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Diverse Sexual Behaviour

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An independent academic psychologist, based in England, who has written extensively on different areas of psychology with an emphasis on the critical stance towards traditional ideas.

A complete listing of his writings at <http://psychologywritings.synthasite.com/>. See also material at <https://archive.org/details/orsett-psych>.

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1. DIVERSE HETEROSEXUAL SEXUAL BEHAVIOURS

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1.1. DIVERSE AND UNCOMMON SEXUAL BEHAVIOURS

Diverse or uncommon sexual behaviours are those assumed to be performed not by the majority of people ¹. The problem is that what is common depends on the questions asked in surveys and to whom. The publishing of the novel "Fifty Shades of Grey" in 2011 could be seen as making certain behaviours more visible (eg: bondage and discipline, dominance and submission, and sexual sadism and masochism; BDSM; appendix 1A) ².

The "2015 Sexual Exploration in America Study" (SEAS) (Herbenick et al 2017) surveyed over 2000 US

¹ There is a temptation to use a term like "normal", but it carries with it judgments of right and wrong rather than of "statistically normal" (ie: the majority purely in terms of numbers).

² Rubin (1984) described the narrow range of sexual behaviours studied in the past as the "Charmed Circle" - ie: "they largely focus on sex that occurs between women and men, involves bodies (not objects), is unpaid, relational, dyadic (rather than occurring in groups), and/or 'vanilla'" (Herbenick et al 2021b p1183). Other sexual behaviours Rubin (1984) called behaviours of the "Outer Limit".
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adults (aged 18 to 91 years) soon after the publication of the novel. Thirty-two different sexual behaviours were listed for respondents to rate as "ever experienced". For example, one-fifth of respondents reported having tied up a partner or being tied up. Fifty sexual behaviours were presented as whether "appealing" or not (eg: use of blindfold; watching others do sexual things; having sex in a hotel room; having toes sucked; dirty talk; having sex over Skype; having sex where someone might see you). "More Americans identified behaviours as 'appealing' than had engaged in them" (Herbenick et al 2017 p1).

However, in terms of actual behaviours performed, Herbenick et al (2020) noted: "Given the lack of earlier benchmarks, it is unclear to what extent these behaviours may reflect population-level behaviour changes" (p624).

Pornography presents the uncommon behaviours more often. "Researchers and journalists have considered whether and how pornographic content and other erotic media may influence people's interest in or engagement in certain sexual behaviours. These behaviours are sometimes described as reflecting 'pornographic sexual scripts' ³ [Bridges et al 2016] owing to their prevalent depiction in mainstream pornography. Such behaviours include hair pulling, slapping, spanking, facial ejaculation, anal sex, and choking, among others" (Herbenick et al 2020 p624) ⁴.

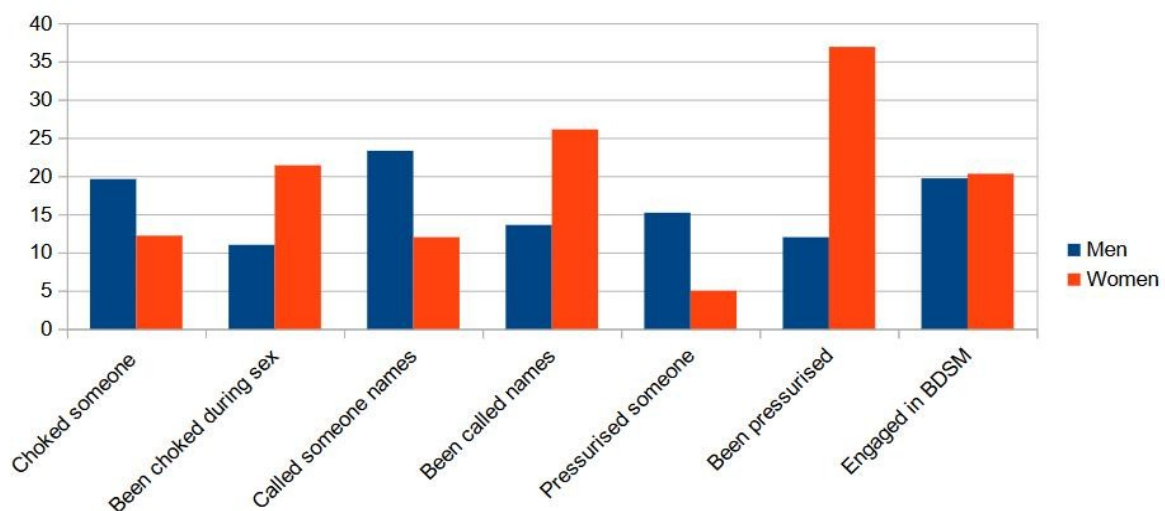
Herbenick et al (2020) reported data from representative probability sample of over 2500 US adults (18-60 years old) about diverse sexual behaviours, and pornography use (appendix 1B). This was the "2016 National Survey of Pornography Use, Relationships, and Sexual Socialisation" (NSPRSS) (Herbenick et al 2019; appendix 1C). Respondents were asked about a variety of sexual behaviours in the past month, year, and ever. The behaviours included common ones (eg: kissed; masturbated; vaginal intercourse), and "dominant" ones (eg: spanked; called names like "slut" during sex; ejaculated on someone's face; bondage). Pornography use was rated for lifetime, recent frequency (past year), age of first exposure, and type seen. Over 90% of respondents self-identified as heterosexual/straight. Analysis was

³ "Sexual scripts are socially constructed ideas or guidelines for sexual behaviour; they address how sex unfolds and with what consequences. The sexual script acquisition, activation, application model (3AM) of sexual media socialisation [eg: Wright 2014] proposes that greater exposure to pornography could lead to a greater likelihood of certain sexual behaviours, including those associated with risk" (Herbenick et al 2020 p624).

⁴ There is variety in behaviours between the pornography genres (Herbenick et al 2020).

performed on data from those who had engaged in oral, vaginal, or anal sex at least once in their lifetime (n = 2227).

Fifteen diverse sexual behaviours were the focus of analysis. Women were more likely to be the target/recipient of the behaviours and men the performers. For example, over one-fifth of men had called someone names during sex (compared to 12% of women), while one-quarter of women had been called names (compared to 14% of men). While being choked during sex was performed by 20% of men and 12% of women versus 11% and 21% respectively being the victim. One-third of men (all sexual orientation) reported having "face-fucked someone" (aggressive fellatio) and one-third of women had received it. Among men who had ever had sex with men, over half had received it. Approximately one-fifth of men and women had engaged in BDSM. Women were significantly more likely to report "someone pressurised you into doing something sexual that you did want to do" (37% vs 12%) (figure 1.1).



(Data from table 2 p627 Herbenick et al 2020)

Figure 1.1 - Lifetime prevalence of selected diverse sexual behaviours (%).

Overall, 94% of men and 87% of women had seen pornography ever (appendix 1D). Recent use was significantly more common in men than women, as was the variety of type of pornography seen (eg: BDSM; face-fucking; gang bangs; double penetration). There was a

significant association between pornography use frequency and diverse sexual behaviours (both performing and receiving) for both sexes.

There are a number of key evaluation points for this study:

i) A representative sample of US adults of the focus age group (+).

ii) Internet-based data collection allowed completion of the survey in privacy and anonymously (+), but it excludes individuals without online access (-).

iii) The data were self-reports (+/-), and recall of the past depends on accuracy of memory, and/or current feelings (-).

iv) The problem of the term itself to describe certain sexual behaviours - eg: "rough"; "aggressive"; "diverse"; "dominant" (-).

v) The definition of terms by researchers may be different to the understanding and subjective perception of the respondents - eg: "feeling pressurised" or "pressurising someone" (-).

vi) No qualitative data collected (-) - eg: how people felt about the sex they engaged in.

Herbenick et al (2020) discussed two key issues emerging from the findings:

a) Comparison to the past - They stated: "Although we lack historical benchmarks to compare many of these sexual behaviours at the population level, we believe that some of these sexual behaviours (eg: choking, aggressive fellatio) may have increased in prevalence over at least the past 10 to 15 years. This is supported by data showing that the greatest lifetime prevalence for most of the behaviours associated with the pornographic sexual script is reported by adults between 18 and 29 years... Regardless of whether our data reflect increasing prevalence, they clearly indicate that a substantial percentage of Americans report having engaged in behaviours often perceived as rough, aggressive, and/or associated with sexual harassment or violence (eg: anal sex without first asking or discussing)" (Herbenick et al 2020 p630).

b) Implications - Certain diverse sexual behaviours carry risks (eg: asphyxiation). Herbenick et al (2020) explained: We need to be careful not to stigmatise sexual behaviours or the people who engage in them as the sexual behaviours assessed in this study can be and often are engaged in safely, by mutual consent, and with pleasure. That said, we would be wise not to ignore the prevalence of these sexual behaviours and the ways in which partnered sex in the United States may be shifting" (p631).

1.2. STUDENTS/YOUNG ADULTS

College/university students "most of whom are young adults - are often in a developmental period marked by sexual exploration, which may include an exploration of sexual feelings, identities, as well as solo and partnered sexual behaviours" (Herbenick et al 2021a p1025). So, it would be expected that more diverse sexual behaviours are performed.

For example, 12% of men and 15% of women aged 18-24 years in 2015 reported having tied up a partner or been tied up, while 5% of men and 1% of women had engaged in group sex (Herbenick et al 2021a). Half of students surveyed in convenience samples in the USA between 2006 and 2015 reported "rough sex" (Burch and Salmon 2019; appendix 1E), while over 80% of 19-30 year olds surveyed online reported the same thing (Vogels and O'Sullivan 2019). The definition of "rough sex", however, varied between the two studies (Herbenick et al 2021a).

Herbenick et al (2021a) analysed data from the 2020 "Campus Sexual Health Survey" (CSHS) at a large public Midwestern US university (prior to covid-19 lockdown). Half the student population was randomly chosen to receive an invitation email, and around 4100 completed the survey fully. Recency and frequency of various sexual behaviours were measured, including "rough sex behaviours", which were defined as "spanked someone lightly, spanked someone hard enough to leave a mark, slapped a partner's face, slipped their penis into a partner's anus without first asking, ejaculated on someone's face, called someone names like 'slut' or 'whore' or 'bitch' as part of sex, aggressively thrust their penis in and out of someone's mouth/'face fucking', or choked someone as a part of sex" (p1027). Further questions were asked about choking during sex.

Focusing on specific rough sex behaviours, here are some examples of the findings:

a) Anal sex without asking or discussing beforehand - 6% of men overall reported doing this behaviour, but 18% of transgender, gender non-binary (TGNB) individuals, while 14% of women had experienced it.

b) Ejaculated on face - Around half of men performed this behaviour, while 41% of women, 12% of men, and 31% of TGNB individuals had experienced it.

c) Choking during sex - 28% of women, 59% of men, and 55% of TGNB students had performed this behaviour, while 64%, 29%, and 56% respectively had been the victims.

Of those who had been choked, 2.1% overall had passed out. Consent for choking was always sought. Herbenick et al (2021a) explained: "Our findings... indicate that a substantial amount of choking experience is wanted, requested, and/or consensual by undergraduate students. Yet, our findings underscore that consent is not always in place and that about 20% of undergraduate students who have been choked reported that they had never been asked if they wanted to be choked before it was done to them. Many more reported only sometimes having consent conversations" (p1037).

The most popular reasons for asking to be choked (out of seven options given) were, "It seemed exciting", and "It seemed kinky or adventurous".

d) Aggressive fellatio - This was performed by 39% of men, and experienced by 41% of women, 8% of men, and 30% of TGNB individuals.

e) Threesome or group sex - Overall, reported by 9% of respondents (7% of women and 11% of men).

The researchers agreed with Rothman (2019) that "as kink and rough sex behaviours have become more mainstream, we must improve college health education so that it reflects the ways that college students actually have sex. Additionally, our findings may be integrated into consent education on college campuses (appendix 1F). Comprehensive sexuality education that incorporates education on the diversity of sexual behaviours reflected here needs to extend to high school sex education, especially given that about one quarter of participants with choking experience were first choked between ages 12 and 17" (Herbenick et al 2021a pp1037-1038).

As with other studies, the researchers acknowledged the problem with defining "rough sex behaviours",

particularly "in neatly categorising these behaviours, given people's own subjective experiences with them" (Herbenick et al 2021a p1036).

Certain categories could have been more specific - eg: "gave oral sex" was used, but "gave oral sex to a woman", for example, may have been better. In total 23 sexual behaviours were covered, and Herbenick et al (2021a) admitted that "we still asked about a limited range of human sexual expression. In retrospect, we should have also asked all participants (not just those with a penis) if they had ejaculated on a partner's face, since individuals with a vulva and vagina may squirt or ejaculate as well" (p1038).

The study was self-report (with no independent verification), surveyed online by volunteers at one US university. Herbenick et al (2021a) stated: "Although college students' sexual behaviours may be similar to young adults not enrolled in college, they are not necessarily the same and thus our findings should not be generalised to either all college students or to those not in college" (p1038).

Herbenick et al (2021b) reported the 2020 CSHS data specific to "rough sex". A key question was, "People have different ideas about what rough sex means to them. What does it mean to you?" (p1185). The following fourteen options were available - "hair pulling, being pinned down, biting, tying up, slapping, choking, scratching, hard thrusting, punching, spanking, throwing someone onto a bed, making someone have sex, tearing clothes off, other (with the option to enter into a text box)" (p1185). The most common choices were choking, hair pulling, and spanking. "Differences were observed across gender group; in general, more TGNB individuals endorsed the surveyed sexual behaviours as rough sex as compared to cisgender women and men" (Herbenick et al 2021b p1188).

Analysis of the items chosen as rough sex produced two separate clusters:

- Cluster 1 - hair pulling; being pinned down; hard thrusting; spanking; throwing someone onto a bed; tearing clothes off. This cluster could be described as "traditional" rough sex as found in previous studies.
- Cluster 2 - biting; being tied up; slapping; choking; scratching; punching; making someone have sex; other. This cluster includes "behaviours that

may be considered sexual assault (ie: making someone have sex), that have commonly been described by adolescents and adults as scary (eg: choking, being pinned down, punching, slapping)..., that have been described by other researchers as 'more violent' (Burch and Salmon 2019), and/or that appear to be increasingly part of sexual assault allegations" (Herbenick et al 2021b p1191).

The researchers concluded that "respondents view rough sex as multi-dimensional" (Herbenick et al 2021b p1188).

Concerning the "other" category, the researchers stated: "Although we did not formally analyse participants' text responses in the 'other' category about what rough sex meant to them, we note that – consistent with Burch and Salmon (2019) – men more often wrote in examples of behaviours that may be considered rougher or kinkier than those provided by women. Specifically, men provided these as examples of rough sex: anal fisting, domination, bondage, ball busting, BDSM, light bloodplay, using whips or chains, blindfolding, urethra sounding, double penetration, gang bangs, cutting, cum swap, and scat play. Women wrote in fewer examples (anal, whipping, paddling, using a dildo roughly, spitting, name calling). Instead, women mostly used the text box as an opportunity to address issues of sexual consent and to indicate that punching or making someone have sex are not rough sex but 'start up violence' or assault" (Herbenick et al 2021b p1191).

All participants who had reported being sexually active in the last three months (n = 1795 completed surveys) were asked, "How often do you and your partner engage in 'rough sex' together?", with the options of "never", "rarely", "sometimes", and "often". One-fifth of respondents chose "never", 30% "rarely", over one-third "sometimes", and 13% "often". The last group was more likely to be Hispanic (compared to White students), living off campus with no roommates or at home (compared to on campus and/or with roommates), and self-identify as bisexual compared to the "never" group.

Removing the "never" respondents, all others were asked two further questions: "Who usually initiates rough sex?", and "To what extent do you like having rough sex?". Overall, 57% of men, 39% of women, and 48% of TGNB individuals reported initiating rough sex. In terms of liking it, 32% of heterosexual men and 40% of heterosexual women endorsed "very much", compared to 44% of gay men and 49% of lesbians, and 37% of bisexual men

and 55% of bisexual women.

After controlling for variables, three significant predictors of frequent rough sex were found - being Hispanic (while International Students were significantly less likely), having a bisexual identity (compared to heterosexual), and regular alcohol use (compared to not drinking). Gender, and type of relationship (eg: engaged; "hooking up") had no significant relationship to rough sex frequency.

Herbenick et al (2021b) ended: "most participants in our sample had engaged in what they described as rough sex but that men generally identified fewer of the behaviours we assessed as rough sex. Of those individuals who had engaged in rough sex with their current partner(s), most liked it somewhat or very much, though heterosexual women less often reported liking it" (p1193).

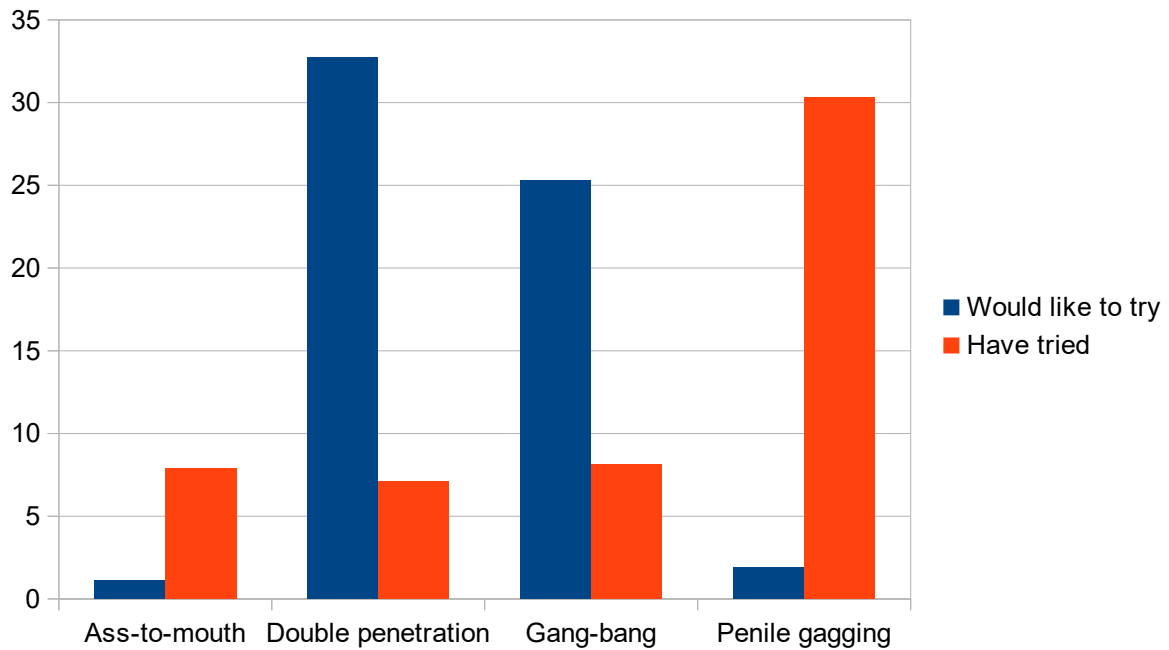
1.3. A PAIR OF GERMAN STUDIES

Sun et al (2017a) investigated women's pornography consumption and sexual behaviours, particularly those depicted in pornography (eg: related to male dominance and rough sex). The sample was 382 heterosexual women in German, mostly students. A list of sexual behaviour described as "dominant" (eg: choke partner), "submissive" (eg: role-play being forced into sex), and "rough" (eg: gang-bang) were presented with the options of "no desire to try", "would like to try", and "have tried". Pornography consumption was rated for alone and with a partner (appendix 1G), and age of first exposure.

Five hypotheses were tested:

1 - Women will be more likely to want to try or have tried submissive than dominant behaviours - This idea fits with the general view that pornography presents men as dominant and woman as submissive. It was found that "the direction of women's interest in submissive behaviour versus dominant behaviour and actual engagement in submissive behaviour versus dominant behaviour was similar: Women were more likely to express interest and engage in submissive behaviour than dominant behaviour" (Sun et al 2017a p5) (figure 1.2).

2 - Hypothesis 1 will be predicted by personal pornography consumption - This was supported as there was a significant positive correlation between pornography consumption and submissive behaviours (desire and



(Data from table 1 p4 Sun et al 2017a)

Figure 1.2 - "Would like to try" and "Have tried" responses (%) for selected male dominance and female submission sexual behaviours.

actual), but not between pornography consumption and dominant behaviours.

3 - Hypothesis 1 will be predicted by partnered pornography consumption - The same finding as Hypothesis 2.

4 - Pornography consumption (alone and partnered) will associate with submissive sexual behaviour generally - A summative index of submissive behaviours actually tried was created, and this correlated with pornography consumption.

5 - An earlier age of exposure to pornography will predict stronger general submissive sexual behaviour - This was supported for partnered pornography consumption only.

The findings fit with Wright's (2011) "sexual script acquisition, activation, application model" (3AM), which asserts that media teach norms (scripts) of behaviour; specifically pornography presents male dominance and female submission in sexual behaviours.

Key limitations with this study include:

i) No details of the genre(s) of pornography viewed. "Although male dominance and female submission is the most likely pattern of gendered behaviour in popular pornography, sexually explicit media are not monolithic, and even within popular pornography, there are different genres" (Sun et al 2017a p8).

ii) No information about the women's feelings about submissive (or dominant) behaviours. The researchers noted that "women who perceive that they have chosen to be dominated by men may identify their submissive behaviour as empowering" (Sun et al 2017a p8).

The researchers offered this example: "76% of participants in the present study had their faces ejaculated on by their partners, an act that many women report to be undesirable (Ogas and Gaddam 2011). Why would women participate in such an act? Was it because the participants, by repeated use, learned to like it, or accepted that it was expected of them? Or did they participate in it because it was something men desire, and it would make their partner happy?" (Sun et al 2017a p9).

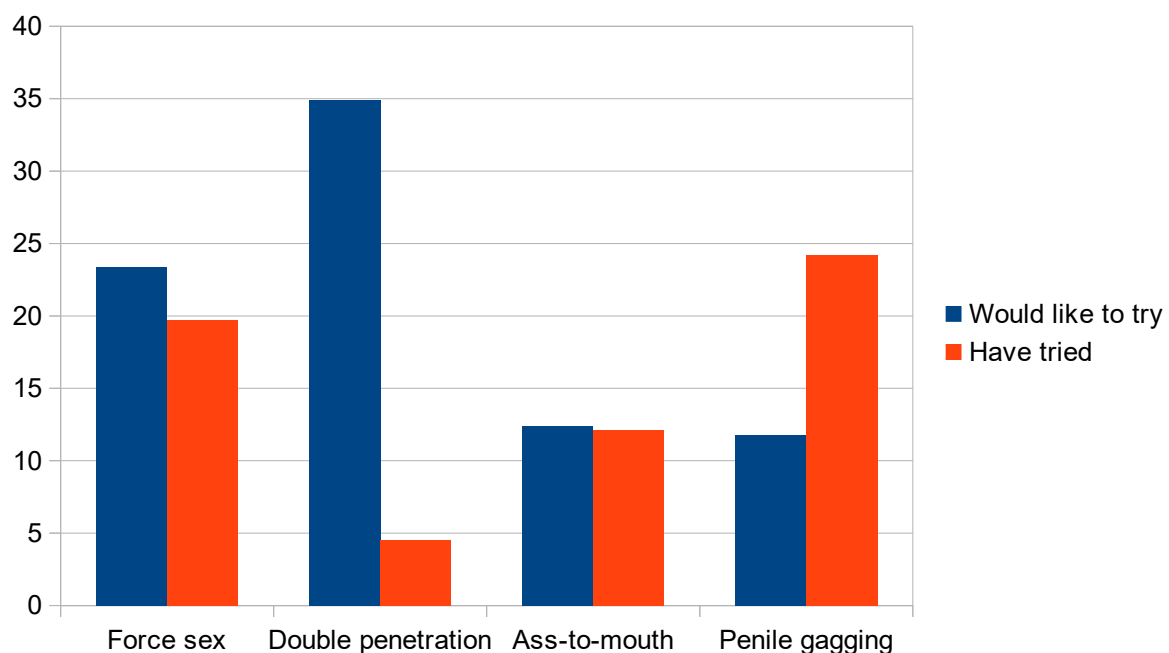
iii) A number of potential confounders were controlled (eg: relationship status), but others were not. "A confound is a variable that is related to the focal variables under investigation and may therefore be responsible for any association found between the focal variables... For example, it could be women's low self-esteem that leads to their agreeing to use pornography with their partners and to their acceptance of male domination during sexual encounters" (Sun et al 2017a p8).

iv) The data were correlational, which means that the causal relationship could be either way. "For example, although the probability seems remote, it may be the case that women have friends or other interpersonal sources of influence who have encouraged them to be choked, gagged, or called names during sex by men, and having internalised these scripts, subsequently seek out media content that displays these acts" (Sun et al 2017a p9).

v) The difference between trying a behaviour once to see what it is like, and continuing to engage in it was not explored.

A companion study to Sun et al (2017a) was reported by Wright et al (2015). It studied German heterosexual men's interest in dominant sexual behaviours based on pornography watched, and alcohol consumed. The sample (n = 384) was one-third students, and recruited (as with Sun et al 2017a) via universities, sexologists, and gender studies groups.

Participants were asked about four "gonzo" films ⁵, whose details were presented (ie: male dominant sex behaviours), with the options, "not interested" (1) to "very interested" (9). The ratings for the films were combined to give a composite "interest in gonzo" score. Questions were asked about frequency of pornography consumption alone ("never" (1) to "daily or almost daily" (8)), alcohol use before or during sex ("never" (1) to "always" (5)) (appendix 1H), and interest and engagement in fourteen sexually dominant acts (figure 1.3).



(Data from table 1 p260 Wright et al 2015)

Figure 1.3 - "Would like to try" and "Have tried" responses (%) for selected male dominance sexual behaviours ⁶.

⁵ "Gonzo pornography emphasises continuous, highly explicit sex while de-emphasising plot and character development" (Wright et al 2015 p255).

⁶ Penile gagging is inserting the penis so deeply into a partner's throat it caused them to gag (appendix 1I).

The researchers tested the data for three research questions:

1 - Are men who are interested in gonzo films more likely to want to try or had tried dominant sex behaviours seen in such films?

Higher "interest in gonzo" score correlated significantly with all of the fourteen dominant behaviours individually (both desire to try and had tried).

2 - Are men who consume pornography more frequently more likely to want to try or had tried dominant sexual behaviours?

Frequency of pornography consumption significantly positively correlated with all dominant sexual behaviours individually (both desire to try and had tried).

3 - Does alcohol use before or during sex mediate the relationship in Research Question 2?

It was found that "pornography consumption interacted with alcohol use before or during sex to predict the number of behaviours men have actually tried. The association between pornography consumption and the number of behaviours tried was strongest when men more regularly consumed alcohol before or during sex" (Wright et al 2015 p263).

The relationship between pornography and sexual behaviour can be divided into two theoretical positions - "pornography is fantasy" (ie: no relationship between behaviours seen and actual behaviour), and "pornography overlaps with reality" (ie: behaviours seen are performed) (Wright et al 2015).

Wright et al (2015) felt that their findings supported the latter view: "The strength of these associations indicated that there is significant – but not absolute – overlap between men's interest in watching gonzo pornography and interest or engagement in behaviours common in gonzo pornography" (p264).

Key evaluations points of this study:

a) Concentrated on a specific genre of pornography that involves more male dominant sex behaviours (+).

b) A cross-sectional design and the findings showing associations means causality could be either way - ie: pornography consumption driving actual sex behaviours or

vice versa (-).

c) A possible third variable (unmeasured) (eg: "hyper-masculinity"; Wright et al 2015) that explains the associations and/or uncontrolled confounders (-).

d) The majority of the sample were not students (+), but they were volunteers to an online survey with an average age of 32 years old (-). The researchers admitted that "the sample was one of convenience, and it is possible that some of the recruiting procedures (eg: referrals from sexologists) led to a sample more likely to engage in sexual behaviours outside of social convention" (Wright et al 2015 p266).

e) No information on the meaning of the dominant sex behaviours to the participants (-).

f) Frequency of pornography consumption was measured, but not specifically gonzo or other genres (-).

g) The limited number of measures used were all self-reports with no independent verification (-), though finding ways to verify such personal behaviours would be difficult. Anonymised self-reports are a convenient way to gather a large amount of data on the topic (+).

1.4. PORNOGRAPHY USE AND LIKING CERTAIN SEXUAL BEHAVIOURS

Using a US convenience sample of 1359 heterosexual adults (mostly university students), Ezzell et al (2020) specifically investigated pornography use, and the liking of certain sexual behaviours portrayed within. Frequency of pornography use was scored on a seven-point scale (with 7 = "daily or almost daily"). Twenty sexual behaviours were divided into three groupings - aggressor behaviours (ie: being perpetrator - eg: choking; tying up a partner), target behaviours (ie: being the recipient of the aggressor behaviours), and degrading/uncommon behaviours (eg: double penetration; ejaculation on a woman's face or in her mouth). Each was scored on a six-point scale (eg: 1 = "tried it and liked it"; 2 = "tried it and not sure if liked it"; 4 = "have not tried it but would like to").

The majority of respondents had tried at least one of the aggressor and target behaviours, and a sizeable number reported liking the experience (at least 40%). There was no gender difference. But degrading/uncommon

behaviours did vary. Four behaviours showed significantly more men liking them than women - fellatio (man standing, woman kneeling), man ejaculating on woman's face or mouth, anal sex, and calling woman names like slut or whore.

Only two behaviours showed a significant positive association between pornography use and liking. "For female respondents, greater pornography consumption was associated with greater self-reported liking of being spanked lightly. And, for male respondents, greater pornography consumption was associated with greater self-reported liking of ejaculating on a woman's face or mouth" (Ezzell et al 2020 p466).

The researchers drew the conclusion that "increased pornography use didn't appear to have much of an impact, overall, on consumers' self-reported liking of the aggressor, target, and degrading and/or uncommon behaviours that are frequently depicted in pornography; however, gender was significantly associated with self-reported liking of specific type of sexual acts. In other words, when it comes to enjoying the aggressive and/or degrading acts frequently presented in pornography, our findings suggest that gender matters, but the frequency of pornography consumption does not" (Ezzell et al 2020 p468).

The sample was over 85% university students, who can be assumed to be more sexually liberal than the general population. They were volunteers to an 112-question online survey on culture and sexual behaviour, and 90% self-identified as White.

In terms of reporting of liking of certain behaviours, Kahneman and Riis (2005) had found that "asking respondents to reflect back on whether they enjoyed an experience relies on episodic memory, which does not necessarily correspond well with what the experience was during the activity. There may be factors that bias the encoding process of the experience, and reports of likeability should be considered as accounts of an experience..., but not necessarily as reports of the activity as it was originally experienced" (Ezzell et al 2020 p470).

The survey did not measure certain variables, like the context of the experience, consent, sexual self-esteem, and partner's sexual technique, which could have influenced liking. It was not known, for instance, if women who reported not liking certain behaviours had communicated their dislike to their partners. "In the absence of stated or performed dislike, the men may have assumed their female partners were happy, affirming the

positive expectation that women enjoy pornographic sexual acts in keeping with the phallocratic narrative of mainstream pornography. However, also in keeping with the primacy put on male pleasure in heterosexual encounters, it may be the case that the women's experiences would not matter (as much) to the men even if they did know the women were unhappy" (Ezzell et al 2020 p469).

In fact, other research has found that some men enjoy the women's dislike. One male interviewee, from Sun et al (2017b), talking about ejaculation on a woman's face said: "I like the woman to show emotion. Usually distress" (quoted in Ezzell et al 2020).

1.5. SEX TOYS

"Sex toys" are not new, but are "more visible and easier to acquire than ever" today (Doring and Poeschel 2020 p885).

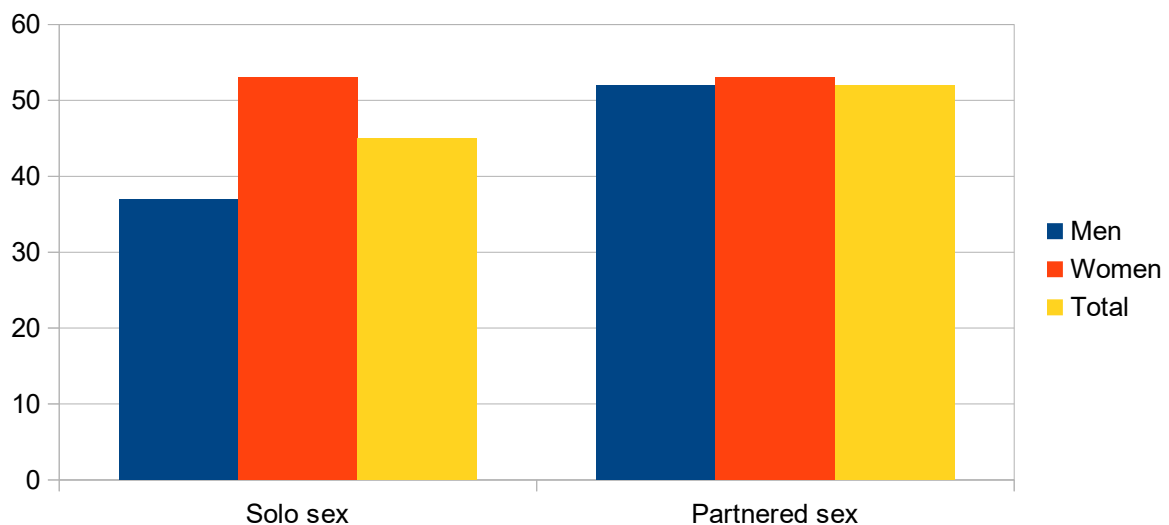
Doring and Poeschel (2020) found eight studies on the prevalence of sex toy use in the 2010s. Many of the studies used convenience samples, combined all sexual orientations, and mostly took place in the USA. For example, among heterosexual individuals in the USA, 45% of women used vibrators alone, and 40% with a partner compared to 15% and 41% respectively of men around 2010, while the prevalence rates were 24% for women and 16% for men of sex toy use in Australia in 2012-13 (Doring and Poeschel 2020).

Doring and Poeschel (2020) explored heterosexual sex toy use in Germany in an online survey of around 1700 18-69 year-olds in November 2016. Sex toys were defined for the respondents as "all products that are intended for sexual stimulation alone (eg: masturbation) or during sex with a partner, which includes sex toys of all kinds, erotic lingerie and other accessories, sex furniture, lust pills, lubricants etc" (p888). Prevalence was measured for acquisition (looked at (as in to buy), purchased, or received as a present), and use (alone or with a partner) of seven specific sex toys - "lubricants (eg: water-based lubricants, silicon-based lubricants, lubricants with stimulation effects); remedies for enhancing arousal (eg: aphrodisiacs, sex pills); toys for the stimulation of body parts (eg: for vagina and vulva: vibrators and dildos; for penis and testicles: masturbators, cock rings, and artificial vaginas; for anus: anal dildos, butt plugs, anal beads); erotic lingerie (e.g., lingerie, latex, leather, costumes); and toys for bondage/S&M (eg: blindfolds, cuffs, whips)"

(p889). Two further questions asked about the perceived effects of sex toy use - "Using sex toys had a positive [negative] effect on my sex life" ("not at all" (1) to "a high degree" (7)).

