Beyond Repair: A Conceptual Analysis on Reframing BDSM Aftercare as Relational Care

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Abstract

Within the Bondage and Discipline, Dominance and Submission, and Sadism and Masochism (BDSM) and kink literature, aftercare has been historically conceptualized as a restorative process that promotes emotional, psychological, and physiological recovery post consensual scenes. The historical conceptualization highlights the importance of post-scene support; however, it positions aftercare as a response to dysregulation. This conceptual manuscript aims to critically examine the existing literature on aftercare and proposes an expanded framework to distinguish between aftercare as repair and aftercare as care. This manuscript utilizes the existing scholarship related to BDSM, kink, attachment, intimacy, trauma, and relational maintenance to argue that aftercare can extend beyond recovery as the sole purpose and has the ability to function as an intentional expression of emotional connection, relational security, and ongoing caregiving within consensual dynamics. Reframing aftercare as a reparative and relational practice aids in considering a deeper theoretical understanding of post-scene care, identifying opportunities for future empirical research, and expanding culturally responsive clinical practice within the BDSM and kink communities.

Keywords: BDSM, Aftercare, Care, Consent and Boundaries

Lay Summary

This manuscript explores how aftercare in consensual BDSM and kink dynamics transcends helping participants recover after intense experiences. This manuscript proposes that aftercare provides an avenue for expression of connection, trust, and emotional support. Broadening the understanding of aftercare may improve research, clinical practice, and community awareness of healthy, relationship dynamics.

Beyond Repair: A Conceptual Analysis on Reframing BDSM Aftercare as Relational Care

Within the Bondage and Discipline, Dominance, and Submission (BDSM) and kink communities, aftercare has been recognized and accepted as an essential part of ethical, post-scene practice. The current existing literature conceptualizes aftercare as emotional, psychological, and physical support following a BDSM or kink scene to aid in physical recovery, regulation of psychological responses, and enhance overall participant well-being (Sagarin et al., 2019). While this practice has expanded discussions surrounding safety, consent, and trauma-informed practice, the current scholarly position of aftercare primarily focuses on a response to dysregulation (Sagarin et al., 2009). This paper argues that limiting aftercare to a primarily reparative function overshadows its relational significance.

Aftercare has served as an intervention following an intense scene; however, this manuscript aims to highlight how it can also function as an expression of intimacy, attachment, emotional responsiveness, and relational maintenance. By considering this additional function, scholarship can highlight aftercare occurring regardless of the presence of distress or dysregulation. The existing literature on BDSM, attachment theory, trauma, intimacy, and relational care provides a foundation for this conceptual manuscript to distinguish the difference between aftercare as repair from aftercare as care. The proposed expansion of the existing conceptualization of aftercare seeks to contribute a broader understanding of relational connections within BDSM and kink dynamics while also identifying avenues for future empirical research and culturally responsive clinical practices.

As described by Holvoet et al., 2017, the current literature primarily focuses on the repair aspect of aftercare that highlights returning participants to a physiological or emotional baseline and fails to identify care as a central component of BDSM. Moreover, there is a common clinical misinterpretation of care, what it means, and how it differs from aftercare. For this manuscript, kink will be defined as ‘non-conventional’ or ‘non-normative’ sexual practices, concepts, and fantasies to include BDSM and fetishes” (Aguila et al. 2025, p. 2099). The misinterpretation of the experience or definition can lead to inappropriate clinical responses, including kink/BDSM being

pathologized as abuse. By highlighting the ways care is interwoven throughout BDSM interactions, clinicians may become better equipped to distinguish consensual relational practices from abuse while recognizing aftercare as an intentional component of healthy BDSM dynamics rather than evidence of dysfunction.

Within BDSM communities, aftercare refers to the emotional, physical, and relational support provided following a scene to assist participants in returning to a physiological and emotional baseline (Holvoet et al., 2017). Researchers suggest that BDSM interactions often involve intense sensory and emotional experiences that can alter stress responses and states of consciousness, making post-scene support an important component of negotiated erotic encounters (Sagarin et al., 2009). These altered states may include shifts in pain perception, dissociation, or heightened emotional openness, which underscore the need for intentional and responsive post-scene practices. Aftercare practices may include physical comfort, reassurance, verbal processing, and grounding behaviors that help participants reconnect with their bodies and partners. This manuscript argues that aftercare has largely been conceptualized as a reparative practice within BDSM literature and proposes that it may be more fully understood through two complementary functions: relational care and relational repair. By distinguishing these functions, this paper offers a broader conceptual understanding of aftercare that may inform future research and culturally responsive clinical practice.

