



GUIDELINES FOR COUNSELLING CHILDREN AND ADOLESCENTS

**A Training Manual for Teachers and SOFIE
Club leaders**

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SOFIE is a three year Research Project supported by the UK Department for International Development (DFID) and the Economic and Social Science Research Council (ESRC). Its purpose is to strengthen open, distance and flexible learning (ODFL) systems and structures to increase access to education for young people living in high HIV prevalence areas in Malawi and Lesotho. It seeks to achieve this through developing a new, more flexible model of education that uses ODFL to complement and enrich conventional schooling. It also seeks to encourage application of the new knowledge generated through effective communication to development agencies, governments, development professionals, non-governmental organisations and other interested stakeholders.

Access to education and learning is being viewed as a 'social vaccine' for HIV but in high prevalence areas orphans and other vulnerable children are frequently unable to go to school regularly and are thus being deprived of the very thing they need to help protect themselves from infection. In this context sustained access is critical to long term improvements in risk and vulnerability and it requires new models of education to be developed and tested.

The partners

The research team is led from the Department of Education and International Development, Institute of Education, University of London and the research is being developed collaboratively with partners in sub-Saharan Africa.

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- *Child and Adolescent Counselling: a training manual for caregivers*, produced by Norwegian Church Aid (Malawi).
- *Guidelines for Counselling Children who are infected with HIV or affected by HIV and AIDS*, produced by Southern African AIDS Training Programme (SAT Programme), with funding from the Canadian International Development Agency (CIDA).

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Strengthening open and flexible learning
for increased educational access in high
HIV prevalence SADC countries

1. Cross-cutting Issues in Child and Adolescent Counselling

1.1 Introduction

Children in Malawi face many challenges that can affect their development and survival. The HIV and AIDS pandemic has left many children orphaned or living with chronically ill relatives. Poverty, poor food security, violence and other abuses have contributed negatively to the welfare of children. All this leaves children traumatised. Giving hope to these children requires special skills, but first we need to understand more about the experiences of such children.

AIM

The aim of this session is to help you learn more about child rights and protection, child abuse, gender and the impact of HIV and AIDS.

1.2 Child Rights

Introduction

There are many different ways to define childhood in Malawi. Internationally, many people believe that anyone below the age of 18 years is a child and has rights to special care and protection.

What are rights?

Human rights are those basic standards without which people cannot live in dignity. To violate someone's human rights is to treat that person in an inhumane way. To advocate for human rights is to demand that the human dignity of all people be respected.

Why do we need rights?

We all need rights: they ensure we survive, develop and they protect us. Rights are also about having the opportunity to be involved and included on matters that affect us. Rights ensure that everybody is treated equally and fairly. Rights are the foundation of democratic society.

Did you know that there is a special set of rights for children and young people across the globe?

This set of rights is for children and young people (up to 18 years old). It is called the 'UN Convention on the Rights of the Child' (CRC). The CRC is the first legally binding international document to incorporate the full range of human rights—civil,

cultural, economic, political and social rights. In 1989, world leaders decided that children needed a special convention just for them. The leaders wanted to make sure that the world recognized that children have human rights too.

So what does the UN Convention on the Rights of the Child say?

The CRC has 54 articles. Each article outlines a different right. They cover four different groups of rights:

- | | |
|----------------------|---|
| Survival | - rights to survival |
| Protection | - rights to protection from harmful influences, abuse and exploitation. |
| Development | - rights to develop to the fullest |
| Participation | - to participate fully in family, cultural and social life. |

Quick Quiz: Article 28 says children have a right to an education, which group do you think it falls into?

The four core principles of the Convention are (1) non-discrimination; (2) devotion to the best interests of the child; (3) the right to life, survival and development; and (4) respect for the views of the child. The Convention protects children's rights by setting standards in health; education; and legal, civil and social services.

What does this mean for Malawi?

In Malawi, section 23 of the Constitution lists a number of rights for children. Most of these came from the CRC and include:

- The right to a name, including a family name, and nationality.
- The right to know and, as far as possible, be raised by parents.
- The right to reasonable maintenance in order to survive and develop healthily.
- The right to safety and security, especially for orphans and other vulnerable children.
- The right to be protected from exploitation and from punishment and treatment that is hazardous, that can interfere with education and be harmful to health.

With rights come responsibilities

Rights should be exercised with responsibility. When exercising rights, this does NOT give anyone the freedom to hurt and abuse others, nor to avoid their obligations. The rights of others must be respected at all times.

1.3 National Policy on Orphans and other vulnerable children

Malawi has a national policy on orphans and other vulnerable children (OVC) which is intended to promote and environment are adequately cared. The policy defines an orphan as '*a child who has lost one or both parents because of death and is under the age of 18*'. A vulnerable child is '*a child who has no able parents or guardians, staying alone or with elderly grandparents or lives in a sibling-headed household, has no fixed place and lacks access to health care, material and psychological care and has no shelter*'.

Quick Quiz: Think about vulnerable children in your community. Do you think the above definition is adequate? Would you include the following in this definition?

- A boy caring for parents living with AIDS?
- A 16 year old girl, married, but whose husband lives elsewhere. She is staying alone taking care of her baby and younger sister.

Some of the key principles of the OVC policy include:

- The extended family should be the main support structure for the care, protection and development of OVC.
- Community based approaches to care for OVC should be emphasised and supported. Institutional care should be a last resort.
- Community participation, empowerment and ownership are key elements in addressing the impact of HIV and AIDS.
- Care activities for OVC should be integrated into other welfare services and interventions.
- The government should protect children whose rights are being violated.
- No child should be discriminated against on the basis of HIV status.
- Where relief assistance is provided efforts should be made to avoid dependency.

1.4 Child Abuse

Introduction

Many children in Malawi experience different forms of child abuse. There are many reasons for this: lack of family care, poverty, cultural beliefs, professional misconduct, modern society. Child abuse is a violation of children's rights. Child abuse can lead to poor physical, mental and emotional development of the child.

Types of child abuse

Child abuse can be physical, emotional or sexual. Child abuse happens in all cultural, ethnic and income groups.

