Child and Adolescent Social Work Journal
https://doi.org/10.1007/s10560-026-01171-w

Children's Informed Consent in Social Science Research: Raising Questions About Practice in Serbia

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Received: 12 January 2026 / Accepted: 22 August 2026

Abstract

Historically, children were considered passive subjects in research. Still, modern perspectives emphasize their role as active participants, supported by child rights discourses such as the UN Convention on the Rights of the Child. However, numerous ethical and practical challenges arise when it comes to giving consent. This article explores the complexities of obtaining informed consent from children in social science research, focusing on Serbia as an example of a country without clear guidelines in this area. The absence of national protocols leaves researchers with the freedom and the responsibility to secure consent for research involving children. The article considers the role of researchers in this process and examines available resources, including alternative ways of obtaining consent. Particularly demanding is the ethical question of whether fixed age limits should determine when children can decide independently about their participation. The paper also addresses the psychological aspects of informed consent, as well as cultural and contextual differences in how it is obtained. The lack of clear provisions on children's consent, combined with varying socio-cultural contexts and literacy levels, underscores the need for further exploration of these issues not only in developing countries but also in settings where education, legal systems, and health care could be more child-friendly. The authors discuss that age alone should not determine a child's ability to consent. Based on the arguments developed throughout the paper, they argue that a more individualised and development-sensitive approach is required, one that is based on the child's evolving capacities and the specific demands of the decision.

Keywords Informed consent · Assent · Children · Research · Serbia

Introduction

Although historically children were viewed as incompetent and unreliable subjects, there has been growing attention on involving children in research, rather than just *studying them* (Green & Hill, 2006). With the introduction of the children's rights discourse the United Nations Convention on the Rights of the Child (UNCRC, 1989) and particularly Article 12 which gives children the right to have their views given due weight in all matters affecting them, there has been a shift toward recognizing children as active participants in research rather than mere objects of study (Mayall, 2008; Mills et al., 2026). The new perspective on childhood, recognizing children as 'experts of their own lives', has led to a consensus that children should have a say in decisions about their participation in research, with parents or guardians acting as legal protectors (Green, 2012). This approach values children's rights, their independence, and the idea that their unique experiences are best understood and

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Published online: 31 August 2026

represented by them. Still, children and young people are a particularly vulnerable group of research participants and they remain dependent on their guardians' decisions. Some authors argue that this vulnerability is reflected through insufficient emotional and cognitive maturity to decide on participation in research independently (Fombad, 2005; Đurić, 2012). Given children's vulnerability, both inherent, arising from their physical and psychological immaturity and lack of knowledge and experience, and structural, stemming from their limited social, political, and economic power, their participation in research requires particular care and caution to ensure that it serves their best interests (Lansdown, 2005).

Ethical principles can apply to various research practices through design and implementation of research. However, this paper focuses on informed consent as an important step that precedes and, as discussed later, may also extend throughout the data collection process. More specifically, the paper examines whether chronological age alone should determine a child's ability to consent to research participation, or whether a more individualised, development-sensitive approach should be adopted. It also considers how such an approach can be operationalised in research practice. Throughout the paper, we seek to show how complex the process of obtaining informed consent from children truly is: we begin by clarifying the concepts of consent, assent, and dissent; then move to differences between obtaining consent in medical and social science research; review comparative legal standards on age and capacity; examine developmental, cognitive, socio-cultural, and literacy factors influencing decision making; consider the role of researchers, gatekeepers, and ethics committees; and highlight practical methods and resources for supporting meaningful participation. Finally, based on all that has been presented, we discuss this topic within the specific context of Serbia, where the absence of clear regulations makes these challenges even more pronounced, and where we aim to draw attention to a neglected problem: how to incorporate children's rights into research within a system where existing protections are already insufficient.

Given the interdisciplinary nature of this topic, which intersects law, ethics, and developmental psychology, this paper adopts an integrative review approach. It brings together different types of evidence and normative sources, including international conventions, national legal frameworks, professional ethical codes, conceptual literature, and relevant empirical studies. Rather than aiming at an exhaustive systematic review of a single body of evidence, the review integrates these sources to examine the legal, developmental, ethical, and practical dimensions of children's informed consent. Where evidence specific to Serbia was limited, comparative legal materials and international literature were used to contextualise the identified gaps and their implications for research practice.

Consent, Assent and Dissent

The adoption of the UNCRC and broader critiques of research methodologies have significantly reshaped children's role in social science studies (Hill, 2005; Vranješević, 2015). Rather than passive subjects, children are increasingly acknowledged as agents with the right to contribute meaningfully to research, grounded in Article 12 – Respect for the views of the child, and Article 13 – Freedom of expression (UNCRC, 1989). While children's participation rights under Article 12 are frequently cited in ethics guidelines, they are not fully embedded in practice, particularly regarding the balance between protection and participation (Robinson, 2025). Article 12 of the UNCRC, which deals with children's Participation rights, emphasizes that children have the right to freely express their views in all matters affecting them, without pressure, and with the option to remain silent if they choose. Additionally, UNCRC Art. 12 guarantees that the child's views will be given due weight considering the age and maturity of the child. Adults should presume that children are capable of forming their own views, regardless of age, and should assess their level of understanding on a case-by-case basis. They are also responsible for providing accessible information and enabling children to express themselves through different forms of communication, including speech, play, art, and body language. Special care should be given to ensuring minority and very young children are equally supported. Lundy's (2007) model further argues that providing children with an opportunity to express their views is not, in itself, sufficient to fulfil the requirements of Article 12. According to this model, the practical implications of Article 12 are shown through four interrelated elements: space, referring to a safe and inclusive opportunity to express a view; voice, meaning appropriate support for forming and communicating that view; audience, requiring that the view is genuinely listened to; and influence, requiring that it is given due weight in the decision-making process.