Non-sexual Erotic Encounters

BDSM interactions are often characterized by forms of erotic engagement that are not exclusively sexual, involving emotional intensity, sensory stimulation, and power exchange rather than genital sexual activity (Landridge & Barker, 2007; Newmahr, 2011). Because these encounters frequently generate heightened emotional and physiological states independent of sexual activity, aftercare may function as a process of both relational care and nervous system repair, particularly for individuals with trauma histories whose bodies may respond differently to intense sensory or emotional experiences (Sagarin et al., 2009). Newmahr (2011) asserted that since many BDSM scenes involve touch, restraint, pain, vulnerability, and power

change sometimes without genital activity, experiences cannot solely be labeled as sexual. These experiences are based on trust and communication, both deeper vulnerabilities than sole sexual encounters.

Non-sexual erotic encounters create altered physiological and emotional states that may require intentional regulation through aftercare (Sagarin et al., 2009). Scholars have also conceptualized BDSM scenes as ritualized interactions structured through negotiation, trust, and mutual vulnerability rather than purely sexual encounters (Langdridge & Barker, 2007). These ritualized dynamics allow participants to engage in intense emotional and sensory experiences that may deepen relational connection and produce heightened psychological states. Within this framework, aftercare plays an important role in reaffirming trust and relational safety after a scene concludes. Since BDSM interactions may involve psychological, relational, sensory, and physiological intensity beyond sexual activity alone, the practices that occur following these experiences may similarly serve functions extending beyond sexual recovery.

Pathologization as Default: Misclassifying Consensual Kink

At its foundation, the mental health field's relationship with BDSM has considered this sexual difference as a diagnosable disorder. Some of the earliest texts, through the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), have provided a pathological assumption that participation in BDSM, and related practices, equate to presupposed harm, dysfunction, or psychological damage. For clinicians to better understand the importance of aftercare as a healing and regulatory practice, they must recognize the long-standing negative connotations associated with the field. When the practice of BDSM is treated as harmful, then the community-created paths of care around the practice become invisible. +

Richard Von Krafft-Ebing introduced the terms 'sadism' and 'masochism' in Psychopathia Sexualis (1886), framing these practices as disorders requiring medical intervention. Moreover, these claims went unchecked for over a century, including "sexual masochism" and "sexual sadism" being listed as disorders in the DSM-III (1980) and DSM-III-R (1987) without consideration of an individual's expressed distress; thus, leading to a clinician's ability to pathologize without objection from the client. The DSM-IV-

TR (2022) added a distress qualifier; however, the practices were still considered paraphilic disorders, and the DSM-5 (2013) distinguished paraphilic interests from paraphilic disorders. The correlating BDSM practices within paraphilic categories continued to further the logic that the practice required clinical interpretation.

When the diagnostic system clinicians rely on certain practices as inherently questionable, it can shape how clinicians interpret behaviors within therapeutic relationships. Clinicians who lack knowledge of BDSM practices may be more likely to pathologize these experiences because the DSM does not provide a neutral framework for assessing them. This is especially relevant for the practice of aftercare, which is not included in the DSM classifications. Aftercare is a community-created practice that exists outside of formal clinical systems–it has no DSM code, standardized clinical procedures, or formal training guidelines. As a result, within clinical frameworks that rely heavily on diagnostic categories and treatment protocols to address well-being and safety, aftercare may remain largely unrecognized and understudied.

The misclassification of BDSM practices during clinical encounters carries a history of producing harm to clients. This history of misclassification also contributes to clinical trauma, particularly when these consensual experiences are reframed within pathology. Historically, BDSM practitioners have been misunderstood and pathologized in clinical settings, leading to unnecessary shame and stigmatization. This misinterpretation has reinforced barriers to seeking mental health support for their consensual and healthy experiences (Connolly, 2006; Stoller, 1986). When BDSM is understood to be harmful, aftercare can be easily interpreted as evidence that BDSM participants must recover from something damaging.

