

Research in brief: How prevalent is rough sex? Results from a national online sample of adults in Germany

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Abstract

Background: Rough sex refers to consensual sexual activities that incorporate playful aggression, such as hair pulling, spanking, or choking. It is relevant in the context of sexual health as it can enhance sexual arousal, pleasure, and intimacy among consenting partners. However, it can also be associated with consent violations, discomfort, and injuries ranging from mild to severe or even fatal. The prevalence of rough sex in Germany is widely unknown. Our study aims to establish, for the first time, the overall age-related and gender-related prevalence rates of active and passive rough sex involvement among adults in Germany.

Methods: A national online sample of 1101 adults from Germany, aged 18–69 years (50% men, 49% women, 1% gender-diverse individuals) gave informed consent and reported on their lifetime engagement in rough sex in active and passive roles. We recruited participants through a professional panel provider for a multi-themed sexual health survey. Data analysis was conducted using R, with 95% confidence intervals of prevalence rates computed to answer the research questions.

Results: Lifetime prevalence of rough sex involvement was 29%. Adults below the age of 40 reported higher rates of involvement (up to 43%) than people over 40 (up to 26%). Men reported predominantly active role involvement and women reported primarily passive role involvement.

Discussion: Results show that rough sex is common. Sexual health professionals, educators, and researchers should be prepared to guide current and aspiring practitioners of rough sex, helping them understand potential benefits, risks, and age- and gender-related differences.

KEYWORDS

couples, Europe, gender-based violence, sex education, sexual behavior

INTRODUCTION

In recent years, and across multiple countries, rough sex has become of public and academic interest.^{1,2} Rough sexual practices such as

spanking, slapping, or choking during intercourse are very visible in the media—for instance, in pornography,³ Internet memes,⁴ erotic novels,⁵ and sexual advice literature.⁶ At the same time, rough sex seems to be quite popular at least among younger people from the

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Global North, with lifetime prevalence rates of up to 79% among undergraduate students in the United States.⁷

However, empirical data from different countries and broader populations is scarce.^{1,2} In this study, we investigate for the first time the prevalence of rough sex among adult Internet users in Germany, complementing previous data on selected dominant/submissive sexual behaviors in German convenience samples.^{8–10} We distinguish not only between age and gender subpopulations but also between rough sex involvement in different roles, such as allowing oneself to be choked during sex (taking a passive role) or choking another person (taking an active role). Our findings may encourage sexual health educators in Germany and other countries to address the issue of rough sex with their clients.

Definition of rough sex

The academic literature defines rough sex as “aggressive consensual sex”⁷ or as “consensual aggression and violence during sex,”² where the expressed aggression or violence is playful and pleasurable, usually not harmful.

Surveys among young adults show that they include a whole range of practices under the umbrella of rough sex.^{7,11,12} There seems to be a first cluster of activities that mainly represent a seemingly forceful execution of intercourse and involve throwing a sex partner onto the bed, pushing down, tearing clothes off, hair-pulling, and hard thrusting. A second cluster includes more forceful and potentially painful and intimidating actions such as spanking, slapping, choking, bondage, biting, and scratching.¹²

While the aforementioned core elements of rough sex are established, scholars have not yet reached consensus on a complete list of rough sex activities²: Some researchers, for example, include name calling,¹³ others double penetration,¹⁴ and yet others disregard both. Furthermore, the similarities and differences between rough sex and *BDSM* (bondage/discipline; dominance/submission; sadism/masochism)¹⁵ or *kink*¹⁶ sexual practices and practitioners have not yet been clarified by research.¹

Relevance of rough sex for sexual health

From a sexual health perspective, rough sex involvement is deeply ambivalent as it is linked to sexual arousal, pleasure, and intimacy but also to discomfort, pain, and even deadly outcomes.^{1,2}

Benefits of rough sex

Practitioners of all genders and sexual identities report that they experience rough sex as exciting and as a particularly powerful, uninhibited, passionate, and hence pleasurable version of sex.^{11,16,17} The intensity of mental and physical stimulation during rough sex and *BDSM* activities can help to focus on and stay in the moment which fosters sexual arousal and orgasm.⁷ The joint and consensual transgression of conventional sexual norms and the exploration of new

practices can increase trust and intimacy between partners.^{16,18} Also, it seems that specific situational factors such as reconciliation after a fight or reunion after a long separation can trigger couples to have rougher sex than usual.¹¹ The increased public visibility of rough sex through diverse media representations might encourage people to overcome potential insecurities and shame and express and explore their preexisting interests in rougher sexual activities. Acknowledging the significance of sexual pleasure for sexual health,¹⁹ the sexual health profession can embrace individuals' consensual rough involvement and make sense of this practice as a benevolent way to intensify and vary consensual sexual encounters among adults according to personal preferences, situational circumstances, and cultural context.