Firstly, the acquisition of sex toys. In total, around three-quarters of respondents had looked at online, two-thirds had purchased something, and one-quarter had received a present. "Overall, there was no difference in sex toy acquisition between women and men, with one notable exception: a significantly higher percentage of women had received a sex toy as a present (35%...) when compared to men (20%...)" (Doring and Poeschel 2020 p889).

In terms of use, overall, 45% of the sample had used a sex toy alone ever (ie: lifetime prevalence), with women significantly more than men (53% vs 37%). But 52% of the sample had used a sex toy in partnered sex, and there was no gender difference here (figure 1.4). The most common categories were lubricants, toys for stimulation of vagina and vulva, and erotic lingerie (table 1.1).



(Data from table 3 p890 Doring and Poeschel 2020)

Figure 1.4 - Lifetime prevalence of sex toy use (%).

The mean scores for the perceived effects of use were 4.8 for the positive question and 2.4. for the negative question, with no gender differences (figure 1.5). This was a strong positive perception overall.

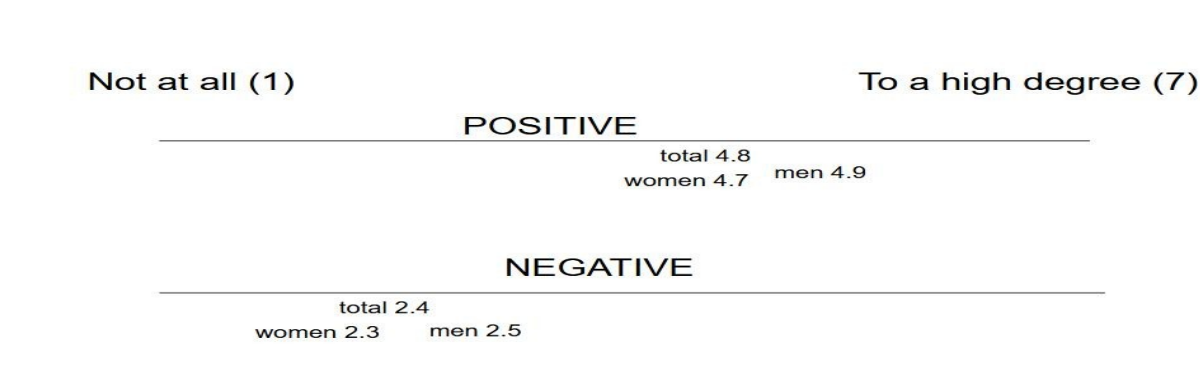
The researchers used a wide definition of sex toys, particularly the inclusion of lubricants, arousal-enhancing products, and erotic lingerie. The data were Psychology Miscellany No. 198; March 2024; ISSN: 1754-2200; Kevin Brewer

self-reported in an online survey. The response rate was low. Doring and Poeschel (2020) admitted: "It is a distinct possibility that persons who were more open toward sexual exploration, or in general were more sexually active, were more inclined to participate in the survey. Therefore, our findings of rather high prevalence of sex toy use could also have been influenced by a biased sample" (p893).

	Total	Men	Women
Solo sex	1. Toys for stimulation of vagina and vulva. 2. Lubricant. 3. Toys for stimulation of anus.	1. Toys for stimulation of penis and testicles. 2. Lubricant. 3. Arousal-enhancing remedies.	1. Toys for stimulation of vagina and vulva. 2. Toys for stimulation of anus. 3. Lubricant.
Partnered sex	1. Lubricant. 2. Erotic lingerie. 3. Toys for stimulation of vagina and vulva.	1. Toys for stimulation of vagina and vulva. 2. Lubricant. 3. Toys for bondage/S&M.	1. Lubricant. 2. Erotic lingerie. 3. Toys for stimulation of anus.

(Data from table 5 p890 and table 6 table 891 Doring and Poeschel 2020)

Table 1.1 - The top 3 most common categories of sex toys used in last 12 months.



(Data from table 7 p891 Doring and Poeschel 2020)

Figure 1.5 - Mean scores for the questions, "Using sex toys had a positive effect on my sex life", and "Using sex toys had a negative effect on my sex life".

1.6. RISKY SEXUAL BEHAVIOURS

"Risky sexual behaviours" (RSBs) describe sexual behaviours that involve personal health risks, like unprotected sex. Older adolescents and young adults are the most at-risk group (Smith and South 2023).

The predictors of RSBs can be divided into person- and situation-level factors. With the latter, alcohol (eg: positive correlation with unprotected sex), affect/mood (both high positive and negative mood and unprotected sex), and partner characteristics (eg: relationship commitment; familiarity with partner). Person-level factors include internalising and externalising behaviours. The former is the tendency to turn distress inwards, while externalising involves turning it outwards. Both forms are associated with unprotected sex (Smith and South 2023).

Smith and South (2023) took a transactional perspective to explain RSBs (ie: the interaction of person- and situation-level factors). Data were collected from 105 undergraduates at one large US university in the academic year 2011-12. Participants completed various questionnaires at baseline (eg: personality), and then kept a diary of sexual behaviour over the study period (a four-week block).

In total, 52% of 625 sexual encounters were classed as risky using five criteria - "(1) sexual intercourse with a new partner without a condom; (2) putting on a condom after the start of sexual intercourse, (3) taking a condom off during sexual intercourse; (4) engaging with a partner who has multiple other (current) partners; and (5) not discussing protection with a partner prior to sex" (p2544). For analysis purposes, risky encounters were treated as one group and compared to non-risky encounters. The researchers were looking for significant associations and interactions between the factors.

There were a variety of factors that predicted both risk and non-risky sex behaviours, and they showed interactions between personal-level factors, commitment to partner, and mood, but partner commitment was central. For example, "individuals who were normally sexually conscientious were less so when engaging with a partner they were highly attached to" (Smith and South 2023 p2555).

This study included nearly fifty variables in the analysis. The sample was heterosexual, 60% female, and mostly White.

1.7. BDSM

Brown et al (2020) observed: "A precise definition of BDSM is difficult to generate, but it generally includes sexual behaviours that involve some sort of power exchange between two or more partners and/or the use of pain to elicit sexual pleasure, though sensations other than pain (eg: pleasure) are also frequently used in play" (p781). These researchers continued: "Because of its basis in an exchange of power, BDSM oriented individuals choose identities within that power difference. Submissives, bottoms, and masochists are the most common identities on the side of relinquishing power, with dominants, tops, and sadists assuming power. Dominants and submissives do not necessarily enjoy giving or receiving pain, while sadists and masochists do not necessarily want to serve or be served by their partners. Switches are those that assume roles on either side, usually dependent on context and partner" (Brown et al 2020 p781).

Historically, BDSM behaviours were classified as mental disorders (eg: paraphilic disorders in the "Diagnostic and Statistical Manuals" of the "American Psychiatric Association"). "Having BDSM sexual interests alone no longer meet the criteria of a paraphilic disorder. In order to meet the diagnostic criteria for sexual masochism or sexual sadism disorder, an individual must have experienced clinically significant distress or impairment due to their sexual desires or must have acted on these sexual urges with a non-consenting person... However, these criteria are vague, and the level or cause of distress has received little clarification" (Brown et al 2020 p781).

Brown et al (2020) lamented the lack of research on BDSM today, and this motivated their scoping review. Sixty peer-reviewed articles published in English between 1999 and 2019 were found.

The findings can be presented under a number of headings:

i) Prevalence rates - Figures varied depending on the definition of BDSM behaviours, and the difference between fantasy and practice. For example, one study found that over two-thirds of respondents had engaged in at least one BDSM fantasy or practice, while, at the other end, 2% had participated in BDSM.

Brown et al (2020) summed up: "Overall, findings suggest that BDSM related fantasies and behaviours are relatively common, though behaviour prevalence rates are

typically lower than fantasies" (p783).

In terms of gender differences, men reported more dominant fantasies and women submissive ones, while other studies found more participation by women than men in behaviours.

ii) Theories of BDSM interest - Comparisons of BDSM and non-BDSM groups on personality characteristics, say, is a common method.

In terms of specific theories or explanations, these include:

a) Childhood sexual abuse (CSA) and trauma - Predicted by psychoanalytic case studies mainly, but limited support by more general surveys. Small sample size is a problem generally (Brown et al 2020).

b) Attachment - Weak evidence for poor or maladaptive parental attachment.

c) Power - Arousal from having power in everyday life manifest as sadistic behaviour, or comparative lack of everyday power. Little support for the first, but none for the latter, though few studies.

d) Neurological and biological differences - Small and weak associations, if at all (eg: non-right handedness and paraphilic interests).

e) Other - evolutionary, novel leisure interest, and higher sex drive.

Brown et al (2020) commented on the theories: "it seems to be highly unlikely that there is a single cause of BDSM interests. There is good evidence that BDSM practitioners do not suffer from more psychological problems than the general population... and do not show levels of empathetic neural responses associated with psychopathy" (pp803-804). Self-selecting samples is always a problem with the research.

iii) Demographic characteristics of practitioners - Typically, White, well-educated, and young. More likely to identify as non-monogamous, and non-heterosexual than the general population.

iv) Other - Studies have investigated arousal patterns, role identification, specific BDSM behaviours, mental health, personality, and relationships.

Brown et al (2020) commented that "BDSM identification and behaviours can change over time, though the fluidity of these differ between individuals. They also show that, for a majority, BDSM behaviours are in addition to, not a replacement of, more typical sexual behaviours... This supports non-pathological models of atypical sexual interests that focus on the broadening of sexuality" (pp805-806).

They concluded on the pathology view: "Despite the difficulties in generalising across studies which differ in methodological approach, population characteristics, and analyses, we are able to make some broad conclusions and directions for future inquiry. There appears to be little support for psychoanalytic or psychopathological theories of BDSM development... Feminist models, which imply that BDSM power dynamics are related to sexism, are also not supported... There was no strong evidence for models that suggest that BDSM participants have increased risk of CSA or maladaptive attachment styles..., although CSA may play a role in a sub-set of individuals" (Brown et al 2020 p807).

Table 1.2 summarises the key methodological issues with BDSM studies in the review.

- Self-selected sample (eg: volunteers in BDSM clubs).
- Sample size (from 12 to 20 000).
- Sample group (eg: students; "swingers").
- Sampling technique (eg: opportunistic; snowball).
- Definition of BDSM, and behaviours included/classified/measured (eg: sexual fantasy vignettes; questions; psychometric scales).
- Study design (eg: cross-sectional).
- Perceived social stigma may limit disclosure in nationally representative sample studies.
- Mode of questioning (eg: face-to-face; online; telephone).

Table 1.2 - Key methodological issues with studies of BDSM.

1.8. SEXUAL BOREDOM

Sexual boredom is linked to sexual desire. Sexual boredom can be viewed as "a trait or tendency to feel

bored with the sexual aspects of one's life, particularly with monotonous or not really pleasurable sexual activity stemming from individual-, relationship-, or practice-related facets of sex. Sexual boredom, also defined as boredom with boring sex (dull, mechanical, and over-rehearsed), is said to be a distinct form of a disliked experience, having characteristics unique to itself" (de Oliveira et al 2023 p14). Sexual desire is a subjective feeling that motivates sexual behaviour (de Oliveira et al 2023).

de Oliveira et al (2023) surveyed over 1500 Portuguese adults in long-term relationships (ie: >12 months). Most of the sample was female (over 80%), and most heterosexual (over 85%), and they were recruited via advertisements on "Instagram" and "Facebook". The survey included four main measures:

i) The "Sexual Boredom Scale" (SBS) (Watt and Ewing 1996) - 18 items: eg: "Sex frequently becomes an unexciting and predictable routine"; "I would not stay in a relationship that was sexually dull"; "Sex with the same partner can become tiresome over time" (table 1.3).

- The SBS was constructed beginning with 118 items found from previous studies, which were reduced to 38 by five graduate student judges.
- The 38-item version of the SBS was presented to 217 undergraduates in psychology classes at Kansas State University (Study 1). Half the items were subsequently removed.
- The 19-item version of the SBS was administered to 254 more students, along with measures of boredom proneness, sensation seeking, and life satisfaction (among others) (Study 2). One item was deleted at this stage. Factor analysis of the data produced two underlying factors labelled as "Sexual Monotony" (eg: items: "Sex frequently becomes an unexciting and predictable routine"; "Sex with the same partner can become tiresome over time"), and "Sexual Stimulation" (eg: items: "I usually feel constrained and frustrated in a long-term sexual relationship"; "I get very restless if I remain in the same sexual relationship for any length of time"). The SBS total score was found to correlate positively with boredom susceptibility, and negatively with life satisfaction.
- The final 18-item SBS was tested with 157 non-students (aged 24 to 61 years) (Study 3). It was a replication of Study 2.

Table 1.3 - Construction of SBS.

ii) The "Sexual Desire Inventory-2" (SDI-2) (Spector Psychology Miscellany No. 198; March 2024; ISSN: 1754-2200; Kevin Brewer

et al 1996) - 14 items covering sexual desire generally (eg: "How strong is your desire to engage in sexual behaviour by yourself?"), for partner (eg: "When you have sexual thoughts, how strong is your desire to engage in sexual behaviour with a partner?", and for an attractive person (eg: "When you spend time with an attractive person (for example, at work or school), is your sexual desire?") (table 1.4).

- 1. SDI-P (Pilot): 17 female and seven male undergraduates were presented with items constructed to cover interest in sexual behaviour (alone and with another), and cognitions (eg: fantasies). Based on the responses and feedback, twenty items were chosen.
- 2. SDI-1: 197 female and 117 male students completed the 20-item version, and five underlying factors were extracted from the responses - one general "Sexual Desire" factor ("frequency and strength of overall interest in behaving sexually with a partner, frequency of sexual thoughts, and overall ratings of sexual desire relative to perceived gender and age norms"; Spector et al 1996 p181), and four specific factors: interest in "Masturbation", use of erotic material ("Erotica"), sexual "Dreams", and "Attraction" (sexual desire for potentially attractive sexual partners).
- 3. SDI-2: 249 female and 131 male students completed a revised 14-item (final) version, which concentrated on "dyadic sexual desire" (ie: partner-related) and "solitary sexual desire".

Table 1.4 - Three stages of the construction of Sexual Desire Inventory.

iii) The "New Sexual Satisfaction Scale" (Stulhofer et al 2010) - 20 items: eg: "The intensity of my sexual arousal"; "My focus/concentration during sexual activity"; "The balance between what I give and receive in sex".

iv) The "Global Measure of Relationship Satisfaction" (Lawrance and Byers 1995) - Five items based on word pairings: eg: "very bad" (1) - "very good" (7); "very unpleasant" - "very pleasant".

Overall, women reported less sexual boredom than men, and the same for sexual desire ⁷. Analysis of the

⁷ "Sexual pleasure is intrinsic to human existence and serves as an important metric of quality of life. The clitoris plays a central role in the sexual response cycle and attainment of sexual pleasure in individuals with vulvar anatomy. Despite its significance, the clitoris has remained gravely misunderstood, misrepresented, and oft neglected in medical literature and social consciousness" Psychology Miscellany No. 198; March 2024; ISSN: 1754-2200; Kevin Brewer

findings separately for men and women found three "profiles" for the latter and two for the male sample (table 1.5).

WOMEN	MEN
FP1 - Above average boredom; below average partner and general desire; lower satisfaction (least number of participants)	MP1 - Above average boredom; above average general and attractive other desire; lower satisfaction
FP2 - Below average boredom; above average partner desire and below average attractive other desire (largest number of participants)	MP2 - Below average boredom; below average general and attractive other desire (larger number of participants)
FP3 - Above average boredom; above average general desire and attractive other desire; lower satisfaction	

Table 1.5 - Profiles of sexual boredom, desire, and satisfaction found by de Oliveira et al (2023).

The female profiles showed that sexual boredom (and lower relationship satisfaction) was manifest by two groups - individuals with low sexual desire overall (FP1), and individuals with low sexual desire for partner (FP3). Among men, sexual boredom was associated with high sexual desire (but not necessarily for partner) (MP1).

The overall implication was that "people prone to sexual boredom might require active implementation of sexual novelty in partnered sexual activity as this seems most important for their enjoyment of sex" (de Oliveira et al 2023 p19).

1.9. APPENDIX 1A - BDSM VS SEXUAL VIOLENCE

Considering the difference between sexual violence and BDSM, Moser (2023) began: "By definition, BDSM is consensual. Sexual violence is characterised by intentional non-consensual sexual behaviour. Perpetrators of sexual violence often disregard the desires and boundaries of their partners and use force to overcome any resistance. Although BDSM is consensual, BDSM participants may engage in non-consensual acts at times, just as a rapist may engage in consensual intercourse at

(Peters et al 2023 p418). Published research is over twenty times greater on the penis than the clitoris (Peters et al 2023).

times. The difference between coitus and rape is consent, and the difference between BDSM and sexual violence is also consent" (p1233).

But it can be difficult in some cases to ascertain if BDSM acts are consensual - eg: "consent violations", where BDSM participants deliberately engage in activities with no previous consent or ignore previously agreed boundaries (Moser 2023). "Often, these are the result of misunderstandings, inexperience, or getting caught up in the moment. Although many BDSM participants have experienced these, such violations do not tend to become a persistent pattern, but the emotional consequences can be indistinguishable from sexual violence. Whether intentional or not, an alleged consent violation is always serious. A BDSM participant who commits a pattern of consent violations may be considered a sexually violent offender. There are those who falsely profess consensual BDSM interests but prey upon BDSM individuals" (Moser 2023 p1233).

Moser (2023) offered a means of differentiating sexual violence and BDSM: "The pattern of physical marks (bruises, welts, scratches etc) can help distinguish BDSM from violence. BDSM rarely involves facial bruising; rather, the marks often form a pattern, suggesting that the recipient was not avoiding the blows, whereas injuries from violence are more haphazard and defensive wounds are common. Marks resulting from BDSM interactions generally avoid the lower back, bony areas, and major organs" (p1223).

Another difference is in the reaction to the partner not enjoying a certain behaviour: "BDSM participants usually are aware when their partners are not enjoying an activity, and they report that it would lessen their arousal. Perpetrators of sexual violence are focused on their own enjoyment, would not care or notice their partners' reaction, or may be more aroused by their partners' lack of enjoyment" (Moser 2023 p1223).

1.10. APPENDIX 1B - "PORNOGRAPHY USE"

Kohut et al (2020) reviewed the different methodological issues of measuring "pornography use". The concept of "use" (or "consumption") "implies that researchers are specifically interested in motivated and purposive exposure to pornography rather than accidental, coerced, or forced exposure. While seldom discussed in research concerning adults, the literature concerning pornography exposure among adolescents frequently

distinguishes between intentional and unintentional exposure..., and often finds that unintentional exposure is more commonly reported in such samples" (Kohut et al 2020 p371). These researchers reviewed one hundred studies on the topic published between 2009 and 2018. A number of different issues were found (table 1.6).

- Direct questions (eg: "How often do you view pornography?") or indirectly (eg: "Have you ever done any of these behaviours?", includes read "Penthouse" (ie: the word pornography not use)).
- Breadth vs specificity (pornography general or a particular genre/type).
- Response options (eg: "frequency": daily, once a week, once a month etc), and number (eg: five, seven).
- Assessment period (eg: last month, last year).
- Use of validated scale or specially constructed for that study.

Table 1.6 - A selection of methodological issues with measuring "pornography use".

In terms of the impact of pornography, distinguishing between intentional use and general exposure is difficult. Kohut et al (2020) commented: "Even if one assumes that the focus on intentional exposure to pornography is justified, understanding pornography use is still not a simple matter as it reflects more than just exposure to pornographic materials. The choice to seek out (or avoid) pornographic materials is likely driven by a number of important antecedents, some of which may be more proximal causes of the assumed effects of pornography use than the use itself" (p731). For example, one partner in a romantic relationship may view pornography to fulfil unsatisfied sexual desires. Is the motivation to use pornography here, the failings within the relationship or the sexual desires of the individual? Studies have found a variety of motivations for pornography use, beyond the obvious sexual arousal (eg: boredom; curiosity; information seeking).

Another set of variables in pornography use is the nature of the use, including alone vs with partner (or social group), private (eg: hotel room) vs public setting (eg: coffee shop), hidden or not (eg: disguised identity on the Internet), storing and keeping or not, and

exchanging. Kohut et al (2020) gave this example: "Take the case of a man who looks at pornographic images in a magazine compared to a man who looks at pornographic images online. On the surface, these may seem like very similar exposure behaviours, but they stem from fundamentally different acquisition behaviours that should also be considered. When magazines are acquired in person, one needs to visit a physical store, choose content from a limited domain of options, exchange money, and allow other people to be aware of one's pornography use intentions, which can also involve exposure of one's particular pornographic content preferences (eg: purchasing a magazine titled '18eighteen' has very different implications than purchasing a magazine titled 'MILF Hunters'). The use of pornographic images on the Internet, in contrast, is a very different process. It requires a reasonable Internet connection, but if that is available, it can be done with little to no effort, involves a universe of content choices that are not limited to what physical purveyors decide to stock their stores, it can be consumed at no cost, and does not directly require that other people become aware of one's behaviour" (p732).

Kohut et al (2020) proposed the following definition: "Pornography use is a common but stigmatised behaviour, in which one or more people intentionally expose themselves to representations of nudity which may or may not include depictions of sexual behaviour, or who seek out, create, modify, exchange, or store such materials. Pornography use can involve one or more types of online and offline materials, and can occur in a variety of locational, social, and behavioural contexts. The extent and nature of such behaviours are regulated and shaped by a combination of personal and social hedonic motives, as well as other individual differences and environmental factors. Pornography use can evoke immediate sexual and affective responses, and may contribute to more lasting cognitive, affective, and behavioural changes" (p733).

A separate issue for researchers is content. For example: "Pornographic depictions vary in their degree of explicitness (eg: extent of nudity, genital detail etc); the number of persons depicted; the physical characteristics of the performers (eg: sex/gender, age, race, weight/body type, attractiveness, pubic hair grooming etc); the roles performers play (eg: 'faceless penis' non-entities, insatiable women, active sexual

partners, passive recipients, victims etc); the nature of the relationship(s) between performers (eg: work relationships, service-client relationships, incestuous relationships, unspecified relationships etc); the sexual behaviours that are depicted (eg: none, penile-vaginal, oral, anal, use of toys etc); the extent of power differences, control, coercion, and aggression (eg: hair pulling, slapping, punching, gagging, choking etc); the presence or absence of safer sexual practices; the pleasure experienced or not experienced in the portrayal; and potentially many other factors" (Kohut et al 2020 p733).

1.11. APPENDIX 1C - HERBENICK ET AL (2019)

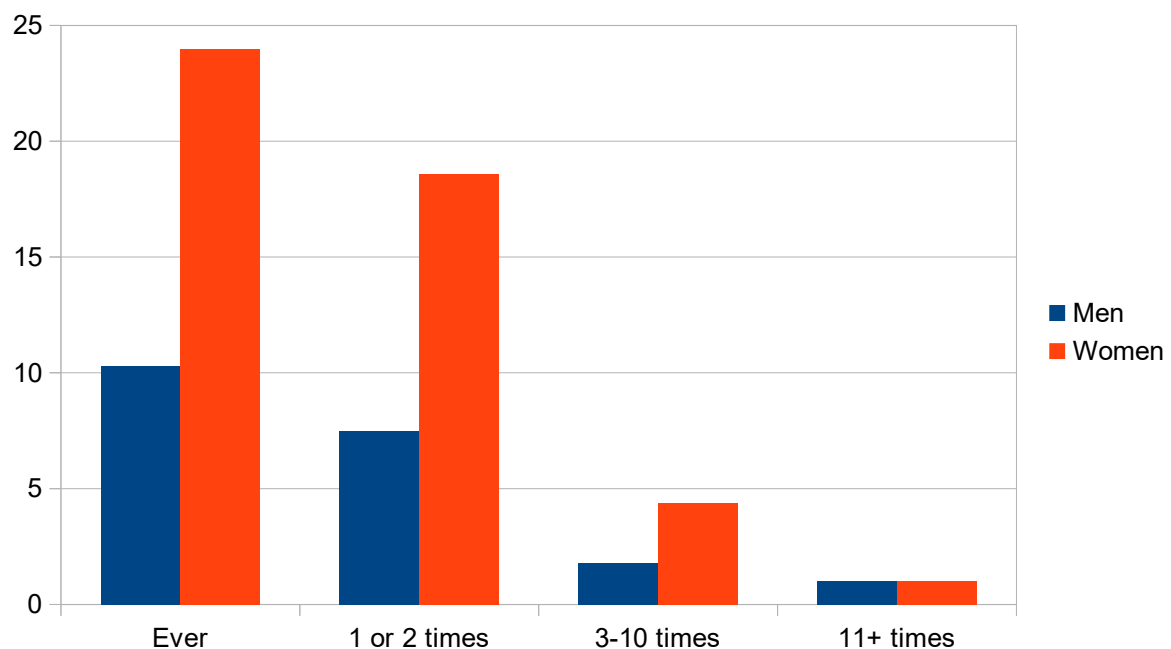
The "World Association for Sexual Health" produced the "Declaration of Sexual Rights" in 2014, which included the rights to be "free from sexual violence and coercion", and to "the highest standard of health, including sexual health; with the possibility of pleasurable, satisfying, and safe sexual experiences" (quoted in Herbenick et al 2019).

"Yet the path to 'pleasurable, satisfying, and safe' sex is rarely straightforward and may be less available to those with less social, economic, and/or political power... Throughout the scientific literature, there are indications that difficult things happen as part of sex, particularly to women" (Herbenick et al 2019 p425). For example, to be able to refuse sex with their partner; with nearly one-tenth of young women felling that they could never do, and one-third only sometimes, in one study (Rickert et al 2002). Compared to men, women are less likely to report sex as pleasurable, and more likely as painful (Herbenick et al 2019).

"Sex may also be consensual but not wanted..., wanted but 'bad'..., pressured or coerced..., chronically painful..., or beyond one's own ability to stop or control..., with women more often reporting each of these" (Herbenick et al 2019 p425).

Herbenick et al (2019) concentrated of feeling scared or frightened during sex using data from the 2016 NSPRSS. Three sets of sexual behaviour were measured - oral, vaginal, and anal sex. All individuals who had ever experienced one of these were asked, "Thinking about your whole life, how many times have you felt like someone did something during sex that made you feel scared?" (p426). Those who answered in the affirmative were offered the opportunity to describe the experience in a text box.

Overall, 24% of women reported "scary sex" compared to 10% of men (figure 1.6). "Scary sex" was also reported more often by individuals from lower household income groups, and non-heterosexual identities, but less often by married individuals. There were no significant differences based on age, ethnicity, or level of education.



(Data from table 2 p429 Herbenick et al 2019)

Figure 1.6 - Percentage of respondents who reported that someone had done something during sex that made them feel scared based on frequency.

Just over 300 respondents completed the text box, varying from one word to a long paragraph. "The following thematic categories emerged: rape/sexual assault, incest, lack of consent and asking to stop, anal sexual behaviours, STI [sexually transmitted infection]/pregnancy risk, choking, multiple people, sex toys and BDSM, being held down, threats, aggression, positions, and novelty/learning" (Herbenick et al 2019 pp427-428). Rape/sexual assault was the most common topic. Table 1.7 gives a sample of the responses.

The researchers were not surprised by the gender differences in the findings. Though there were similarities, it was noted that the descriptions of

- Rape/sexual assault - "I gave a guy a ride home and he tried to kiss me good night, he was just a friend, so I tried to stop him, he then got very forceful with me, I truly thought he was going to rape me... I used my feet and was able to push him off me, someone came outside right then, so he got out of my car. Found out he did the same thing with another girl I worked with" (Woman, 57 years old) (p429).
- Incest - "My uncle abused me as a child to early adulthood and made me do things that I'm not proud of" (Man, 30 years old) (p429).
- Asking to stop - "We were having sex and during intercourse the man started to be rough and I asked him to stop and he wouldn't. It was very rough and he wouldn't stop until he was ready. I was a little scared but I felt like it was my fault because I agreed to have sex. After we were finished I broke down in tears" (Woman, 29 years old) (p430).
- Anal sex - "I was having sex with a guy once, and he wanted to have anal sex... he held me down, and tried to enter me. I was able push him off me, so he didn't penetrate me. But for a couple of minutes, it was really scary" (Man, 55 years old) (p430).
- Choking - "Someone strangled me during sex which made me feel scared" (Woman, 30 years old) (p431).

(Source: Herbenick et al 2019)

Table 1.7 - Examples of details of "scary sex" situations.

"scary sex" differed between men and women. Herbenick et al (2019) commented that "the men's descriptions of scary sex (eg: that referred to menstruation, adolescent/learning curve, first coitus, wondering whether the person who's performing oral sex is friends with a prior partner) differed considerably from examples more often provided by women that pertained to rape, forced sex, being held down, threatened with weapons, choked, and painful sex that one asks to stop but that does not stop" (p433).

1.12. APPENDIX 1D - WOMEN WATCHING PORNOGRAPHY

Viewing of pornography by women in recent studies in the West is high (eg: 87% ever; 60% in the past month) (Tillman and Wells 2023). Most of the research on pornography use has focused on men, or if among women, heterosexual and White (Tillman and Wells 2023).

"A key aspect of enjoyable pornography use for women is authenticity, which is the sincere expression of sexual pleasure and desire, wherein the actions, emotions, and motivations are experienced as honest and organic" (Tillman and Wells 2023 p799). These researchers explored this idea in twenty-four in-depth interviews with US women. A varied sample of volunteers was recruited with only five self-identifying as heterosexual, and fifteen as White. Pornography use was common (ie: more than ten times in last sixty days).

Two overarching themes (along with sub-themes) were found in the analysis of the transcripts of the interviews (that lasted between 45 to ninety minutes).

1. "Authenticity can reduce emotional labour and guilt" - Perceiving authenticity was key in the enjoyment of pornography. This was seen in two sub-themes:

i) Barriers faced by women to enjoying pornography - "Women described experiencing unique barriers as pornography consumers, including social and moral expectations, physical safety, and misogyny. Regarding social and moral expectations, these were standards on how the participants 'ought' to be as women in society, specifically regarding sexual expression and identity" (Tillman and Wells 2023 p803).

"Veronica" described the perception that people "still think that women shouldn't masturbate or women shouldn't watch porn or something like that" (p803). "Jackie" outlined her feeling of stigma: "I knew intellectually that it wasn't anything to be ashamed of. But at the same time, I was like, well, there's such a stigma about it. I still feel like kind of dirty. So definitely keeping it on the down low" (p803) (table 1.8).

The majority of respondents were troubled by the perceived misogyny in pornography, as "Coletta" pointed out: "And I tend to avoid anything that feels exploitative or feels just sort of sensationalised in a way that is kind of gross, I guess. Like, a lot of the way that porn is described in the title or whatever it's just not, it's sort of dehumanising. And so, the extent in which that could be avoided is good" (p804).

"Margaret" described a similar issue: "But now, more and more, I'm going back to just watching gay porn, male on male. And the reason for that is heterosexual porn, and then a lot of lesbian porn, I feel like it's really been made for the male gaze. And women are being definitely objectified. And I'm like, okay, I... it's kind of, it's

kind of a turnoff" (p804).

ii) Reducing guilt about watching - Less discomfort was reported with "feminist pornography" or "female-friendly" material. For example, "Leslie" said: "I found a website that was recommended by one of the lady magazines, must have been in Cosmo or something silly like that. But it was called Bellesa. Their whole mission is female-friendly porn. Porn from a female-centric face, and it's free. It just seems like a great resource. So that's where I primarily get all my content" (pp804-805).

2. Five strategies used to assess authenticity.

i) Appearance - This was most important, as "Coletta" explained: "Like, it's just sort of like, does this feel representative of, like, the people you see in your day-to-day life? And maybe it's like the more attractive people you see your day-to-day life is, like, maybe it's not a perfectly representative sample" (p805). She continued, not "like Pamela Anderson types, where it's like, bleach blonde, exaggerated facial features, lots of make-up, very big boobs...", or "like perfect 10 footage" as "Naomi" commented (p805).

ii) Performance - "Many participants reported aversion to pornography that felt performative (ie: actors and actresses having sex for the pleasure of others, not for themselves). Specifically, it was crucial for their enjoyment to perceive the performers as having the correct level of sexual expression and engagement. This included genuine pleasure, motivations, and sexual actions (eg: positions that prioritise pleasure over camera visibility). Essentially, they defined performative sex as that which was not organic, but for the benefit of an audience" (Tillman and Wells 2023 p806).

For example, "Alondra" observed: "Especially when it comes to like sex between two women, like porn stars will have really long nails or they'll be scissoring. And that's just not what sex between two women looks like in real life, you know? Those things are kind of painful. And so, you know, I think only in a man's mind does that seem pleasurable" (p806).

iii) Connection and intimacy - eg: "That communication, that... interface between the parties where it doesn't feel like something's just happening to someone. It feels like there's an agreed, like, a mutual

consent process. And ongoing, like, trust that's in the space, you know?" ("Terry") (p806).

iv) Racial and LGBTQ representation - "The participants defined representation as the presence of members of a group, as well as the way in which a member of a group is characterised. Specifically, good representation accurately and comprehensively showcases a person's identity within a group, while poor representation reduces a group to stereotypes and caricatures" (Tillman and Wells 2023 p807).

For example, "Alondra" stated: "If it seems like it's a sexual position that would be pleasurable in real life, like, that conveys realness. And like I said, something like scissoring, it's just a man's idea of what lesbians do in the bedroom. It's not a true representation of what lesbians do in the bedroom. Like, that's, that's a big red flag" (p807).

v) Personal experiences - "Eleven participants (46%) described using their sexual experiences as a personal barometer when evaluating porn's authenticity. For example, 'Jacky'... said: 'I think that you can tell, again, kind of allowing my sexual experience to inform my porn choices, like, I think you can tell. I think especially women can tell when other women are faking orgasms. Men maybe not so much, but seeing an orgasm that appears to be fake just really highlights how performative sex is" (p807).

- Anti-pornography feminism.
- The representations of women as sexually passive and/or peripheral to the men's pleasure.
- Representations of people of colour - "For instance, Cruz (2015) concluded that pornography that is black, race-focused, and features BDSM allows the consumer to experience and process the complicated pleasure of pain, submission, and humiliation still present within black and white race relationships" (Tillman and Wells 2023 p800).
- Representations of queer and transgender individuals.
- Perceived (un)realism.
- Emotional labour of female performers - "Perceiving minimal emotional labour (ie: perceiving the actress as genuinely enjoying herself rather than simply performing) allows women to better envision themselves in the pornographic scenes, increasing their satisfaction. Because of this sensitivity to

depictions of emotional labour, women who use pornography are more aware of distressing elements (eg: inauthentic pleasure, boredom, possible physical pain). Fahs and Swank (2016) incorporated 'the third shift' to argue that women's internalisation of caretaking attitudes and behaviour can explain women's repulsion to emotional labour in pornography. Essentially, depictions of women's emotional labour remind women of their own caretaking work, creating irritation and resentment that may supersede any sexual satisfaction (Fahs and Swank 2016). Perceiving emotional labour may also remind women that the performers are engaged in commercial sex work, which is a key element of women's conflicted relationship with pornography" (Tillman and Wells 2023 p800).

Table 1.8 - Barriers to women's enjoyment of pornography in other studies than Tillman and Wells (2023).

