

Article

How Italians Transgress: A Survey on Rough Sexual Behaviors in a Sample of Italians

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Abstract: Surveys of the Italian population typically assess general sexual behaviors (e.g., oral, vaginal and anal intercourse). However, little is known about other sexual behavior such as rough sexual behaviors, choking and slapping. Thus, an online cross-sectional survey of 4618 Italian participants was conducted. In the past month, the most prevalent sexual behaviors were solo masturbation (93.6%), partner masturbation (80.0%), oral sex (71.4% received, 75.9% performed), penile–vaginal intercourse (75.7%) and anal intercourse (12.5% received, 7.1% performed). Regarding rough sexual behaviors, the most common behaviors performed were spanking (23.3% received, 55.5% performed), choking (13.2% receive, 60.0% performed), slapping (30.1% received, 20.9% performed) and name calling (44.5% received, 37.0% performed). Our results suggest a gender difference where men and transgender/non-binary individuals perform more rough sexual behaviors compared to women. Moreover, regarding the role of consent in behaviors such as choking and slapping, our results highlight the importance of sexual and affective education to implement sexual assertiveness. In conclusion, this study adds knowledge to the limited literature on this topic, especially with respect to the Italian population.

Keywords: rough sex; choking; sex practices; sexual intercourse; erotic asphyxiation; intercourse; oral stimulation; anal stimulation



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1. Introduction

Sexuality is a fundamental aspect of everyone’s identity and life. Since the early stages of psychological science, authors like Sigmund Freud (1856–1939), Alfred Kinsey (1894–1959), William Master (1915–2001) and Johnson (1925–2013) have investigated human sexuality. What has been less investigated are diverse sexual behaviors and “rough sex” [1]. In particular, concerning the Italian context, there are few data about different sexual behaviors, including the frequency of participants’ involvement in threesomes and group sex, as well as the frequency of rough sexual behaviors.

As Herbenick and colleagues [1] highlight, “rough sex” is a term that has not been properly defined, which has implications in research and clinical practice. For this reason, the authors studied what people consider “rough sex” by conducting a survey on a sample of 4998 students [1]. They found that rough sex appears to be a multidimensional construct that can be explained by two clusters. The first cluster includes behaviors that were found in prior research: “hair pulling, being pinned down, hard thrusting, spanking, throwing someone onto a bed, and tearing clothes off” [1]. The second cluster includes behaviors that are considered more violent, such as choking, being pinned down, slapping, punching, making someone have sex and other behaviors that “appear to be increasingly part of sexual assault allegations” [1]. In this way, rough sex may be defined as a set of several sexual behaviors that could have an impact on the psychophysical health of the person practicing these behaviors. For example, choking or sexual asphyxiation, is performed

by restricting oxygen to the brain to improve sexual pleasure [2]. Although this behavior may lead to greater sexual pleasure, the risk of death by asphyxiation remains. However, partnered sexual asphyxiation is considered less risky because asphyxiation tends to be induced by the hands and not by ropes, and the presence of a partner mitigates potential risks [2]. The prevalence of this behavior cannot be estimated precisely, since all rough sexual behaviors have not been investigated on a large scale. However, in the study by Herbenick et al. [2], 26.5% of women, 6.6% of men and 22.3% of transgender and non-binary (TGNB) participants reported having been choked. On the other hand, 5.7% of women, 24.8% of men and 25.9% of TGNB participants reported that they choked their partners [2]. These findings indicate a gender-associated distinction: females experience asphyxiation, while males engage in choking behavior towards their partners. Moreover, in another study, Herbenick et al. [3] found that most of the women participants did not ask to be choked and that they were often initially choked by their partner without prior content or communication. Thus, through this example, one could argue that rough sexual behaviors border on sexual aggression. However, as elucidated by Burch and Salmon [4], rough sexual activity diverges from sexual aggression by necessitating participants' explicit acknowledgment of consent and mutual involvement in the associated behaviors.

While some might contend that rough sex and BDSM are interchangeable, Vogels and O'Sullivan [5] point out that while rough sex can include element of BDSM (like choking), it cannot be considered the exact opposite. In other words, while there may be an overlap, these two terms are not entirely interchangeable. Indeed, sexual activity is not always involved during BDSM sessions [6], while rough sex implicates sexual activity [5]. Moreover, as McKee [7] suggests that even when rough sex does not consider BDSM rules (e.g., safe-sane-consensual, SSC; risk-aware consensual kink, RACK; personal responsibility-informed-consensual kink, PRICK) and does not incorporate the explicit consent of the partner, it can still be consensual, for example, though the use of non-verbal communication.

Also, whereas there is emerging literature regarding rough sex, too many issues remain. For example, Vogels and O'Sullivan [5] highlighted that the meaning of consent and the interpretation of what constitutes rough sex may change between people. These differences may represent a difficulty in properly measuring these behaviors. Moreover, Burch and Salmon [4] explain that there is a lack of tools for measuring consensual aggressive sexual behaviors, and the questions used to measure these behaviors may be affected by social desirability. However, what is important to consider is defining and studying these behaviors as objectively as possible without pathologizing them.

Thus, given the aforementioned potential risks of rough sexual behaviors, this research aims to replicate the study of Herbenick et al. [8] in the Italian context in order to measure and assess (1) participants' solo and partnered sexual behaviors, and how frequently participants are involved in threesomes and group sex; (2) the frequency of enacting rough sex behaviors such as slapping, spanking and choking; (3) the frequency of receiving rough sexual behaviors; (4) the characteristics of choking during rough sex; and (5) whether consent is present or not during rough sex.

2. Materials and Methods

2.1. Participants

This study involved a sample of 4618 people. Data were collected using an online survey during April and May 2022, thanks to the use of the snowball sampling method to recruit participants through social media platforms (e.g., Facebook groups, Instagram, Reddit's subgroups such as r/Italia). Eligibility criteria for study participation were as follows: participants must be 18 years of age or older, and able to read and understand the Italian language. On average, the questionnaire took 23 min to complete.