Article 13 complements this by affirming children's broader right to freedom of expression and to receive and share information in any medium of their choice. Art. 13, para. 1, states that the right to freedom of expression includes freedom to seek, receive, and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice (UNCRC, 1989). These rights form the basis for ethical research practices, most notably

in the processes of consenting/dissenting to participating in the research.

Informed consent is defined as an authorization a participant gives to the researcher (Kuther & Posada, 2004). It is a shared, intentional decision-making process in which a researcher provides sufficient data to the participant, enabling them to make an informed decision about participating in the research (Barnett et al., 2007). Being *informed* means that participants are provided with sufficient information about the study to make a decision based on their understanding of the research procedures and the potential consequences, risks, and benefits of participation (Kuther & Posada, 2004, p. 162). There are three key elements of valid informed consent: information, capacity and voluntariness (Lambert & Glacken, 2011). In a research process, it must be ensured that: (a) the participant is presented with sufficient information about the research; (b) the participant giving consent has the capacity to do so, meaning that they can understand the relevant information, reason logically about the potential risks, benefits, and consequences of participation, and communicate informed decision; and (c) the participant is aware that they may choose or decline participation without any penalty (Gross, 2001). Just as providing consent, children must also be free to dissent, and their objections should be taken seriously in accordance with Art. 12 of the UNCRC. Some authors maintain that informed dissent should be regarded as equally significant to informed consent, especially since dissent may surface at later stages of the research process and can manifest both verbally and non-verbally (Bourke & Loveridge, 2013).

When it comes to children consenting/dissenting to participate in research, the distinction between consent and assent is debated. While both are based on the same principles, assent can be understood in, at least, two main ways. First, it is often associated with age-related levels of understanding and functions as an addition to the legal requirement of parental consent (Dockett & Perry, 2011). Second, it also reflects children's non-legal positioning in society, recognising their rights to express agreement or dissent even when they cannot provide full legal consent (Ford et al., 2007). From this perspective, assent acknowledges children as participants with voices that deserve attention, rather than passive objects of adult decision-making. Diekema (2003) adds that assent affirms children's dignity, supports their emerging autonomy, reminds adults to respect children as moral agents and partners in research but also serves as a model for children to respect the views of others. However, obtaining assent is a necessary but not sufficient condition for a minor's participation in research (Mathews, 2022)[1].

[1] Informed consent is given by a legally competent adult, while assent is obtained from someone who is not legally capable of consenting but is still given a voice in the decision-making process.

While the concept of 'assent' itself is a globally recognized standard in ethical research practices involving children, the specifics of how assent is obtained and the age at which it is sought may vary by country and culture (Kelly et al., 2026). In the following text, the term 'consent' will be used to describe all forms of children's agreement to participate.

Child Consent in Medical and Non-medical Research

The concept of informed consent originated within the medical context, where its meaning and application remain more clearly defined than in social science research (Gallagher et al., 2010; Lambert & Glacken, 2011). Procedures governing children's participation in medical research are generally situated within legal and institutional frameworks developed for healthcare settings and medical professionals, rather than for academic institutions and social science researchers. Within these contexts, age is commonly used as a criterion to determine whether a child is competent to consent.

One example is Gillick competence, which originated in the United Kingdom and provides that a child under the age of 16 may give valid consent to medical treatment if they demonstrate sufficient maturity, understanding, and intelligence to comprehend fully what is proposed, including its potential risks and benefits (Griffith, 2016). Although widely applied in the UK and influential beyond it, the existence of such a legal standard does not necessarily mean that it is applied consistently in practice. Institutional policies may continue to privilege parental consent even where children could theoretically satisfy the Gillick standard (Stalford & Daly, 2026). Its legal scope is also limited. The Court of Appeal in Re S (Wardship: Removal to Ghana) [2025] EWCA Civ 1011 clarified that the direct legal effect of the test concerns a child's capacity to give or withhold valid consent to medical treatment. Its application to participation in research therefore remains legally uncertain, even though Gillick-informed assessments may still provide an ethical or practical reference point when considering children's decision-making capacity. Another example of an age-based approach is the Mature Minor Doctrine, applied in parts of the United States and Canada, which allows minors, typically those aged 14 and older, to consent to medical treatment without parental approval if they are considered sufficiently mature to understand the nature and consequences of the proposed treatment (Sigman & O'Connor, 1991).

The relevance of approaches developed in medical settings to social science research is less straightforward, partly because the nature of participation, potential benefits, and risks may differ. Nannis (1991), for example, notes that biomedical research may offer more immediate or visible benefits, including potentially life-saving interventions,

whereas benefits associated with social science research may be less direct or evident. Even in biomedical research, however, such potential benefits are not guaranteed. Experimental interventions may not demonstrate sufficient efficacy or safety, and some participants may be assigned to control or comparison groups rather than receive the intervention under investigation (Fogel, 2018; Laermann-Nguyen & Backfisch, 2021). The nature of risk may also differ. Biomedical research may involve participants who are already experiencing serious health conditions, as well as painful or invasive procedures that would not ordinarily arise in social science research (Modi et al., 2014).