Selection Bias: Linking BDSM with Trauma

While the pathologization of BDSM has been increasingly challenged, a theoretical gap remains unaddressed: in understanding how the role of consent shifts the meaning of an experience. Through research, trauma has been identified as a loss of control, unpredictability, and the absence of agency in which overwhelming experiences can become traumatic

(Carlson & Dalenberg, 2000). Yet, clinical frameworks, when applied to BDSM, do not acknowledge that consensual kink practices operate in the opposite of these conditions (Carlson & Dalenberg, 2000). The lack of theoretical inclusion deepens the conceptual gap, allowing clinicians to misread experiences. If aftercare is considered to be at the completion of a consent-based experience, then it becomes difficult to identify. If aftercare is not viewed as a necessary experience, and BDSM practices are inherently linked to trauma despite clients' objections, there appears to be a discrepancy in research.

While the mental health field has considered BDSM practices to be rooted in childhood trauma, there is no consideration that the sample utilized was defined by psychological distress (Stoller, 1986). Richters et al (2008) found that there was no significant difference between BDSM practitioners and non-practitioners regarding rates of past sexual abuse, psychological distress, or sexual dysfunction. Additionally, studies that located research participants in clinical or trauma-focused settings found associations between BDSM and psychological harm, while participants from community settings did not (Connolly, 2006; De Neef et al., 2019). This highlights selection bias in BDSM linked to trauma research and displays that location recruitment differs from the practice itself.

However, if clinical research repeatedly draws conclusions from inappropriate or misidentified populations, those findings may shape how mental health professionals perceive and interact with BDSM practitioners. The inference that aftercare is a response to a dysfunctional experience rather than a healthy practice is fueled by the foundational concept of linking BDSM with trauma. If consensual BDSM practitioners do not demonstrate higher levels of psychopathology or trauma histories than comparative populations, aftercare cannot automatically be interpreted as evidence of dysfunction.

Aftercare

Early academic discussions of BDSM and sadomasochism focused primarily on motivations for participation, psychopathology, consent, risk, and power exchange, with comparatively little attention given to the care that occurs once a scene has ended (Newmahr, 2011; De Neef et al., 2019). As scholarship has increasingly shifted away from pathologizing consensual BDSM, researchers have begun to

recognize aftercare as an important, yet understudied, component of BDSM interactions (Dunkley & Brotto, 2019; Mercer, 2021).

Although definitions vary across the literature, aftercare is generally described as the intentional emotional, physical, and psychological support exchanged following a BDSM scene to facilitate a transition from an intentionally heightened experience back toward everyday functioning (Mercer, 2026; Dunkley & Brotto, 2020).

Rather than representing a standardized set of behaviors, aftercare is individualized and negotiated according to the needs of those involved. Common practices described throughout the literature include physical touch, cuddling, hydration, reassurance, verbal processing, providing blankets or food, discussing the events of the scene, and continued monitoring of each participant's physical and emotional well-being (Mercer, 2021; Dunkley & Brotto, 2019). These practices reflect that BDSM scenes frequently involve emotional vulnerability, physical exertion, and heightened physiological arousal, making intentional transitions following a scene an important component of many participants' experiences (Ambler et al., 2017; Sagarin et al., 2009; Tiidenberg & Paasonen, 2019).

Historically, discussions of aftercare are largely centered on meeting the needs of the submissive, or "bottom," following a scene. Mercer (2021) describes aftercare as prioritizing the emotional, physiological, and safety needs of the individual who experienced the majority of the physical or psychological intensity during play. However, emerging scholarship suggests that aftercare is not exclusively intended for submissives and may also involve the care of Dominants, switches, and all participants involved in a scene (Mercer, 2026; Martin, 2026; Parchev, 2026). This broader perspective positions aftercare as a relational practice that extends beyond one individual's recovery and instead reflects the shared responsibility participants assume for one another's well-being before, during, and after consensual BDSM interactions. Understanding what aftercare is provides only part of the picture. Equally important is understanding the functions these practices serve within BDSM relationships.

Aftercare as Care

Despite increasing scholarly attention, aftercare remains conceptually

underdeveloped within academic literature. Existing discussions have primarily described the practices that constitute aftercare, while comparatively less attention has been given to the functions these practices serve. Building on this emerging body of work, this paper considers aftercare as serving two complementary functions: care, reflected through intentional acts of connection, reassurance, and nurturing; and repair, reflected through emotional processing, physiological regulation, and support following intentionally intense experiences. Viewing aftercare through these complementary functions offers a more nuanced understanding of BDSM relationships while providing clinicians with a framework that moves beyond historical assumptions of pathology.

