

PRE- AND POST- HIV TEST COUNSELLING FOR CHILDREN:

GUIDELINES FOR COUNSELLORS



Produced by:

The Teddy Bear Clinic and the
Centre for AIDS Development, Research and Evaluation (CADRE)

PRE- AND POST- HIV TEST COUNSELLING FOR CHILDREN: GUIDELINES FOR COUNSELLORS

1

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Rationale for the development of the guidelines	3
HIV counselling for the parent/guardian of child under 14 years old	4
Pre- HIV test counselling	4
HIV negative result: post- HIV test counselling	9
HIV positive result: post- HIV test counselling	11
HIV counselling for a child 14 years old or older	15
Pre-HIV test counselling	15
HIV negative result: post-HIV test counselling	19
HIV positive result: post-HIV test counselling	21
Checklist – pre- HIV test counselling	24
Checklist – post- HIV test counselling	25
Summary guidelines for counselling	26
Referral information	27

Professionals and non-professionals alike who are involved in childcare in South Africa may have grappled with the realisation that, with the onset of the HIV/AIDS epidemic, children are vulnerable to yet another risk factor. Children who engage in non-consensual sex, which includes incest and rape, and those who engage in coerced sex in the context of a relationship, present a cause for concern with regard to HIV infection.

Up until now, there have been no guidelines on pre- and post-HIV test counselling for children. “Who should be counselled?”, “Who gives consent?” and “Should the child be informed of the test result?” are only a few of the questions that are continuously raised, but remain unanswered.

This document is the outcome of workshops facilitated by The Teddy Bear Clinic for Sexually Abused Children, in conjunction with a group of representatives from governmental, non-governmental and community-based organisations nationwide. The aim was to develop concise, user-friendly guidelines that can be referred to when working with parents, guardians and children themselves who have been at risk of HIV infection. We hope that this booklet will make a significant difference in your efforts to provide a humane and effective service to the children of South Africa.

Kerry Saloner

M.A. (Soc.Wk.)



HIV COUNSELLING FOR THE PARENT/GUARDIAN OF CHILD UNDER 14 YEARS OLD

PRE- HIV TEST COUNSELLING

When performing an HIV test on a child under the age of 14, your client is the parent or guardian. During the counselling session, the child should be occupied outside of the counselling room.

The parent/legal guardian of the child should be consulted in order to assess the emotional maturity of the child, as well as the presenting problem. Consulting the parent/legal guardian is also important in determining how much information can and should be given to the child. While it may be assumed that children are too young to be involved in the counselling process, research shows that children as young as five may be mature enough to understand information on HIV/AIDS.

The issue of **consent** is very important when testing a child under the age of 14 for HIV. A parent/legal guardian must sign a consent form before the child can be tested for HIV. If a parent/guardian is not available, a number of other people can sign the consent form: either the superintendent of a hospital, or a police officer, or the court, or a child commissioner, or a statutory social worker.



Step-by-step guide

- Introduce yourself and explain your role.
- **Confidentiality** – explain to the parent/guardian that the counsellor will not talk to the child unless and until the parent would like this to happen. Let the parent/guardian take responsibility for talking to the child first. Confidentiality of the child's HIV test results must be assured. However, in certain situations the results may have to be disclosed (for example, as evidence in court).

Assessing the situation

- First and foremost, the **best interest of the child** must be considered.
- What is the rationale for HIV testing?

If there is a risk is through vertical transmission (that is, from mother to child), time must be spent addressing the parent's concerns and the impact of HIV on the child's life. If the child has presented him/herself within 72 hours after being sexually abused, preventing HIV infection through post-exposure prophylaxis (PEP) should be a priority. The counsellor should decide together with the parent or legal guardian, what is in the best interest of the child; and whether, how and when to proceed with counselling and HIV testing.

- Due regard should be given to the emotional state of the child in deciding on whether to test for HIV. If the child is severely traumatised and a blood test would add to the trauma, a starter pack of PEP should be provided, and the HIV test carried out at a return visit.

