

**Comparing the perceived orgasm satisfaction and responses to orgasmic difficulty of
heterosexual, bisexual and homosexual women in New Zealand.**

Taina Gavelle

14877750

Auckland University of Technology

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Supervisor: Dr Rita Csako

Attestation of authorship

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Taina Gavelle

Abstract

Introduction: This research will aim to compare the orgasmic satisfaction, orgasm difficulty and perceived partner response to orgasm difficulty women in New Zealand with different sexual orientations. The study uses a non-probability based convenience sampling in the form of an online self-report survey to gather information.

Methods: The sample consisted of 667 women aged from 18 to 76 years old who identified as heterosexual, homosexual or bisexual. A Kruskal-Wallis was conducted to compare all three sexual orientation groups and orgasm satisfaction, orgasm difficulty and partner response to orgasm difficulty. More specific Mann-Whitney U tests followed these to see exactly where the differences lie between the groups.

Results: There were no significant differences in orgasm satisfaction between the different sexual orientations. Significant differences in partner response to difficulty and orgasmic difficulties were observed across the different sexual orientation groups. Bisexual women reported the highest level of personal distress to orgasm difficulty, and both heterosexual and bisexual women reported higher levels of perceived partner distress to orgasm difficulty compared to homosexual women.

Conclusion: This study contains several limitations; however, this study provides novel research into women of different sexual orientations and orgasm satisfaction, orgasm difficulty and perceived partner distress to orgasm difficulty.

Keywords: Orgasm Satisfaction; Orgasmic Difficulty; Sexual Orientation; Women; Partner Response

Comparing the perceived orgasm satisfaction and responses to orgasmic difficulty of heterosexual, bisexual and homosexual women in New Zealand.

Introduction

Sex, sexual orientation, pleasure, intimacy, gender identities and roles, eroticism and reproduction, are all fundamental aspects of what it means to be human (World Health Organization, 2006). When considering a person's overall health and quality of life, an important part to consider is their sexual and reproductive health (Hart, Crear-Perry & Stern, 2022). According to the World Health Organization (WHO) (2006), sexual health is more than just the absence of sickness, dysfunction, or infirmity; it is a state of emotional, mental, physical and social wellbeing concerning sexuality. A positive and respectful view of sexual relationships and sexuality is needed for sexual health, as is the ability to enjoy pleasurable and safe sexual experiences free from prejudice, coercion and violence (Burke, Nic Gabhainn, & Young, 2014; World Health Organization 2006). The ability to be intimate with a partner, express sexual needs and desires, be sexually functional (to have desire, become aroused, and obtain sexual fulfilment), behave consciously and responsibly, and create appropriate sexual boundaries are all aspects of sexual health (Robinson et al., 2002). Recognising cultural diversity is essential because different social and cultural contexts may have various definitions of sexual health (Robinson et al., 2002).

In the last ten years, there has been an increasing focus on sexual rights in the world of international policy (Look, Heggenhougen, & Quah, 2011). New guidelines have been developed for establishing and maintaining a sexually healthy society, evoking respect and freedom of choice (Look et al., 2011). High-risk sexual behaviours, including frequent partner changes or unprotected sex, can result in emotional distress and costly physical health consequences (Burke et al., 2014; Cooper, 2002). The WHO (2001) also states that unsafe sexual behaviour, which is mainly

attributed to the spread of the Human Immunodeficiency Virus (HIV), is thought to be the second most significant global health risk factor in the world, which is why the promotion of safe sexual practices is crucial (Burke et al., 2014). Sexual health can be expressed through different forms of sexual expression and diverse sexualities (WHO, 2006). A key component of sexual health is the significance of exploring and celebrating sexuality from a positive and self-affirming attitude (Robinson et al., 2002). A panel of 27 technical experts with diverse expertise in sexual health, reproductive justice, disability rights and more emphasised the crucial role that systems and structures play in promoting equity and adopting a sexual health framework, particularly about including the perspectives and experiences of lesbian, gay, bisexual, transgender, queer and more (LGBTQ+) persons (Hart et al., 2022). In addition to having practical implications for understanding and encouraging sexual health, examining the factors associated with orgasm frequency can also contribute to theoretical discussions on the aetiology of orgasms (Frederick et al., 2016). The World Health Organization has identified sexual pleasure as a crucial part of sexual health, with orgasms being viewed as a sign of healthy relationships and sexuality (Fahs, 2011). There is limited research that looks solely at women of different sexual orientations and differences in orgasm satisfaction and orgasm difficulty. The current study offers the chance to look more closely at the potential differences in sexual orientation among women.

Orgasmic Satisfaction

An orgasm is defined by a succession of genital muscular contractions that release sexual tension, together with the subjective perception of pleasurable feelings (Frederick et al., 2016; Masters & Johnson, 1966). However, the orgasmic experience goes beyond a straightforward physiological experience; it has been given a lot of personal, interpersonal, societal, and socio-political significance due to its great symbolic value (Séguin & Blais, 2019). For example, women

who felt more satisfied in their relationships reported deeper levels of closeness, more reciprocal emotions of love, and more intense orgasmic experiences (Fahs & Swank, 2011). In fact, the frequency of orgasms and the satisfaction they provide are often regarded as indicators of relationship and sexual satisfaction (Blair et al., 2017; Frederick et al., 2016). There is a wide range of magazines and sex guides that give tips and tricks to help women experience orgasms more frequently during sexual activity with their partners, this notion of women needing “help” to reach orgasm suggests that the female orgasm is much more complex to achieve than the male orgasm (Frederick et al., 2018). Typically, women report having orgasms during 40% to 65% of their partnered sexual activities (Blair et al., 2017). Men report orgasms more frequently and predictably than women (Frederick et al., 2018). However, a study that examined the factors that influence sexual satisfaction in a sample of German women discovered that for some women, it is not only the sensory and physical sensations associated with orgasms that play a significant role in “pleasurable satisfaction” (Philippsohn & Hartmann, 2009; Rowland et al., 2019). Components such as psychological and relational considerations must be taken into account (Philippsohn & Hartmann, 2009; Rowland et al., 2019).

