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Law Versus Morality: Cases and Commentaries on Ethical Issues in Social Work Practice

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ABSTRACT

This article examines two cases that present ethical challenges encountered by social workers in making decisions either to maintain professional boundaries or fulfil moral obligations while working with service users in vulnerable situations. In the first case, a Lebanese social worker narrates how she was motivated to step out of her official responsibilities to assist a refugee mother of three who showed suicidal ideation. In the second case, a Ugandan social worker recounts her experience while working with a family whose 12-year-old daughter was raped and became pregnant, but whose parents refused to accept abortion when medical diagnosis showed that the girl's life was in danger. A commentary from the authors is provided after each case. Both social workers were arguably motivated to act based on their concern to care for people, protect human rights, and save lives in the two case scenarios. This underscores the relevance of the ethics of care and virtue ethics in describing the associated ethical challenges in both cases. Furthermore, the dynamic nature of the ethical challenges encountered by the social workers demands open minds and flexibility in decision-making.

KEYWORDS

Ethics; law; moralities; refugees; abortion; social work

Case 1. Navigating through the welfare system in Lebanon: assisting a poor Syrian refugee woman with three young children

Anonymous female social worker

In 2021, I was working in multiple organisations in Lebanon as a front-liner in the social work field. One of my duties at that time was to follow up on cases relating to people experiencing mental health illnesses and support them to find services. One of the cases I followed up on was a Syrian refugee woman Marya (pseudonym) who had three young children and had to raise them alone, as the father left the family after abusing the mother for eight years. From my experience, backed up by available statistics, the economic situation in Lebanon coupled with corruption in the welfare system

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has made life more difficult for Lebanese citizens and refugees. This is because the welfare system lacks most services needed by local citizens and refugees. A report by the United Nations High Commissioner for Refugees (UNHCR 2020a) affirms this claim and notes that the growing anxiety experienced by refugees in Lebanon has continued to generate concern; the economic crisis has pushed many people into living below the poverty line as well as resulting in deteriorating coping capacity. Despite these worsening conditions, the number of refugees continues to grow in Lebanon. A report by United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA 2020) and UNHCR (2020b) noted that about 470,000 Palestine refugees and 1.5 million Syrian refugees currently reside in Lebanon. This undoubtedly has huge implications for their welfare – hence the complications and my challenges in Marya’s case.

Marya was uneducated and had no work experience, which meant she had no job or income to spend on the house and kids. This was the main stressor behind her mental health symptoms. In my capacity as a front-liner, I was responsible to find financial and clothing services to meet her needs while she was receiving mental health treatment. However, due to the limited resources available in the welfare system in Lebanon, especially for refugees, I was greatly hampered in my quest to meet Marya’s needs. Although I strived regularly to fix this problem, I found all the doors closed, so I decided to support her unofficially. This decision was difficult, as front-line practitioners were banned from providing any financial or other services when officially working at the NGO. This put me in a dilemma between organisational ethics (being forbidden by my employing agency to officially provide her with my own money in my role as a front-line worker) and my personal morals (sympathising with her for being a single helpless mother, who was at risk of suicide).

When it was obvious to me that I could do little or nothing to assist Marya officially, I decided to use my own money and bought food and clothes for her and her daughters. I side-stepped my professional boundaries and the official regulations when Marya started showing signs of suicidal ideation and I knew it was time to act fast. I communicated with my best friend, who was also a social worker, and we both went by car to Marya’s house. I parked the car some distance away from the house so my friend could walk towards the woman, conduct the field visit, and give her the things I had got. We did this mission three times over several months. While supporting her secretly, the woman started to feel empowered as she had the chance to focus on finding jobs around her area. Eventually, she found one and the kids were able to go to school. The most important factor was the improvements in her mental health due to the support and constant encouragement we gave her during the private sessions we had with her in her home. It is also worthy of note here that my actions placed me at risk, as I could have been severely sanctioned, lost my license to practise, or faced other legal punitive measures if I was caught in the process of helping Marya outside of the official arrangement of my NGO and the Lebanese regulations. However, I was personally convinced and ready to accept any outcome, because I felt that the system was ineffective and lacked the capacity to make individual assessments of the specific needs of refugees, especially those in vulnerable situations like Marya. Though I have been advocating for change in this area of work, louder voices of other social workers who have been in similar situations in Lebanon are needed.

Commentary on Case 1

Casmir Obinna

The case illustrated above gives an insight into difficult situations in social workers often find themselves or encounter while navigating through maintaining their professional boundaries, obeying regulations, and meeting the specific needs of their service users. As noted by Banks and von Köppen (2021), there is often a strong justification for the application of 'blanket' rules to everyone in emergency and crisis situations, such as the refugee crisis in Lebanon. This is to say that individual assessment of people's specific needs is often undermined in such circumstances. Social workers working in such settings arguably battle with issues relating to preserving their professional boundaries whilst at the same time fulfilling what they consider as their moral obligations as people. As this case shows, the social worker was prohibited from assisting Marya on a personal basis, but she says she was motivated by her personal morality to act. From her professional lens, it can be argued that she could be ethically right if she had ignored any personal engagement with Marya, but from her personal moral lens informed by her personal assessment of Marya's needs, she was convinced that it would have been wrong to ignore the imminent danger signs in the case.

