8. ¿Con qué frecuencia sus pensamientos o comportamientos sexuales han interferido con la formación de amistades?
1 2 3 4 5
9. ¿Con qué frecuencia ha inventado usted excusas y razones para justificar su comportamiento sexual?
1 2 3 4 5
10. ¿Con qué frecuencia ha perdido usted la oportunidad para hacer actividades productivas debido a su actividad sexual?
1 2 3 4 5
11. ¿Con qué frecuencia su actividad sexual le ha causado a usted problemas financieros?
1 2 3 4 5
12. ¿Con qué frecuencia se ha sentido emocionalmente distante cuando ha tenido sexo con otros?
1 2 3 4 5
13. ¿Con qué frecuencia ha tenido sexo o masturbación más de lo que usted ha querido?
1 2 3 4 5
14. ¿Ha obligado usted a algún hombre/mujer hacer algo en contra de su voluntad?
1 2 3 4 5
15. ¿Alguna vez ha golpeado, empujado, cacheteado, lanzado, sofocado, sometido o le ha pegado usted a alguna de sus parejas sexuales?
1 2 3 4 5
16. ¿Le ha causado usted a otras personas dolor físico por placer sexual?
1 2 3 4 5
17. En peleas, ¿ha sido usted golpeado, pateado, empujado, cacheteado, ha sido tirado, estrangulado, frenado, o le ha pegado su pareja actual o la más reciente?
1 2 3 4 5
18. ¿Ha recibido usted dolor físico por tener sexo?
1 2 3 4 5
19. ¿Ha sido obligado a tener sexo con su esposo, esposa u amantes?
1 2 3 4 5
20. ¿Ha sido usted visto masturbándose o teniendo sexo sin dar su permiso?
1 2 3 4 5

Inventario de Comportamiento Sexual Compulsivo (ICSC)
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Program in Human Sexuality

Sexual Compulsivity Scale

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The Sexual Compulsivity Scale was designed to serve as a brief psychometric instrument to assist in the assessment of insistent, intrusive, and uncontrolled sexual thoughts and behaviors. Sexual compulsivity is conceptually and clinically similar to sexual addiction. Clinically, sexually compulsive individuals may present with an array of social problems that stem from their sexual preoccupation and conduct, including disturbances in their interpersonal relationships, occupation, and other facets of daily living. Sexual compulsivity can lead to sexual assault and other criminal behavior, especially when the compulsivity occurs in the context of a paraphilia. However, the Sexual Compulsivity Scale is not intended to detect paraphilias. Most available research has examined sexual compulsivity as a correlate of risks for sexually transmitted infections, including HIV/AIDS. The scale content concentrates on sexual preoccupations rather than acting as an indicator of overt sexual behaviors.

Description
The Sexual Compulsivity Scale was originally derived from self-descriptive statements contained in a brochure advertising a sexual addiction support group (CompCare, 1987). The brochure stated that a person should contact the group “if your sexual appetite has gotten in the way of your relationships . . . or if your sexual thoughts and behaviors are causing problems in your life . . . or if your desires to have sex have disrupted your daily life . . .” We, therefore, extracted self-identifying affirmations from the brochure and framed them as items written in the first person. The scale consists of 10 items that were pilot-tested with men and women in community samples (Kalichman et al., 1994). Items were refined following community feedback and were placed on 4-point scales, 1 = Not at all Like Me, 2 = Slightly Like Me, 3 = Mainly Like Me, 4 = Very Much Like Me. The scale was developed for use with men and women and has shown utility with adults of all ages.

Response Mode, Timing, and Scoring
The 10-item Sexual Compulsivity Scale requires less than 5 minutes to self-administer or interview-administer. The scale does not have formally developed subscales. However, factor analysis has shown two principal...
components to the scale: (a) uncontrolled thoughts and behaviors and (b) social and interpersonal problems and disruptions. The scale is scored by summing the items or by taking the mean response (sum of items/10). There are no reverse-scored items.

