

# HIV COUNSELOR PERSPECTIVES

Volume 10 Number 4 July 2001

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## DIVERSE SEXUAL PRACTICES

*There are many different ways of having sex, and different people have their own preferences for sexual activities. Although some sexual activities pose a high risk for HIV infection because they involve potential contact with bodily fluids such as blood, other activities may place participants at risk because of the particular dynamics of the situation. It is important for HIV test counselors to have a basic understanding about the varieties of sexual expression and to be comfortable discussing diverse sexual practices with clients. This issue of PERSPECTIVES provides an overview of a variety of sexual activities and a discussion of the related HIV risks and safety measures.*

### Research Update

There are a variety of ways to express and fulfill sexual desires, and many people engage in an array of sexual activities that may not be widely familiar. Some people engage in role playing that may involve psychological dominance and submission, physical bondage, and the infliction of pain. Sexual activities may also involve bodily manipulation, the use of "sex toys" and other devices for sexual stimulation, feces and urine, temperature and electrical stimulation, sex with multiple partners, or any combination of these or other elements that arouse the participants and enhance their sexual experience.

#### Sadomasochism

Sadomasochism (S/M or S&M) is a widely used term that encompasses activities involving dominance, submission, bondage, and inflicting or receiving pain during erotic play

between consenting adults. Sadism and masochism usually refer to the association between sexual arousal and physical or psychological pain.<sup>1</sup> Sadists enjoy administering pain, and masochists enjoy receiving pain. In addition, S/M often involves evoking feelings of helplessness, subservience, humiliation, and degradation. Unlike most other types of sexual activities, S/M does not necessarily involve genital stimulation or penetration, partly because arousal and orgasm can be achieved in other ways. "S/M" is also commonly used as a general term for a broad range of alternative sexual practices that may not involve the infliction of pain.

The pain associated with S/M can be pleasurable because pain is experienced on a continuum, and sexual arousal increases tolerance for pain.<sup>2</sup> As a result, stimulation that usually causes pain may be pleasurable in a sexual context. In fact, the physiological response to pain is similar to that of orgasm.<sup>3</sup> The brain produces natural opiates called endorphins that

compensate for pain, sometimes causing intoxication.<sup>2</sup>

Research suggests that S/M is a relatively common behavior in the United States. In 1953, the groundbreaking Kinsey study of sexuality concluded that about 11 percent of the U.S. population engaged in S/M activities such as bondage or whipping.<sup>3</sup>

#### Popularity of S/M

A study of 178 men who practiced S/M behaviors found that 48 to 80 percent reported engaging in and enjoying spanking, bondage, humiliation, whipping, and the use of dildos. About 40 percent reported engaging in behaviors that cause pain

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but are relatively safe, including the use of ice, hot wax, biting, and slapping. Burning, branding, tattooing, and piercing were considerably less popular: between 7 percent and 15 percent reported ever engaging in these behaviors.<sup>1</sup>

In a study of 34 women who engaged in S/M activities, participants tended to be better educated and less often married than the general population. Participants reported first being attracted to S/M as young adults, and 87 percent were comfortable with their desire to engage in S/M. Sixty-eight percent identified as heterosexual, 20 percent as bisexual, and 12 percent as lesbian. Twelve percent reported preferring the dominant role during erotic play, 47 percent preferred the submissive role, and 41 percent were “versatile,” meaning they had no preference between dominant and submissive roles. Oral sex, spanking, and bondage were the most commonly favored activities, while behaviors involving exposure to urine and feces were least favored.<sup>4</sup>

In a national survey of 272 men who engaged in S/M, 79 percent felt satisfied with their S/M interests, 16 percent reported occasional feelings of shame, and 7 percent reported feeling “dirty” or “perverted.”<sup>5</sup>

### Trust and Communication

Trust and communication are essential for safe and responsible S/M play, especially if blood, burning, bruising, scarring, or exchange of bodily fluids are involved. A misconception about S/M behavior is that harm is inflicted on partners against their will. Like any other form of healthy sexuality, S/M play occurs between two consenting adults who negotiate the limits of their encounter.

Because of personal tastes, some S/M activities are enjoyable for some people but not for others. To ensure the pleasure of an encounter, partners communicate with each other prior to engaging in the S/M activity.<sup>6</sup> As in other sexual situations, negotiations

are often difficult or impossible to conduct once play begins.

