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Adolescent and Parent Perspectives on Ethical Issues in Youth Drug Use and Suicide Survey Research

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The contributions of adolescent and parent perspectives to ethical planning of survey research on youth drug use and suicide behaviors are highlighted through an empirical examination of 322 7th–12th graders' and 160 parents' opinions on questions related to 4 ethical dimensions of survey research practice: (a) evaluating research risks and benefits, (b) establishing guardian permission requirements, (c) developing confidentiality and disclosure policies, and (d) using cash incentives for recruitment. Generational and ethnic variation in response to questionnaire items developed from discussions within adolescent and parent focus groups are described. The article concludes with a discussion of the potential contributions and challenges of adolescent and parent perspectives for planning scientifically valid and ethically responsible youth risk survey research.

Key words: Ethics, Ethnic Minority, Survey Research, Adolescence, Drug Abuse, Suicide, Risk–Benefit, Consent, Incentives, Confidentiality

Survey research has brought public attention to illicit drug use and suicide-related behaviors as serious mental health risks confronting American youth (Ackerman, 1993; Gallup Organization, 1991; Johnston, O'Malley, & Bachman, 1995; National Center for Health Statistics, 2000). Surveys have also revealed shifting adolescent and parent trends and provided important information on the situational, cultural, familial, and psychological correlates of adolescent substance abuse and self-endangering behaviors (e.g., Flisher et al., 2000; Kilpatrick et al., 2000; Newcomb & Bentler, 1989; Spirito, Jelalian, Rasile, Rohrbeck, & Vinnick, 2000; Vega

et al., 1993; Walter et al., 1995; Zoccolillo, Vitaro, & Tremblay, 1999). In addition, survey-derived data have guided prevention and treatment programs and stimulated private and public funding efforts directed at these health-compromising behaviors (Dougherty, 1993; Garland & Zigler, 1993; Takamishi, 1993).

Researchers engaged in the critical task of generating survey data on which scientific theory, mental health services, public opinion, and policies on adolescent risk may be based are faced with the formidable responsibility of ensuring that their procedures meet accepted scientific standards of research practice while protecting participant rights and welfare. Federal and professional codes for scientific conduct are written in broad, general terms to ensure their applicability across diverse and shifting research activities, settings, and participant populations. Consequently, each research study requires contextually sensitive interpretations of ethical guidelines.

When engaging in this system of interpretation, investigators traditionally draw on their own moral compass, the advice of colleagues, and recommendations of institutional review boards (IRBs) to plan ethical procedures that can have immediate and long-term impact on participants, their families, and communities. A new resource for guiding contextually sensitive ethical decisions is the opinions of adolescents and parents representative of potential participant survey pools (Fisher, 1997, 2000; Fisher & Wallace, 2000; Melton, Levine, Koocher, Rosenthal, & Thompson, 1988). For example, the views of teenagers and their families can help identify factors not readily discerned through professional logic or scientific inference that might cause participant distress, violate participant privacy, or threaten participant autonomy. Adolescent and parent perspectives can also avoid erroneous assumptions that a scientifically worthwhile survey design would be harmful when in fact prospective participants see it as posing little, if any, risk. Engaging teenagers and parents in dialogue about the ethical challenges of survey research can also enhance their support and participation, ensuring that research procedures reflect participants' values and merit their trust.

A scientific ethic that is informed by prospective participants' hopes and concerns about the research enterprise can also bring to light generational and cultural differences in response to experimental procedures. As I discuss later, whether to waive parental permission or reveal to parents information about adolescent risk obtained through youth surveys is an ethically challenging decision that requires insight into how teenagers and parents view these issues. Moreover, members of different ethnic groups may differ in their perceptions of participant and community research risks and benefits, the centrality of parental oversight, the valuing of youth privacy and confidentiality, and the meaning of monetary incentives for youth participation in research (Fisher, Hoagwood, Boyce, et al., 2002).

I now turn to a discussion of four essential ethical decision points for survey research on problems of youth that can be enhanced through an understanding of adolescent and parent perspectives: (a) evaluating research risks and benefits, (b)

obtaining guardian permission and adolescent assent, (c) developing confidentiality and disclosure policies, and (d) using cash incentives for recruitment. I then describe an empirical examination of adolescent and parent attitudes toward these four ethical dimensions applied to research on youth drug use and suicide behavior. The article concludes with a discussion of the potential contributions and challenges of adolescent and parent perspectives for planning scientifically valid and ethically responsible adolescent risk survey research

IDENTIFYING AND EVALUATING RESEARCH RISKS AND BENEFITS

Ethical justification for adolescent research requires investigators to maximize research benefits, minimize research risks, and demonstrate that potential benefits outweigh the probability of harm (Office for Protection From Research Risks [OPRR], 1993). Whether teenagers and parents perceive survey questions to be relevant or harmful to their everyday experiences is often overlooked when investigators and IRB members calculate the risk–benefit balance of survey-derived data. For example, surveys on drug use and suicide may enhance parenting practices, school programs, and government regulations aimed at preventing and ameliorating these problems (Garland & Zigler, 1993; Johnston, O’Malley, & Bachman, 1995; Oetting & Beauvais, 1990). However, whether survey findings accurately reflect adolescent health-compromising behaviors or whether the findings are applied in real world setting depends on whether teenage participants and their parents take the research seriously, have faith in the investigators’ integrity, and believe the research will adequately address the causes and nature of youth problems (Aman & Wolford, 1995).

Adolescent and parent perspectives can also illuminate potential harms associated with survey research on drug use and suicide. For example, in the absence of data on participant concerns, investigators and IRB members risk over- or underestimating the degree to which survey questions about illegal and life-threatening behaviors may be experienced as intrusive or distressing for youthful respondents or exacerbate the problems studied by inadvertently leading teenagers to believe the behaviors are common, acceptable, or a logical solution to their own problems (Garland & Zigler, 1993; Gibson & Range, 1991; Gould, Shaffer, & Kleinman, 1988; Rogers, D’Angelo, & Futterman, 1994; Seidman & Rapkin, 1983; Shaffer et al., 1990; Spirito, Brown, Overholser, & Fritz, 1989). In addition, adolescent and family wariness of research risks when unknown and left unaddressed by the investigator can negatively affect recruitment.

Adolescent and parent concern about group stigmatization has also received little attention in research risk analysis (Fisher, Jackson, & Villarruel, 1997; Sue, 1993; Zuckerman, 1990). Survey data are sometimes used publicly to support racial or socioeconomic stereotypes despite the fact that adolescent drug use and

life-threatening behaviors cut across all cultural groups, socioeconomic strata, and ecologies (Garland & Zigler, 1993; Gibbs, 1988; Kilpatrick et al., 2000; Oetting & Beauvais, 1990). Failure to consider whether prospective participants and their families regard group depreciation as a potential cost of research participation may be asking ethnic minority or disadvantaged members of society to unjustly bear research risks (Fisher et al., 1997; Sampson, 1993).

PARENTAL PERMISSION FOR ADOLESCENT PARTICIPATION IN SURVEY RESEARCH

Federal regulations and professional codes generally require guardian permission as additional protection for youthful research participants who may lack the capacity to comprehend the purpose and nature of research or the power or skills to refuse participation (Fisher & Rosendahl, 1990; Levine, 1986; Melton, Koocher, & Saks, 1983). Guardian consent requirements may be waived by an IRB when abusive or neglecting guardians may not make consent decisions in the best interests of the child, if the study could not be practically carried out without such a waiver, or when solicitation of guardian consent violates a minor's autonomy rights or has an adverse impact on his or her well-being (Fisher, Hoagwood, & Jensen, 1996; Gaylin & Macklin, 1982; OPRR, 1993).

Research suggests that by mid-adolescence teenagers have the cognitive capacity to make informed consent decisions (Bruzzeese & Fisher, 2003; Grisso & Vierling, 1978; Melton, 1980; Ruck, Keating, Abramovitch, & Koegl, 1998; Weithorn, 1982). However, when drug use and suicide are the focus of adolescent research, cognitive impairments associated with these disorders may interfere with a teenager's ability to rationally comprehend research-related information (McCrary & Bux, 1999). Moreover, despite increasing opportunities to make autonomous decisions, school-age teenagers remain subject to adult authority and vulnerable to coercion and rights violations (Brody & Waldron, 2000; Bruzzeese & Fisher, 2003). Data on how teenagers and parents view adolescent autonomy and vulnerability can assist investigators and IRB members with the difficult task of determining the ethical legitimacy of guardian consent waivers.

CONFIDENTIALITY AND DISCLOSURE POLICIES

Survey research on adolescent drug use and suicidal thoughts and behaviors will uncover evidence of these and other health-compromising behaviors that may be unknown to other adults concerned with a teenage participant's welfare. Whether to keep such information confidential or disclose it to parents or professionals is a daunting ethical challenge for investigators studying illegal and life-threatening

behaviors of youth (Brooks-Gunn & Rotheram-Borus, 1994; Fisher, 1994, 2000, 2002; Levine, 1986; McCrady & Bux, 1999). Professional and federal guidelines recognizing the legal and social dangers to research participants posed by disclosure of socially sensitive information have developed strict standards regarding confidentiality while at the same time providing opportunities for investigators to disclose such information to protect the participant or others from harm (American Psychological Association, 2002; OPRR, 1993; Society for Research in Child Development, 1996).

