



Making the ‘**Big Talk**’ many small talks

Supporting conversations between parents
and their children about relationships and
healthy sexuality development



sexualwellbeing.ie



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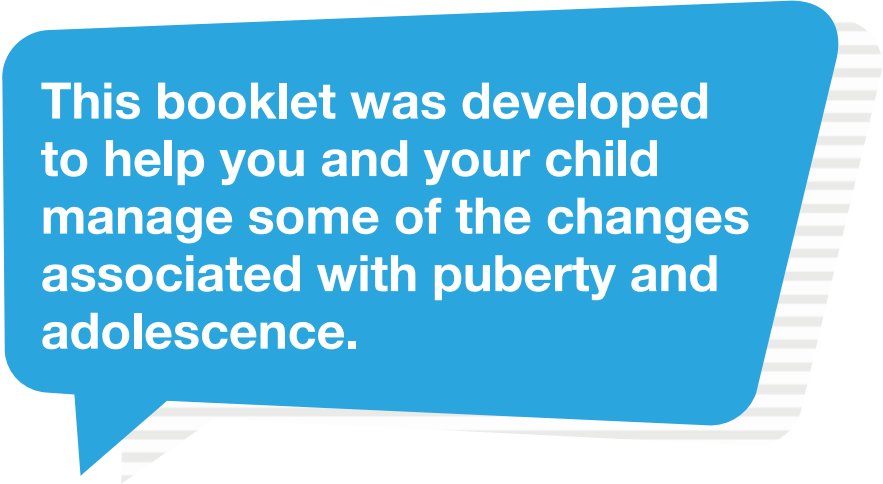
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This booklet and other resources for parents are available to download or order from healthpromotion.ie

Further information and advice for parents on the topics of relationship and sexuality health can be accessed at sexualwellbeing.ie

Notes on use

- 1 Words highlighted in **bold** within the text are explained in the glossary.
- 2 A small number of resources mentioned in this booklet are from other countries. Any references to the law and to services will not apply to Ireland.



This booklet was developed to help you and your child manage some of the changes associated with puberty and adolescence.

Making the Big Talk many small talks: 8-12 year olds

This booklet is one of the ‘Making the Big Talk many small talks’ series, which has been developed to help you talk with your child about relationships and health sexuality development.

‘Making the Big Talk many small talks: 8-12 year olds’ will help you and your child to manage some of the changes associated with puberty and adolescence. As your child moves through this developmental stage they will experience physical, emotional and social changes. This booklet and the ‘Busy Bodies’ booklet for children (also available from healthpromotion.ie/publications) will help you to prepare and support your child through these changes, focussing on the development of healthy attitudes and behaviours about relationships and **sexuality**¹.

1 The word ‘sexuality’ is used in this booklet to refer to all aspects of a person’s sexual development: physical, social and emotional. It is not restricted to sexual orientation and sexual activity.

It's normal to experience a range of emotions when faced with this topic. Some parents may be used to talking about it and for others it might be their first time. There may be some fear, nervousness, perhaps even excitement, at the possibility of shaping your child's experience. Memories of your own experience of growing up and of sex education may also lead to mixed emotions. Research finds that most parents feel a bit challenged by the idea of talking with their children about relationships and sexuality but that most want to do it. They know that by doing so, they can have a positive impact on the healthy development of their children's sexuality.

It is important that you don't just wait for your child's questions but consider in advance what they need to know to be supported in this phase of their development. The good news is that there is no need for the 'Big Talk', just lots of small talks as you go along. Having the right support and information at the right time can help your child deal with growing up in a positive way.

This booklet provides information about this stage of your child's life and suggestions about what you might do and say to help them. It also signposts you to further sources of information and support.

Remember that the booklet is a general guide to what is needed between the ages of 8 and 12, but you know your child and their individual needs best.

Why talk to your 8–12-year-old about relationships and healthy sexuality development?



Research finds that, knowingly and unknowingly, parents constantly pass on knowledge, attitudes and values to their children about the body, relationships and sexuality². Research also tells us that most parents want to help their children to develop positive and healthy attitudes to their bodies, relationships and sexuality, and that sexuality education has a positive impact on young people's sexual health knowledge and their related behaviours³.

A 2020 Irish study found that older teenagers who were sexually active, who had discussed sex and relationships with their parents by age 13, were significantly more likely to have used contraception at first sex⁴.

As the parent, you are ideally placed to help your child navigate the challenges ahead of them. You can help your child learn about their body, sexuality and relationships in a way that supports healthy sexual expression. This is not just about the biological aspects of sex but includes emotions as well. You can help your child to acknowledge their feelings and also to respect other people's perspectives and rights. All of this will help your child make wiser choices and develop healthy behaviours in relation to sexuality, relationships and sex as they mature.

2 Conlon, C. (2018) Supporting Parents Communicating with Children Aged 4–9 Years about Relationships, Sexuality and Growing Up.

3 UNESCO (2018) International Technical Guidance on Sexuality Education; WHO (2010) Standards for Sexuality Education in Europe.

4 ESRI (2020) Talking about Sex and Sexual Behaviour of Young People in Ireland.

By developing the habit of talking about relationships and sexuality, you lay the foundation for good communication between you and your child. There may be embarrassing moments for you both, but by talking, even when it is uncomfortable, you send the message that it's important to discuss sensitive topics. The more you talk, the easier it gets!



Your challenge as a parent is to continue providing love and boundaries to protect your child, while also giving them increasing responsibility and control as they take the first steps towards adolescence.

**The more
you talk,
the easier
it gets!**

Tips for talking with your child about relationships, sexuality and growing up

Each child is unique and each family is different, but here are some general tips that might help get you started:



Be prepared

Use books and videos at each stage of your child's development to decide what messages about relationships and sexuality you would like to communicate.



Start early and keep it simple

Start talking with your child about relationships, sexuality and growing up from a young age. This helps to normalise these conversations and build healthy habits.



Make it relevant

Think of a pregnancy or new baby in the family, or a sexuality issue on screen or in the media, as an opportunity to talk.



Layer, don't load

It's not a one-off performance, so don't try to fit everything in at once. You can revisit topics as your child's interest and understanding develops with age.



