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25 Sexual Function, Dysfunction, and Difficulties

Sexual Self-Efficacy Scale for Female Functioning

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The evaluation and alteration of self-efficacy expectations is important in the cognitive-behavioral treatment of psychosexual problems. The Sexual Self-Efficacy Scale for females (SSES-F) is a measure of perceived competence in the behavioral, cognitive, and affective dimensions of female sexual response. Researchers studying women's perceived sexual self-efficacy, using the SSES-F, have focused on sexual adjustment (Reissing, Laliberte, & Davis, 2005), the effect of first sexual encounters on later sexual self-efficacy (Reissing, Andruff, & Wentland, 2012), body image (Yamamiya, Cash, & Thompson, 2006), perceived objectification by a partner (Ramsey & Hoyt, 2015), marital satisfaction (Oluwole, 2008), and the treatment of genital pain (Sutton, Pukall, & Chamberlain, 2009). Dunkley, Gorzalka, and Brotto (2016) found that poorer sexual self-efficacy was evident in women with eating disorders, calling for attention to sexual concerns as part of treatment for these individuals.

Development

The SSES-F was developed as a multidimensional counterpart to the SSES-E (erectile function in men), and has been used for clinical screening and assessment, as well as for research (Fichten, Budd, Spector et al., 2010; Libman, Rothenberg, Fichten, & Amsel, 1985).

The SSES-F consists of 37 items, sampling capabilities in four phases of sexual response: interest, desire,

arousal, and orgasm. In addition, the measure samples diverse aspects of female individual and interpersonal sexual expression (e.g., communication, body comfort and acceptance, and enjoyment of various sexual activities). The instrument includes the following subscales determined by factor analysis (item numbers in parentheses): *Interpersonal Orgasm* (4, 28, 29, 30, 32, 33, 34, 36, 37), *Interpersonal Interest/Desire* (1, 5, 6, 7, 9, 22), *Sensuality* (17, 18, 19, 20, 21, 27), *Individual Arousal* (24, 25, 26, 31), *Affection* (8, 15, 16), *Communication* (12, 13, 14, 23, 35), *Body Acceptance* (2, 3), and *Refusal* (10, 11).

The SSES-F may be used by single or partnered women of all ages. Female respondents indicate which activities they can do and, for each of these, rate their confidence level. In addition, their partners can rate how they perceive the respondents' capabilities and confidence levels.

Response Mode and Timing

For each item, respondents check whether the female can do the described activity and rate her confidence in being able to engage in the activity. Confidence ratings range from 10 (*Quite Uncertain*) to 100 (*Quite Certain*). If an item is unchecked, the corresponding confidence rating is assumed to be zero. The measure takes about 10 to 15 minutes to complete.

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Scoring

The SSES-F yields an overall self-efficacy strength score as well as eight subscale scores. The total strength score is given by the average of the confidence ratings; items not checked in the “Can Do” column are scored as zero. The strength scores for the separate subscales are given by the average of the confidence ratings for that subscale.

Reliability

The SSES-F was administered to a nonclinical sample of 131 women (age range = 25 to 68 years). The sample included 51 married or cohabiting women and 80 single women. Thirty-six of the women completed the SSES-F a second time, after an interval of 4 weeks. The male partners of the 51 married or cohabiting women also completed the SSES-F.

Evaluation of the women’s confidence ratings ($N = 131$) included a factor analysis to identify subscales and analyses to assess test–retest reliability and internal consistency. Item analysis demonstrated a high degree of internal consistency (Cronbach’s $\alpha = .93$) for the overall test. A factor analysis, using a varimax rotation, yielded eight significant factors, accounting for 68 percent of the total variance. Internal consistency coefficients for the separate subscales ranged from $\alpha = .70$ to $\alpha = .87$. Subscale-total and intersubscale correlations, carried out on the mean confidence score for each subscale, indicated reasonably high subscale-total correlations (range = .31 to .85) and moderate intersubscale correlations (range = .08 to .63).

Test–retest correlations for the total scores ($r = .83$, $p < .001$) and for the subscales (range = .50 to .93) indicate good stability over time. For the married or cohabiting couples, the correlation between the partners’ total SSES-F scores was $r = .46$, $p < .001$.

Validity

Creti et al. (1989) reported on a preliminary validity analysis for the SSES-F. Both nonclinical and clinical samples were administered the SSES-F along with a test battery including measures of psychological, marital, and sexual adjustment and functioning. The overall strength score of the SSES-F was found to correlate significantly with other measures of sexual functioning, such as the Sexual History Form (Nowinski & LoPiccolo, 1979), the Golombok Rust Inventory of Sexual Satisfaction (Rust & Golombok, 1985), and the Sexual Interaction Inventory (LoPiccolo & Steger, 1974), and with marital satisfaction (Locke Wallace Marital Adjustment Scale; Kimmel & Van der Veen, 1974). In addition, the overall strength scores of the SSES-F were significantly lower for sexually dysfunctional women who presented for sex therapy at our clinic than for those of a sample of women from the community who reported no sexual dysfunction. Women who presented for sex therapy also showed significantly lower scores than the community sample on the *Interpersonal Orgasm, Interpersonal Interest,*

Desire, Sensuality, and Communication subscales. Creti et al. (1989) found that older women (age > 50) had significantly lower total strength scores than younger women (age < 50).

Reissing et al. (2005) found that sexual self-efficacy, as measured by the SSES-F, was a mediating variable between sexual self-schema and sexual adjustment. Sutton et al. (2009) reported that women with provoked vestibulodynia had lower scores on the total SSES-F score as well as on the sensuality, affection, and communication subscales compared to controls. Rajabi and Jelodari (2015) carried out a factor analysis of a Persian translation of the measure administered to married university women in Iran. They found a somewhat different factor structure, underlining the importance cultural differences in measurement of sexual adjustment and practice. The SSES-F has been translated into German and validated with a large online sample (Villwock, 2018).

