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S. Q. A. Huang & Victor Weng Yew Goh

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Level of awareness of BDSM on attitudes towards BDSM practitioners among a Malaysian population

S. Q. A. Huang[1] and Victor Weng Yew Goh[1*]

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*Corresponding author: Victor Weng Yew Goh, Department of Psychology, HELP University, Kuala Lumpur, Malaysia
E-mail: victor.goh@help.edu.my

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Additional information is available at the end of the article

Abstract: This study aims to examine the effect of the level of awareness about BDSM on the attitudes towards BDSM practitioners in a conservative country such as Malaysia. A total of 124 Malaysian participants were recruited. Over 5 weeks, the experimental group underwent educational interventions, whereas the control group received neutral, unrelated information. The Attitudes about Sadomasochism Scale was used to record responses from both groups before and after the experiment. Results indicated that the experimental group showed a greater reduction in stigmatizing attitudes towards BDSM practitioners after the intervention period, demonstrating that the level of awareness of BDSM significantly affects participants' stigmatizing attitudes towards BDSM practitioners. In conclusion, educational interventions might be essential to reduce stigmatizing attitudes.

Subjects: Multidisciplinary Psychology; Psychological Science; Mental Health

Keywords: BDSM; Malaysia; sexual stigma; sadomasochism; awareness

1. Background to study

Safe, sane, and consensual—this motto is the cornerstone of BDSM values, yet it is so unheard of for the general public in this regard. If you ask an inexperienced individual what they think BDSM is, they might think of whips and chains, or even possibly abuse. BDSM is an acronym that encompasses three categories: Bondage-Discipline, Dominance-Submission, and Sadomasochism (Ansara, 2019). The acronym is used when referring to consensual role-play (either sexual, psychological, or physical—or all at once) involving some form of power exchange (De Neef et al., 2019). Sadomasochism refers to those who get sexual pleasure and gratification from giving (sadism) or receiving (masochism) pain, but not all people who participate in BDSM are sadists or masochists. Although BDSM activities are depicted as pleasurable and leisurely especially by practitioners, BDSM is not favourably looked upon in society at large (Newmahr, 2010). The subtypes of BDSM were previously categorized as sexual deviances and paraphilias in the Diagnostic Statistical Manual (DSM), but the American Psychological Association (APA) is now taking steps to demedicalize them (Bezreh et al., 2012). According to Waldura et al. (2016), while the DSM-III initially considered anyone who acted on their kink urges to be mentally ill, subsequent editions added a requirement for the individual to be distressed to classify it as an illness as well as clearly differentiating paraphilic disorders and non-pathologic paraphilias. Even so, it does not seem like the public's attitudes have changed much as it is still not deemed as something "normal" (Stiles & Clark, 2011).

The BDSM community has criticized portrayals of BDSM in popular media like *Fifty Shades of Grey* as it is more depictive of an abusive relationship rather than a healthy one (Bezreh et al., 2012; Chen, 2021); however, this criticism is not known to the public and is assumed to be an accurate representation of what BDSM is (Chen, 2021; Tripodi, 2017). This is further compounded by findings that suggest countries which include sexual education in the school syllabus do not include kink education, especially in countries like Malaysia (Khalaf et al., 2014; Talib et al., 2012). As Sand (2019) mentioned, even though there is an increase in attention towards BDSM as of recent, it cannot be said the same for the public's understanding nor acceptance of BDSM practices or kinky behaviours. This lack of education—and subsequently, awareness—of the topic at hand is dangerous as prejudice and stigmatization due to misconceptions against the so-called "abnormal" community can then lead to discrimination towards the group.

This is especially unfortunate, as BDSM culture has been shown to be linked to personal empowerment and resilience (Damm et al., 2017; Williams et al., 2017), it is also known to be cathartic or therapeutic to some people who practice it (Carlström, 2019; Hébert & Weaver, 2015; Newmahr, 2010; Williams et al., 2016). Nonetheless, despite these findings, awareness of its benefits remains lacking due to the permeation of stigma towards BDSM activities. Increasing awareness is thus important as it can help reduce misconceptions and stigmatizing attitudes, allowing BDSM practitioners to feel safer and comfortable in practicing what is arguably a healthy sexual lifestyle (Newmahr, 2010; Williams, 2015; Wismeijer & Van Assen, 2013), as well as receive the care they need without being judged or discriminated (Kelsey et al., 2013; Waldura et al., 2016).

2. Literature review

2.1. Theoretical framework

The Social Identity Theory (SIT) suggests that intergroup hostility and prejudice come from the tendency to find negative aspects in out-groups and focuses on them (Makashvili et al., 2018). As misinformed individuals deem BDSM a dangerous activity, BDSM practitioners might be seen as a threat. This misinformation is elaborated on later in this paper, but negative perceptions spread via mainstream culture, outdated views in medical and mental health care, and biased wording in scientific papers contribute to this narrative where BDSM practitioners have abnormal urges and are likely to be abusers (Hansen-Brown & Jefferson, 2022; Hughes & Hammack, 2019; Nichols, 2006; Sprott & Randall, 2017). This then connects to the Integrated Threat Theory (ITT), as the theory proposes that when people anticipate threats from an external group, it might foster prejudice (Makashvili et al., 2018).

