate since such frameworks have established a long-standing relationship with sex-based research. Moreover, Martinez (2016) argued for the implementation of queer-feminist theory to evaluate kinky sexualities affirmatively and inclusively. Also, Seehuus et al. (2015) supported the use of childhood trauma questionnaires (CTQ) as an inclusive and accommodating assessment measure for people's experiences of childhood trauma.

This summary has demonstrated that there are current literature and research on certain kinds of kinky behaviors and lifestyles. Both personality characteristics and experiences with childhood traumas are understood to be related factors to the development of kinky tendencies in adulthood (Hébert & Weaver, 2014; Wismeijer & Assen, 2013; Richters, de Visser, Rissel, Grulich & Smith, 2008; Seehuus et al., 2015). Also, queer-feminist theory has been a strong framework for the study of unconventional and non heteronormative sexualities. Unfortunately, current research is not positively inclusive of the various diversities of kinky lifestyles and roles and does not consider the impact of historical/developmental factors and personality characteristics collectively on adults' sexual behaviors and roles.

Problem Statement

Historical research on, and perspectives of, kinky sexual lifestyles and behaviors have considered such behaviors to be perverse or sick, abnormal, and simply pathological (Levenson & Grady, 2016; Wismeijer & Assen, 2013). The correlations made between kinkiness as a sexual practice and adverse experiences during childhood have added to the foundation of the unfavourable perceptions and misinterpretations of the kink community (Martinez, 2016). Fortunately, recent researchers have also sought to recognize the unique personality traits and characteristics of kinky people (Hébert & Weaver, 2014). The problem of overstressing kinky sexuality as pathological and the subsequent kink stigma have furthered the continued marginalization and negative perception of a non dominant, but trending sexual practice (Hillier, 2018; Levenson & Grady, 2016; Martinez, 2016; Wismeijer, & Assen, 2013).

In their study, Nordling, Sandnabba, and Santtila (2000) indicated that researchers of human sexualities should question whether experiences of childhood traumas are correlated with adults' engagement in sadomasochistic behaviors. Regarding personality characteristics of BDSM practitioners, Wismeijer and Assen (2013) concluded that BDSM players are uniquely and personally interested in BDSM as a sexual preference and their engagement in BDSM is not due to pathology. Wismeijer and Assen (2013) found that the personality traits of BDSM players included reduced neuroticism, increased extraversion, increased conscientiousness, more positive subjective well-being, and were typically more open to new experiences than their non-BDSM control group. Therefore, there is evidence to support the assumption of the pathology of certain kinks

and types of kinky people and there is current research that assesses personality traits of BDSM players as nonpathological. I was unable to find current research that assesses the extent or nature of the relationship between kinky behaviors, personality characteristics, and the experiences of childhood traumas collectively.

Purpose Statement

The purpose of this retrospective study was to explore the potential relationship(s) between experiences of childhood trauma, personality characteristics/traits, and kinky sexual behaviors/roles in adulthood to better inform the gap in the pathology-based or personality-based scholarly literature on kinky sexualities. To address the problems related to the traditional, pathology-based conceptualizations of unconventional sexualities, the present web-based survey research employed a cross-sectional and correlational design to quantitatively gain awareness of the scope and nature of the relationship between experiences of childhood trauma (independent variable[IV]₁), personality traits (extraversion IV₂ /neuroticism, IV₃), and dominant or submissive kinky sexual behaviors and identities in adulthood (dependent variables, dominance [DV₁], and submission [DV₂]; see Creswell, 2013). These factors have not been studied collectively from a sex-positive framework, or a framework that embraces inclusivity and tolerance toward all human sexualities (International Society for Sexual Medicine [ISSM], 2018; Weismantel, 2014).

Research Questions and Hypotheses

Modified slightly from the original development of the proposal, the current study addressed the following research questions.

RQ1: Do personality traits (extraversion/neuroticism EX/NEU) predict kinky behaviors/roles (dominance/submission DOM/SUB) in adulthood?

H_01 : EX/NEU does not predict DOM/SUB kinky behaviors/roles in adulthood.

H_a1 : EX/NEU significantly predict kinky DOM/SUB behaviors/roles in adulthood.

RQ2: Do experiences of childhood trauma (CT) predict kinky behaviors/roles (DOM/SUB) in adulthood?

H_02 : CT do not predict kinky behaviors/roles (DOM/SUB) in adulthood.

H_a2 : CT is a significant predictor of kinky behaviors/roles (DOM/SUB) in adulthood.

RQ3: Do personality traits (EX/NEU) and experiences of childhood trauma combined predict kinky behaviors/roles (DOM/SUB) in adulthood?

H_03 : EX/NEU and CT combined do not predict kinky behaviors/roles (DOM/SUB) in adulthood.

H_a3 : EX/NEU and CT combined are predictors of kinky behaviors/roles (DOM/SUB) in adulthood.

I used statistical mediation, per Baron and Kenny's (1986) criteria for testing mediation (outlined in the Data Analysis Plan in Chapter 3), for the following hypotheses if correlations exist between all three variables.

1. H_0 : The relationship between X (CT) and Y (SUB) is not mediated by M (EX).

H_a : The relationship between X (CT) and Y (SUB) is mediated by M (EX) (Figure 1).

2. H_0 : The relationship between X (CT) and Y (DOM) is not mediated by M (EX).

H_a : The relationship between X (CT) and Y (DOM) is mediated by M (EX) (Figure 2).

3. H_0 : The relationship between X (CT) and Y (DOM) is not mediated by M (NEU).

H_a : The relationship between X (CT) and Y (DOM) is mediated by M (NEU) (Figure 3).

4. H_0 : The relationship between X (CT) and Y (SUB) is not mediated by M (NEU).

H_a : The relationship between X (CT) and Y (SUB) is mediated by M (NEU) (Figure 4).

Theoretical Framework

The present research employed feminist and queer theory as a combined theory. Recently, the use of queer-feminist theory has gained popularity in sex research because feminist theory centralizes on women's discrimination, sexuality and reproductive rights, marginalization, and intersectionality while emphasizing empowerment and advocacy (Davis, 2008; Marinucci, 2016). Queer theory expands upon the focus of feminist theory while also stressing queer experiences and discriminatory issues related to heteronormativity (Davis, 2008; Glick, 2000; Marinucci, 2016). Queer feminism

emphasizes the use of queer stances on gender, sexualities¹, and sex within the context of feminist theory and practice (Marinucci, 2016).

Marinucci (2016) specified that the addition of queer perspectives to feminist theory and feminist perspectives to queer theory is not only a natural blending of thought but more appropriately addresses diversity and concerns about gender, sex, and sexualities as well as issues related to the patriarchy, heteronormative bias, and injustice. Therefore, using queer-feminist theory to guide the present research is suitable since it highlights non traditional and non heteronormative sexualities from a supportive and empowering stance. Queer-feminist theory purports to confront out-dated patriarchal and conventional norms and is discussed in more depth in the following chapter (QueerFeminism.com, n.d.).

Nature of the Study

Online survey methods are used in the proposed predictive correlational research to predict dominant or submissive kinky behaviors/roles in adulthood (DV_1 & DV_2) based on participants' reported experiences of childhood trauma (IV_1), and their personality traits of Extraversion and Neuroticism (IV_2 & IV_3) (Frankfort-Nachmias & Leon-Guerrero, 2015). I aimed to understand the nature of the relationships between the variables and the extent of variances in kinky behaviors/roles in adulthood that can be explained by the two independent variables. I used multiple regression analyses to achieve this goal and was prepared to use statistical mediation if significant correlative relationships are found between the variables.

A CTQ known as the Childhood Traumatic Events Scale (CTES) was used to measure the experiences of childhood trauma; this measure is both reliable and valid measure for assessing the extent and type of traumas experienced by individuals (Bernstein & Fink, 1997; Pennebaker & Susman, 1988; Seehuus et al., 2015). The Mini IPIP, a revised and abridged version of the NEO-PI 3, measured the personality traits of participants; NEO-PI 3 is a shortened version of the long-form NEO-PI-R that measures the big five personality traits (Donnellan, Oswald, Baird, & Lucas, 2006; McCrae & Costa, 1999; McCrae, Costa, & Martin, 2005). I chose this measure based on the work of Wismeijer and Assen (2013) who used the NEO-PI 3 to evaluate personality traits of BDSM players. The NEO-PI and the Mini IPIP measure *openness to experience*, *conscientiousness*, *extraversion*, *agreeableness*, and *neuroticism* which have been identified as personality traits associated with certain kinky behaviors (Donnellan et al., 2006; McCrae, & Costa Jr, 1999; Wismeijer & Assen, 2013). To measure the DV, I used the Sadosomochism checklist (SC), and the author- identified groupings of kinky categories (Weierstall & Giebel, 2017). The kinky categories found in the SC report allowed participants to identify their preferred/experienced types of kinks and their kinky identifications or roles; however, using the SC may require author permission (Creswell, 2013; Plano-Clark & Ivankova, 2016).

Definitions of Theoretical Constructs

The primary theoretical concepts examined in the current study are childhood trauma, personality characteristics/traits, and kinky behaviors and roles. Childhood trauma includes the experience of abuse (psychological, emotional, physical, sexual),

neglect, or adverse disturbances in childhood and is measured regarding the frequency of experiences and severity of experiences of childhood trauma (National Institute of Mental Health [NIMH], 2015). In the present research, childhood trauma is being measured using the CTES to achieve a score that indicates participants' experiences with or exposure to traumatic events or situations during childhood development. Childhood trauma is considered by many theoretical frameworks to be instrumental in the development of neuroses in adulthood (Bendall, Jackson, Hulbert, McGorry, 2007; Levenson, & Grady, 2016).

Jung (1923/2016) studied and conceptualized human personality and he contended that all persons have their type of personality that consists of various qualities and characteristics. Jung (1923/2016) argued that the understanding of those personality types allows for individuals and mental health professionals to gain insight into how each type of person perceives the world around them and interacts with others. Inspired by Jung's psychological types, Briggs (1976) and Myers developed the Myers-Briggs Type Indicator (MBTI) to measure the *Big Four* personality characteristics: extraversion versus introversion, sensing versus intuiting, thinking versus feeling, judging versus perceiving. The MBTI inspired other personality theorists to expand and consider additional avenues of personality for consideration to understand the entire person. The Five-Factor Model (FFM) of personality, coined by McCrae and Costa (1999), considered individuals' levels of openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism. The NEO-PI, IPIP, and Mini IPIP measure the FFM (Donnellan et al., 2006; McCrae & Costa, 1999).

Lastly, kinky sexual behaviors and roles were described above and included a variety of unconventional sexual acts, fetishes, turn-ons, practices, and interests. Specifically, per Rehor (2012), a kinky behavior relates to any non traditional or unconventional sexual, sensual, or otherwise erotic behavior or act including exhibitionism, BDSM, voyeurism, or fetishism. Kinky roles are roles within the kink community that individuals either knowingly or unknowingly adopt in their practice of kinky sexuality, (i.e. dominant, submissive, power top, or power bottom; Castiglione, 2015).

Definition of Terms

Agreeableness is one of the five factors of the FFM of personality by McCrae and Costa (1999). Persons rating high in this trait demonstrate trust for others, genuine kindness, and affection, and are typically unselfish and more cooperative with others (Cherry, 2018).

Conscientiousness is one of the factors in the FFM of personality by McCrae and Costa (1999). This trait, when rated high on an individual, indicates that the individual has increased thoughtfulness, impulse control, goal-orientation, and organizational skills (Cherry, 2018).

Dominant/Dominance is the kink role of an individual who prefers to assume a sexually assertive position in a sexual or nonsexual relationship by initiating sexual acts, guiding sexual encounters, and leading the intimacy of a given relationship (Skurtu, 2017).

Extraversion is one of the factors of the FFM of personality by McCrae and Costa (1999). Those rating high in extraversion demonstrate increased social ability, and socialization skills, confidence and decisiveness, excitability, and are typically emotionally expressive (Cherry, 2018).

Master is a kink role that expands upon the role of the dominant. A master assumes total control over the slave with the slave's consent and the extent of this power and control model is negotiated between the two parties (Ivanovic, 2018).

Neuroticism is one of the five factors of the FFM of personality by McCrae and Costa (1999). Those rating high in neuroticism tends to demonstrate lower affect, lower mood, sadness or depressive traits, and general instability in their mood (McCrae & Costa, 1999).

Openness to Experience is one of the factors of the FFM of personality by McCrae and Costa (1999). This trait embodies imagination and perception, and persons who rate high in this trait tend to have many interests, are creative and adventurous (Cherry, 2018).

The slave is a kink role that expands upon the role of the submissive; a slave willingly submits entirely to the master and negotiates with the master to determine the extent of this power exchange (Ivanovic, 2018).

Submissive/Submission is a kink role of an individual who assumes a more passive role in a sexual or intimate encounter by not typically initiating sexuality, responding to dominant partners' suggestions, appreciate guidance through intimate

experiences, but holds the position of setting boundaries and limits to which the dominant must respect (ReKink, 2017; Skurtu, 2017).

Switch or Versatile is a kink role wherein an individual possesses qualities of both dominance and submission or top and bottom in sexual or nonsexual encounters with others (Castiglione, 2015; Masri, 2017). A switch can switch between roles as needed (Masri, 2017).

Top and Bottom are kink roles that relate to the giving and receiving of sexual acts (Castiglione, 2015). A top provides pleasure to a bottom who receives it (Castiglione, 2015).

Trauma is an emotionally upsetting, hurtful, shocking, or life-threatening experience and may be a reaction to witnessing a horrific or disturbing situation or experiencing physical injury (NIMH, 2015). Trauma may manifest within an individual physically or psychologically and may not present itself at the time of the traumatic event (NIMH, 2015).

Significance

The present research study examined if kinky behaviors/roles in adulthood are related to experiences of childhood trauma, personality traits (extraversion/neuroticism), or a combination thereof to better inform social and professional opinions about kinky behaviors and communities. My goal with this study is to contribute to an increased understanding and a potential reduction in misunderstanding and continued stigmatization of kinky persons. In this study, I questioned the negative assumptions of the kink community (see Waldura, Arora, Randall, Farala, & Sprott, 2016). The

significance of the present research was its focus on the nature of the relationship(s) between various kinky behaviors/roles, personality characteristics, and experiences of traumas during childhood development to contribute to stigma reduction and awareness raising. The uniqueness of the present research was its expansion upon the historical and limited research on kinky sexual behaviors. The present research was also unique because it employs research measures and analyses within a queer-feminist, sex-positive framework with a more diverse group of kinky participants than has been measured before.

The results of the current study highlighted the nature of the relationship(s) between participants' experiences (or nonexperiences) of trauma in childhood, their unique personality characteristics, or a combination thereof, and kinky behaviors/role in adulthood to determine if these variables individually or combined predict kinky sexuality in adulthood. I combined the efforts of earlier kink-researchers and the historical focus on either childhood trauma or personality characteristics as the two main perspectives on the development of kinky behaviors. In doing so, I sought to inform the gap between the sex and psychology literature while confronting conventional bias. The results of my study should provide insight and valuable information to researchers in human sexualities about kinky sex and sexualities as well as the diversity of sexual cultures and subcultures. Academics and professionals must be prepared to confront heteronormative and traditional biases about human sexuality that may influence their views on kinky sexualities to reduce the risk of further marginalizing or pathologizing healthy and consensual kinksters (Hillier, 2018). Understandings gained from this study

may aid mental health/psychological professionals, researchers on human sexualities, and society and to consider positively inclusive treatments (sex positivity), updating sexual theory, and reducing kink stigma which would be evidence of social change. Since there are many kink-based social media platforms, there are many kinksters globally who could benefit from the present research.

Assumptions and Limitations

The present research assumed that participants' openness to voluntarily participate in the study would not bias or skew the research. I expected that persons who may have experienced notable traumas in their childhood would not refrain from participating in the study. Also, I assumed that study participants would complete the surveys in full and answer honestly. I also assumed that the measures of the CTES, the Mini IPIP, and the SMC were appropriate and sufficient for assessing the variables.

The present research does include some limitations. First, subjective interpretations of participants may have hindered the categorization of kinky behaviors and roles since the terminologies and roles may align with multiple categories (Rehor, 2015). The generalizability of the current study reduced since it applies to a nondominant population. Measuring both kink and non kink populations would strengthen the current study. Since the current study was correlational and centralized on the extent of the relationships between the variables, understanding causation of any relationship is not possible. Per Creswell (2013), with correlational research designs, the internal validity reduces because there is an inability to determine the extent of the variance between the variables objectively. Also, in retrospective studies, memory recall presents itself as a

limitation because participants must reflect on historical events (traumas) and they may have a biased recollection which could negatively affect the results (Hassan, 2006).

Correlational designs hinder the ability of researchers to determine causation between variables and therefore, there is no conclusive way to assert that one variable causes, or occurs before, another; but, I felt that the addition of the a priori hypothesis mitigated the limitations of the design (A. Napoli, Personal Communication, June 16, 2018). Specifically, by first determining if relationships exist between the variables by multiple regression, and then applying a mediator model if such relationships exist, a researcher can better understand the nature and extent of the relationship(s) between participants personality traits, experiences of childhood trauma, and their identified kinky behaviors and roles in adulthood. Therefore, the use of a correlational and retrospective design is suitable regardless of the above-described limitations because of the primary intention to determine the existence of relationships between the variables (CT, PT, and kinky role/behaviors).

Biases exist in all research conducted. The present research was inspired by my personal stake in the topic. As is the case with any research, individual interest in a topic typically underlies the motivation to conduct research. I have conducted previous research on social and sexual non conventions but, the research previously conducted was nonempirical. I acknowledged my bias toward the topic and understand that these biases, in this case, are managed because I had not conducted empirical research before this project and my earlier research pertaining to different issues and populations. To ensure the maintenance of management of bias, the research design via anonymous survey

methods and quantitative data analysis restricted the impact or presence of personal bias on the data collected and interpreted.

Scope and Delimitations

All components of the research problem are addressed in the current study. Specifically, the negative assumptions created based on historical correlations between kinky behaviors and experiences of traumas during childhood development was addressed using the CTES and the SMC (Martinez, 2016). Secondly, the limited scope of pre-existing research has focused on single causal factors and has proved that personality traits should be considered when evaluating certain kinky behaviors (Hébert, & Weaver, 2014). Personality traits was measured using the Mini-IPIP. This focus was chosen to address the deficiencies in the literature and to expand on the single-factor focus of the pre-existing kink related research by using a multifactorial approach. The focus of the study is to understand the extent or nature of the assumed relationship between traumatic experiences in childhood and adult engagement in kinky sexual behaviors by way of personality characteristics.

The boundaries of the current study include the online, kinky community. Namely, those adult individuals who currently identify as kinky, or those who have engaged in unconventional sexual behaviors or kinks in the past or present. Excluded from the boundaries of the current study are children or youth under the age of 18, given the nature of the topic, the focus of the research question on sexuality in adulthood, and the ethical guidelines about research with minors. Regarding potential generalizability, the present research is generalizable to the population of outed kinky persons, those who

are comfortable enough with their self-identification as members of the kink community to engage in kink-based social media. As such, the present research may not be generalizable to all persons who engage in kinky sexual behaviors or lifestyle.

Summary

Adult sexuality and sexual behaviors have been an extremely popular, but taboo, research topic for many psychological researchers. Historically, research on unconventional sexual behaviors have not painted a positive picture and have centralized on pathologizing many of these practices (Levenson & Grady, 2016; Wismeijer & Assen, 2013). Recently, the trends of sexual research have begun changing toward a more inclusive and non-pathologizing understanding of sex, both conventional and unconventional (Levenson & Grady, 2016; Wismeijer & Assen, 2013). This chapter supplied some initial insight into the historical and current state of research and understanding on kinky sexualities and described the background of the problem of overemphasis on the pathology of kinky sexuality which has perpetuated the negative perception of practitioners of kink.

Chapter 1 also discussed the intended purpose of the retrospective, cross-sectional, correlational research study conducted via online survey methods. The described intent was to explore the potential relationship(s) between experiences of childhood trauma, personality characteristics/traits, and kinky sexual behaviors in adulthood using queer-feminist theory as the theoretical framework to better inform the gap in the pathology-based or personality-based scholarly literature on kinky sexualities. Described above were the research questions and hypotheses for the research as well as

the analysis plan using multiple regression analysis to determine if significant relationships exist between the variables. Also indicated was the intent to use statistical mediation in the event of determining statistical significance during multiple regressions to understand the nature of the relationships between the variables. Chapter 1 also briefly discussed the social change implications and significance for the present research as well as the terminologies to be used in the current study. The chapter also described the potential limitations to the study and the preliminary assumptions for the present research.

In Chapter 2, I briefly summarize the information presented in Chapter ; and describe the literature search strategies by listing the accessed and used academic libraries and databases. Also described are the search terms and the scope of the literature review while describing any deficiencies in the research available. In Chapter 2, I describe queer-feminist theory as the theoretical foundation of my study. After which, I provide an exhaustive review of the current literature related to kinky sexualities and the variables of childhood trauma and personality traits/characteristics. The following chapter concludes with an analysis of clear themes and findings while describing how the present research intends to address the gap in the available literature.

Chapter 2: Literature Review

Introduction

This literature review demonstrates the necessity of further research on the trending but not new kink lifestyle, community, and practice. This literature review establishes the need for continued, inclusive research on the characteristics of kinky persons and the contributing factors to the sexual development of kinky adults. Human sexuality, both conventional and unconventional, has been a popular topic of academic research and discussion for a long time. The examination of relationships between personality characteristics and adult kinkiness, and historical or developmental factors and adult kinkiness has recently gained momentum in academic and scholarly research. Recently, sex researchers have sought to understand unconventional people and outlier groups, especially those who engage in taboo or risqué sexual behaviors and lifestyles.

Chapter 1 briefly defined kink and BDSM while highlighting the historically problematic relationships between unconventional sexuality and psychological theory and practice. The following chapter demonstrates the background of the topic of kinky sexualities more thoroughly while describing the problem of overemphasizing kinky sexualities as pathological and the resulting kink stigma which have aided in the continued misunderstanding and marginalization of kinky practices (Hillier, 2018; Levenson & Grady, 2016; Martinez, 2016; Wismeijer & Assen, 2013).

As indicated in Chapter 1, historical research on non heteronormative or unconventional sexualities has not depicted such behaviors positively. Such research and the resultant findings have contributed to the development of a pathologizing

understanding and perception of sexual nonconvention and non traditional sexualities (Hillier, 2018). As psychological theory and practice have evolved, and social acceptance for non heteronormative and unconventional sexual identities and behaviors has increased, the research on these topics has also evolved to become more inclusive.

Literature Search Strategy

Scholarly research on kinky sexuality, namely BDSM, is evidenced in peer-reviewed academic journals and publications and was searched electronically using scholarly databases such as EBSCOHost, PsycARTICLES, Google Scholar, Academic Search Premier, PsycINFO, Walden University Library database, and Athabasca University Library database. To conduct a thorough search, the following search terms were used: *childhood development, adult sexuality, kink, fetish, BDSM, kink or fetish and childhood or development, personality and sexual preferences, personality characteristics OR traits and BDSM, personality type, sexual behaviors, childhood trauma, adverse childhood experiences, trauma, sexual development, unconventional sexuality, non-heteronormative sexuality, queer theory, feminist theory, queer-feminist theory, and kinky sexualities*. Upon return of results for these searches, the articles located provided useful information in their reference lists that allowed additional research to be conducted. There were also several seminal print books of relevance to the topic including the historical, psychoanalytical texts of Freud and Jung, and texts that have evaluated traditional sexual theory against modern conceptualizations of sexuality and the psyche.

Theoretical Foundation

The theoretical foundation for the present research is queer-feminism. As described in Chapter 1, the queer-feminist theory is an amalgamated theory combining the foundations of both queer theory and feminist theory (Marinucci, 2016). In 2004, Hammers and Brown published seminal work on queer-feminist theory. Hammers has since continued researching sexuality which makes this significant theoretical contribution imperative to the current research. Hammers and Brown (2004) described that if sex researchers were to dispute or challenge conventional methodologies for research on populations of sexual minorities, they would demonstrate an unequivocal queer stance that implements a reflexive stance on bias and sexuality. The authors argued that researching sexual and gender minorities should be conducted from an objective, a non traditional framework like a queer-feminist theory to better and more positively reflect the population being researched (Hammers & Brown, 2004). The authors advocated for the merging of queer and feminist theory in this contribution because the individual models of either queer or feminist theory were not sufficiently inclusive of sexual diversity (Hammers & Brown, 2004).

By emphasizing queer perspectives on gender, sexualities, and sex within the framework of feminist theory, and feminist perspectives on these items within the framework of queer theory, researchers can conduct inclusive, sex-positive research on today's sexualities (Marinucci, 2016). The areas of focus of this joint theory include sexual and gender-based discrimination, marginalization, heteronormativity, prejudice, sexual and gender equality, and the intersectionality of these issues and concepts while

embracing the need for empowerment of sexual and gender minorities through advocacy (Davis, 2008; Marinucci, 2016). The queer-feminist theory, therefore, demonstrated a sex-positive and inclusive stance toward sexual and gender minorities with emphasis on the common issues of prejudice, bias, and oppression (QueerFeminism.com, n.d.).

