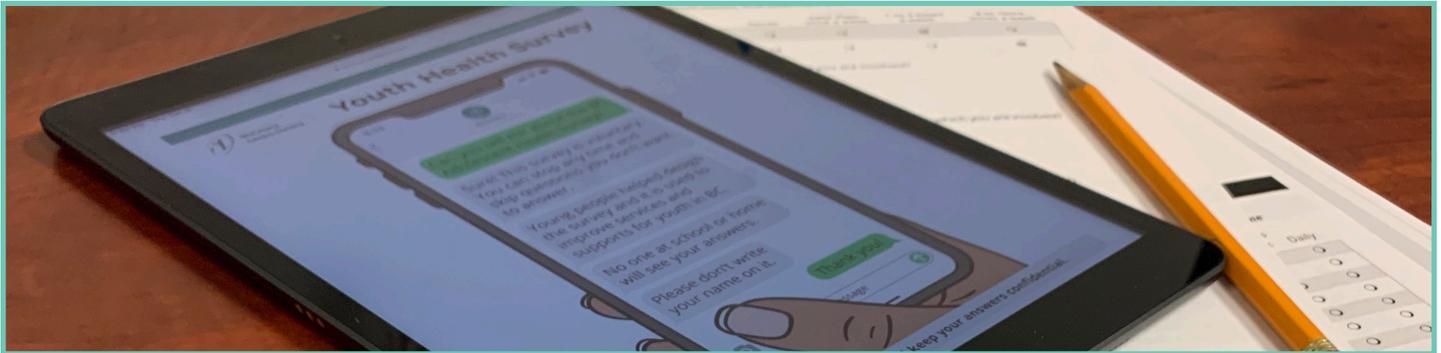


# 2023 BC Adolescent Health Survey: Is there any harm in asking? \_\_\_\_\_



For 30 years, the BC Adolescent Health Survey (BC AHS) has been used by schools, communities, and policy makers to develop and evaluate services and supports for young people. The BC AHS asks youth about their health and well-being, including potentially sensitive subjects such as mental health, sexual health and substance use, as well as about experiences of violence and abuse.

BC AHS participants have repeatedly noted the importance of including questions about health risk and health promoting behaviours. They have also appreciated that the survey is administered by trained health professionals. Feedback from participants and the nurses who administer the survey has consistently shown that youth do not report discomfort from the questions, and some students take advantage of the opportunity to talk to a nurse about their personal health concerns. One who participated in the 2018 survey noted:

***"I think it's really good to have nurses come to school and talk about health issues because many kids are too scared to ask their parents."***

However, while young people have appreciated the questions on the survey, some adults have worried that asking about health risk behaviours might encourage youth to engage in those behaviours or might upset them. Careful consideration goes into the BC AHS items. For example, over 400 young people and youth health experts were involved in developing the 2023 survey, and another 500 BC students in grades 7-12 participated in survey piloting. Such rigour ensures the survey language is age appropriate, respectful, and easily understood. It also ensures the wording of sensitive questions does not leave young people feeling judged or that there is a 'right' or 'desirable' answer.



**"Thank you for putting in the time and effort to do this [survey], I know so many people will appreciate and benefit from this."**

**FEMALE, AGE 16, FRASER (2018 BC AHS)**

**"I very much enjoyed this survey. I hope that my answers will help improve youth health!"**

**FEMALE, AGE 12, FRASER (2018 BC AHS)**



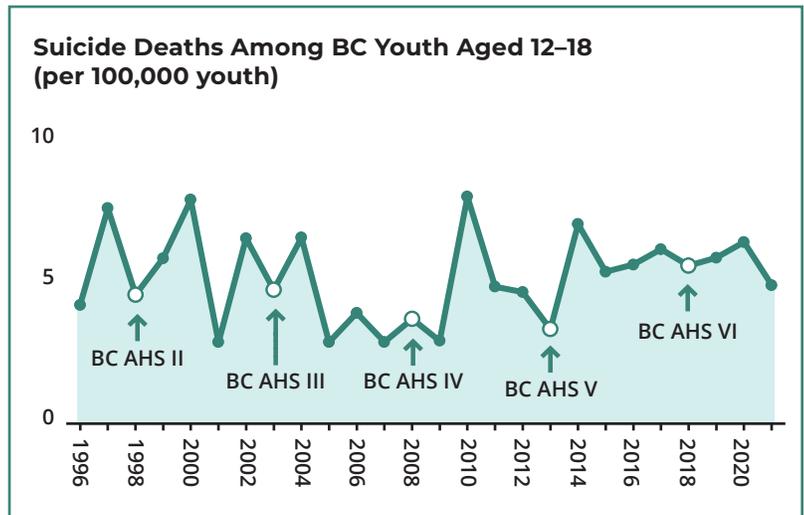
There is no evidence that asking about health risk behaviours increases the likelihood youth will engage in those behaviours. For example:

**Suicidality:** Asking young people about feelings of distress, suicide ideation, and suicide attempts does not increase their risk of experiencing distress or considering suicide (e.g., Blades et al., 2018; Dazzi et al., 2014). Similarly, the BC AHS has asked these questions in 1992, 1998, 2003, 2008, 2013, and 2018 with no increase in youth suicide rates during the timeframe the survey was conducted.