HIV risk through sexual abuse

In the case of child sexual abuse, the health of the child takes priority over any other issues if the child presents him/herself within **72 hours** (3 days) of the abuse. This is because drugs that may prevent the transmission of HIV are effective only if treatment starts within 72 hours after the rape. If a child has been abused over a period of time, and presents him/herself within 72 hours of the last incident of abuse, the child would require a medical examination and an HIV test (with pre- and post-test counselling), before deciding on post-exposure prophylaxis.

Post-exposure prophylaxis (PEP)

PEP is a combination of medication that is administered after the child has been sexually abused, to reduce the chance of HIV infection. Other medications, including antibiotics, are also provided, to prevent other sexually transmitted infections. PEP should be given immediately, or at



least within 72 hours (3 days) after possible exposure to HIV. Children are given PEP either as a syrup or tablet, depending on how big they are. It is very important that every dose of PEP be taken every day for 4 weeks. Skipping any dose may cause resistance of the child's body to the drugs and may result in seroconversion (becoming HIV-positive). Parents/legal guardians should be counselled on the side effects that children may experience with the drugs, such as headaches, nausea and fatigue. Side effects vary and do not cause long-term harm. Some of them can be lessened with conventional medications against pain and fever (e.g. paracetamol). Parents/legal guardians should also be informed about the need for follow-up visits for further testing, counselling, and treatment. Follow-up visits are scheduled for six weeks, three months, and six months after the rape incident.

HIV/AIDS

- Establish what the parent/guardian knows about HIV/AIDS. Clarify any misconceptions and provide clear facts.
- Identify the child's level of risk of HIV infection.

The HIV test

Explain the testing procedure and the type of test that will be administered. The child will be given a Rapid HIV Test, which tests for HIV antibodies, not for the virus itself. If the test is positive, this result will be confirmed with another test, an ELISA or Western Blot test.

Although the results of a Rapid Test are available in 20 minutes, it is recommended that the results should be delivered a few days later. This allows time for the child, and the parent or guardian to process what has been discussed during pre-test counselling.

The Rapid Test is provided at most hospitals and clinics. Another option is the PCR (Polymerase Chain Reaction) test. The PCR tests DNA for the presence of HIV, making the window period much shorter. However, this test is not free and is therefore dependent on the financial situation of the family.

Being Prepared

Discuss the ramifications of a positive or negative result.

What would the family actually do?

- Emotional coping
- How would family members' lives change?
- School and work-related issues
- Disclosure and support
- Quality of life

Disclosure

- Establish how much information the parent/guardian feels comfortable telling the child about HIV/AIDS. Information may only be given with the parent/guardian's consent.
- Discuss the advantages and disadvantages of disclosing the child's HIV status to the child. Advantages of disclosure may include living positively with HIV through a healthy diet and support groups, empowering the child through participation, and educating the child to take precautions for protecting him/herself and others. However, disclosing to the child may be difficult for the parent/guardian, the child may not understand and may blame him/herself. Encourage disclosure by the parent/guardian to the child at a later stage.
- Emphasise that ongoing counselling may be required for the client (both child and parent/guardian) to come to terms with the child's results.
- To safeguard a client if he/she does not return for another visit, spend time discussing nutrition and medical options in case of the child being positive.
- Be aware that some children may engage in sexual relationships for financial/survival reasons and may find it difficult to negotiate safer sexual practices. Discuss as many of these as possible.
- After these issues have been discussed, the parent/guardian can decide if s/he wants to continue with the HIV test. Make it clear that this is an important decision and that the parent/guardian has the choice to postpone or not to do the test.

- Emphasise that ongoing counselling is helpful for the child and the parent/guardian to come to terms with the child's results.
- Provide opportunity for questions.

Discuss how long it will take to receive the HIV test results, as well as the procedure for giving these results to the parent/guardian. Explain that the parent/guardian will be contacted telephonically to set up an appointment to receive the results, irrespective of the child's HIV status. The counsellor should consider the logistical and/or financial constraints on the client/family to determine whether it is appropriate to set a follow-up appointment.



After the above, you would then move forward with the testing procedure. If the parent/guardian decides not to have the test, it is his/her right. S/he should be encouraged to take time to think about testing the child in the near future. In this instance, pre-test counselling can be provided again on request.

When performing an HIV test on a child under the age of 14, your client is the parent or guardian. During the counselling session, the child should be occupied outside of the counselling room.

