Growing Up Connected

A research-informed parent and caregiver resource | Ages 5–19

The central message

Phones and social media are neither universally harmful nor universally beneficial. Their effects depend on developmental stage, emotional well-being, content, relationships, context, and what online time replaces.

Ask not only “How much screen time?” but “What are they doing, with whom, how do they feel afterward, and is their daily functioning affected?”

Ages and developmental needs

5–8 | Learning self-regulation

Favor shared media and simple, predictable transitions. Help name feelings and distinguish fiction from reality.

9–12 | Belonging and social interpretation

Practice privacy, group-chat misunderstandings, advertising awareness, and asking adults for help.

13–15 | Identity and social sensitivity

Coach through appearance comparisons, exclusion, peer pressure, harassment, and nighttime notifications.

16–19 | Growing independence

Collaborate on consent, digital reputation, misinformation, intimate-image safety, and independent boundaries.

Gender and individual differences

Research suggests girls may report more appearance-related comparison and some social media harms; boys may encounter different gaming and online-culture pressures. These are group averages, not rules. Any child can experience bullying, body-image distress, online support, or isolation.

Neurodivergence, disability, social exclusion, prior trauma, family stress, and access to offline community can change how digital experiences affect a child.

Emotional state matters

- Loneliness: online connection may support belonging, but rejection can sting.
- Anxiety: frequent checking and reassurance-seeking may prolong worry.
- Low mood: scrolling may distract from problems or provide supportive community.

- ADHD/executive-function differences: transitions and notifications may require additional structure.
- Bullying or exploitation: prioritize safety, documentation, and supportive adults over punishment.

Warning signs that warrant a conversation

- Persistent sleep loss or exhaustion
- Distress after online interactions or pressure to respond immediately
- Withdrawal from valued offline activities or relationships
- Falling behind on school or other responsibilities
- Harassment, coercion, threats, or harmful self-talk

Five helpful family practices

- Keep sleep protected; agree on charging and notification routines.
- Set rules together, explaining the reasons and revisiting them as children mature.
- Model healthy boundaries as adults.
- Teach fact-checking, privacy, algorithm awareness, and AI-content literacy.
- Respond calmly when a child reveals a mistake or uncomfortable online experience.

Conversation starters

- What do you enjoy most online?
- When does it leave you feeling worse?
- What would you want me to do if someone sent you something upsetting?
- How can we make evenings easier without constant arguments?

A seven-day family experiment

Choose one small change together: a device-free meal, quieter notifications, phones charging outside bedrooms, or a weekly offline activity. After seven days, discuss what worked and adjust.

Our experiment: _____

Start date: _____ Family check-in: _____

Safety note

If a child reports exploitation, threats, self-harm, or suicidal thoughts, take it seriously and seek appropriate support. In the U.S., 988 provides suicide and crisis support; call emergency services for immediate danger.

Sources and further reading

APA: Health Advisory on Social Media Use in Adolescence
https://www.apa.org/topics/social-media-internet/health-advisory-adolescent-social-media-use

Pew Research Center: Teens, Social Media and Mental Health (2025)
https://www.pewresearch.org/internet/2025/04/22/teens-social-media-and-mental-health/

American Academy of Pediatrics: Family Media Plan
https://www.healthychildren.org/English/fmp/Pages/MediaPlan.aspx

U.S. Surgeon General: Social Media and Youth Mental Health
https://www.hhs.gov/surgeongeneral/reports-and-publications/youth-mental-health/social-media/index.html

Evidence note: Associations do not establish causation. Age ranges are approximate; individual developmental readiness varies.