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Child Assent Practices in Research: Improving Ethics, Decision-Making, and Inclusivity

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Abstract

The following article addresses a conundrum: What if child assent in research were a fully informed, stand-alone process that empowered all children to discuss meaningfully, negotiate, and decide how and what the research experience would look like? Past research and practices suggest that child assent, when children (youths to 17-year-olds who have not been emancipated) agree to participate in research before, during, and after parents' or guardians' consent, is rife with problems that minimize informed participation and prize procedural ethics over true understanding of the processes and autonomous decision-making. Academic articles often lack details, as length requirements and brevity preclude detailed explanations. Using a thematic analysis of dissertations on education in the United States, a key finding was that child assent was largely taken for granted, an approach that systematically excluded children with disabilities. Recommendations to improve the process include prescreening, an individualized child assent protocol, and, if needed in situations with more than minimal risk, frequent interaction with institutional review boards. These practices will move child assent procedures beyond questionable practice and toward empowering children and including all children from different backgrounds and experiences. A checklist provides a systematic way to develop child assent practices in an optimal manner.

Keywords: *ethics, research, child assent, institutional review board, minimal risks, capacity, decision-making capacity, informed consent, dissertation, children with disabilities*

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Introduction

"Ethics should be a central, messy topic needing [to be] questioned and considered through all stages of research" (Coker, 2023, p. 73). Child participation in education research is common, but the training and experiences of graduate students and their faculty supervisors are, at best, questionable and often deemed impractical (McPherson et al., 2020). Assent procedures should be enabling and empowering, teaching the child about the research study and eliciting freedom of opportunity to refuse or participate, with the right to negotiate the experience throughout (Cotrim et al., 2021). The ability or freedom to assent or consent is not a linear process, with many factors preventing and/or harming a child's ability to process, disagree or agree, and form decisions (Smajdor, 2023).

Child assent is more than a child nodding yes or no; the individual nature of the child, family dynamics, nature of the research, and relationship of the researcher and organization all affect how and what a child does (Oulton et al., 2016). A child is anyone incapable of giving legal consent, typically including young children to individuals aged 17 years, though emancipation laws might include persons under 18. Professionals working with children note that children are not powerless individuals who must be disempowered to be acted upon, no matter how well meaning the adults are (Breaux & Smith, 2023). Agency, privacy, and relationships are issues that affect child assent and might be of less importance for adults, with disabilities and differences complicating the issue (Huser et al., 2022; Van Goidsenhoven & De Schauwer, 2022). Cognitive and decision-making abilities cannot be seen, so researchers must develop processes and practices to evaluate each child.

Child assent should move from an event to an active process that runs throughout a research study and into publication (Dockett et al., 2013). The following article starts with a review of current findings in the field of ethics and child assent for practitioners on dissertation committees and institutional review boards (IRBs). We collected child assent practices in recent dissertations in education involving minimal risk and conducted a thematic analysis to check both stated practices and child assent forms. Using the results, we provide recommendations and discuss ways to transform child assent from an event to a process that becomes child centered.

Literature Review

Standard training for researchers in the United States, at most institutions, is to complete modules through the Collaborative Institutional Training Initiative. Despite the training, the findings in this study suggest that researchers have difficulty translating best practices into effective actions. Morris et al. (2021) make child assent practices seem straightforward: provide written, visual, and verbal presentations; quiz and check for understanding; observe for assent/dissent; and make adjustments as necessary. Though child assent should be different from adult consent, many researchers mistake the process for an extension of the same, applying adult practices and language to children (Roth-Cline & Nelson, 2013). Child assent practices should be more than adult consent applied directly to minors; researchers should prepare, assess the ability to participate, discuss elements of the research experience and assent process, check for assent, monitor throughout, and respect the role of the child (Constand et al., 2015). In our roles as researchers and educational methodologists, we have observed that the implementation of child assent in minimal-risk education studies often diverges from the best practices recommended in the literature.

Child assent should first be viewed from a developmental perspective, with age, brain development, and functioning level being major factors in understanding, social development, and rights of participation (Miller & Nelson, 2006). Unfortunately, most documented practices seem to take a *de minimis* approach that either considers minimal risk as superfluous or uses a check-the-box procedure, employing adult consent forms to ensure procedural safeguards are met (Flowers et al., 2024; O'Lonergan & Forster-Harwood, 2011). Rather than applying involved and informed procedures that promote assent as a primary directive of all research to empower children to freely and voluntarily decide if, at what level, and when to participate, most research appears to find little value in developing self-advocacy by empowering children to decide how to and what about their lives to share with researchers.

"Within this landscape, the researcher's responsibility transcends standard procedural ethics (e.g. obtaining parental consent) to encompass the deployment of methodologies that affirm their voices and also maintain a pragmatic stance in real-time decision-making" (Zirak Ghazani, 2025, Introduction, para. 2). Although most child assent practices seem to retitle adult consent to child assent forms, there is wide variance in how researchers ascertain child assent. Age is the primary category, with disabilities, cognitive ability, and assent rejection rates being very infrequent in research (Cayouette et al., 2022). Though frequent checks for understanding, visualizations, and simplified language assist all participants in being informed and making decisions, such practices are the exception rather than the norm (Flowers et al., 2024; Morris et al., 2021; Soll et al., 2020).

"However, a meta-analysis of peer-reviewed articles by Mayne and Howitt (2015) found few projects involve children as meaningful participants, with the vast majority positioning them as elements under investigation rather than genuine participants" (Fielding et al., 2025, p. 142). Many forms of education research are exempt from IRB approval. Other education research frequently involves minimal risk, using interviews, focus groups, and surveys or questionnaires about non-therapeutic, non-health-related, and minor controversial topics without much chance of risk beyond feeling uncomfortable or dredging up emotions about different school-related events. The problem is that the informed part of informed child assent is not clearly defined or known. Little research exists on how educational researchers undertake child assent to check for key principles that show children understand and freely consent to participate in all phases of research.

