

# Case study: practice experience, decision-making and professional authority

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## Abstract

The essay describes a case study from the author's experience working for a domestic violence agency. The case involves a French woman whose partner is violent towards her. The theoretical background is set out, and theory applied to this particular situation. Additionally, the legal framework is discussed. The need to apply professional decision-making skills and communication skills is brought out.

## 1. Introduction

This essay discusses a case study drawn from my experience working for a domestic violence agency in inner London during 2012. I focus upon an incident where I worked alone with a service user suffering domestic violence. There is no legal definition of domestic violence (DV). However, the government describes DV as “ any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been in a relationship together or between family members, regardless of gender and sexuality” (Home Office 2012 [online]). Most reported DV cases are directed by men towards women. DV also occurs in same sex relationships and in a relatively small number of cases, by women against men. The case study is described, and my experiences of decision-making and how I exercised professional authority brought out. I explore the theories surrounding the areas I look at in the case study, particularly the ways theory links with practice. I also look at the legal policy framework which is relevant to the case study. I also bring out personal skills including communication and look at the role they played.

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## 2. Case Study

I started my placement with a domestic violence agency in an inner city London borough in March, 2012. The agency works exclusively with service users fleeing domestic violence. The incident I have chosen for this case study involved lone working with a service user who had approached the organisation that I am on placement with for support regarding domestic violence abuse she was suffering at home. The service user will be referred to as SS in accordance with the Data Protection Act 1989. SS is a French national who had relocated to the United Kingdom with her mother at the age of 14. Her relationship with her mother had broken down because she remained in a relationship with the perpetrator (Perp) at her mother's disapproval. She had been married to the Perp for three years. They have two children, age 14 months and 2 months, her first child is a girl and the new born baby a boy. The perp started to be controlling after she had their first child. After their second child was born the abuse started happening more frequently. On a particular occasion, the perp grabbed SS, threw her against the wall and hit her several times across the face. She approached my placement agency for support after she was advised by another agency.

SS attended as a duty. Therefore, the onus was on me as the duty staff to assess her circumstances and offer appropriate advice and support to safeguard SS and her children. As such, I had a role of responsibility, with the future wellbeing of SS partly in my hands. I prepared for the DV2 assessment in line with the agency's lone working policy. I signed SS in and informed my peers of the room where the assessment was taking place; I also booked her

in the duty book. I made sure the assessment room I choose was available, clean, spacious and comfortable as there was a professional from another agency and her children with her also. I also made sure that SS had a private space to discuss her issues and express her feelings without interruptions from her children. I had provided toys to distract her eldest child whilst the assessment was going on. SS informed me during the assessment that some of the documents that she might need to present at the Homeless options Centre (HOC) were at home, she offered to quickly rush home to pick them up whilst the perpetrator (Perp) was still at work. I advised her that the risk associated with such action might be too great for the children and herself, as the perp might walk in on them. I gave her options to either get a police escort or ask a friend who lives near the house to get such documents for her. By so doing I was able to manage the risk to SS and her children.

I used the DV2 assessment form to understand her needs, whilst also working together with SS to respond to her crisis situation. I was able to address behaviours that posed a risk to her and the children, I recognised and acknowledged the risk to SS if she returns to the house alone. She agreed that going back to the family house will put the children and her at risk. The risk was assessed and plans were put in place to manage such risk and minimise the risk of further abuse to her and the children in accordance to the GSCC code of practice and Every Child Matters agenda, 2004. Through the DV2 assessment, I also able to identify the need for safe and comfortable accommodation to manage such identified risk to SS and her children.

However, my concern was that she might go back to the abusive relationship if appropriate support was not available. SS would still need to pass the habitual residency test (HBT) as an in EEA national to ascertain her rights to public funds in the United Kingdom because of SS's nationality (French). If she fails this test (HRT), she might not be eligible for benefits, and the stress of managing with two children without an income might be too much for her to cope with alone. Hence, without adequate support available, she might return to the abusive environment from where she is trying to flee. I wrote a housing letter to the HOC to support her claim for domestic violence and also offered to attend the HOC centre with her to advocate on her behalf. By so doing I was able to mitigate the risk to which SS and the children were exposed. I gave her a voice and also considered the children's situation and the statutory support that might be available for them. I searched for local refuges to address her housing need, made a referral to children's social services, provided food vouchers and made arrangements for them to be

### 3. Theoretical Context / Legal Policy and Framework, Application to Case Study

This case can be seen in the context of a number of theories relevant to the situation, and also in the context of current legal policy and legal framework. This section will look at these connections, first at the theoretical context and next at the legal situation.