Points that are typically covered when negotiating an S/M scene include who will be involved, the location, how long it will last, who will assume which role, what will happen in case of emergency, what are the bottom’s physical and emotional limits, if the bottom has any dangerous medical conditions such as heart problems or joint injuries, and if oral, vaginal, or anal sex are mutually acceptable.<sup>7</sup> The negotiations should also cover history of sexually transmitted diseases (STDs), HIV status, and condom use.

A common precaution is to agree on a code word or safe word that either person can use to stop the scene, even if it involves enacting a fantasy about resisting and pleading the other partner to stop.<sup>8</sup> One example of a safe code is agreeing that the word “yellow” signals a partner to slow down or that shouting “red” will stop a scene completely.<sup>9</sup>

S/M play can be especially risky when combined with alcohol or other drugs. Many S/M activities involve specialized skills, such as complex bondage setups, which may be compromised by substance use. Substances that make the submissive partner insensitive to pain or that impair the dominant partner’s judgment and coordination may increase risk of injury and non-consensual acts.<sup>2,6</sup>

### D&S and B&D

Dominance and submission (D&S) is an erotic power game in which both partners consent to a role of controlling or being controlled.<sup>2</sup> In dominance and submission role-playing “scenes,” the “top” is the dominant or controlling partner, and the “bottom” is the submissive or obedient partner. Examples of dominance and submission scenarios include assuming the roles of a master and a slave, a prison guard and an inmate, and a teacher and a student.

Bondage and discipline (B&D) is a type of role play in which the top

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According to some estimates, 25 percent of all adults in the United States have at least experimented with bondage.

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ties up, handcuffs, or otherwise restrains the bottom and then proceeds to tease, seduce, frustrate, and ultimately satisfy the bottom.<sup>2</sup> According to some estimates, 25 percent of all adults in the United States have at least experimented with bondage.<sup>7</sup>

In an analysis of 514 messages sent to an international computerized discussion group on sexual bondage, the most frequent experience was playful use of bondage to explore new areas of sexual pleasure. The study also found that a preference for the dominant role was expressed in 71 percent of the messages by heterosexual men, 11 percent by heterosexual women, and 12 percent by gay men. Preference for the submissive role was expressed in 29 percent of the messages by heterosexual men, 89 percent by heterosexual women, and 88 percent by gay men.<sup>10</sup>

In a study of S/M preferences among 272 men, the dominant role was preferred by 33 percent of heterosexual men, 21 percent of gay men, and 20 percent of bisexual men; the submissive role was preferred by 32 percent of heterosexual men, 38 percent of gay men, and 48 percent of bisexual men. The study also found that 35 percent of heterosexual men, 41 percent of gay men, and 32 percent of bisexual men were versatile.<sup>5</sup>

Safety precautions during sexual bondage help minimize the risk of injury and infection. One potential hazard is being tied up too tightly, which may cut off circulation to hands, feet, breasts, or genital areas. Padded, wide leather cuffs can protect bound joints from injury and are typically loose enough that they do not restrict circulation. Any bondage that constricts the neck is dangerous because

even light pressure on the throat can cause loss of consciousness.<sup>8</sup>

Some people engage in genital bondage to stimulate the penis or clitoris. For example, ropes can be tied around a woman's midsection and between her legs in such a way that the labia—the folds of skin that cover the clitoris—are pulled back, exposing the clitoris and maximizing genital stimulation. Some men use "cock rings," metal or leather rings placed around the testicles to constrict the veins that allow blood to drain from the penis, increasing firmness and longevity of erection.<sup>1</sup> During genital bondage, checking genital areas frequently for impaired blood flow helps prevent permanent tissue damage. If a body part feels cold or appears blue, quickly loosening or removing restraints allows circulation to resume.<sup>8</sup>

A popular S/M activity often associated with bondage and discipline is flagellation, striking a person with a whip, rod, or cane. Well-padded parts of the body are safe for flogging. Areas to be avoided include the head, face, neck, knees, elbows, stomach, kidney area, backbone, tailbone, and areas where the ligaments are close to the surface of the skin.<sup>8</sup>

When using whips, paddles, and other implements that can break the skin, it is important to clean them with disinfecting solutions, such as Betadine or Hibiclens, especially if these implements are shared. Because porous substances such as leather are difficult to sterilize, a good safety measure is for people to keep and label their own leather toys for use only on themselves to avoid exposure to infected bodily fluids. Whipping may also cause droplets of blood to be flicked from the flogging device.