Purpose and Research Questions

The focus of this study was child assent in recent dissertations in education with minimal risk. What was not known was whether guidelines by federal law and IRBs aligned with the purposes and spirit of the laws and regulations adopted in dissertations. This article explores how child assent is operationalized in U.S. dissertations in education, focusing specifically on research labeled as minimal risk. Education research is often vastly different from healthcare or therapy-related research, as many healthcare research projects are needed to address major life improvements or concerns. Through a thematic analysis of recent doctoral work in education, we examine how assent is described, implemented, and documented, both in researcher narratives and in the assent forms themselves. In doing so, we aim to shed light on the ethical assumptions embedded in these practices and propose a shift from assent as a procedural task to a developmental, child-centered process. The results could be particularly helpful to doctoral students completing a dissertation and to any researchers conducting studies with minors.

Peer-reviewed articles have word limits, which can prevent full explication of methodologies, methods, and results, with procedures and processes masked for the sake of brevity. Dissertations were chosen as the focus of our study, given that prior research in the field of school psychology (Flowers et al., 2024) and applied behavior analysis (Morris et al., 2021) found reports of assent procedures to be lacking in prominent peer-reviewed academic journals within their respective fields. Flowers et al. (2024) hypothesized that the lack of

reporting may, in part, be due to the article length restrictions many journals require. Therefore, this study chose to examine dissertations, which are expected to be lengthy and meticulously detailed. Two research questions guide the exploratory study: How do doctoral students in education programs in the United States describe implementing assent practices with school-aged children? What qualities define the structure of child assent forms used by doctoral students in education programs in the United States?

Methodology

We conducted a thematic analysis of 20 dissertations for stage 1 and evaluated with an additional 20 dissertations in stage 2, based on Boyatzis's (1998) four steps. Being intentional, transparent, and systematic enhances rigor and validity in research (Coker, 2024). Chapters 3 and 4 of each dissertation and its appendices were read and downloaded if applicable to child assent practices, results, and forms. The rigor, reliability, and validity of each analysis were considered in terms of Tracy's (2010) items:

1) The topic seemed worthy because of being understudied and often taken for granted.
2) The study exhibited rich rigor, being connected to a valuable topic and ensconced in an underdeveloped problem of great import with extensive records.
3) The study showed sincerity, with reflexivity in a multidisciplinary perspective that produced a debate that spanned minimal risks to medical or health necessities, as well as pragmatics.
4) The study showed credibility, involving original research of many institutional requirements, as well as broad connections to the extant literature.
5) The study had resonance, as the problem of child assent cuts across all disciplines and has a complexity often poorly appreciated but necessary.
6) The study made a significant contribution, having the potential to transform practices across all disciplines and ethically and morally improve child participation in research.
7) Ethical research was paramount, and because it was content analysis of non-human research of publicly available records, no one could be harmed.
8) The study was characterized by meaningful coherence, as the research examines the very granular topic of child assent in global topics in the pursuit of knowledge to improve the world and interaction with participants in a meaningful, participatory manner.

Researcher biases were a plus, as researchers' experiences teaching, consulting, and publishing informed their thinking about best practices (Yoon & Uliassi, 2022).

Sample

The sample was delineated by the following criteria:

1) The dissertation must be for a doctorate, either the EdD or PhD degree, from an accredited institution of higher education in the United States, and must have used qualitative, quantitative, or mixed methods.
2) Dissertations must have been completed between March 2015 and March 2025.
3) All dissertations were a classical five-chapter dissertation that included direct field work with children.
4) Dissertations had to include direct contact with children, legally defined as persons under the age of 18 who have not been emancipated, and, for purposes of this study, all children had to be students enrolled in school.
5) Only one dissertation would be reviewed from each university in an effort to find maximum variation in sources, as most universities have standardized procedures, policies, and forms for implementing child assent practices.

6) Dissertations must be in education, which included educational leadership, educational psychology, special education, and curriculum and instruction; excluded were dissertations from other disciplines, such as psychology, sociology, and medicine, etc.
7) Dissertations were randomly selected by searching ProQuest and Google Scholar, and all dissertations had to be fully online and available.

We downloaded the sections on child assent in the methods and results chapters and any child assent forms in the appendices.

Data Collection

We drew two samples using convenience sampling with specific purposes to select examples that matched the purpose and provided a broad connection to practices across many universities and research supervisors (Nyimbili & Nyimbili, 2024). The samples were not designed to be exhaustive nor representative but common examples in the field. Research proceeded by screening dissertations for inclusionary and exclusionary criteria. All data were downloaded into Microsoft Word, and the sources were read with annotations and notes inserted into Word. First, 20 dissertations from 20 universities were collected and analyzed. Second, 20 more dissertations were reviewed using the analysis from the first 20 while remaining open to new directions and ideas. Combining the two stages, it was hypothesized that 40 dissertations would provide a representative sample. The numbers chosen were considered to provide broad examples of child assent practices that could be generalized to other settings. If new or divergent information was found, the sample would have been increased. Since the study involved non-human research using publicly available documents, IRB approval was not required.

Data Analysis

Although steps are listed sequentially, the steps were iterative and recursive. For stage 1, the following steps were conducted: Step 1 started with downloading and familiarizing concurrently, using a format that included location, type of dissertation, inclusive criteria, and annotations of initial thoughts with analytical memos. In Step 2, researchers checked line by line, especially since what was important or unimportant was unknown. The coding schema was conducted in Microsoft Excel, with headings of dissertation number, author, title, website, and university; it proceeded with column headings of *in vivo* plus descriptive coding, and then the second cycle analysis considered where initial categories were formed by checking for patterns and clusters around frequencies, significant statements, and evaluative elements. Annotations and memos were used throughout, and the analysis was open to inductive coding if data did not fit the predetermined categories or were considered important. In Step 3, the analysis started out deductively, using template analysis, with sorting and hypothesizing. The deductive categories examined child assent forms by word count and reading level, using the Flesch-Kincaid Reading level by copying and pasting data into www.readabilityformulas.com. In Step 4, researchers analyzed the following factors: age/grade range of the subjects of the dissertation, modality by which assent was transmitted to participants, time of delivery, dissent by participants, references to children with disabilities, four required criteria of procedures, voluntary participation, free communication, and ability to withdraw. Analytic memos included comparisons and contrasts. Using analysis up to initial categories and annotations/memos, the third cycle analysis categorized the data by classifications for count by participants, similarities, differences, and outliers. Then the categories were sorted by relationships, or how the variables under the classification scheme were related or associated, including by dimensionality (intensity, duration, and frequency). Since it was highly deductive work (but open to inductive analysis), we developed highly descriptive themes. To return to Boyatzis, descriptive themes were compared to the original data and reformed to connect with the primary data source to check that the descriptive themes comported with what participants said.