Scientists have been reluctant to disclose information derived from survey research on adolescent risk out of concern that inferences drawn from such measures may lack diagnostic validity and that treatment or referrals precipitated by disclosures will threaten the internal validity of longitudinal designs, lead to feelings of betrayal, or jeopardize recruitment (Fisher, Hoagwood, & Jensen, 1996; Scott-Jones, 1994). Moreover, disclosures to school counselors or child protection agencies regarding drug use or suicide may harm participants or their families if those informed react punitively or incompetently or entangle the family in criminal proceedings.

Confidentiality decisions are also complicated by ethnic variation in the determinants of adolescent drug use and suicide and differences among diverse cultural communities in attitudes toward research (American Indian Law Center, 1994; Casas & Thompson, 1991; Fisher et al., 1997; Fisher, Hoagwood, & Boyce et al., 2002; Gibbs, 1988; Jenkins & Parron, 1995; Kilpatrick et al., 2000; Oetting & Beauvais, 1990; Range et al., 1999). These issues are further clouded by emerging evidence that some teenagers may want investigators to actively assist them in obtaining help for drug or suicide problems (Fisher, Higgins-D'Alessandro, Rau, Kuther, & Belanger, 1996; O'Sullivan & Fisher, 1997). The extent to which survey-derived information on adolescent risk behaviors should be kept confidential or disclosed thus depends in no small part on the expectations of participants and their parents (Beeman & Scott, 1991; Johnson, Cournoyer, & Bond, 1995).

CASH INCENTIVES FOR RESEARCH PARTICIPATION

Monetary incentives are often used for participant recruitment. Cash inducements create a tension between (a) fair compensation for the time and inconvenience of survey participation and (b) coercion (Fisher, Hoagwood, & Jensen, 1996; Macklin, 1981). Offering incentives ideally should secure a balanced representation of individuals from all economic levels. However, the varying economic circumstances of potential participants may lead to varying perceptions of a cash inducement as fair or coercive (Levine, 1986). Cash payment for participation in illicit drug use surveys can also create an ethical paradox if it is used by substance abusers to purchase illegal drugs (Koocher, 1991; McCrady & Bux, 1999). Another unexamined potential risk is whether cash payments influ-

ence how teenagers evaluate dangers associated with drug use and self-harmful behaviors or encourage them to engage in deceitful behaviors to make themselves eligible for participation (Attkisson, Rosenblatt, & Hoagwood, 1996; Saunders, Thompson, & Weijer, 1999).

How parents and teenagers from different cultural communities view non-monetary rewards for research participation also requires ethical attention. For example, some families may see cash inducements as undermining the opportunity research participation affords to altruistically contribute to science, society, or the welfare of one's adolescent and parent (Osher & Telesford, 1996). Prospective participant opinions regarding the coercive nature of cash payments, the recruitment value of monetary incentives, and how such reimbursements affect adolescent and parent attitudes toward scientific integrity are thus critical for determining what defines the ethical use of incentives for research participation.

In summary, adolescent and parent perspectives can play a valuable role in ethical planning for surveys on youth drug use and suicide behaviors. A research ethic that views adolescents and parents as partners in identifying and resolving ethics-in-science challenges can help ensure that risk-benefit evaluations, consent procedures, confidentiality policies, and recruitment efforts reflect the values and merit the trust of teenagers, families, and their communities.

UNIQUENESS OF ADOLESCENT AND PARENT PERSPECTIVES

In the next two sections, I describe the design and results of a study that gathered information on how one ethnically diverse sample of adolescents and their parents evaluated ethical dimensions of survey research on adolescent risk. Investigators seeking to understand the risk behaviors of adolescents are aware of the distinctive nature of the various neighborhoods from which participants are recruited and the limitations such diversity places on generalizations regarding ethical attitudes. The goal of this study was to introduce a method for exploring how prospective research populations perceive the ethical dimensions of adolescent risk surveys and to provide descriptions of one adolescent's and parent's attitudes toward research ethics that can contribute to new ways of thinking about how to conduct good and responsible science.

METHOD

Sample

Participants were 322 7th–12th graders (44% female) and 160 parents (78% female) drawn from four New York City schools. Adolescents and parents self-identified as: African American (17% and 18%), Hispanic of Puerto Rican or Central or

South American descent (19% and 30%), East Asian (18% and 20%), White (24% and 18%), South Asian (2% and 2.5%), multiracial (16% and 6%), or other (3% and 4%). Self-reports of parent or self/spouse education and occupation were as follows: 18% unskilled, 22% semiskilled, 29% skilled, 28% minor professionals, and 3% major business or professional (Entwisle & Astone, 1994). The average socioeconomic status (SES) was 36 for adolescents and 34 for parents (range = 8–57; Hollingshead, 1957). Whites had significantly higher scores than African Americans, Hispanics, or East Asians ($M_s = 42, 33, 29, 33$, respectively), $F(3, 328) = 18.89, p < .001$, Scheffé $p < .001$). Accordingly, SES was included as a covariate in statistical analyses on ethnic differences.

The Ethics for Adolescent Research Questionnaire

The Ethics for Adolescent Research Questionnaire was designed to provide descriptive data on adolescent and parent opinions regarding survey research. In the final instrument, questions related to perceived research risks and benefits, informed-consent procedures, confidentiality policies, and research incentives were grouped together to approximate the manner in which these ethical issues are evaluated by investigators and IRBs. Questions within an ethical category were not constructed to reflect a common underlying psychological dimension; rather, they were selected to reflect distinct ethical issues and challenges faced by investigators designing and conducting adolescent risk survey research. Accordingly, as I describe later, questionnaire development focused on the content and construct validity of the items.

Focus groups. To construct questionnaire items reflecting research ethics content relevant to parents and teenagers, 46 parents and fifty-five 9th–11th graders from diverse ethnic and socioeconomic backgrounds participated in thirteen 2-hr small focus groups. A detailed script was constructed to encourage participants to discuss research risks and benefits, parental permission procedures, confidentiality and disclosure policies, and the use of monetary incentives for various research approaches to the study of different adolescent risk behaviors. The script was based on issues raised in publications by research ethics scholars and was designed to encourage in-depth and dynamic discussion and diverse points of view. Ethical themes emerging within each of the focus groups along with illustrative quotes were hierarchically arranged in a thematic grid and analyzed for frequency across groups (Fisher, 2002; Fisher & Wallace, 2000).¹ The script and thematic grid are available from me on request.

¹Readers interested in quoted comments on youth research ethics of the adolescents and parents who participated in the focus groups should refer to Fisher (2002) and Fisher and Wallace (2000).

Questionnaire format and item selection. A 10-member panel composed of scientists, IRB members, and adolescent and parent advocates commented on a working draft of questionnaire items drawn from the thematic grid. Panel members provided judgments regarding the cultural and ethical validity of the items and recommended that the final questionnaire specifically address adolescent drug use and suicide survey research as areas that drew considerable comment from focus group members and that have been the focus of scientific and public attention. The items were then further refined into 4-point Likert-type questions (1 = *strongly disagree*, 2 = *disagree*, 3 = *agree*, 4 = *strongly agree*) appropriate for parents and teenagers and for drug use and suicide research versions of the instrument. Two of the items (Questions 35 and 36) were designed to tap categorical responses and therefore did not use the Likert-type format). Four groups of ethnically diverse parents and teenagers drawn from the original focus groups then met to critique the questionnaire instructions and items for content, clarity, and value. The final instrument included the 47 items presented in Tables 1–4.

Procedure

Teenagers whose parents had provided written permission and who signed assent forms completed questionnaires in their schools. Students received questionnaires for their parents to fill out and return by mail. All received movie theater gift certificates for their participation. Half the participants received the drug use research version of the questionnaire, and half received the suicide research version of the questionnaire. The questionnaire took approximately 30 min to complete. Participants were told that the study's purpose was to gather opinions about survey research on adolescent drug use (or suicide) to help scientists develop ethical procedures to protect participant welfare and reflect adolescent and parent values and that questionnaire items were based on diverse views expressed by teenagers and parents from their neighborhoods. IRB approval was received for all phases of the research.

RESULTS

Overview of Statistical Analyses

For each statement, a 2 (teenager or parent) \times 2 (drug or suicide survey) \times 2 (junior or senior high school) analysis of variance followed by appropriate univariate tests was performed. Analyses of covariance with SES as a covariate were conducted on the effect of ethnicity for participants who self-identified as African American, Hispanic, East Asian, or non-Hispanic White. Bivariate correlations between SES and question scores were analyzed for each ethnic group. Univariate tests for gen-

der were conducted on adolescent responses. Statistically significant results are reported in the appropriate sections that follow. The mean scores, standard deviations, and percentages of teenagers and parents agreeing with questionnaire statements for drug use and suicide surveys are presented in Tables 1–4. The number preceding each statement indicates the order in which it appeared on the questionnaire. *F* values and significant levels are provided for analyses of variance in which adolescent and parental responses were compared. All other statistics are provided in the text.