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Trust and communication  
are crucial components  
of safe and responsible  
S/M play.

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### Penetration and Sex Toys

Just as it is important to practice safer sex when penile penetration occurs, precautions during other penetrative activities reduce the risk of transmitting HIV and other infections.

"Fisting" is the practice of inserting the entire hand into the vagina or anus. If a tear occurs in the vaginal or rectal lining, exposure to blood may cause infection. For vaginal fisting, a latex glove and plenty of water-based lubricant are preferable. For anal fisting, a thick oil-based lubricant, such as vegetable oil, is preferable because the rectal lining is thinner and more fragile. However, vinyl gloves are more effective because oil-based lubricants deteriorate latex gloves.<sup>11</sup>

Penetrative devices used during S/M play are often collectively referred to as sex toys. Some common sex toys include vibrators, dildos, and "ben wa balls" (plastic or metal balls that provide sexual stimulation by rubbing against each other when inserted in the vagina). Sex toys that have been in contact with bodily fluids can transmit HIV or other STDs. One way to safely share sex toys is to apply a new condom for each partner. It is common for S/M practitioners to own sex toys that they use only on themselves. It is also prudent to label sex toys with the owner's name so they do not get mixed up between partners. Most toys are easily cleaned by wiping with alcohol, soaking for 20 minutes in a bleach solution (one part bleach and nine parts water), and rinsing with hot water.<sup>12</sup> Some toys may come with specific cleaning instructions or require special disinfectants.<sup>11</sup>

### Blood Sports

"Blood sports" is a generic term for any S/M practice that involves intentional bleeding. "Cutting" refers to using a scalpel or other blade to make shallow incisions in the skin. The best way to minimize risk of infection is to use rubbing alcohol or Betadine to disinfect the skin area

that will be cut and to wear latex gloves to avoid contact with blood.<sup>2</sup>

During play piercing, the top partner typically pinches and lifts a bit of skin (often around the nipple) and slides the sterile needle through. Each needle may not cause much pain, but it stimulates the nerve endings and causes the brain to produce endorphins.<sup>2</sup> After a while, the needles are removed and bottoms can bandage their wounds, if necessary, although the holes are usually small enough that they clot immediately.

Play piercings are a milder and more popular form of blood sport. In a study of 178 men engaging in S/M activities, 15 percent reported experiences with play piercing, and 11 percent found the piercing enjoyable. Another 18 percent reported the strategic insertion of pins into sensitive parts of the body, and 14 percent found this to be enjoyable.<sup>1</sup>

When cutting and play piercing, there is the potential for transmitting a variety of infections in addition to HIV, including hepatitis B and C, which are transmitted more easily than HIV through blood contact. There is a preventive vaccine available for hepatitis B, but not for hepatitis C, so the best protection method during cutting or piercing is to always wear latex gloves, disinfect the skin, disinfect or dispose of used scalpels and pins, and keep open wounds covered with gauze or adhesive bandages.

### Urine and Feces

Some people enjoy urinating on their partners or having partners urinate on them. Playing with urine, also called "water sports" or "golden showers," is generally safe as long as the urine does not contact broken skin. The mouth, nose, and eyes should be rinsed off if exposed to urine to avoid irritation or infection.<sup>8</sup> Drinking another person's urine can be risky because urine carries HIV and other STDs, although urine has never been known to transmit HIV.<sup>2</sup>

Sexual activities involving feces,

## S/M SAFETY KIT

A safety kit can reduce the risk of injury and infection with HIV and other STDs during S/M and other sexual behaviors. In addition to the items listed below, safety kits can be customized to include whatever best suits an individual's needs.

