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Perceptions of and stigma toward BDSM practitioners

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Abstract
Despite a recent increase in academic attention, little is known about how the general population perceives BDSM practitioners. Though the gay/lesbian community has undergone de-medicalization and de-stigmatization over time, the same process for BDSM practitioners is in its infancy. Past research suggests that BDSM practitioners do expect to be stigmatized by others, especially in the healthcare system; however, little is known about how the general population currently perceives and stigmatizes the BDSM community. In the current study, we found that the general population ($N = 257$) does stigmatize BDSM practitioners more than the gay/lesbian population, and both are stigmatized more than a low-stigma comparison group (people in romantic relationships), $F(2, 253) = 21.70$, $p < .001$, $\eta^2 = 0.15$. These findings help to inform mental healthcare providers and the general population about BDSM practitioners, with the goal of inspiring additional research and activism aimed at combating misinformation and reducing stigma toward this population.

Keywords BDSM · Stigma · Prejudice · Perceptions · Sexuality

Though BDSM (bondage/discipline, dominance/submission, sadism/masochism) practitioners have received increasing academic attention over the past decades (for a review, see Simula, 2019), this population still remains under-studied, particularly in regard to how individuals in the general population perceive and stigmatize them. Although interest in BDSM practices has existed for a long time, in recent decades the terminology has become more mainstream with the popularization of novels, movies, and TV shows like *Fifty Shades of Grey* and Netflix's *Bonding* (e.g., Weiss, 2006). However, popular media depictions of BDSM are not always accurate; for example, the *Fifty Shades of Grey* books and movies misrepresent integral concepts like consent, which might perpetuate misconceptions and stigmatization toward BDSM community members from the general population (Downing, 2013; Rye et al., 2015; Sprott & Berkey, 2015). In this paper, we examine to what extent BDSM practitioners are stigmatized by the general population. With this research, we hope to expand the ever-growing body of literature investigating the experiences of people in the BDSM community.

Defining BDSM

BDSM community members may find sexual pleasure from giving or receiving pain, bondage, or hierarchical power dynamics within relationships. Consent is a core aspect of BDSM practice, as all participants involved must provide affirmative consent before beginning any activities and may withdraw their consent at any time (Brown et al., 2019).

A not insignificant minority of the population practices BDSM, though to varying degrees; for example, as many as 46.8% of Belgians have performed at least one BDSM activity (Holvoet et al., 2017). A recent nationally representative survey of U.S. participants found that the prevalence of role playing (> 22%) and tying/being tied up (> 20%) is higher than lifetime practice of attending BDSM parties or classes (< 8%; Herbenick et al., 2017). Research suggests that a large percentage of the general population have entertained BDSM-related fantasies, with some estimates as high as 68% (Holvoet et al., 2017; Powls & Davies, 2012). However, factors such as difficulty defining BDSM, providing inconsistent information about BDSM

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to survey participants, and anticipated stigmatization make exact prevalence rates difficult to determine (Brown et al., 2019).

Anticipated and Cultural/Structural Stigma

In the current research, we define "stigma" as negative beliefs, emotions, and behavioral reactions directed toward members of a specific group which deviates from the perceived societal norm (in our case, BDSM community members). Indeed, past research asserts that stigmatized identities are those which are negatively viewed by a society (Goffman, 1963), including identities such as past mental illness, non-heterosexual orientation, sexual fetishes, infertility, and HIV/AIDS (Pachankis, 2007). Stigma involves components of stereotyping, prejudice, and discrimination; people with stigmatized identities are typically aware of the negative beliefs about their group, the negative emotional reactions others have toward their group, and the behavioral reactions such as avoidance and violence that others are likely to enact toward them (Corrigan & Watson, 2002).

People whose stigmatized identities are not readily visible, such as non-heterosexual people and people with diagnosed mental health disorders, experience unique stigma processes. Concealable stigmatized identities can lead to anticipated stigma, where individuals expect devaluation and prejudice from others if their stigmatized identity becomes known (Quinn & Chaudoir, 2009). These expectations typically form based on individuals' knowledge of the degree to which the general population tends to devalue their stigmatized identity, termed in the research literature as cultural stigma (Quinn & Chaudoir, 2009) or structural stigma (Hatzenbuehler, 2016). Both anticipated and cultural/structural stigma create lasting psychological distress and poor self-reported outcomes, as the extent to which people believe others will devalue them predicts worse health and well-being outcomes (e.g., Hatzenbuehler et al., 2013; Link & Phelan, 2001; Quinn & Chaudoir, 2009).