Giving the test results

Before entering the room, check the results with the identifying details. This prepares the counsellor and avoids error.



- Introduce yourself to the parent/guardian of the child. Discuss confidentiality.
- Clarify identifying details and rationale for giving test results.
- Deliver test results in a clear, calm and professional manner. People will be anxious and may have waited for a considerable length of time for the results.
- Do not attach a judgement or value to the result, such as “I have good news ...”
- Wait for a reaction.
- Check their understanding of what the result means.
- Clarify any misconceptions.

Window period

The **'window period'** is the period of time it takes for a person who is infected with HIV to seroconvert, or test positive for HIV antibodies. It may take some time for HIV antibodies to show up in one's blood. Therefore, a person who may have been exposed to HIV should be re-tested six weeks, three months and six months after the exposure, and take preventative measures during this time.

- The records must state that this was a baseline test, if there is a possibility that the child is in the window period.
- Assess the need to return for re-testing following the window period. The client must have a clear understanding why this is important.
- How will the child protect him/herself and others during this period OR in the future (if confirmed negative)? Explore precautions and safer sexual practices where appropriate.

Risk reduction

- Discuss the development of the child's life skills (for example, assertiveness, decision-making, problem-solving) and how these skills can empower the child.
- Discuss willingness to attend ongoing counselling where they may be other problems, for example, sexual abuse, rape, and relationship/family problems.

Make sure that the client is receiving supportive counselling if needed; arrange referrals if required; and terminate.

When performing an HIV test on a child under the age of 14, your client is the parent or guardian. During the counselling session, the child should be occupied outside of the counselling room.

Before entering the room, check the results with the identifying details. This prepares the counsellor and avoids error.



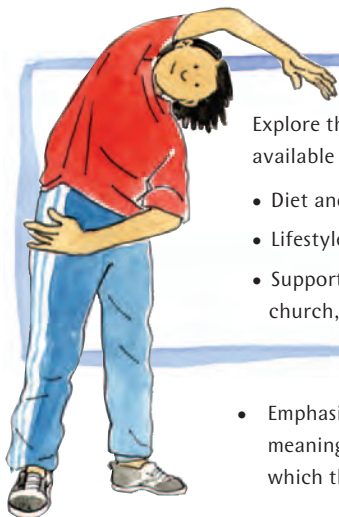
Giving the results

- Check if the client wishes to find out the results. If not, find out the reasons, but respect the decision. If yes, provide results in a clear, professional manner.
- Wait for the response.
- Check the client's understanding of the results.
- Respond to the client's feelings by normalising and empathising.
- Identify the client's immediate concerns. Brainstorm with the client all the possible options available to him/her. Assist the client to think of alternative options, and enable the client to come up with his/her own solution. This may take more than one session.

Disclosure

- Explore the client's feelings about disclosure to the child. Discuss the advantages and disadvantages of disclosure. Advantages of disclosure may include living positively with HIV through a healthy diet and support groups, empowering the child through participation, and educating the child to take precautions in order to protect him/herself and others. However, disclosing to the child may be difficult for the parent/guardian, the child may not understand and may blame him/herself.
- Discuss disclosure to others (for example, family members, school, other parent).
- If the parent/guardian chooses to disclose to the child:
 - Reassess the parent/guardian's plan of action with regard to disclosure. Discuss how to create an enabling environment for disclosure.
 - Discuss disclosing the child's HIV status to the child. Invite this disclosure to take place with the counsellor and discuss how the parent/guardian would like this to happen.
 - Inform the parent/guardian that the child has the right not to disclose his/her HIV status to other people until s/he is ready.
- If the parent/guardian chooses NOT to disclose:
 - What if the child is 13? Discuss if the parent will inform the child when s/he is 14? Explore what the parent/guardian would like to do with regard to disclosing the HIV status to the child. When do parents/guardians feel the child will be at an appropriate age to know? If the child is currently sexually active, the importance of disclosure and of counselling for safe sexual practices must be highlighted.
 - Devise a long-term plan if the parent decides not to disclose to the child at this stage.





Explore the various options for living “positively” that are available to the child. This includes:

- Diet and nutrition
- Lifestyle (exercise, stress management, spirituality)
- Support systems (family, extended family, school, church, community, etc)
- Emphasise that the parent’s attitudes and beliefs about the meaning/implications of being HIV positive influence the ways in which the child responds to being HIV positive.