Stigma comes in many forms and can present itself at different levels and have differing consequences (i.e., perceived stigma versus institutionalized stigma). This means that a combination of these two theories mentioned supports why BDSM practitioners are stigmatized by not just the general public, but even in more serious environments like health care Social stigma is further propagated by prior information presented to the general public via possibly disreputable sources extracted from the internet and widespread media (Weiss, 2006). Institutionalized stigma is harmful when medical professionals use existing policies or beliefs to provide unequal treatment towards the other party (Clair et al., 2016). This then leads to discrimination being perpetuated against the stigmatized group.

Mainstream culture has indirectly contributed to negative perceptions not by outright condemning BDSM practices, but by omitting important values that BDSM practitioners stand by, such as consent, safety, and communication between everyone involved (Drdová & Saxonberg, 2020). The portrayal of only certain excerpts or inaccurate representations of BDSM practices in mainstream culture has had a negative effect as well (i.e. public libraries in Florida banning *Fifty Shades of Grey* and labelling it as deviant) and this would in turn lead to the public perception of BDSM being tainted (Drdová & Saxonberg, 2020; Wismeijer & Van Assen, 2013). Weiss (2006) puts it this way:

Figure 1. SPSS Cronbach's alpha output (ASMS scale).

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.954	.953	23

Figure 2. SPSS descriptive statistics output.

Group Statistics

	Group	N	Mean	Std. Deviation	Std. Error Mean
Difference	Experimental	63	.8772	.67598	.08517
	Control	61	.2673	.60187	.07706

Figure 3. SPSS KMO and Bartlett's test (EFA) output.

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.933
Bartlett's Test of Sphericity	Approx. Chi-Square	2616.692
	df	253
	Sig.	.000

BDSM acts and communities have been depicted as something "abnormal" whenever shown in mainstream media, reinforcing that it is still a deviant act and reinforcing that BDSM practitioners are of an out-group.

Similarly, in existing healthcare literature, BDSM practices are depicted as a paraphilic disorder instead of a paraphilia, framing it in a deviant light (Sprott & Randall, 2017). To elaborate, scientific articles from the 1970s and 1980s focused on non-consensual sadism and perceived BDSM as pathologic because of it (De Neef et al., 2019). According to Williams (2015), many journal editors and reviewers from the field of social work also refuse to accept literature submitted on the topic of BDSM, thus limiting the exposure or awareness of it. This institutionalized stigma is seen more prominently in court cases where an individual's involvement in BDSM activities can be a determining factor in child custody hearings. Wright (2018) has also mentioned that there were over 800 cases brought up to the National Coalition for Sexual Freedom (NCSF) for parents asking for assistance in their child custody hearing, where a determining factor was their involvement in BDSM and an alternative lifestyle. The previous edition of the DSM was used by people in power involved in the cases to justify why their cases were denied, and it was only until the DSM-5 was provided in further hearings that they could have a fair chance where their BDSM activities were not brought into consideration anymore (Wright, 2018).

2.2. Discrimination towards BDSM practitioners

When social stigma is strong and discrimination is prominent towards a particular group, individuals who identify themselves with the said group will be hesitant to disclose their association with them due to fear of negative consequences; this causes them to be more cautious in opening up (Stiles & Clark, 2011). The need to conceal your own identity (especially a stigmatized one) leads to negative outcomes in various forms, like a lower sense of self-regard and the feeling of isolation

Figure 4. SPSS eigenvalues table (EFA) output.

Total Variance Explained

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings[a]
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total
1	12.944	56.277	56.277	5.498	23.905	23.905	4.562
2	1.724	7.497	63.774	8.195	35.632	59.537	10.237
3	1.094	4.758	68.532	1.169	5.084	64.621	10.266
4	1.005	4.371	72.903	.595	2.589	67.210	5.101
5	.802	3.488	76.391				
6	.746	3.243	79.635				
7	.651	2.831	82.466				
8	.579	2.518	84.984				
9	.490	2.132	87.116				
10	.394	1.712	88.829				
11	.378	1.643	90.472				
12	.327	1.421	91.894				
13	.311	1.352	93.245				
14	.263	1.142	94.387				
15	.257	1.117	95.504				
16	.203	.883	96.387				
17	.194	.843	97.231				
18	.150	.652	97.883				
19	.132	.575	98.458				
20	.123	.533	98.992				
21	.094	.408	99.400				
22	.072	.313	99.713				
23	.066	.287	100.000				

Extraction Method: Maximum Likelihood.

Figure 5. SPSS assumption of normality output.

Tests of Normality

	Group	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Difference	Experimental	.103	63	.091	.980	63	.376
	Control	.090	61	.200*	.978	61	.334

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Figure 6. SPSS assumption of homogeneity of variance & T-Test.

