

The mediating role of sexual assertiveness in the relationship between sexual self-esteem and sexual satisfaction in young Dutch women

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Abstract

Sexual satisfaction is related to factors contributing to general well-being in women. Since about half of all women are not fully sexually satisfied, it is useful to determine predictors of sexual satisfaction. Therefore, this study investigated the relationships between sexual self-esteem, sexual assertiveness and sexual satisfaction. A total of 153 Dutch women aged 18 to 30, who filled out the Sexual Esteem Scale, Hurlbert Index of Sexual Assertiveness and Sexual Satisfaction Scale for Women, were analysed. Results showed that higher sexual self-esteem was linked to higher sexual satisfaction and that sexual assertiveness mediated this relationship. This suggests that high sexual self-esteem may activate sexual assertiveness, which, in turn, leads to higher sexual satisfaction. Implementing these findings in the mental health care field may benefit young women in both primary and secondary interventions.

Preface

This thesis was written in light of my master's degree in Clinical and Health Psychology at the University of Utrecht. Though many topics in clinical psychology attract my attention, those which are sexuality related always stand at the top of my list of interests. In my bachelor, I followed courses such as "Psychosocial aspects of sexuality and relationship" and "Intimate relationships" and wrote my thesis on women's repression of psychological sexual arousal when watching pornography. Therefore, it was not a difficult choice to once again focus on female sexuality.

Writing my thesis has provided me with further insight in designing and carrying out scientific research. For me, this has been a very interesting and fruitful experience. I would like to show my gratitude to those who have helped me achieve this result, with which I am very satisfied. First, I would like to thank my supervisor Femke van den Brink for her guidance, suggestions and quick responses to my questions. Also, I would like to show my gratitude to my fellow student Sanne Weeber, who I have worked with when collecting data, but was always helpful beyond that. I would also like to thank my parents, Erik and Ellen van Gelder, who have always supported me during the time I studied and my partner Eric van der Plank for his thoughts and suggestions. Finally, I would like to thank everyone that has read my thesis and provided it with feedback or has helped me in my brainstorm sessions.

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Content

Abstract	1
Preface	2
Introduction	4
Method	7
Procedure and participants	7
Measures	8
Data-analysis.....	9
Results	10
Descriptive statistics	10
Total, direct and indirect effects of sexual self-esteem on sexual satisfaction, with sexual assertiveness as the mediator	10
Discussion	11
References	14
Appendix A: Informed consent	18
Appendix B: Sexual Esteem Scale (SES)	19
Appendix C: Hurlbert Index of Sexual Assertiveness (HISA)	19
Appendix D: Sexual Satisfaction Scale for Women (SSS-W)	21

Introduction

Sexuality plays an important role in the lives of many people (Gijs, Gianotten, Vanwesenbeeck, & Weijenborg, 2009). Having a satisfactory sex life is related to relationship satisfaction (Byers, 2005; Trudel, 2002; Young, Denny, Luquis, & Young, 1998), physical health and happiness (Whipple, Knowles, Davis, Gianotten, & Owens, as cited in Ménard & Offman, 2009) and a sense of well-being in women (Taleporos & McCabe, 2002). Sexual satisfaction can be defined as “the affective response arising from one’s subjective evaluation of the positive and negative dimensions associated with one’s sexual relationship” (Lawrance & Byers, 1995, p. 268), or more simply put: the degree to which someone is satisfied and in concordance with one’s sexual relationship or sex life (Hudson, Harrison & Crosscup, 1981, p. 157; Pinney, Gerrard, & Denney, 1987, p. 234). Studies on this topic suggested that a remarkable 58% percent of women is not fully satisfied with their sex life (Mulhall, King, Glina, & Hvidsten, 2008) and that 43% of women have struggled with sexual difficulties (Laumann, Paik, & Rosen, 1999). Since sexual satisfaction can significantly impact quality of life, it is useful to determine factors contributing to it. Several of such factors have already been identified, such as young age, level of education, early start of one’s sex life and positive sexual attitudes in the family of origin (Bridges, as cited in Meston & Trapnell, 2005; Haavio-Manilla & Kontula, 2009; Meston & Trapnell, 2005). Unfortunately, these factors are hard to target in interventions. Therefore it would be more useful to focus on factors that are more open for change (e.g., social or personality factors; Haavio-Manilla & Kontula, 1997). Interventions can then be adjusted to target these factors, improving sexual satisfaction in women more constructively.

