







Experiences with Rough Sex Among Autistic University Students: Descriptive Findings from a Campus Probability-Based Survey

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ABSTRACT

There is little research on autistic adults' rough sex experiences – even though rough sex has become prevalent among young adults. We aimed to explore lifetime sexual experiences, including consensual and non-consensual rough sex, among autistic university students in the U.S. and their perceptions and subjective experiences of rough sex. The study sample consisted of 46 autistic undergraduate and graduate students from a large public Midwestern U.S. university. Participants had engaged in a broad range of solo and consensual partnered sexual experiences, including rough sex, such as having their hair pulled (54.7%), being spanked lightly (51.3%), being choked by a partner (42.5%), consensual non-consent (12.5%) and having choked themselves while masturbating (19.6%) Most indicated their rough sex experiences had felt pleasurable, joyful, exciting, intimate, loving, or liberating; however, some reported they had felt them to be upsetting (60.0%), scary (30.0%), or traumatic (15.0%). About one-fifth had experienced non-consensual rough sex. Study findings underscore the need for sexuality education curricula to address diverse sexual practices for all students, including autistic university students. As autistic students in this sample reported some higher-risk practices (e.g. choking) and non-consensual rough sex, the timely and proactive integration of autism-specific findings on rough sex into sexuality education curricula is critical.

Introduction

Autism impacts how people experience and interact with their environment and others, including sexual and romantic relationships and preferences. Traditionally described as a neurodevelopmental disorder, autism is a spectrum characterized by altered sensory experiences, monotropic expression of interest, and differences in verbal and nonverbal communication patterns compared to allistic peers. Autism is characterized by significant heterogeneity within the autistic population with diverse manifestations that reflect the multifaceted nature of its impact on individuals and their lives (Chandrasekhar & Sikich, 2022). Sensory processing differences (e.g., muted or heightened sensitivity to sensory information) – first introduced in the DSM-5 (American Psychiatric Association, 2013) as a diagnostic characteristic of autism – can significantly influence sexual expression and experiences of autistic persons (Gray et al., 2021). We use an identity-first language (i.e., “autistic person” instead of “person with autism”), which is generally preferred among autistic adults (Taboas et al., 2023), acknowledging autism as a neutral descriptor and an integral part of many people's identity.

The current population of autistic adults in the United States (U.S.) is estimated to be about 5.4 million (Dietz et al., 2020), but this may underrepresent the actual prevalence due to diagnostic limitations. Historically, autism has been

perceived as more prevalent in men (Loomes et al., 2017), leading to the development of diagnostic tools focused on traits typical in autistic males (Kreiser & White, 2014). This resulted in significant oversight in diagnosing autistic females, who more often and more successfully mask their autistic characteristics, a phenomenon referred to as “camouflaging” (Dean et al., 2017). Additionally, limited accessibility to diagnostic assessments, financial burden, and the risk of experiencing social stigma may discourage many from seeking diagnostic assessment (Ghanouni & Seaker, 2023; L. F. Lewis, 2017).

In recent years, autism research has shifted in two important ways relevant to the present study. First, research has broadened from a predominantly clinical perspective to addressing sociocultural aspects of autism (Pellicano & den Houting, 2022), resulting in a more holistic approach to understanding autistic people's lives. Second, research has expanded in focus from autistic children to autistic adults, including autistic college students and young adults' dating, romantic, and/or sexual relationships, experiences, identities, and knowledge (Brown-Lavoie et al., 2014; Byers et al., 2013; Dewinter et al., 2017; Joyal et al., 2021). Although these studies set the initial framework for understanding broader sexual interests, there is little research on autistic adults' sexual experiences outside of traditional behaviors (e.g., masturbation and vaginal intercourse).

Autistic people share a universal need for human connections, as well as the right to make informed sexual health decisions and experience sexual pleasure. Several factors contribute to additional considerations in autistic sexualities. First, autistic people are more likely than their allistic (non-autistic) counterparts to describe their gender and/or sexual orientation in diverse ways – e.g., outside of heterosexual and cisgender labels – and are more likely to identify as asexual (Bertilsdotter Rosqvist & Jackson-Perry, 2021; Weir et al., 2021). However, autistic people have too often been stereotyped as uninterested or incapable of engaging in romantic or sexual relationships, leading to parents, caregivers, and educators limiting autistic people's access to sexuality education (Ballan, 2012; MacKenzie, 2018). These misperceptions have resulted in limited development of and access to appropriate and tailored sexuality education for autistic adolescents and young adults (Barnett, 2014), which may exacerbate sexual inequities and increase the risk of adverse sexual health outcomes (Santelli et al., 2018).

Although many autistic people report diverse sexual interests and experiences (Bertilsdotter Rosqvist & Jackson-Perry, 2021), traditional sexuality education curricula are often unable to fulfill their educational needs. That is, they tend to prioritize the kinds of sexual experiences contained within what Gayle Rubin has described as the “charmed circle” (heterosexual, monogamous, abled, and reproductive) (Rubin, 2002), to the exclusion of more diverse sexualities. Barnett's (2014) interviews with autistic adults revealed a range of failings in the current standards of education. Participants described a lack of sexual education, receiving reproductive education only, or education that was not inclusive of their sexual orientation. Others reported being pressured into avoiding asking questions about sexuality and experiencing shame associated with sexual desire and activity (Barnett, 2014). Having sexual communication skills is essential for all people, especially for autistic individuals (Au Yeung et al., 2024), who are at increased risk of sexual victimization compared to the general population (Cusano et al., 2024; Rothman et al., 2024).

There is evidence in prior research indicating that autistic individuals are at higher risk of experiencing sexual violence when compared to their allistic peers. This risk is particularly pronounced among autistic women, who consistently show increased rates of sexual victimization (Brown et al., 2017; Cazalis et al., 2022; Dike et al., 2023). For instance, Brown et al. (2017) found that autistic women and nonbinary students were significantly more likely to experience some form of sexual violence than both autistic men and their allistic peers. Similarly, Cazalis et al. (2022) revealed that autistic women were 2 to 3 times more likely to have experienced sexual abuse – with 69% to 88% of the autistic women in the sample reporting sexual victimization – often beginning before the age of 18 (68% of autistic women in the sample). Alarming, only 13% reported that it was a one-time occurrence, with the majority experiencing repeated sexual assaults throughout their lives (Cazalis et al., 2022). These high rates of sexual victimization further underscore the urgent need for targeted education, prevention strategies, and protective interventions tailored to the autistic population.

While some autism-focused sexuality education programs and interventions exist, they are often framed within the pathological or deficit-based perspective, primarily focusing on reducing “inappropriate” or “problematic” sexual behaviors while overlooking sex-positive perspectives and outcomes to support healthy and affirming sexual identities in autistic individuals (Ballan & Freyer, 2017; Hartman, 2013; MacKenzie, 2018; Sala et al., 2019). Comprehensive sex education has been shown to be a protective factor among young adults, including college students (Santelli et al., 2018). Autistic people have the desire for comprehensive sexual education that covers queer topics, neurodivergence and disability, and social norms regarding dating and sex (Au Yeung et al., 2024; Barnett, 2014). Most allistic people learn sexual scripts from peers, whereas autistic people are more likely to learn scripts from media or trial-and-error (Mehzabin & Stokes, 2011). Hence, misinformation about safe rough sex practices, which is prevalent in social and popular media (Herbenick, Patterson, et al., 2023), may disproportionately affect autistic persons with limited access to accurate information sources.

Rough Sex

Findings from a 2015 U.S. nationally representative survey showed that many adults in the broader population have engaged in diverse forms of sexual expression, including partnered masturbation (55.2%), oral sex (82.7% giving/84.8% receiving), anal sex (42.6% giving/23.8% receiving), and vaginal sex (88.5%), as well as practices such as bondage (21.1%), whipping (15.0%), and spanking (31.9%) (Herbenick et al., 2017). Moreover, 40% of U.S. adults reported that “rough sex” (undefined for participants) was appealing to them (Herbenick et al., 2017). The term “rough sex” has been typically described as referring to a wide range of sexual practices that involve force or impact on the body – such as hair pulling, biting, spanking, and choking – or that may be psychologically challenging (Döring et al., 2024; Gavey & Brewster, 2025; Herbenick et al., 2021).

