

MEASUREMENT AND ASSESSMENT TOOLS

Child Sexual Behavior: An Update with the CSBI-3

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Sexual behavior continues to be one of the most valid markers of sexual abuse in children (Kendall-Tackett, Williams, & Finkelhor, 1993). This is the primary reason for our continued refinement of a measure, the Child Sexual Behavior Inventory-3 (CSBI-3), to assess sexual behavior in 2- to 12-year-old children. A secondary reason is that research in this area enables collaboration with a large group of skilled clinicians who have an interest in furthering the scientific base for the field of child abuse and neglect. This article could not have been written without the assistance of those listed in Table 1.

Because this article concerns research in progress, the focus here is the most convincing findings thus far. These include 1) the relative absence of significant sexual behavior problems in psychiatrically disturbed children without a history of sexual abuse; 2) the direct relationship between family sexuality and sexual behavior in children; 3) the direct relationship between life stress and sexual behavior; 4) the direct relationship between aggressive behavior and sexual behavior; 5) the direct relationship between maternal attitude regarding childhood sexuality and reported sexual behavior; and 6) the underlying variability of childhood sexual behavior as revealed by factor analysis.

The relative absence of significant sexual behavior problems in psychiatrically disturbed children without a history of sexual abuse

Currently, the sample includes 293 children

referred for outpatient psychological or psychiatric evaluation. The children were screened for the absence of suspected or confirmed sexual abuse, and range in age from 2 to 12 years old with a mean age of 7.8 (2, 8). Total sexual behavior problem scores were developed for boys and girls aged 2 to 6 and 7 to 12. As Table 2 illustrates, the total scores for the psychiatric samples were quite similar to the nonabused normative samples and quite different from the sexual abuse samples. This is an important finding, adding to earlier research with the CSBI that included only a normative sample and a sexual abuse sample (Friedrich et al., 1992). The finding suggests that elevated sexual behavior in children referred for an outpatient evaluation should not simply be attributed to their psychiatric problems, but may reflect abuse issues.

The direct relationship between family sexuality and sexual behavior in children

The CSBI-3 includes eight questions that reflect relaxed attitudes about sexually explicit media and family sexual behavior (e.g., "my child has seen adults having sex on TV or in a movie"). The total score of these eight items correlates significantly with total sexual behavior as measured by the CSBI-3 with the normative sample alone ($r = .34, p < .001$). This confirms findings with an earlier version of the CSBI (Friedrich et al., 1992). This finding suggests that sexual behavior in children may reflect modeling of adult sexual behavior, separate from sexual abuse.

Table 1 CSBI-3 Research Collaborators

Name	Affiliation	Location
Robert Acton	Children's Hospital	Calgary, Alberta, Canada
Lucy Berliner	Harborview Medical Center	Seattle, Washington
Barbara Bonner	University of Oklahoma HSC	Oklahoma City, Oklahoma
Judy Butler	Emmanuel Hospital	Portland, Oregon
Judith Cohen	Allegheny Medical Center	Pittsburgh, Pennsylvania
Beth Cuddy	Eastern Maine Medical Center	Bangor, Maine
Linda Damon	San Fernando Valley Child Guidance	Panorama City, California
Hobart Davies	Children's Hospital	Milwaukee, Wisconsin
Alison S. Gray	STIEP Program	Underhill, Vermont
Sandra K. Hewitt	Private practice	St. Paul, Minnesota
Ellen Popenoe	Maine Medical Center	Portland, Maine
Constance Shafran	Private practice	Malibu, California
Bart Trentham	Family Services	Tulsa, Oklahoma
John Wright	University of Montreal	Montreal, Quebec, Canada

Table 2 Mean Values Across Samples: Normative, Psychiatric, and Sexually Abused

Ages	Normative	Psychiatric	Sexually Abused
2-6 boys	4.8 (4.4)	3.8 (4.2)	15.8 (12.8)
2-6 girls	4.3 (4.6)	3.7 (3.9)	16.4 (14.5)
7-12 boys	2.5 (3.7)	3.0 (4.2)	11.4 (11.2)
7-12 girls	2.4 (3.5)	3.3 (5.2)	13.2 (14.2)

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The direct relationship between life stress and sexual behavior

Life stress is assessed in the CSBI-3 with 11 questions (e.g., "parents divorced"). The total score of these events correlates significantly with total sexual behavior as measured by the CSBI-3 with the normative sample alone ($r = .31, p < .001$). This is a replication of earlier findings (Friedrich et al., 1992) and suggests that distressed children are more likely to exhibit behavior that reflects problems with self-regulation, including sexual behavior.

The direct relationship between aggressive behavior and sexual behavior

Aggression was measured with the Aggression Subscale of the Child Behavior Checklist (Achenbach, 1991). In the normative sample of more than 1,100 children, the Aggression Subscale was significantly correlated with total sexual behavior as measured by the CSBI-3 ($r = .34, p < .001$). This suggests that externalizing behavior and sexual behavior are directly related.

The direct relationship between maternal attitudes regarding childhood sexuality and reported sexual behavior

Several questions were added that assessed maternal attitudes about sexual behavior in children. One item in particular, "It is normal for children to have sexual feelings and curiosity," was studied further and correlated with each individual item. The majority of mothers in all three samples answered "yes" to this question. In addition, this item correlated significantly with each of the 37 sexual behavior items on the CSBI-3. This suggests that if parents view sexual behavior in children as normal, they are more likely to report it. Interestingly, mothers of sexually abused children were significantly less likely to answer "yes" to the question.

The variability of childhood sexual behavior as revealed by factor analysis

Earlier research with the CSBI has consistently pointed to the unidimensional nature of sexual behavior in children. However, factor analysis, which helps to determine underlying dimensions of behavior, has suggested six to eight factors for the CSBI-3. A final determination of factors will be made only when all data are collected; however, this finding suggests that sexual behavior is not the unidimensional phenomenon thought earlier. An example of some of the underlying dimensions that are consistent across a variety of factor solutions include self-stimulation, sexual interest, sexual intrusiveness, and

boundary problems. It is expected that sexual abuse may have a differential effect on different factors of sexual behavior.

Summary

Although sexual behavior continues to be one of the best markers of sexual abuse, information that we present in this article adds to earlier evidence that sexual behavior in nonabused children without psychiatric problems is related to a range of family variables, including family sexuality and life stress. Our findings suggest that clinicians need to examine a child's exposure to family sexuality as well as the presence of a range of stressful events as part of their evaluation of a child referred for concerns regarding sexual abuse. At the same time, the rather powerful finding of only low levels of sexual behavior in psychiatrically disturbed children underscores the validity of sexual behavior as a marker for possible sexual abuse in 2- to 12-year-old children.

Because the CSBI-3 is quite useful in assessing sexually abused children, and because sexual behavior in children is a complex phenomenon, William Friedrich, PhD, has agreed to publish this CSBI-3 with Psychological Assessment Resources (PAR) of Odessa, Florida. The published test is expected to be available for practitioners by 1997.

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