These findings also apply to members of sexual minority groups. Much research has demonstrated how lesbian, gay, and bisexual (LGB) people are especially likely to experience stigma (for a review, see Herek & McLemore, 2013). Members of the LGB community are more likely to report having experienced discrimination than their heterosexual counterparts (Mays & Cochran, 2001; Pew Research Center, 2013), and perceived stigma and discrimination are associated with poorer relationship functioning (Doyle & Molix, 2015) and negative psychological and physical health outcomes (Flentje et al., 2020; Hamilton & Mahalik, 2009; Hatzenbuehler, 2016; Mays & Cochran, 2001; Meyer, 2003; Pachankis & Lick, 2018). Additionally, sexual-minority stigma can have further negative impacts. Sexual-minority stigma involves negative beliefs, emotions, and behavior reactions specifically against groups who are not heterosexual and are not considered the sexual norm. Previous research focusing on sexual-minority stigma shows that stigma-related stress can create a negative response in those who experience it where there is an increased risk for depression and anxiety (Hatzenbuehler, 2009).

Stigma toward BDSM Community Members

Many parallels can be drawn between other individuals who do not meet conventional heterosexual norms and BDSM practitioners. BDSM practitioners suffer from a pathology narrative, where people in the general population often believe BDSM is an unhealthy sexuality indicative of past trauma (Hughes & Hammack, 2019; Nichols, 2006). This narrative is in many ways similar to the historical pathology narrative of homosexuality; however, although the narrative for homosexuality has been increasingly discredited both in healthcare professions and mainstream culture, progress in discrediting the narrative for BDSM community members is still in its infancy (Hammack et al., 2013; Herek, 2010; Hughes & Hammack, 2019; Nichols, 2006; Whitehead et al., 2016). The most recent DSM-5 now states that involvement in BDSM activities does not automatically qualify for "paraphilic disorder" unless accompanied by significant psychological distress or engaging in these activities with non-consenting persons, the latter of which is a form of abuse (American Psychiatric Association, 2013). This is a step toward de-medicalization and de-stigmatization of this community (Lin, 2016). Yet much work remains to be done; for example, mental health professionals tend to feel more uncomfortable working with BDSM community members compared to working with gay/lesbian clients and/or clients who engage in group sex behaviors (Ford & Hendrick, 2003), and the risk of uninformed medical and mental health care professionals stigmatizing BDSM clients remains high (Kolmes et al, 2006; Sprott & Randall, 2017).

Indeed, a recent study completed in Belgium found high rates of stigmatization against BDSM practitioners (Schuerwegen et al., 2020). The authors found that 86% of their self-report sample agreed with at least one stigmatizing attitude toward BDSM practitioners (example scale items: "I wouldn't want someone who practices BDSM looking over my children" and "Severe SM practices should be prosecutable"); only 14% of the sample did not agree with any of the stigmatizing statements. Additionally, 77% of participants reported that they endorsed at least one discriminatory attitude (example scale item: "I wouldn't mind living next to someone who practices BDSM", reverse-scored). People who practice BDSM are aware of the stigma against their community and tend to behave accordingly. BDSM community members tend to be afraid of being outed, or exposed, to their family, friends,

or workplace because they do not have any type of protections against discrimination; they could be fired from jobs just for participating in BDSM activities (Keenan, 2014). Although BDSM community members' willingness to disclose their interests to others ranges widely, there has been a pattern in previous research showing that the majority feel some level of discomfort about their involvement in BDSM activities being discovered by others and often conceal their involvement in BDSM activities as a form of self-protection (Bezreh et al., 2012; Connolly, 2006; Holt, 2016; Hughes & Hammack, 2019; Kolmes et al, 2006; Stiles & Clark, 2011; Waldura et al, 2016; Wright, 2006); this pattern seems to be consistent over time.