The increased prevalence of rough sex has been attributed to influences such as widely available online pornography (Maddison, 2012), *Fifty Shades of Grey* (Bonomi, 2013), social media (Balle et al., *in press*; Gay, 2023), memes (Herbenick, Guerra-Reyes, et al., 2023), mainstream media (Herbenick, Patterson, et al., 2023), and other sexually explicit media (SEM) (Vogels & O'Sullivan, 2019). Indeed, rough sex has become a common part of many young adults' sexual repertoires. Although there may be some overlap between kink and rough sex, the term “rough sex” is more often used among mainstream populations to describe sexual behaviors. Kink and BDSM (i.e., bondage and discipline, dominance and submission, and sadism and masochism), on the other hand, generally refer to structured sexual and social communities that are defined by marginalized interests and identities, including certain sexual practices (Simula, 2019).

Pornography is recognized as a source of sexual socialization and education, with some individuals incorporating sexual activities observed in pornography – such as BDSM and rough sex – into their real-life experiences (Walker & Kuperberg, 2022). While research on pornography use and

its influence on sexual behaviors of autistic individuals remains limited, existing studies indicate that autistic individuals, on average, spend more time using screen-based, non-social media compared to their neurotypical peers (Mazurek et al., 2012; Slobodin et al., 2019). Additionally, autistic individuals often engage in “camouflaging” – imitating the observed or socially normative behaviors – to adhere to neurotypical social norms and expectations and facilitate social connections (Hull et al., 2017; Pliskin, 2022). Given this tendency, it is possible that autistic individuals may also model sexual behaviors – including rough sex – observed in media and pornography in efforts to navigate sexual relationships.

Some research suggests that there is a disproportionately high participation of autistic individuals in kink and BDSM communities (Boucher, 2018; Pliskin, 2022). For example, a recent study (Wignall et al., 2025) found that about half of the participants who engaged in pup play (i.e., role play with participants impersonating a dog/puppy and a pup handler) had autistic traits. The authors suggest this interest in pup play among people with autistic traits may be due to more explicit communication and reduced reliance on social cue interpretation, the accessibility of online communities, and the appeal of using the sensory-restricting gear. Similarly, Pearson and Hodgetts (2024) hypothesized why autistic people may gravitate to these behaviors and communities, including for sensory fulfillment, more clearly communicated social rules, and opportunities to gain extensive knowledge on specific topics and skills.

In sex between women and men, women are significantly more likely to be recipients of rough sex (e.g., to be choked or slapped) and men are more likely to perform rough sex (e.g., to do the choking or slapping), possibly due to heteronormative sexual socialization and gender scripts (Bridges et al., 2016). In prior research, transgender, non-binary, and gender-expansive (TGNB+) college students and young adults generally reported higher engagement with rough sex than other gender groups (Daminato et al., 2024; Herbenick et al., 2021). Also, men tend to consider rough sex to include sexual practices that are more aggressive and potentially higher risk, compared to women (Burch & Salmon, 2019; Ryan & Mohr, 2005). Several studies have reported rough sex experiences that have felt upsetting or frightening to people, including when the rough sex elements (e.g., being choked, slapped) occurred without prior communication, were coerced, or were done more aggressively than expected (Gavey, 2024; Gavey & Brewster, 2025; Herbenick, Patterson Perry, et al., 2025; D. Lewis et al., 2015). Yet, some research suggests that certain kink or rough sex experiences may be psychologically healing, allowing participants to regain either vulnerability or control (Cascalheira et al., 2023; Lindemann, 2011). Much of the extant rough sex research has focused on the dynamics between women and men (most of whom describe themselves as heterosexual), which may be less applicable for a population noted for its higher level of sexual and gender diversity.

Consensual Non-Consent (CNC)

As rough sex has increased in prevalence among young adults, there has been growing attention to consensual non-consent

(CNC), often enacted as a form of role-playing rape but also taking different forms (Ling et al., 2022). Most of the research on CNC pertains to how CNC is experienced within kink and BDSM communities (Ling et al., 2022; Olson, 2017). Little is known about CNC experiences in the broader population, including university students. A recent campus-representative survey found that 10% of undergraduate students had engaged in CNC (Herbenick, Fu, et al., 2025). Although this study examined some correlates of lifetime CNC experience (e.g., having engaged in CNC was associated with alcohol use and with a history of experiencing partner violence), the survey did not ask how students had learned about CNC, what they did as part of CNC, or how they felt about it. To our knowledge, there are no published studies that have examined CNC experiences among autistic adults. The present study addressed these gaps.

Aims

Using data from autistic university students that were collected as part of a larger campus-representative survey, we aimed to: (a) assess participants' perceptions of rough sex; (b) describe their lifetime experience of diverse solo and partnered sexual behaviors, including consensual and non-consensual rough sex behaviors; (c) examine their subjective experiences with rough sex; and (d) provide exploratory data on their experiences with CNC. The present study did not compare autistic participants to their allistic peers. Rather, it describes autistic university students' experiences with diverse sexual practices; such data may be useful in the development of sexuality education materials that more comprehensively reflect autistic university students' sexual lives.

Positionality Statement

As sexual health professionals with backgrounds in sexuality research, special education, recreational therapy, nursing, and public health, we value and respect sexual diversity – including sexual identities and behaviors – and consider ourselves to be kink-affirming. The first author holds a degree in special education and rehabilitation, with experience supporting individuals with intellectual and developmental disabilities (IDD) and autism. Additionally, two coauthors bring clinical experience from therapeutic and counseling settings, working with individuals with disabilities, including autism, IDD, and spinal cord injuries, which informed the study's trauma-informed, person-centered approach. One of the authors is autistic. Consistent with the World Association for Sexual Health's Declaration on Sexual Pleasure, we believe that – while all sexual behavior inherently may carry certain risks – healthy sexuality is an important part of growth and connection and a human right (Ford et al., 2021).

Method

Data Collection

We used data from the 2023 Campus Sexual Health Survey (CSHS), which is the sixth wave of data collection in a series of campus-representative surveys administered at a large

Midwestern U.S. university since 2015. Study protocols were reviewed and approved by the first author's institutional review board.

Our research team worked with the university's Center for Survey Research (CSR), which conducted survey programming, recruitment, data collection, and the development of statistical weights to enhance generalizability to the larger campus student population. The 2023 CSHS was conducted over 3 weeks in October 2023. First, university administrators identified a random sample of 11,831 undergraduate and graduate students ages 18 and over and provided their names and e-mail addresses to the CSR (i.e., the faculty research team did not have access to participants' identifiers). Next, the CSR emailed students inviting them to complete the survey. Up to three e-mail reminders were sent to non-responders. Recruitment e-mails contained a short description and a link to learn more about the confidential online survey. Those who wished to participate could indicate their consent and proceed to complete the survey. Those who completed the survey could provide an e-mail address and be entered into a drawing to receive one of the 300 electronic gift cards to an online retailer valued at \$25 ($n = 250$), \$50 ($n = 40$), or \$100 ($n = 10$). The CSR reviewed and cleaned the final dataset and removed identifiable information prior to sending it to the research team. A total of 3,139 students participated in the study (26.5%; American Association for Public Opinion Research Response Rate 2, including complete and partial responses).

Measures

Participant Characteristics

We asked participants to report their age, year in school, residence (i.e., on-campus or off-campus), sexual orientation, and current relationship status. The university provided student classification data related to race, ethnicity, and international status. We also asked, "Has a doctor or nurse ever diagnosed you with autism?" (yes/no). Those who indicated "yes" were included in the analytic sample.

Lifetime Sexual Experiences

Using an item from prior research (Herbenick et al., 2010), we asked participants to indicate how recently they had engaged in these solo and partnered experiences: kissed someone in a romantic or sexual way; given or received oral sex; had vaginal intercourse/penetration; had anal sex; masturbated by yourself; choked yourself while masturbating alone. Response options were: past month; past year; more than a year ago; and never.

Connection to a BDSM or Kink Community

We asked, "To what extent do you consider yourself to be part of a BDSM or kink community?" (Not at all, a little, somewhat, very much).