2.2. Measures

Participants Characteristics. In the present study, the following variables were measured: age, area of residence (North, Center, South or islands) and educational level (middle school or lower, high school diploma, bachelor's degree, master's degree, specialization or doctorate degree). Moreover, we also measured gender (women, men, TGNB), sexual orientation (heterosexual, gay/lesbian, bisexual, other), current relationship status (single, or in a monogamous, open or polyamorous relationship) and number of lifetime sexual partners (none, 1, fewer than 10, more than 10).

Recent sexual behaviors. As in Herbenick et al. [8], the following questions were asked in order to assess the recency of different sexual behaviors: last time the participant masturbated themselves, masturbated their partner, received oral sex, gave oral sex, had penile–vaginal intercourse, had penile–anal sex (asked to people who reported having a penis) and received penile–anal sex. The recency of these behaviors was rated using the following scale: never, past month, past year or more than a year ago.

Frequency of group sex. As in Herbenick et al. [8], we asked participants whether they had engaged in a threesome or sex group. Possible answers were never, once or twice, 3–5 times and more than 5 times.

Frequency of Enacting Rough Sex Behaviors. As in Herbenick et al. [8], participants were asked about the frequency of the following rough sex behaviors: different intensities of slapping, insulting or dirty talking during sexual activity, anal sex without asking, ejaculation on someone's face, aggressive fellatio or choking as part of intercourse. The answers were as follows: never, once or twice, 3–5 times and more than 5 times. Only participants who reported having a penis were asked about inserting one's penis, penile thrusting and ejaculating. Moreover, we asked about the intensity of choking by using a 5-point Likert scale (1: very mild intensity, 5: very strong intensity—difficulty in breathing).

Frequency of Experiencing Rough Sex Behaviors. As previously, we asked participants if they had “been lightly spanked, been spanked hard enough to leave a mark, been slapped on the face, been called names like “slut” or “whore” or “bitch”, had a partner ejaculate on their face, had a partner aggressively thrust their penis in and out of their mouth/“face fucking”, had a partner slip their penis in their anus without first asking or had been choked as part of sex” [8]. Possible answers were as follows: never, once or twice, 3–5 times, more than 5 times. Moreover, we asked about the intensity of choking by using a 5-point Likert scale (1: very mild intensity, 5: very strong intensity—difficulty in breathing).

Choking characteristics and motivations. Of the participants who reported having been choked during sexual intercourse, we asked them the first time they were choked (no one put their hands on my neck, or textbox for the age), whether they had fainted during choking (“no one put their hands on my neck; no, I did not faint; yes, I fainted”), the number of times someone asked participant to be choked (never, 1–2 times, 3–5 times, more than 5 times) and the number of times the participant asked to be choked (never, 1–2 times, 3–5 times, more than 5 times). Furthermore, we asked participants about the motivations that led them to ask someone to be choked and the motivations that led them to choke someone (multiple choices: “it seemed exciting; I thought it would excite the partner; I thought it would make it easier for me to have an orgasm; I saw it in a porn video and became curious to try it; I thought it seemed transgressive and/or kinky”). Then, we asked them to express if they had consented to being choked (“they always asked me if I was okay with choking before doing it; sometimes they asked me if I was okay with choking before doing it; they never asked me if I was okay with choking before doing it; I do not perform this practice with my sexual partner(s)”) and slapped (“they always asked me if I was okay with being slapped before doing it; sometimes they asked me if I was okay with being slapped before doing it; they never asked me if I was okay with being slapped before doing it; I do not perform this practice with my sexual partner(s)”).

2.3. Statistical Analysis

Statistical analyses were performed using the IBM Statistical Package for the Social Sciences (SPSS) version 27.0 [9]. Consistent with the work of Herbenick et al. [5], the transgender/non-binary group (TGNB) was composed of non-binary people, transgender men and transgender women. Participants' demographic characteristics and behaviors were stratified by gender (women, men and TGNB). Frequency was calculated for recent sexual behaviors, threesome/group sex behaviors and rough sex behaviors. Moreover, a chi-square test of independence and the associated Cramer's V effect size were used to examine the associations between gender subgroups and the frequency of the measured practices. Consistent with the work of Herbenick et al. [5], the Cramer's V effect size was interpreted according to Rea and Parker [10] (p. 219): from 0.00 to 0.10 as a negligible association; from 0.10 to 0.20 as weak; from 0.20 to 0.40 as moderate; from 0.40 to 0.60 as relatively strong; from 0.60 to 0.80 as strong; and from 0.80 to 1.00 as powerful. Moreover, when the chi-square test proved to be significant, to control for the Type I error rate, we conducted post hoc analyses using the Bonferroni method.

3. Results

3.1. Participant Characteristics

A total of 4618 people participated in this study (mean age = 26.9, S.D. = 6.92, age range: 18–59). Of them, 50.10% (n = 2314) identified themselves as women, 49.03% (n = 2264) as men and 0.87% (n = 40) as transgender, non-binary, gender-fluid or other non-conforming gender identities (TGNB). This prevalence of TGNB individuals is consistent with a previous study where the prevalence rate of TGNB individuals was between 0.55% and 0.75% [11]. However, given the small percentage of TGNB persons, caution is needed in the interpretation and generalization of the results. Regarding sexual orientation, 83.2% (n = 3845) of the sample identified as heterosexual. Additional demographic characteristics are visible in Table 1.

Table 1. Participant attributes.