Cipolla, Gupta, Rubin, and Willey (2017) discussed the evolution of queer theory and feminist theory into the super-theory of queer-feminism. The authors described that feminist theory predated queer theory; but, in the late 1980s and early 1990s, queer theory began to stand out as an affirmative framework for comprehensive sexual research (Cipolla et al., 2017). In the late 1990s, Cipolla et al. (2017) noted that the two theories began to converge and align. The authors then described that science has evolved into a significant focus for queer-feminist approaches and critical analyses (Cipolla et al., 2017). The focus of queer-feminism to establish itself within the realm of scientific inquiry had forced a re-evaluation of traditional scientific approaches (Cipolla et al., 2017).

The movement to queer science has resulted in notably profound and innovative advances within both science and research practices (Cipolla et al., 2017). Additionally, Cipolla et al. (2017) argued that queer-feminist science and research address interconnecting processes of authority and privilege while shedding light on the potential for ambiguity, rebellion, and transformation. The authors then supplied summaries of several queer-feminist research contributions that have demonstrated the growing strength of queer-feminism in academic research and professional practice (Cipolla et al., 2017).

Regarding alignment, Marinucci (2016) described that queer-feminism is not a new theoretical framework; instead, its alignment has been well-established, and there is notable solidarity between the two theories' emphasis on the experiences of women and the experiences of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community as both have experienced substantive inequality and injustice. Marinucci suggested that such aligned solidarity is demonstrated by the shared experiences of oppression, misunderstanding, prejudice, and gender or heteronormative biases. The author argued that the term feminist is queer, and queer is feminist despite the world's emphasis on binary gender and sexuality structures (Marinucci, 2016). The synchronicity and balance of queer and feminist theory align well with the current study and its emphasis on empowerment and acknowledgment of unconventional sexualities.

Regarding sex and sexual ethics, Huffer (2013) described the application of queer feminism and contended that a queer-feminist framework creates challenges for Western rationalists who may oppose enlightened sexuality. Huffer (2013) argued that Foucault (1990) inspired the foundation of queer-feminism and is described in the thematic analysis below. Huffer's (2013) arguments about intersectionality and anti-foundationalism within queer feminism as inherently different elude to the issue of sexual ethics as a function of modern subjectivity. Huffer's (2013) analysis of the historical development of both queer and feminist theory, and their natural and well-founded evolution toward each other to challenge patriarchal and heteronormative standards, biases, and inequalities is a substantive contribution to this present research. Huffer (2013) described that there was substantive opposition to her theory of sexual ethics

about queer-feminism, namely anti-foundationalist queer theorists. Sawicki (2015) critiqued Huffer's anthology and her resuscitation of queer-feminism as a rejection of binary logic by arguing that dividing feminist and queer theory has distorted queer experiences within feminist frameworks and removed 'queerness' from queer theory. Therefore, the joint queer-feminist theory rectifies this division of thought and experience and more appropriately acknowledges both queer and feminist experiences (Sawicki, 2015).

Also considered for use in the present research was psychoanalytic theory. As discussed in Chapter 1, the psychoanalytic theory was foundational to the study and understanding of human sexuality (Freud & Bonaparte, 1954). Psychoanalytic theory has been applied to the understanding and belief of unconventional sexuality; but, has correlated such behaviors with pathology and exposure to experiences of childhood traumas which has not proven to be a positively inclusive framework for sexual diversity (Hodges, 2011; Sprott & Benoit Hadcock, 2018). However, psychoanalytic theories and practices have conceptualized kinky behaviors as perversities or paraphilias which is also not conducive to the proposed sex-positive framework (Fedoroff, Fishell, & Fedoroff, 1999; Hodges, 2011).

The remaining portions of this chapter includes a review of research on kinky sexualities, the evolution of sex research, and the evolution of sexual behaviors and lifestyles. Also provided in this chapter is research that explores the historical, psychological, and personality-based factors found to be related to the development of kinky behaviors and preferences in adulthood; namely, the literature about childhood

trauma and kinky behaviors as well as personality characteristics related to kinky behaviors. This chapter includes a review of the factors related to the research questions of this study. Finally, this chapter concludes with a summative discussion of how historical and past research on kinky sexualities have influenced the present study.

Key Variables and Concepts

Background: Sexuality

Per Levine (1992), human sexuality is always present, evolving, and is a complex element of all human life and its privacy and secrecy embody the complexities of human sexual development (p.1.). Human sexuality and the intricacies of intimacy as a particularly human concept, have intrigued social researchers throughout history. The act of sex itself, as purely biological, instinctual, and primal, is a simple concept of pleasure and orgasm; or for some, an act for the purpose of procreation (Foucault, 2012). It is the uniqueness of human sexuality, sexual orientation, sexual preferences, and intimacy that researchers have been intrigued by because the complexity of human sexuality is founded in the meaning of sexual behaviors assigned by humankind (Garton, 2014).

Human sexuality has been a taboo topic since the merging of church and state (Foucault, 1990). Before the sanction of sexuality per the doctrines of monotheistic faith, human sexuality was open, without labels (gay or straight), and without restrictions like sex as reserved for only those who are legally married (Foucault, 1990). The act of sex itself, in whatever form it was, was natural and there was no shame in indulging one's sexual needs (Foucault, 1990). Within the last few hundred years, sexuality and sexual behaviors became closeted, private affairs that were only socially acceptable and legal

between heteronormative marriages (Foucault, 1990; Garton, 2014). Outlawed as sinful, deviant, and perverse, homosexuality in any form was punishable by law (Halperin, 2004). People who were gay, lesbian, or bisexual or non heteronormative and unconventional experienced marginalization and were labelled as sexual predators or “perverse”; and, people were taught to fear and shun any non traditional, non heteronormative sexual behavior that did not align with the doctrines of the church (Foucault, 1990, p. 11; Glass, 2018; Halperin, 2004). Because of the criminalization of homosexuality, other non heteronormative and non conventional sexual practices like kinkiness also became secretive and closeted due to the fear of their sexuality becoming public and thus, punishable (Halperin, 2004).

The social nonacceptance of open sexuality, homosexuality, and no-traditional sexuality influenced psychological theory and practice. Freud (1905/2017) and his famous sex-based theories of psycho-sexual development and sexual/aggressive drives pioneered sexual theory and understanding. Freud’s controversial psycho-sexual stages of development continue to face notable scrutiny for the implied sexualization of children (Freud & Bonaparte, 1954). Freud’s contention that psycho-sexual development during childhood is related to, or a cause for, adult neuroses (either sex-based or not) does align with some of the current arguments and beliefs about sexuality today (Freud, 1905/2017). Namely, the belief that for one to engage in unconventional, non-heteronormative sexualities, one must have experienced trauma during childhood (Rimm, 2016). Therefore, when academic theory and practice began to align with the contentions of

church and state on human sexualities and deviant sexual behavior, people either began to conform to these notions, or revolt against them.

Nevertheless, such unacceptable and illegal sex occurred regardless of sexuality's legal status, and this will always be the case. The sexual revolution of the 1960s and 1970s encouraged people to challenge convention and engage in *free love*, in whatever form that took (Garton, 2014). Only recently, (within the last 30 years or so) has there been a public shift in social acceptance and tolerance of these once shameful sexual acts with significant increases in sex-positive research (Halperin, 2004; Kelly, Bimbi, Nanin, Izienicki, & Parsona, 2009; Westrum, 2016). However, the battle for sexual freedom is long from over because hate, prejudice, stigma, judgment, and phobia of all things non traditional remain prevalent around the world (Waldura, Arora, Randall, Farala, & Sprott, 2016; Worthen, 2016).

Background: Kink and BDSM

Historically, kinks included sexual orientations but as LGBTQ research and identifications became acknowledged as orientations and not preferences, this kink and LGBTQ generalization was no longer appropriate (Glass, 2018; Lin, 2017; Newmahr, 2010). Kink, kinky sexuality, and kinky behaviors are umbrella terms for a diverse set of sexual practices and subcultures (Bezreh et al., 2012; Rehor, 2015). Kinky sex and kinky sexuality are the practice of unconventional or risqué sexual activities and preferences; and, non-heteronormative non-monogamy such as swinging (wife swapping), polyamory (loving more-than-one person), or open relationships (Hillier, 2018; kinky, n.d.; Nichols, 2006/2014). These sexual practices include kinky fetishes, behaviors, lifestyles,

preferences, and practices; the most well-known form of kink is BDSM (Hillier, 2018; Rehor, 2015).

Although described in specific depth in Chapter 1, kinky sexual behaviors include a vast array of sexual activities and interests ranging from light bondage such as handcuffs to more risqué practices like bloodletting for sexual arousal and pleasure (ReKink, 2017). Such activities are not restricted to any heteronormative labelling and can occur heterosexually, homosexually, bisexually, or some variation or alternative (Herman, 2017; Tomassilli, Golub, Bimbi, & Parsons, 2009). Some categories of kinky behaviors have been grouped in the literature. For example, Moser and Kleinplatz (2006) defined sadomasochism (SM) as inclusive of SM, BDSM, dominant/submissive (DS) relationships and leather culture. Moser and Kleinplatz (2006) highlighted a unique SM relationship type of 24/7 master/slave, which is a more extensive or extreme version of DS relationship that maintains the roles of master or slave for the participants daily.

Also significant in the current study was the impact of both gender role and role identification within the practice of kink. Breslow, Evans, and Langley's (1985/1986) seminal works on the unique kink role identification by respective gender identification is foundational to the current study. The authors described that at the time, people believed that women did not partake in SM behaviors and sexuality (Breslow et al., 1985/1986). The authors reported that women did make up a substantive part of the SM identified sample (Breslow et al., 1985/1986). Breslow et al. (1985/1986) compared sexual orientations of male SM participants and found that although the participants were primarily heterosexual, there were substantial numbers of gay, lesbian, and bisexual SM

identified participants. The implications of these two dated contributions are essential when confronting negative perceptions and assumptions about the kink community and lifestyle.

Having a kink does not have to include any physically risky behaviors as it may include non monogamous or group behaviors and activities with other persons and those extra-marital or nonmarital engagements may be kinky or non-kinky (Lin, 2017).

Nevertheless, having a kink does not necessarily mean that a person must identify as a member of a kink community; in fact, to some people, even the thought of using sex toys like vibrators or using a blindfold may be kinky and may or may not identify themselves as kinky (Mason, 2015). As such, the subjectivity of being kinky leaves the definition of kink challenging to describe because what one person considers kinky, another might not (Mason, 2015).

Unlike kinky behaviors which may include a wide array of unconventional sexual behaviors and lifestyles, BDSM is a specific subculture and practice that centralizes on a few specific elements of kink (Connan, 2010; Rehor, 2015). Namely, both the lifestyle and the practice of BDSM involve specific agreements for the exchange of power, role identifications, titles, rules, consent processes, and training related to bondage or leather restraint, dominance and submission, sadism, masochism, or sadomasochism (Connan, 2010; Rehor, 2015; Williams, Thomas, Prior, & Christensen, 2014). Within these avenues of BDSM, it is common to find single persons, or persons in long-term committed relationships that are either monogamous or non monogamous (Rehor, 2015).

Within the last 10 years, the BDSM subculture has been highlighted in film and television and has become a trendy topic for discussion and research. Yost and Hunter (2012) described that some of the most prevalent factors that attract people to the BDSM lifestyle relate to the nature versus nurture debate. Specifically, to some BDSM practitioners, they hold that their interest in the BDSM lifestyle and the practice of BDSM behaviors are inherent or biological, while others advocated for a learned-by-experience explanation (Yost & Hunter, 2012). The findings by Yost and Hunter eluded to some of the most concerning areas for the present research; namely, the increased research interest in understanding causation for kinky behaviors and BDSM practices which prove incredibly useful in the present research. I understand that such a focus on causation has created a platform for kink stigma and negative perception to occur.

Background: Kink Stigma

Stigma is defined as a series of negative or unfair beliefs or understandings that groups of people have regarding other groups of people, or things (Stigma, n.d.). Sexual discrimination is not a new phenomenon. As previously discussed, the merging of church and state brought with it the marginalization of outlier sexual groups and practices (Foucault, 1990). Since that time, all persons who have lived outside of social norms have experienced forms of marginalization and stigmatization (Foucault, 1990/2012). Engaging in non-normative, non-heterosexual, or otherwise unconventional sexual behaviors has historically been associated with 'illness' or perversion, and accordingly, a fear of being labelled grew (Foucault, 1990/2012). Humans historically have demonstrated fear and misunderstanding of concepts, lifestyles, beliefs, ideologies, and

behaviors that they do not comprehend. Humans have negatively associated such practices with abnormality and have actively sought to ostracize those who differ from the social norm (Williams & Sommer, 1997). Such negative perceptions and fears have fostered the development of a historical kink and sexual stigma.

Within the last 30 years, more researchers have joined the cause of increasing current sex-positive research. Lin (2017) reported on the issue of medicalizing kinky behaviors and described the stigmatization of BDSM (as a form of kink). Lin (2017) further described how the earlier versions of the *Diagnostic and Statistical Manual* (DSM) have contributed to the development of professional and public stigma toward the BDSM community by categorizing BDSM behaviors as paraphilias. The author described that the most recent DSM (DSM-5) has sought to challenge the previous generalized category of sexual diagnostics regarding non-typical sexual preferences and behaviors; but, the impact of previous paraphilia-based definitions of such sexual behaviors provide the foundation for the social understandings of kink (Lin, 2017).

From a legal standpoint, Klein and Moser (2006) investigated whether parental engagement in SM is legally problematic within a child custody situation. The authors sought to assess the experiences of an identifying member of the SM community within the judicial system to determine if an individual's publicized SM status would affect legal proceedings and judgment (Klein & Moser, 2006). Klein and Moser (2006) found in their case study that perceptions of SM, if known, can and do create a bias in the legal system which perpetuates kink stigma. The contributions by Moser and colleagues (there are multiple) on SM, BDSM, and kink were incredibly valuable to the present research

because they critically evaluated the impact of misconception and heteronormative bias toward kinky people.

Disclosure and identification as members of the kink community are also impacted by stigma. Bezreh et al. (2012) examined the impact of BDSM practitioners' decision to disclose their BDSM identity to others. The authors sought to assess the impact of BDSM stigma on an individuals' decision to disclose their involvement with or preference for BDSM sexuality (Bezreh et al., 2012). The authors described how they found that BDSM identified participants had reported feeling anxiety and shame about their sexuality; but, to those participants who were actively engaged in the BDSM community and identified as such, the disclosure of BDSM identity to potential dating partners, they felt, was imperative (Bezreh et al., 2012). The authors reported that the decision to disclose was complex and often did involve concern about judgment or recourse due to kink stigma which is useful to consider in the present research (Bezreh et al., 2012). This contribution was useful because it highlighted the fear of disclosure that some BDSM-oriented individuals may experience when and if they feel forced to publicize their sexuality. As such, Bezreh et al.'s (2012) contribution, although a particular case study, provided substantive background for consideration in the present research. Future research should be mindful of kinky persons' readiness or ability to publicly identify as kinky.

A notable author on the topic of kink and SM is Weiss (2006) who sought to explore non-BDSM practitioners' comprehension and responses to media representations of BDSM. Weiss (2006) conducted mixed-methods research and used a survey about

news media representations and the perception of mainstreamed SM. Weiss also used interviews and focus groups with non-BDSM identified individuals. By evaluating the news media imagery and the impact of these images on people's perceptions of SM, Weiss (2006) found that media imagery of SM encouraged a generalized acceptance and awareness of sexual minority groups due to normalization. As a result, an acceptance or pathologizing perception arose resulting understandings (Weiss, 2006). The author contended that the normalization and pathologizing of non-normative sexuality reinforces the segregation between normative and non-normative sexual practices and cultures (Weiss, 2006). Such distinguishing between the two contributed to the reinforcement of ostracizing kinky sexualities and enables kink stigma to continue which is valuable in the present research (Weiss, 2006).

Weiss's (2006) contribution was useful to the present research because it highlighted the power and impact of media, film, television, and other depictions of unconventional, non-heteronormative sexuality and sexual behaviors on public perception of such behaviors. Weiss (2006) found that people are influenced by the imagery and media perceptions of sexuality. As such, this contribution supported the foundation of the problem statement in the present research that misconception about kink and BDSM has perpetuated and contributed to the development of kink stigma.

Aligned with Weiss' (2006) findings of the impact of media representations on peoples' perceptions of BDSM or SM behaviors, after the release of James' (2012) *Fifty Shades of Grey*, Downing (2013) analyzed the *Fifty Shades* franchise, the public response to the franchise, and the aftermath of the franchises' release. Downing (2013) applied a

sex-critical perspective to the Fifty Shades trilogy wherein she objectively assessed the various responses to the franchise from both a sex-positive and radical feminist stance. Downing (2013) scrutinized how the franchise portrays BDSM and the BDSM culture in comparison to traditional, heterosexual, 'vanilla' relationships. The author found that the franchise and the 'kink-phobic' or stigmatized responses to the franchise did not identify the problematic ethical and political elements of traditional, heteronormative relationships; instead, they effectively ostracized non-traditional and unconventional sexual practices like kink (Downing, 2013).

Downing's (2013) contribution is useful to the present research because of its concluding argument. Although non-empirical, Downing (2013) highlighted that no matter the trendiness of kink, SM, or BDSM, American culture is not conducive toward a non-heteronormative, non-monogamous, unique type of sexuality. Downing (2013) argued that American culture appreciates such behaviors as titillation or entertainment, and not as a way of life. As such, Downing's (2013) concluding statement in favour of future research to challenge such notions aligned with the present research's intention.

In alignment with the previous two contributions, Linos (2015) contended that because of the Fifty Shades franchise, readers and viewers had developed a false understanding and knowledge of actual, safe, sane, and consensual BDSM practices. Linos (2015) argued that although Fifty Shades did introduce people to BDSM concepts, the franchise solidified perceptions about BDSM lifestyles as deviant because the primary audience of *Fifty Shades* was inherently 'vanilla'. The franchise has informed viewers and readers that, like the principal characters in the film, identifying as kinky or

as a BDSM practitioner in a kink community is somehow related to pathology (James, 2012; Linos, 2015). As such, Christian Grey's character and James (2012) contributed to a misunderstanding of BDSM practices and a reinforced BDSM-stigma.

Although Linos' (2015) contribution is a dissertation, it was useful to the present research because it academically highlighted an extensive literature review and a review of the impact of the Fifty Shades franchise on global perception of the BDSM lifestyle and sexual practice. Linos' (2015) demonstrated that because of the way the character of Christian Grey was developed, and the monstrousness of his demeanour, the perception of identified dominants in the BDSM lifestyle was aligned with abuse and pathology. As such, Linos (2015) addressed the issues of kink stigma and misrepresentation in popular culture and thus, substantiated the argument of the present research.

Interestingly, Waldura et al. (2016) qualitatively researched kink stigma in the aftermath of Fifty Shades of Grey (James, 2012). The authors examined the medical care experiences of over 100 kinky patients and used thematic analyses (Waldura et al., 2016). Waldura et al. (2016) found that kinky patients do have their own health care needs about their kinky behaviors and culture; and, most kinky patients would prefer to disclose their kinks to their healthcare providers to develop more detailed treatment plans. Waldura et al. (2016) also reported that most kinky people did not disclose because of fear of judgment and kink stigma resulting in a misunderstanding of presenting issues as intimate partner violence despite the presence of informed consent. The Fifty Shades franchise did not effectively dissuade kink stigma in both public and professional contexts (Waldura et al., 2016).

Waldura et al. (2016) are cited extensively within kink and BDSM literature; however, the only version of Waldura et al. 's (2016) contribution that is found in academic databases or online is the summary which is unfortunate since it is referenced so often. This researcher searched in every database to acquire this full-text document, but it is not available without payment. As such, this contribution, as significant as it is within kink research, is not entirely useful and is therefore not used in the sections to follow.

Literature Review Relevant to Research Questions

The background literature described above provided the relevant preliminary information about the study of sexuality and the social norms that pertain to 'normative' sexual behaviors and practices. The provision of the background on both kinky sexuality and BDSM as a type of kinky sexuality prefaces the following review of the current literature. Specifically, since these three sex-related concepts underscore the foundations of normative versus non-normative sexual behaviors and lifestyles today, readers are better able to understand the gaps in the current literature. The following themes and literature related to the present research questions and indicated the scope of the current literature on the topics of kinky sexualities, traumatic experiences, personality characteristics, previously used measures for kinky sexualities, and mental health practices and issues related to kinky sexuality.

Kink and Trauma

One of the critical variables in the current study is trauma. Inclusive within the definition of trauma is adverse childhood experiences, sexual trauma, adult trauma, or

contextual traumas. As described in chapter 1, trauma is a reaction to a hurtful, bothersome, or shocking experience that can present itself physically or mentally at the time of the incident or later in life (NIMH, 2015).

Sexual Trauma. Often described within research on human sexuality is the impact of sexual trauma. Sexual trauma can occur at any time during an individual's development and is reported to be influential on adults' sexual behaviors (Hammers, 2014; Hitter, Adams, & Cahill, 2017). Hammers (2014) researched the lived experiences of BDSM practitioners who had also experienced sexual violence. Hammers (2014) investigated the experiences of female BDSM participants who have used *rape play* or a pre-arranged and negotiated rape role play to rectify their historical experiences with sexual violence. Contrary to social belief about rape, rape play within the BDSM domain acts as a cathartic reclaiming of the woman's power and control, disrupting the past trauma's effect and recuperating the woman's sexual power (Hammers, 2014). This article was incredibly useful to the present research as it demonstrated that a sexual act typically associated with both trauma and sexual aggression/violence like rape can be reclaimed by individuals to become a cathartic act of empowerment and sexual liberation.

Hammers' (2014) contribution encouraged readers to consider the importance of challenging negative or misinformed perception toward unconventional sexualities because of the diversity of sexual preferences and needs in an ever-changing world. A large limitation to Hammers' (2014) contribution was the limited focus on BDSM only. The limited scope of research did not attend to the diversity of kink and SM cultures and lifestyles. As a self-identified member of the BDSM community, Hammers (2014)

demonstrated a preferential bias and risked a conflict of interest which could have skewed the findings.

Hitter et al. (2017) qualitatively explored the experiences of women who had experienced childhood sexual abuse but, who identified as having a positive sexual self-schema and sexual satisfaction. Hitter et al. (2017) assessed the following themes: background for sexual development, coping methods, sexual exploration, community healing options, and sexual self-acknowledgement. Hitter et al. (2017) contended that survivors of sexual traumas in childhood need personal and social healing opportunities to manage and cope effectively to develop positive self-schema. This contribution was useful to the present research because of the implications of the findings. Namely, the authors found that central to women's healing from childhood sexual abuse is exposure to perceived 'riskier' sexual behaviors (which are subjective to the individual) that empowers them with action (Hitter et al., 2017).

The authors indicated that a considerable limitation of their research related to their sample (Hitter et al., 2017). Specifically, the participants were all scholars and were primarily Caucasian which is problematic because the sample is therefore not accurately representative of the population (Hitter et al., 2017). The participants are privileged and have greater access to health-based resources; however, the sampling issues described by Hitter et al. (2017) did not hinder the findings that given a supportive environment for healing, survivors of childhood sexual traumas can recuperate and develop healthy sexual self-schemas. Hitter et al.'s (2017) contribution was useful to the present research because it demonstrated that contextually, there are additional factors to consider when

considering individual's experiences with traumatic events in their lives; and, that sexuality can be used as a solution to historical traumas, or an empowering agent for reclaiming one's sexuality.

An often-cited contribution in current SM or kink-based literature is that of Nordling, Sandnabba, and Santtila (2000) who conducted quantitative research on the prevalence and effect of self-reported sexual abuse in childhood on SM practitioners and their sexual behaviors. The authors found of their sample of SM practitioners; and, there were more self-reports of childhood sexual abuse than they found in their non-SM participant group (Nordling et al., 2000). The authors concluded that of their SM sample, most participants did not indicate that they had experienced sexual abuse in childhood (Nordling et al., 2000). However, of the small percentage of SM participants that did report such experiences, there was an alignment of childhood sexual abuse with their adult sexual behaviors indicating a negative impact on sexual development due to the reported experiences of childhood sexual abuse (Nordling et al., 2000).