1.13. APPENDIX 1E - BURCH AND SALMON (2019)

Pa (2001) defended sado-masochistic sex play, and commented on the stigma attached. It is argued that this is important when individuals complete measures of sexual behaviour, particularly sexual aggression. Also Ryan and Mohr (2005) found that a variety aggressive behaviours can be viewed as playful if they occur without negative emotions or physical harm. These researchers defined "playful aggression" as "an aggressive act (eg: hitting, pushing, wrestling, or restraining) in a playful manner, one that is not intended to harm their partner" (Ryan and Mohr 2005 quoted in Burch and Salmon 2019). Studying college students, the researchers concluded that "young adults may be relatively sophisticated in their analyses of the dynamics of playful force and aggression" (Ryan and Mohr 2005 quoted in Burch and Salmon 2019).

Put simply, there are differences in interpretation of items on questionnaires, particularly related to sexual aggression (eg: verbal pressure as coercion; Ross and Allgeier 1996).

Burch and Salmon (2019) surveyed 734 undergraduates at a northeastern US university about "rough sex". Based on a list of options, both sexes agreed on the behaviours that were classed as "rough sex". The most common choices were hair pulling, being pinned down, biting, and being tied up (chosen by half to two-thirds of respondents), while choking and punching were the least popular (though just under one-third of respondents chose them). In an open text box, women included "scratching", while men were more likely to write "cutting", and degrading behaviours like "urinating".

Half the participants reported having had rough sex, and it was initiated twice as much by men as women. However, there was a difference in responses here as "men state that they initiate rough sex less often, and women initiate rough sex more often, than women report" (Burch and Salmon 2019 p386) (table 1.9).

		Who is reported as initiator		
		Men	Women	Both
Who is respondent	Male	55.6	41.7	1.9
	Female	66.1	30.9	3.0
	Overall	63.7	33.3	2.7

Table 1.9 - Who initiates rough sex based on gender (%).

One question asked, "What triggers or leads to rough sex?". Men reported that "thinking their partner cheated, group sex, being separated from their partners, cheating on their partner, breaking up with partners, and being jealous, triggered rough sex more frequently than women. Each of these triggers involves some degree of sperm competition or suspicion of infidelity. There were no triggers that were rated as more frequent by women" (Burch and Salmon 2019 p387). These findings fitted particularly with Burch and Salmon's (2019) argument of an evolutionary theory of rough sex.

Another question asked, "How does rough sex differ from 'typical' sex?". Answers included that "orgasm occurred much faster, more frequently, and was more intense, that partners made more effort to satisfy each other, and not surprisingly, that sex was more aggressive and arousing (appendix 1J). Interestingly, the biggest changes were found in thrusting. Thrusting was reported to be quicker, deeper, and more vigorous. Men and women only differed in their opinion of one sexual behaviour during rough sex. Women reported reaching orgasm much faster during rough sex than men..." (Burch and Salmon 2019 p388).

Burch and Salmon (2019) concluded: "Overall, rough sex appears to be a largely recreational and mutually initiated behaviour that consists of mild forms of playful aggression and some mildly painful actions. However, it also appears to have clear links to male sexual jealousy and sperm competition as well as increased sexual satisfaction and shorter latency to orgasm in women" (p390). Put simply, these links fit with

an evolutionary advantage to rough sex.

For men the rough behaviours are part of semen displacement and paternal assurance strategies (ie: to defeat other potential male's sperm - eg: harder and deeper thrusting), while female resistance and/or rough sex are a way to test the strength (quality) of the mate (Burch and Salmon 2019).

1.14. APPENDIX 1F - CONSENT AND VIOLATION

1.14.1. Stolen Kiss

"Stolen kisses are often depicted as involving moments of overwhelming and uncontrollable passion and an intense need to connect intimately with someone. These kisses are uninvited, may be unwanted and, by definition, are not consensual because they are unexpected and do not involve explicit agreement" (Brockaj and O'Sullivan 2023 p1083).

Brockaj and O'Sullivan (2023) continued: "Stolen kisses are not necessarily unwanted by the target of those kisses. There is a long history now of parsing interactions in terms of their wantedness and consent. For instance, research has shown that sexual activity can be unwanted yet still consensual to the extent that an individual does not communicate a lack of interest or desire but instead communicates consent or enthusiastic agreement... Similarly, it is possible to communicate directly or indirectly non-consent for participation in a sexual activity that might in fact be wanted... Stolen kisses are intriguing as they are the mainstay of romantic novels and films, and typically represent a pivotal moment when the two individuals involved in the kiss recognise strong mutual attraction" (p1083).

In terms of specific studies on the subject, Margolin (1999) presented college students with a vignette "depicting a dating partner kissing someone who had verbally communicated that they did not want to be kissed... The person forcing a kiss was described as being motivated by romantic feelings and the partner was a dating partner and described as being reluctant because of shyness about public displays of affection" (Brockaj and O'Sullivan 2023 p1083). There was greater support for a woman stealing the kiss than a man. This was the only research that Brockaj and O'Sullivan (2023) could find, and it was "limited by the use of a college sample and responses to a hypothetical scenario involving dating partners who seemed to have had a history of prior

kisses" (Brockaj and O'Sullivan 2023 p1084).

Brockaj and O'Sullivan (2023) investigated real-life cases of stolen kisses not from a dating partner. The participants were 734 US adults recruited through "Mechanical Turk", of whom 130 (18%) admitted to have stolen a kiss at least once in their lifetime. Over twice as many men as women had stolen a kiss. A stolen kiss was defined for the participants as "kissed someone at a moment when they were completely not expecting you to - someone who you had never kissed before" (Brockaj and O'Sullivan 2023 p1084).

The 130 "kissers" were asked to describe the situation of the stolen kiss in their own words. The responses were divided into three groups:

i) "Mutual attraction" (40% of cases) - The stolen kiss initiated a romantic relationship for two individuals attracted to each other. "These experiences were overwhelmingly positive. Within these scenarios, the individuals typically knew each other to some degree either for a while (eg: long-time friends) or for a shorter period of time (eg: recently met through school or work), but in both cases a strong attraction was perceived by the kisser so that the kisser was willing to risk making what was often described as 'the first move' by stealing a kiss. They almost never described any negative repercussions to having kissed the target in these cases" (Brockaj and O'Sullivan 2023 p1085).

Example of response: "We had sparks flying between us for weeks, I came up behind her and kissed her - it was electric. We kissed for a minute and continued later. We started dating. I should have done it sooner! I would keep the memory of it all" (p1085).

ii) "No known mutual attraction but positive outcomes" (35% of cases) - This "involved stealing a kiss from an individual who was either a stranger, an individual known beforehand but with no pre-existing friendship or acquaintance, or platonic friends where romantic feelings were one-sided or not known to be shared. None of these stolen kisses led to a relationship of any kind, but also were not associated with any negative consequences - at least according to respondents' descriptions" (Brockaj and O'Sullivan 2023 p1085).

Example: "I kissed a girl in college on the first day of school, freshman year, at a party. She kissed me back, so it went well. [If I could change anything] I would like to have been sober at the time. She was very

pretty so I remember feeling confident about myself since she kissed me back" (p1085).

iii) "Stolen kiss that led to strong negative outcomes" (25% of cases) - Example: "[The stolen kiss] was with my high school crush/best friend. We knew each other since we were 10, cutesy crushes but never acted on it. Our mothers thought we would marry one day... that kind of thing. She slapped me and we didn't talk for a while after that. I should've resisted the impulse and not kissed her at all. She was really upset by it. [I would keep] the shocked look on her face, it was priceless. I don't think it really surprised her as much as she said it did" (p1086).

The researchers observed that there were potential biases with the data. "The most obvious is a potential reporting bias of the individual reporting the stolen kiss as they were responsible for the violation in boundaries. Self-enhancing biases may have influenced how accurately individuals remembered or were willing to relay what happened. This is true in self-reports of all socially-sensitive information" (Brockaj and O'Sullivan 2023 p1087). There was also recall bias - ie: remembering specific occasions only (eg: with positive outcomes). Hearing from the target as well would be ideal, but this would have violated the anonymity and privacy aspects of the study. The sample was self-selecting from one online platform, and over 80% identified as White, and similarly as heterosexual.

The study showed both the "romanticised stolen kiss perpetuated by the media", and the violation of boundaries (eg: physical; relationship) "even in the simplest of intimate actions such as the kiss" (Brockaj and O'Sullivan 2023 p1087). Dailey (2017) described boundaries as "bright lines drawn to separate lawful from unlawful, consensual from coerced, free from exploited, ownership from trespass, fantasy from reality" (quoted in Brockaj and O'Sullivan 2023).

1.14.2. Dating App Facilitated Sexual Violence

A new phenomena of the 21st century is "dating app facilitated sexual violence (DAFSV)"⁸. This includes

⁸ The wider term of "technology facilitated sexual violence" (TFSV) has been coined to include "the use of all forms of communication technology, such as e-mail, social media, chat rooms, and online gaming environments – in addition to dating apps – to enact virtual and face-to-face sexually based harms" (Echevarria et al 2023 p1194).

"behaviours such as unwanted sexual comments and harassment, unsolicited sexual photos, and gender and sexuality-based harassment, and could extend to sexual coercion or aggression when first meeting partners face-to-face after connecting through dating apps. In addition, with anonymity of users, lack of user background checks, and easily accessible online profiles, dating apps can pose risks to users' safety more broadly" (Echevarria et al 2023 p1193). These researchers continued: "Concerns about safety are not unwarranted, given the difficulty in keeping perpetrators of sexual violence off these apps. Although dating app companies ensure that they ban and remove individuals who harass others, perpetrators can still sign up multiple times on the same app, using different photos and/or names... At the same time, using dating apps can protect individuals in other ways such as allowing for a more thorough screening of potential partners before a face-to-face interaction, and providing control when ending online interactions without an immediate risk to physical safety" (Echevarria et al 2023 pp1193).

There is a limited amount of research on DAFSV, but one study of adults in Australia (Powell and Henry 2019) found that one in ten respondents had experienced in-person sexual violence from a person met online or via a dating app. Regular dating app users are an at-risk group - they "may be more likely to experience sexual violence for various reasons, including expectations for sexual activity based on norms of dating apps and a quick progression of relationships initiated by dating apps... Individuals who use dating apps also tend to have more sexual partners and are more likely to engage in unprotected sex, which may also increase risk for non-consensual sexual experiences" (Echevarria et al 2023 p1194). Negative experiences are more common among women and sexual minority populations (Echevarria et al 2023).

Echevarria et al (2023) reported data from a study called "Dating App Experiences and Mental Health", which involved nearly 300 undergraduates in the psychology department at one large university in Florida, USA. General questions were asked about dating app use, and mental health, as well as using adapted versions of the "Technology Facilitated Sexual Violence Victimization" (TFSV-V) scale (Powell and Henry 2019), and the "Sexual Experiences Survey-Short Form Victimization" (SES-SFV) scale (Koss et al 2007).

Dating app use was common (eg: 29% used "every day"), and the majority of respondents were aware of safety issues (eg: over 90% thought unwanted sexual

advances via dating apps was common). Overall, 88% of users reported at least one incident of DAFSV, with digital sexual harassment (eg: unwanted sexual messages) being most common. At least one incident of sexual violence generally was reported by around half of respondents.

Detailed analysis found that "compared to men, women experienced significantly more total DAFSV..., more sexual violence across all four sub-scales [of TFSV-V scale] (ie: digital sexual harassment, image-based sexual abuse, sexual aggression and/or coercion, and gender/sexuality-based harassment...), and rated these experiences as more distressing... Women also reported more severe mental health symptoms and lower well-being" (Echevarria et al 2023 p1198). Similar findings emerged for sexual minority respondents compared to heterosexuals. It was not possible to establish the relationship between DAFSV and mental health symptoms because of the cross-sectional design of the study, Echevarria et al (2023) accepted.

1.14.3. Hookup Culture and Sexual Coercion

"Hookup culture", which is common among students, "typically involves a brief sexual encounter between one or more partners who are not dating nor romantically involved with one another" (Basting et al 2023 p2577).

There is concern that sexual coercion is frequently employed during casual sexual encounters (appendix 1K). "Sexual coercion is one of the numerous tactics perpetrators of sexual violence often employ to manipulate, intimidate, or take advantage of another party. Sexual coercion is defined as the act of pressuring one's sexual partner to engage in unwanted sexual activities despite their refusal and/or lack of consent... Perpetrators of sexual coercion use a range of tactics including verbal pressure, physical force, psychological intimidation, manipulation, or taking advantage of an individual due to voluntary or administered alcohol and/or drug intoxication" (Basting et al 2023 p2578). Up to one-quarter of women and just over 40% of men in one study admitted to the use of coercive strategies (Basting et al 2023).

Are there certain characteristics of individuals who sexually coerce? Basting et al (2023) investigated two possibilities - sexual narcissism (SN), and hypersexuality (HyS). Narcissism includes a lack of empathy for others, the exploitation of others, a need of

flattery, and a grandiose sense of own importance, according to the American Psychiatric Association, while Widman and McNulty (2010) conceptualised SN as these characteristics specific to sexual situations. The research on the relationship between SN and sexual violence is mixed (Basting et al 2023).

HyS can be defined as "increased sexual thoughts, behaviours, and urges that can be used to cope with emotional problems (eg: stress; anxiety) and lead to adverse consequences in multiple life domains" (Basting et al 2023 p2579). It covers compulsive sexual behaviour, and sexual addiction. There is some evidence that HyS is a risk factor for sexual violence perpetration, though the research tends to be with convicted sexual offenders (Basting et al 2023).

Basting et al (2023) recruited nearly 800 undergraduates at one US university for their study. All participants had engaged in at least one hookup experience in their lifetime, where a hookup experience was defined as "a sexual encounter where two people are physically intimate (ie: kissing, petting, manual stimulation, digital penetration, oral sex, anal sex, vaginal sex) with someone whom they are not dating or in a romantic relationship with at the time, and in which it is understood there is no mutual expectation of a romantic commitment" (Basting et al 2023 p2580). The online survey included three main measures:

i) The "Sexual Narcissism Scale" (SNS) (Widman and McNulty 2010) - Twenty items covering four characteristics of SN: sexual exploitation (eg: "One way to get a person in bed with me is to tell them what they want to hear"), sexual entitlement (eg: "I should be permitted to have sex whenever I want"), low sexual empathy (eg: "When I sleep with someone, I rarely know what they are thinking or feeling"), and grandiose sense of sexual skill (eg: "I really know how to please a partner really").

ii) The "Hypersexual Behaviour Inventory" (HBI) (Reid et al 2011) - Nineteen items covering the three aspects of HyS: using sex to cope (eg: "Doing something sexual helps me cope with stress"), difficulty controlling sexuality (eg: "My attempts to change my sexual behaviour fail"), and negative consequences following sexual behaviour (eg: "My sexual activities interfere with aspects of my life such as work or school") (table 1.10).

- Study 1 - 80 items were generated to cover "(a) deficits in controlling sexual thoughts, feelings, and behaviour; (b) using sex to cope with unpleasant affective experiences or in response to stress; and (c) experiencing undesirable consequences associated with one's sexual behaviour" (p33). A five-point response option of "never" (1) to "very often" (5) was used. A group of experts evaluated the writing of the items, which left 65 items, and these were presented to 324 male outpatients at sexual disorder clinics in four states in the USA. This resulted in nineteen items with three underlying factors - control, coping, and consequence.
- Study 2 - The final 19-item version of the HBI was given to 203 male outpatients at clinics in five US states, along with other relevant questionnaires (eg: Sexual Compulsivity Scale; SCS; Kalichman et al 1994), to establish reliability and validity.

Table 1.10 - Construction of HBI (Reid et al 2011).

iii) The "Coercive Hookup Scale" (CHUS)⁹ - Twenty-two items measuring sexual coercion during hookup experiences in the past year, particularly four tactics: arousal (eg: "I took off my clothes"), emotional manipulation (eg: "I continued asking"), intoxication (eg: "I continued sexual advances because they were drunk"), and threats or use of physical force (eg: "I used physical restraint").

On average, there were ten sexual encounters per month, and around two-thirds of respondents admitted to sexual coercion perpetration at least once in the last year. SNS and HyS total scores each positively correlated with use of sexual coercion. Men generally had higher scores on the three measures than women. But gender was not a moderator in high SNS and high HBI scores predicting high CHUS score.

Basting et al (2023) explained that the findings showed that "when individuals with elevated sexual narcissism face rejection after initiating a hookup, they may be more likely to respond with coercion rather than terminating their sexual advances. As individuals with elevated sexual narcissism may have a heightened perception of their sexual skills and more sensitivity to interpersonal rejection... they may perpetrate sexual coercion to mitigate any damage to their self-esteem and/or self-perception of sexual skills that could occur after a hookup partner rejects their sexual advances. Further, sexual narcissism is hallmarked by decreased

⁹ Developed by the researchers from the "Tactics of Post-Refusal Sexual Persistence" (Struckman-Johnson et al 2003).

empathy for sexual partners coupled with a belief that their sexual skills may benefit their partner even if their partner initially rejects their attempt at hookup initiation" (pp2584-2585).

There are three key limitations to this research (Basting et al 2023):

a) The sample was nearly three-quarters cisgender women, mostly identified as heterosexual, and the vast majority were White.

b) The data included retrospective self-reports of sexual coercion and hookups.

c) SN was measured by one (psychometric) questionnaire. Basting et al (2023) admitted: "In addition to including a more in-depth psychometric investigation of the sexual narcissism measure, studies focused on sexual coercion aetiology could consider comprehensively investigating how other risk factors (eg: trait aggression, belief in rape myths...) relate to hypersexuality and sexual narcissism in predicting sexual coercion perpetration" (p2586).

1.14.4. Consent and Refusal

Wilson (2023) argued that "sexual coercion enacted by men toward women continues to be normalised by heteronormativity and patriarchal structures that privilege (particularly cisgender, heterosexual) men as a group, promoting them to feel entitled to use coercion to override and push past signs of unwillingness and refusals, whether verbal or non-verbal" (p1168). At the same time, "there is a contradictory assumption that women will be, or should be, able to reject unwanted sexual advances by 'just saying no', and that refusals will be listened to if verbalised. Such assumptions conflict with evidence that direct verbal refusals ('no') are not only not normative within regular communication, but are not necessary to perform a refusal, as indirect verbal and non-verbal communication is equivalently understood within sexual negotiation" (Wilson 2023 pp1168-1169).

Wilson (2023) explored the "normality" of sexual coercion in interviews with seven young heterosexual, cisgendered men in Australia. During the indepth interviews, key questions included, "What does consent

mean to you?", "What do you think of when you hear the term 'sexual coercion'?", and "Do you feel you have ever pushed past someone's boundaries?". Analysis of the transcripts led to three main themes.

i) Understanding refusal and the use of coercion - A traditional view of non-consensual sex is the "miscommunication model", which proposed that "men consistently misperceive women's disinterest as sexual intent and fail to interpret women's non-verbal or indirect verbal cues as refusals/non-consent, with the 'resulting communication failure ending in rape' [O'Byrne et al 2008]" (Wilson 2023 p1169).

But Wilson's (2023) interviews challenged this idea as the men were aware of refusals (and acceptances) communicated with subtlety as well as directly, and continued, as exemplified by "Homer": "[T]his one time someone came back to mine [my house] and she said 'I don't want to sleep with you tonight'. And I said, 'yeah, that's cool'. But really, I wasn't cool with that. I wasn't going to do to her anything that she didn't want to do, but, at the time I didn't put these words to it, but the bottom line was, like, I was going to coerce her. So, what I did was like, 'Okay, let's just kiss' and she's like, 'Yeah, I'm cool with that'. So, we were kissing on my bed and I said, 'Can I take off your clothes?' She's like, 'Yep'. And so I [also] took off my clothes. She didn't ask, and I didn't ask if I could take off my clothes. I just did. [...] then she said 'I don't wanna have sex with you tonight'. And I said, 'Oh, okay', like I was a bit bummed. And then I just started kissing her, and I thought, I might just keep kissing her, and she might change her mind, get her in the mood, sort of thing. And it wasn't about getting her in the mood, it was about getting my needs met. And essentially that was a coercive way of getting sex. [...] She clearly said no, and then I'm like 'well, your body's not saying the same thing' but I mean, at the end of the day, she's just fucking horny, but she didn't want to have sex" (p1173).

ii) The minimising and justifying of coercion - There exists the context of "the continuous adherence to ideas about 'real rape', 'real victims', and 'real rapists'" (Wilson 2023 p1169). Armstrong et al (2018) commented that "even in modern cultural imaginaries, the paradigmatic 'real rape' involves the violent vaginal penetration of a chaste, unmarried, wealthy, cisgender, heterosexual, white woman by a stranger, typically portrayed as a Black man" (quoted in Wilson 2023), and

"meaning that doubt is cast onto the validity of claims of men enacting rape outside of this scenario" (Wilson 2023 p1169).

The interviewees emphasised that their use of coercion was different to rape. One way was to describe coercion and pressure as "a game... the chase" ("Marky"; p1174). "Matt" explained: "I felt like what I enjoyed was that game of, you know, there's this girl and I'm interested in her and we're going to talk and then I'm going to pull my moves or whatever, and then she's going to want to sleep with me and I'm going to sleep with her and that was the challenge" (p1174).

Another way was to play down the harm, like "Charles": "I still can think of those girls and I know I'm still friends with them, so it's not like I have like hurt them in any way, but I've definitely pushed their boundaries. And I know that only now in the last twelve months of thinking back on those, because you literally made me think back on other situations, so it's not like the girls are traumatised and they never want to speak to me again because we're still friends and still socially active" (p1175).

iii) "Performing naivete, showing knowledge" - O'Byrne et al (2008) suggested that "men show knowledge while telling ignorance to challenge the idea that men cannot understand nuanced communication or that their use of coercion is simply due to unawareness" (Wilson 2023 p1172).

"Matt", for example, used phrases like "I just wasn't aware", and "I was a victim of ignorance" (p1175).

However, there was evidence of understanding as seen in "Marky's" comment: "[M]en figure this out for themselves at a younger age, that being persistent can get the outcome you want. I don't know if it's because women are afraid, afraid to even to be able to say no in the situation [...] or it's gotten to a point where they think they can't come back from - so like kissing, foreplay, they're in the bed. They don't want to do it, but they feel like because of the progression of the night, where they're at, it's probably too late to come back [...] I don't see it as normal now, but like it was something that was almost considered normal when we were younger" (p1175-1176).

Wilson (2023) argued that the interviews showed that "men hear and understand refusals but transgress them, which indicates not simply a need for people to be told how to do consent, but instead a need for men to *care*

about acknowledging consent and non-consent. Men know on an experiential level how to assess for willingness/unwillingness, and know to espouse that sexually coercive behaviours are impermissible, and consent is important, when necessary. Yet when presented with the opportunity to coerce, they do so with an understanding that they can avoid accountability by drawing upon outdated narratives of gender, sex, and rape to minimise and justify their use of coercion" (p1176).

1.15. APPENDIX 1G - JOINT PORNOGRAPHY USE

Pornography is viewed by individuals alone, and by romantic couples together. Research on the latter, "relational pornography" (ReP), has grown with the behaviour itself. For example, one US study (Willoughby and Leonhardt 2018) of 240 heterosexual couples found that the majority reported "some joint pornography use" (Willoughby et al 2020 p710). More women reported entirely couple-based viewing and men solitary viewing of pornography (eg: Carroll et al 2017).

Researchers are interested in the impact of ReP on relationship well-being. Some studies reported negative consequences (eg: more negative feelings towards partner), others positive ones (eg: improved sexual communication), and a number of studies "no effect" or no connection (Willoughby et al 2020).

A number of variables are important here, including collaborative use of pornography (vs different use of each partner), frequency of use, gender differences, and the outcome measures used by researchers (eg: individual vs joint sexual satisfaction) (Willoughby et al 2020).

Willoughby et al (2020) proposed an "organising framework" for understanding ReP and relationship well-being based on five interacting broad dimensions:

- i) Pornography content - eg: genre; explicitness; degree of objectification of performers.

- ii) Individual background factors - eg: age of first viewing of pornography; personality characteristics; sexuality-specific individual differences (eg: masturbation frequency); sexual orientation.

- iii) Personal views and attitudes - eg: "some view pornography use by romantic partners as a betrayal of relational boundaries..., potentially creating a relational environment where pornography use operates in

a similar fashion as other forms of infidelity" (Willoughby et al 2020 p715).

iv) Relational context - This refers to "the particular context and situations within which each couple finds themselves. These may be micro or macro-cultural context or couple-level factors that are created by the unique combination of individual factors that both partners bring to the relationship" (Willoughby et al 2020 p716). As well as relationship status (eg: married), and length of relationship.

v) Couple process - "Perhaps the most obvious aspects of couple process that would influence pornography use is how a romantic couple negotiates, communicates, and uses pornography individually and jointly within their relationships. Pornography use is increasingly becoming a topic that modern couples are discussing and negotiating within their relationship. Given the taboo nature of pornography use among some couples, individual pornography use may be hidden or not openly discussed and initial empirical evidence suggests that hiding use from one's partner may have relational implications" (Willoughby et al 2020 p717).

1.16. APPENDIX 1H - INTOXICATING SUBSTANCES BEFORE OR DURING SEX

The use of alcohol and/or other intoxicating substances before or during sex has been called "sexualised drug use" (SDU), while other terms have also been used like "chemsex", "chemsex partying", "High and Horny", "slamsex", and "wired play" (Gomez-Nunez et al 2023). "The main motivation for the use of such intoxicating substances before or during sex is to pursue pleasure, which, in turn, involves other motivations, varying from losing inhibitions and facilitating the sexual setting to improving sexual performance and arousal" (Gomez-Nunez et al 2023 p2504).

In terms of the general prevalence of SDU, figures vary between 4% and 41% in studies, predominantly undertaken among gay and bisexual communities, and with "men who have sex with men" (MSM) (Gomez-Nunez et al 2023). Among college students the prevalence may be even higher, and more likely to be male than female (Gomez-Nunez et al 2023).

Gomez-Nunez et al (2023) concentrated on young adults (18-29 years) in their meta-analysis of SDU (n =

55 studies). The mean prevalence of SDU was 37%, with alcohol being most common, followed by marijuana, and ecstasy. There was no significant difference found between men and women, and between students and the general population.

As is common with meta-analyses and reviews, there was heterogeneity in the methodology of the studies, including:

i) Definition of "before" and "during" sex, and time-frame (eg: last month; lifetime).

ii) The measurement of SDU (eg: dichotomous yes/no item), and reference to specific substances or not.

iii) The sample - Two-thirds university students, and the remainder included general population, migrant workers, and MSM. Probability or non-probability sampling technique used. Ethnic make-up of the sample

iv) Measurement of sexual behaviour (eg: specific acts (eg: presence of penetration; unprotected sex); sexual encounter; relationship type; number of partners).

Other points to note include that no study investigated the willingness of the individual for SDU, and only one study asked about the purpose of use (Gomez-Nunez et al 2023). The majority of the studies were published between 2011 and 2021, and took place in the USA. The researchers included studies published in English, Spanish or Catalan.

1.17. APPENDIX 1I - GAGGING

"Gagging" ("the involuntary muscular spasms resulting from irrumatio (or rough deep throat fellatio)"; p127), Hester (2014) described as "one of the most high-profile elements of the contemporary pornographic landscape" (p127).

It is viewed by many critics in a negative way. "Robert Jensen [2007], for example, presents 'exclusively aggressive ''throat fucking'' as illustrative of pornography's pervasive hostility towards women', whilst Pamela Paul [2005] suggests that 'multiple oral sex scenes in which the girl is shown to choke on genitalia and semen' are part of a worrying trend towards the acceptance of increasingly extreme and misogynistic content in hard core" (Hester 2014 p127).

Hester (2014), however, preferred "an alternative aesthetics of pornographic fluids" (p129). Traditionally in heterosexual pornography, the male ejaculation is central (ie: the semen), but gagging promotes other bodily fluids (saliva, mucous, and tears). For example, one movie describes for the potential viewer scenes "just dripping with intense deep-throat gagging, phlegm, spit bubbles... and enough saliva to drown several cocks" (quoted in Hester 2014).

Stuttgen (2009) argued that "[T]hrough more bodily fluids like spit and tears, an attempt is made to somehow double the effect of the cum shot" (quoted in Hester 2014). It is an extension of the "cum shot" (or "money shot") where the man ejaculates usually on to the face of the woman, which Moore and Wessbein (2010) described as "marking territory and claiming ownership" (quoted in Hester 2014).

Hester (2014) partly agreed. Pornography is primarily a visual experience and so requires visibility of arousal, and with the focus on the female body, female pleasure (Williams 1999). The bodily fluids of gagging act as a signal of female pleasure for the viewer (irrelevant of whether the female performer is experiencing pleasure). "By dwelling upon the generation and profusion of these abject excretions - by presenting the very moment of their emergence in graphic detail and loving close-up - gagging porn provides its viewers with a kind of proof that the woman's body has really experienced something. The deliberate foregrounding of snotty noses, saliva-smearred mouths, and watering eyes is nothing if not an attempt to show that the female performer has been moved by some irresistible sexual force. As Williams [1999] states, 'Hard core desires assurance that it is witnessing not the voluntary performance of feminine pleasure, but its involuntary confession. The woman's ability to fake the orgasm that the man can never fake (at least according to certain standards of evidence) seems to be at the root of all the genre's attempts to solicit what it can never be sure of: the out-of-control confession of pleasure, a hard-core 'frenzy of the visible'''" (Hester 2014 p137).

1.18. APPENDIX 1J - ORGASM FREQUENCY

Using US data from over 52 000 adults (in a survey by "NBC News"), Frederick et al (2017) analysed the frequency of orgasm when sexually intimate. Heterosexual women reported the least frequency compared to other

groups (heterosexual men, gay men, bisexual men, lesbian women, and bisexual women in order of frequency) (figure 1.7).

The main focus was "usually-always" orgasm when sexually intimate in the past month (compared to "never-rarely" and "half of time"). Thirty different traits and behaviours were examined for associations with orgasm frequency, and the gender gap.

"Compared to women who orgasmed less frequently, women who orgasmed more frequently were more likely to: receive more oral sex, have longer duration of last sex, be more satisfied with their relationship, ask for what they want in bed, praise their partner for something they did in bed, call/email to tease about doing something sexual, wear sexy lingerie, try new sexual positions, anal stimulation, act out fantasies, incorporate sexy talk, and express love during sex. Women were more likely to orgasm if their last sexual encounter included deep kissing, manual genital stimulation, and/or oral sex in addition to vaginal intercourse" (Frederick et al 2017 p273).

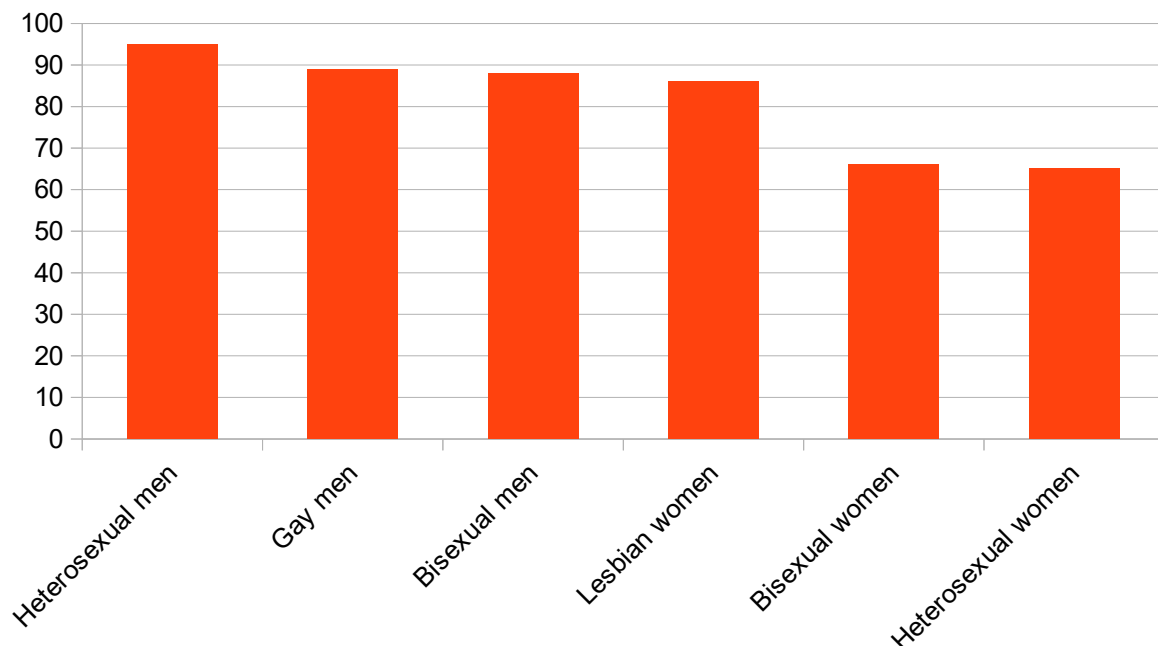


Figure 1.7 - "Usually-always" orgasm when sexual intimate in the past month (%) based on sexual orientation.

The researchers considered three sets of explanations for the difference in men's and women's

orgasm rates:

i) Socio-cultural - eg: stigma against women expressing sexual desire and so asking for sexual behaviours that would encourage orgasm.

ii) Adaptationist or evolutionary - eg: male orgasm and ejaculation are tightly linked, and are related to reproductive success.

iii) "Byproduct" - Linked to (ii) is the idea that the female orgasm is an evolutionary byproduct of the male orgasm.

Lesbian women orgasmed more frequently than heterosexual women which challenged simple gender difference explanations.

1.19. APPENDIX 1K - DISCLOSURE OF UNWANTED SEXUAL EXPERIENCES

Reporting of non-consensual (or unwanted) sexual experiences (NSEs) by students is low to officials (eg: police; university authorities), but high to friends and family (eg: 7% vs 80%; Demers et al 2018).

Halstead et al (2017) reviewed the literature on student disclosure of NSEs, and identified six areas of research - informal disclosures; formal disclosures; friends' perceptions of disclosure; effect of disclosure on survivor; barriers to disclosure; and social support during the disclosure process (Sears-Greer et al 2022).

Sears-Greer et al (2022) updated Halstead et al's (2017) review. The "MeTooMovement" was a new development in recent years. "Rather than sharing disclosures behind closed doors to friends or family, survivors are publicly sharing their experiences and receiving informal support from other survivors online" (Sears-Greer et al 2022 p545). Black students informally disclosing this way particularly increased in 2017 and afterwards.

The "MeTooMovement" also led to increased formal disclosure initially in 2017, but then declined in 2018 in the USA. Sears-Greer et al (2022) could not explain the fluctuations.

In terms of barriers to disclosure, the "Match and Motivation Model" (Peterson and Muehlenhard 2011) explained survivors' disclosure or not based on two primary factors - "(i) the match of one's own experience with the definition one holds for sexual violence, rape,

abuse etc, and (ii) an individual's motivation for disclosing or not disclosing their SV [sexual violence] experience" (Sears-Greer et al 2022 p547).

The barriers impact men more than women. Allen et al (2015) found that the male survivors were "more susceptible to discouragement from disclosure due to fears of being perceived as gay, distrusting the police, lacking a belief in the helpfulness of campus and community resources, and a fear of not being believed" (Sears-Greer et al 2022 p547). Women were more hampered by fear of retaliation in this study.

