



Measuring Sexual Compulsivity Among Young Adults

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Introduction



Introduction

- Sexual Compulsivity - The notion that, at some point, sexual behavior can go beyond an individual's control.
 - Leads to an impairment in functioning.
 - Associated with negative consequences.
- SC primarily studied in gay men and clinical populations (e.g. sex offenders).
- Void in research among women and non-clinical populations.



Introduction

- Society for the Advancement of Sexual Health:
 - Financial/Occupational
 - Legal
 - Physical outcomes
 - Psychological distress
 - Social problems
 - Spiritual consequences
- Lack of empirical evidence related to negative outcomes occurring as a result of SC.
 - Is sexual compulsivity a variation of normal sexual behavior occurring at the high end of the sexual continuum?
 - Is SC qualitatively different?



Purpose of This Study

- Notion that sexual behavior can go beyond the control of individuals needs critical assessment.
- Documenting the occurrence of negative outcomes may help support the construct of SC.
- An outcomes based-approach allows for the assessment of current scales.



Methods



Methods

- Participants – A convenience sample of 390 women and men enrolled in undergraduate courses at Indiana University.
- Measures –
 - Sexual Compulsivity Scale (Kalichman & Rompa, 1995)
 - 10 items
 - Compulsive Sexual Behavior Inventory (Coleman, et al., 2001)
 - 28 items
 - Cognitive and Behavioral Outcomes of Sexuality Scale (McBride, Reece & Perera, 2005).
 - 36 items
 - Financial, legal, physical, psychological, social, spiritual



SCS - Sample Items

- My sexual appetite has gotten in the way of my relationships.
- My sexual thoughts and behaviors are causing problems in my life.
- I sometimes get so horny I could lose control.
- I find myself thinking about sex while at work or in class.



CSBI – Sample Items

- How often have you had trouble controlling your sexual urges?
- Have you felt unable to control your sexual behavior?
- How often have you used sex to deal with worries or problems in your life?
- Have you received physical pain for pleasure?



Cognitive and Behavioral Outcomes of Sexual Behavior Scale

- 20 items assessing the extent to which an individual is concerned about negative outcomes resulting from their sexual behavior (Cognitive).
 - Four responses, ranging from “Never” to “Always”
- 16 items assessing whether an individual has actually experienced negative outcomes (Behavioral).
 - Dichotomous responses, “Yes” or “No”



CBOSB – Sample Items

- Cognitive Scale

- I am worried that the things I have done sexually:
 - Might have placed me or one of my partners at risk for pregnancy.
 - Might be leading to problems with friends.
 - Were inconsistent with my spiritual beliefs.
 - Were making me feeling guilty.

- Behavioral Scale

- In the past year, as a result of the things you have done sexually, did the following happen to you:
 - I or my sexual partner became pregnant.
 - I contracted a sexually transmitted infection.
 - I gave someone else a sexually transmitted infection.
 - I felt guilty.



Results



Sample Characteristics

- Women – n = 274 (70.3%)
- Men – n = 116 (29.7%)

- Age – n = 336 (86.2%) age 21 or <

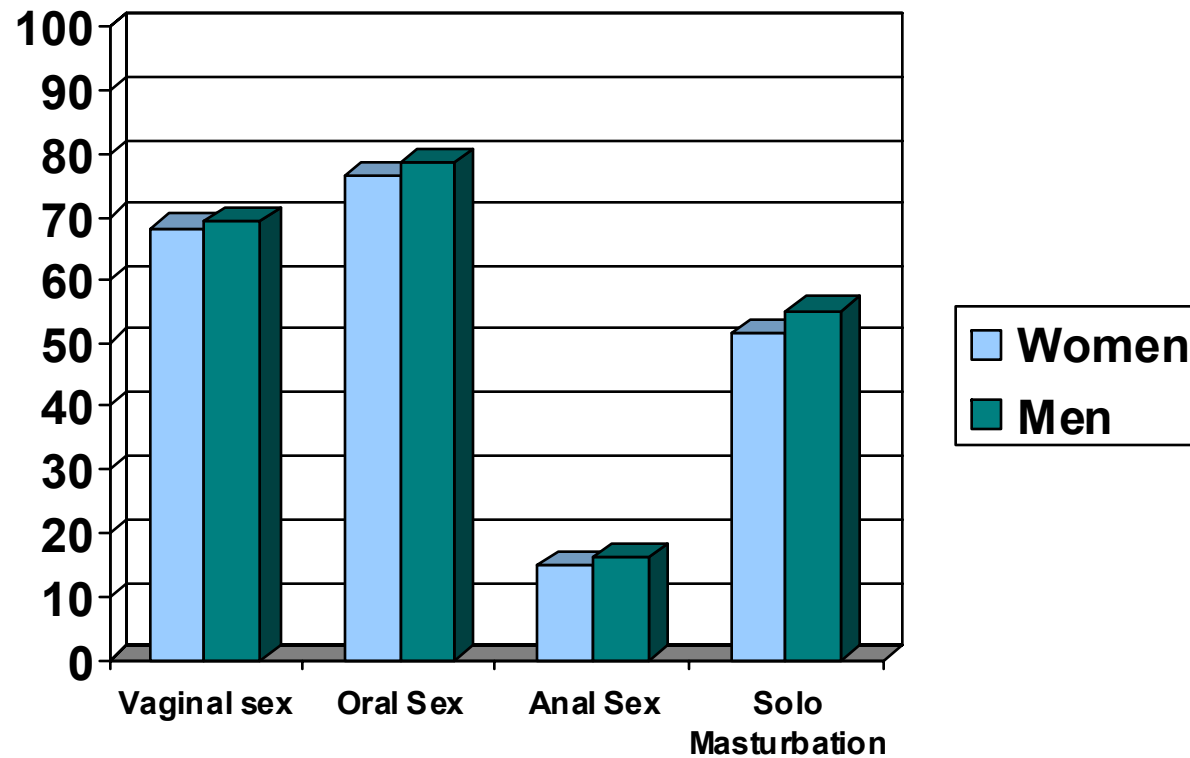
- Ethnicity –
 - Caucasian or white - n = 336 (86.2%)
 - African-American or Black – n = 29 (7%)
 - Asian or Asian-American – n = 12 (3.1%)
 - Hispanic or Latino – n = 9 (2.3%)
 - Other – n = 3 (0.8%)

