



Supporting Parents Communicating with Children Aged 4–9 Years about Relationships, Sexuality and Growing Up

Catherine Conlon

With contributions from Virpi Timonen and Georgia Dowling

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Foreword by Head of HSE Sexual Health & Crisis Pregnancy Programme

This report explores the experiences and feelings of parents with regard to talking to their children aged 4 to 9 years about relationships, sexuality and growing up. The research was commissioned in response to requests to support parents to have healthy conversations with their younger children about relationships and growing up. It provides a deeper understanding of the particular issues that parents in Ireland face in this regard.

The research was carried out with ninety-three parents from different social and economic backgrounds in three locations in Ireland. The information was gathered through focus groups and follow-up telephone calls. The report sets out some clear conclusions with regard to the aspirations, barriers and enablers parents described in this area.

The HSE Sexual Health & Crisis Pregnancy Programme acknowledges the vital role that parents play in educating their children about their health and well-being, and is strategically committed to supporting parents to deliver healthy messages about sexuality and growing up to the best of their capacity. The Programme will use the findings from this report to develop practical supports for parents in order to facilitate more open communication in this regard.

I would like to thank the authors of this report, Dr Catherine Conlon, Professor Virpi Timonen and Georgia Dowling, for gathering such rich and informative data from parents and for preparing this report.

I am grateful to the members of the Advisory Group for their helpful contributions throughout the process, including colleagues from the National Parents Council Primary, National Parents Council Post Primary, Irish Family Planning Association and Health Promotion and Improvement.

I would also like to thank the staff of the Programme for their involvement throughout the research process – Roisin Guiry, Orla McGowan, Marzena Sekular and Maeve O'Brien.

Finally, thank you to all the parents who participated in this research study, whose valuable contributions and insights will inform the development of resources and supports for parents across the country.

Helen Deely

Head of HSE Sexual Health & Crisis Pregnancy Programme

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In particular, we thank the parents who took time to come together in focus groups and provide their careful, considered and reflective insights on everyday family life. These insights form the core of this report. This research was principally carried out in three selected communities. Within each area, community groups, school parents' committees and key individuals were crucial in connecting the researchers with parents. We cannot name groups here to ensure we protect parents' confidentiality, as is normal research practice, but we are very grateful for the time, effort and commitment of many groups and individuals in each area in support of this study.

The Advisory Group convened by the HSE Sexual Health & Crisis Pregnancy Programme to support this project provided excellent insight, expertise and support throughout. Professor Roger Ingham and Dr Nicole Stone at the Centre for Sexual Health Research, University of Southampton, were very generous in providing advice to us during this research, following on from their own experience of similar work in the UK. We are also very grateful for the help of barrister-at-law Jenny Bulbulia, who helped us to understand the legal framework governing child protection relevant to this study.

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1 Introduction

Background to the Study

This study set out to explore the factors that inhibit and enable age-appropriate communication between parents and young children aged between 4 and 9 years regarding the body, relationships, sexuality and growing up.

The study was commissioned by the HSE Sexual Health & Crisis Pregnancy Programme (SH&CPP) as part of its remit to improve sexual health education, information and knowledge across the lifecycle. This remit, which is set out in the SH&CPP's National Strategy 2012–2016 (HSE Crisis Pregnancy Programme 2012), involves the delivery of targeted communication campaigns, customised information and educational programmes, and other initiatives across a range of settings.

The strategy recognises that sexual socialisation takes place across multiple settings, including home, school, community and youth work settings. It identifies parents as having an important role in sexuality education so that young people develop healthy attitudes and values towards relationships and sex. In schools, Relationships and Sexuality Education (RSE) is the curriculum component that contributes to the process of sexual socialisation.

RSE is education about gender identity, roles, attitudes, values and beliefs as well as relationships, sex, reproduction and contraception. This component of the school curriculum provides opportunities for students to learn about relationships and sexuality in the context of developing attitudes, beliefs and values about sexual identity, relationships and intimacy (Department of Education 1997). At both primary and secondary levels, RSE is taught in the context of Social, Personal and Health Education (SPHE). The broader SPHE curriculum looks at issues such as relationships at home and in school, and seeks to build students' self-esteem and ability to communicate, make decisions and express feelings in an appropriate way. SPHE gives clear information on a range of topics, including healthy eating, alcohol, drugs, human growth and development, safety, social responsibility and environmental issues.

The National Sexual Health Strategy 2015–2020 (Department of Health 2015) asserts that early exposure to high-quality sexuality education promotes positive mental and physical well-being, as well as an individual's ability to develop appropriate competencies and skills, to avoid sexual exploitation and abuse and to achieve healthy sexual development. It recommends that children and young people have access to age-appropriate sources of trustworthy and accurate information and support on relationships and sexual health.

In commissioning this research, the SH&CPP recognises parents as the primary educators of their children and seeks to highlight evidence of the benefits of positive parent–child communication about sexuality, broadly defined, with children aged 4 to 9 years.

Research Aims and Objectives

The SH&CPP commissioned this research to deepen understanding of the experiences of parents communicating with children aged 4 to 9 years within the Irish context. The research aims specified were to undertake qualitative research with parents of primary school children aged 4 to 9 years to explore the barriers, challenges and enablers to communicating with their children about sexuality and relationships in the context of growing up, and to identify the supports needed to assist parents in their role as primary influencers and educators in this area.

The research objectives specified were to:

- Explore the barriers, challenges and enablers parents face in responding to their children's sexual curiosity and communication about sexuality and relationships.
- Explore the range of communication tools, techniques and tactics parents employ to respond to young children's sexual curiosity and sexuality questioning.
- Examine parental awareness and knowledge of RSE at primary school level and their perceptions of the age-appropriateness of certain areas covered.
- Establish what supports are needed to enable age-appropriate communication between parents and young children in the home and to increase parents' involvement in primary-school-based RSE.
- Evaluate with parents the existing RSE resources for parents of children aged 4 to 9 years.
- Examine parental views regarding the sexualisation of society towards children, children's emerging sexuality and sexual curiosity, notions of childhood innocence and the role of RSE (both within the home and in wider society).

Parameters of Inquiry

This research was framed as relating to the process of sexual socialisation encompassing parents talking with their children about gender identity, roles, attitudes, values and beliefs as well as relationships, sexuality, reproduction and contraception. Research on sexual socialisation to date has tended not to focus on younger age groups, that is children under 10 years of age, primarily because curiosity and interest in relationships, the body and sexuality was associated with the transition towards sexual maturation at puberty (Stone et al. 2013; Davies and Robinson 2010). However, a finding from recent Irish research that younger teenagers often close down efforts by parents to discuss sexuality (Hyde et al. 2010) raises questions about the processes involved in parent-child communication in younger years that may create the conditions for communication during the years of puberty and beyond.

While aware of related research that includes the perspective of children, this study explored sexual socialisation processes from the perspective of parents. The research focused on the following questions about parents' attitudes, practices and competencies:

- What positions do parents hold about practising openness in relation to communicating about sex, relationships and growing up with children aged 4 to 9 years?
- What facilitates parents discussing sexuality openly with younger children and what inhibits such communication?
- How do parents respond to young children's questions, behaviours and bodily explorations that parents perceive as relating to sexuality?
- What is the focus of content discussed with children across headings of: biological information, relationship information, focus on emotion and fulfilment, discussion of intimacy and desire, and the place of sexuality in identity and gender formations?
- What role do parents see for themselves in educating their children about sexuality and relationships in relation to other key sites of information, including schools, peers, media, social networks and consumer culture?
- How informed are parents about the content of the RSE in primary schools programme and how engaged are parents with their children's participation in RSE at school?
- What role do parents consider their own sexuality learning plays in their competency in communicating with their children?
- What levels of dialogue and consensus occur among parents' own peer networks about discussion and education regarding sexuality with children?
- What policy initiatives would parents welcome in supporting them in their communications about sexuality with young children?

These questions raised a set of further theoretical and conceptual issues regarding parents' perspectives on the place of sexuality in young children's lives, including:

- What cultural norms are referred to by parents in their attitudes and practices regarding communicating with younger children in relation to sexuality, relationships and the body?
- Is there a gap between parents' aspirations regarding communicating with younger children about sexuality and their actual practices?
- What sites of struggle do parents identify in deciding on what is appropriate regarding timing and content in communicating with younger children?
- What kinds of gendered, sexual subjects and bodies do parents construct in their talk about educating their girl and boy children about sexuality?

Review of Existing Literature

For the purpose of this report the literature reviewed is organised into three strands: research with *parents* of younger children (i.e. up to age 10) concerning parent–child communication relating to sexuality; research with *younger children* concerning parent–child communication relating to sexuality; and research into parent–child communication regarding sexuality involving parents and their *older children* (i.e. age 10 onwards)

highlighting issues relevant to parent–child communication in younger years. The most recent literature relevant to this research within each of these three strands is reviewed below.

Research with Parents of Younger Children

Existing studies of the sexual socialisation of young children identify parents as the primary sexuality educators of their children, even if parents themselves consider they never discuss the topic with children directly. Parents transfer knowledge, attitudes and values about sexuality, relationships and the body to children from a very young age in both intentional and non-intentional ways (Stone et al. 2013; Martin and Torres 2014; Martin 2009).

In an analysis of 600 mothers' accounts of communicating with their children aged between 3 and 6 years in the United States, Martin (2009) illustrates how mothers' talk with younger children constructs heterosexuality as normative through ascribing heterosexuality to younger children, assuming heterosexuality in talk about love and marriage and prescribing to children that they will marry an opposite-sex partner when they grow up. Through these practices, Martin argues, mothers are involved in constructing heteronormative understandings for their children from a very early age.

Beyond constructing normative understandings, research focusing on parents' practices regarding talking with younger children about the body and sexuality suggests that parents express anxiety and feel uncomfortable and embarrassed. Ballard and Gross (2009) report on a small-scale study of US parents of children aged from birth to 6 years. They found that parents hold a very narrow view of sexuality when thinking about communicating with younger children, focusing on the basics of reproduction rather than thinking about aspects such as love, dating, gender roles and body image. The parents wanted to feel comfortable and confident in discussing sexuality with their children; however, they experienced feelings of fear, panic and embarrassment when they heard a question on sexuality from their children and tried to formulate an appropriate response. Embarrassment when talking about sexuality was cited as a key barrier to comfort and confidence in communication. The overall effect is parents who feel uninformed and unsupported in this work and fear judgement and criticism for saying the wrong thing, a process that further operates to inhibit communication with young children about sexuality. Higher levels of educational attainment did not seem to eliminate the embarrassment factor as even highly educated parents who reported generally feeling confident and comfortable communicating with their children described having to work at not displaying their embarrassment when talking about sexuality. Ballard and Gross conclude that a combination of uncertainty about what information children can cope with knowing in younger years (timing) and what language to use in talking with them (content) inhibits parents' sense of competency in communicating about sexuality.

Scolnik et al. (2003) undertook an inquiry with families attending a large urban paediatric medical facility in Canada to inquire into the extent to which parents/caregivers use anatomically correct words when discussing the body with younger children. Their analysis shows caregivers are much less likely to use anatomically correct words than they are to use personal code words when referring to 'private' parts of the body such as the penis, testicles, vagina, buttocks and breasts. Caregivers reported using 2.3 words out of eight possible terms identified as anatomically correct when talking with their children. In turn, the children, who had an average age of 6 years, reported using an average of 1.2 correct words out of the eight possible terms. There was no relation between the level of education of caregivers and the number of correct words used by children, which suggests that cultural influences shaping family ethos (including parenting style) and emphasis on personal privacy are more influential factors than parents' levels of education.

In a cross-cultural analysis, Walker and Milton (2006) discuss parents' and teachers' experiences of sexuality education during children's primary school years in British and in Australian settings. They note cultural taboos as key inhibitors of effective education and conclude that both parents and teachers experience uncertainty and embarrassment in the role of sexuality educators of young children, a finding that needs to be acknowledged and addressed at individual, organisational and cultural levels. They argue that programmes acknowledging both uncertainty and embarrassment as a ubiquitous experience can best meet the needs of both children and parents by seeing sexuality education as a developmental process for both adults and children to manage and learn together.

Morawska et al. (2015) surveyed over 500 Australian parents of children between 3 and 10 years of age to examine views and confidence in communicating with children about sexuality, to explore predictors of self-efficacy and to assess parental preferences for intervention. They found that parents felt relatively knowledgeable and confident about educating their children about sexuality and considered themselves a key source of information for their children. However, confidence varied along different dimensions of communication. Parents felt confident in avoiding teasing children about sexuality and in monitoring their internet use, but were least confident in starting up a conversation about sexuality with their children, accessing resources and giving their children resources. These findings suggest that the aspect of 'doing communication' with children is what parents find most challenging. The extent to which they felt knowledgeable and comfortable in educating their children about sexuality was significantly related to their own levels of confidence. Parental demographics (e.g. age, education) and broader measures of parenting and the family environment (e.g. social connectedness) did not contribute to predicting parents' evaluations of their efficacy in educating their children about sexuality.

Stone et al. (2013, 2015) explored British parents' accounts of dealing with early sexual socialisation through focus group discussions with parents of children aged 4 to 7 years. Their findings echo the barriers to communication identified in the studies above: parents'

lack of confidence regarding suitable timing and age-appropriateness of explanations, their sense of personal discomfort and their fears of criticism and judgement by others. Their analysis argued that parents are concerned that talking about sexuality with younger children will prompt early sexual maturity, contrary to the 'ideal' of childhood innocence. Stone et al. (2013) identify this as a key driver of parent–child communication processes and particularly the widely reported practice of talking about sexuality with younger children only in response to children's questioning so as to protect childhood innocence. They argue that this restricts children's opportunities for learning and causes potentially critical issues (e.g. gender perceptions, bodily comfort and self-confidence) to be overlooked. This reactive style of communicating with children about sexuality, based on the principle that parents discuss issues only in response to children's inquisitive questioning, serves parents who wish to proscribe the level of information as it legitimates limiting knowledge on the basis that 's/he never asks about that'. This approach sets sexuality education apart from all other educational efforts of parents and marks it out as special in contrast to other areas of life where 'anticipatory knowledge' is provided (e.g. road safety, personal hygiene). Stone et al. conclude that children encounter messages about sexuality from multiple sources every day but, without parental elucidation, these messages may remain disjointed and conflicting to them.

Considering the resources available to parents to support them in the process of early sexual socialisation, Stone et al. (2013) found that parents were unable to draw positively from their own experiences of sexuality education in the home, which they reported as being non-existent or very limited. Parental concerns and anxieties diminish children's learning as parents tend not to equip and resource themselves to discuss issues relating to sexuality that arise for children, meaning they do not anticipate and prepare for children's interest in sexuality (Ballard and Gross 2009; Stone et al. 2013). The result is a tendency to give incomplete answers or half-truths or to avoid answering questions presented by children.

Ballard and Gross (2009) found high levels of support among highly educated parents for attending an educational programme addressing parent–child sexual communication, rating a face-to-face programme highest in terms of preference followed by small support groups. Parents reported a lack of sexual communication with their own parents as a motivation to do better themselves, often recalling feelings of embarrassment and ignorance about the body and sexuality. Programmes providing opportunities for parents to talk with each other, share experiences and ideas and develop a system of support would address the needs identified by parents. The key support parents need is help in building skills and awareness of how to be sexuality educators rather than education about sexuality. Confirming these findings, Morawska et al. (2015) highlight how parents' sense of feeling knowledgeable about educating their children about sexuality did not overcome key inhibiting factors to communication. These inhibiting factors were identified as their own parents not talking to them more about sexuality and feeling uncomfortable discussing sexuality with their children. They highlight addressing parental knowledge as well as specific parenting behaviours and skills as important intervention components.

Research with Younger Children

Research focusing on children's engagement with issues relating to the body, sexuality and relationships portrays children as building narratives of their own based on what they glean both within the family environment and beyond it, including from schools, peers, the media and consumer culture (Blaise 2009; Davies and Robinson 2010; Bragg et al. 2011).

Davies and Robinson (2010) conducted focus groups to explore sexual socialisation processes with children aged 3 to 5 years and separately with their parents. With the children, images from popular culture and media representations of gendered relations (e.g. picture book, photograph in a magazine, postcard, advertisement image) were used to prompt discussion about their knowledge of gender, relationships and aspects of sexuality. The researchers found that parents' practices regarding communicating with children about sexual matters were heavily influenced by dominant discourses of childhood and childhood innocence, such that parents felt it was a 'risky business'. These discourses further served to forge a disjuncture between what parents think a child can understand or wants to know about sexuality and the capacity the children in the study demonstrated for building narratives around relationships and sexual knowledge based on fragments of information, partial truths and myths shared secretly among each other. Davies and Robinson argue that children's access to knowledge about sexuality and ethical relationships is critical for their health and well-being by building competencies and resilience. Building ethical relationships involves building children's understanding and expectations of relationships in ways that contribute to new norms of non-violent gendered and sexual relationships. Developing children's capacity to understand their own sexual subjectivity and to expect egalitarian, fulfilling relationships supports the interests of children's rights as sexual citizens across their life course.

One US study sought to capture parent-child communication processes in a co-temporal and naturalistic way by audio-recording parents and children talking together as the parents read books about 'where babies come from' (Martin and Torres 2014). This innovative methodology generated interesting insights into the roles of both parties in the process of sexual socialisation. Children were found to be active in their communication with parents, engaging through questions asked, confusions demonstrated and distractions employed to actively shape the amount and type of information they gleaned from parents. Parents were found to foreclose information (as other research has found), but the innovative methodology also revealed parents getting involved in other work such as adding in their own information and managing children's emotions. Martin and Torres emphasise the dynamic and interactional processes parents engaged in when undertaking sexual socialisation and characterise these as laborious, creative, emotional and collaborative.

The pedagogical model observed in the parent-child interaction within Martin and Torres's study is closely aligned to the model envisaged by Walker and Milton (2006). In their model sexuality education is framed as a developmental process for both adults

and children to manage and learn together. This finding contrasts with studies involving only data generated with parents, which do not benefit from the perspectives of both parties to the communication. It highlights an imperative to strive to supplement parents' self-reporting of the parent–child communication process within the context of sexual socialisation with other data sources, including methods that allow real-time parent–child interaction to be observed in further research.

Blaise (2009) observed naturalistic interactions of children aged 5 and 6 years with each other in the Australian early childhood classroom. She argues that children's play and talk involves them in identity construction together in relation to sex and gender, and also sexuality. Blaise portrays how one child's performance of a pop song served as a launch pad to collaboratively explore with the children the discourses of gender and sexuality they encounter in their everyday cultural settings. She found that young children's play reveals that they know a lot about femininity, masculinity and (hetero)sexuality, and their talk reveals strong opinions on components of gendered power relationships (e.g. what it means to be pretty or for girls to have boyfriends). Blaise contends that the children work together to constitute and contest sexual identity (e.g. what it means to be a 'desirable' female or male) in the context of the dominant discourses they encounter. Children also operate as active participants, constructing their own sexual identity during childhood in the same way as they are active in constructing sex and gender identities for themselves. Developmental perspectives that construe childhood as a time when sex identity and gender roles are being forged, while ignoring sexuality as something relevant only to later stage development (i.e. from puberty onwards), create a blind spot to the processes Blaise observed. She argues that not engaging with the sexuality dimension of childhood development involves teachers abandoning a central role of shaping children's futures, a process that could be considered as replicated in the parent–child relationship also. In the absence of teachers, or parents, taking an active role in this component of children's development, the key active partners with children become wider cultural actors such as popular culture.

Research with Older Children

Parental knowledge and comfort levels about sexuality and attitudes towards comprehensive sex education play a significant role in the amount of parent–child communication, regardless of children's ages (Byers et al. 2008). The third strand of literature reviewed here focuses on research exploring communication between parents and children aged 10 years and older regarding sexuality. In the Irish context, this issue has been included in broader research topics (e.g. Kelleher et al. 2013; Hyde et al. 2009 and 2010; Ferguson and Hogan 2007; Mayock and Byrne 2004), often highlighting shortcomings in the provision of sex education and open communication about sexuality between parents and children.

The Irish Contraception and Crisis Pregnancy Study 2010 (ICCP-2010) found that 86% of 18 to 25 year olds had received sex education, of whom 40% had received it at home

(McBride et al. 2012). However, ICCP-2010 also found that fewer parents surveyed had talked to their children about sex and related topics (70%) than had been the case with ICCP-2003 (Rundle et al. 2004) (82%). Further analysis of information collected as part of ICCP-2010 found that parents who reported engaging in sexuality education were more likely to be women, more likely to be over 35 years of age and more likely to have a larger number of children.

Evidence suggests that in many cultural contexts parents' perspectives on what their children should know lag behind children's expectations of what they want to know, while fear of negative parental judgement closes down children's questioning of parents about sex (Meechamnan et al. 2014; Conlon et al. 2012). Furthermore, Georges et al. (2013) note the role of social networks in educating adolescents about sex, which they found to be dense, complex and routinely involved in providing knowledge.

An Irish study involving qualitative interviews with 43 parents of children aged 10 to 17 years found that parents portrayed positions of openness to discussing sexuality with their older children but were met with reticence to engaging in such dialogue on the part of the young person (Hyde et al. 2010). Blocking techniques encountered with the young people included claiming to have full prior knowledge of the issue, physically absenting themselves from the situation, becoming irritated or annoyed and ridiculing parents' educational efforts. Hyde et al. relate their findings to the shifting power of children and the new cultural aspiration of maintaining harmonious and democratic relations with one's offspring making parents reluctant to pursue an issue that the young person is reticent about. When data from an earlier study (Hyde and Howlett 2004) with teenagers about sexuality were reviewed, some convergence in parents' and young people's accounts emerged. Young people indicated that communication about sex is usually driven by parents and often contains strong disapproval of sex, which leads to the teenager foreclosing the discussion and withholding on being truthful with parents. Hyde et al. (2010) conclude that it is teenagers rather than parents who may be greater impediments to open dialogue about sexuality. This finding raises a question as to whether early dialogue about sexuality may create a foundation for more open and constructive dialogue among parents and older children.

Cross-cultural analysis of approaches to sex education in the home suggest that transmission of information, meanings and values about sexuality is best understood in the context of wider cultural attitudes and practices of family openness and cohesion. Schalet (2011) studied parents' approaches to communicating with their 16-year-old children in the Netherlands and in the United States – selected for their contrasting cultural contexts. Her focus was on how parents respond to the sexual maturation of children and whether the approach taken by parents/guardians to discussing and acknowledging their 16-year-olds as sexual beings within the home setting equips these young people to forge a positive sexual identity.

Schalet characterises the US parents' approach to their 16-year-olds' sexuality as a process of 'dramatisation', wherein conflict is a key feature. Multiple sites of conflict are identified: with the self, where teens are construed as waging war against their raging hormones; between sexes, where young women are construed as sexually passive while boys are construed as irresponsible; and between generations, where parents strive to control the sexual lives of their teens, especially girls, through repression. The Dutch family context, in contrast, sees sexuality as 'normalisation', a process emphasising harmony and de-emphasising conflict but one involving 'work' by family members. A characteristic of the Dutch family culture seems to be open articulation of difficult or sensitive issues more generally, including sexuality, so that sexuality is openly discussed with and by teenagers in Dutch homes. As intergenerational connections are maintained, the discomfort and conflict that can arise around sexuality is negotiated. Schalet considers this to create the conditions for 'control through connection'. Children grow to value remaining connected to home/family, embeddedness and interdependence, which all operate together to form a 'social brake' on sexual risk taking. The US approach is characterised by the separation of home life and sexuality, where children grow up valuing the idea of becoming free and self-reliant individuals epitomised by breaking away to achieve autonomy and independence. Schalet argues that this separation of home life and sexuality is connected with a psychological bifurcation that de-emphasises personal agency and competency in relation to the sexual body, desire/emotions and self, particularly for girls, and fails to bolster resilience on the part of the teenager. Emphasis on individual pursuit of goals does not incorporate any form of a 'social brake' on behaviour, including sexual experimentation, which accounts for the higher incidence of teenage pregnancy among US teenagers in comparison with Dutch teenagers.

Schalet's analysis highlights the need to understand child–parent communication and practices in relation to sexuality in the context of wider social and cultural processes and to explore how integration of home, family and sexual life can become more culturally acceptable in the interest of maintaining connectedness between parents and children regarding sexuality and relationships. Her findings regarding the effectiveness of the messages underpinning sexuality education in the home reflect Weaver et al.'s (2005) findings about what is an effective message for school-based sex education for young people. Contrasting the Netherlands, France, Australia and the United States, Weaver et al. found that abstinence-based policies, as observed in the US context, do not necessarily result in improved sexual health outcomes, while liberal policies do not necessarily 'promote' sexual activity. They conclude that young people's reproductive and sexual health is best served when sex between young people is acknowledged, accepted and regulated rather than proscribed in a whole range of contexts (e.g. outside marriage or during teenage years).