The second set of 20 dissertations, using the sample guidelines, was randomly selected by searching by keyword and using the original criteria to check for saturation at the meaning level by following the steps of Boyatzis. In stage 2, these 20 additional dissertations, all from different institutions, were copied and downloaded, with the purpose of being highly inductive in looking for contrasts and divergences from the results of stage 1. Results were developed by repetitions, absences, opposites, and degrees of strength, with codes formed into categories and interpreted into descriptive themes (Coker, 2021). In stage 2, annotations and memos were written in Microsoft Word and then reviewed to update the final results. Using results from stages 1 and 2, thematic ideas were reconciled from the two stages and reduced to a narrative. In all stages, the researchers' positionality from experiences advising, constructing, and carrying out child studies was used to shape the analysis. The research was iterative and would have continued past 20 dissertations if different meanings and ideas were found to be significant. Well before dissertation 20 was analyzed, little new data were found, with nothing significant to alter findings in stage 1.

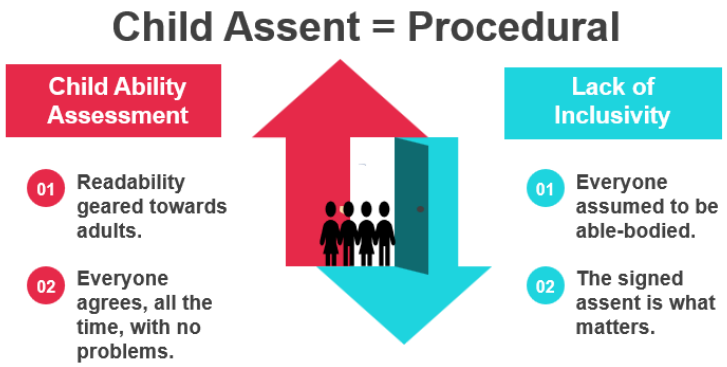
Results

Purposes of the studies under consideration varied from understanding aspects of students' social and emotional lives to examining interaction in academic programs. Most studies were qualitative in nature, with quantitative studies being next, and mixed-methods approaches being infrequent. The overwhelming number of dissertations included children in general education, which presumably would be highly unlikely not to include any children with disabilities or problems of any kind. Grade levels were almost evenly split between middle-school-aged and high-school-aged children (ages 11–19). Sample sizes ranged from a phenomenological study of four students to a quantitative study of 360 students. All studies required parent/guardian consent, usually in a form that mirrored assent (often the only difference was that the word consent was changed to assent). Minimal risks, although often defaulting to the legal definition without specifics, were listed in all dissertations.

Child assent might be required by the law, but there is a difference between the spirit and the letter of the law, as suggested by Figure 1. What is required legally and ethically were very far apart (American Psychological Association, 2017; Behavior Analyst Certification Board, 2020; National Association of School Psychologists, 2020; Office for Human Research Protections, n.d.), with most dissertations defaulting to the principles of the 1979 Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research): a minimal walk-through, box checking, and pro forma parent/guardian consent retitled to child assent to finish as quickly and painlessly as possible. Federal law requires child assent but does not specify particulars, leaving the decisions to IRBs and individual researchers. Almost all child assent forms were parent/guardian consent forms retitled as child assent, with not one mention in the dissertation of considerations of usability, readability, discussion, or actual dissent.

Procedures of IRBs can vary, but the requirements appeared to be universal. Not one instance of anything but blind acceptance of child assent was found. Taken-for-grantedness defined the purpose, with participants writing a signature and checking a box being the hidden goals, as reading aloud and discussing the child assent forms were an infrequent presentation. Though likely not all children possessed the same ability in relation to their age, absent were discussions of students with disabilities or needs, as if everyone possessed the same ability. Some dissertations even lacked child assent mechanisms altogether, finding parent/guardian consent signatures enough. Figure 1 shows the findings of the child assent analysis.

Figure 1. *Findings of Child Assent Analysis*



Readability of assent forms was questionable, presenting subtheme #1: Comprehension by reading level varied widely from chronological age and grade level. Verbosity was standard, with the number of words ranging from 54 to 1,084; most child assent forms were over 300 words. Using the Flesch-Kincaid reading level as an indicator, grade-level equivalency was 6.77–12.41. About three-quarters showed grade-level equivalencies above the age and grade level of participants. Doubt existed that 11-year-old students understood phrases such as "principal investigator" or "minimum risk," and the forms were filled with clunky titles, references to laws, and education jargon. Part of the reason for doubt is that no study conducted or reported comprehension checks, which is a best practice for all researchers—to move beyond assumptions that anything presented is understood A stark question remained unanswered, even when the Flesch-Kincaid readability test matched participants: What about children, whether from socioeconomic deprivations, hidden disabilities, or cultural differences, who do not read at grade level? Many examples abound, such as children whose native language is not English, children with hidden disabilities such as learning disabilities, dyslexia, etc., and children facing socioeconomic deprivations, such as high mobility, homelessness, and frequent school absence.