Group Statistics

	Group	N	Mean	Std. Deviation	Std. Error Mean
Difference	Experimental	63	.8772	.67598	.08517
	Control	61	.2673	.60187	.07706

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Difference	Equal variances assumed	2.320	.130	5.300	122	.000	.60987	.11507	.38208	.83767
	Equal variances not assumed			5.310	121.160	.000	.60987	.11485	.38249	.83725

(Camacho et al., 2020). To illustrate further with an example: if an individual withholds information regarding an important part of their life (in this case, practicing BDSM), they might not be aware that their long-term individual work can be compromised negatively as their therapeutic journey may be ineffective (Nichols, 2006).

Since concealment of identity is necessary for most BDSM practitioners to feel safe and secure, non-disclosure tends to happen whenever they are in a vulnerable position, like during an interview or when they are seeking help from others (Sprott et al., 2021). Current laws and systems do not protect the rights of BDSM practitioners; their relationships with friends and families can be destroyed due to inappropriate disclosure (Nichols, 2006; Stiles & Clark, 2011; Wright, 2008). For example, medical providers can report an individual for engaging in domestic abuse when they see bruises and marks on their partner even though it was a result of a consensual BDSM scene (Waldura et al., 2016). In certain cases, BDSM practitioners have lost jobs and even custody of their children because of inappropriate disclosures and misunderstandings (Bezreh et al., 2012). Sometimes in perceived domestic abuse cases or child custody proceedings as mentioned before, an individual's psychotherapist might get called to testify against them by affirming that their desires and actions confirm them to be dangerous (Bezreh et al., 2012). There were also similar reports by Bezreh et al. (2012), like a respondent knowing a consensual kink practitioner having to serve 3 years in prison for "assault" and another who had to disclose to his son after his neighbour notified social services of his BDSM activities. When health professionals are not aware and given proper education on BDSM, consensual scenes might get mistaken with their abusive counterparts, thus reinforcing the negative stigma surrounding the BDSM community.

Furthermore, healthcare and mental health services are known to discriminate against sexual minorities, including BDSM practitioners (Damm et al., 2017; Rao et al., 2019); many said healthcare providers do not receive kink education as part of their training (Shindel & Parish, 2013; Sprott & Randall, 2017). People have also reported being denied care from health professionals when their identity or their activities were disclosed (Sprott & Randall, 2017). The cumulative consequences of these various forms of discrimination towards BDSM practitioners only serve to further endanger this particular demographic.

2.3. Consequences of BDSM discrimination

Fear of stigma might prevent BDSM practitioners from not getting the health care they need (Kelsey et al., 2013). In the mental health area especially, therapists who hold negative misconceptions or are unequipped with the proper education on kink have perpetuated negative outcomes for their clients, as they are unable to provide the proper support to counterbalance the stigma and shame that is faced by the community, and provide needed support and validation (Ansara, 2019; Clair et al., 2016; Nichols, 2006). To emphasize, BDSM practitioners have mentioned that they would rather refer to other practitioners in the community for advice and help on medical information related to their activities as compared to seeking out help from healthcare providers (Sprott et al., 2021; Waldura et al., 2016). Some practitioners have also reported instances of direct judgement or discrimination from healthcare providers in the form of microaggressions whenever seeking help (Waldura et al., 2016).

Sometimes, BDSM practitioners seeking therapy may disclose their involvement in BDSM as it is an essential part of their identity. However, this disclosure can derail their therapeutic journey if mental health professionals lack understanding about BDSM. Practitioners sometimes spend more time than necessary clarifying aspects of their BDSM identity and lifestyle in paid sessions rather than focusing on therapeutic work (Ansara, 2019; Nichols, 2006; Waldura et al., 2016). In more extreme situations, these clients feel exasperated that therapists incorrectly perceive BDSM to be the root or a contributing cause of an issue (i.e. they might assume that someone who is into verbal humiliation might have low self-esteem) and centre their therapy sessions around that, even though it was never a goal of the session (Nichols, 2006).

As mentioned previously, BDSM practitioners resort to engaging in protective measures like concealing their identity even though it may lead to detrimental outcomes as they fear being discriminated against (Stiles & Clark, 2011). This stigma management via concealment is usually for the sake of improving both interpersonal and psychological outcomes of the individual, as they fear they would not get the support and companionship that they need otherwise (Stiles & Clark, 2011). Specifically,

BDSM practitioners who feel stigmatized might deliberately withhold information from both their physical and mental healthcare providers for fear of being negatively perceived, which may result in adverse consequences to both their mental and physical health. Research indicates that individuals who feel the need to conceal parts of their sexual identity and orientations are at higher risk of internalizing mental health problems (Pachankis et al., 2020) as well as engaging in physically detrimental activities such as alcohol and drug abuse (Hatzenbuehler & Pachankis, 2016). Even though it is possible for them to find a community in which they feel safe and validated in, it might be difficult to source out these safe spaces without having people to direct them, especially individuals who are new to the lifestyle or the BDSM scene. This loops back to the issue of concealment versus disclosure as well—in order to receive help or guidance, they must first feel safe enough to disclose their identity and risk being discriminated against (Camacho et al., 2019).