One of such factors might be sexual self-esteem, or sexual esteem, defined as “positive regard for and confidence in the capacity to experience one’s sexuality in a satisfying and enjoyable way” (Snell & Papini, 1989, p. 256). It is “the value one places on oneself as a sexual being” (Mayers, Heller, & Heller, 2003, p. 270), and includes aspects of oneself in relation to others (i.e., as a sexual partner, Snell & Papini, 1989) and one’s sexual identity (Mayers et al., 2003). How sexual self-esteem and sexual satisfaction are related to one another, might be explained by the Cognitive Theory from Beck. Beck (as cited in Ten Broeke, Van der Heider, Meijer, & Hamelink, 2008) proposed that everyone has core beliefs about themselves that influence one’s thoughts, affect and behaviour. If an individual has

positive core beliefs about themselves as a sexual being (e.g., “I am an attractive competent sexual being”), and thus has a high sexual self-esteem, the affect regarding one’s sexual relationship would be positively influenced. In other words, having high sexual self-esteem would lead to higher sexual satisfaction. The past decade, researchers have shown more interest in this topic and results showed that there is a clear positive link between sexual self-esteem and sexual satisfaction (Ménard & Offman, 2009; Schick, Calabrese, Rima, & Zucker, 2010; Taleporos & McCabe, 2002). In sum, the Cognitive Theory and previous studies indicated that higher sexual self-esteem is related to higher sexual satisfaction in women.

But *why* would placing high value on oneself as a sexual being relate to having a satisfying sex life? The answer might be found in the James-Lange theory of Emotion, stating that thoughts lead to behaviour, thereby eliciting certain feelings (Kalat, 2009, p. 344-346). In this case, having positive thoughts about oneself as a sexual being (i.e., having high sexual self-esteem) would lead to certain sexual behaviour, such as being sexually assertive. This would then result in feelings of contentment with one’s sex life (i.e., sexual satisfaction). Sexual assertiveness is defined as a person’s ability to communicate sexual needs to and initiate sexual behaviour with a partner (Ménard & Offman, 2009). Previous research indicated that women who communicated with their partner about sex, reported more frequent orgasms and higher sexual activity and subjective sexual desire (Ferroni & Taffe, 1997; Hurlbert, as cited in Haavio-Manilla & Kontula, 1997). Also, sexual assertiveness has been found to associate directly with sexual satisfaction (Haavio-Manilla & Kontula, 1997; Ménard & Offman, 2009; Meston & Trapnell, 2005). Being sexually assertive goes beyond just disclosing sexual preferences to a partner, and involves actively making requests in the bedroom (Ménard & Offman, 2009) and refusing unwanted sexual contact (Santos-Iglesias, Vallejo-Medina, & Sierra, 2014). With this comes the interpersonal risk of rejection and women with high sexual self-esteem might be more willing to take that risk (Ménard & Offman, 2009). Oattes and Offman (2007) offer support for this, by finding a positive association between sexual self-esteem and sexual assertiveness. Thus, women who have high sexual self-esteem might be more inclined to act sexually assertive, and in doing so have more control over satisfying their sexual desires and needs. A study conducted by Ménard and Offman (2009) offer support for the proposed model, as they found that sexual assertiveness partially mediated the relationship between sexual self-esteem and sexual satisfaction. This suggests that, at least to some extent, having higher sexual self-esteem

relates to being more sexually satisfied, *through* being sexually assertive.

As mentioned, some research has been conducted to test this model, but a single study, no matter how well and carefully executed, can never provide enough support for a hypothesis or theory (Neale & Liebert, as cited in Thompson, 1994). Therefore, this study will focus on the relationships between sexual self-esteem, sexual assertiveness, and sexual satisfaction in young women (18-30 years old). Women in this age-group will benefit most from research on such constructs, since sexual satisfaction has been found to be more predicted by social factors in women (Haavio-Manilla & Kontula, 1997), and this age group is in the midst of exploring physical intimacy and identity in love (Arnett, 2000). Based on previous studies that found a positive link between sexual satisfaction and sexual self-esteem (Taleporos & McCabe, 2002; Ménard & Offman, 2009; Schick et al., 2010), it was expected that higher sexual self-esteem would be associated with higher sexual satisfaction (H1). Additionally, previous studies and the James-Lange Theory of Emotion suggested that the link between sexual self-esteem and sexual satisfaction is mediated by sexual assertiveness (Kalat, 2009; Ménard & Offman, 2009). Therefore, it was expected that sexual self-esteem would relate to sexual satisfaction, *through* sexual assertiveness (H2). In other words, having higher sexual self-esteem would lead to being more sexually assertive, which, in turn, would increase sexual satisfaction. A schematic representation of the proposed hypotheses is provided in Figure 1.