- Physical abuse** ...is physical injury as a result of punching, beating, kicking, biting, shaking, stabbing, choking, hitting or whipping (with hand, stick or other object), burning or otherwise harming a child. Such injury is considered abuse regardless of whether the person intended to hurt the child.
- Emotional abuse** ...is verbal or psychological abuse which impairs the damages a child's emotional development or self esteem. It can be inflicted deliberately or by neglect. Such abuse can include: excessive criticism, threats, foul language, discrimination, as well as denying love, support or guidance.
- Sexual abuse** ...includes any activities by an adult (parent, guardian, teacher or other responsible person) or another child that violates a child's body, such as: touching genitals or breasts, having unwanted or forced sex (or sex with a minor), incest or exploitation through prostitution or involvement in pornography.

Quick quiz: Both boys and girls can suffer from sexual abuse. How might this differ? Who is more vulnerable to sexual abuse and why?

Other forms of child abuse

- Neglect** This occurs when a child does not receive sufficient support for their physical, intellectual and emotional development.
- Early Marriage** Many girls in Malawi marry at a young age. This can be considered a type of abuse because of the physical, mental and emotional effects on the girl.
- Child Labour** This form of abuse refers to situations where children are made to work in risky, exploitative circumstances not suitable to their age. Child labour can refer to paid employment (in cash or kind) or excessive work beyond normal household chores. It includes: working on estates, as domestic workers, as vendors or porters or other forms of ganyu.
- Child Prostitution** This is a form of child labour where girls (and sometimes boys) are forced to sell their bodies for money or other material resources. This not only violates their dignity, but increases their health risks, including contracting HIV.

Child trafficking

The recruitment, transportation or receiving of children by means of threat, force, abduction, deception, abuse of power or payment in order to have control over the children. In Malawi, children can be moved from one area to another for the purpose of exploitation (e.g. domestic work, estate work, sex work, tourism). Children can also be trafficked outside the country for cheap labour, sex trade or body parts.

Signs of abuse

Children who suffer from one or more types of abuse might show some of the following signs:

- Unexplained, unusual or frequent physical injuries
- Obvious neglect (dirty, poor clothing, malnourished, frequent ill-health)
- Shy or afraid of adults
- Afraid to go home
- Aggressive or difficult behaviour, including bullying or abusing other children.
- Withdrawing from play and activities with other children.
- Frequent crying or sadness
- Lack of confidence and self-esteem
- Excessive tiredness and fatigue
- Poor concentration and performance in class
- Lack of interest in completing their education, regular absenteeism.
- Knowledge of and talking about sexual acts beyond their age
- Contracting STIs (including HIV) and/or becoming pregnant.
- Drug or alcohol abuse

ACTIVITY 1: CASE STUDY OF CHILD ABUSE

Duration:	30 minutes
Method:	Group Discussion
Steps to be followed:	
1.	Break into groups
2.	Read through Zione's story below
3.	In your groups, list the child abuses you have seen in the story.
4.	List the perpetrators.
5.	Discuss which of Zione's rights have been violated.
6.	If Zione approached you for help how would you assist her? List your answers.

Zione's Story:

Zione is 12 years old. She lost her parents 2 years ago due to AIDS-related illnesses. Her uncle who stays in one of the townships in Blantyre decided to take her. Her aunt (her uncle's wife) usually shouts at her. She keeps on reminding Zione that her parents died of AIDS and that she should be thankful that she is allowed to stay in the house. The aunt often beats her for small mistakes. The other children in the house do not do any chores, but play or listen to the radio. Zione does everything: washing clothes, sweeping and mopping, washing plates, even cooking. She has no time to rest or do her studies. She is often absent from school. She has complained to her uncle, but nothing has changed. She asked other women in the area for help - her neighbours - but they said it was none of their business and they didn't want to provoke her aunt.

Recently, her aunt went away to visit relatives, taking the other children with her. One day her uncle came back from the bottle store late. He asked Zione to go and clean his bedroom. While she was there he came in and locked the door. Zione was afraid. The uncle forced her to have sex with him. He threatened her and said if she told anyone he would send her out of the house with no where to go.

Assisting victims of abuse

Children who have been abused often find it difficult to talk about their problems. Often the abuse will not be reported. Sometimes because the child trusts you they may show that they want to talk about their problems. If this is the case, follow the following procedures:

- Arrange to talk with the child in quiet place where they feel comfortable.
- Encourage the child to give you information about what is troubling them - never force them to disclose.
- If the child reveals that s/he has been abused tell the child that you believe them, that s/he was right to tell you and that s/he is not bad.
- Remain calm and do not upset the child.
- Tell the child that you can find someone to talk to who can help him/her.
- Report the abuse to the proper authorities or, if the child is older, advise the child on the proper reporting procedures and offer to escort them if they wish.

Quick quiz: There are several people, departments or organisations in Malawi that can assist when a child has been abused. List some of the people and/or places where abuse can be reported.

1.5 Gender Issues

Introduction

In every society men and women will perform different roles and responsibilities which support the family, community or country. Different societies have their own traditions, customs and values, which influence people's beliefs and attitudes. Sometimes these beliefs and attitudes lead to discrimination and stereotyping based on whether a person is a man or a woman. This results in gender bias and inequality, where one gender does not enjoy the same rights as the other.

What is the difference between sex and gender?

Sex	Refers to biological differences between males and females, physical characteristics that are the same for all males and females and generally cannot be changed.
Gender	Refers to roles, responsibilities, status and opportunities given to women and men, girls and boys by society. These are learned through the process of socialisation from childhood. They can change and can differ between cultures and societies.
Sex roles	These are biologically determined roles that are based on sex and differ between males and females (e.g. breast feeding).
Gender roles	These are socially determined responsibilities for men and women depending on their culture and society. In Malawi, many women perform the 'triple roles' of production (e.g. farming), reproduction (e.g. child bearing and rearing) and community work. Whereas many men are mainly engaged in productive work

What do we mean by gender equality?

Gender equality is about men, women, boys and girls respecting each other and respecting each other's rights. It means being treated equally, having the same status and sharing roles and responsibilities. It also means that we have to accept each other's biological differences and our different needs and values and hopes. **Gender inequality** refers to the unfair distribution of roles and responsibilities between men, women, boys and girls in society. It means unequal access to opportunities, resources and power. For example, in some societies women might be denied the opportunity to participate in national politics; or denied the chance to open a bank account; or men might be refused to train as midwives.

Quick Quiz: Can you think of an example of gender inequality in Malawi?

What is Gender Violence?

Gender violence is an extreme example of gender inequality. It refers to any violence that is perpetrated against another person because of their sex or gender. Sexual abuse and sexual harassment (threatening or teasing someone in a sexual way) are therefore also often referred to as types of gender violence. Gender violence can also be physical, such as in cases of violence within families, between husbands and wives (also called 'domestic violence'). Some forms of emotional abuse can also be considered gender violence (e.g. threatening or forcing someone into marriage). Gender violence can take place in homes, communities and in schools.