Teach facts, then go further

Talk to your child about your opinions and beliefs on all aspects of sexuality, including what makes for healthy relationships.



Be a 'tellable' parent

Really listen to what your child is saying to you about their life; about their joys, concerns and worries. They will communicate these to you through their words and actions.



Be an 'askable' parent

Through your words and tone, welcome your child's curiosity. Ask gentle questions to see what they already know. If you don't have the answer to a question, it's OK to say that you don't know but will find out.



Teach body ownership

It's important your child understands that their body is their own and they don't have to let anyone touch them in a way that's unsafe and/or unwanted. This is the beginning of teaching them about consent. As they get older you can talk about consent in relation to posting text or images online, and later on, about sexual activity.

The difference between sex and sexuality

**Sex is what we do;
sexuality is who we are**

Anna Freud (Psychoanalyst, 1895–1982)

People use the word ‘sex’ to refer to sexual contact or activity and also to describe whether a person is male or female. ‘Sexuality’ is a broader term, describing how we feel about and express ourselves as sexual beings. This includes how we form relationships with people in our lives and how we relate to our society.

Sex education and sexuality education



The terms ‘sex education’ and ‘sexuality education’ are often used to describe the same thing but in Irish schools the subject is referred to as Relationships and *Sexuality* Education (RSE). This is to emphasise that although it includes issues around sexual activity in the older years, it is about much more than that. It is about how we support children to understand and express all aspects of their sexuality in a healthy way and how we help them develop the attitudes, behaviours and skills necessary for respectful and supportive relationships throughout their lives.

The Sexuality Wheel

The Sexuality Wheel gives an idea of the many elements that make up or influence a person's sexuality. It shows that our understanding and experience of our sexuality and how we express it in the world is a core part of who we are as human beings.



Sexuality Wheel reproduced with kind permission of 'Teachingsexualhealth.ca'

What are the common sexuality developmental needs of children aged 8–12?

The range of development between the ages of 8 and 12 is quite broad. At 8 years children are often still very much children, while children of 12 are very often on their adolescent journey. Although we use age as an indicator of development only you know what stage your child is at and what their needs might be.

That said, it's useful to have some idea of what is often going on for children this age in terms of their sexuality development. They generally:

- ✓ form more same-sex friendship groups than previously
- ✓ want more privacy/personal space
- ✓ want to make more decisions/do more things independently of their parents
- ✓ develop 'crushes' or fantasise about being in love (often with celebrities). Some in the upper end of this age range will experience their first romantic or sexual attraction
- ✓ feel the need to appear grown-up and smart – often about sexual matters, so may use sexual language
- ✓ stop asking parents questions about sexuality issues, especially if any early efforts have met with a poor response
- ✓ experience some or all of the physical changes associated with puberty
- ✓ experience doubt or concern about the physical changes – worry whether their development is 'normal' compared to peers
- ✓ increase physical self-exploration through self-touch/masturbation.

Puberty and adolescence

Sometimes the words ‘puberty’ and ‘adolescence’ are used as if they mean the same thing, but although they are linked, they are not the same.

Puberty

describes the *physical changes* that happen when a young person’s body starts to become more like an adult’s body.

Adolescence

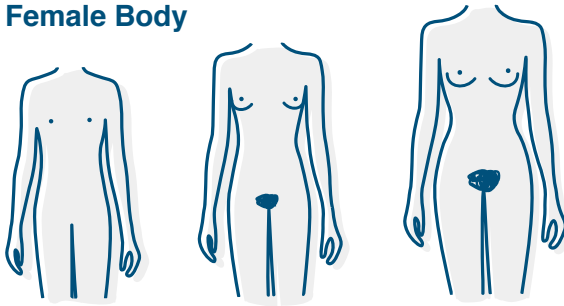
describes the *stage in life* between being a child and being an adult, covering the teenage years.

Puberty

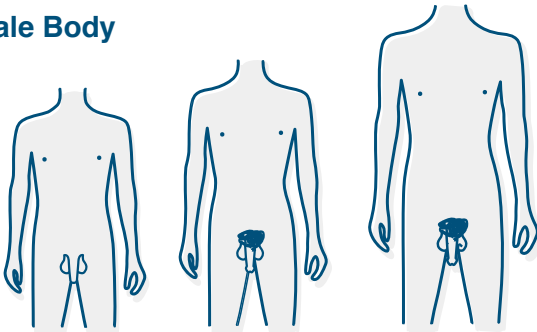
Puberty is when a child's body begins to change into the body of an adult, capable of reproduction. **Hormones** are released, leading to rapid change, physically, emotionally and socially.

Physical development

Female Body



Male Body





Some things to know:

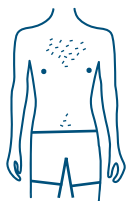
On average, female bodies start puberty between 9 and 11 years of age and male bodies start around 12 years of age. Even if your child's development falls outside this range it can still be healthy. Talk to your GP if you are concerned. The table below shows the main physical changes that occur in the body during puberty.

Main physical changes of puberty

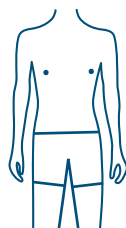
Common to all bodies	
Hair growth under arms and on legs 	Oil glands in skin produce more oil which can lead to spots or acne 
Pubic hair grows around the genitals 	Sweat production increases 

Male bodies only

Hair growth on body, chest and face



Body grows taller and usually broader around the chest and shoulders



Voice deepens



Testes and scrotum grow



Penis grows



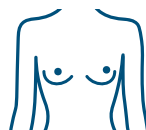
Increased spontaneous erections and wet dreams may occur.

Body is capable of ejaculating semen for the first time

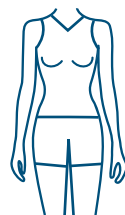


Female bodies only

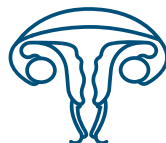
Breasts grow



Body grows taller and curvier, hips widen



Ovaries release egg cells



Menstruation (periods) begins



Puberty and the female body

Stages of puberty

Stage 1

The trigger for puberty in the female body is the production of particular hormones in the brain. These hormones travel through the blood to the ovaries to start the **pubertal** development of your child. Physical changes aren't noticeable at this stage.