Research Risks and Benefits

Statements in Table 1 are grouped into four broad categories reflecting adolescent and parent opinions on research benefits, research risks, scientific validity, and the risk–benefit calculus.

How do teenagers and parents rate the potential benefits of adolescent risk research? As illustrated in Table 1, the majority of respondents, especially parents, endorsed the potential benefits of survey research for helping parents talk with their teens about drugs or suicide (Question 9), helping schools develop programs (Question 10), and providing teens with useful information (Question 11). Respondents were more skeptical about the impact of survey research on government policies aimed at prevention, especially when it concerned suicide (Question 12). Female adolescents ($M = 2.82$) were more likely than males ($M = 2.65$) to think they could learn something from taking a survey, $F(1, 314) = 4.81, p < .03$ (Question 11). Contrast coefficients, $t(1, 247) = 4.24, p < .001$, computed after a significant main effect of ethnicity, $F(1, 120) = 16.59, p < .001$, indicated that African American and Hispanic respondents were more likely than East Asians and Whites to see surveys as helpful for parenting ($M_s = 3.04, 3.11, 2.59, \text{ and } 2.69$, respectively).

How do adolescent and parent members view the validity of survey research? Approximately half the adolescents, and close to 40% of parents, doubted the honesty of adolescent self-reports (Question 8). Teenagers, more so than parents, indicated a disconcerting degree of suspicion concerning investigator motives (Question 4). Moreover, at least half of all respondents felt that research, to be effective, must go beyond questioning the psychological characteristics of risk-prone teenagers and provide information on the government policies or neighborhood factors contributing to adolescent drug use or suicide-related behaviors (Question 6).

TABLE 1
Means, Standard Deviations, and Percent of Adolescents and Parents Agreeing With Statements on Benefits and Risks of Youth Survey Research on Drug Use and on Suicide

Questionnaire Items ^a	Survey Risk	Generation						F
		Adolescents			Parents			
		M	SD	% ^b	M	SD	% ^b	
Potential benefits								
9. The results of a teen drug/suicide survey might help parents know how to talk to teens about drugs/suicide	Drugs	2.76	0.84	64	3.01	0.73	82	4.75*
	Suicide	2.90	0.78	74	3.16	0.79	85	5.72*
10. The results of a teen drug/suicide survey can help my school develop programs to help teenagers with drug problems/thoughts of suicide.	Drugs	2.78	0.81	69	3.23	0.64	91	16.59***
	Suicide	3.12	0.73	81	3.20	0.73	88	3.38
11. Teens could learn something by answering questions on a drug/suicide survey.	Drugs	2.66	0.74	64	2.94	0.66	81	7.46**
	Suicide	2.79	0.70	72	2.97	0.70	81	3.589
12. The results of a teen drug/suicide survey might lead to government laws that can prevent teenagers in my neighborhood from starting on drugs/committing suicide.	Drugs	2.57	0.79	56	2.84	0.81	71	5.735*
	Suicide	2.15	0.86	33	2.55	0.83	55	12.463***
Scientific validity								
4. Scientists studying teen drug use/suicide are not interested in the truth; they just want to prove their point.	Drugs	2.40	0.81	42	1.99	0.70	18	13.815***
	Suicide	2.26	0.95	34	1.99	0.79	32	5.010*
8. Drugs/suicide surveys are not helpful because most teenagers do not answer questions about drugs/thoughts of suicide honestly.	Drugs	2.68	0.82	59	2.57	0.80	51	0.952
	Suicide	2.54	0.87	49	2.33	0.67	37	3.814
6. To understand why teens use drugs, scientists have to study the government policies that have allowed drugs to be brought into the neighborhood/Just asking teens in the neighborhood about their feelings will not get at the problems in my neighborhood that cause teens to think about suicide.	Drugs	2.50	0.90	52	2.58	1.00	53	0.300
	Suicide	2.62	0.74	57	2.69	0.85	58	0.410

Potential research risks for participants and communities

3.	Teens would feel that questions about their drug use/suicide are an invasion of their privacy.	Drugs	2.66	0.75	60	2.46	0.73	51	3.637
		Suicide	2.40	0.83	42	2.30	0.68	33	0.892
5.	Asking questions about their drug use/suicide would upset teens.	Drugs	2.48	0.82	45	2.23	0.60	28	5.189*
		Suicide	2.21	0.71	31	2.17	0.65	26	0.228
2.	Answering survey questions might make teens believe it is okay for teenagers to use drugs/think about suicide.	Drugs	1.58	0.60	3	1.62	0.67	7	0.199
		Suicide	1.80	0.78	16	1.80	0.68	14	0.009
7.	Answering questions about drugs/suicide might cause teens to decide to use drugs/think about committing suicide.	Drugs	1.74	0.81	12	1.73	0.65	8	0.013
		Suicide	1.91	0.81	24	1.97	0.78	22	0.283
1.	Results of a drug/suicide survey might make teenagers in my neighborhood look bad.	Drugs	2.52	0.85	54	2.19	0.77	32	8.041**
		Suicide	2.01	0.70	23	1.86	0.68	14	2.792
Should investigators conduct survey research?									
13.	I think scientists should conduct surveys about drug use/suicide with teens living in my neighborhood.	Drugs	2.65	0.83	61	3.01	0.71	82	10.369***

Note. $df = 1, 230$

^aHalf the adolescents and parents received questions referring to youth drug surveys and half received questions referring to youth suicide surveys. ^bQuestions were scored on 4-point Likert-Type scales, with 1 and 2 indicating negative ratings and 3 and 4 indicating positive ratings. Percentages indicate proportion of adolescents or parents giving positive ratings.

* $p < .05$. ** $p \leq .01$. *** $p \leq .001$.

What are the potential risks of survey research for participants and communities? Many respondents thought survey questions, especially on drug use, would be experienced as invasive, $F(1, 424) = 7.39, p = .007$ (Question 3). Less than half the respondents thought asking such questions would upset teens, although these concerns were expressed more by junior high than by senior high school respondents, and those responding to questions about drug surveys more so than suicide surveys thought asking such questions would upset teens, $F_s(1, 423) = 6.29$ and $6.27, p_s < .02$, for grade level and youth problem surveyed, respectively (Question 5). By contrast, the vast majority did not think that simply answering questions on a survey would encourage participating adolescents to engage in the risk behaviors described in the surveys (Questions 2 and 7), although greater concern was expressed for suicide compared with drug surveys, $F(1, 424) = 7.39, p = .003$ (Question 7) and by junior high school compared with senior high school students, $F(1, 312) = 9.06, p = .007$ ($M_s = 1.95$ vs. 1.66 ; Question 7). East Asian respondents ($M = 2.00$) were more concerned than African Americans, Hispanics, or Whites ($M_s = 1.45, 1.72$, and 1.72 , respectively) about the negative impact of survey questions on youth attitudes, $F(1, 310) = 7.12, p < .001$ (Question 2). Across generations and ethnic groups, participants thought drug surveys posed a larger threat to neighborhood stigmatization than suicide surveys, $F(1, 422) = 27.25, p < .001$ (Question 1). Teenagers were significantly more concerned than parents about the stigmatizing effect of drug surveys (Question 1).

Should investigators conduct survey research on adolescent risk?

Overall, the majority of respondents, especially parents, thought surveys on adolescent drug use and suicide should be conducted (Question 13).

Parental Permission for Adolescent Participation in Survey Research

Statements in Table 2 are grouped into the following categories: parental rights and responsibilities, adolescent autonomy, and permission procedures.

Should consent policies reflect a valuing of parental rights and responsibilities? As illustrated in Table 2, although parents were significantly more likely than teenagers to endorse parental rights, respect for parents, and the ability of parents to protect teenagers from postexperimental distress and research harms as reasons to require parental permission, 35%–49% of adolescents agreed with these statements (Questions 14, 15, 20, and 23, respectively). Most respondents, especially teenagers, thought parents would be angry if their child participated in a study without parental permission (Question 19). Junior

high students, compared with senior high school students and their parents, were more likely to endorse parental permission policies based on parental rights, $F(1, 421) = 13.06, p < .001$ (Question 14); respect for parents, $F(1, 422) = 13.68, p < .001$ (Question 15); and child protections, $F(1, 417) = 8.47, p < .004$ (Question 20); $F(1, 410) = 12.42, p < .001$ (Question 23). Male students placed a higher value on respect for parents than did female students ($M_s = 2.58$ and 2.24), $F(1, 317) = 9.45, p = .002$ (Question 15).