ACTIVITY 2: RECOGNISING GENDER

Duration: 30 minutes

Method: Group work and plenary

Steps to be followed:

1. Break into groups
2. Look at the cards you have been given. Sort these out into 2 piles into 'sex roles' and 'gender roles'.
3. Now sort out each pile into 2 further piles showing which roles are for women and which are for men. Could any of these roles be done by both?
4. In your groups discuss the following: 'In what ways have gender roles changed in recent years in Malawi?' 'In what ways can girls' and boys' gender roles affect their access to education?' 'How can you ensure that girls and boys participate equally in classes/clubs?'
5. List your answers.

1.6 HIV and AIDS

Introduction

Malawi, like its neighbours in sub-Saharan Africa, has been severely affected by HIV and AIDS. It is estimated that there are over 1 million orphans in Malawi, with approximately half of these orphaned by AIDS. Nationally, the estimated HIV and AIDS prevalence in adults (15 to 49 years) in 2005 was 14 percent, although this varied greatly between districts and rural and urban centres. The majority of new infections are amongst young people (15-24 years), with young women four times more likely to be infected than young men. Over the years the government and civil society have been working to raise people's awareness of HIV and AIDS and to assist those affected. In recent years this has seen a reduction in number of new infections of HIV in many areas of the country and greater access to medical care.

What are HIV and AIDS?

HIV is a virus that can be contracted through blood and sexual contact. In some cases it can also be transmitted from mother to child during breast feeding. AIDS is the disease caused by the virus. Actually, AIDS has a wide range of symptoms and people with the HIV virus can fall sick from one or more AIDS-related diseases. People can live for many years with the virus in their blood before becoming sick.

What HIV and AIDS are not!

HIV and AIDS are not:

- ...the result of witchcraft
- ...a punishment for bad behaviour
- ...a judgement from God

Increasingly, these days, HIV and AIDS do not need to be seen as a death sentence either. With good medical care and healthy living, people with HIV can live a full life for many years.

Preventing HIV and AIDS

In many countries, people are advocating for the **ABC approach** to preventing the spread of HIV and AIDS:

- A** **Practising total abstinence.** This is the best method in the prevention of HIV and AIDS and STIs.
- B** **Be faithful to one partner.** If you cannot abstain, then ensure that both you and your partner remain faithful to each other. There is some risk in this method if you don't know your partner's HIV status or if you are not sure how faithful your partner is.
- C** **Use a condom.** There are both male and female condoms available. They act as a protective barrier during sex. If you cannot abstain and are not sure of your partner's status then using a condom every time you have sex can greatly reduce the risk of contracting HIV and STIs. However, they are not 100% safe.

Behaviour Change

In Malawi, most adults and young people are aware of how HIV is transmitted and the best methods to prevent transmission. Why then do people continue to become infected? Often this is due to people's attitudes, cultural or religious beliefs and practices (e.g. society condoning multiple partners; myths about condoms; traditional practices such as chokolo or polygamy). In many situations it is a result of gender inequality or abuse (e.g. some women or girls may not be able to negotiate safer sex with their partners; others might be victims of rape). Taking drugs or

consuming a lot of alcohol can prevent people making from making good decisions and encourage them to indulge in risky behaviour. Young people in particular can feel pressured by their peers or influenced by what they see or hear in the media. It may simply be that people do not think that it can happen to them!

Many organisations working to prevent HIV and AIDS support behaviour change, although they know it is not easy. Information, messages and programmes have been developed to promote positive changes in people's attitudes and behaviour. An important step in any behaviour change is to know one's HIV status.

Why go for Voluntary Counselling and testing (VCT)?

- To know your status! Research has shown that many people who believe that they are HIV+ when they go for testing have found that in fact they are not. They can then make changes in their lives to ensure that they remain HIV-.
- If you are HIV+ you will receive counselling and advice on how to live positively.
- If you are HIV+ you can get access to any necessary medical care. This is particularly important for expectant mothers, so that they can protect their unborn child.
- You can be put in touch with organisations that can provide support for people living positively with HIV and AIDs (e.g. MANET, Tilipo).

Impact of HIV and AIDS

HIV and AIDS not only affects individuals, but can have a big impact on families, communities and society. When members of households fall sick or die this can and increase poverty in the households and reduce productivity and food security. Children can be left without proper care and support and may have to move and stay with other relatives. They will suffer emotionally may find difficulties adjusting to their new lives. They may be absent from school. Communities struggle with social problems such as property grabbing and divorce. They may fail to cope with the increasing numbers of orphans. Institutions, such as schools, hospitals or government departments, suffer from increased levels of absenteeism amongst staff and high staff turnover. National development is thus affected too.

Quick Quiz: Give one way in which HIV and AIDS has had an impact in your community or institution?

Stigma and discrimination

One unfortunate effect of HIV and AIDS is that those affected can suffer from stigma and discrimination. Stigma is the labelling of an individual by society due to pre-conceived ideas about HIV and AIDS. For example, some people might have the

mistaken belief that because a person has been infected by HIV they must be promiscuous or immoral. They might then insult or gossip about that person or discriminate against them (treat them differently from others). Working with infected children or those coming from households affected by HIV and AIDS, we must be very careful to avoid stigmatising or discriminating against such children or allowing others to do so.

Social effects

The social effects experienced by children who are HIV+ or affected by HIV and AIDS are many and various. For example, a child whose parents or older siblings are HIV+ might face increased responsibility and experience a drop in the child's school performance. Or, a child who is HIV+ might act out rebellious behaviour (such as drinking alcohol or playing truant from school) or experience rejection by friends and neighbours. In particular, children often experience stigma.

Stigma is a negative moral judgement attached to a person's situation, behaviour or status. Stigma may arise from cultural, traditional or religious beliefs and can be perpetuated by social isolation. For example, a child diagnosed as HIV+ might be teased with AIDS jokes

in the playground and have no one to play with. Or, an orphaned child might be labelled an AIDS orphan, or become isolated from friends because the family can no longer afford to send him or her to school.



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ACTIVITY 3: ADDRESSING STIGMA AND DISCRIMINATION

Duration: 15 minutes

Method: Brain storming and pair work

Steps to be followed:

1. Think about ways in which we can reduce stigma and discrimination against children affected by HIV and AIDS at the following levels:
 - you, personally.
 - at the household level
 - at the community level
 - at the school level
2. Share your ideas with your partner. Did you agree?
3. Combine your ideas and list on paper provided and display.

