Freund often went over patients’ questionnaire responses with them and helped them complete the questionnaire if they had difficulty answering the items on their own. He naturally used their responses to key items (along with their sexual offense histories and their phallometric results) in making clinical diagnoses. He did not, to the best of my knowledge, habitually use the computed scale totals for diagnostic purposes. He therefore did not conduct much, if any, research to identify cutting scores for the various scales, so cutting scores for classifying a patient as paraphilic or nonparaphilic are not available. The computed scale totals were primarily for the purposes of research rather than individual diagnosis.

It is necessary to know one aspect of Freund’s standard operating procedure in order to understand what psychometric data are and are not available. I have already explained that the EPES was physically divided into sections. Freund did not give every patient every section. In general, he gave patients only those sections that were relevant to their clinical presentations. Thus, a patient who presented with exhibitionism would not get the section on fetishism (unless he also acknowledged fetishism). A patient who presented with fetishism, on the other hand, might also be given the section on sadism and masochism without his having mentioned those interests spontaneously, because fetishism is commonly found in association with sadism and masochism. Freund did this for a variety of practical reasons, one being that patients who had no interest in a particular paraphilia (e.g., transvestism or pedophilia) were sometimes upset and offended to be asked about cross-dressing or sexual feelings toward children. The upshot of this is that it was never feasible to conduct a grand, omnibus factor analysis of all paraphilia measures on all patients. Thus, the available psychometric data are alpha reliability coefficients.

These scales, whatever their psychometric flaws, did yeoman’s service in a large number of studies, which I have not attempted to list comprehensively in this document. They still offer, at the very least, a starting point for the further development of self-report scales that canvass patients’ sexual desires as well as their sexual actions.

A more complete description of these scales as well as the individual scales (with scoring weights in parentheses after each response option), references, and some psychometric data about the scales may be found online at http://www.routledge.com/textbooks/9780415801751.

**Sexual Socialization Instrument**

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The purpose of the Sexual Socialization Instrument (SSI) is to measure permissive sexual influences of parents and peers on adolescents and young adults. The term permissive here means acceptance of nonmarital sexual interactions. A permissive influence is one that would encourage sexual involvement in a wide variety of relationships—from casual to long term. A nonpermissive influence is one that discourages casual sexual encounters and promotes either abstinence or sex for individuals only in loving, long-term relationships.

**Description**

The SSI was developed for use in a longitudinal study investigating the relationships among background variables, residential and social affiliations, and the attitudes, values, and sexual experiences of university students. The items of this instrument were included in a questionnaire completed by 557 first-year students (48% female) in 1987 and 303 of these same students (55% female) in 1991 when they were seniors.

The SSI consists of two scales, the Parental Sexual Socialization Scale and the Peer Sexual Socialization Scale. When the SSI was given to first-year students, short forms of the parental and peer scales, containing 4 items (numbered 1, 3, 19 and 20) and 6 items (numbered 2, 4, 5, 8, 15, and 18), respectively, were used. To improve the internal consistency reliability of both scales for the second administration of the questionnaire to seniors, the number of items in the parental and peer scales was increased to 8 (numbered 1, 3, 6, 9, 12, 16, 19, and 20) and 12 (numbered 2, 4, 5, 7, 8, 10, 11, 13, 14, 15, 17, and 18), respectively. These versions of the scales are referred to as long forms. The response options to each item are one of the 5-point Likert-type choices: strongly agree (1), agree (2), undecided (3), disagree (4), and strongly disagree (5).

If one is interested in an overall measure of sexual socialization from parents and peers, the items of the parental and

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peer scales can be combined to form such a measure as was done by Bell et al. (1992), Bell, Lottes, and Kuriloff (1995), and Kuriloff, Lottes, and Bell (1995).

Response Mode and Timing
Respondents can circle the number from 1 to 5 corresponding to their degree of agreement/disagreement with each item or if computer scoring is available, machine-scoreable answer sheets can be provided for responses. The instrument requires about 5 minutes for completion.

Scoring
Eleven of the 20 items are scored in the reverse direction: Items 1, 4, 6, 8, 11, 13, 14, 15, 16, 18, and 19. For reverse direction items, recoding for scoring needs to transform all 5s to 1s and 4s to 2s and vice versa before responses to the items are summed to give a scale score. For the long form of the Parental Sexual Socialization Scale, scores can range from 8 to 40, and for the short form of this scale scores can range from 4 to 20. For the long form of the Peer Sexual Socialization Scale, scores can range from 12 to 60, and for the short form of this scale scores can range from 6 to 30. The higher the score, the more permissive the parental or peer influence for respondents.

Reliability
In a sample of 557 first-year college students (Lottes & Kuriloff, 1994), Cronbach alphas for the short forms of the Parental and Peer Sexualization Scales were both .60. Test-retest reliabilities comparing first-year students with seniors for a sample of 303 college students were .55 and .47, respectively. In this sample of 303 seniors, Cronbach alphas for the short forms of the parental and peer scales were .73 and .70, respectively, and alphas for the long forms of these scales were .78 and .85, respectively (Lottes & Kuriloff, 1994).