- Gauze, tape, and bandages
- Vinyl or latex gloves for handling broken skin or sex toys
- Alcohol wipes
- Antibiotic ointment and aloe vera cream
- Disinfectant containing provodone iodine, such as Betadine
- Paper towels
- Ammonia inhalants to revive a fainted person
- Paramedic scissors that cut rope quickly and easily
- Non-aspirin pain reliever (aspirin promotes bleeding)
- Ice pack
- Water or sports drinks to prevent dehydration
- Condoms
- Dental dams
- Water-based lubricants
- Flashlight

also known as “scat play,” have a greater potential to transmit STDs and other infections. Vaccinations can protect against hepatitis A, which is transmitted through oral exposure to fecal matter. Maintaining good hygiene around the anus may lower the risk of transmitting intestinal parasites or hepatitis during oral-to-anal sex, also known as “rimming.”<sup>2,13</sup>

The appeal of water sports or scat play can vary. For some people, the thrill of doing something taboo is sexually arousing. In addition, some of the physical responses to humiliation and embarrassment, including dilation of the blood vessels and sweating, are similar to those of sexual arousal.<sup>14</sup> This sort of play is often considered an extreme form of dominance and submission.

### Temperature and Electricity

Erotic play with heat and cold is called “temperature play” and can include the use of ice, cigars, cigarettes, and candles. Branding is an extreme form of temperature play in which short, curved pieces of metal are heated and pressed into the skin to create an ornamental burn.

It is important to practice caution during temperature play because extremely high or low temperatures can cause shock. In addition, prolonged exposure to ice can damage the lining of the vagina or rectum.<sup>8</sup> Disease transmission can occur if blisters or charring cause broken skin and the potential for exchanging blood.<sup>11</sup>

Electricity stimulation is a low-risk activity for HIV and other STDs, but it can be fatal if performed improperly. Some people use battery powered Trans-Electric Nerve Stimulator (TENS) units that allow users to control the pulse intensity and frequency administered to electrical contact pads placed on the body or attached to sex toys. The pads are sticky and cannot be cleaned, so each partner should keep his or her own pair.<sup>2</sup>

Any electrical play that involves electrical current flowing through the body should be performed only

below the waist. Current above the waist can cause a heart attack, so contact points on the nipples or chest are dangerous. Knowing cardiopulmonary resuscitation (CPR) can be an important safety measure for people who engage in electrical play.<sup>2</sup>

“Violet wands” resemble hand-held power tools but with a small glass bulb on one end that causes static sparks against the skin. Violet wands do not transmit electrical currents through the body and are safe for use anywhere except the eyes or major nerve clusters, such as on the top of the spine, but prolonged use can burn the skin.<sup>2</sup> A violet wand used on broken skin can be disinfected by wiping it with alcohol.<sup>11</sup>

### Swinging and Polyamory

Some people enjoy having sex with multiple partners. “Swinging” is a form of recreational social sex between consenting adults, most commonly consisting of heterosexual couples having sex with other couples.<sup>15</sup> In a study of 178 men engaging in various sexual behaviors, 22 percent reported swinging or “mate swapping,” and 40 percent reported engaging in group sex.<sup>1</sup>

Some people participate in more committed multiple relationships than swinging allows. Based on the belief that it is possible to love more than one person, “polyamory” is the practice of being openly involved in more than one romantic relationship at the same time.

For swingers and polyamorists, HIV and STD concerns are the same as for any other person engaging in sex with multiple partners. Latex condoms and water-based lubricants used consistently with all sexual partners is the most effective way to lower risk of HIV transmission. Some people engage in protected sex with multiple partners and engage in unprotected sex with only a primary partner who has tested HIV-negative, a practice known as being “fluid bonded” or “body fluid monogamous.”<sup>7</sup>

## Implications for Counseling

It is a basic requirement for HIV test counselors to be knowledgeable about the varieties of human sexual experience. Without this understanding, and a comfort talking about diverse sexual practices, counselors cannot make competent risk assessments or facilitate rapport with sexually diverse clients.

Many of these sexual practices may be classified as variants of sado-masochism (S/M) and involve role-playing scenes in which one partner is the dominant, or “top,” while the other partner is the submissive, or “bottom.” However, counselors should be aware that different people use and interpret many of these terms in different ways. For example, “S/M” is often used as an umbrella term for a variety of behaviors, some of which do not involve sadism or masochism. People sometimes use the term “kinky” to describe sexual activities that appear unconventional, although it is important to remember that defining something as “conventional” or “kinky” is a matter of opinion.

