

15. Times when sex was distressing for me
16. The times I have pretended to enjoy sex
17. Times when I prefer to refrain from sexual activity
18. What it means to me to have sex with my partner
19. My own ideas about sexual accountability
20. Times when I was pressured to have sex
21. The times I have lied about sexual matters
22. The times when I might not want to have sex
23. What I think and feel about having sex with my partner
24. The notion that one is accountable for one's sexual behaviors
25. The aspects of sex that bother me
26. How I would feel about sexual dishonesty
27. My ideas about not having sex unless I want to
28. How I feel about abortions
29. My personal views about homosexuals
30. My own ideas about why rapes occur
31. My personal views about people with AIDS
32. What I consider "proper" sexual behavior
33. My beliefs about pregnancy prevention
34. Opinions I have about homosexual relationships
35. What I really feel about rape
36. Concerns that I have about the disease AIDS
37. The sexual behaviors that I consider appropriate
38. How I feel about pregnancy at this time
39. My reactions to working with a homosexual
40. My reactions to rape
41. My feelings about working with someone who has AIDS
42. My personal beliefs about sexual morality
43. How satisfied I feel about the sexual aspects of my life
44. How guilty I feel about the sexual aspects of my life
45. How calm I feel about the sexual aspects of my life
46. How depressed I feel about the sexual aspects of my life
47. How jealous I feel about the sexual aspects of my life
48. How apathetic I feel about the sexual aspects of my life
49. How anxious I feel about the sexual aspects of my life
50. How happy I feel about the sexual aspects of my life
51. How angry I feel about the sexual aspects of my life
52. How afraid I feel about the sexual aspects of my life
53. How pleased I feel about the sexual aspects of my life
54. How shameful I feel about the sexual aspects of my life
55. How serene I feel about the sexual aspects of my life
56. How sad I feel about the sexual aspects of my life
57. How possessive I feel about the sexual aspects of my life
58. How indifferent I feel about the sexual aspects of my life
59. How troubled I feel about the sexual aspects of my life
60. How cheerful I feel about the sexual aspects of my life
61. How mad I feel about the sexual aspect of my life
62. How fearful I feel about the sexual aspects of my life
63. How delighted I feel about the sexual aspects of my life
64. How embarrassed I feel about the sexual aspects of my life
65. How relaxed I feel about the sexual aspects of my life
66. How unhappy I feel about the sexual aspects of my life
67. How suspicious I feel about the sexual aspects of my life
68. How detached I feel about the sexual aspects of my life
69. How worried I feel about the sexual aspects of my life
70. How joyful I feel about the sexual aspects of my life
71. How irritated I feel about the sexual aspects of my life
72. How frightened I feel about the sexual aspects of my life

Source. This scale is reprinted with permission of the author.

a. The columns are not shown here to save space.

b. The scale is the same as that for the SSBS except that "with an intimate partner" follows each descriptor.

Sexual Self-Efficacy Scale for Female Functioning

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The Sexual Self-Efficacy Scale for Females (SSES-F) is a measure of perceived competence in the behavioral, cog-

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nitive, and affective dimensions of female sexual response (Bailes et al., 1989). Self-efficacy theory holds that expectations about how well one can perform in a given situation can significantly influence behavior in that situation. It is thought that self-efficacy influences what tasks one will undertake and to what degree one will persist when

challenged (Bandura, 1982). Therefore, the evaluation and alteration of self-efficacy expectations is important in the cognitive-behavioral treatment of a number of psychosexual problems. Although self-efficacy measures have been developed to assess competency expectations for a number of behaviors, little attention has been given to female sexuality. Although Bogat, Hamernik, and Brooks (1987) developed a scale to evaluate women's orgasmic expectation and comfort in the context of Barbach's behavioral treatment program for anorgasmic women, the authors provided neither normative data nor the psychometric properties of the measure.

Fichten, Libman, and Rothenberg (1988) reported on the SSES-E, a measure of sexual self-efficacy for males focusing on erectile ability. The SSES-F was developed as a multidimensional counterpart to the SSES-E for use as a screening, assessment, and research instrument in our sex therapy practice.

Description

The SSES-F has 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 (items in parentheses): Interpersonal Orgasm (37, 29, 34, 36, 33, 32, 4, 28, 30), Interpersonal Interest/Desire (6, 5, 7, 22, 1, 9), Sensuality (19, 18, 17, 21, 20, 27), Individual Arousal (25, 31, 24, 26), Affection (15, 8, 16), Communication (14, 12, 13, 23, 35), Body Acceptance (3, 2), and Refusal (10, 11).

Female respondents indicate those activities they can do and, for each of these, rate their confidence level. An additional feature of the SSES-F is that male partners can rate how they perceive the capabilities and confidence levels of their female partners.

The SSES-F is appropriate for use with clinical and non-clinical populations, for both research and clinical purposes. It may be used by women of all ages, whether they are in relationships or unpartnered.

Response Mode and Timing

For each item, respondents check whether the female can do the described activity and rate the female's 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.

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% 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), 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. Sexually dysfunctional women also showed significantly lower scores than the community sample on the Interpersonal Orgasm, Interpersonal Interest/Desire, Sensuality, and Communication subscales. Finally, Creti et al. (1989) found that older women (age > 50) had significantly lower total strength scores than younger women (age < 50).