Fleming et al (2021) investigated the reaction of the first disclosure to a friend. About 40% of survivors experienced a positive reaction, but one-quarter a negative one.

The research was slightly contradictory, but there is a positive association between disclosure and survivors' mental health. Sears-Greer et al (2022) noted that "directionality of this association, however, is still unclear and warrants further research" (p548).

Supportive, safe, and nurturing relationships (SSNRs) act as a protective buffer during disclosure (Sears-Greer et al 2022).

Sears-Greer et al's (2022) updated review also found new areas covered by research since 2015. "One such expansion of the literature has been the more intentional examination of disclosures rates across marginalized groups on college campuses. For instance, a recent study [Palmer et al 2022] examining disclosures among lesbian, gay, bisexual, and questioning (LGBQ+) college students found that while LGBQ+ students had higher rates of SV overall, informal reporting rates were at parity with heterosexual students" (Sears-Greer et al 2022 p548).

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2. VERY DIVERSE BEHAVIOURS

- 2.1. Zoophilia
- 2.2. Paraphilia generally
 - 2.2.1. Bartova et al (2021)
- 2.3. Paedophilia
 - 2.3.1. Minor-attracted persons
- 2.4. Adults with spina bifida
- 2.5. Female sexual problems
 - 2.5.1. Female sexual dysfunction
 - 2.5.2. Faking orgasm
- 2.6. Appendix 2A - Dawson et al (2016)
- 2.7. References

2.1. ZOOPHILIA

Writing under a pseudonym because of the perceived controversy, Bensto (2023) presented the case for zoophilia as morally permissible. Bolliger and Goetschel (2005) defined zoophilia as "a strong, erotic relationship with an animal, in such a manner that it leads to its inclusion in sexually motivated and targeted acts, with the direct intention of sexually arousing oneself, the animal or another party" (quoted in Bensto 2023), while Bensto (2023) used the more general, "human engagement in romantic and/or sexual relationships with (non-human) animals" (p2).

Then Bensto (2023) distinguished between sexual activities with the term "bestiality", and the attraction side as "zoosexuality" (comparable to social orientations like heterosexuality). The degree of exclusivity in attraction can vary, and so can the nature of the sexual activities.

Establishing the prevalence of zoophilia is not easy because of the social stigma and/or illegality of the behaviour. Alfred Kinsey in his work in the 1940s and 1950s in the USA produced the figures of 8% for men and 3.5% for women admitting to at least one sexual interaction with an animal in their lifetime (Bensto 2023). More recently, a general population survey (Dawson et al 2016) found that 2% of the respondents saw the idea of having sex with animals as sexually arousing (appendix 2A). Less rigorous surveys on the Internet put figures at around one in ten (Bensto 2023). "Many people who have sex with animals do not strictly speaking have a zoophilic orientation, but use animals as surrogates for human sex partners. In this case, sexual activities with animals often have an experimental dimension and might be

a passing phase during teenage years. In contrast, zoophilia does constitute a more full-fledged sexual orientation for other people" (Bensto 2023 p4).

In the ethical and moral discussion of zoophilia, Bensto (2023) highlighted two questions of contention - does it harm the animals, and can the animals meaningfully consent to sex with humans? Table 2.1 lists some of the main discussion points around these two questions.

HARM	CONSENT
* Physical harm of penetration, say.	* How to establish consent.
* Long-term consequences on animal's well-being.	* Animals can give consent in their own way.
* The risk of harm is enough to forbid zoophilia.	* Consent requires a certain capacity of understanding.
* It is exploitation.	* For consent to be "meaningful", there must be the ability to complain afterwards (Milligan 2011).
* It is the same as sex with a child.	* Anthropomorphism - ie: interpreting the animal's behaviour through a human lens.
	* Valid consent requires equal power.

Table 2.1 - Two moral issues and arguments related to zoophilia.

2.2. PARAPHILIA GENERALLY

Dawson et al (2016) explained the terminology: "A paraphilic interest is generally defined as a sexual interest in an atypical target (eg: articles of clothing, children) or activity (eg: hurting a partner, looking at an unsuspecting person); when this interest becomes long-standing, persistent, and necessary for sexual enjoyment, it is considered a paraphilia (eg: fetishism, paedophilia, sadism, voyeurism) (table 2.2). When the paraphilia results in significant distress or impairment of functioning, it is considered a paraphilic disorder" (p21).

The "American Psychiatric Association's" "DSM-5" categories sexual interest as normophilic (normal), defined as "interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners" (quoted in Joyal and Carpentier 2017), or paraphilic (anomalous/non-

normophilic) (Joyal and Carpentier 2017). There are eight types of paraphilia included.

"Experts in the field sometimes refer to paraphilia as a sexual drive 'outside the normal' that involves 'sexual behaviour that deviates significantly from the norm' (Bradford and Ahmed 2014...), but what these norms actually are is still unknown" (Joyal and Carpentier 2017 p161).

NAME	DESCRIPTION
Voyeurism *	Covert observation of individual naked, undressing, or involved in sexual activity
Exhibitionism *	Exposing of genitals to an unsuspecting person
Scatologia	Obscene telephone calls
Fetishism *	Sexual arousal from non-living objects (eg: shoes)
Transvestic fetishism *	Sexual arousal from wearing the clothes of the opposite sex
Frotteurism *	Touching or rubbing against an unsuspecting person
Sadism *	Sexual arousal related to harm and humiliation inflicted on another person
Masochism *	Sexual arousal from being beaten, bound, suffering, and humiliated
Blastophilia	Sex with a non-consenting person
Urophilia	Sexual arousal related to urination and urine
Scatophilia	Sexual arousal related to faeces
Hebephilia	Sexual interest in pubescent children
Paedophilia *	Sexual interest in pre-pubescent children
Zoophilia	Sexual interest related to animals

(* = included in DSM-5; Joyal and Carpentier 2017)

(Source: Dawson et al 2016)

Table 2.2 - Main paraphilias.

There are differences reported in research based on the specific paraphilia, and on the outcome term used (eg: aroused, fantasised, or actual behaviour). For example, over half of male college students reported fantasising about sadism and bondage (Williams et al 2009).

In terms of prevalence rates, table 2.3 outlines key methodological issues, and table 2.4 gives three examples

of studies with non-clinical populations.

- Clinical (ie: seeking help; sex offenders) or non-clinical/general population sample.
- Non-clinical sample - students or non-students.
- Mode of administration (eg: online survey; telephone interview).
- Questions asked as part of a general survey or specifically about sexual behaviour or paraphilic behaviour.
- The paraphilias included, and how defined.
- Volunteers (responding to advertisements) or opportunity sampling (eg: in the street).
- Changes - "Classic landline telephone surveys used to be considered a more valid approach than online administration because they allow probabilistic recruitment (and representative samples, which is not possible with the Internet). On the other hand, recent comparisons of these survey modes showed that Internet surveys generate better results because many young people are using smartphones rather than traditional landlines, making them more difficult to reach by telephone" (Joyal and Carpentier 2017 p163).

Table 2.3 - Key methodological issues in researching paraphilia prevalence rates.

STUDY	KEY FINDINGS	MODE OF ADMINISTRATION
Swedish National Survey of Sexuality and Health (Langstrom and Hanson 2006)	Male lifetime prevalence: sado-masochism (2.5%), voyeurism (11.5%), exhibitionism (4.1%), transvestism (2.8%)	In-person interviews
Australian Study of Health and Relationships (Richters et al 2008)	2.2% of sexually active men and 1.3% of women involved in BDSM in past year	Telephone interviews
Nigerian secondary school teachers (Makanjuola et al 2008)	22% any paraphilic behaviour	Mail survey

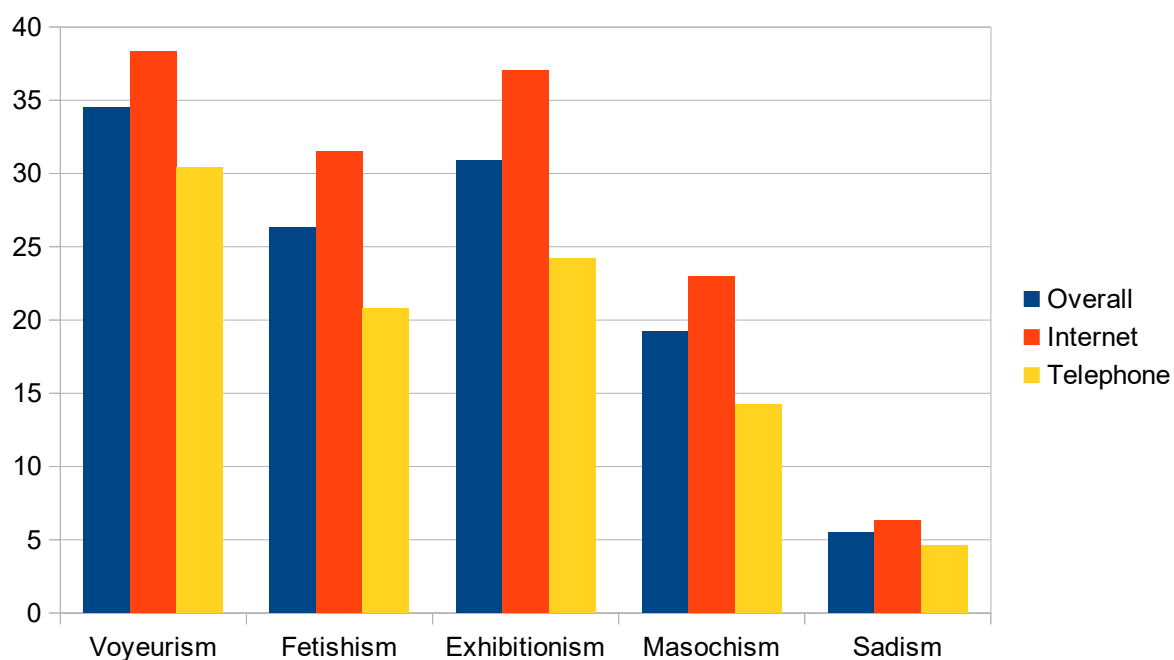
Table 2.4 - Three studies of actual behaviour with non-clinical samples.

Joyal and Carpentier (2017) used a hybrid approach (telephone and Internet) to data collect their survey in Quebec, Canada. Five hundred adults (18-64 years) were surveyed by telephone, and 543 volunteers on a panel completed the Internet version. "Both samples (telephone and Internet) were stratified by region (proportionally), and individuals were selected randomly within each stratum. The Internet sample is a probabilistic sample of the Internet panel. However, this sample cannot be considered representative of the Quebec population because it is not possible to reach a truly probabilistic sample through the Internet. Still, this approach makes it possible to approach representativeness" (Joyal and Carpentier 2017 p164). The response rate was 30%.

The eight types of paraphilia in "DSM-5" were covered, and an "other behaviour" question: "Have you ever been sexually aroused by an animal, faecal matter, enema, urine, cadavers, or other unusual things? If yes, please specify" (p165). Response options were: "I have never done it" (0), "I did it once" (1) to "I did it often, more than ten times lifetime" (3). This set of items measured actual behaviour, but a second set asked about the desire to experience ("not at all" (0), "I have thought about it" (1) to "absolutely" (3)).

Combining all the data, nearly half of the respondents had a desire to experience at least one paraphilic behaviour, and one-third overall had engaged in such behaviours. Voyeurism was the most common followed by fetishism. Men reported both desire and behaviour more often than women for most behaviours (many significantly more). Comparing the modes of administration, significantly higher prevalence rates were found in the online survey (figure 2.1).

The researchers made the distinction between paraphilic interest and paraphilia. The latter was measured by answering "absolutely" to the desire items (less than 10% of respondents), and choosing "I did it often, more than ten times lifetime" to the behaviour (less than 5%). Voyeurism was top in both cases.



(Data from table 2 p167 Joyal and Carpentier 2017)

Figure 2.1 - Prevalence rate for selected paraphilic behaviours (%) based on mode of administration of questions.

2.2.1. Bartova et al (2021)

Large non-clinical samples are rare for studies of paraphilic interests. One exception comes from the Czech Republic with over 10 000 adults recruited from a national survey panel (Bartova et al 2021). Thirteen paraphilic sexual interests were investigated, including two not covered in many other studies - autogynephilia (men)/autoandrophilia (women) (sexual arousal by imagining being the opposite sex), and immobilisation ("Non-consensual immobilisation of unknown men/women (with or without use of violence) to obtain sexual arousal"; p89). Each interest was scored for Preference, Arousal, Pornography Use, Fantasy, and Behaviour (table 2.5).

Overall, 31.3% of men and 13.6% of women reported a Preference for at least one paraphilia (ie: a score of 4 or 5 on the scale), while 40.2% and 18.7% respectively scored "highly arousing" for at least one paraphilia. In terms of Pornography Use with paraphilic interest, in the last six months, 21.1% of men and 5.1% of women admitted to at least seven times, and 20.4% of men and 6.5% of

- Preference: "Do you have such a preference?"; 1 ("not at all") to 5 ("definitely yes").
- Arousal: "How sexually arousing would you find it?"; 1 ("it is unpleasant to think about it") to 5 ("highly arousing").
- Pornography Use: "How often did you watch/read erotic materials with this kind of content in the past 6 months? (videos, stories etc)"; "not even one" (1) to "7-25 times" (4), "more frequently" (5).
- Fantasy: "How often did you have fantasies corresponding to this preference in the past 6 months?"; "never" (1) to "every day" (5).
- Behaviour: "How many times in your life did you engage in such activities?"; "never" (0), 1, 2, 3, 4, 5, 6 times, to "20 and more" (9).
- Also for biastophilia, immobilisation, hebephilia, and paedophilia: "Would you engage in such activity if it were legal in our society?"; 1 ("certainly not") to 5 ("definitely yes").

(Source: Bartova et al 2021 pp88-89)

Table 2.5 - Measurement of paraphilic sexual interests.

women had Fantasy about their paraphilic interest at least once a week. Finally, Behaviour, 23.3% of men and 10.1% of women had engaged in a paraphilic behaviour at least ten times in their lifetime.

The most common paraphilias were voyeurism, frotteurism, and fetishism for all measures. Immobilisation, and humiliation/submission were also popular for Pornography Use.

Bartova et al (2021) commented: "Results showed significant sex differences in the prevalence of paraphilias in almost all dimensions and paraphilic patterns. As expected, men, in general, reported higher prevalences. In beating/torture (dimension of Preference, Arousal, and Behaviour) and humiliation/submission (dimension of Behaviour), we found no differences between the sexes" (p91).

An evaluation of the methodology of this study includes these points:

a) Online mode of administration of survey - Bartova et al (2021) explained: "On the one hand, an online setting provides an increased feeling of anonymity, so that individuals may well be more willing to reveal their

preferences. Moreover, the online format enables access even to persons who live in remote areas or unique communities. On the other hand, this format also makes it more difficult to control the characteristics of people involved in a study. Generalisability of our results is furthermore limited by the fact that individuals without internet access are highly unlikely to get involved" (p94).

b) Sample - More representative than opportunity samples, and the national panel of 50 000 adults covered Czech society. Half of them were randomly emailed about this research (based on particular quotas), and the response rate was around 40%. Those who completed the survey were volunteers who wanted to answer the questions. Over 90% identified as heterosexual. No information was reported about ethnicity.

c) Measurement of paraphilias - A wider range of interests were included than many studies, and the distinction between Preference, Arousal, Pornography Use, Fantasy, and Behaviour was a real strength. Mostly five-point response scales were used, which were subsequently divided into three categories for analysis - never (scored 1), middle (2 and 3), and definite (4 and 5).

Comparison between studies is limited because of different measures of paraphilic interest, and different definitions of them. As Bartova et al (2021) pointed out: "Different authors use different questions (for instance, asking about 'experience with a behaviour is different from asking about 'desire for a behaviour', with the latter likely to yield higher prevalence), different scales, and different criteria, so that some authors, for example, report any arousal higher than zero (Dawson et al 2016), whereas others, such as ourselves and Joyal and Carpentier (2017), report only strong arousal" (p93).

The study showed that paraphilic interests were quite common in the sample in terms of Arousal, Fantasy, and Pornography Use, but few individuals regularly engaged in the behaviours (men less than 10% and women less than 5% "20 and more times" in life). It is possible that individuals in the former group do not engage in the behaviour because of lack of opportunity (eg: willing partner in BDSM), the social stigma, or the law (eg: paedophilia). On the other hand, there is a difference between reporting interest and actual performance in the same way as there is a discrepancy between expressed attitudes on questionnaires and actual behaviour in everyday life.

2.3. PAEDOPHILIA

The American Psychiatric Association in "DSM 5" used the following criteria for paedophilic disorder (PD): "recurrent sexual fantasies and impulses or intense behaviour involving sexual activity with a child or pre-pubescent children for at least 6 months, as well as acting upon sexual urges or suffering from the nature of this sexual interest. Additionally, the individual should be 16 years or older and at least 5 years older than the victim. It is important to note that having paedophilic sexual desires differs from the diagnosis of PD" (Glina et al 2022 p596).

Meanwhile, child sexual abuse (CSA) has been defined by Matthews and Collin-Vezina (2019) as "any (contact or non-contact) sexual acts performed on a child or a person under the legal age of adulthood, for physical or mental sexual gratification, in the absence of true consent, due to the child's inability to provide it and a context in which the child is in a position of inequality and has its vulnerabilities exploited" (Glina et al 2022 p596). The prevalence of PD is estimated at 5% (Glina et al 2022).

Glina et al (2022) were interested in the myths held by ordinary (lay) people about PD and CSA. Cromer and Goldsmith (2010) defined myths as "'incorrect beliefs and stereotyped assumptions about CSA, victims, and perpetrators'... One such example is the ever-present notion, that paedophilia is considered the same as CSA. Some believe that anyone who has a sexual interest in children will act on their desires when there is an opportunity to do so. Also, no individual would have sexual contact with a child without being sexually attracted to children. This assumption is not true, but it constitutes a disseminated myth across society. This also leads to the belief that individuals with paedophilia purposely seek opportunities to commit sexual abuse, which is not necessarily true. Accordingly, not all persons with CSA histories have paedophilic interests and not all individuals with paedophilia have a history of sexual contact with children. Studies indicate that 40-50% of people who have sexually abused children cannot be considered paedophiles, based on their sexual arousal and behaviour" (Glina et al 2022 p597).

Glina et al (2022) performed a systematic review in January 2022 to answer the question: "What are lay people's myths regarding paedophilia and CSA?" (p597). Four academic databases were searched for studies published between 1989 and 2022 in English and

Portuguese. The sixty-one relevant studies found were categorised in seven areas:

i) Blame diffusions - These "involve all beliefs relating to the idea that it is not the individual that committed the offence, but that other people are guilty or responsible for the abusive experience" (Glina et al 2022 p612) (eg: family members other than the perpetrator).

Teenage scenarios were perceived as less serious, while victims with a previous history of CSA were viewed as more responsible, for instance. "In general, contrary to females, male participants tended to minimise the seriousness of the abuse and viewed the victims and their families as also being responsible. Moreover, they also believed older victims could have prevented the abuse" (Glina et al 2022 p612).

ii) Denial of abusiveness - "Victims were considered more negatively and more culpable if they initiated the act or did not resist" (Glina et al 2022 p612).

iii) Restrictive stereotypes - These are beliefs related to the reality of CSA. For example, that CSA only includes rape and/or penetration. Perpetrators were believed to be male, and strangers to the victim.

iv) Victim age and consequences - An assumption that the consequences are more severe for younger victims.

v) Social stigma - The terms "paedophile" and "child sex offender" were viewed as interchangeable. Harsh sentences were recommended, more than sexual offences against adults.

vi) Punitive attitudes - Harsh sentences were recommended, more than sexual offences against adults. "Persons with child sexual offences histories were divided into 2 different categories: individuals who are aware of their actions, and individuals who have a treatable mental problem. This last group seemed to deserve more empathy" (Glina et al 2022 p613).

vii) Treatment - A scepticism about treatment among lay people.

The views of lay people were sometimes in tune with research evidence (eg: that perpetrators are predominately male), but often incorrect (eg: that the

perpetrator is a stranger to the victim). "Victims were generally believed to be females, which is supported by literature, but there was considerable confusion on whether boys could also be victimised. This relates to sexual violence literature, where there is the belief that men could not possibly be victims of sexual abuse. Younger children were also seen as more probable victims, as well as more credible when sharing experiences, contrary to teenage victims" (Glina et al 2022 p614). Other beliefs varied depending on the situation (eg: female perpetrators are less serious than males).

Glina et al (2022) commented on the methodology of the studies in their review: "The majority of studies included undergraduate psychology student samples and/or participants who could have had a prior interest in the topic. This means that results sometimes could not be generalised since samples do not reflect the general population. Several samples were biased in favour of women, young and well-educated participants; stigma research suggests that people with higher levels of school education tend to express less stigmatising attitudes" (pp615-616). Other issues included the mode of administration (eg: mostly online surveys), and the nature of the question wording (eg: risk of social desirability bias).

2.3.1. Minor-Attracted Persons

Vaerwaeter (2022) (writing under a pseudonym) used the auto-ethnographic method to present the "paedophile as a human being". One issue is whether paedophilia should be viewed as a paraphilia or as a sexual orientation. "Having paedophilic or hebephilic feelings is not a criminal offence, although it is widely regarded as outright reprehensible. Putting these sexual preferences into practice is punishable, in most circumstances and worldwide, and is considered by DSM 5 a symptom of paedophilic disorder" (Vaerwaeter 2022 p2).

Because of the negative associations with the different terms, "minor-attracted persons" (MAPs) was preferred by Vaerwaeter (2022).

Auto-ethnography is a method whereby an individual studies themselves as it were. Ellis and Bochner (2000) talked, more formally, of the "researcher as subject"; "an autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural" (p739). Vaerwaeter (2022)

described the situation of "around the age of seventeen I noticed that I, a male adolescent, was emotionally and sexually attracted to boys roughly aged thirteen to fourteen. While such feelings were not new to me at the time (I had been attracted to boys of about my own age since I was twelve), it was a shock to find myself getting older, while the kids I found cute and attractive remained in the same age bracket" (p3).

There is little research on non-offending individuals, primarily because of the problem of recruiting participants (Vaerwaeter 2022) (table 2.6).

Estimates suggest that about 1% of men have "true paedophilic preference" (eg: Tenbergen et al 2015), but if sexual fantasies are included, the figure is nearer 5% (compared to 0.0025% of the general population convicted of child sexual offences; Goode 2009) (Vaerwaeter 2022). "Although there is sufficient data available to indicate that most paedophiles never engage in sexual activity with minors, there is less clarity about the use of child pornography, as the threshold, both ethically and practically, for the use of such material is much lower than for hands on abuse" (Vaerwaeter 2022 p5).

STUDY	METHDOLOGY
Goode (2009)	Multi-method: analysis of paedophile online chat groups; online survey; interviews; focus groups
Freimond (2013) (unpublished thesis)	Semi-structured in-depth interviews with nine male MAP
Walker (2021)	41 semi-structured interviews with MAPs

Table 2.6 - Three studies of non-offending paedophiles (quoted in Vaerwaeter 2022).

2.4. ADULTS WITH SPINA BIFIDA

There is limited research on the sexual behaviour of adults born with spina bifida (SB) (Hensel et al 2022). Estimates vary about the prevalence of sexual activity (25-60% ever; half in the past year) (Hensel et al 2022).

"Specific SB-associated health factors (eg: mobility limitations, incontinence, decreased lower body/genital sensation, erectile dysfunction in males) and management of these issues (eg: need to catheterise, medications with or without side-effects, previous surgeries,

technical aids and/or adapted environment) could impact the extent to which people with SB are able to participate in sex, as well as their and/or a partner's desire for those behaviours" (Hensel et al 2022 p1767).

Hensel et al (2022) reported data from an online survey of 456 English-speaking adults with SB from countries (around half resident in the USA). General demographic information was collected, though the survey was anonymous, and specific information like ambulation (five categories - eg: wheelchair use only; walk without help), and genital sensation (four categories: "I do not feel it" to "I can feel it completely"). The following sexual behaviours were included: "cuddled with a partner, held hands with a partner, kissed a partner, touched a partner's genital, had genitals touched by a partner, gave a partner oral sex, received oral sex from a partner, vaginal sex, anal sex, solo masturbation and sex toy use" (p1768).

Overall, more 90% of the sample had experienced at least one of the sexual behaviours in their lifetime. Table 2.7 summarises the main findings.

SEXUAL BEHAVIOUR	LIFETIME (EVER)	LAST MONTH
Solo masturbation	79%	37%
Non-genital behaviours (eg: kissing)	around 90%	around 50-60%
Genital behaviours (eg: touching)	85% touched/been touched	around 45%
Penetration: vaginal/anal	75%/38%	35%/7%

Table 2.7 - Summary of findings about sexual behaviour of adults with SB from Hensel et al (2022).

Participation in sexual behaviour was more likely for males (than females), high ambulation (eg: walk independently vs not), in a relationship, living independently, and high genital sensation.

This study confirmed previous research that sexuality is important to adults with SB.

Compared to previous research, this study had a "much more comprehensive assessment of specific sexual behaviours, assessed multiple potential predictors simultaneously and relied on hybrid recruitment via social media through patient advocacy groups as well as SB clinics" (Hensel et al 2022 p1772). But the sample was older, more educated, and more independent than studies

that recruited only from SB clinics.

No information was collected about the experiences (eg: enjoyment; pleasurable), nor the age of first experience. For example, one-fifth reported unwanted sexual contact at some point in their lives.

Hensel et al (2022) noted another problem, that "it is impossible to verify if any participants provided answers with someone else's help, and/or to what extent such help may have influenced answers given. Questions about sexuality are deeply personal and can raise embarrassment in some individuals" (p1774).

2.5. FEMALE SEXUAL PROBLEMS

2.5.1. Female Sexual Dysfunction

"Female sexual dysfunction" (FSD) is a condition that causes "marked interpersonal distress or difficulty in at least one area - desire, interest, arousal, orgasm, or pain..." (Battle et al 2022 pp1824-1825). Estimates of prevalence of up to 40%, depending on the definition, have been reported (Battle et al 2022).

Self-report checklists and questionnaires have been developed to measure FSD (twenty-seven of them, according to the "Standard Committee of the International Society for Sexual Medicine" (ISSM) in 2011), and the ISSM questioned the validity of many of them (Battle et al 2022).

Battle et al (2022) reviewed the validation studies for the FSD questionnaires, published between 1976 and mid-2022 in English. Forty-eight relevant studies were found (of which 29 provided ethnicity data). Particular reference was made to the diversity of the samples used (in terms of ethnicity, culture, and socio-economic background. US census data for 2019 were used for comparisons, though not all studies were performed in the USA.

"Overall, ethnic under-representation has persisted throughout this timeframe that questionnaires to assess sexual dysfunction have been developed and validated. There appears to be some improvement in ethnic minority representation starting in 2000..." (Battle et al 2022 p1826) (table 2.8). Black women were better represented in the samples than other minority ethnic women in the USA.

ETHNICITY	SAMPLE	US GENERAL POPULATION
White	83.7	62.7
Black	7.8	13.3
Hispanic	3.6	16.0
Native American	0.1	0.8
Asian	0.6	6.4
Other	3.1	0.7

Table 2.8 - Overall ethnicity of samples in comparison to the US population in 2019 (%).

2.5.2. Faking Orgasm

Estimates of "ever" faked orgasm vary between one-third to three-quarters of women (Hevesi et al 2022). The variables involved include externally driven motives (eg: boredom; fatigue; want to end sex), internally driven motives (eg: avoiding embarrassment; maintaining partner's interest; avoiding conflict), and the type of relationship (Hevesi et al 2022).

"Orgasmic difficulty" (OD) cuts across these different factors in faked orgasm. "That is, difficulty reaching orgasm and the concomitant desire to disguise a perceived sexual deficiency may increase the likelihood of the woman's faking orgasm" (Hevesi et al 2022 pp2-3).

Hevesi et al (2022) surveyed 2200 heterosexual, cisgender women in Hungary on the topic of OD and faked orgasms, via an anonymous online questionnaire. Of these, 874 had a partner, and 41% of them had "ever" faked orgasm during this relationship. Analysis concentrated on these 360 women. Measures were completed on relationship satisfaction, OD, and faking orgasm. In terms of reaching orgasm, four aspects were measured - frequency ("never" (1) to "always" (10)), difficulty ("always reaching orgasm" (0) to "having difficulty reaching orgasm" (5)), latency (1-5 mins to reach orgasm (1) to "I do not reach orgasm" (7)), and orgasmic pleasure (very (1) to do not reach orgasm (6)).

Frequency of faking orgasm was measured by four items scored 0 (never) to 10 (always) - frequency during penetrative, and non-penetrative activities, and faked sexual arousal generally during penetrative and non-penetrative activities. The "Motives for Feigning Orgasms Scale" (MFOS) (Seguin et al 2015) was also completed. This has 25 items covering six motives - "desireless sex" (eg: wanted to sleep), insecurity (eg: wanted to avoid

appearing abnormal), intoxication (eg: had too much to drink), partner self-esteem (eg: wanted him to feel good about himself), poor sex (eg: felt uncomfortable with partner), and timing (eg: partner not ready to have an orgasm).

Overall, higher relationship satisfaction was associated with lower orgasmic problems, and frequency of faking orgasm. Orgasmic problems were associated with faking orgasm for insecurity, and partner self-esteem motives. Higher frequency of faking orgasm was due to insecurity motive.

2.6. APPENDIX 2A - DAWSON ET AL (2016)

Sample - 305 men and 710 women at a Canadian university.

Measure of paraphilia - 40 items rated as sexually arousing, from "very repulsive" (-3) to "indifferent" (0) to "very arousing" (+3). Thirty-two items related to paraphilic activities (eg: "you are touching a material like rubber, PVC, or leather"; "you are being spanked, whipped, or beaten by someone"; "you are treating someone as an animal"; "you are tying or handcuffing someone")¹⁰. A total paraphilia score was calculated based on the average responses.

Other measures - Stress, sex drive, "mating effort" (eg: number of different sexual partners in last year), sensation-seeking, masculinity/femininity, and social desirability.

Findings - The mean total paraphilia score was -1.52 for men and -1.79 for women (between "somewhat" and "mildly repulsive". The total score for arousal was 2% of men and 1% of women. Voyeurism was by far the most popular paraphilia reported as sexually arousing (by 52% of men and 26% of women).

High sex drive and mating effort were positively correlated with paraphilic interest, as was sensation-seeking, for both sexes, but high masculinity was significant for women only.

Key limitations - i) Though an anonymous online survey, "it is possible that participants did not report their sexual interests honestly or that their responses were subject to other biases" (Dawson et al 2016 p37).

¹⁰ The non-paraphilic items included "you are having sex with an adult woman".

ii) The sample was young (average age 22 years), students (around 80%; many psychology undergraduates), White (nearly 90%), and heterosexual (over 90%).

iii) "Younger individuals may be more prone to sexual experimentation..., affecting their endorsement of paraphilia-related items... Similarly, there is a self-selection bias in sexuality research, such that volunteers differ from non-volunteers in their degrees of sexual openness and sexual experience... Thus, the results of the current study may be specific only to persons who volunteer for sexuality studies" (Dawson et al 2016 p37).

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3. SEXUAL BEHAVIOUR IN A WORLD OF HIV AND AIDS

- 3.1. Men who have sex with men
- 3.2. Post-HIV diagnosis behaviour change
- 3.3. Role on online and social media
 - 3.3.1. Disclosing HIV status
- 3.4. Group sex
- 3.5. Heterosexual female anal sex
- 3.6. Appendix 3A - Pre-exposure prophylaxis
- 3.7. Appendix 3B - Condomless anal sex
 - 3.7.1. Chemsex
- 3.8. References

3.1. MEN WHO HAVE SEX WITH MEN

Behavioural and biomedical HIV prevention strategies have developed over years to become a normal part of sexual behaviour for many people, particularly for "men with have sex with men" (MSM). These strategies include "sero-sorting" (choosing partners based on perceived HIV status), anti-retroviral therapy (ART) use, anti-retroviral pre-exposure prophylaxis (PrEP) use (appendix 3A) ¹¹, and condom use (Khosropour et al 2021).

PrEP and ART use seen the incidence of HIV (ie: new cases) decline in the USA among MSM in the 21st century, for example, but rates of sexually transmitted infections (STIs) have increased at the same time among the same group (Khosropour et al 2021).

Understanding such patterns is aided by detailed data. Khosropour et al (2016 and 2021) reported analysis of data collected by the "Public Health - Seattle and King County Sexual Health Clinic" (PHSKC-SHC) in the USA since 2001 on MSM. Analysis of data for the period 2002 to 2013 (Khosropour et al 2016) showed a substantial decline in condomless anal sex (CAS) (appendix 3B) with partners of unknown HIV status and sero-discordant status (ie: different HIV status of partner to self).

Khosropour et al (2021) updated this analysis to cover the 1st January 2002 to the 31st December 2018, and MSM, defined as "cisgender men who reported a male sex partner in the previous twelve months" (p1033). The data on sexual behaviour were completed as part of treatment by the PHSKC-SHC (eg: HIV testing; STI treatment). Four categories of behaviour were distinguished - "no anal

¹¹ PrEP use is estimated at between one-third and two-thirds of MSM at risk of HIV infection (Malekinejad et al 2023).

sex", "consistent condom use" (irrelevant of partner's HIV sero-status), "sero-sorting" ("CAS exclusively with HIV-concordant partners and always used condoms with discordant/unknown-status partners"; p1033), and "sero-discordant CAS" ("men who reported usually, sometimes, or never using condoms for anal sex with HIV-discordant/unknown-status partners"; p1033). Allocation to a category was based on the individual's first visit to the clinic in a calendar year if more than one visit. The total sample was over 52 000 men.

Three main trends in sexual behaviour were noted:

i) Sero-discordant CAS declined between 2002 and 2013, but increased afterwards among both MSM living with and without HIV.

ii) Sero-sorting increased up to 2010 for all MSM, but then diverged based on HIV status. Among MSM without HIV the increase continued, but declined among MSM living with HIV.

iii) The groups "consistent condom use" and "no anal sex" declined after 2012, while the "never used condoms" MSM increased. The rates varied slightly between MSM with and without HIV.

The use of ART and PrEP had increased since 2013, as had the number of STI cases.

Khosropour et al (2021) explained that their findings "highlight the success of biomedical HIV prevention strategies [eg: PrEP] in preventing HIV despite population-level changes in sexual behaviour that would probably have increased HIV transmission in an earlier era. Our findings are also consistent with the view that changes in sexual behaviour that likely resulted from the availability of biomedical HIV prevention strategies have contributed to increases in STIs" (pp1035-1036). The increase in STIs was taken as an indicator of increased risky sexual behaviour by MSM in the sample.

The data collected by the PHSKC-SHC covered most of the 21st century, but were obtained only for individuals seeking help (table 3.1). The clinic collected data, Khosropour et al (2021) explained, about "ever PrEP use, not current PrEP use. PrEP use was also missing for approximately 25% of MSM. We categorised these men as non-PrEP users but it is possible that some of them had previously used PrEP" (p1038). The information was self-reported with no independent verification, and covered

one sexual health clinic in one city in the USA. Khosropour et al (2021) admitted: "Although our findings are in line with what has been observed in San Francisco, it is important to note that both San Francisco and Seattle/King County have relatively high rates of viral suppression and PrEP uptake. These findings may not be generalisable to populations where biomedical prevention uptake is low" (p1038).

