### Basic Description

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**Citation:**  

**To Obtain:** Items are listed in the primary reference cited above.  
**E-mail:** jcohen1@wpahs.org  
**Website:** nctsn.org  
**Cost per copy (in US $):** $0.00  
**Copyright:** Yes  
**Description:** The PERQ is designed to assess stressful parental emotional reactions to the sexual abuse of their children. Parents are asked to endorse the frequency of specific reactions including fear, sadness, guilt, anger, embarrassment, shame, and emotional preoccupation. The measure yields a total PERQ score.

### Theoretical Orientation

### Summary:

### Domains Assessed:

1. Caregiver response/rxn to trauma  
2.  
3.  
4.  
5.  
6.  

### Languages Available:

**English**

### Age Range:

-  

### # of Items:

15  

### Measure Type:

Screening  

### Measure Format:

Questionnaire  

### Time to Complete (min):

5  

### Reporter:

Self  

### Time to Score (min):

2  

### Education Level:

Unknown  

### Response Format:

5-point scale: 1=never, 2=rarely, 3=sometimes, 4=frequently,
5=always

Materials Needed:
(check all that apply)
- Yes Paper and pencil
- Testing stimuli
  - Computer
  - Physiological equipment
- Video equipment
- Other

Material Notes:

Sample Items:
Domains
- Total PERQ
  - I have felt upset about my child being abused.
  - I have felt responsible for my child being abused.

Sample Items:

Notes (additional scales and domains):

Information Provided: (check all that apply)
- Diagnostic information DSM-III
- Standard Scores
- Diagnostic information DSM-IV
- Percentile
- Strengths
- Graph (e.g., of elevated scale)
- Areas of concerns/risks
- Dichotomous assessment
- Program evaluation information
- Clinical friendly output
- Continuous assessment
- Written feedback
- Raw Scores
- Other

Training

Training to Administer: (check all that apply)
- Yes None
- Must be a psychologist
- Via manual/video
- Training by experienced clinician (<4 hours)
- Prior experience psych testing & interpretation
- Training by experienced clinician (≥4 hours)

Training to Interpret: (check all that apply)
- None
- Must be a psychologist
- Via manual/video
- Training by experienced clinician (<4 hours)
- Prior experience psych testing & interpretation
- Training by experienced clinician (≥4 hours)

Training Notes:
The authors report that the measure can be interpreted by clinicians with training.
Parallel or Alternate Forms

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parallel Forms?</td>
<td>No</td>
</tr>
<tr>
<td>Alternate Forms:</td>
<td>No</td>
</tr>
<tr>
<td>Forms for Different Ages:</td>
<td>No</td>
</tr>
<tr>
<td>If so, are forms comparable:</td>
<td>No</td>
</tr>
<tr>
<td>Any Altered Versions of Measure:</td>
<td>No</td>
</tr>
<tr>
<td>Describe:</td>
<td></td>
</tr>
</tbody>
</table>

Population Used to Develop Measure

(Mannarino & Cohen, 1996)

Pilot data were gathered on parents of 50 sexually abused children aged 7-12. No demographic data were provided.

Psychometrics were examined with female caregivers of 77 sexually abused girls who were referred to treatment within 6 months of the most recent sexual abuse incident. Girls were aged 7-10 (M=10); 48% were African American or bi-racial. No other demographics were provided on the caregivers or girls.

(Cohen & Mannarino, 1996)

Additional research was conducted with caregivers of sexually abused children aged 2.11 to 7.1 years.

Inclusionary criteria included that the most recent sexual abuse incident occurred within 6 months of referral, sexual abuse had been reported to Child Protective Services, and the abuse had been verified.

Exclusionary criteria included “mental retardation or pervasive developmental disorder, psychotic symptoms, a serious medical illness, psychotic disorder or active substance abuse in the parent participating in treatment, or the lack of a long-term caretaker to participate in the study.”

Of 86 children who were recruited, 67 completed treatment and were included in analyses. The children averaged 4.68 years of age, 58% were girls and 42% were boys; 54% White, 42% African-American, 4% Other. Mean SES was Hollingshead IV: 75% were with one or both biological parents, 3% lived with adoptive parents, 4% lived with grandparents, 3% lived with other relatives, 13% lived with a long-term foster parent, and 2% lived with another caregiver.