Synthesis of Research Reviewed

Parents transfer knowledge, attitudes and values about sexuality, relationships and the body to children from a very young age, in both intentional and non-intentional ways,

through a process of sexual socialisation. Understanding child–parent communication and practices in relation to sexuality should take account of wider social and cultural processes and explore how integrated home, family and sexual life is within the individual family context, and more broadly in the cultural context of the society being considered. Research with older children indicates that it can be teenagers rather than parents who put up barriers to open dialogue about sexuality. This finding raises questions about what dialogue about sexuality between parents and children looks like and how it creates the conditions that give rise to older children closing down conversations about sexuality with parents.

It would appear that efficacy in sexuality education is an aspect of parenting that is not directly related to parental demographics or to the particular family environment. Evidence from research reviewed here strongly suggests that cultural issues rather than structural issues are central in shaping parents' capacity to communicate comfortably and confidently with their children about sexuality. Furthermore, Schalet's (2011) analysis highlights the need to understand child–parent communication and practices in relation to sexuality in the context of wider social and cultural processes, including how acknowledged and integrated a young person's sexual life or identity is within the wider home and family life they inhabit, in the interests of maintaining connectedness between parents and children regarding sexuality and relationships. In many studies, participants emphasised how their own experience had been of parents not talking to them about sexuality, which in turn acted as a key inhibitor to them engaging in sexuality communication with their own children. It is critical to break this cycle of inhibited communication about the body, sexuality and relationships between parents and children.

Synthesising analysis of approaches to sexual socialisation of children by parents/in the home in the studies reviewed suggests that the transmission of information, meanings and values about sexuality is best understood in the context of wider cultural attitudes and practices, while individual family-level openness and cohesion is another important contextual component. The consensus among much recent research is that parents feel it is important to educate their children about sexuality and feel confident that they already have, or at least have the potential to attain, the competencies necessary to do so. However, it is not parents' practice to initiate conversations with children about sexuality. Concerns to protect childhood innocence, lack of confidence regarding suitable timing and the age-appropriateness of content, parents' sense of personal discomfort discussing sexuality with their children, and parents' fears of criticism and judgement by others are all common inhibitors cited in research with parents using methodologies of self-reporting on how they 'do' sexual socialisation in their family. Recent research that involved listening to parents and children reading sex education materials together found that children actively engage their parents in conversations about sexuality and that parents engage in laborious, creative, emotional and collaborative processes of building understandings with children within this context (Martin and Torres 2014).

The pedagogical model for parents teaching children about sexuality within the home emerged as central to how effective family-based sexual socialisation is in relation to achieving healthy sexual outcomes for young people. Across the many settings reviewed, a frequent approach parents take is to teach or talk about sexuality only in response to children's questioning. Parents engage this model of teaching in the interests of protecting childhood innocence. However, this approach is subject to critique for restricting children's opportunities for learning and causing potentially critical issues (e.g. gender perceptions, bodily comfort and self-confidence) to be overlooked. Stone et al. (2013) argue that a reactive process driven by children's inquisitive questioning sets sexuality education apart from all other educational efforts of parents and marks it out as special in contrast to other areas of life where 'anticipatory knowledge' is provided (e.g. road safety, personal hygiene). Such an approach has consequences for both parents and children. Parents tend not to equip and resource themselves in anticipation of discussing issues relating to sexuality with children; they feel uninformed and unsupported and fear judgement and criticism for saying the wrong thing. Children, meanwhile, encounter messages about sexuality from multiple sources everyday but do not have these messages elucidated by parents and so they remain disjointed and conflicting for children. This conclusion echoes Blaise's (2009) argument that construing childhood as a time when sex identity and gender roles are being forged, while ignoring sexuality identity formation, creates a blind spot. In the absence of teachers or parents taking an active role in this component of children's development, the key active partners with children are wider cultural actors such as popular culture.

The common pedagogical approach to parent-child sexuality education/communication is characterised in much research as a reactive process that relies on children's inquisitive questioning being responded to by parents' authoritative answers. A process of learning together is proposed as an alternative pedagogical model in more recent innovative research. The study design developed by Martin and Torres (2014) facilitated observation of parent-child interaction during a sexual socialisation 'event' – a parent reading a book about reproduction to the child. Martin and Torres emphasise the dynamic and interactional processes children and parents engage in during the process of sexual socialisation. Rather than being passive recipients of information, children are active in their communication, actively shaping the amount and type of information they glean from parents. In turn, parents' participation is characterised as laborious, creative, emotional and collaborative.

Walker and Milton (2006) propose an approach to sexuality socialisation that acknowledges both uncertainty and embarrassment as a ubiquitous experience for both parents and children, and posit sexuality education as a developmental process for both adults/parents and children to manage and learn together. This approach contrasts with the more usual pedagogical model that emphasises parents achieving high levels of confidence and competency in sexuality education before they can be effective sources of reassurance, support and information to their children regarding sexuality – this is

the model parents assume they should be working within and the model that seems to underpin much research to date involving parents only.

Martin and Torres (2014) suggest that the everyday practice of sexual socialisation engaged in by parents may in fact be highly effective as a collaborative model of parent–child learning together about sexuality. These new insights, in conjunction with the pedagogical innovation called for by Walker and Milton’s (2006) cross-cultural theory building from applied research, compel researchers to adopt a very open approach to understanding and theorising about parent–child sexual socialisation. In particular, these findings caution researchers to interrogate the pedagogical assumptions they bring to their analysis and the consequences of those assumptions for the knowledge it can generate. These more critical approaches further provide a compelling imperative for researchers to extend their critical lens on the taken-for-granted pedagogical model of the authoritative, confident and comfortable parent, who is the provider of knowledge, in communication with the inquiring ‘blank slate’ child, who is the receiver of knowledge.

At the methodological level, but with a focus on dissemination, Morawska et al. (2015) note the high incidence of parents reporting that the media, including the internet, is a key resource for children in accessing information relating to sexuality, and call for research to explore ways such formats might be used as a tool to communicate information to children effectively.

Research Methodology

Focus of Inquiry

The aim of this study was to explore the meanings, practices and processes involved for parents within the process of sexual socialisation as a dynamic between themselves and their younger children, aged 4 to 9 years, within the home and family setting.

Research Approach

A qualitative, interpretive approach was taken to locate parent–child communication about sexuality within the wider cultural meanings attaching to home and family life. The research explored the process of sexual socialisation from the perspective of parents through data collected using a combination of focus-group interviews and follow-up telephone interviews involving open-ended, unstructured interviewing methods.

Engaging Parents

To recruit parents for this study, sampling was anchored in defined geographic areas selected to provide for participation by parents from diverse social and economic conditions and contexts. An instrument developed using Census data that profile areas of Ireland to determine levels of affluence or deprivation at small area level, Pobal-Haase Measures of Deprivation (Haase and Pratschke 2010), was used to select three geographic

areas from which parents would be recruited into the study. The instrument profiles small areas comprising 50 to 100 households with reference to three dimensions:

- Demographic profile (population's age, education levels, household composition , rural/urban status)
- Social class composition (education levels, socio-economic status)
- Labour market situation (unemployment rates, socio-economic status of workers and households headed by lone parents).

Combining these dimensions allows areas to be profiled according to levels of high, low or mixed deprivation and affluence. Three areas with diverse levels of deprivation and affluence were selected as sites for recruiting study participants. A metropolitan area of high deprivation and a metropolitan area of high affluence were selected as well as a rural area of mixed levels of affluence and deprivation.

A combination of network and snowball sampling was used to engage participants for focus groups. The three areas selected were profiled to identify a range of organisations and settings from which to recruit participants. A combination of education providers (e.g. pre-school providers, parents' associations in primary schools, parenting websites), community bodies (e.g. family resource centres, community development organisations, Traveller organisations) and sports/recreation organisations (e.g. GAA clubs, book clubs). In conjunction with this networking method, snowball methods were used to ask contacts encountered through networks for referral to a potential participant who was not involved in the network. This approach allows for the engagement of people who are not as active in social groups and/or are potentially more isolated.

Participants were given a €15.00 gratuity in the form of a One4all voucher to acknowledge their contribution in taking part.

Description of Study Data

Focus-group interviewing provides descriptive data and allows theoretical understandings to be generated. Researchers gain data relating to attitudes, thoughts, feelings, meanings, practices and personal experiences from a range of respondents at once. The multi-vocal feature of the method allows participants to construct a combined narrative on their own terms despite the conversation being pre-arranged and guided by the researcher. The dynamic feature of the group interview allows for participants to co-construct understandings and meanings that might not usually be shared. Each contribution can deepen, confirm, challenge or contrast with those of others, and the group dynamic allows participants themselves to reflect on how the phenomenon of interest coincides or differs across the conditions and situations of each individual's life. The place of the researcher as 'expert' can be diffused as the participants conjoin to narrate their lives on their own terms in ways that confirm or contrast with each other.

Focus groups were designed so that each contained parents who shared key core characteristics of socio-economic status, family structure (lone or shared parenting) as well as gender. Given findings that women are the principal conveyors of sex education to children (McBride et al. 2012) and that men are difficult to engage in research in this area, a combination of mixed and single-sex groups allowed the place of gender to be explored in both contexts. This approach intended to minimise status differences between group members so that a majority perspective would not dominate. Combining the data from across segmented groups provided for a heterogeneous study group overall, while conditions were created to allow minority or marginalised perspectives to be expressed in a safe and supportive context within individual groups.

Given the recruitment processes, some group members belonged to the same networks and had established relationships that provided cohesion and unity to the group to facilitate their ease and confidence talking together. Other groups were convened for this study and participants were unknown to each other. However, even where group participants were unknown to each other, the shared position of parenting young children provided plenty of ground for commonality and facilitated ease of discussion. Interview venues and times were selected with reference to each group's needs and preferences. Some groups were hosted in a participant's home, others took place in a room in a community venue, depending on participants' preferences.

Follow-up telephone calls with a sub-set of about one-third of the focus-group participants allowed for further qualitative data to be collected on a one-to-one basis. This component of data collection allowed parents to share views, descriptions of practices and concerns that might not have featured in the group discussion due to concerns for privacy, and enable that information to be included in the data-set. It also provided an opportunity to hear parents' impressions of the impact of taking part in the focus group on their subsequent awareness and attention to communicating with their children aged 4 to 9 years about relationships and sexuality.

Study Participants

A total of 20 focus groups were carried out in this study, comprising 93 participants: 73 women and 20 men. Most participants were parents but a small number were grandparents acting in a parenting role. The size of focus groups ranged from three to eight participants, with most groups comprising between three and five participants. As has been the experience of much research in this area, mothers were much more likely to be recruited into the study than fathers (see Table 1.1).

The gender pattern in participation is related to key processes. First, mothers were much more likely to encounter the invitation to take part as they are often the point of contact with key gatekeepers (e.g. schools, family resource or support organisations, community organisations). Second, mothers appeared more likely to agree to take part, which seemed related to both the sensitive topic under discussion and a tendency in households

with both a mother and a father present to consider the mothers to be the one with most knowledge of this area of family life.

Table 1.1 Total data-set by gender

	Total participants	Women	Men
Focus groups (20)	93	73	20
One-to-one telephone interviews	33	26	7

Specific strategies were pursued to engage fathers in the study, including purposive sampling of men-only organisations or sports clubs where volunteers are more likely to be male. However, we found these settings less likely to yield a focus group. Two key factors were reported as reasons for this. First, fathers feel reticent about talking about such a sensitive area of family life. Second, fathers feel they would have very little or nothing to report.

We were interested to note, however, that the fathers who did take part tended to reveal more sensitive and personal information about family life than mothers did (mothers appear to be more guarded in talking about the private and personal details of family life). We would speculate that mothers feel a greater responsibility for guarding and presenting the family's overall moral standing in a public context, such as a research focus group, whereas fathers seem much less likely to have these concerns.

As described above, the recruitment approach anchored sampling in defined geographic areas selected to provide for comparisons of diverse social and economic conditions and contexts. Table 1.2 details the spread of focus groups across the sites.

Table 1.2 Focus groups by social profile of setting

Site	Number of groups
Metropolitan, middle–high affluence	6
Metropolitan, high deprivation	6
Rural, mixed affluence/deprivation	8
Total focus groups	20

A sub-set of 33 participants also took part in one-to-one telephone interviews with the researcher within six months of their involvement in the focus group. Participants were selected purposively to allow the researcher to follow up on some key issues they had raised in their focus group (e.g. parents describing high degrees of openness as well as parents describing high levels of discomfort) or to probe further into a parent's account of a particular scenario that had arisen in the family or a particular feature of their family life.

Data Handling and Analysis

Focus-group and telephone interviews were recorded using digital voice recorders, transcribed in full and stored on password-protected computers configured to Trinity College Information Systems. Interview data were anonymised and registers of participants' names and contact details were kept separately from interview transcripts to protect anonymity.

Data analysis followed the constructivist grounded theory (CGT) approach to building understandings (Charmaz 2014). CGT is designed to facilitate understandings and meanings emerging from the data generated with participants. The method involves simultaneous data collection and analysis, discovering emerging themes in early data analysis and exploring these concepts in continued, focused data collection. This approach leads to the integration and refinement of understandings and insights across the full data-set. Initially collected data are coded for emerging categories, these categories are explored in ongoing data collection until their meanings are filled out. During analysis, attention is paid to whether a range of perspectives are represented and further data collection is directed so as to engage participants from a range of different social locations and vantage points. The method is premised on data generation being pursued until no new insights are emerging and emergent constructs are conceptually saturated.

Factors such as time and resources available for projects also determine final sample size, but in this research project the researchers felt that the data generated in both focus groups and telephone interviews satisfied the level of data required to interrogate fully key concepts for the study.

Ethical Procedures Governing the Research

This research was granted ethical approval by the Research Ethics Committee of the School of Social Work and Social Policy, Trinity College, Dublin. Given the subject matter of this research, particular consideration was given to the ethical and legal obligations in relation to the reporting of any child protection concerns. Close regard was had to the obligations that arise under Children First: National Guidance for the Protection and Welfare of Children, 2011 (Department of Children and Youth Affairs 2011) and the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012 (commenced on 1 August 2012).

A detailed and robust system was put in place to ensure that data collected were carefully and seriously reviewed and reflected upon in any instance that gave rise to potential child protection concerns (including any retrospective disclosures). In no instance was the determination made that any legal or ethical reporting obligations arose out of data generated for this research. In the discharge of the duties of the principal investigator (PI) under these very important obligations, it should be noted that the laws on child protection have changed and strengthened rapidly in recent years in Ireland. Further,

there are currently no established guidelines for researchers or practitioners available on how to interpret the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012 and how and what disclosures to report in practice.

While in the case of this study the appointment of the PI as the Designated Liaison Person (DLP) and the robust review process were implemented retrospectively, in projects beginning since the enactment of the above instruments, these procedures should be put in place at the outset of the study, together with a comprehensive child protection policy for the study itself. Based on the experience of the PI in this project, specialist training should be provided for the PI or another appointed member of the research team who would become the DLP. In addition, specialist support should be available during the project to facilitate researchers who are not legal specialists in the discharge of their obligations and responsibilities under these instruments.

Reporting the Findings

All participants in this project took part in a focus-group interview. For confidentiality reasons, all participants' names have been changed. This process includes assigning every participant with a pseudonym so that no-one's true name appears in the report. Participants quoted in this research report are referred to by their pseudonym, not by their own name.

Throughout this report we quote extensively from the directly transcribed talk of research participants. When quoting from focus-group interviews, some of the passages presented in the report contain the voices of more than one participant. When multiple parents are talking, we denote this by attributing the passage to a particular group (e.g. 'FG1' refers to a passage of talk contributed to by multiple participants in the focus group entitled FG1 in the study).

When a passage quoted in the research report contains the words of just one participant in a focus group, the passage is attributed to that particular participant and some details are provided to contextualise what the participant is saying where this is deemed to aid understanding. For example, a paragraph attributed to 'Colm, FG7, Children: Girls 7 and 1, Boy 4' denotes that the participant has been given the pseudonym Colm (indicating a male speaker), he participated in the focus group entitled FG7 in the study, and he has three children: two girls aged 7 and 1 years and a boy aged 4 years.

The findings from the study are presented in chapters addressing the following themes:

- Parents' recollections of sexuality education from home and school (Chapter 2).
- Parents' accounts of children asking and being told about relationships, bodies and sexuality, including parents' accounts of questions children ask, contexts that give rise to questions and language children and parents use in everyday talk about sexuality (Chapter 3).

- Parents' stances on communicating with their children about relationships, bodies and sexuality (Chapter 4). Building an analysis of the descriptive material presented in Chapter 3, the focus here is on parents' accounts of what they aspire to achieve in communicating with their children.
- Resources and supports parents use as well as those they identify a need for in supporting sexual socialisation (Chapter 5).
- Conclusions and recommendations for policy, resources and further research (Chapter 6).

2 Parents' Recollections of Sexuality Education from Home and School

Participants' accounts of their own learning about sexuality as they were growing up are explored first to provide an appreciation of the role models that the parents in this research had to prepare them for this aspect of parenting. The literature review has shown that parents who did not have the experience of open communication with their own parents feel that it in turn impedes their ability to be comfortable and open with their children. In this chapter participants' portrayals of how sexuality was treated and discussed by their parents as they were growing up are presented. We also discuss participants' accounts of the relationship or sex education they received in school, and what participants said about the extent to which their own learning about sexuality prepared them for communicating with their children about sexuality, the body and growing up.

Learning at Home and from Parents

'Turn off that telly'

Most parents participating in this study portrayed their learning about sexuality from their own parents within the home and family they grew up in as marked by silences, repression and taboos. Only a small number of participants reporting that they had experienced openness in discussing sexuality within their family home growing up. Most participants portrayed their experience of learning about sexuality as a process of them weaving together snippets of knowledge garnered from diverse sources, but all the while feeling confused about the knowledge and understandings that were coming to light for them.

I grew up thinking sex was something dirty, do you know what I mean. It was something that you didn't do, it was wrong. Like any sort of like masturbation or anything, wrong, dirty, do you know, anything. So you have that in your head, so I suppose somewhere in the back of my mind is them [messages], although I'm saying 'ok I don't want to think of it like that', but somewhere subconsciously them thoughts are there.

That come down from your generation before, yeah.

Catholic Ireland, yeah.

Yeah from my parents, do you know, like if my mother saw something on the telly that was kissing, it was 'turn that off', do you know like, it was wrong ... and I don't want to pass on that message of ... that sex is wrong and it is dirty, I definitely don't want to pass that on.

(FG8)

The associations and motives revealed as these mothers talked were common and persistent features of the data generated by this research. The association of the body and sexuality as 'dirty' and 'wrong' was commonplace for participants and many related this to feelings of shame and guilt about sexuality.

We're uneducated when it probably comes to sitting down with your kids I suppose, to a certain extent. I think though the worst thing you can do is say we need to have a talk because they just go 'ah no', you know, they don't want to do it.

It rubs off from your parents' generation, that around this part of it, it was embarrassing, parents didn't want to know ... like with the Church and things like that, it was like, it was not talked of. And I suppose as each generation it's still probably in our eyes a dirty little thing to probably sit and speak to your 10-year-old maybe about.

(FG8)

As the participants illustrate, these associations were conveyed indirectly and the motif invoked above of the television being turned off when even very mild sexual scenes, or scenes of intimacy, were being shown featured over and over again throughout the focus groups. Parents assert that they want to treat sex and sexuality differently with their own children, but describe feeling hindered in their attempts to foster the more open approach they aspire to by the 'subconscious' legacy of their own experiences growing up. We will return to discuss this below.

Like Irish participants in the study, Asha, who migrated to Ireland with her young family, recalled censure on talking about sex within her family and at school in her country of origin, where the emphasis was on sex as sinful and on the importance of bodily hygiene. Asha feels that her parents' unwillingness to discuss relationships with children was driven by concerns that giving children knowledge about sexuality may prompt their interest in sexual experimentation.

So because, you know, when you are [from my culture], your parents are very strict about, you know, talking about this kind of things. It's like maybe if they told you maybe you would be going outside and do what they are telling you. So it's like a kind of secret, so you don't talk about that. It's just maybe when you are having your periods and if your mummy sees it or, you know, she will be telling you, you know, you have to be careful because you'll be getting pregnant. It's just limited, you know; they don't teach you about anything, in school they will tell you ok about sins, ok you are a woman, you are a man, you know you are to wash yourself when you have your period, but not that much. So we've grown up with it. Like me, I don't talk with my kids about this thing because for me they are so young.

(Asha, FG4, Children: Girl 3, Boy 5)

Too Little, Too Late

Getting ‘the talk’ about sex from their parents was another shared memory for many participants. Many recalled such communication with their parents as being a once-off event that both they and their parents perceived as ‘the big talk’ rather than having any sense of ongoing communication between them as they were growing up. ‘The talk’ was marked by discomfort on the part of both the parent and the child. Many participants considered its timing as being too late, occurring after their curiosity had driven them to already construct some level of knowledge.

As was found in recent research with Irish teenagers, participants in this study recalled closing down attempts by their parents to talk with them because they felt more knowledgeable about sexuality than they considered their parents to be.

I remember one day I was ironing, I'd say I was 12, and I was in the dining room. My mum was in the kitchen and all she said was 'I just need to have a chat. Do you know anything about the facts of life?' And I went 'yeah, yeah, yeah I know it all' and that was the end of the conversation.

Q: It was left at that?

And did you?

Well no, no.

You probably hoped you did.

I thought I did from the chat around, but no I didn't. I was definitely in primary school, I know I was in primary school so I don't know whether I was 11, 12, I don't know. And that was it, it was never brought up again.

(FG9)

Participants universally agreed that their parents timing was ‘too late’ to intercept a whole host of myths they had already garnered. It also coincided with the intense period of self-consciousness and embarrassment about the body and sexuality that most participants recalled accompanying puberty.

My memory of my parents and my mother as well telling me about sexual relationships and that kind of thing is definitely at the end of process (laughs). I mean it was just this sort of social ritual that we had to go through. She felt obliged to do it and I felt obliged to listen. But I think most of the information and misinformation that I had accumulated at that stage had been got mainly from my peers, the press, television, that kind of thing ... I can remember definitely a sense of confusion and removal from the subject and not really comprehending what was going on ... I can remember things being on the television and being mortified ... It didn't seem to me like something I needed to discuss with my parents, it was kind of a, you know – as I said, it was kind of my peers, the wider world out there had all the answers for it and I didn't want to have to embarrass or be embarrassed in the process of finding out so ...

Q: And when your mother had the conversation, what kind of age was that?

So probably I'd say, yeah, secondary school. Early secondary school. I think it was more she was more concerned with me finding out from other people before I was ready to hear about – although she probably had no idea how much I knew already. So I was given a book then as well. I was told, basic kind of run through, 'there's the book, read that'.

(Colm, FG7, Children: Girls 7 and 1, Boy 4)

Being given a book by a parent but not being guided through that book by the parent was another common experience among our participants. While Colm's mother had handed him the book and acknowledged she was giving it to him, some other participants recalled finding a book on their pillow without any accompanying acknowledgement or discussion occurring between them and their parents.

It was a book left on my bed. And it was just 'I left something on your bed for you to read and just hide it from the rest of them.' I've an older sister so it's kind of, my mam never told us anything, it's going from sister to sister. So like the oldest told me and then I went through the other and that's the way we all learned. But it never came from Mam or Dad, never.

(Helena, FG8, Children: 17, 12 and 8)

I can remember I was about 8 or 9 and my mother coming back to our bedroom and she pulled out a load of sanitary products and I nearly died on the spot. And she just said, 'Do you want me to tell you or would you like a book?' And so she told me about periods and my first question was does granny get them and that was all I needed to know. And then she gave me a book the next day and it was never spoken about since.

(Irene, FG12, Children: Girl 6)

These accounts portray embarrassment, silences and isolated events as characterising participants' memories of communicating with their own parents about sexuality and the body.

'I knew not to ask'

'Knowing' not to ask was another shared understanding many participants recalled arriving at in relation to anything to do with the body and sexuality. It was something learned without it having to be openly articulated. There was a strong consensus among participants that the body was not openly discussed by their parents as they were growing up. As children, they were given or devised euphemistic names for body parts, and they recalled talk as instrumental and stunted, leaving meanings incomplete and confusing.