Attributes	Total (N = 4618)		Women (N = 2314)		Men (N = 2264)		TGNB (N = 40)	
	n	%	n	%	n	%	n	%
Age								
18–19	296	6.4	158	6.8	130	5.7	8	20.0
20–24	1764	38.2	948	41.0	768	35.2	18	45.0
25–29	1390	30.1	712	30.8	670	29.6	8	20.0
30–39	888	19.2	384	16.6	500	22.1	4	10.0
40–49	215	4.7	87	3.8	126	5.6	2	5.0
50–59	65	1.4	25	1.1	40	1.8	-	-
Sexual orientation								
Heterosexual or straight	3845	83.2	1885	81.4	1960	86.6	-	-
Gay or lesbian	179	3.9	46	2.0	127	5.6	6	15.0
Bisexual	490	10.6	305	13.2	161	7.1	24	60.0
Asexual	7	0.2	3	0.1	-	-	4	10.0
Other sexual orientation	97	2.1	75	3.2	16	0.7	6	15.0
Relationship status								
Single	1199	26.0	550	11.9	645	14.0	4	0.1
Monogamous relationship	3121	67.6	1583	34.3	1508	32.7	30	0.6
Non-monogamous consensual relationship	298	6.5	181	3.9	111	2.4	6	0.1
Educational level								
Primary school	153	3.3	76	3.3	75	3.3	2	5.0
High school diploma	1997	43.2	1049	45.3	929	41.0	20	50.0
Bachelor's degree	1308	28.3	649	28.0	651	28.8	8	20.0
Master's degree	805	17.4	390	16.9	409	18.1	6	15.0
PhD/specialization	354	7.7	150	6.5	200	8.8	4	10.0
Part of Italy								
Northern Italy	2437	52.8	1220	52.7	1197	52.9	20	50.0
Central Italy	947	20.5	499	21.6	438	19.3	10	25.0
South/islands	1234	26.7	595	25.7	629	27.8	10	25.0

3.2. Aim 1: Sexual Behaviors Reported over Time

As visible in Table 2, the most frequently enacted sexual behaviors were masturbation only (98.4% overall), partner masturbation (97.8%) and performed oral sex (96.4%), while the least enacted behaviors were performed anal sex (73.9%) and received penile–anal sex (62.1%).

Looking at the results by gender, females were more involved in partner masturbation (98.3%) and received oral sex (97.5%), and males in solo masturbation (100%) and partner masturbation (96.8%), while in the TGNB population, the most frequent behaviors were solo masturbation (100%), followed by partner masturbation, received masturbation and performed oral sex (95%).

Table 2. Sexual Behaviors in time presented by gender (all participants).

Characteristics	Total (N = 4618)		Women (N = 2314)		Men (N = 2264)		TGNB (N = 40)	
	n	%	n	%	n	%	n	%
Solo masturbation								
Never	76	1.6	76	3.3	-	-	-	-
Past month	4321	93.6	2054	88.8	2231	98.5	36	90.0
Past year	185	4.0	157	6.8	24	1.1	4	10.0
1+ years ago	36	0.8	27	1.2	9	0.4	-	-
Partner masturbation/hand genital stimulation								
Never	112	2.4	40	1.7	70	3.1	2	5.0
Past month	3693	80.0	1909	82.5	1754	77.5	30	75.0
Past year	629	13.6	293	12.7	328	14.5	8	20.0
1+ years ago	184	4.0	72	3.1	112	4.9	-	-
Received oral sex								
Never	167	3.6	58	2.5	107	4.7	2	5.0
Past month	3295	71.4	1668	72.1	1599	70.6	28	70.0
Past year	849	18.4	443	19.1	398	17.6	8	20.0
1+ years ago	307	6.6	145	6.3	160	7.1	2	5.0
Performed oral sex								
Never	158	3.4	69	3.0	87	3.8	2	5.0
Past month	3505	75.9	1813	78.3	1664	73.5	28	70.0
Past year	724	15.7	334	14.4	380	16.8	10	25.0
1+ years ago	231	5.0	98	4.2	133	5.9	-	-
Penile–vaginal intercourse								
Never	314	6.8	65	2.8	241	10.6	8	20.0
Past month	3498	75.7	1901	82.2	1569	69.3	28	70.0
Past year	588	12.7	274	11.8	310	13.7	4	10.0
1+ years ago	218	4.7	74	3.2	144	6.4	-	-
Received penile–anal sex								
Never	2870	62.1	1051	45.4	1800	79.5	19	47.5
Past month	577	12.5	374	16.2	191	8.4	12	30.0
Past year	588	12.7	422	18.2	162	7.2	4	10.0
1+ years ago	583	12.6	467	20.2	111	4.9	5	12.5
Performed anal sex								
Never	3410	73.9	-	-	1067	47.1	29	72.5
Past month	329	7.1	-	-	329	14.5	-	-
Past year	443	9.6	-	-	439	19.4	4	10.0
1+ years ago	436	9.4	-	-	429	18.9	7	17.5

3.3. Aim 2: Frequency of Performed Rough Sex Practices

The frequencies of enacting rough sexual behaviors are reported in Table 3. Overall, the most frequently enacted rough sexual behaviors were light spanking (76.1%), choking (60%) and hard spanking (55.5%).

The chi-square analyses showed a statistically significant difference with a strong effect size in the behaviors of ejaculation on a partner's face ($X^2(6) = 2102.403$, $p < 0.001$, Cramer's $V = 0.477$) and aggressive fellatio ($X^2(6) = 2139.01$, $p < 0.001$, Cramer's $V = 0.48$) among the subgroups.

Table 3. Relational practice (performed) frequency (e.g., kissing, oral sex, etc.).

