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Sexual Double Standard Scale

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We developed the Sexual Double Standard Scale (SDSS; Muehlenhard & Quackenbush, 1996) to measure the extent to which respondents adhere to the traditional sexual double standard (SDS). The SDS allows men more sexual freedom than women regarding premarital sex, multiple partners, and sex at a young age or in a new or uncommitted relationship (Crawford & Popp, 2003; Komarovsky, 1976; Reiss, 1960).

Description

The SDSS consists of 26 items, using a 4-point scale from Disagree Strongly (0) to Agree Strongly (3). Six individual items compare women’s and men’s sexual behavior in the same item (e.g., “A man should be more sexually experienced than his wife,” keyed positively, or “A woman’s having casual sex is just as acceptable to me as a man’s having casual sex,” keyed negatively). Twenty items occur in pairs, with parallel items about women’s and men’s sexual behavior (e.g., “A girl who has sex on the first date is ‘easy,’” and “A guy who has sex on the first date is ‘easy’”).

Response Mode and Timing

Researchers can select a response mode to meet their needs (e.g., written questionnaire, computerized administration). Completing the scale requires about 5 minutes.

Scoring

For individual items, reverse score for negatively keyed items. For pairs of items critical of sexually active individuals, subtract male-focused items from female-focused items; for pairs of items approving of sexually active individuals, subtract female-focused items from male-focused items; these difference scores reflect discrepancies in respondents’ standards for women and men. Then add the 6 individual scores and the 10 difference scores (see Exhibit). Scores can range from 48 (reflecting acceptance of greater sexual freedom for men than for women—the traditional double standard) to 0 (reflecting identical standards for men and women, whether restrictive or permissive) to −30 (reflecting acceptance of greater sexual freedom for women than for men).

Reliability

In a sample of undergraduates (Muehlenhard & Quackenbush, 1996), coefficient alpha was .73 for women (n = 463) and .76 for men (n = 255). Alphas were calculated using 16 scores for each respondent: the 6 individual item scores (after reversing negatively keyed items) and the 10 difference scores from paired items.

Validity

We developed the SDSS to investigate the sexual double standard and condom use (Muehlenhard & Quackenbush, 1996). We hypothesized that, if a woman believes that her partner accepts the SDS, she might be reluctant to provide or suggest using a condom, lest she appear too eager or experienced; men, however, would not face this dilemma. We asked each respondent about condom use during her first sexual encounter with her most recent sexual partner. We also asked each respondent to complete the SDSS twice, first as she—and then as her partner—would have completed it at the time. As expected, women who had engaged in intercourse without suggesting, providing, or using a condom believed that their partners were more accepting of the SDS (i.e., that their partners had higher SDSS scores) than did women who had provided or suggested using condoms. Also as expected, this relationship did not hold for men.

Muehlenhard and McCoy (1991) investigated (a) token refusal (TR) situations—situations in which women engaged in “token refusals” or “token resistance” to sex, expressing unwillingness to engage in sex but actually being willing, and (b) open acknowledgement (OA) situations—situations in which women openly acknowledged their interest in sex. Muehlenhard and McCoy hypothesized that (a) token refusal would be most likely when a woman thought her partner accepted the double standard (by offering a token refusal, she could avoid her partner’s negative evaluation), and (b) open acknowledgement would be most likely when a woman thought her partner had egalitarian sexual attitudes (allowing her to express sexual interest without fearing negative evaluation). In a sample of 403 women, anyone who had been in TR and/or OA situations completed the SDSS twice for each situation, first as she—

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used. Unpublished manuscript.

Boone and Lefkowitz used Quackenbush’s study was women’s perceptions of how however, the significant predictor in Muehlenhard and Kotory to Muehlenhard and Quackenbush’s (1996) findings; protect the woman. This result might seem contradic-
tory to Muehlenhard and Quackenbush’s study was women’s perceptions of how their partners would have completed the SDSS, whereas Boone and Lefkowitz used participants’ own SDSS scores. Furthermore, Muehlenhard and Quackenbush found different patterns for women and men, but Boone and Lefkowitz’s analysis combined women’s and men’s data.

The validity of the SDSS is also supported by its correlations with other scales. Higher SDSS scores were associated with more traditional gender role attitudes (Muehlenhard & McCoy, 1991) and with more conservative sexual attitudes (Boone & Lefkowitz, 2004).

It is important not to include the scale’s title on the questionnaire. Many people claim to reject the sexual double standard—even those who endorse it when asked specific questions (Komarovsky, 1976). Including the scale’s title might bias respondents’ answers and lower its validity.

References
Muehlenhard, C. L., & Quackenbush, D. M. (1996). The social meaning of women’s condom use: The sexual double standard and women’s beliefs about the meaning ascribed to condom use. Unpublished manuscript.