These differences are important because consent procedures developed primarily in medical settings may not always correspond to the ethical and methodological circumstances of social science research. Whereas medical approaches have traditionally placed considerable emphasis on clinical protection and the management of physical risk, social research may require greater attention to the relational and contextual dimensions of participation. Fisher's (2003) "goodness-of-fit ethic" is relevant in this respect, as it emphasises the need for ethical procedures to respond to the characteristics of participants and the particular research context. In research with children, this also supports an understanding of consent as a dynamic and relational process rather than a one-time bureaucratic formality (Alderson & Morrow, 2004). Reliance on procedures derived from medical settings may otherwise encourage a rigid approach to risk management that does not adequately reflect the ongoing and context-dependent nature of children's participation (Sherwood & Parsons, 2021). It may also place procedural protection above children's participation and expression rights under Article 12 of the UNCRC (Robinson, 2025).

Children's informed consent in biomedical and social science research should therefore be understood within their distinct methodological and ethical contexts, rather than by treating social science research simply as an extension of the medical model. At the same time, biomedical research ethics increasingly recognises children's evolving capacities and their involvement in decisions concerning participation (Council of Europe, n.d.). Across any context, consent should therefore reflect children's rights and decision-making capacities, while its practical application should remain sensitive to the specific disciplinary, methodological, and risk context of the research.

Comparative European Law Review – Obtaining Consent for Research Involving Children

Obtaining a child's consent to participate in research is a complex ethical and legal issue that often remains unresolved, leaving researchers to rely on general standards and their own judgment of the child's best interests. Before examining Serbia's framework, we provide a brief overview of the age of consent in comparative law across European jurisdictions. Many jurisdictions address this by establishing fixed age thresholds, typically between 12 and 19 years, which shows the practical appeal of age as a regulatory standard, while also underlining its arbitrariness (Alderson, 2007). These differences are largely due to the absence of clear legal guidance on children's capacity to consent to participate in research, particularly in non-medical and non-therapeutic studies. European Union (EU) agency for fundamental rights (FRA) (2019) presented a review of age requirements for parental consent for children's participation in research for EU Member States. This review is of particular importance for Serbia, given its aspiration to join the European Union in the near future. The analysis indicates that many EU Member States lack uniform legal frameworks governing children's participation in research, while in others, relevant practices vary across institutions or regions. In Austria, the legal framework does not explicitly specify an age at which children may provide consent to participate in research, and parental consent is generally required (FRA, 2019). Similarly, Belgian legislation, under the Law on Experiments on Human Beings (2004), requires the consent of a parent or other legal guardian for research involving children. At the same time, children are expected to be consulted in a manner appropriate to their age and level of maturity. Bulgarian legislation requires children's consent in conjunction with parental consent, pursuant to the Child Protection Act (2000), as amended in 2026. The Act recognizes children's right to express their views and provides for their participation in decisions affecting them from the age of 10. Estonia has adopted a more specific approach to this issue. For children between 7 and 17 years of age, participation in research generally requires the consent of both the child and a parent. Under certain circumstances, however, children over the age of 15 may provide consent independently, in accordance with the Organisation of Research and Development and Innovation Act (2025). The German framework is characterized by considerable variation among federal states, although parental consent is generally required for participants under the age of 18 (FRA, 2019). Hungarian legislation requires the consent of children over the age of 14, together with approval from the relevant ethics committees, pursuant to Act on Informational Self-Determination and Freedom of Information (2011), as amended in 2013. Italy does not have a single set of binding rules governing children's participation in research. Nevertheless, children's consent is commonly sought where they are considered sufficiently capable of understanding the nature and implications of the research (FRA, 2019). The

Serbian legal framework is particularly comparable to those of Croatia and Slovenia, reflecting the countries' shared legal and institutional heritage within the former Yugoslavia. In Croatia, parental consent is required for children under the age of 14, whereas children over the age of 14 may provide consent independently. Additional approval is generally required at the institutional level, including within schools, and at the ministerial level, according to the Code of Ethics for Research Involving Children (2020). Slovenian regulations similarly establish a distinction based on age: parental consent is required for children under the age of 15, whereas those over the age of 15 may provide consent independently, although parents are generally informed, according to the Research and Development Act (2002). Across the European Union, these national frameworks must also be considered alongside the requirements of the General Data Protection Regulation (GDPR), (2016/679), particularly where research involves the collection and processing of children's personal data (Faisal, 2025). Furthermore, national legislation is complemented by professional and institutional ethical frameworks. In many countries, relevant professional bodies and research institutions, including associations of psychologists and scientific researchers, have adopted their own ethical guidelines governing children's participation in research.

On the other hand, General Comment No. 12 of the UN Committee on the Rights of the Child, *The Right of the Child to Be Heard* (2009), proceeds from the premise that children should be presumed capable of forming their own views and that they are not required to demonstrate such capacity (para. 20). The Committee also discourages the imposition of rigid age limits in law or practice that restrict a child's right to be heard, even when children are unable to express their views verbally (para. 21). As Robinson (2025) observes, this position does not remove the practical reliance on age-based criteria within national and institutional frameworks, but it does establish a normative expectation that competence should not be regarded as emerging only at a specific chronological threshold. These recommendations are more than relevant for Serbia as a country that traditionally strives to incorporate UN standards in the area of child rights protection into its own national system. This legal overview suggests that reliance on fixed age thresholds is often a regulatory convenience that masks the deeper ethical tension regarding whether age or individual development should truly determine consent. To resolve this tension, it would be useful to shift additional attention from legal obligations to the developmental and cognitive factors that actually influence a child's decision-making process.