Nordling et al. (2000) used multiple reliable and valid measures to conduct their study including the Sexual Satisfaction Scale of the Derogatis Sexual Functioning Inventory (DSFI) and the Eysenck Inventory of Attitudes to Sex. Due to unequal gender representation in the sample, the authors indicated that their results had limitations that favoured male respondents. Nevertheless, Nordling et al (2000) was useful to the present research since it evaluates the possible relationships between specific types of historical abuses and SM behavior in adulthood. The finding that experiences of sexual abuse in childhood did have a negative impact on adult sexuality for the minority of respondents

indicates that SM behaviors are not causally related to the experience of childhood sexual abuse is imperative to the present research and was influential on the development of the present research (Nordling et al., 2000). This research was like the present research; but, the datedness of the contribution indicated the need for current research about such relationships that factors in the additional contexts of the individual kinky people.

Sexual trauma can include rape, sexual assault, sexual harassment, feelings of violation, sexual violence, and others (Gavey & Schmidt, 2011). Experiences of sexual trauma are subjective and complex; and, may or may not result in long-term trauma for survivors (Gavey & Schmidt, 2011). As indicated by Hammers (2014), survivors can overcome sexual trauma if supplied sufficient resource to do so, even if those resources are unconventional, i.e. rape play. Gavey and Schmidt (2011) described how the assumptions about sexual assault being overtly traumatic are troublesome because not all victims/survivors of such experiences identify as 'traumatized'. Therefore, acknowledging assumptions about the lived experiences of other persons is essential when considering the unique, but consensual, the world of kinky sexuality.

Childhood Trauma. There have been many claims that kinky behaviors in adulthood are related to experiences of childhood traumas. Childhood traumas can include a variety of adverse experiences within childhood development including abuse (physical, sexual, or emotional), neglect, and abandonment (Cecil, Viding, Fearon, Glaser, & McCrory, 2017; Levenson & Grady, 2016). Regarding the impact of childhood abuses on individual mental health, the seminal contribution by Bendall, Jackson, Hulbert, and McGorry (2007) involved scrutinizing research on the past research of

perceived relationships between experiences of childhood trauma and psychotic disorders. The authors conducted a meta-analysis of the research conducted to date about the potential causal relationship between experiences of childhood trauma and the development of psychosis (Bendall et al., 2007). Bendall et al. (2007) reported that many of the studies conducted did not demonstrate high quality, reliable and valid methods, and thus, results. The authors argued for new, ground-breaking research approaches that better reflect the diversities and contexts of experiences of individuals to better determine the nature of the relationship between psychosis and experiences of trauma in childhood (Bendall et al., 2007).

Cecil et al. (2017) methodically described the individual and collective effects of types of abuse or maltreatment in childhood on the development of pathology on a sample of higher-risk youth. Cecil et al. (2017) wanted to determine if specific experiences of abuse contribute to pathological symptoms. Cecil et al. (2017) found that experiences of emotional abuse were more significant predictors of specific pathological symptoms than experiences of physical or sexual abuse, or other forms of maltreatment. These findings are valuable to the current study because they demonstrate that certain types of historical abuse or maltreatment are more aligned with the development of pathologies than others (Cecil et al., 2017). Therefore, the potential relationship between any sexually 'deviant' act may or may not be influenced by the experiences of various abuses or traumas in ones' childhood; in fact, it would depend on the context.

Interestingly aligned with the value of Cecil et al.'s (2017) findings was the contribution by Levenson and Grady (2016). The authors quantitatively assessed the

impact of childhood trauma on propensity toward sexual deviance or sexual aggression in adulthood (Levenson & Grady, 2016). The authors collected data from a sample of convicted male sex offenders who were undergoing treatment within the United States while using the Adverse Childhood Experiences (ACE) scale to assess their exposure to adverse experiences in childhood (Levenson & Grady, 2016). The authors found that with this sample, exposure to sexual abuse, having unmarried parents, and having experienced emotional neglect were in fact, significant predictors for adult sexual deviance (Levenson & Grady, 2016). The authors also found that childhood experiences of physical and substance abuse, mental illness, and familial incarceration were also predictors of violent or aggressive sexual offences in adulthood (Levenson & Grady, 2016). The authors concluded that exposure to ACE's and other traumatic historical factors are influential and essential to understand when assessing sexual deviance and violent/aggressive sexual behaviors (Levenson & Grady, 2016).

Levenson and Grady's (2016) findings were valuable to the present research because they demonstrate that again, experiences of emotional abuse may predict specific deviant behavior; but, since the authors focused on a criminal sample, these findings may not reflect the experiences of healthy and consensual kinky people. As such, the authors' findings highlighted the importance of context when assessing the mental health and behaviors of an individual engaging in risqué or unconventional sexual behaviors. Fortunately, the authors identified the inability to account or control for context as a limitation of their study and the use of the ACE scale (Levenson & Grady, 2016).

Another critical factor on the study of sexual development and childhood abuse is the impact and role of familial environment on childhood development. Seehuus, Clifton, and Rellini (2015) conducted cross-sectional research to assess the role of familial environment and childhood abuses on women's development of sexual functionality and satisfaction. The authors sought to address deficiencies in past research on the importance of sexual self-schemas for women's sexual development that did not consider the roles of familial environment and quality of intimate relationships on women's sexual self-schemas and sexual behaviors as adults. Seehuus et al. (2015) found that familial relations and the experience of childhood abuses do influence women's sexual development, functioning, and satisfaction in their adult lives.

The authors use of extremely reliable and valid measures such as the Sexual Satisfaction Scale for Women (SSS-W), the Childhood Trauma Questionnaire (CTQ), The Network of Relationships Inventory: Behavioral Systems Version (NRI-BSV); the Female Sexual Functioning Index (FSFI), the Family Relationships Index of the Family Environment Scale (FES), and the Sexual Self-Schema Scale (SSSS) is imperative in the present research. The contribution by Seehuus et al.'s (2015) for the present research was useful because it emphasized women's experience and applied the CTQ on the study of sexual behaviors. The use of this contribution as influential to the present research is important as it offered additional and foundational insight about sexual self-schemas and historical romantic relationships on the potential relationship between childhood abuse and adult kinkiness (Seehuus et al., 2015).

Kink and Individual or Personality Characteristics

Personality characteristics first became an interest in psychological theory within the realm of psychoanalysis. Namely, Freud's famous personality concepts of the ID, Ego, and Superego that evolved when Jung reframed Freud's theory and developed his theory of psychological types (Freud & Bonaparte, 1954; Freud, 2017; Jung, 2016). To Jung, all persons have a unique personality type that is first rooted in either extraversion or introversion; and, human behavior, development, and identity are formed with a combination of personality factors (Jung, 2016). Psychological types per Jung (2016), as discussed in chapter 1, inspired the development of the Myers-Briggs Type Indicator (MBTI) to measure the 'Big Four' personality traits (extraversion vs. introversion, sensing vs. intuiting, thinking vs. feeling, judging vs. perceiving; Briggs, 1976; Jung, 2016). Briggs (1976) expanded upon Jung's work to identify the unique traits more clearly in addition to extraversion/introversion that comprises an individual's whole personality. Briggs' (1976) measure provides people with a result of a personality type, i.e. ENFJ or ISTP that aids individuals in better understanding themselves better and striving for self-acceptance using the path to individuation (Jung, 1980/2016).

The MBTI inspired many other personality measures to develop and refine over time. McCrae and Costa's (1999) Five-Factor Model (FFM) of personality is a response to the MBTI and expands upon the original theory by considering people's Openness to Experience, Conscientiousness, Extraversion, Agreeableness, and Neuroticism; and, is often assessed by the NEO-PI personality measure (McCrae & Costa, 1999). After the development of the NEO-PI, many other measures were created to assess the Big Five

and Five-Factor Models of personality including the IPIP and its abridged version, the Mini IPIP (Donnellan et al., 2006b; Goldberg, 1999).

Caspi and Roberts (2001) highlighted the contributions of McCrae and Costa as foundational in the study of personality development. The authors described that aggression in childhood, affability, adventurousness, and nonconformity to social standards had been aligned with the development of adult sexual behavior. Caspi and Roberts (2001) assessed the age at which unique characteristics are identifiable and continuous over time, at what point personality becomes entirely developed, and what factors and mechanisms over the course of a lifespan regulate personality evolution and adjustment. The authors found that using a meta-analysis, there is only slight continuity in personality characteristics in the span from childhood to adulthood and there is no fixed age in which personality traits become fixed (Caspi & Roberts, 2001). Caspi and Roberts (2001) reported that with maturity, people can interact more effectively with their surroundings; and therefore, personality development becomes more consistent with age. Such alignment related to the proposed kink-based research as it contended that personality characteristics evolve over time and with maturity; therefore, personality characteristics could be a contributing variable to the propensity toward kinkiness in adulthood.

A notable example of research that aligns personality characteristics with kinky behaviors is Hébert and Weaver (2014) who examined personality traits of BDSM-oriented persons to address the deficiencies in BDSM research that have incorrectly categorized all BDSM practitioners into one like-group. Hébert and Weaver (2014)

reported that this is problematic because homogenizing all BDSM practitioners into the same category does not reflect the unique personality traits of the unique BDSM community membership. Hébert and Weaver (2014) compared BDSM practitioners' sexual preferences/identification using self-reporting measures wherein participants would align themselves as either dominant, submissive, or switch based on a variety of personality traits that combined both the Big Four and the Big Five sets of characteristics (Briggs, 1976; McCrae & Costa, 1999).

Overall, Hébert and Weaver (2014) reported that participants who identified as submissive had high emotionality characteristics than those who identified as dominant. Participants who identified as dominant had a higher need for control and demonstrated more extraversion (Hébert & Weaver, 2014). As such, it is not appropriate to generalize characteristics of all BDSM practitioners into one category because individual personality characteristics differentiate all members of the community making it a diverse, non-homogenous, group (Hébert & Weaver, 2014). Hébert and Weavers' (2014) argument that BDSM practitioners are not homogenous and have unique personality traits that align with their role identification, as well as the contention that a pathological labelling of BDSM practitioners is unsubstantiated is imperative to the present research. Specifically, the author's findings substantiated the determination of the personality variable in the current study due to the author's findings that personality characteristics and kink-role identification are significantly aligned, making their contribution incredibly useful (Hébert & Weaver, 2014). Hébert and Weaver (2014) demonstrated that negative

assumptions and ill-informed understandings about BDSM as a form of kink are unsubstantiated because human beings are unique and complex.

Relevant to kink research using personality-based measures of assessment was Wismeijer and Assen (2013) who sought to assess the mental health and well-being of BDSM practitioners based on several trait-based measures. The authors compared scores of BDSM practitioners and a non-BDSM control group on various psychological characteristics using the NEO Five-Factor Inventory, the Attachment Styles Questionnaire, the Rejection Sensitivity Questionnaire, and the World Health Organization-Five Well-being Index (Wismeijer & Assen, 2013). The authors found that the BDSM group demonstrated lower levels of neuroticism, experienced less rejection sensitivity, but had lower levels of agreeableness. The authors noted that the BDSM participants were more extraverted, conscientiousness, and had higher subjective well-being (Wismeijer & Assen, 2013). The author's findings demonstrated positive mental characteristics for BDSM practitioners and challenged the preconception that such behaviors relate to pathology; instead, BDSM practices are more aligned with individual interest and preferences (Wismeijer & Assen, 2013).

Wismeijer and Assen (2013) described that their research was limited by their focus on BDSM-specific roles and definitions which therefore may not have accurately reflected BDSM participants' diversity in roles. As such, the contribution and discussion of limitations made by Wismeijer and Assen (2013) indicated that it would be beneficial to research a wider array of diversities within the kink community making this contribution useful to the present research. Also useful are Wismeijer and Assen's (2013)

affirmative examination of BDSM behaviors that supported the necessity of further research; and, the authors selected measures for personality inspired the use of the IPIP as is proposed for use in the current study.

Although not personality focused, Richters, de Visser, Rissel, Grulich, and Smith (2008) examined the relationship between BDSM engagement and individual factors of BDSM practitioners such as demographic and psychosocial features to assess pathology-based understandings of BDSM practices in Australia. Richters et al. (2008) found that the respondents who have engaged in BDSM were more sexually adventurous than non-BDSM, or vanilla, respondents. The authors reported that male BDSM practitioners scored much lower on psychological distress scales than non-BDSM men (Richters et al., 2008). The authors, therefore, concluded that the practice of BDSM is not pathological or rooted in historical abuses; and, like some of the previous authors reviewed in this chapter, can be comprehended as a matter of personal sexual interest and preference (Richters et al., 2008; Wismeijer & Assen, 2013). Limitations of Richters et al.'s (2008) research were the limited Australia-based demographic and the non-comprehensive definitions of BDSM or kink roles and identification that, like Wismeijer and Assen (2013) reported, does not reflect the diverse variety of kink identifications within the kink community. Nevertheless, the findings of both contributions were valuable to the present research because of their non-pathologizing focus and their sex-positive stance toward sexual expression and preference.

The present research used the Mini IPIP instead of the NEO-PI or MBTI because of the evidence within previous research on human sexualities have demonstrated the

applicability and appropriateness of the IPIP for the assessment of personality and sexuality. Lobell, Moluski, Sibblies, and Youse (2016) used the Mini IPIP to assess the interrelationship between Big Five personality characteristics, various risky sexual behaviors, and the use of pornography. Like the present research, Lobell et al. (2016) also conducted an online survey of a large sample of undergraduate students (N=337); and, the authors found correlations between elevated levels of extraversion and certain risky sexual behaviors. Lobell et al. (2016) also found that those who demonstrated elevated levels of openness to experience and neuroticism did not have strong positive correlations with risky sexual behavior and pornography consumption. As such, the use of the Mini-IPIP was appropriate and valid in the current study because of its ability to measure the Big Five traits as they relate to adult sexual practices as demonstrated by Lobell et al. (2016).

Kink and Sexual/Gender Identity

Sexual and gender identity are prevalent topics of research and conversation today. The way that people identify themselves sexually as gay, straight, bisexual, queer, pansexual, or non-heteronormative or, identify their gender as male, female, fluid, gender queer, trans, or non-binary has evolved from traditional, heteronormative, binary (male or female only) simplicity (Richards, Bouman, Seal, Barker, Nieder, & T'Sjoen, 2016). Kink identity as a form of sexual identity also falls within the realm of sexual identity.

Sprott and Benoit Hadcock (2018) reported that some persons who engage in kink or BDSM behaviors and lifestyles have constructed their sexual identities based on those behaviors and thus, identify as having a 'kink', being 'kinky', or prefer specific labels

like dominant, submissive, switch, master, or slave. Sprott and Benoit Hadcock (2018) also identified kink stigma as problematic and akin to sexual stigmas or gender stigmas experienced by other sexual minorities. Sprott and Benoit Hadcock (2018) discussed the assumption of correlations between experiences of childhood traumas and certain kinky behaviors in adulthood and referred to Richters et al. 's (2008) findings in Australia of no significant relationships between respondents' experiences of sexual abuse or coercion and engagement in BDSM. Sprott and Benoit Hadcock (2018) also highlighted Wismeijer and van Assen's (2013) similar findings and the importance of individual context in the comprehension of sexual behaviors and sexual identity.

In their research, Sprott and Benoit Hadcock (2018) found that the investigation of kink identity and kinky sexuality can, and often do, involve the inclusion of bisexual identity or even gender identity. The authors found that some participants in their sample were empowered by kinky sexual behaviors to investigate their sexuality and gender identifications which makes kink, gender, and sexual identities a set of interwoven concepts (Sprott & Benoit Hadcock, 2018). This contribution was valuable to the present research because it highlights some of the most notable research on kink and sexual identities as well as the issues of stigma related to non-dominant sexual populations.

The intersectionality of identities and the interconnectedness of identity is important to acknowledge (Damm, Dentato, & Busch, 2018). Many studies have described increasing connection between non-heteronormative identities (LGBTQi), and kink/BDSM, (Richters et al., 2008; Waldura et al., 2016). Gender and sexual fluidity or the ability for individuals' sexual and gender identities to move interchangeably between

other identities align with the fluidity of kink identity which can vary and include multiple identifications within the kink domain (Katz-Wise & Hyde, 2015; Manley, Diamond, & van Anders, 2015).

As is the case with both gender and sexual identity, kink identities are unique and multifaceted. Within the realm of SM, Chaline (2010) highlighted the intersectionality of gay and SM sexual identities. The author described the ways that such intersecting identities are developed, maintained, and have evolved (Chaline, 2010). The author described the amalgamated identity of 'gay SM' that comprises elements of both respective identities but distinguishes itself from heterosexual SM. Chaline (2010) reviewed the evolution of research on the complexities and eventual synchronicity of multiple genders and sexual identifications to assess the transition of identity from a single construct to a more complex but unique set of identifying factors. Chaline (2010) highlighted the social construction of sexual identity inclusive of 'gay SM' identity as a form of sexual identity in which the kink identification (SM) be modified or changed over time and experience. This indicates that kink identity, unlike sexual identity and gender identity, may not be innate; rather, kink identity can be considered a preferential identity as part of the kink community (Chaline, 2010). This contribution was useful to the present research because it was one of the first to specifically identify kink identity (or kink role identification) in academic research as it relates to sexual and gender identities. As such, this contribution supported the recognition and acknowledgement of various kink identities as part of an individuals' unique sexual identity practices (Chaline, 2010).

Kink identity and the formation of kink identity may also relate to both sexual experiences and recreational experiences for pleasure and satisfaction (Faccio, Casini, & Cipolletta, 2014; Harviainen, 2011). The alignment of sexuality and sexual behaviors with playing, gaming, a kinky 'scene', or role-playing has been described in the recent academic literature (Faccio, Casini, & Cipolletta, 2014; Harviainen, 2011). Namely, Faccio et al. (2014) qualitatively interviewed online BDSM bloggers about their experiences with sexuality and BDSM. The authors noted how participants questioned conventional notions of sexuality and the perceptions of sexual deviance; and, how participants considered sexuality and sexual identity, as BDSM practitioners, to resemble a game wherein rules are followed for pleasure or enjoyment (Faccio et al., 2014). Specifically, the assumption of roles and identities while 'playing' BDSM aided in a mutually agreed upon exchange of power and control between playing partners that can (and often does) challenge conventional gender roles (Faccio et al., 2014). This contribution, although limited in sample and scope, is useful to the present research because it highlighted kinky sexual pleasure and kinky personal interest by demonstrating that kinky behaviors and roles played with other kinky people are done so in very much the same way as non-kink relationships. Namely, to partake and engage in mutually gratifying behaviors and activities (Faccio et al., 2014).

Harviainen (2011) also highlighted role-playing within the kink community and aligned kink identity with sadomasochism in role-playing scenes and compared that role-playing to live-action-role-playing. The author defined this kink identity as SM role-playing. Harviainen's (2011) comparison of SM role-playing to live-action-role-playing

(LARP) highlighted the similarities and differences of the two and emphasized significant correlation. Namely, the author argued that SM's high focus on role-playing with various kink roles such as dominant or submissive roles resemble that of a game with assorted pleasure or leisure-based goals. LARP, most often seen in film and television, and at events like Comic-Con, involves persons assuming character roles with their storylines (Harviainen, 2011). LARP is more socially acceptable than SM role-playing due to the lack of sexual connotation. The author concluded that SM role playing is a form of LARP.

Harviainen's (2011) contribution was fascinating, but not empirical. The theoretical focus of Harviainen's contribution resembled more of a comparative essay than primary research. The usefulness of this article is limited, but it does demonstrate that if society were to consider SM role-playing, a form of kink identity, as more common and acceptable (like LARP), we could normalize the behavior and reduce kink stigma.

A substantive contribution to the explanation of kink and sexual identity is Martinez (2016) who explored physical experiences of variance and inconsistencies of consenting sadomasochists (CS). The author questioned how CS participants explained their engagement in such activities based on their gender, sexuality, and CS role/identity (Martinez, 2016). Like the present research, Martinez (2016) used feminist and queer theory to evaluate how CS players demonstrate their masculinity or femininity with their bodies that contradict stereotypical gender roles and expectations. Martinez (2016) also assessed self-objectification and overall body satisfaction with her SM sample related to

their kink identity (dominant, submissive, or switch) to either challenge or confirm assumptions that kinky people experience different forms of sexual objectification. Martinez (2016) found that her sample did demonstrate the difference in experiences of sexual objectification but, those differences were based on gender identity, sexual orientation, and SM identities. Interestingly, Martinez (2016) found that the exploration of individual and cultural difference for CS persons demonstrate the significance of participants' physical bodies in challenging heteronormativity and social norms for sexual behaviors.

The information presented by Martinez (2016) is useful to the present research because it summarizes the importance of consensual kink behaviors on individual self-concept and body satisfaction. As such, her emphasis on the role of individual identity (sexual, kink, and gender) as related to the experiences of body image concerns and sexual objectification demonstrate the positive impact of healthy kink behavior and identification. Contrary to much of the current literature on kinkiness, Martinez (2016) approached CS with a sex-positive stance and comprehensive framework ensuring that she did not pathologize the kink behavior, lifestyle, or community.

A frequently cited contribution in research on kinky sexuality is Newmahr (2008) whose ethnographic research on one SM group involved her participation in the group. Newmahr (2008) reviewed her field notes from her experiences within the SM community and reported on others' experiences of being ostracized within the ingroups of the community. Newmahr (2008) conveyed her process of joining an SM community, and she described the requirements to do so. The author indicated that the unique

requirements and processes involved in joining an SM social group are essential in the establishment of SM identity (kink identity) and in the development of embracing SM as a healthy and satisfying lifestyle and the element of individual identity (Newmahr, 2008). This contribution highlighted the significance of community and socialization in the formation of various components of individual identity, including the development of kink and sexual identity.

Interestingly, Newmahr (2008) did not report any limitations to the study. The experiences of one individual, one kinky community, and one location are limiting because the findings are not generalizable to other, larger communities. Nevertheless, the usefulness of Newmahr's (2008) contribution to the present research is that she has provided a first-hand account of her experience within the kink community which is unheard of in the academic literature on kink sexuality. The author's emphasis on the impact of social interaction on the development of sexual identity and feelings of inclusion presented a strong contribution to the present research. Specifically, Newmahr's (2008) description of the lived experience and scholarly recognition of kinky lifestyles as a positive (not pathological) element of individual identity aligned with the present research.

Some researchers on various kink types, roles, and identities have argued that engagement in various kinks can provide individuals with a solution to other issues. Rivoli (2015) described how feelings of liberation could be achieved through the experience of domination. Namely, Rivoli (2015) reviewed the BDSM culture and women who kink-identify as submissives. Submission in the BDSM sub-category of kink

is a specific role and identity that can be assumed by any persons of any gender or sexual identification, like the role of dominant (Rivoli, 2015). BDSM or kink roles are unrestricted by gender roles and identifications or sexual roles and identifications (Rivoli, 2015). Rivoli (2015) qualitatively examined a small sample of submissive women from the Netherlands and from America to assess how participants' engagement in BDSM activities and the BDSM community has impacted their perspectives of themselves. Employing a feminist critique, Rivoli (2015) sought to comprehend the social barriers experienced by submissive women in their respective BDSM communities. The author argued that participants' self-perspectives were positively impacted by the values and norms of the BDSM communities to which they belonged (Rivoli, 2015). The participants of the author's study demonstrated that a strong kink and sexual identity as submissive within the BDSM community does empower some women to own their sexuality and to feel the strength in their chosen kink roles (Rivoli, 2015).

Rivoli's (2015) contribution was useful to the current study as it not only confronts stereotypes about sexual submission as forced roles by those who identify as dominant, but it also employs feminist theory. Rivoli's (2015) use of feminist theory to assess submissive role identification as a type of kink identity is incredibly helpful to and supportive of the present research because it employs one of the same theories and identifies a form of kink identity previously misrepresented by film and media, submission. Rivoli's (2015) contribution highlighted the need for continued research on kink roles and identities from sex-positive and inclusive frameworks.

Finally, many people have sought to comprehend why people are attracted to BDSM behaviors and lifestyles; but, few researchers have captured the lived experiences of BDSM practitioners in such a way that highlights the intrinsic connection to self-identity as well as Yost and Hunter (2012). Applying essentialist and constructionist narratives to their research, Yost and Hunter (2012) qualitatively investigated BDSM practitioners' initial attraction to the BDSM lifestyle and BDSM behaviors. Yost and Hunter (2012) asked their BDSM-identified sample what their initial attraction was to the BDSM lifestyle and BDSM sexuality. The authors reported that interest in BDSM behaviors and lifestyles are an inherent part of individual self and thus, part of an individuals' natural sexual identity (Yost & Hunter, 2012).

Yost and Hunter (2012) also reported that a secondary reason that participants indicated initial interest in BDSM was an external influence. Namely, using learned behavior through past sexual experiences with other BDSM-identified individuals or exposure to BDSM activities through other external means (Yost & Hunter, 2012). The external causation for initial attraction to BDSM also posited was aligned with a sort of 'socialized essentialism' wherein said external sources originally held responsible for initial attraction to BDSM evolved into a more intrinsic nature where BDSM identity became part of the individuals' perceived whole identity (Yost & Hunter, 2012).