Within this study, it is important to understand that there is a difference between sexual satisfaction and orgasmic satisfaction. Sexual satisfaction can refer to other intimate behaviours, such as kissing and cuddling (Frederick et al., 2018). However, orgasm satisfaction refers to the orgasm itself and the satisfaction felt. Although, it is important to note that there may be some cross-overs between the two terms as there are behaviours that stimulate orgasms, which go beyond vaginal intercourse, manual stimulation and oral sex (Frederick et al., 2018). Certain practices may improve the frequency of orgasms, such as sexual variety (e.g. trying different sexual positions, anal stimulation, wearing lingerie), mood-setting, and setting goals. A study

conducted by Séguin and Blais (2019) aimed to examine people's beliefs, expectations, and attributed meanings to orgasm in different-gender relationship contexts among a sample of men and women; found that participants reported that orgasms are facilitated through emotional connection and also strengthen the emotional connection. However, specific psychological factors also have a noticeable impact on sexual health, such as negative body image, particularly physical self-consciousness during sex, pressure to "perform," a lack of emotional connection during sex, depression and anxiety (Carr, 2022). These factors are thought to impact not only sexual health but also orgasmic response, especially for women who tend to have negative feelings of shame, guilt, and more negative body perceptions (Nobre & Pinto-Gouveia, 2008). During partnered sex, body dissatisfaction is likely to result in decreased arousal and desire, psychological distress and reduced orgasmic response (Horvath et al., 2020).

For women, there is a double standard where being more sexually active is viewed negatively, and women should be less sexually assertive or active than men (Brown et al., 2018). This notion of women being less sexually assertive or active than men allows for men's sexual pleasure to be seen as more important and often prioritised (Brown et al., 2018; Waetford, 2008). Although this study focuses solely on women, it is important to consider this double standard as women, regardless of their sexual orientation, are impacted by this sexual idea of being passive or less sexually assertive (Séguin & Blais, 2019). In recent years, at least in Western nations, gender roles and sexual interactions have undergone significant social change over the past 30 years, with women's socialisation becoming progressively less oppressed (Carvalheira & Leal, 2013). One result of these shifts in female sexuality is a greater degree of freedom in the pursuit of sexual pleasure and encouraging women to be active sexual agents and deserving of sexual pleasure (Brown et al., 2018; Carvalheira & Leal, 2013).

There is extensive research on the focus of orgasm frequency between heterosexual men and women; however, less research has been conducted with the focus on how orgasm varies between sexual orientations (Frederick et al., 2018). The factors mentioned above will most likely affect women regardless of their sexual orientation. However, understanding and comparing the orgasm satisfaction of solely women with different sexual orientations will be helpful in understanding where the differences lie, if any.

Sexual Orientation

Sexual orientation plays a key role in sexual health in the sense that sexuality is what underlies important behaviours and outcomes that play a part in understanding sexual health. In thoughts, fantasies, attitudes, values, behaviours, practices, and relationships, sexual orientation is experienced and expressed (WHO, 2006). Even though there are many more elements of sexuality, not all of them are always experienced or expressed. Biological, psychological, social, economic, cultural, political, legal, historical, religious, and spiritual elements interact to affect sexuality (WHO, 2006). According to Greaves et al (2017; 2019), sexual orientation is comprised of three main ideas. One is romantic or sexual attraction, measured by assessments of a person's desire to engage in romantic or sexual relations with either women or men (Greaves et al., 2017; 2019). The second is the frequency or history of having sexual relations with multiple genders, which is used as a self-reported behaviour indication of sexual orientation (Greaves et al., 2017; 2019). The third idea is sexual identity which is assessed by allowing people to pick the sexual orientation that most accurately reflects their identity or who they are (which may be determined by their behaviours, appeals, or something completely different) (Greaves et al., 2017; 2019).

Sexuality is influenced by various socialisation agents, which typically include those in their immediate social circle, including, family, teachers, peers, and friends, as well as external factors like societal and cultural standards (Waetford, 2008). When individuals discuss their sexual identities, heterosexuality is typically the dominating discourse, mirroring what is frequently portrayed as "normal" (Allen, 2003). Individuals who identify as non-heterosexual are often considered a sexual minority (Benson & Volpe, 2022). Other sexual orientations that are not heterosexual include bisexual, being attracted to more than one gender; homosexual, being attracted to the same sex; asexual, having no sexual desires and many more (Ascend Healthcare, 2022; Simon et al., 2021). For women, in comparison to men, there is an idea that women's sexuality is more fluid in the sense that women are more likely to report changes in their sexual attractions over time (Diamond, 2000). However, individuals who identify as sexual minorities are often subject to prejudice, rejection, and victimisation (Benson & Volpe, 2022). According to the minority stress theory, society's stigma and discrimination make it a hostile and stressful place for LGBTQ+ individuals; they are then more likely to experience psychological distress or develop mental health issues due to this stress (Greaves et al., 2019). A study conducted by Welch, Collings and Howden-Chapman (2000) on the mental health of lesbian women found that 22.8% of participants had been diagnosed with a mental health illness, and 52.9% had serious suicidal thoughts. Although international norms uphold the human right to health, which includes mental health, they do not fully apply to queer minority groups who have traditionally been subjected to oppression (Briskman et al., 2022). In New Zealand, disparities in mental health have also been found between cisgender heterosexual youth, transgender, and sexuality-diverse youth (Fenaughty et al., 2022). Rights have been denied to LGBTQ+ individuals due to prohibition, criminalisation,

and homophobia (Briskman et al., 2022). Therefore, this study hopes to create new understandings of sexuality and sexual orientation regarding orgasm satisfaction and orgasm difficulty.

Sexuality in New Zealand

Depending on how accepted homosexual behaviours and relationships are within some cultures, individuals may be more reluctant to openly express their sexual orientation to avoid being discriminated against or, in some extreme homophobia cases, even assaulted or harassed (Look et al., 2011). Homosexuality in some countries is celebrated and respected; however, in others, homosexuality results in the death penalty (Look et al., 2011). In New Zealand, homosexuality was decriminalised in 1986. New Zealand's indigenous Māori culture and the British/Victorian culture that European settlers brought to New Zealand form the foundation of the country's social conventions and traditional cultural beliefs; therefore, it is essential to discuss the detrimental effects of colonisation on Māori society, specifically Māori understandings of sexuality and the role of Māori women within society (Csako et al., 2022; Waetford, 2008). Sexuality was acceptable in traditional Māori culture; sex and sexuality were openly addressed, and sexual diversity was acknowledged (Csako et al., 2022). After European settlers brought and imposed more conservative attitudes on sexuality in New Zealand altered this perspective on sexuality (Csako et al., 2022). The persistence of missionary women to “aid” Māori women by reshaping them into the English image of womanliness by their outward beauty, capacity for household duties, and suppression of sexual expression (Waetford, 2008). The spread of Christian morality through religious doctrine and cultural norms resulted in the condemnation of intimate sexual relations as sinful and immoral, as well as the passive and servile nature of women in relation to men (Pihama et al., 2006; Waetford, 2008). This discourse of women being passive to men is even reflected years after colonisation; according to a New Zealand study, seven percent of

women described their first sexual encounter as being “forced,” and young women who had earlier encounters were more likely to report this (Dickson, Paul, Herbison, & Silva, 1998).