Factors Affecting Children's Decision-making About Participation in Research

Although using age as the primary criterion for assessing a child's capacity to make decisions about research participation is rather practical, empirical data do not consistently show a clear relationship between age and the ability to provide informed consent or assent, with no consistent pattern linking age to competence in this context (Miller et al., 2004). From a social science research viewpoint, using age as a measure of competence is problematic because of many factors like family cultural beliefs about research, the extent of parental involvement in decision-making, the way clinicians or researchers communicate about informed consent, and the specific details of the decision at hand as these factors can influence a child's consent process (Alderson, 1992). Parents have traditionally held primary responsibility for providing informed consent on behalf of their children, reflecting the view that they are the principal decision makers in matters such as health, education, and research participation. At the same time, children, particularly adolescents, are increasingly recognised as rights-bearing individuals whose views and evolving decision-making capacities should be taken seriously (Vranješević, 2015). However, this development is neither uniform nor linear. For example, the UK regulations governing clinical trials of investigational medicinal products require consent from a parent or legal representative for participants under the age of 16[2] and do not recognise their independent consent, irrespective of their maturity or decision-making capacity (Cave, 2010). Although children must receive information appropriate to their level of understanding and their wishes should be considered, those wishes are not necessarily given decisive legal effect. These contrasting tendencies illustrate the continuing tension between parental responsibility, child protection, and respect for children's developing autonomy (Iltis, 2013). Differences in socioeconomic and educational backgrounds can greatly influence the process of obtaining informed consent from patients (Al-Sheyab et al., 2019; Kadam, 2017). This consideration is equally relevant in the context of social science research. Kadam (2017) highlights that low literacy or marginal literacy levels can impair a patient's understanding and decision-making capacity. To discuss the functional literacy levels of 15-year-olds, we can refer to data from The Programme for International Student Assessment (PISA), which defines reading literacy as the ability to "understand, use, evaluate, reflect on, and engage with texts to achieve one's goals, develop one's knowledge and potential, and participate in society" (OECD, 2019).

[2] The Medicines for Human Use (Clinical Trials) Regulations 2004, SI 2004/1031, as amended by The Medicines for Human Use (Clinical Trials) (Amendment) Regulations 2025.

PISA evaluates the ability of 15-year-olds, who are nearing the end of compulsory education, to apply their knowledge and skills to real-life challenges. The latest results demonstrate that, on average across OECD countries, 26% of students were classified as low performers in reading, meaning they achieved below Level 2 proficiency (OECD, 2023). This level is considered the baseline for functional literacy, so students performing under it are regarded as functionally illiterate, with limited ability to use reading skills for learning and participation in everyday life. While 15-year-olds may be legally considered capable of providing consent in some jurisdictions, lower levels of reading literacy may limit them to engage with standard written consent materials. Hence, information may be communicated through different formats that better support understanding.

From a developmental point of view, initial debates about children's ability to provide assent were overly influenced by broad developmental theories like those of Piaget, which suggest that as children grow older, their capacity to assent improves and their vulnerability to harm diminishes (Hurley & Underwood, 2002). When giving informed consent, the 'cold' decision-making system is activated ('unhurried deliberation in the absence of emotional arousal') and Steinberg and Icenogle (2019) found that by the age of 16, this cognitive capacity is fully developed, supported by the necessary cognitive abilities. Key components of cognitive functioning, such as working memory, response inhibition, and cognitive flexibility are fully developed and higher-order cognitive abilities like perspective-taking, logical reasoning, and planning are also mature by this age. In a study by Abramovitch et al. (1995) involving a convenient sample of 131 children aged 7 to 12, primarily drawn from the Ontario Science Centre and the Institute of Child Study at the University of Toronto, it was shown that although most participants understood concrete elements of informed consent, such as the expected duration of the research or their freedom to ask questions, they had considerable difficulty understanding potential risks and their right to withdraw. Although risk assessment may be particularly challenging for children, difficulties in interpreting and applying risk information are not unique to them. Risk estimates are generally derived at the population level and may be difficult for children, adults, and even professionals to relate to their own circumstances (Birchley et al., 2024; Portus & Williams, 2026). Furthermore, among the early studies conducted in the United States concerning informed consent in children, there are some studies on the adolescents' understanding of information disclosed related to medical interventions and their reasoning process which used hypothetical dilemmas (Mulvey & Peeples, 1996; Weithorn & Campbell, 1982). Weithorn and Campbell (1982) compared children at ages 9, 14, 18, and 21 and found that 14-year-olds performed at levels comparable to adults across several legal standards of competency, including understanding, reasoning, and ability to state a treatment preference, while 9-year-olds showed limitations, particularly in reasoning and comprehension, though they still expressed reasonable treatment preferences. Mulvey and Peeples (1996), focusing on adolescents aged 14–18, compared an at-risk group with behavioral and mental health problems to a matched community sample. They found that both groups performed similarly in factual and inferential understanding of treatment information, but the at-risk adolescents scored lower in reasoning when weighing risks and benefits. These findings suggest that while adolescents may demonstrate adult-like competence in hypothetical contexts, variability exists depending on mental health status, and it remains uncertain whether such competencies generalize to real-life decision-making when the child is directly affected by illness. It is more difficult to understand abstract concepts, such as the purpose of the research (Dorn et al., 1995). Younger children's decision-making may be influenced by their belief that adults are oriented toward helping them (Kuther & Posada, 2004), although it is not always the case. Nannis (1991), in a study conducted in the United States with 28 third graders (around 9 years old) and 28 fifth graders (approximately 11 years old) recruited through their schools, found that both third and fifth graders had difficulty understanding that a research study assessing their ability to detect math errors was not intended to help them improve their math skills directly. Thus, sole reliance on fixed age limit for children consenting to participate in social science research may simplify legal processes but also overlook individual variations in maturity and understanding (Alderson & Montgomery, 1996). Thus, the principles upheld within various institutions are not always aligned with what is encountered in practice. This brings us to the researchers themselves and their role in the stages of the research process related to obtaining informed consent.