I remember my ma ... used to say if anyone tries to get you to keep a secret and no-one is to touch your private parts, and she said like down below and across here is your

private parts, so if anyone ever touches you ... Yeah, she wasn't even saying the names or whatever it was, she was just saying your private parts.

In Ireland you don't really say vagina and penis, there's not a lot of people that really say it.

I think it's just how we would have grown up.

Yeah, it's more like your privates or your doobies or your Mary or you know, I think anyway.

From what I remember when I was growing up it's like as if 'oh you can't say that because it's wrong', you know that sort of way.

(FG4)

Agnes and Lisa portray this intuitive knowing not to ask even in relation to material objects such as sanitary products.

It was quite, you know like, personal stuff like for girls. It was kept quiet. For sexuality, you just didn't talk about it, you just learned in school off what other people told you, like other friends and school colleagues taught you and that was it, you kind of just took it from there. No education whatsoever in that sense.

Q: And talking at home, asking questions?

Never, never (laugh), never, you never asked.

(Agnes, FG10, Children: Girl 5, Boy 7)

I do remember my mother ... she would have always had tampons in her drawer and they were a thing of great interest to me and I couldn't figure out what they were and I was fascinated by what they were. But somehow I knew not to ask.

(Lisa, FG6, Children: Girls 7 and 4)

Kim recalled trying to ask her mother about feelings of arousal she experienced but getting the message from her mother that it was a 'no-go' area, which Kim interpreted as something bad.

I remember telling my mum about [self-exploration] and she just shut me off completely, you know. She was like 'oh you're too young to be talking like that', you know, and I was like 'ok, that was probably bad'.

(Kim, FG4, Children: Girls 6, 4 and 1)

Recollections of being frightened by what they learned featured in participants' memories of their own body and sexuality learning. Their portrayal was often of children taking away information and striving to make sense of it on their own and building their own narratives of what will happen rather than having an open or ongoing dialogue with their parents. Oftentimes this gave way to fears as children created their own scenarios to fill in the gaps in the information controlled by parents.

I remember, though, when my mother told me about periods. I'd say I was about 9, and I was so afraid for ages after. I was afraid to go into the sea, I was afraid to go swimming, you know. I was afraid it would just happen. So I kind of thought 'oh God, maybe she told me too young', I don't know.

[Sarah, FG1, Children: Girl 9, Boys 12 and 7]

For Jane, who grew up within the foster-care system, no-one took on the role of discussing personal or sexual health issues with her. This absence had very serious consequences as she attributes her first pregnancy at age 13 in part to her total lack of understanding about sexuality, pregnancy and reproduction.

I wasn't taught about it. I had my first baby when I was 13 like, so I wasn't even told about it. I didn't even get to that stage. No, it wasn't explained to me. Yeah, I wasn't explained, to know like by my ma or da or anything. I was in foster care, so I was kind of moved from place to place, so I wasn't sat down and explained by a specific person like what it was ...

[Jane, FG10, Children: Girl 2, Boy 7]

Wanting to Do It Differently

Felim contrasts how he viewed his parents as being closed and 'repressed' about sexuality, akin to how many participants portrayed their parents, with what he aspires to achieve as a parent. He asserts that he strives to convey open, positive messages about sexuality and the body to his children. However, parents find that achieving that openness and the ease they aspire to in their communication with their children requires hard work in order to 'throw off' the negative associations and connotations of sexuality they were socialised into.

I think, I suppose maybe it's our experience of sex and maybe, like my parents would be much more repressed and there wasn't the open conversation and it ... has some negative connotations as it wasn't an easy conversation, that we have to throw that off and be more open with it.

[Felim, FG2, Children: Girls 4 and 2]

Mandy identified the legacy of a repressed sexual socialisation that characterises the experience of many Irish people who are now parents themselves in her husband's reluctance to talk with their daughter about sexuality.

[My husband] *wouldn't talk to her. He's real, be real quiet, you know. Like the thoughts of [our daughter] getting her periods just kills him, you know. He wouldn't talk to her about it. He'd just say, he'd say to her 'you're ok, you're a brave girl' and that would be it, you know, but he wouldn't talk to her about it the way I would.*

Q: Is that ok with you?

Yeah, because he's like that. He wouldn't talk to me about anything like that anyway, you know, it's just the way he was brought up.

(Mandy, FG4, Children: Girl 12, Boys 17 and 8)

Mandy evokes the arguments made by Schalet (2011) in contextualising her husband's reticence to discuss sexuality with their children in relation to his general communication style with the children and the wider cultural context in which he was socialised. This theme was taken up and developed by other participants. They reflected on wider social and cultural changes and speculated on how these could be supported towards a culture of openness and acceptance in relation to discussing and acknowledging sexuality with children, just as it has evolved in relation to, for example, same-sex sexual orientation.

Our behaviour is passed over from our parents and from their parents, which would've been absolutely no discussion about it. You almost wonder in 50 years' time will we get to a stage, like we have with sexuality and equality or wherever we've been moving very rapidly towards ... maybe there will be a time when talking about these things openly to your kids will [be] just like we could be talking about nature or making the dinner.

(Andrew, FG7, Children: Girl 4, Boy 2)

I think the Irish, like when I was growing up, maybe when I was growing up, parents didn't really speak to their children like that and it was more of an embarrassing thing that you'd go to your parents, or your mother might have only discussed it with you when you were getting your first period, like yourself even, I remember.

Yeah, wouldn't discuss.

You might think you're dying or something.

(FG8)

Openness in displaying the body was not something many participants in the study remembered as a feature of family life growing up, another component of silenced or repressed cultural attitudes towards bodies and sexuality. Like Andrew above, Kathleen recognises enormous change for the better in relation to how the body and sexuality was treated when she was a child and the practices that feature now in her family within the realm of sexual socialisation.

When I was growing up, like I never saw my father, you know, hopping into the shower, just never ... whereas I think now in this generation it's very different now where, you know, it's not this big deal of, you know. I think there's been a huge sea-change since then and I just think it's a far more healthy environment, that there's nothing wrong with your body.

(Kathleen, FG9, Children: Girl 9, Boys 10 and 7)

I wouldn't have many clear messages. I would just, say, remember things like ours wasn't a house where people walk around naked, you know, and I suppose that translates to me as well in that I don't mind if my kids see me naked but I don't tend to like, you know, walk from the kitchen up to the bedroom and back again because that was just something that wasn't done in my house, so that probably has ... I have probably inherited that essentially in the way I look at my body.

(Lisa, FG6, Children: Girls 7 and 4)

Messages of silence, embarrassment, taboos and using euphemisms seem to have the effect of creating a distance between the individual and their body so that sexuality and the sexual body are not seen as 'properly' integrated into one's sense of self and body.

Legacy of Own Sexual Socialisation

Participants identified how these connotations of taboo and sinfulness, as well as the culture of silence around sexuality they experienced as they grew up, contribute to them feeling very inhibited in talking with their own children.

I would give myself a big F for failure on it. When I was growing up and I got my period my mother gave me a pad, she didn't even explain what was going on. Then she gave me a little book and there was prayers in it and it didn't explain what it was about – so she gave me nothing. And say Dallas was on [television] and they'd be kissing, my father would say 'go away from the telly now'. That's how I grew up, right. So I have to say I am useless, so say with [my son], you see they do this, this book is at home, they do this at school, so by the time I had to say to him [son] have you any questions for me', maybe he was 14, he was like, you know, he was embarrassed, you know. And the same with [my eldest daughter], she got her period, maybe 11, and I thought, I didn't get it until I was 13 or 14, I didn't know anything about the facts of life until after that, maybe I did biology in school at 15 or something, you know what I mean. And my father used to say the babies were got under the head of cabbage. So it really was taboo and I find it very, very difficult, and I try and go around it, I don't answer them and I'm embarrassed.

(Evelyn, FG13, Children: Girls 14 and 7, Boy 17)

Parents in the study may have been willing and committed to open communication with their own children, but the legacy of the silence and taboos surrounding the body and sexuality that they grew up with had stifled their capacity to develop a language and a sense of ease and competency to help them achieve that openness.

I find it a bit uncomfortable talking about certain, you know, like say the names of certain parts of the body, you know. I've read a small bit about it myself, about how to, being honest, you know that's vagina, that's a penis, I find it very uncomfortable

to say that to my child, you know. We have kind of nicknames so to speak, you know, everything is a bum and the whole area is a bum, you know. And I find that weird when the kids are talking to me, I get confused myself then, you know. But I don't know, I find it uncomfortable, you know. Whereas I'd like to be not, I don't want to be like that, but you know that's just, I suppose, it was the way I was, you know. It was kind of taboo when I was a kid, you know, you don't talk about things like that ...

[Catriona, FG13, Children: Girls 6 and 4]

Many participants also recognised inhibitions they held regarding their own body and sexuality, including communication about sexuality with partners in intimate relationships and even in relation to breastfeeding.

No or I would never have breast[ed], like I express from a pump for my first daughter but I just, it just didn't come and whoever does it it's their own business and I see it's great, it's much better for the baby, but just on a personal level I couldn't.

[Aileen, FG8, Children: Girls 17, 11, 8 and 2]

Parental Openness

A smaller number of parents described openness in communication with their parents about sexuality. Peter associated this with his mother not being Irish, while Kelly attributed her mother's frankness to being a nurse and open in talking about the body.

My mother was [northern European], which probably helped. She was very progressive and probably – I don't recall what age I was but would definitely have been quite young – and it was just about talking about very basic stuff like 'this is your body, there's nothing to be ashamed of' that kind of tack is what I kind of remember. Then probably as I got older, pretty frank discussions about what sex was when I would've maybe seen something on TV and not really fully understood it. So there would be an open kind of thing where I could ask a question, and it would be answered fairly directly from what I remember. So I don't think there was any like a 'non-topic' in my house, is what I recall. So that was my experience of it.

[Peter, FG7, Children: Boys 4 and 1]

My mam is a nurse so she like told me, like I don't remember ever – I remember she gave me a book – but I don't remember ever being surprised by any of it, so it probably would have [been] fairly open and talked about in my house, not hidden at all like ... I don't remember ever like needing to know anything, I don't remember ever having to ask questions like, you know what I mean ... I'm sure like maybe when I was younger I might have said something to her and she would have just explained, you know, she would have just told me exactly what, not sexual stuff, but about my body.

[Kelly, FG10, Children: Girl 5, Boy 7]

In both these accounts the sense of being confused and uninformed is absent, as are feelings of taboo and shame. Being given a book as a supplement to information and knowing parents were open to having questions asked arising from reading the material sits in contrast to most participants' recollections of 'the book' as the sole resource they were given, without explanation and without any conversation or invitation to bring questions back to parents.

Sex Education in Schools

Although the participants in the study ranged in age from as young as 17 years upwards, there was still a general sense that sex education in schools had been minimal, confined to second-level school and that it had failed to meet their needs in terms of comprehending their own body and sexuality.

I can never remember having even a formal sort of – I can't remember formal sex education in school.

Definitely not. The earliest thing I can remember in school was [a] religious thing in a Christian doctrine class, where we had a list of sins that were given and [we were] asked did/had we committed any of these sins. And one of them was masturbation, and I'd say 95% of the class didn't know what masturbation meant. There was definitely a few kind of sneak words passed around.

(FG7)

We did it in school so and I was like 16, so I mean at that stage everybody else had had their [period] so I was getting mine then, do you know, so I mean I was so old getting them that everybody else had them so I could just ask anybody what was going on, do you know. I knew what was happening but I suppose we learned it in school so and they gave us little packs and stuff so I kind of had a fair idea by the time I got them what the story was, do you know.

(Orla, FG13, Children: Girl 4)

We had absolutely no sexual education. I left school in 1982, so we're not all the same age, I'm a bit older I think, but our sexual education was in third or fifth year [in second level] and it was the religion teacher and like, I mean, what did he know about it? And he approached it from a scientific way – how a baby was conceived and how a baby was born – so it was all anatomy charts and blah, blah, blah.

Didn't relate to you at all.

No.

That was the same, yeah.

There was no mention of, say, erection or, you know, sex drive.

Feelings, kind of common-or-garden stuff is what you want to know.

(FG12)

Overview: Parents' Recollections of Sexuality Education from Home and School

- We can best understand parents' patterns of communicating with their children about sexuality by having regard to the context in which their own learning and broader socialisation regarding sexuality and the body took place.
- Parents portrayed growing up in households where their own parents had been unable or unwilling to communicate with them as children about their bodies and sexuality.
- The prevailing messages parents recalled receiving when they were children gave the body and sexuality associations of taboo, sin, shame and silence.
- This finding coincides with wider cultural portrayals of the treatment of sexuality in Irish social and cultural life during the twentieth century, with change only coming slowly in recent decades.
- Sex education in schools was portrayed as minimal, as having happened much later than children's awareness or curiosity gave rise to questions about the body and as having failed to meet children's needs in terms of comprehending their body and sexuality.
- Growing up in an environment where sex was a closed topic and bodies were associated with shame meant that parents identified a need to 'work on themselves' in order to overcome the legacy of their own sexual socialisation.
- Given the emphasis placed by Schalet (2011) on the role of family dynamics and wider cultural attitudes in the shaping of parent–child communication about sexuality, a critical insight from this research is the need for those engaged in developing and delivering initiatives to support parent–child communication and healthy sexual socialisation to integrate supports for parents towards healthy personal development in the interests of healthy sexual socialisation at family level.
- Parents are committed to 'doing things differently' so as to break the cycle of unhealthy connotations relating to the body and sexuality. Parents are highly motivated to do the work necessary to contribute to the healthy sexual socialisation of their children aged 4 to 9 years.
- Parents hope that their greater openness in talking with their children from a young age will generate a culture of normalisation regarding the body and sexuality and contribute to positive cultural change and more egalitarian and fulfilling relationships.

3 Parents' Accounts of Communicating with Children on the Body, Sexuality and Relationships

Communication and learning about sexuality, the body and relationships takes many intentional and non-intentional forms, including children's observations of everyday life, adults talking with children and children talking with each other, as well as through parents and children building understandings together. This process is in keeping with communication patterns between parents and younger children about many aspects of everyday life. In this chapter we present parents' accounts of how children indicate an interest in learning about the body, sexuality or relationships, including through direct questioning or indirect demonstrations of curiosity. We describe parents' accounts of how they respond to children's indications of interest as well as accounts of initiatives taken to teach children about the body, relationships and sexuality.

The chapter features participants' accounts of the contexts in which children's questions about sexuality arise, the talk observed among children themselves as well as talk recalled between parents and children. Practices in families regarding naming the body are discussed as well as parents' portrayals of the understandings children demonstrate about reproduction and relationships. Through this data we hear parents portray how they understand communication happens and examples of how they have responded to children, providing an insight into forms of communication about sex, relationships and the body in Irish households as everyday practice. As participants described forms of communication in the research, they also reflected on their sense of their own competencies in communicating with their children on these issues. These reflections provide an important insight into what initiatives to support parents in communicating with their young children could encompass.

While many participants were intentional about engaging in communication with their children aged 4 to 9 years about sexuality, relationships or the body, some participants did not view themselves as engaging in such communication with their children before the years associated with puberty. Taking part in this research prompted participants to reflect on the extent to which communication about sexuality features in their relationship with their younger children and to consider how aware they had been of this as a feature of family life.

I think unconsciously when they're, now that you think about it, unconsciously when they were younger they'd be saying, 'Well why don't I have a willie?' And it's like [my daughter] would be saying to me like 'Why don't I have a willie and [my brother] does?' Then you're teaching them the different genders, like you're a female, [your brother] is a male. And then it kind of, it probably integrates, now that you say it, you probably didn't notice at the time but it integrates as they're getting older. So from a young age they do know that [the boy] has a willie, [the girl] doesn't have one, and then the names kind of come out what they really are.

(Donna, FG4, Children: Girl 12, Boys 14 and 4)

Contexts for Questions

When considering the extent to which sexuality, the body and relationships feature in their communication with younger children, participants initially focused on overt communication between them. Participants were aware that they are key facilitators of the communication and it is necessary for them to create conditions for children to feel they can talk openly about bodies, sexuality and relationships. A warm and close relationship between parents and children was identified as encouraging children to be open in talking with parents. In turn, how parents respond to children's questions was seen as critical for keeping communication open between them.

To be close, you have to be close.

To be close, when we are coming to play with them, interact with them, praise them, then that child will say, they are not afraid to open up to you ...

Like, personally, I think parents should have a big role in teaching their children about sex. And it gives the child the opportunity: well my mam is willing to speak about this, so if I have a question I can go to her.

Q: And how do you create that?

By being open. If they ask you a question, be honest with them.

Explaining to them that they can come and talk to you.

And use the right words as well.

(FG4)

Participants generally considered talking about sexuality and the body with children to be 'difficult talk'. They also noted ways in which children demonstrate an understanding of this as a 'tricky' subject: participants described children asking questions when they feel they have a parent's captive attention and the parent may be 'off-guard'. Aideen described how her children use the strategy of asking her questions while on a car journey, a strategy for communication that parents are often advised to use. What she is suggesting here is that children are asking 'tricky' questions when their parent is engaged in an activity such as driving and less in control over the interaction than they might otherwise be.

I think they start asking, that's what I find, they ask questions ... I call them the 'Woodies' questions because I'm always driving in the car when they ask the mad questions and you're driving and you can hear these crazy questions from behind and I don't know whether that's on purpose or by accident or whatever that they pick that moment to ask the questions.

(Aideen, FG3, Children: Boys 14, 11, 8 and 8)

Parents in the study acknowledged how children recognise from an early age that the topic of the body and sexuality can be a 'tricky' topic for open discussion. Children appear

to try to navigate the sensitivities attaching to discussion of these issues by choosing their moment to initiate conversation carefully, demonstrating children as active agents in pursuing communication with parents. Creating conditions that allow children to ask questions and encouraging children to keep asking questions and engaging in talk about sexuality is important in this context.

Communicating about Bodies

When thinking back on how talk relating to this topic occurred within families, many participants identified children noticing male and female body differences as a first key prompt for overt questions to parents.

Our fella asked, he's 5 and a half now, he would have been just 5 or just before he was 5, we were going to bed one night and I was reading him his story and he asked me; he said, 'Why hasn't Mammy got a willie?'

[Denis, FG12, Children: Boys 5 and 2]

My daughter was just born and I was changing her nappy, I remember my son saw me changing, and the face on my son, he nearly dropped dead ... He just went, 'Ah, where is her willie?'

[Diane, FG14, Children: Girl 2, Boys 7 and 6]

Observing Bodies

Parents facilitating children to observe each other's bodies and observe their parents' bodies was identified as a key means for children to learn about differences between male and female bodies and the bodily changes that occur during development from child to adult. Children bathing with parents or bathing and playing with other siblings often demonstrate curiosity about each other's body. Allowing children to observe and touch each other's body was considered a means of fostering healthy attitudes towards the body and of treating the whole body as healthy and natural.

I've twins, boy and girl, and they're nearly 7 and you could find them examining any part of each other.

Oh yeah, yeah because my 4-year-old girl and 6-year-old boy, they'd still have a bath together and, you know, when you hear the giggles, it's more her pulling at him and of course he's loving it, you know.

Q: What do you think they're learning there, what do you see them making sense of?

That they're different.

They're different, yeah, boy, girl.

Yeah.

Yeah, they're just different.

And it's normal, my twins it's very much normal, you know, it wouldn't be ...

Yeah, like we all had baths, shared baths, when we were younger and my kids share them as long as I can still fit them into it.

(FG9)

Parents' openness with their own body and ease about being naked around their children was also recognised as central in communicating about the body and how it changes between childhood and adulthood. Many participants, though not all, were happy for their children to see and inquire about their naked body. Where participants were open to allowing children to observe them managing and caring for their own body, children asked questions about what they observed. Those who were open to allowing children to see the adult body connected this with teaching children about differences between male and female as well as between child and adult bodies. They also connected it with an aspiration to attain a general culture of openness about the body and confidence and ease with one's own body. For many participants, this behaviour is in marked contrast to how they encountered the body within their own families as they grew up and so it is not always easy for them to attain the level of openness or comfort they aspire to.

Practising openness prompted children to ask questions about differences observed between boys and girls or between children and adults, but parents did not always feel confident in responding. In the example below, one mother portrays how she felt anxious when her daughter asked about pubic hair after observing her in the shower. She formulated an answer associating pubic hair with the body changing as one grows up and signalling to the child that she, too, can expect her body to change this way. Another parent in the group by contrast suggests a response that deflects away from the information being sought by the child.

The kids would have showers with me ... and I remember [my daughter] being fascinated with my hair and she kept going 'Mammy, your hair, why have you got hair there?' You know, and then I didn't know what to say about that either. I just said, 'Well big people have hair and when you get older you'll have hair there too.' And that's how I just ...

I tell them that's to keep me warm.

(FG8)

This example shows that when parents do not feel confident in talking about the body with children they may devise talk that does not address the question the child is asking. The next example shows how children observing intimate body care for adults, here a mother is using sanitary products, prompts questions about the adult body.

She walked in on me in the toilet one day and, sorry now for the crudeness of this, but you know I was changing my pad and she got very upset and very scared. She was only about 6 I'd say and thought, 'Oh God, Mum is bleeding, what is going to happen?' And I wasn't really sure how to explain it to her, she was 6. I said, you know, all I think I said to her was, you know, 'It's perfectly normal, it happens to all women.' ... It wasn't that I didn't want to tell her, it was that I just, I was scared because I didn't know how to approach the subject. I didn't know how to explain it or I was even scared about, you know, 'Jesus, what if I do say something to her and she asks me all these questions that I can't answer?' you know. So there was a certain amount of fear in me that kind of almost made me bury my head in the sand.

(Jenny, FG13, Children: Girl 9)

This passage illustrates the importance of parents gaining confidence in how to talk and discuss the body with children. Jenny's account portrays how the fears parents hold about how to present information to younger children (explaining the changes entailed in the body reaching adulthood and sexual maturity) can cause them to close down communication. Jenny was aware of the potential for children to become worried and alarmed by bleeding and considered it important that her daughter would have her question acknowledged and receive an explanation that reassured her. However, achieving those outcomes from the communication was very difficult for Jenny in that moment. Her fear that beginning the conversation might lead to questions she did not feel equipped to answer left her ill at ease talking with her daughter and she did not achieve what she wanted to in the communication. Jenny depicted her role in the communication as having 'buried her head in the sand' despite her best intentions.

Jenny's story demonstrates how demoralised parents can feel when their confidence in talking about the body falls short of the aspirations they hold for communicating with their younger children. The very heartening insight from Jenny's story is how motivated and aware Jenny was of wanting to acknowledge her daughter's question and to provide her daughter with reassurance and information. It illustrates the potential for resources that support parents overcoming such fears to generate greater openness in communication between children and parents.

A contrast to Jenny's portrayal is that of Dervla below, who does not give much more information in response to similar questions from her daughter but does convey a sense of feeling more in control about the communication and discussing the body.

I do get questions, like if you are in the bathroom changing your tampon or something like that – 'Why are you bleeding?' 'What's that?' – you know, this type of thing. And 'that happens to you when you have babies' and you kind of say that. 'When is that going to happen to me?' And it's like 'oh when you are older'. 'Will I get boobies like you?' and they might be trying on a bra or something like that, and it would be 'yes', but they are always aware that there is a difference.

(Dervla, FG1, Children: Girls 8, 6 and 4)

Dervla was more at ease than Jenny in displaying and talking about the body and her own body and felt confident and in control of knowledge about her body so that communicating very simple messages came easily to her when questions were bounced at her from her children over and over again. In fact the content of the answers given by Jenny and Dervla is very similar, the striking thing is how fear drove Jenny's communication with significant consequences for Jenny's confidence in the future, whereas ease and confidence drove Dervla's.

Not all participants were comfortable with parents being naked in their children's presence. As Aileen described, having a general sense of unease about her body associated with her own socialisation precluded her from having the confidence to be undressed around her children and she further associated this with unease about breastfeeding.

I would never have put any of my kids in like a bath with me, no, do you know what I mean, it's just, no ... no or I would never have breast[ed], ... just, I suppose, whatever which way that you're reared, or life things that you've gone through in your life makes, I suppose, a big difference to your openness or your own openness, do you know that way like.

(Aileen, FG8, Children: Girls 17, 11, 8 and 2)

Naming the Body

From the study data it would seem that the practice of naming the body using correct anatomical terms are as prevalent among parents as the practice of using euphemistic names with children. Participants who used anatomical terms described their intentions in doing so. Many were prompted by their own memories of feeling confused growing up by some of the terms they encountered from adults to refer to the body. Kim recalled being taught to call her genitals 'flower' and how this puzzled her and confused her as she grew up.

My mum, we weren't told the exact name of our vagina, they would use 'flower'. And we're like 'What, flower?' So I was 12 and I thought that was the name. The name of it is vagina. It's not flower.