Subtheme #2 was universal from analyzing the 40 dissertations in this study: Everyone agrees, all the time, so check the box and sign the form. There were never any discussions of dissension, disagreement, or questions. One can hypothesize that most doctoral students, being new researchers, might not have known to document false starts and problems. Much more likely is that student assent forms were legal and institutional requirements that were met by going through the motions. The likelihood of children understanding most of the assent forms is highly improbable.

Dual relationships were central to understanding the power differential. Teachers and principals interviewing students within their own buildings meant that the researchers played two roles. Researchers asked for dissent but simultaneously occupied a position of authority with participants outside of the research experience. The power differential was one problematic angle, while cultural factors of acquiescence to adults and persons in authority might demand more than a one-size-fits-all assent process. Some dissertations did not even discuss the necessity of assent, with no mention of seeking or attaining assent, despite all dissertations mentioning IRB approval. Of the four points required for consent (procedures, voluntary participation, free communication, and ability to withdraw), most required them, but some lacked one or more of those principles.

Another issue was inclusivity, subtheme #3: Lack of inclusive actions and language was common. Inclusivity followed two routes. First, many assent statements identified only parents, yet one cannot assume all children live with only their parents. Second, and perhaps more commonly, inclusivity in terms of language and

communication was completely absent. Children can have physical disabilities, such as vision impairment, hearing impairment, or physical movement issues, making it challenging to access written work, etc. Communication issues with neurodivergent individuals are emerging concerns in research, but child assent forms seem not to include commonly accepted practices (e.g., accessible language, different modes such as audible, written, braille, or, for nonreaders, differing length). All forms analyzed were written for neurotypical children who were presumed to be on or above grade level for reading.

Lastly, subtheme #4 emerged: When and how child assent forms were delivered, all in writing, with a large percentage also discussing the assent at some point during the delivery of the research instruments. Solicitation for questions was a common activity, but no researcher ever reported that children asked any questions. Completely absent were recommendations by practitioners to transform assent into interactive activities with multiple chances to hear, read, and see representations. Most educational studies received approval from the IRB with the level of minimum risk, but most child assent forms did not explain what this term meant or provide any examples.

While a stark minority, some exemplars existed. Short, easily read and understood child assent forms were rare but were employed by some researchers. For this same minority, child assent forms were separated from parent/guardian consent forms and were presented multiple times to participants. The reading levels matched or were slightly lower than the participants' chronological ages.

Some key absences stand out in the analysis of the student assent sections. Besides one mention of parents/guardians not consenting to being recorded, no researcher reported any dissent or withdrawal. Every student was presumed to be able to understand and agree to anything given.

Cultural and language barriers were not addressed in any dissertation, as no dissertation in the sample discussed translations from English into other languages. No researcher mentioned that any child struggled with reading, had difficulty comprehending sections, or needed accommodations or modifications. Presumably, no child had learning or cognitive problems, or physical issues, such as low vision/blindness, hearing loss/deafness, or other communication needs. The groups seemed truly homogeneous when it came to natural ability, as if every child's chronological age matched their developmental level.

A major absence stands out for the child assent practices and forms: Not one example of any child with a learning problem, cognitive impairment, or physical issue that would prevent a child from following the standardized child assent practices. No students were identified as nonverbal, nonreaders, or in need of assistance. Students with disabilities are common in schools, but no student was identified as needing any accommodations or modifications in any practice of child assent. Possibly, researchers did not describe such practices, but good practice dictates that researchers should write deviations for student participants who cannot read or are far below grade level or have hearing or vision problems, language barriers, or communication issues. Such matters are beyond labels of disabilities, for many persons with intellectual and physical issues do not need accommodations and modifications, while other students without disabilities might need assistance.

Risks were either downplayed as nonexistent, completely omitted, or seen as something to be dealt with casually. Most assent forms appeared to be IRB-approved forms adapted for a researcher's dissertation. The most common notation of variance was "low levels" of discomfort, but how or what that meant was vague and unexplored. Many assent forms claimed no risk whatsoever, with a few pointing out the opportunity cost of the loss of time with other activities. Legalistic definitions were common, pointing out that the studies mirrored "risks in everyday life." Some researchers pivoted to the benefits instead of indicating any real risks.

Discussion

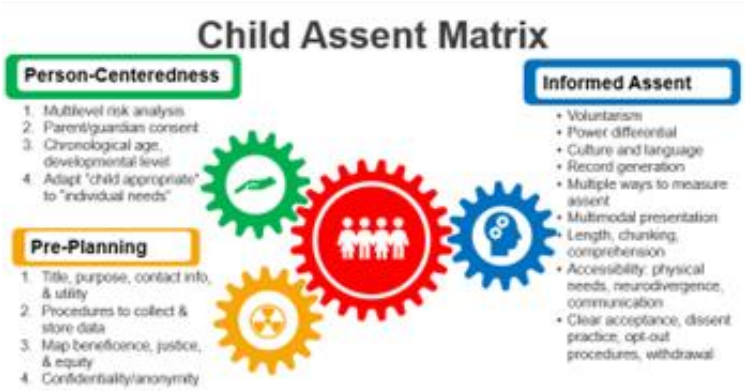
The results suggested that child assent was an ill-defined, poorly developed process, which mirrored previous findings (Flowers et al., 2024; Morris et al., 2021; Onen & Eryilmaz Balli, 2020). Researcher knowledge of assent might be marginal, as many popular research design textbooks do not address the issues of parent/guardian consent and child assent. For example, Creswell & Creswell (2018), in one of the most popular textbooks in social science research for beginners, do not even mention assent or the ethical issues surrounding minors; another well-cited textbook (Cohen et al., 2007) devotes just over 2 pages to the issue of assent. Many researchers might not know the intricacies of child development and how child assent is a teaching activity.

Minimal risk, as codified by federal law and interpreted by institutions, relies on two rules: harm is no greater than what is encountered in everyday life or in routine physical or psychological examinations or tests (Kopelman, 2004). Most educational research is minimal risk, with little likelihood of any risk from benign questions about likes/dislikes or preferences to more pronounced inquiries about bullying and personal problems. Examples bear this out: Giving a survey on grit or self-efficacy lacks any reports or issues of problems or harm caused. The same might not be said when exploring more personal issues, such as cognitive, academic, social, or emotional concerns in the individual or group.