Stage 2

The ovaries begin releasing **oestrogen** and **progesterone**. Hormones race around the body leading to physical changes. Breast buds start to form under the nipple. Your child gets taller; hair starts to grow under arms, on legs and around the pubic area.

Stage 3

Breasts carry on growing and **pubic hair** gets thicker. Hips get wider. The **vagina** releases a clear, white or off-white mucus (discharge) which helps it to stay clean and moist. It also helps prevent and fight infections.

Stage 4

The ovaries release an egg (**ovulation**) which, if not fertilised, is shed from the body along with the blood and tissue from the womb lining, in the form of a period. Skin gets oilier and can cause spots.

Stage 5

Puberty finishes when your child reaches their adult height, when breasts finish growing and their menstrual cycle is established.

Breast development



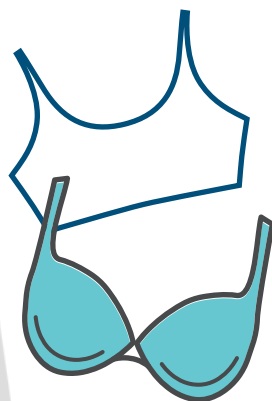
Some things to know:

The first sign of breast development is the nipples growing; they may be puffy or sore during this time. These are known as breast buds. The breasts continue to grow for about 5 to 6 years. Children can be quite self-conscious when their breasts are developing as they may not develop at the same rate as their peers or they may develop quicker than their peers. All breast sizes are normal and the breasts may even be different sizes. Breasts can feel lumpy and sore as they grow. Some people continue to experience this breast tenderness before they get a period until menopause occurs later in life.



What you might do:

Shop together for a first bra or arrange for someone with whom your child is comfortable to do it. Your child might also want to wear a crop top before they have need of a bra.

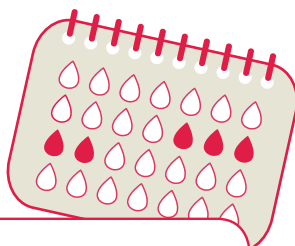
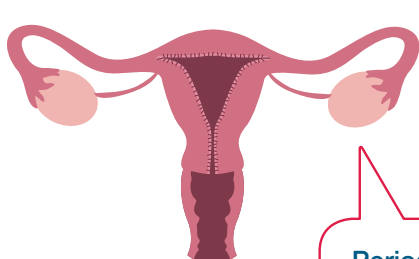


Menstruation/ periods



Some things to know:

A period is blood and tissue from the womb (**uterus**) leaving the body through the vagina. Periods happen because the female body has two ovaries containing millions of tiny eggs and one of these ripens and is released every month. When puberty arrives, hormones tell the body to release the first egg. The egg travels down one of the fallopian tubes to the uterus. The uterus has prepared for the egg by building a thin lining of blood along the walls. If the egg isn't fertilised by a sperm, then the body releases the egg and the lining of the womb breaks down, leaving the body as a period. Although it can feel like more, the amount of blood lost in a period is only about one egg-cup full. Periods can take time to settle into a pattern, and most females will develop a regular menstrual cycle of roughly every 28 days, with periods lasting for 3 to 5 days. Periods usually start about two years after breasts begin to grow (bud).



Periods happen because the female body has two ovaries containing millions of tiny eggs and one of these ripens and is released every month.



Pre Menstrual Syndrome (PMS):

Some people experience PMS before they get their period. This can involve mood swings, cramps, tender or swollen breasts and/or bloating.



Menstrual Pain:

Many people experience some level of pain during their period. This can usually be managed with some mild pain medicine, local heat and gentle exercise. If period pain is moderate to severe or if the bleeding is heavy and disrupts your child's school or home life, speak with your GP.

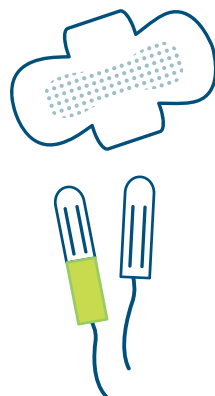
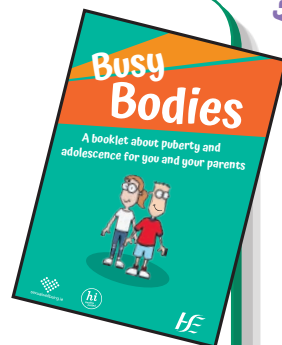
Healthy vagina:

A healthy vagina releases a sticky substance that may be seen on underwear. This is completely normal and not a cause for concern. Occasionally there may be some itchiness or soreness around the vagina, and sometimes the sticky discharge may turn white and become thicker. This may be a mild form of thrush, which is common in pubescent girls – it is caused by the overgrowth of yeast in the vagina and is perfectly normal. It usually goes away on its own but if it persists or if your child is very uncomfortable, speak to your pharmacist or GP.



What you might do:

- Use the HSE's Busy Bodies booklet or other resources to explain the menstrual cycle to your child and cover what happens when they get their period, how to deal with it, how long it can last and how frequently it happens.
- Rather than try to get everything into one conversation, drip-feed the information and give more detail as needed.
- In addition to explaining about periods, reassure your child that the sticky white substance (mucus) that is discharged by the vagina throughout the monthly menstrual cycle is completely normal and healthy.
- Discuss the various sanitary products which your child might use and how to use and dispose of them. People generally start with sanitary towels but there is a growing variety of products available, including many more sustainable methods, e.g. menstrual cups, reusable or biodegradable pads.
- Help your child make up a period pack for their school bag with sanitary towels and spare underwear. Discuss what to do if the period comes during school hours, an activity or when your child is away from home. This might include how to make an emergency pad with toilet paper and identifying a teacher or another adult to whom they could go for assistance.



- Talk about the need for increased hygiene, for example, changing sanitary towels and tampons regularly to avoid infection and washing the genital area. It is a good idea not to use perfumed products on the genital area as this can cause infection.
- Discuss how to manage possible cramps using heat, exercise, a bath or, if necessary, painkillers. Don't put off going to the doctor if your child experiences recurrent pain that interferes with their life.
- Explain to your child that during puberty their body will become physically capable of having a child but it will be a long time before they are old enough to take on all that's involved in pregnancy, childbirth and raising a child. This might be obvious to you but maybe not to them!

