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Terri D. Fisher, Clive M. Davis, William L. Yarber, Sandra L. Davis

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Jessica McDermott Sales, Robin R. Milhausen, Ralph J. DiClemente
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Parent-Adolescent Communication Scale

JESSICA MCDERMOTT SALES, Emory University
ROBIN R. MILHAUSEN, University of Guelph
RALPH J. DI CLEMENTE, Emory University

The Parent-Adolescent Communication Scale (PACS) was developed to assess adolescent girls’ frequency of sexual communication with their parents (Sales et al., 2008).

Description

The PACS was developed as part of an NIMH-funded intervention grant (Sales et al., 2008). Domains pertinent to sexual communication were selected based on a review of the empirical literature. These included (a) pregnancy, (b) STDs, (c) HIV/AIDS, (d) condom use, and (e) general information about sex. Focus groups of African American adolescent females were conducted to verify that these topics were relevant in their sexual relationships. Thirty-six items were created to assess communication in these domains. Health educators assessed face validity of the items. The measure was pilot-tested on 15 African American adolescent females 14 to 18 years of age. Based on their suggestions, items were revised to enhance reading comprehension. Items that were highly correlated and thought to assess the same construct, as well as items that decreased the Cronbach’s alpha below .90, were deleted, leaving a 5-item scale. Data from one longitudinal evaluation study were used to validate the measure (Sales et al., 2008).

Though the PACS was designed for adolescent females, and validated with an African American female sample, the items are likely more broadly applicable to individuals of other racial or ethnic backgrounds, other age groups, and males.

Response Mode and Timing

A single stem is used for all items: “In the past 6 months, how often have you and your parent(s) talked about the following things . . .” Each item requires a response based on a Likert-type scale: 1 (Never); 2 (Rarely); 3 (Sometimes); 4 (Often). The scale typically takes less than 5 minutes to complete.

Scoring

All items are coded so that higher values indicate more frequent sexual communication with parents. Scores on the five items are summed to create a scale score. Scores range from 5 to 20. The mean score for participants in our validation sample was 14.20 (SD = 4.79; Sales et al., 2008).

Reliability

Stability of the measure was assessed by Pearson correlation. Because it has been suggested that the length of time between reliability assessments mirrors the length of time in intervention studies (Gliner, Morgan, & Harmon, 2001), measurement stability was assessed with 6 months between administrations. The intercorrelation between baseline and 6-month follow-up scores was significant ($r = .58, p < .001$), as was the intercorrelation between baseline and 12-month follow-up scores ($r = .53, p < .001$; Sales et al., 2008).

Validity

The PACS was correlated with other related constructs in the predicted directions (Sales et al., 2008). Concurrent validity was assessed by correlating frequency of sexual communication with parent(s) as measured by PACS at baseline and other related constructs also assessed at baseline. Specifically, the PACS was positively associated with frequency of sexual communication with partner (Milhausen et al., 2007) and sexual communication self-efficacy (with new partner), family support (Zimet, Dahlem, Zimet, & Farley, 1988), and perceived parental knowledge about their whereabouts. In addition, PACS scores were negatively associated with depressive symptoms. Also, the PACS was positively correlated with recent condom use (last vaginal sex, past 30 days, and past 6 months) with steady partners and was inversely correlated with frequency of vaginal intercourse (past 30 days). The correlations were all significant, and effect sizes were small to moderate (Cohen, 1988). Predictive validity was assessed by correlating baseline PACS scores to related constructs assessed at 6- and 12-month follow-up assessments. At the 6-month follow-up interval, baseline PACS scores were significantly positively associated with frequency of sexual communication with partner (Milhausen et al., 2007) and sexual communication self-efficacy with a new partner. Also, the PACS was significantly positively associated with condom use during the intervening 6 months between the baseline and 6-month follow-up assessment. At the...
12-month follow-up interval, baseline PACS scores were significantly positively associated with frequency of sexual communication (Milhausen et al., 2007) and condom use during the intervening 6 months between the 6-month and 12-month follow-up assessments. Discriminant validity was assessed by correlating the PACS with measures of watching movies or television. These correlations were not significant.

**Other Information**

The PACS is a brief, self-administered behavioral scale measuring frequency of sexual communication with a parent or parents, suitable for low-literate samples (requiring a fourth grade reading level). Researchers may find the PACS particularly useful in sexual health education interventions, particularly family-level interventions, for assessing frequency of sexual communication pre- and postintervention to evaluate intervention efficacy. The authors would appreciate receiving information about the results obtained with this measure.

**References**


**Exhibit**

**Parent–Adolescent Communication Scale**

<table>
<thead>
<tr>
<th>In the past 6 months, how often have you and your parent(s) talked about the following things . . .</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>. . . sex</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>. . . how to use condoms</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>. . . protecting yourself from STDs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>. . . protecting yourself from AIDS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>. . . protecting yourself from becoming pregnant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Family Sex Communication Quotient**

**CLAY WARREN,¹ The George Washington University**

The Family Sex Communication Quotient (FSCQ) was developed as a diagnostic tool to measure a general family orientation to discussion about sex between parents and children (Warren & Neer, 1982, 1983). This orientation is assessed across three dimensions: comfort, information, and value. The comfort dimension was chosen as a main FSCQ measure because people positively experience supportive climates regarded as essential to the exchange of sex-related information between parents and children. The information dimension was included because the home can function as a primary source of sexual learning only through sufficient sharing of information. The value dimension was selected because long-range positive values about family sex communication will influence the likelihood of discussing sex with one’s own children.

**Description**

The 18-item FSCQ instrument incorporates six statements for each of three dimensions assessed on a 5-point Likert

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¹Address correspondence to Clay Warren, Department of Organizational Sciences and Communication, The George Washington University, 600 21st Street NW, Washington, DC, 20052; e-mail: claywar@gwu.edu