Psychometrics

Global Rating (scale based on Hudall Stamm, 1996):

Basic properties established by author(s)

<table>
<thead>
<tr>
<th>Property</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>For separate age groups:</td>
<td>No</td>
</tr>
<tr>
<td>For clinical populations:</td>
<td></td>
</tr>
<tr>
<td>Separate for men and women:</td>
<td></td>
</tr>
<tr>
<td>For other demographic groups:</td>
<td></td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
</tr>
<tr>
<td>Table:</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>---</td>
</tr>
<tr>
<td><strong>Clinical Cutoffs:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Specify Cutoffs:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Used in Major Studies:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Specify Studies:</strong></td>
<td></td>
</tr>
</tbody>
</table>
**Reliability:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Rating</th>
<th>Statistics</th>
<th>Min</th>
<th>Max</th>
<th>Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test-Retest-# days:</td>
<td>14</td>
<td>Acceptable</td>
<td>0.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Consistency:</td>
<td></td>
<td>Acceptable</td>
<td>0.87</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inter-Rater:</td>
<td></td>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parallel/Alternate Forms:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**

**Content Validity:**
Items are face valid. No details are provided regarding how they were developed.

**Construct Validity:** (check all that apply)

<table>
<thead>
<tr>
<th>Validity Type</th>
<th>Not known</th>
<th>Not found</th>
<th>Nonclinical Samples</th>
<th>Clinical Samples</th>
<th>Diverse Samples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convergent/Concurrent</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Discriminant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitive to Change</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention Effects</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Longitudinal/Maturation Effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitive to Theoretically Distinct Groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factorial Validity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
Mannarino & Cohen (1996) found that PERQ scores were related to parents’ perceptions of children’s sexual behaviors (Child Sexual Behavior Inventory: $r=.21$) and behavior problems (CBCL Total: $r=.21$, CBCL Externalizing: $r=.20$, and CBCL Internalizing: $r=.20$).

Forbes, Duffy, Mok, & Lemvig (2003) also reported correlations between PERQ scores and CBCL total, Internalizing, and Externalizing scores ($r=.48$, $r=.43$, and $r=.38$, respectively) in a sample of non-abusing parents of child victims of sexual abuse in Edinburgh, Scotland. PERQ scores have also been found to be significantly correlated with the CBCL Social Competence Scale and negatively correlated with the State-Trait Anxiety Inventory for Children (Cohen & Mannarino, 2000).

In regression analyses, after accounting for intake scores, abuse-related behaviors, and demographic variables, intake PERQ scores contributed significant variance toward the prediction of posttest CBCL internalizing, externalizing, and type of behaviors as assessed by the Weekly Behavior Report (Cohen & Mannarino, 1996).

The PERQ has been found to be sensitive to change due to treatment in a multi-site randomized trial, with parents of children treated with Trauma-Focused CBT showing greater changes than parents of children treated using non-directive supportive therapy (Cohen, Deblinger, Mannarino, & Steer, 2004).
Criterion Validity: (check all that apply)

<table>
<thead>
<tr>
<th>Measures used as criterion:</th>
<th>Not known</th>
<th>Not found</th>
<th>Nonclinical Samples</th>
<th>Clinical Samples</th>
<th>Diverse Samples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predictive Validity:</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Postdictive Validity:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sensitivity Rate(s):  
Specificity Rate(s):  
Positive Predictive Power:  
Negative Predictive Power:  
Notes:  

Limitations of Psychometrics and Other Comments Regarding Psychometrics:
1. Initial psychometric properties reported are promising.
2. Data to date has been obtained on small, restricted samples, and replication of results would improve conclusions about reliability.
3. No normative data are available.
4. While studies have included significant percentages of African American and White children, more research is needed examining the reliability and validity of the measure with other ethnic groups (e.g., Latinos and Asians).
5. Additional testing of the psychometrics is being conducted by the authors and colleagues.