It's a good idea to talk to your child about menstruation well before their first period so they are prepared and not shocked or frightened. Children who are prepared are likely to have a better experience and ask for help if they need it.



Puberty and the male body

Stages of puberty

Stage 1

The trigger for puberty in the male body is the production of particular hormones in the brain. These hormones travel through the blood to the testes to start the **pubertal** development of your child. Physical changes aren't noticeable at this stage.

Stage 2

The testes start producing **testosterone** and sperm. Testicles grow larger and hair grows around the pubic area. Your child grows taller following a growth spurt.

Stage 3

The penis grows longer and the voice deepens. **Wet dreams** may start.

Stage 4

Pubic hair continues to grow and the penis gets thicker and longer. Skin gets oilier and can cause spots. Hair grows under arms and on upper lip and chin.

Stage 5

Puberty finishes when your child reaches their full adult height, shoulders widen and facial hair grows regularly.

Penis and testicle growth

Some things to know:



The penis and testicles grow during puberty and testicles begin to produce sperm. **Semen**, the liquid containing sperm, can now be ejaculated through the penis. The size and shape of the genitals vary from person to person and a person's two testicles are usually slightly different in size. It's normal for one testicle to hang a little lower than the other. The scrotum (skin holding the testicles) tightens in the cold and loosens in warmth to hold the testicles at an ideal temperature.



What you might do:

- Explain to your child that their genital area and penis needs to be cleaned regularly. If they have an uncircumcised penis they need to gently pull back the foreskin and clean away any smegma, a thick white substance. This is a natural lubricant but, if left unwashed, it can cause infection and odour. Remind them that they should never forcibly retract their foreskin.
- If your child experiences severe or prolonged pain in the genital area, seek immediate medical advice. This is particularly important if they also feel sick and vomit.



Erections



Some things to know:

An **erection** is when the penis gets hard in response to feeling sexually excited. Sometimes spontaneous erections that are not linked to anything sexual may occur. These can be awkward for your child, especially if it happens during the day when they are out and about. An orgasm at this age may result in semen being ejaculated and this is likely to contain sperm.



What you might do:

Give your child a bit more privacy in the mornings as many children experience erections first thing. While spontaneous erections are awkward, they are normal and your child will learn to gain control over them as they get older. Ways to manage them include deliberately thinking of non-sexual things, wearing loose underwear, untucking a shirt or carrying their bag in front of them until the erection subsides.



Wet dreams



Some things to know:

A wet dream is when semen comes out of a penis while the child is asleep. This is a common occurrence during puberty. It cannot be controlled; it's all part of growing up and will eventually settle.



What you might do:

Reassure your child that wet dreams are very common during puberty; it's just a part of their body growing up. Remind them to change their underwear and bedding as necessary.



Voice deepening



Some things to know:

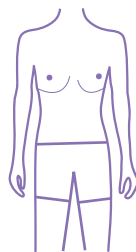
For most children, this generally happens sometime between the ages of 11 and 15 but usually after a large growth spurt. Some children may be self-conscious about their voice changing.



What you might do:

Reassure your child that this is a temporary but normal part of growing up, and acknowledge that although this can be awkward at times, it will pass. Be aware of the possible impact of teasing if your child is sensitive about this.

Breasts



? Some things to know:

It is not uncommon for males to experience the growth of breast tissue and tenderness around the nipples during puberty. Their bodies are producing more hormones, including the female hormone oestrogen, and can take a while to settle down. Although male breasts don't tend to grow particularly large, children can feel very self-conscious and may need your support. Male breast growth is usually temporary and is not generally a health problem, but in a small number of cases there may be underlying causes.

If your child is carrying excess weight, they may be more prone to the growth of breast tissue and may also have a layer of fat under the chest skin. Achieving a healthy weight should help resolve the issue.



What you might do:

- Reassure your child that this is a normal part of puberty for some people and will sort itself out in time.
- Suggest that they wear loose tops if this helps them feel more comfortable.
- Talk to your GP if you or your child is concerned.



Puberty changes common to all

Hair growth



Some things to know:

During puberty, the young person will experience hair growth on their body, under their arms, on their legs and around their pubic area. For males, facial and chest hair growth is common. Noticeable facial hair usually happens around 15 to 16 years.



What you might do:

Reassure your child that hair growth in these areas is normal. When they are older, if your child decides to shave or remove hair in other ways, give them some tips on how to avoid irritation or cuts. It is also important to teach shaving hygiene such as not sharing razors as these can hold traces of blood and bacteria which can spread infections.



Personal hygiene



Some things to know:

During and after puberty, children develop hair around the body, the oil glands in their skin produce more oil and they also sweat more.



What you might do:

It is important to develop a good hygiene routine from an early age to deal with body odour and protect against infections. Poor hygiene can impact on your child's confidence. Encourage daily washing and use of deodorant or antiperspirant. Ensure they regularly change and wash clothes, with underwear and socks being changed daily. If your child develops **acne**, encourage them to gently wash their skin with a mild soap product daily. If it is a significant problem, talk to your pharmacist or GP.

Body image



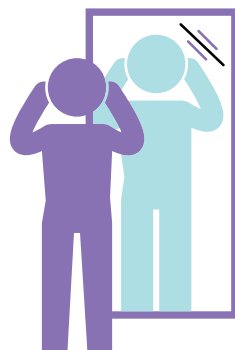
Some things to know:

The physical changes that occur during puberty can affect a child's **body image**. Some children will be delighted at their emerging adult body and others may feel less positive. They may also get comments from other people that affect how they feel.



What you might do:

During puberty, young people tend to compare themselves to their peers. Although this is natural, it is not helpful. Encourage them to focus on the positives of their developing body. It can be helpful to challenge the 'perfect' images in media and magazines and discuss with them how they feel about their body. Help them take care of their body with good hygiene, food, sleep and exercise. A healthy body image is an important part of your child's overall health now and later in life.



Masturbation



Some things to know:

Masturbation is when a person touches their genitals for pleasure. This is a normal part of healthy sexual development and is common in adolescence. Contrary to the old myths, masturbation is generally not considered to have any health risks and may have some health benefits as the young person becomes familiar with their own body in a safe way. Some young people may become obsessed with masturbation for a time, but this will usually pass. While masturbation is common, not every young person masturbates. Some have no interest and some abstain for religious, cultural or personal reasons.