Regarding limitations, the authors acknowledged that interpretation bias may have been possible due to the nature of conducting qualitative research (Yost & Hunter, 2012). The authors described how thematic analyses may not have been accurately interpreted or may not apply to the entire BDSM culture. Yost and Hunter's (2012) research is

beneficial to the present research because of the themes identified in the analysis. As such, the author's findings that attraction to BDSM activities and lifestyles is perceived as either innate or learned is incredibly valuable to the present research because the findings indicate that kink and sexual identity can intercept and evolve (Yost & Hunter, 2012).

In sum, gender, sexual, and kink identity may or may not be socially constructed or inherent. Individual experience and identity are unique; and, this is reflected in how we, as people, relate to others, pursue our interests, and address our own needs. Kink identity and kink role identification have been researched within contexts, namely SM and BDSM; but, these two branches of kink are not representative of the entire kink population. Further research is needed to not only acknowledge the other kink identities and roles but to evaluate the way in which individual kink identity or role pertains to individual personality characteristics and historical experiences in childhood.

Kink and Health

Since one of the variables of the present research pertains to experiences of childhood trauma as it relates to kinky sexuality, it is imperative to review the literature related to health, mental health practice, and kinky individuals. Bonomi Nemeth, Altenburger, Anderson, Snyder, and Dotto (2014) assessed the health risks of Fifty Shades-inspired BDSM or kink practices of young adult females. The authors recruited a young adult sample of female Fifty Shades readers and another group of non-readers of Fifty Shades (Bonomi et al., 2014). The authors used multivariable models to characterize their two groups on intimate partner violence (IPV), excessive drinking, patterns of sexual practices, and dieting behaviors (Bonomi et al., 2014).

Bonomi et al. (2014) found that their Fifty Shades sample was more likely than the non-Fifty Shades sample to have experienced an intimate partner yelling or cursing at them, or experienced other poor exchanges with partners. The authors found that the Fifty Shades sample was more likely to have fasted or used diet aids, engaged in binge drinking, or have more than five sexual partners in their lifetime (Bonomi et al., 2014). The authors contended that exposure to the Fifty Shades books might contribute to young women's engagement in or exposure to riskier health-based experiences (Bonomi et al., 2014). Bonomi et al. (2014) summarized how their findings demonstrate how media demonstrations of any form of violence toward women normalize and enable risky behaviors and experiences for women.

The contribution by Bonomi et al. (2014) was useful to the present research in several ways. Although Bonomi et al. (2014) aligned exposure to BDSM-based fiction with health risk to women, the authors demonstrated the opposition to the present research. There has been a clear misrepresentation of healthy BDSM practices, and as a result, the scholarly and public opinion of BDSM has been impacted by this misrepresentation and demonstration of abusive/unhealthy BDSM behaviors. Bonomi et al. (2014) demonstrated the impact of 'glamourizing' abusive behaviors in popular culture on young women's perceptions and experiences with intimate others and with themselves. The authors did very clearly demonstrate a bias toward the franchise and a lack of comprehension of the consensual and health BDSM lifestyle as they considered the Fifty Shades series to be a clear demonstration of violence toward women. Bonomi et al. (2014) did not consider the context of healthy BDSM, which makes this contribution

more useful to the present research since it represents research that contradicts the present research ensuring due diligence.

Essential reading in BDSM-related literature is Connolly (2006) who assessed the psychological functioning of BDSM practitioners. Connolly (2006) identified some significant issues related to research on kinky sexualities including the fact that most of the research on BDSM populations is not empirical. The existing literature (at that time) was comprised of hypothetical reports or individual case studies (Connolly, 2006). Connolly (2006) indicated that most available information and research (theoretical and case studies) are psychoanalytic as well.

Connolly's (2006) research included several psychometric tests for a sample of BDSM practitioners to challenge the pathology-based literature that assumed an alignment between certain psychopathologies and BDSM behaviors. Connolly (2006) used the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), the Millon Clinical Multiaxial Inventory-III (MCMI-III), the Trauma Symptom Inventory (TSI), the Posttraumatic Stress Disorder Scale (PDS), the Multiscale Dissociation Inventory (MDI), the Beck Depression Inventory-Second Edition (BDI-II), and the Beck Anxiety Inventory (BAI) with a sample of self-identified Southern Californian BDSM practitioners. Interestingly, Connolly (2006) reported that across all measures, there were no substantive, elevated levels of psychopathology amongst the BDSM sample. The author indicated that results from the multiple measures demonstrated that the BDSM sample aligned with the tests norms and the DSM based population norms. As such, Connolly

(2006) challenged the practice of conducting diagnoses on sadism or masochism and the specific criteria for diagnoses on these behaviors.

Connolly (2006) reported that there is much overlap with varying BDSM acts, but that overlap does not indicate that all people who engage in BDSM engage in all elements of the lifestyle. The author also commented on the extensive diversity of BDSM participants in the study noting strong representation of diversity in gender, age, sexuality, ethnicity, and occupational selection. Connolly's (2006) contribution, although dated, is useful in the present research as it challenges pathologizing literature about the BDSM culture and lifestyle, assesses the historical psychoanalytical, yet non-empirical research on BDSM or SM behaviors, and provides an important foundation for the present research's variable on kinky persons psychological functioning.

Considering Connolly's (2006) contribution, Dymock (2012) perpetuated Connolly's concern by publishing a theoretical, psychoanalytic article about the normalization of BDSM and pleasure seeking. Dymock (2012) provided a critique from a feminist perspective of the legal and psychiatric viewpoints toward BDSM. Dymock (2012) described types of women's masochistic behavior that challenge the notion of being safe from health risk, sane, and inclusive of informed consent while also addressing the power of BDSM to aid in positively transforming lives. Dymock (2012) described the existence of a new sort of feminist ethics that pertain to women's engagement in various masochisms and women's sexual health.

Although no empirical research was conducted by Dymock (2012), the contribution is useful as it strengthens the argument of Connolly (2006) who, six years

before Dymock's contribution, highlighted the problem with the research on kink. Limited research exists that empirically assesses the experiences and actual (not assumed) health of kinky persons, from a sex-positive stance. As such, Dymock's (2012) contribution is useful in highlighting the need for empirical research by demonstrating the deficiencies in kink-based research.

Krueger (2010a/b) conducted a series of meta-analyses related to the DSM diagnostic criteria for sexual sadism and sexual masochism. Also aligning with the argument posed by Connolly (2006), the contributions by Krueger, although presented in highly reputable journals, are not empirical research but still relevant to the present research. Krueger's (2010a) first reviewed over 100 years of empirical research on paraphilias related to sexual sadism and sexual/identity disorders to aid in the revision and update of the DSM to the current DSM-5. Krueger (2010a) reported that the results were summarized into categories including research that criticized DSM diagnoses of sexual sadism, and research that discussed the assessment of sexual sadism in forensic and non-forensic populations. Krueger (2010a) concluded in the review that the DSM-4 diagnosis for sexual sadism should be maintained but, diagnostic instruments require revision and further development. Interestingly, Krueger (2010b) conducted the same review of the literature for the same purpose while focusing on sexual masochism and arrived at the same conclusions. Namely, that the diagnostic criteria for both sexual sadism and sexual masochism remain unchanged for the DSM-5; but, that the instruments and measurements to be used for such diagnoses be further developed to better reflect the current legal perception of sadism and masochism (Krueger 2010a/b).

Although Kreuger's (2010a/b) contributions were not empirical, they are thorough meta-analyses and reviews of over 100 years of empirical research. As such, Kreuger's (2010a/b) work was useful to the current study because they speak to the diagnostic and psychological health considerations used by mental health practitioners. Kreuger's contributions also contributed to the perpetuation of pathology-based understandings of SM behaviors. Therefore, Kreuger's (2010a/b) work further represented the opposition to the present research.

Although Connolly's (2006) argument is strong and well supported, there have been authors to challenge the research about kink and health (physical and mental). Newmahr (2011) discussed the culture and lifestyle of consensual SM participants. Newmahr (2011) highlighted the diversity of people within the SM community, sexuality and sexual health, sexual and gender identity as well as the fluidity of these forms of identity. Newmahr (2011) described the actual and perceived physical and mental health risks involved in SM behaviors and lifestyles while identifying the nature of continuous, informed consent. Newmahr (2011) identified the role and significance of intimacy in SM relationships and engagements.

Unfortunately, Newmahr (2011) is more educational than empirical; but, the author did provide readers of all backgrounds with enough information about SM. Therefore, Newmahr's (2011) contribution was helpful to the present research as it provided robust, affirmative, non-pathologizing information about the practice and lifestyle of consensual SM. This contribution highlighted the legitimacy of consensual SM as a healthy sexual practice. Newmahr (2011) informed the current research with

peer-reviewed and published data about one of the most well-known forms of kinky sexuality; thus, substantiating the background of the present research.

Kink and Therapeutic Practice. Kolmes, Stock, and Moser (2006) are some of the most often cited names in kink research. These authors, collectively or individually, have contributed to some of the most influential articles on the topics of kink, BDSM, and SM. Kolmes et al. (2006) investigated professional bias amongst psychotherapists working with BDSM-oriented clients. The authors argued that amongst consenting BDSM-oriented persons, there is a concern about the receipt of biased or judgmental care from mental health professionals (Kolmes et al., 2006). Fortunately, Kolmes et al.'s (2006) contribution is one of the few empirically supported pieces of literature on the topic of mental health treatment for kinky persons. In their research, the authors conducted an online survey of both BDSM individuals who had received mental health treatment and mental health professionals (Kolmes et al., 2006). The authors requested that the BDSM sample provide narrative information to describe their experiences with biased or otherwise problematic care from mental health professionals regarding their (the clients') practice of BDSM (Kolmes et al., 2006). Kolmes et al. (2006) found that very few mental health professionals opted to participate in the research; but, a substantial number of BDSM-identified individuals participated in the research.

Kolmes et al.'s (2006) qualitative research requested BDSM participants to report on any instances where a therapist provided special sensitivity about BDSM to a BDSM client presenting for treatment. The authors indicated that the themes in response to this question were that therapists were either open to learning more, comfortable with

discussing BDSM, and those who understood and encouraged the “safe, sane, consensual” motto of the BDSM culture (p. 315). Yet, the authors also described the cases where participants reported on experiences of bias. Kolmes et al. (2006) reported that in these cases, the themes evident in their research were the professionals’ assumptions of BDSM behaviors to be unhealthy or related to experiences of childhood traumas, or their suggestions that the individual stop BDSM engagement as a condition to continue therapy. Practitioners also demonstrated confusion about BDSM as the same as abuse, and they misrepresented their practice as “BDSM positive” when they are not informed about the practice of BDSM (Kolmes et al., 2006, p. 314). Further, Kolmes et al. (2006) identified that many of the BDSM respondents in their study reported that they felt they needed to educate or inform their therapist about BDSM practice, which could resemble the individuals’ feeling that they must justify and defend their lifestyle.

Kolmes et al. (2006) concluded that there is a need for BDSM-friendly and BDSM-educated mental health professionals who are better qualified to work with BDSM-oriented individuals as clients. The authors argued that such professionals must be prepared to challenge their own biases and conventional norms by not purporting to overemphasize BDSM as an issue if BDSM is not the clients’ presenting issue (Kolmes et al., 2006). Kolmes et al. (2006) argued that mental health professionals who may work with BDSM clients must understand that in some cases (like all cases), a client may be experiencing abuse; but, the professional must not assume that the BDSM itself is the issue and must work with the client to distinguish between BDSM behaviors and experiences of abuse. As such, the implications of Kolmes et al.’s (2006) research are

incredibly useful to the present research and the argument for social change.

Psychological research and practice, in alignment with Kolmes et al. 's (2006) findings, must evolve to challenge pathology-based understandings of sexual non-conventions.

Interestingly, Kolmes (2015), nearly ten years later, released an educational publication for psychotherapists that addressed the 2006 contributions' argument for future research. Namely, Kolmes et al., (2006) argued for the development of mental health practitioners to become more educated about the BDSM lifestyle and culture; so, Kolmes (2015) provided a resource for precisely that purpose. Although this contribution is not empirical, the author did actively seek to address a concern about insufficient training and information about BDSM for mental health practitioners.

Barker, Iantaffi, and Gupta (2007) discussed the implications for therapists working with persons who identify as kinky or who are involved in BDSM. The authors published their contribution within a queer theory framework which was based on a compilation of research (Barker et al., 2007). Barker et al. (2007) presented an argument for how mental health practices could or should be revised to become positively inclusive of kinky sexuality. The authors reported on Kolmes et al. 's (2006) past research that identified that BDSM-identified clients of mental health practitioners were not appreciative of the biased care they received from practitioners (Barker et al., 2007). In alignment with Connolly's (2006) indication, Barker et al. 's (2006) contribution is theoretical; but, centralizes on the issues of heteronormative and conventional biases, misunderstanding, and pathology-based comprehensions of the BDSM lifestyle and practice.

Barker et al. (2006) focused on SM and BDSM about queer sexualities and queer therapeutic practice. The authors demonstrated that kinky clients and therapy have a complicated relationship due to the pathology-based understandings of kinky sexuality. Barker et al. (2006) highlighted case studies of BDSM persons attending counselling in which these clients had negative or poor experiences with practitioners who embraced the pathology-based understanding of their lifestyle.

Nichols (2006/2014) is another staple in scholarly literature on kinky sexuality. In the 2006 contribution, Nichols assessed psychotherapeutic issues with kinky clients by describing the potential clinical problems of both the client and the professional in the therapeutic relationship. Nichols (2006) provided an extensive background of kinky sex and BDSM while also outlining the common misconceptions about these lifestyles. Nichols (2006) highlighted the issue of pathology-based understandings of BDSM and the diagnostic focus on such behaviors as paraphilias. The author, like the other authors in 2006, sought to apply a sex-positive and inclusive view of BDSM practices within the realm of psychological or mental health treatment (Nichols, 2006). Nichols (2006) highlighted that the key issues practitioners should be aware of when working with BDSM-identified individuals are issues of countertransference, clients' developing sexual identity, BDSM relationship compositions, and the ability for both therapist and client to differentiate between abusive behaviors and consensual BDSM play.

Nichols (2014) expanded upon the 2006 article by contributing to an educational manual for training therapists in family therapies. Namely, the author provided educational support for therapists to provide inclusive and sensitive treatment for kinky

couples presenting for therapies (Nichols, 2014). Nichols (2014) argued for the development of a new therapeutic approach in family therapies and by publishing in a family therapies textbook, provided aspiring therapists with a new outlook to providing therapy for the unconventional client. Nichols (2014) highlighted the issues discussed in the 2006 contribution and framed it as an educational module. Although Nichols' (2006/2014) work is theoretical and educational in nature, it remains useful to the present research because of the authors' arguments for change in the treatment of BDSM or kink-oriented individuals and the education of aspiring therapists. Nichols' (2006/2014) work inspired the present research to continue researching for change but to employ empirical approaches to substantiate the contribution.

Another crucial contribution to the kink literature is Pillai-Friedman, Pollitt, and Castaldo (2015) who argued for professionals in sexuality to become kink-aware. The authors, like Nichols (2006), Barker et al. (2006), and Kolmes et al. (2006), contended that professional persons working with BDSM identified individuals must be competent in understanding the practice and lifestyle of BDSM. Pillai-Friedman et al. (2015) expanded on the works of their predecessors by proposing an educational training program that incorporates the Sexual Attitude Reassessments Scale (SARS), current sex-positive literature, and competency development for professionals. The authors argued that such specialized training would ensure that persons who may work with kinky individuals are trained and comfortable navigating relationships within the kink realm (Pillai-Friedman et al., 2015). As such, the proposed training by Pillai-Friedman et al. (2015) was created to fill a gap in the training literature related to human sexuality to aid

professionals in becoming both prepared to discuss and competent to navigate the unique lifestyles of BDSM and kinky people.

Williams, Thomas, Prior, Amezcuita, and Hall, (2017) reported that 10% of the population (U.S.) participates in BDSM and thus, mental health professionals should prepare to encounter a BDSM oriented client presenting for treatment inevitably.

Williams et al. (2017) highlighted the deficiencies of the social work field in being able to provide competent care for BDSM clients due to a lack of specialized training and the limitations of the social work field. The contribution by Williams et al. (2017) intended to support and reinforce the previous suggestions made by Moser and Kleinplatz (2006), which were based on Kleinplatz and Moser's (2004) guidelines for mental health practitioners to implement into their therapeutic practice with BDSM oriented individuals.

The contributions described in this section (aside from Kolmes et al., 2006), although theoretical and educational, are important and useful in the present research as they demonstrate the importance of competency development in mental health practices to address the issues of kink stigma, cultural sensitivity, and sex-positivity. Pillai-Friedman et al. (2015) not only theorized about changes or alterations to historical theory, but proposed training modules to ensure current relevance and cultural inclusiveness for the kink and BDSM populations.

In sum, Barker et al. (2006), Kolmes et al. (2006), Nichols (2006/2014), and Pillai-Friedman et al. (2015), contended that mental health professionals and the public have contributed to the perpetuation of such perceptions toward the BDSM culture

because of the prevalence of pathologizing literature. Hillier (2018) also argued that this biased care was problematic for BDSM-oriented clients presented for counselling. Namely, that there was an underlying assumption made by some mental health professionals that engagement in BDSM was problematic and thus, must be related to the clients' presenting issue (Hillier, 2018). Nevertheless, Barker et al. 's (2006) contribution aligned with Kolmes et al. 's (2006) prefaced Hillier's (2018) argument.

Summary and Conclusions

My review of the related literature introduced the topic of kinky sexuality and described the strategy to conduct the literature review. I described the theoretical foundation of the present research as queer-feminist. Also discussed was the historical and current research related to the key variables of the current study by first describing the historical research about sexuality, kink and BDSM, and the problem of kink stigma. I then described the literature related to the research questions including kink and trauma (sexual and childhood), kink and personality characteristics, kink and sexual/gender identity, and kink and health (physical and mental), and kink in therapeutic practice.

Themes

Within the literature reviewed, there were evident themes. First, that much of the available literature is quite dated and theoretical. Such historical research and limited current, empirical research demonstrates that perceptions about kinky sexuality are informed by historical pathologizing literature and theory related to experiences of historical traumas or adverse experiences during individual development being influential on the development of unconventional or abnormal sexual appetites or behaviors

(Hammers, 2014; Hitter, Adams, & Cahill, 2017). This historical but pathology-based perspective is the most visible in scholarly databases. A secondary theme presented itself within more current research, and that was the significance of individual personality characteristics in the development of kinky preferences and behaviors (Caspi & Roberts, 2001; Hebert & Weaver, 2014; Wismeijer & Assen, 2013). A third theme presented itself as more current and related to intersectionality and the notion of kink identity as a form of sexual identity; and, the scholarly focus on sexual identity is quite popular in current research (Damm et al., 2018; Richards et al., 2016; Sprott & Benoit Hadcock, 2018; Waldura et al., 2016).

What is Known and Unknown about Kink

Evident within the historical and current literature is the emphasis on two types of kink: SM and BDSM. Also evident is the type of research conducted. Namely, many of the contributions on the topics of kinky sexualities are either a) qualitative, b) case studies or c) theoretical (non-empirical; Connolly, 2006). Very few contributions on the topics of kinky sexuality are quantitative or measurable. Within the limited empirical research, the emphasis was placed on the female experience exclusively as victims or survivors of various childhood traumas; and, research on the male perspective of kinky sexualities aligned with criminality and sexual deviance. Therefore, much of the empirical research available correlates kinky sexualities (namely BDSM or SM) with either experience of childhood traumas or sexual abuses, sexual deviancy, or unique personality characteristics.

Within the empirical research reviewed, the measures used to assess kinky behaviors were not explicitly designed to do so; therefore, the foundation of the results derived from measures that pathologize kink as sexual deviance or perversion demonstrate bias. What is known is that historically, kinky sexual behaviors were aligned pathology with and diagnosable per the DSM. It is known that in some cases, there has been a correlation between experiences of traumas in childhood and sexual ‘deviance’ in adulthood. Also known is that certain personality characteristics may contribute to some individuals preferred sexual behaviors. What is known due to media and popular culture, is that there are specific roles and identifications that people within the kink community prefer to utilize. What is unknown is the extent or nature of the relationship between those known variables; and, whether experiences of childhood traumas or adverse experiences or unique personality characteristics mediate any existing relationship between those variables.

Deficiencies in the Literature and the Gap. None of the above described available literature and research quantitatively assessed experiences of childhood traumas, personality characteristics, and unique kink identity/role to determine the extent or nature of the relationships between these variables from a non-pathologizing, sex-positive, Queer-feminist framework. Therefore, the present research will expand upon and amalgamate the efforts of past researchers on of previous researchers on kinky sexuality and their focus on childhood trauma or personality traits as the two most predominant stances on the foundations of kinky behaviors by conducting quantitative, measurable, and empirical research on the diversity of kink culture. Thus, the present

research intended to address a deficiency in the available literature and confront the proposed of pathology-based comprehensions of kink. Namely, my emphasis on severity/type of trauma, mediating qualities of personality traits, and specific kink-role identification addressed an apparent gap in the literature by assessing kinky sexualities from a diverse and affirming framework that sought to ascertain the nature of any relationship between these variables. As a result, the findings of the present research better inform public opinion and deconstruct kink stigma.

Summary

In this chapter I provided a review of the available literature related to kink, sexuality, and the variables of personality characteristics, experiences of historical traumas, and kink/sexual identity. Above, I identified the themes within the literature and highlighted the deficiencies and gaps, namely the lack of empirically supported, or quantitative research. In my review of the literature, I substantiated the information presented in chapter 1 and expanded on the information presented in the prospectus for the present research.

In the following chapter, I describe the methods by which the present research purports to address the deficiencies in the available literature. I also include a description of the current study's purpose while also describing the present research design and approach. In chapter 3, I also describe the proposed setting and sample to be used in the present research by identifying the intended participants and recruitment procedures. In chapter 3 I further describe the proposed instrumentation for the research including a Childhood Trauma Questionnaire (CTES), the Mini-IPIP, and the Sadomasochism

Checklist (SMC). I conclude chapter 3 with an analysis of the reliability, validity, and test-retest reliability of the proposed instruments as well as a description of the ethical considerations of the present research.

Chapter 3: Research Method

Introduction

In chapter 3 I describe the current study's research design, its sampling methods and participants, and the instrumentation processes. I also describe the data analysis plan and the relevant ethical considerations for the present research. In chapter 3 I include the rationale for the importance and utility of the present research design. Also described are the planned characteristics of the sample and its size, as well as the intended processes for data collection.

Purpose of the Study

As described in Chapter 1, the intended purpose of the retrospective study was to quantitatively explore the possible relationship or relationships between traumatic experiences during childhood development, personality characteristics of extraversion and neuroticism, and kinky sexual behaviors and roles in adulthood (as demonstrated by means of kink role identification). My intent with the research was to inform the existing gap in the pre-existing, pathology or personality-based literature related to kinky sexuality, as evidenced in Chapter 2. The present research expanded on the existing literature and research that has correlated experiences of childhood or sexual trauma and adult sexual deviancy (Hammers, 2014; Hitter et al., 2017). Also, the present research elaborated on previous research that has correlated certain personality characteristics such as dominance and control with the assumption of certain kink roles (Caspi & Roberts, 2001; Damm et al., 2018; Hebert & Weaver, 2014; Richards et al., 2016; Sprott & Benoit Hadcock, 2018; Waldura et al., 2016; Wismeijer & Assen, 2013). Assessing these

variables together, from an inclusive queer feminist framework, is a unique addition to the literature on kinky sexual behaviors (ISSM, 2018).

Research Design and Rationale

In my study, I aimed to determine if there are significant relationships between experiences of childhood trauma, personality characteristics, and kinky behaviors (roles) in adulthood. This determination of relationship(s) between the variables contributes to a deeper understanding of the impact of traumatic experiences and personality characteristics on the development of kinky preferences and role identification. I sought to comprehend the ways that personality characteristics might mediate any relationship between experiences of childhood trauma and kinky behavior (role identification). I intended to discover the ways in which the two independent variables may or may not relate to the development of or preference for kinky sexuality in adulthood to either challenge misconception or better inform the literature about the nature of the relationships between these variables. The use of a nonexperimental, cross-sectional, and correlational research design by means of a web-based survey of kinky individuals was appropriate for the present research. Furthermore, such a quantitative design generates information about the extent and type of relationship that may or may not exist between individual, traumatic experiences during childhood (IV_1), personality traits (IV_2 / IV_3), and the DV_1 as dominant or DV_2 submissive kinky sexual behaviors and identities in adulthood (see Creswell, 2013).

A correlational, mediating approach was appropriate because study participants report their perceptions of their experience (or inexperience) with traumatic events or

circumstances during childhood development as well as their self-identified personality characteristics (see Creswell, 2013). Study participants were not assigned randomly to a group where the variables are controlled or manipulated (see Creswell, 2013).