(Kim, FG4, Children: Girls 6, 4 and 1)

Parents using the physiological names for sex organs and genitalia related this to a position that these are parts of the natural body like any other and should be fully integrated into how we think about our body as a whole and not subject to any form of discomfort or taboo associations.

Like when we talk about the parts of the body, it's 'you've got an elbow, you've got a nose, you have a penis, you have a vagina' and it's just natural.

Nothing to be embarrassed about.

Nothing, it's natural.

(FG17)

It was just small little bits of things like 'And what's that?' 'That's a penis and that's a vagina.' 'Why are they called that? Why do we call it willie?' I said, 'That's the proper name but people have different names.' That sort of stuff, just small but not sort of in depth or anything like that. Then it's kind of that then they could ask questions. But I didn't want to be one of the parents that kind of hid everything and this was like a big secret, we don't talk about it. So I just find that they are very open now.

(Patricia, FG1, Children: Girl 9, Boy 11)

Andrew wanted his daughter to use the anatomically correct name for her genital area for fear of her being laughed at in school for including her genitalia in her use of the term 'bum', but did not feel he had the confidence to address this himself with his daughter.

At the moment all her bum and vagina are all bum – she's 4. And when I say to her in the bath 'give your bum a wash there' she'll start washing her front. And that's something which we were kind of comfortable with when she was 2 and then 3, you're kind of 'fine, bumbum, fine'. But now I'm starting to think we really should be putting some words on this properly because you can't have her going to school next year, apart from anything else she'll have kids laughing at her because she's referring to that part of body, yeah, so it's something we have to start. Really we need to start giving them – well not the 2-year-old – but giving them the correct names for things, just as a basic fundamental. Why are we skirting around what it is actually called? We don't call other parts of our body, you know ...

(Andrew, FG7, Children: Girl 4, Boy 2)

There were other participants who were uneasy with children using anatomical names and instead used euphemistic names, either terms commonly used and understood or terms or words devised by the child or families themselves.

I didn't discuss them words with [my 5-year-old]. She knows like, say, the word for boobs, we call them boobs and we might say breasts, but I never said vagina to her. To me, I think she's young to say vagina, that's just my thing.

(Tracy, FG8, Children: Girls 5 and 2, Boy 20)

To my daughter it's called, I told my daughter it was a Mary.

That's what my mam told me.

Now [my son] says his is a willie like but it's a Mary and she still calls it a Mary like, you know, she's nearly 12 ... But she was like, I'll give you a laugh, she was in a crèche

when she was only about 3 and she was real chatty, outspoken little kid, and a nun came in ... Sister Mary, and she goes 'oh you've the same name as my bum' (laugh). I swear to God, I was scarlet.

(FG4)

Some participants had reservations when they were informed that their children would be learning the anatomical names for the body at ages 5 to 6 within the school curriculum, as it was not their practice to use anatomical names with their children at this age.

I thought they were a bit young but in saying that they went ahead, did the class, but I don't think my daughter focused so much on it, she never really, she said she had a class but she didn't come and start saying anything like about the body parts or anything like that, you know that way so.

I think they said vagina for a few days.

That's what I was worried about because I obviously hadn't said what we call it, in our house it's two bums.

Yeah, front bum and back bum.

So that's what, like, we're the two bums, so that's the way she sees it.

(FG8)

The women in this group went on to talk through what it is like to hear a child using the proper anatomical designations for male genitalia and how this contrasts with the names they would have learned for the male and female reproductive organs.

There's a boy actually on our road and again I'd say he's about 7 and, like that, he was playing ... he fell and he said 'oh I hurt my penis', he said, you know, and I was ... you could hear it and this little thing and he's as posh, like you know, he just looks like this little kid that butter wouldn't melt in his mouth. And then another day [said] 'my testicles' or something, so he obviously was learning ... but I did feel as another parent or another adult a little bit shocked to hear this little boy saying them words and again maybe as [Aileen] was saying, that we didn't use them as kids. Like I would have never used them kind of words, do you know what I mean.

Your goolies. I would have called them.

Yeah.

Mary.

Yeah, Mary yeah.

Yeah.

Or your birdie.

Your what?

Your birdie.

Marykate and your willie or birdie.

Yeah.

And I would have passed them on to my kids because they're nice soft words that are harmless, you know, whereas there are very crude words.

(FG8)

These mothers considered the euphemistic names to be softer, nicer words, while the anatomical names were considered 'crude'. Others portrayed anatomical names as 'harsh' or 'advanced'.

I suppose a lot of it has to do with wording, like some words are so harsh, well you think they're harsh for kids, words like vagina and stuff like that. There's simpler words, not harsh like.

Well I would have used private until they're old enough to understand the word vagina. Because if you have a little girl shouting vagina it sounds very advanced.

To come out with, a little child, it's too much. You'd say what's going on in that house, how does she know that. Whereas if they're saying little things like that it's not as noticeable. So like that I would, I would just say that's your private parts and you know like that and as they get older then obviously like that's your willie, penis is the medical, willie or whatever, and then vagina.

(FG14)

Another reason participants cited for not using anatomical names for parts of the body was a desire to keep children 'innocent'. One father explained that his family's practice of using euphemistic names was related to his own discomfort with the anatomical names, which he described as 'reality' and in opposition to 'innocence'. This father acknowledged that using euphemistic terms was more for his benefit than his daughter's, as he was uncomfortable.

Again, we probably don't refer to the penis or vagina, probably use euphemisms like willie or, you know, tooshe or your bum, just colloquial terms. Just I suppose to maintain the innocence rather, you know, sometimes when you use those terms, I think it's more reality like. So not that we have any problems using them, I just never think, maybe not, she's not ready yet. But when is she ever ready I suppose is the question. So I suppose it's preparing her mentally going down the line but just to be gentle with that side of it ... Yeah, even though I'm sure she'd be quite able to process it, and it's probably more for my benefit than it is her benefit.

Q: Why do you think that?

Yeah I think maybe to protect myself a little bit because I suppose it is an uncomfortable subject.

But that's precisely why we use the correct words. Because in our house now it's not an uncomfortable subject. It's not, it's just the thing that's there and it's the name of it and that's it, it's not uncomfortable and they're not uncomfortable talking to other people and using the correct names.

(FG16)

It is interesting how this father's practice of using anatomical names within his family has been specifically intended to offset discomfort in talking about the body.

Participants expressed greatest unease about using anatomical names for female genitalia.

The first time I had to kind of label the woman's parts I literally sat there and was just like 'umm ... just her private parts' (laughs), I really didn't know, I didn't want to hear 'vagina' (laughs).

(Lisa, FG6, Children: Girls 7 and 4)

Many participants remarked that teaching children the names of female genitalia and observing reactions to children using the names for female body parts is more contentious culturally and subject to more cultural taboos than how we relate to the male body and genitalia.

Well I've always felt, for the women's sexual parts, I have always had a problem with the stupid names that girls are given. I know girls and boys, but maybe girls in particular ... But so with my girls, I would call a vagina and I've always, yeah, I've had a problem with people, and I've had the conversation with a few people and mothers or parents who they still feel 'oh God, no! We'll call some silly name.' I feel am I sounding a bit odd here bringing up this conversation, just to know, you know, the naming of a body part? So I just couldn't give them a silly name ... Even though, yeah, it's not actually a vagina, you know. Like it's more ... (laugh) ... I had a conversation with a neighbour of mine who said she couldn't because a vagina isn't actually what that part is, it's the whole thing is the vagina as opposed to the labia or whatever. That was on some website I looked at last night that a mother was calling it a labia or something, I choose vagina just to, this is what it is, be matter-of-fact.

(Karen, FG2, Children: Girls 4 and 2)

Overall, the study data suggest that some parents will purposefully introduce and use anatomical names for the body so as to avoid any taboo or differentiated thinking about the genitalia or sexual body with the intention that the body be seen as an integrated whole. However, other parents eschew anatomical names, considering them harsh or

crude and unsuited to talk by children, with the effect that sex organs can come to be seen as set apart from the body. Across both groups of parents naming and talking about female genitalia is much more challenging and difficult than it is for male body parts.

Communicating about Reproduction

Witnessing Children's Knowledge Building

Participants described seeing their children building their own knowledge about bodies, relationships, reproduction and sexuality. When parents hear or observe children forming their own understandings of the body, body differences, relationships, reproduction and so on they make decisions either to leave children with their own versions or to intervene and engage with children so as to help them to build a comprehensive and more accurate version.

Liz, Aideen and Helen all described hearing their children tell their own versions of how they came into being and leaving them with those stories. Liz's daughter talked about 'waiting in God's hands' before being born into her family and Liz attributed this to something her daughter devised herself as opposed to a version of reproduction that was given to her by her parents.

They go around saying oh, you know, like say they'd be looking at pictures before they came along or when [my youngest] was born, [her older sister] would go 'wow', and she had it in her head 'I was in God's hands'. I don't know where she got that from. 'I was in God's hand.' And that's what they think, they were waiting in God's hand. Like someone must have told them. I didn't tell them. And like, you know, I didn't say any different. I didn't say because I didn't know, I wouldn't be sure at what age do you start.

Q: And what do you all think about that, that idea of what age do you start? That's a good question.

God's hand is happy enough for me for now. I don't know, obviously they need to know but at what age do they need to know, do you know what I mean?

[Liz, FG3, Children: Girls 7 and 5]

Liz is happy to allow her children to hold this version of reproduction in the knowledge that she will have to revise it at some point in the future through a discussion about human reproduction. For now, she feels her daughters, aged 7 and 5 years, are too young for that discussion.

[My children] thought all four were inside me waiting to come out at different times. They thought that, now I don't know whether they think that now or not but they definitely thought that, that when they see you in a photograph, they think that why they're not in the photograph or whoever is not in it, is because someone hasn't come out yet. Still in your belly, that's always been in the belly waiting to come out like.

Q: So they build their own little stories?

They absolutely do, yeah.

[Aideen, FG3, Children: Boys 14, 11, 8 and 8]

Mine would be the same as Aideen's like, say if they looked at wedding photos or whatever. 'Ah I was in your belly then but I didn't start growing till after your wedding.' And then my other little one would say, 'Yeah, and you grew first and I grew second.' So I was, so her thing would be that she was in the belly all the time.

[Helen, FG3, Children: Girls 13 and 5]

Carol, whose family comprises two mums and their son, has observed how other children notice the difference in her family and try to make sense of it with reference to the understandings of family and reproduction based on the normative heterosexual family model.

I suppose since our family is a bit different things have been reflected back to us by other kids ... with other children saying, 'Who are you or who are you?' And we're saying, 'Well, we're both his moms.' And they say, 'Well you can't be. Or did half your body come out of one mother and half come out of the other mother? It's not possible.' And then you have to [address that].

[Carol, FG6, Children: Boy 6]

What Happens During Pregnancy

When a woman who plays a key part in a child's life (e.g. mother, aunt, teacher, childminder) is pregnant, it often prompts the child to ask about what is happening during pregnancy.

When my sister was pregnant they would have, the small boys, would have been 6 or a bit younger, probably 5 ... and they were killed trying to figure it all out.

[Aideen, FG3, Children: Boys 14, 11, 8 and 8]

I think my older daughter would have been 2 or 2 and a half when I was pregnant so she was asking me about the baby. 'How did the baby get in there?'

[Karen, FG2, Children: Girls 4 and 2]

My daughter was about 5 or 6 when my son, and she was asking how he's in there and how he's coming out.

[Fiona, FG3, Children: Girl 11, Boy 5]

Children wanted to know how the baby began to form in the woman's body, how babies grow and develop during pregnancy, how the baby will emerge from the woman's body and will they be able to have a baby. Children can either ask direct questions about pregnancy or act out their curiosity.

I've been asked how do you make babies. I've been told by [my kids] that you make the babies under the bedclothes, when you get naked, you know, so they know that there's something related to the bedroom and the bed.

[Natasha, FG5, Children: Girl 8, Boy 10]

It's only the older one and she would ask questions like how does the baby get out and how does the baby get in, those would be her main kind of or have kind of [enacts child playing pregnant] and 'out it pops', you know, in big dramatic kind of ... but no real idea, it's fantasy, but she has asked.

Q: And then is she also making up her own version of how?

Well, she's done the walking around with whatever up her nightie and that dropping out onto the floor and the baby being born, she's playing those sort of games. But I don't know actually if she's asked very specifically how does it come out. I can think of one time she's asked sort of that but otherwise she's actually made up her own, you know, she thinks it comes out your belly button or something, she's made her own leap to that, so far, and I think she's asked me one time how does it come out.

[Rachel, FG5, Children: Girls 5 and 3]

A strong consensus in the data is that being asked to explain how babies are born is much easier than being asked to explain their origin or how they are conceived, which many participants found very challenging.

I always feel how they come out is an easier question than how they did they get in...

I've heard through my son [age 6] that there was a boy in his class had said, now this was last year, that his willie, he was saying my willie goes in your bum, the lady's bum, and that's how you have a baby. So that was last year now, he hasn't said anything since.

Which one was that, [the 6-year-old]?

Yeah.

Oh Jesus.

Q: How did you respond then when he was saying this?

I didn't really to be honest because I didn't, it was kind of, it was a situation that was going on and I didn't really.

[FG9]

A child may present their understanding of how conception happens for the purpose of confirming they have the correct version; however, as the above discussion illustrates, the participants did not tend to discuss sexual intercourse with their children either because they felt it was not appropriate or because they did not know how to discuss it in ways they felt were appropriate.

Participants often noted that the questions children ask about where babies come from are more focused on how children are born rather than on how they are conceived and develop during gestation.

I think our focus with our eldest has been more, when she's asked about it, has been more about the process of birth rather than conception. So 'where did I come from' is more about already being born, you know, the process of birth and the various things. I mean we've been fairly open in terms of the language that we use, body parts and that ... It just seemed, in the context of the conversation at the time, it seemed like that's what was being asked. I wasn't trying to use any sleight of hand or anything to not to have to deal with it.

(Colm, FG7, Children: Girls 7 and 1, Boy 4)

Parents described children noticing and observing pregnancies and presenting them with questions about where they came from, either by asking directly or by acting out their curiosities.

The Tricky Terrain of Sex and Sexual Desire

Through engagement with a whole range of contexts and discourses from the playground to retail settings to popular culture/media (e.g. pop song lyrics), children encounter language and behaviour relating to sexuality. Navigating sexualised language, images and discourses with younger children was an aspect of communicating about sexuality, the body and growing up that participants found particularly challenging. They described their younger children's encounters with the words 'sex' and 'sexy' and considered that children do recognise particular connotations to these words, which they seek to make sense of.

But [my 6-year-old] came home last week and she said, 'Mum, I heard the boys talking about sex' ... She's 6 and she was talking about sex and the boy was kissing this girl in the room, you know ... She said, 'Is it a bad thing, you know, is it a bad thing? Is sex a bad thing?'

(Kim, FG4, Children: Girls 6, 4 and 1)

Parental responses often highlight that certain words are 'adult' words or 'inappropriate' for children, without exploring with their children what the connotations attaching to the word are. While participants described lots of ways in which questions or curiosities about the body, sexuality and relationships arise with children between the ages of 4

and 9 years, there was a prevailing view that this is not a stage where parents need to be engaging with children about sexualised topics.

Participants found it very challenging when their children encountered or used terminology that they as parents perceived to have sexual connotations. They felt unsure whether they should allow children to continue to use sexually connotative words without fully appreciating what they signify.

There seems to be a lot more sexually explicit words, terms, terminology just in general parlance kind of thing, yeah.

They use the word 'hot' the whole time, you know. 'He's hot' and 'she's hot', like at a very young age and like that's, I'm not saying it's used in a sexual sense but it's got those connotations for us as adults. It's not a word, you know, you'd use lightly, but the kids use it. They don't, I don't think they grasp exactly what they're, you know, what it means, but it's just when you hear it, it kind of grates a little bit.

They're learning those words before they're ready to, yeah, understand it, yeah.

(FG9)

Boys noticing their penis becoming erect is something participants described either observing or being questioned about directly. Either way the child is demonstrating a curiosity about what is going on in his body, but parents found that a framework or terminology other than sexual desire or interest was difficult for them to articulate. Participants tended most often to deflect the question with statements such as 'that just happens' or 'you need to go to the toilet'.

But some questions now he's, he is coming up with little questions now like why does he wake up happy, happy Mondays (I call it), I think a lot, and he's starting to query about it, and I said it's just because you have to go to the toilet (laugh).

My son goes 'Look at this, it's all hard, Mammy, look.'

My 5-year-old does that as well and is obsessed with it at the moment. He wants to kind of show it off, he keeps flashing it at his sisters for some reason.

(FG10)

The only question I have been asked, and I thought 'oh God, how am I going to answer this', I got up one morning and he had an erection ... He said, 'Mammy, what's wrong with me?' And I said 'It's your body changing and it's natural that might happen sometimes as you get older.' And I just left it at that.

(Caroline, FG1, Children: Boys 9, 7, 7 and 5)

Participants generally felt content that their answers satisfied their children's curiosities and avoided any sexual connotations attaching to what was happening in the child's body.

Parents wanted to avoid conveying any negative connotations to boys about touching their penis or expressing wonderment about their growing penis (including showing it to others) in the interests of building healthy attitudes. While it was much less commonly remarked on than in relation to boys, some parents also discussed daughters deriving pleasure from their body and similarly took the approach that they would not remark pejoratively on this.

[My daughter] gets on the couch and there is a cushion kind of put through between her legs and she is gyrating on the couch, but she has done that ever since she was a baby, and [my other daughter] does the same thing, she will get on the floor and she will kind of gyrate on the floor. I used to think there was something wrong with them, you know, but I do actually think that the two of them, for whatever reason, get pleasure out of it or whatever. But I have been up in the room with [my older girl] and pulled back the covers to get up and she would be kind of, her two hands would be between her legs. They are not down her pants or anything like that but she is kind of mooching and rubbing I suppose. I suppose I would have slagged her and said, 'Are you touching your wiggly woos there?' or whatever. And she'd be like 'no Mammy I'm not', and I'd say 'it's your own business' and walk out of the room and I don't make a big deal of it. But I suppose I haven't broached the subject that it's ok for her to do that in her room. I suppose I haven't sat down. I know I have listened to things about boys because boys tend to do it more in public, I don't know, and that.

(Clare, FG1, Children: Girls 8, 6 and 3)

Parents did want to socialise their children into knowing that there are contexts where it is appropriate and inappropriate for such behaviour. Finding a form of communication that balanced these tensions was a concern for participants.

When children began themselves to relate their body's behaviour to sexually oriented discourses participants often engaged in trying to separate out what is happening in a child's body from sexualised messages.

We were driving down [the country] and [my son] pops out of the back of the car and says, 'Ah do you know I am really horny' (laugh). I could see my husband going 'what', and I just looked at [my husband] and I said, 'Just calm yourself for a second.' I said, 'What do you mean?' And he said, 'Ah my willie has gone real stiff, like in the morning time.' And I said, 'Oh I think you mean that you've got a stiffer [son], I don't think you mean you're horny.' And he was like, somebody had been, in school, had said about horny, and you know so he just thought this was horny. And I said, 'No, I think you might have a little stiffer.' And that's the language that we used because I wanted it to be fun, or I didn't want it to be too sexually related. Yes it's after standing up, yes you know. 'Why, Mum? Why, Mum?' And I'm driving the car going 'oh God, what am I going to say next?' do you know what I mean. But I didn't want it to be 'oh you're having urges for sex because you want to put your willie into a girl', you know. I just wanted it to be

*'oh yeah that's going to happen but that's not necessarily horny'. 'What's horny, Mum?'
And then 'ok, what you have is that your penis is gone erect', do you know what I mean,
so, and we just kind of bypassed the horny part.*

(Natasha, FG5, Children: Girl 8, Boy 10)

Natasha here engages with her son about what is going on in his body, prompted by his use of a word she felt excessively 'adult' and sexually loaded, and in doing so acknowledges what is happening for him. Her focus is to separate out what he is experiencing from the sexualised connotations of the term he used. She acknowledges that the outcome of the conversation was to 'bypass' the sexualised term. What is interesting in this exchange is that her son knew the term and the body response it referred to and so he may have been using it in this context in order to seek clarification from his parents. Natasha's practice of acknowledging questions about the body and sexuality with her children and initiating some conversations on these issues in the past may have served them both well here, as her son felt able to present this term to her. As Natasha relayed the exchange, her objective in the interaction was to try to dissociate the term her son used, 'horny', from what was going on in his body. In the group discussion Natasha agreed that it was the 'tricky' subject of sexual desire that she did not want to enter into with her son. The group participants all agreed that Natasha had handled a very tricky situation very well, but conceded that if her son's purpose for the conversation was to try to get a handle on what the term meant, then this was not achieved for him.

Communicating about Relationships

Observing children creating games built out of their observation of adult relationships was construed by participants as 'innocent play' in which the children were making sense of adult relationships. In these ways children are identified by parents as engaging in building understandings and versions or narratives about their world, including their body, sexuality and relationships. In doing so, the children present as active knowledge builders rather than as passive recipients of information. This process reminds us that children build understandings about bodies, relationships and sexuality through observing at least as much as through direct communication with their parents.

[My son] used to play with, used to play beds as he used to call it, with his little friend when they were ... kind of 3, 4, 5. They always played beds and beds involved taking off all your clothes, getting into bed and getting out again, that was it, that was the game. And only lately [his friend's mother] told her husband about it and your man nearly passed out, because we never, in all the time that they were doing it, we never passed any heed on it.

And were the boys getting into bed with each other?

Boy and girl.

Oh boy and girl.

Yeah ... I don't know, you see I didn't care because to me they're just friends and there's nothing, do you know, absolutely nothing else, do you know, and I think that would be the worry, that from maybe her husband not seeing them in action, is there something else going on here or whatever, do you know? In other words is it of a sexual nature or whatever? Whereas it's not, it was just friendship.

(FG3)

Note that a father challenged and contested the children's play when he heard about it as opposed to observing it. The boy's mother invoked the children's ages to distance this behaviour from being 'of a sexual nature' illustrating a parent's position of separating out childhood and sexuality.

Noting how children seek understanding of the relationships they observe around them, participants described many questions children ask reflecting the greater diversity in family forms present among children's social networks and classrooms. This diversity contrasts with the singularly dominant normative heterosexual, marital-based family form the participants had been socialised to expect as they grew up and that continues to feature as the key point of reference in communications with children.

I find the dynamics of relationships now is the difficult part because I have a niece whose parents aren't together and it's like 'Did they get married?' 'No.' 'How did they have the baby then?' 'Well you don't have to be married to have a baby.' That's kind of like 'Well why did you get married?' 'Well we love each other.' 'Why did they not marry?' you know, so those kinds of dynamics are difficult. That it's not a hard-and-fast rule, you know, that kind of way.

Even in school it's so-and-so's daddy but it's not really her daddy it's her daddy's mammy or her mammy's this or her granny or her ... 'She's got two granddads', and you're like 'oh right', or four granddads and she was like 'How come she has got four?' And you are thinking to yourself, because they are asking you how does she have four granddads and how does this happen, I would think, I was about to say 'it's the family dynamic'. It's very hard to describe.

I was asked yesterday, 'When you grow up can you love a mammy or can you love a daddy?' This is [my 8-year-old daughter]. I'm going 'yes you can' because we have friends who are lesbians and they have two children and they have met them and so it's like 'Why do they have two mummies?'

(FG1)

Parents sought to explain and endorse diverse family types to children. The notion of relationships as evolving is also being observed by children and they ask questions of parents to make sense of what they are seeing.

[My son] came home last week and said there's a boy in his class who ... turned around and he said that his mam and dad had 'split up' and I thought split up was a kind of an adult word, and I went 'oh right.' And he said, 'What's that mean, Mammy?' And I said, 'Well it just means that maybe the mammy and daddy live in two different houses.' I said it doesn't mean, you know, they [don't] still love their children but I said they've decided they'd be better off if they lived in two different houses. 'Why?' 'Well,' I said 'well they just prefer not to.' I was kind of going on and then, he was happy enough with it.

(Paula, FG9, Children: Girl 4, Boys 8 and 6)

Carol's same-sex family have noticed how children identify the heterosexual, two-parent family as the norm, and when other children encounter their family they strive to make sense of their non-traditional family with reference to this dominant model.

I heard one of his friends who was over one day, and his friend's little brother came over to play near the end, and the little brother said to him 'your father died' or something. He said, 'You don't have a father, your father died.' And [my son] said, 'No, I never had a father. I never had a daddy.' But the other kid said it compassionately, trying to say kinda 'of course you're the same of us, he just died'.

