SEXUAL MEDICINE ORIGINAL RESEARCH

BASIC SCIENCE

Preliminary Validation of a German Version of the Sexual Complaints Screener for Women in a Female Population Sample

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ABSTRACT

Background: To date, neither the original English nor any of the translated versions of the Sexual Complaints Screener for Women (SCS-W) have been tested for their psychometric properties.

Aim: To evaluate the validity and utility of the German version of the SCS-W by assessing content, convergent, and discriminant validity.

Methods: A population sample of 309 women (mean age = 26.9 years) completed the online survey and had matching data available on the SCS-W and the Female Sexual Function Index (FSFI). Spearman bivariate correlations between the SCS-W and FSFI domain scores and exploratory factor analysis with principal component analysis were conducted.

Outcomes: Convergent validity was excellent for the domain of orgasm, good for satisfaction, dyspareunia, and the total questionnaire score, and acceptable for desire, lubrication, arousal, and vaginismus. Discriminant validity was present for all domains apart from arousal, lubrication, and vaginismus. Varimax rotation suggested an 8-factor model was the most robust.

Clinical Implications: This brief screener seems suitable to provide a brief overview of female patients' sexual problems in a clinical setting.

Strengths and Limitations: This is the 1st study to assess the psychometric properties of the German version of the SCS-W. However, available information on the psychometric properties of the German SCS-W was limited because the validity of the screener could not be counterchecked against a clinical diagnosis of female sexual dysfunction.

Conclusion: Our results provide preliminary evidence of good validity of the German version of the SCS-W. Overall, the SCS-W can offer support for clinicians who are less familiar with sexual medicine and who might not routinely discuss sexual issues with their patients. **Burri A, Porst H. Preliminary Validation of a German Version of the Sexual Complaints Screener for Women in a Female Population Sample. Sex Med 2018;X:XXX–XXX.**

Key Words: Female Sexual Dysfunction; Assessment; Sexual Complaints Screener for Women (SCS-W); Validation; Psychometric Properties; Screener

INTRODUCTION

Although a multitude of well-established and validated questionnaire and assessment instruments exist in sexual medicine, it has become obvious that there is a great need for a comprehensive self-report screener for sexual dysfunctions—in men and women—that can be easily and quickly administered by non-specialized clinicians to capture sexual complaints across various domains. Such a screener is primarily meant to initiate and facilitate communication about sexual issues between the clinician and the patient. As such, the screener can offer support for clinicians who are less familiar with sexual medicine and who might not routinely discuss sexual issues with their patients and provide information on where and whether further assessment of sexual problems is indicated.

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A problem of short screeners or single-item measures is that they are often viewed as psychometrically suspect and harbor a heightened risk for random measurement errors and biases, which are less likely to occur in larger multiple-item questionnaires. Nevertheless, the use of short screeners or single-item measures has many appealing advantages. Not only can survey lengths be shortened, thus lowering research costs, but also using short instruments is "ethically" favorable because they are less of a burden and less monotonous for respondents and thus might lead to greater survey effectiveness, especially in difficult clinical populations.

Despite the need for a brief, initial screening instrument for sexual problems, relatively little work has been done to develop and evaluate the validity and utility of using short screeners or even single-item measures in sexual medicine. One such attempt was conducted in 2010 by Kriston et al[1] who suggested a 1-question screener asking about overall sexual satisfaction. With a dichotomous response option, this item showed 76.4% sensitivity and 76.5% specificity in the test sample (N = 6,194). A more extensive 5-item version showed a more favorable sensitivity (83.1%) and specificity (81.2%) profile. Similarly, a fast screener of female sexual dysfunction (FSD) for easy use in outpatient visits, an abridged 6-item versions of the popular Female Sexual Function Index (FSFI; 19-item in its original version),[2] was developed by Isidori et al[3] based on the Italian FSFI version. The initial validation study showed an adequate sensitivity and specificity profile (0.93 and 0.94) and good reliability, internal consistency, and retest stability.[3] Following up on attempts to produce a short version of the FSFI, Maseroli et al[4] presented an altered Italian version of the Female Sexual Dysfunction Index−6 (FSDI-6). In this version, an item related to personal interest in having a satisfying sex life was added, whereas the item related to sexual arousal was removed. Limiting the validity of the 2 screeners is the fact that they lack more extensive and especially cross-cultural validation, because these versions were based on the Italian FSFI version without further psychometric analysis. To address these limitations, Carpenter et al[5] developed a psychometrically solid short version of the English-language FSFI. Results of their analysis indicated that a 9-item scale provided more information than the FSFI-6 version across a spectrum of sexual functioning. However, this brief scale needs further validation.

Recently, former members of the FSD subcommittee of the European Society for Sexual Medicine (ESSM) acknowledged the demand for a brief screening measure of sexual problems and subsequently developed such a screener for women. The construction of the screener was largely based on methods used in previous epidemiologic research.[6] In a group meeting, the former members of the ESSM FSD subcommittee developed items based on prior research evidence and clinical practice. These items were presented to the International Society for Sexual Medicine (ISSM) standards committee who, after jointly discussing and revising the items until reaching consensus about their content, sent the screener to all members of the ISSM standards committee for final approval.[7,8]

Simultaneously and using a similar process, a short screener for male sexual dysfunction was developed to have similar length and structure as the female screener. For the development of the Sexual Complaints Screener for Women (SCS-W), the FSD subcommittee relied on current definitions of FSD, its different domains, and key diagnostic criteria, such as presence of personal distress. In the end, 10 items were constructed, each consisting of an a-series in which the degree of the specific dysfunction is rated and a b-series in which the degree of personal distress caused by that specific dysfunction is assessed. The domains that are intended to be covered by the SCS-W are sexual desire or interest, objective and subjective arousal, orgasm, pain, vaginismus, persistent genital arousal disorder, and sexual satisfaction. Response options are rated on a 5-point Likert-type scale for all items (0 = "never" to 4 = "almost all the time/always" for the a-series and 0 = "not at all a problem" to 4 = "a very great problem" for the b-series).

At this stage, neither the original English nor any translated versions of the SCS-W have been tested for their psychometric properties such as reliability or validity; therefore, at this stage, no statements regarding its accuracy, sensitivity, and specificity in identifying patients with a potential sexual problem can be made. The purpose of this study was to evaluate the validity and utility of the German version of the SCS-W to be used as a routine screening instrument in daily clinical practice by assessing the content and convergent and discriminant validities of the screener in a population sample of women (N = 309).

METHODS

Participants

The data used in this present study were collected within the context of a larger project looking at women's perception of male ejaculatory function. The initial study was set up in Zurich, Switzerland as a cross-sectional online survey in which self-reported data were collected using a set of validated and study-specific questionnaires. The survey took approximately 30 minutes to complete. To be included in the survey, women had to be 18 to 75 years of age and have engaged in sexual intercourse at 1 point in their lives (determined by the question, "Have you ever been sexually active?"). At the stage of recruitment, no further inclusion or exclusion criteria were imposed on the sample to maintain population representativeness. At the end of the 4-month recruitment phase, data were available on 425 participants. Because of missing values in the FSFI and the SCS-W (>20% of questions), 114 women were excluded from the study. Hence, the final sample included in the present study of 309 women represents 72.7% of participants who started the survey.

The mean age of participants was 26.9 years (SD = 6.6). The sample was predominantly Swiss (84.7%), with 8.44% German and 6.82% "other" nationalities (predominantly Italian, Spanish, and Austrian). Most participants had completed high school or