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The Development and Validation of the Sexual and Relationship Distress Scale

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ABSTRACT

Background: Sexual distress is an important factor in the etiology, maintenance, and treatment of sexual difficulties, and as such, there is a need for validated measures. A limitation in the research and treatment of distressing sexual difficulties has been the lack of validated measures, and in particular, existing measures are unable to measure the impacts at the relationship level and currently focus on intra-personal distress.

Aim: This study sought to develop and psychometrically evaluate a new measure of distress associated with sexual difficulties.

Methods: An initial pool of 73 items was created from the results of an earlier qualitative study and administered using an online survey to 1,381 participants (462 men, 904 women, and 14 who identified as "other"), along with measures for the purposes of psychometric evaluation including the Female Sexual Distress Scale—Revised, Couples Satisfaction Index 16-item version, Depression Anxiety and Stress Scale—Short Form, and questions relating to sexual function. Exploratory factor analysis and confirmatory factor analysis in separate split-half samples were conducted, followed by analysis of validity and reliability of the resulting measure.

Outcomes: The Sexual and Relationship Distress Scale (SaRDS) was developed to meet the need for a patient-reported outcome measure of individual and relationship distress within the context of sexual dysfunction and resulted in a psychometrically sound 30-item, 14-factor measure of sexual and relationship distress.

Results: The final 30 items explained 77.5% of the total variance and the confirmatory factor analysis showed that this model has an adequate fit (comparative fit index = .97, normed fit index = .95, root mean square error of approximation = .05). The final measure demonstrated good psychometric properties, with strong internal reliability (Cronbach alpha = .95 for the total score with individual sub-scales ranging from .70—.96), and convergent and discriminant validity when compared to current measures (Female Sexual Distress Scale—Revised, $r = .82$, $P < .001$; Couples Satisfaction Index, $r = -.69$, $P < .001$; Depression Anxiety and Stress Scale—Short Form, $r = .37$, $P < .001$).

Clinical Implications: The SaRDS may prove useful for researchers and clinicians interested in understanding and improving the distress experienced within the context of sexual difficulties. The new measure is brief (30 items), easy to administer and score, easily understood (Flesch-Kincaid reading level = grade 3.9), and demonstrates high internal consistency, convergent and discriminant validity.

Strengths & Limitations: The SaRDS has advantages over existing measures as it is brief yet includes subscales. However, it must be noted that a community sample was used for this study and it would be beneficial to include a clinical sample in future validation studies.

Conclusion: Unlike most measures in this field, the SaRDS is multi-dimensional and assesses 14 distinct yet related types of sexual and relationship distress experienced in the context of sexual dysfunctions. It can be administered across genders and both members of a couple. It therefore has multiple uses within both research and clinical settings. **Frost R, Donovan C. The Development and Validation of the Sexual and Relationship Distress Scale (SaRDS). J Sex Med 2018;XX:XXX—XXX.**

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INTRODUCTION

Distress is an important factor in the etiology, maintenance, and treatment of sexual difficulties. As such, the need for validated measures of sexual distress for use as patient-reported outcome measures in future clinical trials has been repeatedly highlighted in recent years by the International Consensus Development Panel on Female Sexual Dysfunctions,[1] the International Society for the Study of Women's Sexual Health,[2] and Food and Drug Administration guidance on standards for clinical trials.[3] In order to diagnose and treat sexual disorders, clinicians turn to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*,[4] central to which is the presence of "clinically significant distress."