In New Zealand, since the 1870s, the ancient Māori word “takatāpui” has been used to describe people who have an intimate partner of the same sex (Fraser, Chisholm, & Pierse, 2021). However, it is important to consider how the British hetero-patriarchal ideas of society and the imposition of the nuclear family degraded the standing of Māori women in Māori culture and society to comprehend the historical and interlocking oppressions faced by takatāpui (Kerekere, 2017). Additionally, colonisation pathologized and criminalised sexual and gender fluidity, both of which were previously accepted within traditional Māori culture (Kerekere, 2017). Due to their variety of gender identities, sexualities, and sex characteristics, many takatāpui are not welcomed by their whānau, which is a result of past trauma caused by British colonial misogyny and heterosexism (Kerekere, 2017). Homophobia did not emerge from Tikanga Māori views, as sexuality was experienced in many different forms, partner selection was formulated on pleasure and individuals who chose same-sex partners were not condemned (Kerekere, 2017). Sexual skills and high performance were admired greatly by both males and females (Kerekere, 2017). Colonisation has not only affected Māori attitudes on sexual practices and gender fluidity, but also condemned certain takatāpui behaviours (Kerekere, 2017).

It is also critical to take into account terminology referring to Samoan and Tongan descent that connects to sexuality given that there were over 400,000 Pacific people living in New Zealand in 2018 and that 62.3% of New Zealanders of Pacific descent were born in New Zealand (Figure NZ Trust, 2020; Tunufa'i, 2016). When discussing takatāpui, Kerekere (2017) mentions that takatāpui should not be compared to non-Māori LGBT+ members, or to other terms such as “fa’afine” or “fakalietī” that are often heard in New Zealand. The Samoan word “fa’afine”

translates to “in the way of” or “like a woman, fa’afafine are biologically male Samoans who exhibit, to varied degrees, feminine gendered behaviours (Schmidt, 2016). The Tongan equivalent of fa’afine is fakaleiti which means ‘men who behave and dress like women’ (Howell & Allen, 2020). Fa’afafine who migrated from Samoa to New Zealand, found themselves being more masculine in order to fit in with the heteronormativity within contemporary New Zealand, however, they eventually found themselves drifting towards LGBTQ+ communities (Schmidt, 2016). Howell and Allen (2020) mention that just like takatāpui, fa’afafine and fakaleiti should be considered only within their own culture contexts and the western conceptions of being a transgender person does not fully capture being fa’afine or fakaleiti.

Orgasmic Satisfaction and Sexual Orientation

The majority of the research in this field has primarily focused on heterosexual men and women, showing that there is a clear orgasm gap between men and women, with men having more orgasms than women regardless of their sexual orientation (Frederick et al., 2018). Research has only recently started looking at the differences in orgasms and sexual orientation with more of a focus on lesbian and bisexual women as well as heterosexual women (Blair et al, 2017). Several studies looking into orgasm frequency, noted that lesbian women had significantly more orgasms than heterosexual and bisexual women, with heterosexual women reporting the lowest frequency of orgasms (Blair et al, 2017; Cormier & O’Sullivan, 2018; Frederick et al, 2018). Not all sexual encounters deemed satisfying have involved orgasms, however, orgasm frequency has been directly linked with sexual satisfaction and is found to be positively correlated with sexual satisfaction (Lentz & Zaikman, 2021).

Sexual pleasure has been intrinsically linked to the positive physical sensations associated with sexual activity, it is influenced by a wide range of contextual factors, from the purpose of

sexual activity, the amount of sexual desire and control, to the amount of emotional engagement (Rowland et al, 2019; Rowland & Kolba, 2016). The way individuals perceive themselves and how others perceive them is substantially influenced by socially constructed gendered identities (Waetford, 2008). Sexual scripts are ingrained cultural norms that affect how individuals perceive, comprehend, and act in sexual circumstances (Chadwick & Van Anders, 2017). Traditional gender roles or sexual scripts can impact a women's ability to reach orgasm and their sexual satisfaction, the fact that women's sexual roles are often more focused on the gratification of men rather than on their own pleasure (Chadwick & Van Anders, 2017; Lentz & Zaikman, 2021). Traditional heteronormative sexual scripts support sexual behaviours that are more likely to result in orgasms in men than in women could be one factor contributing to the differences seen in orgasm frequency between homosexual and heterosexual women (Blair et al, 2017). Penile penetration—that is, vaginal and/or anal penetration—occurs less frequently in same-sex sexual activity than it does in mixed-sex sexual activity, which is one of the most notable differences to date and potentially one of the reasons why lesbians tend to orgasm more frequently than heterosexual women (Blair et al, 2017). Especially because women claim that nonpenetrative partnered activities, particularly those that directly stimulate the clitoris, are more likely to lead them to have orgasm (Blair et al, 2017). Women in same-sex relationships do not have to focus on male gratification and can in turn focus more on mutual pleasure (Lentz & Zaikman, 2021). A study conducted by Frederick et al (2018) reported that lesbian women had a three times higher chance of always having orgasms than heterosexual women when considering partnered sex. Whereas women in mixed-sex relationships often consider their partner's orgasm as more important and place their own orgasm as less significant (Armstrong, England, & Fogarty, 2012; Brown et al., 2018). The study by Blair et al (2017) looks at orgasm frequency in women from mixed-sex and same-sex relationships and

compares the orgasm satisfaction reported from different sexual activities. This study does not look at specific orgasm satisfaction (e.g. orgasm from vaginal intercourse) but rather orgasm satisfaction as a whole and whether any differences are seen in women with different sexual orientations. Although there has been research and studies conducted on the frequency of orgasms for lesbian, bisexual and heterosexual women, it would be interesting to see whether orgasm satisfaction shows a similar pattern as orgasm frequency.

Orgasm difficulty

Firstly, it is important to differentiate between “sexual dysfunction” and “sexual difficulty” as sexual difficulty encompasses the normative challenges to intimacy and pleasure that most people will face across their life span, and sexual dysfunction describes a diagnosable clinically significant impairment to sexual functioning (Salières et al., 2018). Sexual difficulty is a broad term that encompasses orgasm difficulty (Salières et al., 2018). Female sexual dysfunction is characterised by distress linked to sexual function (Kuhle, Zhang, & Kapoor, 2021). Orgasmic difficulty is one of the more common sexual issues experienced by women (Horvath et al., 2020). Examples of orgasm difficulty include the more common challenges to intimacy and pleasure that individuals may face throughout their life, for women that is often the inability to reach orgasm, vaginal dryness and a lack of interest in sex (Graham et al., 2020; Rowland et al., 2019). Individuals who have orgasm difficulties tend to internalise negative sexual experiences, attributing them to their own sense of personal inadequacy; this is in contrast to people who do not have orgasmic difficulties, who tend to externalise the issue by blaming the situation or their partner and not themselves (Rowland et al., 2021). Orgasmic absence during sex can be a source of emotional distress for some people and can cause relationship problems (Séguin & Blais, 2019).