### **3. 1 Theoretical Context and Case Study Application**

The psychologist Maslow suggested that all human beings have a number of needs which need to be satisfied in order for a person to live at his or her full potential. These needs, he also suggested, form a hierarchy, that is, they are ordered. ' Lower' needs are required to be satisfied first, before other needs come into play (Maslow 1943). Physiological needs are the most basic, including things we need to do to survive (eating, sleeping etc.). Next come security needs, that is the need for shelter and access to health services. Once these are satisfied, social needs become relevant. These are the needs for feeling part of a group, affection and similar. These are frequently satisfied by work, friends and family. Higher level needs are the need for esteem, that is, for feeling good about oneself and social recognition, and the need for ' self-actualisation', the need for personal growth and fulfilling one's ability to the full (Zastrow et al 2009). In terms of this model, SS was clearly struggling with needs at the lowest level, physiological and security needs. She was finding it difficult to access funds for her children to eat, and given that the perp. lived in the family home, her housing needs were threatened. SS's health would also be under threat should she return to the family home. As such, the model predicts that SS would be feeling exceptionally insecure and vulnerable: " partially met or unmet human needs are associated with increasing vulnerability" (De Chesnay and Anderson 2008, p. 489).

Another theoretical model is provided by crisis intervention theory'. This is a particularly useful model as it is directed towards practical action (Coady and Lehman 2007). It is based around the idea that a crisis presents both a

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challenge (in an extreme form) and an opportunity (Roberts 1995). In other words, a crisis can lead to positive change. One leading developer of the idea was Erikson (1950) (CITE) who looked at the role played by crisis in the maturation of typical human beings. Eric Lindemann (1944) developed a systematic model to deal with crisis. A model suggested by Golan (1978) is useful for this case study. He suggested four stages: first, the person suffering the crisis develops a subjective response to the situation. Next, this leads to upset or lack of balance, previous ways of dealing with problems don't apply. At this stage, though it is chaotic, there is some hope for new approaches. Thirdly, this particular crisis can link to unresolved conflicts in the person. Finally, the first three stages lead to new opportunities to develop new ways of dealing with potentially damaging situations. It is the role of the professional to help the service user see these new ways of responding (Roberts 1995). In terms of the case study, SS seems to be at a crisis point, and one which led to the development of new ways of dealing with her abusive partner. One incident led to SS presenting to the agency, but this crisis incident was the catalyst for realising that her previous attempts to deal with the situation of violence, through staying with her abusive partner, were not working. Though greatly distressed, particularly by the upheaval she and her children were experiencing, SS learnt new ways of dealing with the situation, primarily removing herself from the family home and asking authorities for support in finding a new home.

I personally found psychodynamic theory, which aims to uncover the reasons for domestic abuse in early childhood situations, less useful to this particular case study. The ideas about how rage from childhood is visited upon an

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adult's current partner (Sanderson 2008) are, I felt, useful as a background, however psychodynamic theory seems to advocate long-term therapeutic treatments which just aren't possible or appropriate given the immediate emergency of the situation. However, I did find that ideas like this helped me step back and understand that sometimes people's actions stem from very deeply rooted issues which are hard to tackle. This has helped me overcome an early frustration with some client's inability, seemingly, to see what is going on clearly.

I felt the more practically focussed therapeutic techniques were more useful. These included person-centred and task-centred approaches. Person-, or client-, centred therapy was developed by Rodgers in the 1940's. It suggests that the client is at the centre of any counselling process, and that it is the task of the counsellor (or, in this case, the social services professional) to understand how the client sees the world. Without this understanding, it is not possible to help the client move forward. The person-centred approach advocates avoiding lecturing, manipulating, bribing, directing or otherwise trying to change the client's behaviours from outside. Rather, the need is to empower the client to grow (Vincent 2005). There are a number of techniques which can be used, including empathy, congruence (letting the client see you as you are), and positive regard (Jarvis et al 2002). I found this theory particularly useful, as it made me realise the need to abandon judgement of SS, and get to know how she saw the situation. The idea of congruence helped me see that I need not present an entirely blank, professional face, but could inject something of my own personality into our meetings.

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The task-centred approach is time-limited, that is (unlike many psychodynamic therapies) it is carried out over a time period fixed in advance. It is therefore useful in situations like this one where only a limited period of time is available. The idea was developed in the USA, but has become widespread elsewhere. It involves client and professional agreeing together some goals to be reached over a clearly defined period of time. It emerged from a background where social work was hampered by a psychoanalytic perspective on client behaviour, and thus offered a much-needed way to focus upon specifics and deliverables. The approach involves mutual agreement about goals, problems which the service user can see for themselves and which they can work on by themselves between sessions. The focus is upon what the user wants to change (Wilson et al 2008). I found this approach a useful one to combine with a person-centred perspective. I was able to agree with SS things she wanted to change (living with her abusive partner) and we agreed tasks to complete to achieve this overall goal, including contacting other agencies for housing advice.

