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REVIEW ARTICLE

The Intricacies of Research in Human Sexuality

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ABSTRACT

Research in sexuality is relatively new and has faced various obstacles, social frowning, and academic rejection. This paper reviews the early days of sexuality, the church's negative view of it, and how it progressed to the 21st century. Sex research is then described and the various methodological issues reviewed. In addition, research on sexuality and alcoholism, sexuality in children, and conducting qualitative research on sexual issues is described.

Introduction

When we discuss sex research, the reader may expect that our topic will include sexual acts or trends, methodological issues, i.e., questionnaires vs. actual observations, or the various sexual topics that research may aim to explore. However, a closer look at the area of sexual research reveals an interesting history of sexual practice, research and attitudes. It, thus, behooves us to review these in order to gain a better appreciation of how sexual research developed and what influenced the direction it took.

Sex Research in North America: From Historical Attitudes to Present Research

While the 1950s saw sexuality as "coming out of the closet" and gaining public recognition, it was not always the case. Since Colonial days, Americans have been of two minds regarding passionate love and sexual desire while they may be considered two of the delights of life, they have also been viewed as threats to social order, morality, and personal growth. Another issue which may be salient questions whether it is merely specific sexual behaviors (e.g., premarital sex) that are threatening while other behaviors (e.g., heterosexual marital sex) are healthy and rewarding? [1]. In those early days, sinful sex could result in flogging, hanging, banishment, having one's ears cut off, or having one's tongue bored through with a hot iron [2]. Male masturbation was frowned upon, and boys were told that it would cause ailments ranging from impotence to memory loss or even death [3].

In the early nineteenth century several small groups formed to challenge the Protestant hegemony, did not recognize marriage, and rejected romantic love and courtship. The 1900s saw more blatant attacks on sexual behaviors, and sexual information [4]. It is clear, that American sexual culture is complex and pluralistic, as it is made up of diverse sexual communities, various behaviors, as well as greatly differing opinions on sexual legal issues.

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What Changes Occurred Since Those Earlier Days?

Hatfield and Rapson [5] highlighted the main change that occurred since the colonial days: a growing rejection of the tradition of life as ''a veil of tears,'' and instead an emphasis on the pursuit of happiness and the avoidance of pain. They pointed out the revolution that occurred in history which included the story of love, sexuality, and family life among men and women. They also highlighted the profound and slow shift from male supremacy to gender and minority group equality [6]. Rapson [7] asserted that over time these changes sparked increasingly positive attitudes toward love, sex, and intimacy. Sex, in the 21st century is perceived not just as a way to procreate, but as desirable and an activity which promotes pleasure, intimacy, and mental health as well as a host of other values [8]. Unfortunately, and despite the changes that were made, American sexual culture retains strong negative and unrealistic tendencies [1].

Freud heralded the psychological approach to sexuality, at the turn of the twentieth century. However, his theories and musings which were based on case studies were not satisfactory to those who sought a more scientific approach to studying sexuality. That is when sex moved into the laboratory. Watson was the first psychologist to study sex in the laboratory. He even developed scientific instruments that could record human sexual responses [9]. He conducted experiments and recorded what occurred. As a result, he faced a lot of professional and personal disapproval for his conduct, but he also paved the way for the like of Kinsey and then Masters and Johnson, were willing to stand against the prevailing social norms and values and declared sex a worthy topic of scientific inquiry.

Those researchers who did study sexuality, faced criticism, hostility, lack of funding, and since academic institutions refused to support their sexual research, they risked their careers [9]. As a result, the scientific study of human sexuality remained almost completely underground until the 1940s and 50s when Kinsey entered the limelight. It was around the 1950s and 1960s that the] husband and wife team of William Masters and Virginia Johnson brought a renewed sense of objectivity to the study of sex. Masters and Johnson were the first one to attempt to conduct the most elaborate and scientifically grounded observational research on sex to date. They, appropriately, conducted their research in the laboratory, with utmost professionalism and utilizing the most technologically advanced equipment of their day. Since most academic journals viewed their writing as "pornographic", they published their research results in books. Since then, and especially in light of the 1960s sexual revolution, we have witnessed societal and cultural attitudes toward sex becoming more progressive and sexuality research is now accepted as the mainstream of research. However, and as astonishing as it may sound, even in this day and age there are politicians in the U.S. who threaten to rescind federal grant funding from sexuality research projects which were already approved by a panel of scientific experts. Political criticism is particularly directed towards topics that are considered "inappropriate" for financial support by the government, such as studies of sexual and gender minorities, sex workers, pornography, and the sex lives of older adults. It appears that sexuality research still has its detractors, and probably always will [10].