Validity
The construct validity of the Parental and Peer Sexual Socialization Scales was supported by statistically significant results for predicted correlations and group differences. As expected, Lottes and Kuriloff (1994) found that men reported significantly higher scores on both the short and long forms of the parental and peer scales. Also, as expected, future fraternity members as first-year students reported significantly higher scores on the short form of the Peer Socialization Scale than did first-year male students who remained independent. Similarly, compared to nonfraternity senior men, senior fraternity men reported significantly higher scores on the long form of the Peer Sexual Socialization Scale (Lottes & Kuriloff, 1994). In addition, the short forms of the Parental and Peer Sexualization Scales were found to be positively significantly correlated with number of sex partners and negatively significantly correlated with age of first intercourse.

References

Exhibit

Sexual Socialization Instrument

Directions: Below you will see five numbers corresponding to five choices. Choose the response that best describes your degree of agreement/disagreement with each statement. Write or shade in only one response for each statement. Because all responses will remain anonymous you can respond truthfully with no concerns about anyone connecting responses with individuals.

Strongly Agree (1) Agree (2) Undecided (3) Disagree (4) Strongly Disagree (5)

1. My mother would have felt okay about my having sex with many different people.
2. I am uncomfortable around people who spend much of their time talking about their sexual experiences.
3. My father would have felt upset if he’d thought I was having sex with many different people.
4. Among my friends, men who have the most sexual experience are the most highly regarded.
5. My friends disapprove of being involved with someone who was known to be sexually easy.
6. According to my parents, having sexual intercourse is an important part of my becoming an adult.
7. Most of my friends don’t approve of having multiple sexual partners.
8. My friends and I enjoy telling each other about our sexual experiences.
9. My parents stress that sex and intimacy should always be linked.
10. Most of my friends believe that you should only have sex in a serious relationship.
11. Among my friends alcohol is used to get someone to sleep with you.
12. My parents would disapprove of my being sexually active.
13. My friends approve of being involved with someone just for sex.
14. My friends brag about their sexual exploits.
15. My friends suggest dates to each other who are known to be sexually easy.
16. My parents encourage me to have sex with many people before I get married.
17. Among my friends, people seldom discuss their sexuality.
18. Among my friends, women who have the most sexual experience are the most highly regarded.
19. My father would have felt okay about my having casual sexual encounters.
20. My mother would only have approved of me having sex in a serious relationship.

Reiss Premarital Sexual Permissiveness Scale (Short Form)

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This scale measures the level of premarital sexual permissiveness that an individual accepts. The scale allows one to precisely place a respondent on the cumulative, low to high, scale of permissiveness. This newer short form focuses on only the measures of coital permissiveness and consists of just four questions (Reiss, 1989; Schwartz & Reiss, 1995).

Description

The short-form scale and the original form are Guttman scales (i.e., they produce a ladder from low to high permissiveness; Reiss, 1967, 1989; Schwartz & Reiss, 1995). The original form consisted of a 12-question scale asking about the person’s acceptance of kissing, petting, and intercourse in relationships involving no affection, strong affection, love, or engagement (Hampe & Ruppel, 1974; Reiss, 1964). That scale met all Guttman scaling criteria in both a nationally representative sample and several regional samples. It has been tested in a number of other countries (Huang & Uba, 1992; Sprecher & Hatfield, 1996; Stillerman & Shapiro, 1979). It led to the development of the “Autonomy Theory,” explaining changes in premarital sexuality (Crawford & Popp, 2003; Reiss, 1965, 1967; Weis, 1998; Weis, Rabinowitz, & Ruckstuhl, 1992; Weis & Slosnerick, 1981). I would add here that my use of the term premarital does not involve any assumption that everyone will marry, but rather it indicates that the scale focuses on attitudes toward sexual behavior of young unmarried people.

In 1989, I composed a revision consisting of a simple four-item scale that used three of the original coital questions and added a fourth question (Reiss, 1989). The fourth question was added because the old scale lacked a “moderate” affection category. The focus on only coital relationships in this newer short-form scale derived from the fact that our culture had changed from a minority of young people accepting premarital intercourse to a majority of young people accepting and having premarital intercourse (Reiss, 2006). This short version has been tested both in the United States and in Sweden and found to meet all Guttman scaling requirements (Schwartz & Reiss, 1995). Although this scale focuses on heterosexual penile/vaginal intercourse, a similar scale measuring the role of affection in same-gender sexual relations could be devised. Doing that could produce some very interesting comparisons.

Response Mode and Timing

The short form of the Premarital Sexual Permissiveness Scale (PSPS) offers three degrees of agreement and three degrees of disagreement with each question (see Exhibit). Respondents circle the degree of agreement or disagreement they have with each item. The four questions take only a couple of minutes for almost everyone to answer.

Scoring

Because Guttman scaling has been proven to work on both the old form and this newer short form of the scale, respondents could simply be scored by dichotomizing their answers into agree or disagree and assigning one point for each question to which they agreed. Dichotomizing each question’s answers would yield a total permissiveness scale score for each respondent ranging from a low of 0 to a high of 4. But keep the six choices in each question because it does make respondents feel that they can more accurately express their feelings on the questions, and some researchers may want to use all six categories.

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