2.4. Importance of increased awareness of BDSM

Extant research on the challenges facing BDSM practitioners highlights the importance that educational interventions might have in reducing stigma and increasing awareness among the public (Yamaguchi et al., 2011). According to Clair et al. (2016), there are a few conditions that need to be fulfilled to reduce stigma, among which are that the public must see the information presented as credible, especially from someone with a good social status. Proper education on this topic is one way to reduce stigmatizing attitudes, especially at the societal level (Gronholm et al., 2017; Rao et al., 2019); with a particular focus on formal education. These educational interventions have been suggested to be effective in increasing awareness in the public and thus reduce stigmatizing attitudes as they have been shown to reduce misunderstandings regarding the dangerousness of the stigmatized group (Yamaguchi et al., 2011). This is especially true in Malaysia, where the primary focus of sex education still hinges on abstinence-only policies and a strict restriction of young people's access to sexual education resources (Khalaf et al., 2014).

3. Research gap: will awareness interventions work, especially in a country like Malaysia?

As mentioned above, literature focusing on BDSM practitioners are centered around the positive impacts of engaging in BDSM activities (Damm et al., 2017) and the attitudes people (e.g. therapists) have of them (Kelsey et al., 2013), but not much on stigma management or how to reduce discrimination. Stigma-reduction interventions in this area have yet to be investigated but have been done on the stigmatization of other instances, like on the taboo surrounding mental health and HIV patients.

Much research on BDSM in the past has been conducted in Western countries, but none in Asian countries like Malaysia where sexual education is deemed unnecessary and is limited and filtered (Talib et al., 2012). In a comprehensive review of the quality of sex education in Malaysia, it was found that sex education as a whole remained plagued with systemic issues, resulting in basic knowledge about sex being at suboptimal levels, not to mention additional sex levels such as healthy BDSM practices (Adanan, 2019).

Furthermore, as a primarily Muslim-dominated country, sexual minorities like the LGBTQ+ community are openly discriminated against and criminalized by the public and the government (Asia Pacific Transgender Network, 2020; Human Rights Watch, 2021; Tan et al., 2021). Damm et al. (2017) suggested that systems of oppression that impact BDSM practitioners might come from the same systems that oppress other minorities (e.g. race or sexuality), leading to further contribution of shame and secrecy when it comes to taboo topics, consequently causing individuals to be afraid to be overly open even with healthcare professionals. According to Sprott and Randall (2017), BDSM practitioners are not currently identified as a sexual minority; however, literature showing the pattern of mental health issues related to stigma and minority stress of BDSM practitioners seem to be similar to those observed in the LGBTQ+ population, supporting the idea that they might be considered a sexual minority. Based on this, we can anticipate BDSM practitioners to face much of the same pressures as other sexual minorities in Malaysia such as the LGBTQ+ community.

With such entrenched views on BDSM, either due to a lack of education or the prevalence of societal stigma, it remains to be seen if awareness interventions might have a role to play in changing attitudes towards BDSM in a conservative Muslim country like Malaysia.

4. Current study

This study aims to determine if increasing awareness about BDSM can have a positive effect on the attitudes about BDSM practitioners in the Malaysian context. This study focuses on replacing previously understood misinformation and misconceptions with reliable information in the form of educational interventions, whereby it is proposed that raising awareness may have effects in reducing stigma (Yamaguchi et al., 2011).

RQ1: "Will participants who experience a higher level of awareness via educational interventions end up having lower stigmatizing attitudes towards BDSM practitioners as compared to their counterparts?"

Hypothesis 1: It is hypothesized that the experimental group which would undergo awareness intervention will have lower stigmatizing attitudes towards BDSM practitioners as compared to the control group which will not be undergoing the awareness intervention.

5. Method

5.1. Participants

Participants who were recruited in this study are undergraduate students at a private university via the IPSY portal, where students are allowed to participate in experimental studies in exchange for extra course credit. Convenience sampling was used in the current study as the experiment was posted on the portal and participants were offered 0.5% extra credit for complete participation.

Based on a-priori calculations, the recommended minimum number was 128 participants (Faul et al., 2007). Initial recruitment of participants willing to join the study yielded 149 signups. Because the study took place over a 5-week period, some participants failed to attend sessions, possibly due to fatigue. Some participants also reported that study emails went into their spam folder, denying them notification. We dropped these participant datasets from the final analysis to preserve the integrity of the data, resulting in a total of 124 participants at the end of the study, with 63 of them in the intervention group and 61 in the control group.

The participants were aged between 19 and 27 ($M = 21.11$, $SD = 1.24$), with the majority being aged 21 (47 participants), followed by 20 (32 participants) and 22 (31 participants). There were 109 participants identifying as female, 13 identifying as male, 1 who preferred not to disclose their gender and 1 under the "others" category.

5.2. Measures

The Attitudes about Sadomasochism Scale (ASMS; Yost, 2010) was utilized to measure the levels of stigmatizing attitudes of participants towards BDSM practitioners. As this study wanted to investigate if educational interventions made a difference in participants' stigmatizing attitudes, it was provided as both a pretest and as the posttest after the intervention period was concluded.

The ASMS is a 23-item Likert scale, with participants scoring their agreement/disagreement with the statements provided on a scale from 1 to 7, with 1 being "disagree strongly" and 7 being "agree strongly." Some of the items on the scale were reverse-scored (items 18 through 21). The average of the total score of each participant was taken, with a higher average score indicating a higher stigmatizing attitude towards BDSM practitioners.