Participants' scores on the measures (CTES and Mini IPIP) demonstrated the perceived levels of experience with childhood trauma, and the extent of personality characteristics like elevated levels of extraversion or neuroticism (see Connelly, 2006; Lobell et al., 2016; McCrae & Costa, 1999; Pennebaker & Susman, 1988). Participants' self-identification on the SMC as a type of kink role or preferred type of kink behavior (such as dominant, submissive, or switch) demonstrated the extent of their preference or affinity for certain kink behavior as consenting adults (Weierstall & Giebel, 2017).

As discussed in the previous chapters, human sexuality has evolved from being open and label-less (no clear sexual identifications or orientations), to religiously sanctioned and stigmatized, and is now starting another evolutionary change (Foucault, 2012). Today's public and scholarly interest in challenging heteronormative convention, gender binaries, by sexual fluidity, nonbinary gender assignment, non heteronormativity, and nonmonogamy supports the present research because these new concepts align more closely with the pre religion conceptualizations of sexuality or may simply be considered sexuality and gender without labels, religion, or politics.

As reported in Chapter 2, there has been some correlational and retrospective research that has aligned either experiences of childhood or sexual trauma with kinky behaviors, or personality characteristics with kinky behaviors (Caspi & Roberts, 2001; Damm et al., 2018; Hammers, 2014; Hebert & Weaver, 2014; Hitter et al., 2017;

Richards et al., 2016; Sprott & Benoit Hadcock, 2018; Waldura et al., 2016; Wismeijer & Assen, 2013). Some adults' sexuality may have been influenced by the presence or experience of childhood traumas or other adverse experiences during childhood such as the avoidance of or preference for certain kinks or fetishes (Wismeijer & van Assen, 2013). Adult sexual behaviors and preferences for certain types of sexual behaviors may be aligned with certain levels of personality characteristics; for example, elevated levels of agreeableness and openness to experience might align with an individual's propensity toward submissive sexual behaviors and submissive sexual role identification (Cherry, 2018; McCrae & Costa, 1999). It was possible that elevated levels of neuroticism, based on the trauma-based literature described in Chapter 2, may have also aligned with an individual's kink role identification or sexual behavior preferences. But, personality characteristics and experiences (or nonexperiences) with traumas during childhood may or may not have predicted the likeliness of an individual's decision or interest to engage in kinky sexual behaviors.

Recent researchers of kinky sexualities have called for continued research to examine the contexts of individuals' lives that may have influenced their decision to engage in non-conventional sexualities (Faccio et al., 2014). Several researchers have highlighted that individual context, personal interest, and the consideration of kink to be a preferred sexual leisure lifestyle must be examined to comprehend the reality of kinky sexuality truly and positively (Faccio et al., 2014; Rivoli, 2015; Yost & Hunter, 2012). The existing research focused on the relationship between adverse experiences or troubled childhood development and sexual deviancy in adulthood. The term *deviancy*

denotes a pathology or neuroses related to nonconventional sexuality and recent research has sought to either challenge or support these assumptions of pathology-based foundations for all kinky sexualities (Levenson & Grady, 2016; Williams et al., 2017). Yet, my understanding of the recent research is that only single variables (either personality or trauma/adverse experiences) have been considered influential to the development of kink preferences in adulthood. The present research, by assessing both variables together, aimed to evaluate the most predominant variables more extensively aligned with kinkiness is both historical and current kink research. Assessing multiple variables, using a multivariate approach, regarding the nature and extent of any relationships between experiences of childhood traumas, personality characteristics, and kinky sexual behaviors may provide more specific insight into the unique context involved in the development of kinky sexual identity and role (Creswell, 2013; Warner, 2008). The present research design was thus consistent with, and expanded on, previous research designs on kinky sexualities which is needed to advance knowledge in the discipline of human sexuality research.

Regarding time and resource constraints, I selected measures that are time and cost effective. Namely, three short surveys to assess and measure the three variables undoubtedly increased likeliness of achieving complete data from participants. Completion time of the entire, amalgamated survey was 10-15 minutes. As described in Chapter 2, the selected quantitative correlational design choice via online survey research was consistent with the modern research designs required to further the knowledge in

psychological and professional disciplines to better inform opinion on kinky lifestyles and behaviors.

Methodology

Participant Population

The population of interest for this study was active and open kink-identified individuals, or otherwise sex positive of all gender identifications (including nonbinary gender identifications). Therefore, the non probability, convenience sample was intended to be comprised of these kinky participants.

The recruitment for the study via weblink to the survey occurred on kink-based web platforms. Participants were selected openly via online recruitment for the following reasons: (a) they were members of the kink community; (b) they openly identified as specific kink roles or with specific kink behaviors; (c) they were comfortable discussing sexuality and their preferences; (d) they were adults with a comprehensive understanding of informed consent processes; and, (e) the topics of kinky sexuality were not sensitive to this population. The primary modality of recruitment was online with a variety of kink-based social media and sex-affirming web-based platforms (Martinez, 2017). The current study therefore employed non-probability, convenience sampling (Creswell, 2013).

Setting and Sample

Since the current study could not obtain authentic random sampling because of its use of online recruitment and survey methods with a group of individuals with special characteristics, the use of nonprobability, convenience sampling was appropriate (see Wretman, 2010). DS/BDSM, as well as sex-positive social media groups, defined the

population of the sample and within those groups, all persons in the population had an equal opportunity of inclusion within the survey study. The results derived from the study may not have been representative of the entire population, which could have increased the risk of sampling error (Groves, Fowler, Couper, Lepkowski, Singer, & Tourangeau, 2011). Fortunately, online non probability convenience sampling from kink-based social media platforms reduced the impact of the error (Groves et al., 2011). By using a 5% margin of error with a confidence interval of 95%, the data collected had the potential to demonstrate statistical significance and thus, become validated (see Groves et al., 2011).

Procedures

A G-Power (n.d.) power analysis demonstrated that for a one-tailed F-test with an alpha of .05, a predicted effect size of .15, and a power of .8, the current study requires a sample of at least 68 participants (Faul, Erdfelder, Buchner, & Lang, 2009). To justify the inclusion of the above-noted alpha, effect, and power, Coe (2002) described that effect size demonstrates the standardized mean between two groups. In this case, at the proposal stage, the effect size is an estimate. As such, based on the initial assumption of a moderate effect size ($f_2 = .15$) as per the assumed partial correlation coefficient, a realistic estimate for power = .8, and the standard assumption for alpha equalling .05, G Power (n.d.) predicted the minimum acceptable sample size for the present research to equate to 68 participants.

Informed Consent. An introduction to the current study including information about the purpose and use of collected confidential and anonymous data was provided to

participants via the online discussion forum link on the respective social media web platforms. Specifically, an informed consent page prefaced the online survey. Here, the background of the study was summarized, and voluntary participants were introduced to the topic, the intended research processes and procedures, their rights as participants, and information about the confidentiality and anonymity of the study. Also included in the informed consent page was information about the voluntary nature of the study, ethical considerations for the present research, and contact information for participants to communicate with myself and the Institutional Review Board (IRB) committee with concerns or questions. Participants provided their informed consent to participate in the study by selecting the box with their mouse to indicate their consent; they were unable to participate in the study without this consent box marked as checked.

In each section of the study, information about how each set of questions was to be answered is provided for participants. Participants were provided with a disclaimer about the topic and focus of the study. The disclaimer indicated that the topic being studied relates to kinky sexuality and stipulated that by consenting to participate, the participants were aware of the subject being studied and must determine if they are comfortable discussing the subject matter. Also, participants were encouraged to print a copy of the consent form for their records in case any questions or concerns arose during or after completion of the survey.

Data Collection. Once the consenting adults provided their consent by checking the appropriate consent box, they could navigate to the survey itself. Participants initially completed a brief demographic portion that collected anonymous and confidential

information about participants' age, gender and ethnic identifications, preliminary kink identification (if applicable), educational background, and religious identification (see Appendix A for demographic questionnaire). Exclusion criteria vetted through the demographics portion included persons who are under 18 years of age since this is the legal age of adulthood and required for admittance onto the kink social media platforms.

Participants who therefore provided consent to participate and are over the age of 18 were then directed to complete the CTES followed by the Mini IPIP. Then, participants completed the abridged SMC. Once all three measures were completed, or if the participants were ineligible at the beginning of the study, they were then directed to a concluding page thanking them for their assistance. The concluding page also provided them my contact information, the university, and mental health resources if participants experience negative reaction to the survey questionnaires.

The total length of time for completion of the study was 10-15 minutes. All three measures used scaling questions to determine participants' propensity for dominant, submissive, or switch identification (SMC), exposure to traumatic childhood events (CTES), and personality characteristics (Mini-IPIP). Participants were informed that they can request access to the results of the study by contacting me; all results were to be summarized without identifying information within the final dissertation document.

Data was collected via Qualtrics web software where the whole survey was developed, scored, and stored. Using Qualtrics, the survey included all three measures (SMC, CTES, and Mini-IPIP) in three separate sections. No identifying information was collected of participants and the data collected via the Qualtrics survey, upon completion

of the study and acquisition of the required minimum sample of 68, was summarized for the purposes of dissertation without identifiers, stored on a password protected flash drive in my locked office, and will be destroyed after 5 years per University protocols (Walden University Center for Research Quality, n.d.)

Instrumentation

Demographics

As described, a brief demographic questionnaire collected information about participants' age, gender identification, ethnic and religious identification, and family composition. Recruitment is limited to consenting adults (18 years of age or older) because of the sexual nature of the topic and the recruitment of persons under the age of 18 would be unethical. As is the standard rule on all sex-based web platforms, 18 years of age is a requirement for safe and legal access to sexual material.

Participants indicated if they openly identify as dominant, submissive, switch, or another BDSM/Kink designation as per the precedent set by Connolly (2006). Namely, within the demographic questionnaire and based loosely on the demographic questionnaire used by Connolly, participants identified which (if any) of types of kinky behaviors appealed to them such as bondage, BDSM, dominance/submission (or master/slave), nonmonogamy (swinging/polyamory), fetishism, or other.

SMC

While searching for effective and non pathologizing measures for kink identification, two options presented themselves. Of the two options, only one empirically captured the diversity of kink identification. The SMC was devised by

Weierstall and Giebel in 2017 and, for the purposes of the current study, was condensed to reflect the primary categories of kinky behaviors found to be most significant by the authors. Grouping the like-behaviors together, like the authors demonstrated in their summary, reduced length of time to complete without sacrificing reliability or validity. The SMC measured the dependent variable in the current study; and, is comprised of two, 24-item scales, the dominance scale, and the submission scale (Weierstall & Giebel, 2017). These scales purported to measure participants self-reported affinity toward, or perception of, dominant or submissive sexual or erotic activities as either activities that participants have engaged in or fantasize about (Weierstall & Giebel, 2017). The authors generated a list of typical dominant and submissive activities to substantiate their 24-item checklists (Weierstall & Giebel, 2017). Then, Weierstall and Giebel (2017) created two sets set of Likert scales based on these behaviors to assess the extent of participants experiences with the behaviors or the nature of participants' perception of the behaviors as they relate to their own pleasure-seeking fantasies.

The reliability of the 24-item subscale for submissive behaviors was assessed with Cronbach's Alpha equaling .96 with a sample of 652 adults (Weierstall & Giebel, 2017). As such, the authors argued that notable reliability was demonstrated since all scale items had statistical significance ($p=.01$). Regarding the 24-item subscale for dominant behaviors, reliability based on Cronbach's Alpha equaled .89 with significant correlations ($p=.01$) amongst all dominance subscale items (Weierstall & Giebel, 2017). Although the SMC is a new measure, both sets of subscales allow for the calculation and determination of a summative score that is both reliable and valid for participants' self-reported

pleasure gain behaviors and preferences (Weierstall & Giebel, 2017). This allowance is demonstrated due to the satisfied coefficients for Cronbach's Alpha and general factorial validity statistics (Weierstall, & Giebel, 2017). The current study contributed to the validity and reliability of the SMC and demonstrated its use as a non-pathologizing and inclusive measure for kinky sexuality.

The SMC assesses dominant and submissive behaviors on a 1-3 Likert scale indicating participants' level of experience with the behavior; and, a score of '1' indicates no experience with the behavior, '2' indicates that the behavior is a sexual fantasy, and '3' indicating that the participant has experienced and engaged in the behavior (Weierstall & Giebel, 2017). The SMC also assesses participants' perceptions of the itemized kinky behavior as it relates to their preferences for sexual pleasure with a 0-4 Likert scale assessing the degree of that relationship with '0' indicating no relationship and '4' indicating a strong relationship between the behavior and the participants' perceived sexual pleasure (Weierstall & Giebel, 2017, p. 9). The utilization of the first scale pertaining to perceptions of sexual pleasure scale was not necessary for the current study.

The SMC as a checklist is available in the authors' publication online. The entire checklist is included in the publication. The article and its contents, per the disclaimer, were available for Open Access via SpringerLink under the terms of the "Creative Commons Attribution 4.0 International License allowing for unrestricted use, distribution, and reproduction in any medium" (Weierstall & Giebel, 2017, p.8). Fortunately, per Creative Commons (n.d.) license, researchers may adapt, alter,

transform, or build upon the material for any purpose if credit is provided. If those using the information in the article provide enough credit to authors Weierstall and Giebel (2017), the source of information, and include a link to this creative common license, while indicating in the new research whether changes were made to the original work, free use of the material is allowed. A request to the authors for permission to use was, nevertheless, requested; and, is evident in Appendix B1. Completion of the SMC should take 10-15 minutes; and, a copy of the 2 SMC subscales is included in Appendix B.

CTES (CTQ)

The first independent variable, experiences of childhood trauma, was measured by the Childhood Traumatic Events Scale (CTES) as created by Pennebaker and Susman (1988). The CTES is a Childhood Trauma Questionnaire and has been used and validated in several studies. As was indicated in chapter 2, CTQ's have been used in many studies but, in one that pertains to the research questions of the current study. Seehuus et al. (2015) reported that their use of the CTQ as a reliable and valid measure for the study of human sexuality was helpful in determining the extent of participants' experiences of traumatic events during childhood.

Wamser-Nanney, Howell, Schwartz, and Hasselle (2018), Miu, Bîlc, Bunea and Szentágotai-Tătar (2017), Marcusson-Clavertz, Gušić, Bengtsson, Jacobsen, & Cardaña (2017) used and validated the Childhood Traumatic Events Scale (CTES) in their studies. The CTES, per Pennebaker and Susman (1988), is described within much of the available online literature as the CTQ, but incorrectly. The CTES has 6 items and the CTQ has 28 items. Further, the CTQ is not available for free use. But, the CTES is free for use, as

described below. Pennebaker and Susman's (1988) CTES, as described by Wamser-Nanney et al. (2018) aligns with the DSM-5's description of criterion wherein certain traumas are assessed by participants. These traumas include experiences of death of a loved one, traumatizing sexual experiences, experiences of violence (physical and emotional), and substantial sickness or injury (Pennebaker & Susman, 1988; Wamser-Nanney et al., 2018).

Persons completing the CTES are asked to first indicate via yes or no answer, whether they experienced the traumatic event prior to the age of 17, then they specify the age or age range the event occurred; and finally, they use a 0-7 Likert Scale ranging from one (not at all traumatic) to seven (extremely traumatic) (Pennebaker & Susman, 1988). A higher score indicates that the individual has experienced more severe forms of traumas and abuses during childhood whereas a lower score indicates that the individual may have experienced less severe traumas or none during their childhood development (Bernstein & Fink, 1997; Pennebaker & Susman, 1988).

Regarding psychometric properties, the CTES is described by Pennebaker and Susman (1988) as both reliable and valid. However, Wamser-Nanney et al. (2018) described that information about Cronbach's Alpha for the CTES is unavailable. Miu et al. (2017) indicated that because the traumas on the scale were measured by one, single item, determining internal consistency is inapplicable. Yet, Marcusson-Clavertz et al.'s (2018) report demonstrated that the CTES' content and face validity are apparent because the measure does, to the average person, measure what it purports to measure; and, since the measure does seek participants' self-reported extent of experiences with trauma, the

content validity is apparent as well. Based on the information presented by Creswell (2013), the reliability of the CTES is evident because the reporting of historical data should remain consistent if the measure was reapplied to the same group. Given the nature of the current study where no treatment is being applied to the participants, the CTES should reliably be able to produce consistent results. Additionally, inter-rater reliability is evident with the CTES because any researcher would score the participants' results the same way (Creswell, 2013). Specifically, the higher the participants' score of reported extent of experience with the trauma type would remain the same no matter who read the numerical scores.

The CTES was an appropriate measure for the current study because it specifically assesses participants' self-reported experiences with traumas during childhood. As was indicated in chapter 2, historical research has demonstrated that a relationship exists between experiences of traumas during childhood and sexual deviancy in adulthood; but, few studies have evaluated kinkiness as non-pathological and thus, the focus of the research was to determine causation for various unhealthy sexual behaviors (Hammers, 2014; Hitter, Adams, & Cahill, 2017). The CTES, in combination with the SMC and the Mini-IPIP, aided in determining the nature or extent of the relationship between traumatic experiences during childhood, personality characteristics, and kink role identification in adulthood.

The CTES is available for free online at the Measurement Instrument Database for the Social Sciences website for download and use. Also, on that webpage was a link to the authors' professional webpage where he stated publicly that regarding the free use

of the CTES, “You do not need my permission to use this. You have my permission to use this questionnaire in any way you like” (University of Texas, 2019, para 5).

Completion of the CTES required 5 minutes.

Mini-IPIP

The second independent variable is personality characteristics of participants. To measure personality characteristics as defined by the Five Factor Model (FFM) by McCrae and Costa (1999), the present research used the Mini IPIP. Donnellan, Oswald, Baird, and Lucas, (2006) developed the Mini IPIP as an alternative but similar measure to the NEO-PI; but, with a focus on the Big Five personality traits (which align closely with the FFM). The Mini IPIP is an abridged version of the International Personality Item Pool (IPIP) developed by Goldberg (1999). Goldberg (1999) reported that the development of the IPIP was based on the work of Hofstee, de Raad, and Goldberg in (1992) who sought to categorize descriptors and qualities of pairs within the Big Five personality characteristics, which resembled that of the FFM of McCrae and Costa (1999).

According to Donnellan et al. (2006b), the Mini-IPIP is a 20-item questionnaire that is the condensed version of the original IPIP’s 50-item questionnaire. The Mini-IPIP succinctly measures participants’ agreeableness, conscientiousness, neuroticism, extraversion, and intellect or imagination (Donnellan et al., 2006b). The scales of the Mini-IPIP were validated to have sufficient internal consistencies of greater than or equal to .60, and test-retest correlations demonstrated acceptable likeness between the original IPIP focusing on the FFM and the Mini-IPIP’s Big Five with “ r _ .94, .89, .88, .94, .87, for Extraversion Agreeableness, Conscientiousness, Neuroticism, and

Intellect/Imagination, respectively” (p. 198). As such, since the similarities between the IPIP and the Mini IPIP were so substantive in terms of validity and the 5-study findings by Donnellan et al. (2006b), there is a similar pattern to other 5-factor measures of discriminant, convergent, and criterion-related validity (p. 192).

The Mini-IPIP’s 20-item test format is a brief set of 5-point Likert scales where participants rate how well a statement describes their behaviors or preferences in various situations or contexts (Donnellan et al., 2006b). Participants indicate to what degree they agree or disagree with a given statement (Donnellan et al., 2006b). The 20-item questionnaire is included in Appendix E. The brief Mini-IPIP was accessible online at no cost and was appropriate for the present research because of its ease of use, its simplicity for participants, and its ability to acquire basic information about participants’ personality characteristics as they may relate to their sexual identities and reactions to experiences with childhood traumas. Completion of the Mini-IPIP required 5-7 minutes.

In the present research, the characteristics of neuroticism and extraversion were in focus as those characteristics (based on the literature review in chapter 2) were the most related to the pre-existing assumptions about kinky behaviors and lifestyles (Connolly, 2006; Lobell et al., 2016). Namely, the contribution by Lobell et al. (2016), and the authors’ assessment of the Big Five characteristics as they related to risky sexual behaviors inspired the present research. The authors found positive correlation between extraversion and risky sexual behaviors; and therefore, the present research and use of the Mini-IPIP was appropriate to effectively assess the present research questions (Lobell et al., 2016).

Fortunately, the use of the Mini-IPIP is open and the content of the test may be reproduced and applied to research and educational endeavours without formal permission (Donnellan et al., 2006a). The authors indicated that the distribution of the Mini-IPIP must be controlled wherein only participants of a given study can be provided access; and, any additional form of reproduction of the Mini-IPIP test content is prohibited without permissions from both publisher and authors (Donnellan et al., 2006a). The authors stipulated that use of the Mini-IPIP, in accordance with intellectual property laws, must include appropriate credit to the authors with correct source citations and copyright information (Donnellan et al., 2006a). The IPIP website (2018) stated that “the items and scales are in the public domain, which means that one can copy, edit, translate, or use them for any purpose without asking permission and without paying a fee” (para. 1).

Analysis

The current study used a correlational research design using linear multiple regression analyses and anticipated the use of multiple mediator models. Within these models, the present research used two personality factors as potential mediator between experiences of childhood trauma (CTES) and kink role identification (SMC). In this case, the proposed analysis had two dependent variables (Kink role identification, DOM/SUB), and 3 independent variables of Childhood Trauma score (CT) and Personality Traits (Neuroticism (NEU)/Extraversion (EX) – PT).

The instruments used for measurement of the variables in the current study permitted the analysis of the data by means of a series of multiple regression analyses.

The present research questions and hypotheses were conducive to the proposed multiple regression analyses. As such, the research questions, and hypotheses from chapter 1 were modified from my original submission; and, are presented below.

Research Question 1: Do personality traits (Extraversion/Neuroticism EX/NEU) predict kinky behaviors/roles (Dominance/Submission DOM/SUB) in adulthood?

H01: EX/NEU does not predict DOM/SUB kinky behaviors/roles in adulthood.

HA1: EX/NEU significantly predict kinky DOM/SUB behaviors/roles in adulthood.

Research Question 2: Do experiences of childhood trauma (CT) predict kinky behaviors/roles (DOM/SUB) in adulthood?

H01: CT do not predict kinky behaviors/roles (DOM/SUB) in adulthood.

HA1: CT is a significant predictor of kinky behaviors/roles (DOM/SUB) in adulthood.

Research Question 3: Do personality traits (EX/NEU) and experiences of childhood trauma combined predict kinky behaviors/roles (DOM/SUB) in adulthood?

H01: EX/NEU and CT combined do not predict kinky behaviors/roles (DOM/SUB) in adulthood.

HA1: EX/NEU and CT combined are predictors of kinky behaviors/roles (DOM/SUB) in adulthood.

I further proposed the use of statistical mediation for the following hypotheses if multiple regression analyses determine statistical significance for the above hypotheses (Figures 1-4 below). The criteria for statistical mediation are provided in the data analysis plan.

1. H_0 : The relationship between X (CT) and Y (SUB) is not mediated by M (EX).

H_A : The relationship between X (CT) and Y (SUB) is mediated by M (EX).

2. H_0 : The relationship between X (CT) and Y (DOM) is not mediated by M (EX).

H_A : The relationship between X (CT) and Y (DOM) is mediated by M (EX).

3. H_0 : The relationship between X (CT) and Y (DOM) is not mediated by M (NEU).

H_A : The relationship between X (CT) and Y (DOM) is mediated by M (NEU).

4. H_0 : The relationship between X (CT) and Y (SUB) is not mediated by M (NEU).

H_A : The relationship between X (CT) and Y (SUB) is mediated by M (NEU).

