

Case Follow-Up: Guidance on social worker-client dependence that can happen

Why are boundaries important in the GBV caseworker-client relationship?
In many instances, a case worker may be the first person that receives a survivor's disclosure of violence without returning words or action that make the survivor feel judged or threatened. Case management is a safe space for this because of the validation and trust building involved. However, this trust building process can further develop into an unhealthy dependence on the case worker. For this reason, the setting of boundaries is a crucial aspect of any effective caseworker-survivor relationship.

Establishing boundaries from the start of the relationship helps to ensure consistency in the case management process. This means that the case worker should examine any existing relationships with a survivor, and if they feel this may cause conflict if a pre-existing relationship impairs objectivity and serves to undermine the professional relationship, refer the case to the supervisor.

Boundaries are guidelines that are based on the basic principles of professional code of conduct. It requires some social distance that allows for an empathetic relationship without disengagement or sympathetic attachment. It requires that the relationship is kept at a professional level and avoids very personalized contacts. For example, the case worker should not pop in to visit at the survivor's home on their own way home from the office or discuss an aspect of the case if they bump into them in a social place. This is the behavior of a friend, not a caseworker, hence a boundary violation has occurred. However, the GBV caseworker can visit the survivor in a hospital or rescue shelter if she is hospitalized or rescued following the GBV incident for psychological support, but only if this does not compromise on confidentiality and safety.

While ambiguity in boundaries can crop up in the relationship, the responsibility is on the case worker to discuss any limitations with the survivor. Case workers must recognize that the intense feelings that can rise in a case management session can often challenge personal and professional boundaries. GBV caseworkers who understand the serious effects of their own personal power, and how that can be misinterpreted by the client, also take the boundaries of the engagement seriously. This allows for an empowering



relationship with the survivor and reduces chances of secondary trauma on the case worker.

Understanding the Signs of Dependence

The case worker has a responsibility to maintain the boundaries and recognize any signs of dependency. The ultimate goal of a case management process is that the survivor will eventually not need the sessions any more, and is ready to manage her life independent of the case worker. At the beginning of the process, it is understandable that the survivor may not feel they can manage without the case worker. However, in subsequent sessions that case worker should be on the lookout for signs of dependency. This can include when the survivor is:

- Not taking any initiative and instead allowing the case worker to take the lead; asking for the advice of the caseworker on all aspects.
- Indicating in their safety action plans that they will depend on the case worker or organization and do not look beyond the organization or the case worker; i.e. do not recognize any safety nets away from the case worker
- Seeking services for every aspect that happens to their life so after case closure, they come back for any challenge that they experience or for all needs they may have.

How to prevent unhealthy dependence

Healthy boundaries allow a survivors to have high self-esteem, be assertive and make good decisions; trusting their ability to make those decisions and be in charge of their lives. In order to prevent unhealthy dependence the case worker should:

- Establish the boundaries from the onset of the case management relationships and communicate this to establish a common understanding with the client
- Make regular appointment times, specified in advance, and where dependency is happening, discourage unplanned follow-ups
- Set and enforce start and ending times for each session and avoid taking more time than planned
- Not give personal contact information or a home address but use the organization official contacts
- Not have contact outside the case management sessions
- Affirm the survivor for any decisions that they take up. Often survivors are coming from a space of self-doubt and words of affirmation help them gain confidence
- Link the survivor with relevant empowering activities/services

What to do if the relationship shows signs of dependence

As a caseworker:

- Point out aspects that show crossing of boundaries' in a respective nonjudgmental manner and seek the survivor's feedback. Explore ways

of helping the survivor become less dependent on the case worker. The survivor may not be aware that they are developing dependency.

- Reemphasize the boundaries and the ethical principles
- Affirm that the survivor's decisions, however minor, show she is taking charge of her own healing
- Communicate any challenges with their supervisor
- Refer the survivor to other relevant, empowering services

As a casework supervisor:

- Discuss with the case worker on what are the contributing factors to this and action to be taken
- Explore alternatives to the approach used by the caseworker
- Assess progress in handling the dependency during case supervision sessions
- Explore if it is time to close the case