Across questions, African Americans were significantly more likely than other ethnic groups to endorse reasons to require parental permission. For example, African Americans gave higher ratings than Hispanics, East Asians, and Whites to statements supporting parental rights ($M_s = 2.70, 2.27, 2.40$, and 2.01 , respectively), $t(384) = 3.52, p < .001$ (Question 14) and respect ($M_s = 3.04, 2.56, 2.56$, and 2.33 , respectively), $t(386) = 4.40, p < .001$ (Question 15). African American teenagers ($M = 2.90$), compared with students from other ethnic groups, (M range = 2.2 – 2.4), $t(250) = 4.40, p = .002$ (Question 20), rated parental permission as important to help ameliorate postexperimental distress. African American ($M = 2.29$) and East Asian ($M = 2.23$) respondents were more likely than Hispanics ($M = 1.98$) and Whites ($M = 1.86$) to be concerned that failure to require parental permission could damage a parent's reputation, $t(385) = 3.19, p = .002$ (Question 17). Moreover, African Americans, along with Hispanics and East Asian respondents ($M_s = 2.70, 2.60$, and 2.50 , respectively), were more likely than Whites ($M = 2.24$) to think parental permission could help teens avoid harmful research experiences, $t(381) = 4.37, p < .001$ (Question 23). For African Americans, SES was inversely related to expectations of parental anger in response to permission waivers, $r(67) = -.32, p = .009$ (Question 19).

Does valuing adolescent autonomy and privacy influence attitudes about parental permission requirements? The majority of parents and teenagers agreed that teens have the right to decide (Question 18) and were old enough (Question 21) to make their own decisions about research participation. Adolescents gave higher endorsements than parents for all four autonomy and privacy statements (Questions 16, 18, 21, and 22). Senior high teenagers and parents gave higher endorsements than their junior high counterparts to statements about parents questioning or suspecting teens' and adolescents' decision making ($M_s = 2.92$ vs. 2.72 , Question 16; $M_s = 2.43$ vs. 2.28 , Question 22; $M_s = 3.20$ vs. 3.01 , Question 21), $F_s(1, 420$ – $422) = 7.67, 6.23$, and $4.71, p_s < .04$ – $.006$. Female students, more than male students, thought teens have the right to decide for themselves whether they want to answer survey questions ($M_s = 3.29$ and 3.48), $F(1, 315) = 4.85, p < .03$ (Question 18). For African Americans, socioeconomic status was inversely related to concerns that permission forms would raise undue parental suspicion about the behavior under investigation, $r(66) = -.27, p < .03$ (Question 19).

TABLE 2
Means, Standard Deviations and Percentages of Participants Agreeing With Statements on Parent Permission Policies

Questionnaire Items ^a	Survey Risk	Generation						F
		Adolescents			Parents			
		M	SD	% ^b	M	SD	% ^b	
Parents' rights and responsibilities								
14. Parents have a right to decide if teens should answer questions about drugs/suicide.	Drugs	2.19	1.00	35	2.68	0.86	59	12.528***
	Suicide	2.01	0.96	27	2.66	0.85	58	27.589***
15. Scientists should get parent permission before asking teens questions about drugs/suicide, to show respect for parents.	Drugs	2.50	0.97	49	2.92	0.79	73	10.622***
	Suicide	2.38	1.00	43	2.85	0.76	68	14.730***
17. Parent reputations could be hurt if they did not know their teen was in a study that asked about drugs/suicide.	Drugs	2.04	0.79	21	2.10	0.68	25	0.314
	Suicide	2.38	1.00	23	2.85	0.76	25	3.697
19. Parents would be angry if they found out that their teen was in a study about drugs/suicide without their permission.	Drugs	2.15	0.85	27	2.50	0.69	50	9.486**
	Suicide	2.26	0.75	35	2.53	0.86	47	6.362*
20. Parent permission is important so that parents can help their child if the teen is upset after being in the study.	Drugs	2.46	0.89	49	2.62	0.68	67	9.559**
	Suicide	2.59	0.86	52	2.95	0.81	77	11.469***
23. Parent permission is important, because parents are better able to know if being in the study would hurt their child.	Drugs	2.21	0.77	35	2.77	0.68	67	27.734***
	Suicide	2.31	0.83	37	2.74	0.89	70	16.617***
Adolescent autonomy and privacy								
16. If parents had to sign a permission form, teens would worry that their parents would start asking them questions about drugs/suicide.	Drugs	2.99	0.72	80	2.57	0.75	58	16.301***
	Suicide	2.83	0.81	69	2.52	0.80	49	8.384**
18. Teens have the right to decide for themselves whether they want to answer questions about drugs/suicide.	Drugs	3.36	0.73	91	2.96	0.66	82	15.742***
	Suicide	3.41	0.75	90	2.91	0.73	76	24.399***

21.	Teens are old enough to make their own decisions about whether or not they should answer questions about drugs/suicide.	Drugs	3.22	0.78	86	2.59	0.73	63	33.331***
		Suicide	3.28	0.80	84	2.62	0.89	60	36.680***
22.	If parents were asked if their teen could participate in a study about drugs/suicide, they might think that their teen was using drugs/thinking about suicide.	Drugs	2.39	0.86	46	2.06	0.67	20	8.606**
		Suicide	2.42	0.90	47	2.21	0.69	29	3.349
Exceptions to standard parental permission procedures									
25.	Teens are more likely to tell the truth about drugs/suicide, if their parent does not know about the study.	Drugs	3.02	0.86	78	2.70	0.76	63	7.024**
		Suicide	2.81	0.92	67	2.46	0.79	46	8.963**
24.	It's okay to just tell parents that their teen will be in a drug/suicide survey, without asking the parent to sign a permission form.	Drugs	2.88	0.78	66	2.42	0.67	46	5.607*
		Suicide	2.47	0.82	57	2.81	0.72	51	0.123
26.	Scientists should always get parent permission before they ask teens to be in a drug/suicide survey.	Drugs	2.28	0.95	37	2.89	0.69	70	23.852***

Note. $df = 1, 230$

^a Half the adolescents and parents received questions referring to youth drug surveys and half received questions referring to youth suicide surveys. ^b Questions were scored on 4-point Likert-type scales, with 1 and 2 indicating negative ratings and 3 and 4 indicating positive ratings. Percentages (in italics) indicate proportion of adolescents or parents giving positive ratings.

* $p < .05$. ** $p < .01$. *** $p < .001$.

How do teenagers and parents view waiver of parental permission procedures? Most respondents believed that waiving parental permission would increase the validity of self-reports, especially for drug surveys, $F(1, 422) = 5.30, p = .022$ (Question 25). Teenagers were more likely than parents, and senior high respondents were more likely than junior high respondents, to agree with this statement ($M_s = 2.97$ vs. 2.73), $F(1, 422) = 6.08, p = .014$. Respondents were evenly split over whether it was appropriate to inform parents about a teen survey without obtaining signed permission (Question 24). Teenagers thought this was more appropriate for drug than for suicide surveys, $F(1, 226) = 5.60, p < .02$. Junior high school respondents ($M = 2.48$) were less likely than senior high school respondents ($M = 2.65$) to view this procedure favorably, $F(1, 418) = 8.46, p = .004$. African Americans were less favorable toward this option than were Hispanics, East Asians, and Whites ($M_s = 2.12, 2.48, 2.67$, and 2.71 , respectively), $t(383) = 5.0, p < .001$.

Should parental permission be required? As illustrated in Table 2, approximately 34% of teenagers and 72% of parents endorsed a universal policy of parental permission (Question 26). Parents and teenagers from the younger grades gave higher endorsements than did those in older grades ($M_s = 2.57$ and 2.26), $F(1, 417) = 15.06, p < .001$. Males were more likely to endorse parental permission policies than were females ($M_s = 2.39$ and 2.19), $F(1, 314) = 3.94, p < .05$. More than half of African American teenagers (68%) were in favor of parent permission policies and gave Question 26 significantly higher ratings than Hispanic (40%), East Asian (19%), or White (20%) youth ($M_s = 3.00, 2.37, 1.94$, and 2.15 , respectively; Scheffé $p = .01$). African American ($M = 3.36, 89\%$), Hispanic ($M = 2.88, 75\%$) and East Asian ($M = 3.04, 77\%$) parents were more likely than White parents ($M = 2.40, 41\%$) to think such procedures should be required, $t(129) = 4.37, p < .001$.

Confidentiality and Disclosure Policies

The statements illustrated in Table 3 are grouped into three broad categories: (a) the effect of confidentiality policies on self-reports, (b) the potential harm of disclosure to participants and family, and (c) fiduciary responsibility of investigators to protect participant welfare. Data on two questions that examined attitudes toward specific disclosure and confidentiality policies are presented in Table 4.

Do confidentiality policies affect the honesty of self-reports? As illustrated in Table 3, most respondents believed that assurances of confidentiality would increase the validity of self-reports (Question 27). This statement was most strongly endorsed by adolescents and senior high school respondents, $F(1, 424) = 10.20, p = .002$ (M senior high = 3.48 , M junior high = 3.27). African Americans (M

= 3.13) were less likely to see a relation between confidentiality and the honesty of teen responses than were Hispanics, East Asians, or Whites ($M_s = 3.43, 3.40,$ and $3.42,$ respectively), $F(3, 281) = 3.02, p = .03$. Close to half of all respondents, especially teenagers, agreed there was a danger that investigator disclosures might be based on inaccurate self-reports (Question 28).

