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A FIRST LOOK AT SEXUAL COMPULSIVITY IN SERBIA AND BOSNIA AND HERZEGOVINA

Abstract

Data about sexual compulsivity prevalence in diverse cultures are not consistent, and data about sexual compulsivity prevalence in Balkan still do not exist. We investigate the prevalence of sexual compulsivity on a sample (N=1711) of students from Serbia and Bosnia and Herzegovina (B&H) using the Kalichman's Sexual Compulsivity Scale (SCS). Internal consistency of the scale in this research is good, Cronbach's alpha being .943. The subsample of students from B&H consists of N=1141 and the subsample of students from Serbia consists of N=570 subjects. Prevalence of sexual compulsivity in the total sample is 8.94% (N=153), 17.87% for males and 3.48% for females. Mann-Whitney U test ($U=274912.5$, $p=.000$, $z=-5.348$, $r=.129$) showed a significant difference between young people in Serbia and B&H in terms of sexual compulsivity levels. Higher sexual compulsivity prevalence rate was observed in young people from Serbia as opposed to young people from B&H, $\chi^2(1, n=1711)=11.094$, $p=.001$, $\phi=.083$. Likewise, higher sexual compulsivity prevalence was observed in males as opposed to females. There is a significant difference in sexual compulsivity prevalence between males in Serbia and males in B&H, but no significant difference was found between the female subsamples in these two countries.

Key words: sexual compulsivity, prevalence, sexuality, sexual behavior

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ПРВИ ПОГЛЕД НА СЕКСУАЛНУ КОМПУЛЗИВНОСТ У СРБИЈИ И БОСНИ И ХЕРЦЕГОВИНИ

Апстракт

Подаци о преваленцији сексуалне компулзивности у различитим културама су неконзистентни, а о преваленцији сексуално компулзивности на Балкану још увек не постоје. У овој студији истраживана је преваленција сексуалне компулзивности на узорку (N=1711) студената из Србије и БиХ, помоћу Калихманове Скале Сексуалне Компулзивности (ССК). Унутрашња конзистентност скале добијена у нашем истраживању је добра, Кромбах алфа износи 0,943. Субузорак студената из БиХ чинило је 1141 субјеката (Nm=396; Nж=745), а субузорак студената из Србије чинило је 570 субјеката (Nm=253; Nж=317). У целом узорку, добивена преваленца сексуалне компулзивности износила је 8,94% (N=153) и то 17,87% за мушкарце и 3,48% за жене. Преваленца сексуалне компулзивности на субузорку студената из Србије је 12,28% и то 22,53% за мушкарце и 4,1% за жене. Добивена преваленца сексуалне компулзивности на субузорку студената из БиХ је 7,27% и то 14,90% за мушкарце и 3,22% за жене. *Man Whittney Test* (U=274012,5) показао је да постоји статистички значајна разлика у преваленци сексуалне компулзивности између младих у Србији и БиХ тако да је она у Србији значајно виша него преваленца сексуалне компулзивности код младих исте старосне скупине у БиХ. Постоје значајне разлике у подузорку мушкараца из ове две земље, док се у подузорцима девојака разлике у сексуалној компулзивности не налазе.

Кључне речи: сексуална компулзивност, преваленција, сексуалност, сексуално понашање

INTRODUCTION

There is still no true consent about the most adequate term for uncontrolled sexual behavior. Different authors use different terms to determine this clinical syndrome: sexual promiscuity (DeYoung, 1982), sexual compulsivity (Quadland, 1985), compulsive sexual behavior (Coleman, 1987; 1990; 1991; 1992), sexual impulsivity (Barth & Kinder, 1987), sexual addiction (Carnes, 1983; 1989; 1991; 1996; 1998; 2001), problematic hypersexuality (Kingston & Firestone, 2008), paraphilia related disorders (Kafka, 1994; 1997; 2001; Kafka & Hennen, 1999), hypersexual behavior (Reid & Woolley, 2006), etc., but the terms sexual compulsivity and sexual addiction are the most frequently used.

