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Dyadic Sexual Communication Scale

JOSEPH A. CATANIA,1 San Francisco State University

The Dyadic Sexual Communication Scale (DSC) is a Likert-type scale assessing respondents’ perceptions of the communication process encompassing sexual relationships. The original 13-item scale discriminated people reporting sexual problems from those not reporting sexual problems (Catania, 1986). The shortened and modified versions of the DSC scales, which have been used in nationally sampled sexual-risk studies, discriminated significant differences in disclosure of extramarital sex (Choi, Catania, & Dolcini, 1994) and have also been correlated with incidence of multiple partners (Dolcini, Coates, Catania, Kegeles, & Hauck, 1995).

Description

The DSC scale is a 13-item scale that measures how respondents perceive the discussion of sexual matters with their partners. Items are rated on a 6-point Likert-type scale (1 = Disagree Strongly, 6 = Agree Strongly). When frequent evaluations are desired, shortened, modified versions of the DSC scale are available to assess respondents’ quality of communication.

Response Mode and Timing

For each item respondents are instructed to choose the rating that most adequately describes their feelings. All forms of the DSC scale are interviewer administered. Scales are available in English and Spanish, and all versions of the DSC scale take 1–2 minutes to complete.

Scoring

Sum across items for a total score.

Reliability and Validity

The DSC scale has been administered to college and adolescent populations, as well as national urban probability samples constructed to adequately represent White, Black, and Hispanic ethnic groups, as well as high HIV-risk factor groups (Choi et al. 1994; Dolcini et al., 1995). The DSC scale was assessed in a pilot study (N = 144 college students) that examined the internal consistency, test-retest reliability, and factor structure of the scale (Cronbach’s alpha = .81 total sample, .83 cohabiting couples; test-retest = .89; a single factor was obtained; Catania, Pollack, McDermott, Qualls, & Cole, 1990). In a larger study (N = 500), the scale was administered to respondents who had been recruited from pleasure parties in the California Bay Area (82%), and at church meetings and college classes in Colorado (18%). A slightly higher Cronbach’s alpha was obtained (.87), and a factor analysis revealed that the DSC scale was composed of a single dimension. The communication measure discriminated people reporting sexual problems from those not reporting sexual problems, with the problem group (M = 53, SD = 13.0) reporting poorer sexual communication than the no problem group (M = 63.7, SD = 10.2), t(416) = 9.32, p = .0001.

A shortened, four-item version of the DCS scale was examined in a study of the correlates of extramarital sex (Choi et al., 1994). The analysis was a part of the 1990–1991 National AIDS Behavior Survey (NABS) longitudinal study, which was composed of three interlaced samples designed to oversample African-Americans and Hispanics for adequate representation. (For further details on sample construction and weighting of the NABS cohort study see Catania, Coates, Kegeles, et al., 1992.) The interlaced samples included a national sample, an urban sample of 23 cities with high prevalences of AIDS cases, and a special Hispanic urban sample. To examine the correlates of extramarital sex, we restricted our analysis to married, 18–49 year olds who reported having a primary sex partner. In Choi et al. (1994), the shortened, four-item version of the DSC scale was administered to those respondents (N = 5,900) who were married and between the ages of 18–49. Reliability was good (Cronbach’s alpha = .62 for the total sample). Means, standard deviations, range, median, and reliabilities are given for White, Black, and Hispanic groups, males and females, and levels of education for both national and urban/high risk city samples in Table 1. In the national sample, significant differences in test scores were found between education levels and gender. In the urban/high-risk city groups, differences were found between ethnic groups as well as levels of education and gender. A regression analysis revealed that Hispanics who scored poorly on the dyadic communication scale were more likely to report extramarital sex. A t test revealed gender differences (t = 2.02, p < .04) with women scoring higher than men.

A six-item version of the DSC scale was developed on 114 adolescent females who participated in a study that examined psychosocial correlates of condom use and multiple partner sex (Catania, Coates, & Kegeles, 1989). Respondents, recruited from a family planning clinic in

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California, were White (92%), Hispanic (4%), and other (4%). The majority of respondents were heterosexual, unmarried, and sexually active. Reliability was good (Cronbach’s alpha = .77).

The six-item DSC scale was also administered to 558 respondents who participated in a study (Dolcini et al., 1995) examining incidence of multiple partners and related psychosocial correlates, as part of the AIDS in Multi-Ethnic Neighborhoods (AMEN) Study. The AMEN study is a longitudinal study (three waves) examining the distribution of HIV, sexually transmitted diseases (STDs), related risk behaviors, and their correlates across social strata. Respondents for the AMEN study were recruited from 16 census tracts of San Francisco that are characterized by high rates of STDs and drug use. (For further information regarding sampling techniques see Catania, Coates, Stall, et al., 1992; Fullilove-e et al., 1992.) The multiple-partner study sample, which obtained data at Wave 2, was restricted to heterosexuals who reported having a primary sexual partner and being sexually active. Respondents ranged from 20–44 years of age. Reliability was good (Cronbach’s alpha = .67). The mean, standard deviation, median, range, and reliabilities of ethnic groups, gender, and levels of education are provided in Table 1. The communication scale was relevant only to those with a primary partner. A multiple regression revealed the DSC scale to be associated with having two or more partners.