Arakawa, et al. [1] embarked on a task to discover the primary focus of articles, which could be positive, negative or neutral. The researchers concluded that an article that addressed positive attitudes toward sex, sexual desire, sexual fantasy, sexual pleasure, sex and happiness, orgasm, sex and intimacy, or positive and/or healthy relationships, would be considered to be addressing a positive aspect of sexuality. Negative articles dealt with negative or medial/disease-based content, such as mental health problems, sexual dysfunction associated with sex, sexual stigma, risky sexual behaviors, homophobia, sexual harassment, forced prostitution, negative attitudes, and sexual violence/abuse. And articles with content that was neither positive nor negative were deemed to be neutral, and commonly addressed topics such as identity formation, prevalence of various sexual identities, or comprehensive sex education.

Arakawa, et al. [1] surveyed 606 articles from four journals (The Journal of Sex Research, Archives of Sexual Behavior, The New England Journal of Medicine, and Obstetrics and Gynecology) over six years (1965, 1973, 1983, 1999, 2004 and 2010), in order to understand whether published articles were positive, negative or sexually neutral. They rated only 43 or 7%, as positive; 349 or 58% were rated negative, and 214 or 35% were rated as neutral. The researchers found little evidence that positive psychology or historical changes in American attitudes toward love, sex, and intimacy have had a profound impact on the content of published research.

In 2011, the National Center for Health Statistics (NCHS) in the U.S. published results of the National Survey of Family Growth (NSFG) which they carried out on almost 13,500 people from all walks of life. The goal of that research was to learn about marriage, divorce, contraception, infertility, and the health of women and infants [11]. Results of that survey indicated that sexual behaviors among males and females aged 15-44, were generally the same as those reported in a previous survey. For instance, it was found that 98% of females and 97% of males aged 25-44 had sexual intercourse, 89% of females and 90% of males had oral sex with another-sex partner, and 36% of females and 44% of males experienced at some point in the past anal sex with another sex partner [12].

Addressing sexual behavior of young adults is conducted biannually by the Centers for Disease Control and Prevention (CDC). Findings indicated that thirty nine percent of females and 43% of males reported having had sexual intercourse, while 9% of females and 14% of males reported that they had

intercourse with up to five partners in their life Exploring sexual orientation, it was found that 89% of students (85% female and 93%) identified as heterosexual, 2% female and 2% of male identified as gay or lesbian, 6% (10% female and 2% male) identified as bisexual, and 3% (4% female and 3% male) were not sure of their identity [13].

The American College Health Association has conducted research at colleges and universities throughout the United States to assess students' health behaviors. The data, collected in 2016 from 80,139 students, indicated that within the last 12 months, 65% of college males and 67% of college females had at least one sexual partner, though around 10% in both genders had four or more partners. One percent of males, and 2% of females reported having been in a sexually abusive relationship. Among males, 84% described their sexual orientation as straight/heterosexual, 6% as asexual, 5% as gay, and 3% as bisexual [14].

The most expansive nationally representative study of sexual and sexual-health behaviors, The National Survey of Sexual Health and Behavior (NSSHB), s published in 2010, the most expansive representative study on sexual behaviors. It was based on Internet reports from 5,865 American adolescents and adults aged 14-94. Among its findings were the large variability of sexual repertoires of adults, with numerous combinations of sexual behaviors that adults engaged in. Men and women participated in diverse solo and partnered behaviors throughout their life course, and mostly reported active, pleasurable sex lives. Masturbation was common among all age groups specifically among those aged 25 to 29. Vaginal intercourse was the most frequently reported sexual behavior, while oral sex and anal intercourse, were well-established components of couple sexual behavior among all ethnic groups [15].

