

DSM Revision Project

NCSF's DSM Revision Project ran from 2008-2013, when the DSM-5 was published by the APA.

- Over 3,000 people signed NCSF's DSM Revision Petition urging the APA to depathologize sexual behaviors by consenting adults. Many comments were made by mental health professionals denouncing the inclusion of BDSM in the DSM, due in part to NCSF's outreach at conferences such as the American Association of Sexuality Educators, Counselors and Therapists.
- Over 3,000 kinky people participated in the survey of Violence & Discrimination Against Sexual Minorities in 2008. Over 37% said they had been discriminated against, had experienced some form of harassment or violence, and/or had some form of harassment or discrimination aimed at their BDSM-Leather-Fetish related business. This persecution was a direct result of the false stereotype that people who do BDSM are "mentally ill."
- This information, along with the annual data from NCSF's Incident Reporting & Response Program, was provided to the APA. NCSF answered follow-up questions from members of the Paraphilia Subworkgroup of the Sexual and Gender Identity Disorders Workgroup.

NCSF appreciates that the American Psychiatric Association responded to the underserved population of BDSM practitioners and clarified that healthy adults who engage in kinky sexual behavior are not considered to have a mental disorder.

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NCSF Mission

The NCSF is committed to creating a political, legal and social environment in the U.S. that advances equal rights for consenting adults who engage in alternative sexual and relationship expressions. The NCSF aims to advance the rights of, and advocate for consenting adults in the BDSM-Leather-Fetish, Swing and Polyamory communities. We pursue our vision through direct services, education, advocacy, and outreach, in conjunction with our partners, to directly benefit these communities.



national coalition for sexual freedom, inc.



KINK IS
OKAY!

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The American Psychiatric Association depathologized sadism, masochism, cross-dressing and fetishes in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) in 2013.

The DSM-5 defines paraphilia as “any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling.” A paraphilic disorder is a “paraphilia that is currently causing distress or impairment to the individual or a paraphilia whose satisfaction has entailed personal harm, or risk of harm, to others.” (DSM-5, pp. 685-686)

“A paraphilia is a necessary but not a sufficient condition for having a paraphilic disorder, and a paraphilia by itself does not necessarily justify or require clinical intervention.” (DSM-5, p. 686)

The revised DSM is helping to change the way society views kinky people. For example, in all 41 child custody cases in 2012 in which NCSF provided the proposed DSM-5 criteria, the BDSM evidence was set aside and child custody was determined on its own merits. In contrast, NCSF’s success rate in 2006 was approximately 20% when it came to refuting the false contention that a parent is unfit because they are kinky.



The following are examples of the revised language, provided to illustrate this great step forward in the DSM-5:

Sexual Masochism

“Such individuals openly acknowledge intense sexual arousal from the act of being humiliated, beaten, bound, or otherwise made to suffer, as manifested by fantasies, urges, or behaviors. ... In contrast, if they declare no distress, exemplified by anxiety, obsessions, guilt, or shame, about these paraphilic impulses, and are not hampered by them in pursuing other personal goals, they could be ascertained as having masochistic sexual interest but should not be diagnosed with sexual masochism disorder.” (DSM-5, p. 694)

“In Australia, it has been estimated that 2.2% of males and 1.3% of females have been involved in bondage and discipline, sadomasochism, or dominance and submission in the past 12 months.” (DSM-5 p. 694)

Sexual Sadism

“The majority of individuals who are active in community networks that practice sadistic and masochistic behaviors do not express any dissatisfaction with their sexual interests, and their behavior would not meet DSM-5 criteria for sexual sadism disorder.” (DSM-5, p. 697)

“Depending on the criteria for sexual sadism, prevalence varies widely, from 2% to 30%.” (DSM-5, p. 696)

Fetishism

“Many individuals who self-identify as fetishist practitioners do not necessarily report clinical impairment in association with their fetish-associated behaviors. Such individuals could be considered as having a fetish but not fetishistic disorder.” (DSM-5, p. 701)

“For example, an individual whose sexual partner either shares or can successfully incorporate his interest in caressing, smelling, or licking feet or toes as an important element of foreplay would not be diagnosed with fetishistic disorder; nor would an individual who prefers, and is not distressed or impaired by, solitary sexual behavior associated with wearing rubber garments or leather boots.” (DSM-5, p. 702)

Transvestism

“The diagnosis of transvestic disorder does not apply to all individuals who dress as the opposite sex, even those who do so habitually.” (DSM-5, p. 703)

“Fewer than 3% of males report having ever been sexually aroused by dressing in women’s attire. The percentage of individuals who have cross-dressed with sexual arousal more than once or a few times in their lifetimes would be even lower.” (DSM-5, p. 703)