

# Factsheet 3: Responding to carer reactions

It is important to be aware of the range and intensity of emotions that carers may experience after finding out that a child or young person in their care has engaged in PHSB.<sup>1</sup>

Common feelings include shame, guilt, sadness, anger, wavering belief that the behaviour has occurred, or fear of being judged by others.<sup>2</sup> Listening to and validating these feelings can help build engagement and a trusting, supportive relationship with carers.

At times, you may need to address reactions that minimise or overreact to the behaviour (e.g., “Oh, he was just experimenting, it didn’t hurt anyone” or “I don’t want them anywhere near my other kids!”). Supporting carers to understand the impact and seriousness of the behaviour, while remaining hopeful about change, can enhance their capacity to keep the child or young person safe in the future.<sup>3</sup>

Below are some tips for responding to a variety of carer reactions.

Conversation tip	Examples in practice
<b>Responding to emotional reactions</b>	
<p>Use reflective listening skills to validate feelings, which may include shock, shame, sadness or embarrassment</p> <p>Effective validation:</p> <ul style="list-style-type: none"> <li>• Reflects what is being said (e.g., “It sounds like you feel...”)</li> <li>• Checks for accuracy (e.g., “Is that right?”)</li> <li>• Draws on contextual information, such as the child’s placement history or the carer’s previous experiences</li> <li>• Acknowledges the reality of the situation with statements that imply ‘this would be difficult for anyone’</li> <li>• Avoids any “but...” statements (e.g., “I can see you’re feeling angry about this, but...”)</li> </ul>	<p><b>Acknowledge the reality of the situation:</b> <i>It makes sense that you’re feeling a lot of sadness about what has happened. This is a difficult situation to come to terms with.</i></p> <p><b>Reflect what is being said and draw on context:</b> <i>I can hear that you’re really worried about where Bailey will be placed while it’s not safe for him to live here. I know that Bailey has moved around a lot, and that you were really hoping this time would be different for them. I can imagine it’s very upsetting knowing he needs to move again.</i></p> <p><b>Reflect what is being said and check for accuracy:</b> <i>It sounds like you’re feeling confused about how this happened. Have I got that right?</i></p>
<p>Reassure carers that they are not responsible for the child or young person’s behaviour.</p> <p><b>Note:</b> Before reassuring a carer, ensure that a thorough risk assessment has been undertaken in line with your organisation’s policies and procedures. This conversation may not be appropriate in cases where there are concerns about the carer perpetrating abuse (sexual or other) or other significant concerns (such as the child witnessing family and domestic violence).</p>	<p><b>Use “I wonder...” statements to explore how the carer feels about what has happened:</b> <i>I’m hearing that you’re feeling quite embarrassed about what has happened. I wonder if you’re worried that I think the behaviour is your fault?</i></p> <p><b>Follow up by reassuring the carer:</b> <i>I want you to know that you’re not responsible for Bailey’s behaviour and I’m not judging you for what has happened. I know you’ve done so much to support Bailey to make better choices.</i></p>