It was pointed out that feminist, gay, lesbian, bisexual, and transgender research has focused on issues that mainstream research has largely ignored, in addition to ethnic research which only recently started to be conducted such as on African Americans, Latinos, Asian Americans, Middle Eastern Americans, and Native Americans [11].

Sex Surveys

The Kinsey reports - Kinsey aimed to provide a comprehensive examination of sexual behavior in the United States. He and his team interviewed 5,300 men and 5,940 women, which were not truly a representative sample of people in America. Results from his study apparently shocked the American public since they revealed that masturbation, homosexual behavior, extramarital sex, and many other historically "deviant" sexual activities were actually practiced with much greater frequency than anyone ever thought possible. For instance, Kinsey found that 92% of men and 62% of women had masturbated, a shocking number in a culture that frowned on such activity [16,17].

The National Health and Social Life Survey - The National Health and Social Life Survey (NHSLS; [18]) followed Kinsey's report, in examining the American sexual practices. A representative sample of 3,432 individuals, aged 18 to 59 of various races, across the United States was surveyed. The results of the NHSLS provoked controversy since it suggested that Americans were more sexually conservative than previously thought! Compared to North Americans, Chinese men and women typically get married very quickly after they begin having sex, apparently about a year or two into the relationship. Westerners, in contrast, may wait up to a decade between when they first have sex and when they get married [19].

Observational research [Masters and Johnson]-The most known observational study on sexuality was that conducted by Masters and Johnson. They observed a total of 694 men and women, who ranged in age from 18 to 89, which were gathered from the local community in St. Louise Missouri, and were thus mainly white folks. The researchers sought to understand exactly how men's and women's bodies respond to sexual stimulation, and in order to gain access to that data, they asked that participants engage in sexual activities in their lab, including masturbation, sexual intercourse, and simulated intercourse, and all the while various pieces of technology recorded the changes that happened to their bodies (e.g., changes in muscle tension and blood flow). Masters and Johnson developed a 'sex toy' of sort, which was a phallus like glass cylinder with a light and camera inside, which could provide them with information about what happens inside the body during arousal and intercourse.

Case reports - This method focuses on people who engage in non-mainstream sexual activities, and is thus carried out on a small group of participants in great depth and detail. For example, a sexologist might perform a case study on someone with a sexual dysfunction, someone who has an unusual sexual desire (i.e., a paraphilia), or a sex worker.

Longitudinal Sex Research

Much of sex research has traditionally been carried out either in the lab, by observing and measuring actual behaviors, or by the use of questionnaires and correlational data that aim at exploring sexual beliefs, memories, and wishes [20]. By tracking the same person along his life, we are provided with a unique opportunity to compare changes that occur intra-individually without research 'noise' of cross-sectional investigations. Retrospective studies, close cousins to longitudinal research, require participants to recall changes in past behaviors across a particular time period, though they may be limited by recall biases [20-23].

Sexual Research and the Stigma it Carries

Stigma exists in workplaces, and that includes academia, where sex evokes inconsistent attitudes [24,25]. There is a paradox in the meaning that we attach to sexuality. On the one hand we see it as a taboo topic, and yet consider it as the essence of modern self, a social domain of desire and danger. Culturally, sex is still to a large extent, considered dirty, and sexual variations can be significantly demonized [26]. Goffman [27] referred to it as "courtesy stigma". Sexuality research has for a long time struggled for academic legitimacy. Gagnon [28] observed that using "mundane" sociological concepts to understand sex was an attempt to remap "a terrain previously mapped as the enchanted and the irrational". It was reported that subjective experiences of sexualization done by the researcher's colleagues, seemed to personify the dirty work of sex researchers. Dirty workers become so through the projection onto them of negative (or dirty) aspects of their work, resulting in stigma [29]. Irvine [30] conducted an online survey with members of the American Sociological Association Section (ASA) on Sexualities. The survey covered a wide range of topics on experiences in the workplace, including items tapping snide comments, uncomfortable jokes, comfortable jokes, assumptions made about your sexual identity, assumptions made about your sexual behaviors, and harm to personal or professional reputation. Irvine wrote that while she usually was seen as 'cool' by students, one faculty member referred to her as a 'pervert' in a conversation with another faculty member, and many of those that participated in the study felt marginalized and stigmatized as a result of reported experiences of disparagement, joking, or silencing practices. Irvine [30] observed that "Marginalizing practices discredit the work itself, erasing its significance and producing researchers' subjective experiences of stigma. By contrast, as we see below, sexualization heightens the association between researchers and their topic of research".