Subscales within the ASMS include the Socially Wrong subscale, the Violence subscale, the Lack of Tolerance subscale, and the Real Life subscale. As this study looked at stigmatizing attitudes in general, the whole scale was used to provide a holistic overview. Examples of the statements provided include "SM rarely exists in a psychologically healthy individual" and "A Dominant is more likely to rape a stranger than the average person." The Cronbach's alpha coefficient of each subscale within the whole scale was between .78 and .92, demonstrating good internal consistency (Yost, 2010). The ASMS scale used in this study reported a Cronbach"s alpha value of .95 (refer to Figure 1).

The infographics on BDSM that were provided to the participants were created by combining and consolidating information from various research papers on BDSM as they were considered to be credible sources. Each infographic was an A4 page long and had references listed down on the following page. These infographics were provided to all the participants (both experimental and control) at the end of the experiment as it was deemed beneficial for all parties to have the information as well.

Week 1's infographic was on the fundamentals of BDSM, with explanations of what the acronyms stand for and what they meant, the link between childhood trauma and interest in BDSM, at what age were BDSM practitioners aware of their interests and BDSM practitioners' scoring on the Big Five as compared to their counterparts. Week 2's infographic was on general safety, consent, and etiquette within BDSM scenes. Common safety philosophies, levels of consent, safewords, and aftercare were among the information provided that week. Week 3 detailed roles in BDSM scenes. It explained who was in charge of the scenes, how the social hierarchy works, the link between feminism and BDSM, the different headspaces BDSM practitioners can get into, and if it was reflective of who they were outside the bedroom. Week 4 revolved around BDSM scenes and play; definitions of what a scene was, how BDSM was like leisure, if practitioners always received sexual fulfillment, how costly it was, and how boundaries were enforced were detailed that week. Further information regarding the infographics used in this study can be found in the attached appendix (Appendix A).

5.3. Procedure

Participants were required to fill out a Google Form containing demographic details and an informed consent form to sign up for a session on IPSY where the details of the study and amount of extra credit were indicated. For every 10 signups, their details were put into an online randomizer to determine if they were in the intervention or control condition. They were then assigned a corresponding unique participant ID tag in order to log their attendance throughout the study.

Then, an email was sent to the participants with the ASMS scale (pretest) along with the respective materials for the first week and their unique ID. Over the course of the subsequent 4 weeks, participants were provided with further information depending on the condition that they were assigned to, with the intervention condition being provided additional infographics on BDSM which were created through collating credible information from academic articles related to BDSM and safe practices.

The control conditions were given a series of random, unrelated videos to watch. We took care in ensuring that the videos were not related to any social issues or anything that might be related to the topic at hand, including the variables. These videos were linked to YouTube and were all around 10 min long as it was estimated that it would also take the participants in the intervention group the same amount of time to digest each week's infographic.

Participants in both groups were required to input their unique ID tag and verify that they have read the infographic/watched the video by ticking the checkbox on the page at the end of the Google Form which they submitted on a weekly basis.

In the fifth week, participants were sent one last email with the link to the ASMS for the posttest section of the study. Completing the ASMS marked the conclusion of their participation in the study.

The entirety of this study's procedures and materials were reviewed, and ethical approval was obtained for this study from the Ethics Review Board of the Department of Psychology in HELP University.

6. Results

6.1. Instrument validity testing

An exploratory factor analysis (EFA) was conducted on the ASMS as the instrument was relatively new to the population that was sampled. The Kaiser–Meyer–Olkin measure of sampling adequacy was .93. Bartlett's test of sphericity was also significant (χ^2 (253) = 2616.69, $p < .001$) (refer to Figure 3). The EFA yielded four factors with an eigenvalue of >1, indicating that there were at least four factors in the ASMS, similar to the factor structure reported by Yost (2010) (refer to Figure 4). This gave the researchers confidence that despite the ASMS being rarely (if ever) used on a Malaysian population, it would still be able to capture the essence of BDSM stigma despite possible existing cultural differences. Reliability measures for the ASMS were also calculated, with a Cronbach's alpha of .95 suggesting robust internal consistency of the measure in this study.

6.2. Assumption testing

As there were 124 participants, Shapiro-Wilk was used to test for the assumption of normality. The assumption of normality of the stigmatizing attitudes towards BDSM practitioners was met for both experimental (*Shapiro-Wilk*(63) = .98, $p = .376$) and control (*Shapiro-Wilk*(61) = .98, $p = .334$) groups (refer to Figure 5 in Appendix F(iv)). The overall assumption of normality was assumed, indicating that the sample distribution is normal.

The assumption of homogeneity of variances was tested using Levene's test and is also met, $F = 2.32$, $p = .130$ (refer to Figure 6 in Appendix F(v)).

6.3. Data collation and descriptive statistics

The difference in scores from pretest ASMS and posttest ASMS was calculated by subtracting the posttest scores from the pretest scores for each participant in both the intervention and control conditions. These individual scores were then analysed using SPSS, specifically with the t-test, in order to determine if the difference in scores between pre-intervention and post-intervention was significantly different for participants who underwent the intervention condition compared to their peers in the control group.