The relationship between a top and bottom is typically dynamic, incorporating elements of fantasy, communication, trust, dominance,

surrender, and responsibility into the subtext of previously negotiated sexual behaviors. It is important for counselors to understand that these dynamics of power and surrender are sexually and emotionally satisfying for people who choose to engage in them. This understanding may help counselors to remain neutral and non-judgmental when clients discuss unfamiliar practices.

Clients may or may not be open about engaging in S/M or other types of alternative sex. One way to assess these behaviors is to ask about them when discussing sexual behaviors, for example, by saying, “Is there anything else you have concerns about or anything we may have missed talking about?” Counselors can be more direct if they have established an adequate level of rapport, for example, by asking, “Do we need to talk about S/M or kinky sex?” A discussion about sharing sex toys may also yield this information.

### Negotiation and Safety

Many clients who have experience with S/M already have skills in negotiating scenes with their partners. These negotiations usually include health issues, protection against HIV and other sexually transmitted diseases (STDs), preferences for certain activities, and safe words or gestures that signal the top partner to ease up or stop. Ask clients how they communicate with partners about their preferences and limitations. In addition to assessing and reducing risk, this discussion can be a valuable opportunity for the counselor to learn about the client’s negotiation strategies and unfamiliar sexual behaviors.

Clients who have recently begun to experiment with new sexual activities or are thinking about doing so may not have experience negotiating scenes with their partners. Explore with these clients their ability to communicate with partners. Ask if they have discussed intimate

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### A Counselor’s Perspective

*“I used to think that people into S/M were scary and clad in leather and chains.*

*I was surprised when an average-looking woman came in to test and told me she was a dominatrix.”*

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or sexual matters with partners in a different context, and help them apply this experience to the current context. Role playing with clients is a good way to help them prepare for negotiations. Include a discussion about the need for a safety plan in case of an emergency. For example, it is important to be able to release a tied-up partner quickly in case of fire.

The following safety guidelines can be useful when counseling clients new to kinky scenes:

- Unless the client is at a “play party” where sexual scenes are monitored for safety, bottoms should get references of past sexual partners from their tops.
- On first dates, bottoms should leave their partner’s address and phone number with friends. Letting tops know in advance about this helps ensure that tops remain true to agreements.
- Clients should never let anyone put them in restraints in their own home on the first date.
- Clients should not use gags until both partners have been sexual and know each other’s responses.
- Clients should discuss all health issues prior to a sexual scene.
- Clients should negotiate before a scene so that safe words, experience levels, and HIV prevention guidelines are clearly understood.

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### A Counselor’s Perspective

*“I always imagined that S/M was about violent sex and believed that something must be wrong with the people who do that. I never knew partners negotiated agreements about boundaries, safety, and limits. I was surprised that so much thought and care went into it.”*

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Clients who are thinking about or who have recently begun experimenting with new sexual activities may have feelings of shame when discussing their desires or fantasies. It is important for counselors to be sensitive and to help clients reframe any negative feelings they may have about themselves. For example, say, "You seem to be embarking on a whole new world. That can often be scary as well as exciting. What are your concerns?" Clients may discuss concerns about losing control or becoming "perverted." A good client-centered response could be, "There may be a lot of people who believe that, but there are also those who would understand you. These are the people you should gather around you for support as you come to terms with your sexuality. Let's talk about where you can meet people who share your interests."

However, it is important to help clients understand that they should always be in control of their behavior and never allow themselves to be coerced into something they are not ready for or do not want to do. Provide referrals to local S/M organizations or web sites that can help clients meet other people with similar interests in healthy contexts and educate clients about negotiating safety and safety precautions.

Help novices explore their sexual history and where their fantasies may lead them. Assess their risks for

HIV and other STDs during potential erotic scenes, and help them to find ways to minimize these risks. Also discuss communication and trust. How would clients communicate with sex partners, establish limits, and negotiate safety? How would they determine trust in situations in which they are restrained and vulnerable with someone they may not know very well?