The American Psychological Association [31] defines sexualization as sexuality that is "inappropriately imposed upon a person." Sexualization, which affects researchers' sexual identity, had effects that varied by identity. Sexual stigma is gendered, and the sexual double-standard is stubbornly persistent [32]. Women are more vulnerable to sexualizing practices in both public and private contexts, and their sexuality is stigmatized, regulated, and punished more severely than men's sexuality. Irvine [30], for instance, found, in her study, that women were more likely to experience stigma in every category except for assumptions made about their sexual identity; many women reported of uncomfortable jokes directed at them, and reported three times more than men harm to their professional or personal reputations. Their "perpetrators" included friends, family, colleagues, administrators, as well as romantic interests, strangers, audiences, and reviewers of articles. While women scholars felt harassed by other, mainly male scholars, men in general, reported incidents of trivialization. Irvine [30] found no reports from men of harassment, stalking, or violence. In general, problematic interactions had no impact on men, vs. their significant impact on women. Women pointed out that harm from these experiences was not only personal but affected their careers.

How Does Sex Research Impact Participants and Researchers?

Webber and Brunger [33] highlighted the potential risks faced by the sexuality researcher. Accordingly, research, in general, entails various risks, which the Research Ethics Boards (REB) commonly concern themselves with. Research, may also pose physical, emotional, psychological, and professional risks to researchers, particularly to those dealing with sexuality [34,35]. Over the years, the academic community examined risks in the context of participants, but much less from the researcher's perspective [36,37]. Since the days of the Chicago School of Sociology there has been interest in conducting participant observation among 'deviant' subcultures marked by violence [35,38]. That resulted in the advent of "emotionally engaged research" and "vicarious trauma" which clinicians were said to experience after working with people who endured violence, abuse, or trauma [39,40]. Various papers and reports have outlined the dangers researchers can encounter in the field [34,41,42,] including:

- The risk of being physically threatened or abused;
- Risk of enduring psychological trauma due to those threats or actual violence or as a result of the material covered in the session;
- Risk of being accused of improper behavior;
- Increased exposure to the risks of everyday life, such as road accidents and infectious illness;
- And even the risk of bringing about psychological or physical harm to others.

As a way of minimizing those risks, researchers have started to work in pairs, develop safety plans, or equipping researchers with self-defense tools and tactics [43-45]. These risks, as well as the suggested risk reduction measures, could be applicable to people conducting research on sexuality. For instance, when participating in research on BDSM (Bondage and Discipline, Dominance and Submission), a researcher may be exposed to bodily harm as part of their investigation, or if participating in sex parties, researchers may be exposed to coercion. Being infected by sexually transmitted infections is a valid concern as well.