(Carol, FG6, Children: Boy 6)

Children observe diverse and changing family formations all the time and ask parents to help them make sense of the different family relations they observe. Meanwhile, the dominant narrative of the heterosexual, marriage-based family is often the key point of reference as they build these understandings so that children in other family forms gain an awareness of being different.

Overview: Parents' Accounts of Communicating with Children on the Body, Sexuality and Relationships

- Participants described children displaying interest and curiosity in relation to the body, sexuality and relationships through behaviour, actions, talk and questions. Listening to and observing children gave parents an insight into the understandings children hold. Children also posed direct questions to parents or other adults seeking information and demonstrating their interest and curiosity.
- Parents recognised that they have a key role in creating the conditions that allow children to ask questions and in encouraging them to keep asking questions and engaging in talk about sexuality.
- Children appear to be aware that sensitivities attach to the discussion of these issues and at times navigate them by choosing their moment to initiate conversations carefully. This practice shows children as active agents in pursuing communication with their parents.

- Participants generally agreed that simple messages answer younger children's queries about the body and sexuality, but parental confidence is the key factor in whether those simple messages get formulated and conveyed or not.
- Widespread use of sexualised language and imagery in popular culture meant parents often observed children invoking sexualised language (e.g. 'hot', 'sexy') to talk about their feelings and about bodies. Participants often intervened when children made such associations, in an attempt to maintain a separation between childhood and sexualisation.
- Many parents seek to foster a general culture of openness, confidence and ease about the body through means such as allowing children to see their naked body and observe them caring for their body (e.g. bathing, mother using sanitary products during menstruation). For many participants this was in marked contrast to how they had encountered the body within their own family as they grew up and it was not always easy for them to attain the level of openness or comfort they aspired to.
- Parents who lack confidence in communicating about the body often fear the consequences of 'getting it wrong' in an area of child development that they recognise as having high stakes. Parents' fears that they may 'get it wrong' are a key inhibitor of communication.
- Parents felt demoralised when they could not find the confidence to talk with their children about the body in line with their aspirations for openness. This research suggests that resourcing and building parents' confidence to communicate with their children can tap into a high level of motivation for openness that prevails among parents.

4 Parents' Approaches to Communicating with Children on the Body, Sexuality and Relationships

In this chapter we explore participants' accounts of how they see themselves contributing to and shaping the process of socialising their children from the ages of 4 to 9 years in relation to sexuality, the body and relationships. Participants discuss their own sense of their competencies and skills to communicate with their children. They relate what they aspire to achieve, and reflect on how those aspirations are sometimes attainable for them and sometimes hard to fill. The chapter looks at the main forms of communication between parents and children relating to sexuality and how child and parent are positioned in the 'doing' of communication. This exploration illustrates a gap between the aspirations parents hold for how they would communicate with their younger children in relation to the body, sexuality and relationships and the practices parents portray from everyday life.

How Parents Rate Themselves

Participants did not express widespread confidence in their performance as parents communicating with their children about the body, sexuality and relationships. Participants tended to portray themselves as doing their best but as constantly questioning their approach. It was very common for participants to relate an initiative they took in talking with their children and then question their action to the rest of the focus group or the researcher. Overall, participants displayed a high level of self-doubt and questioning and a strong interest in getting an expert opinion.

I don't know whether that was wrong or right, but I did say that your bum is private to you.

(Tracy, FG8, Children: Girls 5 and 2, Boy 20)

And like, you know, I didn't say any different. I didn't say because I didn't know. I wouldn't be sure at what age do you start ... I don't know, obviously they need to know but at what age do they need to know, do you know what I mean?

(Liz, FG3, Children: Girls 7 and 5)

Participants often portrayed themselves as learning by doing. They did not anticipate or prepare for the questions children often ask and tended to 'get by' based on their own judgement but with no clear sense of how well they were doing.

I'd have to say I don't really know about any materials. It's kind of just been more an organic thing, you know. If something arises, I try and deal with it ... As of yet I probably feel myself that they were a little bit young, I feel like I can get away with it for a while longer before I need to kind of go into the bookshelf and, you know, get myself some specific resources, so just been sort of winging it to be honest.

(Lisa, FG6, Children: Girls 7 and 4)

I've kind of faltered my way through because my husband also advised that when she stops asking questions, just stop talking, you know. If there's not another question, don't keep expanding too far for her really. And that she'll come back with another one. So, so far that's my sort of fumbling through.

(Rachel, FG5, Children: Girls 5 and 3)

'Winging it', 'faltering' and 'fumbling through' reflect well the participants' general portrayal of how they communicate with their children. Alongside this lack of confidence were accounts of not answering children's questions because of concerns that they could not provide an answer in terms the child would comprehend, despite their best intentions.

I, probably, you know, when it was, it was mentioned, sort of ducked and dived a bit about answering the question recently, but I think it would be far, far healthier to have a proper conversation about it sooner rather than later and for it not to be [avoided].

(Niall, FG7, Children: Boys 6 and 4)

You don't want them to know too much. Like I don't want to get to, I don't want to give the answer like that 'oh I'll tell you when you're older' or 'you wouldn't understand'. I don't want to shut them down like that, but like if they keep asking the question, 'Why do boys have willies and girls don't?', and like 'Where do babies come from? How does a baby get in there? How does a baby get out?', like I'm just not sure when to start drip-feeding it in.

Q: And can you recall a question that you got when you really didn't want to answer or didn't know how to answer?

Oh yeah, we've had, like 'How did the baby get in there?' 'How does the baby come out?' or ...

Q: And do you remember how you did answer, what you did say?

I think I just fobbed them off, 'I'll tell you when you're older, you just wouldn't understand now', which isn't satisfactory for them or for me but ...

Q: In hindsight would you have wanted to do it differently?

If [my daughter] asked now I don't think I would tell her, like I say she's 5, I don't think she's ready for it now. If [my 9-year-old son] asked now I probably would tell him an awful lot more but I don't think he would ask now because I think he'd be embarrassed that he doesn't know.

Q: So does that mean that you think there's a critical time where you can talk?

Yeah, how do you fill that in, in between like, where they know enough that you can bring them to the next step without having to, like you say, avalanche them with all the information at once, but not tell them so much that they're nearly scared to look at a boy or a girl again like without thinking of these weird things that go on?

(Mark, FG12, Children: Girl 5, Boys 12 and 9)

'Ducking', 'diving' and 'fobbing off' children's questions arose because parents were unsure about what their child could comprehend and because they lacked confidence in their own capacity to translate understandings they hold into terms their children could comprehend. Meanwhile, the window of opportunity to establish a pattern of communication was acknowledged by participants to be narrow and so they were keen to find a way in which they could communicate with their children with greater confidence and ease.

As well as participants identifying concerns they held for how children will hear messages and information entailed in the communications surrounding the body, sexuality and relationships, they also identified long-established patterns in how they themselves relate to their own body and sexuality that hinder their capacity to talk about these issues.

I would give myself a big F for failure on it ... I find it very, very difficult, and I try and go around it, I don't answer them and I'm embarrassed. That's what I come with, so even with [my youngest daughter] now I can say front bum and back bum, you know, and I can say penis, but I wouldn't say vagina, I wouldn't. So once again I'm on my third child and I still wouldn't be like ... And I think it is right to be able to explain exactly what happens but it's very difficult for me.

(Evelyn, FG13, Children: Girls 14 and 7, Boy 17)

Parents themselves struggled to feel comfortable and at ease with terminology relating to the body and sexuality because of the taboos and silences they recall from their own learning about sexuality.

I think I have to work on myself, because I probably thought, you know, a bit like how my mother told me about it would have been very, she would have got uncomfortable about it, there was mystery and, you know, not a big mystery but kind of just, you know, it certainly wasn't something that I felt she was very comfortable doing. And in that sense I didn't feel comfortable about it then either.

(Áine, FG2, Children: Girls 11 and 8)

Participants noted that patterns of silences can be hard to break, even among adults. There is not much peer-to-peer discussion among parents about this aspect of parenting. Even within a couple parenting together the legacy of silences in discussing the body or sexuality can leave parents uncomfortable discussing with each other how to talk to their child.

My 4-year-old, she asked my wife how she came along into the world the other day. Unfortunately I don't have the answer, because I said, 'Well how did you respond to that?' And she went, 'Well you know ...' It's almost like we can't even talk to each other about it!

(Andrew, FG7, Children: Girl 4, Boy 2)

Participants portrayed themselves struggling to feel comfortable with their own body and sexuality arising out of the legacy of silence, taboo and censure identified earlier, so that being able to talk openly with their children or even in some cases a co-parent is challenging. Parents found such feelings of unease and discomfort very difficult to overcome. They did, however, invoke these feelings as key drivers in them wanting 'to do things differently' and to achieve openness and comfort discussing the body and sexuality with their children.

What Parents Aspire to Achieve

In communicating with children, participants described a range of aspirations. In the interests of promoting a healthy attitude to the body and sexuality in their children, they wanted to be equipped with the language to answer children's questions as well as with the presence of mind not to reveal shock, judgement or censure when a child asks a question.

I think it's tricky to talk to your children about their bodies. And something that needs care and thought and I suppose, you know, I feel that I'm getting to the point where, you know, I need to get up to speed on what is appropriate: when and how to manage their questions really.

(Rachel, FG5, Children: Girls 5 and 3)

It's your reaction that counts. It's your reaction and how you react.

I nearly choked.

You can make that a positive thing or a negative thing just by what you say, because you don't need to explain it, he is too young to know, but you need to approach it in a way that makes it, it's not a bad thing, it's not a good thing, it's an adult thing thank you very much, or something to that effect, you know, because they are going to ...

Yeah, if he had have come back to me with it I was going to.

You'd be more prepared.

(FG8)

Many participants expressed the wish not to make use of euphemisms or myths.

So, you know, all this talk about the stork and everything, no, I haven't gone that way with them because I just don't want to build up a big lie about it, and then say, have to backtrack and say well actually no, do you know what, you're big enough now to know the truth. So giving small snippets of the truth and then let them wait and as they ask more questions just go into more detail.

(Natasha, FG5, Children: Girl 8, Boy 10)

I wouldn't feel induced to tell any myth. I think, personally, I think that when it does have to come out, you know, whatever you tell them should be factual.

(Sabrina, FG5, Children: Boys 6 and 5)

There's a whole question there as well – you know you're softening things at the beginning so you use your white lies, and then where do you go from there?

(Gerry, FG17, Children: Girls 22, 15 and 9)

Participants recognised that telling children mythical versions initially means that early communication is based on misinformation that they need to address and revise with their children later.

I'd prefer [my children] to know much more about it, even on a fundamental level, the mechanics, the language, and the words that are used, descriptions, that kind of thing. Rather than using euphemistic kind of language because I think that's how, that's how this notion of embarrassment, how that starts, there's a kind of barrier put up between straightforward descriptions and language about your understanding.

(Colm, FG7, Children: Girls 7 and 1, Boy 4)

Foster Open Communication

Participants who took the initiative and drove communication early considered this as an attempt to pre-empt any silences arising. They wanted to foster open communication about the body from the outset so that children might feel able to raise questions about issues and feelings they encounter during their early years.

Patricia described initiating talk about the body with her children while they were being bathed or dressed with the specific intent of fostering open communication. She feels that this has achieved the openness she aspired to have.

I can't remember exactly when but I know it was definitely before they were 8 anyway. It was definitely not like a full-on conversation, it was just small little bits of things like 'And what's that?' 'That's a penis and that's a vagina.' 'Why are they called that? Why do we call it willie?' I said, 'That's the proper name but people have different names.' That sort of stuff, just small but not sort of in depth or anything like that. Then it's kind of that then they could ask questions. But I didn't want to be one of the parents that kind of hid everything and this was like a big secret, we don't talk about it. So I just find that they are very open now, [my son] especially.

(Patricia, FG1, Children: Girl 9, Boy 11)

Like, personally, I think parents should have a big role in teaching their children about sex.

And it gives the child the opportunity – ‘well my mam is willing to speak about this’.

So if I have a question I can go to her.

Yeah.

Q: And how do you create that?

By being open, if they ask you a question be honest with them.

Explaining to them that they can come and talk to you.

And use the right words as well.

(FG4)

Beginning communication early gets the family used to parents explaining to children what happens to bodies as they develop in advance of puberty, rather than waiting to tell children what is happening as it is happening to them. What Mark identifies as ‘layering it in’ rather than ‘loading it on’, an approach he is striving to establish.

How to layer it in so that when they get to, when it starts happening to them and they start feeling hormonal and their bodies are changing, start growing hair where there wasn’t hair before and start feeling these things about girls or boys or whatever, that you can explain it to them. ‘Remember when we were talking before, that’s starting to happen to you now ...’ I’m wondering if you kind of start like Linda was saying with the animals and a baby grows from a seed and all this kind of stuff and will they just naturally kind of ask questions after that and will it kind of snowball from there rather than as we did with [our older son], leave it all to one big [conversation].

(Mark, FG12, Children: Girl 5, Boys 12 and 9)

Build Healthy Attitudes to the Body and Sexuality

Efforts to socialise children to hold healthy attitudes towards their body and sexuality were a central aspiration for parents. Karen wants her children to learn a version of sexuality that is not tainted with prevailing cultural attitudes associating sexuality with taboos and titillation, but acknowledged that this involves a significant amount of attention and work.

I feel like starting off with being as matter-of-fact as possible. Never having a giggle or even if they ask some kind of question related to something sexual, even adults wouldn’t feel or give each other a look, that I try to just dispel any kind of ... I know they are very young and I know as they get older they bring that home themselves, whether you know they are picking up attitudes from adults at home or not.

(Karen, FG2, Children: Girls 4 and 2)

Asha, who described her sexuality learning while growing up as conveying messages of sex and sexuality as sinful and taboo, expressed a keen interest in learning how to relate to her children differently.

I want to learn more if I've an opportunity to be confident and, you know, to talk about it with my kids and know which language will I use with them, you know, to learn more, because I don't want them to be like me. I just want them to know more about themselves and know how they are growing up.

[Asha, FG4, Children: Girl 3, Boy 5]

Zahra concurred with Asha and portrayed the impetus for open communication as coming from children and being driven by the learning about sexuality and the body they encounter in schools.

It's good to discuss it today. Yes, when they are coming from school, they're asking question because, if you discuss it with children, they might be hearing from outside, keep secrets with them. But they are asking you [to] open up to them, tell them the truth about it.

[Zahra, FG4, Children: Boys 4 and 1]

Parents, however, could struggle with their aspirations to foster body confidence in their children against the background of their own learning, where that learning emphasised covering up the body and containing their bodily movements in line with notions of 'modesty' and 'propriety'.

My 13-year-old would be very, very shy about her body and at 5 years of age she would have been even then, whereas [my 5-year-old] would just run around naked all the time and wouldn't care. And I'm kind of caught between, because I would have been very shy around my body and trying to hide everything all the time, wouldn't talk to my mam or anything about anything and I think [my elder girl] is sort of the same. So I'm trying to embrace that with [the younger girl] that she can kind of, she'd be a little bit more outgoing, you know that kind of way. So she can feel more free to ask questions about her body and stuff like that, you know what I mean. So kind of I'd like her to be a little bit, embrace her body a little bit more than myself or [her older sister] would, you know that kind of way. So I'm kind of caught in between with that with her, but like even when her granddad is in the house, I'd say to her go and get your jammies and she comes down naked, you know what I mean, and it doesn't bother her and she'd be wriggling her bum.

[Helen, FG3, Children: Girls 13 and 5]

In thinking about who children communicate with within the family, participants were mindful that this can establish patterns about openness or silences across gender. Gendered patterns of communication, associating feelings and emotions with women rather than men, were actively challenged by those parents who opted to promote open communication across genders. For instance, Colm described how his wife initiated the practice whereby he communicates with his daughter about sexuality as much as she does for the purpose of building their daughter's capacity to communicate with men about sexuality.

We both share the responsibility and there's no sort of one task for [my wife] and one task for me. No, we've tried to share it. I think [my wife] is actually very good on that in that she has – I don't know where she gets this sense of that things should be equal and it's important for [our daughter] to hear it as much from me as her father as it is to hear it from her mum so it's – because that will influence her own relationship with men later on and perhaps her classmates and her peers and her friends, all of the rest that are male.

[Colm, FG7, Children: Girls 7 and 1, Boy 4]

Facilitating Children's Comfort with Their Body

Participants were alert to how important the messages they give children about bodies will be in relation to children's levels of acceptance and comfort with their own body.

I do kind of intend to ... to be pretty open ... but not alienating as well and not stigmatising it. I think those are the things I want to avoid. I don't want to alienate [my son] by giving him too much information or not enough information, again the balance. And I don't want to stigmatise anything, like it is your body.

[Judy, FG6, Children: Boys 4 and 1]

While participants tended towards the position of telling children the 'proper' names for body parts, they also allowed their children to devise their own names for them. This practice keeps conversations about the body light-hearted and easy rather than always something serious for discussion.

If it comes up, exactly like you, just be totally factual. Just part of your body, you know, that's the way it is. Nothing to be embarrassed or laugh about, giggle about, it's just that's the way it is.

One aspect of that is we have brought kind of fun into it as well in terms of it doesn't have to be a big serious aspect thing as well. And it's been very funny with [our youngest daughter] coming home because they had been talking about it in school. And she couldn't remember the words and she was saying the man's thing is called, and she was like a P, and [her mum] was going a P, and she goes a peegle (laughter). And then didn't correct her?

And the woman's was a va, va, va and [her mum] was like [prompting her], and she goes a vajuicy (laughter). So in our house we have the peeple and the vajuicy.

(FG17)

Participants considered it important to help children build competency and comfort in their own body, so that as they grow up they are able to properly take care of their body and will feel comfortable about seeking medical care and advice in relation to their sexual health.

I don't think we would ever have named the body parts, vagina or penis or anything like that when I was growing up, whereas I would now. I'd be the same, I'd be like 'that's what it is so that's what you call it'. And I don't want it to be like when they are teenagers and if they are awkward around saying things or if they need, you know, if they need medical advice that they are awkward about going in to get that.

(Áine, FG2, Children: Girls 11 and 8)

Aspiring to have children accept their genitalia as a part of their body on the same terms as all other parts of the body was a central concern for parents in communicating with them. Participants were also mindful of the need to socialise children to understand particular norms governing how these parts of the body are displayed and engaged with socially. This area raises some tensions that parents have to manage very carefully.

I think talking about their bodies is a big thing at that age. I think they need to respect themselves and respect other kids' bodies, because my little fella went through a stage of pulling his pants down in the yard and I had to tell him 'no that's wrong, you can't, especially with girls'. And the girls were getting upset about it and that. So they definitely have to learn about respecting their bodies at that age.

(Carla, FG10, Children: Girl 7, Boy 10)

[My son] got the ring in the barmbrack last year and next thing he came in [and] was like 'oh look I got the ring', and it was on his [penis]. And I was like 'ok (laughs) you did get the ring, it is your ring, but you need to take it off now'. So you're trying to not be negative and say 'oh my God that's worse because you put it on your penis rather than your finger'. But at the same time ... I'm conscious sometimes ... you don't want him to be the kid who does those kinds of crazy things as well. So while you're home you have more freedom, you can do that, so I suppose that's a bit of the boundary stuff.

(Carol, FG6, Children: Boy 6)

Issues Inhibiting Parents Communicating

While many participants aspired towards healthy, open communication with their children regarding the body, sexuality and relationships, they also expressed a wide range of anxieties about this aspect of parent–child communication and child socialisation. Those anxieties can shape communication with children in a way that undermines parents' other aspirations.

My Child Will Be Frightened

Participants expressed concern that telling children how their own body would change as well as what is involved in human reproduction and sexual intimacy might frighten children.

They will ask questions about that, they'll ask 'Why have you got hair there, Mummy?' you know. 'That's when you become a mammy.' 'I don't want hair there.' They'd go: 'Well that girl down the road who is 15, she is only getting hair now and she is really old isn't she?' 'Yeah.' And then that kind of ... because sometimes you can frighten them when you tell them stuff and they get afraid.

(Dervla, FG1, Children: Girls 8, 6 and 4)

Because it's very frightening for them.

It is for them, yeah definitely, very frightening.

(FG4)

In particular, menstruation was highlighted by mothers as something they recalled learning about that had the potential to be frightening.

I remember saying to my dad actually, I remember crying and saying, 'I don't want to sit on the toilet every month for 5 days.' And I remember him saying, 'Have you ever seen your mother in the toilet for 5 days?' (laughs). But I do remember thinking 'oh God, that sounds dreadful' ... I suppose it isn't a hugely pleasant thing so, you know, so whatever way you dress it up it's to say to a child: this is what's in store for you. Yeah, it's not great, but it's a part of growing up and it's a rite of passage and all that other kind of stuff. I'd be stressing the positives and I won't be talking to her saying 'oh God, it's such a nightmare' (laughs) you know. But certainly I'd rather she didn't know about it just for the time being unless she generates that conversation.

(Lisa, FG6, Children: Girls 7 and 4)

Telling girls about menstruation raised participants' concerns that they would be frightened about what's happening to them, whereas telling boys about menstruation carried the risk that it may change how boys view girls.

I was certainly horrified about periods anyway, definitely, thought I was going to bleed to death and all, you know. So when you take that new thought which is, you know, not just a novel thought, it's kind of a really scary thought, and you play around with it in her head, I mean it must be very, you know, and you do maybe go down and think extra things to what you've been told, you know what I mean, which may or may not be true, so yeah it is. And then you might look at a girl say, you know, if you're a boy and you're only 10 and think 'oh God, yuck' or maybe 'I can't sit beside her anymore', you know.

(Andrea, FG12, Children: Girls 5 and 5, Boy 3)

Another concern expressed was the potential to frighten a child when teaching them what sexual intercourse involves.

I just don't know how much, like say [my daughter] now is the same age as [another participant's] older lad and like when do I start telling her? What do I start telling her without confusing, Jesus and frightening, her like? To think that a man puts a penis, or his willie as they call it, inside her, Jesus that would frighten the life out of her.

(Mark, FG12, Children: Girl 5, Boys 12 and 9)

Childhood Innocence Will Be Lost

As other studies have found, participants in this research attributed characteristics of naivety and innocence to their children and saw knowing about sexuality as a key opposition to those characteristics. They situated children as being in a more 'childlike' state when they did not have any knowledge or awareness of bodies and sexuality.

Lisa portrayed children as 'being in their own little world' before they encounter knowledge of sexuality.

I haven't maybe taken an extremely proactive approach, it's been more reactive. So when they ask questions or when something arises, you know, that might spark their interest that I'll happily talk to them then as open as I can be about it and straightforward, but I haven't gone to them with a load of information. I see myself doing that obviously in the few years' time when they're coming up to puberty or, you know, the other issues come up, but as yet, if they're not worried about and they don't have questions about it, I'm happy to let them be in their own little world I suppose, you know.

(Lisa, FG6, Children: Girls 7 and 4)

Throughout the research participants made comparisons between children's beliefs in 'magical' concepts such as Santa Claus or the Tooth Fairy and their learning about the body and sexuality.

It's just hard when you're talking, like I'm talking to my 8-year-old, the Tooth Fairy comes to my 8-year-old, and Santy Claus exists in her life, so why are you going to give her facts and figures around [sexuality]? You have to put it in the context of what their mind, you know, it has to be appropriate.

(Angela, FG8, Children: Girls 21 and 8, Boy 16)

I was desperate, absolutely desperate, I stumbled over the words ... I couldn't, just I found it very, I found I wasn't ready for it at all. And if anybody, I should have known.

Q: And what is it then, what is the block do you think?

For me, it was the breaking of that innocence, it was just that innocence.

Yeah, because you can never un-say it, you know you can never.

It's like Santy.

Yeah.

Yeah.

It's similar, it's the same kind of process.

They believe in Santa and the Tooth Fairy, or maybe not the Tooth Fairy but, you know, you are at the stage where they still have, you know, where they kind of wish Santa was there, they're not sure but they're afraid to say anything, and then you're looking at them and it's ... yeah it is.

I thought it was just the innocence and my baby was gone kind of thing.

(FG9)

It's the same with things like Santa Claus and all those kind of things, you know. I think it's very hard to know when to tell them. You see you don't want them to find out from, you know, from like, I'd hate if they found out about periods from her friend as opposed to me, but then when do you tell them, particularly when they're a little bit immature because, you know, you're still sort of hanging on to that sort of childhood bit as well and you don't want to, as you say, sexualise things before you have to.

(Linda, FG12, Children: Girl 11, Boys 11 and 7)

It is interesting to see the emphasis parents place on childhood as being a state that is at odds with knowing about the body and sexuality. It invokes the earlier discussion where some participants considered that a child using anatomically correct names for genitalia is not talking as a child should.

