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The diagnostic utility of sexual behavior problems in diagnosing sexual abuse in a forensic child abuse evaluation clinic

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Abstract

Objective: This study examined the utility of sexual behavior problems as a diagnostic indicator of sexual abuse. The hypothesis was that sexual behavior problems are multiply determined and consequently are variably related to sexual abuse in a clinical sample.

Method: A sample of 247 children evaluated for sexual abuse at a multidisciplinary forensic child abuse evaluation clinic were included. Results from the Child Behavior Checklist (CBCL) and the Child Sexual Behavior Inventory (CSBI) were analyzed and compared to the results of a structured abuse assessment performed independent of these scores.

Results: The forensic team assessment found evidence of sexual abuse in 25% of cases, and no evidence in 61%. Children in this sample exhibited an elevated level of both sexual and nonsexual behavior problems. However, considerable variability was noted in sexual behavior problem scores. Thus, in this study a high score or a low score had no relationship to the diagnosis of sexual abuse. Indeed, nonsexually abused children were just as likely to have high CSBI scores as sexually abused children.

Conclusions: This study found no significant relationship between a diagnosis of sexual abuse and the presence or absence of sexual behavior problems in a sample of children referred for sexual abuse evaluation. The finding suggests that community professionals should use caution in relying on sexual behavior problems as a diagnostic indicator of abuse. © 2001 Elsevier Science Ltd. All rights reserved.

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Introduction

The desire for a reliable indicator of sexual abuse has led clinicians to look at sexual behavior problems as both a screening and as a diagnostic tool. Although sexually abused children as a group exhibit more sexual behavior problems than nonabused children (Adams, McClellan, Douglass, McCurry, & Storck, 1995; Cosentino, Heino, Meyer-Bahlburg, Alpert, Weinberg, & Gaines, 1995; Dubowitz, Black, Harrington, & Veerschoore, 1993; Friedrich, 1993b; Friedrich et al., 1992; Friedrich, Urquiza, & Beilke, 1986; Gale, Thompson, Moran, & Sack, 1988; Goldston, Turnquist, & Knutson, 1989; Hibbard & Hartman, 1992; McClellan et al., 1997; Mian, Marton, & LeBaron, 1996; Wells, McCann, Adams, Voris, & Dahl, 1997; Wells, McCann, Adams, Voris, & Ensign, 1995; White, Haplin, Strom, & Santilli, 1988), the utility of behavioral measures in a diagnostic assessment remains in question. In a research review, Kendall-Tackett, Williams, and Finkelhor (1993) found that sexual behavior problems and post-traumatic stress disorder could differentiate sexually abused children from nonabused children. However, they also found that a third of sexually abused children exhibit no such symptoms. This asymptomatic group of sexually abused children thus limits the utility of such behavioral tools because of the risk of increasing the false negative rate of diagnosis.

Another potential problem for these tools is the false positive rate. How good a discriminator for sexual abuse is the presence of sexual behavior problems? Are there other determinants of sexual behavior problems apart from sexual abuse? The various studies that have indicated an association between sexual behavior problems and sexual abuse raise four methodological questions. What methods were used to measure sexual behavior problems and how reliable are these methods? How was the diagnosis of sexual abuse made and, importantly, were sexual behavior problems used in the diagnostic assessment?

How are sexual behavior problems measured in these studies?

Early studies of the relationship between sexual behavior problems and sexual abuse relied primarily on the Child Behavior Checklist (CBCL) (Achenbach, 1991) to measure sexual behavior problems. The CBCL is a questionnaire that asks caretakers to rate the frequency of a variety of behaviors over the previous 6 months. The CBCL divides behavior problems into internalizing and externalizing problems. Internalizing problems include withdrawal, somatic concerns, depression, and anxiety. Externalizing problems include aggression, delinquency, and conduct problems. Six items of the CBCL comprise the sex problem scale (Friedrich et al., 1986). These items are: behaves like the opposite sex, plays with own sex parts too much, has sexual problems, thinks about sex too much, wishes to be the opposite sex, and plays with own sex parts in public. The sex problem scale is scored for only a limited number of age groups.

Studies using the CBCL's sex problem scale found that sexually abused children have higher scores than nonabused children (Dubowitz et al., 1993; Friedrich, Beilke, & Urquiza, 1987; Hibbard & Hartman, 1992). Using three items of the sex problem scale, Dykman et al. (1997) found that sexually abused boys exhibited significantly more sexual behavior problems than sexually abused girls. However, a limitation of the scale is that the handful of items

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