Can disclosures harm participants and their families? The majority of respondents agreed that teenagers would feel betrayed by an investigator's disclosure, especially for drug use, $F(1, 421) = 5.73, p < .02$ (Question 30). Adolescents, more so than parents, thought teenagers would ask for help if they wanted it (Question 32). Half the teenagers, and one third of parents, favored confidentiality in drug use surveys to protect the family from harm compared with approximately 25% of those who thought this was a concern for suicide research, $F(1, 402) = 18.99, p < .001$ (Question 34). Overall, parents were less worried that disclosures would cause problems for the family (Question 34), although this pattern was reversed for parents of senior high school students responding to questions about drug surveys ($M_s = 2.56$ and 2.21), $F(1, 87) = 4.9, p = .029$.

Do investigators have a fiduciary responsibility to disclose? The majority of parents, and 40% of teenagers, thought teens who revealed problems on surveys were asking for help. Parents more than adolescents thought investigators who failed to report teen problems would be responsible if the problem got worse (Question 31) and that teenagers might not know they needed help (Question 23). Participant responses to suicide surveys were perceived to place a greater fiduciary obligation on the investigator than drug surveys, $F_s(1, 418-421) = 21.71, 14.24, 20.14,$ and $21.33, p < .001$ for Questions 29, 31, 33, and 34, respectively.

Ethnic group differences in perspectives were also apparent. Whites were less likely than African Americans, Hispanics, and East Asians to believe that teenagers were asking for help when they revealed drug use on a survey ($M_s = 2.14, 2.47, 2.57,$ and $2.41,$ respectively), $F(3, 183) = 3.43, p < .02$ (Question 29). East Asians were least likely ($M = 2.59$), and Hispanics were most likely ($M = 3.09$), to endorse this statement for suicide, $F(3, 199) = 4.39, p = .005$ (Question 29; $M_s = 2.65$ and 2.93 for African Americans and Whites). For Hispanic respondents, SES was inversely related to the belief that teenagers engaged in risk behaviors would not know they needed help, $r(88) = -.27, p = .01$ (Question 33).

Which confidentiality and disclosure policies are preferred? As illustrated in Table 4, the most striking aspect of responses to Question 35 was the lack of endorsement for a strict confidentiality policy relative to teen referral and adult disclosure policies. Parents were more likely than adolescents to favor telling an

TABLE 3
Means, Standard Deviations, and Percentages of Adolescents and Parents Agreeing With Statements Regarding Confidentiality Policies for Teen Drug and Suicide

Questionnaire Items ^a	Survey Risk	Generation						F
		Adolescents			Parents			
		M	SD	% ^b	M	SD	% ^b	
Disclosure policies and the validity of self-report								
27. Teens would answer questions about drugs/suicide more honestly if they knew no one else would find out what they said.	Drugs	3.52	0.67	94	3.18	0.83	81	11.370***
	Suicide	3.38	0.76	90	3.08	0.79	82	8.777**
28. Scientists should keep information secret, because they never really know whether teenagers are telling the truth about drugs/suicide.	Drugs	2.80	0.79	65	2.45	0.86	44	7.537**
	Suicide	2.66	0.87	57	2.50	0.79	50	2.025
Potential Harm of Disclosure Policies								
30. Teens, who are using drugs/thinking about suicide, would feel betrayed if the scientist told someone about it.	Drugs	3.26	0.72	89	3.03	0.71	82	5.116*
	Suicide	3.13	0.75	81	2.83	0.70	73	8.966***
34. Scientists should not tell a counselor or another authority if a teen is using drugs/thinking about suicide, because it would cause trouble for the teen's family.	Drugs	2.63	0.84	59	2.34	0.73	38	6.483*
	Suicide	2.14	0.61	26	2.06	0.62	24	0.624
Investigator Responsibility								
29. Teens who reveal on a survey that they are using drugs/thinking about suicide, are asking for help.	Drugs	2.36	0.78	40	2.45	0.71	44	0.703
	Suicide	2.80	0.85	70	2.96	0.76	74	2.165
31. If a teen is using drugs/thinking about suicide, the scientist should get people to help, because the scientist would be responsible if the problem got worse.	Drugs	2.26	0.83	34	2.45	0.86	46	3.706
	Suicide	2.56	0.91	49	2.95	0.75	72	11.606***
32. Scientists should keep information secret, because if teens are using drugs/thinking about suicide and want help they will ask for it.	Drugs	2.75	0.84	64	2.42	0.78	43	7.966**
	Suicide	2.33	0.89	40	2.15	0.83	28	2.234
33. The scientist should tell someone if a teen is using drugs/thinking about suicide, because the teen might not know that he or she needed help.	Drugs	2.32	0.82	42	2.69	0.75	60	10.508***
	Suicide	2.69	0.79	63	3.09	0.64	86	16.877***

Note. $df = 1, 230$

^a Half the adolescents and parents received questions referring to youth drug surveys, and half received questions referring to youth suicide surveys. ^b Questions were scored on 4-point Likert-type scales, with 1 and 2 indicating negative ratings and 3 and 4 indicating positive ratings. Percentages indicate proportions of adolescents or parents giving positive ratings.

* $p < .05$. ** $p \leq .01$. *** $p \leq .001$.

other adult about information derived from drug surveys, $c^2(2, N = 228) = 10.13, p = .006$. Grade differences emerged for suicide surveys, with junior high school respondents more likely to favor telling an adult (35%) than senior high school respondents (17%), $c^2(2, N = 217) = 9.30, p = .01$.

When asked to choose among disclosure alternatives, parents were more likely than teens to favor disclosures to a parent, $c^2(2, N = 467) = 37.19, p < .001$ (Question 36). Junior high school respondents also favored telling a parent (39%) over a school counselor (27%) or physician (34%), compared with senior high school respondents, who favored physicians (46%) over either parents (26%) or school counselors (28%), $c^2(2, N = 421) = 9.91, p = .007$. African American youth (44%) and, to a lesser extent, Hispanic (24%) youth, were more likely than East Asian (8%) and White (10%) teenagers to favor telling a parent about a participants' drug problems. An opposite pattern emerged for preferences for telling a physician outside the school: 18%, 41%, 62%, and 69%, respectively, $c^2(6, N = 251) = 22.51, p = .001$.

Use of Cash Incentives to Encourage Research Participation

The statements illustrated in Table 5 are grouped into three broad categories reflecting the extent to which monetary incentives (a) encourage participation in research, (b) are perceived to be coercive, or (c) promote participant dishonesty and suspicion.

Are cash incentives necessary for recruitment? As illustrated in Table 4, the majority of teenagers, and 50% of parents, thought it was fair to pay teens for

TABLE 4
Percentages of Adolescents and Parents Agreeing With Different Confidentiality and Disclosure Options

<i>Confidentiality and disclosure policies</i>	<i>Adolescents</i>		<i>Parents</i>	
	<i>Drugs</i>	<i>Suicide</i>	<i>Drugs</i>	<i>Suicide</i>
35. Scientists should tell teens that if the scientist finds out a teenager is using drugs/thinking about suicide, he or she will:				
Not tell anyone	6	10	1	6
Ask the teen's permission to get him or her help	77	65	65	61
Tell another adult who can help the teenager	17	25	34	33
36. If a scientist was going to seek help for a teenager who is using drugs/thinking about suicide, who would be the best person to tell?				
The teenager's parent	23	32	53	56
The school counselor	27	31	25	27
A doctor who works outside the school	50	37	22	17

time spent answering survey questions (Question 37): Males ($M = 3.85$) agreed with this statement more than females did ($M = 2.97$), $F(3, 250) = 4.68, p < .04$. Yet, most did not believe that teens would participate in survey research only if they were paid (Question 41), with generational differences emerging in junior high (parents: $M = 1.98$, students: $M = 2.28$), $F(1, 244) = 6.66, p < .01$. Altruistic motives for research participation were endorsed significantly more by Hispanic youth ($M = 2.85$) than African American, East Asian, and White youth ($M_s = 2.50, 2.60$, and 2.40 , respectively), $F(3, 305) = 2.85, p < .04$ (Question 46) and by female students more than male students ($M_s = 2.62$ and 2.41), $F(1, 311) = 4.65, p < .04$. Few respondents were skeptical about scientists' motives for offering monetary incentives (Question 47).