Body positioning, consent, verbal check-ins, and ongoing mood monitoring are all ways in which care is integrated throughout a BDSM experience (Dunkley & Brotto, 2020; Parchev, 2026). Rather than existing solely at the conclusion of a scene, care is often embedded within the interaction itself through intentional communication and continuous attention to each participant's physical and emotional well-being. Consent involves participants meeting before a scene to discuss boundaries, expectations, interests, and limitations. These conversations provide each person with an opportunity to ask questions, negotiate activities, introduce new ideas, or decline aspects of the proposed scene. During the interaction, consent continues through verbal and nonverbal check-ins, observation of body language, and ongoing monitoring of each participant's responses, reinforcing that consent is a continuous process rather than a one-time agreement (Dunkley & Brotto, 2023).

Beyond negotiated consent, the literature suggests that care is reflected in the relational interactions that occur before, during, and after a BDSM experience. Mercer (2021) describes aftercare as involving practices such as reassurance, comforting touch, conversation, hydration, and emotional support, emphasizing that these interactions are shaped by the unique needs of those involved. Similarly, Martin (2026) argues that care within BDSM communities extends beyond individual scenes and is embedded within broader networks of mutual support, education, and responsibility. Collectively, this literature suggests that care is not simply a response to distress but an intentional practice that reinforces trust, communication, and interpersonal connection. Rather than viewing these

behaviors as incidental to BDSM, they may be understood as intentional relational practices that contribute to the development and maintenance of trust between participants.

These practices further suggest that aftercare may serve functions beyond physiological recovery. Physical closeness, nurturing behaviors, reassurance, and opportunities to process a scene together may strengthen emotional connection while reinforcing the trust established through negotiated consent (Mercer, 2026; Newmahr, 2011; Martin, 2026). Although the existing literature has primarily described these behaviors as components of aftercare, they may also be understood as expressions of relational care that communicate safety, attentiveness, and mutual respect. Viewing these interactions through this lens broadens the understanding of aftercare beyond recovery alone and highlights the ways in which participants intentionally cultivate intimacy and connection throughout BDSM experiences. Although many aftercare practices foster intimacy and connection, the same practices may also support emotional and physiological regulation following intentionally intense experiences.

Aftercare as Repair

Aftercare also functions as repair, although repair should not be interpreted as evidence that harm occurred during the BDSM experience. Rather, repair refers to the emotional and physiological regulation that may follow intentionally intense experiences (Ambler et al., 2017; Sagarin et al., 2009). BDSM scenes often involve heightened physical sensations, emotional vulnerability, and psychological intensity that can activate the body's stress response, even when the experience is fully consensual and desired (Ambler et al., 2017; Sagarin et al., 2009). Following a scene, aftercare may provide an opportunity for participants to gradually transition from this heightened state toward a greater sense of physical and emotional calm through grounding, reassurance, physical comfort, and continued interpersonal support (Dunkley & Brotto, 2019; Sagarin et al., 2007).

Research has demonstrated that consensual BDSM experiences can be associated with measurable physiological and psychological changes, including shifts in stress hormones and altered states of consciousness that differ from everyday emotional experiences (Sagarin et al., 2009; Ambler et al., 2017). Although

these responses are not inherently harmful, participants may nevertheless benefit from intentional opportunities to regulate their nervous systems following periods of heightened arousal. In this way, aftercare may facilitate the body's transition from activation toward relaxation by creating an environment characterized by safety, predictability, and support (Mercer, 2026; Ambler et al., 2017). Rather than abruptly ending an emotionally intense interaction, participants intentionally slow the transition, allowing both their minds and bodies time to return toward baseline. This gradual transition recognizes that the conclusion of a scene does not necessarily coincide with the conclusion of participants' emotional or physiological responses.

Repair may also involve making meaning of an experience after the scene has ended. Participants, particularly submissives, may be so immersed in the emotional or psychological intensity of a scene that they may not immediately process every aspect of the interaction (Ambler et al., 2017; Mercer, 2026). Feelings, thoughts, or unexpected emotional responses may emerge hours or even days later as individuals reflect on what occurred. Existing descriptions of aftercare recognize that communication often extends beyond the immediate conclusion of a scene through follow-up conversations, reassurance, and continued emotional availability (Mercer, 2026). These ongoing interactions allow participants to discuss unexpected reactions, clarify misunderstandings, reinforce positive aspects of the experience, and continue processing emotions that may not have been immediately accessible during the scene itself.