Risks of rough sex

The potential benefits of rough sex come with noteworthy risks. Practitioners who engage in rough sex in the passive role give up control and are vulnerable to finding themselves in positions that are uncomfortable, painful, or dangerous both mentally and physically.¹⁸ For example, the popular rough sex practice of choking (technically manual strangulation, also called erotic asphyxiation or breath control play in consensual sexual contexts) can cause throat pain, unconsciousness, and in rare cases, even death.^{20,21} Apart from the fact that rough sex accidents among consenting practitioners are documented, the popularization of rough sex and the trope of all women preferring rough sex has opened the door to disguise and excuse deadly violence against women as seemingly tragic rough sex accidents (so-called “rough sex defense”) hence, shifting the responsibility and blame to the victim.^{22–24} Researchers suggest that engagement in rough sex among younger and older people is influenced by a variety of factors (e.g., cultural and peer influences),²⁵ including unsafe and gender-stereotyped rough sex or *BDSM* representations in pornography.^{9,10,14,26}

Acknowledging the ongoing societal problems with sexual consent-violations and violence that affect people of all genders but especially women, the sexual health profession should be aware of the different pathways through which rough sex and myths about rough sex can contribute to both sexual victimization and victim blaming.

Prevalence of rough sex

As more people engage in rough sex, it becomes an increasingly relevant topic for sexual health professionals. Previous research provides limited insights into age- and gender-related prevalence rates due to non-representative samples and narrow operationalizations that cover only selected rough sex practices.^{1,2} However, there are some exceptions. In a random sample of 4998 undergraduate students from one US university, nearly 77% of young men and 82% of young women reported rough sex involvement with no differentiation between active and passive roles.⁷ In a population-based probability survey among 2227 sexually experienced adults (18–60 years) in the United States, men consistently reported more “aggressive” (active) and women more “target” (passive) involvement in selected rough sex practices such as sexual name calling, choking, and spanking.²⁷ In an

Internet-based, nationally representative US survey of 2021 adults, younger women and men reported a higher prevalence of participation in selected rough sex practices, such as spanking/being spanked, compared with older adults.²⁸ However, these last two US surveys did not measure overall participation in rough sex.

The current study

Against this background, we aimed to investigate for the first time: (1) overall rough sex involvement; and (2) age-related and (3) gender-related prevalence rates of rough sex involvement in active and/or passive roles among Internet users in Germany. Collecting data from a national online sample of adults in Germany adds to the extant body of research as previous studies mostly provided data from the US and focused on specific population groups (e.g., undergraduate students) and most studies have not clearly differentiated between active and passive role involvement.

METHODS

To answer our research questions, we conducted a survey of a national online sample of adults in Germany. The study follows an Open Science approach: we have made our instrument, data, and analysis script plus supplementary tables available (<https://osf.io/7qw98/>).

Study design

For our study, we surveyed an incentivized commercial panel of German citizens between the ages of 18 and 69, operated by the European marketing and social research institute Bilendi & respondi. Participants in Bilendi & respondi's opt-in online panel sign up voluntarily to participate in the panel, in general, and then receive invitations to participate in specific online surveys in exchange for a small monetary reward.

Research ethics

All participants (registered online panelists) provided informed consent, could opt out at any time, and could pause completion and return to the questionnaire. Answering the survey questions was not obligatory. The research ethics committee of Technische Universität Ilmenau (Germany) approved the study.

Procedure

We conducted the multi-themed sexual health survey via an online self-administered questionnaire, programmed with Qualtrix XM, over 2 weeks in December 2022. The average completion time was 43 min, with a median of 14 min.

Measures

Rough sex involvement was measured with the German version of the Rough Sex Involvement (RSI) screening items¹:

People engage in different activities during consensual sex. This includes so-called **rough sex activities** such as hair-pulling, choking, spanking, biting, tying up, pinning down, and so on. Engagement in rough sex activities can be active (e.g., pinning someone down) and/or passive (e.g., being pinned down). What is your experience?