Treatment

- Explain the need for ongoing regular health checks and the interpretation of CD4 T-cell counts and of viral load test results
- Discuss long-term scenarios:
- Assess the client’s/family’s financial situation in relation to the affordability of available treatment (ARV and symptom management).
- It is important for the counsellor to establish how much disposable income the family has available to spend on medication before suggesting treatment options that may be too expensive - be aware parents may feel that they have failed if they cannot afford treatment and this needs to be explored. If the client chooses to use ARVs, education on treatment and possible side effects, and on the importance of compliance, is important.
- Discuss relations within family, household, neighbourhood, and school with a view to establishing a caring, supportive social environment.

Risk reduction

- Explore the parent’s attitude towards the situation that may have initially caused the HIV infection. An ongoing assessment of any possible abuse situations should continue. These issues should be addressed in follow-up counselling.

Follow-up

Discuss a plan for follow-up:

- Medical follow-up: emphasise to the parent/guardian the importance of taking prompt action with regard to the treatment of symptoms.
- Discuss how the parent/guardian can be involved in educating the child about safer sexual practices if the child is sexually active. This will be more effective if done within the context of disclosure.
- Ongoing counselling is recommended in the case of an HIV positive result. The client may be referred elsewhere if there are insufficient resources (for example, time, skill, knowledge) within your centre.
- Discuss the possibility of joining or establishing support groups.

Make sure that the client is receiving supportive counselling if needed; arrange referrals if required; and terminate.



PRE-HIV TEST COUNSELLING FOR CHILDREN 14 YEARS AND OLDER

When performing an HIV test on a child of 14 and older, your client is the child.

Step-by-step guide

- Introduce yourself and clarify your role.
- Discuss **confidentiality** and its limitations. Explain that confidentiality of the HIV test results are guaranteed, however, in certain situations the results may need to be disclosed (for example, for evidence in court).

Assessing the situation



- First and foremost, the **best interest of the child** must be considered.
- Conduct an assessment of the child's cognitive and emotional development. If concerned about maturity (both chronological and emotional maturity, for example in cases of disabled children), encourage parental involvement. Generally, a child aged 14 may not be able to handle this on his/her own, but if they demand it, proceed. Ultimately, it is the child's decision to involve a parent. Adult support is the ideal and should be discussed and encouraged, while respecting the wishes of the client. Adult support is also relevant in terms of financial circumstances.
- What is the rationale for testing? If the child has presented him/herself after being sexually abused, preventing HIV infection through post-exposure prophylaxis (PEP) should be a priority. It is within the counsellor's discretion to decide how and when to proceed with HIV pre-test counselling.

HIV risk through sexual abuse

In the case of child sexual abuse, the health of the child takes priority over any other issues if the child presents him/herself within **72 hours** (3 days) after the abuse. This is because drugs that may prevent the transmission of HIV are effective only if treatment starts within 72 hours after the rape. If a child has been abused over a period of time, and presents him/herself within 72 hours of the last incident of abuse, the child would require a medical examination and an HIV test (with pre- and post-test counselling), before deciding on post-exposure prophylaxis.

Post-exposure prophylaxis (PEP)

PEP is a combination of medications that is administered after the child has been sexually abused to reduce the chance of HIV infection. Other medications, including antibiotics, are also provided, to prevent other sexually transmitted infections. PEP should be administered immediately, or at least within 72 hours (3 days) after possible exposure to HIV. Children are given PEP either as a syrup or tablet, depending on how big they are. It is very important that every dose of PEP be taken every day for 4 weeks. Skipping any dose may cause resistance of the child's body to the drugs and may result in seroconversion (becoming HIV-positive). The client should be counselled on the possible side effects of the drugs, such as headaches, nausea and fatigue. Side effects vary and do not cause long-term harm. Some of them can be lessened with conventional medications against pain and fever (e.g. paracetamol). Clients should be informed about the need for follow-up visits for further testing, counselling, and treatment at six weeks, three months, and six months after the rape incident.