Descriptive statistics showed that participants in the experimental condition showed a greater reduction in their ASMS scores ($M = 0.88$, $SD = 0.68$) compared to the control condition ($M = 0.27$, $SD = 0.60$), indicating that there on the surface, the intervention worked to reduce the overall stigma participants had towards BDSM (refer to Figure 2).

6.4. Inferential statistics

Independent t-test results indicated that the level of awareness of BDSM on stigmatizing attitudes towards BDSM practitioners was significant, $t(122) = 5.30$, $p < .001$, 95% CI [0.382, 0.838] (refer to Table 1), suggesting that the difference in scores between the intervention and control group was indeed statistically significant.

Participants who were in the experimental group showed a greater reduction in stigmatizing attitudes ($M = 0.88$, $SD = 0.68$) than those who were in the control group ($M = 0.27$, $SD = 0.60$) (refer to Table 2).

Table 1. Independent T-Test results comparing stigmatizing attitudes towards BDSM practitioners between the control and experimental group

				95% Confidence Interval	
	t	***df***	**Sig. (2-tailed)**	**Lower**	**Upper**
Stigmatizing Attitudes Towards BDSM Practitioners	5.30	122	.000	0.382	0.838

Table 2. Group statistics indicating the mean and standard deviation in reduction of stigmatizing attitudes between the two groups

Group	**N**	***M***	***SD***
Experimental	63	0.88	0.68
Control	61	0.27	0.60

The hypothesis that there is a significant effect of awareness of BDSM on stigmatizing attitudes towards BDSM practitioners was supported.

7. Discussion

7.1. Summary of findings

The exploratory factor analysis indicated that there were four factors present within the ASMS scale, consistent with the original scale which had four subscales (refer to Appendix B). This indicates that the ASMS can be applied within the Malaysian context. Both descriptive and inferential statistics further showed that the experimental group showed a greater reduction in stigmatizing attitudes towards BDSM practitioners after the intervention period, which indicated that the level of awareness on BDSM significantly affected participants' stigmatizing attitudes towards BDSM practitioners.

7.2. Discussion of findings

7.2.1. Importance of credible interventions

The participants in the experimental group were presented with infographics aimed at tackling common misconceptions and were guided by the statements provided in the ASMS (e.g., a statement in the scale said, “submissives are passive in other aspects of their lives,” and Week 4’s infographic touched on the reflectiveness of BDSM practitioners in the bedroom versus how they are in real life). Participants were also provided references, possibly contributing to an increased acceptance of the information as truth as it provided credibility (one of the conditions for reducing stigma; Clair et al., 2016). The results of this study demonstrate that being able to portray credible information is integral and effective in reducing discriminatory views among the Malaysian population. These findings are particularly encouraging, as they demonstrate that the current lack of education about sexual health and BDSM in Malaysia is not necessarily a major barrier towards attitude change.

Nonetheless, according to the National Academies of Sciences, Engineering, and Medicine (2016), there are times when stigma-reduction interventions might unintentionally increase stigmatizing attitudes as it focuses on the differences rather than the similarities between the stigmatized and non-stigmatized groups. This happened in the current study as there were a few participants in the experimental group who had worse views in the posttest as compared to their pretest results. Several participants also showed no difference in their scores. There is a possibility that these individuals “double-downed” on their beliefs once presented with

conflicting information inconsistent with their own views - a form of coping and resolving the cognitive dissonance they might have felt when processing the information given, similar to the dissonance reduction strategies proposed by McGrath (2017). Two of the reduction strategies mentioned might be relevant in this case, which is "distraction and forgetting," as well as "trivialization and self-affirmation." Unfortunately, there was no further questioning on their beliefs in this study.

These findings also reflect extant literature, such as those found in Gronholm et al. (2017) study where healthcare professionals who went through anti-stigma interventions were reported to have enhanced knowledge on the topic at hand and more positive behavioural intentions/clinical competence. The APA also advocates for proper guidelines on BDSM cultural competence to be established to further support the requirement of proper education and training in the health sectors (Damm et al., 2017).

7.2.2. Importance of increased awareness and education about BDSM

In the study conducted by Yost (2010), the more participants were educated about BDSM practices, the more positive their attitudes towards them. Even though our study did not involve participants with prior knowledge on BDSM, the results of the experimental group indicated similar results to the aforementioned study. When the participants were educated on BDSM, their attitudes changed as they were exposed to new information. That being said, if sexuality educators in schools are able to start educating the public about BDSM in a healthy manner, it might reduce stigmatizing attitudes towards BDSM practitioners as there would be lesser misconceptions and practitioners might not be viewed with a discriminatory lens (Sand, 2019).

Awareness and proper education about BDSM is equally important for not just the public, but also for individual's understanding. When proper information in relation to BDSM is not easily accessible, individuals who are interested in exploring BDSM might not be inclined to pursue further as they fear their desires make them a dangerous person (Bezreh et al., 2012). These individuals can feel an increase in self-judgement and shame as well based on negative cues from the environment. If provided with trustworthy channels to explore and understand BDSM safely, individuals will also be more inclined to carry out their practices with caution, unlike if they were under the guidance of pornography (Bezreh et al., 2012).

