

PSY699: Master of Arts in Psychology Capstone

Week Five Discussion Case File

Case Summary

Client: Victoria, 16-year-old HIV positive Latina

Consultation and suggested course of action regarding disclosure of Victoria's HIV positive status was received 4 years ago. Clinic decision was to honor mother's request that HIV status not be disclosed to her daughter Victoria, who was then 12 years old.

Current issue: Victoria is now 16 years old and has a boyfriend. Victoria has explained to her physician at the clinic that she and her boyfriend are sexually active and do not always use condoms. Victoria is unaware that she is HIV positive because of her mother's insistence on non-disclosure. The physician has not broken Victoria's confidentiality about sexual activity, but has expressed to her mother, Tina, that it is time for Victoria to know her diagnosis. This is based on Victoria's age, the statistics that many girls are sexually active at this age, and that Victoria could endanger her partner(s). Tina continues to object to disclosure. She states Victoria's regular church attendance and her belief that Victoria will remain abstinent until marriage as evidence for non-disclosure.

The staff is again wrestling with whether or not they should inform Victoria that she is HIV positive. In doing so, they would enable her to make informed decisions about exposing her boyfriend to the sexual transmission of HIV. However, her legal guardian (her mother Tina) does not wish for this information to be disclosed to Victoria, who may still be considered a minor. The clinic staff is concerned as this situation presents several ethical dilemmas and requires further consultation.

Previous Case Summary (from 4 years ago)

Client 1: Tina, a 36-year-old HIV-positive Latina woman

Client 2: Tina's daughter, 12-year-old Victoria (also HIV positive)

Tina became infected through a former boyfriend who had a history of intravenous drug use. Tina gave birth to an HIV-positive daughter, Victoria. Tina does not want Victoria to know that either of them has HIV.

Victoria is now 12 years old and has been told by her mother that she takes medications for “a problem in her blood.” Recently, Victoria stated that she does not like taking the medication and occasionally misses doses. The clinic staff has raised the issue of whether Victoria should be told about her diagnosis. They’ve warned Tina that in the near future, Victoria will be at an age at which girls often become more interested in boys or sexual behavior. The clinic’s therapist feels that if Victoria knew her diagnosis she might be more adherent to her regimen of medications. However, Tina absolutely does not want her daughter to know. Tina believes Victoria is still too young and will be emotionally devastated. Tina believes that it is *her* responsibility — and only her responsibility as a mother — to “protect” her child, and that her daughter is “not ready” to know. Tina also believes that Victoria is “a good girl” and will not be sexually active until she is married.

The clinic’s therapist thinks Tina’s guilt about having transmitted the virus to her daughter is causing her to take this stance. Still, the clinic staff is concerned and wants Tina to reconsider. This situation presents several ethical dilemmas and requires further consultation.