Consumer Satisfaction
No data are available.
### Languages Other than English

<table>
<thead>
<tr>
<th>Language</th>
<th>Translation Quality (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 = Has been translated</td>
</tr>
<tr>
<td></td>
<td>2 = Has been translated and back translated - translation appears good and valid.</td>
</tr>
<tr>
<td></td>
<td>3 = Measure has been found to be reliable with this language group.</td>
</tr>
<tr>
<td></td>
<td>4 = Psychometric properties overall appear to be good for this language group.</td>
</tr>
<tr>
<td></td>
<td>5 = Factor structure is similar for this language group as it is for the development group.</td>
</tr>
<tr>
<td></td>
<td>6 = Norms are available for this language group.</td>
</tr>
<tr>
<td></td>
<td>7 = Measure was developed for this language group.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Population Type:</th>
<th>Degree of Usage: (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1  2  3  4  5  6</td>
</tr>
<tr>
<td>1. Developmental disability</td>
<td></td>
</tr>
<tr>
<td>2. Disabilities</td>
<td></td>
</tr>
<tr>
<td>3. Lower socio-economic status</td>
<td></td>
</tr>
<tr>
<td>4. Rural populations</td>
<td></td>
</tr>
<tr>
<td>5. Parents of sexually abused children</td>
<td>Yes</td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

Notes (including other diverse populations):
Measure was created to assess parents’ reactions to sexual abuse of their children.

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## Use with Trauma Populations

Populations for which measure has demonstrated evidence of reliability and validity:

<table>
<thead>
<tr>
<th>Physical abuse</th>
<th>Natural disaster</th>
<th>Terrorism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Accidents</td>
<td>Immigration related trauma</td>
</tr>
<tr>
<td>Neglect</td>
<td>Imprisonment</td>
<td>Kidnapping/hostage</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>Witness death</td>
<td>Traumatic loss (death)</td>
</tr>
<tr>
<td>Community violence</td>
<td>Assault</td>
<td>Other</td>
</tr>
<tr>
<td>Medical trauma</td>
<td>War/combat</td>
<td></td>
</tr>
</tbody>
</table>

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## Use with Diverse Populations

USE WITH DIVERSE POPULATIONS RATING SCALE

1. Measure is known (personal communication, conference presentation) to have been used with members of this group.
2. Studies in peer-reviewed journals have included members of this group who have completed the measure.
3. Measures have been found to be reliable with this group.
4. Psychometric properties well established with this group.
5. Norms are available for this group (or norms include a significant proportion of individuals from this group)
6. Measure was developed specifically for this group.

Population Type:  Degree of Usage: (check all that apply)  

<table>
<thead>
<tr>
<th></th>
<th>1  2  3  4  5  6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Developmental disability</td>
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<td>2. Disabilities</td>
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<td></td>
</tr>
<tr>
<td>5. Parents of sexually abused children</td>
<td>Yes</td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

Notes (including other diverse populations):

Measure was created to assess parents’ reactions to sexual abuse of their children.
1. Domain assessed by measure has been found to be related to child outcome, independent of treatment type and pretreatment scores, suggesting that this measure assesses an important domain to target and assess during trauma treatments.

2. Measure is brief, and the wording is simple and easy to understand.

3. Measure is free.

Pros and Cons/Qualitative Impression

Pros:

1. While promising, psychometric data are limited.

2. No norms or clinical cutoffs are available, which limits the extent to which scores can be interpreted.

3. While studies have included significant percentages of African American and White children, more research is needed examining the reliability and validity of the measure with other ethnic groups (e.g., Latinos and Asians).

4. On some items, both low and high scores might also be an indication of problems, while moderate scores might reflect a healthy response (e.g., I have felt upset about my child being abused). There are multiple items where this might be the case. If true, this would affect the statistical power using traditional statistical analyses that would not account for the possible non-linear association between PERQ scores and child functioning.
A PsychInfo search (6/05) for the words “Parent Emotional Reaction Questionnaire” or “PSQ” anywhere revealed that the measure has been referenced in 4 peer-reviewed journal articles. In addition the PERQ was found in two other articles.


Number of Published References: 6
Number of Unpublished References: 0

Author Comments:
The authors provided feedback, which was integrated. In addition, they let us know that additional testing of the psychometrics is being conducted by the authors and colleagues.

Citation for Review: Trauma Center Staff
Editor of Review: Chandra Ghosh Ippen, Ph.D., Madhur Kulkarni, M.S.
Last Updated: 6/24/2005
PDF Available: yes

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