- Sexual Orientation
 - Heterosexual or straight – n = 372 (95.4%)
 - Bisexual – n = 10 (2.6%)
 - Gay or homosexual – n = 4 (1%)

- Relationship Status
 - Exclusive dating relationship > 6 mo – n = 162 (41.9%)

Sample Characteristics: Sexual Behaviors

Percentage of participants reporting behavior in preceding 3 months



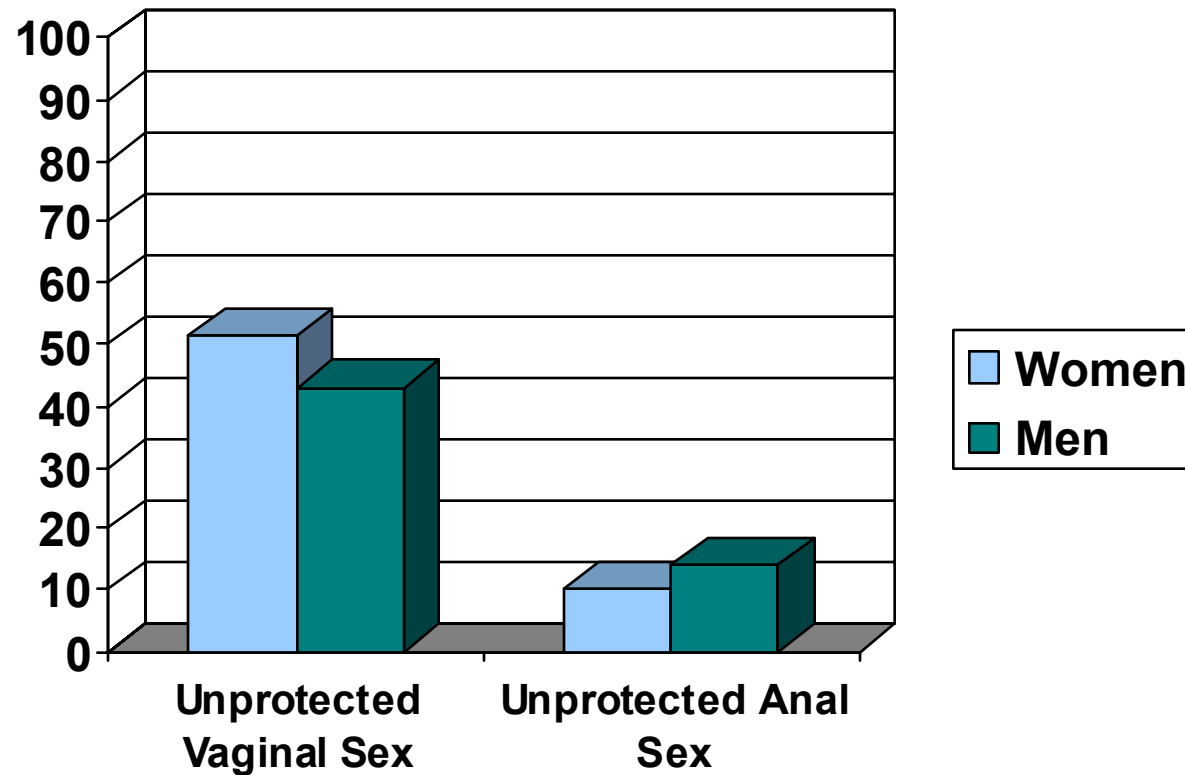


Sample Characteristics

- Chi square analyses for gender differences:
 - No significant differences for vaginal sex, number of times or number of partners.
 - Men who reported engaging in anal sex were found to report doing so on significantly more occasions and report a significantly higher number of anal sex partners than women.
 - Men had a significantly higher number of oral sex partners than women.
 - Men reported a significantly higher frequency of solo masturbation than women.