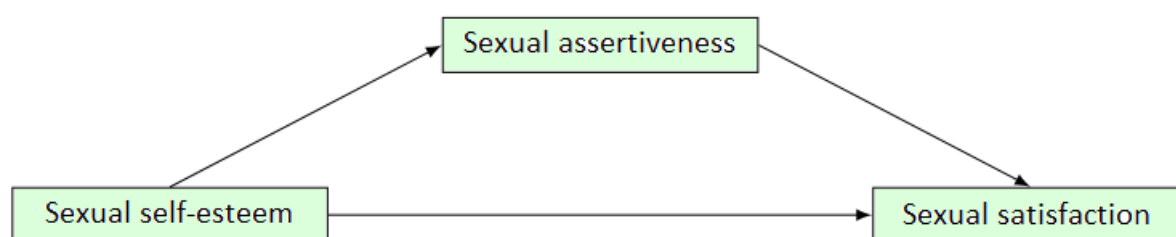


Figure 1. Schematic representation of the proposed associations between sexual self-esteem, sexual assertiveness and sexual satisfaction.

Method

Procedure and participants

Participants were recruited via an online advertisement on a special webpage of the Utrecht University website, where students can enlist for scientific studies. Also a direct link was distributed on Facebook and via e-mail to participants outside of the University. The current study was part of a larger study on sexuality, but focussed specifically on sexual self-esteem, sexual satisfaction and sexual assertiveness. Participants for this study were asked to only fill in the questionnaire if they were females between 18 and 30 years old, having a stable romantic relationship or sexual partner.

The questionnaire was created and administered via LimeSurvey, an online computerized data collection program (www.limesurvey.com). After clicking the link, participants were informed of the nature and procedure of the study by means of an informed consent (see Appendix A), to which they had to agree. It was explained that the questionnaire would take 40 minutes to complete, and that their responses would be anonymous and only used for the current research. They were asked to fill in the questionnaire as honestly as possible, and were reminded that participating was voluntary and that they could stop at any given time. After the informed consent, the questionnaire measuring sexual self-esteem, sexual assertiveness and sexual satisfaction was administered. At the end, demographic variables were asked, such as age, educational level, sexual orientation, number of sexual partners and relationship status. Before directing the participants to submitting their answers, students of the University of Utrecht who were participating for study credit were given the chance to fill in their student information. After submitting, the participants were thanked for their effort and were provided with the contact information of the researchers in case they had any questions or remarks.

A total of 153 female participants from the Netherlands completed the questionnaire. The majority of these women reported being heterosexual (92.8 %), with the rest of the sample identifying themselves as homosexual (1.3%), bisexual (4.6%) or not specified (1.3%). The age of the participants ranged from 18 to 29 ($M = 22.95$, $SD = 2.56$) and 88.9% of the women was highly educated. Most of the women reported themselves as non-religious (77%), followed by Christian (17%), other (3.4 %), and Muslim (2.6%). Of all women, 90.2% reported being in a steady romantic relationship and 9.8 % reported having a steady

sexual partner. Of those in a steady romantic relationship, the length of the relationship varied from less than a month (4.3%) to between one and six months (14.5%), six months and two years (29%) and two years or longer (52.2%). The number of self-reported sexual partners ranged from 1 to 45 ($M = 6.47$, $SD = 7.12$) and the age of first sexual encounter ranged from 13 to 21 ($M = 16.45$, $SD = 1.78$).

Measures

Sexual self-esteem

Sexual self-esteem was measured with the Dutch version of the Sexual Esteem Scale (SES). The SES is a subtest of the Sexuality Scale (Snell & Papini, 1989) and was translated by Van den Brink, Smeets, Hessen, Talens and Woertman (2013; see Appendix B). The SES measures the level of sexual self-esteem and consists of 10 items such as “I think of myself as a very good sexual partner”. Each item is rated on a 5 point Likert scale, ranging from 1 = disagree to 5 = agree. Items were recoded when necessary and averaged, with higher mean scores indicating a higher sexual self-esteem. The average score for healthy subjects is reported as 3,61 by Snell and Papini (1989). The SES had shown sound validity and reliability, with a high internal consistency (Cronbach’s $\alpha = .92$; Snell & Papini, 1989). Cronbach’s α was .91 in the current study.