Figure 1. *Proposed Model # 1 of Childhood Trauma (CTES), Extraversion (Mini-IPIP), Kink behavior/identification/Submission (SUB/SMC)*

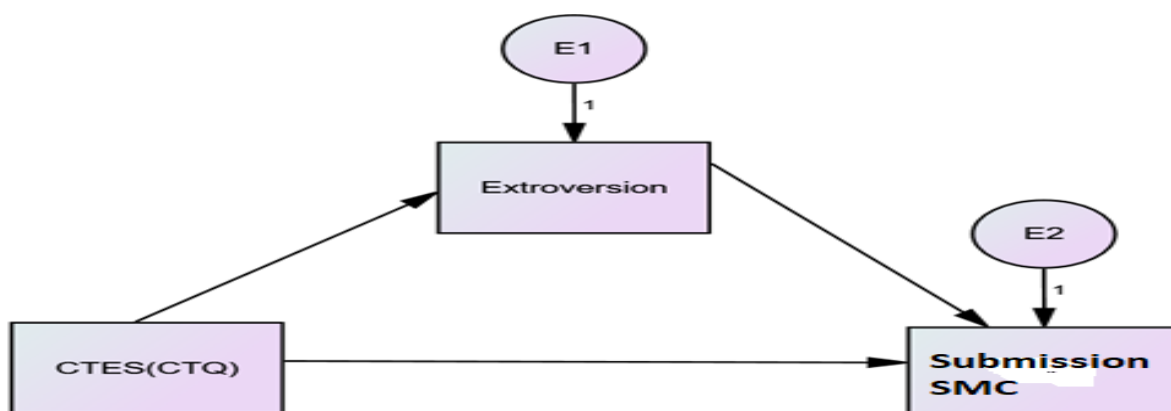


Figure 2: *Proposed Model # 2 of Childhood Trauma (CTES), Extraversion (Mini-IPIP), Kink behavior/identification/Dominance (DOM/SMC)*

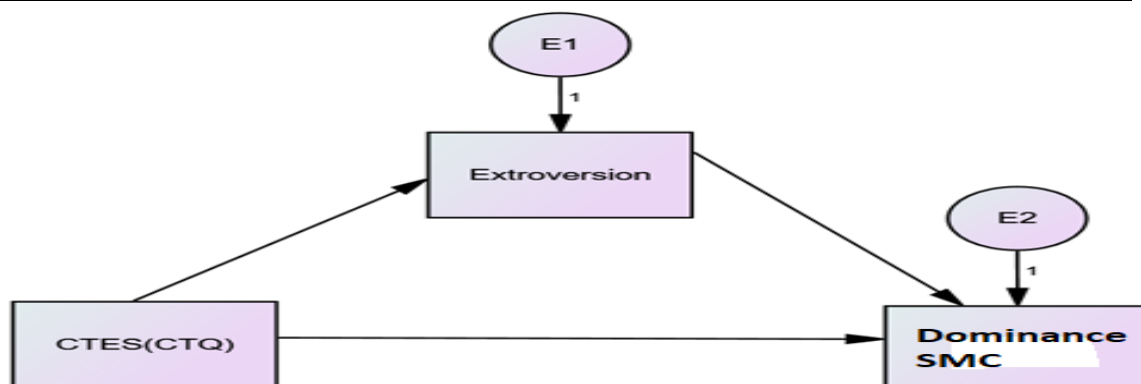


Figure 3: *Proposed Model # 3 of Childhood Trauma (CTES), Neuroticism (Mini-IPIP), Kink behavior/identification/Dominance (DOM/SMC)*

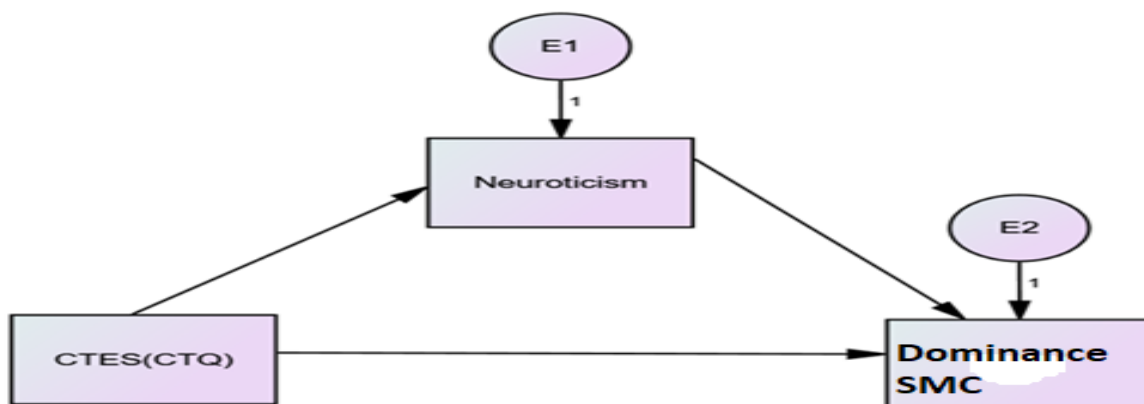
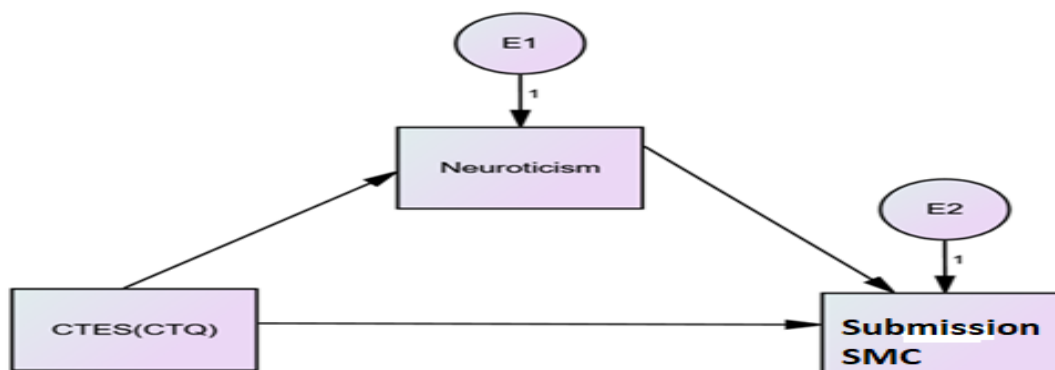


Figure 4: *Proposed Model # 4 of Childhood Trauma (CTES), Neuroticism (Mini-IPIP), Kink behavior/identification/Submission (SUB/SMC)*



Operationalization

Within the current study, the dependent variable (kink behavior/identification) is operationally defined according to the self-identified preference of participants on the demographic questionnaire, and their rating on the SMC scale (Weierstall & Giebel, 2017). Namely, the SMC defines a person's kink identification based on his or her self-reported BDSM role preference as either dominant, submissive, or switch (both dominant and submissive; Weierstall & Giebel, 2017). The two scales (dominance/submission) measured participants' experiences with or preference for either dominant or submissive behaviors and the results of the two scales determine a persons' alignment with dominance, submission, or switch identifications (Weierstall & Giebel, 2017). For example, someone who reports having experienced blindfolding their partner would be demonstrating a dominant preference (Weierstall & Giebel, 2017)

The independent variable, experiences with childhood trauma, is operationally defined according to the CTES. Namely, participants' score on the CTES defines the extent or severity of their perceived experiences with various childhood traumas

(Bernstein & Fink, 1997; Pennebaker & Susman, 1988). Specifically, if participants' score is high, they are operationally defined as having experienced severe traumas during their childhood (Pennebaker & Susman, 1988). Conversely, participants with low scores on the CTES can be defined as having experienced minimal or no traumas during their childhood (Pennebaker & Susman, 1988). For example, someone who reports not having experienced "the death of a loved one before the age of 17" would score low on this item; and thus, lower their overall Trauma Score on the CTES (Pennebaker & Susman, 1988).

The second independent variable, personality traits, is operationally defined by the Mini-IPIP. Namely, participants' degree of agreement or disagreement with a given experience as like their own perceptions of the experience defines the degree to which the participant identifies with a given personality trait (Donnellan et al., 2006a). Therefore, the traits of Neuroticism and Extraversion are defined by participants' alignment with the questionnaire items that pertain to these two traits (Donnellan et al., 2006a). For example, when a person disagrees with the statement, "Talk to a lot of different people at parties", the person would demonstrate a lower score for extraversion (Donnellan et al., 2006a). Yet, when a person agrees with the statement, "Have frequent mood swings", the person thus demonstrated a higher score for neuroticism (Donnellan et al., 2006a).

Data Analysis Plan

The three measures were combined into one cohesive survey to ensure ease of use and convenience for participants. The instruments were scored electronically via the web-based Qualtrics; and for data analysis, the present research used the Statistical Package for Social Sciences (SPSS) version 24. Once the data were gathered and the analysis

commenced, a series of correlation analyses and multiple linear regressions were run to determine if correlations existed between the three variables.

Participants' CTES scores were categorized into high and low experiences with childhood trauma. Participants' kink behavior/role identification was categorized three ways, submissive, dominant, or switch (both). Participants' Mini-IPIP scores were categorized as either high or low neuroticism, or high or low extraversion (or both). If significant correlations existed between the variables demonstrated by multiple regression analyses, the mediation models (Figures 1-4 above) would have been tested via path analyses including the utilization of an online Sobel's test to measure any indirect effects of Childhood Trauma score on Kink role/behavior (DOM/SUB) by means of Personality Characteristics (Neuroticism/Extraversion; Napoli, 2017).

Per Baron and Kenny (1986) and Napoli (2017), to mediate, we must assume 4 conditions. First, that the predictor variable (X, Trauma) must be correlated significantly with kink role/behavior (DOM/SUB), the outcome variable (Y). Secondly, that the mediating variable(s), personality characteristics (Extraversion/Neuroticism EX/NEU) are correlated significantly with the outcome variable, Y (path *a* of the model (Baron & Kenny, 1986; Napoli, 2017). If these correlations demonstrated significance, the use of Multiple Regression Analyses would have been applied with X and M as predictors and Y as the outcome variable. The third criterion for mediation is the assumption that there must remain statistical significance in the relationship between M and Y (Path *b*; Figures 1-4 below; Baron & Kenny, 1986; Napoli, 2017). The final criterion occurs if the above noted conditions are met; and then, the relationship between M and Y is regulated

demonstrating Path *c* (relationship between X and Y) which reduces significantly to demonstrate either partial or no mediation (Baron & Kenny, 1986; Napoli, 2017). The unstandardized regression coefficient, or, the mediated effect of X on Y can be determined because of the implications of path a and path b (Napoli, 2017).

Since it was hypothesized that extraversion or neuroticism as personality traits could mediate the relationship (assumed) between CTES score and kink role/behavior identification (DOM/SUB), the use and interpretation of multiple statistical tests was required. Per Baron and Kenny (1986), to conduct statistical mediation, researchers must conduct multiple linear regressions on the variables to determine correlation. The use of linear regressions to first assess correlations and determine if significant relationships exist between the variables was required to preface the use of mediation analysis (Baron & Kenny, 1986).

To interpret the findings, descriptive statistics were conducted on the variables and data while including discussion of the means of each variables' results. Also, descriptive statistics aided in ascertaining the basic information and initial observations of the overall data as it related to the population it is meant to represent (Warner, 2013). Preliminary analyses prefaced and supported the need for further, more involved, analysis (Warner, 2013). By including visual charts of the findings, readers more easily perceived the results.

After the descriptive statistics were acquired, the interpretation of the correlations within multiple regression analyses for the mediator models were conducted using Baron and Kenny's (1986) protocols for statistical mediation and Laerd Statistics (2013a) to

ensure if the correct conditions and assumptions were met to successfully interpret/conduct multiple regression analyses. I intended, if the conditions were met for statistical mediation, to consider extraversion and neuroticism as two separate potential mediators with dominance and submission analyzed as two potential outcomes (Baron & Kenny, 1986).

Data Cleaning/Screening

Inevitably, there are instances during data analysis where data cleaning or screening was required. Per Van den Broeck, Argeseanu Cunningham, Eeckels, and Herbst (2005), data cleaning is necessary to locate and fix any errors in the collected data to limit or restrict the effect of that corrupted, erroneous, or incomplete data on the collective results on the study. In the current study, participants who did not complete the whole study comprised of 4 parts (demographics, CTES, Mini-IPIP, and the SMC), provided incomplete data. If participants did not indicate any presence of trauma, kink identification, or their personality trait information, they may have corrupted the other data. As such, researchers review such cases to determine the impact of unclean data on the collected data set by reviewing the outliers and removing them from the data set if needed.

Limitations

Threats to Internal Validity

For all correlational research designs, the internal validity is naturally weaker because determining causation is not an element of correlational research. By not seeking to determine causal factors to a given phenomena, correlational research aims to

determine the nature and extent of any correlations between variables (Posavac, 2011). Since sampling is non-randomized, I could not control participant assignment on variables and thus, it is possible that there may be imbalances present amongst the different scores (Posavac, 2011). This could have demonstrated that differences between participants reported kink behavior/role identification could be related to other (not included in this study) variables. Sampling/selection biases would be problematic in the current study because the study is directed at one small portion of the population (world), that is openly kinky people (Posavac, 2011; Warner, 2013). With all retrospective studies, a clear threat to internal validity pertains to memory recall and accuracy on the self-report measures – particularly the CTES (Posavac, 2011). The process of recalling historical traumas could be difficult for some participants and thus, could result in skewed or biased recall (Posavac, 2011)

Fortunately, per Warner (2013), to address these threats, researchers should be sure to pay close attention to the data collected and address the responses that indicate extremes (outliers). Consistency with measures by means of a cohesive single survey of four, empirically supported and validated parts allows for a reliable flow and a better chance to avoid measurement errors (Warner, 2013). By having non-randomized sampling (as the current study intends to do) via web-based, anonymous recruitment, I reduced risks of sampling errors due to issues pertaining to random assignment (Laerd Dissertation, 2012). Also, by utilizing short, non-invasive measures, the present research reduced risk of biased recall/inaccurate responses by seeking generalized recollection of traumatic experiences on the CTES. By not using a longitudinal approach, the present

research limited the most predominant threats to internal validity that are possible with quantitative research. No study is without threats to validity and any study risks experimenter biases based on a researchers' personal investment or interest in the topic (Laerd Dissertation, 2012a). One way to address that is to identify it and acknowledge its potential impact on the current study. For example, the authors' past research on professional biases toward BDSM couples demonstrated a preferential bias toward the subject (Hillier, 2018).

Threats to External Validity

The results of the current study should be generalizable to the kink community as this is the foundation of external validity (Laerd Dissertation, 2012b). Due to the potential sampling biases described as threats to internal validity, the current study may have risked external validity because there is an entire portion of the kink population that would not be necessarily accurately representing such as closeted or non-open kinky people, or non-identifying kinksters. Given the nature of online recruitment, persons who do not actively engage in kink social media would have had the opportunity to participate if they are a) sent the link by someone else or b) if they stumble across the link in their online endeavours. As such, selection bias is a concern in the proposed non-experimental study since participant recruitment is not randomized (Posavac, 2011). To address the threat of selection bias, the limited exclusion criteria in the proposed survey ensured diversity amongst participants in the study which increased the generalizability of the results to a larger, more diverse population of kinky persons (Laerd Statistics, 2013; Posavac, 2011). **Threats to Construct or Statistical Conclusion Validity**

Statistical conclusion validity is validity based on the notion that the findings of a study have resulted in accurate and dependable results (García-Pérez, 2012). As such, the present research risked Type I or Type 2 errors if the process of sufficiently saturating the data while collecting enough sample becomes sporadic (García-Pérez, 2012). By using fixed sampling or striving to refrain from any analysis until the minimum required sample size has been achieved, researchers can avoid these errors (García-Pérez, 2012). The threat of inaccurately interpreting the results is an ever-present threat to construct and statistical conclusion validity; however, consultation and collaboration with the IRB and dissertation committee reduced the likeliness of these errors occurring in the present study (García-Pérez, 2012).

Internal Consistency for Reliability

Using Cronbach's Alpha, the present research sought to determine that the 3 measures using Likert scales were accurately measuring what they are supposed to measure (Warner, 2013). Ideally, a score of .8 or higher demonstrated sufficient reliability of the measures (Warner, 2013). The use of Cronbach's Alpha to test for reliability evaluable possible latent variables or otherwise difficult to measure variables as contributory to any variation in the results and thus, determined if the selected measures accurately measured the selected and intended variables in the current study (Warner, 2013).

Ethical Procedures

During the extensive development of the present research, notable consideration was given to the ethical elements of conducting the research and the potential impact of

the research on participants. I believed that the risks of the present research were minimal, and no greater than individuals can expect in daily life or in dialogues with mental health professionals. I understood that the nature of the topic, kinky sexuality, is taboo and a sensitive subject and thus, potentially bothersome to some people. Since I recruited adult participants who are comfortable with sex-based discussion and discussion of kinky sexuality, the risk of participants' experiencing negative repercussions because of the current study was minimal.

I understood that assessment of childhood traumas is a sensitive subject and could result in the experience of negative emotion. The use of the CTES as a simplistic, non-specific measure for experiences with childhood trauma aided in reducing risk. Namely, since the CTES asks participants to simply rate their experiences on a Likert scale and does not require any depth, specificity, or notable recall of traumatic experience, the risk of re-traumatization is reduced. Nevertheless, the mandatory informed consent portion of the survey informed participants that mental health resources are provided on an international level. The anonymity of the study provided additional protections from potential harms for participants as there was no identifying information collected.

Included in the informed consent document are all requirements as described by the Walden University Centre for Research Quality, (n.d.). Specifically, the informed consent document was provided to all potential participants as the introduction to the study and as a requirement to proceed, the information presented on the document included the background to the study, the study procedures, the voluntary nature of the study, description of privacy (confidentiality and anonymity), the potential risks and

benefits of participation, and contact information for herself, her approving dissertation committee chairperson, and the University's IRB office.

Also included on the informed consent document was a clear statement that indicates my intended methods of data storage and protection of information collected. Specifically, since I was not collecting any identifying information about participants, I stated on the informed consent document that per the University's guidelines for ethical research, she stored the collected and anonymous data on a password protected flash drive in her locked office, and I intend to keep it secured for five years and destroyed after that time (Walden University Centre for Research Quality, n.d.). Participants were informed that they may withdraw from participation at any time without issue. Also mentioned to participants on the informed consent document were the potential risks and benefits of participation. The risks, as stated, were minimal; yet, there was always the possibility that some questions may have invoked negative feelings. In such an event, participants were reminded that they can withdraw from participating, refuse certain questions, or contact one of the provided resources for mental health services.

Per the guidelines for online surveying, informed consent was obtained when participants select the box that stated, "I have read the above informed consent information and provide my informed consent to participate". Such an indication demonstrated the participants' agreement to participate and acknowledgement of the described risks and benefits of participation. Once that consent box was selected, participants were permitted to navigate to the next screen and commence the study.

As per the IRB application process, to gain access to participants or data, I shared a link to the amalgamated survey (including all measures) on kink-based social media platforms and sex-positive groups on social media websites. Qualtrics was used to host, distribute, and initially analyze the data collected from the survey. Therefore, I had no access to participants personal information and the only access to any possible identifiable information was IP addresses in the web server. The rights and privacy of human participants were therefore respected and protected by this process as the survey was anonymous and thus, confidential. All data collected was summarized and grouped together.

The present research required institutional permissions and IRB approval to proceed. I completed the training course with the National Institute of Health entitled “Protecting Human Research Participants”. The current research adhered to ethical standards and posed minimal risk to participants.

Regarding recruitment materials, my plan to conduct open, online recruitment via web-based social media platforms poses minimal ethical risk. I understood that such recruitment could mean that anyone with access to the internet could access the survey link, including vulnerable persons. Nevertheless, as is the case with the online community, by restricting recruitment to the platforms known to be adults-only, who embraced a community of informed consent, I reduced the risks of vulnerable persons accessing the link. Most sex-based platforms restrict any persons’ access to the site without indication that the individual is over the age of 18. On social media platforms, the restrictions are not as pronounced, but the information presented on the informed

consent document for the present research stated clearly that recruitment was open for those over the age of 18. Also, the description of risks and benefits and the voluntary nature of the study assisted with ethical concerns for other vulnerable groups who may have stumbled across the link to the survey.

Summary

In conclusion, in this chapter I highlighted that the present research used a non-experimental, cross-sectional, and correlational research design by means of a web-based survey of kinky individuals. The proposed quantitative design generated information about the extent and type of relationship that may or may not exist between individual, traumatic experiences during childhood (IV₁), personality characteristics (extraversion/neuroticism, IV_{2 & 3}), and dominant (DV₁) or submissive (DV₂) kinky sexual behaviors and identities (roles) in adulthood (Creswell, 2013). A correlational, mediating approach to the current study was appropriate because study participants reported their perceptions of their experience (or inexperience) with traumatic events or circumstances during childhood development as well as their self-identified personality characteristics (Creswell, 2013).

The use of the CTES and the Mini-IPIP to measure the independent variables and the SMC for the dependent variable effectively aided in determining whether to conduct statistical mediation to learn if certain personality characteristics mediated the assumed relationship between experiences of childhood trauma and kink role/behavior identification (Figures 1-4). These three measures were combined into one cohesive survey to ensure ease of use and convenience for participants. The instruments were

scored electronically via Qualtrics; and for data analysis, the present research used SPSS software. Once the data have been gathered, analysis commenced, and a series of multiple linear regressions were run to determine if correlations existed between the three variables. If there were correlations, the statistical mediation could determine the mediating power of personality characteristics on the development of kinky behaviors/roles in adulthood.

In the next chapter I describe the act of analysis of the data acquired by the above described means. In chapter 4 I present and discuss the findings and their interpretation, and it relates to the research questions described above. In the next chapter, I define the results of the quantitative analysis, and I describe the research methods applied. My discussion in the next chapter substantiates the information presented in the concluding chapter of this dissertation, the implications of the findings, the research, and the areas for further research in the future.

Chapter 4: Results and Findings

Introduction

In the following section I provide readers with the data collection processes and the overall results and findings of the study. As previously indicated, the purpose of this retrospective study was to explore the potential relationship(s) between experiences of childhood trauma, personality characteristics/traits, and kinky sexual behaviors in adulthood to better inform the gap in the pathology-based or personality-based scholarly literature on kinky sexualities.

The research questions and hypotheses explored were:

RQ1: Do personality traits (Extraversion/Neuroticism EX/NEU) predict kinky behaviors/roles (Dominance/Submission DOM/SUB) in adulthood?

H_01 : EX/NEU does not predict DOM/SUB kinky behaviors/roles in adulthood.

H_A1 : EX/NEU significantly predict kinky DOM/SUB behaviors/roles in adulthood.

RQ2: Do experiences of childhood trauma (CT) predict kinky behaviors/roles (DOM/SUB) in adulthood?

H_02 : CT do not predict kinky behaviors/roles (DOM/SUB) in adulthood.

H_A2 : CT is a significant predictor of kinky behaviors/roles (DOM/SUB) in adulthood.

RQ3: Do personality traits (EX/NEU) and experiences of childhood trauma combined predict kinky behaviors/roles (DOM/SUB) in adulthood?

H_{03} : EX/NEU and CT combined do not predict kinky behaviors/roles (DOM/SUB) in adulthood.

H_{A3} : EX/NEU and CT combined are predictors of kinky behaviors/roles (DOM/SUB) in adulthood.

I used statistical mediation for the following hypotheses if multiple regression analyses determine statistical significance for the above hypotheses (see Chapter 3).

1. H_0 : The relationship between X (CT) and Y (SUB) is not mediated by M (EX).

H_A : The relationship between X (CT) and Y (SUB) is mediated by M (EX).

2. H_0 : The relationship between X (CT) and Y (DOM) is not mediated by M (EX).

H_A : The relationship between X (CT) and Y (DOM) is mediated by M (EX).

3. H_0 : The relationship between X (CT) and Y (DOM) is not mediated by M (NEU).

H_A : The relationship between X (CT) and Y (DOM) is mediated by M (NEU).

4. H_0 : The relationship between X (CT) and Y (SUB) is not mediated by M (NEU).

H_A : The relationship between X (CT) and Y (SUB) is mediated by M (NEU).

The following chapter describes the data collection process including the time-frame for data collection and the actual recruitment and response rates. In chapter 4 I present discrepancies found during data collection that differed from the data collection plan outlined in Chapter 3. I further provide a report on the demographic characteristics

of the sample recruited with identifiers masked and describes how representative or generalizable the sample is of the population of interest because of the non-probability sampling used in the study.

In chapter 4, I include the descriptive statistics that appropriately characterize the sample and the statistical assumptions related to the study. Also provided in Chapter 4 are the results of the initial multiple regression analyses and the determination of the application of mediator models to assess the mediating power of the significant relationships. This report includes statistics, confidence intervals and effect sizes of the statistical tests conducted. To conclude chapter 4, I provide a summary of the results found as answers to the research questions and includes tables and figures that illustrate said results/findings.

Data Collection

Upon receipt of IRB approval and their suggestions, I published the online survey on Qualtrics and shared the web-link onto kink-based and sex-positive research social media. Data collection occurred within 2 months of the date of publication (November 20, 2018 – January 2019). Over the span of these 2 months, I, following the guidelines outlined by each group, shared, and reshared the link via social media. I followed the groups' protocols and communicated with the administrators for permission to share the link and post. Recruitment via social media occurred with clear inclusion criteria stated to ensure that no underaged persons completed or attempted the survey. The response rates varied; however, the responses were highest on the days surrounding the initial posts or

re-posts with five or six responses on those days, and one to two responses on subsequent days.

There were some minor discrepancies in data collection that varied from the original plan presented in Chapter 3. Specifically, modified from the original proposal for the demographic questionnaire was the removal of the question ‘do you have children?’, and slight revision to the ‘relationship status’ question for clarity. Namely, the inclusion of two options for married (either monogamous or non monogamous), and one option for unmarried (either monogamous or non monogamous). Additionally, during the IRB approval process, the reviewers indicated that generalizing recruitment to de-identify specific social media pages would be most ethically ideal. As such, per my IRB approval, the recruitment on social media for this study was more open and included sex-positive/sex-affirming social media, research specific social media with emphasis and clarity on the age restrictions for the study and the topic of kinky sexuality, and kink/BDSM social media. Another minor discrepancy was the length of time to complete the study. In Chapter 3, I originally stated that the study should take 25 minutes to complete. However, I found that the study took, on average, 10-15 minutes to complete.