An estimated 20-40 percent of women report having orgasmic difficulty (Rowland et al., 2021; Zadeh et al., 2021). Persistent orgasmic difficulty can create adverse sexual outcomes that can impact a women's overall sense of sexual self-efficacy (Zadeh et al., 2021). Several factors are thought to impact orgasmic difficulty in negative ways, including; emotional and sexual intimacy during sex, mental health and physical health (Graham et al., 2020). Physical health issues have been linked to orgasmic difficulties in older persons, and some data is suggesting that sexual functioning may be negatively impacted by physical health issues more so in women than in males (Graham et al., 2020). When women have orgasmic difficulties, one way they can deal with this is by faking orgasms (Hevesi et al., 2022). In a study conducted on 360 Hungarian women, they found that the motivations behind faking orgasms were more self-focused than partner-focused (Hevesi et al., 2022). These self-focused thoughts could include insecurities about being perceived as abnormal; as for many women, orgasms are the hallmark of being feminine and "normal" (Hevesi et al., 2022; Hoy et al., 2021). A lack of sexual communication can also reinforce this 'faking' behaviour and be more prominent in couples who experience orgasmic difficulty (Kelly, Strassberg, & Turner, 2004). Researchers have hypothesised that communication and communication skills within a couple promote certain behaviours, such as oral sex and manual stimulation, that improve the likelihood of orgasms (Cormier & O'Sullivan, 2018; Frederick et al., 2018). Although there has been a lack of empirical research on the exact impact of partner communication in promoting orgasm, the ability to talk comfortably and explicitly about aspects of sex and sexuality promotes sexual health (Meston et al., 2004; Robinson et al., 2002). It is crucial for individuals to talk about their sexual difficulties, not only because it may lead to more enjoyable sexual experiences but also because it might affect one's likelihood towards safe sexual behaviours (Saliars et al., 2018).

Additionally, studies have indicated that women who experienced orgasms more regularly were more likely to express their preferences to their partners and ask them for what they want in bed compared to women who experienced orgasms less frequently (Cormier & O'Sullivan, 2018; Frederick et al., 2018). To promote sexual health and the formation of mutually satisfying sexual relationships, learning how to manage orgasm difficulties is a crucial task (Saliaries et al., 2018). It is important also to note that sexual difficulties, of course, impact the person affected but can also impact the sexual partner and the overall relationship (Hendrickx et al., 2019; Rowland & Kolba, 2016).

Partner response to orgasm difficulty

Experiencing orgasmic difficulty is often linked to negative emotional responses such as frustration, worry, embarrassment, loss of self-confidence and more (Saliaries et al., 2018). About 50% of women who report orgasmic difficulties are distressed about their situation, which could have an impact on both sexual and relationship satisfaction (Rowland et al., 2021). According to the literature, even though some women indicated that orgasm difficulty was distressing, they typically reported that it did not detract from their overall sexual experience, citing other considerations like intimacy and the significance of their partner's own orgasm as more important (Cormier & O'Sullivan, 2018). However, when individuals do report experiencing distress in relation to orgasmic or sexual difficulties, they often report not only personal distress but also relational and perceived partner distress (Hendrickx et al., 2019).

Communication of the sexual difficulty is thought to help normalise and shift the blame off the person experiencing the difficulty, in turn making them feel more comfortable and potentially improving the quality of the relationship as a whole (Saliaries et al., 2018). As well as acknowledging the benefits of communication, there are several barriers, such as; shame, a lack of

confidence in how to initiate the conversation, or fear about how the partner will respond (Salières et al., 2018). A study conducted by Chadwick and Van Anders (2017) found that within heterosexual relationships when women experience orgasm difficulties, their partners often feel as though they have failed and feel distressed or upset. Their findings suggested that men view their partner's orgasm as related to their own self-interest; a woman's orgasm serves as a masculinity achievement for men (Chadwick & Van Anders, 2017). For some women, however, orgasms are not crucial to every sexual encounter, and having their partner orgasm can contribute to their overall sexual satisfaction (Cormier & O'Sullivan, 2018; Séguin & Blais, 2019). Several women indicated that after discussing with their partner that sexual satisfaction did not have to rely solely on reaching orgasm, they were able to have a pleasurable sexual encounter without the pressure of reaching an orgasm (Cormier & O'Sullivan, 2018).

Interestingly, a study conducted by Rowland and Kolba (2016) found that women reported higher levels of perceived partner distress than men. When considering the different types of orgasmic difficulties for women, certain difficulties, such as; lack of desire or lubrication difficulties, resulted in varying levels of perceived partner distress (Hendrickx et al., 2019). According to Hendrickx et al (2019), who explored the association between personal, perceived partner, relational distress, and sexual difficulties in heterosexual women and men, found that regardless of the sexual difficulty, personal distress was always reported, whether or not they also reported perceived partner distress. Although only heterosexual men and women participated in the study by Hendrickx et al (2019), therefore, the findings cannot be applied to bisexual or homosexual women. Surprisingly, there is little research on partner or relationship distress brought on by sexual difficulty considering that most sexual activity occurs inside dyads (Hendrickx et al.,

2019). Importantly there seems to be even less research regarding sexual difficulty and the different sexual orientation groups.

Aims of the current study

The present study aimed to explore the differences in the perceived orgasmic satisfaction and responses to orgasmic difficulty of heterosexual, bisexual, and homosexual New Zealand women. The hypothesis is that there will be no difference in orgasmic satisfaction between the different sexual orientation groups. Although there has been research comparing orgasm frequency with women's sexual orientation, few studies have examined orgasm satisfaction as a whole. Therefore, it is unclear whether any differences will be seen. It could also be expected that heterosexual and bisexual women will report greater orgasm difficulty than homosexual women. According to existing research, given that lesbian women experience orgasms more frequently than heterosexual women, it stands to reason that heterosexual women could face orgasm difficulties more regularly and hence feel more personal distress. Previous research also indicates that individuals who report higher levels of personal distress tend to report higher levels of perceived partner distress, which could result in both heterosexual and bisexual women reporting higher levels of perceived partner distress when experiencing orgasm difficulty considering that it is expected that heterosexual and bisexual women will report greater personal distress in response to orgasm difficulty than homosexual women.