### References


### Table 1

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<tr>
<th>Ethnicity</th>
<th>Education</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
<th>Mdn</th>
<th>Alpha</th>
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<tbody>
<tr>
<td>White</td>
<td>= 12 years</td>
<td>125</td>
<td>13.46</td>
<td>2.37</td>
<td>9.0</td>
<td>14.0</td>
<td>.60</td>
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<td></td>
<td>&lt; 12 years</td>
<td>694</td>
<td>12.39</td>
<td>2.31</td>
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<td>12.0</td>
<td>.54</td>
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<tr>
<td>Black</td>
<td>= 12 years</td>
<td>330</td>
<td>13.09</td>
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<td>.62</td>
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<td></td>
<td>&lt; 12 years</td>
<td>1,163</td>
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<td>2.30</td>
<td>12.0</td>
<td>13.0</td>
<td>.56</td>
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<td>Hispanic</td>
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<td>2.13</td>
<td>11.0</td>
<td>14.0</td>
<td>.67</td>
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<td></td>
<td>&lt; 12 years</td>
<td>2,286</td>
<td>13.32</td>
<td>2.18</td>
<td>12.0</td>
<td>14.0</td>
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**AMEN Study**

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<th>SD</th>
<th>Range</th>
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<th>Alpha</th>
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<tr>
<td>Total</td>
<td>558</td>
<td>20.73</td>
<td>2.97</td>
<td>14.0</td>
<td>21.0</td>
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**NABS Study**

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<th>Range</th>
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<th>Alpha</th>
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<td>National Sample</td>
<td>1,217</td>
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<td>2.21</td>
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<td>14.0</td>
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<td>High Risk Cities</td>
<td>4,683</td>
<td>13.14</td>
<td>2.26</td>
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<tr>
<td>Male</td>
<td>499</td>
<td>13.22</td>
<td>2.22</td>
<td>9.0</td>
<td>13.0</td>
<td>.65</td>
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<tr>
<td>Female</td>
<td>2,059</td>
<td>12.98</td>
<td>2.25</td>
<td>11.0</td>
<td>13.0</td>
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<td>National Sample</td>
<td>723</td>
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<td>14.0</td>
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<td>High Risk Cities</td>
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<td>13.32</td>
<td>2.24</td>
<td>12.0</td>
<td>14.0</td>
<td>.62</td>
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</table>

**Notes:**

- NABS = National AIDS Behavioral Survey.
- AMEN = AIDS in Multi-Ethnic Neighborhoods.

### References

Exhibit

Dyadic Sexual Communication Scale

Instructions: Now I am going to read a list of statements different people have made about discussing sex with their primary partner. As I read each one, please tell me how much you agree or disagree with it.

1. My partner rarely responds when I want to talk about our sex life.
2. Some sexual matters are too upsetting to discuss with my sexual partner.
3. There are sexual issues or problems in our sexual relationship that we have never discussed.
4. My partner and I never seem to resolve our disagreements about sexual matters.
5. Whenever my partner and I talk about sex, I feel like she or he is lecturing me.
6. My partner often complains that I am not very clear about what I want sexually.
7. My partner and I have never had a heart to heart talk about our sex life together.
8. My partner has no difficulty in talking to me about his or her sexual feelings and desires.
9. Even when angry with me, my partner is able to appreciate my views on sexuality.
10. Talking about sex is a satisfying experience for both of us.
11. My partner and I can usually talk calmly about our sex life.
12. I have little difficulty in telling my partner what I do or don’t do sexually.
13. I seldom feel embarrassed when talking about the details of our sex life with my partner.

Note. The short, four-item questionnaire used in the NABS study includes Items 2, 8, 10, and 12. The six-item version used in the AMEN and adolescent study includes Items 1, 2, 3, 8, 10, and 12. Questions in the original study have been modified for respondents who participated in subsequent studies.

The exact wording of the shortened, four-item versions of the DSC scale are as follows: 1. Do you find some sexual matters too difficult to discuss with your spouse? 2. Does your spouse have difficulty in talking to you about what he/she likes during sex? 3. Is talking about sex with your spouse fun for the both of you? 4. Do you find that it is easy for you to tell your spouse what you do or do not like to do during sex?

The exact wording of the six-item versions of the DSC scale is as follows: 1. I find some sexual matters are too upsetting to talk about with my primary partner. 2. I think it is difficult for my primary partner to tell me what (he/she) likes to do sexually. 3. It is easy for me to tell my primary partner what I do or don’t like to do during sex. 4. My primary partner hardly ever talks to me when I want to talk about our sex life. 5. My primary partner really cares about what I think about sex. 6. Talking about sex with my primary partner is usually fun for the both of us.

Weighted Topics Measure of Family Sexual Communication

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The Weighted Topics Measure of Family Sexual Communication (WTM) was developed to enable researchers to assess quickly and objectively the amount of communication about sexuality that has occurred between parents and their adolescent children. This scale combines a relatively objective measure (number of topics discussed) with a more subjective one (extent of discussion).

Description

This measure asks respondents to indicate the extent to which nine specific sexual topics have been discussed, using a scale of 0–4, with 0 corresponding to None and 4 corresponding to A Lot. Possible scores range from 0–36, with higher scores indicating greater amounts of communication. Adolescents may be asked to give separate reports for communication with the mother and the father.

Response Mode and Timing

Respondents indicate the extent of communication about each topic by indicating which of the five possible ratings mentioned above best corresponds to the amount of

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