What you might do:

Reassure your child that masturbation is a normal part of sexual development. Ensure they understand that this is a private activity and good hygiene should be practised. If you wish to talk to your child about abstaining for religious, cultural or other personal reasons, try to do so in a way that is not shaming for the young person.



Transgender child and puberty



Some things to know:

If your child is exploring their **gender identity** or has identified as **transgender**, puberty can be a particularly confusing time. Their body may be changing in ways that don't match their sense of themselves.



What you might do:

As parents, you may want to prepare for your child's possible need for additional emotional and practical support during this important developmental stage. You might want to contact the BeLonG To Youth Service or Transgender Equality Network Ireland (TENI). See the 'Where to get more help and information' section for contact details. If necessary talk to your GP.

Intersex child and puberty



Some things to know:

People who are born with variations in their sexual anatomy, in their chromosomes or in their hormonal patterns that are not seen as typical of male or female bodies are called **‘intersex’**. If your child is intersex, additional physical and emotional issues may arise during puberty relating to their individual circumstances.



What you might do:

As parents, if you know in advance that your child is intersex, you may want to prepare for your child’s possible additional need for emotional and practical support during this important developmental stage. However, for many intersex children, the onset of puberty may be the first occasion when their intersex condition becomes known. Whatever the circumstances for your child, there is help and advice available from your GP, Intersex Ireland and BeLonG To Youth Services. See the ‘Where to get more help and information’ section for contact details.

Children with a physical and/or intellectual disability and puberty



Some things to know:

If your child has a physical and/or intellectual disability, they may have additional challenges with the onset of puberty relating to their individual circumstances. See also page 52 'Adolescents with an intellectual and/or physical disability'.



What you might do:

As parents, you may want to prepare for your child's possible need for additional emotional and practical support during this important developmental stage. You could discuss your child's needs with your GP and/or a relevant agency or support organisation. See the 'Where to get more help and information' section at the end of this resource.

Reproduction / how babies are made

? Some things to know:

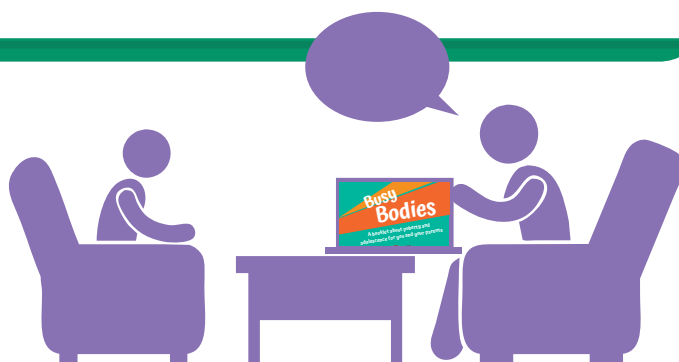
It is helpful for children aged 8 to 12 years to understand the basics of reproduction. This supports future conversations about relationships and sexual activity. Some parents may also want to acknowledge at this stage that not all sexual activity is for the purpose of reproduction nor does it only happen between men and women.



What you might do:

Explain about the internal sexual organs, conception and birth. You can use diagrams, such as those in the 'Busy Bodies' booklet and the accompanying online video. With older children/teenagers you can explain about other, assisted ways in which pregnancies can happen.

If your child asks about **contraception** or **sexually transmitted infections**, a short explanation is generally sufficient at this stage (see sexualwellbeing.ie). As they get older, it is important that young people are aware of the wide range of contraceptive choices and know how to protect themselves against a sexually transmitted infection (STI).



When questions make you feel awkward



Don't panic

Try not to answer in a panic. Instead pause, take a deep breath and then keep your answer to the point. Start with the simplest explanation and be guided by your child's response. Talking shoulder to shoulder is sometimes easier; perhaps when you're out for a walk or on a car journey.



It's okay not to know

If you are unsure of the answer, be honest and say something like: 'I am not sure but I am glad you asked me that. I will have to think about it and get back to you.' There is value both in modelling that it's okay to not know things and in shared learning.



Answer as soon as possible

If possible, try to make some response to your child's question at the time they ask. The level of detail should depend on their age and how mature they are. If they ask a question at an awkward time, you could say, 'We can't really talk about this at the minute, but we'll have a chat about it later' (and it's important that you do remember to come back to the question sooner rather than later).



Don't assume

Try not to jump to panicked conclusions about why they are asking a particular question. Mostly, it will just be your child's natural curiosity in response to something that has come up during their day.



✓ Understand the question

Rather than diving straight in with an answer, give your child time to talk. By listening you may be able to assess their understanding and then decide your response. These questions and responses can help:

- ‘That’s interesting. What do you know about that?’
- ‘I am interested in where you heard this word?’
- ‘What do you think about ...?’
- ‘This is what I think ... others may think differently.’
- ‘Does that answer your question?’, ‘What do you think about what I’ve said?’, ‘Is there anything else you’d like to ask?’

✓ Be prepared for questions about your personal sexual experience

Consider in advance what you think is appropriate to share with your child. Everyone has the right to privacy about their intimate sexual life, including you. Consider saying something like, ‘I’m really happy to talk in general about sex, but my own sex life is private to me.’

✓ Believe in yourself

If your child is coming to you with these questions it’s a sign of their trust that you will be an ‘askable’ parent. Trust yourself and your relationship with your child. If you build up the habit of talking with your child about sensitive topics from the start, they are more likely to continue to discuss these issues with you as they get older.

Adolescence

Towards the end of the 8–12-year range, your child is moving into adolescence.

Their body is becoming more adult-like and their feelings and behaviours are moving them towards greater independence. Many of these changes have their roots in how your child's brain is developing.



Brain development



Some things to know:

At this stage, your child's brain is going through a huge remodelling. The part of the brain responsible for decision-making and logic is still developing and will not be fully developed until they are around 20 years old. This explains why many teenagers engage in more risky behaviours. Taking some risks is a part of learning and growing up. See raisingchildren.net.au for more detailed information.