Method

Participants

The online survey occurred through self-selection, and the sole marketing was a social media campaign highlighting the need for women ages 18+ for the study on female sexual health. The sample included 667 New Zealander women aged 18 to 76 years old; who completed the six

questions that were chosen to focus on, as well as women who indicated clearly which sexual orientation they best fit in with. All asexual women were excluded from the data and women who described their sexuality as asexual when asked to write in their own words. The average age of the analysed sample ($N= 667$) was 34.8 years old ($SD = 11.9$). The sample included women who identified as heterosexual ($n = 485$), bisexual ($n = 168$), or homosexual ($n = 14$). The majority of the participants were New Zealand European ($n=477$, 71.5%), followed by European ($n=78$, 11.7%), followed by Māori ($n=50$, 7.5%), and other ethnicities ($n=14$, 0.2%). The highest level of education completed for some of the participants was a University Bachelor's Degree ($n=210$, 17.4%), followed by secondary school education ($n=115$, 17.5%), and a postgraduate degree or PhD, doctorate ($n=114$, 17.4%). For the full demographic breakdown of participants by sexual orientation, please see Table 1.

Table 1

Demographics of sample

	Heterosexual Women	Bisexual Women	Homosexual Women
Participants N	485	168	14
Age <i>M</i> (SD)	36.89 (12.01)	28.90 (9.44)	35.29 (11.56)
Education N			
School	74	43	0
Skill/Technical School	89	29	0
(Unfinished) University	64	29	5
Bachelor's Degree	161	46	3
Postgraduate Degree	88	20	6
Ethnicity N			

European	42	19	1
NZ European	346	121	10
Māori	38	11	1
Other	59	17	2

Note: Demographic information of heterosexual, bisexual and homosexual women

Measures

Participants were asked for demographic information, including their gender, age, the highest level of education, and ethnicity. Of the 42 questions in the survey, only seven questions were selected within this data. As well as the demographic questions, three questions were explicitly selected due to their relevance to the study's objective; 1. *“When you have (or have had) sex with a partner, how pleasurable or satisfying would you rate your typical orgasm”* 2. *“When you have (or have had) sex with a partner, if you have difficulty or are unable to reach orgasm with your partner, does (or did) this bother, upset, or frustrate you, or make you guilty?”* 3. *“When you have (or have had) sex with a partner, if you are unable to reach orgasm during sex with your partner, do you think your partner considers (or considered) this as a problem or is (was) concerned about it?”*

Sexual Orientation. Sexual orientation was measured using the following question *“What is your sexual orientation?”*. Participants were given six options to choose from; *“I am mainly sexually attracted to men (heterosexual)”*, *“I am mainly sexually attracted to women (homosexual)”*, *“I am sexually attracted to both men and women (bisexual)”*, *“I am not attracted to either sex (asexual)”*, *“I am transgender”*, and *“Other (please explain):”*. For this research, we only focused on participants who selected; homosexual, bisexual and heterosexual. Transgender

women who also selected either homosexual, bisexual or heterosexual were included in the data. Individuals who specified their sexual orientation in the 'other' box that could be categorised as either heterosexual, homosexual or bisexual were also included in the data.

Orgasmic Satisfaction. Orgasmic satisfaction was measured using the following question; *“When you have (or have had) sex with a partner, how pleasurable or satisfying would you rate your typical orgasm?”* Participants were given a 5-point Likert scale to respond with either; 1 = not satisfying to 5 = very satisfying. Participants were also given two extra response options of; “I do not reach orgasm with my partner” or “I do not have or have not had a sexual partner”. The data was recoded so that those who answered that they did not reach orgasm became a 0, and those who do not have or did not have a sexual partner were excluded from the analyses ($n = 11$).

Orgasm Difficulty. The personal response to orgasm difficulty was measured using the question; *“When you have (or have had) sex with a partner, if you have difficulty or are unable to reach orgasm with your partner, does (or did) this bother, upset, or frustrate you, or make you guilty?”*. Participants were given a 5-point Likert scale to respond with either; 1 = almost never to 5 = almost always, with the extra two options of “I always reach orgasm” or “I do not have or have not had a sexual partner”. The data was recoded so that all participants who answered that they do not have or have not had a sexual partner were excluded from the analyses ($n = 10$).

Partner Response to Difficulty. The perceived partner response to orgasm difficulty was measured using the question; *“When you have (or have had) sex with a partner, if you are unable to reach orgasm during sex with your partner, do you think your partner considers (or considered) this as a problem or is (was) concerned about it?”*. Participants were given a 5-point Likert scale to respond either with 1 = not satisfying to 5 = very satisfying. They were also given two extra response options of; “I do not reach orgasm with my partner” or “I do not have or have not had a

sexual partner". The data was re-coded in the same way, with those who answered that they did not have a sexual partner being excluded from the analyses ($n = 11$).

Procedure

This research will use data pre-collected by Rita Csako with AUTECH approval; detailed description of data collection can be found in the study conducted by Csako et al., (2022). The data was collected via an online survey. The online self-report questionnaire consisted of 42 questions which would have taken participants about 20- 25 minutes to complete. Participants gave their informed consent before taking the survey by checking the box confirming that they were at least 18 years old and that they were participating voluntarily. Participants were also informed that they had the option to stop taking the survey at any time by closing the browser window, and no information would be saved unless the survey was actually submitted.

Statistical Analyses

Analyses were completed using (SPSS) Statistical Package for Social Sciences version 28. To begin, normality was assessed using skewness and kurtosis statistics, and on the basis of these statistics, the decision to use non-parametric inferential tests were made as data did not conform to the normality assumptions of parametric tests. Subsequently, Kruskal-Wallis tests were used to investigate the differences between the three different sexual orientation groups and orgasm satisfaction, orgasm difficulty, and partner response to orgasm difficulty. If the Kruskal-Wallis test showed a significant difference (i.e., $p < .05$), the tests were followed by a battery of Mann-Whitney U tests to see where the differences lie between the different sexual orientation groups. The pairwise Mann-Whitney U tests were adjusted using the Bonferroni adjustment.

Results

Orgasm satisfaction

A Kruskal-Wallis test showed that orgasmic satisfaction is not significantly different between the different sexual orientation groups, $H(2) = 1.6, p = .436$. Although orgasmic satisfaction was slightly higher in homosexuals ($Mdn = 5$) and Bisexuals ($Mdn = 5$) compared to heterosexuals ($Mdn = 4$), the difference was not significant. Due to there being no significant difference seen between the groups, post-hoc Mann-Whitney tests were not conducted. The results indicate that bisexual, homosexual and heterosexual women tend to rate orgasm satisfaction similarly.