Characteristics	Total (N = 4618)		Women (N = 2314)		Men (N = 2264)		TGNB (N = 40)		Omnibus X^2 and Effect Size
	n	%	n	%	n	%	n	%	
Lightly spanked a partner's behind/butt									$X^2(6) = 627.819$, $p < 0.001$ Cramer's $V = 0.261$
Never	1106	23.9	852 _a	36.8	243 _b	10.7	11 _a	27.5	
Once or twice	792	17.2	496 _b	21.4	288 _a	12.7	8 _{a,b}	20	
3–5 times	441	9.5	192 _b	8.3	249 _a	11	0 _{a,b}	0	
More than 5 times	2279	49.4	774 _b	33.4	1484 _a	65.5	21 _a	52.5	
Spanked partner hard enough to leave a mark									$X^2(6) = 693.865$, $p < 0.001$ Cramer's $V = 0.274$
Never	2057	44.5	1428 _b	61.7	614 _a	27.1	15 _{a,c}	37.5	
Once or twice	721	15.6	358 _a	15.5	359 _a	15.9	4 _a	10	
3–5 times	346	7.5	157 _a	6.8	186 _a	8.2	3 _a	7.5	
More than 5 times	1494	32.4	371 _b	16	1105 _a	48.8	18 _a	45	
Slapped a partner's face during sex									$X^2(6) = 142.579$ ^a , $p < 0.001$ Cramer's $V = 0.124$
Never	3654	79.1	1982 _b	85.7	1638 _a	72.3	34 _{a,b}	85	
Once or twice	506	11.0	192 _a	8.3	314 _b	13.9	0 _a	0	
3–5 times	166	3.6	63 _b	2.7	103 _a	4.5	0 _{a,b}	0	
More than 5 times	292	6.3	77 _b	3.3	209 _a	9.2	6 _a	15	
Slipped your penis in a partner's anus without first asking or discussing									$X^2(6) = 176.798$ ^a , $p < 0.001$ Cramer's $V = 0.138$
Never	4431	96.0	2314 _b	100	2100 _a	92.8	40 _{a,b}	100	
Once or twice	143	3.1	-	-	124 _a	5.5	0 _{a,b}	0	
3–5 times	10	0.2	-	-	9 _a	0.4	0 _{a,b}	0	
More than 5 times	34	0.7	-	-	31 _a	1.4	0 _{a,b}	0	
Ejaculated on someone's face									$X^2(6) = 2102.403$ ^a , $p < 0.001$ Cramer's $V = 0.477$
Never	3207	69.4	2314 _a	100	856 _b	37.8	40 _a	100	
Once or twice	567	12.3	-	-	565 _b	25	0 _a	0	
3–5 times	252	5.5	-	-	251 _a	11.1	0 _{a,b}	0	
More than 5 times	592	12.8	-	-	592 _b	26.1	0 _a	0	
Choked someone during sex									$X^2(6) = 406.13$ ^a , $p < 0.001$ Cramer's $V = 0.21$
Never	1845	40.0	1184 _b	51.2	651 _a	28.8	10 _a	25	
Once or twice	787	17.0	450 _b	19.4	327 _a	14.4	10 _{a,b}	25	
3–5 times	419	9.1	196 _b	8.5	215 _{a,b}	9.5	8 _a	20	
More than 5 times	1567	33.9	484 _b	20.9	1071 _a	47.3	12 _{a,b}	30	
Called someone names, like slut or bitch, as part of sex									The $X^2(6) = 186.63$, $p < 0.001$ Cramer's $V = 0.14$
Never	2909	63.0	1659 _b	71.1	1228 _a	54.2	22 _{a,b}	55	
Once or twice	606	13.1	283 _a	12.2	319 _a	14.1	4 _a	10	
3–5 times	289	6.3	119 _b	5.1	166 _a	7.3	4 _{a,b}	10	
More than 5 times	814	17.6	253 _b	10.9	551 _a	24.3	10 _a	25	
Aggressively thrust your penis in and out of someone's mouth (face fuck)									$X^2(6) = 2139.006$ ^a , $p < 0.001$ Cramer's $V = 0.481$
Never	3171	68.7	2314 _b	100	826 _c	36.5	38 _a	95	
Once or twice	531	11.5	-	-	524 _c	23.1	2 _a	5	
3–5 times	272	5.9	-	-	272 _a	12	0 _{a,b}	0	
More than 5 times	644	13.9	-	-	642 _b	28.4	0 _a	0	

Note: ^a women, ^b men, ^c TGNB.

3.4. Aim 3: Frequency of Experiencing Rough Sex Behaviors

As visible in Table 4, the most frequently experienced rough sexual behaviors were light spanking (73.2% overall) and ejaculation on a partner's face (53.2%).

Table 4. Relational practice (experienced) frequency (e.g., kissing, oral sex, etc.).

Characteristics	Total (N = 4618)		Women (N = 2314)		Men (N = 2264)		TGNB (N = 40)		Omnibus χ^2 and Effect Size
	n	%	n	%	n	%	n	%	
Someone lightly spanked your behind/butt									
Never	1239	26.8	159 ^a	6.9	1076 ^b	47.5	4 ^a	10.0	$\chi^2(6) = 1633.109$, $p < 0.001$ Cramer's V = 0.42
Once or twice	868	18.8	266 ^b	11.5	598 ^a	26.4	4 ^{a,b}	10.0	
3–5 times	444	9.6	230 ^a	9.9	213 ^a	9.4	1 ^a	2.5	
More than 5 times	2067	44.8	1659 ^a	71.7	377 ^b	16.7	31 ^a	77.5	
Someone spanked you hard enough to leave a mark									
Never	3544	76.7	1749 ^a	75.6	1767 ^a	78.0	28 ^a	70.0	$\chi^2(6) = 13.712^a$, $p < 0.001$ Cramer's V = 0.039
Once or twice	572	12.4	300 ^a	13.0	270 ^a	11.9	2 ^a	5.0	
3–5 times	211	4.6	109 ^a	4.7	98 ^a	4.3	4 ^a	10.0	
More than 5 times	291	6.3	156 ^{a,b}	6.7	129 ^b	5.7	6 ^a	15.0	
Slapped on face during sex									
Never	3228	69.9	1515 ^b	65.5	1687 ^a	74.5	26 ^{a,b}	65.0	$\chi^2(6) = 148.841^a$, $p < 0.001$ Cramer's V = 0.127
Once or twice	548	11.9	236 ^b	10.2	308 ^a	13.6	4 ^{a,b}	10.0	
3–5 times	230	5.0	126 ^a	5.4	104 ^a	4.6	0 ^a		
More than 5 times	612	13.3	437 ^a	18.9	165 ^b	7.3	10 ^a	25.0	
Slipped their penis in your anus without first asking or discussing									
Never	4224	91.5	2000 ^a	86.4	2192 ^b	96.8	32 ^a	80.0	$\chi^2(6) = 183.496^a$, $p < 0.001$ Cramer's V = 0.141
Once or twice	292	6.3	241 ^a	10.4	45 ^b	2.0	6 ^a	15.0	
3–5 times	64	1.4	40 ^a	1.7	24 ^a	1.1	0 ^a		
More than 5 times	38	0.8	33 ^a	1.4	3 ^b	0.1	2 ^a	5.0	
Ejaculated on your face									
Never	2134	46.2	159 ^a	6.9	1975 ^b	87.2	0 ^a		$\chi^2(6) = 3074.604^a$, $p < 0.001$ Cramer's V = 0.577
Once or twice	311	6.7	266 ^a	11.5	36 ^b	1.6	9 ^a	22.5	
3–5 times	333	7.2	230 ^b	9.9	102 ^a	4.5	1 ^{a,b}	2.5	
More than 5 times	1840	39.8	1659 ^a	71.7	151 ^b	6.7	30 ^a	75.0	
Someone choked you as part of sex									
Never	4009	86.8	2090 ^b	90.3	1892 ^c	83.6	27 ^a	67.5	$\chi^2(6) = 60.634^a$, $p < 0.001$ Cramer's V = 0.081
Once or twice	439	9.5	167 ^b	7.2	263 ^a	11.6	9 ^a	22.5	
3–5 times	107	2.3	37 ^b	1.6	68 ^a	3.0	2 ^{a,b}	5.0	
More than 5 times	63	1.4	20 ^b	0.9	41 ^a	1.8	2 ^a	5.0	
Called names like slut or bitch as part of sex									
Never	2563	55.5	1111 ^a	48.0	1438 ^b	63.5	14 ^a	35.0	$\chi^2(6) = 137.98^a$, $p < 0.001$ Cramer's V = 0.122
Once or twice	709	15.4	379 ^a	16.4	324 ^a	14.3	6 ^a	15.0	
3–5 times	371	8.0	211 ^b	9.1	156 ^a	6.9	4 ^{a,b}	10.0	
More than 5 times	975	21.1	613 ^a	26.5	346 ^b	15.3	16 ^a	40.0	
Aggressively thrust their penis in and out of your mouth (face fucked you)									
Never	2824	61.2	740 ^b	32.0	2064 ^c	91.2	20 ^a	50.0	$\chi^2(6) = 1692.547^a$, $p < 0.001$ Cramer's V = 0.428
Once or twice	674	14.6	602 ^a	26.0	65 ^b	2.9	7 ^a	17.5	
3–5 times	415	9.0	371 ^a	16.0	39 ^b	1.7	5 ^a	12.5	
More than 5 times	705	15.3	601 ^a	26.0	96 ^b	4.2	8 ^a	20.0	