The data suggest that the period of interest for this study, 4 to 9 years of age, is considered by parents as a time when childhood can be maintained or prematurely lost, with knowledge of sexuality central to the possibility of loss.

Yes, well I don't know, I suppose at what age is it appropriate to explain that Mammy and Daddy ... and how it all works, do you know what I mean, is it ok for them to have that naivety bit for a while? ...

It's a very fine line because you're trying to teach them to protect themselves, without again back to the whole spoiling the innocence. They're only children for at most 10 years of their life, and the rest of their life until the day they die they're an adult and you know they know everything about sex. You should try and protect them.

Q: Do you think that's important, do you think that an important distinction between childhood and adulthood is the place of sexuality in your lives?

That and the mythical Santy and the fairies and ...

Yeah.

The Tooth Fairy and all of that, it all goes.

I'd put more importance on that than, not importance, that's the wrong word.

It's the mystery of not knowing, do you know what I mean.

It's the magic, magic of being a child is that.

(FG3)

Will I Transgress Other People's Norms?

A strong theme emerging from this research as shaping and constraining participants' openness and confidence in communicating with their children about the body and sexuality is a fear that one's own practices in communicating with young children may be at odds with the practices of the parents' of children's peers. A parent who is open in communicating with their child risks the understandings and information they have given their child being relayed by the child to other children whose parents have not yet discussed the same issues with them. This outcome may leave the parent in a position where they are seen to have transgressed norms held by other parents and are judged and viewed negatively for that. Participants also expressed concern that children relaying information could frighten other children. These concerns featured for many participants, illustrating how fraught parents feel managing the process of sexual socialisation with children can be.

I mean I want him to know, I don't want to mislead him. I want to be very open, but at the same time I do feel like there is a level of maturity that's not quite there yet, and I don't want to hear sort of parroted back to me sort of in inappropriate ways. I am trying to kind of bridge that divide of how much we say until he can comprehend there are some things that you don't talk about in front of everybody.

(Judy, FG6, Children: Boys 4 and 1)

Some participants had not talked with their children about the body or sexuality out of fear they would relay it to their peers.

I think it's the old-fashioned Irish way: don't, let him not be the child on the street that starts that conversation. It is that, and I'd be, you know, I'm almost protecting the other kids from the class by not telling him. I'm afraid he'll go into school and go 'Hey guys, guess what!' I think that's, it comes down to that.

[Susan, FG2, Children: Boy 9]

The concern driving this fear was that the child may relay the words to peers whose parents may object to their child having this knowledge and vocabulary.

I'd be afraid of my child knowing that, telling another child that a parent didn't want, that a parent didn't want their children to kind of know, if I'm being honest, you know what I mean like.

Yeah, that would be mine as well. That's one of my fears as well.

[FG8]

I am very aware that kids talk. And they go to, you know, a Catholic school, so I don't want him walking in going 'Everybody, this is what happens, you lie down on a bed, you do this.' I have to be very aware, so that's why I'm just holding it off as much as possible ... We have quite a very open family. So if they ask questions we're very, very open. So, so far they haven't asked too many questions but I know it's coming to the point, so I want to know where do I draw the line in telling them that they don't run to their friends as well. Because that's what kids do. So I don't want also to upset anybody else. I just want to know where to draw the line.

[Sabrina, FG5, Children: Boys 7 and 5]

I feel that it's very much a personal thing how a parent communicates with its child on those kind of issues and when to choose to convey information. I don't want to dictate to somebody else when their child learns about things, in the similar way I don't really want my children to be finding out about things on the playground that I'd maybe rather talked about to them myself. So it's for that reason that I just caution them to, you know, this is for me and you ... Dad or whatever, to chat about for the moment until ... you know, so they don't sort of tell their friends something that their friends' parents hadn't discussed with them at all.

[Lisa, FG6, Children: Girls 7 and 4]

For some participants, this concern meant they did 'draw the line' so as only to talk with their children in a manner that they would be happy for them to relay to others. Others chose to talk with their children about issues they do not want them to relay, explaining

to them that they do not want them sharing this information with friends. When Lisa told her then 6-year-old about vaginal births (correcting previously telling her that birth came from the tummy), she explained to the child that this is information not all children her age will have been told by their parents.

I said, 'That's information for you. If your friends' parents want to tell them that in their own good time, that's fine. You don't go telling your friends that.'

(Lisa, FG6, Children: Girls 7 and 4)

Other participants endorsed the notion of asking children not to relay information to younger children.

I would have said, 'Don't be talking to younger people about this, the younger kids, because they're not old enough. It's only for older people.' And that would have made them feel real mature.

(Angela, FG8, Children: Girls 21 and 8, Boy 16)

Some participants had experiences where their child had recounted information they had told them. They described how this caused them to question their own practices.

With my 21-year-old daughter, I sat down with her, she was about 5, told her a man and woman seed, they come together and then a baby grows in the belly. And she didn't really go into how the seeds meet, so that was the way I explained to her that the baby grows and that the baby comes a few months later. She was only about 5, and my neighbour's family [were visiting] a few weeks later – she'd a son the same age as my daughter – and in a crowded flat [my daughter] brought up about the baby and sowing seeds and the next thing (I wasn't there) she had, sitting up on the chair telling the whole lot of them all about where babies come from. And I was so embarrassed, I wanted her to have that information but I didn't know she was going to use it that way. And my friend and neighbour at the time, she didn't want her son to know that information, he was 6 months younger but they were of the same age and it was very hard then to pull it back, you couldn't pull it back on that, you know. So I thought about it after that, and I thought she was too young to be able to say to her like this is your information and it's not for, so I don't know what way to be talking to my 8-year-old now.

(Angela, FG8, Children: Girls 21 and 8, Boy 16)

I don't know how to approach it either, I don't know, you know, like I was, I didn't know whether this was the right thing to do or not but just I suppose we talk, we've named the body parts, like you know what I mean.

Yeah, we did that now at 5 or 6.

Yeah, so like [my son] knows like his penis is a penis, like he calls it a willie sometimes as well, but like it's a penis and [my daughter] knows a vagina, that's the name of it. But then I don't know whether that was the right thing to do or not because there was this thing on [the radio], did you hear it? It was a radio, he had an interview or whatever and they were all horrified by people calling, you know, he thought the word vagina was absolutely disgusting and shouldn't be used and you know, yeah.

Q: So that view you heard made you question?

Well I don't know, [my daughter] must have called her vagina a vagina in front of a friend of mine and she was kind of going 'Oh my God, is she calling it a vagina?'

You see, you're dealing with other people's issues as well, do you know.

(FG12)

Encountering judgement over the level of knowledge one's child has regarding the body and sexuality, and re-evaluating one's own practices in light of that, was the effect of parental concerns regarding transgressing norms. Parents driving change towards greater openness with children need to be supported in order to be able to maintain this practice. This support could take the form of general cultural support for communicating with children in younger years in the long term and expert support for openness in communicating with children in the short term.

Not all participants were concerned that their child would relay information they had given them about sexuality and the body. Carol described her position as being driven more by a concern to support her son building 'sound' information without reference to concerns for other families' positions.

Around information, I would feel differently. I would be happy if he projected the information that he's clear about in a situation that comes up. So if somebody says 'but everybody has willies, girls' willies are just tiny', I'd prefer him to say 'they don't, they have "chinas"' or whatever way he's saying [vagina] ... I'm not too worried 'cause he just has a 6-year-old's level of knowledge and I do think kids do talk like that, I think they do talk in their own way about things. So I prefer ... that he was confident about his bit of it, that he felt confident about that what I said was fairly accurate and that if other people are saying mad stuff that he would say 'um, I don't think so' or he'll come back and say 'is it true that ...' So I'm, so I don't want him to be, obviously like nobody wants their kid to be the information dealer, but on another level, I don't mind too much if he's the one that goes 'that's nonsense' you know, 'that doesn't make sense'.

(Carol, FG6, Children: Boy 6)

Another mother dismissed concerns about transgressing norms, arguing that she is confident in what she is talking to her children about and that by talking with them in a way that normalises the body, relationships and sexuality there is less chance that they will see this as information worth relaying.

Anything I've told them, I'd have no problem with them telling their friends because if somebody came up to me, I'd say, 'And that's what happens, he asked me the question, I told him, you know what I mean, it's not my fault you don't tell your kids stuff,' do you know what I mean. So I don't have a problem telling my kids. I don't think they would even talk about it because the way I tell them, because I'm not embarrassed, I don't think it's something that they say, 'Oh this is ...'

That they say is dirty.

This is interesting stuff.

You're not making an issue out of it.

(FG10)

My Child Will View Me Differently

A concern participants expressed occasionally was whether their children knowing about sexual intimacy would alter how their children viewed them.

I don't know if my boy is ready ... I actually don't know do I want to go there yet ...

Q: If he's ready to know about?

Sex, you know ... it's a big issue. It's not just the physical act, it's the emotional thing. I don't know if he'd get it. I don't know ... like there's the whole physical act, and then, you know, I'm just trying to think what would he think about that, what Mum and Dad do, for the want of a better word.

(Susan, FG2, Children: Boy 9)

[My son] is 9, who I think probably would be able to handle it, but then like he's the type of fella who thinks and thinks and thinks things out and to be honest I don't want him thinking of Mammy and Daddy having sex because I don't know, like everyone, that you don't want to think of your parents having sex, but you don't want your child thinking you're having sex either, it works the other way too.

(Mark, FG12, Children: Girl 5, Boys 12 and 9)

Balancing Child Safety Concerns with Communicating about Sexuality

Participants noted tensions arising in efforts they made to encourage healthy bodily and sexual attitudes in their children and prevailing messages about child protection and safety in relation to inappropriate sexual behaviour. For example, when talking about siblings and parents being undressed in front of each other, some parents raised the need to convey to children the message that it is fine to be undressed in front of siblings and adult family members but not with others outside the family context. They began to reflect on how this message might be interpreted, depending on the context in which it is presented.

I'm still at that stage as well where it's, you know, we [are undressed] in the house, this is just in the house and Granny and Granddad, grandparents would come up quite a bit, so they're kind of included but nobody else, this is just in the family you can do it but not with anyone else, so they accept that as being normal.

But it wouldn't arise that they could do it with anybody else?

No, it doesn't arise, but just, by way of introduction you kind of say this is, you know, you would only do this with your family ...

Do you not feel weird saying to them it's ok to do that in the family but not outside the family? I always feel weird saying things like that. 'I know but it's ok to do that, you know, in here but really not when you go out.' You'd be afraid that that would get translated.

Yeah, get twisted.

They're talking to somebody else and they're kind of going oh my God what's going on there.

When you put it that way it kind of feels weird but.

It's ok to do that with Daddy but not with anybody else.

(FG9)

The first speaker above wanted her children to feel comfortable about their naked bodies in each other's company and with adult members of the family as a means to promote the notion of the body as normal, healthy and natural. She interpreted 'Stay Safe' discourses as meaning she needs to set out clearly to her children what is and is not appropriate. For another mother, however, this emphasis could be misinterpreted as conveying a notion that the family is engaging in behaviour that puts the child at risk. The fine lines parents negotiate within 'Stay Safe' discourses are very complex.

The centrality of 'Stay Safe' discourses to the process of sexual socialisation was evident within the research as many parents encountered it from a range of sources and in a range of contexts. It did present as a very dominant discourse in the field of communicating with children aged 4 to 9 years about sexuality, relationships and growing up.

Keep No Secrets

Just as openness was the participants' foundation stone for building good communication practice with their children, the notion of 'keep no secrets' was central to participants wanting to ensure their children would be safe from sexual abuse.

I would be always telling kids not to keep secrets. Even if Daddy tells them a secret or anyone tells them a secret, Mammy has to know because, even something that might make me cross or something, that they still have to tell me and do you know I'd love them and you know make it better or whatever.

(Olivia, FG3, Children: Girl 8, Boy 5)

A recurring emphasis participants voiced was telling their children that they could approach them about anything and should always tell them about anything worrying them or if something happens that they feel harmed by. They noted that this involves them being willing to honour their commitment to listen to inconsequential 'stuff' so that the channel becomes established and open in case something more serious may occur.

It's very important to keep them safe and important so that they're comfortable to come and tell you absolutely anything, no matter how they think it's going to make you feel. And I always tell my daughter like she just has to come and say a certain thing and I'll drop whatever I'm doing and we go into the room and close the door and she'd tell me. And she has done a couple of times and a couple of times it was for just silly things, it wasn't for anything about her body or anything like that, it was just a question about school or something, but it was like it's really important that she just has to say one word.

That's very good, that's brilliant.

It doesn't have to be a big thing, it doesn't have to be an issue and I've told [my husband] about it as well but she doesn't know that my husband knows, but when he hears her saying that, he'll take over whatever I'm doing, making the dinner or whatever like.

Q: And do you remember how that started?

I think she asked me a question or something and then I just said right, letting her know that it's really ok to ask me absolutely anything. And I think it was something that she'd waited a little while to ask me because she said 'I didn't know when to ask because Daddy is always around' or whatever. So we sat and we chatted about it ... If you don't listen to the little things, they're not going to come with the big things.

(FG3)

Other participants specifically tried to link the message to children to 'not keep secrets' with the need to report inappropriate behaviour by any adult towards the child. While they did not want to be too explicit with children as to what harms they are referring to, participants hoped that children would remember these messages if an incident arose.

I'd say you can come and tell Mammy and Daddy anything, no matter who it is, you never keep secrets from like me or your daddy or anything like that, you can come to us, like never be afraid and no-one, whether it's family, whether it's friends, whether it's somebody who you think you know, you always like know that you can come to us like, do you know that kind of way.

Q: How did you think that they responded to that?

Yeah, I think like you know they just sit there, 'yeah we will', and it probably doesn't, hasn't really kind of sank in, or maybe if they were in a situation, maybe they might refer back that you'd have that conversation maybe, do you know that kind of way.

(Aileen, FG8, Children: Girls 17, 11, 8 and 2)

Participants told children about sexual abuse either because children heard the term 'sexual abuse of children' and asked directly what it meant or because they were concerned as parents to protect their children from sexual abuse by teaching them how to recognise what is inappropriate and unwanted sexual contact.

From listening to the news and stuff she would have heard about what was going on in the Church and she was kind of asking like what was right about sex. So when me and her father were together at the time and I said well me and your dad having sex would be right, I says, but what is happening is adults having sex with children is wrong.

(Donna, FG4, Children: Girl 12, Boys 14 and 4)

If somebody did want to touch you ... if somebody did ask you to take off your knickers or something, that that's not an appropriate thing to ask and you come and tell somebody else.

...

We use that, the same language, your privates, do you know what I mean, [my son] – his privates are his willie, [my daughter] – it's her girlie bum we call it. But yeah they're private, nobody touches them, do you know what I mean.

I say the same to my children as well.

(FG5)

My niece was, she was 13 and she was staying in her friend's house and because her mam didn't educate her, not educate her properly, but she didn't really know, she was a really childish 13-year-old, but her friend's brother was molesting her and like she didn't really know what was right from wrong. It came out then three years later because she kind of copped on, she kind of knew. But like, as I explained to my daughter, my daughter would have been about 8 when it happened and I was like 'under no circumstances, if anybody touches you anywhere down there, it's not right, no matter what they say is right'.

(Mandy, FG4, Children: Girl 12, Boys 17 and 8)

Participants described taking the opportunity of visits to the doctor to explain to children who is allowed to see or touch their genital area.

I did actually have a little conversation with my little one when she was 4 because like that she was getting undressed and there was a mark on her vagina ... I said maybe we might get the doctor to have a look at it or something. She said to me, 'No, I don't want the doctor to look at it.' And I said, 'Well would it be ok if the doctor had a look at it if your mammy was there, do you know, or your daddy was there?' I said, 'That would be ok.' And I did actually turn around and say 'because your bum is private to you', so, and I did say the thing was, I said 'and no-one needs to touch that only your mammy or

your daddy' or I said 'if your mammy or daddy are there and are saying that's ok. But no-one else, don't ever let any stranger', and I did because I did have an anxiety thing around it. So I don't know whether that was wrong or right but I did say that your bum is private to you.

[Tracy, FG8, Children: Girls 5 and 2, Boy 20]

Participants felt there was a very fine line for them to tread in alerting children to risks of harm without frightening them and rupturing their sense of security.

If anyone ever hurts you in any way or in your private parts or, I try not to put words in their mouth ... But then I just said if anyone ever hurts you or threatens you, like someone could give you a slap or pull your hair or if anyone hurts you in any of your private areas or anything, and they say keep your mouth shut or we'll kill you or whatever, don't be afraid to tell me. And then I was thinking God, I hope I didn't, is it alright to say that you know, do you know what I mean? Because I don't want to like, you don't want to scare them, do you know what I mean like. Or I think all parents give the talk to the child 'don't talk to strangers in cars' ... but I don't go into detail of, I just say something like kidnap you and hurt you if you talk to a stranger. And you're trying to frighten them a little bit, but you're trying not to go overboard with it, you know what I mean.

[Sophie, FG4, Children: Girls 10, 5 and 1, Boy 12]

Emily wanted to avoid creating the association between strangers or other adults and sexual predators. She formulated a message for her son about removing himself from situations if he is feeling uncomfortable and used it to encompass feeling uncomfortable because of sexually related behaviours.

I always say to mine if you feel uncomfortable for any reason it's ok to leave. So I'm not saying if [a friend's] father touches you or his mother touches you, because that's inappropriate, I feel, and I don't want to put that into their head, but I just say to them if you feel uncomfortable for any reason it's ok to come home or leave ... He did say 'What do you mean?' And I said, 'I mean in any way. If you're sitting there and you hear something that you don't like, a racist joke or a comment being made and you find it uncomfortable and you don't want to necessarily challenge it and say I don't like that,' I said, 'you can get up and remove yourself from the situation.' And he was kind of like 'oh ok'. Now I didn't say if anyone is sexually touching you or, you know, making you feel uncomfortable sexually, I just brought it up in those kind of terms ... So I'm hoping that like if he starts out in that, like if he feels uncomfortable by a joke or something the lads are saying in the schoolyard, that he removes himself. He will feel comfortable if he's put into a situation where maybe like someone is making him uncomfortable sexually or there's some kind of charge that he doesn't quite understand, there's something sexually happening but he doesn't understand it, maybe a comment or a

brush off him and he knows it's wrong but he doesn't know why.

(Emily, FG8, Children: Boys 10 and 6)

A minority of participants had not introduced the idea of sexual abuse or predators to their children. One reason cited was to protect them from learning about something that may frighten them and mean they construe every stranger as a potential threat to their safety. Another was that parents who are constantly supervising their children felt that they are not at risk. A third reason was that they consider that knowing about such risks would be at odds with the child as innocent.

The parents (previously unknown to each other) who came together for one focus group turned out to all share the view that they did not want to emphasise the notion of 'staying safe' or 'stranger danger' to their children, of whom the eldest was 7 years of age.

I'm probably out on my own here and people will probably be horrified. I actually haven't really talked to my kids in a major way at all about that. My elder child who started, you know at school, the 'Stay Safe' programmes, but I was worried about how to introduce that on the whole 'stranger danger' thing and how to strike the balance between putting the fear of God into them and keeping them safe. And also that I didn't want them to look at all strangers in the same way, 'well they're a potential abuser or attacker' ... For me, it was kind of a concern to protect their innocence and, you know, my elder daughter in particular is quite mature and she's quite a worrier and I just – she's got an active imagination – and I was very concerned as not to frighten her ...

Like with Lisa, it hasn't been – like I have to say ...

I feel better! (laughs)

I haven't worried about that, like I haven't felt it's been a big – like they do the same in school with the 'Stay Safe' and he brings worksheets home, good touches, this and that you know, and some of it is kind of safety stuff like. So they did a bit of that but I don't have a big fear ... of him being snatched ... It wasn't an issue that he would spend a lot of time with strangers and then ... I just haven't done it because I just didn't feel like it has been a big part of his life that he's being exposed to strangers.

(FG6)

For a minority of participants, what constituted inappropriate contact extended to censoring contact between older male relatives, including fathers and grandfathers, and girl children. This restriction took the form of avoiding male adults being naked around girl children or being involved in bathing or changing the nappies of girl children. Elizabeth, a grandparent who co-resided with and cared for her granddaughter, explained how her husband, the child's grandfather, did not change the child's nappy.

Even with the nappy, you know, my husband now wouldn't change her and she'd be

asking and I was explaining to her, you know, Nanna changes your nappy or [your aunt] if she's there because, you know, men don't, you know, explaining to her that men wouldn't touch you down there, it's only girls that change you. So she understood that very well, you know. So I suppose that was a little start in that direction wasn't it, you know.

(Elizabeth, FG4, Grandchildren: Girl 4)

Participants were conscious, however, that children may talk about things that go on at home or relay conversations had with parents that were intended to encourage healthy attitudes to the body or sexuality, but that, in other contexts, may be misconstrued. For example, in the context of current trends for taking images and videos of oneself, Liz (see below) identified the potential for images children take of themselves when playing to be either misconstrued or misused if viewed or accessed by others. Participants strived to strike a balance between managing these concerns and conveying repressive messages to children regarding their body.

My two girls [aged 5 and 7 years] are devils, they go up into the room and they'd be playing, you know a game, you know mummies and daddies and all this, and then there's a thing now, you know when you're growing up with the internet, so they had the iPads there, they were videoing each other messing, and then they were bouncing up and down in bed and all that. And I came in and like that they were only in their pants. And I got, you know what I mean, I don't know, you get paranoid nearly, I was like, now they were videoing each other. Now they did have their pants on but I think, you know, and I was saying ...

You wouldn't like anyone else to see that photograph.

And I was saying now you can't be doing that. 'But why, Mammy?' 'No, no, no.' I know and it should be just grand, should be just, I was getting paranoid: what if?

Q: What were you paranoid about Liz?

Well I don't know, like what if someone else seen it, you know what I mean, like it's on the iPad and you know what I mean this iCloud thing and I'd get, ah God, what if, or if someone else came into the home who wasn't, who was on my iPad and seen my kids going around in their nude, videoing themselves, like you know what I mean ... I mean it should be fine, they're two sisters jumping around in the nude, playing a game, but the minute they take out a thing to video each other I get 'that's not right'.

(FG3)

Parents' Accounts of Communicating

Although everyday family life entails communication about the body, sexuality and relationships all of the time, most participants in the study saw it as something that happens in response to an initiation on the part of the child, who demonstrates an interest in gaining understandings about reproduction, sexuality or the body. Sophie described taking the approach of leaving it up to the child to ask the questions and avoiding initiating any discussion about sexuality with her elder son. He was 12 years old when she first recalls him posing a question to her about sex, and she describes herself as being panicked by it.

I remember my son who is 12, the eldest fella, I never, because I always left it up to the school and I said now if they ask me I'll tell them, you know, but I think he was about 12 and he came in and he said, 'Mammy, when can you start having ... sex?' (laugh). He kind of caught me, you know.

(Sophie, FG4, Children: Girls 10, 5 and 1, Boy 12)

Some participants whose children had never raised a question regarding sexuality described feeling daunted as they anticipated their role in sexual socialisation.

[My daughter's] too young, she's real babyish like, but I am not looking forward to it to be honest with you, when to start because I just don't know how I'd even approach it to be honest with you, but I suppose I'll have to face it when it happens. She's still too small, she's only 4 next month, so it hasn't really come up.

(Orla, FG13, Children: Girl 4)

Questions can be prompted by everyday events and activities, as Liz demonstrated when she told the focus group how marking the occasion of her daughter's fifth birthday that morning had led her to ask about how she was born.

Only this morning I'd an incident (laugh), the little one's birthday is today so we were looking on photographs of when she was born and then we came across a photograph of me in the recovery. 'Mammy, you don't look well at all, was it really sore and where, how did it all happen?' Now she was a section, so it was easy, kind of. I said, 'Oh Mammy had to have an operation and had' – I did say 'she had to get her belly cut', but I didn't go into anything else. But I was saying, God, if they start asking then (laugh).

Q: Is that the first conversation that you can recall, Liz, in your house that has broached the subject of childbirth?

Might have been a little bit before, like the older one would have asked is it sore. 'Was it sore, Mammy, when I was born?' But not, like they wouldn't have ever asked where did they come from or how were they, how did they get in there or anything, you know (laugh).

Q: And how did you feel about the question, did you feel ready to answer it?

Em, well I was honest with her, but I wouldn't have been really, I don't know, yeah I'd be a bit: how much to say or how to go about it. No, so I'd be delighted to find out the right way (laugh).