Are monetary incentives coercive? The coercive potential of cash payments was perceived as greater by teenagers than by their parents (Question 43) and when offered for participation in drug surveys than in suicide surveys, $F(1, 420) = 5.44, p < .02$ (Question 43). Male students were more likely than female students to think monetary incentives might prevent participants from complaining if they thought the investigator did something wrong ($M_s = 2.48$ and 2.27), $F(1, 316) = 4.95, p < .03$ (Question 38). Among adolescents, African American and Hispanic youths ($M_s = 2.93$ and 2.80), more than East Asian and White youths ($M_s = 2.65$ and 2.42), were concerned that monetary incentives would be coercive for teenagers who needed the money, $F(3, 250) = 5.34, p < .001$, Scheffé $p = .05$ (Question 40).

Do monetary incentives enhance response validity or encourage dishonesty? Opinions were split over whether teenagers would answer questions more honestly if they were paid, with African American students endorsing this statement at higher levels than African American parents ($M_s = 2.91$ and 2.25), $F(1, 80) = 4.69, p < .04$ (Question 39). Respondents were similarly split over whether monetary incentives might encourage teenagers to lie on surveys to provide answers they thought the investigator wanted, with White parents ($M = 2.08$) less likely than African American, Hispanic, and East Asian parents to endorse this statement ($M_s = 2.42, 2.58$, and 2.40 , respectively), $t(130) = 2.66, p = .009$. However, across generations, a majority thought some students might lie to get into a paid study (Questions 45). For Hispanics, SES was positively associated with responses to this question, $r(87) = .22, p = .037$.

DISCUSSION

This article is grounded in the premise that integrating adolescent and parent perspectives into the fabric of ethical planning can enhance the value of survey research

TABLE 5
Means, Standard Deviations and Percent of Participants Agreeing With Statements on Cash Incentives for Research

Questionnaire Items ^a	Survey Risk	Generation						F
		Adolescents			Parents			
		M	SD	% ^b	M	SD	% ^b	
Recruitment value of incentives								
35. I think it is fair to pay teens for the time they would spend answering questions on a teen/suicide survey.	Drugs	3.22	0.84	81	2.56	0.85	55	30.826***
	Suicide	2.97	0.90	72	2.54	0.76	56	14.303***
41. Teens would only agree to answer questions about drugs/suicide, if they were paid to be in the study.	Drugs	2.24	0.79	27	2.09	0.80	20	2.033
	Suicide	2.10	0.76	23	2.01	0.62	14	0.965
46. Teenagers should not be paid to be in a drug/suicide survey because helping others is a good enough reasons to be in it.	Drugs	2.40	0.85	44	2.74	0.71	64	7.404**
	Suicide	2.59	0.77	57	2.75	0.67	59	1.930
47. When a researcher offers money to teenagers to answer questions about drugs/suicide, it probably means the researcher has something to hide.	Drugs	2.03	0.79	23	2.05	0.72	17	0.042
	Suicide	2.08	0.64	27	2.02	0.71	19	0.233
Coercive potential incentives								
43. Money would not make teens answer questions about drugs/suicide if the didn't want to.	Drugs	2.70	0.80	59	2.74	0.73	66	0.110
	Suicide	2.70	0.62	63	2.88	0.70	79	3.131
40. Even if teens did not want to answer questions about drugs/suicide, they might feel they had to if they needed the money.	Drugs	2.70	0.78	60	2.60	0.62	58	1.020
	Suicide	2.69	0.61	64	2.52	0.69	57	0.507
44. If teens were paid to be in a drug/suicide study, they might feel they couldn't leave the study even if they didn't like the questions.	Drugs	2.50	0.73	51	2.45	0.62	48	0.342
	Suicide	2.46	0.77	47	2.45	0.64	46	0.028
38. If teens were paid to be in a teen drug/suicide study, they might feel they couldn't complain if they thought the researcher was doing something wrong.	Drugs	2.44	0.80	48	2.30	0.66	36	1.667
	Suicide	2.36	0.87	43	2.28	0.62	34	0.582

(continued)

TABLE 5 (continued)

Response validity, dishonesty and suspicion									
44.	If teens were paid to be in a teen drug/suicide survey, they might feel they had to answer questions more honestly.	Drugs	2.65	0.83	59	2.41	0.70	42	4.887*
		Suicide	2.49	0.86	51	2.42	0.66	44	0.401
42.	If teens were paid to be in a drug/suicide survey, they might lie to give the answers they thought the researcher wanted.	Drugs	2.44	0.86	47	2.46	0.71	47	0.019
		Suicide	2.38	0.78	44	2.33	0.66	38	0.244
45.	Some students might lie to get into a study on teen drug use/suicide if they knew money would be paid.	Drugs	3.01	0.75	79	2.92	0.68	79	0.735
		Suicide	2.89	0.77	75	2.76	0.70	73	1.015

Note. $df = 1, 230$

^aHalf the adolescents and parents received questions referring to youth drug surveys and half received questions referring to youth suicide surveys. ^bQuestions were scored on 4-point Likert-type scales, with 1 and 2 indicating negative ratings and 3 and 4 indicating positive ratings. Percentages indicate proportions of adolescents or parents giving positive ratings.

* $p < .05$. ** $p \leq .01$. *** $p \leq .001$.

for participating youth, for science, and for public policy. The complex array of factors that can influence adolescent and parent values toward research highlights the need to be cautious about generalizing research results across different neighborhood ecologies. For example, the teenagers and parents who shared their views in this study resided in a densely populated urban center in which adolescent risk behaviors, as well as the research activities of the numerous hospitals and universities in the area, are a frequent source of media attention and public discussion. Thus, the aim of this discussion is not to assume that the ethical attitudes expressed by this sample generalize to other participant populations but to challenge current ways of thinking about ethics-in-science issues and point to new directions of moral awareness through inquiry into the attitudes of prospective youth and parents toward adolescent risk research. Next, I highlight a few directions for future consideration.

Risks and Benefits of Youth Surveys

In recent years, some politicians have argued against the use of adolescent- and parent-based surveys on the problems of youth, claiming such research is antithetical to family values and encourages the behaviors it seeks to understand (Gardner & Wilcox, 1993). The majority of parents and teenagers in this multiethnic sample disagreed with these claims. Furthermore, most expressed optimism that surveys might improve public policies aimed at drug prevention and endorsed the value of surveys for helping individual participants, their parents, and schools understand and prevent adolescent drug use and suicide.

At the same time, many respondents were skeptical about the validity of participant reports, the value of surveys that fail to consider the impact of government policies and neighborhood factors on drug use and suicide behaviors, and investigator motives to ascertain the truth about youth problems. Responses also indicated apprehension about participant distress and privacy violations in reaction to questions about health-compromising behaviors. Such perceptions should encourage scientists working with similar populations to empirically examine postexperimental distress in reaction to youth survey participation, develop debriefing procedures to adequately address any distress that might arise, and discuss these concerns with prospective participants and their guardians during recruitment and informed consent.

Participants also endorsed statements reflecting concern that drug use surveys would stigmatize their neighborhood. Social scientists have long debated whether consideration of the practical consequences of research should be considered a threat to scientific progress and academic freedom or a hallmark of scientific responsibility (Sarason, 1984; Scarr, 1988; Zuckerman, 1990). Adolescent and parent concerns about group stigmatization suggest that consideration of the sociopolitical consequences of survey findings can reflect appropriate scientific procedures rather

than censorship if it is used as a means of selecting experimental variables that reflect the actual life contexts of developing youth (Fisher & Rosendahl, 1990; Fisher & Wallace, 2000). Taken as a whole, responses to the risk and benefit items on the Ethics in Adolescent Research Questionnaire suggest that parents and teenagers can be allies for the funding and implementation of adolescent risk survey research if investigators work with communities to develop methodologically sound items perceived as minimizing participant distress and empowering neighborhoods with knowledge that can lead to effective social policies for adolescent development.

Parent Permission Policies

Decisions regarding parental permission for youth participation in research are rife with ethical dilemmas. Scientists who study adolescent risk are faced with competing ethical obligations to respect the rights of teenagers to make autonomous decisions and recognize the rights of parents to judge what is in their child's best interest. Investigators must also struggle with their obligations to ensure that waiver of parental permission does not take advantage of decisional vulnerabilities of youth and that rigid adherence to guardian permission policies does not unjustly deprive teenagers of participation in scientific studies that can generate knowledge on which effective risk prevention and treatment programs can be based. Across generations, respondents endorsed statements on the Ethics in Adolescent Research Questionnaire reflecting permission procedures that value parental rights and responsibilities as well as those that acknowledged adolescents' maturing decision-making abilities. At the same time, the majority of both teenagers and parents thought adolescents were more likely to answer honestly if parents were unaware of their participation. These responses suggest that adolescent and parent members are sympathetic to the ethical dilemmas underlying decisions to waive parental permission for surveys on youth and that adolescent and parent consultation can produce sound evidence for the selection of consent practices within unique scientific and adolescent and parent contexts.