With clients who use alcohol or other drugs in sexual situations, discuss how being under the influence of these substances can impair their ability to monitor their limits and their safety. For example, substance use may cause bottoms to agree to behaviors that surpass their limits and to place themselves at risk for injury or possible transmission of HIV. Similarly, intoxicated tops may not be capable of following negotiated agreements or of acting swiftly and with good judgment if emergency situations arise.

### Assessing Risk

Even though many kinky and S/M practices pose low risk for HIV transmission, they may be combined with other behaviors that pose a higher risk. For example, anal fisting poses relatively low risk for HIV transmission, especially with the use of a vinyl glove and plenty of oil-based lubricant. However, penile penetration without a condom before or after fisting is a high-risk activity that

counselors may overlook if they focus on fisting as an isolated event. Being knowledgeable, comfortable, and neutral prepares counselors to make competent risk assessments.

Some HIV risks may not be apparent to the uninformed counselor. During whipping, for example, bleeding can occur and the blood can splash into the air and potentially come into contact with another person. If there is bloodshed, the top partner should wear latex gloves to prevent exposure to blood.

Counselors should ask open-ended questions to assess client knowledge, for example, "How do you perceive your level of risk?" Educate clients who are misinformed or partially informed about the risks for HIV, hepatitis B, and hepatitis C, especially if they engage in activities involving blood.

Ask clients what precautions they are taking to keep themselves and their partners safe from infection. Latex gloves help prevent blood contact. Disinfecting the skin area helps to prevent infection when cut or pierced. Proper disposal of all scalpels and piercing needles into a sharps container is necessary to prevent accidental sticks that could transmit HIV and other infections. In addition, clients engaging in "blood sports" need to learn proper techniques. Refer these clients to local S/M organizations, many of which offer relevant classes or workshops.

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## Case Study

*Sid is a 45-year-old heterosexual man who is considering exploring S/M fantasies with his girlfriend, Nicole. He says that he would especially like to fulfill his fantasy of enacting a scene in which he ties up his partner, spans her, and has oral and vaginal sex with her. However, he feels embarrassed and ashamed of these desires. Sid is recently divorced after 20 years of marriage. He has never before tested for HIV antibodies, and was encouraged to test by his girlfriend, who has just tested HIV-negative, so they can safely stop using condoms for vaginal sex.*

### Counseling Intervention

Begin by supporting Sid for testing. Comment on the dramatic shift in his life since his divorce, and ask him what the adjustment has been like for him. After establishing rapport, assess his knowledge of HIV transmission and prevention, correcting or expanding as needed. Explore his sexual practices and praise him for using condoms.

During the discussion about Sid's S/M fantasies, explore his willingness to communicate his fantasy with Nicole, and make sure he understands that her consent is essential. Discuss ways to make his fantasy as safe as possible. Ask Sid if he has considered the

possibility that Nicole would not consent to participating in such a scene and how he would react to this.

Explain to Sid the need for negotiation between partners in S/M scenes and that this is a common procedure. Ask him if he has experience tying people up. If he has none, refer him to a local S/M organization or web site where he can learn safe bondage techniques. Explain the need to bind in ways that will not cut off Nicole's circulation. Tell him that if he ties her up, he will need to have a safety plan for quickly releasing her in the event of an emergency. Let him know that the referral can help him with this, and help him learn how to negotiate a scene with a partner.

Although the traditional conception of relationships is that they should be monogamous, some clients may be in non-monogamous relationships. "Swinging" refers to people in primary relationships who agree to have sex with other people. "Polyamory" is the belief that it is possible to be in love and have loving relationships with more than one person.

As with other clients, it is important for counselors to remain neutral and nonjudgmental with clients in non-monogamous relationships. The risks for infection are the same as with other clients who have sex with multiple partners. Ask clients how they protect themselves and their partners from infection, as well as about agreements made between primary partners that address HIV and STD transmission.

Many people in open primary relationships have negotiated to be "fluid bonded" or "bodily fluid monogamous," meaning that they use condoms with other partners but not with each other. This could be risky if a situation arose in which one of the partners either did not

use a condom outside of the relationship or the condom broke. Ask clients how they would deal with these situations.