Pre-Test Counselling

- Discuss how long it will take to receive the HIV test results as well as the procedure for giving these results to the client. Explain that the client will be contacted telephonically to set up an appointment to receive the results, irrespective of his/her HIV status. The counsellor should consider the logistical and/or financial constraints on the client/family to determine the appropriateness of setting a follow-up appointment.
- Explore the consequences of the impact of testing, the advantages and disadvantages of HIV testing.
- Assess the child's understanding of HIV/AIDS. Fill in gaps and clarify misconceptions.
- Assess the level of risk.
- Address stigma and discrimination
- In case the client does not return for the results of the HIV test, address various nutrition and medical options.



Being Prepared

Discuss the ramifications of a positive or negative result. What would the client and his/her family actually do?

- Emotional coping
- How would the client's and his/her family's lives change?
- School and work-related issues
- Disclosure and support
- Quality of life

- **Assess if there is a suicide risk and form a verbal or written 'suicide contract' immediately stating that the client will not harm him/herself and will instead seek help from the counsellor or alternate source.**

Disclosure

- Discuss the advantages and disadvantages of disclosing HIV test results.
- Encourage disclosure to parent/guardian/trusted adult as a support system. While the client has a right to keep his/her status confidential, generally a child would not be in a financial position to cover medication or other costs. Emphasise the need for a social support system and ensure that the client understands the HIV testing, counselling and treatment process.
- After these issues have been discussed, the client can decide if he/she wants to continue with the HIV test. Make it clear that this is an important decision and that the client has the choice to postpone and/or not to do the test.
- Emphasise that ongoing counselling is helpful for the client to come to terms with his/her results.



- Provide opportunity for questions.
- If the client is young or has experienced trauma, the counsellor should accompany him/her for the blood test.

After the above, you would then move forward with the testing procedure. If the client decides not to undergo the test, it is his/her right. S/he should be encouraged to take time to think about testing in the near future. In this instance, pre-test counselling should be offered again on request.

The HIV test

Explain the testing procedure and the type of test that will be administered. The child will be given a Rapid HIV Test, which tests for HIV antibodies, not for the virus itself. If the test is positive, this result will be confirmed with another test, an ELISA or Western Blot test.

While the results of a Rapid Test are available in 20 minutes, it is recommended that the results should be delivered a few days later. This allows time for the child to process what has been discussed during pre-test counselling.

While the Rapid Test is provided at most hospitals and clinics, another option is the PCR (Polymerase Chain Reaction) test. The PCR tests DNA for the presence of HIV, making the window period much shorter. However, this test is not free and is therefore dependent on the financial situation of the family.

Assessing the situation

- Always assume that you were not the pre-test counsellor and ensure that comprehensive counselling is given at this time. If client has been referred, do not assume that effective pre-test counselling was done, check with the client first.
- If a client requests a re-test on a positive result, s/he should be reassured of the high levels of accuracy of the HIV test. The client may be responding with denial or may be traumatised and this should be addressed in the counselling session.

Giving the results

Before entering the room, always check that the patient's details match the test results, especially if the results are given on an identity number. Check the client's details to make sure s/he is 14 years or older (by law, a child over 14 years old can receive his/her results).

- Introduce yourself.
- Give the results in a calm manner and without any statements such as "I am sorry to inform you that..." "I regret to inform you that..." Results should be given professionally and without any judgements or apologies.
- Give time for the client to absorb the information, wait for a response before proceeding.
- Check with the client how he/she understands the result.

Window period

The '**window period**' is the period of time it takes for a person who is infected with HIV to seroconvert, or test positive for HIV antibodies. It may take up to three or even four months for HIV antibodies to show up in one's blood. Therefore, a person who may have been exposed to HIV should be re-tested six weeks, three months, and six months after the rape incident, and take preventative measures during this time.

- The records must state that this was a baseline test if there is a possibility that the child is in the window period.
- Assess the need for the client to return for re-testing following the window period. The client must have a clear understanding of the rationale behind this.



Risk reduction

- Stress the importance of remaining negative and discuss how to stay negative. Discuss how the child can protect him/herself and others in future emphasising that this is also relevant if in the window period.
- Explore precautions and safer sexual practices.
- Discuss the development of life skills (for example, assertiveness, problem-solving and decision-making) and negotiating safer sexual relationships.
- Discuss willingness to attend ongoing counselling where other problems may exist, for example, sexual abuse, relationship/family problems.