Sample Characteristics: Sexual Risk-Taking Behaviors

Percentage of participants reporting behavior in preceding 3 months





Psychometric Properties

- **Cognitive and Behavioral Outcomes Scale**
- **Reliability** – Cronbach's Alpha
 - 20 item Cognitive Outcomes Scale – $\alpha = .89$
 - 16 item Behavioral Outcomes Scale – $\alpha = .75$
- **Validity** –
 - Pearson's Correlations - Low, but significant.
 - Principal Components - Forced six factor solution accounted for **74.8%** of the total variance.
 - Mann Whitney U - Significant differences between cognitive outcomes scores for individuals reporting a negative behavioral outcome versus those who did not.
- Cognitive and Behavioral Outcomes Scale demonstrated reliability and validity in a college sample.



Psychometric Properties

- Sexual Compulsivity Scale
- Reliability -
 - 10 item SCS – $\alpha = .79$
- Validity -
 - Pearson's Correlations - Low, but significant, correlations between SCS scores and scores on negative cognitive and behavioral outcomes scales and sexual risk-taking scales.
 - Forced two factor solution accounted for 46.4% of the total variance.
- Sexual Compulsivity Scale demonstrated reliability and validity in a college sample.



Psychometric Properties

- Compulsive Sexual Behavior Inventory
- Reliability
 - 28 item CSBI – $\alpha = .87$
- Validity
 - Low, but significant, correlations between CSBI scores and scores on negative cognitive and behavioral outcomes scales and sexual risk-taking scales.
 - Forced three factor solution accounted for **45.5%** of the total variance.
- Compulsive Sexual Behavior Inventory demonstrated reliability and validity in a college sample



Additional Analyses

- To what extent do the SCS and CSBI explain sexual risk behaviors above gender, age, ethnicity, relationship status, and sexual orientation ?
- Measure:
 - Demographics
 - DV: Past 3 months number of times engaged in unprotected vaginal, oral and anal intercourse
 - IVs: Age, sexual orientation, relationship status, scores on SCS
- Analyses: Forward Stepwise Logistic Regressions
 - Separate Analyses conducted for women and men.



SCS

- SCS was found to be a significant predictor of:
 - Women:
 - Unprotected vaginal receptive intercourse
 - 12.5% of variance accounted for by model.
 - Unprotected anal receptive intercourse
 - 10% of variance accounted for by model.
 - Men:
 - Unprotected anal insertive intercourse
 - 16.6% of variance accounted for by model.
 - Unprotected anal receptive intercourse
 - 41% of variance accounted for by model.



CSBI

- CSBI was found to be a significant predictor of:
 - Women:
 - Unprotected vaginal receptive intercourse
 - 14% of variance accounted for by model.
 - Unprotected anal receptive intercourse
 - 10.3% of variance accounted for by model.
 - Men:
 - Unprotected anal insertive intercourse
 - 7.3% of variance accounted for by model.



Predicting Negative Outcomes

- Do the SCS and CSBI predict negative behavioral and cognitive outcomes?
- Measures:
 - Predictor variable: SCS, CSBI
 - Outcome variables: Cognitive and Behavioral Outcomes of Sexuality Scale
- Analysis: Standard Multiple Regression



SCS

- Cognitive Outcomes:
 - Multiple R = .373 ($F(370,1) = 59.69, p < .001$)
 - R Square = .137
- Behavioral Outcomes
 - Multiple R = .267 ($F(374,1) = 28.62, p < .001$)
 - R Square = .071



CSBI

- Cognitive Outcomes:
 - Multiple R = .432 ($F(374,1) = 85.35, p < .001$)
 - R Square = .184
- Behavioral Outcomes
 - Multiple R = .468 ($F(370,1) = 103.51, p < .001$)
 - R Square = .219



Discussion



Summary of Findings

- Measures demonstrated reliability and validity in a college sample.
- Evidence of negative cognitive and behavioral outcomes associated with SC, as assessed with other measures.
- Supports a broader approach to conceptualizing SC, beyond sexual risk-taking.



Implications for Sexual Health Practice

- An outcomes based approach to assessment may be useful for identifying SC.
- An outcomes based approach may be used to identify areas to target when developing intervention and risk-reduction strategies.
- College health educators and health care providers should be trained to identify instances of SC, and to provide appropriate education and treatment for college students.



Implications for Future Research

- Additional validation of the cognitive and behavioral outcomes scale is needed.
- Longitudinal studies looking at whether those who score highly on measures of SC show a progression in their experiences of negative consequences are needed.
- Studies investigating relations between psychological distress and SC are needed.



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