Role of Researchers in Obtaining Informed Consent

To begin with, it is important to note that all components of informed consent that we will discuss should be fulfilled in every informed consent procedure, regardless of the participant's age. Nevertheless, the literature has noted that these three components (information, capacity and voluntary participation) are more difficult to achieve in children, which is why they require particular attention (Edwards & McNamee, 2005; Fombad, 2005; Gallagher et al., 2010; Đurić, 2012). The first component of informed consent is 'information'. Therefore, the manner in which information is presented to

young children is particularly important for obtaining meaningful informed consent from them. This remains one of the key issues for researchers (Harcourt & Conroy, 2011). Usually, information about the research is provided to gatekeepers rather than to children (Dockett et al., 2013). However, when children are entitled to make informed decisions based on appropriate information, researchers should take responsibility to ensure consent is negotiated continuously, not just at the beginning of the research project (Arnott et al., 2020). This understanding is consistent with the Ethical Research Involving Children (ERIC) framework, which conceptualises research ethics as an ongoing, reflexive, and relational process centred on children's dignity, rights, and well-being. It also emphasises shared responsibility among researchers, institutions, ethics committees, families, and other relevant stakeholders (Graham et al., 2013). From this perspective, meaningful consent depends not only on individual capacity, but also on accessible information, appropriate support, and continued recognition of children's consent and dissent.

When it comes to the 'capacity' component, it is important to recognize that researchers' assumptions about how participants understand the research may not align with how they actually perceive or comprehend the information, a challenge that is especially pronounced in research with children (Gallagher et al., 2010). It can be argued that all research participants are in a position of vulnerability, but this is particularly acute for children due to the power imbalance between researchers and participants, their limited cognitive maturity, and their dependence on parents (Edwards & McNamee, 2005; Fombad, 2005). When children's perspectives on their own lives are acknowledged as valuable in their own right, they should be given genuine opportunities to engage in the consent process through forms of expression that are meaningful to them, which requires researchers to present information in ways that are clear, comprehensible, and suited to their level of development (Arnott et al., 2020; Vranješević, 2015). The third element of consent, voluntary participation, refers to the freedom to choose to participate (or not) without any consequences (Lambert & Glacken, 2011). According to some authors (Fisher, 2003; Sherwood & Parsons, 2021), the researcher's job is to balance children's rights to participate in the research while also protecting them from risks and negative consequences of potential manipulation. Research shows that the way children respond to ethical information depends on cultural influences, the specific context, and how they perceive their freedom to choose (Mayne et al., 2016).

Socio-cultural factors influence not only the child's understanding but also the role of gatekeepers such as parents, teachers, or institutional authorities. For example, a parent might refuse to allow their child to participate in a study that could reveal family issues. Given the inherent power imbalance in the parent-child relationship, it is essential that parental informed consent is not treated merely as a procedural formality, but is instead subjected to thorough ethical consideration. Seiber (1992) identified two cases in which parental permission for research participation may be waived: parental abuse and situations where the parents cannot be located. Consent should not be given by a person who is not acting in the best interest of the child. According to US family law, every child whose parents are found to lack parental capacity or are unable to care for them is assigned a legal guardian or placed in foster care. However, the identity of the legal guardian and the quality of their relationship with the child are critically important. Some authors argue that the person a child trusts most to act in their best interests is not always the biological parent or legal guardian, but may instead be a social worker or foster carer (Bogolub & Thomas, 2005). Therefore, it is important to consider the child's experiences and lived reality not only when obtaining their consent to participate in research, but also when obtaining consent from adults. The answers children might give to the question *from whom should we seek consent for your participation*, *and who acts in your best interest?* could offer valuable insights into how they perceive the ethical principles we adhere to.

In many cases, gatekeepers may have their own agendas or biases, which could affect whether or not they allow the child to participate in the research. Thus, institutional authorities might push for participation in research that aligns with the institution's interests, regardless of the child's personal preferences. This creates a conflict between the child's best interests and the interests of adults in positions of power (Miller et al., 2004). At the institutional level, similar patterns emerge as those observed in parental contexts. As Robinson (2025) describes in the UK context, ethics review processes tend to place greater emphasis on protecting children, which can result in less attention being given to supporting their active participation as envisaged in the UNCRC. A valuable contribution to this debate is provided by Sherwood and Parsons (2021), who, in a UK study based on interviews with 23 social science researchers, address researchers' lived experiences of navigating consent with children and young people. The findings show how researchers often face a dissonance between the bureaucratic requirements of ethics committees which typically emphasise risk management and the practical realities of conducting research with children, which call for flexibility, responsiveness, and a respect for children's agency. By foregrounding researchers' perspectives, this study demonstrates the need for more nuanced understandings of informed consent that move beyond formal protocols and better reflect the relational and contextual nature of research

with children. Indeed, several alternative approaches have been described in literature.

Practical Approaches to Negotiating Informed Consent with Children

Our second question concerns how a development-focused approach can be operationalised in practice. It is known that the presentation and content of ethical information can significantly impact how children respond to it (Mayne et al., 2016). To provide children with accessible information and freedom of choice, researchers can use tailored methods such as simplified texts, one-on-one explanations, multimedia tools, storyboards, cartoons, and participatory techniques. Consent or dissent can then be expressed through written forms (signatures, smiley faces, thumbprints), or verbal and non-verbal signals like "yes/no," facial expressions, body language, or gestures (Dockett et al., 2012; Mayne et al., 2016). Just as consent, informed dissent should be prioritized during the research process. This is especially important because children often express dissent through non-verbal cues, such as displaying signs of anxiety, agitation or disinterest, which can be more difficult to recognize and acknowledge (Bourke & Loveridge, 2013). Researchers should recognise and respect these signals without pressuring the child to justify their decision (Dockett et al., 2012).