Arrange follow-up counselling if the child is in the window period, and ensure that the child receives supportive counselling or referral if needed. Otherwise terminate.

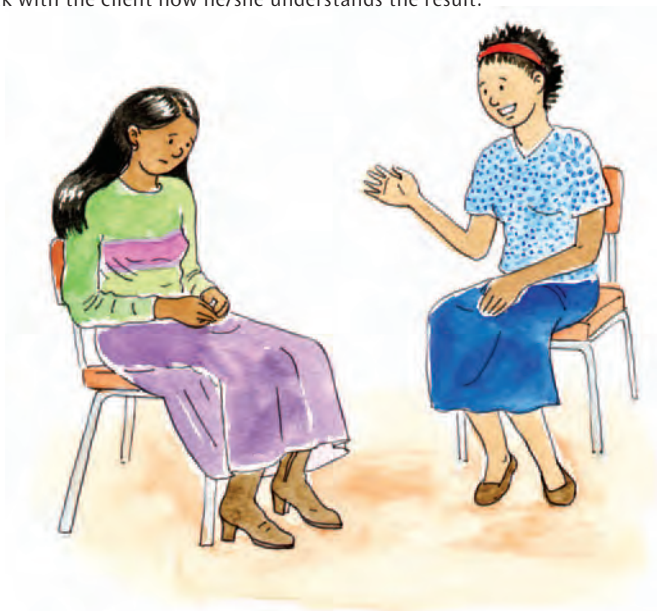
Assessing the situation

- Always assume that you are not the pre-test counsellor and ensure that comprehensive counselling is given at this time. If client has been referred, do not assume that effective pre-test counselling was done, check with the client first.

Giving the results

Before entering the room, always check that the patient's details match the test results, especially if the results are given on an identity number. Check the client's details to make sure he/she is 14 or older (by law, a child over 14 years old can receive his/her results).

- Check if the client still wants the results. If not, find out why but respect the decision. If yes, provide the results in a clear, professional manner.
- Give the results in a calm manner and without any statements such as "I am sorry to inform you that..." "I regret to inform you that..." Results should be given without any judgements or apologies.
- Give time for the client to absorb the information, wait for a response before proceeding.
- Check with the client how he/she understands the result.



- If the client is asking for a re-test on a positive result, consider that the client could be in denial and address this in the counselling session.
- Clarify any misconceptions and answer questions in a simple and direct manner. Use the educational process to dispel misconceptions. Validate and normalise feelings. Respond to shock and distress with empathy.
- Prioritise concerns and address them.

Disclosure

- Explore the consequences of disclosure. Discuss disclosure to people the client trusts, such as partners, family, friends, classmates and health care providers. If a violent or negative reaction from the client's social environment is anticipated, counsel for 'safe disclosure' plans.
- **Assess if there is a suicide risk and form a verbal or written 'suicide contract' immediately stating that the client will not harm him/herself and will instead seek help from the counsellor or alternative source.**

Living with HIV

- Assist clients in developing a plan to maximise support and minimise negative consequences. Help them identify their support systems and provide information about support groups, resources, treatment clinics and welfare services.

Explore the various options for living "positively" that are available to the child. This includes:

- Diet and nutrition
- Lifestyle (exercise, stress management, spirituality)
- Support systems (family, extended family, school, church, community, etc)



- Discuss medical follow-up and treatment of symptoms, linked to stage of infection.
- Offer a follow up session, offering more education/information about HIV/AIDS and positive living.

Risk reduction

- Explore the client's attitude towards the situation that may have initially caused the HIV infection.
- Explore the issue of possible abuse, and counsel on abuse.
- Assess the client's understanding of and commitment to risk reduction. Inform the client that re-infection can occur during unprotected sex, which makes it more difficult to treat opportunistic infections.

Treatment

- Explain the need for ongoing health checks and the interpretation of CD4 T-cell counts and viral load test results.
- Assess the client's/family's financial situation in relation to the affordability of available treatment (ARV and symptom management).
- It is important for the counsellor to establish how much disposable income the family has available to spend on medication before suggesting treatment options. There are treatments that may be too expensive. Be aware that parents may feel that they have failed if they cannot afford treatment and this needs to be explored.
- If the client chooses to begin ARV treatment, education on treatment protocols and on the importance of compliance is essential.