Talking about HIV and AIDS

One way to tackle stigma and discrimination is to talk openly about HIV and AIDS without making judgements. These days, HIV and AIDS is discussed on the radio and television and is part of the school curriculum. All these are positive steps. But how do we talk about issues of HIV and AIDS in the classroom or in youth clubs? In the past many would talk of AIDS as a 'killer disease' and focus only on the describing the symptoms of AIDS. Or talk of prostitutes and bar girls as being those responsible for spreading AIDS. Imagine that you are a young girl that has recently lost her parents to AIDS, perhaps worried that she might also be infected. Would you feel comfortable listening to that? We have to remember that when discussing prevention of HIV and AIDS, we also need to offer hope and talk about how we can live positively with HIV and AIDS.

1.7 In conclusion.

This ends the first session. By now you should be able to:

- Discuss rights and responsibilities
- Explain the importance and key principles of the CRC
- Understand the National Policy on Orphans and Vulnerable Children
- Explain the meaning of gender, gender equality and inequality and gender violence.
- Distinguish between gender and sex roles.
- Discuss how gender issues can affect access to education
- Define and explain different types of child abuse
- Recognise the behaviour indicators of abused children
- Discuss ways of assisting children who have been abused.
- Define HIV and AIDS.
- Outline how transmission can be prevented using an ABC approach.
- Discuss factors that make people vulnerable to HIV and AIDS infection.
- Discuss the importance of behaviour change and VCT.
- Explore the ways HIV and AIDS can impact on children, households, institutions and communities.
- Define stigma and discrimination
- Discuss ways to prevent stigma and discrimination of children affected by HIV and AIDS.

2 Introduction to Child and Adolescent Counselling

2.1 Introduction

Children and adolescents facing trauma are the most vulnerable individuals in society. They have many emotional challenges, issues and concerns to deal with on a day-to-day basis. It is therefore extremely important to provide them with proper emotional care and counselling.

AIM

This session is to help you understand, appreciate and develop the basic counselling knowledge, attitudes and skills needed by those who work with vulnerable children and adolescents. It explores ways of assisting children to cope with trauma.

2.2 Understanding Counselling for children and adolescents

Introduction

Counselling means different things to different things to different people. Therefore it is important to agree what it is and what it aims to achieve.

What do we mean by child and adolescent counselling?

Child and adolescent counselling is a process between a child or adolescent and a counsellor in a trusting relationship to help that child or adolescent explore and make sense of a traumatic experience that has happened to them (e.g. death of a parent, abusive situations).

What are the aims of child and adolescent counselling?

Child and adolescent counselling focuses on supporting the behavioural, emotional and social growth of children and adolescents. Child and adolescent counselling aims to assist children and adolescents recover their self-esteem and confidence. It helps them understand that the trauma was not their fault and to address any fear or anger they are feeling.

How much counselling does a child need?

Each child is different, but most might require to meet a counsellor between 4 and 6 times, depending on the trauma experienced. Some might need more. If children have a positive counselling experience when they are young, they are more likely to ask for help at other times in their lives.

What types of counselling are there?

Typically there are three main types of counselling: '**Individual counselling**', '**Family counselling**' or '**Group counselling**'. Working with children and adolescents, counsellors sometimes also use **Play, Art or Music Therapy**, which encourages young people to express themselves in other ways apart from speech. This training focuses on skills for individual counselling.

How does counselling differ from giving advice?

Traditionally, counselling has been given in various forms with the most common being 'advice-giving'. In Malawi, giving advice has long been a way of providing help to other people. In most cases, however, the advice is usually the opinion of the giver and does not help the received to think for themselves. Counselling, on the other hand, helps people find their own solutions to the problems they face, which helps them think more deeply about their problems and empowers them to make their own decisions.

Counselling children includes:

- Establishing helping relationships with children
- Helping children tell their story
- Listening attentively to children
- Giving children correct and appropriate information
- Helping children make informed decisions
- Helping children recognise and build on their strengths
- Helping children develop a positive attitude towards life.



Counselling children does not include:

- Making decisions on behalf of children
- Judging children
- Interrogating children
- Blaming children
- Preaching or lecturing to children
- Making promises you cannot keep
- Imposing your own beliefs on children
- Arguing with children.



Counselling is intended to:

- Help children cope with the emotions and challenges they experience when they discover they are infected with HIV
- Help children with HIV to make choices and decisions that will prolong their life and improve their quality of life
- Help children cope with the emotions and challenges they face when HIV and AIDS affects them, i.e. when a family member, friend or neighbour has HIV or AIDS.

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ACTIVITY 4: DIFFERENCES BETWEEN COUNSELLING AND ADVICE-GIVING

Duration: 20 minutes

Method: Group work

Steps to be followed:

1. Break into groups
2. Share with your group examples of times when you may have received or given advice.
2. Discuss 'How does counseling differ from advice-giving?'; 'What are the advantages and disadvantages of advice-giving?'
3. List your answers to these questions and display.

Should I ever give advice?

There might be times when advice should be given, for example:

- Accurate information on medical or legal matters, or on their rights.
- Advice on organisations or departments that can provide assistance or access to resources.
- Advice on how to report incidences of abuse.
- Advice on how to get in touch with networks or organisations that can give spiritual or psychological support.

2.3 Issues for counsellors

Introduction:

This section looks at some of the qualities, attitudes and behaviour required to make a good counsellor. It also explores some of the personal issues that you will need to be aware of when providing counselling.

Qualities of a good counsellor

What personal qualities might you expect to find in a good counsellor? Some important personal qualities might include:

Being sincere	Being able to show genuine interest in a child's problems.
Empathy	Being to understand and connect with a child's feelings and emotions.
Warmth	Showing compassion, kindness and gentleness in face and voice
Respect	Appreciating the child's importance as a human being
Democratic	Avoiding being authoritative when interacting with the child.

Quick Quiz: What other personal qualities do you think would be helpful in a counsellor? Can you add another three?

Issues for counsellors

Working with children who are HIV+ or who are affected by HIV and AIDS can be challenging and highly emotional, even for an experienced counsellor. It presents personal and professional issues that you should consider. These include:

Personal issues

- It is vital to be honest about your own feelings. These might include doubts about your own HIV status, fears about the status of your children and concerns about working with children facing death or bereavement.
- You must consider how such feelings might influence your behaviour and counselling skills when working with children.
- You need to separate emotional involvement with the families you are working with from emotional issues in your own life. To do this, you need to have your own support system in place, such as individual counselling or supervision by a professional colleague.