Questions were not asked about partners' ART and PrEP use, for example.

- Around one-quarter of MSM at risk of HIV do not enter treatment immediately, so the transmission risk continues. ART "can lead to viral suppression that essentially eliminates transmission risk" (Malekinejad et al 2023 p257).
- In the USA, one study (Crepaz et al 2018) found that half of people living with HIV for more than one year had sustained viral suppression (Malekinejad et al 2023).

Table 3.1 - Help-seeking.

3.2 POST-HIV DIAGNOSIS BEHAVIOUR CHANGE

Newly diagnosed with HIV, MSM tend to show less risky sexual behaviour (including condom use, abstinence, and consideration of partner's HIV status). Also "'sero-positioning' (also called 'strategic positioning') – where HIV-infected MSM adopt the riskier, receptive role in anal sex with partners who are HIV-uninfected" (Malekinejad et al 2023 p258) (table 3.2).

Malekinejad et al (2023) undertook a review of post-HIV diagnosis sexual behaviour change in the USA. Twenty relevant studies published between 1996 and 2017 were found.

Overall, comparing HIV-infected aware and unaware of infection MSM, the former group had a lower risk of unprotected anal intercourse (UAI) (both insertive and receptive). "This suggests that knowledge of positive HIV status was an important factor in reducing UAI and, therefore, expanded HIV testing may result in lower risk behaviour among MSM who would otherwise be unaware of their infection. MSM aware of their HIV infection are also less likely to report sex with partners at risk, irrespective of condom use and fewer sexual partners" (Malekinejad et al 2023 p276).

Any review combines studies with different methods

Sexual behaviour generally	<ul style="list-style-type: none"> • Less sex partners • Less sex acts • Condom use • Sero-sorting (same HIV status partner) • Condom sero-sorting (protected sex with different HIV status partner)
Anal intercourse	<ul style="list-style-type: none"> • Condom use in insertive anal intercourse • Condom use in receptive anal intercourse • Withdrawal before ejaculation • "Sero-positioning"
Oral sex	<ul style="list-style-type: none"> • Oral sex instead of anal sex with at-risk partner
Other	<ul style="list-style-type: none"> • Use of PrEP by non-HIV partner • Abstinence generally • Abstinence when viral load high

Table 3.2 - Potential sexual behaviour changes by MSM post-HIV diagnosis.

and designs, and so there were a number of issues, including:

i) Definition and measurement of aware/unaware of HIV status - eg: HIV test; self-reported status.

ii) Date of the study - The starting date of 1996 was chosen by the researchers because that is when triple-ART became widely available in the USA.

iii) Outcome measure - eg: UAI, distinction between receptive and insertive.

iv) Time after diagnosis - 6-12 months was common, but overall follow-up varied from one to 96 months.

v) Definition and measurement of terms like sero-sorting, sero-discordant, and sero-positioning. "For example, 'sero-sorting' was defined in different studies as: any sex exclusively with sero-concordant partners; UAI only with sero-concordant partners; or not using condoms with a partner of concordant HIV status (with no discussion of sero-discordant sexual contact). Within these definitions, 'concordant' may refer either to actual HIV status at or before HIV diagnosis (ie: sex with an HIV-infected partner) or perceived HIV status (ie: sex with an HIV-uninfected partner)" (Malekinejad et

al 2023 p276).

vi) Design - Thirteen studies were cross-sectional (ie: a "one-shot" comparison between HIV aware and unaware), and seven studies were pre-post designs (comparing behaviour before and after HIV diagnosis).

vii) Sexual behaviours included - Not all studies included oral sex.

viii) Control of variables/confounders - eg: partner type; knowledge of partner's HIV status; ART uptake.

ix) Sexual risk behaviour measured as a continuous (eg: 0-5) or dichotomous (eg: yes/no) variable.

x) Measurement based on number of and behaviour related to partners, or sex acts.

xi) Sample - eg: self-selected volunteers; clinic referrals. Size (eg: 50; over 2500). Lower age limit (usually 18 years old). Inclusion of ethnic minorities and migrants. Nationwide recruitment or specific cities/areas.

xii) All data were self-reported.

3.3. ROLE OF ONLINE AND SOCIAL MEDIA

Online dating and the use of social media to meet people (also known as "geosocial networking"; GSN) has been found to increase UAI, and sero-discordant sexual partners among MSM (Lewnard and Berrang-Ford 2014), as well as more sexual partners generally compared to non-users (Choi and Bauermeister 2022).

But the data are mostly correlations/associations (from observational studies), and Grov et al (2013), for example, were not convinced about causality between GSN and increased HIV risk, particularly for young MSM (YMSM). One variable is the type of the relationship being sought online, varying from friends to hook-ups (sex only).

Choi and Bauermeister (2022) investigated this variable with data taken from the "myDEx Project" (Bauermeister et al 2017). The sample was 180 single, HIV-negative 18-24 year-old MSM recruited in the USA in late 2016 who used online and social media to find relationships. Questions were asked about online dating

behaviour, sexual behaviours, condom use, and relationship commitment. Condom use was measured by the "Decisional Balance Scale" (Bauermeister et al 2009), which includes the same seven statements with or without a condom (eg: "Sex... is very intimate to me"). A net score is calculated to show whether the individual is pro-condom (positive score) or anti-condom (negative score). Sexual behaviour was reported for the previous thirty days.

Using latent profile analysis, three categories of YMSM in relation to online dating were found in the sample:

i) "Discouraged users" (52% of the sample) - Did not find GSN apps that useful for finding a date or a hook-up. Most positive decisional balance scale for condom use, and least CAS of three groups. Lowest sexual sensation seeking, and highest committed to relationship scores.

ii) "Date seekers" (37%) - Use of GSN apps to find a date, but end up with hook-ups more often.

iii) "Instant lovers" (11%) - GSN apps used to find hook-ups only. Greatest risk of CAS, and lowest decisional balance scale for condom use (ie: anti-use). Lowest commitment to relationship score.

The three groups ultimately could be distinguished on two combined dimensions - frequency of online dating to find a hook-up, and the perceived usefulness of online dating to find a date and/or a hook-up.

3.3.1. Disclosing HIV Status

In dating profiles on GSN apps there is sometimes the option for MSM to describe their HIV status. "Studies have found that many MSM are more likely to disclose to online partners than partners they meet in person because the internet offers a sense of increased anonymity and thus, safety . Yet, HIV positive status disclosure often presents the risk of discrimination, rejection, and even violence..." (Chadwick et al 2023 p3993).

Chadwick et al (2023) investigated HIV disclosure, and condom use with interviews of sixty MSM in the New York City area who used GSN apps in 2013. A number of strategies used by the men emerged:

i) Usually disclose HIV status and discuss condom use - One HIV-negative interviewee said: "Most guys I talk to [on apps and websites] are okay with using a condom. I'll ask them before we meet. I'll ask them what is your HIV status? I feel that it's something that every gay man should know before engaging in any kind of sex. You should know your sexual partner's HIV status. It's taking responsibility for yourself and for the other person" (p3996).

"Always or usually disclosing HIV status via active communication was often connected to condom use decisions and preferences. However, decisions to always disclose did not necessarily lead to increased condom use. Rather, many men reported that consistent disclosure allowed them and their partners to make risk-informed decisions about condomless anal sex. For example, some participants reported that they always disclosed their HIV status to inform sero-sorting decisions with partners" (Chadwick et al 2023 pp3996-3997).

ii) Disclosure based on level of commitment of relationship - Two groups of men were distinguished here - those who did not disclose unless the relationship was "serious", and those who usually disclosed their HIV status except for anonymous sex and one-night stands. The latter was exemplified as "none of their business" with strangers by a HIV-positive interviewee. The connection to condom use by both groups varied - from random ("You make a judgment call"; p3998) to often, to not at all. A HIV-negative interviewee described the last situation - "Because I wasn't talking to him. I just wanted to get fucked and jerk-off and cum as I was getting fucked. I didn't want know nothing from you. I don't want to really see you, get to know you, nothing" (p3998).

iii) Only disclosing when asked by a partner - eg: "If you don't ask me [about my HIV status] then I won't talk about it" (HIV-positive interviewee; p3998).

Some men were leaving the decision about condom use to the partner, while others always used them, and that explained their lack of spontaneous disclosure about HIV status.

iv) Disclosing HIV status in online/app profile - "Men who used this strategy fell into two categories: men who reported that they usually posted their status and men who only posted it occasionally or in selective ways" (Chadwick et al 2023 p3999).

This did not automatically lead to condom use.

"Rather, it often facilitated sero-sorting" (Chadwick et al 2023 p4000). For example, one HIV-positive interviewee said: "I've had guys who have on their profile that they're negative and my profile says that I'm positive. Then they end up sending me in a message saying, 'Oh yeah, I'm positive, too'. Or when I meet you, you're like, 'Oh yeah, we don't have to use a condom'" (p4000).

v) Leaving profile blank to hint at HIV status - A number of reasons were given for this behaviour, including not wanting to signal direct interest in sex, preference to discuss HIV status face-to-face, or not disclose. "But notably, some men specifically chose to leave their HIV status blank as a hint towards their HIV status; that is, they saw a blank status as an indirect form of disclosure. For example, some HIV positive men did not want to post their HIV status because they wanted to protect their privacy or avoid stigma. They assumed that this was the case for most HIV positive men and thus, that blank statuses implied an HIV positive status" (Chadwick et al 2023 p4002).

Leaving the HIV status blank on the profile, however, was interpreted differently by viewers, and had a potential risk for increased CAS, as a HIV-positive interviewee described: "My profile is blank where it says 'Your HIV status'. To anyone with a brain, that should say, 'I need to find out what I'm dealing with'... In my opinion, they made a decision to enter me without a condom, without talking to me, without asking me... I feel that they made a decision that they are okay with not knowing. Every now and then that would be the situation. Afterwards, they'll ask me and they'll freak out" (p4003).

vi) Always using condoms, so no disclosure needed - eg: "If a condom is being used for anal I don't even see why ask [about HIV status]. It's so awkward to ask. Even if it's 'No I don't have HIV' it just makes the room so uncomfortable" (HIV-negative interviewee).

The findings showed the variety of behaviours in disclosing HIV status, discussing condom use, and using them among the interviewees. The shadow of stigma and rejection about HIV-positive status was evident for some men. Chadwick et al (2023) concluded that "a one-size-fits-all approach may not work for all MSM, and that different interventions and public health messaging for disclosure and HIV prevention are needed" (p4006).

The researchers reflected on their research: "we

focused on how approaches to HIV status disclosure shaped MSM's condom use decisions with partners. But other factors related to HIV risk assessment were also important to participants, though they offered fewer details on these topics. For example, some men made decisions about HIV risk based on sexual positioning (eg: being the insertive or receptive partner in anal sex) and/or sexual acts (eg: oral versus anal sex). Others mentioned not using condoms when they or their partner had an undetectable viral load because of the low transmission risk. While none of our participants mentioned PrEP directly (the study took place in 2013 before PrEP use was common), some of our participants may have known about or used PrEP in ways that affected their decisions about disclosure and/or condom use" (Chadwick et al 2023 p4007).

3.4. GROUP SEX

Group sex by MSM increases the risk of acquiring HIV (and other STIs) through more sexual partners and CAS, and the association with drug use (Knox et al 2020).

Studies tend to compare group sex to dyadic sex, but not all of them find the former more risky. For example, the "Amsterdam MSM Cohort Study" (ACS) (van den Boom et al 2016) found greater condom use during group sex. This led Knox et al (2020) to identify the role of different types of group sex settings.

Condom use in group sex can be influenced by individual versus collective norms. The former refers to the individual's "standards of behaviour", while the latter are perceived standards of the situation. "Research suggests that in the context of certain places where group sex occurs, such as circuit parties or sex clubs, men are more willing to engage in behaviour they perceive to be normative in that context, and at least temporarily, deprioritise their other individual norms" (Knox et al 2020 p1996).

There are several variables involved in group sex, including the number of people involved, the relationship between participants (eg: strangers), the situation, planned or spontaneous behaviour, and whether substance use involved (Knox et al 2020).

Analysing ACS data for 2015 to 2018, Knox et al (2020) investigated the variables in group sex by MSM, and risky sexual behaviours. The ACS began in 1984, and data were collected every six months by the "Public Health Service of Amsterdam". Knox et al (2020)

concentrated on 392 HIV-negative MSM who engaged in group sex in the study period.

Three risky sexual behaviours were the outcome variables - CAS, risky fingering/fisting (ie: without a glove or using the same glove with multiple partners in group sex), and sex toys (ie: used with many men during group sex). Five variables of the group sex were scored - the number of men involved, known/unknown to each other, venue (outdoors, inside public, or inside private), planned or spontaneous, and drug/alcohol use before and/or during.

Overall, risky fingering was reported in 40% of cases, risky fisting/sex toy use in 10%, and CAS 26%.

Latent class analysis was used to find the correlations and patterns between the variables in the data on 1033 group sex acts. Four types of group sex were revealed:

i) "Familiar" (29% of cases) - Participants known to each other mostly, in a private setting, and involving drug use. Statistically significantly greater risky behaviour (but not significant for CAS).

ii) "Intimate" (27%) - Mainly threesomes, in private settings, and no drug use. Less risky sexual behaviour overall.

iii) "Impromptu" (36%) - Spontaneous, strangers, in public places. Least risky sexual behaviours of four types.

iv) "Party" (8%) - Planned, large groups of mostly strangers. Oldest participants, and least "exclusively homosexual". Significantly most risk of CAS, and other risky behaviours (but not statistically significant).

The researchers showed the differences in risky behaviours between the four types of group sex with "party" and "familiar" creating the higher risk of HIV (and STI) transmission. The "party" situation and higher CAS would fit with the theory that collective norms can trump individual ones.

3.5. HETEROSEXUAL FEMALE ANAL SEX

Heterosexual women who engage in anal intercourse have a 3-20 times higher risk of HIV acquisition (depending on the study) compared to vaginal intercourse

(Silhol et al 2023). Methodological differences between the studies include the length of the recall period, the use of confidential or non-confidential interview methods, and adjustment for confounders like condom use (Silhol et al 2023).

Longitudinal data are the best kind, and Silhol et al (2023) performed a secondary analysis on data from three cohorts:

i) "The MTN-003 Vaginal and Oral Interventions to Control the Epidemic" (VOICE) - 5029 sexually active women, 18-40 years old, in South Africa, Uganda, and Zimbabwe (eg: Marazzo et al 2015).

ii) "RV 217" - 1545 18-47 year-old women with high HIV risk profile in Uganda and Kenya (eg: Robb et al 2016).

iii) "HVTN 907" - 1019 female sex workers (18-45 years old) in Haiti, Dominican Republic, and Puerto Rico (eg: Deschamps et al 2016).

Data were collected by audio computer-assisted self-interview (ACASI) or face-to-face interview every three or six months. The key questions related to anal intercourse, and condom use generally. HIV testing of blood samples occurred regularly.

The prevalence of anal sex at baseline was between 16-27% in the past 3-6 months. These women were up to three times more likely to subsequently acquire HIV than women reporting no anal intercourse. The figures varied because of the differences between the studies (table 3.3).

- Sample - eg: sex workers; sexually active at least once in last three months.
- Type of interview - eg: ACASI produces less social desirability bias, but has no interviewer to check understanding of the questions.
- Recall period - three or six months.
- HIV testing type, and regularity - twice a week, monthly, or every six months.
- Control of confounders - eg: number of sexual partners; injecting drug use; no information on HIV status of sex partner; ejaculation or not during intercourse.

- Definition, and meaning of anal sex ("particularly ambiguous in several Southern African local languages"; Silhol et al 2023 p4018).
- Condom use questions (eg: last sex; last anal sex).
- Women reported less anal intercourse at follow-ups: "Since the cohorts recruited women at high risk of infection, this may be partly explained by regression to the mean, HIV/STI risk-reduction counselling of study participants which took place at every study visit in all studies, or increased desirability bias (which may have been influenced by regular counselling and may result in misclassification bias)" (Silhol et al 2023 p4017).

Table 3.3 - Main methodological issues and differences between the three cohorts.

3.6. APPENDIX 3A - PRE-EXPOSURE PROPHYLAXIS

PrEP have been shown to be effective in preventing HIV acquisition, but their use by MSM is limited (eg: one-fifth of Black/African American and Hispanic/Latino gay and bisexual US men) (Bhatta et al 2022).

"Several individual and demographic factors that may pose barriers to PrEP uptake include fear of side effects, self-perceived low efficacy for adherence, lack of knowledge or awareness of PrEP, perception of low HIV risk, unaffordability or high costs of PrEP, and concern about having to take medication frequently. Similarly, social barriers include stigma from healthcare providers, distrust of healthcare providers or systems, lack of access to PrEP, and anticipated stigma from partners, peers and family members related to sexual orientation" (Bhatta et al 2022 p592).

Bhatta et al (2022) focused on stigma about the use of PrEP in data from San Francisco in 2018-20 of 4084 MSM receiving PrEP. Overall, 9% reported an experience of PrEP-related stigma. These individuals were statistically significantly more likely to be Black/African American, Hispanic/Latino, transgender/gender non-conforming, injecting drug users, homeless or unstably housed, and/or to have concerns about their mental health (yes to "having often felt down or depressed or helpless, or having often felt little interest or pleasure in doing things"; p593).

PrEP-related stigma was measured by a self-reported single yes/no item for the past twelve months. The study, as Bhatta et al (2022) explained, "did not capture the duration of PrEP use. PrEP-related stigma was measured

among individuals who had used PrEP at any point of time during the period of study; length and patterns of PrEP use could affect people's experiences with PrEP-related stigma. A future longitudinal study is required to determine changes in PrEP-related stigma over time and explore reasons for these changes" (p594).

Black MSM (BMSM) are at disproportionate risk of HIV infection in the USA (Hutchins and Drey 2023). PrEP are therefore an important option for this group, but "use of PrEP requires substantive engagement with healthcare services – both to access treatment and continue use thereafter. Inequalities exist, however, in populations' engagement with such services. Meta-analysis of patterns of HIV testing among BMSM in the USA [Liu et al 2019] found inadequate or obstructed access to healthcare as a result of geographical location, low annual income, history of homelessness and lack of health insurance to be the primary reasons for non-engagement with HIV services" (Hutchins and Drey 2023 p1).

Hutchins and Drey (2023) found sixteen relevant studies (published between 2015 and 2021) on this subject in their review, which could be categorised into five themes around BMSM and PrEP use:

i) Stigma - This was the strongest deterrent to PrEP use, whether related to the family, peers, or the "Black community".

ii) Discrimination - From medical institutions, or other social institutions (eg: schools).

iii) Mistrust of healthcare professionals, and medical institutions.

iv) PrEP positivity - eg: self-empowerment was associated with PrEP use.

v) PrEP negativity - eg: belief that not appropriate or worthwhile for self to use; practical problems with access to PrEP; disapproval of pharmaceutical companies generally.

The studies in the review varied on three key dimensions in establishing ethnicity/race (eg: self-identify; racial selection criteria), gender (eg: assigned at birth; self-identify as man), and sexual orientation (eg: "out as gay"; reporting sex with men).

3.7. APPENDIX 3B - CONDOMLESS ANAL SEX

Two key risk factors for CAS among MSM are alcohol and/or other substance use, and compulsive sexual behaviour (CSB) (Gleason et al 2023).

Firstly, alcohol use, which is positively associated with CAS in MSM in most studies, though there are moderators (eg: age; sensation-seeking). Among other substances, methamphetamine use has the most consistent relationship with CAS (Gleason et al 2023).

CSB is "a clinical syndrome characterised by intense, distressing, and recurrent sexual urges and behaviours that significantly interfere with a person's daily functioning" (Gleason et al 2023 p2318). There is consistent evidence of a positive association between it and CAS among MSM (as measured by eg: CAS frequency; number of sexual partners; failure to disclose HIV status to CAS partners) (Gleason et al 2023).

The interaction between these two sets of risk factors has rarely been examined. Gleason et al (2023) analysed data collected from 200 MSM in the USA in 2012-2014, who reported their sexual behaviour in the previous ninety days. Based on a diagnostic interview, 86 participants were assigned to the CSB group, and the remainder to the non-CSB group. Frequency and amount of alcohol and drug use were self-reported along with type of sexual behaviour, and condom use.

In total, there were 9477 sexual encounters reported, of which 4681 were with a non-steady partner, and 586 of these were CAS (compared to 300 with a steady partner).

Heavy episodic alcohol use (ie: "binge drinking") predicted greater likelihood of anal sex, but not CAS, while concurrent drug use predicted both outcomes. But CSB was a moderator, "such that concurrent drug use was positively associated with CAS for those who screened positive for CSB, while the association was non-significant for those who screened negative" (Gleason et al 2023 p2317).

This study used self-reported recall of behaviours. "Participants may have forgotten about some sexual encounters, may have recalled their substance use incorrectly, or may have intentionally misrepresented their experiences. However, to mitigate these risks, participants were assisted by researchers in identifying significant dates on a calendar and to label each of their sexual partners to aid in remembering their sexual encounters" (Gleason et al 2023 p2324).

For analysis purposes the data were presented as

days on which substances were consumed, and sexual behaviour performed, and "it is possible that some participants engaged in their reported sexual behaviour before they consumed alcohol or drugs rather than while they were intoxicated. For instance, a participant may have engaged in CAS in the morning or afternoon, consumed alcohol in the evening, and had oral sex late at night. While this scenario would have been recorded in the final dataset as engaging in CAS on a heavy drinking day, the participant did not engage in CAS while under the influence of alcohol" (Gleason et al 2023 p2324).

Gleason et al (2023) admitted further methodological problems: "Even if participants did engage in unprotected sexual behaviour under the influence of a substance, there was no clear way to estimate participants' level of intoxication (such as blood alcohol content [BAC]) at the time of sexual intercourse. For instance, participants may have consumed 5 drinks steadily throughout the day before engaging in CAS resulting in a low BAC at the time of their sexual behaviour. Additionally, interviewers did not provide participants guidelines on what constitutes a standardised drink for different types of alcohol. Participants may therefore have underestimated the number of standardised drinks they consumed, reporting a strong drink as only one unit of alcohol. Thus, this study may not have adequately measured alcohol intoxication, masking any potential effects of alcohol use on sexual risk behaviour" (p2324).

Similarly, with the measurement of other substances, there were problems: "no assessment of participants' levels of intoxication with other drugs, limited assessment of which drugs were used, and no assessment of the modes of administration for these drugs (ie: smoked, snorted, injected etc). Several substances, such as cannabis, hallucinogens, MDMA, and opioids were not assessed, and no data were collected on the amount of each substance used" (Gleason et al 2023 p2324). The reason for these limitations was that the data analysed by Gleason et al (2023) were taken from a larger study focusing on CSB among MSM (Miner et al 2016). "Recruitment strategies were designed to over-sample individuals who would endorse clinically significant CSB in order to ensure that the sample size was adequate for comparisons between those with and those without CSB" (Gleason et al 2023 p2320).

This limited the generalisability of the sample. Also the sample was predominately White (over three-quarters). The CSB group was slightly more likely to be non-White.

Note that the data were collected before PrEP use became widespread (Gleason et al 2023).

3.7.1. Chemsex

"Chemsex" is part of risky behaviours. It is defined as "using crystal methamphetamine, mephedrone and/or gamma-hydroxybutyrate/gamma-butyrolactone (GHB/GBL) immediately before or during sexual contact to enable, enhance and/or prolong sexual experience" (Biala and Inglot 2022 p164).

In a study in Dublin, Ireland, for example, Glynn et al (2018) found that just over one-quarter of MSM sampled had engaged in chemsex in the past year, and half of these had used two or more drugs, while loss of consciousness of self and/or partner due to chemsex occurred in one in four cases. Also those engaged in chemsex had more sexual partners, more anal sex, and more UAI than non-chemsex MSM (Biala and Inglot 2022).

Chemsex was associated with negative impacts on work, friends/family, and relationships in one study of HIV service-users in the UK, Germany, Spain, and Italy (Whitlock et al 2021), and higher depression and anxiety scores in a German study (Bohn et al 2020). Overall, "MSM who engaged in chemsex reported significantly more incidents of violation of their sexual boundaries as well as a higher rate of HIV diagnoses, compared to those who did not use drugs before or during sexual contact" (Biala and Inglot 2022 p164).

HIV-infected MSM are more likely to use substances than HIV-negative individuals (eg: 80% vs 50% "ever" used illegal drugs; Shiao et al 2017). Such men are "younger, reported earlier sexual debut, were more likely to perform condomless anal sex with casual partners, had multiple sexual partners, were more commonly involved in paid sex, used psychiatric medications and were more likely to be unsatisfied with their health status compared to those who did not use recreational drugs or consume alcohol excessively" (Biala and Inglot 2022 pp164-165).

Substance-using HIV-infected MSM have a higher risk of acquiring and spreading STIs (Biala and Inglot 2022).

Viral suppression by ART is impacted by chemsex, recreational drug use, and heavy alcohol consumption (eg: through greater treatment non-adherence, as well as physiological effects) (Biala and Inglot 2022).

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4. SEXUALITY IN LATER LIFE

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4.1. INTRODUCTION

"Sexual intimacy, experiences, identity, and behaviour are important for well-being and health across the life span", stated Meeks (2023 p205). But she noted the limited interest in researching this subject in older adults. For example, the first mention of sexuality in the journal "The Gerontologist" (the official journal of "The Gerontological Society of America") was 1967, with "now cringeworthy comments" (p205) on loss of sexual identity with ageing (Meeks 2023).

But in the 21st century scholars are addressing "the complex intersections of sexual behaviour with other aspects of identity... and recognise older adults, including those with cognitive impairment, as active agents in control of their sexuality" (Meeks 2023 p205). A 2023 special issue of "The Gerontologist" (volume 63 number 2) (edited by Suzanne Meeks) is an example.

Meeks (2023) summed up that the articles in the special issue as giving "insight into the ways that older people negotiate sexual intimacy and expression across the second half of life, and how societal stereotypes about older sexuality continue to influence satisfaction with our intimate lives. They suggest the promise of

expanding access to information, in libraries, in the digital world and media, and within health care settings. They also demonstrate that much more work is needed" (p207). In the later case, Meeks (2023) explained that the perspective presented was "almost exclusively White and European in origin (although the authors and samples stretch across the globe). We can learn nothing from this collection about the sexual experiences of older people of colour, or those from developing countries, or those from cultures that are not Westernised" (p208).

What about older adults' participation in sexual behaviour? The "US National Social Life, Health, and Ageing Project" (NSHAP) (Waite et al 2009), for example, found that 62% of women and 84% of men aged 57-64 years had had sex in the previous year. The figures were 40% and 67% for 65-74 year-olds, and 17% and 38% for 75-85 year-olds respectively (Dalmer and Marshall 2023).

4.2. INFORMATION

Dalmer and Marshall (2023) observed: "An individual's ability to obtain information and education is vital to respecting and protecting their sexual health and sexual rights, whatever their age" (p210). There is limited information available for older adults.

Specifically in public libraries. For example, the "American Library Association's" guide for librarians in 2008 had a brief mention of older adults' sexuality. "While this document goes on to describe how these data should be used to provide information to older adults on subjects such as law, care-giving, volunteering, computer skills, civic engagement, and financial planning, there is a notable absence of any further conversation about the need to provide accurate and useful information regarding older adults' sexual health" (Dalmer and Marshall 2023 p211).

One upshot of the information gap is lack of knowledge about safe sex, sexual health, and sexual risk (eg: recent rapid increase in sexually transmitted infections among older adults in certain countries) (Dalmer and Marshall 2023).

Fileborn et al (2015) surveyed female over 60s in Australia about their preferred source of educational information about sexuality. The Internet was most popular, including online support groups, "as participants appreciated the privacy it offered and the breadth of available material on any number of topics"

(Dalmer and Marshall 2023 p213). Other studies show the importance of "passive sources of information" (eg: books, pamphlets), and of health care professionals.

Graf and Patrick (2015) asserted: "Those who are now in late middle-age and early older adulthood may have received limited or even no formal sexual education. Thus, generational cohort may be an especially important correlate of sexual health literacy" (quoted in Dalmer and Marshall 2023). This may be even more so for non-heterosexual older adults as "much of the existing information focuses on penile-vaginal intercourse as the normative form of sexual expression" (Dalmer and Marshall 2023 p213). LGBTQ older adults also may have historically faced discrimination.

Ezhova et al's (2020) review of the literature on barriers to older adults seeking sexual health advice and treatment was the first to include both heterosexual and queer older people ¹², according to them. Twelve relevant studies published up to late 2018 were found.

Four barriers emerged:

i) Cultural and societal views - eg: negative views about older people having sex, even more so in residential care facilities.

ii) Stigma, embarrassment, and discrimination -eg: stigma especially for queer older people.

iii) Lacking of training and knowledge among healthcare professionals.

iv) Quality of relationship between patient and health professional - eg: age gap.

The studies in the review had a number of methodological issues including:

a) The use of convenience and volunteer samples. "This means that participants who were very uncomfortable discussing sexual health might not have volunteered to participate in these types of studies" (Ezhova et al 2020 p14).

b) The studies took place in four developed

¹² Ezhova et al (2020) noted: "The initialism lesbian, gay, bisexual and trans (LGBT) is not necessarily synonymous, with each term representing a different understanding of identity and desire. Therefore, we have... used the term 'queer'... to reflect queer in its broadest sense –not to collapse people together but to mean those considered queer in whatever (gendered or sexualised) ways" (p3).

countries - USA, UK, Australia, and New Zealand.

c) Mostly White participants.

d) Health professionals studied - mostly general practitioners.

e) Methodology - eg: 5 studies used semi-structured interviewing.

f) Setting - eg: participant's home; residential care facility; HIV clinic.

4.3. DIGITAL WORLD

Gewirtz-Meydan et al (2023) considered two issues in their scoping review - (i) how older adults use digital media in relation to sex and love, and (ii) how digital media presents sex and love among older adults.

Older adults were defined as 55 years and above in this research, and fifteen relevant articles were found published in English (up to late 2021).

i) Use of digital media - Thirteen studies here, of eleven of them covered online dating in later life. "Overall, the studies indicated that older men and women were interested in a companion and in someone fun-loving and kind/compassionate... Additionally, women sought a partner who was honest and would engage in leisure activities with them, whereas men sought women who were physically attractive and would provide emotional support" (Gewirtz-Meydan et al 2023 p222). There were similarities with other age groups (eg: men's interest in female physical attractiveness), and differences (eg: older adults more selective about age, religion, ethnicity, and income of potential partner).

One study investigated same-sex relationship-online dating (Griffin and Fingerman 2018). This study found that "adults seeking same-sex relationships emphasised romance more than did older adults seeking heterosexual relationships. Furthermore, adults seeking same-sex relationships who lived in environments with low structural support for LGBTQ people were most likely to emphasise a desire for shared experiences" (Gewirtz-Meydan et al 2023 p222).

There was evidence of sexual activity among participants in the studies, and, for some, cybersex. "Additionally, a portion of participants enjoyed flirting

online with others, and some were also involved in extra-dyadic relationships, indicating that sex and intimacy outside of primary, committed relationships was just as compelling activity for these older adults as for younger internet users" (Gewirtz-Meydan et al 2023 p226). Users of online dating sites reported positive emotions, which Gewirtz-Meydan et al (2023) quoted as "We are alive again because we are back in the relationship market" (p226).

Two studies covered the Internet as a source of information on sexuality. One set of researchers (Araujo et al 2017) "recommended not to use explicit images of sexual acts, which could generate rejection of the technology" (Gewirtz-Meydan et al 2023 p226).

Gewirtz-Meydan et al (2023) commented that the focus of the studies overall was "on non-arousal activities..., such as seeking a romantic partner on online dating websites and seeking information about sex online. Solitary arousal activities (eg: watching pornography) and partnered arousal activities (eg: engaging in webcam sex or sexual chat, activities which require the virtual interactive participation of at least two people) are significantly under-studied" (p227). No studies were found on the use of the Internet to buy sex products.

ii) Representations - Two studies were found that specifically explored the representations of sex and love among older adults in the digital media - ie: via content analysis of websites. More negative than positive representations, including promoting long-term relationships and marriage rather than companionship or flirting, and reinforcing negative stereotypes of ageing. In the latter case, Calasanti and King (2007) analysed ninety-six anti-ageing websites. Gewirtz-Meydan et al (2023) described the findings thus: "manhood was described on the basis of hormones, opposing womanhood, forestalling ageing, and competing and performing in sexual and employment realms. Rather than challenging ageism, this construction reinforces both age and gender inequalities. It defines men as dominant and defines women in terms of men's desires. It defines prosperity in old age in terms of youthful experiences and defines ageing itself as a sickness that results from a loss of masculinity (testosterone), the cure for which can only be achieved by the aggressive consumption of anti-ageing products" (p226).

The researchers summed up the lack of (positive) research here: "Diverse and inclusive representations of older people in social media are essential to break the stigma and the taboos associated with the love and

sexuality of older people... While changes in the representations of older people have been taking place..., in the areas of sex and love, social media is lagging behind" (Gewirtz-Meydan et al 2023 p228).

4.4. MEDIA REPRESENTATIONS

Joan Price (2011) wrote a book entitled, "Naked at our Age: Talking Out Loud About Senior Sex", and subsequently was interviewed as part of its publicity. Rober (2023) repeated the anecdote that "while they [interviewers] generally understood the significance of sexuality for the well-being of older adults, they shied away from wanting to talk about, or even imagining, their parents, grandparents or – in general – senior citizens engaging in sexual activities" (p232).

Rober (2023) used this anecdote to show the conflicting attitudes about later life sexuality – it is becoming more visible as a general topic, but an "embarrassment" about what actually happens. The naked older body is "a 'blind spot' of representation – that horizon which is implied, but it is not seen" (Goltz 2015 quoted in Rober 2023).

Rober (2023) provided evidence from two British "sitcoms" – "Waiting for God" (WTG) (1990-1994) and "Vicious" (Vc) (2013-2011). She referred to "practices and mechanisms" employed to "enable or contain" (p231) representations of sexuality in old age, like the use of comedy. WFG takes place in a retirement home and the focus is a heterosexual couple, while Vc involves a gay couple.

Though both series have positive representations of sexuality, comedy is used to deal with "difficult" aspects. "While humour, laughter, and episodic repetition enable the series and by extent the characters to discuss (sexual) taboos openly, it also renders these "'discussions furtive, titular, and self-conscious' (Stott 2014...) and complicates this liberal treatment of later life sexuality. Though the sexual innuendos and intimate acts 'offer the furtive joy of ignoring taboos' (Wilson 1979...), it is necessary to highlight that the laughter caused by them simultaneously helps to establish and reaffirm norms of sexual behaviour" (Rober 2023 pp237-238).

Commenting of each programme: "Despite this framing of sexuality as a necessary component of later life, WFG, rather conventionally, renders the naked older body and intimate practices largely invisible" (Rober 2023 p233).

The use of sporting analogues, for example (eg: "Been on my trapeze"; p234), and a running joke about the number of sugars in the tea as an indicator of how strenuous the sexual activity had been (eg: "8 sugars please"; p234).

Vc also had positive aspects (eg: "foregrounding a queer relationship"; p234), but the sex behaviour was hidden: "Vicious does not display the naked older male body, rather hiding older bodies generally from view" (Rober 2023 p236).