Although children's involvement in research has been widely discussed in the literature, there remains a scarcity of evidence-based resources that offer alternative approaches for negotiating informed consent with children. Arnott et al. (2020) examined three creative approaches for negotiating informed consent with children under six: animated videos with joint ethical agreements, a narrative picture book, and the Ethical Helix for interpreting non-verbal children's corporeal signals. Their findings show that such methods create spaces for children to ask questions, reflect, and exercise agency in decisions about participation. Importantly, this paper highlights that consent must be seen as an ongoing, relational, and pedagogically-appropriate process, requiring researchers to remain emotionally attuned and reflexive. These approaches demonstrate that even very young children can meaningfully engage in consent when methods are adapted to their developmental level and research context. Moreover, a widely recommended approach is the evidence-based narrative approach designed for very young children aged 3 to 8 years (Mayne et al., 2016). The narrative approach uses a storybook format, combining text and images, to explain research in an engaging, age-appropriate way. This method allows children to better understand the research and their role, while also providing opportunities for clarification and interaction, making the consent/dissent process more meaningful. A narrative approach involves presenting the research project as a story, where the first part introduces the context of the research and the second part explains what participation entails. It can be presented to the child as a physical storybook or through interactive technology, allowing children to engage with the story individually or in small groups, with opportunities for discussion and clarification (Mayne et al., 2016; McIntosh & Stephens, 2012). Furthermore, Ruiz-Casares and Thompson (2016), in a study with children aged 8–12, explored how participatory visual methods could make informed consent more meaningful. In workshops, children first engaged with simplified written consent forms and then used photography to represent key ethical concepts such as confidentiality and voluntary participation. Their assumption was that written forms often caused boredom, anxiety, or disengagement, while participatory photography stimulated attention, discussion, and creative interpretations. For example, children represented confidentiality with "secrecy" gestures or by turning their backs to the camera, and voluntary participation through images of relaxed group activities (Ruiz-Casares & Thompson, 2016).

These findings show that children's willingness to participate is fluid, requiring consent to be treated as an ongoing process rather than a one-time decision. These studies also showed how peer dynamics and adult authority can influence children's choices, underlining the importance of creating safe spaces for genuine consent and dissent. Therefore, the question arises whose responsibility is the adjustment of informed consent: whether it is only on the researchers or it includes others, such as competent authorities and ethics committees.

Contextualizing consent: The Serbian Legal-ethical framework

To situate these debates in context, it is necessary to consider how they are reflected within national legal and ethical frameworks. Legislation concerning children participating in social research is more or less developed in different countries. In some, the topic is the subject of active debate, while in others it remains largely neglected and insufficiently explored. Developing countries, whose educational systems (within which such research is often conducted) and other child protection systems are not sufficiently child-oriented, are particularly important in this context. In these countries, legislation may be underdeveloped or insensitive to the specific needs of children. One such country is Serbia, a non-EU country, though aspiring to EU membership, which lacks clear legal or ethical provisions regarding children's consent in research, resulting in significant ambiguity in practice.

In Serbia, anyone aged less than 18 years is legally considered a child, while those aged 18 and over are considered adults. When it comes to informed consent, the law in Serbia does not regulate the age limit for signing informed consent for participating in research (private correspondence with the Protector of Citizens). Pursuant to Article 94 of the Law on Science and Research (2019), the National Council for Scientific and Technological Development adopted the Code of Conduct in Scientific and Research Work in 2023. Article 7 of the Code stipulates that all research activities must take into account the vulnerability and specific characteristics of research participants, including their age, gender, cultural background, religion, and other personal attributes. Within this framework, voluntary consent from research participants constitutes an essential prerequisite for participation. For minors and individuals under guardianship, consent must be obtained from their parents or guardians. Nevertheless, a comprehensive understanding of the principles underlying Serbian legal provisions necessitates an examination of the regulation of minors' consent across other fields of law. Thus, the Law on patient rights (2013, 2019) states that a child who has reached the age of 15 is considered capable of reasoning, which implies the child's ability to understand the nature of his or her health condition, the purpose of the proposed medical measure, the risks and consequences of taking or not taking the measure, as well as the ability to weigh the information obtained in the decision-making process. Therefore, a child who has reached the age of 15 and is capable of reasoning can independently give consent to the proposed medical measure, with prior notification of the significance and purpose of the intervention. According to Art. 15 of the law, a child who has reached the age of 15 also has the right to access his or her medical documentation. However, it should be emphasized that, regardless of the child's consent, medical research involving a child may be conducted, if it is for the patient's direct benefit, with the written approval of the minor's legal representative, according to Art. 25 of The Law on patient rights. This legal requirement should not be understood as implying that therapeutic benefit is probable or guaranteed. Any potential benefit remains uncertain and should be communicated cautiously to children and their parents to avoid therapeutic misunderstanding or unrealistic expectations (Heynemann et al., 2024).