Reliability

The Sexual Compulsivity Scale has demonstrated excellent internal consistency across several diverse populations including male (α = .77) and female (α = .81) college students (Dodge, Reece, Cole, & Sandfort, 2004), community samples of HIV-positive men and women (α = .89; Kalichman & Rompa, 1995), gay and bisexual men (α’s are in range .86–.90; Dodge et al., 2008; Kalichman et al., 1994; Parsons & Bimbi, 2007), young adults in Croatia (α = .87; Stulhofer, Buško, & Landripet, 2010), and patients seeking help for hypersexuality (α = .79; Reid, Carpenter, Spackman, & Willes, 2008). Item-total correlations range from .49 to .73, with no single item substantially reducing or improving the internal consistency when deleted from the total. The scale has also demonstrated acceptable time stability over 2 weeks (r = .95; Kalichman & Rompa, 1995) and 3 months (r = .64; Kalichman et al., 1994).

Validity

Studies have demonstrated evidence for the construct validity of the Sexual Compulsivity Scale. Kalichman and colleagues (Kalichman et al., 1994; Kalichman & Rompa, 1995) found the scale to correlate with numbers of sexual partners (r = .21), lower intentions to reduce sexual risks (r = −.35), lower self-esteem (r = −.35), and lower sexual control (r = −.61). Sexually transmitted infection clinic patients who score higher on the scale report greater numbers of sex partners, greater numbers of one-time sex partners, and greater rates of sexual acts (Kalichman & Cain, 2004). Other researchers have shown that Sexual Compulsivity Scale scores predict Internet use for sexual content. For example, people who score higher on the scale spend more time online pursuing sexual partners than individuals who score lower (Cooper, Sherer, Boies, & Gordon, 1999). Dodge et al. (2008) found that gay and bisexual men who score higher on the scale are more likely to seek sex partners on the Internet as well as in anonymous sexual exchange venues and clubs. Demonstrating discriminant validity, patients who seek help for hypersexuality score more than a standard deviation higher on the Sexual Compulsivity Scale than nonclinical samples (Reid et al., 2008). Discriminant validity is also supported by researchers who have demonstrated that gay and bisexual men who engage in high-risk sexual behavior fully understanding their risks for HIV/AIDS score higher on the scale (Halkitis et al., 2005; Parsons & Bimbi, 2007). For additional information, see Kalichman & Rompa (2001).

Other Information

The Sexual Compulsivity Scale is in the public domain and available for open use. National Institute of Mental Health (NIMH) grant R01-MH71164 supported preparation of the chapter.

References

Cognitive and Behavioral Outcomes of Sexual Behavior Scale

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The term sexual compulsivity (SC) is used to describe sexual behaviors that may be beyond an individual’s control and that subsequently could lead to impairment in functioning as well as a range of negative outcomes. The Society for the Advancement of Sexual Health (SASH) has offered a list of outcomes that may occur if a person or behaviors are sexually compulsive. This outcomes-based understanding of sexual compulsivity would suggest that individuals and their behaviors (including behaviors that they do alone, such as masturbation, as well as those that they do with other people, such as having intercourse) could lead to negative consequences in various domains, including social, emotional, physical, legal, financial/occupational, and spiritual areas of life (Reece, Dodge, & McBride, 2006). The Cognitive and Behavioral Outcomes of Sexual Behavior Scale (CBOSBS) was developed to measure the extent to which an individual has experienced negative outcomes in one or more of the six domains identified by SASH.

Description

Items were generated by the researchers based on theoretical understandings of SC and guided by the outcomes suggested by SASH. The scale includes a cognitive outcomes component and a behavioral outcomes component to measure both the extent to which a person is concerned about negative outcomes resulting from their sexual behaviors, and the extent to which such outcomes are actually experienced. For each, items assess six potential types of outcomes (financial/occupational, legal, physical, psychological, spiritual, social). The cognitive outcomes scale

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