Perceptions of Rough Sex

Using an item modified from previous research (Herbenick et al., 2022a, 2022b), we asked, "People have different ideas about what they think rough sex means. What does it mean to you (select all that apply)?" and listed: hair pulling; being pinned

down/pinning someone down; biting; being tied up/tying someone up; choking; scratching; punching; light spanking; spanking that's hard enough to leave a mark; throwing someone onto a bed as part of sex; consensual non-consent (CNC; also called "rape play" or "rape kink"); tearing someone's clothes off; knife play; genital slapping; face slapping; and other.

Consensual Rough Sex

Using an item developed for the present study and informed by interviews with university students (Herbenick, Guerra-Reyes, et al., 2024), we asked, "Have you ever engaged in consensual rough sex?" Response options were: yes, no, and "I've had rough sex but am not sure if it counts as consensual."

Number of Consensual Rough Sex Experiences

Those who had ever engaged in consensual rough sex were asked, "About how many times have you engaged in consensual rough sex?" and were provided with a textbox for a write-in response.

Consensual Rough Sex Behaviors

Using an item modified from prior research (Herbenick et al., *in press*), we asked, "How recently has a partner done the following to you with permission or consent while you were making out or having sex together?" and listed: pulled my hair; slapped my face or head; slapped my genital area; spanked me lightly; spanked me hard enough to leave a mark; choked me; called me names like bitch, slut, whore, fag, etc.; and smothered me during sexual activities. Response options were: past month; past year; more than a year ago; and never.

Non-Consensual Rough Sex

Using an item modified from prior research (Herbenick et al., *in press*), we asked, "How recently has a partner done the following to you without your permission or consent while you were making out or having sex together?" and listed: pulled my hair; slapped my face or head; slapped my genital area; spanked me lightly; spanked me hard enough to leave a mark; choked me; called me names like bitch, slut, whore, fag, etc.; and smothered me during sexual activities. Response options were as follows: past month; past year; more than a year ago; and never.

Performing Rough Sex on a Partner

Using an item modified from prior research (Herbenick et al., *in press*), we asked, "How recently have you done the following to a partner, while you were making out or having sex together?" followed by: pulled their hair; slapped their face or head; slapped their genital area; spanked them lightly; spanked them hard enough to leave a mark; choked them; called them names like bitch, slut, whore, fag, etc.; and smothered them during sexual activities. Response options were as follows: past month; past year; more than a year ago; and never.

Subjective Experiences with Rough Sex

Using an item developed for the present study, we asked those who reported having ever engaged in consensual rough sex, "Thinking about your experiences with rough sex, how many of them have felt: pleasurable; joyful; upsetting; exciting; scary;

traumatic; loving; liberating; intimate.” Response options were as follows: none; some; many; all or nearly all.

Perceptions of Rough Sex as Healing

We asked those who reported having ever engaged in consensual rough sex, “Some people feel as though having rough sex helps them to heal from past traumas or past sexual abuse or assault. To what extent has this been true for you?” Response options were as follows: not at all; a little; somewhat; very much.

Likes/Dislikes About Rough Sex

Those who had ever engaged in consensual rough sex were asked, “What do you like about rough sex, if anything?” and “What do you dislike about rough sex, if anything?” and provided with textboxes.

Consensual non-Consent (CNC)

Using an item modified from prior research (Herbenick, Fu, et al., 2025), we asked, “How recently have you had consensual non-consensual sex (some call this CNC, rape play, or rape kink)?” Response options were as follows: past month; past year; more than a year ago; and never.

Learning About CNC

Using an item modified from prior research (Herbenick, Fu, et al., 2024), we asked, “Where do you remember FIRST learning about consensual non-consensual sex, also called “CNC” – also called “rape play” or “rape kink?”” Response options were as follows: this survey is the first time I’ve heard about CNC/consensual non-consent; friends; people you’ve hooked up or had sex with; brothers or sisters; blog posts, online articles, or message boards (e.g., Reddit); porn videos; porn magazines; erotic stories, fan fiction, books, or movies; mainstream movies or TV shows; social media videos (e.g., TikTok, YouTube, etc.); social media memes on Twitter, Facebook, etc.; magazine or newspaper (print or websites); Internet searches; news coverage of a celebrity or famous person who engaged in CNC or rape play; other (describe).

CNC Partners

Participants who indicated that they had ever engaged in CNC were asked, “Who have you engaged in CNC with?” Response options were as follows: ONLY people I just met or don’t know well; ONLY dating or relationship partners; BOTH relationship partners and more casual partners; Let me describe (textbox).

CNC Wantedness

For those reporting lifetime CNC, we asked, “Overall, how many of your consensual non-consensual sex (CNC) experiences were experiences that you wanted to have?” Response options were as follows: I didn’t want any of them; I wanted some; I wanted most; I wanted all of them.

CNC Characteristics

We asked, “Thinking about the CNC experiences you’ve had, to what extent are the following true” and provided a list of statements about whether they and their partner(s) have agreed upon safe words or safe gestures before engaging in CNC, their experiences with pleasure, trust violations, feeling safe, and other

experiences described in greater detail later in the Results. Response options were as follows: never, sometimes, often, always.

CNC Behaviors

We asked, “When you engage in CNC, does it generally involve?” and listed: pretending to kidnap or be kidnapped; giving up safe words (meaning safe words cannot be used to stop a sexual situation); choking; face or head slapping; genital slapping; punching; smothering (hand or pillow over the nose/mouth); name-calling (being called a slut, whore, fag, or such); restraints (e.g., tying up or being tied up; handcuffs); knife play; other. Response options were as follows: never, sometimes, often, always.

Statistical Analysis

Of the 3,139 undergraduate and graduate student participants, the analytic sample was restricted to those who had ever been diagnosed with autism ($n = 46$). Due to the small sample size, we were limited to descriptive analyses. We presented descriptive statistics for demographic characteristics and perceptions of rough sex stratified by gender (men, women, TGNB+). Lifetime sexual experiences were dichotomized (yes/no) and presented by gender; composite variables were created for (1) any sexual behaviors done to the participants with consent, (2) any sexual behaviors done to the participant without consent, and (3) any sexual behaviors the participant did to a partner. Among autistic students who reported having rough sex experiences, descriptive statistics were presented separately by gender. All analyses were conducted using the statistical software Stata 15.

Qualitative Analysis

We have also presented write-in responses of what the participants liked and did not like about rough sex. We conducted an inductive thematic analysis of participants’ responses. The first two authors independently coded the data, identified patterns, and generated initial themes. These themes were then reviewed and refined collaboratively with the senior/last author. Given the relatively small number of autistic students at our university, we chose to pair the students’ quotes with their gender and sexual orientation identities, but not their age, race, or ethnicity, to reduce the risk of identification.

Results

Of the 46 autistic students in our sample, there were 17 women, 18 men, and 11 TGNB+ students. As shown in Table 1, participants’ mean age was 21.0 ($SD = 4.1$). Most described themselves as white (73.9%, $n = 34$), 13.0% ($n = 6$) as Hispanic/Latino, and 4.4% ($n = 2$) as Black. More than half (54.4%, $n = 25$) lived on campus. Most students described themselves as heterosexual or straight (43.5%, $n = 20$), followed by bisexual (26.1%, $n = 12$), gay or lesbian (10.9%, $n = 5$), pansexual (6.5%, $n = 3$), and asexual (2.2%, $n = 1$). Additionally, 10.9% ($n = 5$) of participants described their sexual orientation identity in another way (3 queer, 1 demisexual,

Table 1. Demographic and relationship characteristics of university students reporting autism ($N = 46$).