Communication and trust between partners in non-monogamous relationships is critical for HIV prevention. Explore clients' feelings about levels of communication and trust with their primary partners. Also explore the use of alcohol and other drugs, especially when sex with other partners is involved, because substance use may increase the likelihood of a partner breaking an agreement. Encourage clients to raise these issues with their primary partners. Although it may be tempting for curious counselors to ask clients how they deal with jealousy and other challenges, it is important to keep the focus of the sessions on prevention.

### Remaining Neutral

Some counselors may find it difficult to remain neutral when discussing behaviors that sound painful or extreme. Relationship dynamics of power and surrender that include consensual expressions

of humiliation or domination may appear to be abusive to uninformed counselors. It is important to remember that according to client-centered counseling, clients are the experts on their own lives. Other counselors may need to temper their personal fascination, especially if it causes physical attraction toward clients. Judgmental attitudes or responses create antipathy rather than empathy and rapport, both of which are essential to a competent risk assessment.

By educating themselves, counselors who are shocked or feel judgmental about unfamiliar sexual practices can gain sensitivity for behaviors they may not condone for themselves but which are expressions of intimacy, eroticism, and love for certain clients. Counselors may find it useful to discuss these challenges to neutrality with supervisors or other colleagues. This may be especially useful for counselors who have personal experience with abusive relationships and for whom the discussion of consensual acts of pain or humiliation may seem inconceivable.

## Test Yourself

### Review Questions

1. True or false: According to some estimates, 25 percent of all adults in the United States have at least experimented with bondage.
2. Which of the following precautions help ensure safe, consensual S/M play between partners? a) discussing roles and limitations before play begins; b) establishing a safe word; c) avoiding the use of alcohol and other drugs before or during a scene; d) all of the above.
3. True or false: In bondage and discipline scenes, top partners often perform actions that are against the will of the bottom partner.
4. Which of the following activities poses a risk for the transmission of HIV or other STDs? a) sharing sex toys that have been exposed to bodily fluids; b) tattooing or piercing with unsterilized equipment; c) fisting without gloves and lubricant; d) all of the above.
5. Transmission of hepatitis A is a major concern for clients who engage in which of the following activities? a) rimming or scat play; b) genital

bondage; c) electricity play; d) play with ice or hot wax.

6. True or false: Some of the physical responses to humiliation and embarrassment are similar to those of sexual arousal.
7. True or false: The majority of S/M activities pose a high risk for HIV transmission.
8. True or false: Any bondage that constricts the neck is dangerous because even light pressure on the throat can cause loss of consciousness.

### Discussion Questions

1. Why is it important for counselors to be knowledgeable about diverse sexual practices even though many of these practices are low risk?
2. What are some educational resources counselors can use as referrals for clients who engage in or are interested in trying S/M?
3. How can counselors help clients who engage in S/M develop ways to enhance trust and communication with their partners?

4. What are some of the stereotypes counselors may have about clients who engage in S/M or unfamiliar sexual practices?
5. How can counselors who feel repelled or fascinated by kinky sexual practices remain neutral and non-judgmental in the session?
6. How can counselors learn more about diverse sexual practices to better serve their clients?

### Answers

1. *True.*
2. *d.*
3. *False. Like any other form of healthy sexuality, bondage and domination scenes take place between two consenting adults who negotiate the limits of their encounter.*
4. *d.*
5. *a.*
6. *True.*
7. *False. Most S/M activities pose low risk for HIV transmission, particularly when there is a lack of emphasis on genital stimulation or penetration, because arousal and orgasm can be achieved in other ways.*
8. *True.*

### Using PERSPECTIVES

PERSPECTIVES is an educational resource for HIV test counselors and other health professionals.

Each issue explores a single topic. A *Research Update* reviews recent research related to the topic. *Implications for Counseling* applies the research to the counseling session. Also included are a *Case Study* and two sets of questions for review and discussion.

### HIV Counselor PERSPECTIVES

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PERSPECTIVES depends on input from HIV test counselors and other health professionals. For this issue, PERSPECTIVES acknowledges the contribution of Chris Borges, Diane K. Haas, Dee Hampton, and Fetish Diva Midori.

PERSPECTIVES is funded in part through a grant from the California Department of Health Services, Office of AIDS. PERSPECTIVES is published six times a year and is distributed to HIV counseling and testing sites in California. PERSPECTIVES is also available by subscription.

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Volume 10 Number 4 July 2001



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