Other Information

The SSES-F is available in the French language.

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Exhibit

Sexual Self-Efficacy Scale for Female Functioning

The attached form lists sexual activities that women engage in.

For women respondents only: Under *column I* (Can Do), check the activities you think you could do if you were asked to do them today. For *only* those activities you checked in column I, rate your *degree of confidence* that you could do them by selecting a number from 10 to 100 using the scale given below. Write this number in *column II* (Confidence).

For partners only: Under *column I* (Can Do), check the activities you think your *female partner could do* if she were asked to do them today. For *only* those activities you checked in column I, rate your *degree of confidence* that your female partner could do them by selecting a number from 10 to 100 using the scale given below. Write this number in *column II* (Confidence).

If you think your partner is *not* able to do a particular activity, leave columns I *and* II *blank* for that activity.

	I.	II.
	Check if Female Can Do	Rate Confidence (10 = Quite Uncertain—100 = Quite Certain)
1. Anticipate (think about) having intercourse without fear or anxiety.	<input type="checkbox"/>	—
2. Feel comfortable being nude with the partner.	<input type="checkbox"/>	—
3. Feel comfortable with your body.	<input type="checkbox"/>	—
4. In general, feel good about your ability to respond sexually.	<input type="checkbox"/>	—
5. Be interested in sex.	<input type="checkbox"/>	—
6. Feel sexual desire for the partner.	<input type="checkbox"/>	—
7. Feel sexually desirable to the partner.	<input type="checkbox"/>	—
8. Initiate an exchange of affection without feeling obliged to have sexual relations.	<input type="checkbox"/>	—
9. Initiate sexual activities.	<input type="checkbox"/>	—
10. Refuse a sexual advance by the partner.	<input type="checkbox"/>	—
11. Cope with the partner's refusal of your sexual advance.	<input type="checkbox"/>	—
12. Ask the partner to provide the type and amount of sexual stimulation needed.	<input type="checkbox"/>	—
13. Provide the partner with the type and amount of sexual stimulation requested.	<input type="checkbox"/>	—
14. Deal with discrepancies in sexual preference between you and your partner.	<input type="checkbox"/>	—
15. Enjoy an exchange of affection without having sexual relations.	<input type="checkbox"/>	—
16. Enjoy a sexual encounter with a partner without having intercourse.	<input type="checkbox"/>	—
17. Enjoy having your body caressed by the partner (excluding genitals and breasts).	<input type="checkbox"/>	—
18. Enjoy having your genitals caressed by the partner.	<input type="checkbox"/>	—

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| 19. Enjoy having your breasts caressed by the partner. | <input type="checkbox"/> | ___ |
| 20. Enjoy caressing the partner's body (excluding genitals). | <input type="checkbox"/> | ___ |
| 21. Enjoy caressing the partner's genitals. | <input type="checkbox"/> | ___ |
| 22. Enjoy intercourse. | <input type="checkbox"/> | ___ |
| 23. Enjoy a lovemaking encounter in which you do not reach orgasm. | <input type="checkbox"/> | ___ |
| 24. Feel sexually aroused in response to erotica (pictures, books, films, etc.). | <input type="checkbox"/> | ___ |
| 25. Become sexually aroused by masturbating when alone. | <input type="checkbox"/> | ___ |
| 26. Become sexually aroused during foreplay when both partners are clothed. | <input type="checkbox"/> | ___ |
| 27. Become sexually aroused during foreplay when both partners are nude. | <input type="checkbox"/> | ___ |
| 28. Maintain sexual arousal throughout a sexual encounter. | <input type="checkbox"/> | ___ |
| 29. Become sufficiently lubricated to engage in intercourse. | <input type="checkbox"/> | ___ |
| 30. Engage in intercourse without pain or discomfort. | <input type="checkbox"/> | ___ |
| 31. Have an orgasm while masturbating when alone. | <input type="checkbox"/> | ___ |
| 32. Have an orgasm while the partner stimulates you by means other than intercourse. | <input type="checkbox"/> | ___ |
| 33. Have an orgasm during intercourse with concurrent stimulation of the clitoris. | <input type="checkbox"/> | ___ |
| 34. Have an orgasm during intercourse without concurrent stimulation of the clitoris. | <input type="checkbox"/> | ___ |
| 35. Stimulate a partner to orgasm by means other than intercourse. | <input type="checkbox"/> | ___ |
| 36. Stimulate a partner to orgasm by means of intercourse. | <input type="checkbox"/> | ___ |
| 37. Reach orgasm within a reasonable period of time. | <input type="checkbox"/> | ___ |
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Decreased Sexual Desire Screener

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The Decreased Sexual Desire Screener (DSDS) is a brief diagnostic instrument to assist in making the diagnosis of generalized acquired Hypoactive Sexual Desire Disorder (HSDD) in pre-, peri- and postmenopausal women. The DSDS has been validated for use by clinicians who are neither trained nor specialized in the diagnosis of Female Sexual Dysfunction (FSD).

The DSDS consists of four *Yes* or *No* questions (i.e., “In the past, was your level of sexual desire or interest good and satisfying to you?” “Has there been a

decrease in your level of sexual desire or interest?” “Are you bothered by your decreased level of sexual desire or interest?” “Would you like your level of sexual desire or interest to increase?”) and a fifth, seven-part question covering factors relevant to the differential diagnosis of HSDD.

The DSDS was developed specifically to assist clinicians in identifying generalized acquired HSDD and not to diagnose or exclude other female sexual disorders (e.g., Female Sexual Arousal Disorder [FSAD] or Female

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