Conceptualizing aftercare as repair does not suggest that BDSM causes psychological injury or that participants require treatment following consensual play. Instead, repair acknowledges that intentionally intense experiences may require intentional regulation. Similar to other physically or emotionally demanding activities, BDSM scenes may temporarily increase physiological arousal and emotional vulnerability, making supportive transitions beneficial even in the absence of harm (Sagarin et al., 2009; Ambler et al., 2017; Dunkley & Brotto, 2020). Viewing repair in this manner expands the understanding of aftercare beyond crisis management and recognizes it as a process of emotional integration, nervous system regulation, and continued interpersonal support following consensually negotiated experiences.

Care and Repair Coexist

Rather than representing separate or competing processes, care and repair may be understood as complementary functions of aftercare that reflect the complexity of consensual BDSM experiences. The same behaviors that foster connection, trust, and reassurance may also support emotional processing and physiological regulation following intentionally intense interactions. Viewing aftercare through both perspectives acknowledges that participants' needs are multifaceted and that the meaning of aftercare extends beyond any single purpose. Recognizing this complexity provides a more comprehensive understanding of aftercare while encouraging clinicians and researchers to consider the multiple functions these practices may serve within consensual BDSM.

Clinical Implications

For clinicians working with individuals who engage in BDSM, developing an understanding of aftercare requires moving beyond assumptions of pathology and toward curiosity about the meaning clients assign to their experiences. Rather than interpreting the presence of pain, power exchange, or aftercare as evidence that harm has occurred, clinicians should assess the context in which these practices take place, including consent, negotiation, safety, and the client's own perception of the experience. This distinction is particularly important when discussing aftercare, as the need or desire for post-scene support does not inherently indicate that an experience was harmful or traumatic. Instead, clinicians can explore what function aftercare serves for the individual, whether that involves emotional connection, intimacy, physical comfort, regulation, repair, or a combination of these experiences.

Clinicians should also avoid making assumptions that the presence of pain, power exchange, or aftercare indicates that an experience was harmful or traumatic. To limit opportunity for misinterpretation, clinicians can explore how consent was negotiated, whether the client felt safe, and how the client personally interpreted the experience. Allowing clients to define their own experiences creates space for clinicians to identify concerns when they are present without automatically pathologizing consensual practices. This approach also requires clinicians to recognize the limits of their own

knowledge and seek additional education when unfamiliarity with BDSM may interfere with their ability to provide affirming and competent care.

Ultimately, a greater understanding of BDSM and aftercare may help clinicians distinguish between consensual practices and experiences that involve coercion, harm, or distress. Aftercare should not automatically be viewed as evidence that something harmful occurred, as it may serve multiple functions that include emotional connection, intimacy, physical comfort, regulation, and repair. Understanding this difference between care versus repair in BDSM or kink encounters may encourage clinicians to approach BDSM experiences with curiosity, rather than assumption, and allows space to give agency to the participant to define their personal experiences. As research on aftercare continues to develop, clinicians have an opportunity to move beyond historical patterns of pathologization and toward more informed and affirming approaches to working with individuals who engage in consensual BDSM. Clinicians who approach BDSM with curiosity rather than assumption are better positioned to recognize both healthy relational dynamics and situations in which genuine coercion, abuse, or boundary violations may be present.

Future Research

The current BDSM research appears to focus on certain groups and cannot be generalized for an entire population and exploring various empirical avenues can continue to grow this area of research. Trauma is mentioned when discussing BDSM participation but disappears when discussing aftercare. Getting a clearer understanding of what aftercare practices are centralized to persons dealing with the same trauma would be beneficial in redefining the classification of BDSM. Also, most studies had White people as the majority participants, but in the authors' positionality statement, most of them were white individuals who were categorized as assigned female at birth (AFAB). Future research should examine how cultural identity, race, and experiences of intergenerational trauma influence the meaning and function of aftercare among BDSM practitioners. Additional research examining the everyday relational practices of dominants and submissives outside of negotiated scenes may further illuminate how care is embedded throughout BDSM relationships rather than occurring exclusively after play.