Note: ^a women, ^b men, ^c TGNB.

The chi-square analyses showed a statistically significant difference with a strong effect size in the behaviors of experienced light spanking ($\chi^2(6) = 1633.1$, $p < 0.001$, Cramer's V = 0.42), experienced facial ejaculation ($\chi^2(6) = 3074.60$, $p < 0.001$, Cramer's V = 0.58) and experienced aggressive fellatio ($\chi^2(6) = 1692.55$, $p < 0.001$, Cramer's V = 0.43).

3.5. Aim 4: Characteristics of Choking during Rough Sex

According to the results presented in Table 5, the mean age of those who reported having been choked ($n = 2734$) during sexual intercourse is 21.7 years old ($SD = 4.79$; range 13–50). Among these participants, 59.03% were women, 39.80% were men and 1.17% were TGNB. However, 14.7% of the participants reported being choked before the age of 18.

A portion of the sample (54.9% overall) never asked someone to choke them, and never received a request to choke the partner (90.3%). Among those participants who asked to be choked, the main reasons were that the practice seemed exciting (25.7% of women, 11.3% of men, 37.5% of the TGNB population) and that the practice would arouse the partner (6.9% of women, 5.3% of men, 7.5% of TGNB population). In conclusion, of the participants who reported being choked during sexual intercourse, 0.4% ($n = 11$) of them fainted. Specifically, $n = 10$ of women, $n = 0$ of men and $n = 1$ of the TGNB population.

Table 5. Attributes of choking during sex, presented by gender.

Attributes	Total		Women		Men		TGNB	
	n	%	n	%	n	%	n	%
Asked someone to choke you during sex								
Never	3078	54.9	1271	54.9	1801	79.5	6	15.0
Once or twice	642	17.4	403	17.4	234	10.3	5	12.5
3–5 times	284	8.6	198	8.6	82	3.6	4	10.0
More than 5 times	613	19.1	441	19.1	147	6.5	25	62.5
Someone asked you to choke them as a part of sex								
Never	4009	90.3	2090	90.3	1892	83.6	27	67.5
Once or twice	439	7.2	167	7.2	263	11.6	9	22.5
3–5 times	107	1.6	37	1.6	68	3.0	2	5.0
More than 5 times	63	0.9	20	0.9	41	1.8	2	5.0
Reasons that participants asked partner(s) to choke them								
“It seemed exciting”	865	25.7	594	25.7	256	11.3	15	37.5
“I thought it would arouse the person”	282	6.9	159	6.9	120	5.3	3	7.5
“I thought it would make it easier for me to have an orgasm”	72	2.2	52	2.2	16	0.7	4	10.0
“I’d seen it in porn and wanted to try it”	157	4.1	94	4.1	58	2.6	5	12.5
“A friend had told me they liked to be choked and I wanted to try it too”	128	2.5	58	2.5	69	3.0	1	2.5
“It seemed kinky or adventurous”	211	6.5	150	6.5	57	2.5	4	10.0
Reason that participants had choked partner(s) during sex								
“It seemed exciting”	815	17.3	594	17.3	410	18.1	5	12.5
“I thought it would arouse the person”	994	16.7	386	16.7	594	26.2	14	35.0
“I thought it would make it easier for me to have an orgasm”	123	2.2	51	2.2	71	3.1	1	2.5
“I’d seen it in porn and wanted to try it”	112	0.6	13	0.6	97	4.3	2	5.0
“A friend had told me they liked to be choked and I wanted to try it too”	16	0.3	1	0.0	15	0.7	-	-
“It seemed kinky or adventurous”	493	10.7	189	8.2	298	13.2	6	15.0

3.6. Aim 5: Presence of Consent during Choking and Slapping

Choking and Consent. As visible in Table 6, $n = 1024$ (22.2%) participants reported that they were never asked for consent to be choked. By analyzing these data for gender, 23.3% of women, 21.2% of men and 10% of the TGNB population were never asked for consent. However, 21.0% of women and 55.0% of the TGNB population were always asked to be choked before their partner choked them.