Coleman (1987; 1990; 1992) was one of the first authors to classify problematic sexual behavior or the hypersexuality clinical syndrome into obsessive-compulsive disorder, but Quadland (1985) mentioned this syn-

drome using the term sexual compulsivity even earlier. Black, Kehrberg, Flumerfeit, and Schlosser (1997) state that obsessions are characteristic of obsessive-compulsive disorder, as well as of compulsive sexual behavior, because they are intrusive, repeatedly experienced, and often correlated to anxiety and tension. However, in the research of impulsivity and lack of control in eating disorders, several authors (Claes, Vandereycken & Vertommen, 2002; Claes, Nederkoom, Vandereycken, Guerrieri & Vertommen, 2006) doubted that problematic sexual behavior could be led by compulsivity, which was confirmed in another research (Grant & Potenza, 2006). While some authors considered that repetitive sexual thoughts and fantasies are exciting and positive (Grant & Potenza, 2006; Schwartz & Abramowitz, 2003) others found that they are very stressing for individuals (Black et al., 1997). Almost 90% of subjects in one research of comorbidity of sexual compulsivity with other disorders reported that they tried to resist their sexual urges, which was evidence of the presence of compulsivity (Raymond, Coleman & Miner, 2003).

The common feature in all models that try to explain problematic hypersexuality is that the syndrome includes disinhibited and uncontrolled sexual behavior, which is acted out because of different emotional states, and that this kind of behavior implies negative consequences, disordered everyday functioning, and significant personal distress (Kingston & Firestone, 2008). However, hypersexual behavior can be present even when there is no sexual compulsivity, which means that some hypersexual individuals can maintain their sexual behavior under control, which is atypical of sexually compulsive individuals (Berberović, 2010). Adequate conceptualization of problematic hypersexuality could allow the inclusion of compulsive, as well as impulsive, characteristics, and it seems that the addiction model actually accepts this dualism (Kingston & Firestone, 2008). Goodman (1993) states that the function of exaggerated sexual behavior is to produce satisfaction and to provide an escape from pain and also emphasizes divergent motivation by which behavior is governed. Kingston and Firestone (2008) describe addictive behavior as a progress from impulsivity (using a substance to induce pleasure) to compulsivity (using a substance to avoid negative emotional states).

Compulsive sexual behavior implies difficulties in regulating (reducing or inhibiting) sexual thoughts, feelings, or behaviors despite the negative consequences for oneself and others, which cause clinically significant levels of interpersonal and personal distress, and it can include activities that are incongruent to personal values, beliefs, and desired goals (Reid & Woolley, 2006). Generally, it is the sexual behavior that individuals cannot control and it can lead to damaged functioning and numerous other negative consequences (McBride, Reece & Sanders, 2008). These consequences can pertain to social, emotional, physical, legal, financial, or spiritual aspects of life (Finlayson, Sealy & Martin, 2001).

Even though sexual acts in which sexual compulsive individuals are engaged can be satisfying, satisfaction is of short duration and is usually followed by a sense of guilt and repentance (Barth & Kinder, 1987; Carnes, 1983; 1991; 1996; 1998; 2001; Gold & Heffner, 1998). Sex is repeatedly (compulsively) used to reduce a permanent state of anxiety, and very often the search for reducing anxiety is motivated by a sense of loneliness (Torres & Gore-Felton, 2007). Individuals frequently report they have no control over their sexual behavior (Quadland, 1985; Coleman, 1987; 1990; Carnes, 1983; 1991; 1996; 1998; 2001; Kafka, 1994; 1997; 2001; Kafka & Hennen, 1999; Gold & Heffner, 1998). Compulsive sexual behavior, which implies loss of control, together with non-use of preventive methods against sexually transmitted diseases, as well as potentially illegal sexual behaviors, are destructive and unhealthy for an individual and his/her environment (Sussman, 2005; 2007). Ragan and Martin (2000) notice that sexual compulsivity rapidly becomes one of the dominant social problems. A significantly larger population of men as opposed to women sought treatment of sexually transmitted diseases (64% vs. 48%; Mmari, Oseni & Fatusi, 2010). Other studies emphasized some gender differences in sexual risky behaviors (Ishida, Stupp & McDonald, 2011).