Other Information

Further validation of the measure is in progress. In addition, the SSES-F is presently being translated into French and will shortly be ready for psychometric evaluation. The authors thank Nettie Weinstein and Gloria Liederman for their assistance in collecting and entering much of the data.

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Exhibit

Sexual Self-Efficacy Scale for Females

Instructions: 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 male 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
10	20	30	40	50	60	70	80	90	100			Check if can do	Rate confidence 10-100
<i>Quite uncertain</i>							<i>Moderately certain</i>			<i>Quite certain</i>			

Text items

1. Anticipate (think about) sexual relations without fear or anxiety. _____
2. Feel comfortable being nude with the partner. _____
3. Feel comfortable with your body. _____
4. In general, feel good about your ability to respond sexually. _____
5. Be interested in sex. _____
6. Feel sexual desire for the partner. _____
7. Feel sexually desirable to the partner. _____
8. Initiate an exchange of affection without feeling obliged to have sexual relations. _____
9. Initiate sexual activities. _____
10. Refuse a sexual advance by the partner. _____
11. Cope with the partner's refusal of your sexual advance. _____
12. Ask the partner to provide the type and amount of sexual stimulation needed. _____
13. Provide the partner with the type and amount of sexual stimulation requested. _____
14. Deal with discrepancies in sexual preference between you and your partner. _____
15. Enjoy an exchange of affection without having sexual relations. _____
16. Enjoy a sexual encounter with a partner without having intercourse. _____
17. Enjoy having your body caressed by the partner (excluding genitals and breasts). _____
18. Enjoy having your genitals caressed by the partner. _____
19. Enjoy having your breasts caressed by the partner. _____
20. Enjoy caressing the partner's body (excluding genitals). _____
21. Enjoy caressing the partner's genitals. _____

- | | | |
|---------------------------------------------------------------------------------------|-------|-------|
| 22. Enjoy intercourse. | _____ | _____ |
| 23. Enjoy a lovemaking encounter in which you do not reach orgasm. | _____ | _____ |
| 24. Feel sexually aroused in response to erotica (pictures | _____ | _____ |
| 25. Become sexually aroused by masturbating when alone. | _____ | _____ |
| 26. Become sexually aroused during foreplay when both partners are clothed. | _____ | _____ |
| 27. Become sexually aroused during foreplay when both partners are nude. | _____ | _____ |
| 28. Maintain sexual arousal throughout a sexual encounter. | _____ | _____ |
| 29. Become sufficiently lubricated to engage in intercourse. | _____ | _____ |
| 30. Engage in intercourse without pain or discomfort. | _____ | _____ |
| 31. Have an orgasm while masturbating when alone. | _____ | _____ |
| 32. Have an orgasm while the partner stimulates you by means other than intercourse. | _____ | _____ |
| 33. Have an orgasm during intercourse with concurrent stimulation of the clitoris. | _____ | _____ |
| 34. Have an orgasm during intercourse without concurrent stimulation of the clitoris. | _____ | _____ |
| 35. Stimulate a partner to orgasm by means other than intercourse. | _____ | _____ |
| 36. Stimulate a partner to orgasm by means of intercourse. | _____ | _____ |
| 37. Reach orgasm within a reasonable period of time. | _____ | _____ |

Sexual Self-Efficacy Scale–Erectile Functioning

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The Sexual Self-Efficacy Scale–Erectile Functioning (SSES-E) is a measure of the cognitive dimension of erectile functioning and adjustment in men. Specifically, it evaluates a man's beliefs about his sexual and erectile competence in a variety of sexual situations. The scale may be completed by a male to obtain self-ratings or by his partner to obtain corroboration.

Self-efficacy—confidence in the belief that one can perform a certain task or behave adequately in a given situation (Bandura, 1982)—is important in sexual relationships, where it is believed that negative thinking about sexual behaviors may lead to increased performance anxiety, poorer sexual function, and perhaps, avoidance of sexual activity. The SSES-E was developed to measure sexual self-efficacy with respect to erectile functioning.

The SSES-E can be used in the clinical assessment of sexual dysfunction (e.g., Carey, Wincze, & Meisler, 1993). It can also be used to measure sexual self-efficacy as it relates

to other cognitive, affective, behavioral, or physiological variables. The measure can differentiate functional from dysfunctional groups, as well as other groups that are hypothesized to have varying levels of erectile confidence (e.g., older and younger men). The SSES-E has also been shown to be useful in evaluating how self-efficacy changes in relation to biological events, such as surgery, as well as in relation to biological interventions for erectile problems, such as injection therapy. Finally, the SSES-E is appropriate as a measure of treatment outcome for sex therapy, where the goal is not only improved sexual behavior but also more adaptive cognitions and positive affect.

Description

The SSES-E is a 25-item measure designed to follow Bandura, Adams, and Beyer's (1977) format. Item content is based on the Goals for Sex Therapy questionnaire (Lobitz & Baker, 1979) and the Erectile Difficulty Questionnaire (Reynolds, 1978).

Respondents first indicate which sexual activities they expect they (or their partner) can complete. For each of these activities, they then rate their confidence level on a

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HANDBOOK *of* SEXUALITY-RELATED MEASURES

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