As recently as 2017 [41,46] sexuality researchers, were not valued or taken seriously as academics, and may even be accused of inappropriate or unethical conduct as were

the pioneering researchers in the 20th century. Hammond and Kingston (2014) wrote that they experienced a sex worker stigma by virtue of researching the sex trade. As far as participants are concerned, REBs see them as vulnerable, and as Frank [47] pointed out "some institutional review boards assume that asking any questions about a person's sexuality can potentially cause psychological distress, although this concern may reflect the individuals reviewing the research more than the actual risks". It seems that some participants such as sex workers, queer folks, or kinksters are often automatically deemed "vulnerable" and their sexual behavior seen as inherently shameful [48]. Some researchers, interestingly, reported that many of their research participants enjoyed answering questions about their sexuality and sexual practice, which indicates that whether such research and questioning are "distressful" largely depends on the norms or taboos of the people involved and the sexual subcultures they circulate within. Other researchers reported that their sex research participants experienced the research which they participated in as positive, and often welcomed the occasion to speak frankly about their sexuality with an interested and non-judgmental listener [33,49]. Fahs, et al. [50] claimed that conducting qualitative sex research may get the researcher to encounter stories of "pain, violence and sadness" that "tap into our own pain/violence/sadness and haunt us long after the interviews end".

Research Risk and in the Daily Life of the Researcher

Should the REBs want to better understand the various risks that a researcher may face during a proposed research project, they may aim to inquire what the researcher commonly does, sexually, in his or her life. That is so, because risk and danger are not objective states but rather "vary with the position of the actor in a particular social context" [51], and an activity may become dangerous if we are unaware of the rules or codes of conduct around it. Obviously, it raises some challenges. One of them is the researchers' privacy. It can be personally and professionally dangerous to disclose how one's personal biography relates to or intertwines with one's research. Additionally, such an inquiry assumes that in their everyday lives the researchers participate in a "low-risk" lifestyle (usually understood as heterosexual, monogamous, kink-free sex that presents no risk of contracting sexually transmitted infections) [33].

"Labeling behaviors-especially sexual behaviors as risky to one's physical, mental, or emotional health is a key means by which people and their presumed value systems are ordered, evaluated, and all too often, punished or pathologized. If risk is simply the probability that something will occur, it is REBs (and risk assessment frameworks more broadly) that introduce the assumption that those things need to be managed, mitigated, or eliminated" [33]. It is, then, up to the researchers to determine what is too risky in their eyes, and that will depend in part on their sexual practices, upbringing, and socializing around sex that they have encountered in their lives.

To conclude, risk is a natural part of life, and researchers' engaging in the same risks as their participants can provide an important point of access into their lives, which will enhance knowing what they experience. As Prior [52] indicated, some form of participation may be crucial in establishing rapport with research participants, and so academics, who are themselves members of the sexual subcultures they study, can "provide a more in-depth analysis of what is going on because they already know the language, the customs, the protocols, the layout of the land" [52]. Webber and Brunger [33] opined that any kind of field work, by virtue of involving human interactions, may result in stressful or uncomfortable situations that necessitate diplomacy and grace.

Below, we will examine several specific issues which address conducting research with children, exploring the interaction of alcohol and sexuality, and issues in qualitative research with women's sexual issues.

Sexuality Research with Youngsters

In Western societies childhood has been increasingly governed and is a period of extreme surveillance, and in which children have become the target of political, social, educational, and legal regulations [53]. That increased surveillance has also been extended to research practices with children and adolescents, and especially sex related research [54]. Conducting research around these issues has met increased censorship with an effort to protect children who are considered innocent, and thus sexuality was considered irrelevant for them and even a danger from which they need to be protected. Increased censorship has been imposed in an effort to protect children and their innocence, since asexuality was seen as a danger from which they need to be protected [55-57].

Sexuality is not just sexual practice, but rather a complex ideological position, based partly on one's culture, and partly on one's response to this interpolation [58,59]. Sexuality and access to sexual knowledge, are relevant to children's and young people as it heightens their awareness and understandings of their bodies, impacting on their health and well-being [54]. Children and young people are surrounded by, and influenced by the variety of messages that they get from all around them, such as from the world of advertising, popular culture, family rituals and everyday practices. As we all do, especially while growing up, they take up components of these cultural practices as their own, and modifying and adapting these to their own cultural contexts [60-62]. Contrary to fears that such messages may result in children engaging in sex at a young age, research indicated