Carnes states that the prevalence of sexual compulsivity (author uses the term sexual addiction) is at about 3% to 6% in the general population (1983; 1989; 1991; 1996; 1998; 2001), and Coleman (1991; 1992) finds about a 5% prevalence rate of the same phenomenon in the general population. Cooper, Delmonico and Burg (2000) reported that about 5.6% of the total sample in their study could be identified as sexual compulsives, but that 17% of the subjects of the total sample had scores that could be considered as problematic as regards developing sexual compulsivity, alluding that those individuals are at risk of developing sexual compulsivity. Daneback, Ross and Mansson (2006) found a 6% prevalence rate of sexual compulsivity in their sample. Garos and Stock (1998) identified about 8% of sexual compulsives in their research. Mmidi and Delmonico (2001) stated that sexual compulsivity prevalence among African males from Botswana was as high as 21%. Cooper, Delmonico, Griffin-Shelley and Mathy (2004) found 10% of sexual and internet addicts in one research. Grant and Sternberg (2005) found a sexual compulsivity prevalence rate of 19.6%. Dew and Chaney (2005) reported 4% of sexual compulsivity prevalence rate, but they also stated that 10% of their sample was modestly sexually compulsive. Marshall and Marshall (2006) discovered 12.5% of sexual compulsivity rate in the general population. In another research, Marshall, Marshall, Moulden and Serran (2008) obtained the result of 17.8% of sexual compulsivity prevalence rate in the general population. Sexual compulsivity prevalence rate among sexual offenders is even higher and it ranges from 35% (Marshall & Marshall,

2006) to 50% (Blanchard, 1990; Carnes, 1983; 1989; 1991; 1996). Consequently, research showed different sexual compulsivity prevalence rates in the general population, from 3% to 21%. Sexual compulsivity prevalence rate is significantly higher among sexual offenders than among the general population. It is unknown whether these findings of sexual compulsivity prevalence rates also apply to young people in Serbia and Bosnia and Herzegovina. We also asked whether sexual compulsivity prevalence rate was the same among young males and females, and what the differences between Serbian and B&H subsamples are. The aim of this study is to answer these questions.

METHOD

We conducted this study at four Universities in Serbia and Bosnia and Herzegovina (two in each country) during the spring semester of 2010. The sample consisted of $N=1711$ subjects from Serbia and B&H ($N_m=649$; $N_f=1062$) within students aged 19 to 25 from the University of Belgrade and University of Novi Sad (Serbia), and the University of Sarajevo and University of Tuzla (B&H). Serbian subsample consisted of $N=570$ subjects ($N_m=253$; $N_f=317$), and the subsample from B&H consisted of 1141 subjects ($N_m=396$; $N_f=745$).

We identified sexual compulsives using the Sexual Compulsivity Scale (SCS; Kalichman & Rompa, 1995), which was created to assess the tendency toward sexual preoccupation and hypersexuality. Ten items (e.g. "My desires for sex have disrupted my daily life"; "I think about sex more than I would like to"; "I sometimes fail to fulfill my commitments and responsibilities because of my sexual behaviors") are scored on the four-grade Likert scale (1=*never applies to me*, to 4=*always applies to me*). The lowest score on the scale is 10 and the highest is 40. The cut-off score for sexual compulsivity were two standard deviations above the mean score of the sample, which intended the score higher than 32 as the cut-off score for sexual compulsivity. All subjects who scored 33 and higher on the SCS were categorized as sexual compulsives. Psychometric properties of this scale showed an acceptable internal consistency of the scale, Cronbach's $\alpha=.79$, as well as acceptable levels of construct and criterion validity (McBride et al., 2008). Cronbach's α of the SCS in this research was $\alpha=.934$, which shows very high reliability.