The importance of adolescent and parent dialogue prior to instituting guardian permission waivers is further underscored by the fact that at least one third of adolescent respondents favored items endorsing parental permission requirements. This may not be surprising, because parental permission was required for all teenagers participating in this study. It is worth noting, however, that African American youth were significantly more likely than teenagers from other cultural groups to affirm the importance of parental monitoring of adolescent participation in surveys on youth problems. Similarly, junior high school students and parents were more likely than their senior high counterparts to endorse items valuing parental rights and responsibilities. This raises the disquieting possibility that guardian consent waivers that are not preceded by discussions with teenagers and parent

representatives within different cultural communities and for different age groups risk undermining the parent–child relationship by inadvertently communicating to teenagers that scientists and administrators at schools where adolescents may be recruited do not value local norms regarding parental decision making.

Confidentiality and Disclosure Policies

Items on the Ethics for Adolescent Research Questionnaire addressing confidentiality and disclosure issues were constructed to examine adolescent and parent perspectives underlying a fundamental ethical question: Do social scientists have a moral duty to help adolescents who reveal on a survey they have a drug or suicide problem? Responses strongly suggest that a majority of teenagers and their parents believe scientists have a fiduciary obligation to help youth who indicate on a survey they are thinking about suicide. A smaller, but noteworthy percentage of respondents endorsed similar views for teenagers reporting drug use on surveys. These findings are consistent with previous work on adolescent and parent expectations and raise the disconcerting possibility that strict confidentiality policies for youth risk survey research may unintentionally communicate to troubled adolescents that their problem is unimportant, that no services are available, or that knowledgeable adults cannot be depended on to help children in need (Fisher, 2000; Fisher, Higgins et al., 1996).

Despite their assumptions that scientists were obligated to help youth in jeopardy, many parents and adolescents thought disclosure policies would result in less honest survey answers, feelings of betrayal, or trouble for the teenager's family. Moreover, developmental and cultural differences emerged when participants were asked whether disclosure should be to a parent, school counselor, or physician. Responses thus illustrate adolescent and parent appreciation of the ethical complexity of confidentiality and disclosure decisions for participant welfare and good science and underscore the need for investigators to carefully consider alternatives to traditional policies (Esposito, Agard, & Rosnow, 1984). The majority of teenagers and parents preferred one such alternative to either strict confidentiality or disclosure guidelines: asking teenagers' permission to get them help.

There are no simple answers to the ethical ambiguities tied to confidentiality and disclosure policies for adolescent drug use and suicide survey research. Within each research context the most appropriate policy will emerge from a dialectical exchange between investigators and communities that values: (a) the impact of confidentiality procedures on the honesty of self-reports, (b) whether risk assessments based solely on survey responses are sufficiently accurate to justify disclosure or referral, (c) expectations and concerns of participating youth and their families regarding the legal and social harms and benefits of disclosures, and (d) the adequacy of neighborhood referral sources for drug use and suicide prevention

and treatment. Sharing the rationale for such decisions with prospective participants and their guardians during the consent phase of research can empower youth and help all concerned serve the adolescent's best interests.

Cash Incentives for Research Participation

Ethical decisions about the use of cash incentives to secure and retain participation in surveys on illegal and dangerous behaviors must include consideration of how monetary inducements will affect the quality of data as well as the equitable distribution of the benefits and burdens of research participation. Overall, adolescent and parent members saw cash payments as fair reimbursement for survey participation and did not look at such offerings as a reason to question investigator motives. Moreover, socioeconomic level does not appear to affect how parents and teenagers evaluate incentivized participation in minimal risk, nontherapeutic research on adolescent risk behaviors. At the same time, ethnic minority respondents evidenced concern that financial incentives could jeopardize the voluntary nature of participation, undermine altruistic motivations for engaging in research, or tempt teenagers to provide false information to become eligible for study participation or lie in response to survey questions to comply with investigator expectations.

This pattern of responding indicates that teenagers and parents appreciate the tenuous balance between paying for services rendered and undermining the value of giving such service. Adolescent and parent responses also underscore how coercion through overpayment or exploitation through underpayment can jeopardize the quality and reliability of participant responses and the ultimate success of research (Attkinson et al., 1996). These findings strongly suggest that ethical decisions regarding participant compensation that protect both freedom of choice and scientific validity can draw on adolescent and parent advice to select cash inducements or equally attractive incentive alternatives that are perceived by prospective participants as legitimate payment for time and effort contributed to a research project.

Participant Perspectives: Sound Evidence for Ethical Practice

The value of survey research for understanding, preventing, and treating adolescent drug use and self-harm behaviors rests in part on ethical procedures that provide scientifically sound responses and that merit participant trust. The ability to meet these dual obligations can be enhanced through careful consideration of the expectations, fears, and hopes with which teenagers and their parents approach youth risk surveys. The Ethics for Adolescent Research Questionnaire illustrates one method to assist investigator understanding of the views of prospective teenage research

participants and their guardians. When initiated during the design stage of a research project, understanding how the population to be sampled views the ethical dimensions of survey research can help to ensure that risk–benefit analyses and the selection of informed consent, confidentiality, and recruitment procedures are ethically appropriate to the specific research context. Ethical decision making informed by examination of adolescent and parent attitudes can help investigators ensure that survey research on adolescent risk behaviors meets standards of good science and good ethics.

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REFERENCES

- Ackerman, G. L. (1993). A congressional view of youth suicide. *American Psychologist, 48*, 183–184.
- Aman, M. G., & Wolford, P. L. (1995). Consumer satisfaction with involvement in drug research: A social validity study. *Journal of the American Academy of Child and Adolescent Psychiatry, 34*, 940–945.
- American Indian Law Center. (1994). *The model tribal research code: With materials for tribal regulation for research and checklist for Indian health boards*. Albuquerque, NM: Author.
- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist, 57*, 1060–1073.
- Attkisson, C. C., Rosenblatt, A., & Hoagwood, K. (1996). Research ethics and human subjects protection in child mental health services research and adolescent and parent studies. In K. Hoagwood, P. Jensen, & C. B. Fisher (Eds.), *Ethical issues in research with children and adolescents with mental disorders* (pp. 43–58). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
- Beeman, D., & Scott, N. (1991). Therapists' attitudes toward psychotherapy informed consent with adolescents. *Professional Psychology: Research and Practice, 22*, 230–234.
- Brody, J. L., & Waldron, H. B. (2000). Ethical issues in research on the treatment of adolescent substance abuse disorders. *Addictive Behaviors, 25*, 217–228.
- Brooks-Gunn, J., & Rotheram-Borus, M. J. (1994). Rights to privacy in research: Adolescents versus parents. *Ethics & Behavior, 4*, 109–121.
- Bruzese, J. M., & Fisher, C. B. (2003). Assessing and enhancing the research consent capacity of children and youth. *Applied Developmental Science, 7*, 13–26.
- Casas, J. M., & Thompson, C. E. (1991). Ethical principles and standards: A racial–ethnic minority research perspective. *Counseling & Values, 35*, 186–195.

- Dougherty, D. M. (1993). Adolescent health: Reflections on a report to the U.S. Congress. *American Psychologist, 48*, 193–201.
- Entwistle, D. R., & Astone, N. M. (1994). Some practical guidelines for measuring youth's race/ethnicity and socioeconomic status. *Child Development, 65*, 1521–1540.
- Esposito, J. L., Agard, E., & Rosnow, R. L. (1984). Can confidentiality of data pay off? *Personality and Individual Differences, 5*, 477–480.
- Fisher, C. B. (1994). Reporting and referring research participants: Ethical challenges for investigators studying children and youth. *Ethics & Behavior, 4*, 87–95.
- Fisher, C. B. (1997). A relational perspective on ethics-in-science decision making for research with vulnerable populations. *IRB: Review of Human Subjects Research, 19*, 1–4.
- Fisher, C. B. (2000). Relational ethics in psychological research: One feminist's journey. In M. Brabeck (Ed.), *Practicing feminist ethics in psychology* (pp. 125–142). Washington, DC: American Psychological Association.
- Fisher, C. B. (2002). Participant consultation: Ethical insights into parental permission and confidentiality procedures for policy relevant research with youth. In R. M. Lerner, F. Jacobs, & D. Wertlieb (Eds.), *Handbook of applied developmental science* (Vol. 4, pp. 371–396). Thousand Oaks, CA: Sage.
- Fisher, C. B., Higgins-D'Allesandro, A., Rau, J. M. B., Kuther, T., & Belanger, S. (1996). Reporting and referring research participants: The view from urban adolescents. *Child Development, 67*, 2086–2099.
- Fisher, C. B., Hoagwood, K., Boyce, C., Duster, T., Frank, D. A., Grisso, T., Macklin, R., Levine, R. J., Spencer, M. B., Takanishi, R., Trimble, J. E., Zayas, L. H., (2002). Research ethics for mental health science involving ethnic minority children and youth. *American Psychologist, 57*, 1024–1040.
- Fisher, C. B., Hoagwood, K., & Jensen, P. (1996). Casebook on ethical issues in research with children and adolescents with mental disorders. In K. Hoagwood, P. Jensen, & C. B. Fisher (Eds.), *Ethical issues in research with children and adolescents with mental disorders* (pp. 135–238). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
- Fisher, C. B., Jackson, J., & Villarruel, F. (1997). The study of African American and Latin American children and youth. In R. M. Lerner (Ed.), *Handbook of child psychology* (Vol. 1, 5th ed., pp. 1145–1207). New York: Wiley.
- Fisher, C. B., & Rosendahl, S. A. (1990). Risks and remedies of research participation. In C. B. Fisher & W. W. Tryon (Eds.), *Ethics in applied developmental psychology: Emerging issues in an emerging field* (pp. 43–59). Norwood, NJ: Ablex.
- Fisher, C. B., & Wallace, S. A. (2000). Through the adolescent and parent looking glass: Re-evaluating the ethical and policy implications of research on adolescent risk and psychopathology. *Ethics & Behavior, 10*, 99–118.
- Fisher, A. J., Kramer, R. A., Hoven, C. W., King, R. A., Bird, H. R., Davies, M., et al. (2000). Risk behavior in a adolescent and parent sample of children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry, 39*, 881–887.
- Gallup Organization. (1991). *Teenage suicide study: Executive summary*. Princeton, NJ: Author.
- Gardner, W., & Wilcox, B. L. (1993). Political intervention in scientific peer review: Research on adolescent sexual behavior. *American Psychologist, 48*, 972–983.
- Garland, A. F., & Zigler, E. (1993). Adolescent suicide prevention: Current research and social policy implications. *American Psychologist, 48*, 169–181.
- Gaylin, W., & Macklin, R. (1982). *Who speaks for the child: The problems of proxy consent*. New York: Plenum.
- Gibbs, J. T. (1988). Conceptual, methodological, and sociocultural issues in Black youth suicide: Implications for assessment and early intervention. *Suicide and Life-Threatening Behavior, 18*, 73–89.
- Gibson, J. A. P., & Range, L. M. (1991). Are written reports of suicide and seeking help contagious? High schoolers' perceptions. *Journal of Applied Social Psychology, 21*, 1517–1523.