Orgasm Difficulty

The Kruskal-Wallis test showed that orgasmic difficulty was significantly different between the sexual orientation groups $H(2) = 15.4, p < .001$. Post-hoc Mann-Whitney tests using a Bonferroni adjustment were used to compare all pairs of groups. The difference in orgasmic difficulty between all three sexual orientations were significant. There was a significant difference seen in homosexuals and heterosexuals, $U(N=14, N=485) = 121.8, z = 2.6, p = .028$, Heterosexual ($Mdn = 3$), Homosexual ($Mdn = 2$). There was also a significant difference seen between homosexual and bisexual $U(N=14, N=168) = -164.3, z = -3.4, p = .002$, Bisexual ($Mdn = 4$), Homosexual ($Mdn = 2$). Finally, a significant difference was also seen between heterosexuals and bisexuals $U(N= 485, N= 168) = -42.6, z = -2.7, p = .021$. Indicating that bisexual women tend to report higher levels of distress when faced with orgasmic difficulties compared to both heterosexual and homosexual women. Homosexual women reported significantly lower levels of personal distress compared to both bisexual and heterosexual women.

Partner response to difficulty

After conducting the Kruskal-Wallis test, the results showed that the perceived partner response to orgasmic difficulty was significantly different between the sexual orientation groups $H(2) = 12.2, p = .002$. Post-hoc Mann-Whitney tests using a Bonferroni adjustment were used to compare all pairs of groups. There was a significant difference between only two of the groups. Homosexuals and heterosexuals showed a significant difference $U(N=14, N=485) = 124.2, z = 2.6, p = .025$, Heterosexual ($Mdn = 3$), Homosexual ($Mdn = 2$). Homosexuals and Bisexuals also showed a significant difference $U(N=14, N=168) = -156.6, z = -3.2, p = .004$, Homosexual ($Mdn = 2$), Bisexual ($Mdn = 4$). However, the comparison between heterosexual and bisexual women was not significant after the Bonferroni adjustment ($p = .121$). Indicating that both bisexual and heterosexual women reported higher levels of perceived partner distress than homosexual women; however, no significant difference was seen between bisexual and heterosexual women.

Discussion

Orgasm Satisfaction

One of the aims of this study was to investigate whether a difference was seen in New Zealand women with different sexual orientations and orgasm satisfaction. The results showed that when comparing orgasm satisfaction and sexual orientation, there was no significant difference seen between the groups, indicating that regardless of a woman's sexual orientation, their orgasm satisfaction did not differ significantly. There has been significant research looking at the orgasm frequency of males and females; however, only a few studies have explicitly looked at the satisfaction felt during an orgasm. Although having more frequent orgasms has been linked to greater sexual satisfaction, research showed that when women orgasm during a sexual encounter, they tend to report the experience as more sexually satisfying (Frederick et al., 2018; Lentz &

Zaikman, 2021). Lesbian women have been found to have more frequent orgasms than bisexual and heterosexual women (Frederick et al., 2018). However, the results within this study do not show the same trajectory as orgasm frequency with orgasm satisfaction; the results show that regardless of a women's sexual orientation, women did not rate their overall orgasm satisfaction differently.

A study conducted by Blair et al (2017) found that homosexual women not only tend to have more frequent orgasms but also more satisfying orgasms as a result of their partner's stimulation. The study conducted by Blair et al (2017), looked at the differences seen with women of different sexual orientations and how they rate their orgasm satisfaction based on specific sexual activity. Therefore, they were able to break down and compare the results from each specific sexual activity. Women in both same-sex and mixed-sex relationships reported penetration alone as having less satisfying orgasms than men did (Blair et al., 2017). When considering heterosexual relationships, sex tends to be more male focused and often ends when the male orgasms, which could potentially explain why women in heterosexual relationships report less frequent orgasms and potentially less satisfying orgasms (Blair et al., 2017). Lentz and Zaikman (2021) hypothesised that women in heterosexual relationships who take on the certain heteronormative beliefs may report feeling sexually satisfied when their partner is rather than when they are. However, Blair et al (2017) did find, when comparing the orgasm satisfaction of penetration with simultaneous clitoris stimulation, that both women in same-sex and mixed-sex relationships reported more satisfying orgasms. Consequently, this may have an effect on how satisfied women are with their orgasms, depending on which sexual activity they report. Different sexual activity could be one of the factors explaining why homosexual, heterosexual, and bisexual women did not differ significantly in their rating of orgasm satisfaction in this study's findings.

Concerning the measures section within this study and the orgasmic satisfaction question, the question within this study was general regarding orgasm satisfaction rather than an orgasm as a result of a specific type of sexual activity. Therefore, there was no way to identify which specific type of sexual activity women reported their orgasm satisfaction on. The kind of sexual activity has a significant impact on whether women have orgasms (Hoy et al., 2021). As a result, any differences might have been missed due to women potentially reporting on various situations or different sexual activities.

It is also important to note that sexual satisfaction among women can potentially be influenced by social identifying characteristics such as race, gender, degree of education, and age as well as environmental factors such as poverty and deprivation (Fahs & Swank, 2011; Look et al., 2011). Orgasm representations, for example, are social constructs that can be communicated in several ways, including through literature, film, television, online pornography, and everyday conversations; additionally, they are crucial to sexual scripts (Séguin & Blais, 2019). These beliefs, expectations, and meanings associated with orgasm are essentially composites of orgasm's social representations in Western culture (Séguin & Blais, 2019). A qualitative New Zealand study by Braun, Gavey, and McPhillips (2003) with 30 New Zealand European participants, found that reciprocity or the idea of both individuals having an orgasm was extremely important to both male and female participants (Braun et al., 2003). Braun et al (2003) go on to suggest that the discourse of reciprocity within heterosexual relationships has begun to emerge, with a deliberate effort to engage in intimate relationships based on mutual pleasure (Braun et al., 2003).

Individuals' sexuality and perception of sexual self are influenced by culture (Robinson et al., 2002). Therefore, it is crucial that people consider how their unique cultural history affects

their sexual identities, attitudes, actions, and health (Robinson et al., 2002). Sexual behaviour is generally more strongly influenced by social factors in women than in men because female sexuality is generally more pliable and sensitive to sociocultural elements than male sexuality (Driemeyer et al., 2016). A study conducted by Thorpe et al (2022) consisting of 206 Black women found that liberation was referred to as a facilitator of and potentially one of the most fundamental elements of sexual pleasure (Thorpe et al., 2022). People must have some kind of liberation in order to achieve the mental, physical, and emotional components of sexual pleasure and genuinely enjoy sex (Thorpe et al., 2022). A qualitative study conducted in New Zealand exploring participants' views on Auckland Pride Festival found that for them, Auckland Pride allowed them to 'celebrate who I am and who my friends are' (Johnston & Waitt, 2020). The Pride Festival also gave the participants a sense of belonging within Auckland and their community (Johnston & Waitt, 2020). Therefore, this sense of belonging and acceptance could allow for both lesbian and bisexual women to feel proud and a "normal" part of society (Pihama et al., 2020). Both individual and group affirmation are linked to the normalisation of being takatāpui/ LGBTQ+ within whānau and communities (Pihama et al., 2020). For LGBTQ+ individuals, being accepted and feeling like they can be visible in ways that also affirm young people and future generations are two important aspects of normalisation (Pihama et al., 2020). In New Zealand, even with the impact of colonisation on women today, the acceptance of homosexual people is much higher than in other countries, with the majority of women worldwide suffering from inequality or oppression (Bhutto et al., 2020). Even though this study does not compare the orgasm satisfaction of women from different ethnic origins, it would be interesting to see if ethnicity and culture impact the reported orgasm satisfaction of women with different sexual orientations.