Baseline Descriptive and Demographic Characteristics of Sample

The current study assessed the impact of personality characteristics (extraversion and neuroticism) and childhood trauma on participants’ kink role/behaviors in adulthood. The original sample consisted of 71 participants worldwide via internet recruitment, and this was trimmed to 68 valid cases during the analysis. Appendix A highlights the demographics required per Chapter 3. An increase in sample size was required to

compensate for incomplete data collected. Further, three participants were disqualified from the study during the initial demographic portion of the survey. Originally, 68 participants were required to demonstrate enough effect and sample; however, two participants did not complete the SMC as the final part of the study. However, since preliminary demographic information requested participants to select their kink-identification (dominance/submission, fetishism, nonmonogamies), the two incomplete responses were still useful to the overall findings.

The sample's age was predominantly under 45, with 44% of the sample at 31-45 years, 37% of the sample aged 18-30, and 15.5% of the sample were aged 46-60. The sample's education levels indicated that 95% of respondents had completed at least some post-secondary education, with 37% of the sample completing either a college or undergraduate degree/certificate and 34% of the sample completing graduate or post-graduate level degrees. Regarding relationship statuses of participants, 29% of the sample indicated that they were involved in relationships that were either monogamous or non monogamous, 26% of the sample identified as single, 24% identified as married/common law (monogamous), and 18% of the sample identified as married/common-law (polyamorous or non monogamous;). Regarding religious identification, 30% of the sample identified as atheist, 24% of the sample identified as nonreligious (or they refused to answer), and 20% of the sample identified as spiritualist.

Further, regarding interest in sexual behaviors, 25% of the sample indicated interest in bondage/restraint, 24% of the sample indicated interest in sexual dominance/submission or master/slave relationships, 16% of the sample indicated interest

in swinging/nonmonogamy/open relationships, 16% of the sample indicated interest in fetishism, and 12% of the sample indicated interest in sadomasochism. Lastly, regarding kink roles/identity, 37% of the sample identified as switches (both dominant and submissive), 30% of the sample identified as submissive or slave, and 19% of the sample identified as dominant or master.

However, since the sample was predominantly (85%) White or Caucasian, the sample was not representative of ethnic/cultural diversity. Additionally, there was unequal representation of gender identification in the sample which was expected and described in Chapter 3. Since the study assumed a sex positive and inclusive, queer-feminist stance, gender identifications based on traditional binaries would be detrimental to the focus of the study, as argued by Cox, Fleckenstein, and Bergstrand (2013). Nevertheless, 58% of the sample identified as female, 35% of the sample identified as male, and nearly 7% of the sample identified as nonbinary or, other gender identification.

Although the sample was homogenous regarding ethnicity and gender identifications, the diversities demonstrated regarding education levels, relationship statuses, religious affiliations, sexual interests, and kink roles demonstrate substantive diversity and thus, indicate generalizability and representativeness. Since the sample included participants from all over the world because of anonymous, online recruitment, the sample can be considered representative of the kinky population in general. As was evidenced during my review of the literature by Hitter et al. (2017), persons interested in completing kink or BDSM related research tended to be White or Caucasian which I described as a limitation in Chapter 3. However, upon completion of the present research,

the general population of openly kink-identified persons are, in fact, typically white or Caucasian, thus demonstrating external validity as these findings are consistent with other kink-based research (Hitter et al., 2017).

Results

To conduct multiple regression analyses, a series of statistical assumptions must first be met. The first two assumptions contended that the dependent variable(s) must be continuous, and the independent variables can be either continuous or categorical (Laerd Research, 2013a). The remaining assumptions pertained to the relationships found between the variables; there should be independence of errors, a linear relationship between the predictor and dependent variables, normal distribution, and homoscedasticity; and, there should be no multicollinearity or significant outliers (Laerd Research, 2013a). For the proposed statistical mediation to occur, trauma score (X) must have been significantly correlated with personality characteristics (extraversion/neuroticism: M), trauma score (X) must have been significantly correlated with kink role/behavior (Y), and personality characteristics (extraversion/neuroticism: M) must have been significantly correlated with kink role/behavior (Y; see Baron & Kenny, 1986).

Exploratory Data Analysis

To determine if the variables met the criteria for multiple regression analyses, exploratory data analysis were conducted. Based on the information presented via descriptive statistics, boxplots, and outlier analysis on SPSS software, the trauma variable demonstrated non normal distribution with a positive skew that can be explained by an

extreme outlier value. The dependent variable dominance was also positively skewed, did not demonstrate normal distribution, and contained two extreme outlier values.

Neuroticism also possessed an outlier value but, based on the information presented by Warner (2013), the acceptable range for skewness is +/- 2.58. The outliers presented on the personality variables and the dependent variables, per visual inspection of descriptive statistics and boxplot, were much closer to normally distributed and thus, fell within the acceptable 2.58 *SD* range. Per the recommendation of Warner (2013), analyses were conducted first without modifying or removing any outlier data. The analysis was then conducted again with the removal of the individual univariate outlier data on the trauma variable since its deviation from the mean is above the acceptable range of 2.58. The sample before the removal of one univariate outlier on the trauma variable equated to 68 valid cases. Upon removal of the singular outlier, the trimmed sample became 67 valid cases.

Correlations

As evidenced in Table 1, the simple bivariate correlation coefficients (Pearson-*r*) indicated that the relationship between Trauma and Neuroticism is statistically significant, positive, and represents a moderate effect size ($r(68) = .370, r^2 = .137, p=.002$), accounting for approximately 14% of the variability in Neuroticism.

The relationship between Trauma and Dominance is statistically significant and inversely correlated and represents a small effect size ($r(65) = -.271, r^2 = .073, p=.03$), accounting for approximately 7% of the variability in Dominance. Personality

characteristics were not correlated with either Kink Role or Behavior (SUB/Neu: $r(66)$, $p=.25$; SUB/Ex: $r(66)$, $p=.75$; DOM/Neu: $r(65)$, $p=.30$; DOM/Ex: $r(65)$, $p=.30$).

It is noteworthy that the intercorrelations between Trauma, Personality Characteristics, and Kink Role/Behavior did not meet Baron and Kenny's (1986) criteria for statistical mediation.

Table 1
Means, Standard Deviations, and Intercorrelations

| <i>N</i> = 68 | <i>M</i> | <i>SD</i> | Pearson <i>r</i> | | | | |
|------------------|----------|-----------|------------------|-------|--------|-------|--------|
| | | | (1) | (2) | (3) | (4) | (5) |
| Trauma (1) | 8.46 | 5.703 | | 0.042 | .370** | 0.01 | -.271* |
| Extraversion (2) | 11.9 | 4.236 | | | -0.114 | .041 | 0.13 |
| Neuroticism (3) | 12.76 | 3.952 | | | | 0.142 | -0.131 |
| Submission (4) | 59.30 | 21.775 | | | | | .268* |
| Dominance (5) | 52.17 | 22.691 | | | | | |

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

When conducting the same correlation analyses after removing the clear univariate outlier as evidenced by Mahalanobis's d ($z=2.89$), the relationship between trauma and dominance reduced to a non-significant level. The relationship between trauma and neuroticism remained statistically significant and positive ($r(67) = .319$, $r^2 = .101$, $p=.009$), accounting for 10% of the variability in neuroticism (Table 1.1 below). As such, the intercorrelations between the variables did not meet Baron and Kenny's (1986) criteria for statistical mediation after the removal of the univariate outlier. Therefore, the

examination the direct effect of each predictor variable on the outcome measures was required.

Table 1.1 Means, Standard Deviations, and Intercorrelations (Outlier Removed)

| <i>N</i> = 67 | <i>M</i> | <i>SD</i> | Pearson <i>r</i> | | | | |
|------------------|----------|-----------|------------------|------|--------|-------|-------|
| | | | (1) | (2) | (3) | (4) | (5) |
| Trauma (1) | 8.21 | 5.37 | | .124 | .319** | -.006 | -.233 |
| Extraversion (2) | 12.0 | 4.181 | | | -.072 | .051 | .102 |
| Neuroticism (3) | 12.66 | 3.879 | | | | .136 | -.099 |
| Submission (4) | 59.18 | 21.923 | | | | | .279* |
| Dominance (5) | 52.61 | 22.589 | | | | | |

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Simple Linear Regression

To answer the second research question and determine whether trauma was a predictor for dominance and/or submission, simple linear regression analyses were run to measure the direct effect of trauma on dominance, and trauma on submission. A significant regression equation was found with dominance based on trauma score ($F(1,63)=5.01, p=.029$), with an R^2 of .074. Participants predicted dominance is equal to $61.475 - 1.084$ trauma score. Participants' dominance score decreased with each point of trauma; and, this finding demonstrates that childhood trauma is a significant predictor of sexual dominance in adulthood. After removing the univariate outlier, the effect of trauma on dominance became insignificant ($F(1, 62) = 3.565, p=.064$).

Submission based on trauma was insignificant ($F(1, 64)=.007, p=.935$), with an R^2 of 0 which indicates that childhood trauma via trauma score is not a significant

predictor for sexually submissive behaviors/roles in adulthood. After removing the univariate outlier, the effect of trauma on submission remained insignificant ($F(1,63) = .002, p=.961$).

Multiple Regression Analyses

To measure the effect of personality characteristics on dominance (research question 1), multiple regression analyses found that extraversion and neuroticism did not have a significant effect on dominance ($F(2,62) = .977, p=.382, \text{adj. } R^2 = -.001$). Neither variable significantly added to the prediction and they had a weak linear association. Regression coefficients and standard errors are presented below (Tables 2-5). Also, the multiple regression for submission from extraversion and neuroticism was insignificant and demonstrated a weak linear association ($F(2, 63) = .767, p=.47, \text{adj. } R^2 = -.007$). As such, neither extraversion nor neuroticism were significant predictors for submission or dominance in adulthood. After removing the univariate outlier, the effect of personality characteristics on dominance remained non-significant ($F(2, 61) = .584, p=.561, \text{adj. } R^2 = .019$); and, the effect of personality characteristics on submission remained non-significant ($F(2,62) = .709, p=.50, \text{adj. } R^2 = .022$). Table 4.1 presents the regression coefficients and standard errors. Thus, personality characteristics were not significant predictors for kink roles/behaviors in adulthood.

To answer the third research question and examine the effect of trauma and personality characteristics on the two dependent variables for kink role/behavior, dominance and submission, multiple regression analyses were conducted. In alignment with Warner's (2008) description, when conducting multiple regression analyses with

two predictor variables at a time (trauma and extraversion, and trauma and neuroticism), each set of predictor variables were separately entered into a set of multiple regression analyses (one set with dominance (DOM) as the DV, and a second set with submission (SUB) as the DV). Tables 2-5 display the results of the 2 models.

The first model (SUB) tested the impact of trauma and personality characteristics on submission; and, the overall multiple regression model was determined to be non-significant ($F(3,62) = .559, p = .644$). The R^2 equalled .026 (adj. $R^2 = .021$) and demonstrates that trauma, extraversion, and neuroticism scores are not strong predictors of sexual submission in adulthood (See tables 2 and 3). When the univariate outlier was removed and the analysis re-run, the SUB model remained insignificant ($F(3,61) = .546, p = .653, R^2 = .026$).

The second model tested impact of trauma and personality characteristics on Dominance; and, the overall multiple regression model was determined to be non-significant (DOM) was ($R = .303$) was moderate and did not differ significantly from zero ($F(3, 61) = 2.06, p = .116, R^2 = .092$ (adj. $R^2 = .047$) and demonstrated that trauma, extraversion, and neuroticism scores are not strong predictors of sexual dominance in adulthood (See tables 4 and 5). When the univariate outlier was removed and the analysis re-run, the DOM model also remained insignificant ($F(3,60) = 1.507, p = .222, R^2 = .070$).

As evidenced in tables 4 and 5, without the removal of the univariate outlier, upon investigation of the regression weights, only one of the predictor variables in both regression models had a positive and significant effect on sexual dominance in adulthood.

The standardized regression coefficient for trauma score was (β)=-.269, was statistically significant (p =.047), and had a moderate effect size.

Table 2. ANOVA for the Submission Regression Model

| | <i>SS</i> | <i>df</i> | <i>MS</i> | <i>F</i> | <i>R</i> ² | <i>p</i> |
|------------|-----------|-----------|-----------|----------|-----------------------|----------|
| Regression | 811.213 | 3 | 270.404 | .559 | .026 | .644 |
| Residual | 30008.727 | 62 | 484.012 | | | |
| Total | 30819.939 | 65 | | | | |

a. Dependent Variable: Submission Score

b. Predictors: (Constant), Trauma Score, Extraversion Score, Neuroticism Score

Table 2.1 ANOVA for the Submission Regression Model (Outlier Removed)

| | <i>SS</i> | <i>df</i> | <i>MS</i> | <i>F</i> | <i>R</i> ² | <i>p</i> |
|------------|-----------|-----------|-----------|----------|-----------------------|----------|
| Regression | 804.209 | 3 | 268.070 | .546 | .026 | .653 |
| Residual | 29955.575 | 61 | 491.075 | | | |
| Total | 30759.785 | 65 | | | | |

a. Dependent Variable: Submission Score

b. Predictors: (Constant), Trauma Score, Extraversion Score, Neuroticism Score

Table 3. Regression Coefficients for Variables Predicting Submission

| Measure | <i>b</i> | <i>SE B</i> | β | <i>sr</i> ² | <i>t</i> | <i>p</i> |
|-------------|----------|-------------|---------|------------------------|----------|----------|
| ExScore | .323 | .644 | .063 | .004 | .501 | .618 |
| NeuScore | .945 | .755 | .171 | .025 | 1.251 | .216 |
| TraumaScore | -.210 | .520 | -.055 | .003 | -.404 | .688 |

Table 3.1 Regression Coefficients for Variables Predicting Submission (Outlier Removed)

| Measure | <i>b</i> | <i>SE B</i> | β | <i>sr</i> ² | <i>t</i> | <i>p</i> |
|--------------|----------|-------------|---------|------------------------|----------|----------|
| Trauma Score | -.270 | .554 | -.065 | .003 | -.486 | .629 |

| | | | | | | |
|----------|------|------|------|------|-------|------|
| NeuScore | .925 | .763 | .163 | .023 | 1.211 | .230 |
| ExScore | .370 | .664 | .071 | .005 | .556 | .580 |

Table 4. ANOVA for the Dominance Regression Model

| | <i>SS</i> | <i>df</i> | <i>MS</i> | <i>F</i> | <i>R</i> ² | <i>p</i> |
|------------|-----------|-----------|-----------|----------|-----------------------|----------|
| Regression | 3024.305 | 3 | 1008.102 | 2.055 | .092 | .116 |
| Residual | 29928.833 | 61 | 490.637 | | | |
| Total | 32953.138 | 64 | | | | |

a. Dependent Variable: Dominance Score

b. Predictors: (Constant), Trauma Score, Extraversion Score, Neuroticism Score

Table 4.1 ANOVA for the Dominance Regression Model (Outlier Removed)

| | <i>SS</i> | <i>df</i> | <i>MS</i> | <i>F</i> | <i>R</i> ² | <i>p</i> |
|------------|-----------|-----------|-----------|----------|-----------------------|----------|
| Regression | 2252.103 | 3 | 750.701 | 1.507 | .070 | .222 |
| Residual | 29895.131 | 60 | 498.252 | | | |
| Total | 32147.234 | 63 | | | | |

a. Dependent Variable: Dominance Score

b. Predictors: (Constant), Trauma Score, Extraversion Score, Neuroticism Score

Table 5. Regression Coefficients for Variables Predicting Dominance

| Measure | <i>b</i> | <i>SE B</i> | β | <i>sr</i> ² | <i>t</i> | <i>p</i> |
|-------------|----------|-------------|---------|------------------------|----------|----------|
| ExScore | .700 | .650 | .133 | .017 | .285 | .285 |
| NeuScore | -.067 | .770 | -.012 | .000 | .931 | .931 |
| TraumaScore | -1.074 | .530 | -.269 | .072 | .047 | .047 |

Table 5.1 Regression Coefficients for Variables Predicting Dominance (Outlier Removed)

| Measure | <i>b</i> | <i>SE B</i> | β | <i>sr</i> ² | <i>t</i> | <i>p</i> |
|---------|----------|-------------|---------|------------------------|----------|----------|
|---------|----------|-------------|---------|------------------------|----------|----------|

| | | | | | | |
|-------------|--------|------|-------|------|--------|------|
| ExScore | .663 | .670 | .125 | .016 | .990 | .326 |
| NeuScore | -.051 | .778 | -.009 | .000 | -.066 | .948 |
| TraumaScore | -1.027 | .564 | -.242 | .05 | -1.819 | .074 |

Summary

Based on the above described findings, we were unable to reject the null hypotheses for the first research question, since personality characteristics do not significantly predict either kinky behavior or role in adulthood. As we found, extraversion and neuroticism did not significantly predict dominant or submissive kinky behaviors/roles in adulthood; and, this non-significance remained after the removal of the univariate outlier.

Secondly, prior to the removal of the univariate outlier, we rejected the null hypothesis for the question, “do experiences of childhood trauma predict kinky behaviors/roles in adulthood?” because trauma score for experiences of childhood trauma was a significant predictor of dominant kinky behaviors/roles in adulthood. After removal of the univariate outlier, however, we were unable to reject the null hypothesis as trauma did not predict submissive or dominant roles/behaviors in adulthood which indicated that the significance found initially was based on extreme values and not on normal distribution.

Finally, when answering whether personality traits and experiences of childhood trauma combined predict kinky behaviors/roles in adulthood, we were unable to reject the null hypothesis as the combination of personality characteristics and trauma do not

significantly predict the kinky behaviors/roles of dominance and submission in adulthood. This non-significance remained after the removal of the univariate outlier.

In my concluding chapter, I summarize my intended purpose and nature of the study; and, summarizes the key findings of her completed research. In chapter 5, I include an interpretation of the findings and describes the ways in which the findings confirm, disconfirm, or extend the knowledge of sex-based psychological research by comparing the findings to the literature described in chapter 2. Additionally, within the interpretation of the findings, I include an analysis of the findings within the context of queer-feminist theory. In chapter 5, I also include discussion of the study's limitations, generalizability, trustworthiness, validity, and reliability while also including recommendations for further research. Lastly, in chapter 5, I discuss the implications of the findings and the study. Specifically, I describe the implications for social change as demonstrated and implied by the findings as they pertain to sexual awareness and psychological practice with non-traditional sexualities.

Chapter 5: Discussion, Conclusions, and Recommendations

In this chapter I provide a summary of the intended purpose and nature of the study and includes a summary and interpretation of the main findings of the research. Further, I identify the ways that the findings of the present research extend the knowledge and understanding of sexuality and sex research. Additionally, within the interpretation of the findings in Chapter 5, I include an analysis of the findings related to the current literature and within the context of queer-feminist theory. Also, I discuss the study's limitations, generalizability, trustworthiness, validity, and reliability while also including recommendations for further research. Lastly, I conclude Chapter 5 with a description of the implications of the findings and the study. Specifically, I describe the implications for social change as demonstrated and implied by the findings as they pertain to sexual awareness and psychological practice with non traditional sexualities.

Introduction

The present study was conducted to explore the possible relationships between experiences of childhood trauma, personality characteristics, and kinky sexual behaviors/roles in adulthood. The intent was to better inform the existing research on kinky sexuality as the earlier emphasis has been on the pathology of sexual deviance. The present study confronted negative assumptions about kinky sexuality by using web-based survey research methods to assess the scope and nature of any significant relationship found between participants' experiences of childhood trauma, personality characteristics, and kink behavior/role. These three variables have been studied individually but have not

been (at the time of this research) studied collectively using queer-feminist theory as the guiding theory for research.

Through my study I found that personality characteristics (extraversion and neuroticism) do not significantly predict either dominant or submissive kinky behaviors or roles in adulthood. Additionally, I found that an inverse relationship exists between experiences of childhood trauma and dominant kinky behaviors/roles in adulthood. Specifically, for every point increase in trauma score, there was a decrease in dominance score. Thus, experiences of childhood trauma are significant and inverse predictors for dominant kinky behaviors/roles in adulthood. Lastly, I found that the combination of experiences of childhood trauma and personality characteristics do not significantly predict kinky behaviors/roles of dominance and submission in adulthood.

Interpretation of the Findings

As summarized in Chapter 4, the research questions were addressed in the present study. I determined that, per RQ1, the personality characteristics of extraversion and neuroticism did not significantly predict kinky behaviors/roles in adulthood (dominance and/or submission). Secondly, experiences of childhood trauma may have predicted dominant or submissive kinky roles in adulthood in extreme cases; but, not without such extremes. Thirdly, the combination of experiences of childhood trauma and personality characteristics did not significantly predict kinky roles/behaviors in adulthood.

The findings of the present study confirmed, disconfirmed, and extended the knowledge within sex-research and psychological practice. First, regarding the impact of childhood trauma, the findings of the present study confirmed the findings of Cecil et al.

(2017) wherein the authors contended that sexually deviant acts are more dependent on individual context than on childhood abuse or trauma. The significance found between dominance and trauma reduced to insignificant when the extreme values of outlier data were removed which indicated that the significance of this finding was based on the presence of extremes. Without such extremity, the significance was dissolved, and the findings became inconclusive. Therefore, the present study's findings on the effect of trauma on dominant and submissive sexual behaviors/roles aligned with those of Cecil et al. In extreme cases, childhood trauma was found to be an inverse predictor for sexual dominance. Meaning, contrary to pathology-based assumptions, individuals with higher trauma scores demonstrated a lower affinity toward dominant kinky behaviors. Thus, this finding, albeit based on extreme outliers, also aligned with Seehuus et al. (2015), who found that historical factors from one's childhood, including abuse, do impact individuals' sexual development, functioning, and satisfaction in their adult lives.

Secondly, regarding the inconclusive findings on the relationship between personality characteristics and kinky behaviors/roles in adulthood. The current study contradicted the findings of Hébert and Weaver (2014) who found that personality characteristics and kink-role identification are significantly aligned. Yet, the present study's findings aligned with the arguments of Hébert and Weaver as well as Cecil et al. (2017) that social misunderstandings and negative assumptions about BDSM and/or kinky sexuality are ill-informed because there was no substantial significance found without the presence of extreme values.

The present research's focus on the personality traits of extraversion and neuroticism as independent variables was based on the findings of Wismeijer and Assen (2013). The authors found that reduced levels of neuroticism and increased levels of extraversion were prevalent amongst their sample of BDSM participants (Wismeijer & Assen, 2013). In the present study, the lack of significance found on the regression of either trait on dominance and submission expanded on the findings of Wismeijer and Assen (2013). Namely, the Qualtrics report of the findings of the present research showed that there were increased levels of extraversion and neuroticism within the sample via the IPIP Mini. However, the Qualtrics report further highlighted how the sample demonstrated significantly more agreeableness than either extraversion or neuroticism; and, the sample was more diverse than solely the BDSM identified sample of Wismeijer and Assen's study.

Lastly, the findings of the two multiple regression models demonstrated insignificance meaning neither personality trait (extraversion or neuroticism) in combination with experiences of childhood trauma were significantly related to either kink role or behavior (dominance or submission). This indicated that based on this limited sample it cannot be asserted that personality characteristics, experiences of trauma, or a combination thereof are significantly related to kink role identification or behavior. Further, based on this analysis, the results did not support the hypothesis that the relationship between kinky behaviors/roles and childhood trauma is not mediated by personality factors such as extraversion or neuroticism. Therefore, the negative

assumptions of pathology and/or personality as related to kinkiness cannot be verified or validated.

Interpretation of Findings using Queer-feminist Theory

Within the context of queer-feminist theory, such findings demonstrated how other contextual factors must be considered, including other personality variables, when researching kinky behaviors. In alignment with Martinez (2016), evaluating kinky sexuality from the lens of queer-feminist theory allows researchers to more positively and supportively assess and understand kinky sexual behaviors and lifestyles from a nonpathologizing stance. Since the sample consisted of men, women, nonbinary identifications, monogamous and non monogamous persons, and polyamorous persons of all sexual orientations, the application of queer-feminist theory in the structuring of the present research ensured an inclusive and non heteronormatively biased platform for research and analyses while confronting traditional patriarchal norms of traditional binary research. The findings of the present research supported the notion that human sexuality is complex and sexual behaviors, lifestyles, and preferences cannot and should not be directly attributed to pathology or personality.