The difficulty defining distress is evident in the prevalence literature where rates vary widely due to substantive differences in how sexual concerns are measured. Also, many researchers have not historically made a distinction between sexual problem/impaired function (where distress is not present) and sexual disorder/dysfunction (where both problem/impaired function and distress are present as required in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*).[5] Regardless, it is very common to experience at least 1 (but often more) sexual dysfunction at any given time, with a prevalence rate of between 40% and 50% in women[6] and 35% in men.[7] The most commonly reported problems are low sexual desire and arousal for women, and pre-mature ejaculation and erectile dysfunction for men.[6–9]

Generally, women with sexual dysfunction are more likely than women with normal sexual functioning to report negative emotions and psychological states such as unhappiness, concern, disappointment, and inadequacy,[10] although most research of this nature has been correlational. Stephenson and Meston[11] have undertaken the most comprehensive research to date investigating the consequences and distress caused as a result of female sexual dysfunction. In that study, women were found to report decreased pleasure, disruption of sex, decreased frequency of sexual activity, decreased partner pleasure, negative partner self-emotions, partner disappointment/sadness, and partner anger/frustration. A qualitative investigation of the experience of reduced sexual desire, including the perceived causes and consequences, has also been conducted with a sample of 18 women and 4 men, making it the first study to investigate the distress men experience due to sexual desire problems.[12] Interviewed participants reported that individuals felt that low desire affected them emotionally, altered their self-esteem, and damaged their relationships. Other studies have found that individuals are significantly more likely to seek help if they feel distressed[7] yet reduction in symptoms alone is not sufficient to reduce individual distress about sexual functioning.[13] It is therefore important for us to understand more about the distress experienced when sexual dysfunctions are present, and to consider including distress as a treatment target rather than simply as a by-product of treatments targeting symptom reduction.[14]

An important issue that is often omitted in the sexual dysfunction literature is the well-established fact that not all people find their dysfunction distressing. Although it makes intuitive sense that sexual distress would be associated with low sexual function (including low desire), studies have found this association to be weak. The Prevalence of Female Sexual Problems Associated with Distress and Determinants of Treatment Seeking study[9] investigated the prevalence rates of common sexual problems while also measuring related distress using the Female Sexual Distress Scale (FSDS).[15] It found that while 44.2% of its women respondents reported the presence of a sexual problem, only around half (22.8%) reported personal distress. Similar results have been found across multiple studies (albeit predominantly conducted with women participants), finding that between one third and one half of individuals with sexual dysfunction also report distress.[7,16–23]

Researchers have investigated the factors that predict whether an individual will experience their sexual difficulties as more or less distressing. Among these (many only researched in specific disorders or populations) are age,[24–28] health problems,[9,25] chronic pain,[29] anxiety,[9] and depression.[9,10,21,30] More recently, it has been noted that the presence of a relationship is an important predictor of whether an individual is likely to be distressed.[29]

The lack of commonly used, validated measures of sexual distress makes it difficult to compare the limited studies using distress as an outcome variable. Historically, valid and reliable measures of sexual distress, eg, the Sexual Satisfaction Scale for Women[31] and the FSDS–Revised (FSDS-R)[32] have focused on personal distress, mostly ignoring the impact of sexual difficulties on relationships, and have been developed for women only. Measures currently exist that measure distress about sexual dysfunction such as the FSDS-R,[32] as well as multiple high-quality scales of relationship functioning and satisfaction including the Dyadic Adjustment Scale[33] and the Couples Satisfaction Index (CSI).[34]

The only validated measure currently available to measure both sexual and relationship distress within a single scale is the Sexual Desire and Relationship Distress Scale.[35] This measure was developed using strong methodology and is psychometrically sound. However, it was designed specifically for use only for women with low sexual desire. Alternative measures have not been created for other sexual dysfunctions or the population of men, and therefore there is strong need for a measure with wider utility.

Relationship factors are well known to be associated with distress about sexual dysfunction, yet literature about the etiology and treatment of most sexual disorders has historically failed to consider this. The Prevalence of Female Sexual Problems Associated with Distress and Determinants of Treatment Seeking study found that women with a sexual dysfunction who were married or in a de facto relationship were 1.91 times more likely to experience distress.[9] Indeed, relationship satisfaction has been shown to be one of the strongest predictors of sexual