(Liz, FG3, Children: Girls 7 and 5)

Taking Liz's example, we can gain an insight into one parental approach to teaching children about reproduction. Liz first related how telling about a Caesarean birth was 'easier' than the prospect of discussing a vaginal birth. In giving her daughter instrumental information, she portrayed a tension between 'being honest' and not feeling confident about how to discuss childbirth with her daughters aged 5 and 7 years. This lack of confidence seemed to be a key driver in the interaction, with the effect that Liz tried to close down the talk. Her final statement to the researcher that she would 'be delighted to find out the right way' suggests that lacking confidence and also being fearful are key barriers to parents engaging with questions their children ask about reproduction, sexuality and the body.

Parents demonstrated a strong motivation to create the conditions for openness in communication about sexuality, but in striving to balance this with concerns about what a young child is able to comprehend, the study data suggest that parents often take a reactive position and wait for children to ask questions rather than initiating talk with them.

We're trying to react to the level that he's able for. So you never want to go too far ahead. And you know the way with kids sometimes, they ask something and you start to explain stuff and they're like 'oohhhh kaaay ... boring ... whatever!' you know ... And he hasn't gone beyond to some of the questions about the origins of babies or how did the seed and the egg get in or do they put them together in a jar or, like he hasn't asked the next ... and like we haven't gone to the next stage. He hasn't said, 'Remember you said that but how did that happen' or ...

Q: And you're waiting for him to ask, is that it?

Yeah, I'm definitely like that. I mean I would ... I would answer as honestly as I thought would be appropriate for that age, kind of like what [Lisa] were saying. I wouldn't lie. I don't think, but I would kind of just say enough to sort of quench the ... the desire to know, do you know what I mean. Answer to the point of no more questions (laughs). I mean just for now, you know. Because it's just hard, because I look long term for openness, but it's just a balancing act right now of kind of ... em ... how much does he need to know right now.

(Judy, FG6, Children: Boys 4 and 1)

Judy's stance – to respond only with the information the child is seeking and not pre-empt discussions that the child has not initiated – featured throughout the study as a common position parents took.

My husband also advised that when she stops asking questions, just stop talking, you know. If there's not another question, don't keep expanding too far for her really. And that she'll come back with another one.

...

So giving small snippets of the truth and then let them wait and as they ask more questions just go into more detail.

(FG5)

Even when participants felt happy to discuss a topic with their child, they would opt out of initiating the discussion on the basis that the absence of questions from the child indicated an absence of a need to know. For example, Tracy described reading a book to her young daughter about a baby being born into the family while she was pregnant herself, and anticipating questions from her daughter about breastfeeding. When no question came, she did not initiate that conversation.

So I said well she's definitely going to ask questions about why is a baby on the mammy's breast. She didn't even notice that, she just didn't even ... I thought she would question that or something but she never did. And we've read that book actually a few times since, even with me, and she still never questions that part of it. Now I would have answered the question if she had asked me the question around it, but she never did, so I didn't address the issue of it either.

(Tracy, FG8, Children: Girls 5 and 2, Boy 20)

When parents felt they were unprepared for questions, uncertain about explanations and language to use and fearful about how information they might give would be received by children, they were least satisfied with the outcome of the communication for both themselves and their child. Not knowing where a conversation will lead to daunted parents. Many participants were concerned about containing children's questioning. Lisa acknowledged this as she reflected on how she handled requests for information from her 7-year-old daughter, despite her position that she would wish to be open and respond to questions children might have.

My elder daughter has seen me with [sanitary products] and said, 'Oh what are they?' I haven't actually known what to say to that. I've sort of gone, 'Oh they're just for mums.' Kind of brushed it off. If I start into that, the logical conclusion of that conversation is very, it goes quite far, so if you start telling them, you know, every month there's a cycle ... First of all I don't know if she'd be able to handle that situation and the physicality of the menstrual cycle, that might be a little bit off-putting for a young child.

But also my other concern would be that then it may lead to other questions, which at the moment I don't really want to get into if she's ... not ready for them.

(Lisa, FG6, Children: Girls 7 and 4)

A key concern for Lisa was that once you begin to explain one dimension of the body to a child, it can prompt questions in the child that have the potential to lead into a full discussion about the reproductive body that parents do not consider the child is ready for.

Pre-empting how children will build up their knowledge of the body, sexuality and reproduction prompts parents to close down any talk on the grounds that providing some information has the potential to develop into unanticipated areas for discussion, which parents lack confidence in. Where fear drove communication, participants related how they tried to minimise the level of engagement with the child as a way to manage the tension between wanting to tell their child the truth but not feeling they had the skills to do so and being worried about the child's capacity to handle the knowledge they seem to be seeking.

Taking an alternative position, Carol described creating opportunities to talk about issues to do with the body, sexuality and relationships whenever she notices them feature in her son's life, without waiting for him to articulate them as issues.

We're trying to create a lot of opportunities to talk about things, not waiting for him to talk about things, just in case there are things ... I would be more proactive about bringing up stuff in conversation. Like I heard the kids were saying, when he had friends over the other day, they were saying about a boyfriend, somebody's boyfriend in the class ... So I generated, I thought I need to generate a conversation about this because he's not going to, he mightn't come back to me and start talking about it. So kind of 'boyfriend and girlfriend is when you're an adult and maybe a boy has a boyfriend or a girl has a girlfriend or girl has a boyfriend, they feel different things, but that's how kids feel about each other'. But then he was able to have a conversation about that.

(Carol, FG6, Children: Boy 6)

Carol's family's approach was in a very small minority within the study. Most participants portrayed communication about sexuality as a process in which parents felt they could not trust their child to direct the knowledge-seeking process because they may go into terrain the parent was uncomfortable with and lacked confidence in.

The study data suggest that the common position for parents is to take a reactive position in relation to communicating with their children, waiting for their children to ask questions rather than initiating any talk with them. Parents' fears placed a heavy onus on both parties to the communication: an onus on children to take an active role in seeking out information and an onus on parents to occupy the position of authoritative knower.

Overview: Parents' Approaches to Communicating with Children on the Body, Sexuality and Relationships

- Parents displayed a high level of self-doubt and questioning over how to communicate with their younger children about the body, relationships and sexuality, and a strong interest in getting an expert opinion to guide them.
- 'Winging it', 'faltering' and 'fumbling through' were common ways parents portrayed how they felt they were doing in communicating with their children.
- Parents' identification of childhood as a state that is at odds with knowing about the body and sexuality also inhibits communication. The period of interest for this study, 4 to 9 years, was portrayed by parents as a time when childhood can be maintained or prematurely lost, and knowledge of sexuality was identified by some as being particularly at odds with childhood.
- A fear of transgressing other parents' norms regarding communicating with their children was another key inhibitor of parents communicating openly with younger children.
- Parents striving for greater openness with their children need to be supported in order to be able to maintain this practice. This support can take the form of general cultural support for communicating with children in younger years in the longer term and expert support for openness in communicating with children in the short term.

5 Resources Used by Parents to Support Sexual Socialisation

This chapter reports on participants' use of resources they had sourced themselves to support their communication with their children as well as their engagement with schools regarding how the Social, Personal and Health Education (SPHE) curriculum was taught. The literature review (e.g. Martin and Torres 2014) demonstrated that parents reading books to children of this age group supported the process of sexual socialisation appropriate to the age and capacity of the child. It was interesting to find that this practice was not widely undertaken by participants in this study, albeit with some exceptions.

Resources Parents Use

Participants did not report using a lot of specifically sourced resources to help them approach communicating with their children about the body and sexuality from the ages of 4 to 9 years.

Books and Illustrations

Books were cited as a resource to help parents introduce the subject of anatomical names for the body.

It's something we have to start – we were saying we need to start getting some books and things like that tend to introduce the subject with different parts of the body, just as a basis you know.

[Andrew, FG7, Children: Girl 4, Boy 2]

Books introducing diverse forms of families were used by parents who wanted their children to be aware that their family type is just one form.

The only [thing] we'd have actually is a book is about penguins being gay (laughs) but that's kind of the only thing. It doesn't really specifically talk about sexuality but you know like ...

Q: About relationships?

Yeah, about relationships, yeah, yeah. That's kind of the only thing it introduced.

[Judy, FG6, Children: Boys 4 and 1]

Carol also used books to teach her son about family diversity.

Because our boy has two mums we've been doing a lot of conscious work around family and relationships right from the start. So we have some books, for very young kids, very colourful, the family book, so it's like some families live together, some live apart, some are small, some are big, other kind of cute things, so that's been really

useful. And we've picked up other books along the way, 'Tango Makes Three'. So we've done, yeah, we've used quite a few different books around relationships really: family relationships.

[Carol, FG6, Children: Boy 6]

Participants who did, or planned to, source books for this age group tended to select ones that use cartoon illustrations and are oriented towards teaching children about the body.

And I did buy a book, it's an [children's publisher] book ... it's in cartoon, it is for young children and they label the parts properly, and all of them.

Q: And do you remember in buying it what you wanted from that material, what resource you wanted?

It was at that point I hadn't really given [my daughter] any, I suppose, labels to her body parts because you don't need to talk about them as such. But I didn't want to be making up a name for – I mean I think because willie is a very, for a boy it's very widely used and everybody knows what it is – but I didn't really want to be making up kind of a name for vagina, you know. I didn't know any other term for it. So I just, and I was just interested. So I just had bought that book at that point. And it is for young children or whatever, so.

...

Had to get another book, we're very good with books, but it was not in a 'here's a book' kind of a way. I mean this was more actually, it was, it's a 'growing you' one, [The] Care and Keeping of You is the name of the book. And it's actually very good, in that it was about looking after your body because I actually noticed with [my daughter] that she had started ... needed to start using deodorant and showering more often and you know that kind of thing. So this was kind of just, she wasn't really listening, I was telling her you really do need to shower. So it was just a little book and it was about that. And then it went on about periods and about bras and that. And she loves to read so she was reading it but then she was coming back and saying 'oh this is in it' and things. But there wasn't anything about reproduction wasn't covered in it.

Q: So care of your body?

This was really care of your body.

[Róisín, FG15, Children: Girl 10, Boy 4]

Books that follow the gestation of pregnancy were the other principal type of book that participants sourced for this age group of children.

When my sister was pregnant they would have, the small [twins] would have been age 6 or a bit younger, probably 5 ... and they were killed trying to figure it all out. I got a book then that had real-life photographs, is that what you'd call it, of what was going

on in utero or whatever. Because they were just dying to know the whole thing ... So we followed all that during the whole pregnancy and they loved that.

[Aideen, FG3, Children: Boys 14, 11, 8 and 8]

Most of the books parents used as resources for their children were specifically directed at this age group, but medical and anatomy textbooks were also used effectively.

We have a load of books on all kinds of subjects, anatomy and stuff like that, you know the way there's some of these books break down the different layers of the body, like from the skeleton up to the muscles and all that. She started asking about where she came from and, you know, how did she be in my belly and all this, so I took out one of these books and, you know, just showed her. 'Look, this is, you know, where you were and, you know, this is what happened.' Then she kind of started saying but Nanny thinks, used to think, that we came out of the belly button and, you know, I had to explain to her that 'No, Nanny was only messing doing that, that this is how it happens.' ... The important thing I found was that, you know, there was pictures of the body, you know, and the inside of the body and there's pictures of a womb and stuff like that. Just from having the pictures there I was able to kind of show her that, you know, kind of put it in simpler terms. And if she had any questions I'd try and answer them as best I can.

[Jenny, FG13, Children: Girl 9]

Then we had a baby there last year and ... [the kids] were quite fascinated, you know, with the fact that the enlargement of the birth canal, you know, the process that, you know, a baby that size can travel through, you know. I know it sounds really crude and I'm trying to choose the right language here but to travel through a gap that small, it's quite, you know, we did discuss that, the expansion and the muscles and the way the muscles change. And then [my son] looked at it in the book, he saw, the younger guy saw it in the book, and he just said 'ah that's just [wow]'. I said, 'It is quite, it's nature, it's a natural process. But it is quite a severe process that's going on in the body.' And he was quite stunned by the whole thing, you know.

[Mark, FG20, Children: Boys 11, 9 and 1]

Participants who had not sourced books noted that, as Jenny described above, having an illustration can make explaining issues to children much easier.

[My daughter asked] 'Do you have to go to the doctor and get a tablet to get a baby?' And ... then she was saying, 'Did I hurt you when I was born?' And I said, 'Not really.' And she goes, 'Well if I did, I'm sorry.' And she just kind of left it at that (laugh) ...

Q: And were you happy with how you talked with her?

Yeah, I think I was at the time. I think the only thing I regret is maybe not having

researched books before this, but that's my problem like, do you know.

Q: What would you have liked to have had help with?

Maybe some diagrams maybe or, but do you know maybe a picture of a baby inside in a tummy, nothing too explicit. But like do you know maybe a picture of what a baby looks like inside a tummy, that would be about it really ... maybe just get the book, hide it away for her to come to over the summer.

(Ellen, FG15, Children: Girl 6)

Internet Searches

Internet resources were also used by some participants. In particular, video images of processes such as pets giving birth were used to explain birthing.

I'd shown them videos on YouTube, explained how it comes out the lady's part of the dog and everything else. And they said, 'Is it the same for humans?' And I said 'Yes it is.'

(Sabrina, FG5, Children: Boys 6 and 5)

Search engines were used to identify helpful resources for participants who felt at a loss to explain an aspect of the body and sexuality that is not often spoken about.

The brother of a friend of my daughter is transgender and she is transitioning from a he to a she. So she's 15 and my daughter was on a play date at her house and ... when she came back, she just said, in sort of a puzzled way, 'I thought [my friend] had two brothers, in fact, but it said a girl's name on the door.' So I said 'I'll talk to you about that tonight and frantically went to the internet and looked up 'how to explain transgender to young children'... Even though I knew about it and I understood it, I thought how the hell do you explain this to a 7-year-old? So actually Google came to the rescue and there were a couple of immediate sites with literally 'ten handy hints', you know, which I found brilliant.

(Lisa, FG6, Children: Girls 7 and 4)

However, the provenance of materials found using internet search engines was considered highly varied and participants sometimes found it unhelpful due to the array of perspectives presented. A parent who was alarmed when his 8-year-old son relayed talk heard relating to oral sex, searched the internet to see what advice was provided on how to approach a discussion with his son. Ultimately his portrayal of the resource is as one that is easily dismissed. Additionally, he felt uncomfortable using this resource because of the potential for his search terms to be misconstrued.

Myself and [my wife] had a little chat and we actually did google like you know '8-year-old son talking about oral sex' and the google was crap, it was like, because some of it

was like, you know, you're typing it in and you're like 'God, if the NSA are watching this I'm going to be for the paedophile bucket here', you know, because it's, I'm like my son has talked about, so ... And we looked up stuff and we said no that's really, we're not talking to them about intercourse and all that until, you know, fifth and sixth [class]. I think actually girls they say fifth and sixth and boys is fourth for some reason in the primary.

(Martin, FG18, Children: Girls 10 and 5, Boy 8)

School-Delivered SPHE Curriculum

There were varied reports of the level of information circulated by schools to participants about the Social, Personal and Health Education (SPHE) curriculum and content relating to the body and sexuality. It was typical for participants to feel vaguely informed about the overall curriculum and even for participants with children in the same school to differ in the extent to which they felt informed.

To be honest with you I wasn't aware that, you know, there was any kind of precursor to the talk in fifth class, within the curriculum. I didn't know about it.

...

No they do little bits and pieces about the body and they do the 'Stay Safe' programme.

They probably do SPHE, you know.

They do the 'Stay Safe' programme, that's where the private stuff comes from.

I never heard about that.

...

I kind of have a relationship where I trust what the school is doing.

Yeah, so would I.

I wouldn't mind knowing if there is a programme that they go through.

Just in case, just for you to say 'How did it go?'

Just so you know, yes.

...

Yeah, even that if you wanted to touch on it, like say you knew that it was coming up next Thursday or whatever, that if you wanted to chat about it or give your child the opportunity to talk to you about it.

(FG9)

Participants who felt the school dissemination of materials about the SPHE programme was not comprehensive generally reported that they would like to get full information about its scope when asked. They had mixed views on the stage at which schools

introduced the topics of the body and sexuality with children. Teaching children aged 5 or 6 years the anatomical names of the body was challenged by some parents.

But just recently the school, my little one [aged 5 years] is in junior infants and she got home a letter, which I was actually surprised at, to say that the school would be chatting to her about it and I, they, to be honest I found it a bit young because I just didn't expect that ... What it just said in the letter was that they would be just having a chat with her around obviously the parts of the body and the correct term for the parts of the body and that they would discuss things like the womb and words like seed and things. But I still, I have to be honest with you, felt a little bit, oh God, because she to me is a bit, she's very babyish, she's just, she's 5 since February, but I don't know I just felt, I didn't discuss them words with her. She knows like, say, the word for boobs, we call them boobs and we might say breasts, but I never said vagina to her. To me, I think she's young to say vagina, that's just my thing.

[Tracy, FG8, Children: Girls 5 and 2, Boy 20]

Later in this group other parents endorsed the early introduction of naming the body parts within the school curriculum as a means to normalise the body. Participants noticed how active communication with children from earlier years did create the conditions for children to be able to talk about the body with greater ease as they grew older.

I didn't have that with the older boy, you know, getting the talk in junior infants, but I do with the younger boy, he's having it, and I'm glad because he's hearing his brother saying things and he'll repeat it and go (giggle), you know, so I'm kind of glad then that he is getting, so when he says things to me then I can kind of talk to him. Because the older fella got it in fifth class and like all the kids were sniggering 'penis', but I think if you're getting it in junior infants and you're comfortable with the term penis for a boy and vagina for a girl.

But do they actually learn that, do they learn.

Yeah.

I was surprised when my little one came home and said that because she would tell everybody absolutely everything, so I just had visions of her going around telling everyone she learned about vaginas and penises in school today, because that's what she would do, and I don't mean just like family, she'd tell that to the woman behind the counter that's working in the shop.

But maybe like because she's learning it as if there's nothing wrong with it you see, you know what I mean.

It's rolling off her tongue.

I think she never said anything other than that one comment.

Yeah, because it's normal, where I think when they get that little bit older and they're all about it, it's all so funny, oh like you're saying the funny words or whatever.

[FG8]

These participants' reservations about young children being taught anatomical names for the body centred around the prospect of a young child using correct names for the body in the presence of other adults who may find it incongruous. They went on to reflect on how their concerns had not materialised when children did participate in the lessons. They resolved their opposition to the lessons with reference to its potential to normalise language about the body that has been subject to taboos in the past.

Another concern about the content of the SPHE curriculum was the impact of the 'Stay Safe' messages on how children view their body. One mother recounted how her 6-year-old interpreted the messages about private parts of the body very strictly and insisted that no-one see him undressed. Another mother saw this impact of the message about private parts of the body for the child as shifting his perception from his body as innocent to something that needs to be hidden.

[My son] would have walked around naked in the house, clothes off, walking around, answer the door naked. And then after he had the talk in the school about his penis was a private part, he covered up. So nobody is allowed look at him. It's like 'I'm getting dressed, can you leave the room.'

...

Q: What kind of message do you think he got?

That that's his private parts and 'They're my private parts and they should be covered and nobody should see them, nobody should look at them, nobody should touch them and they need to be covered up' ... even in front of me like. And I was like, 'No, it's ok, I'm your mam, I can help you.' He'd say tell [his sister], the eldest, he'd be like, 'I'm getting dressed, don't let her see me in my pants' or ...

That was his innocence I suppose when you think of it like ... Beforehand it was his innocence that there was nothing wrong with it.

(FG8)

At the other end of the age spectrum for this study, participants were anticipating children in fifth class, aged 10 to 11 years, taking part in lessons about the changing body and reproduction. Some felt rushed into talking with their children in advance of that. This response indicates that parents are not expecting to have broached these topics during the ages 4 to 9 years.

As we said earlier, the fact that there's going to be a talk in fifth class, talking about the older kids, but the fact that there's a talk happening, that was my 'ok I have got to do it before he hears it in school', and in a way I'm kind of, I feel a bit rushed on it but.

(Tina, FG9, Children: Girls 9 and 8, Boy 11)

Yet the approach of the curriculum to covering issues to do with the body, sexuality and relationships right through the primary cycle was endorsed by many participants as preferable to how they portrayed their own sex education in school. Participants highlighted instances where the approach taken by schools to explaining aspects of sexuality and reproduction to children provided them with methods they endorsed and found helpful in their own communication.

[My 5-year-old daughter] came home one day and something about having a baby came and she said oh [teacher] said babies grow from seeds and we all grow from seeds, like flowers. So that's obviously how they must have. And if I had have known that I would have said it that way to her maybe, you know, but I didn't.

You're put on the spot.

Yeah, I didn't know what to say.

(FG8)

I do think though, I think it is a good idea that they are talking to them in junior and senior infants around it, I do think, because it's introducing it in a very, a lighter way, rather than throwing them in at the deep end.

At sixth class or whatever, yeah.

Yeah at sixth class. So I definitely think that it should be something that is discussed all throughout the school curriculum.

And followed up in an appropriate manner. Should be part of their general education. Not something that's for three hours in sixth class.

...

And it doesn't make them feel so, either embarrassed or curious, because it's something that they've been used to.

(FG8)

Participants were interested in receiving resources to support their communication with their children. They identified schools as a key channel for such materials to be made available to them. The content parents sought was principally materials that link in with content covered in the SPHE curriculum at primary school.

I think it's vital the information and the support should be there. Where do you put it? I don't know because I'm not someone who goes kind of seeking that sort of advice.

Q: What would it contain? What would it look like?

For me, and this is just total, this is my preference on where I would pick that piece of information up, and if I was to take [my wife] out of the picture, it would be the school homework. So it would be like a note in the journal to say Daddy this is what booklet

the HSE are giving out at the moment to help support you at this age for your children because ... And that's where it would fit.

Q: In conjunction with the school?

Because it's part of education, it's in conjunction with school, they give a module in school, this is what you can do to support it. They do it for the reading now, there's a programme there that they do.

Support programme, yeah.

That we do with the reading, that you have to interact with, I think it's nearly, it's actually with all the homework now that we really have to interact with the kids with their homework. So why not on this piece? Why not?

(FG20)

Following School's Lead in Timing Communication

Receiving materials home from school had been the prompt for some participants to begin to discuss bodies, sexuality and relationships with their children. Many participants described deferring to the schedule of sex education in school to determine when they would initiate talking with their children. A parent whose 5-year-old relayed talk referring to oral sex reassured himself that this is not appropriate to discuss with the child by referring to what the school curriculum covers.

We looked up stuff and we said no that's really, we're not talking to them about intercourse and all that until, you know, fifth and sixth [class]. I think actually girls they say fifth and sixth and boys is fourth for some reason in the primary. That's what [my wife] said to me. But I don't know. But I said look, I said, whatever it is about intercourse, I'm pretty sure oral sex is probably not on the curriculum, you know, and I'd say it's way off the agenda.

(Martin, FG18, Children: Girls 10 and 5, Boy 8)

Participants described taking their lead from the content of the school curriculum as to when to introduce topics to their children. Many indicated an interest in pre-empting the content that would be delivered by the school with their children to introduce them to terminology they would hear during lessons in school in advance of, but also in conjunction with, the school.

My son, he's as laid back, he wouldn't really, so kind of 9 or 10 when he was coming to the education in school kind of thing, I kind of let him know before he went in. I says don't be embarrassed the words that will be used. Like these are the proper words, so don't be embarrassed.

(Donna, FG4, Children: Girl 12, Boys 14 and 4)

Pre-empting what the school will discuss with children demonstrates parents' commitment to being the primary sexuality educators of their children.

Many participants described their children invoking the anatomical names in talk with them after they were introduced in school. Participants portrayed this as a process by which the discourse promoted by the school often takes precedence over the terminology and discourse used at home. Some participants followed the lead of the school and adjusted their practices at home; for example, changing to using anatomical names for body parts after they were introduced in school.

To be honest now we're getting to the stage now where it's formal body names because that's what [my daughters] are learning in school.

(Nick, FG20, Children: Girls 8 and 7, Boy 4)

Some participants illustrated how the school's resources that link with home can stimulate the initiation of conversations between children and parents about sexuality. The mothers talking below are referring to their children aged 10 and 12 years, so beyond our age group of interest, but it is interesting to learn how the school scheduling of when aspects of sexuality education is addressed shaped parents' own practices.

Kind of, you know the way the school does it, you sign the thing, you know, you give permission to tell them how they're going to develop or whatever. I think that's the way they do it, the birds and the bees. I know we have to all sit down and do that at some stage, just the thought of it, oh God.

Well I had to watch the DVD, my daughter brought a DVD home, did yours?