When BDSM practitioners are allowed to disclose their identity without fear of stigma or discrimination, it increases their confidence and allows them to feel supported alongside providing them the opportunity to also support others (Damm et al., 2017). As stated in the study done by Sprott et al. (2021), having a stronger sense of belonging (within a kink community) also increased the chances of BDSM practitioners disclosing to healthcare professionals. Therapists who are kink-aware are essential especially towards newbies in the community, they might have been brought up in a judgmental environment so these therapists will be able to properly provide information on existing BDSM organizations and will be able to provide them with the proper reassurance instead of continuing the cycle of shame and guilt as perpetuated by society and the current systems in play (Damm et al., 2017; Nichols, 2006; Williams et al., 2017). As the literacy of health professionals increases, the help-seeking behaviour of stigmatized individuals might increase as well.

Apart from that, being more kink-aware will ensure that healthcare professionals can better understand and distinguish differences between consensual BDSM and abuse, which were also a reason why BDSM practitioners delayed getting health care (Sprott et al., 2021). Understanding that BDSM is frequently not associated with psychopathology will hinder inaccurate theories or assumptions being made about a practitioner's mental wellbeing when they reach out for help (Williams et al., 2017). Encouraging the importance of educating healthcare professionals and social workers might then also open the gateway to more research on BDSM being accepted into journal publications (Williams, 2015).

7.2.3. Similarities in factor structure of the ASMS — hope for a generalized panacea?
As stated previously, an exploratory factor analysis of the ASMS found a similar 4-factor structure among the study's current population as the original study did (Yost, 2010), indicating that both the Malaysian undergraduate sample and their Western counterparts held a largely similar perspective towards ASMS. While not the primary aim of the research, this additional finding also sheds further light on the construction of BDSM and its awareness, revealing a possible cross-cultural similarity in how it is perceived. This also serves to further highlight the importance of accessibility to credible information with the aim to de-stigmatize BDSM—if cross-cultural awareness is similar, it is also logical to assume that the interventions that work in one particular culture (i.e. this study) would also have similar effects in a different (Western) culture as well. Nonetheless, the researchers acknowledge that a confirmatory factor analysis (CFA) should ideally be conducted with a population drawn from a Malaysian sample as well in order to further validate the factor structure of the ASMS in a Malaysian context.

8. Limitations

As this experiment was conducted online and over the course of 5 weeks, there were a few limitations that presented itself due to the nature of the study. While the intervention appears to have been effective in reducing stigmatising attitudes towards BDSM, we have no indication of what participants thought of when processing the intervention, such as what about the infographics that changed their mind, or even if this change in attitude would hold across a longer period of time. Further follow-up studies analyzing the factors that might have played a part in changing the participants' views would be helpful to further flesh out how and why information-based intervention works and for how long.

The experiment was also unavailable to be conducted in a controlled environment, so participants in the control group might have accessed information regarding BDSM purely out of curiosity subsequent to completing the first ASMS scale. Nonetheless, we do not believe this to have significantly contributed to the validity of the study's findings, as the control group still reported less change in attitudes post intervention. Furthermore, the age range of participants in this study was quite limited, with participants primarily reporting ages between 21 and 30. The participants of this study were also from a private university. One of the limitations of using an undergraduate sample due to convenience sampling is that their cognitive behaviours are unlikely to be similar to those of the general population due to being young adults at peak cognitive conditioning (Wild et al., 2022). Studies that recruit from a more diverse population with regard to age might yield more insightful answers in determining if these interventions are as effective among adults from an older age range.

Even though this study showed that educational stigma-reduction interventions also work in reducing stigma of BDSM practitioners, it is important to note that stigma is a multi-level phenomenon and large-scale stigma interventions are complex and difficult to structure and implement in society (Rao et al., 2019). The intervention in the current study only tackled the interpersonal/societal level; structural and institutional stigma also ultimately plays a role in influencing other lower levels as well and, if it is not addressed, small-scale interventions will not be enough to cause change in the system as a whole.

9. Implications and conclusion

As stated earlier (see Khalaf et al. (2014)), Malaysia does not even see the need for the implementation of proper sexual education in schools. This further perpetuates stigma within the public and causes topics like this to still remain taboo, possibly even unintentionally making it more difficult for healthcare professionals to digest information like this in later stages and thus react in a negative manner when being exposed to it (Nichols, 2006). This study clearly demonstrates that a clear, information-based intervention does have a role to play and suggests that instead of disengaging from BDSM-specific knowledge in an attempt to safeguard our youth, as seems to be the modus operandi for the Malaysian education system, an increase in engagement with credible, scientific information might be a better way to achieve a state of healthy sexual knowledge and practices.

Furthermore, one of the main strengths of this study can be found in its cost-effectiveness and relative efficiency. As the results indicate, significant attitude changes towards BDSM and its practitioners were found after only 4 weeks of undergoing the treatment condition. This is particularly surprising to the researchers, as extant literature suggests that attitude changes typically happen over a period of months or even years in certain cases (Briñol et al., 2015). That the participants in this study were able to change their minds to the extent that it was statistically significant after only four sessions over 4 weeks, and with the simple employment of credible, informational materials suggest that the path towards improving attitudes towards marginalized communities and reducing stigma may be less challenging than most would presume.