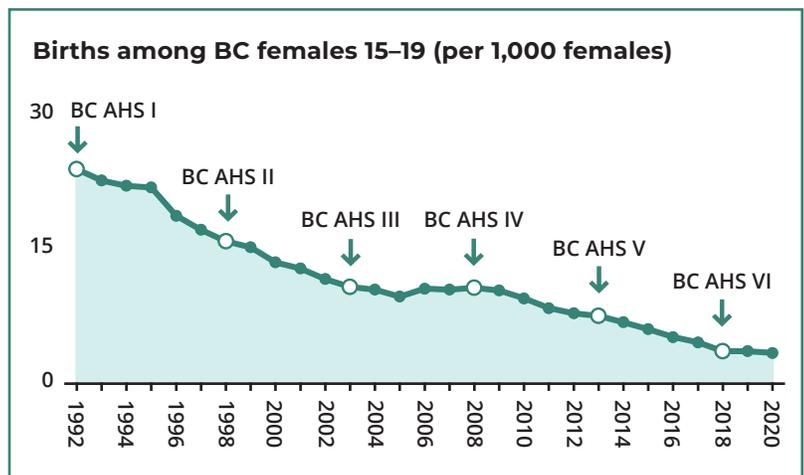
**Substance use:** Asking youth questions about substance use has not been associated with short- or long-term increases in their use of alcohol, tobacco, cannabis, and inhalants (Briney et al., 2017).

**Sexual activity:** Questions about past and current sexual behaviour have not been linked to increases in those behaviours (Peter & Valkenburg, 2012). BC AHS results show consistent declines in sexual activity among youth since 1992 (e.g., Smith et al., 2019).

**Pregnancy and child care:** The BC AHS has not been linked to increases in youth pregnancy rates, and teen pregnancy rates have been continually dropping since the survey began.



Source: BC Coroners Service (2022).



Source: Statistics Canada (2021).

## Additional examples of studies that have considered the potential benefits or harms of asking about health risk behaviours:

Blades, C. A., et al. (2018). The benefits and risks of asking research participants about suicide: A meta-analysis of the impact of exposure to suicide-related content. *Clinical Psychology Review*, 64, 1–12. <https://doi.org/10.1016/j.cpr.2018.07.001>

Dazzi, T., et al. (2014). Does asking about suicide and related behaviours induce suicidal ideation? What is the Evidence? *Psychology Medicine*, 44(16), 3361–3363. <https://doi.org/10.1017/S0033291714001299>

Finkelhor, D., et al. (2014). Upset among youth in response to questions about exposure to violence, sexual assault and family maltreatment. *Child Abuse & Neglect*, 38(2), 217–223. <https://doi.org/10.1016/j.chiabu.2013.07.021>

Ybarra, M., et al. (2009). Impact of asking sensitive questions about violence to children and adolescents. *Journal of Adolescent Health*, 45(5), 499–507.

## Safeguards

There are a number of safeguards in place to ensure the safety of BC AHS participants. These include:

- Parent(s) are given clear information about the 2023 BC AHS prior to its administration, and can support their child to decide whether they wish to participate.
- If the student's parent(s) are agreeable to their child taking the survey, the student still has the right to not participate, to skip questions, or to stop participating at any time.
- Students are given the opportunity to have any concerns or questions answered before they consent to participate.
- A trained public health nurse or public health resource nurse administers the survey and is available to discuss any concerns that students might have about the survey or their health.
- Before the survey is given to students, the administrator explains that some of the questions may seem personal, why these questions have been included, how the results will be used, and how students' privacy will be protected.
- The survey is confidential and anonymous and no identifiable data is released.
- During survey administration, students are separated so that no one can see their individual responses.
- Students who participate in the survey are given contact information for helplines and other support services.



**“Thank you for keeping it confidential.  
I probably wouldn't have answered so  
honestly if it had not been confidential.”**

**NON-BINARY YOUTH, AGE 15, INTERIOR (2018 BC AHS)**

## Consent

It is widely acknowledged that by 12 years of age children are developmentally capable of completing a standardized survey if it uses straightforward language and questions are unambiguous and concrete (e.g., Burke, 2005; De Leeuw, 2011). In addition to pilot testing the survey, the consent procedures are also pilot-tested with a wide range of students in Grades 7–12 to ensure they fully understand what they are consenting to before beginning the BC AHS and what the potential benefits and risks are. The consent procedures are available in multiple languages.

The BC AHS is reviewed and approved by the Behavioural Research Ethics Board at UBC, and by school districts. Comprehensive information about the survey is provided to parents, and McCreary staff are happy to speak to parents or students who have questions or concerns about the survey.

## Reducing the burden on schools and students

School districts and parents receive a number of requests from researchers to conduct student surveys and have to balance the potential benefits with their disruption of class time. The BC AHS is designed to be completed in a single class period and the timing of the administration is flexible to fit around school and student schedules.

McCreary has worked with other researchers to ensure the BC AHS covers as many areas of youth health as possible, and includes questions which would otherwise have led to additional requests for schools to conduct research. McCreary survey administration schedule (Jan—May every fifth year) is consistent and is shared widely to allow other survey teams to plan their asks of schools accordingly.

## Sharing the results

To maximize the benefits of the BC AHS, each school district receives a confidential copy of their results, as well as the publicly available regional data, provincial level data, and special topic reports. In-person presentations and workshops of the results are also shared with teachers, parents and young people.



**“I think surveys like this should be more frequent and available, to have my voice heard and to think about where I am at. Thank you.”**

FEMALE, AGE 18, INTERIOR (2018 BC AHS)

**“Thank you for caring about youth health. Some people will strongly benefit from this survey.”**

MALE, AGE 17, NORTH (2018 BC AHS)

## References

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