The aim of this study is to determine the sexual compulsivity prevalence rate among young people in Serbia and B&H and the differences in sexual compulsivity prevalence rate between young people in Serbia and those in B&H. The dependent variable in this study was sexual compulsivity, while the independent variables were subjects' country (Serbia or B&H) and gender. We hypothesized that the sexual compulsivity prevalence rate of the total sample would be between 5% and 20%, as suggested

in other studies, and that there would be no significant differences in the sexual compulsivity prevalence rate between Serbian and Bosnian subsamples. We also hypothesized, as suggested by other studies, that the sexual compulsivity prevalence rate would be higher in males than in females. After obtaining the asymmetric distribution of results, we applied non-parametric statistical techniques (chi square test; Mann-Whitney U test).

RESULTS

Table 1 shows frequencies of sexual compulsives and sexual non-compulsives in Serbia and Bosnia and Herzegovina, as well as the total number of sexual compulsives and sexual non-compulsives in the total sample of the study.

Table 1. Frequencies of sexual compulsivity in Serbia and B&H

Gender	Sexual compulsives		Sexual non-compulsives		Total of sexual compulsives	Total of sexual non-compulsives
	Serbia	B&H	Serbia	B&H		
Male	57	59	196	337	116	533
Female	13	24	304	721	37	1025
Total	70	83	500	1058	153	1558

Table 2 shows sexual compulsivity prevalence rates among young people in Serbia and Bosnia and Herzegovina, as well as the sexual compulsivity prevalence rate of the total sample.

Table 2: Sexual compulsivity prevalence in Serbia and B&H

Gender	Sexual compulsives (Serbia)		Sexual compulsives (B&H)		Total of sex. comp. (Serbia and B&H)	
	N	Percentage	N	Percentage	N	Percentage
Male	57	22.52%	59	14.90%	116	17.87%
Female	13	4.1%	24	3.22%	37	3.48%
Total	70	12.28%	83	7.27%	153	8.94%

On the basis of the cut-off score of two standard deviations above the mean score in the total sample, we determined that subjects who scored 33 or more on the Sexual Compulsivity Scale (SCS) should be classified into the sexual compulsive group. There were 153 subjects in total who were in the sexual compulsive group. It means that the sexual compulsivity prevalence rate of the total sample was 8.94%. Regarding the gender of the study participants, it was revealed that the sexual compulsivity prevalence rate is significantly higher in young males (17.87%) than in young females (3.48%) in the total sample. The chi-squared test

(with the Yates' correction of permanence) revealed a significant difference in the sexual compulsivity prevalence between young males and young females for the total sample, $\chi^2(1, n=1711) = 100.678$; $p = .000$; $\phi = .245$. Sexual compulsivity prevalence was higher in young people in Serbia (12.28%) than in young people in B&H (7.27%). The chi-squared test (with the Yates' correction of permanence) showed a significant difference in the sexual compulsivity prevalence between young people in Serbia and young people in B&H, $\chi^2(1, n=1711) = 11.094$; $p = .001$; $\phi = .083$. Sexual compulsivity prevalence was significantly higher in young Serbian males (22.52%) than in young males from B&H, $\chi^2(1, n=649) = 5.615$; $p < .05$ ($p = .018$); $\phi = .097$. No significant difference was found in the sexual compulsivity prevalence between young females from Serbia (4.1%) and young females from B&H (3.22%), $\chi^2(1, n=1062) = .283$; $p = .594$; $\phi = .022$. The Mann-Whitney U Test showed a significant difference in sexual compulsivity levels between young people from Serbia ($Md = 15$; $n = 570$) and young people from B&H ($Md = 13$, $n = 1141$); $U = 274012.5$; $z = -5.384$; $r = .129$, meaning that young people from Serbia scored significantly higher ($M = 17.92$; $SD = 8.417$) on sexual compulsivity than young people from B&H ($M = 16.16$; $SD = 7.521$).

