

# Peer Experiences and Engagement of Parents (PEEPs) Study

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Start of Block: Introductory Statement

## Parental Consent For a Research Study Entitled “Peer Experiences and Engagement of Parents (PEEPs) Study”

**You and your child are invited to participate in a research study** to better understand how parents and their children think about, and respond to, experiences of bullying that the child might have. The study is being led by Dr. Wendy Troop-Gordon in the Department of Human Development and Family Science at Auburn University. You and your child are invited to participate because your child is in the 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, or 9<sup>th</sup> grade, a time when peer-related stress often occurs. It is not necessary for your child to have been bullied or have experienced difficulties with peers to participate in this study. Due to institutional and Amazon policies restricting the sending of funds or gift cards internationally, we can only invite U.S.-based families to participate.

**What will be involved if you and your child participate?** If you decide that you and your child would like to participate in this study, both of you will be asked to complete several online questionnaires. These surveys will ask you about the following:

- Communication with your child
- Knowledge about your child’s peer relationships and difficulties with other kids
- Knowledge about your child’s bullying behaviors
- Your responses to your child’s peer experiences
- How you think about bullying and solving problems with peers
- Your own previous experiences with peer victimization
- Your general feelings and emotions

Surveys will ask your child about the following:

- Communication with you as the parent
- Your child’s peer relationships and difficulties with peers
- Your child’s bullying behaviors
- How your child thinks about bullying and problems with peers
- Your child’s responses to peer experiences
- Your child’s general feelings and emotions and eating behaviors

The parent survey is expected to take 25-30 minutes. After your survey is complete, you will be asked to have your child complete their survey. The child survey also takes approximately 25-30 minutes to complete.

**Will there be compensation for participating?** All parents and children participating in this study will get a \$10 Amazon gift card each for participating in the surveys. You and your child do not need to answer all of the questions to receive the compensation and will get the gift card even if you both decide to discontinue your participation.

**Are there any risks or discomforts?** You or your child may feel uncomfortable answering some of the questions in our surveys. To minimize these risks, you and your child may skip any questions that you feel uncomfortable answering, and you may stop the surveys at any time. In addition, electronic files with the survey responses will be stored in a password-protected file that only the investigators and

authorized key study personnel can access. There is minimal risk of breach of confidentiality (i.e., someone could find a way to access the files and identify you or your child as a participant in this study). All survey responses will be de-identified and coded with a confidential identification number. Only authorized study personnel and investigators will have access to identifying information.

**Are there any benefits to you, your child, or others?** The objective of this study is to develop a better understanding of how kids and their parents respond to bullying. It is possible you and your child will develop a slightly better shared understanding of how you could respond to bullying more effectively in the future. However, this study is not an intervention effort so it is unlikely that communication between you and your child will improve as a result of participation.

**Are there any costs?** There are no costs associated with participating in this study.

**If you (or your child) change your mind about your participation,** you can withdraw from the study at any time. Your participation is completely voluntary. If you choose to withdraw, your data can be withdrawn as long as it is identifiable. Your decision about whether or not to participate or to stop participating will not affect your future relations with Auburn University, the College of Human Sciences, or the Department of Human Development and Family Science.

**Your privacy will be protected.** Any information obtained in connection with this study will remain confidential and will be reviewed only by the authorized research team. You and your child will be assigned a confidential identification number, and all electronic files of your answers will be linked to this confidential identification number only. These files will be downloaded to a secure, password-protected computer and will be labeled using only the confidential identification number. Names of participants will be kept on a secured, password protected computer separate from survey responses and will not include identification numbers. Yours or your child's identity will not be linked back to individual surveys responses. Information obtained from this study will be published in professional journals and presented at professional meetings in aggregate form (e.g., deidentified scores averaged across parents and children), but no individual person's name will appear in any written or verbal report derived from this study.

**If you (or your child) have questions about this study,** please contact Dr. Wendy Troop-Gordon at (334)844- 3295 or at [wpg0006@auburn.edu](mailto:wpg0006@auburn.edu).

A copy of this document can be provided for you to keep.

**If you have questions about your rights or your child's rights as a research participant,** you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334)-844-5966 or e-mail at [IRBadmin@auburn.edu](mailto:IRBadmin@auburn.edu) or [IRBChair@auburn.edu](mailto:IRBChair@auburn.edu).

**HAVING READ THE INFORMATION PROVIDED, PLEASE DECIDE WHETHER OR NOT YOU WISH FOR YOU AND YOUR CHILD TO PARTICIPATE IN THIS RESEARCH STUDY. Selecting the "I Consent" option and adding your signature indicates your willingness to participate. Should you choose to participate, the information you and your child provide will increase our understanding about peer interactions and ways to help parents and children deal with peer problems that arise.**

***The Auburn University Institutional Review Board has approved this document for use from \_\_\_\_\_ to \_\_\_\_\_; Protocol #\_\_.***

Please select one of the following.

- I consent to participate. *By signing your name here, you are consenting to participate in this research study.*

Type your name here

- I do not consent to participate.

*Skip To: End of Survey If Please select one of the following. = I do not consent to participate*

## Peer Experiences and Engagement of Parents (The PEEPs Study)

You are invited to be a part of a project to help us learn about kids' experiences with their peers – other kids around their age. We are particularly interested in times when kids are mean to each other. This may not be something that has happened to you, but we are still interested in your thoughts and experiences. We are also interested in how parents react when their child is having problems with other kids, so we will ask you questions about the parent who you are participating in this study with. Finally, we will ask you about your health including how you have been feeling and your eating habits because those experiences are important too.

Before deciding whether or not you want to help us with our study, there are several things we would like you to know:

- There are no right or wrong answers. We just want to know what you think.
- All of your answers will be kept private. We won't show them to your parents or anyone else.
- Some of the questions may remind you of difficult or painful experiences. You may not feel comfortable answering some of the questions. If we ask a question that you do not want to answer, you **DON'T HAVE TO. Simply skip the question. You also may stop AT ANY TIME.**
- You will be asked to answer questions about the parent/guardian doing this study with you. Please make sure you know who is doing the study with you before starting the surveys.

If you have any questions, please talk to your parent or guardian or email our research team at [aubprpv@auburn.edu](mailto:aubprpv@auburn.edu).

**By signing your name below, you are indicating that you understand the information presented here, have talked to your parent(s) about this project, and agree to participate in this study.**

**Do you wish to participate in this study?**

- Yes. I want to participate.**

**By signing your name here, you are agreeing to participate in this research study.**

*Please type your first and last name here.*

- No. I do not want to participate.**

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