Slapping and Consent. Similarly to choking, 22.6% of participants reported that they were never asked for consent to be slapped. Again, by analyzing these data for gender, 21.3% of women, 23.9% of men and 25% of the TGNB population were never asked for consent. However, 14.9% of women and 27.5% of the TGNB population were always asked to be slapped before their partner choked them.

Table 6. Consent characteristics of choking and slapping.

Characteristics	Total		Women		Men		TGNB	
	n	%	n	%	n	%	n	%
Choking								
“I do not perform this practice”	2248	48.7	986	42.6	1252	55.3	10	25.0
“They always asked if I wanted to be choked, before they choked me”	821	17.8	487	21.0	312	13.8	22	55.0
“They sometimes asked me for consent”	525	11.4	301	13.0	220	9.7	4	10.0
“They never asked me for consent, they just choked me”	1024	22.2	540	23.3	480	21.2	4	10.0
Slapping								
“I do not perform this practice”	2507	54.3	1150	49.7	1342	59.3	15	37.5
“They always asked me if I wanted to be slapped, before they slapped me”	586	12.7	345	14.9	230	10.2	11	27.5
“They sometimes asked if I wanted to be slapped”	482	10.4	327	14.1	151	6.7	4	10.0
“They never asked me for consent, they just slapped me”	1043	22.6	492	21.3	541	23.9	10	25.0

4. Discussion

This study represents one of the first investigations in Italy into rough sexual behaviors. It is important to note that the nature of this study, as well as the work by Herbenick et al. [8], is purely descriptive. The interpretation of the results identified three discussion points: (1) a description of the sexual behaviors enacted by the sample population, (2) gender differences in rough sexual behaviors and (3) the role of consent in choking or slapping.

First, this study involved 4618 participants with a mean age of 26.9 years ($SD = 6.92$) and an age range of 18 to 59. The gender distribution was 50.10% women, 49.03% men and 0.87% TGNB. In terms of sexual orientation, 83.2% identified as heterosexual. Regarding sexual behaviors, solo masturbation was the most common (88.8–98.5%) sexual behavior in the last month. Additionally, most participants reported masturbating their partner (75.0–82.5%) and received (70.0–72.1%) and performed oral sex (70.0–78.3%) in the previous month. Penile–vaginal intercourse was reported by 82.2% of women, 69.3% of men and 70.0% of TGNB participants in the last month. Regarding penile–anal sex, most of the sample (62.1%) never received it, but 54.6% of women and 52.5% of TGNB individuals reported receiving it. In contrast, 79.5% of men never received penile–anal sex, with the remaining 20.5% reporting receiving it, predominantly men who have sex with men (88.96%). It is interesting to note that the remaining 11.04% of heterosexual men received anal sex. Few studies underscore how perceptions regarding received anal sex performed by heterosexual men are gradually shifting in the Western world, also illuminating alterations in notions of masculinity. For instance, in the sample of the qualitative study conducted by Wignall and colleagues [12], the 30 heterosexual undergraduate men interviewed challenged cultural narratives that equate anal receptivity with being gay. Furthermore, this research also suggests that young, heterosexual men are increasingly willing to engage in anal stimulation, either by being anally penetrated by a sex toy under the control of a woman or through personal exploration [12].

Second, the statistical analyses demonstrated, with moderate effect sizes, significant differences in rough sexual behaviors (spanking, aggressive fellatio, choking, names calling, e.g., slut, whore or bitch) across gender groups, suggesting that gender influences the likelihood of engaging in these behaviors. For instance, while approximately 45.1% of women reported having asked a sexual partner to engage in choking, only 16.4% of men and 32.5% of the TGNB population reported being asked to enact the behavior. Similarly, significant differences are noticeable between reported behaviors such as choking and spanking. These findings are in line with previous studies [3,13], where men often demonstrate rough behaviors, whereas women are more prone to encountering such behaviors. While there is no full consensus in the literature, as highlighted by Herbenick [8], the existing reflection—particularly among women and men—on the heteronormativity of violence and the manifestations of masculinity (as indicated, for example, by Ward [14])

is noteworthy. This can also be seen in the context of how women are socialized into assuming submissive sexual roles (see McCreary and Rhodes [15]). Possible explanations could include men not recognizing or acknowledging when their partners express certain desires, the potential underreporting of passive sexual behaviors by men or the potential overreporting of assertive sexual behaviors by women. Exploring these nuances in future studies could provide valuable insights into the complexities of sexual dynamics and communication within intimate relationships. Moreover, although these results show that the TGNB population has high levels of rough sexual behaviors, it is important to carefully interpret the data in relation to the low representation of this specific population ($n = 40$; 0.87% of the sample). However, the literature recently began to highlight how there is an intersection between LGBTQIA+ and kinky identities [16], which could explain the apparent prevalence of choking in this specific population, as found by Herbenick and colleagues [8]. Moreover, due to its physical implications (e.g., fainting) and the limited research on it [3], the behavior of choking has been investigated in detail. As for the other rough sexual behaviors, the first point to emphasize is a gender difference, where women experienced this behavior more, while men and the TGNB population enacted it. The mean age at first experience of being choked during sex was 21.7 years old ($SD = 4.79$; range 13–50), while 14.7% of the participants reported being choked before the age of 18. With respect to the role of consent in choking, in our study, the largest portion of the sample never asked their partner to choke them. For the remaining portion of subjects, the main reasons why participants asked to be choked were that the practice seemed exciting and that the practice would arouse the partner. In contrast, of those who practiced choking, 13.2% of participants were asked to choke during intercourse, especially with the idea that this practice would arouse the sexual partner or that it seemed exciting. In addition, although it is a small percentage of participants, it is important to note that 0.4% of participants who had engaged in choking fainted during the practice. These results partially differ from the findings of Herbenick et al. [8] in that the age of first experience of being choked was 18.4 years, and 58.7% of men and 54.8% of the TGNB population had choked someone during sexual intercourse, while 64.4% of women had been choked during a sexual interaction.