Ideas about risk management and risk assessment were also very useful in this particular case, as there was a risk of harm from the perp. for the client, and perhaps also for social service professionals who became involved. Because perceptions of risk are highly subjective, there is a need to objectify the existing risk(s) as far as possible to try and eliminate as much bias as one can. Normative models of risk “ address how to make the best decision when there are a number of possible options or ways forward” are useful: they allow the assessment of how likely certain outcome are (Messer and Jones 1999, p. 90). As this situation involves young children, structured risk

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assessment models are useful, as they allow the situation to be assessed in terms of children's needs as well as the mothers (Harne 2011). Many now advocate shifting away from risk assessment looking at single factors to looking at " the interaction of factors across individual, social and cultural domains" (Chalk and King 1998, p. 277)

### **3. 2 Legal and Policy Framework, and Case Study Application**

There are a number of legal and policy documents which are also relevant to the case study. The Domestic Violence, Crime and Victims Act 2004 was designed to extend the protection available to vulnerable adults and children, and included a new offence of ' causing or allowing the death of a child or vulnerable adult', designed to address cases where two partners failed to admit responsibility for child injury. It also made common assault an arrestable offence, added new powers to fine offenders, and changed non-molestation orders to allow non-compliance to attract prison sentences of up to 5 years. The circumstances under which a case can be heard without a jury are also extended (Guardian 2009). This Act offers a range of additional protections for the victims of domestic violence, in terms of criminal proceedings which might be brought against the perpetrator. For the case study above, SS has not reached the point of deciding to press charges against her partner. My first concern is to make sure she has secure accommodation and is safe from further abuse. However, in time, she will consider the possibility of legal action against her partner, and I feel the Act allows extra protection for her which might make her more likely to consider it.

As the situation is a complex one, a number of other legal frameworks and policies are relevant. Because SS is unable to return to the family home because of risk of further abuse, the Housing Act 1996 is also relevant. Under the act SS is likely to be eligible to be housed by her local authority, as it places a duty on authorities to advise and possibly house people if they are under threat of becoming homeless, have a priority need, are not intentionally homeless and have a local connection to the area (amongst other criteria) (Housing Act 1996). These things apply in SS's case. Additionally, the code of guidance for local authorities in regards to homelessness was published in 2008. This spells out the duty of local authorities more clearly, and also suggests a need for social services and housing bodies to work together more closely (Department for Education and Skills 2008).

However, because SS is originally from France, there is a question regarding her access to public funds. In order to benefit from the help she needs, she needs to pass the Habitual Residence Test. The Habitual Residence test was developed as a way to ensure that only those people with a connection to the UK can claim benefit here. The concept is not legally defined, and in practice a number of markers are involved in decision making, including length of stay, continuity of stay, the person's intentions and the nature of their residence (Currie 2008). It is claimed that the concept of habitual residence is more stringent than the concept of ordinary residence found elsewhere in law. It is likely that the presence of the children, SS's history and her desire to remain in the country will all count in her favour, however it represents another obstacle to the security of her future (Harris 2000).

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Additionally, the 2002 Nationality, Asylum and Immigration Act restricts entry and leave to stay in the UK. Finally, I was also influenced by the Data Protection Act 1989, which protects the confidentiality of client data, for example dictating that I refer to clients only by initials or pseudonyms, and by the GSCC Code of Practice. The latter is particularly important, as it provides the framework within which social workers should operate in the UK. Part of the guidelines are concerned with the need to protect and promote the interests of the client, establish their trust and confidence, and promote their independence. These aspects are particularly interesting in the light of the theory discussed above, as they are broadly in line with the aims of client-centred and task-centred approaches.

## 5. Conclusion

This essay has addressed a case study taken from my experience working with victims of domestic violence. I have tried to show how theory is relevant to the situation I describe, and how legal issues are also relevant. It was necessary for me to make a number of decisions throughout the experience I describe, however perhaps the most important skill I brought to play was that of communication. I had to communicate not only with other agency staff about this case, but also with multiple outside agencies (housing, benefits and similar) and, perhaps most importantly, with the client. The section on theory above has pointed out some of the therapeutic perspectives which were useful, and the client-centred approach, with its emphasis upon empathy and understanding, have been particularly helpful to me in the communication process. I have also used feedback from other

staff members and reflective feedback processes to understand the impact of how I communicate to clients, and use this feedback and reflection to make improvements to my skill set. SS's case history, like all cases of domestic violence I have come across, is complex and requires an equally complex set of skills on the part of the social worker to produce the best possible outcomes.

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