Limitations of the Study

The most substantive limitation to the present study and the sex-affirming study of kinkiness was the lack of non-pathologizing reliable and valid measures to conduct research. As evidenced in chapter 2, there were next to no measures available to positively and non-pathologically measure general kinkiness in adulthood. There were some measures available to assess specific 'kinks' like BDSM and

Dominance/Submission; but, the options available to conduct research such as the present study were so limited and unfortunately, did not capture the ample diversities within kink communities and lifestyles. The Sadoomasochism Checklist (SMC) measures dominant and submissive sexual behaviors; and, although many persons may indicate interest in certain dominant or submissive sexual behaviors, they may not have identified as dominant or submissive or as members of the BDSM community at all.

Additionally, some of the language used in the checklist may have been considered by some to be inaccurate or misrepresentative of certain kinky sexual behaviors. For example, 'torturing your partner for pleasure' on the Dominance sub-scale sounds aggressive and negative. As such, although the SMC provided lists of dominant and submissive sexual behaviors and asks participants to rate those behaviors on Likert scales as to how well the behavior relates to their sexual pleasure, the language of certain survey items may have not accurately reflected the consensual context of healthy BDSM activities and behaviors.

The information gathered from the present study, although generically generalizable to a large population, may have been affected by the SMC's limited focus on dominance and submission. The data gathered for the Mini IPIP and the CTES (CTQ) and the overall results of insignificance were generalizable. Specifically, kinky persons (and any person) may experience traumas during their childhood or have higher levels of extraversion or neuroticism; but, those traits and characteristics (aside from extreme cases) may not have been significantly related to their engagement in kinky behaviors or

lifestyles. The insignificant findings of the current study were thus generalizable to a much larger population of kinky persons.

Another limitation is self-report measures. As described in chapter 2, Posavac (2011) indicated that with retrospective studies using self-reported data, there are clear threats to internal validity. Posavac (2011) argued that participants' memory recall and the accuracy of their recall may be questionable which could affect their responses and the data collected. Further, the measurement of self-reported experiences with childhood trauma may have affected participants psychologically which could have also impacted their recall or their self-scoring on the CTES (Posavac, 2011).

The Mini IPIP and the CTES (CTQ) have been well validated and such validity was described in chapter 2. Scoring these two measures was simple and information about scoring these measures was readily available online. The SMC, as a newer measure, demonstrated reliability and validity in the original authors' study (Weierstall & Giebel, 2017). The same reliability and validity were present in the current research. Through review of the measures after data collection did highlight that all measures of the present study, including the SMC, were reliable and valid. The measures effectively assessed what they purported to assess, they had been validated in other studies and further validated in the present study, and thus, the trustworthiness of the measures was evident and sufficient. However, the 'newness' of the SMC as a measure did present a limitation to the present study; but, since I found no other known measures to assess kinkiness in an open and non-pathologizing way, the SMC was the only reliable and valid measure that was appropriate for the present study.

Another notable limitation to the present study was the statistical power and effect of the findings. Although 71 total responses were collected in the present study, 3 responses were disqualified and 2 were incomplete. SPSS identified (depending on the tests conducted) differing valid sample sizes ranging from $N=64$ to $N=68$. The modest sample size may have contributed to the inability to determine significance within the analyses conducted. Prior to commencement of the current study, G Power analysis recommended a sample of 68 participants to achieve sufficient statistical power. However, the initial a priori effect size estimate ($f^2 = .15$) for the multiple regression analysis (MRA) was too high. Post hoc power analysis demonstrated reduced statistical power due to the reduced number of valid cases ($N=65$) for both regression models. The submission model for multiple regression analysis had an effect size of .27 and had smaller statistical power (power* = .139), and the dominance model had moderate to large statistical power (power* = .502) with an effect size of .075 for the multiple regression analysis.

With these observed effect sizes, G Power post hoc tests demonstrated that the present study was under-powered as a sample of 424 participants would have been needed to find significance for the submission model analysis and 160 participants would have been needed to find significance for the dominance model analysis (A. Napoli, personal communication, February 9, 2019). Crutzen and Peters (2017) described that underpowered studies, or studies with limited sample, are quite commonly found with student researchers as students are not typically privy to research funding or research teams to support the execution of extensive, highly-populated research with hundreds or

thousands of participants. As such, the insignificant findings derived from the present study are undoubtedly affected by being under-powered, or what Crutzen and Peters (2017) redefined as “undersamplesized” (p.1). Thus, to achieve significant findings, a notable increase in sample size would have been required. Yet, initial G-Power analysis, per chapter 3, found that 68 participants were required for the present study to achieve the minimum acceptable sample size; and, my insignificant findings found from the valid cases did provide answers to the research questions.

Recommendations

In the future, the continuation of kink research is recommended to further contribute to the de-marginalization of kinky people and the global acceptance of sexual freedoms. Based on the present study and the clear limitations, the most significant recommendation is to rectify the issues related to under-powered or “undersamplesized” psychological research (Crutzen & Peters, 2017, p.1). Namely, if another study like the present study were to be conducted with a much larger sample size and more data points, clearer conclusions may be derived and the relationships between the variables may be more significant (Crutzen & Peters, 2017).

Another recommendation is the development of new measures for kinky behaviors and lifestyles that are non-pathologizing, inclusive of kink and sexual diversity, and sex affirming. Further, the development of new positive and inclusive methods could be facilitated by the re-framing and/or re-imagining of the limited existing measures like the SMC to modify the language and questionnaires to include more diversity for kink identifications (not just BDSM or Dominance/Submission). Kink is a broad umbrella

term for an exceptionally large and unique series of healthy and consensual sexual behaviors and practices; and, the measures used to assess kink today should be positively reflective of such diversity.

Upon completion of the present study, the lack of significant findings substantiates the need for further research if sex researchers seek to determine causation for various kinks. As was explained in chapter 4, multiple regression analyses cannot determine if causal relationships exist between variables. Rather, regression analysis determines if relationships exist between variables and the nature of those relationships. In the present study, only in the cases of extreme values do significant relationships exist between experiences of childhood trauma and kink roles/behaviors (dominance and submission only) in adulthood. Without the presence of those extreme values, there were no significant relationships between the variables. As such, a much larger sample with kink-only identified individuals, more inclusive and sex-affirming measures for kink behaviors and roles, and the inclusion of other contextual variables may better facilitate understanding of the behavioral, contextual, and historical factors underlying kinky behaviors and lifestyles by a comprehensive mediator model of quantitative analysis. Additionally, a mixed methods study of diverse kinks may better inform the kink and sex-based literature and research.

Implications

The present research is significant because of its focus on the nature of the relationship(s) between various kinky behaviors, personality characteristics, and experiences of traumas during childhood development with the intent of contributing to

stigma reduction and awareness-raising. As described in earlier chapters, the assumption that engagement in kinky sexual behaviors and lifestyles is somehow related to pathology has contributed to the stigmatization of kinky persons and kinky sexuality. Therefore, by addressing these assumptions and providing insight into the reality of those assumptions, the present research has the potential to bring about positive social change on multiple levels. By confronting sexual stigma and negative judgment of the kink community, individual and societal change can be achieved via awareness raising. Informing opinions, both professional and public, about the reality of kinky sexuality challenges stigma toward these alternative lifestyles; and, ideally, contributes to increased social, individual, and organizational awareness and acceptance of non-traditional sexuality.

Within the practice of psychology and psychotherapies, the present research is beneficial to professionals who may encounter kink-identified individuals, couples, or relationships. The findings of the present research may assist psychological professionals in confronting inherent, heteronormative, and traditional sex-based biases and thus, strengthen the therapeutic alliance with non-traditional clients presenting for therapy. Inherent biases within the internal dialogue of the psychological biases, as described by Hillier (2018), are detrimental to the therapeutic relationship if left unchecked or unresolved. Social norms in each culture of sex, sexuality, relationships, and sexual drives innately impact interpersonal relations with persons whose behaviors, lifestyles, and values differ from those social norms (Hillier, 2018). As such, the impact of learned preferential bias toward traditional norms could be incredibly harmful in the therapeutic context.

As social norms in North America are being deconstructed and re-framed, psychological professionals must re-frame their own positions and conceptualization of those norms to meet the needs of the evolving population (Hillier, 2018). Thus, an understanding of the current research on non-heteronormative, non-monogamous, non-traditional alternative, unconventional lifestyles and orientations are beneficial to the psychological profession and the clients of the future. In the context of kink, the present research assists psychological professionals to challenge the negative stereotypes and assumptions about healthy and consensual kinky behaviors and lifestyles on a personal level and on a macro level within the field of psychology, becoming kink-aware (Shahbaz, & Chirinos, 2016). Socially, the present research benefits the kink community by providing validation and support for sexual freedom and expression. The present research confronts kink stigma and refutes negative assumptions about healthy and consensual kinky behaviors and lifestyles.

Conclusion

Throughout history, being sexually advantageous, non-traditional, non-heteronormative, or non-monogamous has been considered in public and psychological domains as perverse, pathological, or otherwise wrong (Foucault, 1990; Foucault, 2012). Although in some cultures, sexuality remains repressed and sexual freedom is confined only to traditional, monogamous, heterosexual marriage, the climate of human sexuality in North America has been evolving toward inclusivity, acceptance, and tolerance (Foucault, 1990; Foucault, 2012). However, despite the evolution of sexual freedoms, certain 'kinks' or sexual behaviors, lifestyles, orientations, or practices remain taboo,

misunderstood, marginalized, and stigmatized. The foundation of the current study was to challenge those preconceptions and determine if the negative perceptions about and stigma toward sexual kinkiness are founded in primary research.

As was demonstrated in chapter 2, there is a substantive gap in the sex-based literature, especially within sexuality and psychology. Much of the foundational and psychologically-related research on kinky sexuality has been centralized on the pathology of certain kinks, namely BDSM. However, more recently, sex researchers have expanded kink research to include a focus on individual personality traits as contributory to the development of kink affinities. As such, the present study expanded upon the efforts of past kink researchers by utilizing quantitative survey methods to research the impact of both pathology and personality characteristics on the development of or affinity toward kinkiness in adulthood. I was unable to identify any study that combined these two predominant avenues of thought in an inclusive, sex-positive, and Queer-feminist framework. Therefore, the present study's focus on understanding the possible relationships between pathology, personality, and kink role/behavior in adulthood amalgamates historical research within the present context.

By considering the variables that have been the primary areas of focus for kink researchers, the current study was able to assess the significance of those variables as they relate to modern kinkiness after the release of the blockbuster hit, *Fifty Shades of Grey* (James, 2012). Although some have criticized the franchise as being not accurately representative of healthy and consensual kink and criticized by others as pathologically abusive, the films' success speaks volumes about society's interest in the unconventional

and the taboo (Linos, 2015). Whether people hate the franchise or love the franchise, its' success at the box office indicates that people are interested in BDSM, as a form of kink. As such, the significance of conducting research on such a current but taboo topic is profound as a deeper understanding of kink and BDSM may assist all persons in better understanding the notable interest in a highly taboo topic and ideally, reduce the negative conceptualizations and understandings of kinky behaviors and lifestyles.

The current study answered 4 important questions. 1) do personality traits (Extraversion/Neuroticism) predict kinky behaviors/roles (Dominance/Submission) in adulthood? 2) do experiences of childhood trauma predict kinky behaviors/roles in adulthood? 3) do personality traits and experiences of childhood trauma combined predict kinky behaviors/roles in adulthood? and, 4) do personality traits mediate any relationship between childhood trauma and kinky behaviors/roles in adulthood? For question 1, I found that there is no significant relationship between personality traits and kinky behaviors/roles in adulthood and thus, personality traits cannot predict kinky behaviors/roles in adulthood. For question 2, I found that only in the cases of extreme outlier values was there any significant relationship between experiences of childhood trauma and kinky behaviors/roles in adulthood. Therefore, without the presence of extreme outlier values, childhood trauma cannot predict kinky behaviors/roles in adulthood. For question 3, I found no significant relationship between experiences of childhood trauma, personality characteristics, and kinky behaviors/roles in adulthood. Thus, the combination of these two variables does not significantly predict kinky behaviors/roles in adulthood. Finally, the fourth question was answered because I was

unable to meet the criteria for statistical mediation to determine if personality characteristics mediate any relationship between experiences of childhood trauma and kinky behaviors/roles in adulthood. As such, personality traits cannot mediate any relationship between experiences of childhood trauma and kinky behaviors/roles in adulthood.

In sum, my goal with this study was to assess the connection between trauma and kinkiness to determine whether adverse childhood experiences generated a desire for non traditional sexual practices. This was assessed by evaluating experiences of childhood trauma with the CTES/CTQ. I then evaluated both pathology and personality by using the IPIP Mini and focusing on the traits of extraversion and neuroticism (as these were the traits most often aligned with kinkiness per Chapter 2). I assessed kink behavior and roles by using the SMC, which was limitedly focused on dominance and submission but, it was the only reliable measure that included substantive and inclusive options that better reflected kink diversity.

As was demonstrated in this study, we now know that in extreme cases (like the character of Christian Grey), there may be some relationship between pathology and kinky sexual behaviours. However, as is the case with all fictional characters, Christian Grey is not the norm and does not represent the status quo (James, 2012). As was noted in chapter 1, the generalizations made about a community based on extreme cases are unfair and unrealistic; and, what we can take away from this study is that one does not have to be “fucked up” to be kinky (Universal Pictures & Focus Features, 2015, 2:34).

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Appendix A: Demographic Questionnaire

Are you 18 years of age or older?

1. No
2. Yes

How do you identify?

0. Prefer not to disclose
1. Male
2. Female
3. Trans
4. Non-Binary
5. Other: (Please specify) _____

What is your age category?

0. Prefer not to disclose
1. 18-30
2. 31-45
3. 46-60
4. 61-70
5. 70+

What is your relationship status?

0. Prefer not to disclose/ It's Complicated
1. Single
2. Married/Common-Law/Monogamous
3. Polyamorous or Non-Monogamous
4. Other: (Please Specify) _____

Do you have children?

0. Prefer not to disclose
1. Yes
2. No

Religion/Faith?

0. Do not identify with any of these/ Prefer not to disclose
1. Monotheistic (belief in one single deity/God/Goddess)
2. Polytheistic (belief in multiple Gods/Goddesses)
3. Spiritualist
4. Atheist
5. Other: (Please Specify:) _____

Ethnicity/Citizenship

1. Canadian

2. First Nations/Indigenous
3. American
4. European
5. Other: (Please Specify:)

0. None of the above/Refuse to answer

Highest Level of Education

0. Less than high school
1. High school diploma/equivalency
2. Some College/University
3. College/University Degree or Diploma/Certificate
4. Some Graduate/Post-Graduate
5. Graduate Degree (Masters/Ph.D.).

Which of the following sexual behaviors interest you? (Select all that apply)

1. Bondage or restraint
2. Dominance/Submission or Master/Slave
3. Sadomasochism
4. Fetishism (arousal based on certain objects, contexts, or scenarios i.e. foot fetish, costumes, role playing)
5. Swinging/non-monogamy/open relationships
6. Other: Please specify

7. Prefer not to disclose/NA

If any of the above interest you, which of the following roles (if any) do you identify?

1. Dominant or Master
2. Submissive or Slave
3. Switch (qualities of both)
4. Don't identify with these roles
5. Other: Please Specify

Appendix B: SMC (Weierstall & Giebel, 2017)

Submission Scale

On a scale of 0-4, please indicate for each item how much it relates to your sexual pleasure

0.....1.....2.....3.....4.....5
Not at all **Extremely**

1. Being verbally humiliated by your partner.
2. Being humiliated by your partner together with others
3. Being displayed as subordinate to others by your partner.
4. Having the submissive role in bondage and discipline role play.
5. Being placed by your partner into a cage or cellar for confinement of the submissive.
6. Being forced by your partner to please her/him against your will.
7. Having your genitals tortured by your partner.
8. Getting clamps, weights, clips or other devices that cause pain used on your body
9. Getting plugs or other toys put into your body that cause pain.
10. Being tormented by your partner using wax or branding.
11. Being blindfolded by your partner.
12. Getting tied up by your partner with chains, ropes, belts etc. for total devotion.
13. Receiving commands of your partner on how to please her/him.
14. Receiving rough or hard sexual intercourse with your partner.
15. Getting spanked by your partner.
16. Getting whipped, paddled, or flogged by your partner.
17. Being stimulated by your partner with light beatings.
18. Being strangled or suffocated by your partner.
19. Having your breath controlled by your partner, e.g. by facesitting, smothering or toys.
20. Being made unconscious by your partner, e.g. using a bag
21. Being forced by your partner to swallow her/his sperm/vaginal secretion.
22. Having your partner urinate on you.

23. Being forced by your partner to ingest feces or vomit.
24. Being clawed, pinched or bitten by your partner during sexual play.

Dominance Scale

On a scale of 0-4, please indicate for each item how much it relates to your sexual pleasure

0.....1.....2.....3.....4.....5
Not at all **Extremely**

1. Verbally humiliating your partner.
2. Humiliating your partner with others.
3. Display your partner to others as submissive.
4. Having the dominant role in bondage and discipline role play.
5. Placing your partner into a cage or cellar for confinement of the submissive.
6. Forcing your partner to please you against her/his will.
7. Giving your partner commands how to please you.
8. Tying up your partner with chains, ropes, belts etc. for total devotion.
9. Putting plugs or other toys into your partner's body that cause pain to her/him.
10. Torment your partner using wax or branding
11. Using clamps, weights, clips or other devices that cause pain on your partner's body
12. Torturing your partner's genitals.
13. Stimulating your partner with light beatings.
14. Spanking your partner.
15. Whipping, paddling or flogging your partner.
16. Controlling your partner's breath, e.g. by facesitting, smothering or toys.
17. Strangling or suffocating your partner.
18. Making your partner become unconscious, e.g. by using a bag.
19. Blindfolding your partner.

20. Clawing, pinching or biting your partner during sexual play.
21. Forcing your partner to swallow your sperm/vaginal secretion.
22. Urinating on your partner.
23. Forcing your partner to ingest feces or vomit.
24. Having rough or hard sexual intercourse with your partner.

Appendix B1

Emails to the authors of SMC

January 23, 2018

“Hi there. I am completing my dissertation on DS roles and the impact of childhood trauma. Your checklist is the only measure I have located that does not pathologize kink behaviours. I was hoping I could access and use the tool itself for my research.

Looking forward to speaking with you”

June 26, 2018

Hello there.

I am a PhD Candidate conducting research on kink identification; and in my research, your Sadomasochism checklist has been the first non-pathologizing measure that I have been able to locate in the scholarly literature. I would love to communicate with you about the use of your measure in my research as it truly has inspired me.

Looking forward to hearing from you”

Appendix D: Demographic Report

Gender Identification

| # | Field | Minimum | Maximum | Mean | Std Deviation | Variance | Count |
|---|--|---------|---------|------|------------------|----------|-------|
| 1 | How do you identify? - Selected Choice | 2.00 | 6.00 | 2.80 | 0.82 | 0.67 | 71 |

| # | Answer | % | Count |
|---|---------------------------|--------|-------|
| 1 | 0. Prefer not to disclose | 0.00% | 0 |
| 2 | 1. Male | 35.21% | 25 |
| 3 | 2. Female | 57.75% | 41 |
| 4 | 3. Trans | 0.00% | 0 |
| 5 | 4. Non-Binary | 5.63% | 4 |
| 6 | Other | 1.41% | 1 |
| | Total | 100% | 71 |

Age

| # | Field | Minimum | Maximum | Mean | Std Deviation | Variance | Count |
|---|----------------------------|---------|---------|------|------------------|----------|-------|
| 1 | What is your age category? | 2.00 | 6.00 | 2.89 | 0.86 | 0.75 | 71 |

| # | Answer | % | Count |
|---|---------------------------|--------|-------|
| 1 | 0. Prefer not to disclose | 0.00% | 0 |
| 2 | 1. 18-30 | 36.62% | 26 |
| 3 | 2. 31-45 | 43.66% | 31 |
| 4 | 3. 46-60 | 15.49% | 11 |
| 5 | 4. 61-70 | 2.82% | 2 |
| 6 | 5. 70+ | 1.41% | 1 |

| | | Total | 100% | 71 | | | |
|----------------------------|---|---------|---------|------|---------------|----------|-------|
| Relationship Status | | | | | | | |
| # | Field | Minimum | Maximum | Mean | Std Deviation | Variance | Count |
| 1 | What is your relationship status? - Selected Choice | 1.00 | 6.00 | 3.41 | 1.16 | 1.34 | 71 |
| # | Answer | | | | | % | Count |
| 1 | 0. Prefer not to disclose/ It's Complicated | | | | | 1.41% | 1 |
| 2 | 1. Single | | | | | 23.94% | 17 |
| 3 | 2. In a relationship (monogamous or non-monogamous) | | | | | 30.99% | 22 |
| 4 | 3. Married/Common-Law/Monogamous | | | | | 22.54% | 16 |
| 5 | 4. Married/Common-Law/Polyamorous or Non-Monogamous | | | | | 18.31% | 13 |
| 6 | 5. Other: (Please Specify) | | | | | 2.82% | 2 |
| Total | | | | | | 100% | 71 |

Religion/Faith

| # | Field | Minimum | Maximum | Mean | Std Deviation | Variance | Count |
|-------|--|---------|---------|------|---------------|----------|-------|
| 1 | Religion/Faith? - Selected Choice | 1.00 | 6.00 | 3.39 | 1.68 | 2.83 | 71 |
| # | Answer | | | | | % | Count |
| 1 | 0. None/Prefer not to disclose | | | | | 23.94% | 17 |
| 2 | 1. Monotheistic (belief in one single deity/God/Goddess) | | | | | 9.86% | 7 |
| 3 | 2. Polytheistic (belief in multiple Gods/Goddesses) | | | | | 11.27% | 8 |
| 4 | 3. Spiritualist | | | | | 18.31% | 13 |
| 5 | 4. Atheist | | | | | 30.99% | 22 |
| 6 | 5. Other: (Please Specify:) | | | | | 5.63% | 4 |
| Total | | | | | | 100% | 71 |

Ethnicity

| # | Field | Minimum | Maximum | Mean | Std Deviation | Variance | Count |
|---|---------------------------------|---------|---------|------|------------------|----------|-------|
| 1 | Ethnicity? - Selected Choice | 3.00 | 7.00 | 5.11 | 0.66 | 0.44 | 71 |

| # | Answer | % | Count |
|---|---|--------|-------|
| 1 | 0. None of the above/Prefer not to disclose | 0.00% | 0 |
| 2 | 1. First Nations/Indigenous | 0.00% | 0 |
| 3 | 2. Asian | 2.82% | 2 |
| 4 | 3. Black or African American | 1.41% | 1 |
| 5 | 4. White or Caucasian | 84.51% | 60 |
| 6 | 5. Latina/Latino/LatinX | 4.23% | 3 |
| 7 | 6. Other: Please specify | 7.04% | 5 |
| | Total | 100% | 71 |

Highest Level of Education

| # | Field | Minimum | Maximum | Mean | Std Deviation | Variance | Count |
|---|-------------------------------|---------|---------|------|------------------|----------|-------|
| 1 | Highest Level of Education | 1.00 | 6.00 | 4.39 | 1.32 | 1.73 | 71 |

| # | Answer | % | Count |
|---|--|--------|-------|
| 1 | 1. Less than high school | 1.41% | 1 |
| 2 | 2. High school diploma/equivalency | 4.23% | 3 |
| 3 | 3. Some College/University | 19.72% | 14 |
| 4 | 4. College/University Degree or Diploma/Certificate | 36.62% | 26 |
| 5 | 5. Some Graduate/Post-Graduate | 4.23% | 3 |
| 6 | 6. Graduate Degree (Masters/Ph.D.). | 33.80% | 24 |
| 7 | 0. None of the above/Prefer not to disclose | 0.00% | 0 |

| | | |
|-------|------|----|
| Total | 100% | 71 |
|-------|------|----|

Sexual Behaviors of Interest

| # | Answer | % | Count |
|---|--|--------|-------|
| 1 | 1. Bondage or restraint | 24.68% | 58 |
| 2 | 2. Dominance/Submission or Master/Slave | 23.83% | 56 |
| 3 | 3. Sadomasochism | 12.34% | 29 |
| 4 | 4. Fetishism (arousal based on certain objects, contexts, or scenarios i.e. foot fetish, costumes, role playing) | 15.74% | 37 |
| 5 | 5. Swinging/non-monogamy/open relationships | 16.17% | 38 |
| 6 | 6. Other: Please specify | 5.96% | 14 |
| 7 | 0. Prefer not to disclose/None | 1.28% | 3 |
| | Total | 100% | 235 |

Kink Role Identification

| # | Answer | % | Count |
|---|---------------------------------------|--------|-------|
| 1 | 1. Dominant or Master | 18.68% | 17 |
| 2 | 2. Submissive or Slave | 29.67% | 27 |
| 3 | 3. Switch (qualities of both) | 37.36% | 34 |
| 4 | 4. Other: Please Specify | 7.69% | 7 |
| 5 | 5. Don't identify with these roles/NA | 6.59% | 6 |
| | Total | 100% | 91 |