Furthermore, the Family Law (2005, as amended in 2011, 2015 and 2025) provides in Article 65 that a child who is capable of forming his or her own views has the right to express those views freely and to receive, in a timely manner, all information necessary for the formation of his or her views. The child's opinion must be given due consideration in all matters affecting the child, as well as in proceedings concerning the determination of the child's rights, taking into account the child's age and maturity. Additionally, a child who has attained the age of 10 years is entitled to express his or her views directly and independently in any judicial or administrative proceedings concerning his or her rights. It should also be noted that, pursuant to Article 65(6) of the Family Law, the court and administrative authorities shall establish the child's views in cooperation with a school psychologist, the guardianship authority, a family counselling service, or another institution specialized in mediation in family relations, while ensuring the presence of a person selected by the child. The aforementioned provisions of the Family Law are harmonized with Articles 12 and 13 of the UNCRC. On the other hand, the legislator did not pay attention to the child's right to obtain complete information about the nature and significance of the issues discussed in the given formal procedure. Likewise, it is not specified that the child has the right not only to be informed, but also to express himself in a way that is appropriate considering the child's age and cultural profile, which can significantly affect the participative nature of the process in which the child's consent is to be given.

In addition to legislative provisions, ethical codes of professional associations in Serbia play an important role in guiding research practices. In Serbia, however, these codes vary in how explicitly they regulate children's participation in research. In the Code of Ethics for Psychologists in Serbia (Serbian Psychological Society, 2022), the principal document governing ethical standards in psychological research, it is stated that "a psychologist is required to obtain valid consent from participants for their involvement in the research" (Serbian Psychological Society, 2022, Article 1.6.1). A 'valid consent' means that consent is "obtained in an ethical manner that does not violate the dignity of the participants, which means that coercion, blackmail, or deception cannot be used to obtain consent, although persuasion through arguments is permissible." (Serbian Psychological Society, 2022, footnote 1). As presented, there are no detailed guidelines for the inclusion of children in research. Furthermore, the Code of Ethics of the Scientific Society of Sociologists of Serbia (2025) does not provide for special rules regarding the participation of children in social research. Sociologists emphasize that researchers should particularly consider the interests of vulnerable groups, including children. Likewise, the Code of Ethics of Pedagogues of Serbia (2025) emphasises the obligation of pedagogues to act professionally and critically, with due regard for the cultural and other individual characteristics of both children and adults under their professional care. Nevertheless, it does not establish specific provisions addressing the involvement of children or other individuals in research. On the other hand, the Code of Ethics of the Victimology Society of Serbia (2023) stipulates that the involvement of children under the age of 18

entails, in addition to the child's consent for research, the written consent of the parents. The Code of Ethics of Criminologists of Serbia (2025) also requires obtaining the consent of persons under the age of 18, and in cases of research on sensitive topics, parental consent may also be obligatory.

Towards Evidence-based Understanding of Practice

To date, there are no comprehensive studies that offer a thorough overview of how children's consent is obtained in research practices in Serbia. We conducted a review of all published articles of Serbian authors archived in the ScIndex database, which is "the central hub of the integrated system of quality-controlled scientific publishing in Serbia"[3], using the keyword 'consent'. However, results revealed no published studies on this topic in a sample of researchers who conducted studies with children and young people in Serbia. All the studies that mention consent were related to clinical trials, and none focus specifically on children and adolescents. Without information about the researchers' practices, their similarities and differences, and the basis on which they rest, improving these processes is challenging. Examining the experiences of researchers and their views can greatly help to identify their resistance to more dynamic and creative procedures of consent obtaining and problems encountered during the process. Additional context-specific issues, such as low levels of literacy, may arise in the Serbian population of children and adolescents, which may affect their decision-making process. According to the latest PISA results, 36% of students in Serbia are functionally illiterate in reading literacy and only 2% achieved the highest performance levels, compared to the OECD average of 7% (Čaprić & Videnović, 2024). These statistics raise concerns about the competence of 15-year-olds in Serbia to provide fully informed consent for research participation. Since reading literacy encompasses the ability to understand, evaluate, reflect on, and engage with written texts, these findings are relevant to how young people process standard written consent materials. Decision-making competence, however, also involves broader abilities, including reasoning, appreciating the implications of participation, and communicating a choice. The PISA findings therefore point to the importance of adapting consent materials through simplified language, oral explanations, visual resources, or interactive methods, so that reading demands do not become an unnecessary barrier to informed participation. Empirical studies are needed to explore age limits mentioned in the different law articles we found to be relevant for the topic. Currently, there are no specific laws regulating the participation of children in scientific research, no guidelines of relevant organizations, no studies conducted in Serbia that could offer guidelines based on empirical findings, which leads to the assumption that researchers are mainly guided by personal assessments, judgment and institutional ethical committees, which vary by institution. Future research should focus on assessing actual practices among domestic researchers, as the quality of the obtaining consent process largely depends on their roles, which involve both responsibility and skills, within and beyond the scope of legal regulations. Some of the important research questions that warrant further investigation in the Serbian context include: what are the current practices of researchers who involve children as participants in their studies; how is the process of obtaining informed consent carried out; what guides researchers in this process - what guidelines do they rely on, and how do they act in situations that are not clearly addressed by existing guidelines but arise in practice. Only once we have answers to these questions can we begin to better understand the current challenges in practice, how researchers conceptualize potential solutions, and, from there, initiate discussions on improving the informed consent process in ways that more effectively protect those participating in our research.

Conclusion

Obtaining children's informed consent, assent, and dissent is an ethical requirement intended to ensure that participants understand the purpose, procedures, risks, and potential benefits of research before agreeing to participate, while also recognising their continuing right to refuse or withdraw (Kuther & Posada, 2004). Although fixed age thresholds remain widely used because of their legal and administrative practicality, they provide only a partial basis for determining whether a child can participate meaningfully in the consent process. Children of the same age may differ considerably in their understanding, reasoning, communication abilities, maturity, and prior experience, while the complexity and context of the decision may also vary.