- During consensual sex, have you ever engaged in rough sex activities in the **active** role?
yes/no
- During consensual sex, have you ever engaged in rough sex activities in the **passive** role?
yes/no

We developed the items based on the academic literature, consultation with the BDSM community, and a pretest. We selected "active/passive" role labels because they are common, simple, clear, and seemingly less value-laden due to their main reference to grammar (active grammatical form: "pinning someone down," passive form: "being pinned down") as opposed to more morally charged labels such as "dominant/submissive" or "aggressive/target" (for a structured overview of role labels used in the rough sex literature see Table S1 at <https://osf.io/7qw98/>).

Based on the two RSI screening items, we built and used four different rough sex involvement measures: (1) active role involvement; (2) passive role involvement; (3) overall involvement (either active and/or passive role involvement, bivariate correlation between both RSI items: $r = 0.47$, $p < 0.001$); and (4) no involvement (neither active nor passive involvement).

Regarding demographics, we measured three variables: age (in years), gender (five self-descriptions: male, female, trans*/transgender, genderqueer/non-binary/genderfluid, and other), and current marital/relationship status (currently in a relationship or not; see Table S2 at <https://osf.io/7qw98/>).

Sample

The European marketing and social research institute Bilendi & respondi invited 13,236 online panelists to take part in the survey. They applied a quota sampling procedure to the respondents to largely reflect the age and gender composition of the German online population. $N = 1616$ filled out the questionnaire, of which $n = 515$ respondents were removed by us during quality control due to the following reasons: not signing the informed consent ($n = 41$), failing the attention checks ($n = 351$), and filling in the survey in under 7 min ($n = 123$); that is, we excluded respondents who were 50% faster than the median as speeders.²⁹ This amounts to a response rate of 12.5% (AAPOR³⁰ Response Rate 4, see for computation and contextualization Table S3 at <https://osf.io/7qw98/>). The average age of the remaining $N = 1101$ participants was 45.5 years ($SD = 14.5$ years). Fifty percent of the

participants identified their gender as male, 49% as female, and 1% as gender-diverse. Of all participants, 70% reported currently being in a romantic or sexual relationship with at least one person (see Table 1).

Statistical analysis

We computed the 95% confidence intervals for all rough sex prevalence rates addressed by our three research questions. For this, we used the function `MultinomCI` from the R package `DescTools` (Version: 0.99.48).³¹

RESULTS

Overall rough sex involvement

Among all respondents, the prevalence for overall rough sex involvement was 29% ($n = 321$). Prevalence was higher among adults below the age of 40 years (up to 43% in the age group 30–39, $n = 85$) compared to adults over the age of 40 years (up to 26% in the age group 40–49, $n = 49$). Prevalence of rough sex involvement was similar among men ($n = 169$, 31%) versus women ($n = 149$, 28%) with a large overlap of the gender-related confidence intervals (see Table 2).

Age-related active and passive rough sex involvement

Adults below the age of 40 years revealed the highest prevalence rates overall and also separately for both active role (up to 28%) and

passive role (up to 31%) involvement compared to older age groups (see Table 3). Among the oldest surveyed age group (60–69 years) the lower bound of the confidence intervals for both active and passive involvement was 11% and 10%, respectively.

TABLE 1 Sociodemographic characteristics of German adult participants in an online survey ($N = 1101$), absolute and relative frequencies.

Characteristic	<i>n</i>	%
<i>Age</i>		
18–29	220	20.4
30–39	196	18.2
40–49	187	17.4
50–59	231	21.4
60–69	243	22.6
Total	1077	100.0
<i>Gender</i>		
Male	552	50.1
Female	538	48.9
Trans*/transgender	1	0.1
Genderqueer/non-binary/genderfluid	6	0.5
Other	4	0.4
Total	1101	100.0
<i>Relationship status</i>		
In a relationship	765	69.5
Not in a relationship	336	30.5
Total	1101	100.0

TABLE 2 Overall rough sex involvement of German adult participants in an online survey ($N = 1099$), absolute and relative lifetime prevalences.