The anticipated and experienced stigma felt by BDSM community members is particularly strong regarding healthcare. Many can struggle with finding healthcare providers who understand what BDSM is (Kolmes et al., 2006). Fewer than 40% of BDSM community members disclose their sexual behaviors to their medical care practitioners out of fear of stigma and misinterpretation (Waldura et al., 2016), and one-third choose not to disclose their participation in BDSM to their mental healthcare providers (Kolmes et al., 2006). Their fears are not baseless; in some states, medical professionals are required to report any suspicious bruising a patient has even if they are informed that the bruises were from consensual activities (Houry et al., 2002). The lack of knowledge about BDSM community members extends to mental healthcare professionals as well; a recent study found that 14% of therapists surveyed thought that sexual masochism could not be practiced in healthy ways and 29% believed that sexual sadism is unhealthy (Kelsey et al., 2013). BDSM community members often have previous experiences of biased mental healthcare, including therapists assuming that BDSM is unhealthy, abusive, or indicative of past abuse, and therapists requiring clients to give up BDSM activities in order to continue therapy (Kolmes et al., 2006). About 11% of BDSM community members report having experienced discrimination from either medical or mental healthcare providers (Wright, 2008). Thus, BDSM community members often self-censor to prevent stigmatization in healthcare environments (Nevard, 2019).

Given the known misconceptions about BDSM community members among healthcare providers and mental health therapists and given the rise of misleading popular media like *Fifty Shades of Grey*, *The Claiming of Sleeping Beauty,* and popular Netflix show *Bonding*, it seems likely that the general population also has misconceptions about this community. A recent study showed that despite self-reported favorable attitudes toward BDSM community members, a sample of current and future mental healthcare providers' implicit attitudes tended to be negative, even predicting a minor amount of differential treatment of a BDSM-labeled confederate (i.e., less smiling in an interview; Stockwell et al., 2017). Other research suggests that although the academic community has become more accepting over time of BDSM as a subculture, the general public has not (Stiles & Clark, 2011; Weiss, 2006). For example, although college students tend to believe that BDSM is not socially wrong and should be tolerated, they also tend to believe that BDSM community members are prone to either commit or be victims of non-consensual violence (Yost, 2010).

However, compared to the relative wealth of information known about how BDSM community members experience stigma and what barriers they face when interacting with healthcare professionals, comparatively little is known about how the general population perceives BDSM community members. Given what is known in the research literature about BDSM practitioners, it seems reasonable that the general population may be misinformed about BDSM practitioners and may still stigmatize them.

The Current Research

In the current research, we investigated the extent to which the general population stigmatizes BDSM practitioners, compared to the gay/lesbian community and people in romantic relationships generally. We use the term "general population" to refer to people who are non-BDSM practitioners and heterosexual. We opted to include the gay/lesbian community as a comparison group to draw the parallel between reduction of the pathology narrative between this population and the BDSM population (Lin, 2016); specifically, we expected that given the de-medicalization and de-stigmatization of the gay/lesbian community, our general population sample would stigmatize them less than BDSM practitioners. We also included "people in romantic relationships" as a control group in an effort to establish a low-stigma baseline against which we could compare stigma toward the gay/lesbian community and toward the BDSM community. We hypothesized that stigma would be highest toward BDSM practitioners, followed by the gay/lesbian community.

Method

Participants

Amazon's Mechanical Turk was used to recruit a convenience sample of adults to complete a stigma questionnaire hosted on the platform Qualtrics about one of three populations: BDSM practitioners, people in gay/lesbian relationships, and people in romantic relationships generally. Participants were paid $0.75 for their time. An a priori power analysis conducted with the G*Power software (Faul et al., 2009) indicated that we would

need 252 participants to detect a medium-sized effect with 95% power. In order to account for possible exclusion, we aimed to recruit about 378 participants. A total number of 121 participants were excluded due to our preregistered exclusion criteria (https://osf.io/zft6x): 74 for identifying as BDSM practitioners, 3 for not responding to the BDSM identification question, 12 for identifying as a gay or lesbian person, and 32 for failing the manipulation check. We pre-registered exclusion criteria for BDSM practitioners and gay/lesbian people to ensure that our sample represents the non-BDSM, heterosexual majority of the general population whom we are most interested in studying to answer our research question about stigmatization of BDSM practitioners by the general population. Additionally, we pre-registered exclusion criteria for participants failing the manipulation check in order to eliminate poor quality data from our analyses. Our final sample size was 257 participants (63% male, $M_{age} = 36.98$), the majority of which (74%) identified as White/Caucasian (9% African-American/Black, 7% Asian/Asian-American, 5% Hispanic/Latino, 4% multiracial, 0.4% American Indian/Native American, and 0.4% not disclosing their racial/ethnic identity).