Informed assent should shift from a business-as-usual, going-through-the-motions approach to a practice that informs participants about the research experience, including the legalistic and procedural requirements. We propose a major shift in practice for researchers seeking the participation of minors: Children should be empowered with the right to make informed decisions before and during participation in research. There are four components to bringing this shift into practice. First, researchers should explain and discuss what participation will look like, seeing the experience from the child or youth's perspective, including all phases. Second, researchers should describe the risks participants may undergo in terms of the potential social, emotional, and physical effects and what, if any, benefits might accrue. Researchers should certainly address the opportunity cost of participation. Third, researchers can implement practices for child or youth autonomy during all phases of research that will empower participants. Lastly, researchers can teach, model, and observe decision-making practices that include assent, dissent, partial opting out, and withdrawal.

As shown in Figure 2, three major concerns should drive child assent: person-centeredness, pre-planning, and informed assent.

Figure 2. *Child Assent Matrix*



Informed assent must be person-centered, with concern for all possible risks that participants might encounter. Kopelman (2004) pointed out that minimal risk is a judgment call that includes evaluating the possibility, length, and severity of risk of physical harm; emotional harm from embarrassment, discomfort, indignities, and stigmatization; confidentiality and privacy; and psychosocial risk. While physical risks are almost nonexistent in education research, multilevel risk means researchers should consider emotional and psychosocial risks on a continuum from none to severe, with projections of how and what participants might feel. During piloting on instruments for research, directly inquiring about what participants are thinking and experiencing could assist in plotting risks and the magnitude. The type of research matters, as surveys, one-on-one interviews, and focus groups all present with different levels of engagement and the possibility of emotional and/or social harm.

Maintaining person-centeredness is enhanced by engaging parents or guardians to explain the research process and to plan for the needs of the child. Even so, child assent is not a group or social task but about understanding and respecting the rights of the person as an individual, with building relationships imperative to success (Sherwood & Parsons, 2021). Cotrim et al. (2021) suggested assent is about "… respecting children's developing capacity, which means assisting them in understanding their condition and treatment at a developmentally appropriate level and involving them in appropriate decision making tasks" (Introduction, para. 6). The standard of "child appropriate" makes use of a blanket term that ignores the reality of child development; "individual needs" should be the standard, with child development understood as a process and not an event, replete with ranges that will include many children being delayed in some manner. Chronological age is but one guidepost to developing child assent practices, and one cannot look at a child and make an accurate assessment (David et al., 2001). A good rule is to think of oneself as a researcher and teacher, not simply a researcher following institutional structures.

Pre-planning includes four components (see Figure 2) that start with the logistics of the study. Generalities should be shared, including the title of the study and its purpose, contact information for the researchers, potential benefits, possible risks, and the concepts of voluntarism, withdrawal, and confidentiality (Constand et al., 2015). Parents and guardians, as well as child participants, should know explicitly how their participation will be recorded, stored, and reported in publications. Concerns include providing information that is too complex and thus incomprehensible by participants, as well as the prejudicial nature of the problem and purpose statements that convey to participants desired responses. Being child friendly is very different from the legalistic, formulaic write-ups in academia.

Risks might be low or nonexistent, but informed assent means each child possesses the knowledge, cognitive abilities, and agency to decide freely what and how participation will look. Assent could usefully be considered through the CONSENT acronym developed by Lambert and Glacken (2011): C: Consider competence/capacity. O: Offer enough background knowledge. N: No pressure or coercion. S: Search for signs of dissent. E: Seek evidence of understanding through direct and indirect solicitation. N: Negotiate consent throughout all phases of the study. T: Time must be given to allow children to ponder and question. As noted by David et al. (2001), chronological age and cognitive abilities are not the same, so researchers are advised to use a brief screening protocol during the parent/guardian consent process, as shown in Table 1. An important reason for voluntary, optional solicitation is that most learning and cognitive disabilities are private and can be invisible, and persons with disabilities often know how to conceal difficulties that might obfuscate full participation in the decision-making processes.

Table 1. *Brief Screening Protocol*

Brief Screening Protocol
The following questions are optional and are designed to help your child in forming a decision to participate or not participate in the research.
1. Are there any needs that must be met in order for your child to read and comprehend directions?
2. Are there any needs that must be met in order for your child to participate (hearing, seeing, and moving)?
3. Are there any communication needs? Problems understanding language? Need for devices?
4. Are there any concerns about your child understanding English?
5. Are there any other concerns for your child that the researcher(s) should be aware of?

The Belmont Report postulated principles such as beneficence, justice, equity, and protection of privacy in the protection of human research subjects (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). Federal law is outlined in 45 CFR Part 46 Subpart D. Operationalizing the principles, however, is not straightforward:

> The four principles approach does not provide a method for choosing, which is a source of dissatisfaction to people who suppose that ethics merely comprises a set of ordered rules and that once the relevant information is fed into an algorithm or computer, out will pop the answer (Gillon, 1994, p. 184).

Decisions are based on more than what is optimal or probable; individuals make poor, irrational decisions all the time—as do researchers in their choice of questions, set-up, and use of time. Benefits are commonly proffered in research, but most dissertations are neither read nor utilized. Indeed, research often seems to be employing practices that benefit academia alone. Researchers should be forthright with possibilities and most likely outcomes of research, which should be mapped by best- and worst-case scenarios.

A key underpinning of the child assent process is voluntarism. Voluntarism is rooted in two principles: the ability to make an informed decision and freedom from undue pressure (Sibley et al., 2016). Dockett and Perry (2011) move the debate from a yes-or-no question to identifying the necessary development of a relationship between the researcher and participant, one that moves beyond procedural ethics by centering respect and agency throughout the entire research experience. Ethics in action is more than procedural and legalistic, recognizing that research experiences involve the complex interplay of the persons involved, the context, and the requested action by participants, which is more than can be represented by a checklist or IRB application (Coker, 2023). Researchers must define and map the power differential, examining the control and autonomy of participants, with dual relationships common that might create unknown conflicts (Fielding et al., 2025).