Cultural, traditional, religious and gender issues

- You need to be aware of your own opinions about and reactions to the cultural, traditional, religious and gender norms that influence children with HIV or children affected by HIV and AIDS.
- You need to consider which norms it would or would not be appropriate to raise and/or challenge during counselling.
- When dealing with death and dying, you might be tempted to impose your own religious beliefs on the children you are working with. You need to be very cautious about this, as your beliefs may not be the same as the children's and it may make them feel confused and pressured.

Confidentiality issues

Confidentiality is about respecting and withholding private information. It can pose challenges in relation to counselling children who are infected or affected by HIV and AIDS. For example, you might feel that releasing information about a child's situation would be in his or her best interests, but this might go against the family's wishes. It can also be a burden for children to keep their own information confidential – as they tend to be naturally spontaneous and struggle to keep secrets.

As a counsellor, you need to:

- Reassure the children and their family that things discussed during counselling sessions will remain confidential.
- Explain when confidentiality might be broken, such as life-threatening situations affecting the child's physical welfare.
- Explore the children's underlying fears about disclosing information and empower them to talk freely about the difficulties involved in keeping information confidential.
- Encourage the children and their family to reach consensus about confidentiality. If this is impossible, get permission from them as individuals to share the relevant information with the others involved. If all measures fail, consult another counsellor or refer to another institution, such as a church or support group.

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Helpful and unhelpful counselling behaviour

Helpful behaviours should encourage the child or adolescent you are working with to open up, share their feelings and assist in building a trusting relationship with you. Unhelpful attitudes and behaviour can damage that relationship and confuse the child, making them feel more isolated and unwilling to ask for help.

ACTIVITY 5: HELPFUL AND UNHELPFUL COUNSELLING BEHAVIOUR

Duration:	30 minutes
Method:	Group work and Plenary
Steps to be followed:	
1.	Break into groups.
2.	In your groups, discuss what attitudes and behaviour you think would be helpful and unhelpful when counseling children and adolescents
3.	Put your ideas into two lists 'HELPFUL' and 'UNHELPFUL'
4.	Briefly share your ideas in plenary.

2.4 Providing a safe counselling environment

Introduction

Children and adolescents that are experiencing trauma need to feel safe before they share their stories with someone else, especially an adult. Providing them with a safe environment is not only about the venue, but it is about the way you act too.

Creating a safe place for counselling

The following are important in creating a safe space for child and adolescent counselling:

Privacy	Find a quiet, private place to talk with the child, but one where they will feel safe and comfortable. Don't go into rooms with where a child might naturally feel afraid (e.g. head's office or staff room). The good place would be one where a child knows there are other people nearby, but not close enough to hear.
Confidentiality	Make sure the child understands issue of confidentiality before you start.
No interruptions	Make sure there will be no interruptions or distractions (e.g. fellow pupils walking in and out). Switch off your cell phone.
'Joining with the child'	Making the child feel comfortable as soon as s/he arrives. Don't keep them waiting, greet them, smile and chat to put them at their ease. Remember to explain your role and what to expect.

Seating arrangements

Do not sit facing the child or behind a desk. This might make the child feel they are in a classroom situation. Sit at an angle to each other. Where possible make sure you are seated at the same height; if you are on a chair, the child should also be seated on a chair. Look at the child, but give them the chance to turn their head away if they are feeling shy - try to avoid taking notes unless absolutely necessary. Make sure you appear relaxed and friendly.

Avoid touching

A child who has a difficult experience might feel worse being touched by people - even those they know well. There are other ways of expressing your sympathy.

Quick Quiz: Think about your school and its surrounding areas. Where might a child feel comfortable to meet for counseling? Do you think such a place would differ for boys and girls? What other things might you have to consider when choosing a place?

'Joining' with children

To counsel children, you must form a good relationship with them from the very beginning. This is often called 'joining'. It includes greeting the children and talking about something that is easy for them to discuss with you. As you talk together, they can get to know you and decide whether they are comfortable with you. Some examples of how to join with children of different ages include:

- **For children of 6-12 years:** Find a fun, relaxing activity to do together with them, such as discussing a magazine or an interesting object.



- **For teenagers of 13-18 years:** Find out about their interests, such as sports or music, and ask them about their likes and dislikes.



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2.5 Coping with Trauma

Introduction

Trauma is when a child feels strongly threatened by one or repeated events s/he is involved in or has witnessed. Incidents that cause trauma can happen abruptly or unexpectedly, like accidents, violence, rape or death. In other cases children might experience a series of traumatic events, such as abuse, the chronic illness of a parent or multiple deaths in a household.

ACTIVITY 6: IDENTIFYING TRAUMA

Duration: 15 minutes

Method: Brain-storming and pair work

Steps to be followed:

1. In pairs, discuss what kind of traumas do children experience in your school and community? How do these traumas differ for boys and girls?
2. Choose one type of trauma you have identified. List the possible causes *and* effects of that trauma.

Reactions to trauma

After being exposed to trauma, children can react in one or several different ways, including:

- Anxiety and fear
- Sadness and loss
- Sleeping difficulties
- Unruly behaviour, anger and aggression
- Guilt, feeling that they are to blame.
- Withdrawal and isolation
- Difficulty concentrating in class and poor performance
- Poor health

N.B. Many of these reactions are similar to those described earlier when discussing child abuse. Why do you think that is?

Resilience

Resilience is the ability to recover quite quickly from severe traumatic events. All children are born with the potential to be resilient, but this can vary greatly between children. Resilience has to be promoted and developed. Resilient children take strength from their own character and can cope with difficult situations. It is important to support children and adolescents who are building up their resilience

after a traumatic event (e.g. losing a parent). Talking with the child can increase their chances of recovery - the negative effects of trauma can be come greater if they don't have the chance to talk through their experiences. Talking about traumatic events allows people's thoughts to become clearer and less confusing. It can also help a child make sense of strong and frightening emotions and feelings, such as guilt, anger or fear.

Other ways of promoting resilience in children and adolescents might include encouraging them to keep in touch with their friends who can provide support and/or join other peer support networks; providing accurate information about any physical symptoms they might be experiencing.