Materials & Procedure

Participants were randomly assigned to answer a stigma questionnaire about one of three populations (see Appendix for brief explanations of each population given to participants). Participants also answered a reCAPTCHA check, a manipulation check, and a question about how affected they are by the COVID-19 pandemic, which was ongoing at the time of data collection in April 2020. Lastly, participants completed demographic questions.

Stigmatization Measure

The Prejudice Towards Gay Men and Lesbians subscale of the Prejudice Scales-1 (Cohrs et al., 2012) is an 11-item scale that measures prejudice towards people who are gay or lesbian. We adapted this scale to create two additional versions: one adapted to reflect BDSM practitioners, and one adapted to reflect people in romantic relationships generally. We opted to incorporate the comparison groups of gay/lesbian people and people in romantic relationships as two different control groups, one which should serve as a low-stigma baseline (people in romantic relationships) and one which has undergone more extensive societal de-stigmatization than BDSM practitioners (gay/lesbian people).[1] Participants were randomly assigned to either complete the original scale as a measure of stigmatization toward the gay/lesbian community (example question: "Homosexual people live a too excessive and uninhibited life"), complete the adapted version measuring stigmatization toward BDSM practitioners (example question: "I would not like BDSM community members to go public with their sexuality"), or complete the adapted version measuring stigmatization toward people in romantic relationships (example question: "I feel people in romantic relationships are annoying"), responding to statements using a 7-point Likert scale ranging from 1 (*not true at all*) to 7 (*completely true*). The only changes we made to the original scale were to replace the target of each item from the original (e.g., "homosexual people") to our target populations (e.g., "BDSM community members," "people in romantic relationships"); see Appendix for exact questions in all three conditions. All items were summed to create stigmatization scores for BDSM practitioners ($\alpha = 0.80$), gay/lesbian community members ($\alpha = 0.95$), and people in romantic relationships ($\alpha = 0.91$).

COVID-19 Stress Check

Given that the COVID-19 pandemic was ongoing at the time of data collection, we included a single-item COVID-19 stress check with the goal of controlling for variability in pandemic-related stress in our analyses. Past research has shown that anxiety and stress can impact impression formation and increase stereotypical judgments of others (e.g., Curtis & Locke, 2007; Friedland et al., 1999); thus, we sought to ensure that anxiety and stress from the ongoing pandemic were not driving our results from this study by testing whether COVID stress moderated our findings. Participants answered the question: "Please indicate using the scale below how worried, anxious, and/or stressed you feel about the current ongoing COVID-19 pandemic" using a scale ranging from 1 (*not at all worried, anxious, and/or stressed*) to 5 (*extremely worried, anxious, and/or stressed*).

Results

We conducted one-way ANOVAs with Tukey post-hoc tests to assess our hypotheses. As hypothesized, there was significantly higher stigma toward BDSM practitioners ($M = 39.70$, $SD = 10.75$) than either gay/lesbian community members ($M = 31.83$, $SD = 17.97$) or people in romantic relationships generally ($M = 25.71$, $SD = 12.45$), $F(2, 253) = 21.70$, $p < 0.001$, $\eta^2 = 0.15$. The difference between means for the gay/lesbian community and people in romantic relationships was also significant.

Next, we re-ran our analyses controlling for individual variability in current stress caused by the COVID-19

[1] Of course, gay/lesbian folks and BDSM community members can be part of the umbrella of "people in romantic relationships." However, these folks tend not to come to mind when non-BDSM practitioners and heterosexual people think of "people in romantic relationships," which is why we used this as a low-stigma comparison group.

pandemic using the General Linear Model.[2] Adding the COVID-19 stress check item as a covariate to our analyses did not significantly affect results or interact with condition ($ps > 0.37$), suggesting that the condition differences in stigmatization present in this study are not simply due to increased pandemic-related stress from our participants.

Lastly, though not pre-registered, we explored whether gender or age interacted with condition to predict stigma.[3]Using the General Linear Model, we found that age did not interact with condition ($F(2, 250) = 0.36$, $p = 0.70$), nor did gender ($F(2, 249) = 0.90$, $p = 0.41$). This suggests that stigma is not dependent on either of these demographic variables.