that this was not the case. The media was perceived by youngsters as their main and most important source of sexual information, more than school or their parents [63]. The concept of childhood innocence has been employed as a powerful social control of adults', young people's, and children's behaviors [56,62,64-66]. 'Childhood innocence' has commonly defined the child and in fact, any challenge to that concept seems to raise serious concerns in society [67-69]. Physiological sexual maturity is commonly understood to be a distinguishing point between adulthood and childhood [70]. Freud [71], for instance, opined that children's sexuality is an active part of their being and needs to be expressed. He maintained that generally childhood revolves around a flexible sexuality - a 'polymorphous perversity', as Robinson and Davies [54] quipped. During the 1970s and 1980s, considered the post-Freudian era, sexuality has been seen as beginning at puberty and maturing in adulthood [62], resulting in children's sexual immaturity being equated with 'innocence', which is seen as a natural part of childhood. Sexuality is viewed as 'belonging' only to adults, and children are construed as the asexual, naive, and innocent beings who need protection. Early adolescence has been linked to young people's emerging sexuality and correlated with hormonal changes in the body. Sexuality is, thus, primarily understood as the sexual act itself, rather than as forming an integral part of one's identity [64].

As a consequence of these approaches to children and sexuality REBs have become strict, limiting, and quite rigid when sexuality research intends to involve children, since conducting such research with those younger than 18 is considered 'high risk' [72,73]. Robinson and Davies [54] have compiled, based on their long experience of dealing with ethical committees regarding research in the area of childhood and sexuality have listed a series of questions which researchers are asked to answer if they intend to explore sexuality in children:

"Committees are particularly concerned with the following areas: (1) that the research design and methodologies are sensitive to the age of the child or young person; (2) that in-depth and accessible information about the research is provided to those individuals and organizations potentially involved in the research; (3) that parental/guardian consent is given and, where appropriate, assent from young people is also given, and consent waivers are applied for and approved (generally in the case of surveys); (4) that the contact details of relevant counselling services are identified and provided to participants or to participants' parents/guardians, in case any issues arise from involvement in the research; (5) that what will happen with the data on the completion of the research (for example, storage, publishing and reporting on the research findings) is adequately outlined; (6) that the research will be conducted in an appropriate location or setting; (7) that confidentiality is ensured for the children, parents, educators, schools, early childhood centers and other groups or institutions involved in the research; (8) that the researchers declare any conflict of interest associated with the funding of the research; and (9) that the researchers outline any perceived risks for those participating, identify strategies for addressing these risks, and point out how the benefits of undertaking the research for individuals and communities outweigh any potential risks".

A proliferation of social anxiety and moral panic has historically been associated with children and sexuality, which has carried through to contemporary times [74], and as a result of the moral panic regarding this area, research may thus be exposed to heightened visibility and public scrutiny of the researcher [65,75]. Clearly, the social anxiety and perceptions of risk also affected organizations that work with children as early childhood settings and schools, but also on researchers [76,77]. Researchers' sex, gender, ethnicity, sexuality, and age can impact on the way that they are perceived by participants that they may attempt to recruit to their research, including organizations, parents, educators, and others [54].

Alcohol and Sexuality

Research in the area of sexuality may span various topics, populations, and related variables. Let's focus, here, on research which explored the connection of sexuality and alcohol consumption. During the last several decades the activity level, emphases, and scientific methods of this research have changed considerably. Since it was demonstrated that alcohol consumption is related to problematic sexual behavior, for instance its involvement in sexual assault and HIV related risky sexual behaviors, we need, as researchers to increase our understanding of the relationship between alcohol and sexuality [78]. Earliest studies originated from psychodynamic theories of alcoholism [79,80], and that heralded studies which examined alcohol– sexuality relationships in college samples [81,82]. In the 1970's, considerable attention was focused on the effects of acute intoxication on physiological sexual arousal [83,84], and on alcohol-related sexual assault [85,86]. Beginning in the 1980's researchers utilized laboratory tasks, analogues of sexual behavior [87,88], which made alcohol–sexuality relationships more amenable to experimental study. In the 1980s, research relied on samples of convenience (i.e., college students) and frequently used experimental methods [78]. As the AIDS epidemic was upon us, in the mid-1980s, the field underwent a marked topographical shift. At that point, research focused on identification of intrapersonal, social, or environmental variables that increase risk for HIV transmission. Research by Stall, McKusick, Wiley, Coates, and Ostrow [89] demonstrated the centrality of alcohol as a potentially critical co-factor in HIV-related sexual risk behavior. Following research examined alcohol in relation to HIV-related sexual risk behavior along with increasing the diversity of populations under study. The attempts