Orgasmic difficulty

The results of this study showed that there was a significant difference between orgasm difficulty and sexual orientation. Women who identified as homosexual reported feeling less distressed or frustrated if orgasm did not occur compared to heterosexual and bisexual women. Bisexual women reported feeling the most distressed, frustrated or guilty compared to both heterosexual and homosexual women. Interestingly, a study conducted by Blair et al (2017) found that when comparing partnered sex that did not result in orgasm, women in both mixed-sex and same-sex relationships rated similar satisfaction. However, women in mixed relationships reported having the most frequent partnered sex that did not result in an orgasm compared to women in same-sex relationships (Blair et al., 2017). Therefore, due to homosexual women experiencing more partnered sex that results in orgasm when an orgasm does not happen, this potentially does not upset or frustrate them in the same way as either heterosexual or bisexual women who potentially deal with that more often. However, within this study, due to no information being obtained on the orgasm frequency of women with different sexual orientations, it is difficult to make a judgement if there is a link between orgasm frequency and personal distress to orgasm difficulty; future research could explore whether there is a link between the two.

Emotional closeness with a partner during sexual activity has been associated with less distress about sex and sexual difficulties among women of various ages (Graham et al., 2020). A study conducted on the prevalence of sexual difficulties and the distress associated with those difficulties in women aged 60-75 found that women who reported higher levels of emotional closeness with their partner during sex reported lower distress about orgasmic function (Graham et al., 2020). Emotional closeness or intimacy refers to how close individuals feel with their partner in an overall sense rather than just during sexual activity, which is referred to as sexual intimacy (Graham et al., 2020). Additionally, numerous qualitative studies on sexual distress have

emphasised the significance of emotional closeness and intimacy during sexual activity, especially among older participants (Graham et al., 2020; Ménard et al., 2014). Within a study exploring the relationship between orgasmic difficulty and the frequency of faking orgasms found that lower relationship satisfaction was significantly linked to a higher frequency of faking orgasms (Hevesi et al., 2022). The motives behind faking orgasm were linked to insecurity with sexual difficulties, meaning that women who experienced orgasmic difficulties and reported higher levels of insecurity were more likely to report faking orgasm (Hevesi et al., 2022). It is important to recognise that a number of relationship and personal factors, such as relationship satisfaction, emotional closeness, and insecurity, can impact a person's distress about orgasmic difficulties. As a result, it is difficult to determine what motivates women to report higher and lower levels of distress, regardless of their sexual orientation, in this study.

Interestingly, a New Zealand study looking at the mental health of lesbian women found that 73.8% of participants reported being fully accepting of their sexual orientation (Welch et al., 2000). An even higher percentage (79.5%) reported that they felt very happy about their sexual orientation (Welch et al., 2000). Considering the results of this study, it could be that lesbian women, especially in New Zealand, are more accepting of their sexual orientation and potentially less distressed during sex. For example, in some cultures, women are expected to submit to their husbands and may be compelled by society or law to engage in sexual activity with them despite their inclinations, with duty serving as the primary motivation for sex rather than pleasure (Bhutto et al., 2020). It is important to consider the impacts of colonisation on women today; early ethnographers' reinterpretations of traditional stories and cultural practices were crucial in shaping Māori women's self-perception and suppression of their innate sexuality (Waetford, 2008); however, over time with New Zealand being accepted as a bicultural country there seems to have

been a shift with this thinking. The indigenous liberal Māori culture and the conventional, frequently Christian-based British culture are influencing one another (Csako et al., 2020). A study conducted by Csako et al (2020) exploring the practice of masturbation among New Zealand women found that the high masturbation rates for women appeared to put New Zealand as a more liberal country compared to other countries where reported masturbation rates were extremely low (Csako et al., 2020). Sexual cultures of more liberal countries are thought to be more accepting and supportive of sexual equality across gender and age categories (Graham et al., 2020). Future studies might consider qualitative research to learn more about women and what might affect their orgasmic responses, such as emotional closeness and the impact of culture.

Partner response to difficulty

The results indicate that bisexual women reported the highest amount of perceived partner stress when comparing the three sexual orientations, which means that when compared to homosexual women, they were more likely to report that their partner saw orgasm difficulties as more of a problem and were more distressed about it. However, there was no significant difference seen between heterosexual and bisexual women.

The differences seen with heterosexual and bisexual couples showing more concern for their partner not reaching orgasm could be due to sexual scripts (Bhutto et al., 2020). Women are subjected to the role of men who, as guardians and providers, can be seen by society as more powerful and essential (Ricardo et al., 2006). Stereotypical gender roles of women as nurturers and caregivers maintain current power relations; such uneven power connections can affect how men and women treat one another sexually, as femininity requires that women be sexually coy and submissive lovers (Ricardo et al., 2006). Especially within Western society, men are expected to not only initiate sex but also bear the responsibility of the woman's orgasm, in the sense that they

are expected to pleasure women to always have an orgasm (Bhutto et al., 2020; Chadwick & Van Anders, 2017). Therefore, when women do not reach orgasm, their partners are left feeling distressed or like they have failed (Chadwick & Van Anders, 2017). Within interview studies, college men claimed that they felt it was their duty to induce orgasm in their female partner, that this was very rewarding for men, and that the lack of female orgasm was distressing (Frederick et al., 2018; Salisbury & Fisher, 2014). Women in mixed-sex relationships appear to be more susceptible to the idea that they are not meeting their partners' needs, making them more likely to experience perceived partner distress (Hendrickx et al., 2019). Research on non-heterosexual relationships have not looked at the role of sexual scripts in the same way. Therefore, it is unknown why homosexual females indicate that their partners feel less stressed or don't potentially see orgasm difficulty as much of a problem as heterosexual and bisexual women. Research looking into orgasm frequency has stated that lesbian women have the advantage of being potentially more comfortable and aware of the female body and potentially more aware of how to elicit the female orgasm (Lentz & Zaikman, 2021). However, within this study, no information was obtained regarding the duration of the relationship or the participants' marital status, which may have helped clarify where the results' differences come from (Rowland & Kolba, 2016). The primary goal of a study conducted by Hendrickx et al (2019) was to determine whether particular sexual difficulties were linked to specific types of sexual distress, either personal, relational or partner distress. Their study was made up of only heterosexual men and women; however, they found that certain types of sexual distress did elicit different levels of personal or perceived partner distress; in particular women who struggled with hypoactive sexual desire reported higher levels of partner distress (Hendrickx et al., 2019). It would be interesting to note which specific orgasm difficulty women

within this study were reporting on and whether perceived partner distress levels would vary between women in different sexual orientation groups according to that.