What you might do:

To support your child to develop their independence, encourage them to try new experiences. Talk through decisions with them, step by step, including possible consequences. Establish reasonable boundaries with your child and offer frequent praise. Encourage good quality sleep, a healthy balanced diet and a healthy exercise routine. All of these will support your child's brain development and their health in general. They will also be the basis of healthy habits throughout their lifetime.

Emotional development

? Some things to know:

All of the change happening can lead to the experience of intense emotions. This can affect how young people think and feel about themselves and others and can often cause conflicting thoughts, confusion, irritability, sadness and frustration. See raisingchildren.net.au for more detailed information on emotional and social development.



What you might do:

- Help your child develop language around their emotions. Encourage them to connect with and name their feelings when they feel stressed, sad, angry, happy, excited and so on.
- Be sure to keep listening and connecting with them.
- Teach coping strategies and calming techniques, for example, talking with a trusted adult or friend, going for a walk, doing breathing exercises, journaling, playing or listening to music, and taking physical exercise.



Social development



Some things to know:

As your child develops, they learn to interact with a wider range of people than previously. During this phase they become more independent of you and the opinion of their peers matters more to them. They begin to assert their independence from the family and learn the skills needed to negotiate life as an adult. Their friendship groups may change for reasons such as changes in schools and activities, personal choice, etc. Developing their communication skills can help them meet new people and make new friends.



What you might do:

Help your child to understand the qualities that are important in a healthy relationship. Help them know how to be a good friend to others and know when others are being a good friend to them. Help them to recognise unhealthy behaviours, for example: **bullying**, manipulation or pressure to do inappropriate things. See raisingchildren.net.au.

Try to resist the urge to interfere in your child's friendships. Help them to work through issues and build their confidence in communicating and dealing with people. However, with serious issues like bullying, your direct involvement may be necessary.

Consent in relationships



Some things to know:

As your child begins their journey into adolescence, the issue of consent in relationships is increasingly important. Teaching children about the importance of caring for and respecting other people and their bodies, and of other people respecting them in the same way, should begin from the earliest years. If your child has developed the attitudes, knowledge and skills to value and care for themselves and for others, and to give and expect respectful behaviour in all relationships (family, friends and their wider community), they will be better placed to extend this into intimate relationships and to the issue of sexual consent as they become adults.





What you might do:

- Give your child age-appropriate opportunities to make choices about their lives and help them to develop healthy decision-making skills to enable them to set and maintain their own appropriate boundaries and to respect other people's.
- Teach them how to respectfully ask for what they want and how to accept 'No' if the other person exercises their right to refuse.
- Teach them refusal and help-seeking skills, so they can hold their boundaries if they are asked for things they don't want to do, or which are not appropriate or not in their best interests.
- As relevant to their age and development, ensure that your child knows that sexual activity with others is only appropriate for adults and that Irish law protects children by having an age of sexual consent (17 years of age in general, rising to 18 years of age if the other person is/has previously been in a position of authority over the child; see [sexualwellbeing.ie](https://www.sexualwellbeing.ie)).
- Teach them how to respond and get help if anybody asks or pressurises them to engage in sexual activity.

Sexual orientation and gender identity

Gender identity and sexual orientation are often confused but are two separate things. ‘Gender identity’ is your inner sense of your gender, for example, whether you feel you are a man, woman, neither or both. ‘Sexual orientation’ is about who you are attracted to. Everyone has both a gender identity and a sexual orientation.

Gender identity



Some things to know:

Everyone has a gender identity. This sense of ourselves as a boy, girl, neither or both, starts when we are very young and becomes more obvious as we go through adolescence. Most people have a stable sense of their gender identity by the age of four.



Gender stereotyping

Traditionally, our society has put everyone into two gender categories – men and women – assuming that someone is a man if they are born with male genitalia and someone is a woman if they are born with female genitalia.

While this is changing, our society still has strong ideas about how people should behave based on their assumed gender. Gender stereotyping can limit people from being themselves and achieving their potential.

Sometimes people like to express their identity in unique or non-traditional gendered ways. It may be through their behaviours or the clothes they wear. This doesn't necessarily mean that they identify as a different gender to that given to them at birth.



What you might do:

Support and encourage your child to develop and to express their gender identity in a way that promotes their overall wellbeing. Consider the impact of gender stereotyping on your child and challenge its limiting effect when possible.

Transgender



Some things to know:

Some people who were labelled as a boy or a girl at birth have a deep sense that they are actually a different gender. This is known as being transgender. Traditionally we talk about the 'opposite' gender, although now we are realising that gender is a range or spectrum rather than just two opposing things. A person who is transgender may identify as a man or a woman, another gender, or as no gender at all.



What you might do:

Read up on and learn more about the whole issue of gender identity and consider your attitude to it. Consider how you might respond to your child if they were, or thought they might be, transgender. How best could you show your love and support? Some children may need specific gender identity-related healthcare services as they develop.

TENI provide specific support to parents through TransParenCI (Trans Parents Connect Ireland). See the 'Where to get more help and information' section at the end of the booklet for contact details.

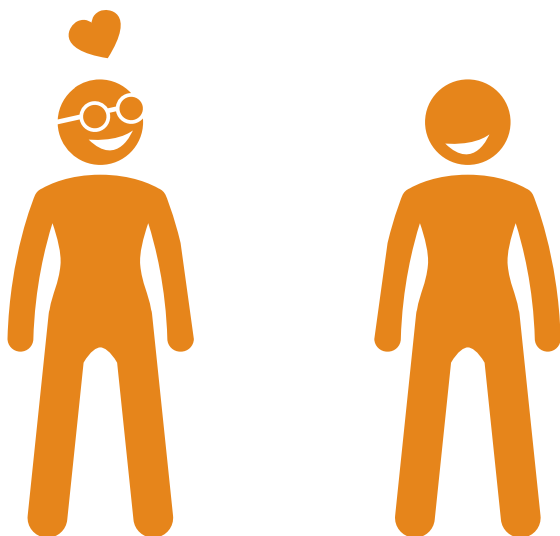
Attraction and sexual orientation



Some things to know:

Depending on the age of your child and their development, romantic attraction may not be on the horizon for quite some time. However, some children experience their first real attraction to another person at this time.