DISCUSSION

This research showed the sexual compulsivity prevalence rate of 8.94%, which is somewhat higher than the prevalence predicted by Carnes (1983; 1989; 1991; 1996; 1998; 2001), Coleman (1991; 1992), Cooper et al. (2000), Daneback et al. (2006), and Garos and Stock (1998) for the general population, but somewhat lower than the prevalence showed in other studies (Mmidi & Delmonico 2001; Cooper et al. 2004; Grant & Sternberg 2005; Dew & Chaney 2005; Marshall & Marshall 2006; Marshall et al., 2008). Giugliano (2008) avoids using the term sexual compulsivity, because he interviewed 14 subjects with sexual behavior control disorders, but he found the behavior which could be characterized as sexually compulsive in only one subject. In the research with 144 sexually deviant subjects, Carnes (1998) diagnosed 15% cases of sexual compulsivity, with the difference that those subjects also suffered from sexual anorexia, which was not explored in our research. Reasons for such diverse results in the sexual compulsivity prevalence rate could be found in different sample types and sizes, because researchers usually investigated a specific population (only males or some specific groups of males such as bisexuals or homosexuals, or men who have sex with men, among which the sexual compulsivity rate is usually higher, sexual offenders, and so forth). In the majority of research conducted on this phenomenon, the smaller the sample size was, the higher was the sexual compulsivity prevalence (Mmidi & Delmonico, 2001; Grant & Sternberg,

2005; Marshall & Marshall, 2006; Marshall et al., 2008), but in other studies with larger and more heterogeneous groups of participants, the sexual compulsivity prevalence was lower (Cooper et al., 2000; Cooper et al., 2004; Garos & Stock, 1998). The sexual compulsivity prevalence rate in general population ranges from 3% to 21%, which justifies the result of 8.94% sexual compulsivity prevalence rate of the sample in our research. The advantage of this research is that female participants were included in the total sample, having been relatively neglected in other studies of this phenomenon. No research has been done on the sexual compulsivity prevalence among this specific young population in late adolescence and early adulthood, so the sexual compulsivity prevalence among young people could be higher than the sexual compulsivity prevalence in other studies with larger samples, as samples in those studies consisted of subjects who were older than 25, which was not the case in our research. Higher levels of sexual compulsivity and more frequent compulsive sexual behavior can be expected in late adolescence and early adulthood, especially in the student population because they are more exposed to social interactions and interpersonal relations during university studies, which lead to more frequent sexual contacts and short-term sexual relationships, rarer among older population.

Referring to sex differences in sexual compulsivity prevalence, sexual compulsivity was significantly more prevalent in young males in Serbia and B&H (17.9%) than in young females in both countries (3.5%). This result is similar to the findings in other studies (Garos & Stock, 1998) because sexual compulsivity prevalence between males and females is almost always significant in other studies (Cooper et al., 2000; Cooper et al., 2004; Kalichman & Cain, 2004; Kalichman & Rompa, 1995), meaning that males usually have higher mean SCS scores than females, which was also the case in our research. The reason for such considerable gender differences in sexual compulsivity prevalence can be explained by the fact that the instruments created to measure sexual compulsivity are usually standardized on the male population and then applied to the female population. Little research has been done on the sexual compulsivity prevalence in women and the possible reason for this could be the over-stigmatization and proneness to negative stereotypes and prejudices linked to compulsive sexual behavior in women, which is not common for compulsive sexual behavior in men. Sexual compulsivity (a more common everyday term is sexual addiction) stigma in men does not have a negative emotional connotation as is the case with women. Perhaps this is because compulsive sexual behavior usually implies (especially in the lay population) sexually promiscuous behavior, which is more judgmental for the female than for the male population (Carroll, 2007). Because of that, sexual compulsivity has been neglected in research, because sexual research usually shows exaggerating and empha-

sizing sexuality by men and hidden and socially acceptable answers about sexuality by women. It is often mistakenly interpreted that women are more obsessed with romance and love than sex, while men are more obsessed with sex and less with romance; however, the findings of one research revealed that homosexual men are more obsessed with romance than homosexual women, but homosexual men are also more obsessed with sex (Missildine, Feldstein, Punzalan & Parsons, 2005). In heterosexual population, it seems that the situation can somehow be different and that men are less obsessed with emotional relationships and more obsessed with sex, which is the reason why they tend to have more short-term sexual relationships than women (Missildine et al., 2005).