Characteristics	Total ($N = 46$) n (%)	Women ($N = 17$) n (%)	Men ($N = 18$) n (%)	TGNB+ ($N = 11$) n (%)
Age, Mean (SD)	21.0 (4.1)	21.0 (3.5)	21.2 (4.7)	20.5 (4.2)
Year in School				
1 st year	10 (22.2)	2 (12.5)	5 (27.8)	3 (27.3)
2 nd year	13 (28.9)	5 (31.3)	6 (33.3)	2 (18.2)
3 rd year	10 (22.2)	4 (25.0)	1 (5.6)	5 (45.5)
4 th year	5 (11.1)	3 (18.8)	2 (11.1)	0 (0.0)
5 th year	1 (2.2)	1 (6.3)	0 (0.0)	0 (0.0)
Graduate	6 (13.3)	1 (6.3)	4 (22.2)	1 (9.1)
Student Classification				
Black	2 (4.4)	1 (5.9)	0 (0.0)	1 (9.1)
Hispanic/Latino	6 (13.0)	2 (11.8)	2 (11.1)	2 (18.2)
Two or more races	2 (4.4)	1 (5.9)	1 (5.6)	0 (0.0)
U.S. nonresident	2 (4.4)	0 (0.0)	1 (5.6)	1 (9.1)
White	34 (73.9)	13 (76.5)	14 (77.8)	7 (63.6)
Residence				
On campus	25 (54.4)	9 (52.9)	8 (44.4)	8 (72.7)
Off campus	21 (45.7)	8 (47.1)	10 (55.6)	3 (27.3)
Sexual Orientation				
Heterosexual or straight	20 (43.5)	7 (41.2)	12 (66.7)	1 (9.1)
Gay or lesbian	5 (10.9)	1 (5.9)	1 (5.6)	3 (27.3)
Bisexual	12 (26.1)	5 (29.4)	3 (16.7)	4 (36.4)
Pansexual	3 (6.5)	2 (11.8)	0 (0.0)	1 (9.1)
Asexual	1 (2.2)	0 (0.0)	1 (5.6)	0 (0.0)
Other	5 (10.9)	2 (11.8)	1 (5.6)	2 (18.2)
Current Relationship Status				
Single and not dating or hooking up	21 (45.7)	8 (47.1)	8 (44.4)	5 (45.5)
Dating or hooking up with one or more partner(s) but not in a relationship	10 (21.7)	5 (29.4)	4 (22.2)	1 (9.1)
In one or more romantic relationship(s)	15 (32.6)	4 (23.5)	6 (33.3)	5 (45.5)
Connection to a BDSM or Kink Community ($N = 45$)				
Not at all	29 (64.4)	10 (58.8)	13 (76.5)	6 (54.5)
A little	10 (22.2)	6 (35.3)	2 (11.8)	2 (18.2)
Somewhat	4 (8.9)	1 (5.9)	1 (5.9)	2 (18.2)
Very much	2 (4.4)	0 (0.0)	1 (5.9)	1 (9.1)

1 questioning heterosexual). As for students' relationship status, 45.7% ($n = 21$) reported being single and not dating or hooking up, 32.6% ($n = 15$) were in one or more romantic relationship(s), and 21.7% ($n = 10$) reported currently dating or hooking up with one or more partner(s) but not being in a relationship.

Connection to BDSM or Kink Community

Forty-five participants responded to the item about BDSM or kink community connections. Most felt "not at all" part of such a community (64.4%, $n = 29$) while 22.2% ($n = 10$) felt

a little connected, 8.9% ($n = 4$) somewhat connected, and 4.4% ($n = 2$) very much connected (Table 1).

Perceptions of Rough Sex

Of the 46 participants, 43 responded to the questions about perceptions of rough sex. As shown in Table 2, choking was most frequently identified as a rough sex behavior (76.7%, $n = 33$), followed by hair pulling (72.1%, $n = 31$), being tied up or tying up someone (67.4%, $n = 29$), spanking hard enough to leave a mark (65.1%, $n = 28$), biting (60.5%, $n = 26$), scratching (60.5%, $n = 26$), being pinned or

Table 2. Perceptions of rough sex among autistic university students by gender.

	Total ($N = 43$) n (%)	Women ($N = 16$) n (%)	Men ($N = 16$) n (%)	TGNB+ ($N = 11$) n (%)
Choking	33 (76.7)	14 (87.5)	10 (62.5)	9 (81.8)
Hair pulling	31 (72.1)	11 (68.8)	12 (75.0)	8 (72.7)
Being tied up/tying someone up	29 (67.4)	11 (68.8)	9 (56.3)	9 (81.8)
Spanking that's hard enough to leave a mark	28 (65.1)	10 (62.5)	9 (56.3)	9 (81.8)
Biting	26 (60.5)	9 (56.3)	9 (56.3)	8 (72.7)
Scratching	26 (60.5)	8 (50.0)	8 (50.0)	10 (90.9)
Being pinned down/pinning someone down	25 (58.1)	9 (56.3)	8 (50.0)	8 (72.7)
Face slapping	25 (58.1)	9 (56.3)	8 (50.0)	8 (72.7)
Throwing someone onto a bed as part of sex	22 (51.2)	8 (50.0)	8 (50.0)	6 (54.6)
Light spanking	21 (48.8)	9 (56.3)	8 (50.0)	4 (36.4)
Genital slapping	20 (46.5)	7 (43.8)	6 (37.5)	7 (63.6)
Knife play	20 (46.5)	7 (43.8)	4 (25.0)	9 (81.8)
Punching	20 (46.5)	7 (43.8)	5 (31.3)	8 (72.7)
Consensual non-consent	19 (44.2)	8 (50.0)	6 (37.5)	5 (45.5)
Tearing someone's clothes off	15 (34.9)	6 (37.5)	3 (18.8)	6 (54.6)
Other	5 (11.6)	3 (18.8)	1 (6.3)	1 (9.1)

pinning someone down (58.1%, $n = 25$), and slapping on the face (58.1%, $n = 25$). About half of the participants considered throwing someone onto a bed a form of rough sex (51.2%, $n = 22$). Also, 44.2% considered CNC to be rough sex. Between about 35% and 49% of participants considered these to be rough sex: light spanking, punching, knife play, genital slapping, and tearing someone's clothes off (Table 2).

Lifetime Sexual Experiences

Of the 46 total participants, 5 had never engaged in any kind of partnered sexual activities. Of the 41 sexually experienced participants, 100% ($n = 41$) had ever kissed someone romantically or sexually; 78.1% ($n = 32$) had given or received oral sex; 70.7% ($n = 29$) had ever had vaginal intercourse, and 42.5% ($n = 17$) had ever had anal sex (see Table 3).

All participants responded to the masturbation items, and 91.3% ($n = 42$) had ever masturbated. Also, 19.6% ($n = 9$) reported that they had ever choked themselves during solo masturbation.

Consensual Rough Sex

Those who reported having ever engaged in partnered sexual activity were then asked if they had ever engaged in consensual rough sex (which was left open for interpretation by participants). As shown in Table 3, 50% ($n = 20$) reported having ever engaged in consensual rough sex (60% of men, 50% of women, 36.4% of TGNB+ students).

Number of Consensual Rough Sex Experiences

The mean number of times participants had engaged in consensual rough sex was 27.4 ($SD = 34.8$, range: 1 to 100), with the following reported by gender: women ($M = 38.7$, $SD = 34.9$; range: 2 to 100), men ($M = 22.3$, $SD = 38.4$; range: 1 to 100) and TGNB+ students ($M = 22.0$, $SD = 34.6$; range: 1 to 100).

Experiencing Consensual Rough Sex Behaviors

The 41 participants who had prior partnered sex experience were asked about their engagement in specific consensual

Table 3. Lifetime sexual experiences among autistic university students by gender.