Sexual assertiveness

Sexual assertiveness was measured with the Dutch version of the Hurlbert Index of Sexual Assertiveness (HISA; see Appendix C), designed by Hurlbert (as cited by Meinema, 2016) and translated by Meinema (2016). The HISA examines the level of sexual assertiveness and consists of 25 items such as “I find myself doing sexual things I do not like”. Each item is rated on a 5 point Likert scale ranging from 0 = all of the time to 4 = none of the time. Items were recoded if necessary and averaged, with higher mean scores indicating higher sexual assertiveness. According to Santos-Iglesias et al. (2007), the average score for healthy subjects is 2,8 on the subscale initiation and 3,11 on the subscale no shyness/refusal. The HISA showed good validity and reliability, with an overall test-retest reliability of .85 and an internal consistency of $\alpha = .84$ to $\alpha = .91$, depending on the specific study (Pierce & Hurlbert, 1999). Cronbach’s α was .89 in the current study, indicating a high internal consistency.

Sexual satisfaction

Sexual satisfaction was measured with the Dutch version of the Sexual Satisfaction Scale for Women (SSS-W; see Appendix D). The SSS-W was designed by Meston and Trapnell (2005) and translated via the translate-retranslate method (retranslation by native speaker). The SSS-W measures the degree of sexual satisfaction and distress in women with a sexual partner, using 30 items such as “I often feel something is missing from my present sex life”. Each item is rated on a 5-point Likert scale, ranging from 1 = strongly disagree to 5 = strongly agree. Items were recoded when necessary and averaged, with higher mean scores indicating more sexual satisfaction and less sexual distress. The average score for healthy subjects is reported as 4,11 by Meston and Trapnell (2005). The SSS-W has shown good validity and reliability, with a test-retest reliability of 0.79 and an internal consistency of $\alpha = 0.91$ (Meston & Trapnell, 2005). Cronbach’s α was .94 in the current study, indicating a high internal consistency.

Data-analysis

The software used to analyse the data was IBM SPSS statistics 23. A mediation analysis was conducted using the PROCESS-macro for SPSS (Hayes, 2013), where total, direct and indirect effects of sexual self-esteem (i.e., the independent variable) on sexual satisfaction (i.e., the dependent variable) were estimated, with sexual assertiveness as the mediator. The total effect refers to the specific relationship between sexual self-esteem and sexual satisfaction. The direct effect refers to the specific relationship between sexual self-esteem and sexual satisfaction, while controlling for sexual assertiveness. The total and direct effects were estimated by means of a stepwise multiple regression analysis in which sexual self-esteem was entered in the first step and sexual assertiveness was entered in the second step. The indirect effect refers to the specific effect of sexual self-esteem on sexual satisfaction *through* sexual assertiveness, and was determined by means of a bootstrap analysis with 1000 bootstrap samples. Bias corrected and accelerated 95% confidence intervals were calculated to determine significance of the indirect effect. Model coefficients will be reported in unstandardized form, so bootstrap confidence intervals can be interpreted correctly and results can be directly mapped on to the used measurement scales (Hayes, 2013, p. 200).

Results

Descriptive statistics

Descriptive statistics for measures of sexual self-esteem, sexual assertiveness and sexual satisfaction are shown in Table 1.

Table 1.

Means, Standard Deviations, and minimum and maximum scores for sexual self-esteem, sexual assertiveness, and sexual satisfaction (N = 153)

<i>Measure</i>	<i>M</i>	<i>SD</i>	Min	Max
Sexual self-esteem	3.67	0.70	2	5
Sexual assertiveness	3,02	0,46	2	4
Sexual satisfaction	4,09	0,62	2	5

Note. Sexual self-esteem was measured by the Sexual Esteem Scale (SES); sexual assertiveness was measured by the Hurlbert Index of Sexual Assertiveness (HISA), and sexual satisfaction was measured by the Sexual Satisfaction Scale for Women (SSS-W).