Finally, this study examined the prevalence of non-consensual acts such as anal sex, choking and slapping without consent. The findings indicated that a small percentage of women and TGNB individuals reported that they had experienced anal sex without consent at least one time. Moreover, 22.2% of participants reported that they were never asked for consent to be choked and 22.6% of participants reported they were never asked for consent to be slapped. These results, partially in line with those of Herbenick et al. [8], highlight the importance of continuing to study the role of consent during sexual intercourse. However, if one considers kinky sexuality and, in particular, BDSM, consent to behaviors such as choking and slapping is not always explicitly expressed. This is because although consent appears to be central to BDSM [17], several levels are present: superficial, of the scene and deep [18]. In this sense, consent represents an ongoing interactive and dynamic process [19], and the extent and complexity of negotiation varies with level of intimacy [20] and depending on the context, and is influenced by mood [21]. Thus, although these results indicate that a portion of the sample experienced sexual behavior without their explicit consent, the hypothesis is that the presence of this phenomenon is because consent was implicit within the sexual dynamic.

Since this study is a replication of Herbenick and colleagues' work [8], a comparison between the two studies could be interesting. While the sample size is roughly similar, the demographic variability (e.g., age) of our sample was larger due to the fact that the study was extended to the general population and not just undergraduate students.

Regarding sexual behaviors, solo masturbation was the most enacted behavior in both samples, while differences are present with respect to the other behaviors. In general, the main difference can be seen in the percentages of people who enacted the various behaviors at least once. In fact, our study shows that the Italian sample tends to enact

the various behaviors (except for performed anal sex) more than the sample of Herbenick and colleagues' study [8]. For example, partner masturbation was overall enacted by 97.6 percent of the Italian sample and 71.1 percent by the sample of the previous study [8].

Furthermore, although a comparison between the two samples was not conducted through statistical analysis, greater gender differences regarding rough sexual behaviors exist in the Italian sample. This could be attributed to the fact that gender-based biases and stereotypes are still deeply ingrained in the Italian population, along with a strong male hegemony [22]. However, further investigations are necessary to avoid speculation or the pathologization of sexuality.

Given its relevance, future studies should focus on the role of consent within the dynamics of sexual relations to understand the degree of consent, awareness and knowledge of this construct. Future studies, therefore, should better understand how consent is also mediated by non-verbal behaviors and couple dynamics.

Moreover, more research is needed to fully understand the relationship between consent and watching pornography, especially for young people who begin to view sexually explicit content at age 14 [23], when sexual exploration begins to take place. In addition, as argued by Herbenick et al. [8], future studies should investigate the presence of sexual behaviors such as choking in adolescence. Moreover, future studies should investigate how consent is handled by adolescents, who tend to have lower levels of sexual assertiveness [24]. Sexual assertiveness refers to the ability to communicate one's thoughts, desires and boundaries in sexual relationships and is a central aspect in maintaining good sexual health and preventing unwanted sexual contact [24], and is associated with lower levels of sexual dysfunction and coercion in relationships [25]. Furthermore, with reference to the Italian context, it is necessary to implement and institutionalize paths of education on affectivity and sexuality with the aim of educating new generations on greater adherence to consent in sexual relations. As is the case in other European contexts (e.g., Norway, Denmark and Portugal), it would be appropriate to develop affectivity and sexuality education programs based on scientific evidence and the *Standards for Sex Education in Europe* [26].

In conclusion, this study has several strengths that contribute to its importance in this field of research. First, it addresses a topic that has been little investigated in Italy, thus helping to fill a significant gap in the existing literature. In addition, the sample used for the research is large and varied, which increases the generalizability of the results. Finally, the methodological approach adopted for this study is rigorous and well structured, which increases the reliability of the results. Despite its strengths, this study also has some limitations. The sample has low representation of TGNB individuals, which means that the results may not be reliable for this population. Finally, this study is based on self-reported data, which can be subject to biases such as the social desirability effect.

5. Conclusions

The present study explored the prevalence and characteristics of rough sexual behaviors among a large sample of Italian adults, with a focus on gender and sexual orientation differences. Most participants engaged in some form of rough sexual behavior, such as spanking, choking, slapping or name-calling, in the past month. The frequency and intensity of these behaviors varied across individuals and contexts, suggesting that rough sex is not a monolithic phenomenon, but rather, a spectrum of practices that can be negotiated and enjoyed by different people. This study revealed significant differences in rough sexual behaviors across genders, with men and TGNB individuals reporting higher levels of rough sex than women. These differences may reflect different patterns of sexual socialization, expression and empowerment, as well as different expectations and norms regarding sexual roles and behaviors. Moreover, this study highlights the importance of consent and communication in rough sexual encounters, as most participants reported discussing and agreeing on the boundaries and limits of rough sex with their partners. Consent and sexual assertiveness are essential to ensure the safety, pleasure and respect of all parties involved, and to prevent potential harm or abuse. Moreover, consent can enhance the eroticism

and intimacy of rough sex, as it allows partners to explore their fantasies and desires in a trusting and supportive environment.