Based on the arguments developed throughout this paper, we propose that age alone should not dictate a child's ability to consent. A more individualised and development-sensitive approach is required, based on the child's evolving capacities and the specific demands of the decision. This does not necessarily imply abandoning age thresholds altogether, since they may continue to provide legal clarity and procedural safeguards. Rather, age should be considered alongside the child's ability to understand relevant information, reason about the implications of participation, communicate a choice, and appreciate the voluntary nature of the decision.

[3] https://scindeks.ceon.rs/Default.aspx?lang=en.

This position reflects the central ethical tension identified throughout the paper. Researchers and institutions have a duty to protect children from harm, coercion, manipulation, and participation they do not sufficiently understand. At the same time, children are rights-bearing individuals whose views, experiences, and developing autonomy should be taken seriously. An approach focused exclusively on protection may marginalise children's perspectives and reduce their involvement to a symbolic addition to parental consent. Conversely, an approach that overstates children's independence may overlook their dependence on adults, the power imbalance within research relationships, and the need for additional support and safeguards. The challenge is therefore not to choose between protection and participation, but to develop consent procedures capable of supporting both.

Operationalising such an approach requires that consent be understood as an ongoing and relational process rather than a single administrative event. Children's willingness to participate may change over time, and researchers should remain attentive to both explicit and less direct expressions of refusal, discomfort, withdrawal, or loss of interest. Dissent should be treated as an integral part of ethical decision-making, while assent should be understood not merely as a procedural addition to parental permission, but as recognition of children's evolving capacities and their right to express views on matters that affect them.

The way in which research information is communicated is equally important. Meaningful participation depends not only on the content of the information provided, but also on whether it is presented in a form the child can understand and use in decision-making. Simplified written materials, oral explanations, visual resources, narrative approaches, multimedia tools, and interactive methods may all be appropriate, depending on the child's age, maturity, literacy, communication abilities, and the research context. Such adaptations do not reduce the standard of informed consent; rather, they create the conditions necessary for children to engage with the information meaningfully.

Responsibility for developing and implementing these procedures cannot rest solely with individual researchers. Researchers are often best placed to adapt consent processes to the aims, methods, and participants of a particular study, but they require institutional support. Ethics committees and research institutions should move beyond a narrow emphasis on formal compliance and risk avoidance and should assist researchers in developing flexible, context-sensitive, and participant-centred procedures. Professional organisations and competent authorities also have an important role in providing clearer guidance, training, and practical resources. Parents, guardians, teachers, social workers, foster carers, and institutional gatekeepers may contribute to the protection of the child, but their involvement should not displace the child's own voice or be assumed automatically to represent the child's best interests.

These issues are especially complex in research involving children without parental care, children in residential or correctional institutions, and other groups whose interests may not be adequately protected through conventional parental consent procedures. In such contexts, formal permission from an institution or legal representative may be necessary, but it may not be sufficient to ensure meaningful participation. Greater attention is needed to who is authorised to provide permission, whether that person has a relationship of trust with the child, and how the child's own consent, assent, or dissent is recognised throughout the research process.

The Serbian context makes these challenges particularly visible. Serbia lacks clear and coherent provisions specifically regulating children's consent, assent, and dissent in social science research. Researchers therefore operate within a fragmented framework consisting of general legal rules, professional codes, institutional ethics procedures, and analogies drawn from medical law. This regulatory uncertainty places considerable responsibility on individual researchers and ethics committees, but it should not be regarded merely as a legal void or as a justification for relying on personal judgement. Rather, it highlights the need for a rights-based framework consistent with the UNCRC, one that combines appropriate protection with recognition of children's participation, expression, and evolving autonomy.

Such a framework should also recognise that standards developed for medical treatment and biomedical research cannot be transferred uncritically to social science research. The ethical concerns of social research are often relational, emotional, social, and contextual rather than primarily clinical or physiological. A rigid application of medical models may therefore lead to procedural protectionism without adequately addressing children's lived experiences, agency, or continuing involvement in decision-making. At the same time, social science research is not risk-free, and its less visible or indirect risks still require careful ethical assessment.

There is currently no consensus in Serbia, or internationally, on how children's consent, assent, and dissent should be obtained across different ages, abilities, research settings, and levels of risk. The literature reviewed in this paper offers important conceptual principles, legal standards, and practical methods, but evidence concerning their implementation in Serbian research practice remains limited. Further empirical research is needed to examine how domestic researchers interpret existing legal and ethical standards, how they negotiate consent in practice, how children themselves understand and experience these procedures, and which communication formats most effectively support meaningful participation.

The aim should not be simply to classify children as competent or incompetent according to a fixed chronological threshold, but to create conditions in which they can understand, decide, communicate, and reconsider their participation as fully as possible. Meaningful consent is therefore not achieved merely by obtaining a signature or formal approval; it depends on a continuing process that respects children as participants with rights, perspectives, and evolving capacities.

Author contributions All authors contributed to the final manuscript. A.R. conceptualized the review. I.M. and S.P. designed the review and identified relevant resources and literature. I.M. led the writing. S.P., A.R., and M.K. contributed to specific sections. All authors provided critical feedback and reviewed the manuscript.

Funding This work was supported by the Ministry of Science, Technological Development and Innovation of the Republic of Serbia (Contract No. 451-03-33/2026-03/200018, Contract No. 451-03-33/2026-03/200039 and Contract No. 451-03-34/2026-03/200096). The funders had no role in paper conceptualisation, decision to publish, or preparation of the manuscript.

Data Availability No datasets were generated or analysed during the current study.

Declarations

Competing interests The authors declare no competing interests.

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