Coping

Coping can be taught and learned. Raising a child is not just a matter of taking care of that child, but supporting the child's efforts to take care of him/herself. When talking to children who have experiences trauma it is important to support and approve any coping mechanisms they may have i.e. the means which they find to cope with the situations they find themselves in. Some coping mechanisms include:

- Having a friend or trusted adult to talk to.
- Asking a neighbour or teacher for help.
- Praying
- Hoping for and working towards a better future
- Finding ways of becoming self-reliant.

Quick quiz: Think about your school and community. What kind of coping mechanisms have you observed in children in difficult circumstances (e.g. orphans, child-headed households).?

HIV and AIDS in the family

Emotional and psychological responses

Once children know that they or a member of their family is HIV+, they are emotionally affected. Counsellors often witness a range of strong emotional reactions, from grief to anger, denial to despair.

It is useful to understand the different ways children might react to the arrival - or return - of HIV and AIDS in their family and the ways in which counsellors might deal with these reactions and support the child and the family:

Denial

Denial is when someone chooses to ignore or disbelieve the facts. It is often a temporary coping mechanism in reaction to a HIV+ test result – the individual does not or cannot accept the reality of the situation. For example, if a parent has tested positive, a child might behave as if nothing has happened – because the child does not want to face the possibility that his or her parent might become sick or die. As a counsellor, you need to:

- Accept the child's denial and allow the child time to accept the HIV+ result.
- Explore any underlying fears that may be causing the child's denial.
- Acknowledge the child's fears and explain that these are normal.
- Reinforce the child's knowledge about HIV and AIDS by giving information in a simple manner, especially about how living positively can prolong life.
- When children are ready, refer them to peer support groups or other relevant resources in their local area.

Blame

People often look for others to blame about HIV and AIDS. They ask themselves 'Who is responsible?' or 'Whose fault is it?'. For example, children might blame their father for infecting their mother. Or children who are HIV+ might blame a family member who sexually abused them.

Although a natural response, blame can have negative effects, both within families and communities. As a counsellor, you need to:

- Explore the reasons why the child is blaming others.
- Give accurate and age-appropriate information about how HIV is and is not transmitted.
- Encourage the child to focus on the future instead of things that happened in the past and things that cannot be changed.

Guilt

Sometimes, people feel guilty about HIV and AIDS. For example, young children might believe they have done something wrong to cause their parents to be HIV+. Or HIV+ children might feel guilty because it happened through sexual activity, behaviour of which their parents would not approve.

Guilt can lead children and adults to resist disclosure of HIV+ status and fail to begin living positively. This can make it more difficult for the family to talk openly and be supportive. As a counsellor, you need to:

- Allow the child to freely express any feelings of guilt, and explore the reasons behind those feelings.
- Give accurate and age-appropriate information about how HIV is and is not transmitted.
- Help children to share their problems with their family and to de-personalise the guilt, so that they do not feel isolated.
- Allow children to work through their feelings of guilt at their own pace, while feeling supported all the way.

Fear and shock

Fear is a survival instinct that we use to cope with a threatening situation. Children are often very scared by the sickness or death of a parent, and the uncertainty of their future.

Shock is another coping mechanism that we use to protect ourselves. It is often associated with feelings of numbness, confusion and weakness. For example, a child who has been told that he or she is HIV+ might initially behave as if nothing has happened.

As a counsellor, you need to:

- Encourage children to talk about their fears and reassure them that it is quite normal to feel frightened.
- Correct misconceptions that are fuelling the child's fears and give age-appropriate information, for example, about how people infected with HIV can live positively to prolong their lives.
- Help the child to come out of shock, for example, by discussing the facts about the situation and the possibilities of positive living.
- Explore the practical options available to the child, such as referring the child to a peer support group that provides more specialised help.

Anger

Anger is a natural reaction when we are unhappy with a situation and want it to change. It can be expressed outwardly or inwardly. For example, children who are HIV+ might shout or show aggression if they blame someone else for their infection. Or, orphaned children might turn their anger in on themselves because they were unable to prevent their parents from dying. As a counsellor, you need to:

- Recognise that anger is a normal and understandable reaction.
- Allow children to express feelings of anger freely, and explore the thoughts and feelings behind their anger.

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2.6 In conclusion

This is the end of the second session. By now you should be able to:

- Define child and adolescent counselling
- Discuss the aims of child and adolescent counselling
- Explain how counselling differs from advice-giving
- Identify helpful and unhelpful counselling behaviours
- Discuss qualities and skills of a good counsellor
- Discuss issues in child and adolescent counselling
- Know how to create a safe environment for child and adolescent counselling.
- Identify and understand reactions of traumatised children and adolescents
- Focus on and promote resilience and coping mechanisms of children and adolescents.

3 Basic skills in child and adolescent counselling

3.1 Introduction

One of the deepest needs of all human beings is to feel understood and accepted by others. Good communication can help solve problems and bad communication can cause misunderstandings. Offering understanding to a child or adolescent through the counselling process can help them overcome the consequences of their problems and help to empower them.

AIM

The aim of this session to help participants develop their communication skills and to understand more about the counselling process.

3.2 What do we mean by communication?

Introduction

Communication occurs when people create and send and receive messages, share ideas or thoughts and react to messages. It involves the sharing of information with other people to reach a common understanding. People communicate to facilitate change: a change in knowledge, skills or behaviour or attitudes. People may wish to express their feelings or emotions.

Communication in counselling

Communication is very important in building a good relationship in counselling. Good communication needs to show: welcome, acceptance, honesty, trust, safety, understanding and respect.

Types of communication

There are two main types of communication:

- | | |
|-------------------|---|
| Verbal | Sharing information using words (spoken or written), such as in conversations, speeches, letters. Not only are the words themselves important, but the tone and manner of speaking. |
| Non-Verbal | Every body movement has a meaning. People can also communicate by their facial expressions and body language. (e.g. frowning to show anger or smiling to show happiness). |

Quick Quiz: A female pupil has been called into the school head's office to explain why she has been absent. She says that she has been escorting her mother to the hospital. She talks quietly, hiding her mouth with her hand and looking down at the floor.

- What verbal message is she giving?
- What emotion(s) is she showing through non-verbal communication?

Barriers to good communication

There can often be misunderstandings and poor communication between the person trying to communicate and the one receiving the information (both verbal and non-verbal). This might be because the content, language or medium of communication used is not accurate, clear or helpful. Or because of the appearance, attitudes and behaviour of the people involved. It can also be because of the poor listening skills of the one receiving the information.

Communication Killers!