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References

- Herbenick, D.; Fu, T.; Valdivia, D.S.; Patterson, C.; Gonzalez, Y.R.; Guerra-Reyes, L.; Eastman-Mueller, H.; Beckmeyer, J.; Rosenberg, M. What Is Rough Sex, Who Does It, and Who Likes It? Findings from a Probability Sample of U.S. Undergraduate Students. *Arch. Sex. Behav.* **2021**, *50*, 1183–1195. [[CrossRef](#)] [[PubMed](#)]
- Herbenick, D.; Fu, T.; Patterson, C.; Rosenstock Gonzalez, Y.R.; Luetke, M.; Svetina Valdivia, D.; Eastman-Mueller, H.; Guerra-Reyes, L.; Rosenberg, M. Prevalence and Characteristics of Choking/Strangulation during Sex: Findings from a Probability Survey of Undergraduate Students. *J. Am. Coll. Health* **2023**, *71*, 1059–1073. [[CrossRef](#)] [[PubMed](#)]
- Herbenick, D.; Guerra-Reyes, L.; Patterson, C.; Rosenstock Gonzalez, Y.R.; Wagner, C.; Zounlome, N. “It Was Scary, But Then It Was Kind of Exciting”: Young Women’s Experiences with Choking during Sex. *Arch. Sex. Behav.* **2022**, *51*, 1103–1123. [[CrossRef](#)]
- Burch, R.L.; Salmon, C. The Rough Stuff: Understanding Aggressive Consensual Sex. *Evol. Psychol. Sci.* **2019**, *5*, 383–393. [[CrossRef](#)]
- Vogels, E.A.; O’Sullivan, L.F. The Relationship among Online Sexually Explicit Material Exposure to, Desire for, and Participation in Rough Sex. *Arch. Sex. Behav.* **2019**, *48*, 653–665. [[CrossRef](#)] [[PubMed](#)]
- Sagarin, B.; Lee, E.; Klement, K. Sadomasochism without Sex? Exploring the Parallels between BDSM and Extreme Rituals. *JPS* **2015**, *1*, 50–55. [[CrossRef](#)]
- McKee, A. Methodological Issues in Defining Aggression for Content Analyses of Sexually Explicit Material. *Arch. Sex. Behav.* **2015**, *44*, 81–87. [[CrossRef](#)]
- Herbenick, D.; Patterson, C.; Beckmeyer, J.; Gonzalez, Y.R.R.; Luetke, M.; Guerra-Reyes, L.; Eastman-Mueller, H.; Valdivia, D.S.; Rosenberg, M. Diverse Sexual Behaviors in Undergraduate Students: Findings from a Campus Probability Survey. *J. Sex. Med.* **2021**, *18*, 1024–1041. [[CrossRef](#)]
- IBM Corp. *IBM SPSS Statistics for MacOS, Version 27.0*; IBM Corp: Armonk, NY, USA, 2020.
- Rea, L.M.; Parker, R.A. *Designing and Conducting Survey Research: A Comprehensive Guide*, 4th ed.; Jossey-Bass: San Francisco, CA, USA, 2014; ISBN 9781118767030.
- Zucker, K.J. Epidemiology of Gender Dysphoria and Transgender Identity. *Sex. Health* **2017**, *14*, 404–411. [[CrossRef](#)]
- Wignall, L.; Scoats, R.; Anderson, E.; Morales, L. A Qualitative Study of Heterosexual Men’s Attitudes toward and Practices of Receiving Anal Stimulation. *Cult. Health Sex.* **2020**, *22*, 675–689. [[CrossRef](#)]
- Bridges, A.J.; Sun, C.F.; Ezzell, M.B.; Johnson, J. Sexual Scripts and the Sexual Behavior of Men and Women Who Use Pornography. *Sex. Media Soc.* **2016**, *2*, 237462381666827. [[CrossRef](#)]
- Ward, E.J. *The Tragedy of Heterosexuality*; Sexual Cultures; New York University Press: New York, NY, USA, 2020; ISBN 9781479851553.
- McCreary, D.R.; Rhodes, N.D. On the Gender-Typed Nature of Dominant and Submissive Acts. *Sex Roles* **2001**, *44*, 339–350. [[CrossRef](#)]
- Sprott, R.A.; Benoit Hadcock, B. Bisexuality, Pansexuality, Queer Identity, and Kink Identity. *Sex. Relatsh. Ther.* **2018**, *33*, 214–232. [[CrossRef](#)]
- Sandnabba, N.K.; Santtila, P.; Alison, L.; Nordling, N. Demographics, Sexual Behaviour, Family Background and Abuse Experiences of Practitioners of Sadomasochistic Sex: A Review of Recent Research. *Sex. Relatsh. Ther.* **2002**, *17*, 39–55. [[CrossRef](#)]
- Williams, D.J.; Thomas, J.N.; Prior, E.E.; Candace Christensen, M. From “SSC” and “RACK” to the “4Cs”: Introducing a New Framework for Negotiating BDSM Participation. *Electron. J. Hum. Sex.* **2014**, *17*, 1–10.
- Holt, K. Blacklisted: Boundaries, Violations, and Retaliatory Behavior in the BDSM Community. *Deviant Behav.* **2016**, *37*, 917–930. [[CrossRef](#)]

20. Dunkley, C.R.; Henshaw, C.D.; Henshaw, S.K.; Brotto, L.A. Physical Pain as Pleasure: A Theoretical Perspective. *J. Sex Res.* **2020**, *57*, 421–437. [[CrossRef](#)] [[PubMed](#)]
21. Pitagora, D. Consent vs. Coercion: BDSM Interactions Highlight a Fine but Immutable Line: (543732013-004). *NSPB* **2013**, *10*, 27–36. [[CrossRef](#)]
22. Ostuni, A.; Sacco, G.; Sacco, P.; Zizza, A. Italian Society and Gender Role Stereotypes. How Stereotypical Beliefs Concerning Males and Females Are Still Present in Italian People at the Beginning of the Third Millennium. *ESJ* **2022**, *18*, 1. [[CrossRef](#)]
23. Sánchez-Lamadrid, N.; Sánchez-Fuentes, M.D.M.; Moyano, N.; Granados, R. Sexually Explicit Material and Its Relationship with Sociodemographic Variables, Sexual Satisfaction, and Relationship Satisfaction in a Spanish Sample. *Int. J. Environ. Res. Public Health* **2022**, *19*, 14131. [[CrossRef](#)]
24. Swathymol, P.S.; Beegam, S. Sexual assertiveness of women in kerala. *Towards Excell.* **2022**, *14*, 1068–1079.
25. López-Alvarado, S.; Prekatsounaki, S.; Van Parys, H.; Enzlin, P. Sexual Assertiveness and Its Correlates in Emerging Adults: An Exploratory Study in Cuenca (Ecuador). *Int. J. Sex. Health* **2022**, *34*, 679–690. [[CrossRef](#)] [[PubMed](#)]
26. World Health Organization—Europe; BZgA—Federal Centre for Health Education; FISS—Federazione Italiana Sessuologia Scientifica. Standard per l'Educazione Sessuale in Europa. Available online: <https://www.fissonline.it/pdf/STANDARDOMS.pdf> (accessed on 11 January 2024).

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