One issue for Fredriksen-Goldsen (2023) is the assumption that older adults are a "monolithic group" (p373). This was behind her "Sexual Equity Framework", which "situates sexuality within the life course, incorporating both historical and contemporary environments" (Fredriksen-Goldsen 2023 p374). Key aspects are described in table 4.1, and there are three levels - intra-personal (eg: beliefs, attitudes, and desires related to sexuality), interpersonal (eg: relationship status), and socio-cultural/structural (eg: media portrayal).

Concept	Definition	Comment from NHAS
Sexual orientation	Includes sexual identity, sexual behaviour, attraction, and romantic relationships	Varies depending how researchers assess it
Sexual identity	Labelling of sexuality - heterosexual/straight, lesbian, gay, bisexual, sexually diverse (eg: pan-sexual)	May change over time; evidence of flexibility which better captured by a continuum rather than discrete categories
Sexual behaviour	"Actual sexual actions"	Incongruency documented - eg: bisexual behaviour, but identify as lesbian
Sexual desires	Subjective and physiological arousal	Incongruency eg: romantic attraction to same sex, but identify as heterosexual
Sexual fluidity	Changes in above concepts	Around one-quarter of sexually and gender diverse older adults had changed over time, more so women

(Source: table 1 p376 Fredriksen-Goldsen 2023)

Table 4.1 - Key concepts of the Sexual Equity Framework.

"This framework highlights the heterogeneity and intersectionality of sexuality by age, gender, race, and ethnicity as they frame key dimensions of sexuality at multiple levels resulting in differing experiences of sexual quality of life" (Fredriksen-Goldsen 2023 p374). Findings from the "Ageing with Pride, National Health, Ageing and Sexuality/Gender Study" (NHAS) in the USA influenced her thinking. This is a longitudinal study of sexuality and gender among 50 to 102 years, and it is the first of its kind, according to Fredriksen-Goldsen (2023).

4.5. SEXUAL EXPECTATIONS AND SATISFACTION

Expectations of the future generally have "a profound impact on the process of ageing" (Schafer and Upenieks 2023 p241), and specifically aspects about sexuality influence actual behaviour. This topic can be studied with longitudinal research as in the "National Survey of Midlife Development in the United States" (MIDUS). MIDUS 1 was conducted in 1995-6 with over 7000 25-74 year-olds, with the follow-ups of MIDUS 2 in 2004-6 and MIDUS 3 in 2013-14 (Schafer and Upenieks 2023).

Schafer and Upenieks (2023) analysed data from heterosexual couples who were at least 45 years old at MIDUS 1 (n = 1093). The outcome measures were sexual frequency ("Never or not at all" (1) to "Two or more times a week" (6)), and sexual satisfaction ("the worse possible situation" (0) to "the best possible situation" (10)), while future sexual expectations was the prediction variable. The latter was measured by one question, "Looking ahead ten years in the future, what do you expect the sexual aspect of your life to be like at that time?" ("worse" (0) to "best" (10)). Controlled variables in the analysis included functional limitations, and health.

It was found that sexual expectations at MIDUS 1 predicted sexual frequency and satisfaction at MIDUS 2 and 3. "Specifically, partnered men and women in the second half of life experienced more frequent and satisfying sex when they had anticipated higher sexual satisfaction a decade earlier. Moreover, the power of expectations met or exceeded other factors that turn the dial of late-life sexuality" (Schafer and Upenieks 2023 p245). Positive expectations prior to functional limitations, particularly for women, offset any functional limitations - ie: "these women remained more likely to have frequent sex not only relative to their

health-limited peers with low expectations, but also compared to women across much of the expectations range who had no such health setbacks" (Schafer and Upenieks 2023 p247). This could be seen as an example of "sexual resilience" (ie: "a process in which individuals and/or couples 'withstand, adapt, and find solutions to events and experiences that challenge their sexual relationship' (Beck and Robinson 2015...)" (Schafer and Upenieks 2023 p247). In fact, Schafer and Upenieks (2023) wanted to go further: "our findings point to something beyond the mere adaptation to hardship (resilience) – positive expectations appear to promote anti-fragility, positive growth under conditions of adversity" (p247).

The researchers had no information on past sexual experiences. They stated: "Learning more about how past sexual experience shapes the present and the future – indeed, elaborating a 'temporally extended sexual self' – could fill out our understanding of how older adults construct, modify, become constrained by, and perhaps even transcend a distinct perceived life trajectory" (Schafer and Upenieks 2023 p247).

The nature of the expectations (ie: realistic or not) was not investigated.

The MIDUS sample was recruited by random digit dialling, and was a national probability sample of non-institutionalised English-speaking adults. The criteria used by Schafer and Upenieks (2023) reduced the number. Any longitudinal study with older adults also faces the "healthy survivor effect" (ie: the healthier individuals survive to follow-up), and this can impact the representativeness of the sample for the general population.

4.5.1. Sexual Motives

Chai et al's (2023) research was based around this observation: "Although sexual activities decline in frequency for married couples in midlife, sex remains important for spouses' psychological health" (p261). Specifically, these researchers investigated sexual motives, sexual activity ¹³, and mental health. Sexual motives are the reasons why individuals have sex, and can be viewed as intrinsic/internal (eg: personal pleasure; enjoyment) or extrinsic/external (eg: partner pressure; for sake of relationship) (Chai et al 2023).

Chai et al (2023) analysed data from the "Health and

¹³ Lindau et al (2007) defined sexual activity as "mutually voluntary activity with another person that involves sexual contact, whether or not intercourse or orgasm occurs" (quoted in Shen and Liu 2023). Psychology Miscellany No. 198; March 2024; ISSN: 1754-2200; Kevin Brewer

Relationships Project", which studied different-sex and same-sex couples aged 35-65 in Massachusetts, USA, in 2014-15 (n = 415 couples). Measures were taken of depressive symptoms in the past week, two intrinsic and three extrinsic sexual motives in the last year (summed as a single score), and levels of general life stress. Analysis was performed on four groups - men married to men, men married to women, women married to men, and women married to women.

Women married to men had the highest level of extrinsic sexual motives of the four groups. Overall, higher levels of extrinsic sexual motives were associated with greater depressive symptoms. Analysis based on gender, sex of partner, and stress made the following findings: "Intrinsic sexual motives were associated with fewer depressive symptoms only for same-sex married couples under high stress. Extrinsic sexual motives were related to greater depressive symptoms for women in low-stress conditions and men in high-stress conditions, and this did not differ for same-sex compared to different-sex marriages" (Chai et al 2023 p261).

The research showed the benefits for mental health of intrinsic motives. This fits generally with the "Self-Determination Theory" (Deci and Ryan 1985), which "emphasises the psychological benefits of behaviours that are chosen and endorsed by the individual rather than those coerced by external forces" (Chai et al 2023 p262). So, applying this idea to sexual behaviour specifically, it suggests that "engaging in sexual activities with intrinsic motives may be protective against depressive symptoms by allowing individuals to have satisfying sexual experiences that encourage self-endorsed values, promote confidence, and nurture a sense of belonging and intimacy. Conversely, engaging in sexual activities with extrinsic motives from external pressure may deter individuals from fulfilling these needs and lower their sense of personal control..., which can result in greater depressive symptoms" (Chai et al 2023 pp269-270).

Three key limitations can be distinguished with this study:

- i) The measurement of stress covered eight general areas of life (eg: finances; work), and "not minority stressors that individuals in same-sex marriages are likely to experience (eg: prejudice, stigma, discrimination)" (Chai et al 2023 p271). There was also no distinction made between acute/short-term and chronic/long-term stressors.

ii) Only five sexual motives were included, and an average score was calculated. This ignores the experience of pressure, say, on particular occasions, and the possibility of a variety of motives over twelve months. The previous year may have been typical of the couple's experience or not.

iii) The sample was, Chai et al (2023) explained, "relatively homogeneous, comprised of highly educated, majority White, midlife adults in long-term marriages. Individuals in same-sex marriages had higher levels of education than those in different-sex marriages..., which may explain lower levels of stress found among same-sex compared to different-sex couples. Given the socio-demographic differences in sexual experiences, depressive symptoms, and stress..., results could differ by socio-demographic backgrounds. Also, there is a possibility of a selection effect due to the study's focus on married couples. Results may differ for those in non-marital romantic relationships, including nonmonogamous or polyamorous relationships. In addition, our sample includes cisgender respondents who mostly identified as gay, lesbian, and straight. Psychological health implications of sexual motives may differ for gender minorities (eg: gender non-binary and non-conforming individuals) and other sexual minorities (eg: bisexual individuals)" (p271).

On the positive side, the inclusion of same-sex married couples was important.

4.5.2. Perceptions of Ageing

"Health is a strong predictor of sexual activity", asserted Skoblow et al (2023 p252), and health is also important in the "perceptions of ageing" (POA). What is the relationship between POA and sexual satisfaction?

The "stereotype embodiment" theory (Levy 2009) sees POA as the product of society's views of older adults, while "interdependence theory" (Rusbult and Van Lange 2003) describes POA as the product of the interaction between a couple, say. In a sense "older spouses craft their POA jointly as they age together" (Skoblow et al 2023 p252).

Skoblow et al (2023) considered these two theories in their analysis of data from the "English Longitudinal Study of Ageing" (ELSA) (n = 1222 heterosexual couples aged 50-89 years old) (appendix 4A). Questions were asked

about sexual frequency in the last year, sexual satisfaction (on a five-point scale), and POA (eg: "Old age is a time of ill-health"; "I expect to become more lonely with age").

More positive POA was significantly associated with more frequent and satisfying sexual activity as perceived for self, but non-significantly for the partner. The findings partially supported both theories - ie: "adults' experiences of ageing are socially constructed and related to their partners' appraisal of and satisfaction with growing old" (Skoblow et al 2023 p255).

4.5.3. Retirement

"Retirement is an important life transition, both for individuals and couples... For many, it marks the beginning of the 'third age' (Laslett 1991) and is expected to bring both opportunities and challenges... Couples often need to restructure their marital life and adjust to a new reality that often entails changes in finances, time spent together, and leisure activities" (Henning et al 2023 p274). Does sexual satisfaction change during the "retirement transition"?

Henning et al (2023) analysed data from the "Health, Ageing, and Retirement Transitions in Sweden" (HEARTS) study. This is a longitudinal study of nearly 6000 60-66 year-olds began in 2015. Henning et al (2023) concentrated on the responses between 2015 and 2019 (specifically, individuals who had retired during that period, and with a partner). Measures were taken of sexual satisfaction, partnership quality, and health.

Data were available before and after retirement to plot any changes. Overall, sexual satisfaction decreased after retirement. However, there were differences due to gender (women reported higher sexual satisfaction than men), health (ie: better health and better sexual satisfaction), and partnership quality. The latter showed an unexpected pattern: "Individuals with higher relationship satisfaction had a higher sexual satisfaction until retirement, but their sexual satisfaction also decreased faster after retirement, whereas those with lower relationship satisfaction showed a stable but lower sexual satisfaction" (Henning et al 2023 p274).

Note that a decline in satisfaction could be because the relationship has become poorer (eg: more arguments), or due to high expectations. Henning et al (2023) explained: "We can assume that greater marital

satisfaction is associated with more positive expectations and greater room for disappointment when couples encounter problems during the transition. When satisfaction is low, individuals may develop little to no expectations, and hence experience no disappointment" (p280). The "interpersonal exchange model of sexual satisfaction" (IEMSS) (Lawrance and Byers 1995) (table 4.2) emphasises the importance of experiences aligning with expectations. For example, individuals may expect more frequent sex after retirement, and be disappointed when this is not happening, though the frequency may not have changed from before retirement.

- "Sexual satisfaction has been defined as 'an affective response arising from one's subjective evaluation of the positive and negative dimensions associated with one's sexual relationship' (Lawrance and Byers 1995). The... IEMSS implies that sexual satisfaction depends on rewards and costs. These rewards and costs need to align with the individual comparison level (meaning each person's standard for a satisfying balance of rewards and costs), the perceived equality of costs and rewards across partners, as well as non-sexual relationship quality. If a partner perceived higher rewards and lower costs, these rewards and costs are in line with their aspirational level, and the person also perceives that rewards and costs are equally distributed across partners; at the same time, as global partnership quality is good, sexual satisfaction should be higher" (p275).

Table 4.2 - Henning et al's (2023) summary of IEMSS.

Henning et al (2023) argued that their study was the first of its kind (ie: sexual satisfaction during the retirement transition). But the data were collected from individuals, not couples. Sexual satisfaction was measured by one simple question: "How satisfied are you with your sexual life?", with five response options. This question was asked annually, and so missed changes in between data collection points.

4.5.4. Exposure to Adversity

One set of interesting impacts on sexual and marital satisfaction in later life is exposure to adversity, as a child (eg: childhood sexual abuse; CSA) and/or as an adult (eg: intimate partner violence; IPV). This fits with a life-course perspective on old age. This describes "the long-term effects of childhood adversities on later-

life outcomes, including health, social relationships, or caregiver outcomes and health... Adversities can have cumulative negative impact on individuals' lives and well-being throughout their life course, thereby increasing heterogeneity in life outcomes in late adulthood" (Kong et al 2023 p286) (eg: traumagenic dynamics theory; Finkelhor and Browne 1985).

Studies of younger adults find that those "with a history of CSA tend to report lower sexual satisfaction than those without such a history... CSA survivors are also more likely to have an array of sexual problems, including lack of sexual desire, problems becoming sexually aroused..., orgasm difficulties..., fear/guilt about sex..., and low sexual esteem...; all of which can inhibit satisfying sexual relationships with their intimate partners" (Kong et al 2023 pp286-287). While IPV victimisation is also associated with lower marital and sexual satisfaction (Kong et al 2023).

Kong et al (2023) analysed data from the "Wisconsin Longitudinal Study" (WLS), begun in 1957 with over 10 000 graduates from Wisconsin high schools in the USA. A follow-up in 2010-11 of respondents in their early 70s was the current focus (n = 5391). Measures were taken of sexual satisfaction in the past year (two questions), marital satisfaction (six items), CSA (by father or other person), other adverse childhood experiences (ACE) (eg: witnessing violence; parental divorce; household member with a substance problem), and IPV victimisation (yes or no before mid-60s). Other variables controlled in the analysis included depression, physical illness and self-rated health, and self-esteem.

Overall, one in twenty respondents reported CSA experiences, and 7% adult IPV victimisation. "Respondents with a history of CSA were less likely to be currently married and more likely to be separated or divorced compared to those without such history, and those with a history of ACEs were more likely to be separated or divorced compared to those without such history" (Kong et al 2023 p290).

CSA was directly associated with lower sexual and marital satisfaction in their 70s. Other ACE was associated only with lower marital satisfaction indirectly (ie: mediated by IPV in adulthood). Put another way, non-sexual ACE was associated with adult IPV victimisation, which in turn was associated with lower marital satisfaction. "This result supports the concept of revictimisation; that is, growing up in an abusive, harsh family environment may increase the risks for IPV victimisation in adulthood" (Kong et al 2023 p292). This

last relationship was stronger for women than men.

4.5.5. Erectile Dysfunction

Slayday et al (2023) investigated erectile function, sexual satisfaction, and cognitive decline in men in their 50s and 60s using data from the "Vietnam Era Twin Study of Ageing" (VETSA) in the USA. All participants had served in the military at some time between 1965 and 1975, and the data were collected in their 50s (VETSA 1: 2002-08), and six years later (VETSA 2), and another six years later (VETSA 3). The focus of this study was 818 men who did not have mild cognitive impairment or erectile dysfunction (ED) at VETSA 1 (appendix 4B).

Erectile function, and sexual satisfaction were measured by items from the "International Index of Erectile Function" (IIEF) (Rosen et al 1997) (table 4.3). Cognitive performance was measured by standardised tests of memory.

- How often were you able to get an erection during sexual activity (in the past four weeks)? (0 "No sexual activity"; 1 "Almost never or never" - 5 "Almost always or always")
- During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse (in the past four weeks)? (0 "Did not attempt intercourse"; 1 "Extremely difficult" - 5 "Not difficult")
- How much have you enjoyed sexual intercourse (in the past four weeks)? (0 "no intercourse"; 1 "No enjoyment at all" - 5 "Very highly enjoyable")
- How satisfied have you been with your overall sex life (in the past four weeks)? (1 "Very dissatisfied" - 5 "Very satisfied")

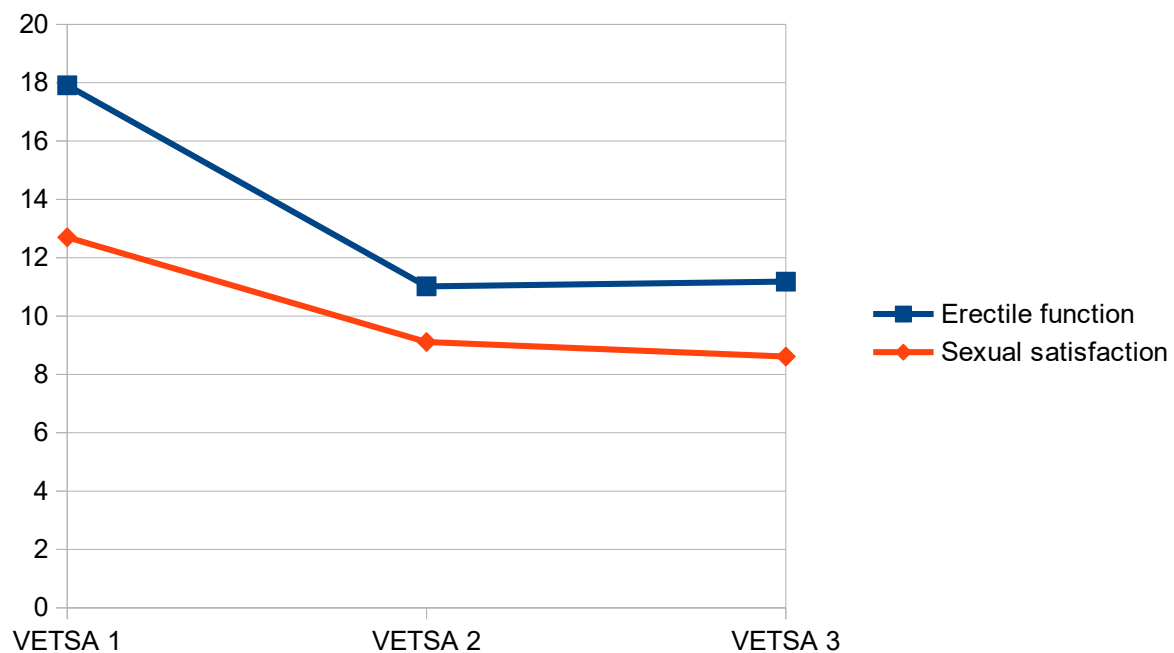
(Source: Rosen et al 1997)

Table 4.3 - Items from IIEF.

On average, erectile function, sexual satisfaction, and cognitive performance declined with time (figure 4.1). In terms of statistical analysis, it was found that "decreases in erectile function and sexual satisfaction were related to declines in episodic memory, and increases were related to less decline in episodic memory. These associations survived adjustment for

demographic and health factors" (Slayday et al 2023 p390).

The findings fit with the "artery-size hypothesis" (Montorsi et al 2005), which explains cognitive decline in ageing due to macro-vascular changes, but that micro-vascular changes, as in ED, could be an early sign. In other words, "erectile function captured health changes related to cognitive function missed by a reliance on self-rated physical health or diagnoses of major cardiovascular conditions" (Slayday et al 2023).



(Data from table 1 p385 Slayday et al 2023)

Figure 4.1 - Mean scores for erectile function and sexual satisfaction in VETSA 1, 2 and 3.

4.5.6. Making Sense of Sexual Change

Older adults have witnessed many changes in society towards sexuality over their lives, including greater sexual freedoms, acceptance of sexual diversity, and the advent of "sexuo-pharmaceuticals" (eg: "Viagra") (Potts and Tiefer 2006) (appendix 4C).

How do older adults make sense of such changes and their own sexuality? Towler et al (2023) recruited thirty-one adults over 66 years old in southern England for detailed interviews in 2017-18.

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three key themes were elicited from the analysis:

i) "Sexual changes are 'natural'" - Experiences of decline in sexual frequency, desire, and orgasm were viewed as "natural" and inevitable with ageing. For example, "Alfred" (73 years old; gay) stated: "It was like that then. But that gradually faded. I mean that happens for everybody, doesn't it, as you get older. Your sex life gets less or maybe less intense" (p1322).

Loss of sexual function was experienced like grief - eg: "Lara" (69 years old; bisexual): "I used to have really intense orgasms, really good ones, and now they're quite, they're okay, but I'm aware of the loss, which is quite sad. And sometimes they're really good, but other times they're quite namby pamby really, I think, 'Oh no, I want it back', because it was really good" (p1322).

"Retaining good physical and mental health were influential factors which affected the extent to which a person experiences sexual changes and problems in later life..." (Towler et al 2023 p1323).

On the positive side, greater freedom was available, including to have platonic relationships with the opposite sex, as "Rachel" (67 years old; heterosexual) described, without "that sex vibe interfere with everything you're doing" (p1322), or to divorce after many years of heterosexual marriage ("Kate"; 69 years old; lesbian).

ii) "Sex is the icing on the cake" - The researchers noted a kind of hierarchy with companionship, emotional connectivity, and romance coming before sex. Summed up by "Violet" (83 years old; heterosexual): "we would have a lovely evening together and that would be the - we'd go to bed and that would be just the icing on the cake" (p1324).

"Taking Violet's analogy of sex being the icing on the cake, if overall well-being is the 'cake', it is complete (or 'iced') when a good quality sex life is included, but lack of it does not necessarily affect the layers below. Indeed, the underpinning levels may become even more important, as without them the structure would not be secure: 'I mean I think it is more important at my age to be - and he would agree with this I think - it is the love and the companionship and closeness and compatibility is more important than the sexual act' ['Rosa'; 73 years old; heterosexual]" (Towler et al 2023 p1324).

iii) "Maintaining sexual connection and relationship

satisfaction" - Linked to the previous theme, the researchers found that "[E]motional connection, support, and communication buffered the impact of sexual changes on personal well-being and their relationship" (Towler et al 2023 p1325). This was summed up by "Vanessa" (75 years old; heterosexual): "To have his... him literally beside me but beside me in terms of openness and support for any doubts, explorations, curiosities, whatever, that I was talking about, going through, for him to be very accepting of that and never ever critical of me or my sexuality or my performance or whatever" (p1325).

Towler et al (2023) reflected: "Interestingly, we did not find much variance between the accounts of older men and women for any of the themes presented here. Common stereotypes among popular culture and the scientific community alike seem to assume that there is little complexity to male sexuality beyond sexual functioning, and that men's ability to 'perform' signals sexual satisfaction and desire... Though greater attention on sexual functioning and the rise of pharmaceutical treatments for men does help to dispel earlier stereotypes of sexlessness in later life (at the risk of being labelled 'dirty old man', however), the lifelong sexuality discourses risk oversimplifying sexual desire and sexual well-being in later life" (pp1327-1328).

4.6. COGNITIVE IMPAIRMENT

Claes and Enzlin (2023) noted that individuals living with dementia (ILWDs) are typically viewed as asexual beings, yet this is "in stark contrast with the subjective experiences of persons living with dementia, who view themselves as sexual beings and confirm their interest in (sexual) intimacy" (p308). These authors advocated a renegotiation of the intimate and sexual needs of such individuals.

Claes and Enzlin (2023) took a longitudinal approach based on three phases of dementia - pre-morbid (before symptoms), pre-clinical (early symptoms before diagnosis), and clinical (formal diagnosis and afterwards). "The quality of the sexual relationship in the pre-morbid phase is important for the quality of the sexual relationship after a dementia diagnosis. Indeed, it has been shown that sexual satisfaction prior to the onset of dementia predicts the creation of satisfying sexuality after the diagnosis... and that couples who

show a great deal of affection before the diagnosis tend to put in more effort to maintain affection after the diagnosis" (Claes and Enzlin 2023 p309).

One study found that a quarter of couples had a decline in sexual activity during the pre-clinical phase (Dourado et al 2010), in particular due to early symptoms.

"In the clinical phase, not only the attitudes toward dementia and sexuality of the person living with dementia and the partner matter but also the attitudes of the broader family and the health care providers have an increasing impact on how the sexual relationship is negotiated" (Claes and Enzlin 2023 p310).

i) The individual - Gradual changes in intimacy and sexuality due to dementia (eg: half of men with Alzheimer's disease reported erectile dysfunction; Baikie 2002). But many ILWDs reported being sexually active (eg: two-thirds; Nogueira et al 2017), though this is more so for men than women, and studies vary considerably, along with sexual satisfaction/dissatisfaction figures (Claes and Enzlin 2023).

Moving to a residential care facility (RCF) can add another set of problems. "Residents with dementia are often controlled in how they express themselves sexually and their sexual agency – that is, 'their capacity to choose, engage in, or refuse sex acts and others recognise and respect one's sexual identity' [Victor and Guidr-Grimes 2019] – is mostly not acknowledged" (Claes and Enzlin 2023 p312).

ii) The partner - Studies find that "partners of persons with dementia are generally dissatisfied with the changes in their sexual lives and report more sexual dissatisfaction compared to persons living with dementia" (Claes and Enzlin 2023 p313).

There is a change in the dynamics of the relationship, particularly with caregiving activities, as well as concerns about consent, and "certain changes in sexual behaviour of the person with dementia (eg: new sexual behaviour considered inappropriate by their partner) can be extremely upsetting, embarrassing, and stressful for partners... and result in decreased sexual desire of the partner" (Claes and Enzlin 2023 p313).

A loss of sexual intimacy can lead to "sexual grief" (Sandberg 2023): "Here, partners of people with dementia are faced with the decision on whether to remain monogamous or to start a new sexual relationship with a new partner" (Claes and Enzlin 2023 p313).

iii) The wider family - "After a dementia diagnosis, the family may progressively become more involved in controlling the sexual life of the person with dementia and their partner. Especially when the person with dementia is admitted to a RCF, families are often consulted to intervene or interfere. A family, however, consists of different members with (possibly) different views. While some family members are supportive about sexual behaviour of the resident, others are embarrassed and protective" (Claes and Enzlin 2023 p314).

iv) Health care providers - "After a dementia diagnosis, professionals (eg: neurologists, psychiatrists, social workers) ideally provide holistic care including sexuality for the person living with dementia. Unfortunately, many professionals cling to myths about sexuality in ill-healthy or older persons (eg: older and ill people are asexual), and do not find it appropriate or a priority to discuss sexual health concerns with them" (Claes and Enzlin 2023 p314) (appendix 4D).

As outlined earlier, living in a RCF can be restrictive, and the attitudes of staff members towards sexuality has a great influence on policy and practice.

Claes and Enzlin (2023) talked of the "renegotiation of sexuality" for ILWDs based on the different participants outlined above. The keys are challenging the myth of asexual beings, and in providing support to the ILWD (note the word "living" here). Also to consider sexual minority individuals and couples, who "confronted with dementia deserve attention in care as they experience 'double stigma' of both dementia and sexual orientation and experience additional challenges (eg: discrimination, heteronormativity...). Furthermore, the confrontation with a dementia diagnosis takes place in a certain cultural, social, and historical context (ie: the macro level...) meaning that factors such as ethnicity, social class, race, and religious beliefs will likely influence the experiences" (Claes and Enzlin 2023 p315).

Claes and Enzlin (2023) finished their article thus: "Let us all help all people who forget a lot in their life to not forget the importance and worth of sexuality" (p316).

Shen and Liu (2023b) investigated whether there was a causal relationship between sexual activity and cognitive functioning by analysing NSHAP data on community-residing, partnered US adults over 62 years

old. They speculated on sexual activity as leading to better cognitive health: "First, sex is a type of physical exercise..., and exercise is linked to better cognitive performance by increasing the blood flow and supply in the brain, reducing inflammation in the body, and increasing proteins that induce neuron growth and survival" (Shen and Liu 2023b p1346). Second, sex reduces stress, and stress has a negative impact on cognitive functioning. "Third, sex may improve cognitive function through the release of the neurotransmitter dopamine. Dopamine is produced during sexual arousal and orgasm..., and more sexual activity is related to greater dopamine release" (Shen and Liu 2023b p1346).

The specific data analysed came from the second (2010-11) and third (2015-16) waves of NSHAP (n = 1683 relevant respondents). Sexual frequency, and quality were self-reported, and cognitive function was measured by a standardised test.

The findings varied by age, such that "among sexually active older-old adults [75 years old and above], having sex once a week or more was related to better cognitive functioning five years later compared to their counterparts who had no sex in the last year..., while frequency of sex was not related to cognitive functioning among the younger-old group [62-74 years old]. In contrast, sexual quality was related to cognitive functioning among the younger-old group but not among the older-old group. Specifically, younger-old respondents who felt that sex was very or extremely pleasurable... and who felt that sex was very or extremely satisfying... had better cognitive functioning five years later than their counterparts who did not feel so, while sexual quality was not related to later cognitive function among the older-old group" (Shen and Liu 2023b p1349).

There were also differences based on gender. "Sexual quality was related to cognition for men but not women. Specifically, men who felt that sex was very or extremely pleasurable... had better cognitive functioning five years later than their counterparts who did not feel so. There were no significant gender differences in the relationship between sexual frequency and cognitive function" (Shen and Liu 2023b p1349).

The study used self-reported data on sexuality, which is a sensitive topic and so respondents may have felt embarrassment about answering truthfully. There was no information on consent, and little data on non-heterosexual individuals. The definition of sex was broad, and could be taken to include hugging and kissing.

"While many older adults may consider these intimate acts as sexual activity..., there are nuances in what is considered in the sexuality of older adults and what activities may be beneficial for their cognition. Similarly, the sexual quality measures in NSHAP are left open to each respondent's interpretation of sexual satisfaction and physical pleasure. Respondents' sexual relationships across the life course could have been objectively different, with varying levels of happiness or conflict, and they may have responded based on the present state of their sexual relationship or based on any improvement or worsening of their sex life" (Shen and Liu 2023b p1352).

Table 4.4 outlines two examples of previous studies (Shen and Liu 2023b).

STUDY	SAMPLE	FINDING	DESIGN
Wright et al (2019)	73 x 50-83 year-olds in UK	Weekly sex vs inactive: better cognitive performance	Cross-sectional
Smith et al (2021)	155 x 55 year-olds and above in USA	Higher sexual satisfaction at baseline and less MCI or dementia 10 years later	Longitudinal

Table 4.4 - Two studies on sexual activity and cognitive performance.

4.6.1. Sexual Obligation

"Sexual obligation" is "having sex out of a sense of duty or obligation rather than desire" (Shen and Liu 2023a p297). It has been reported as "prevalent" among over 55s (Shen and Liu 2023a). "Older adults may feel obligated to have sex due to cultural expectations that a relationship includes sexual intimacy, beliefs that it is part of the normal sexual interaction, or to fulfil their role as a romantic partner" (Shen and Liu 2023a p298). How is this related to cognitive impairment?

The first point to establish is that older adults with cognitive impairment remain sexually active, though this decreases with declining cognitive health (eg: Lindau et al 2018). This study surveyed nearly 3200 US hone-dwelling adults aged 62-91 years. It found that "sexual obligation was reported more frequently among men with dementia than men with normal cognition while there was no difference in reporting sexual obligation for

women with different cognitive statuses" (Shen and Liu 2023a p299).

Shen and Liu (2023a) outlined the possible explanations for the relationship between cognitive impairment and sexual obligation:

a) Mild cognitive impairment (MCI) leads to apathy about sex, and so having sex may feel like an obligation.

b) Individuals with MCI may have communication problems, and so be unable to give consent to sex.

c) Confusion is a common symptom of cognitive impairment "to the extent that the point or conclusion of an activity may be forgotten while the individual is engaged in the activity... Relatedly, problems with sequencing can occur among those with cognitive impairment, such that they may not remember the sequence of sexual events that should occur or have already occurred in intimate situations... If confusion or sequencing problems happen during intercourse, the person may continue to go along with sex because it is an activity they are familiar with or may be guided by their partner in how to continue, but they may not be following their own sexual desire" (Shen and Liu 2023a p299).

d) Risk of sexual abuse victimisation of cognitive impaired individuals.

These possible explanations led Shen and Liu (2023a) to state this first hypothesis for their research: "Older adults with mild cognitive impairment or dementia will have a subsequent greater risk of sexual obligation compared to older adults with normal cognition" (p299). A second hypothesis was stated to cover the reverse relationship: "Feeling obligated to have sex is related to a subsequent greater risk of cognitive impairment among older adults" (Shen and Liu 2023a p299). The idea is that sexual obligation may be stressful and this has negative consequences for cognitive health. The final hypothesis covered a gender difference in the relationship between cognitive impairment and sexual obligation.

The three hypotheses were tested with data from the second (2010-11) and third (2015-16) waves of NSHAP. Five hundred and seventy-five sexually active 62-86 year-olds were surveyed. Cognitive impairment was measured by a standardised test, and sexual obligation with the frequency in the past year of sex "primarily because

(they) felt obligated or that it was (their) duty" (p300) ("never" (1) to "always" (5)).

Overall, around 30% of respondents felt obligated to have sex in Wave 2 and half that in Wave 3, with higher levels for women than men. Approximately one-fifth of respondents were categorised as MCI in both waves, and 5-8% with dementia.

Cognitive status at Wave 2 was significantly related to feelings of sexual obligation at Wave 3, but not the opposite. "Specifically, after controlling for age, gender, race-ethnicity, education, income, marital status, self-rated physical health, depression, and co-morbidities, the odds of feeling sexually obligated 5 years later were 2.89 times higher for those who had dementia than those who had normal cognition at baseline" (Shen and Liu 2023a p301). So, Hypothesis 1 was supported and Hypothesis 2 rejected. Hypothesis 3 was rejected as there was no gender differences in the relationship between cognitive status and sexual obligation.

4.7. LONELINESS

Loneliness is perceived as a problem for adults over fifty, particularly those without close family. This views predicts that LGB (lesbian, gay, bisexual) older adults will report higher levels of loneliness than heterosexuals (Lam and Campbell 2023) (appendix 4E).

Fredriksen-Goldsen et al (2019) proposed the "Iridescent Life Course" perspective to understand LGB individuals. This "draws attention to the structural stigma and discrimination many LGB older adults have endured across their lives (eg: job discrimination and marriage inequality). The life course principle of 'the past affects the present' suggests that these constraints could have placed LGB people on a different trajectory as compared with their heterosexual counterparts and thus continued to shape their circumstances in later life, even when the socio-cultural context may have since shifted toward greater inclusivity" (Lam and Campbell 2023 p329).

Lam and Campbell (2023) investigated loneliness and sexual identity with data from the "Household Income and Labour Dynamics of Australia" (HILDA) survey (began in 2001). This study concentrated on over 7000 over 50s. Loneliness was measured by the seven-point response to "I often feel very lonely". Sexual identity was self-reported as "heterosexual or straight", "gay or lesbian", "bisexual", "other", "unsure/don't know", or "prefer not

to say". Around 6% of respondents chose the last three options, and they were removed from analysis. Confounders measured included health, socio-economic status, and social support.