to establish causation has been a focus of longstanding scientific and philosophic discussion. Hendershot and George [78] have consequently suggested that while we may never be certain about causation, experiments greatly improve the ability to evaluate causal hypotheses.

Conducting a literature review, Hendershot and George [78] focused on studies that were published in English journals between 1976 and 2005. Based on their extensive review, they concluded that there is a considerable growth (1000 percent to be exact) in the volume of alcohol-sexuality research over the three-decade period which they examined in various populations. Most notable were increases in the frequency of studies characterized by adolescent, community/population, and gay/bisexual samples.

Since research, in the last 20 years has increased, it contributed toward enriching alcohol-sexuality research in at least three ways. First, increasing research points out that more descriptive relationships among alcohol and sexuality are being identified, subjecting these relationships to increased investigation and verification. Second, expanded publication volume can be viewed as a barometer of improved methodological quality of the alcohol-sexuality exploration. And third, the external validity of alcohol-sexuality relationships has increased, due to the diversified samples. It should be noted that certain limitations seem obvious in the quest to establish reliable causal interpretations [90-92]. The most obvious consideration is that it is difficult to establish and evaluate causality, if random assignment to treatment conditions is not performed. Consequently, experimental approaches reduce the possibility of confounding variables. Additionally, experimental approaches can enhance the precise measurement of alcohol-related variables, thus enabling a more precise account of alcohol's effects on sexual risk-related behavior. A third issue concerns the relative infrequency of theory-based research on the mechanisms underlying alcohol-HIV risk relationships [90,93]. In evaluating a comprehensive conceptual model of risky sex decision-making, Abbey, et al. [94] administered background questionnaires to 180 men and women prior to assigning participants to alcohol, placebo, and control beverage conditions. It was revealed that intoxicated participants reported significantly greater intentions to engage in unsafe sex than those in the sober or placebo groups. Additionally, background factors, such as alcohol expectancies and variables related to the person's sexual history, as well as participants' subjective responses to the vignette (e.g., self-reported sexual arousal and perceived negative consequences of unprotected sex) significantly predicted sexual risk intentions in a multivariate model. That research by Abbey, et al. [94] added support to the utility of experimental methods in studying acute intoxication in conjunction with stable (i.e., dispositional) and state (cognitive–affective) personal variables, thus enabling researchers to get a more detailed view of the factors influencing decision-making in a discrete sexual event.

Qualitative Sexual Research

A researcher on female sexuality, Fahs [41] noticed that qualitative (as well as quantitative) research may miss the point, since she observed what researchers may ask, is not what participants hear, and that results in them responding in ways which may compromise the validity of the research findings. Fahs noted that "the process of doing qualitative research- particularly as the researcher asks questions, listens, hears, converses, and, eventually, analyzes and makes meaning of the words- is fraught with the potential for methodological ambiguities. What we think we are asking is often not what our participants hear, just as our own beliefs about the world (and about sexuality) are nearly impossible to minimize or erase", Fahs asserted that a variety of assumptions, are embedded in the process of conducting qualitative research on people's sexuality. When conducting research, we must be aware of those assumptions and take them into account when we interpret the findings. Some researchers argue that quantitative methods are less effective in generating authentic responses form women who describe their sexual experiences, than face- to-face interviewing [95]. Additionally, language and the terms that are utilized by the research team, may impact the relationship between the researcher and participant. For example, there is a difference whether a researcher asks about fellatio, oral sex, blowjobs, or "going down on" when referring to this action. That is similar to the difference in meaning given by participants to the words "sex" and "satisfaction" [96]. Braun and Clarke [97] found that notions of how researchers speak, or listen are closely related to their assumptions about the world.

