

DSM Revision Project

NCSF's DSM Revision Project ran from 2008 to 2013, when the DSM-5 (Diagnostic and Statistical Manual) was published by the American Psychiatric Association.

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 and Discrimination Against Sexual Minorities in 2008. Over 37% said they had been discriminated against, had experienced some form of harassment or violence, or had some form of harassment or discrimination aimed at their BDSM-leather-fetish-related business. This persecution is a direct result of the false stereotype that people who practice 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 member of the Paraphilia Subworkgroup of the Sexual and Gender Identity Disorders Workgroup.

NCSF appreciates that the American Psychiatric Association responded positively 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."

how you can help

The NCSF relies overwhelmingly on contributions from individuals and local BDSM, swing and polyamory groups for financial support. Ask your group to organize a fundraiser for NCSF, and contact us at info@ncsfreedom.org to find out how easy it can be!

You can also participate in NCSF activities ranging from writing letters to the media and government officials, to joining in community outreach. Get information about NCSF actions, as well as coverage of mainstream news concerning sexual freedom issues, by subscribing to our free newsletter at www.ncsfreedom.org.

NCSF Mission Statement

The NCSF is committed to advancing the rights of consenting adults in the BDSM-Leather-Fetish, Swing, and Polyamory communities through education, advocacy, and outreach.

The Foundation of the National Coalition for Sexual Freedom (FNCSF) is NCSF's 501(c)(3) charitable foundation. It provides educational programs related to our mission. Tax-deductible donations support the projects of our foundation.



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**kinky is not
a diagnosis**

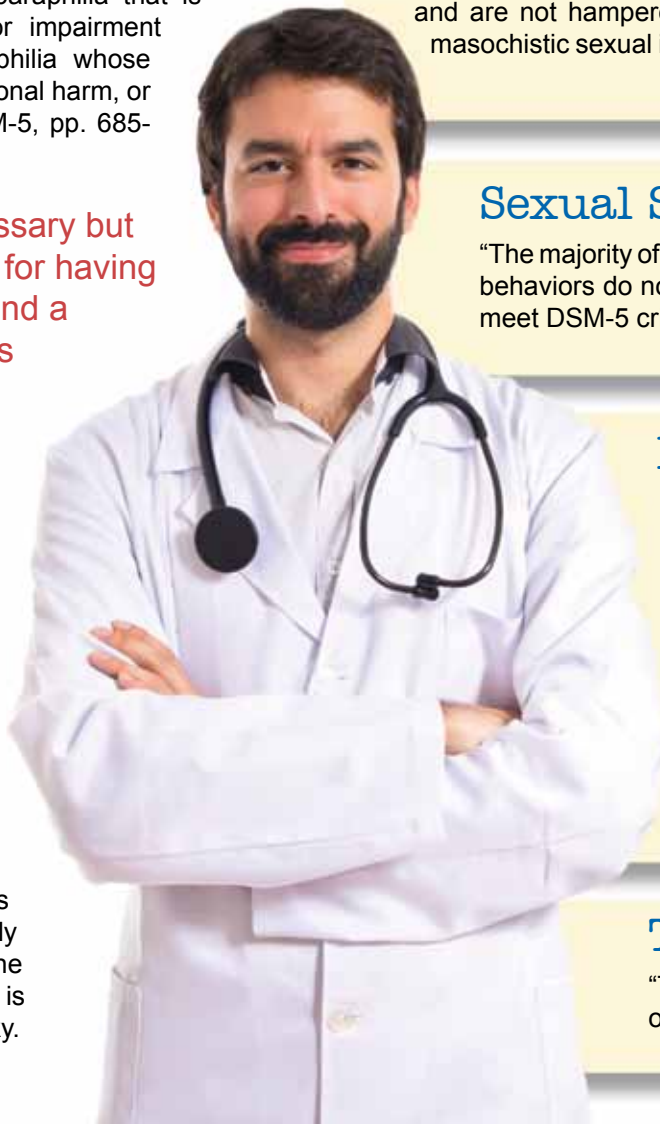
DSM Revision Project: Kinky is **not** a diagnosis

The American Psychiatric Association has 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 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 revised language of 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)

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)

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 a 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)