

APPENDIX L

SEXUALLY TRANSMITTED INFECTIONS AND HIV/AIDS

1. ISSUES RAISED BY SEXUALLY TRANSMITTED INFECTIONS

- 1.1 The presence of a sexually transmitted infection in a child is a possible indicator of sexual abuse and consideration should be given to making a child protection referral. If a young person has been infected through an unlawful sexual relationship, the relevance of child protection procedures will depend on the extent to which she/he is giving true consent or is involved in an abusive relationship. This decision will require consideration of any power differences in the relationship based on age, authority etc - See [Section 28](#) of these procedures [Concerns about Children and Young People Involved in Underage Sexual Activity] at Paragraph 6.1.
- 1.2 If the relationship appears to be abusive, a referral must be made to children's social care. Children's social care will decide whether the referral should be dealt with as a child protection matter or whether it might be better dealt with by offering other services.
- 1.3 If a young person behaves in a manner which is deemed to be "high risk" in relation to HIV and other sexually transmitted infections, this should be taken into account in any assessment, but is not on its own sufficient to invoke child protection procedures.

2. PARTICULAR ISSUES RAISED BY HIV INFECTION

- 2.1 HIV infection raises particular issues because, although the condition is manageable, it is not curable. As with any other sexually transmitted infection, if it appears to be related to an abusive relationship, this must be referred to children's social care, but if a child appears to be at risk of infection by a non-sexual route, this may also have implications for the child's welfare (see below).
- 2.2 HIV cannot pass through unbroken skin. To infect, it must pass through an absorbent part of the body into the bloodstream. It is only carried in some body fluids and must be present in large enough amounts for it to be infectious. The most common ways in which it has been passed on are:
 - Anal or vaginal sex,
 - Sharing unsterile drug injecting equipment, and
 - From infected mother to her child in pregnancy, at birth or through breast feeding.

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2.3 When the actions of a parent appear to place a child at risk of HIV infection, this raises questions about how best to safeguard the child's welfare, but does not normally require action under these procedures. Examples of this include:

- A pregnant woman who is HIV positive refuses to take medication; The mother may be concerned that the medication carries risks to the unborn child and aware that most babies born to HIV positive mothers do not get HIV.
- A mother who is HIV positive intends to breast feed against medical advice; The mother may have realistic concerns that failure to breast feed will disclose her HIV status within her community. In this situation the risk to the child may be reduced if the mother is taking antiretroviral medication.
- The partner of a pregnant woman is HIV positive and it is unclear whether she knows of this. Disclosure of the partner's HIV status would breach his right to confidentiality, but is necessary to enable his partner to protect her own welfare and that of her unborn child.

These are not child protection issues and should be approached as mother and child welfare issues.

2.4 Other parental behaviour which may have implications for the welfare of their child includes:

- Parents who are HIV positive but who refuse to have their child tested; If the child is HIV positive, the earlier that treatment is started the better for the child's long term welfare.

And

- HIV positive children whose parents refuse to tell them of their HIV status. This may be a disagreement about exactly when the child is ready to be told.

These situations should initially be approached by providing information and opportunities for discussion. However, if the parents refuse to consent to treatment of a child who is HIV positive, this may be a child protection issue.

3. HIV AND CONFIDENTIALITY

3.1 Confidentiality is extremely important in relation to HIV, both legally and ethically. Agencies have a duty to ensure the protection of information about any person's HIV status - any breach of confidentiality can have very serious social and psychological implications.

- 3.2 It is particularly important that written records do not mention a person's HIV status unless this is relevant to the service being provided, and that any written record which refers to a person's HIV status is stored and handled securely.
- 3.3 No information about any person's known or suspected HIV status should be shared without their written consent. This includes children who are of sufficient age and understanding to give their informed consent (that is, children who are able to understand the implications of sharing this information, or not doing so). In relation to children who are not able to give informed consent, the written consent of a person who holds parental responsibility is required. The consent should specify clearly to whom the information will be given and why.
- 3.4 The only situations in which information about a person's HIV status may be shared without the person's consent or against his/her wishes are:
- Where disclosure is necessary for the prevention, detection or prosecution of serious crime,
 - Where disclosure is necessary in order to prevent a serious risk to public health, or
 - By order of a court.
- 3.5 It is rarely necessary to discuss a person's HIV status at a child protection conference. If this information is directly relevant to the issues it may be more appropriate to discuss the implications in a smaller meeting between specific practitioners.
- 3.6 On extremely rare occasions, a perpetrator may be known to be HIV positive. It may be appropriate to consider sharing this information without the perpetrator's consent. In these circumstances workers must take time to consider the decision and seek specialist and legal advice, initially without identifying the person concerned. Issues to be taken into consideration include:
- Whether the abuse is alleged, suspected or proven. If an alleged or suspected perpetrator is later proved to be innocent, disclosure may have serious repercussions;
 - The nature of the alleged abuse (does the incident suggest high risk behaviour? Is more than one child involved?); and
 - The implications for the child if he/she should later test positive.
- If the final decision is to reveal the person's HIV status, a full written explanation should be given to the perpetrator explaining what is to be shared and why.