Exhibit

Sexual Double Standard Scale

<table>
<thead>
<tr>
<th>Agree Strongly</th>
<th>Agree Mildly</th>
<th>Disagree Mildly</th>
<th>Disagree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

1. It’s worse for a woman to sleep around than it is for a man.
2. It’s best for a guy to lose his virginity before he’s out of his teens.
3. It’s okay for a woman to have more than one sexual relationship at the same time.
4. It is just as important for a man to be a virgin when he marries as it is for a woman.
5. I approve of a 16-year-old girl’s having sex just as much as a 16-year-old boy’s having sex.
6. I kind of admire a girl who has had sex with a lot of guys.
7. I kind of feel sorry for a 21-year-old woman who is still a virgin.
8. A woman’s having casual sex is just as acceptable to me as a man’s having casual sex.
9. It’s okay for a man to have sex with a woman he is not in love with.
10. I kind of admire a guy who has had sex with a lot of girls.
11. A woman who initiates sex is too aggressive.
12. It’s okay for a man to have more than one sexual relationship at the same time.
13. I question the character of a woman who has had a lot of sexual partners.
14. I admire a man who is a virgin when he gets married.
15. A man should be more sexually experienced than his wife.
16. A girl who has sex on the first date is “easy.”
17. I kind of feel sorry for a 21-year-old man who is still a virgin.
18. I question the character of a man who has had a lot of sexual partners.
19. Women are naturally more monogamous (inclined to stick with one partner) than are men.
20. A man should be sexually experienced when he gets married.
21. A guy who has sex on the first date is “easy.”
22. It’s okay for a woman to have sex with a man she is not in love with.
23. A woman should be sexually experienced when she gets married.
24. It’s best for a girl to lose her virginity before she’s out of her teens.
25. I admire a woman who is a virgin when she gets married.
26. A man who initiates sex is too aggressive.

Note. Scoring: Total = Item 1 + Item 15 + Item 19 + (3 − Item 4) + (3 − Item 5) + (3 − Item 8) + (Item 2 − Item 24) + (Item 12 − Item 3) + (Item 10 − Item 6) + (Item 17 − Item 7) + (Item 9 − Item 22) + (Item 11 − Item 26) + (Item 13 − Item 18) + (Item 25 − Item 14) + (Item 16 − Item 21) + (Item 20 − Item 23).

Do not use the scale’s title on the form completed by respondents; this might bias their responses.

The wording of this item was changed slightly from the 1998 version to make it parallel to its paired item.

Sexual Interest and Desire Inventory—Female

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The Sexual Interest and Desire Inventory—Female (SIDI-F) is a clinician-administered instrument to quantitatively assess Hypoactive Sexual Desire Disorder (HSDD) severity in women. It is a 17-page instrument available in its entirety at the companion website for this handbook: www.routledge.com/textbooks/9780415801751.

Description

The SIDI-F is a clinician-rated instrument consisting of 13 items (relationship—sexual, receptivity, initiation, desire—frequency, affection, desire—satisfaction, desire—distress, thoughts—positive, erotica, arousal—frequency, arousal ease, arousal continuation, and orgasm) as well as a 5-item diagnostic module. The items in the diagnostic module are for information purposes on common interfering conditions (e.g., fatigue, depression, and pain) and do not contribute to the total score.

The SIDI-F was developed in a collaborative effort by a group of academic sexual dysfunction researchers, pharmaceutical industry professionals, and clinicians. It originally consisted of 17 items but was modified following preliminary testing and item response analysis (Sills et al., 2005). The resulting “near-final” version, consisting of a 13-item clinician-rated instrument with 30-day recall, was tested for reliability and validity in a two-center North American pilot validation study conducted on 90 women with HSDD, Female Orgasmic Disorder (FOD), or no Female Sexual Dysfunction (FSD; Clayton et al., 2006). The reliability and validity of the final version of the SIDI-F were subsequently established in two multicenter, nontreatment studies, conducted in North America (n = 223) and Europe (n = 254), in women with HSDD (both studies), Female Sexual Arousal Disorder (FSAD; North American study only), or no FSD (both studies; Lewis-D’Agostino et al., 2007; Nappi et al., 2008).

The SIDI-F is designed to assess HSDD severity in adult women, regardless of age, menopausal status, or country. It was validated for use by clinicians trained in FSD, so its use by untrained clinicians to evaluate patients against a normative sample can only be advisory. However, its ease of use and the low level of interpretation required by the clinician are highly compatible with use by all clinicians to monitor changes in symptoms over time with treatment, especially by clinicians experienced in treating FSD.