One per cent of the sample changed their sexual identity choice during the study period (heterosexual to bisexual or bisexual to heterosexual). Lam and Campbell (2023) commented: "Unfortunately, our data do not offer any insights into why some respondents changed between heterosexual and bisexual identities. While some may have experienced a genuine change in their sexual attractions or behaviour, others may have changed their response because they felt more comfortable 'coming out' and reporting a bisexual identity over time" (p331).

Bisexual men, but not bisexual women, reported higher levels of loneliness, but there was no difference between gay and lesbian older adults, and heterosexuals. Concerning the latter findings, Lam and Campbell (2023) admitted: "Given the homophobic social context in which these older people lived much of their lives – a world in which marriage equality was still a far-distant dream and gay hates crimes occurred unchecked – this finding is somewhat surprising. It arguably reflects the resilience many LGB people develop across their lives through connections with community and the creation of 'families of choice'. In support of this, our bivariate analyses showed no differences between lesbian and heterosexual women, or between gay and heterosexual men, in average levels of social support" (p333).

Concerning bisexual men, they had lower social support than other groups, which explained in part the findings. "This would seem consistent with prior research showing that bisexual people are subjected to negative stereotypes and 'double discrimination' from both heterosexual and lesbian/gay communities (Mereish et al 2017). A previous study also found that older bisexual men report fewer social resources and more exposure to minority stressors than bisexual women (Fredriksen-Goldsen et al 2020)" (Lam and Campbell 2023 p335).

The vast majority of the sample was heterosexual (97.5%). The groups of gay men, lesbian women, bisexual men, and bisexual women each contained around 40-50 individuals.

Buczak-Stec et al (2023) did find that sexual minority older adults reported higher loneliness scores in a German study. The data came from the "German Ageing Survey" (DEAS), which started in 1996 with over 40s. Follow-up was approximately every three years in the

longitudinal arm, while new samples were ended (in the cross-sectional arm). Cross-sectional data collected in 2017 of 4785 adults were analysed here.

Loneliness was defined as "a state in which an individual's societal ties are less fulfilling than wanted" (Buczak-Stec et al 2023 p340), and was measured by the "De Jong Gierveld Loneliness scale" (De Jong-Gierveld and Kamphuls 1985)¹⁴. An average score between 1 and 4 was produced with a higher value signifying higher loneliness. Subjective well-being, and mental health were also measured. Sexual orientation was dichotomised as heterosexual (n = 4411) or sexual minority (gay/lesbian, bisexual, other; n = 374).

After adjusting for socio-demographic and lifestyle-related variables, "heterosexual individuals and those in sexual minority groups only significantly differ with regard to loneliness; sexual minority adults had higher levels of loneliness in comparison to heterosexual individuals" (Buczak-Stec et al 2023 p345) (mean 1.86 vs 1.74).

Buczak-Stec et al (2023) offered the following possible explanations for the findings, with all needing further research:

a) Sexual minority older adults are more likely to live alone, and/or have less contact with children and family. Buczak-Stec et al (2023) explained that "the absence of, or lesser, contact with children or family can be balanced by more intensive contact with friends, for example... In our analyses, we controlled for the size of the individual's network – number of individuals that one has contact to – however, loneliness was still higher among sexual minorities. Potentially, this could mean that the quality and depth of these relationships are less fulfilling than desired. Moreover, despite having several acquaintances and friends, the satisfaction with relationships may not fully replace family support, which in turn may impact on feelings of loneliness" (p345).

b) Coming out in later life may "cause long-term friendships to suffer" (Buczak-Stec et al 2023 p345).

c) "It is possible that individuals in the second part of life are not closely connected to the current younger generations of sexual minorities and may feel that they do not belong to this community any more...

¹⁴ Items included "I experience a great sense of emptiness", "I miss having people around", and "There are many people that I can count on completely" (De Jong-Gierveld and Van Tilburg 2010). Psychology Miscellany No. 198; March 2024; ISSN: 1754-2200; Kevin Brewer

This fact, coupled with the impact of minority stress..., which may not be mitigated by the positive aspects of social networks or community feeling, can elevate loneliness among sexual minorities" (Buczak-Stec et al 2023 p346).

d) The loss of close friends and long-term partners due to AIDS/HIV.

In another study of loneliness and LGB older adults (Peterson et al 2023), data from the "American Association of Retired Persons Foundation's Loneliness and Social Connection Survey" were used. The 2018 version surveyed 3009 adults aged 45 years and above in the USA (of whom 318 identified as LGB).

Loneliness was measured by the "UCLA Loneliness Scale" (Russell 1996), which has twenty items (eg: "How often do you feel that you lack companionship?"), each scored 1 ("never") to 4 ("always").

Peterson et al (2023) were interested in social networks, which were scored in terms of social diversity (ie: size and frequency of contacts), Participants were asked about contact with parents, children, siblings, and friends using seven different methods of communication (eg: in-person; email; telephone). The number of supportive people in the last year was rated, along with type of support.

The average loneliness score was 39.61 (out of 77). The LGB group scored significantly higher (44.07 vs 39.11).

The first analysis tested for social communication diversity and loneliness. "For heterosexual adults, higher social communication diversity was positively linked with their feelings of loneliness. In contrast, for LGB adults, higher social communication diversity was associated with lower levels of loneliness" (Peterson et al 2023 p365). It was predicted beforehand that the latter relationship should exist for all participants. Having more diversity of contacts can be positive (eg: feelings of closeness to many people), but also negative (eg: poor quality relationships). The "Socio-Emotional Selectivity Theory" (Carstensen 2021) proposed that "older adults narrow their social networks as they age to allocate more emotional resources to fewer relationships" (Peterson et al 2023 p368).

The next analysis involved social support and loneliness. Overall, lower social support (in terms of number of people and their diversity) predicted greater loneliness, irrelevant of sexual orientation.

This study showed that social networks have a number of dimensions which can impact loneliness, as well as differences between heterosexual and LGB older adults. For example, a small number of infrequent preferred contacts could be better in terms of perceptions of loneliness than many frequent poor quality contacts. The researchers admitted that their measures of social networks did not include the quality of the relationship, the choice of contact, and the preferred method of contact.

4.8. APPENDIX 4A - ENGLISH LONGITUDINAL STUDY OF AGEING

The ELSA included open-ended questions like, "Is there anything else you would like to tell us, including any changes since last time you completed the sexual relationships and activities questionnaire?" (James et al 2023 p1335). James et al (2023) analysed 1986 replies to such questions from Wave 6 (2012-13) and Wave 8 (2016-17), mostly by respondents in their 60s, female, married or co-habiting, heterosexual, and White. Three themes (each with sub-themes) about "how men and women navigate sex and sexuality in later life relationships" (p1337) were extracted:

i) Sex in later life relationships - Sex was presented as important for both males and females.

There were three sub-themes:

a) The value of sexual activity - Continued enjoyment and satisfaction, as described by one man in his late 60s: "Firmly believe that the pleasure of sexual activity with a single lifelong partner increases and is enhanced over many years. We both spend time and take pride in our physical well being and appearances not just for ourselves but to remain attractive/desirable to each other" (p1337).

b) Concerns about lack of sexual activity - Some individuals reported that lack of sexual activity impacted the relationship as a whole. For example, a woman in her late 50s said: "My husband has erectional [sic] difficulties but is reluctant to try Viagra or similar. This has led to a lack of intimacy and some loss of respect" (p1337).

c) When sex was not important - "Some men and women felt that sex was not important in their relationship and

were not concerned that their sexual activity had decreased, stressing the importance of other emotional features of their relationship instead, such as love, stability, friendship and partnership" (James et al 2023 p1338). For example, one woman in her early 70s wrote: At [61-70] years of age I do not think sex is important in my marriage... We still love each other and I think a stable relationship matters more than having sex" (p1338).

ii) Experiences of relationship change - The ending of a long-term relationships through death of a partner or break-up was experienced in three ways:

a) Would like a new relationship - eg: "My libido is all in my head! Only one clandestine sexual relationship since my divorce [11-20] years ago. I long to have a sexual partner, or at least a loving companion. Feel lonely and isolated" (woman; early 70s).

b) Not seeking a new relationship - eg: "In the past 11 years I have only had sex with my vibrator because I have no partner and do not wish for one" (woman; early 70s).

c) In a new relationship - Both long-term and casual. in relation to the latter, individuals varied in their satisfaction, and there was gender difference. For example, "the female participants seemed cautious about the casual relationships they experienced. Some participants described surprise or uncertainty about them, as well as more challenging emotions such as guilt or sadness, despite the benefits. This may connect to the reluctance to engage in relationships due to the potential burden of care..., or women may feel less able to talk about sexual activity outside of a serious relationship as a result of norms which undermine women's sexuality, despite the emergence of competing discourses..." (James et al 2023 p1340).

iii) Ageing bodies and sex - Put simply, women were concerned with appearance, and men with performance, as shown by these two comments. "I think it would be enjoyable to still have sex, but I no longer have a partner and in any case as I've got older all these lumps and skin tags have appeared and I don't think I would be appealing any more" (p1340) (woman; early 70s) versus "I am worried because the fact that I have not had a sexual partner for [1-5] years may lead to my sexual capacity

diminishing" (p1340) (man; late 50s).

James et al (2023) drew out two main conclusions from their analysis. First, sex remains important for older adults of both sexes. This included the motivation to find new partners for some. Second, the impact of age- and gender-related norms on sexual behaviour. "These norms shaped expectations and roles within the relationship and participants measured their satisfaction with their relationship accordingly, which could give rise to challenges for intimacy. Some female participants sought to avoid the care burden associated with traditional gender roles in a typical domestic partnership, either by ruling out a new relationship or cautiously engaging with casual relationships" (James et al 2023 p1341). Gender differences also impacted (eg: concern about physical appearance for women).

The data were optional question responses (ie: self-selected), and the responses were very few from minority individuals (eg: less than 1% self-identified as homosexual; 2-3% Non-White).

4.9. APPENDIX 4B - PROSTATE CANCER

Prostate cancer (PCa) and its treatment can cause ED at any age, as well as other problems like altered perception of orgasm, and penile sensory changes. "As a result, PCa survivors report reduced sexual intimacy and an impaired sense of masculinity after treatment. Partners of patients with PCa also experience sexual losses" (Li et al 2022 p1798).

Li et al (2022) focused on the female partners in their analysis of posts to an online PCa support community. Sixty-six posts were randomly sampled in February 2019 (along with the same number from male patients). ED was reported by over 80% of both groups.

Themes emerged related to the partners, patients, and the couple together:

1. Partner themes

i) Widening the sexual repertoire - eg: "We have learned (and rediscovered) that there is so much more to intimacy than intercourse. And did you know that men can have orgasms without erections? A vibrator helps, but even without one, it is possible" (p1800).

ii) Partner's sexual and intimacy needs unmet - eg:

"There is nothing wrong with wanting/missing that. My husband had radiation and hormone therapy and his cancer is now at stage 4 so there is no more 'normal' sex for us anymore for the last 3½ years... no matter how hard my husband tries, he can't even think about sex or desire for me" (p1800).

iii) Survival more important than sex - eg: "My husband occasionally gets upset with his situation and apologises to me because he cannot pleasure me the way I deserve. I am happy to explain as many times as needed that I much rather prefer him alive and present to stiff and dead" (p1800).

iv) Relationship stress - "I know the last few years have been very stressful for my marriage. My husband doesn't discuss his feelings... He recovered from the ED from the surgery and the radiation, but 'it isn't the same' and it stresses him out (which stresses me out) and so... I don't even get a kiss goodnight" (p1800).

2. Patient theme: Cost of erectile aids - eg: "If ED is a 'condition of treatment' for prostate cancer, I think the insurance company should have to pay 100% for the rest of your life... I base my opinion on the fact that insurance companies push 'conventional' prostate procedures (with their life altering side-effects) while refusing to pay for more '21st century treatments which do not promote the side-effects" (p1799).

3. Couple (shared) themes

i) Sharing information about sexual aids and recovery - eg: "I think it is important to give guys like you encouragement and know not to give up. It can get better. Your orgasm can improve. Sex can be very satisfying again" (Patient) (p1801).

ii) Coming to terms with changes - eg: "One of the most distressing and depressing issues to deal with after prostate surgery is ED. I believed (1) Manhood = erect penis and (2) A flaccid penis = the loss of manhood. You don't realise how powerful these formulas are in your life until you experience ED" (Patient) (p1801).

iii) Lack of information from clinicians - eg: "The bottom line is that we lived 10 years of our 29 year relationship with no sexual dimension. I attribute it

almost completely to the lack of support we received from the surgeon (and his staff and the hospital)" (Partner) (p1802).

Li et al (2022) concluded with these comments. Firstly: "Establishing sexual intimacy after PCa treatment is complex and extends beyond recovery of sexual function. Partners play a critical role in sexual recovery. As a result, PCa has been described as a couple's disease" (p1802).

Secondly: "Both patients and female partners frequently discussed feeling a sense of loss from sexual changes after PCa treatment and unprepared by their providers regarding sexual side effects" (Li et al 2022 p1802).

Though the data related only to heterosexual relationships, the study used "a unique data source in the form of rich online posts to study sexual health concerns among a geographically diverse sample, as well as the anonymity allowed by an online forum for sharing sensitive material like sexual health concerns" (Li et al 2022 p1802).

In another study of partners (Grondhuis Palacios et al 2019), two-thirds reported sexual problems related to the sexual side effects of PCa treatment (Li et al 2022).

4.10. APPENDIX 4C - "VIAGRA CULTURE"

Potts and Tiefer (2006) observed: "The discovery and promotion of sildenafil citrate (Viagra) for the treatment of erectile difficulties affecting men has augmented the already substantial influence of the medical model of sex. Whereas critical examination of the escalating biomedicalisation¹⁵ of sexuality since the advent of Viagra is available, less attention has been paid to the ways in which Viagra and other sexo-pharmaceuticals are interacting with and modifying the cultural landscape of sexual experience" (p267). This change has been given the term "Viagra culture" (Potts and Tiefer 2006).

"As well as pointing to the ways in which everyday life has been medicalised via 'lifestyle drugs' and

¹⁵ Biomedicalisation refers to the "increasingly complex, multi-sited, multi-directional processes of medicalisation that today are being both extended and reconstituted through the emergent social forms and practices of a highly and increasingly technoscientific biomedicine" (Clarke et al 2003 quoted in Grace et al 2006).

'enhancement technologies', the Viagra phenomenon draws attention to other contemporary stories: the ageing of the baby boom generation, the impact of sexuo-pharmaceuticals on gender politics, the commercialisation of sexualities, the shifting terrain of sexual mores, the changing representations of sexual relations in popular cultural forums" (Potts and Tiefer 2006 p267) ¹⁶.

The greatest impact of Viagra culture has been in those countries where direct-to-consumer advertising of the product is permitted (eg: USA). "Being repeatedly bombarded with publicity for sexuo-pharmaceuticals and the promise of wonderfully restored 'sex lives' produces a very 'Viagra primed' populace..." (Potts and Tiefer 2006 pp267-268) ¹⁷.

Potts and Tiefer (2006) reflected, disappointingly, that "the Viagra era has reinforced hetero-normative and even patriarchal representations and modes of masculine sexuality, despite possibilities that existed earlier for critical engagement with - and disruption of - such tired notions of male sexuality" (p270).

Since the release of Viagra in 1998, "the world has not been the same since", according to Morgentaler (2003 quoted in Vares and Braun 2006). Loe (2004) in the USA, and Vares and Braun (2006) in New Zealand showed the cultural representations of the early "Viagramania" (Seibert 1998 quoted in Vares and Braun 2006) at the turn of the century. The portrayals varied initially (eg: "Viagra-as-joke"; "Party pill Viagra") in New Zealand, but subsequently Viagra contributed to "a narrowing in discourses of masculine sexuality in which the emphasis is increasingly on penile performance and enhancement" (Vares and Braun 2006 p315).

Based on interviews with thirty-three men in New Zealand who had prescribed Viagra for medical conditions in 2001, Grace et al (2006) found three themes on how men

¹⁶ Tiefer (2006) said something similar: "The story of Viagra occupies an important position in the trajectories of both the medicalisation and demedicalisation of sexuality... On the one hand, the story figures prominently in the apparatus of biomedical sexual regulation through its connection to norms, experts, and new forms of medical management. Yet, at the same time, it participates in the evolving consumerist and Internet technologies of sexual recreation and sexual self-determination for privileged men and women of the 'sex and the city' and baby boom 'you can have it all' and 'positive ageing' generations" (p274). While, according to Marshall (2003), Viagra fits within a broader social context of "a shifting coalition of actors - including scientists, doctors, patients, industries, media and consumers - operating within a cultural horizon of rationalisation, medicalisation, commodification and gendered heteronormativity" (quoted in Grace et al 2006).

¹⁷ "'Sexual medicine', a new sub-specialty bankrolled by a pharmaceutical industry obsessed with Viagra's blockbuster success, is rapidly emerging as the designated site of professional expertise for intimate sexual conduct. To no one's surprise, the new sexual medicine is thoroughly infused with sexuo-pharmacology - both to examine sexual side effects of mental and physical health medications and to encourage more drugs like Viagra developed specifically to affect sexual desire, performance or response" (Tiefer 2006 p275).

"make sense of masculinity, sex and sexuality in the context of Viagra use and their relationship with their sexual partners" (p299):

i) "talk about erections, penises, sex as an act or activity" - eg: erections went from "disappear", "go down", "drop down", "drop away", "fade away", "subside", "become pretty useless" to "stand up like a soldier", and "stand up and look at you" (p300).

ii) "how men positioned themselves in relation to sex and sexuality" - eg: "able to have an erection and step inside G and insert... to be able to bring that manhood of me, or to give that um... that feeling back, that I'm not hopeless? I'm not, I'm useful, ah, I'm not just a lazy slump. It [Viagra] gives me the... ability of... being able to perform" (p305).

iii) "the role of Viagra" - eg: "It's fantastic because... you're enjoying the drugs in your system and then you're also enjoying, enjoying being able to be sensual and perform with those drugs" (p309).

These themes linked to Tiefer's (1995) ten "sexual beliefs" about male sexuality, specifically, "male 'desire' for sex is unproblematic, sexual pleasure for the female (through orgasm) is the responsibility of the male, sexual prowess is a 'serious and task-oriented business', women prefer intercourse. As Tiefer notes, these tasks require an erection, and more than that, 'particular technical performance requirements' (1995...). Virility and masculinity are confirmed through proper erection, and functional performance" (Grace et al 2006 p310).

Marshall (2006) saw Viagra as part of the "new culture of virility" for older men. This included the concept of the "male climacteric", "male menopause", "andropause", or ADAM (androgen deficiency in the ageing male), which could be treated with testosterone. At the same time, the net is widened for those to include in this category. "The Viagra user is no longer just an older man who, due to a physiological problem, is unable to get or keep an erection most of the time, but is just as likely to be a younger man, with no identified organic disorder, who worries about his erections being less reliable than he thinks they should be. This is clearly reflected in the marketing campaigns for Viagra (and its successor drugs)" (Marshall 2006 p354).

This "downloading of risk and anxiety about age-related changes in sexual capacities to younger and younger men" (Marshall 2006 p355) requires men to be "active patients" monitoring their bodies for signs of decline. "The message here is not only one of constant vigilance, even where no immediate problems are apparent, but also one of equating the loss of erectile power with the end of life itself. Thus, the onus is on the individual to take responsibility for managing risk through new regimes of bodily discipline which must start long before the onset of 'old age'" (Marshall 2006 p355).

Croissant (2006) argued that "Viagra and related drugs are creating new standards for men's and women's sexual performance, as well as new forms of 'hyper-real sex' or 'hyper-sexual reality'" (Potts and Tiefer 2006 p269). While the success of Viagra has increased interest in female sexuo-pharmaceuticals (eg: "Viagra for women"), according to Hartley (2006).

4.11. APPENDIX 4D - HEALTH CARE PROFESSIONALS

Another situation where the staff's perceptions of older adults' sexuality is important is end of life/palliative care. Wallach et al (2023) commented: "The sexuality of older people, which has historically been invisible, is increasingly represented in the media and aimed at older adults as the 'sexy oldie' image (Gott 2005). However, this increase largely features youthful older people who meet the standards of youthfulness, beauty, and performance..., rendering the sexuality of frail older adults as obscure" (p318). So, "the sexuality of people at the end of life – regardless of age – elicits 'a vast societal discomfort' due to the 'double-barrelled taboo' [Cagle and Bolte 2009] of sexuality and death" (Wallach et al 2023 p319).

Wallach et al (2023) interviewed in-depth sixteen palliative care professionals in Montreal, Canada. Two main themes emerged from analysis of the transcripts of the interviews:

i) Professionals' perceptions of sexuality of older adults - A distinction can be made between a broad, non-genital, and a narrow, genital-focused understanding of sexuality. The former was summed up by "Participant 2" (P2): "For me, sexual expression is any form of intimacy. Be it physical, be it verbal, be it emotional, be it – which ever. Sexuality doesn't have to be just the act

itself. Holding hands, caressing, being there for the person, emotional support, that's all part of sexuality for me" (pp321-322). While "P6" described the narrow version: "For me, sexuality is definitely more about the physical relationship between people, whether of the same sex or the opposite sex. It's the physical relationship for me, sexuality... For me, it's sexual intercourse and all that" (p322).

The experience of sexuality in later life was viewed again in two ways - a continuation throughout life, or a change with ageing. The latter can be seen with this comment from "P6": "It's not like us (young people) anymore, it becomes essential for them maybe once every three months, something like that" (p322). This fitted with "the predominant tendency of care providers to consider that sexuality is not important and that it is rarely, if at all, expressed by older adults in palliative care" (Wallach et al 2023 p322). Any sexual expression was assumed to be the broader, non-genital type.

ii) Communication about sexuality with those in palliative care - Most professionals did not discuss the topic with patients, or unless the patient raised it. "P6" gave an example of the level of the conversation: "I always keep it at the level of jokes but not more. I don't get into people's sexual expression-related issues... You know, to tell them, for example, when I prepare them, I finished dressing them, I did their hair and then I tell them: 'Oh that's it, now you are ready to meet your lover...'. I have a client, she lives with her husband, then I said to her: 'Hey, watch out! Tomorrow morning, I see how beautiful you are, don't come and tell me you're pregnant!'. But you know, it's not more than that, it's not going any further" (p323).

The reasons for not discussing the topic included, "We don't think that older people need to talk about this" ("P5"; p324), or "they're sick, they know they are dying. They don't have the energy. They just don't talk about it..." (p324).

Wallach et al (2023) ended: "Indeed, while some people in palliative care may identify themselves as asexual in relation to their advancing age, in relation to the end of life, or for any other reason related to their individual life course, it is important, as Przybylo (2021) argues, to distinguish between such assumed identity and desexualisation, which is the result of the oppression experienced by the older adult in their

loss of autonomy and at the end of life... Therefore, we would encourage palliative care professionals to ask about sexuality more routinely, and then to validate what older adults tell them about their interest/disinterest in sex" (p325).

4.12. APPENDIX 4E - MINORITY STRESS

It has been estimated that around three million older adults (over 50s) in the USA identify as LGBT (lesbian, gay, bisexual, and transgender), and that is about one-quarter of the total sexual minority population in the country (Detwiler et al 2023).

"Sexual minority older adults age at the same rate as their heterosexual counterparts and experience similar, if not greater, challenges (eg: accessing health care...). Yet, sexual minority older adults also have unique needs and experiences related to their identities that are often overlooked in both scientific and clinical settings" (Detwiler et al 2023 pp350-351). The concept of unique stressors is encapsulated by the "Minority Stress Model" (Meyer 2003). This proposes two types of stress: "(a) distal stress (ie: external events of prejudice through discrimination or violence, including experiences of heterosexism perpetrated by others) and (b) proximal stress (ie: internal responses to distal stress, including expectations of rejection, concealment of identity, and internalised heterosexism)" (Detwiler et al 2023 p351).

Other minority stressors include race/ethnicity-, gender-, and age-based, which can be common to all, but interact with the specific sexual minority stressors. For example, "Kertzner (2001) highlighted that the role of sexuality within the gay identity may result in lower tolerance toward older age due to associations with unattractiveness and asexuality" (Detwiler et al 2023 p351).

Detwiler et al (2023) recruited online 189 US sexual minority over 50 year-olds to study this topic. Questionnaires were completed concerning perceived ageism, perceived heterosexism, perceived social support, quality of life, life satisfaction, psychological distress, and loneliness. The aim was to assess the impact of ageism and heterosexism on four outcomes (life satisfaction, quality of life, psychological distress, and loneliness), and the mediating effect of social support and contact.

Ageism and heterosexism predicted the four outcomes

in unadjusted analysis. But when adjusted for social support and contact, the relationships were variable. For example, ageism was significantly associated with psychological distress, but ageism and heterosexism were not associated with loneliness taking account of social support. While experiencing in-group social contact (ie: meeting other sexual minority individuals) weakened the impact of ageism on psychological distress.

Detwiler et al (2023) pointed out: "An unexpected finding was that psychological distress was heightened at higher levels of heterosexism for individuals in regular contact with other sexual minority older adults but was not significant for individuals not in regular contact with other sexual minority older adults. In this case, the contact did not play the expected stress-ameliorating role. These findings may relate to the concept of stigma consciousness (Pinel 1999), which is the degree to which someone with a marginalised identity is aware of and expecting experiences of discrimination based on that identity. Heightened stigma consciousness has been significantly associated with poorer psychological outcomes in sexual minority participants... Regular contact with other sexual minority older adults may heighten stigma consciousness for discrimination based on sexual orientation, therefore limiting the potential buffering effect of in-group social contact" (p358).

The findings were taken as partial support for the Minority Stress Model. Put very simply, sexual minority older adults experience both unique and general stressors in ageing and these interact (sometimes and in different ways).

The sample was self-selecting in response to advertisements on specific social media outlets and chat rooms. Just on 90% identified as White, the average age was sixty years old, and the education level was higher than the average for the general population.

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5. COVID-19 AND SEXUAL BEHAVIOURS

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5.1. OVERVIEW

The impact of covid-19 was both in the disease and in society's response to it (eg: lockdowns). Toldam et al (2022) reviewed the evidence in October 2021 on sexual health and covid-19 lockdowns. One hundred and seven relevant studies were found published between 2019 and 2021. Overall, all aspects of sexual health were impacted, mostly in negative ways, but there was some variation (ie: no or positive change).

The main areas of sexual health covered are included below with brief summaries of findings:

- i) Sexual frequency - Mostly a decline.
- ii) Sexual practices - But an increase in solo masturbation.
- iii) Pornography consumption and virtual sexual practices - Generally an increase.
- iv) Risky sexual behaviours - A decrease, for example, in the number of sexual partners due to lack of access to people. Fear was also important, particularly in the early days of the pandemic - eg: in an Australian study (Hammoud et al 2020) 93% of nearly one thousand gay and bisexual surveyed saw casual sex as "too risky" at that time, and only 16% of those who had had casual sex before the pandemic continued this behaviour.
- v) Sexual functioning - More negative impact on women than men.

vi) Sexual desire - An overall trend that "around one-third to half of the participants experienced no changes in sexual desire during lockdown, while the remaining participants reported either an increase or a reduction in sexual desire" (Toldam et al 2022 p742).

vii) Sexual satisfaction - Some change, particularly for individuals who found the demands of the physical distancing difficult. "Young age, mental distress, single or non-co-habiting status, short relationship duration, and poor relationship contentment were among the most frequently reported determinants of lowered sexual satisfaction during covid-19 restrictions" (Toldam et al 2022 p744).

Negative mental was associated with negative sexual health.

One other area of study found in the review was the sexual health of health-care professionals/providers. For example, a large study in Brazil (Neto et al 2021) surveyed over 1300 such individuals at one covid-19 specialist centre. "Overall, 37% of the respondents reported lower libido (42% of men vs 25% of women) during than before the pandemic, whereas 45% reported lower sexual satisfaction (42% of men vs 47% of women). Low libido was associated with lack of nightlife attendance, older age, isolation from partner, and living with a partner" (Toldam et al 2022 p743). A limited number of other studies altogether suggested that "health-care providers might have experienced relatively more sexual adversities than other groups during the lockdowns" (Toldam et al 2022 p743).

Toldam et al (2022) commented that "nearly all included studies employed an observational, cross-sectional questionnaire study design, based predominantly on small, non-representative populations, sampled by convenience. Also, most data were conducted online based on self-reported information concerning a relatively short time span, typically 2-4 months. In most studies, the risk of selection and/or information bias was therefore high" (p747).

Furthermore, there was little research on minority groups (eg: individuals with disability; women of colour; LGBTQ+ individuals). The research "mainly consists of heterosexual cisgender men and women supplemented by a fair share of studies focusing narrowly on risky behaviours among MSM [men who have sex with men]" (Toldam et al 2022 p746).

5.2. SOLITARY SEXUAL BEHAVIOURS

The movement restrictions imposed by governments during the covid-19 pandemic (eg: lockdowns; stay-at-home orders) were assumed to increase solitary sexual behaviours (namely masturbation and pornography use; appendices 5A and 5B). But actual studies of both behaviours have found increases, decreases, and no change compared to prior the pandemic (Gleason et al 2023) (table 5.1).

Change during pandemic compared to prior	Masturbation	Pornography use
Increase	US men small increase in frequency (Gleason et al 2021)	Black heterosexual men in New Orleans (enrolled in "Check It" study) (Craig-Kuhn et al 2021)
Decrease	Canadian sample (Brotto et al 2022)	(No example known)
No change	Undergraduates at one US university (Herbenick et al 2022)	Canadian longitudinal study of adolescents (Bothe et al 2022)

Table 5.1 - Example of studies on solitary sexual behaviours and covid-19 pandemic.

Gleason et al (2023) investigated compulsive sexual behaviour (CSB) during the covid-19 pandemic. CSB is defined as "an impulse control disorder involving difficulty controlling sexual urges, thoughts, and behaviours" (Gleason et al 2023 p2288). How did CSB impact solitary sexual behaviours at this time?

Over 900 US participants were recruited in October 2020 from "Amazon Mechanical Turk". CSB was measured by the 13-item "Compulsive Sexual Behaviour Inventory" (CSBI-13) (Miner et al 2017) (eg: "how often have you had trouble controlling your sexual urges?"; "how often have you used sex to deal with worries or problems in your life?"; "never" (1) to "very frequently" (5)). A total score of 35 (out of 65) was used as the cut-off for CSB. Overall, 8% of the sample was grouped as CSB.

Frequency of masturbation and pornography use were self-reported for "the months since the start of the covid-19 pandemic", and the year before (on a seven-point scale). General mental health was also rated.

There was a significant increase in the frequency of

masturbation and pornography use among the CSB group during the pandemic compared to before, and no change for the rest of the sample (figure 5.1).

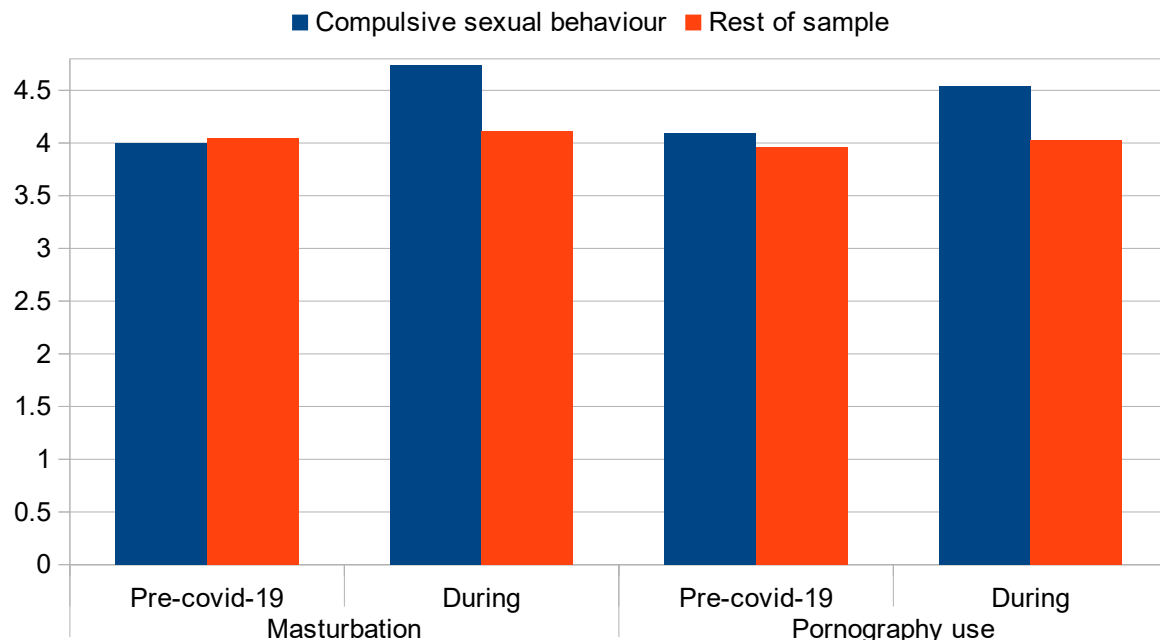


Figure 5.1 - Mean frequency of masturbation and pornography use (out of 7, where 1 = "not at all" and 7 = "multiple times each day").

One theory is that individuals with CSB use sexual behaviour to cope with negative emotional states, and the findings could fit with this idea. "Individuals with CSB may engage in sexual behaviour to cope with depression symptoms while other individuals with similar levels of depression do not" (Gleason et al 2023 p2291). This study was cross-sectional, so causation could not be established.

"An alternate explanation for these results is that individuals who experienced increases in solitary sexual behaviours were more likely to perceive their sexual behaviour as out-of-control. These individuals may have misperceived changes in their sexual behaviour as the result of personal or moral failings rather than the result of environmental factor (ie: more time at home alone, boredom, lack of in-person sexual outlets etc), causing them to perceive their behaviour as out-of-control. Relatedly, participants with CSB may have been biased in reporting their sexual behaviour, reporting frequencies that were in line with their perception of

their sexual behaviour as out-of-control" (Gleason et al 2023 p2291). All data were retrospective self-reports.

Note that no information was collected about pornography use as to whether solitary or with a partner, it was assumed to be a solitary behaviour (Gleason et al 2023).

The mean age of the sample was 38 years, and 60% was male overall (but 75% of the CSB group). Nearly 80% of the sample was White overall.

5.3. LOCKDOWNS

Wignall et al (2023) surveyed 565 British 18-32 year-olds in mid-May 2020 (in the middle of lockdown) in a study entitled "The Impact of Social Isolation on Sexual Well-Being and Intimacy". Three main questionnaires about sexual behaviour were completed:

i) Sexual Desire Inventory-2 (SDI-2) (Spector et al 1996) - Fourteen items covering general sexual desire (eg: "During an average month/the last month how often have you had sexual thoughts involving a partner?"). This was completed for current feelings, and imagining before lockdown.

ii) Sexual Behaviours Catalogue - Fourteen behaviours before and during lockdown (eg: solo masturbation; mutual masturbation; sexting with a partner).

iii) Socio-Sexuality Orientation Inventory - Revised (SOI-R) (Penke and Asendorpf 2008) - Three items on attitudes towards casual sex: "With how many partners have you had sexual intercourse in the past 12 months?"; "Sex without love is OK"; "In everyday life, how often do you have spontaneous fantasies about having sex with someone you have just met?".

Men had higher SDI-2 scores than women both before and during lockdown. Both sexes reported a decline in sexual desire, but the reduction was only statistically significant for women.