No, not yet.

I'd to watch the DVD on how her body changes. She's 12 like, and I had to watch the DVD with her and she was like 'oh my God'. She said, 'I can't believe you're sitting in here watching this with me.' She was scarlet she was, but like we went through it and all and she knows about periods and all that now so.

(FG4)

This conversation portrayed parents' reliance on the school taking the initiative and providing resources to support communications with children. Both women found the prospect of this structured and prescribed formula for communicating with their daughters necessary, suggesting there had been limited discussion among them up to this point. Discussing the body and sexuality with their daughters did not come easily to them. Mandy went on to describe sourcing another book from the library with her daughter, who found the conversation between them embarrassing.

I'll have to sit her down and talk to her about it, so that's what I was saying. You're saying about the DVD and the books, I'll probably get that, that would make it easier, because, you know, when you sit down yourself, probably get all tongue tied (laugh).

(Mandy, FG4, Children: Girl 12, Boys 17 and 8)

A key benefit of the school curriculum, as acknowledged by participants, is that children are covering a common set of themes and issues in a group setting at the same pace, thereby laying down some guidance about what is appropriate content to be discussing with children. It also offsets participants' concerns that they may be talking with their children and giving them knowledge that other children in their peer group are not getting, raising the prospect of going beyond what other parents consider acceptable.

I think, ideally, wouldn't it be lovely to have it from home, but not everyone has the same home situation and not everybody thinks the same at home. I think everybody goes to school, and I hate to put this back onto the teachers, but I do think that ... if you're taught something in school then you kind of supplement it at home.

It's like where Denis was saying earlier as well, if you leave it solely to home and kind of supplement it with school, like say some people will do it, some people won't, they'll do it to different extents and they'll come in and little Johnny will be saying 'Oh I know a mammy and daddy have sex and the sperm goes in here and the egg', and little Michael will be sitting there going 'What?'

...

I mean obviously it's a parental responsibility but like everything, you know, some people will do things differently to others.

(FG12)

Infrastructure supporting parents to engage with children on the topics covered in the school curriculum was proposed as an initiative that would build parents' capacity to communicate better with their children in parallel with what they are learning in school.

I think a night like this, say if [a facilitator] is coming in say three times in a term ... that you'd get the parents together and say, 'Look, are there any concerns?' ... 'Oh yeah, Johnny came home and he was asking about this and what do I say to him on that?' That you could bring the parents into it as well. That it's not just giving the kids the information and sending them home and letting the parents deal with it.

Q: But resource the parents before?

Resource the parents well before and after, yeah, that it's not just giving the kids, because like I said by the sounds of it everyone here is in the same boat and didn't get great sex education from school or home as we were growing up. So we're probably not that well equipped to deal with it. And if they're coming home with more information than we have, you're stumped for a start.

(Mark, FG12, Children: Girl 5, Boys 12 and 9)

If there was some sort of guidelines that do you know at 5 they should know such and such a thing. Step-by-step programme or something about development, they should know this like and then by 7 they should know that, and the schools then if they're introducing stuff in the schools as well like.

Yeah, we should be told more about what's being introduced in school. Because for my own children like they think the teachers above in that school are just gospel, what they say is gospel. And they would believe everything they're told in school and then they come home and say well the teacher told me this, is this right and is this wrong, do you know. It's not passing the book now or anything else like, it's just from the kids' point of view the teachers are gospel, so that they can communicate with the teachers, because sometimes they do find it easier to talk to teachers than their parents like. And then do you know we can reassure them what their teachers are saying is right and stuff.

(FG14)

Resources Parents Need

Participants recognised a significant gap between the aspirations they have regarding communicating openly with their children and the more repressed culture surrounding the body and sexuality that they grew up in. Participants feel that they need support with closing that gap.

I definitely think education, not just for the kids but also the parents, our generation anyway you know. And yeah, you know, to have a healthy relationship as I said with themselves and their bodies, but to have an open communication with the parents about what's going on for them, you know. Not to be afraid to say to their parents, you know, when they get to a certain age, you know, what's masturbation, you know, they're talking about it in school. To be able to say that to a parent and for a parent to sit down and say well this is what it is and, you know, it's curiosity and, you know, this is what happens when you do it and, you know, those kind of things. So that the child doesn't feel like it's wrong or it's bad or, you know, she's going to be struck down, the heavens are going to, you know, she's going to hell for it, you know, and that kind of thing and that it's dirty and degrading, you know.

...

I agree with Catriona. I think, you know, to a certain extent you have to educate the parents from, you know, our generation back, because we weren't given the tools, you know, we weren't told in the right way. We don't have the tools, we don't have the knowledge to educate our kids in the right way, in the appropriate way, you know. So we're all just kind of flying blind and kind of hoping for the best basically, you know, and I know I've made failures, you know. I mean I know I've had a few successes but

I've definitely had failures, you know. I give myself a big F as well, you know. And there has to be something there, you know, to educate the parents on how to educate their children. At the moment there's not.

(FG13)

There were participants within the study who characterised themselves as uneasy and uncomfortable with their own body and in turn with talking about bodies and sexuality, including with their children. They recognised that being able to talk with their children would be beneficial to them, but could not overcome their own reticence.

I don't know what to say, I usually end up distracting with something because I don't know what.

Q: Do you get into the conversation with [your 7-year old]?

To some extent I would, but I don't know what to say then because [he] is kind of, no matter what I say he has a question like about everything, everything, and even if I give him an answer, he'll come up with another thing – oh but why this and why that – so kind of I'm going around in circles and I distract him and say ask Nanny, ask [my friend] ... because I don't like dealing with it myself. I get too embarrassed talking to him about things.

(Amy, FG10, Children: Boy 7)

These parents discussed how an initiative to help them overcome their own reticence in talking about the body and sexuality is necessary in order for them to be able to communicate more easily with their children.

Knowing how to translate the information children seek to know into language that is comprehensible to them was something else parents found challenging and would value support with.

When she was 2 and then 3, you're kind of 'fine, bumbum, fine'. But now I'm starting to think we really should be putting some words on this properly because you can't have her going to school next year, apart from anything else she'll have kids laughing at her because she's referring to that part of body, yeah, so it's something we have to start. ... We were saying we need to start getting some books and things like that tend to introduce the subject with different parts of the body, just as a basis you know.

(Andrew, FG7, Children: Girl 4, Boy 2)

I was worried about how to introduce that on the whole 'stranger danger' thing and how to strike the balance between putting the fear of God into them and keeping them safe. And also that I didn't want them to look at all strangers in the same way, 'well they're a potential abuser or attacker' ... For me, it was kind of a concern to protect

their innocence and, you know, my elder daughter in particular is quite mature and she's quite a worrier and I just – she's got an active imagination – and I was very concerned as not to frighten her. I suppose it's a very longwinded way of saying that certainly for me tips and support as to how to inform kids about that would certainly be helpful.

(Lisa, FG6, Children: Girls 7 and 4)

In terms of suitable formats, participants would welcome guidelines, from a trusted source, on what content is appropriate at different ages, and setting out scenarios building from questions children ask and suggesting appropriate language and approaches in responding to those questions.

Maybe small guidelines for us as parents to kind of say: by this age you really should be introducing certain concepts and topics and explaining like this. I mean I'm sure there are plenty of materials out there already but maybe it's being guided towards them and what's good and what's bad.

(Andrew, FG7, Children: Girl 4, Boy 2)

I think you want in terms of the age that these things are discussed, that's a very appropriate thing, I don't know, I've no idea still what's the appropriate age ... If there was a best-practice manual as it were from the HSE as to how to deal with that that would be – I don't know ... I would never sort of use it as an absolute doctrine about how to do it but just in terms of even to get – because you can never normally have a conversation about this with your peers, this would never be talked ... but to have even a guideline to say generally these things are discussed between the ages of this and this but every kid is different, not to use it as an absolute guideline.

(Niall, FG7, Children: Boys 6 and 4)

I think like a Q&A, like you know some of the things that we've just talked about, like what do you do if your child starts playing with his penis ... I don't know whether you'd be able to answer that kind of, but just a kind of what do you do when your child starts to get embarrassed changing in, like [my daughter] started getting embarrassed in the swimming pool there. What do you do when that happens? Do you allow her privacy? Or, you know, and you're actually trying to get them dressed and they're like, you know. Or just Q&A kind of thing. What's the best advice, you know, from scenarios.

(Andrea, FG12, Children: Girls 5 and 2, Boy 3)

Overview: Resources Parents Advocate

- Parents did not report using a lot of specifically sourced resources to help them approach communicating with their children about the body and sexuality from the ages of 4 to 9 years.
- While parenting books are a common support for parents regarding all aspects of child development and family life in the earliest years, there was not a high level of reported use of dedicated resources on talking with children about their body, sexuality or relationships among the study participants.
- Internet resources were considered easily accessible but they vary in quality and are of uncertain provenance, making parents circumspect about their value as a culturally appropriate and trusted resource.
- Schools were viewed as a key and trusted resource. While some parents questioned the approach taken by schools, many felt more confident following the lead of the school curriculum than their own understanding of how to approach communicating with children.
- Parents identified the standardisation of learning for children at key stages as a key benefit of school-led SPHE. This benefit mediated some parents' concerns about breaching norms of other parents in communicating with their children.
- Schools were identified as a key channel for materials to be made available to parents on the basis of being a trusted resource and one engaged with almost universally by families. Parents principally sought materials that link in with content covered in schools under the SPHE curriculum. This information could support parents to overcome their reticence about communicating with children, which is associated with the silences and taboos that governed talk about the body or sexuality during their own childhood.

6 Conclusions and Recommendations

This research set out to explore what enables or inhibits age-appropriate communication between parents and young children aged 4 to 9 years regarding the body, relationships, sexuality and growing up. It explored:

- Positions parents hold about practising openness in relation to communicating about sex, relationships and growing up with children aged 4 to 9 years.
- Parents' aspirations regarding communicating with younger children about sexuality and whether they are in line with their practices.
- What facilitates parents feeling comfortable, confident and competent in communicating with younger children about sexuality.
- What policy initiatives parents would welcome to support them in their communication with their children aged 4 to 9 years.

Conclusions

Parents' Aspirations for Sexual Socialisation

Participants in the study were committed to 'doing things differently' so as to break the cycle of unhealthy connotations relating to the body and sexuality being passed on from parents to children. Parents were highly motivated to do the work necessary to contribute to the healthy sexual socialisation of their children aged 4 to 9 years. They hoped that greater openness in talking with their children from a young age would generate a culture of normalisation regarding the body, sexuality and relationships and contribute to positive cultural change.

A frequent feature of both the focus-group discussions and follow-up telephone interviews was parents pronouncing a need for them to 'work on themselves' in order to feel comfortable talking about and engaging with their own body and sexuality. This is a critical insight garnered through this research, given the emphasis placed by Schalet (2011) on the role of family dynamics and wider cultural attitudes in the shaping of parent–child communication about sexuality.

Parents know they have a key role in creating the conditions that allow children to ask questions and encourage them to keep asking questions and engaging in talk about sexuality. Parents aspired to foster healthy attitudes towards the body in their children so as they would treat the whole body as healthy and natural. While many agreed with this in principle, inhibitions about the body arising from their own socialisation made this very difficult for some to put into practice.

Parents observed children exploring their own body and experiencing some pleasure from that. For most participants, an important concern was to avoid responding or commenting pejoratively so that negative associations such as shame would not become

related to these feelings or behaviours. Finding a form of communication that balanced that message with teaching children that there are contexts where it is appropriate and inappropriate for doing so was a concern for parents.

Parents striving for greater openness with children need to be supported in order to be able to maintain this practice. This support can take the form of general cultural support for communicating with children in younger years in the longer term and expert support for openness in communicating with children in the short term. Some participants had taken the initiative and driven communication early, motivated by an effort to pre-empt silences about the body and sexuality that prevailed in earlier generations and that are not perceived to have served Irish society and culture well.

Parents in this study hoped that a greater openness in talking with their children from a young age could generate a culture of normalisation regarding the body, sexuality and relationships. Such a culture would be in contrast to the taboos they encountered as they grew up and now have to overcome as they strive to communicate with their children. They hope to break the cycle and not pass on unhealthy connotations attaching to the body and sexuality to their children. They aim to achieve this through early years sexual socialisation and are highly motivated to do the work necessary to attain a healthier sexual subjectivity for their children, with all of the attendant cultural benefits that can usher in.

Barriers and Challenges for Parents

Participants reported facing a number of barriers and challenges in responding to their children's curiosity about sexuality and relationships.

How parents communicate with their children about sexuality is shaped by their own learning and broader socialisation regarding sexuality and the body as they grew up. Most described growing up in households where parents did not talk openly or positively about bodies and sexuality. This finding coincides with wider cultural portrayals of the treatment of sexuality in Irish social and cultural life throughout the twentieth century.

The prevailing messages attached to the body and sexuality included associations of taboo, sin, shame and silence. Being told to 'turn that telly off' when a scene contained any form of physical intimacy was a recollection many participants shared. 'Knowing not to ask' about the body or sexuality was something study participants learned as children without it having to be openly articulated. Rather than ongoing communication about sexuality being a feature of family life, participants recalled their parents attempting to undertake a 'big talk' about sexuality and/or giving them a book to read. Often the book was simply left on their pillow, although in some cases parents acknowledged they were giving the child the book so they could learn about their body.

Beyond the home, participants portrayed the sex education they received at school as minimal. It happened too late, as their awareness or curiosity had already given rise to questions about the body, and it failed to meet their needs in terms of comprehending their body and sexuality.

Participants generally agreed that simple messages suffice when answering younger children's queries about the body and sexuality. However, parents' confidence is the key factor in determining whether those simple messages get formulated and conveyed. While many parents aspired to foster healthy attitudes towards the body in their children, inhibitions about the body arising from their own socialisation made this very difficult for some to put into practice.

Where parents lacked confidence in communicating about the body, they experienced feelings of fear about the consequences of 'getting it wrong' in an area of child development they see as having high stakes. Parents' fears that they may 'get it wrong' are a key inhibitor of communication. When they do not find the confidence to talk with their children about the body in line with their aspirations for openness, parents feel very demoralised. This research suggests that resourcing and building parents' confidence to communicate with their children can tap into a high level of motivation for openness that prevails among parents.

Participants felt hindered in their communication with children by concerns about what children can comprehend and low levels of confidence about being able to translate understandings parents held into terms children can engage with. Parents' identification of childhood as a state that is at odds with knowing about the body and sexuality also inhibited communication. The period of interest for this study, 4 to 9 years, was portrayed by parents as a time when childhood can be maintained or prematurely lost – particularly through knowledge of sexuality.

The fear of transgressing other parents' norms regarding communicating with their children was another key inhibitor of parents communicating openly with their children. The worry that their children would relay knowledge to peers whose parents had not yet discussed the same issues with them was strongly held by participants. Encountering judgement over the level of knowledge one's child has regarding the body and sexuality led some parents to re-evaluate their own practices.

A strong theme emerging from this research was that lack of confidence and comfort within parents themselves in talking about the body and sexuality shapes and constrains parents' ability to be open with their children. The legacy of participants' own sexual socialisation means associations of taboos, sin and censure attach to the body and sexuality. While parents wish to drive change in this area, they described how casting off those connotations and overcoming long-held reticence and unease is challenging.

The Process of Communicating

Accounts of family life illustrate how everyday situations give rise to children being curious about, becoming aware of and forming understandings of their bodies in relation to adult bodies and gender differences, pregnancy and reproduction and intimate relationships. Study participants described lots of ways in which questions or curiosities about the body, sexuality and relationships arise with children between the ages of 4 and 9 years. Children may ask direct questions, may relate their own versions of what they understand or may act out their understandings. Participants either allowed children to stay with their own versions or engaged with children in this process so as to help them to build a more comprehensive and realistic version.

Communication about the body, sexuality and relationships takes many intentional and non-intentional forms. Examples include being comfortable with the naked body around the family so that children may get to see adult/child and boy/girl body differences depending on the family composition; acknowledging children's curiosities, talking with children and listening to them talk; and parents and children building understandings together. This process is in keeping with communication patterns between parents and children about many aspects of everyday life during these younger years.

Participants described children as displaying interest and curiosity in relation to the body, sexuality and relationships through behaviour, actions, talk and questions. Listening to and observing children allowed parents to gain an insight into the understandings children hold. Children also posed direct questions to their parents or other adults, seeking information and demonstrating their interest and curiosity.

Many parents sought to foster a generalised culture of openness, confidence and ease about the body by allowing children to see their naked body and observe them caring for their body (e.g. bathing or using sanitary products during menstruation). For many this was a marked contrast to how they had encountered the body within their own family as they grew up and it was not always easy for participants to attain the level of openness or comfort they aspired to.

Facilitating children to observe each other's body and their parents' bodies was identified as a key means for children to learn about differences between male and female bodies and the bodily changes that occur during development from child to adult. Parents who used anatomical names instead of euphemisms to refer to sex organs and genitalia related this to a position that these are parts of the natural body like any other and should be fully integrated into how we think about our body as a whole and not subject to any forms of discomfort or taboo associations. Other parents were of the view that anatomical names are harsh or crude and unsuited to talk by children and chose to use euphemistic names instead. Parents generally found using anatomically correct terminology to refer to the female body more challenging than they did in relation to the male body, which suggests that talk about the female body is subject to more cultural taboos. Using

euphemistic names can have the effect that sex organs come to be seen as set apart from the body.

Parents described children noticing and observing pregnancies. They prompted children's interest in where they came from, leading them either to ask about it directly or to act out their curiosities. A strong consensus among parents was that being asked to explain how babies are born is much easier than being asked to explain their origin or how they are conceived, which many participants found very challenging.

Widespread use of sexualised language and imagery in popular culture meant parents often observed children invoking sexualised terms such as 'hot' or 'sexy' to talk about their feelings and about bodies. Parents in the study often try to intervene when children make these associations, explaining to their children why these terms are not appropriate for them to use, given their young age. Such interventions are part of an attempt to maintain a separation between childhood and sexualisation.

Children observe adult relationships and make sense of them through re-enacting them in play to build understandings together, as well as by engaging in talk with parents. The dominant heterosexual, marriage-based family is often the key point of reference for parents and children in building understandings of relationships. This position can lead to children in other family forms gaining an awareness of being different and being viewed as different. However, parents in this study demonstrated a strong motivation to build inclusive understandings of diverse family forms in their communications with their children.

Parents did not report using a lot of specifically sourced resources to help them approach communication about the body and sexuality with their children aged 4 to 9 years. While parenting books are a common support for parents regarding all aspects of child development and family life in the earliest years, there was not a high level of reported use of dedicated resources on talking with children about their body, sexuality or relationships among the study participants. Those parents who did source dedicated books focused on books that provide child-friendly illustrations of the body to support discussing formal names for body parts; introduce the concept of diversity in family forms; and explain gestation, usually to accompany the pregnancy of a key person in the child's life. Parents were more inclined to consider sourcing printed materials as children moved towards the upper end of the age spectrum of interest.

Internet resources were deemed easily accessible but varied in quality and of uncertain provenance, making parents circumspect about their value as a culturally appropriate and trusted resource. Parents were also wary about approaching the internet to search for information given the potential for their search terms to generate unpalatable materials. Lack of confidence and fears about getting it wrong or transgressing norms cut across parents' aspirations for open communication, conveying positive and healthy messages

about the body and sexuality, and laying down foundations for continued openness. Not knowing where a conversation might lead daunted many parents, given the prevalence of feelings of being unprepared and unsure of how they should be talking with their children. Where fear drove communication, parents tried to minimise the level of engagement with the child as a way to manage the tension between wanting to tell their child the truth but not feeling they had the skills to do so.

The study data suggest that a common position for parents is to take a reactive position in relation to communicating with their children, meaning they wait for children to ask questions rather than initiating any talk with them. Parents' fears placed a heavy onus on both parties to the communication: an onus on children to take an active role in seeking out information and an onus on parents to occupy the position of authoritative knower.

'Winging it', 'faltering' and 'fumbling through' were common ways parents described their communication with their children. Questions children asked were left unanswered because parents lacked confidence in their ability to provide an answer in terms the child would comprehend, despite their best intentions. Overall, parents displayed a high level of self-doubt and questioning over how to communicate with their young children about the body, relationships and sexuality, and expressed a strong interest in getting an expert opinion.

School-Based SPHE and RSE Programmes

Participants viewed schools as a key and trusted resource. Some parents questioned the approach taken by schools, but many felt confident following the lead of the school curriculum in understanding how and when to approach communicating with children. Mixed views were expressed regarding how comprehensive the information flowing between school and home on this aspect of the curriculum can be.

A key benefit parents identified of school-led SPHE is the standardisation of learning for children at key stages, which mediated some parents' concerns about breaching the norms of other parents in communicating with children. Parents viewed the school-delivered programme as an authoritative educator covering a common set of themes and issues with children in a group setting so that all children covered the same information in the same way.

Parents tended to feel more confident about their child's capacity to comprehend and relate to talk about the body or sexuality after witnessing how they engaged with lessons in school. Parents who had been grappling with finding a language for communicating with their children often welcomed learning about some of the ways in which messages were delivered through the school curriculum. However, some parents felt that some of the messages, such as those regarding privacy and the body, could be taken up by children in a very dogmatic way, leaving the parent watching and feeling ineffective or uncertain about how to mediate key topics. It is clear from such portrayals that there is potential for better partnership and communication between schools and parents.

Schools, as a trusted resource and one engaged with almost universally by families, were identified as a key channel for materials to be made available to parents. Parents principally sought materials that link in with content covered in the SPHE curriculum. This support could help parents to overcome their reticence about communicating with children about the body or sexuality, a reticence that is associated with the silences and taboos encountered during their own childhood.

Recommendations

A number of recommendations emerged from the research findings. These recommendations are outlined below directed at the HSE Sexual Health & Crisis Pregnancy Programme but with relevance to other agencies and sectors set out.

Parents who are taking the initiative and driving communication during their children's early years are motivated by an effort to pre-empt silences about the body, sexuality and relationships that prevailed in earlier generations and that are not perceived to have served Irish society and culture well. Aspiring to have their children understand, accept and respect the sexual body, diverse sexualities and diverse family forms is a central concern for parents who are active in communicating with their children. They want their children to be able to relate to the sexual body on the same terms as all other parts of the body, so that their sexuality comes to be viewed as an integrated part of their life and well-being. Parents want their children to have healthy and respectful attitudes towards their own body, developing sexuality and prospective relationships, as well as towards the bodies and sexualities of others.

Parents need to be supported in driving this change towards greater openness with their children. In particular, this research heard parents ask for expert support to achieve such openness in the short term. Support for broader cultural change promoting general cultural support for communicating with young children regarding the body, sexuality and relationships is sought in the longer term.

Resources for Parents

To assist parents, we recommend that the HSE:

- Creates an Irish resource, aimed at young children and their parents, on multiple platforms covering topics related to relationships and sexuality as a companion to the existing RSE and SPHE programmes delivered in primary schools.
- Sets up a website for parents to access guidance on relationships and sexuality for children under 10 years of age. This resource should be flexible enough to fit the different stages families occupy and the diverse values families hold.
- Runs an awareness-raising campaign to drive change towards greater openness between parents and younger children about relationships and sexuality.

- Continues to fund training and information programmes covering topics related to relationships and sexuality to parents.
- Reviews the content of HSE Sexual Health & Crisis Pregnancy Programme funded/ provided training and information programmes to assess whether it has sufficient emphasis on personal development aimed at supporting parents to gain a sense of competency and comfort in talking about the body and sexuality for the purposes of enabling them to communicate with their children with ease.

Schools

For schools, we recommend:

- Further strengthening the links between school and home with regard to RSE by providing parents with comprehensive information on the RSE Programme, including resources used by the school, in order to support them in continuing the conversation at home.

Other Stakeholders

To support those working with parents, we recommend:

- The HSE convenes a working group, comprising multiple stakeholders who currently support or provide training to parents or who promote sexual health initiatives, to establish how to dovetail the findings from this research with existing initiatives so as to build on and strengthen, rather than replace, current initiatives. In particular the incorporation of a personal development component aimed at supporting parents to gain a sense of competency and comfort in talking about the body and sexuality and to enable them to communicate with younger children with ease will be a key focus for integrating into existing and future initiatives.

Research

For the research community, we recommend:

- Building on this 'Research with Parents Project' to incorporate a further data-generation exercise involving research with children and/or research with children and their parents. Understandings of sexual socialisation processes in the Irish context would be significantly enhanced by such research. An experimental and exploratory study by Martin and Torres (2014), which sought to observe parent–child communication in a naturalistic way, provides a compelling case for methodological innovation in researching sexual socialisation.

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