Avoid the following practices:

- | | |
|-----------------------|--|
| Domination | Includes: threatening, ordering, criticizing, blaming, judging and name-calling. |
| Manipulation | Giving false praise, withholding important information, forcing your own interpretation of the situation. |
| Disempowerment | Includes giving unnecessary advice, teaching and lecturing, directing and leading discussions, labelling people. |
| Denial | Not accepting a child's feelings or thoughts. |

ACTIVITY 6: BARRIERS TO GOOD COMMUNICATION

Duration: 30 minutes

Method: Group work and Plenary

Steps to be followed:

1. Break into groups.
2. In your groups, discuss possible barriers to good communication.
3. Each group should discuss ONE of the following scenarios: (a) a male teacher requesting a male school head for leave of absence (b) a male teacher and a female teacher discussing the sharing of work tasks (c) A male teacher trying to find out why a female pupil has been coming late to class (d) a youth leader and pupil of the opposite sex discussing some of problems the pupil is facing at home.
4. List your ideas
5. Briefly share your ideas in plenary.

Communicating about sensitive issues

During counselling, children who are HIV+ or affected by HIV and AIDS should never be forced to tell their 'story'. If children cannot communicate about something, there will be good reasons why that is the case. The reasons might include:

- Traditions and customs pose barriers to their communication. For example, some cultures forbid children to disagree with adults.
- Children may feel embarrassed or ashamed to discuss HIV and AIDS with adults because it relates to taboo subjects, such as sex.
- Children may be too young to put their feelings or experiences into words. In practice, the counsellor must always consider the age of the children, how much they know, and their ability to express their knowledge or emotions.
- Children often fear hurting those they love. For example, they might hide their feelings in order to protect their parents, particularly if their parents are sick or unhappy.

Using the right tools

It is the counsellor's job to help the child overcome these barriers and to communicate freely. As a starting point, you need to meet children on their level. This involves using creative and non-threatening

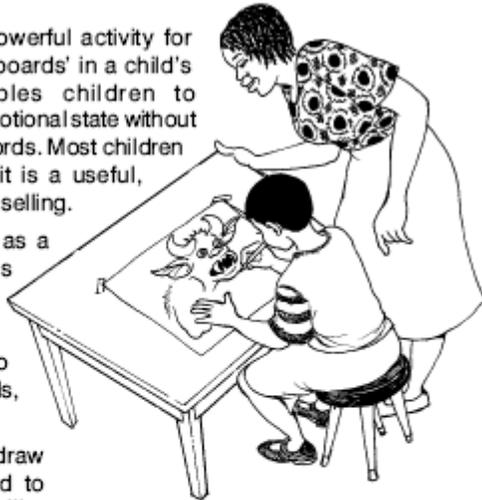
methods to explore sensitive issues and helping children to express their feelings. Following are some examples of appropriate tools. They can be used by counsellor and also by parents to continue discussions at home.

Drawing

Drawing can be a powerful activity for opening 'hidden cupboards' in a child's life. Drawing enables children to communicate their emotional state without having to put it into words. Most children enjoy drawing, and it is a useful, practical tool for counselling.

When using drawing as a counselling tool, it is helpful to:

- Give the child different materials to use, such as pencils, pens, paints.
- Ask the children to draw something related to what you would like them to explore. For example, ask them to 'Draw a picture of your family having fun' or 'Draw a picture of something that makes you angry'.
- Gently follow up by asking the children to describe what is happening in their drawing.
- Use 'open' questions to encourage them to talk more about what they have drawn and why. For example, 'How do the people in the drawing feel about what is happening?'



Storytelling

Children tend not to like lots of direct questions or long lectures. When they are finding it difficult to talk about painful issues, listening to a story about someone in a similar position can be very comforting. It can give children the sense of being understood, and it can help them to recognise that they are not alone. A story can also serve as a useful tool for problem solving around their own situation.

When using storytelling as a counselling tool, it is helpful to:

- Use a familiar story, fable or folktale to convey a message to the child, perhaps using animals to represent humans.
- Avoid using real names or events.
- At the end of the story, encourage the child to talk about what happened. For example, ask about the message of the story to confirm that the child has understood its relevance.
- If helpful, ask the children to make up their own story, based on a topic that you give them. For example, 'Tell me a story about a little girl who was very sad'.

Drama

Drama or role-play is an excellent way for children – and friends, siblings and other family members – to raise issues they want to communicate with others, but find difficult to discuss directly.

When using drama as a counselling tool, it is helpful to:

- Give the children a topic to perform – such as 'A day in my life' – that is related to issues you want to explore with them.
- After the performance, encourage the child to discuss what happened in the drama and what issues came up.
- Ask questions to explore specific areas, such as 'What was the happiest / saddest part of the day?'

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3.3 Developing good listening skills

Introduction:

Effective communication starts with developing appropriate listening skills. It is important to listen carefully in any communication with others. Listening is important because it shows that you appreciate what they have to say and it encourages people to talk openly and freely.

What makes a good listener?

A good listener should show that s/he is interested and understands what is being said, even if they don't always agree with it. A good listener should:

- ...not interrupt the speaker.
- ...show that s/he is paying attention by using encouraging gestures and other non-verbal means of communication (e.g. nodding head, smiling etc.).
- ...ask for something to be explained again if s/he is not sure.
- ...think about what s/he has heard before responding – think before you speak!

The five levels of listening

Active listening takes place on 5 levels:

Head	Listening for facts and other forms of information
Heart	Listening for feelings (e.g. anger, frustration, disappointment, happiness).
Stomach	Listening for basic human needs
Clothes	Listening for values, attitudes and principles
Feet	Listening for intention or will (what do they want to happen)

ACTIVITY 7: FIVE LEVELS OF LISTENING

Duration: 10 minutes

Method: Pair work

Steps to be followed:

1. Read the following statement: "*My friends are telling me that they do not want to play with me any more*".
2. In pairs, use the 5 levels of listening to analyse the above statement. Can you identify and list what the statement is telling you at each of the 5 levels?

Showing attention and interest - use SOLER!

As a listener, the counsellor's body movements (non-verbal communication) have to show that they are interested in what is being told to them and that they are paying attention. You can do this by following SOLER!

- S** Sitting and looking at the child while making eye contact
- O** Have an **O**pen posture (e.g. don't fold arms or frown)
- L** Lean forward towards the child (but give them enough space to feel comfortable).
- E** Make and keep **E**ye contact
- R** Stay **R**elaxed.