Virginity – is another construct that can easily be complicated. For instance, the work on virginity and the loss of virginity may indicate how women construct virginity and premarital sex, even though research points out that penile-vaginal intercourse continues to define "virginity loss" [98]. Interestingly, Carpenter [99] found that there are women who believe that rape cannot result in virginity loss. And consequently, researchers need to be attuned with the various "acceptable" and "unacceptable" ways that women hold to explain virginity loss. Slipperiness has also been revealed with such constructs as "sexual partner," and "having sex" [100]. Interestingly, people showed discrepancies between their beliefs about virginity and actual behaviors that counted as virginity [98].

Oral sex – is one more example of the need for very specific and pointed questions for otherwise researchers may receive answers to questions which they did not ask. Women's socialization emphasized that oral sex is 'giving' rather than 'receiving', thus prioritizing their partners' needs. That may account for faking orgasms [40], going

along with unwanted sex [101], tolerating sexual pain [102], and even acquiescing to sexual violence [103]. Accordingly, and not surprisingly, it was found that women gave oral sex much more than they received it, and only 30% of youth said they were not virgins if they had oral sex [98]. Women who received cunnilingus were found to be more assertive, skillful, and gratified than those who did not [104]. It is, thus, clear, that oral sex descriptors and discussion touch upon the complicated position around entitlement, and emotional/sexual labor for women.

Relating to sexual violence-Rape statistics, which are almost always covered when addressing sexual violence underreport the incidence of rape, and despite that, in the U.S. it appears that 21-25% of women have been sexually assaulted [105,106]. And while these numbers are staggering, they do not include those women who refuse to label rape as such, partly due to cultural negative view of raped. And as mentioned earlier, the specific questions asked by the researcher, the context in which the rape occurred, and whether the women's can be assured of the confidentiality of her responses, all greatly impacted women's reports of rape [41]. It should be mentioned that women who submitted to their begging partner or one who was emotionally needy or were simply assaulted by their boyfriend, usually did not call their experience rape [107-109].

Fahs [41] found that what she meant to ask, and what participants heard her asking, were quite different. For instance, when she inquired about their first sexual experience the women talked about the sexual traumas which they experienced at a young age; talked about nonpenetrative sexual experiences which may include masturbation or being fingered; sexual experiences which did not result in orgasm, such as kissing or being seen naked for a brief moment; and losing their virginity. Fahs reported that the variety of answers to the same question have created chaos in the data and made interpretation difficult. For instance, when she asked about first sex, violent, incestual, and painful showed up more often than she expected. Again, clarity must prevail when exploring that behavior with women.

Inquiring about their worst sexual experiences, Fahs reported that she met women who did not see coerced sex 'as really rape'. When she asked for information about their "worst sexual experiences," sexual trauma and coercion either became obvious for some women, or, in other cases, women hid or minimized them. Same murkiness was evident when Fahs addressed oral sex and sexual violence as she discovered that her questions were not clear and focused enough. Fahs poignantly concludes that "we as researchers need to not only hear what women say (and make sense of it), but also we must hear what they do not say, or what they minimize. We should be curious about how the questions we ask twist and flip and flop and circulate differently than we intended, and, ideally, we should see this as a productive site of shared meaning making and knowledge production within qualitative research. On the margins of these conversations lies an immense wealth of data that we have only just begun to take seriously and truly understand and appreciate. Part of our work must emphasize the power of writing and rewriting scripts, both in the culture at large and in the intimate exchanges between researchers and participants".

To conclude, and as was demonstrated above, research on sexuality is fraught with various obstacles, that although were mostly eliminated over the past several decades, still exist and need to be addressed by researchers, institutions, and the academic community. Sex and sexuality are an important part of healthy living, and consequently need to be understood, and if needed improved. The variety of research approaches to this important topic, can help enrich the data and thus benefit the field. We just need to ensure that research methodology is appropriate and research results are correctly applied.

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