Prescreening is a possibility, but child assent practices can best be improved by including building self-advocacy into the process. Self-advocacy can be seen in the three skills of informed decision-making, preparedness to initiate change, and effective communication (Hagan et al., 2018; Schena et al., 2023). Krueger et al. (2024) pointed out that self-advocacy and inclusive research require intentionality,

collaboration, and partnerships. Each research project will have different levels of needs by which to instill self-advocacy and give participants a meaningful voice in research. Asking children for their needs or concerns upfront and throughout the research process can improve understanding about the research process and build relationships. Promoting the ability to question research activities and providing a modicum of control can improve research and child comfort.

Child assent should move from an event to an evolving process that builds actions to include the child in all aspects of the research experience and to allow the child to signal clear acceptance. Signing a form or nodding a head might be legally sufficient, but ethics in action respects the culture, language, and communication of the child in all steps. Completely absent from the overwhelming majority of studies is any mention of language barriers that suggest the need for translators, interviewing nonverbal students, students with physical conditions affecting standard research protocols, or cultural norms differing from research practices. For example, Baydala et al. (2011) found in one study that requiring signatures with children alone ran against cultural norms and expectations.

Dissent and opt-out procedures are needed elements; children should be listened to and observed for concerns about decisions to participate (Constand et al., 2015). Opt-out and withdrawal, like dissent, should be made manifest and practiced, whether in the form of skipping a question, asking for an accommodation, or requesting to end the research experience (Sherwood & Parsons, 2021). Of concern is that "Young minors have a proclivity to please, and fear disappointing" (Weisleder, 2020, p. 3). Dissent is less about pushing participants to decline participation or to withdraw and more about empowerment. Empowerment happens through controlled choice and means for participants to ask for breaks, change the time or location of interaction, change the order of research questions/activities, or decline participation in certain activities. Given the opportunity for informed choices, minors can make decisions within their purview. As important as it is to ask questions, researchers must note and act on observations, recognizing, for example, boredom, anger, fatigue, and/or sadness. Most educational studies are minimal risk, so it is not likely that there will be a great increase in child dissent and withdrawal so much as children will be empowered to be full participants in the research process.

Multilevel and multimodal processes should guide communication about the research experience and what assent means. Rarely are child assent forms written in a child-friendly manner that considers the average reading comprehension level of participants and where problems might arise in understanding (Foe & Larson, 2016). Morris et al. (2021) recommended the following actions: provide written, visual, and verbal assent, with a tutorial to practice assent, dissent, partial opt-out, and withdrawal. Producing narrated videos, along with slides, simplified writing, visuals, and creative endeavors, such as comic books and cards for responses, all allow a child to have multiple, repeated representations when making a decision to assent to participation (Ferrer-Albero & Díez-Domingo, 2020; O'Lonergan & Forster-Harwood, 2011; Sherwood & Parsons, 2021). Some children could be given cards with phrases and visuals expressing likes and dislikes, need for breaks, stop and go, and "get me out of here" (Mitchell et al., 2009). Assent forms should be accessible to children in multiple media and formally examined for readability at both a statistical level (using different formulas) and by asking similarly situated participants to backward translate what they believe the assent form states.

Chunking is an important design principle in the development, presentation, and evaluation of child assent practices (Hein, Troost, Broersma, et al., 2015). By breaking down assent practices into smaller chunks, with frequent checks for understanding and discussions about the research experience, researchers can gauge a child's competence, level of understanding of risks, and signs of decision-making. Decision-making involves the intersection of four components: understanding, reasoning, appreciation, and choice (Hein, Troost, Lindeboom, et al., 2015). Context should be evaluated in terms of the child's attitudes; the presence or absence of peers and peer pressure, as well as parent/guardian desires and/or pressures; and the expectations of the researcher (Mann et al., 1989). While tests exist to check competence (Hein, Troost, Lindeboom, et al.,

2015; Ruhe et al., 2015), such intrusive tests are rarely used in research involving minimal risk. Xu et al. (2023) provide information on the University of California, San Diego Brief Assessment of Capacity to Consent (UBACC) that can be used to check for understanding. Participants are asked:

> What is the purpose of the study that was just described to you? If you participate in this study, what are some of the things that you will be asked to do? Please describe some of the risks or discomforts that people may experience if they participate in this study. Please describe some of the possible benefits of this study. (Included in Table 2.)

Many of the questions in the UBACC and other instruments relate to medical and healthcare research, with much higher levels of risk and possibilities of benefits that might even be at the level of life or death. Abridging scales to minimal risks accepts that risks will be primarily psychological and social, with little risk for anything beyond minor levels, which lends itself to chunking, breaking down sections with quizzing and discussing with questions like the UBACC, and determining participants' level of assent. The results of the UBACC could lead researchers to develop a new child assent form, consult with parents/guardians, and/or exclude participants. A central theme should guide researchers: How well do participants describe and evaluate the research experience? Descriptions plus evaluations are critical, as providing a summary is one small component that must be augmented by the attitudes, values, and beliefs of the proposed research.

Some child participants might find standard practices inaccessible and incomprehensible, with a robust need for navigators and assistance to understand and value the assent process (Downs et al., 2024). We propose a shift in thinking of child assent to start with a prescreening protocol and to include an Individualized Child Assent Protocol (ICAP) for minors with needs that cannot be met by generic processes (Table 2). Comparable to an individualized education plan for students with disabilities, the ICAP prioritizes the value of each participant as an individual first, who must be evaluated to ascertain whether accommodations or modifications are needed by stating the present levels of performance. Accommodations are practices that maintain the same content but build accessibility, such as translating the written word into braille or using technology to read aloud the written word for students with reading disabilities or problems. Modifications, which would necessitate IRB approval, would change the content to create accessibility, such as giving a student with a cognitive disability the assent form rewritten at a lower reading level and with simplified language, or providing a student with a communication problem a different medium; in all cases, the central components of child assent remain, but extraneous information might be eliminated. For example, a student with the diagnosis of autism can be radically different from another student with the same diagnosis; accommodations and modifications should go beyond labels and generalities to meet the needs of the individual child. A key question is the following: What will the child participant need to be able to participate fully in the assent process?