Discussion

Overall, these results supported our hypothesis that BDSM practitioners face a higher rate of stigma than either gay/lesbian people or people in romantic relationships. Our supplemental analyses suggested that this stigma exists irrespective of COVID stress, and that stigma levels do not change based on participants' age or gender. These stigma differences seem to reflect the pathology narrative toward both the BDSM and gay/lesbian populations, given that our general population sample stigmatized both groups more than people in romantic relationships generally. Importantly, our finding that the general population stigmatized BDSM practitioners significantly more than the gay/lesbian community also reflects the much greater progress toward de-medicalization and de-stigmatization for the gay/lesbian community compared to the BDSM community (Lin, 2016).

However, this also provides an opportunity for continued research. Much previous research about stigmatization of BDSM practitioners in the healthcare system and prejudice toward BDSM practitioners from college students and other populations is years or decades old, yet the current research suggests stigmatization still exists today. Given this, one direction for future research could involve replicating the study methodologies of those older studies more exactly to test whether the same finding still holds up – for example, does one-third of BDSM practitioners still purposely not disclose their participation to their mental healthcare providers today as Kolmes and colleagues found in 2006? Is the percentage of therapists who believe that sexual sadism is unhealthy lower now than the 29% that Kelsey and colleagues found in 2013? Repeating these studies in the 2020s would provide insight into just how far the BDSM community has come in terms of de-pathologization.

Another area for future research is to examine exactly why this stigma still exists today. We have speculated earlier in this paper, along with other researchers, that it may be at least partially due to misrepresentation of the BDSM culture in popular media, as with the inaccuracies in Fifty Shades of Grey around the role of consent. Though we did not test this as an explanatory mechanism in our study, future research could do so to test whether this is the case.

Perhaps the most critical future research direction is to examine how to reduce this stigma. Stigmatization correlates with negative health outcomes; thus, it is plausible that BDSM practitioners are at risk for this in a similar way as the gay/lesbian population (Hatzenbuehler, 2016; Hatzenbuehler et al., 2013). Our findings that BDSM practitioners are still stigmatized in 2020 raise the question of how best to combat the stigma toward BDSM practitioners. We believe this is a worthwhile pursuit both for the general population broadly speaking, as reducing stigma overall would certainly be desirable, and also for healthcare and mental health professionals specifically, as stigma in these arenas is perhaps most likely to negatively affect BDSM community members. We recommend that future research examine interventions aimed at decreasing levels of stigma. For example, researchers could test whether simply providing accurate information about BDSM lowers stigma, perhaps compared to providing no information. Perhaps providing information about the prevalence of BDSM activities and fantasies in the general population might reduce stigma toward this group. To invoke a classic social psychology intervention, perhaps telling people that it's the social norm to not stigmatize BDSM practitioners would in fact lower stigma, as telling high-prejudice college students that prejudice is low in their college reduced their prejudice behaviors (Sechrist & Stangor, 2001). Regardless of the exact intervention, we recommend that researchers explore this avenue of research, for both the general population broadly and healthcare providers specifically.

Limitations

Limitations to the generalizability of our findings primarily center around sample composition and size. Our sample in this study was recruited from Amazon's Mechanical Turk, which is of course not a true random sample. Previous research has suggested that samples gathered from MTurk are more demographically more diverse than the college student samples often used in psychological research, but still tend to be somewhat younger, better educated, and more White than the U.S. population as a whole (see Sheehan, 2018). Sample composition may have affected our findings; for example, perhaps we would have found even

[2] Although including this variable in the initial model may have been more efficient, we reported our results in this paper in the order in which we ran them for the sake of transparency and open science.

[3] We thank an anonymous reviewer for this idea.

stronger stigmatization effects if our sample skewed older or less educated. Further, many researchers have recently called into question the reliability of findings obtained from Amazon's Mechanical Turk, as well as their generalizability (e.g., Chmielewski & Kucker, 2020). Future research should examine whether our findings are generalizable to other types of samples, including college student samples and community samples.

Lastly, we must note that we excluded both BDSM practitioners and gay/lesbian participants from our sample because both were comparison groups in the study. This limits our findings in the sense that our sample consists of only heterosexual, non-BDSM-identified people. Although that definition does indeed apply to the majority of the general population, it is still worth considering as a limitation to the current research as our sample does not represent the full general population. For example, the current research did not measure gay/lesbian people's perceptions of the BDSM community, nor did it measure BDSM community members' perceptions of gay/lesbian people. Thus, although we believe these findings contribute important knowledge to the psychological research literature, our results should be interpreted with these limitations in mind.

