

Sexual Addiction Questionnaire (SAQ) validation proofs: Confirm and Exploration of the “Sexual Addiction” construct

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Introduction

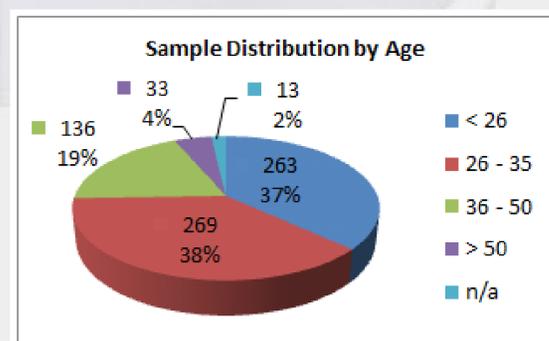
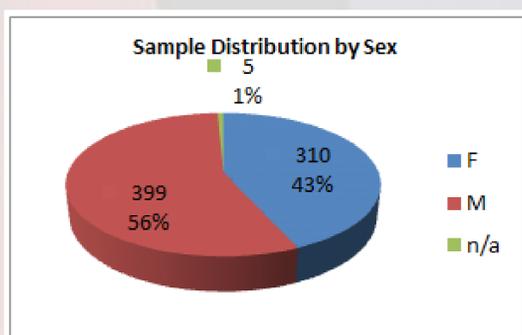
The Sexual Addiction Questionnaire (SAQ) is a new assessment tool created by Quattrini & Spaccarotella (2009), with the goal to collect all useful information about sexual addicted behaviour and to help understanding psycho-sexological features of their personality. SAQ is composed of 66 five-points Likert Scale items and 14 personal data items. Questions have been formulated focusing on the typical sexual addicted acts and characteristics, suggested by the clinical experiences of different Authors (Carnes, 1991; Griffin-Shelley, 1991; Earle, Crow, 1998). Sixty-six items has been divided in 16 areas: 1) Control Management/Compulsivity; 2) “Centrality” of Sex; 3) Negative Consequences of social and working; 4) Addiction; 5) Secrecy/Isolation; 6) Tolerance; 7) Coping; 8) Withdrawal; 9) Search of Pleasure/Craving; 10) Paraphilias and Other Sexual Diseases; 11) Risk Behaviours; 12) Family and Sexual Education; 13) Family; 14) Ethical-Religious values; 15) Sexual and body-Self/Masturbation; 16) Drugs and Behavioural Addictions.

Objective

Following the preliminary data presented to the WAS 2009 in Goteborg, Authors continued the SAQ validation proofs in a wider sample. To verify the questionnaire’ utility as a clinical-diagnostic support, we wanted to give the SAQ a higher level of validity, with regard to the Sexual Addiction construct. This study has also the purpose to collect all the information that could help to clarify if the person is engaging in a particular sexual behaviour in dependent way.

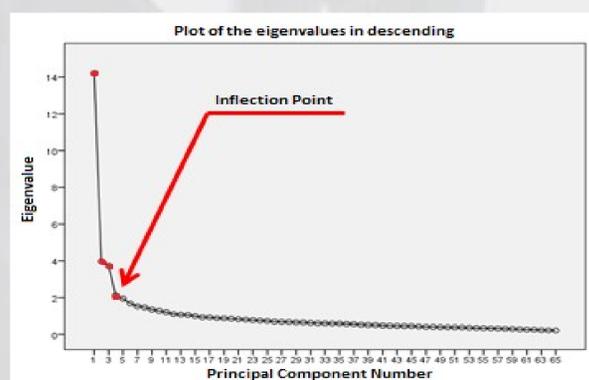
Methods

One thousand subjects entered the study by filling the online questionnaire available on the Italian Institute of Scientific Sexology of Rome website (www.iissweb.it) between Jan 2010 - Dec 2012. Only 714 subjects, however, were included because of missing data. The final sample consisted of: 56% male and 44%; average age (M 33.3 sd 10, range 15-65; F 26,5 sd 7, range 14-61). According to the difficulty in finding people affected by sexual addiction, we assumed that the subjects’ spontaneous decision to spend time attending the online format and the stronger perception of anonymity given by the web, could reveal a strong involvement in this psycho-sexological disease.



Statistical analysis has been made using SPSS system: in particular, factorial analysis was useful to confirm our hypothesis on the Sexual addiction construct and to explore new field of research. After having evaluated the reliability of the factorial analysis as a result of the Keiser-Meyer-Olkin and Bartlett Tests (as shown in the table) we have used the Varimax method.

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.926
Bartlett's Test of Sphericity	Approx. Chi-Square	18668.668
	df	2080
	Sig.	.000



Results and Discussions of Statistical Inference

Using the Guttman/Kaiser criterion (autoscores $i \geq 1$) we have evaluated those factors (i.e. the first fifteen) with a variance of around 60%. Taking into account the saturation matrix (cut off ≥ 0.4), last 4 items have been excluded since they have no statistical significance. Thus, only 11 factors have been thought to underline the Sexual Addiction construct. All of these factors let us to state which are the correlations among the different behaviors studied by the SAQ. However, only 4 out of these 11 factors are considered the most important in supporting addiction assessment, as demonstrated by the Scree Plot test (Cattell, 1966).

The abovementioned factors are: 1) Impulse dyscontrol and persistence despite social consequences (persistence and control); 2) Centrality of Sex: obsessive thoughts and coping strategies (obsession and centrality); 3) Devaluation (consequences); 4) Method of answer to the abstinence: rapidity and specificity (craving).

Conclusions

According to the literature, the possibility to elaborate diagnostic criteria for sexual addiction is still far. That is why we invented an instrument that analyses in a qualitative manner the prevalence of this disease within the population. Administer the SAQ to a larger population could reveal important clinical elements for the psychotherapy of sexual addiction, even if following Goodman's (1998) integrated approach, further studies, also using comparative “gold standard” tests, should be fostered in large clinical samples, in order to highly support the validity of this promising test.

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