Characteristic	Overall rough sex involvement		No rough sex involvement		Total	
	<i>n</i>	% CI	<i>n</i>	% CI	<i>n</i>	%
Total rough sex involvement	321	29.2 [26.5, 32.0]	778	70.8 [68.1, 73.5]	1099	100.0
<i>Age</i>						
18–29	86	39.3 [32.9, 46.0]	133	60.7 [54.3, 67.5]	219	100.0
30–39	85	43.4 [36.7, 50.9]	111	56.6 [50.0, 64.1]	196	100.0
40–49	49	26.3 [20.4, 32.9]	137	73.7 [67.7, 80.2]	186	100.0
50–59	51	22.1 [16.9, 27.3]	180	77.9 [72.7, 83.2]	231	100.0
60–69	47	19.3 [14.8, 24.5]	196	80.7 [76.1, 85.8]	243	100.0
Total age	318		757		1075	
<i>Gender^a</i>						
Male	169	30.7 [26.9, 34.7]	382	69.3 [65.5, 73.3]	551	100.0
Female	149	27.7 [24.0, 31.7]	388	72.3 [86.5, 76.2]	537	100.0
Total gender	318		770		1088	

Abbreviation: CI, 95% Confidence interval.

^aWe could not include gender-diverse individuals in the analysis due to small number of cases (see Table 1).

TABLE 3 Age-related active and passive rough sex involvement of German adult participants in an online survey (N = 1075), absolute and relative life-time prevalences.

Age	Active role in rough sex		No active role in rough sex		Total active role		Passive role in rough sex		No passive role in rough sex		Total passive role	
	n	% CI	n	% CI	n	%	n	% CI	n	% CI	n	%
18–29	61	27.9 [22.4, 34.2]	158	72.1 [66.7, 78.5]	219	100.0	58	26.5 [21.0, 32.6]	161	73.5 [68.0, 79.6]	219	100.0
30–39	55	28.1 [21.9, 34.4]	141	71.9 [65.8, 78.3]	196	100.0	60	30.6 [24.5, 37.4]	136	69.4 [63.3, 76.2]	196	100.0
40–49	28	15.1 [10.2, 19.9]	158	84.9 [80.1, 89.8]	186	100.0	35	18.8 [13.4, 24.2]	151	81.2 [75.8, 86.6]	186	100.0
50–59	40	17.3 [13.0, 22.4]	191	82.7 [78.4, 87.7]	231	100.0	41	17.7 [13.4, 22.9]	190	82.3 [77.9, 87.4]	231	100.0
60–69	37	15.2 [11.1, 19.8]	206	84.8 [80.7, 89.3]	243	100.0	33	13.6 [9.9, 18.0]	210	86.4 [82.7, 90.9]	243	100.0
Total	221		854		1075		227		848		1075	

Abbreviation: CI, 95% Confidence interval.

TABLE 4 Gender-related active and passive rough sex involvement of German adult participants in an online survey (N = 1088), absolute and relative life-time prevalences.

Gender ^a	Active role in rough sex		No active role in rough sex		Total active role		Passive role in rough sex		No passive role in rough sex		Total passive role	
	n	% CI	n	% CI	n	%	n	% CI	n	% CI	n	%
Male	148	26.9 [23.2, 30.7]	403	73.1 [69.5, 77.0]	551	100.0	89	16.2 [13.2, 19.2]	462	83.8 [80.9, 86.9]	551	100.0
Female	73	13.6 [11.0, 16.6]	464	86.4 [83.8, 89.4]	537	100.0	138	25.7 [22.2, 29.6]	399	74.3 [70.8, 78.2]	537	100.0
Total	221		867		1088		227		861		1088	

Abbreviation: CI, 95% Confidence interval.

^aWe could not include gender-diverse individuals in the analysis due to small number of cases (see Table 1).

TABLE 5 Age- and gender-related active and passive rough sex involvement of German adult participants in an online survey ($N = 1075$), absolute and relative life-time prevalences.