We found another significant difference in the sexual compulsivity prevalence between young people from Serbia and the subsample of young people from B&H. The sexual compulsivity prevalence was significantly higher in young people from Serbia (12.3%) than in young people from B&H (7.3%). The reasons could be traced in several cultural and demographic differences between young people from Serbia and B&H. One possible answer could be that the majority of the Serbian subsample was urban population, meaning that city sizes in Serbia are different than those in Bosnia and Herzegovina. If we consider the fact that only Belgrade (the capital of Serbia) has more citizens than half of B&H, things become much clearer. During result analyses, there were more non-valid instruments filled in Bosnia than in Serbia; during the research students from Serbia were more cooperative than students from Bosnia, meaning that Serbian students accepted their tasks more seriously than students from Bosnia. It is possible that young people in Serbia are more open about the expression of their sexuality than young people from B&H, among whom sexuality is still a big taboo even in academic institutions such as universities. More research on sexuality in general has been done in Serbia than in B&H (Jerković, 1994; Milenović, 2009; Todorović, Kocić, Miladinović i Jovanović, 2009; Stanković & Zdravković, 2009; Žikić & Dragišić, 2009). However, reasons for significant differences could also be traced to unequal subsample sizes (the subsample of young people from Serbia is smaller than the subsample of young people from B&H), but the abovementioned reasons must be borne in mind, as well.

Referring to sex differences in sexual compulsivity prevalence in Serbia and B&H, results showed a significantly higher percentage of males who exhibited compulsive sexual behavior in Serbia (22.52%) than in B&H (14.90%). The results showed no significant difference between the sexual compulsivity prevalence in females from Serbia (4.1%) and in their counterparts from B&H (3.22%).

CONCLUSION

This study analyzed the occurrence and prevalence of sexual compulsivity in Serbia and B&H. Prevalence of this “disorder” in the two countries falls within the prevalence frame obtained in other countries of Western Europe and the USA. This study is specific because it explored only young people, whereas other studies included participants of different ages and stages of development in their samples. This study only refers to the sexual compulsivity prevalence in late adolescent and early adult students aged 19 to 25. It is possible that sexual compulsivity prevalence decreases with age, due to biological deterioration or due to decreased social and sexual contacts in adulthood and old age. The study showed that the sexual compulsivity prevalence was significantly higher in young people from Serbia than in young people from B&H. The sexual compulsivity prevalence in the total sample was significantly higher in young males than in their female counterparts and significantly higher in young males from Serbia than in their counterparts from Bosnia and Herzegovina, while no significant difference was found in the sexual compulsivity prevalence between young females from these two countries. Young people from Serbia showed higher sexual compulsivity levels than young people from B&H. Even though certain reasons for such results could be found in several cultural or demographic differences between young people in the two countries, future research is needed to determine the specific reasons for such tendencies in sexual compulsivity prevalence.

In Serbia and B&H, no research on this topic has been done. These results emphasize the vital importance of raising awareness about the existence of the sexual compulsivity problem among young people. This problem has become too frequent, especially in the young population, and it could significantly influence the quality of life of young people. Regarding the frequency and prevalence of this problem, it is necessary to educate mental health workers about the existence of this problem so that they could identify the symptoms of these states and promptly react when they discover the tendency of a young man/woman to engage in sexually compulsive and sexually risky behavior. Educating mental health workers could reduce the neglect of sexual compulsivity existence and lead them to act preventively and curatively in order to improve the mental health and quality of life of individuals who suffer from this problem. It is necessary to do further research about sexual compulsivity correlates in order to consider suitable interventions.