Providing interventions and education especially towards medical healthcare providers will potentially contribute to said providers being able to distinguish consensual kink behaviours from domestic abuse (Waldura et al., 2016). For a community in Malaysia that is already facing the pressures of stigmatisation and misunderstanding, the beneficial effects of a simple, yet effective intervention such as this might hold the key towards improving the standards of mental and physical care that BDSM practitioners are able to access, in addition to possibly laying the groundwork for future policy changes towards BDSM practitioners that can only come about from increased understanding.

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Author details
S. Q. A. Huang[1]
Victor Weng Yew Goh[1]
E-mail: victor.goh@help.edu.my
ORCID ID: http://orcid.org/0000-0001-6157-3732
[1] Department of Psychology, HELP University, Kuala Lumpur, Malaysia.

Correction
This article has been corrected with minor changes. These changes do not impact the academic content of the article.

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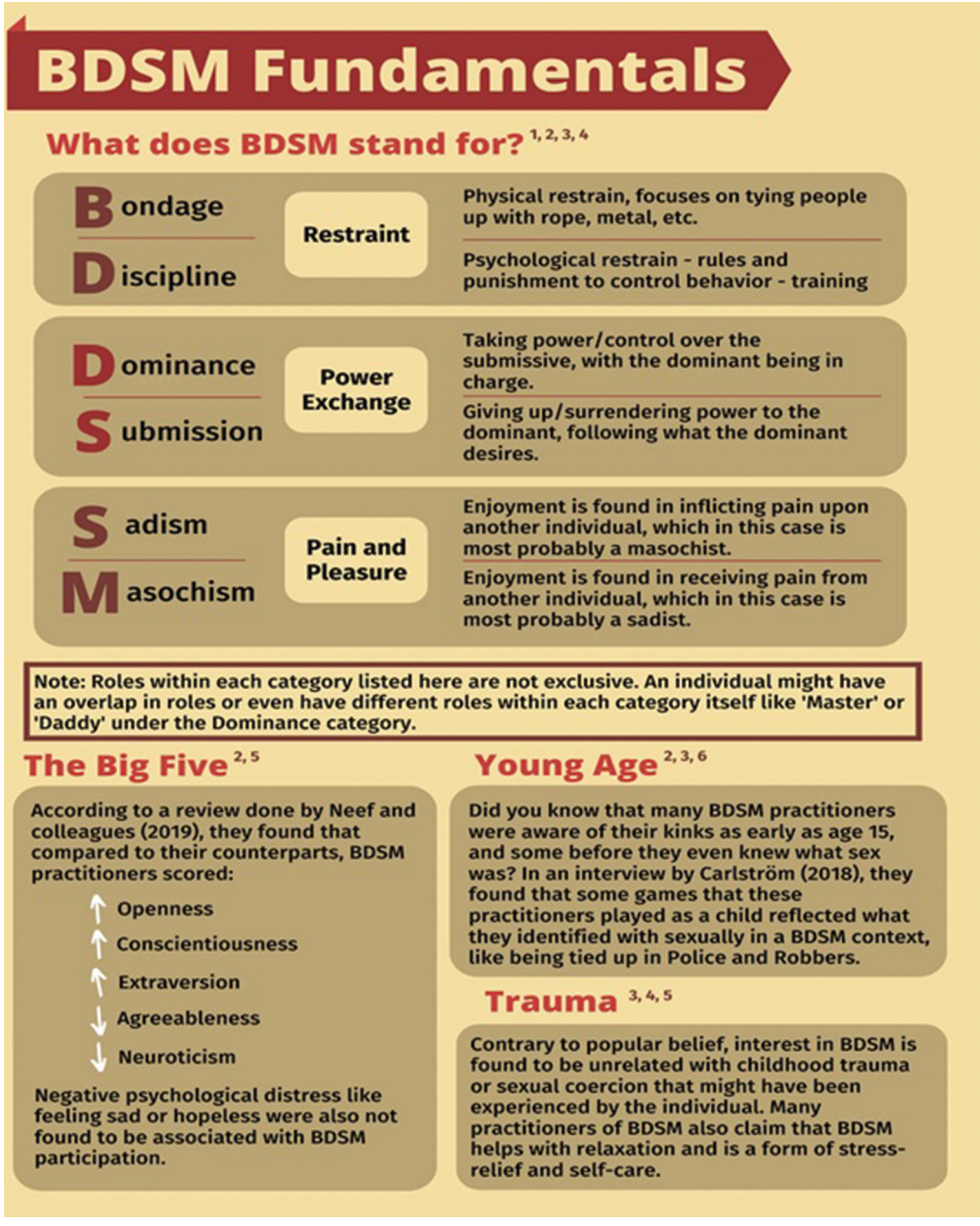
Appendices

Appendix A: Infographics

Week 1 Infographic



Week 2 Infographic

Week 3 Infographic.

Week 4 Infographic.

Week 1 Infographic References.

Week 2 Infographic References.

Week 3 Infographic References.

Week 4 Infographic References.