Age	Active role in rough sex				Passive role in rough sex			
	Male gender ^a		Female gender ^a		Male gender ^a		Female gender ^a	
	<i>n</i>	% CI	<i>n</i>	% CI	<i>n</i>	% CI	<i>n</i>	% CI
18–29	48	36.6 [29.0, 45.5]	13	15.1 [9.3, 23.2]	25	19.1 [13.0, 25.8]	33	38.4 [29.1, 49.5]
30–39	33	37.5 [28.4, 48.5]	21	19.6 [13.1, 27.4]	20	22.7 [14.8, 31.5]	39	36.4 [28.0, 46.2]
40–49	18	21.4 [14.3, 30.9]	9	9.3 [5.2, 15.4]	12	14.3 [8.3, 22.1]	22	22.7 [15.5, 31.4]
50–59	20	17.7 [11.5, 24.8]	20	17.2 [11.2, 24.2]	13	11.5 [6.2, 16.9]	28	24.1 [17.2, 32.3]
60–69	28	22.0 [15.7, 29.6]	9	7.8 [4.3, 13.0]	19	15.0 [9.4, 21.1]	14	12.2 [7.0, 18.0]
Total	147		72		89		136	

Abbreviation: CI, 95% Confidence interval.

^aWe could not include gender-diverse individuals in the analysis due to small number of cases (see Table 1).

Gender-related active and passive rough sex involvement

Men and women reported statistically significant differences (no overlap of confidence intervals) in type of rough sex involvement. Men predominantly reported active (as opposed to passive) role involvement while women predominantly reported passive (as opposed to active) role involvement (see Table 4).

More than one of three surveyed men below the age of 40 years reported active rough sex involvement and more than one of three women below the age of 40 years reported passive rough sex involvement (see Table 5). At the same time, our data revealed a high correlation or overlap between active and passive involvement. Up to one in five men below the age of 40 years reported passive and up to one in five women below the age of 40 years reported active involvement.

DISCUSSION

The results from our national online survey in Germany confirm and add to previous review papers^{1,2} and earlier US surveys^{7,14,27,28} describing rough sex as a relatively common practice that is more prevalent among younger people and also gender-role confirming in the sense that men report more active/aggressive/dominant and women more passive/target/submissive role involvement. We also documented a noteworthy prevalence among the older age groups and gender nonconforming role taking; these findings deserve further exploration.

Limitations and future research directions

The current study is based on a national online sample of adults in Germany with an age and gender distribution that reflects the online population in Germany. However, data from such an online quota sample are not nationally representative. Moreover, this type of

national sampling does not provide insights into the experiences of people with minoritized sexual and gender identities, as their case numbers are too low for robust statistical analyses. Future research that purposefully samples sexual and gender diverse individuals to understand better their experiences with rough sex would be beneficial.

We constructed the rough sex involvement items used in this study in a gender-neutral manner. We clearly labeled rough sex as a consensual phenomenon, provided typical example activities, differentiated between active and passive roles, and focused on lifetime prevalence. Future studies could provide more detailed data on rough sex by: (1) addressing additional time frames (e.g., 12 months prevalence); (2) separately measuring involvement in specific rough sex activities; and (3) separately measuring consent to specific rough sex activities in addition to the general consent to the sexual interaction. It might also be fruitful to study the characteristics, pros, and cons of different labels for rough sex roles (e.g., active/passive, aggressive/target, dominant/submissive) in terms of their acceptability and connotations in different populations (e.g., rough sex practitioners vs. non-practitioners). More research is also needed to better understand the interactions between involvement in rough sex and socio-cultural factors (e.g., peer group norms, mass media, social media, pornography).

The current study focuses on age and (binary) gender as these are two key sociodemographic variables associated with rough sex involvement in the current public and academic debates. Future research could measure and explore the relevance of further demographic and personal characteristics including race and ethnicity, religion, education, disability/ability status, and personality traits (e.g., openness to new experiences, sensation seeking²⁷).

CONCLUSION

Previous research has identified several benefits and risks of rough sex involvement and points to young people and women as

particularly vulnerable groups of practitioners in the sense that they may experience increased media/peer/partner pressure to participate in unwanted rough sex practices. The current study supports these findings by demonstrating that rough sex is common among adults in Germany, especially among adults under the age of 40, and that role involvement differs by gender. In the context of rough sex, sexual health educators can support their clients by discussing and practicing effective ways to: (1) explicitly ask for and give/withdraw consent to different rough sex roles/practices; (2) ensure the mental/emotional/physical well-being and legal safety of all participants; and (3) resist media/peer/partner pressure for the sake of sexual autonomy. Given the ambiguity of experiences with of rough sex, sexual health professionals are challenged to find the right balance between advocating for freedom from rough sex harms and freedom to rough sex pleasures with their diverse clients.²⁵

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

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