

About the **DSM-5-TR**

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-TR*) in 2022.

The DSM-5-TR defines paraphilia as:

“any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners.” (DSM-5-TR, p. 779)

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-TR, p. 780)

“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-TR, p. 780)

The DSM-5-TR 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 term bondage-domination-sadism-masochism (BDSM) is broadly used to refer to a wide range of behaviors that individuals with sexual masochism and/or sexual sadism (as well as other individuals with similar sexual interests) engage in, such as restraints or restriction, discipline, spanking, slapping, sensory deprivation (e.g. using blindfolds), and dominance-submission roleplay involving themes such as master/enslaved person, owner/pet, or kidnapper/victim.” (DSM-5-TR, p. 791)

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 fetishistic sexual interest (i.e., a recurrent and intense sexual arousal from either the use of nonliving objects or a highly specific focus on a nongenital body part, as manifested by fantasies, urges or behaviors), but not a fetishistic disorder.” (DSM-5-TR, p. 797)

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-TR, p. 799)

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/>