Total, direct and indirect effects of sexual self-esteem on sexual satisfaction, with sexual assertiveness as the mediator

Results of the first step of the stepwise regression analysis revealed a significant total effect ($B = .422$, $t(151) = 6.72$, $p < .01$). The second step revealed that the direct effect was not significant ($B = .114$, $t(151) = 1.67$, $p = .096$). Results of the bootstrap procedure revealed that the bias corrected 95% confidence interval around the estimated mediator effect did not include a zero value (BC 95% CI = .2076, .4471), indicating a significant indirect effect. Thus, as expected, the found relationship between sexual self-esteem and sexual satisfaction was fully mediated by sexual assertiveness. Sexual self-esteem and sexual assertiveness accounted for 43% of the variance in sexual satisfaction.

Discussion

The current study focused on the associations between sexual self-esteem, sexual assertiveness and sexual satisfaction. So far, the amount of research on the relationships between these variables has been limited. Yet, it is important to map predictors of sexual satisfaction, since it is related to several factors contributing to general well-being (Byers, 2005; Taleporos & McCabe, 2002; Whipple et al., as cited in Ménard & Offman, 2009) and about half of all women are not fully satisfied with their sex life (Mulhall et al., 2008). Hence, the aim of the current study was to determine whether sexual self-esteem was related to sexual satisfaction and if this relationship would be mediated by sexual assertiveness. In line with previous research and expectations (Ménard & Offman, 2009; Schick et al., 2010; Taleporos & McCabe, 2002), results of this study indicated that women who reported higher sexual self-esteem also reported higher sexual satisfaction. Furthermore, in line with the James-Lange Theory of Emotion, previous research and expectations (Kalat, 2009; Ménard & Offman, 2009), it was found that sexual self-esteem is related to sexual satisfaction, *through* sexual assertiveness. In other words, having higher sexual self-esteem may lead women to act more sexually assertive, which, in its turn, enhances sexual satisfaction.

Results of this study are mostly in line with the available literature, but differ slightly from similar research conducted by Ménard and Offman (2009). In their study, they found a partial – instead of full - mediation effect. This suggests that having higher sexual self-esteem results in higher sexual satisfaction, partially, but not purely, through acting sexually assertive. A reason for this difference in results might be found in the used samples. Ménard and Offman (2009) studied a mixed sample of men and women, while the current study only focussed on women. It might be possible that men don't need as much sexual self-esteem as women, to act sexually assertive. For example, because men have more liberal sexual attitudes or because it is more expected of them to behave sexually assertive (Haavio-Manilla & Kontula, 1997; Oliver & Hyde, 1993). Also, for men, sexual assertiveness might be less of a necessity to become sexually satisfied. For example, because men climax more often or because, contrary to women, their sexual satisfaction is not predicted by using sex toys (Haavio-Manilla & Kontula, 1997), which requires assertiveness. These factors are purely speculative, but might reduce the influence of sexual assertiveness on the relationship between sexual self-esteem and sexual satisfaction in men, and therefore the

combined sample. Furthermore, Ménard and Offman (2009) used a sample that also consisted of participants who were not in a stable sexual or romantic relationship (40%). It might be possible that for these participants, acting sexually assertive is not that important in achieving sexual satisfaction. Other factors might be more relevant, such as the attitude one has towards casual sex. Moreover, women might be less inclined to act assertive when the sexual contact is new or casual and the amount of sexual assertiveness might differ depending on the partner. Hence, more research is necessary to clarify the exact interrelationships between sexual self-esteem, sexual assertiveness and sexual satisfaction. Nevertheless, even though outcomes of the current study and the study conducted by Ménard and Offman (2009) differ slightly, results point in the same direction. Both studies indicated that sexual assertiveness at least partially mediated the relationship between sexual self-esteem and sexual satisfaction.

Results of this study could contribute the work field. Implementing these results in primary interventions could benefit young women in the development of their sexuality. Specifically, most primary interventions seem to focus on sexual risk behaviour and how to be resistant to sexually unacceptable behaviour (Loket Gezond Leven, n.d.). Even though this is necessary, it is also important for young women to learn how to achieve a healthy sex life. This could be done by stimulating women to value themselves as a sexual being and by teaching them how to act sexually assertive. Furthermore, results of this study could also complement secondary interventions, such as cognitive behavioural therapy (CBT), wherein one tries to change the unwanted thoughts and assumed following behaviour (Gijs et al., 2009). Mental health workers could help clients think of themselves as more valuable sexual beings, leading them to act sexually assertive, thereby improving their sexual satisfaction. In systemic therapy (Gijs et al., 2009), results of this study could benefit clients by teaching them to be more assertive in their sexual relations with others, thereby improving sexual satisfaction.