	Total ($N = 46$) n (%)	Women ($N = 17$) n (%)	Men ($N = 18$) n (%)	TGNB+ ($N = 11$) n (%)
<i>Solo sexual experiences</i>				
Masturbated by yourself	42 (91.3)	16 (94.1)	17 (94.4)	9 (81.8)
Choked yourself while masturbating alone	9 (19.6)	3 (17.7)	2 (11.1)	4 (36.4)
<i>Partnered sexual experiences</i> ($N = 41$)		($N = 15$)	($N = 15$)	($N = 11$)
Kissed someone in a romantic or sexual way	41 (100.0)	15 (100.0)	15 (100.0)	11 (100.0)
Given or received oral sex	32 (78.1)	11 (73.3)	11 (73.3)	10 (90.9)
Had vaginal intercourse/penetration	29 (70.7)	11 (73.3)	8 (53.3)	10 (90.9)
Had anal sex	17 (42.5)	5 (35.7)	6 (40.0)	6 (54.6)
Consensual rough sex	20 (50.0)	7 (50.0)	9 (60.0)	4 (36.4)
Number of times of consensual rough sex	$N = 19$	$N = 6$	$N = 6$	$N = 7$
Mean (SD)	27.4 (34.8)	38.7 (34.9)	22.3 (38.4)	22.0 (34.6)
Median (Range)	10 (1–100)	30 (2–100)	7.5 (1–100)	10 (1–100)
<i>Done to you with consent</i>				
Pulled my hair	23 (54.7)	9 (64.3)	7 (46.7)	7 (63.6)
Spanked me lightly	20 (51.3)	9 (64.3)	5 (33.3)	6 (60.0)
Choked me	17 (42.5)	8 (57.1)	4 (26.7)	5 (45.5)
Called me names like bitch, slut, whore, fag, etc.	11 (27.5)	5 (35.7)	4 (26.7)	2 (18.2)
Slapped my face or head	9 (22.5)	3 (21.4)	3 (20.0)	3 (27.3)
Spanked me hard enough to leave a mark	9 (22.5)	5 (35.7)	2 (13.3)	2 (18.2)
Smothered me during sexual activities	9 (22.5)	2 (14.3)	3 (20.0)	4 (36.4)
Slapped by genital area	6 (15.0)	1 (7.1)	3 (20.0)	2 (18.2)
Any of the above with consent	27 (69.2)	9 (64.3)	9 (60.0)	9 (90.0)
Consensual non-consensual sex ($N = 40$)	5 (12.5)	1 (7.1)	3 (20.0)	1 (9.1)
<i>Done to a partner:</i>				
Pulled their hair	20 (50.0)	6 (42.9)	7 (46.7)	7 (63.6)
Spanked them lightly	20 (50.0)	4 (28.6)	10 (66.7)	6 (54.6)
Choked them	12 (30.8)	4 (30.8)	5 (33.3)	3 (27.3)
Called them names like bitch, slut, whore, fag, etc.	11 (27.5)	4 (28.6)	4 (26.7)	3 (27.3)
Slapped their face or head	7 (17.5)	1 (7.1)	4 (26.7)	2 (18.2)
Spanked them hard enough to leave a mark	7 (18.0)	0 (0.0)	5 (33.3)	2 (18.2)
Slapped their genital area	6 (15.0)	1 (7.1)	3 (20.0)	2 (18.2)
Smothered them during sexual activities	5 (12.5)	1 (7.1)	3 (20.0)	1 (9.1)
Did any of these to a partner	27 (71.1)	9 (75.0)	10 (66.7)	8 (72.7)
<i>Done to you without consent:</i>				
Pulled my hair	5 (12.5)	2 (14.3)	1 (6.7)	2 (18.2)
Spanked me lightly	5 (12.5)	2 (14.3)	1 (6.7)	2 (18.2)
Called me names like bitch, slut, whore, fag, etc.	5 (12.5)	2 (14.3)	1 (6.7)	2 (18.2)
Spanked me hard enough to leave a mark	4 (10.0)	2 (14.3)	1 (6.7)	1 (9.1)
Slapped by genital area	3 (7.7)	1 (7.1)	0 (0.0)	2 (18.2)
Choked me	3 (7.5)	2 (14.3)	0 (0.0)	1 (9.1)
Slapped my face or head	2 (5.0)	1 (7.1)	0 (0.0)	1 (9.1)
Smothered me during sexual activities	2 (5.1)	1 (7.7)	0 (0.0)	1 (9.1)
Experienced any of these without consent	8 (21.1)	5 (38.5)	1 (7.1)	2 (18.2)

rough sex behaviors. Of the 40 who provided complete data, 69.2% ($n = 27$) had ever experienced one or more of the consensual rough sex behaviors assessed, including 90.0% ($n = 9$) of TGNB+ students, 64.3% ($n = 9$) of women, and 60.0% ($n = 9$) of men.

In terms of specific behaviors, about half reported that someone had pulled their hair (54.7%, $n = 23$) or lightly spanked them (51.3%, $n = 20$). Also, 42.5% ($n = 17$) had been choked, 27.5% ($n = 11$) had been called names, and 22.5% ($n = 9$) each had been smothered, had their face slapped, or had been spanked hard enough to leave a mark. Further, 15.0% ($n = 6$) reported having had their genital area slapped and 12.5% ($n = 5$) had engaged in CNC.

In terms of gender, about two-thirds of the women and TGNB+ participants had had their hair pulled, as had 46.7% of men. Also, 64.3% of the women ($n = 9$), 60.0% of TGNB+ individuals ($n = 6$), and 33.3% of men ($n = 5$) had ever been lightly spanked. Similarly, 57.1% of the women ($n = 8$), 45.5% of TGNB+ students ($n = 5$), and 26.7% of men ($n = 4$) had ever been choked. See Table 3 for additional details.

Performing Consensual Rough Sex Behaviors

In terms of performing rough sex on a partner, 71.1% ($n = 27$) of participants had ever performed one or more of these behaviors on a partner, including 75% ($n = 9$) of women, 72.7% ($n = 8$) of TGNB+ students, and 66.7% ($n = 10$) of men. Specifically, 50.0% ($n = 20$) of participants had pulled a partner's hair or spanked them lightly, 30.8% ($n = 12$) had choked a partner, 27.5% ($n = 11$) had called a partner names, 18.0% ($n = 7$) had spanked a partner hard enough to leave a mark, 17.5% ($n = 7$) had slapped a partner's face, and 15.0% ($n = 6$) had slapped a partner's genital area, and 12.5% ($n = 5$) had smothered a partner. See Table 3 for additional details.

Non-Consensual Rough Sex Behaviors

Forty to forty-one participants responded to each of the questions about non-consensual rough sex acts. We found that 21.1% ($n = 8$) reported having ever experienced one or more of these rough sex behaviors without consent, including 38.5% ($n = 5$) of women, 18.2% ($n = 2$) of TGNB+ students, and 7.1% ($n = 1$) of men. Regarding specific forms of non-consensual rough sex, 12.5% ($n = 5$) had been spanked lightly, called names, or had their hair pulled without consent, followed by

those who had been spanked hard enough to leave a mark, slapped on their genital area, choked, smothered, and had their face slapped (see Table 3 for details).

Experiences with Rough Sex

Of the 20 participants who reported having ever engaged in consensual rough sex, 95.0% ($n = 19$) reported that their experiences with rough sex had felt pleasurable, joyful, exciting, and intimate, and 85% ($n = 17$) reported that they had felt loving and liberating (Table 4). Yet, participants also reported having rough sex experiences that had felt upsetting (60%, $n = 12$), scary (30%, $n = 6$), or traumatic (15%, $n = 3$). More than half (55%, $n = 11$) indicated that engaging in rough sex had helped them to heal from past traumas, sexual abuse, or assault.

We found that 83.3% ($n = 5$) of men reported experiencing rough sex as upsetting, as did 57.1% of women ($n = 4$) and 42.9% of TGNB+ participants ($n = 3$). Also, 57.1% of women reported having had rough sex experiences that felt scary ($n = 4$), as did 16.7% ($n = 1$) of men and 14.3% of TGNB+ students ($n = 1$).

What Participants Like About Rough Sex

Of the 20 participants who had ever engaged in consensual rough sex, 18 participants (6 women, 5 men, and 7 TGNB+ students) used the textbox to describe what they liked about rough sex. The main themes we identified were excitement and intensity, power dynamics, closeness and intimacy, and physical sensations.

Some wrote that having rough sex excites them, gives them a “rush” (heterosexual nonbinary feminine person), and they liked “the urgency” (bisexual woman). Participants also wrote that rough sex is “more passionate” (heterosexual man). A bisexual woman wrote, “It’s fun to be aggressive and let out aggression.” A bisexual nonbinary student wrote, “It’s just fun. It is nice to sorta have all-on-the-table as me and partner have it.” Another participant (agender queer) shared liking “the intensity of [rough] sex.”

Participants also noted liking power dynamics in rough sex (e.g., being dominant and/or submissive). A gay man wrote, “The power dynamic – I enjoy having to give up all control and be at the mercy of the other person.” A lesbian transgender woman disclosed, “I like the sense of not having control of myself. And having control of the other person.” Similarly,

Table 4. Subjective experiences with rough sex among autistic university students by gender.