BDSM components are also only discussed in a bedroom or play-scene context. After identifying central themes in BDSM play, how many of those arise in daily life? Further research could explore the daily relationship between Dominants and Submissives who reside in the same household. Despite research displaying that the LGBTQIA+ population is actively involved in the kink/BDSM community (Sprott, 2023), there is not much research that discusses ways in which queer individuals may use BDSM to mitigate or eliminate identity conflicts.

To further the scholarship of BDSM research, addressing the care component of aftercare could assist in defining post-scene activities beyond a practice that requires recovery. A qualitative study examining how individuals make meaning of aftercare could explore the BDSM community scene dynamics, further articulate the difference between care and repair, and emphasize the importance of both in a scene. Furthermore, the study could also discuss how participants define aftercare, why they desire it, and the effects of not having it post-scene.

Existing scholarship has largely emphasized the experiences of submissives when discussing aftercare, with comparatively little attention given to the perspectives and aftercare experiences of dominants or switches. Examining these perspectives may provide a more comprehensive understanding of how responsibility, care, and regulation are experienced across BDSM roles.

Aftercare continues to be one of the defining practices within consensual BDSM and kink dynamics; however, it is conceptualized as a practice that highlights recovery from intense emotional, physical, or psychological experiences. This manuscript proposes that aftercare should also be viewed as an intentional relational practice that conveys care, reinforces trust, and supports maintaining ongoing connection outside the need for potential repair. To provide a broader theoretical framework for understanding the various functions of post-scene experiences, distinguishing aftercare as repair and aftercare as care is vital. Moreover, recognizing care and repair as complementary rather than competing functions may offer additional understanding of aftercare that aligns with the relational nature of BDSM and kink dynamics.

The expansion of this conceptualization has implications for

researchers, clinicians, and educators seeking to understand the multiple meanings of aftercare that move away from the historical narratives of pathology. By recognizing aftercare as relational and reparative practice, this encourages future empirical investigation into how post-scene interactions influence attachment, relationship satisfaction, emotional intimacy, and overall well-being. In this manuscript, the proposal of considering aftercare beyond repair alone aims to continue the development of affirming and culturally responsive scholarship that reflects complexity within BDSM and kink dynamics.

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Biographical Statements

Author A

Tanisha Ellis, LCSW (she/her), is a Licensed Clinical Social Worker based in Texas and the founder of Tranquil Thoughts TX, a private practice serving San Antonio and surrounding communities. Her clinical work is grounded in affirming, client-centered care, with a focus on supporting historically marginalized populations through culturally responsive, trauma-informed practice. She is passionate about increasing access to mental health services while fostering resilience, self-compassion, and holistic well-being across the lifespan.

Mrs. Ellis is currently pursuing a PhD in Social Work at Our Lady of the Lake University, where her scholarship examines the intersection of consent, trauma, and mental health. Her research challenges traditional pathological understandings of consensual BDSM by exploring how consent can fundamentally shape the meaning of experiences often misunderstood within clinical settings. More broadly, her work reflects a commitment to expanding culturally competent and sex-positive mental health practice through research, education, and advocacy.

Outside of her professional roles, Mrs. Ellis enjoys spending time with her wife and daughter, exploring bookstores and book festivals, watching movies, and tackling creative projects that allow her to unwind and reconnect with the people she loves.

Author B

Monique Aviles (she/her/hers) is a Licensed Clinical Social Worker and founder of Bloom Haus Wellness, PLLC, a private practice based out of Texas. She holds a Bachelor of Science in Accounting from Alcorn State University, a Master of Social Work from Pennsylvania

Western University–Edinboro, and certificates in Sexuality Education and Sex Therapy from the University of Michigan. Monique is deeply committed to creating affirming, culturally grounded spaces for the BIPOC and LGBTQ+ communities to heal and grow.

Monique is currently pursuing her PhD in Social Work at Our Lady of the Lake University in San Antonio, Texas. Her research explores how sexual minority women, to include individuals who were assigned female at birth, create, navigate, and maintain intimacy during menopause whilst living within a cisheteronormative societal system. In a wider sense, she aims to focus on the intersection of sexual health, sexual exploration, and mental health within Black American communities through examining how cultural, social, and systemic factors shape psychological well-being and access to care.

During her free time, Monique enjoys reading urban scientific-fiction literature, spending time with her children, attending concerts, and travelling to various beaches around the world.