Table 2. *Individualized Child Assent Protocol*

Factor	Definition	Example
Parent/guardian concerns	Prescreening using a questionnaire or script	Parents answer prescreening questionnaire.
Present levels of performance	Abilities that might impact assent: cognitive, emotional, language, communication, and physical	Observation of child abilities and skills in a setting similar to the research demands and asking directly for needs
Multilevel assent process	Describe the length, reading level, and appropriateness of the child assent	Evaluating reading level using standard metrics, piloting with a

	document. Develop the most accessible assent form to be used universally but consider the need for alternate forms for students with severe/profound needs. Consider students with limited English proficiency.	similar sample, and translating into other languages. Artificial intelligence (AI) could radically transform readability and visualization.
Multiple modalities	Present all assent forms in writing, in visuals, and aloud.	Producing a child-friendly assent centered on the experience in writing, visuals, and aloud for nonreaders or poor readers
Checking for understanding	Focus on experiences around the four levels of decision-making: understanding, reasoning, appreciation, and choice.	Using the UBCC: What is the purpose of the study that was just described to you? If you participate in this study, what are some of the things that you will be asked to do? Please describe some of the risks or discomforts that people may experience if they participate in this study. Please describe some of the possible benefits of this study.
Accommodations and modifications	Accommodations are the same content presented differently, while modifications change the content to accomplish objectives.	Accommodations could include simpler language, being read aloud, or being broken down. Examples include Braille, translations, adaptive communication, etc. Modifications could be a different assent form including only key elements.
Supports	Determine if the child needs support to fully participate.	Knowledgeable adults present or assist with physical limitations, communication, language, etc.
Other	Individualized means individualized, so designing a child assent protocol that adheres to ethical principles and centers the respect of the child is paramount.	Consider individual needs to develop an approach that includes the child with multiple, profound, or infrequently seen needs.

Something rarely seen but a necessity in child research is the legal and moral imperative to violate a child's privacy when children disclose situations including the possibility of harm, such as child abuse, neglect, suicidal thoughts, etc. Researchers should make it clear in advance under what circumstances the researcher is required to report to outside agencies. While such disclosures may seem to be a violation of privacy, by being upfront and explaining the expectations to keep the child safe, researchers can avoid violating the

privacy rights of research participants. Certificates of confidentiality can alter some of these requirements but do not necessarily preclude a researcher's legal obligation to protect a child from disclosed abuse and neglect.

No universally accepted standard guides researchers, and many problems and disabilities children may have are invisible and might be overlooked by researchers with little to no training in special education or students with difficulties (Beaumont & Porter, 2024). Complex, invasive testing might be valuable but is not recommended, as time to administer and adapt could be prohibitive (Ruhe et al., 2015). A way to facilitate child assent practices is to start with prescreening and chunking, with frequent checks for understanding, such as using the UBACC as a guide. Mitchell et al. (2009) called the process personalized assent (which many IRBs might be reluctant to approve) that might include separate assent processes and child-friendly practices such as comic books, videos, and multimedia. Special education provides another quick method: Having students read aloud, where possible, parts of the child assent protocol, asking for and monitoring recall, and asking for a summary of what the research experience will look like.

Feldman et al. (2013) found results similar to the current study: Children with disabilities are overwhelmingly absent from most studies, or, in the alternative, there is no reporting. While Waligora et al. (2014) claim personalized assent processes are too arduous and advocate instead for age-based processes, we propose a simplified ICAP (Table 2) that can be presented to an IRB for approval and incorporated into the child assent process. Approximately 15% of students in the United States receive special education services for disabilities (National Center for Education Statistics, 2024), and approximately two out of every three students will not read on grade level (National Center for Education Statistics, 2022). On the face of the evidence, the ICAP assumes the idea that every child's reading comprehension and competence are dependent on age is incorrect. Considering current and past scholarship that suggests the systematic exclusion of students with disabilities, as well as students with abilities different from normative age groups, from being able to assent to participation in research, the possibilities of improving inclusivity and measurements of decision-making are profound.

The guidelines presented could assist any researcher who includes minor participants, as improving comprehension, self-advocacy, and self-choice creates an ethical environment where all children can make free and meaningful decisions about participation. Creating a clear story, in which children have a straightforward way to refuse, opt out in part, and withdraw, is empowering to the individual. Waligora et al. (2014) pointed out, rightly in our opinion, that a personalized approach can prove unworkable within the research environment. The ICAP answers this problem by adopting a plan that, on design, will include most students in the distribution of reading and decision-making ability. The results of Feldman et al. (2013) support our findings of either the mass exclusion or failure to report of students differently abled, which we believe can be remedied by inclusion by design. IRBs could create a precedent wherein child assent is more than pro forma, with actual discussions, explanations, and negotiated experiences (Seykora et al., 2021). Above minimal risk research, there are situations where participation is in a child's best interest, regardless of assent/consent, but in all cases, empowering, giving choices where possible, and allowing partial opting out respects the rights of the individual.

Pragmatics and Future Directions

Some recommendations represented here may be viewed as unduly burdensome and time-consuming for researchers, especially at the dissertation stage, when there are so many competing demands. Further, many situations might be rare or unlikely to arise (Lyons & Thomas, 2024). Researchers might be concerned that modeling dissent to children could arbitrarily increase attrition rates because of social modeling, not because they are genuinely uncomfortable with the research procedures (Bandura, 1977). Similarly, there may be concern that regularly checking in with minors and reminding them of their ability to leave at any time may

give the false impression that they are not wanted in the study. Currently, most research suggests the opposite: that children generally feel compelled to acquiesce to those in authority, with no research confirming the fear that there could be a mass exodus or even problems (Kirby, 2020). Caution must be exercised that dissent does not necessarily mean withdrawing consent, as dissent could mean a participant objects to timing, intensity, certain activities, etc.