Conclusions

This research contributes to the growing body of knowledge on the BDSM community. Specifically, our findings address an under-studied aspect of these practitioners' lives: how the general population misperceives and stigmatizes them. Previous research shows that the more people are educated about BDSM, the more prejudice toward BDSM practitioners decreases (Yost, 2010); thus, studying the characteristics of this community and disseminating such research findings is of utmost importance to reducing misinformation and stigma toward this sexual minority community.

Appendix

Prejudice Scale- BDSM Community Members Adapted from: Cohrs et al., 2012.

BDSM (Bondage/discipline, dominance/submission, sadism/masochism) is defined as consensual sexual activity involving practices such as the use of physical restraints, the granting and relinquishing of control, and the infliction of pain. To what extent are the following statements about BDSM community members true of your beliefs? The responses are rated from 1 (not true at all) to 7 (completely true).

1. I would not like BDSM community members to go public with their sexuality.
2. I feel being into BDSM is something normal.
3. BDSM community members are just not able to have a proper relationship.
4. In my view being into BDSM is just a fashion of people who want to attract attention.
5. I like it if people can act out their BDSM lifestyle.
6. BDSM community members live a too excessive and uninhibited life.
7. I feel BDSM community members are annoying.
8. If I find out that friends of mine are part of the BDSM lifestyle, I break off the friendship.
9. If somebody tells me that he/she is a part of the BDSM community I can handle this well.
10. If I was asked to share an office with a BDSM colleague at work, I would ask for relocation.
11. If my child confessed that he/she was into BDSM, I would support him/her on this way.

The Prejudice Towards Gay Men and Lesbians subscale of the Prejudice Scales-1 (Cohrs et al., 2012).

People who identify as gay/lesbian are those who are both emotionally and physically attracted to people of the same gender. To what extent are the following statements about gay and lesbian people true of your beliefs? The responses are rated from 1 (not true at all) to 7 (completely true).

1. I would not like gay and lesbian people to go public with their sexuality.
2. I feel homosexuality is something normal.
3. Gay men and lesbians are just not able to have a proper relationship.
4. In my view homosexuality is just a fashion of people who want to attract attention.
5. I like it if people can act out their homosexuality.
6. Homosexual people live a too excessive and uninhibited life.
7. I feel homosexual people are annoying.
8. If I find out that friends of mine are gay or lesbian, I break off the friendship.
9. If somebody tells me that he/she is homosexual I can handle this well.
10. If I was asked to share an office with a gay colleague at work, I would ask for relocation.
11. If my child confessed that he/she was gay/lesbian, I would support him/her on this way.

Prejudice Scale- Romantic Relationships Adapted from: Cohrs et al., 2012

The following questions about your beliefs regarding people who are in romantic relationships. To what extent

are the following statements about people in romantic relationships true of your beliefs? The responses are rated from 1 (not true at all) to 7 (completely true).

1. I would not like people to go public with their romantic relationships.
2. I feel romantic relationships are something normal.
3. Men and women are just not able to have a proper romantic relationship.
4. In my view romantic relationships are just a fashion of people who want to attract attention.
5. I like it if people can act out their romantic relationships.
6. People in romantic relationships live a too excessive and uninhibited life.
7. I feel people in romantic relationships are annoying.
8. If I find out that friends of mine are in romantic relationships, I break off the friendship.
9. If somebody tells me that he/she is in a romantic relationship I can handle this well.
10. If I was asked to share an office with a colleague who is in a romantic relationship at work, I would ask for relocation.
11. If my child confessed that he/she was in a romantic relationship, I would support him/her on this way.

Author's Contributions AAHB and SEJ conceived and planned the presented idea. AAHB and SEJ developed data collection methods and reviewed literature. AAHB and SEJ collected data. AAHB and SEJ analyzed data. AAHB supervised SEJ throughout the project. AAHB made major revisions throughout. All authors discussed the results and contributed to writing the final manuscript.

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Code Availability Not applicable.

Declarations

Ethics Approval The study was performed in line with the principles of the Declaration of Helsinki and was approved by the Institutional Review Board at Bridgewater State University [IRB #2020040].

Consent to Participate All participants were over the age of 18 and freely gave their informed consent to participate.

Consent to Publish All participants gave consent for their deidentified data to be published in an academic journal.

Conflict of Interest Authors have no conflicts of interest to report.

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