Discuss relations with family, household, neighbourhood and school with a view to establishing a caring and supportive social environment.



NOTE: If client is pregnant, the counsellor should offer or refer for counselling to explore the client's options (for example, choice on termination of pregnancy), the implications of mother to child transmission and its prevention through treatment with nevirapine. Referral to other relevant service organisations may also be considered.

CHECKLIST – PRE- HIV TEST COUNSELLING

This checklist may be photocopied and attached to the client's file for use after the counselling session to ensure that all issues were addressed.

- ☐ What is the client's understanding of HIV?
- ☐ How is HIV transmitted?
- ☐ How is HIV diagnosed?
- ☐ What HIV tests are available?
- ☐ How does the test work?
- ☐ What is the testing procedure?
- ☐ What is the client's understanding of ARV drugs?
- ☐ Review the implications of the test
- ☐ Advantages and disadvantages of testing for HIV
- ☐ How will the client cope with a positive result?
- ☐ Explore psychosocial reactions
- ☐ Anticipation of a positive result
- ☐ Advantages and disadvantages of disclosing or not disclosing
- ☐ Who will support the client directly after result?

This checklist may be photocopied and attached to the client's file for use after the counselling session to ensure that all issues were addressed.

- ☐ Were the client's feelings arising from the HIV test result addressed?

A negative test result:

- ☐ Feelings of relief, happiness, continued worry, disbelief
- ☐ Give time for venting of feelings
- ☐ Check what the client understands by the result
- ☐ Understanding of the window period
- ☐ Emphasise prevention of infection
- ☐ Encourage re-testing after the window period

A positive test result:

- ☐ Feelings of shock, anger, guilt, disbelief
- ☐ Questioning whether there might be a mistake
- ☐ Understanding of living positively with HIV
- ☐ Advantages and disadvantages of disclosure
- ☐ Plans for follow-up

- ☐ Identify the client/s immediate concerns
- ☐ Discuss how the client plans to spend the next few hours
- ☐ Identify what support the client has
- ☐ Identify difficulties/problems the client foresees and how he/she might address them.
- ☐ Encourage the client to ask questions
- ☐ Refer for further counselling

Children under 14 and their parents/guardians

Parent/guardian is client.

Be guided by 'best interests' of the child.

Rape has to be reported to police.

Involve child in counselling as far as possible, depending on child's maturity and ability to understand information

If child is at risk for HIV infection, initiate PEP as soon as possible, within 72 hours after rape.

Consent for HIV test, PEP and any other treatment to be obtained from parent/guardian.

Children over 14

Child is client.

Be guided by 'best interests' of the child.

Rape has to be reported to the police in cases of children up to 16.

Involve parents and caregivers with consent of child; strengthen their capacity to give support.

If child is at risk for HIV infection, initiate PEP as soon as possible, within 72 hours after rape.

Consent for HIV test, PEP and any other treatment to be obtained from child.

- Pre-test counselling:**
- Discuss ramifications of a negative and positive result
 - Emotional coping
 - Procedures of test and of notification

- Test**
- Counselling on window period and the need for repeat testing and counselling at 6 weeks, 3 months, 6 months, 1 year

- Post-test counselling:**
- Risk reduction
 - Long-term plans for ongoing counselling and support

- In case of HIV- result:**
- Proceed with PEP treatment and counselling after consent
 - Counsel on PEP:
 - how it works
 - drug regimen and importance of adhering to it
 - side effects and remedies
 - need for follow-up visits after 1 week (for remaining course of treatment), 6 weeks, 3 months, 6 months after rape (for repeated testing and counselling)

- In case of HIV+ result:**
- Counselling and referral on living with HIV/AIDS
 - disclosure
 - care and support
 - treatment options



These guidelines have been formulated with current knowledge and under existing legislation and policy directives. They will be revised at regular intervals to take account of new experiences, laws, and policy.

Please address any comments and suggestions to cadrejhb@cadre.org.za



THE TEDDY BEAR CLINIC
FOR ABUSED CHILDREN