A strength of this study is that all subjects were able to anonymously fill in the questionnaire online. Previous studies indicated that participants offered more accurate and complete information on personally sensitive topics when filling in a questionnaire anonymously online, compared to a face-to-face interview (Richman, Kiesler, Weisband & Drasgow, 1999). This might be, because social cues and conventions that usually slow intimate discussion in real life are loosened when communicating online (Ross, 2005). As a

result, the social desirability bias declines (Richman et al., 1999). Beside this strength, the current study also has some limitations that need to be kept in mind when interpreting the results.

First, several characteristics of the sample in this study might limit the generalizability. One of these characteristics is that the sample consisted of women who were willing to participate in a sexuality study. Previous research suggested that these women are generally more sexually experienced, have less traditional sex attitudes and report a higher sexual self-esteem compared to women who are not willing to participate (Wiederman, 1999). Also, the sample only included women who are in a stable romantic or sexual relationship. Oattes and Offman (2007) found that communication, including conversing about sex, reached a deeper level after being in a relationship for a longer period of time. This invites one to be more sexually assertive. Additionally, previous research showed that women in a monogamous relationship reported more sexual satisfaction compared to women who were not in such a relationship (Laumann et al., as cited in Haavio-Manilla & Kontula, 1997). Finally, educational level, which is a significant predictor of sexual satisfaction (Haavio-Manilla & Kontula, 1997), was high in the majority of women (88,9%). This is an overrepresentation, since in 2014, only 29,4% of the general Dutch population was highly educated (Centraal Bureau voor de Statistiek, 2016). Taken together, the generalizability of the results might be limited to highly educated women who are currently in a stable sexual or romantic relationship and are open for participation in a sexuality study. A second limitation of this study was that results were obtained by means of self-report, which is prone to the social desirability bias (Stone, Turkkan, Bachrach, Jobe, Kurtzman, & Cain, as cited in Donaldson & Grant-Vallone, 2002). Even though online anonymity reduces this problem (Richman et al., 1999), women in this study might have presented themselves in a more favourable light than how they truly experience their sexuality. A third limitation of this study was that given the cross-sectional nature, no causal attributions could be drawn. It is not clear whether high sexual self-esteem led to more sexual assertiveness, and thereby enhanced sexual satisfaction, or whether it was the other way around. However, results of a longitudinal study conducted by Larson, Anderson, Holman & Niemann (1998) offered some support for the model as proposed in this research. Larson et al. (1998) found that premarital open communication and self-esteem were one of the most important predictors of sexual satisfaction in women a year after marriage. Since sexual assertiveness

is a form of sexual communication (Ménard & Offman, 2009), it might be possible that this outcome also applies to the current research. However, conclusions should be taken cautiously. To overcome the problem of causality, it would be useful to conduct a longitudinal study wherein the effects of sexual self-esteem, sexual assertiveness and sexual satisfaction on each other can be monitored over time (Menard, 2007, p. 3-4).

To conclude, results of this study supported prior work on the relationships between sexual self-esteem, sexual assertiveness and sexual satisfaction. As expected, it was found that higher sexual self-esteem was linked to higher sexual satisfaction and that sexual assertiveness mediated this relationship. These results suggest that women who have higher sexual self-esteem may be more inclined to act sexually assertive, thereby heightening their sexual satisfaction. Implementing these findings in the mental health care field may benefit young women both with or without sexual difficulties.

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Appendix A: Informed consent

Beste deelnemer,

Welkom bij dit online vragenlijstonderzoek naar de seksuele beleving van vrouwen. Dit onderzoek wordt uitgevoerd door de Universiteit Utrecht in het kader van een masteronderzoek.

Let op: voor dit onderzoek zijn wij enkel op zoek naar vrouwen tussen de 18 en 30 jaar die nu seksueel actief zijn of in het verleden minimaal één seksuele partner hebben gehad.