Graduate students and their dissertation committee members may view the creation of multiple assent forms as time- and cost-prohibitive, especially since most dissertations do not describe inclusive practices for all participants. A competing demand is the following: "A growing body of scholarship emphasizes that assent should not be perceived as a single procedural event but as an ongoing, relational process that unfolds through children's everyday social interactions" (Mirabella et al., 2025, section 2, para. 2). After receiving IRB approval, a lengthy and arduous process at some institutions, researchers may be hesitant to communicate further with the IRB committee to receive approval for new versions of assent forms to meet the needs of participants that were not initially anticipated. By developing an appropriate form, at an age-appropriate reading level and piloted with a similar sample that includes multimodal presentations, most problems will be avoided.

We are not advocating for an overreaction, wherein minimal risks are exaggerated, as research practices must be feasible, practical, and individualized to the particular research demands (Bessell, 2024). At a minimum, researchers can reconceptualize child assent as a mediated, fluid space, with concern for the minor to feel autonomous and empowered to make decisions (Zirak Ghazani, 2025). Although situations can be chaotic and unexpected, centering ethics in research is a shift that we believe is worth the investment in time by every researcher (Hendry et al., 2025). Minor shifts in attention to include all children do not have to be burdensome when planned from the start by examining the sample and forecasting potential barriers. While more research is needed in the area of assent, it is our hope that the resources provided herein will reduce the barriers to providing informed assent, improve transparency in decision-making, and consider the needs of children with diverse needs and backgrounds.

Limitations

The study has limitations that, if addressed, could further the research and understanding. The sample was comprised of 40 dissertations from 40 universities, which suggests there might be much greater heterogeneity in practice than revealed in this article. Another issue is that the research examined a narrow issue in research, with other disciplines and research beyond minimal risk potentially providing a much different picture. Strictly examining research with minors with disabilities could also reveal common practices that could be extrapolated to all studies involving children. Finally, content analysis provides claims and statements, but actions and practices could be far different if researchers were interviewed and observed.

Conclusion

Most child assent practices labor under the following problem: "… [I]t has been suggested that this [revising assent practices] could result in researchers opting for more conservative research designs and 'self-censoring' in order to ensure a smoother ethics approval process" (Taplin et al., 2022, Introduction, para. 4). The business-as-usual approach predominates, with even universities and institutions focusing primarily on procedures over tailoring child assent to individual needs, obscuring the processes and outcomes for legalistic and formulaic processes. Weisleder's (2020) call for evaluating child assent by child development, full disclosure, assessment of understanding, and direct solicitation of agreement seems to be far different from actual practices.

Child assent and, for that matter, adult consent, is a complex practice that defies the one-size-fits-all model that is all too commonly applied, especially in studies involving minimal risk (Van Goidsenhoven & De Schauwer, 2022). Walsh et al. (2024) point out the more-than-common experience of how researchers prioritize study of only those children without disabilities, differences, or needs:

> All research participants with a disability are unique. Every person will have different risks and different needs. Some people will have more than one accessibility need. For example, a young person with physical disability like cerebral palsy may also have difficulty reading and may not use speech to communicate. When ethics paperwork asks about each need separately, it can be hard to explain how a person with a lot of access needs will be supported. When research participants have complex needs, ethics committees can feel confused and worried. If this happens, they should have a conversation with the researchers about it, instead of saying "no" to the research. ("What We Found" section, para. 1).

IRBs often lack the skills and abilities to render complex decisions that reasonably ensure children participating in research can freely assent and are safe from harm, making acquiescence a de facto choice by children with needs beyond the standard procedures. The ICAP, prescreening, and teaching self-advocacy can allow a fluid process where problems are forecasted and reasonably expected, minimizing harm and risks. The shift necessitates a collaborative attitude toward understanding the competencies and needs of all children initiated into research (Twum-Danso Imoh, 2024). Part of the process should be continued dialogue with external reviewers—the IRB—as research progresses and new issues arise. Using the checklist provided in the appendix, institutions and researchers can audit their existing child assent practices and move them beyond a mere procedural activity.

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Appendix: Child Assent Checklist

Category	Descriptor	Completion/ explanation
Description of research	Research described in a non-biased way, using child-friendly language.	
Description of participant experience	Describe the length, time, and kind of participation, as well as where, when, and how. How will results be reported and used?	
Minimal risk in terms of cognitive, psychological, social, and psychomotor issues	Develop a description and continuum from those most at risk to those least at risk.	
Opportunity cost	What will the child miss by participating? What, if any, benefit will accrue?	
Procedures	Legalistic requirements in a child-centered way: procedures, voluntary participation, free communication, and ability to withdraw.	
Decision-making capacity	Assess, formally and informally, understanding, appreciation, reasoning, and choice.	
Individualized Child Assent Protocol (ICAP)	Use the ICAP to improve maximum accessibility.	
Prescreening instrument	Use the prescreening instrument to engage parents to support the assent process. Teach self-advocacy skills.	
Multilevel presentations	Use age-appropriate and differentiated presentations to reach all ability levels.	
Multimodal presentations	Present assent in writing, visual, and verbal means.	
Duty to report	Researchers inform participants about the legal and moral duty to balance privacy with concerns for the child's safety and well-being.	
Assent, dissent, opt out, and withdrawal procedures	Formally promote and practice voluntarism.	
Check for understanding monitoring	Assess competency and understanding.	
Accommodations and modifications	Plan to include all children before research, with options for accommodations and modifications to include all children fully.	
Piloting procedures with a similarly situated sample	Test assent procedures along with research instruments to check for suitability and understanding.	
Artificial intelligence (AI) use	Report the inclusion and use of AI throughout the research process, including the platform, prompts, and level of use.	

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