	Total ($N = 20$) n (%)	Women ($N = 7$) n (%)	Men ($N = 6$) n (%)	TGNB+ ($N = 7$) n (%)
Pleasurable	19 (95.0)	7 (100.0)	6 (100.0)	6 (85.7)
Joyful	19 (95.0)	7 (100.0)	6 (100.0)	6 (85.7)
Exciting	19 (95.0)	7 (100.0)	6 (100.0)	6 (85.7)
Intimate	19 (95.0)	7 (100.0)	6 (100.0)	6 (85.7)
Loving	17 (85.0)	7 (100.0)	4 (66.7)	6 (85.7)
Liberating	17 (85.0)	7 (100.0)	4 (66.7)	6 (85.7)
Upsetting	12 (60.0)	4 (57.1)	5 (83.3)	3 (42.9)
Scary	6 (30.0)	4 (57.1)	1 (16.7)	1 (14.3)
Traumatic	3 (15.0)	2 (28.6)	0 (0.0)	1 (14.3)
Rough sex has helped them to heal from past traumas or past sexual abuse or assault	11 (55.0)	4 (57.1)	4 (66.7)	3 (42.9)

a queer woman said she liked the “feeling of submitting” when engaging in rough sex.

Some liked the closeness and intimacy of rough sex, emphasizing feelings of trust, vulnerability, and bonding. A bisexual woman said, “I like how it feels and that there’s someone I trust enough and I am close enough to have rough sex.” Also, a bisexual nonbinary student wrote, “I’m not sure entirely, but I very much liked our mutual trust.” A pansexual nonbinary participant liked “relinquishing control and trusting the other person enough to let them do that to me. Plus the after-care is amazing, its such a great bonding and loving experience.”

A couple of participants expressed liking the “physical sensations” (lesbian woman) and pain. A pansexual transgender man wrote, “Pain feels more pleasurable during [rough] sex, leaving marks.” Another participant (heterosexual transgender man) responded, “I like that my partner enjoys it [rough sex].”

What Participants Dislike About Rough Sex

Of the 20 participants who described having had consensual rough sex, 15 participants (4 women, 5 men, 6 TGNB+ students) used the textbox to share what they disliked about rough sex. The main themes we identified were emotional discomfort, physical discomfort, and concerns about consent communication.

Many participants disliked varying degrees of physical or emotional discomfort associated with rough sex. Some mentioned feeling “awkward” (heterosexual man), or that “sometimes it [rough sex] can be distracting and almost like an act” (bisexual nonbinary participant). A heterosexual nonbinary student wrote: “I don’t like having to tap out and making my partner feel bad [sic] about accidentally hurting me.” Similarly, a bisexual nonbinary student shared they disliked “the possibility of anybody truly getting hurt or regretting what has occurred.” A bisexual woman wrote, “Sometimes there’ll be some mild discomfort for a couple hours the next day.” Another participant (gay transgender man) disliked the pain level they experienced with rough sex, sharing “Sometimes stuff hurts more than I think it’s going to.”

Concerns about communicating consent were reported as dislikes by some participants. A bisexual woman shared, “It can be painful and can be hard to the other partner to stop when you experience discomfort.” A gay man disliked that it’s “difficult to tell if my partner understands the boundary between me enjoying the encounter or feeling like I’m actually being violated somehow.” A queer agender nonbinary participant wrote:

Depending on the acts, it can be difficult to tell if someone’s protests/resistance is a revocation of consent versus being a consensual part of the sex. Lots of preparation and care afterwards must occur, meaning it can be time consuming and labor intensive.

Additionally, a bisexual woman wrote, “I have set definitive boundaries with my partner about what I enjoy during rough sex, so I dislike nothing about my version of it. In general though, I dislike the objectification of both parties.” A lesbian

transgender woman disliked that “some people use it [rough sex] to play out rape fantasy.” Another shared, “Im [sic] asexual so I don’t like to engage but I do so consensually for my partner. I’m just not interested in it” (heterosexual transgender man).

Consensual Non-Consent

As shown in Table 5, 43 participants responded to the question about how they had first learned about CNC. Of these, only 5 (10.9%) reported that our survey was the first time they had heard about CNC (i.e., 89% were already familiar with CNC). The six most common sources of initial learning were as follows: erotic stories, fanfiction, books, or movies (26.1%, $n = 12$); social media videos such as on TikTok or YouTube (10.9%, $n = 5$); friends; social media memes (8.7%, $n = 4$, each); and blog posts, online articles, or message boards; and porn videos (6.5%, $n = 3$, each). Other sources of learning about CNC were as follows: sexual partners, porn magazines, other sources, and mainstream movies or TV shows. One participant who selected “other” wrote an “online discussion.” Another wrote, “I don’t remember the first time hearing this term as I was already aware that some people enjoyed rough roleplay and the term was straightforward and easy to follow enough that I did not think twice about it.”

Of the five participants who had ever engaged in CNC, three did so only with dating or relationship partners, one with both dating/relationship partners and casual partners, and one wrote in “very close friends with whom I have a loving relationship but do not consider a dating/relationship partner.” None of the five participants selected “only people I just met or don’t know well.” All five CNC-experienced participants said they had wanted all their CNC experiences (i.e., none indicated that they wanted some or most of their experiences or did not want any).

All response options for the specific behaviors in CNC experiences were reported, with each behavior reported by at least one participant. For example, while one participant said that choking was never involved, others reported it sometimes occurred ($n = 1$), often ($n = 1$), or always ($n = 2$). See Table 6 for details.

All five participants reported that their CNC experiences had been pleasurable and that their partner (s) had respected their limits and boundaries. Four of the five had always felt safe during CNC. However, agreement about safe words and safe gestures was variable, and two participants reported that

Table 5. Sources of learning about CNC among autistic university students ($N = 43$).

	n (%)
Erotic stories, fan fiction, books, or movies	12 (26.1)
Social media videos	5 (10.9)
Friends	4 (8.7)
Social media memes	4 (8.7)
Blog posts, online articles, or message boards	3 (6.5)
Porn videos	3 (6.5)
People you’ve hooked up or had sex with	2 (4.3)
Porn magazines	2 (4.3)
Mainstream movies or TV shows	1 (2.2)
Other	2 (4.3)
This survey is the first time I’ve heard about CNC	5 (10.9)

Table 6. CNC characteristics and behaviors among autistic university students ($N = 5$).

	Never <i>n</i>	Sometimes <i>n</i>	Often <i>n</i>	Always <i>n</i>
<i>Thinking about the CNC experiences you've had, to what extent are the following true:</i>				
You and your partner(s) have agreed upon safe words	1	1	1	2
You and your partner(s) have agreed upon safe gestures	1	1	0	3
Your CNC experiences have been pleasurable	0	0	0	5
A partner has violated your trust during CNC	3	2	0	0
A partner has exceeded your limits during CNC	4	1	0	0
Your partner(s) have respected your limits and boundaries	0	0	0	5
You have always felt completely safe when engaging in CNC	0	1	0	4
Someone has pressured you into having CNC	4	1	0	0
You or your partner have used alcohol or other drugs in connection with having CNC	1	3	1	0
<i>When you engage in CNC, does it generally involve:</i>				
Pretending to kidnap or be kidnapped	2	3	0	0
Choking	1	1	1	2
Face or head slapping	4	0	0	1
Genital slapping	3	0	1	1
Punching	3	1	1	0
Smothering (hand or pillow over the nose/mouth)	2	1	1	1
Name-calling (being called a slut, whore, fag, or such)	0	2	0	3
Restraints (e.g., tying up or being tied up; handcuffs)	1	0	3	1
Knife play	3	1	0	1
Giving up safe words (meaning safe words cannot be used to stop a sexual situation)	1	3	0	1

a partner had violated their trust during CNC. See Table 6 for details.

Discussion

We used random sample survey data from the 2023 Campus Sexual Health Survey, collected at a large Midwestern U.S. university, to examine autistic students' sexual behaviors and practices, including those labeled as "rough sex." There are several notable findings from our study.

First, autistic students in our sample had engaged in a broad range of solo and partnered sexual experiences. This finding underscores the importance of providing fact-based and inclusive sexuality education for autistic students during adolescence, as some of these students likely first engaged in sexual activities prior to having come to college (though we did not ask about their age at first engaging in these behaviors in our study). The lifetime prevalence of anal sex among these autistic university students was somewhat higher than has been observed in the broader campus population of students in prior CSHS studies (conducted at the same campus); for example, anal sex was the least prevalent of the sexual behaviors assessed in the broader college population, with 16.8% of participants receiving and 25.3% performing anal intercourse with their partners (Herbenick et al., 2021). Yet, in the present study, nearly half of the participants (42.5%) had ever engaged in anal sex. Subsequent research might examine autistic students' experiences with diverse sexual behaviors, including their reasons and motivations for engaging in various solo and partnered sexual experiences, as well as their subjective experiences of pleasure, arousal, desire, and pain associated with various kinds of sex. A larger sample of autistic students would allow for comparisons by gender and sexual orientation identity, as well as differentiate between receptive and performing behaviors.