De vragen zullen gaan over gedachten en ideeën die je hebt over seksualiteit en je seksuele gedrag. Probeer zo eerlijk mogelijk het antwoord in te vullen dat het best bij je past: er bestaan geen goede of foute antwoorden. Het invullen van de vragenlijst zal ongeveer 40 minuten in beslag nemen. Jouw gegevens zullen geheel anoniem worden verwerkt en zullen enkel gebruikt worden voor het huidige onderzoek. Deelname aan dit onderzoek is op vrijwillige basis en kan op ieder moment worden beëindigd.

Voor psychologiestudenten die studeren aan de Universiteit Utrecht: je krijgt één proefpersoonuur toegekend wanneer je aan het eind zowel je studentnummer als solismailadres invult. Wanneer deelname vervroegd wordt beëindigd, kan geen proefpersoonuur worden toegekend en zullen je gegevens direct worden verwijderd.

Alvast bedankt voor je deelname!

Appendix B: Sexual Esteem Scale (SES)

Geef aan in hoeverre je het eens bent met de volgende stellingen:

1= mee oneens, 2= een beetje mee oneens, 3= noch mee oneens, noch mee eens, 4= een beetje mee eens, 5= mee eens

1. Ik ben een goede seksuele partner.
2. Ik zou mijn seksuele vaardigheden vrij hoog beoordelen.
3. Ik ben beter in seks dan de meeste andere mensen.
4. Ik heb soms twijfels over mijn seksuele competentie. (r)
5. Ik heb niet veel vertrouwen in seksuele ontmoetingen. (r)
6. Ik denk dat ik zelf een hele goede seksuele partner ben.
7. Ik zou mezelf laag beoordelen als seksuele partner. (r)
8. Ik heb vertrouwen in mezelf als seksuele partner.
9. Ik heb niet veel vertrouwen in mijn seksuele vaardigheden. (r)
10. Ik twijfel soms over mijn seksuele competentie. (r)

Appendix C: Hurlbert Index of Sexual Assertiveness (HISA)

Kies voor onderstaande stellingen het antwoord dat het meest bij jou past.

0 = altijd, 1 = meestal, 2 = soms, 3 = zelden, 4 = nooit

De term 'partner' verwijst naar een persoon waarmee je romantisch of seksueel intiem bent (geweest).

1. Ik vind het ongemakkelijk om tijdens seks te praten.
2. Ik voel me verlegen wanneer het op seks aankomt.
3. Ik benader mijn partner voor seks wanneer ik ernaar verlang. (r)
4. Ik denk dat ik naar mijn partner toe open ben over mijn seksuele behoeften. (r)
5. Ik geniet van het delen van mijn seksuele fantasieën met mijn partner. (r)
6. Ik vind het ongemakkelijk om met mijn vrienden over seks te praten.

7. Ik communiceer mijn seksuele verlangens naar mijn partner toe. (r)
8. Het is moeilijk voor mij om mijzelf aan te raken tijdens seks.
9. Het is moeilijk voor mij om nee te zeggen zelfs wanneer ik geen seks wil hebben.
10. Ik zou mijzelf niet beschrijven als een seksueel persoon.
11. Ik vind het ongemakkelijk om mijn partner te vertellen wat goed voelt.
12. Ik kom op voor mijn seksuele gevoelens. (r)
13. Ik ben terughoudend in het verzoeken van mijn partner om mij te bevredigen.
14. Ik heb seks terwijl ik dat niet echt wil.
15. Wanneer een seksuele handeling niet goed voelt, dan vertel ik dat aan mijn partner. (r)
16. Ik voel mij op mijn gemak wanneer ik seksuele lof geef aan mijn partner. (r)
17. Het is gemakkelijk voor mij om seks met mijn partner te bespreken. (r)
18. Ik voel mij op mijn gemak wanneer ik seks initieer met mijn partner. (r)
19. Ik doe seksuele handelingen met mijn partner die ik niet fijn vind.
20. Mijn partner tevreden stellen is belangrijker dan mijn eigen seksuele plezier.
21. Ik voel mij op mijn gemak wanneer ik mijn partner vertel hoe hij/zij mij moet aanraken. (r)
22. Ik geniet ervan mijzelf tot een orgasme te masturberen. (r)
23. Als iets goed voelt tijdens de seks, dan geef ik aan het nog een keer te willen doen. (r)
24. Het is voor mij moeilijk om eerlijk te zijn over mijn seksuele gevoelens.
25. Ik probeer het bespreken van het onderwerp 'seks' te vermijden.

