

research

Recent literature reaffirms BDSM as a minority sexual interest for consenting adults, as opposed to a pathological symptom of psychiatric concern (Richters et al., 2008; Williams et al., 2016).

According to a recent prevalence survey, millions of adults engage in consensual BDSM and participate in the kink communities. (Herbenick et al., 2017)

COMMON LIFETIME SEXUAL BEHAVIORS INCLUDE:

- Spanking (≥30%)
- Role-playing (≥22%),
- Tying/being tied up (≥20%)
- Watching sexually explicit videos/ DVDs (60% women, 82% men)
- Having engaged in threesomes (10% women, 18% men)
- Playful whipping (≥13%)
- Lifetime group sex (≥9%)
- Sex parties (≥6%)
- Taking a sexuality workshop (≥4%)
- Going to BDSM parties (≥4%)

THE APA CLARIFIED...

Healthy adults who engage in kinky sexual behavior are **not considered to have a mental disorder.**

how you can help

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

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 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.

Diversity, Equity and Inclusion Vision

NCSF's goal is to fulfill our mission through a better understanding of a diverse range of voices and experiences in our communities. We recognize the similarities and differences between people that make us all unique. We aim to be inclusive by creating opportunities for more people of various backgrounds to be represented and heard by NCSF.



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kinky is not a diagnosis



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About the **DSM-5**

The American Psychiatric Association has depathologized consensual 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.”

The DSM-5 makes it clear that people do not have a disorder unless they act on these sexual urges with a nonconsenting person, or the urges or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The effects caused by societal stigma should not be confused with internally-generated distress or disfunction.

The APA's **DSM-5** states:

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)

NCSF represented the BDSM communities while working with the APA in order to assist parents facing child custody issues, as well as those who are at risk of more severe criminal sentencing due to their consensual adult kink activities.

<https://ncsfreedom.org/dsm-5/>