By the end of this phase, some children will clearly identify their sexual orientation or begin to question it. Most children identify as **heterosexual** (or straight) and a significant number of children identify as 'LGB+'. This means they are **Lesbian, Gay, Bisexual** (LGB) or another minority sexual orientation (indicated by the '+'). Research shows that many LGB+ people are aware of their sexual orientation around the age of 12 but may delay telling anyone else until much later.





What you might do:

- It is important to be respectful of your child's attraction to others. What might be disregarded as a crush or 'puppy love' may be intensely felt by the young person/people involved.
- You might consider in advance what your stance is on allowing your child to go to discos or on dates. Encourage your child to engage in group leisure activities rather than engaging in early dating and try to make a point of meeting their friends. When they begin to socialise without you, knowing where your child is and who they are with will help protect them.
- Consider your attitude to someone being LGB+ and how you might wish to respond if your child came out to you. (To 'come out' means to tell people that you are gay, lesbian, bisexual or another orientation, often after having kept this secret for some time.) Thinking about these things in advance might help you respond in a positive, supportive way. See [BeLong To Youth Services](#), ['Coming Out Guide for Parents'](#) and the 'Where to get more help and information' section.

Homophobic and transphobic bullying



Some things to know:

Bullying motivated by sexual orientation or gender identity is called **homophobic** or **transphobic** bullying. This type of bullying can have a devastating effect on a person's wellbeing and mental health. Some people use the word 'gay' in a negative way in phrases like: 'This is gay', 'You're so gay'. Sometimes they do not know the long-lasting impact it can have on the person being bullied.



What you might do:

Learn more about the different gender identities and sexual orientations. Teach respectful behaviour by challenging homophobic and transphobic language and encouraging children to be kind and accepting of difference. This helps to create an environment where all children and young people can flourish and become their best selves.

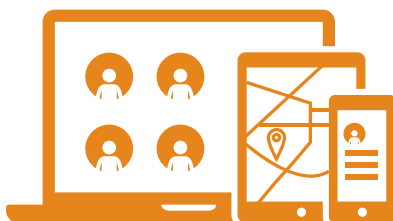
Use of smartphones and digital devices

This is the age (8–12) when many parents think of getting their children smartphones.

Some things to know:

A smartphone allows a child to have access to the internet. This brings lots of opportunities for learning and engaging with peers through social networks. However, it also means your child can access content that is not age-appropriate in just a few clicks. Smartphones also mean that people can share material with your child that you would prefer them not to see.

As parents, the most important thing you can do to reduce any online risks is to know what your child is doing on the internet, what sites they are regularly accessing and what platforms they have profiles on. As your child navigates the digital world it is helpful to create respectful boundaries together and to reassure them that you will help them when they need it. This helps to build a strong trusting relationship in which they are more likely to share what is happening in their world – both real and virtual.





What you might do:

- Prepare your child to be a responsible internet user by discovering the internet together.
 - Agree the rules for use.
 - Encourage them to avoid disclosing personal information.
 - Discuss the risks associated with talking to strangers online or meeting people they've connected with online in real life.
 - Discuss the need to be kind to others and to get consent before sharing pictures or information about other people and to ask friends to do the same. The law forbids the sharing or posting of sexual images of people who are under the age of 18.
- Invest in parental controls on your child's devices. These are not a guarantee of safety but can help reduce the risk of your child encountering inappropriate content when they are online.
- Think in advance about how you might respond if your child sees or sends something inappropriate. Consider having a response ready that reassures them and gives you time to think about how best you might deal with the situation. Your first instinct might be to remove the phone but if your child knows this will happen automatically, it may stop them coming to you for help. You can reserve the right to do this if necessary.

Online sexual content



Some things to know:

Many young people see online sexual content either accidentally or intentionally. Some young people may become regular viewers of this type of content and others may be upset as a result of viewing it. Young people access sexual content for a number of reasons: because they are curious, they have been shown it, they are excited by it, they have a group of friends where it is the norm, or for a mixture of these reasons. Your child's response may be excitement, pleasure, disgust, confusion or a mix of these. Whatever their response, they need support, information and boundaries to manage their online use in an age-appropriate way.

'Sexting' or posting 'nudes' (naked or sexually explicit pictures) is becoming a more widespread practice and some young people may feel under pressure to do this or may pressure others.

It is illegal for anyone (whatever their age) to post, send or share pictures of the genitalia of people under 18, or images of them engaged in sexual activity, as this is classified as child pornography. This is true even if a person under 18 sends a sexual picture of themselves.



It is also illegal for someone to show pornography to a person under 18.



What you might do:

- Prepare yourself by being familiar with trustworthy advice for parents on a range of digital safety topics webwise.ie/category/parents/advice/
- Remind your child that if they receive sexual content on their phone they should not pass it on but talk to you or a trusted adult about what to do.
- Make sure your child understands that it is illegal for them to send sexual images of anyone under 18, even if it is of themselves. This includes forwarding on images that have been sent to them. Let them know it is impossible to control who gets to see images once they have been sent.
- If your child sees pornography at this age, tell them that this material is not suitable for young people and that it is even illegal for adults to access some pornography. Check if they are upset by what they have seen. Assure them that pornography doesn't reflect real-life healthy relationships or most people's bodies. Help them think critically about some of the wider issues about pornography such as how it's made and how it might potentially affect those involved and those watching. If necessary, review your internet child protection settings and revisit your agreed rules about internet use with your child and the consequences of deliberately breaking these.



Adolescents with an intellectual or physical disability



Some things to know:

All young people including those with intellectual or physical disabilities have needs associated with their physical sexual development and the healthy development and expression of their sexuality. Depending on their disability, much of the content of this book may be relevant for your child but they may also have specific or additional needs.



Some things to do:

As the range of physical and intellectual disabilities is large, it is not possible to cover all possible needs within this general booklet. You, and the services that your child uses on a regular basis, will be best placed to understand the specific relationship and sexuality education and the support that they need. See the 'Where to get more help and information' section at the end of this resource for some helpful organisations and resources.

And finally!

Looking after yourself as a parent

While it can be exciting to see your child begin their journey into adolescence, supporting the growth and development of your pre-teen and teenager can have its challenges. It is important to make time for your own self-care during this time.