- Gould, M. S., Shaffer, D., & Kleinman, M. (1988). The impact of suicide in television movies: Replication and commentary. *Suicide and Life-Threatening Behavior, 18*, 90–99.
- Grisso, T., & Vierling, L. (1978). Minors consent to treatment: A developmental perspective. *Professional Psychology, 9*, 412–427.
- Hollingshead, A. B. (1957). *Two-factor index of social position*. Unpublished manuscript, Yale University.
- Jenkins, R. R., & Parron, D. (1995). Guidelines for adolescent health research: Issues of race and class. *Journal of Adolescent Health, 17*, 314–322.
- Johnson, H. C., Cournoyer, D. E., & Bond, B. M. (1995). Professional ethics and parents as consumers: How well are we doing? *Families in Society, 76*, 408–420.
- Johnston, L., O'Malley, P., & Bachman, J. (1995). National survey result on drug use from the Monitoring the Future Study, 1975–1994: Volume I. Secondary school students (NIH Publication No. 95-4026). Rockville, MD: National Institute on Drug Abuse.
- Kilpatrick, D. G., Acierno, R., Saunders, B., Resnick, H. S., Best, C. L., & Schnurr, P. P. (2000). Risk factors for adolescent substance abuse and dependence: Data from a national sample. *Journal of Consulting and Clinical Psychology, 68*, 19–30.
- Koocher, G. P. (1991). Questionable methods in alcoholism research. *Journal of Consulting and Clinical Psychology, 59*, 246–248.
- Levine, R. (1986). *Ethics and regulation of clinical research* (2nd ed.). Baltimore: Urban & Schwarzenberg.
- Macklin, R. (1981). “Due” and “undue” inducements: On paying money to research subjects. *IRB: Review of Human Subjects Research, 3*, 1–6.
- McCrary, B. S., & Bux, D. A. (1999). Ethical issues in informed consent with substance abusers. *Journal of Consulting and Clinical Psychology, 67*, 186–193.
- Melton, G. P. (1980). Children's concepts of their rights. *Journal of Clinical Child Psychology, 9*, 186–190.
- Melton, G. P., Koocher, G. P., & Saks, M. J. (Eds.). (1983). *Children's competence to consent*. New York: Plenum.
- Melton, G. B., Levine, R. J., Koocher, G. P., Rosenthal, R., & Thompson, W. C. (1988). Adolescent and parent consultation in socially sensitive research: Lessons from clinical trials of treatments for AIDS. *American Psychologist, 43*, 573–581.
- National Center for Health Statistics. (2000). *Health, United States 2000 with Adolescent Health Chart book 7/26/2000*. Atlanta, GA: Centers for Disease Control and Prevention.
- Newcomb, M. D., & Bentler, P. (1989). Substance use and abuse among children and teenagers. *American Psychologist, 44*, 242–248.
- Oetting, E. R., & Beauvais, F. (1990). Adolescent drug use: Findings of national and local surveys. *Journal of Consulting and Clinical Psychology, 58*, 385–394.
- Office for Protection From Research Risks. (1993). *Protecting human research subjects: Institutional review board guidebook*. Washington, DC: National Institutes of Health.
- Osher, T. W., & Telesford, M. (1996). Involving families to improve research. In K. Hoagwood, P. Jensen, & C. B. Fisher (Eds.), *Ethical issues in research with children and adolescents with mental disorders* (pp. 29–42). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
- O'Sullivan, C., & Fisher, C. B. (1997). The effect of confidentiality and reporting procedures on parent-child agreement to participate in adolescent risk research. *Applied Developmental Science, 1*, 185–197.
- Range, L. M., Leach, M. M., McIntyre, D., Posey-Deters, P. B., Marion, M. S., Kovac, S. H., et al. (1999). Multicultural perspectives on suicide. *Aggression & Violent Behavior, 4*, 413–430.
- Rogers, A. S., D'Angelo, L., & Futterman, D. (1994). Guidelines for adolescent participation in research: Current realities and possible solutions. *IRB: Review of Human Subjects Research, 16*, 1–6.

- Ruck, M. D., Keating D. P., Abramovitch, R., & Koegl, C. J. (1998). Adolescents' and children's knowledge about rights: Some evidence for how young people view rights in their own lives. *Journal of Adolescence, 21*, 275–289.
- Sampson, E. E. (1993). Identity politics: Challenges to psychology's understanding. *American Psychologist, 48*, 1219–1230.
- Sarason, S. B. (1984). If it can be studied or developed, should it? *American Psychologist, 39*, 477–485.
- Saunders, C. A., Thompson, P. D., & Weijer, C. (1999). What's the price of a research subject? *New England Journal of Medicine, 341*, 1550–1552.
- Scarr, S. (1988). Race and gender as psychological variables: Social and ethical issues. *American Psychologist, 43*(1), 56–59.
- Scott-Jones, D. (1994). Ethical issues in reporting and referring in research with low-income minority children. *Ethics & Behavior, 4*, 97–108.
- Seidman, E., & Rapkin, B. (1983). Economics and psychosocial dysfunction: Toward a conceptual framework and prevention strategies. In R. D. Felner, L. A. Jason, J. N. Nirutsugu, & S. S. Farber (Eds.), *Preventive psychology* (pp. 175–198). New York: Pergamon.
- Shaffer, D., Vieland, V., Garland, A., Rojas, M., Underwood, M., & Busner, C. (1990). Adolescent suicide attempters: Response to suicide prevention programs. *Journal of the American Medical Association, 264*, 3151–3155.
- Society for Research in Child Development. (1996). Ethical standards for research with children. In *SRCD Directory of Members* (pp. 337–339). Ann Arbor, MI: Author.
- Spirito, A., Brown, L., Overholser, J., & Fritz, G. (1989). Attempted suicide in adolescence: A review and critique of the literature. *Clinical Psychology Review, 9*, 335–363.
- Spirito, A., Jelalian, E., Rasile, D., Rohrbeck, C., & Vinnick, L. (2000). Adolescent risk taking and self-report injuries associated with substance use. *American Journal of Drug and Alcohol Abuse, 26*, 113–123.
- Sue, D. W. (1993). Confronting ourselves: The White and racial/ethnic-minority researcher. *The Counseling Psychologist, 21*, 244–249.
- Takanishi, R. (1993). The opportunities of adolescence—Research interventions and policy: Introduction to the special issue. *American Psychologist, 48*, 85–87.
- Vega, W. A., Gil, A. G., Warheit, G. J., Apospori, E. (1993). The relationship of drug use to suicide ideation and attempts among African American, Hispanic, and White non-Hispanic male adolescents. *Suicide and Life-Threatening Behavior, 23*, 110–119.
- Weithorn, L. A. (1983). Children's capacities to decide about participation in research. *IRB: Review of Human Subjects Research, 5*, 1–5.
- Zoccolillo, M., Vitaro, F., & Tremblay, R. (1999). Problem drug and alcohol use in a community sample of adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry, 38*, 900–907.
- Zuckerman, M. (1990). Some dubious premises in research and theory on racial differences: Scientific, social, and ethical issues. *American Psychologist, 45*, 1297–1303.