Second, lifetime solo masturbation prevalence was high (91%) in our sample, similar to previous findings with the general student population at this campus (89%) (Herbenick

et al., 2021). However, a unique and innovative aspect of the 2023 CSHS is that we also asked participants about their experiences with choking themselves during solo masturbation (i.e., autoerotic asphyxiation). Nearly one in five (19.6%) autistic students from our sample had ever choked themselves while masturbating. These rates were higher among TGNB+ students, though we did not have sufficient power for statistical comparisons by gender. Much of what is known about solo breath play comes from forensic reports and accidental deaths (Cardoso, 2022; McCoy et al., 2024; Mileva et al., 2022); little is known about solo breath play from community samples (Baxendale et al., 2019; Roche et al., 2020) and there is a dearth of research on solo breath play among university students. Aside from limited studies and individual case reports focusing on autistic individuals who were also diagnosed with other conditions such as depression, anxiety, obsessive-compulsive disorder, intellectual disability, and paraphilic disorder (Curtice, 2022; Weleff et al., 2022), little is known about solo breath play among autistic individuals. As partnered sexual choking has become highly prevalent among young adults (and was prevalent among this sample of autistic university students), it is important to gather more detailed information about self-choking among both autistic and allistic populations, including how people are engaging in self-choking (e.g., method, intensity), their reasons for doing so, accompanying fantasies or sexual practices, their perceptions of safety and risk, subjective experiences (pleasure, (dis)comfort), as well as health sequelae.

Third, most autistic students in our sample considered a variety of sexual behaviors as rough sex, with choking being most frequently endorsed (77% of autistic students). These results align closely with findings from the broader student sample in the 2020 CSHS (Herbenick et al., 2021). In both studies, no single behavior was considered as "rough sex" by all students, underscoring points of both agreement and disagreement (Gavey & Brewster, 2025), potentially leading to miscommunication between partners (e.g., one person indicating they would like to have rough sex with their partner may

have hair pulling in mind, whereas their partner may interpret rough sex to involve choking or smothering).

Fourth, substantial percentages of participants reported having engaged in various kinds of rough sex. More than half of those surveyed reported giving and receiving, with consent, hair-pulling and light spanking; women and TGNB+ participants were more often on the receiving end of these sexual practices as compared with men. Additionally, nearly half had been choked with permission or consent, with more women and TGNB+ participants (though again, we were underpowered for statistical testing). The overall pattern of women and TGNB+ students more often reporting that they had been choked, as compared with men, is consistent with other studies in the U.S. and internationally (Herbenick, Fu, et al., 2023; Sharman et al., 2024), reflecting heteronormative sexual scripts, which may be less prevalent in the autistic population given increased sexual orientation and gender identity diversity (Bertilsdotter Rosqvist & Jackson-Perry, 2021; Weir et al., 2021). However, about 31% of the sample reported that they had ever choked a partner during sexual activities and – in contrast with prior research in the U.S. and internationally – there was no gendered pattern observed. Subsequent research with a larger sample size is needed, given that we were not sufficiently powered for statistical testing. Although recent years have seen increased research on autism and sexual expression, these findings further highlight the need to include diverse sexual behaviors, such as rough sex practices, in broader assessments of partnered sexual practices. Considering a higher prevalence of LGBTQ+ identities within the autistic population, coupled with research showing that choking is well-documented to be more prevalent among sexually minoritized individuals (Herbenick, Fu, et al., 2023), future research should prioritize examining gender and sexual orientation identity differences in autistic adults' experiences with rough sex.

Fifth, about one-fifth of the autistic students in our sample had experienced at least one of the rough sex practices without permission or consent. Previous studies showed that some university students often considered sexual choking to be consensual, even without explicit communication or clear consent cues (D. Herbenick, 2022a, 2022b; Herbenick, Fu, et al., 2025; Sharman et al., 2024). Indeed, clear consent communication is a common challenge for many young adults. Still, it may be pronounced among autistic people, who, may tend to rely less on indirect consent cues, such as body language, shifts in energy, or “reading the vibe” – all of which have been described as ways that young people in the broader college student population navigate rough sex consent communication (D. Herbenick et al., 2022a, 2022b; Herbenick, Guerra-Reyes, et al., 2024). For example, the “double empathy problem” (Milton, 2012), reflected in differing understandings of social interaction, may present as a deep disconnect between autistic and neurotypical interpretations of sexual consent communication meanings. Consequently, the highest potential risk may occur in cross-neurotype rough sex behaviors. These concerns are confirmed by some of the write-in responses in the present study, emphasizing issues with consent and rough sex, such as being able to understand and communicate consent, including revoking consent when experiencing

discomfort or pain during rough sex. With greater prevalence of sexual victimization among both sexually minoritized and autistic individuals (Bloom et al., 2022; Cusano et al., 2024; Rothman et al., 2024; Snyder et al., 2018; Sondag et al., 2022) and potential differences in understanding consent between allistic and autistic young adults, future research should prioritize examining how autistic students understand consent and how is consent for rough sex communicated among autistic people.

Sixth, some of the autistic students in our study described rough sex as pleasurable, passionate, exciting and intense, sometimes highlighting power dynamics (e.g., dominance and submission) between partners that they seemed to enjoy. This finding is consistent with the previous literature, where some people have described rough sex as passionate, uninhibited, and more pleasurable when compared to non-rough sex (Döring et al., 2024) or even associating rough sex with stronger and more frequent orgasms (Burch & Salmon, 2019). Rough sex research, particularly in the context of BDSM and kink communities, has shown a preference for some rough sex behaviors in autistic people (e.g., bondage and restraint, pup play) (Boucher, 2018; Pliskin, 2022; Wignall et al., 2025). Several assumptions have been used to understand the potential appeal of kink and BDSM (e.g., the use of rough touch and bondage) to autistic people, including sensory processing differences as significantly influencing sexual expression, but also preference for detailed planning and explicit communication about sexual activities (Boucher, 2018; Delilah & Bertilsdotter Rosqvist, 2024; Gray et al., 2021). Likewise, some participants in the present study reported physical sensations, such as pain, to be an attractive sensory feature of rough sex; yet, as mentioned before, some disliked the issues with consent communication and physical sensations that felt uncomfortable. This may suggest that, unlike the appeal of BDSM and rough sex, some autistic individuals may find navigating rough sex particularly challenging due to consent communication complexities and sensory sensitivities. These challenges can be heightened by the need for longer processing times or susceptibility to experiencing sensory overload. This aligns with previous research on autistic people's experiences with kink and BDSM, highlighting the importance of allowing longer processing times not only during the activity but also beforehand (for discussing specific interests, boundaries, and consent) and afterward for cognitive and emotional processing during after-care (Delilah & Bertilsdotter Rosqvist, 2024).

Notably, some participants reported that they appreciated the intensity of rough sex. Although this “intensity” can be related to heightened sensory experiences during rough sex, it may also refer to the intensity of focus, which is often observed from a pathological perspective of autism as a characteristic connected to “special” or “restricted” interests (Bottema-Beutel et al., 2021; Klin et al., 2007; Spackman et al., 2023). In contrast to this deficit-based perspective, it is argued that this tendency to “hyperfocus” should rather be observed as an ability, or autistic individuals' capacity for an immensely strong and persistent attention on their interests (i.e., monotropism) (Murray, 2018). In previous studies examining autistic engagement in BDSM, some autistic individuals described this intensity as appealing, noting that it had felt pleasurable or

liberating (Pearson & Hodgetts, 2024). Others emphasized sexual intensity and focus as prerequisites for experiencing sexual interest (Bertilsdotter Rosqvist & Jackson-Perry, 2021). Subsequent studies should explore the meaning autistic persons assign to the intensity of rough sex outside of the BDSM context, as well as try to better understand what makes sexual intensity appealing for them.