A study conducted by Rowland and Kolba (2016) found that participants who reported higher levels of self-distress generally reported higher levels of the perceived partner's distress. The findings of this study are consistent with those of Rowland and Kolba in that bisexual women reported the highest levels of self-distress and perceived partner distress in relation to orgasmic difficulty. Rowland and Kolba's (2016) study also looked at the potential mitigating factors that reduce both the level of self-distress and the perceived partner stress; they found that for women, regardless of their overall relationship satisfaction or the number of partners, no differences were seen. Their study hypothesises that women tend to internalise blame or attribution regarding orgasm difficulty and hence take ownership of their partner's distress (Rowland & Kolba, 2016). Women who believe that their orgasm difficulty is to blame for their partner's sexual distress could increase their own level of personal distress and lead them to exaggerate their partner's level of distress at a higher rate than their partner is actually feeling (Hendrickx et al., 2019). Future studies could examine the differences between the perceived partner distress and the actual partner distress to determine whether there are any discrepancies (Hendrickx et al., 2019).

Strengths

The study explored orgasm satisfaction, orgasm difficulty and perceived partner distress to orgasm difficulty of women with different sexual orientations in a way that had not previously been looked at. The current study included all age groups over 18 years old regardless of sexual orientation, geographic region, or socioeconomic status, with a relatively large sample size and wide dispersion taken from New Zealand/Aotearoa. Additionally, this study sheds more light on sexual minority groups and provides a more precise knowledge of the differences among women

of different sexual orientations (Csako et al., 2022). Furthermore, data collected from online surveys can be especially useful for allowing participants to give honest and truthful responses as participants have a sense of anonymity and privacy, especially when discussing sensitive sexual issues (Séguin & Milhausen, 2016; Zadeh et al., 2021). This study also provides access to more research for individuals who identify as gender diverse. LGBTQ+ youth or youth who are unsure of their sexual orientation might not feel comfortable talking about their sexuality with friends or family, especially if they haven't disclosed it to them; therefore, having access to online research gives individuals the privacy to access the data within their own home (Mitchell et al., 2013).

Limitations and Future Research Directions

Considering the strengths that this study provides, there are several limitations within this study that could potentially be addressed for future research within this field. A limiting factor is the potential systematic bias seen within a nonprobability study (Csako et al., 2022), as well as only a small proportion of women identifying as bisexual and a smaller proportion identifying as homosexual, making generalizability to the wider population limited (Rowland & Kolba, 2016). There are potentially other factors that could account for the differences seen between the different sexual orientations, including age, relationship status, anxiety or mental health, or other factors (Rowland & Kolba, 2016) that have not been accounted for within this study. It is also important to consider that when surveys are administered online, it is hard to verify the responses, and due to only internet users being able to participate, there is a lack of diversity within lower socioeconomic classes who potentially cannot access the survey (Rowland & Kolba 2016). Future research could focus on underrepresented minority groups to include a more representative sample

through community sampling and incorporate additional data about women's sexual experiences (Csako et al., 2022).

There are several methodological limitations in the measures used for the survey, including sexual orientation and orgasm satisfaction. Although sexual orientation is thought to be a very straightforward concept, there is huge diversity in how people describe their sexual orientation, which creates a limitation in the sense that people often do not fit into one box (Greaves et al., 2017). There are always exceptions to the rule that sexual orientation and the gender of one's partner do not always coincide, for example, a heterosexual woman may date another woman, while a lesbian may be in a relationship with a cisgender or transgender man and still maintain her lesbian identity because it most closely corresponds to her overall experiences (Blair et al., 2017). For this reason, it is important to note that this survey did not obtain information about the participant's current sexual partner and their gender. For bisexual women, it is impossible to know which type of relationship they are reporting on, whether it be same-sex or mixed-sex, without information on their current sexual partner (Blair et al., 2017). Future studies could look at improving these issues, obtaining more information from the participant about their current situation, and recruiting a larger sample size of both homosexual and bisexual women.

When considering sexual satisfaction, several different validated measures capture the distinct multidimensional components of sexual satisfaction, making it difficult to measure sexual satisfaction in academic research (Mark et al., 2014). Due to this study relying solely on a single-item measure of orgasm satisfaction, it is difficult to cover all the multidimensional components. It would be interesting for future studies to also look into the other components of satisfying sex and whether there are differences within different sexual orientations. A study conducted by Séguin and Blais (2019) discovered that participants of all genders did not view orgasm as a

necessary component of satisfying sex, instead giving other relational and erotic aspects of sex a greater sense of significance.

Conclusion

The study provided novel research regarding orgasm satisfaction, orgasm difficulty and partner response to orgasm difficulty of women with different sexual orientations. Previous research has looked at several aspects of sexual health, including orgasm frequency; however, this study explores areas of sexual health and sexual orientation in a way that has not been widely researched. Although no differences were seen between women with different sexual orientations and orgasm satisfaction, significant differences were seen in both orgasm difficulty and partner response to orgasm difficulty. Women who identified as bisexual reported the highest level of personal distress to orgasm difficulty and perceived partner distress to orgasm difficulty. No differences were seen between bisexual and heterosexual women regarding perceived partner distress to orgasmic difficulty, indicating that both bisexual and heterosexual women reported higher levels of perceived partner distress when they were unable to reach orgasm. Heteronormative sexual scripts are thought to have an impact on women when it comes to heterosexual relationships (Blair et al., 2017; Cormier & O'Sullivan, 2018). Sexual scripts for lesbian and bisexual women have not been looked at the same way.

Several limitations within this study need to be addressed, including that no information was gathered regarding participant's sexual partner or partners; therefore, it is unknown whether bisexual women are reporting on same-sex or mixed-sex relationships. Future studies would need to acquire more information regarding participant's sexual partner in order to have more insight into the potential differences. This study provides valuable insight as a stepping stone for future

research to look deeper into orgasm satisfaction, orgasm difficulty and partner response to orgasm difficulty. All factors which play an important role in promoting sexual health (Fahs, 2011; Hevesi et al., 2022; Zadeh et al., 2021). The ability to enjoy pleasurable and safe sexual encounters free from coercion and violence is necessary for sexual health, as is a positive and respectful perspective on sexual relationships and sexuality (Burke et al., 2014). To make any educated conclusions or suggestions for action in the domain of orgasm satisfaction and orgasm difficulty, a more thorough and directly comparable study of women of different sexual orientations is required.

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