Conversation tip	Examples in practice
<b>Responding to denial or minimisation</b>	
<p>Clearly explain what is considered normal and age-appropriate versus problematic and harmful sexual behaviour.<sup>4</sup></p> <p>Resources like Common Approach to Identification and Support can help illustrate where the PHSB sits on the spectrum of sexual behaviours for children of the same age.</p> <p>Emphasise factors that separate the PHSB from age-appropriate sexual behaviour, such as:</p> <ul style="list-style-type: none"> <li>• Lack of consent</li> <li>• Unequal power</li> <li>• Coercion<sup>5</sup></li> </ul> <p>For further resources that assist in differentiating between normal and problematic and harmful sexual behaviour, see ‘Identifying problematic and harmful sexual behaviour’ on page 1 of this factsheet.</p>	<p><i>I hear that you feel like I’m making a big deal out of nothing, and that Bailey’s behaviour is normal. I want to talk about how we decide what sexual behaviour is typical and healthy for children their age, and what is inappropriate and harmful...</i></p> <p><b>Ask questions that help gauge carers’ understanding, such as:</b></p> <p><i>What do you think is age-appropriate sexual behaviour for a child Bailey’s age?</i></p> <p><i>Why do you think I am worried about what [child with harmful sexual behaviour] did to [child impacted by the behaviour]?’<sup>6</sup></i></p> <p><b>Explain why you’re worried about the behaviour:</b></p> <p><i>I know you think that, because Alex is only 4, she will probably grow out of masturbating all the time. I’m worried about Alex’s behaviour because she is hurting herself when she does it, and because it’s stopping her from playing with other kids.</i></p>
<p>Explain why acknowledging the seriousness of the PHSB is important.</p>	<p><i>It is important that when Bailey talks to adults about what happened, that they all acknowledge that the harmful sexual behaviour is serious and that they do not want it to happen again. If Bailey gets ‘mixed messages’ from adults because they make jokes or make it seem like ‘no big deal’, it will be confusing for them, and harder for them to stop the behaviour.<sup>7</sup></i></p>
<p>Directly address comments by carers that express that the behaviour is:</p> <ul style="list-style-type: none"> <li>• normal/natural</li> <li>• the fault of the child, young person or adult who was impacted</li> <li>• not serious</li> <li>• a private, family matter</li> <li>• taboo and should not be spoken about</li> <li>• a show of love or affection<sup>8</sup></li> </ul> <p>Start by naming the comment and why it concerns you. Follow by asking open-ended questions about the carer’s perception of the behaviour.</p> <p>Remember that there are many reasons why a carer may minimise PHSB, including shame, fear of repercussions for the child or young person, their own past experiences, or wavering belief that the behaviour occurred.</p>	<p><b>Name the comment or language and why it concerns you:</b></p> <p><i>When you say “boys will be boys” or “he was just experimenting” I feel worried that perhaps you don’t think Bailey’s behaviour is serious.</i></p> <p><b>Follow up by asking questions about the carer’s perception of the behaviour:</b></p> <p><i>Can you tell me how you’re feeling about the seriousness of the behaviour at the moment?</i></p> <p><i>On a scale of 1 to 10, with 1 being not worried at all about the behaviour and 10 being extremely worried, where are you sitting at the moment?</i></p> <p><i>“I’ve let you know why I’m at a 7. What do you think is keeping you at a 3?” or “What’s stopping you from sitting at a 6?”</i></p> <p><i>Who do you think is responsible for the harmful sexual behaviour?</i></p>

Conversation tip	Examples in practice
<b>Responding to overreactions</b>	
<p>Address carer's perceptions that the behaviour is more serious than you and other professionals consider it to be.</p> <ul style="list-style-type: none"> <li>• Ask open-ended questions about the carer's perception of the behaviour.</li> <li>• Accurately locate the PHSB on a spectrum of sexual behaviour</li> <li>• Explain what the seriousness of the behaviour means</li> <li>• Emphasise hope and the child or young person's capacity for change (see Communicating hope for the future Factsheet 6)</li> </ul> <p>Engaging the carer and child or young person in safety planning may help the carer feel confident that everyone is working together to help prevent the PHSB from reoccurring. Safety planning is outside the scope of this resource. See pages 21-27 of The Centre for Excellence in Therapeutic Care's Practice Guide: Responding to young people living in out of home care who engage in harmful sexual behaviour for more information on safety planning.</p>	<p><b>Ask open-ended questions:</b>  <i>I can hear that Bailey's behaviour has really upset you. Can you tell me a bit more about how you're feeling about it at the moment?</i></p> <p><b>Accurately locate the PHSB on the spectrum of sexual behaviour:</b>  <i>I can hear that you're feeling concerned about the seriousness of Bailey's behaviour. I am worried, too, but I want to make sure we are on the same page. Let's have a look at this traffic light resource and see where Bailey's behaviour is sitting at the moment...</i></p> <p>(See Common Approach to Identification and Support)</p> <p><b>Explain what the seriousness of the behaviour means:</b>  <i>Okay, so we can see that, for a child Bailey's age, watching porn is sitting in the orange section. This means we should be concerned, but also that we don't think Bailey's behaviour is harming other people.</i>  <i>Follow up by asking questions about the carer's perception of the behaviour:</i>  <i>On a scale of 1 to 10, with 1 being not worried at all about the behaviour and 10 being extremely worried, where are you sitting at the moment?</i>  <i>Okay, so you're at an 8. Let's talk about why I'm at a 5...</i></p>

1 NSW Government, Family and Community Services. (2016)

2 Evertz, J. & Miller, R. (2012); NSW Government, Family and Community Services. (2016)

3 NSW Government, Family and Community Services. (2016)

4 NSW Government, Family and Community Services. (2016)

5 Mitchell, et al. (2020)

6 NSW Government, Family and Community Services. (2016)

7 Australia's National Research Organisation for Women's Safety (ANROWS). (2020)

8 NSW Government, Family and Community Services. (2016)