- Increase your knowledge about the various topics using online and offline sources of support and information.
- If you are co-parenting, discuss your approach to the topics and agree the boundaries you will both set for your child.
- Know your own boundaries about what you are and are not willing to share about your teenage years and about your relationships. It is not necessary, or sometimes even useful, to tell all!
- Support yourself by talking to other parents who have similar aged and/or older children, particularly those using parenting approaches you think might be helpful.
- Maintain your own relationships and friendships. These parenting years can be very busy, so make time for your own positive outlets for wellbeing and mental health.
- Above all, don't think you have to have everything perfect before you start talking with your child. You and your child will benefit most from talking, listening and learning together as you go. Research tells us that it's the quality of parent/ child relationships and communication that make all the difference when it comes to relationships and sexuality education.

Glossary

Acne: The development of excessive spots in response to hormones and oil production in the skin.

Bisexual: Someone who is attracted to people of the same gender and also to people of other genders.

Body image: How you see and feel about your body.

Bullying: The intentional hurting of one person or a group by another person or group.

Contraception: Methods used to prevent pregnancy during sexual intercourse.

Erection: When the penis gets hard in response to feeling sexually excited.

Gay: Someone who is mainly attracted to people of the same gender.

Gender identity: A deeply felt internal experience of a person's gender.

Heterosexual: Someone who is attracted to people of a different gender.

Homophobic bullying: Bullying motivated by prejudice against LGB+ people.

Hormone: A chemical substance made by glands and transported around the body to control the activity of certain cells or organs.

Intersex: People who are born with variations in their sexual anatomy, in their chromosomes or in their hormonal patterns that are not seen as typical of male or female bodies.

Lesbian: A woman who is mainly attracted to other women.

LGB+: Lesbian, gay and bisexual people. The '+' stands for gender identities and sexual orientations not listed.

Oestrogen: A hormone, mainly produced by the ovaries, that develops the female body.

Ovulation: The release of eggs from the female ovaries.

Progesterone: A hormone, mainly produced by the ovaries, involved in periods.

Pubertal: Anything to do with puberty.

Puberty: The process that takes place to gradually change a child's body into an adult's body.

Pubic hair: Hair growing near and around genitals, covering the pubic bone.

Sanitary towel: Absorbent pad that sticks to underwear to absorb blood during a period. Sustainable/eco-friendly versions are now available.

Sex: A word commonly used to describe someone's gender or the act of sexual intercourse.

Sexuality: A broad term describing how people experience and express all aspects of themselves as sexual beings.

Sexual orientation: Sexual and romantic attraction.

Sexually transmitted infections: Infections which may be passed from one person to another during sexual activity.

Tampon: A small, tightly packed piece of cotton wool that is inserted into the vagina to absorb blood during a period. There are sustainable versions now available.

Testosterone: The hormone produced by the testes that is responsible for developing the young male body into an adult male body (testosterone is also produced in smaller amounts in the ovaries).

Transgender: People whose gender identity differs from the sex they were given at birth. Trans+ includes non-binary people, that is, people who identify beyond just men or women.

Transphobic bullying: Bullying motivated by prejudice against Trans people.

Urethra: The tiny tube that takes urine from the bladder to the outside of the body.

Uterus: An organ usually in the female pelvis but that expands into the abdomen after the twelfth week of pregnancy. It's also known as the womb.

Vagina: The tube inside the female pelvis that leads from the cervix (neck of the uterus/womb) to the vaginal opening, between the urethral opening and the anus.

Where to get more help and information

HSE resources

www.sexualwellbeing.ie/parents – sexual health information and resources for parents

www.healthpromotion.ie – to order or download a range of health resources including on relationships and sexual health including:

- **‘Busy Bodies’** – booklet for children on the basics of puberty and adolescence
- **‘Talking with your young child about relationships, sexuality and growing up’** – (soon to be renamed ‘Making the ‘Big Talk’ many small talks: 4-7 year olds’)
- **Making the ‘Big Talk’ many small talks: Healthy Ireland Library Collection** – brochure listing lots of useful books on relationship and sexuality topics available in your local library through the ‘HI (Healthy Ireland) at Your Library’ project

Information for parents of LGB+ young people

www.belongto.org – BeLong To: the national organisation for LGB+ young people

www.belongto.org/parents/parent-support-groups/

www.teni.ie – TENI, the Transgender Equality Network for Ireland

Intersex.ie@gmail.com – Intersex Ireland – provides support for intersex adults and the parents of intersex children

Information for parents of children with additional needs	www.ifpa.ie/speakeasyplus – Irish Family Planning Association, Speakeasy Plus Training Programme www.middletownautism.com/training/parents – Autism and the Special School, Relationships and Sexuality Education (Parents) www.teenage-resource.middletownautism.com/teenage-issues-and-strategies/relationships-and-sexuality/ – RSE resource for young people with autism www.councilfordisabledchildren.org.uk/sites/default/files/uploads/documents/import/growing-up-sex-and-relationships.pdf – Growing up, sex and relationships: a useful booklet to support parents and families whose children have physical disabilities, including those who may also have mild to moderate learning disabilities www.vkc.mc.vanderbilt.edu/HealthyBodies – resource booklets to help parents and carers support young people with autism to understand and manage puberty References to the law and school systems etc. in foreign resources will not be applicable to Ireland
Information on Relationships and Sexuality Education in Primary Schools	www.pdst.ie/primary/healthwellbeing/RSE – Department of Education and Skills, RSE Curriculum and Support Materials for teachers and parents of primary school children
Information on internet safety	www.webwise.ie/parents – advice and information for parents to help them promote online safety to their children – co-funded by the Department of Education and Skills and the EU Safer Internet Programme
Information on bullying	www.tacklebullying.ie – information and advice to counter bullying and cyberbullying for young people, parents and teachers from the National Anti-Bullying Research and Resource Centre at DCU. Supported by the Department for Education and Skills



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This booklet and other resources for parents are available to download or order from healthpromotion.ie

Further information and advice for parents on the topics of relationship and sexuality health can be accessed at sexualwellbeing.ie



Supporting Parents
Supporting Children



NATIONAL PARENTS COUNCIL
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