Other forms of non-verbal communication that can assist good listening include: being careful about personal space and height (see 'Providing a good counselling environment') and being careful about your dressing.

Encouraging communication

You can encourage children and adolescents to continue speaking and sharing ideas by using 'minimal encouragers'. These are small gestures or expressions such as:

- Gestures: Head nodding, smiling, good eye contact.
- Verbal rewards Saying things like "aha, mmm, yes, okay, sure, really?"
- Short phrases "I see", "I get you", "I hear you", "go on", "tell me more", "carry on", "and then...?"
- Repeating the last word or phrase.

3.4 Other ways of responding

Introduction:

As well as developing good skills as a listener, when communicating with a child or adolescent you also have to be able to respond in a helpful way. Here are some of the ways you can do that.

Paraphrasing

Paraphrasing is expressing or stating the meaning of the child's statements in a clear and simple way. This helps both the counsellor and the child be sure that they are together and understand things in the same way.

Example

Child: *My uncle and aunt are fighting again...they are always fighting...it disturbs me. There is no peace at home and I often thinking of getting away...going away from the place.*

Counsellor: *You find it very difficult to stay with your uncle because of the constant quarrelling. You wish to find a more peaceful place to go.*

Child: *Yes, that's true.*

Questioning

The skill of questioning is to direct the child's attention and explore situations, feelings and thoughts in a deeper way. Too many questions, however, can make the child feel like s/he is being interrogated and can damage the relationship with the counsellor. **Open-ended questions** give the child or adolescent that chance to respond in their own words. **Close-ended questions**, however, will only get a short or yes/no answer. If you want to explore issues more deeply you will have to use open-ended questions.

Example:

Close-ended: *Are you happy with your school?*

Open-ended: *How is your experience of school? What makes you happy at school?*

Open-ended questions usually start with "How...What...When...or ...Where" You should avoid asking "Why" questions. The child may not always know the reasons behind something and can get confused or feel they lack knowledge.

Summarising

Summarising is helpful at the end of a session or the beginning of the next session. But it can be used anytime to clarify or reflect on long statements or the progress of the session. Summarising involves making several brief statements, bringing together several issues at once.

Examples:

Counsellor: *You feel anxious all the time because you do not know if your parents are going to divorce or not. And you worry about what is going to happen to you if they do.*

Counsellor: *You have mentioned several times that you wish that you had more friends. You feel rejected by your fellow pupils because they tease you and you don't feel comfortable at school.*

Quick Quiz: You want to know more about a certain child who you think is being teased at school. Think of one closed-ended question and one open-ended question. Which one gives you more information?

3.5 Putting it all together

Introduction

In this last section, we are putting together all the skills we have learnt about and developed during the training sessions: good counselling qualities and practice, how to 'join with' children and adolescents and establish a safe and comfortable counselling environment, as well as how to communicate effectively using good listening skills and other responding techniques.

Important tips for counselling

There has been a lot to remember from the training sessions and discussions you have had. Here are a few tips summarising some of the skills and issues we have explored.

- Create a counselling environment where the child will feel safe and comfortable.
- Avoid rushing in with advice. It is best for the problem to be fully explored and for the child to work out possible solutions for him or herself.
- Spend more time listening than speaking!

- Whilst listening, you should also keep checking that you are receiving the correct message. You can do this by paraphrasing what the child is trying to say.
- Try to determine what the real issues and problems are in what the child is saying. This may be hidden under other communication.
- Ask open-ended questions rather than closed-ended questions. This encourages the child to discuss their answers.
- From time to time, you should summarise the situation. This is a useful way of making sure that you have heard everything correctly and it helps you both to think of the main issues.
- If the problem is complicated, try to break it down into smaller sub-problems and look at each one separately.
- Remember to allow the child to express their feelings.
- Watch how the child sits, speaks, reacts and shows facial expressions etc. (non-verbal communication). It can tell you a lot about how the person is feeling.
- Ensure that your own means of communication (verbal and non-verbal) express your interest and attention.

ACTIVITY 8: PUTTING IT ALL INTO PRACTICE

Duration: 30 minutes

Method: Role-Play and group discussion

Steps to be followed:

1. Get into groups of four (a counselor, a child and two observers)
2. Role play the child coming to the counselor with a problem - the child is an orphan who wants to drop out of school.
3. The group member role-playing the counselor should practice good communication and listening skills (SOLER and minimum encouragers) and other responding skills to encourage the child to explain his/her problems. S/he should also pay attention to other good counseling practices, such as the set up of the counseling environment.
4. Role play for 5 -10 minutes then allow the observers to comment.
5. Change roles until all have had a chance to practice their skills.
6. In your groups discuss what went well and what you found difficult.

3.6 In conclusion

By this final session, you should be able to:

- Discuss types of communication
- Apply communication skills with children and adolescents

- Discuss barriers to good communication
- Demonstrate attitudes needed for effective communication
- Identify and describe some of the means of encouraging communication about sensitive issues.
- Understand and demonstrate appropriate listening skills needed for effective communication with children and adolescents
- Use responding skills to enhance good communication.

Advocacy issues

Advocacy involves standing up for the rights of your clients and helping them overcome obstacles by taking action with the community and authorities. Advocacy is particularly important when working with children because their opinions are often ignored. Where possible, they should be supported to speak for themselves. Where not possible, you must ensure that you accurately represent their true feelings. When advocating for children with HIV or children affected by HIV and AIDS it is vital to:

- Have all of the necessary information available to you. Otherwise, it might be difficult to get others to back you up or to convince the authorities to take action.
- Agree on issues of confidentiality with the children, such as whether they are happy for the authorities to know their names.

A counsellor's testimony: Going that little bit further

'Having worked as an AIDS counsellor with families for six years, I have learned that doing my job effectively often involves much more than counselling the children and families that are affected. Due to the huge stigma associated with being infected, we often need to become advocates and to directly challenge the people or institutions that reinforce the stigma of HIV and AIDS, beginning with our own families, schools and communities. We often need to stand up for the rights of our child clients who are HIV positive.

We often need to stand up for the rights of our child clients who are infected with HIV.

'Recently, students at school were teasing a young boy who I was counselling. He believed that the harassment was due to his disclosure of being HIV positive. When I learned about this, I used the opportunity to arrange an outreach talk about HIV and AIDS to students and teachers at the school. By directly addressing the myths and misconceptions that people had about HIV and AIDS (and there were lots!) and challenging their reactions to HIV-positive people, we were able to show that this type of behaviour was unnecessary and unacceptable.'