In terms of sexual behaviours, the average was a decline in frequency. "For example, 68 people (12.04%) had intercourse with somebody not their partner before lockdown, and only 8 people (1.42%) did this during lockdown" (Wignall et al 2021 p980). But there were exceptions, with increases in sexual behaviours by men

(compared to women), individuals in serious relationships (vs single or casual relationships), and LGB individuals (vs heterosexuals).

Generally, there was no relationship between SOI-R, and health, or subjective well-being. Higher scorers, however - "those with high levels of desire for casual sex reported a greater negative impact on their self-reported levels of well-being than those with less desire for casual sex" (Wignall et al 2023 p982).

In terms of evaluation of the methodology, participants were asked to recall their behaviour before the lockdown, which introduces the potential biases of recall error, or answering based on current feelings (ie: "recasting the past, in the light of present experience"; Mitchell et al 2023 p8). The sample was self-selected online. "These individuals may perceive more negative impacts of the pandemic, potentially having more free time due to furlough or needing extra income through survey participation" (Wignall et al 2023 p983).

5.3.1. Steady Relationships

The "National Surveys of Sexual Attitudes and Lifestyles" (Natsal-COVID) study collected data in August 2020 in the UK from over 6600 18-59 year-olds. Mitchell et al (2023) analysed the responses related to sex life, and relationship quality in steady relationships during the lockdown period in 2020.

One-fifth of respondents reported no change in sex life during lockdown, as measured by five aspects - satisfaction, distress about sex life, interest in sex, pleasure in sex, and frequency of sex. About two-thirds reported no change in relationship quality.

Among the participants reporting a change in sex life or relationship quality, "sex-life quality was more commonly reported to decrease and relationship quality to improve" (Mitchell et al 2023 p1). About 10% reported sexual difficulties that started or worsened during lockdown, and 7% deterioration to "lower quality" relationship.

There were some differences based on variables like age, and gender, but also variations. For example, younger age groups had more relationship breakdown than older groups, but also "more commonly reported improvement in both sex life and relationship quality. These trends may be partially explained by pre-covid age-related patterns in relationship status; younger people are less likely to be in established relationships and

therefore more susceptible to change. Mean relationship duration is significantly shorter than for older adults..., and relationship breakup is more common" (Mitchell et al 2023 p8).

Mitchell et al (2023) concluded that "the impact of covid-19 on steady relationships followed a similar pattern to other social and economic areas of life; no change for some, improvement for some and deterioration for others. Thus, relationship and sex life quality should be considered as yet another dimension on which covid-19 has widened the gap between those who gain and those who lose, with vulnerability due to poor health and life-stage a key part of this divide" (p11).

Pietromonaco and Overall (2020) offered three reasons for the variety of experience - "firstly, couples vary in the number and severity of stresses they face; secondly these pandemic-related stresses occur in contexts which vary greatly in terms of vulnerabilities (eg: whether couples have financial resources or not); and thirdly, those who have enduring vulnerabilities are less able to adapt their relationship processes to mutually support each other" (Mitchell et al 2023 p8).

Though the Natsal-COVID study had a largely representative sample of the UK population, data were based on recall, and individual circumstances were not measured in any detail (Mitchell et al 2023).

5.4. SEX WORKERS

The covid-19 pandemic impacted employment in different ways, and one group, mostly overlooked, were seriously negative affected, namely sex workers, of which they may be over forty million in the world (Brooks et al 2023). "Across the globe, sex work remains mostly illegal or 'limitedly legal' (eg: selling sexual services may be legal but soliciting, brothel-keeping, and buying sex may be illegal)... and therefore workers may face stigma and difficulties accessing support. Indeed, in the early days of covid-19 when many governments across the world introduced financial support packages to help citizens cope with the economic impact of the pandemic, sex workers were frequently excluded from accessing this support" (Brooks et al 2023 pp1969-1970). Many sex workers are also often members of marginalised or vulnerable groups (eg: ethnic minorities; LGBTQ+) (Brooks et al 2023).

Brooks et al (2023) performed a review of the literature on sex workers and covid-19. The time period

of publication was December 2019 to December 2022, and six academic databases were searched using 5 terms related to sex work (eg: sex work; sex industry; brothel), and five to covid-19 (eg: lockdown; coronavirus). Sixty-three relevant studies were found. A number of themes were noted from the studies.

The most prominent theme was financial difficulties through loss of work during the pandemic. "The reduction in work led to reduced income which in turn led to difficulties paying for food or housing. As a result, many felt forced to return to work, borrow money or turn to non-sex work in order to survive" (Brooks et al 2023 p1972). Physical distancing and lockdowns, along with the closure of work venues (eg: bars, hotels, brothels) were key factors here.

The next important theme was exposure to harm. Because of the financial pressures, many sex workers "accepted clients during the pandemic but due to the restrictions in place and low demand for their services, they found they had no power to negotiate prices, sexual practices or condom use with their clients and many engaged in risky practices for little money. Structural violence against sex workers was exacerbated during the pandemic, with participants across many studies reporting an increase in abuse, harassment, violence and discrimination – from partners, clients, the general public and police" (Brooks et al 2023 p1993). Risks were "particularly pressing" for street-based workers, transgender individuals, and those new to sex work.

One response to the pandemic was to find alternative ways of working, particularly "online sex work". "However, there were numerous barriers to offering services online, including lack of technological skills, lack of private space to work at home, and lack of anonymity" (Brooks et al 2023 p1995).

Covid-19-related behaviours was another theme, which included knowledge about the virus, protective behaviours (eg: mask-wearing; longer gaps between clients; increased ventilation of indoor venues). "Despite protecting themselves to the best of their abilities, overall sex workers relied on the willingness of their clients to agree to protective measures" (Brooks et al 2023 p1996).

A number of studies investigated psychological well-being and mental health. There was evidence of negative emotions and exacerbation of existing mental health problems, which was probably similar to many individuals in society during the pandemic. Certain coping strategies, again common to all, were useful, including humour, positive thinking, and religiosity.

Access to support and health care were further themes. In the former case, financial support, where available, came from non-profit organisations, but these groups themselves were impacted by the pandemic (eg: reduced income; online service provision only).

"Many sex workers described having very little social support during the pandemic... Some lacked support even pre-pandemic as they were migrants without support networks in the countries they worked in, often with colleagues their only potential source of support... Others lacked social networks as they isolated themselves for fear of their commercial activity being found out..." (Brooks et al 2023 p2000).

In terms of access to health care, this included general services, covid-19 services, and specific services (eg: HIV; sexual health). There were common problems to the whole population, but also specific ones to migrant status, and to their employment (eg: pre-existing stigma). Access to condoms was a particular concern.

Brooks et al (2023) summed up the key issues as reduced work and income, the practical problems of social distancing and lockdowns, and the impact of the pandemic on health services. Some of the experiences were not unique, but "the covid-19 pandemic certainly appears to have exacerbated existing problems for sex workers" (Brooks et al 2023 p2003) (figure 5.2).

Any review depends upon the studies available and their methodology and quality. One key issue was finding sex workers to study. "Several studies raised concerns about gaining access to sex workers for research purposes during a public health crisis such as the covid-19 pandemic. Sex workers are already likely to be a hard-to-reach population, given the prejudice and stigma surrounding the profession as well as the criminality of sex work in most countries. Research also suggests those engaged in transactional sex are at increased risk of loss to follow-up in research studies... Given that much of the research carried out during the pandemic had to be done via telephone or online due to social distancing measures, sex workers without access to technology would have been unlikely to take part – meaning there may be a hidden population of sex workers whose pandemic experiences have not been explored. In other words, there are potentially many sex workers in even more dire circumstances than the more 'visible' ones who took part in research studies; therefore, researchers may not truly know the extent of the impact the covid-19 pandemic has

had and continues to have on the most vulnerable members of this population" (Brooks et al 2023 pp2002-2003).

Most studies were cross-sectional in design (ie: a snapshot at one point in time). Nineteen studies were undertaken in Africa, followed by twelve in Asia, and the majority overall involved sex workers (more often female) (as opposed to representatives from support groups, for instance).

There was little research on sex workers and covid-19 vaccination intentions and uptake (Brooks et al 2023).

Only studies published in English were included, and unpublished and "grey" literature (eg: reports by charities) were excluded.

The researchers ended with the confession that "as this was a scoping review (rather than a systematic review) we did not carry out any formal appraisal of the quality of included studies. This is a limitation and we recommend that any researchers who expand on our work to carry out further reviews should include an element of formal quality assessment in order to ascertain whether the findings of particular studies should perhaps be given more or less weight in the discussion of results" (Brooks et al 2023 p2005).

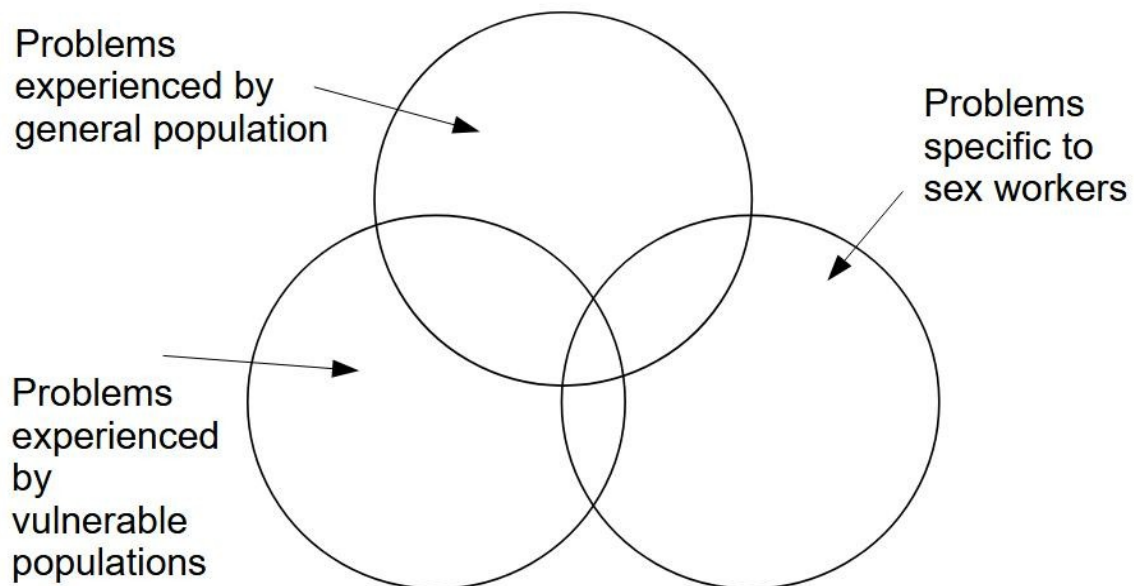


Figure 5.2 - A conceptual representation of the problems of sex workers during the covid-19 pandemic.

5.5. SEXUAL MINORITY INDIVIDUALS

Harkness et al (2021) investigated the sexual behaviour during the pandemic of Latinx sexual minority men (LSMM) (ie: gay, bisexual, and men who have sex with men).

On the positive side, sexual minority men can be resilient as seen by the adoption of safer sex practices in response to the HIV epidemic. There is a parallel with covid-19 in terms of transmission via intimacy (eg: saliva droplets during kissing).

In terms of quantitative research, McKay et al (2021) found evidence of adaptation in a survey of 728 gay and bisexual men in early 2020, which included reduced number of partners, and increased "virtual sex" (Harkness et al 2021).

Qualitative data were collected by Harkness et al (2021), who interviewed via phone or video twenty LSMM in South Florida in mid-2020. Five themes were elicited from the analysis:

i) Increasing frequency of sex with a primary partner - eg: "we have had more time which we did not have before and more space and it hasn't been with multiple partners but just with one" (man in early 50s; p953).

ii) Decreasing number of sexual partners - eg: "since March 9th I've been completely abstinent..." (man in early 30s; p953).

iii) Continuing pre-covid sexual activity - "Participants felt that other LSMM were actively engaging in sex, based on their observations of hook up app activity, with one participant [in mid-50s] stating, 'The dating sites are alive and well'..." (Harkness et al 2021 p954). Others reported that there was a reduction in activity followed by a bounce-back with "quarantine fatigue" (p954).

iv) Covid-19 prevention and sex - Three groups of strategies emerged: adaptation (eg: virtual sex only), some adaptation (eg: asking about partner's risk), and no change. In reference to the latter, Harkness et al (2021) explained: "When asked if they had adopted any new strategies for navigating safer sex during covid-19, many participants expressed confusion about the question, suggesting that having sex and avoiding covid-19 felt at odds with each other for many participants" (p954).

Assessing a partner's risk was summed up by an interviewee in his 50s: "I'm very specific once in a while without being daunting. [I] ask him questions, 'are you being safe?' 'how many people are you working with?' I take precautions. I have a 91-year-old Mom" (p954).

v) Using sexual networking apps in new ways - "Despite participants reporting that they and other LSMM were using sexual networking apps during the pandemic, some clarified that, especially during the earlier period of the pandemic, sexual networking apps were used to talk, pass the time, and get to know guys, but not immediately hook up. One participant [in mid-20s] explained: '[I'm using] Grindr and other apps but I'm currently not planning or scheduling any meetings with people, just to like talk basically,' (Harkness et al 2021 p954).

Overall, Harkness et al (2021) felt that LSMM were navigating sex during the covid-19 pandemic with strategies that resembled the response to the HIV epidemic.

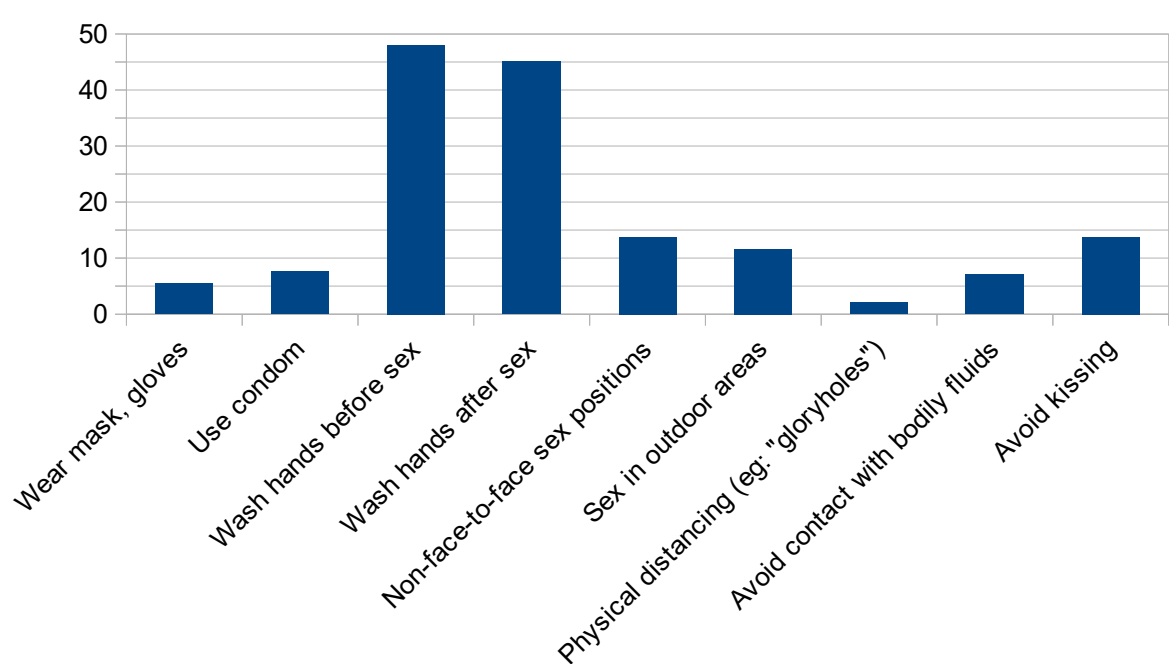
The centrality of the family in the lives of Latinx individuals was seen. "Several participants described the role of their family of origin in informing decisions about sexual behaviour. For LSMM who lived at home with their family of origin may and/or were not out to their families, the role of expressed or anticipated negative reactions from family about having same-sex partners could have played a larger role in LSMM's sexual decisions during covid-19. Others discussed the commitment they felt to ensuring that their families, particularly older family members and in the context of living in multi-generational homes, were protected from covid-19. This type of commitment to family safety may have prevented some LSMM from being sexually active during covid-19" (Harkness et al 2021 p955). On the negative side, machismo could play a role for LSMM. This has been seen in relation to HIV with individuals engaging in deliberately risky behaviour.

5.5.1. HIV-Negative MSM in London

Hyndman et al (2021) surveyed 814 HIV-negative MSM who were registered at a London sexual health clinic in August 2020. Overall, three-quarters of the respondents had engaged in sexual activity during lockdown (23rd March - 30th June 2020 in England), with an average

(median) of three partners, and one-fifth reported "chemsex". Three-quarters of the sexual partners had been outside the household, which had been discouraged by UK Government recommendations.

The main reasons for sex outside the household were (in order) feeling lonely/isolated, feeling bored, and feeling stressed and/or anxious. "Sexting" had increased, and behaviours to mitigate covid-19 transmission were also common (eg: washing hands before sex; using sexual positions that are not face-to-face) (figure 5.3). Three-quarters of the sample used anti-retroviral pre-exposure prophylaxis.



(Data from table 1 p522 Hyndman et al 2021)

Figure 5.3 - Behaviours to avoid covid-19 transmission during sex (%).

5.6. SEXUAL RISK BEHAVIOUR

Young (or emerging) adulthood can be a period of heightened sexual risk-taking with multiple sexual partners, and/or unprotected intercourse. Trajectories show "stable and volatile pathways at low, moderate or high levels of risk..." (Moilanen et al 2023 p1). Two key variables here are age of sexual debut, and self-control. "Young adolescents who begin their sexual careers earlier than their peers tend to be highly disinhibited or

lacking in self-regulation, which in turn may trigger other developmental processes that predispose them to maintain and/or escalate involvement in high-risk practices long after debut" (Moilanen et al 2023 p3).

College students are studied commonly for sexual risk-taking. How has the covid-19 pandemic impacted this group and this behaviour? Moilanen et al (2023) analysed data from the "College Student Transition Study", specifically students at one large university in the south-eastern USA (n = 775), surveyed four times between July 2019 and May 2020 (twice pre-pandemic and twice during it). Each time the same questions were asked about sexual behaviour in the past month.

On the last survey (May 2020), questions were asked about covid-19, including personal experience, concern for staff and others, distress, and financial problems due to the pandemic.

Overall, two main trajectories were distinguished for vaginal, oral, and anal sexual risk behaviour separately. Pre-pandemic, there were high and low risk trajectories. Low risk was defined as "No involvement in the last month, or had one partner and always used condoms/barriers", and high risk as "Reported having both two or more partners and any unprotected encounters in the past month" (p6). Six individuals were classed as high risk for all three types of sexual behaviour, while the majority of individuals were low risk on one or more behaviours.

The low risk group did not change with the pandemic. The high risk trajectory sub-divided into those who showed a decline in risk with the pandemic, and those who continued with high risk sexual behaviours in 2020. Concentrating on the latter group, covid-19 variables, contrary to the expectations of the researchers, did not predict continued high risk behaviour. But early sexual debut, low self-control, and having a romantic partner were significant predictors of it.

5.7. ERECTILE DYSFUNCTION

One consequence of covid-19 for men is the increased risk of erectile dysfunction (ED) (or specifically, "covid-19-related ED"). Testosterone levels have been linked to covid-19 infection risk generally (Hsieh et al 2022).

Hsieh et al (2022) reviewed the literature on covid-19 and ED as of late April 2021, and found sixty relevant studies. Primary data sources (eg: patient surveys) were

the minority.

Four topics were distinguished:

i) The biological impact of covid-19 infection on ED - Patient surveys, and sexual health clinic data showed an increase in ED during covid-19 than before. But this may be due to social problems (eg: stress) as much as the biological impact of covid-19.

One Italian online survey (Sansone et al 2021) did find biological differences between 75 men with covid-19 and twenty-five without it that could contribute to the potential onset of ED (eg: endothelial dysfunction). Generally, the biological impact was hypothesised as indirectly via the cardiovascular and nervous systems (eg: decreased blood supply to the genitalia) (Hsieh et al 2022).

ii) The mental impact of covid-19 infection on ED - "Psychological and mental health issues may lead to ED or worsening ED. ED has been shown to be 1.3-2.3 times more common in individuals with anxiety and depression. Although the psychological effects such as depression, anxiety, post-traumatic stress, and sleep disturbances are being studied for covid-19, literature evaluating the relationship between these psychological and mental consequences and ED is rather scarce" (Hsieh et al 2022 p305).

There was evidence of altered sexual behaviour during the pandemic, for example, in declining sexual desire and sexual intercourse frequency (eg: online study in Turkey; Karsiyakali et al 2020).

iii) The impact of covid-19 on ED treatment - A disruption in non-emergency medical care access and delivery, as seen generally, and the potential increase in "E-health" and "telemedicine".

iv) Health disparities in the impact of covid-19 on ED - "The covid-19 pandemic has magnified health disparities through loss of work and health insurance, having an impact on employee healthcare coverage and overall access to healthcare. In addition, the covid-19 outbreak has amplified health disparities by race and gender in the US, perhaps most significantly for African American and Latino men" (Hsieh et al 2022 p306). There were little data specific to ED.

Hsieh et al (2022) summed up: "Evidence that the covid-19 pandemic may precipitate or worsen ED through

biological and mental health effects is emerging and compelling. Preliminary evidence showed a significant association between ED and covid-19, with a 5.27 odds ratio... Multiple pathways and factors associated with ED and the significance of covid-19 were identified in the published medical literature" (p307). These pathways included biological mechanisms, as well as non-biological (eg: stress; increased weight during lockdowns; lack of access to routine medical care).

5.8. APPENDIX 5A - EVOLUTION OF MASTURBATION

Brindle et al (2023) began: "Auto-sexual behaviour, or masturbation, is common across the animal kingdom, but appears to be particularly prevalent in the primates. There is little systematic comparative research into this behaviour, and its evolutionary history is unclear. The proximate driver of masturbation is not difficult to establish, since genital stimulation is reinforced through the same hedonic feedback regardless of whether it is auto- or allo-sexual. However, at a superficial level, masturbation poses a problem for evolutionary theory. It does not directly increase survival prospects and, by definition, occurs to the exclusion of reproductive partners, while incurring costs in terms of time, attention and energy" (p1).

The main theories include (Brindle et al 2023):

a) Pathology Hypothesis - A pathological behaviour with no evolutionary benefits.

b) Outlet Hypothesis - As a sexual outlet for aroused animals if occurring in the presence of potential partners (ie: a byproduct of sexual arousal).

c) Post-copulatory Selection Hypothesis - It increases the chances of fertilisation. This hypothesis has two "sub-hypotheses" - the Sexual Arousal Hypothesis, and the Sperm Quality Hypothesis.

"The Sexual Arousal Hypothesis posits that non-ejaculatory male masturbation may speed up subsequent ejaculation, benefiting low-ranking males in danger of being outcompeted by rivals (eg: in marine iguanas...), or increase ejaculate quality (eg: in humans...). Similarly, the Sperm Quality Hypothesis states that ejaculatory pre-copulatory male masturbation may expel inferior sperm, improving subsequent ejaculate quality (e.g. in... Japanese macaques...). The Sexual Arousal

Hypothesis could also help explain female masturbation, since sexual arousal and orgasm may facilitate cryptic female choice. Female arousal increases vaginal pH, creating a more hospitable environment for sperm. The vaginal transudate associated with arousal filters out inferior sperm, while facilitating the transfer of high-quality sperm towards the uterus. Similarly, the contractions associated with female orgasm may enhance the passage of sperm through the uterine cavity, and associated secretions of prolactin capacitate sperm" (Brindle et al 2023 p2).

d) Pathogen Avoidance Hypothesis - A post-copulatory strategy to prevent sexually transmitted infections.

Brindle et al (2023) analysed published data from nearly 400 studies in 105 primate species, and constructed a phylogenetic tree for the evolution of masturbation, specifically in relation to the last two hypotheses above.

There was support for both the Post-copulatory Selection Hypothesis and the Pathogen Avoidance Hypothesis in males, but not females. In the Post-copulatory Selection Hypothesis, masturbation is more common in multi-male mating systems (ie: high male-male competition) than single-male mating systems, while masturbation is more likely in species in environments where parasites are more common (eg: hot and humid) (Parasite Avoidance Hypothesis).

The failure to explain the evolution of female masturbation with these two hypotheses was a problem. But the researchers felt that they had shown that "masturbation is not simply a pathological behaviour, and is unlikely to solely be a byproduct of high sexual arousal" (Brindle et al 2023 p7).

5.9. APPENDIX 5B - ONLINE PORNOGRAPHY

Quantifying the popularity of online pornography is not easy, but it is possible to use "Similarweb's" "Top Websites" to give some idea. This is based on publicly available data and data provided by the website and app owners. The metric "traffic rank" is used, which is calculated "based on a mix of estimations of a site's monthly unique visitors and monthly pageviews across desktop and mobile web traffic" (Wright et al 2023 p764).

For April 2023, the top globally ranked websites were "Google", "YouTube", and "Facebook" in that order.

Among pornography websites, "Xvideos" was 7th, "Pornhub" 10th, and "Xnxx" 11th leading the way. "Xvideos" had nearly three million visits globally in April 2023 (Wright et al 2023).

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6. MAIL-ORDER BRIDES

- 6.1. Introduction
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6.1. INTRODUCTION

Tyldum and Tveit (2008) observed: "Transnational marriage migration is... often presented as a strategy for social mobility for women from developing and transitional countries. But marriage migrants' success in winning the favours of a western man is rarely presented as a romantic dream come true in western media, academic writing or popular culture. In the west, marriage migrants are more likely to be presented as desperate and poor women who sacrifice themselves for the good of their family than as successful and romantic. However, in many developing and transitional countries marriage to a westerner is seen as exactly that - a romantic dream come true, that also secures a good life" (p11). On this basis, Tyldum and Tveit (2008) suggested that marrying a foreign man is not "something fundamentally different compared with all the women before them who have improved their lives through marriage to a wealthier man" (p11).

Concentrating on Thai and Russian women marrying Norwegian men, Tyldum and Tveit (2008), however, noted the disproportionate number of Thai in particular contacting women's shelters, and who were involved in prostitution after divorce. Yet the authors stated: "we do not claim that transnational marriages are better or worse than other marriages, but aim to describe the particular vulnerabilities that are inherent in such migration" (Tyldum and Tveit 2008 p12).

One challenge is how to describe the problems of marriage migration without presenting the women as victims only, but as agents "who make choices in order to find love, and to improve the lives for themselves and their families" (Tyldum and Tveit 2008 p13).

Tyldum and Tveit's (2008) research involved forty women in three groups - "in a successful marriage", "in the process of divorce (sometimes already divorced or planning divorce) from a marriage they had initially believed would be successful", and "looking for a relationship" (p16).

Wilk (2017) quoted 2015 figures of an estimated 10
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000 mail-order bride marriages overall in the USA each year. The industry has expanded in recent years to include "mail-order grooms" and brides for same-sex marriages (Wilk 2017).

6.2. RUSSIA

Focused on Eastern Europe, Zabyelina (2009) began with this observation: "In the early 1990s, two historical developments coincided to turn the mail-order-bride market into a highly profitable business operating on a global scale: the first was the collapse of the USSR with the opening up of the borders of the countries in Eastern Europe and Central Asia; and the second was the techno-informational revolution of the information and communication technologies and transportation facilities. The marriage brokers quickly moved to the internet as the most favourable location for the industry – fast, cheap, unregulated, and easily available – which enabled them to expand the variety of their catalogues, hence, reaching the global market" (p86).

This researcher analysed the websites of 24 "mail-order-bride agencies" ¹⁸ that advertised East European brides. Three categories of organisation were distinguished – "marriage agencies managed professionally" (with appropriate documentation) (category I), agencies started by individuals who had experienced international introductory services themselves (with limited professionalism) (category II), and the "least reliable internet marketing enterprises" (category III). The latter group, Zabyelina (2009) described thus: "They place ads and charge both men and women fees for managing the communication and matchmaking processes. These websites are used to find gullible women and men who can be exploited" (p95) (table 6.1).

Zabyelina (2009) also distinguished three categories of images on the websites – "indicative portrait or posing" (non-erotic/non-sexual), erotic images (eg: bathing suits), and "porn" (table 6.2). Zabyelina (2009) pointed out that "most of the mail-order-bride agencies provide an increasingly sexualised representation of the women in their catalogues. Women are depicted as sexual objects whereby their sexual attributes and physical attractiveness de-emphasise the existence of women as human beings. Women are presented as easily accessible,

¹⁸ Some organisations call themselves "marriage agencies", but Langevin and Belleau (2000) argued that "introduction agencies use this tactic of disguising the true objectives of their clients to mislead the more naive women" (quoted in Zabyelina 2009).

Category I	Registered businesses; member of professional organisations; claim to protect women's rights
Category II	Exist on Internet only; emphasise their peer advice status; testimonials including from founder(s); no information about protecting women's rights
Category III	Mostly intermediaries between "purchaser" and "product" that advertise on different websites; receive payment from "pay per click"; "These agencies tend not to tolerate women's rights and merely present women as a means of quickly making profits" (Zabyelina 2009 p95)

Table 6.1 - Three categories of mail-order-bride agencies.

compliant, and complaisant, with exceptional appearances, but not necessarily outstanding levels of education, professional skills, or matrimonial capacities as a mother and a housewife" (p97).

The mail-order-bride agencies offered different services to subscribers including, most importantly, the catalogue/database, and correspondence (in the "courting" stage), but also "bridal tours". The agency dealt with the travel logistics of a "consumer-husband" who wanted to meet his bride, or women generally, or, in some cases, escort services. The latter two could be classed as forms of "sex tourism" (Langevin and Belleau 2000).

Zabyelina (2009) ended: "This review of mail-order-bride agencies' operations reveals that women and men are positioned in an unequal position of power whereby the brides in the catalogues clearly tend to be oriented towards pleasing the men. The entire industry is based on recruiting women who are ready to fulfil customers' expectations and requests. Marketing is based on sexual, racial, and ethnic stereotypes. The sometimes subtle, but often blatant, sexualised services that the women are to perform for male subscribers are the most characteristic feature of the entire industry – a business based on the domination of men and the realisation of their demands" (p100).

This view fits with one side of the dichotomous views in the research literature on international marriage agencies (ie: the sexual exploitation of women), as opposed to the other side that see the industry as "an embodiment of international feminism, which has no connection to human trafficking or any other form of abuse" (Zabyelina 2009 p88) (eg: Simons 2001 quoted in Zabyelina 2009).

Leaving aside the positive view, Hughes (2000)

described the "mail-order-bride industry" as a "global enterprise premised on men's search for compliant, non-threatening women" (quoted in Zabyelina 2009). While Lee (1998) emphasised that it is "the organised business of capitalising on women's disadvantaged positions in pursuit of profit for the benefit of male consumers" (quoted in Zabyelina 2009), and Lloyd (2000) stated: "Operating virtually without regulation, the modern 'mail-order-bride' industry prospers by exploiting the power disparities between men and women, the rich and the poor, those from developed economies and those from developing economies. Young women [...] are transported from their homes, like products, to male citizens of economically advantaged nations under the supervision of for-profit companies known as 'mail-order-bride' agencies" (quoted in Zabyelina 2009).

- Urman and Makhortykh (2022) investigated Google search results for nine days in mid-2020 to understand the sexualisation of women from different countries or areas of the world with particular reference to "(racialised) dating and/or so-called 'mail-order bride' websites" (p7).
- These websites promoted the sexualisation of women from the Global South and East (what Schaper et al (2020) called "sexoticism", an interplay between sexualisation and exoticism of these women).
- The most common links were: "afrointroductions.com", "latinamericancupid.com", and "asiandating.com". Other popular links included "russianbrides.com" and "mylatinabride.com".
- The most common women presented were Ukrainian, Russian, and Asian.

Table 6.2 - "Sexoticism".

Luehrmann (2004) used the case study of an internet matchmaking agency ("Maksim Introductions") in Yoshkar-Ota, in an autonomous republic (Marii El) in Russia's Volga region. Western men paid to subscribe to the website to access information about the women, and if correspondence occurred with a woman, she paid for the "letter".

Russian women/American men marrying was common (appendix 6A), and Visson (2001) had studied this, finding that sexual exploitation was less of an issue compared to "the expectations each spouse had of their life together: women from Russian cities languishing in

the isolation of American suburbs, language problems, she turning out to be not as submissive and domestic as he had thought Russian women would be, his standard of living turning out to be not as high as she had hoped, or he discovering that she was more interested in making her own life in the US than in starting a family with him" (Luehrmann 2004 p861).

The stereotype of "feminine" and "submissive" women contributed to this ¹⁹, and Luehrmann (2004) found it was prominent in the advertising of "Maksim Introductions" - eg: "You dream of meeting a real Russian family-oriented lady! You can find such ladies only in small towns in the centre of Russia! They are not spoilt by the life of big cities, they value family life and will make you happy for the rest of your life!" (p862).

Luehrmann (2004) observed: "Although some women in Yoshkar-Ola laughed at letters in which men expressed the belief that Russian women were tender and submissive, most seemed to regard them as a reassuring answer to the question why there were so many seemingly healthy, seemingly well-off bachelors in the West. Having themselves a largely negative view of Western feminism, they could sympathise with men who did not want to marry a feminist" (p863).

Generally, Luehrmann (2004) reported a positive view of the women who married to migrate, particularly as the local economy was depressed, and the perceived failure of Russian men to be responsible breadwinners. "If these women seek a solution through relationships with foreigners, they are embracing the idea of female dependence on a male breadwinner, fulfilling Western men's expectations of 'traditional femininity'. However, deciding to acquire the technical means and the cultural skills necessary for establishing Western contacts can also be a way to escape dependency and limited chances at home..." (Luehrmann 2004 p871).

6.3. APPENDIX 6A - RUSSIAN WIVES

Ryabov's (2013) interviews with twenty women from the former Soviet Union who had married US men explored the transnational partner choice, and the experience of living in another country (socio-cultural adaptation). In relation to the former, "lack of good husbands" in Russia was a common reason given, and "a few women acknowledged that they built up their marriage strategy by looking for foreign husbands. They also explicated their marriage as

¹⁹ These characteristics can be described as those of "hegemonic femininity" (Wilk 2017).

related to American men's preference for Russian women. While comparing themselves with American women, they commented that American women lost a sense of femininity desired by American men" (Ryabov 2013 p55). There was a downplaying of financial reasons, and an attempt to distance themselves from mail-order brides, even though many women had used intermediaries on the Internet.

The experience of living in another country included dealing with tensions with the husband's family, the importance of communication skills (ie: English language ability), and the opportunity to form relationships in the community. "In general, informants assigned great importance to the role of the husband in facilitating overall socio-cultural adjustment, mastering the language and 'explaining' local culture. Without spousal support Russian women could not order their environment, and consequently - find American folkways intolerably difficult to understand and manage" (Ryabov 2013 p58).

The women's experiences can be summed up thus: "Many Russian women expressed an ambivalent sense of belonging in American society - on the one hand, they felt alienated because of experienced stigmatisation and significant barriers to labour market participation, and on the other hand, they did not want to go back to their home countries and strived for a full incorporation into American society" (Ryabov 2013 p63).

The participants were recruited by snowball sampling based on random meetings at social gatherings.

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