Appendix D: Sexual Satisfaction Scale for Women (SSS-W)

Geef aan in hoeverre je het eens bent met de volgende stellingen:

De term 'partner' verwijst naar een persoon waarmee je romantisch of seksueel intiem bent (geweest).

1 = sterk mee oneens, 2 = een beetje mee oneens, 3 = noch mee oneens, noch mee eens, 4 = een beetje mee eens, 5 = sterk mee eens.

1. Ik voel me tevreden met hoe mijn huidige seksleven is.
2. Ik heb vaak het gevoel dat er iets mist in mijn huidige seksleven. (r)
3. Ik heb vaak het gevoel dat ik niet genoeg emotionele nabijheid in mijn seksleven heb. (r)
4. Ik voel me tevreden over hoe vaak ik momenteel seksuele intimiteit (zoenen, geslachtsgemeenschap, etc.) in mijn leven heb.
5. Ik heb *geen enkele* belangrijke problemen of zorgen over seks (opwinding, orgasme, frequentie, compatibiliteit, communicatie, etc.).
6. Over het geheel genomen, hoe bevredigend of onbevredigend is je huidige seksleven?
1 = helemaal niet bevredigend, 2= niet zo bevredigend, 3 = redelijk bevredigend, 4 = erg bevredigend, 5 = heel erg bevredigend.
7. Mijn partner gaat vaak in de verdediging als ik het over seks probeer te hebben. (r)
8. Mijn partner en ik bespreken seks niet open genoeg met elkaar, of hebben het niet vaak genoeg over seks. (r)
9. Ik voel me normaal gesproken compleet op mijn gemak om seks te bespreken wanneer mijn partner dat wil.
10. Mijn partner voelt zich normaal gesproken compleet op zijn gemak om het over seks te hebben wanneer ik dat wil.
11. Ik heb er geen moeite mee om over mijn diepste gevoelens en emoties te praten als mijn partner dit graag wil.
12. Mijn partner heeft er geen moeite mee om over zijn diepste gevoelens en emoties te praten als ik dat graag wil.
13. Ik heb vaak het gevoel dat mijn partner niet gevoelig genoeg is voor, of zich niet bewust genoeg is van mijn seksuele voorkeuren en verlangens. (r)
14. Ik heb vaak het gevoel dat mijn partner en ik seksueel niet genoeg overeenstemmen. (r)

15. Ik heb vaak het gevoel dat de overtuigingen en houdingen van mijn partner tegenover seks te veel verschillen van die van mij. (r)
16. Ik denk soms dat mijn partner en ik niet bij elkaar passen in behoeftes en verlangens met betrekking tot seksuele intimiteit. (r)
17. Ik heb soms het gevoel dat mijn partner en ik lichamelijk niet voldoende tot elkaar zijn aangetrokken. (r)
18. Ik denk soms dat mijn partner en ik niet bij elkaar passen als het om onze seksuele stijlen en voorkeuren gaat. (r)
19. Ik maak me zorgen dat mijn partner gefrustreerd zal raken over mijn seksuele moeilijkheden. (r)
20. Ik maak me zorgen dat mijn seksuele moeilijkheden mijn relatie negatief zullen beïnvloeden. (r)
21. Ik maak me zorgen dat mijn partner een affaire zou kunnen hebben vanwege mijn seksuele moeilijkheden. (r)
22. Ik maak me zorgen dat mijn partner seksueel onbevredigd is. (r)
23. Ik maak me zorgen dat mijn partner me als minder vrouwelijk ziet vanwege mijn seksuele moeilijkheden. (r)
24. Ik heb het gevoel dat ik mijn partner teleurgesteld heb door seksuele moeilijkheden te hebben. (r)
25. Mijn seksuele moeilijkheden zijn frustrerend voor mij. (r)
26. Mijn seksuele moeilijkheden geven me een seksueel onbevredigd gevoel. (r)
27. Ik ben bang dat mijn seksuele moeilijkheden er voor zouden kunnen zorgen dat ik seksuele bevrediging buiten mijn relatie zoek. (r)
28. Ik ben zo van slag van mijn seksuele moeilijkheden dat het mijn gevoel over mezelf beïnvloedt. (r)
29. Ik ben zo van slag van mijn seksuele moeilijkheden dat het mijn eigen welzijn beïnvloedt.
30. Mijn seksuele moeilijkheden irriteren me en maken me boos. (r)