Autistic students in this Bertilsdotter Rosqvist & Jackson-Perry study also shared that rough sex felt intimate, loving, and liberating and that it fostered the trust and vulnerability between them and their partners. Similarly, Burch and Salmon (2019) suggested that sexual partners sometimes took more time and effort to sexually satisfy each other during rough sex. Moreover, these findings contribute to the growing body of literature that challenges deficit-based perspectives, particularly those that question the authenticity of autistic individuals' experiences and expressions of sexuality and intimacy (Jackson-Perry, 2020, 2023). Further research is needed to deepen our understanding of the non-conformities often observed in the context of autism that are increasingly recognized as authentic expressions of intimacy and identity, rather than misinterpreted as pathological.

Although some autistic students indicated that rough sex helped them heal from past traumas or sexual abuse and assault, for others rough sex experiences felt upsetting, scary or traumatic, which is consistent with previous studies reporting on feeling scared during rough sex (Herbenick et al., 2017, 2019, 2025). Rough sex carries potential for both risk and reward, which may be enhanced for people depending on their sensory processing and the ways that they read, interpret, and understand partners' facial expressions and nonverbal cues. Subsequent research is needed to understand which factors are associated with autistic people's positive and negative experiences with rough sex; qualitative interviews would be especially well-suited for this purpose. The present study findings emphasize the importance of the sex-positive approach and the need for educational materials specifically devoted to diverse sexual behaviors, including potential risks and safer rough sex practices. Given the few autistic students in our sample closely identified with a kink or BDSM community, fact-based messages about rough sex, communication, consent, health, and ways to enhance pleasure while reducing harm are needed in diverse spaces – not just kink or BDSM spaces.

Finally, most autistic students in our sample were familiar with CNC. They had learned about it from diverse media, including erotic stories, fanfiction, books, movies, social media, and the internet. Only one in eleven learned about CNC from friends. Some had engaged in CNC with dating or relationship partners, and none had experienced CNC with people they had just met. To our knowledge, these are the first published data on how autistic people (or anyone, for that matter) first learned about CNC. Further, participants reported having engaged in diverse behaviors during CNC, including but not limited to choking, slapping, smothering, tying up, and name-calling. Notably, all autistic students described their CNC experiences as always being wanted and pleasurable, with partners respecting their boundaries. However, agreeing upon safe words and/or gestures was not

always practiced by all of the participants, and some autistic students used alcohol and/or drugs in connection with CNC, a finding in alignment with previous research (Herbenick, Fu, et al., 2025). As CNC appears to be becoming a more mainstream behavior, subsequent research is needed on people's knowledge of and experiences with CNC, and inclusive educational materials that address CNC need to be developed.

Our findings are consistent with a growing body of literature showing that a diverse range of sexual activity is common among autistic adults (Weir et al., 2021) and add to the knowledge related to rough sex behavior in autistic students. Although some people may be uncomfortable discussing diverse sexual practices, the high prevalence of rough sex among the general population (Döring et al., 2024; Herbenick et al., 2017), combined with the potential health risks of some forms of rough sex (e.g., choking, and smothering), underscores the need for more research, education, and respectful clinical care related to autistic people's sexual lives. While we strongly advocate for a shame-free and respectful approach to studying and supporting the sexuality of autistic individuals, we also emphasize the critical importance of adopting a trauma-informed perspective and approach. Given the disproportionately high rates of sexual victimization within this population (Brown et al., 2017; Cazalis et al., 2022; Dike et al., 2023), it is essential that future research and interventions – particularly those addressing rough sex – are designed with sensitivity to the potential histories of sexual assault and trauma among autistic individuals.

There is a need to explore autistic individuals' experiences with rough sex, both within as well as outside of the BDSM/kink context. Future studies should aim to explore autistic people's motivations for engagement in rough sex (e.g., media influences, partner desires, sensory processing); experiences with communicating consent and wantedness; knowledge and perceptions about safety, pleasure, and risk; and gender norms related to giving and receiving various forms of rough sex. By addressing these gaps, future research can broaden the knowledge and leverage it to identify both prevention and harm reduction strategies and to develop evidence-based, comprehensive, and affirming sexual health education materials and interventions that prioritize the lived experiences and autonomy of autistic individuals.

Findings from this study, along with existing research demonstrating that autistic adults are more likely to identify as LGBTQ+ and to engage with kink or BDSM communities (Boucher, 2018; Pliskin, 2022), underscore the importance of inclusive sexuality education. Our findings align with recent recommendations for supporting the sexual well-being of autistic adults, which emphasize sex positive, research-informed approaches that center lived experiences of autistic individuals (Pliskin et al., 2024). Given the unique sensory and emotional dimensions of rough sex, sexuality education and interventions should address different sensory processing profiles, emotional regulation, and sexual communication, not only to prevent harm but also to empower autistic individuals in expressing and communicating their sexual wants. Education should also offer guidance on how autistic individuals can assess and navigate their external and internal sensations safely within intimate and sexual contexts, including

rough sex practices. That said, we recognize that this is still an emerging area of research. Future studies are needed that engage autistic college students in the design and evaluation of sexuality education programs to ensure they are reflecting their specific needs and experiences. Future research may also provide opportunities for allied health professionals working in community settings, such as recreational therapists, to better address the diverse sexual needs of autistic youth and young adults through evidence-based programming.

Strengths and Limitations

Our research had several strengths, including that we used random sampling for recruitment; we collected data online, which can facilitate the reporting of sensitive data and may also be preferred by autistic individuals; and we collected novel data among autistic students, including data on rough sex practices, CNC, and self-choking during masturbation. Among our limitations, we had a relatively small sample of autistic students, which prevented statistical comparisons by gender and sexual orientation identity. Also, we used having had a formal diagnosis of autism as an inclusion criterion; however, many autistic people (particularly those assigned female at birth, as well as racial/ethnic, sexual, and gender minorities, and people without intellectual disability [Ardeleanu et al., 2024; McDonald, 2020]) are either unaware of their autism (Ghanouni & Seaker, 2023; Stagg & Belcher, 2019) or forego testing due to financial or social barriers and lack of resources or support for seeking diagnosis assessment (Ardeleanu et al., 2024; L. F. Lewis, 2017). These social barriers may include stigmatization of autism as well as normalization of autism as an identity rather than/in addition to a medical diagnosis. Therefore, it is possible that our survey participants may have had a more “classical” presentation of autism, while autistic people with less obvious characteristics may have been undiagnosed and have thus been excluded from participation. We recommend that both professionally and self-diagnosed autistic people be included in further sexuality research to capture the broad range of autistic traits and experiences. This study was limited to autistic individuals enrolled as undergraduate or graduate students; findings cannot be generalized to autistic young adults outside the university setting. Another limitation is that we did not assess whether the traditional sexual behaviors (oral sex, vaginal sex, anal sex) had been consensual or non-consensual, which would have helped us situate the non-consensual rough sex experiences in a broader context. In other words, we do not know whether or to what extent students who reported non-consensual rough sex were more or less likely to report other kinds of non-consensual sex. We also acknowledge that we did not address other forms of violence and trauma participants may have previously experienced that could be relevant to their rough sex experiences, such as partner violence, child abuse or abuse from a caregiver or service provider. We recommend that broader forms of violence and experienced trauma be included in further research on rough sex among autistic persons.

Conclusion

The emerging literature on both consensual and non-consensual rough sex highlights the urgent need for inclusive sexuality education curricula and clinical guidance to address diverse sexual practices. Yet, research on diverse sexual practices among the autistic population has been limited, particularly outside of the context of BDSM and kink communities, leaving a significant gap in understanding autistic adults’ experiences with rough sex. Our findings highlight the need for subsequent research on autistic adults’ experiences with rough sex, especially as some students in our sample reported having experienced non-consensual rough sex and some reported having engaged in certain higher-risk practices such as solo and partnered choking. Autistic students have already been disadvantaged by a lack of inclusive sexuality education that is responsive to autistic students’ needs and that is attentive to sexual and gender diversity. By incorporating research on autistic sexual experiences into educational and clinical frameworks, as well as community-based programs that provide social experiences for a large autistic adult population within the U.S., such as recreational therapy, we can ensure that autistic students are not left behind and that they receive more comprehensive and inclusive sexuality education, programs, and support.

Declarations

Approval was obtained from the ethics committee of the first author’s institution. The procedures used in this study adhere to the tenets of the Declaration of Helsinki.

Informed consent was obtained from all individual participants included in the study.

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