LIMITATIONS OF THE STUDY

This study has several limitations. First, reporting about sexual activity could be incorrect in some cases, meaning that male students tend to exaggerate in answering research questions because hypersexuality as a

phenomenon is more socially acceptable for males and the society is more prejudiced and judgmental towards females, which might be the reason why female participants were able to give more socially acceptable answers. Yet, almost every sexual research has the same problem. We partially removed this limitation by using larger samples compared to other studies conducted on the same issue, but even the sample could be one of the limitations (the second limitation) of the study, because it includes only the young people who study at universities, meaning that the young people who work, who do not want to study, or whose education level is lower were not included in this research. A suggestion for future research would be to include young people with a lower education level to obtain a more comprehensive picture of sexual compulsivity prevalence among young people in Serbia and B&H. Regardless of the fact that young people who study might migrate more than those who do not, that they probably have more social contacts, and that their social environment could be bigger, it does not mean that non-students could not develop compulsive sexual behavior. It would be very interesting to explore sexual compulsivity among prison populations of young people within the same age range and then compare the obtained results to those for the young people in general population. The third limitation of this study is that we used instruments that were until now used only in American or several European studies. They showed high reliability but they did not have enough items to cover every aspect of sexual compulsivity, especially the negative consequences compulsive sexual behavior can have for those who suffer from this "disorder". Sexual compulsivity prevalence in this research was measured by the Sexual Compulsivity Scale, but many authors used the SAST (Sexual Addiction Screening Test), developed by Carnes. One of the suggestions for future research is to determine sexual compulsivity prevalence using this test to see if the other authors actually refer to the same phenomenon of sexual behavior as we do.

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ПРВИ ПОГЛЕД НА СЕКСУАЛНУ КОМПУЛЗИВНОСТ У СРБИЈИ И БОСНИ И ХЕРЦЕГОВИНИ

Резиме

Сексуална компулзивност односи се на немогућност контроле сексуалних мисли, жеља, фантазија и/или понашања упркос негативним последицама које такво сексуално понашање има на целокупно функционисање у свакодневном животу. Подаци о преваленци сексуалне компулзивности у различитим културама нису конзистентни, а подаци о преваленци сексуалне компулзивности на балканском пондебљу још увек нису доступни. У овој студији истраживана је преваленца сексуалне компулзивности на узорку (N=1711) студената из Србије и БиХ у распону старосне доби од 18 до 25 година, помоћу Калицхманове Скале Сексуалне Компулзивности (ССК). Ова скала састоји се од десет ајтема који се вреднују на четворостепеној скали Ликертовог типа, тако да минималан скор износи 10, а максималан 40. Унутрашња конзистентност скале је прихватљива и износи $\alpha=0,79$. Cut off скор који је подразумевао сврставање субјеката истраживања у групу сексуално компулзивних износио је 33 (изнад 80. центила). Дакле, сви субјекти који су постигли скорове на овој скали 33 и више сврстани су у скупину сексуално компулзивних. Овакав cut off скор је кори-

штен по узору на досадашња истраживања о преваленци сексуалне компулзивности која су рађена углавном у Америци. Субузорак студената из БиХ чинило је 1141 субјеката ($N=1141$; $N_m=396$; $N_ž=745$), а субузорак студената из Србије чинило је 570 субјеката ($N_m=253$; $N_ž=317$). У целом узорку, добивена преваленца сексуалне компулзивности износила је 8,94% ($N=153$) и то 17,87% за мушкарце и 3,48% за жене. Преваленца сексуалне компулзивности на субузорку студената из Србије је 12,28% и то 22,53% за мушкарце и 4,1% за жене. Добивена преваленца сексуалне компулзивности на субузорку студената из БиХ је 7,27% и то 14,90% за мушкарце и 3,22% за жене. Man Whittney Test ($U=274012,5$) показао је да постоји статистички значајна разлика у преваленци сексуалне компулзивности између младих у Србији и БиХ. Преваленца сексуалне компулзивности у оквиру овог узорка истраживања је у складу с ранијим истраживањима страних аутора, а преваленца сексуалне компулзивности у Србији виша је у односу на постојеће податке о преваленци сексуалне компулзивности у страним земљама. Закључује се да је преваленца сексуалне компулзивности међу младима старосне доби од 18 до 25 година у Србији значајно виша него преваленца сексуалне компулзивности међу младима исте старосне скупине у БиХ.