Furthermore, the complexity of this case represents what Banks and von Köppen (2021) identified as 'moral distress' for social workers handling crises because morally they could be aware of the right course of action but due to the existence of professional restrictions and regulations, they could do little or nothing to assist people experiencing challenges. Issues such as this could be sensitive for social workers as such moral distress could produce feelings of guilt, burn-out, and depression in cases where the social worker failed to make an impact and the situation worsened. For instance, it was obvious to the social worker that Marya was considering suicide, and something had to be done fast. If she had explored the official laid-down procedures and protocols, there are possibilities that the responses may have been delayed or partial. We might expect that if the social worker failed to facilitate prompt responses and Marya succeeded in harming herself, the social worker may arguably experience perpetual regret and guilt. On the flip side, the action of the social worker could have also resulted in severe sanctions and loss of job if the organisation found that she violated the code of ethics in place. From my frame of reference, I am deeply convinced that despite the associated risks, the social worker seems to have been influenced to act based on her established relationship work with Marya. This is an important factor in the ethics of care, based on responsiveness, attentiveness, and responsibility (Held 2006).

A critique of the social worker's action from the utilitarian ethics point of reference raises several questions, including: Why should the social worker single out Marya for assistance when there could be other refugees under the organisation's care with similar pressing needs? Could her actions not amount to partiality and favouritism? Was it ethically right for her to have spent the time which could have used in assisting other refugees under her official duty to conduct field visits to an individual? These questions and many utilitarian arguments stand out in evaluating the ethical validation of the actions of the social worker. However, social work is a dynamic profession such that in practice, different cases and interventions present unique circumstances that demand diverse 'role work' (Hall, Slembrouck, and Sarangi 2006). The type of ethical decisions

social workers take are often shaped by the nature of people and their circumstances, social workers' ability to explore diverse roles and to decipher when to maintain either close or distant professional relationships with service users. For instance, the social worker in Marya's case played the role of a facilitator in mobilising resources to assist her while also playing the role of an advocate by championing the establishment of individualised needs assessment for all refugees, especially those in vulnerable situations. It can therefore be argued that the actions of the social worker on both fronts were informed by the situation on the ground and therefore can be conceptualised not only in terms of utilitarian ethics but also virtue and care ethics, characterised by Banks and von Köppen (2021) as a situated approach to ethics in social work.

Case 2. Negotiating conflicting views: the issue of abortion and interpretation of the law in Uganda

Anonymous female social worker

I was working for a child welfare organisation in the capital city of Uganda where it was my responsibility to provide support for children who are victims of domestic violence and other forms of child abuse. I am a woman and have worked in this field for five years. The issue of abortion remained the most common of the ethical issues I battled with during my time at the child welfare organisation, owing to the complexities in interpreting abortion laws in Uganda. For instance, according to Article 22 of the Ugandan constitution, abortion is prohibited except if it is performed by a registered and licensed physician to save a woman's life. This results in misinformation about when the procedure is legally allowed due to multiple legal frameworks for interpreting the law (HRAPF 2016). Adolescent girls who fall pregnant are forbidden from accessing safe abortion services due to the commonly held notion that abortion in Uganda is illegal without any exception. Others think the only legally sanctioned exception is when the medical doctor carries out a surgical operation to save the life of the mother.

The case of Afiya was one of those cases. Afiya was a 12-year-old girl who was sexually abused by an older boy in their settlement and was physically beaten up in her attempt to resist the rapist. After the incident, she sought medical help with the assistance of her parents to treat the bruises she sustained. Afiya kept the rape to herself, and the incident was not reported to the police. This is because victims of sexual abuse are blamed and stigmatised by the community, which tends to lead to low levels of reporting. In this case, Afiya was still a child and lacked the confidence to explain her situation, even to her parents or siblings.

Weeks later, her parents found out that their child was pregnant and on questioning her she explained the ordeal she had suffered. It was at this point that I got involved in the case and we sought the services of a medical doctor. A blood test confirmed the pregnancy. Further health checks were performed, and the doctor advised that the pregnancy be aborted because Afiya's pelvic floor was not fully developed, and the risk of physical complications was quite high. I was fully in support of the abortion option mainly because, in addition to the health risks, continuing with the pregnancy would not support the best interest of the child (Afiya) or the unborn baby. A 12-year-old girl does not have all it takes to provide for all the needs of a baby. Adequate attention should be given to

Afiya's mental health because the pregnancy and the responsibility of raising a child would gravely impact her mental health. It would also be a double predicament to allow a 12-year-old victim of rape to embrace the burden of pregnancy, with the only support channel being to provide her with therapy to get over the traumatic experience.

For Afiya's parents, abortion was the last thing they wanted to happen. They gave reasons why abortion should never be attempted: their catholic faith forbids abortion, and the law will come for them if they attempt abortion because it is criminalised in Uganda. I made several attempts to convince Afiya's parents beyond all doubt that the circumstances surrounding their daughter's case gave them every legal protection if she had an abortion. In addition to the health risks associated with keeping the pregnancy, it would still be a total negation of the best interest of the child (Afiya) to allow her to give birth amidst rape trauma and bearing in mind her young age. I also explained to them that their understanding of abortion laws in Uganda was erroneous. Although the legal framework in the country is somewhat unclear, Afiya's case was an exception to the law prohibiting abortion (due to the threat to her life and being a victim of rape). Afiya's parents totally refused to accept abortion and decided to disappear from their home with their child.

I decided to involve the local police. I appealed to them to find Afiya and her parents immediately, especially for the good of the pregnant girl. The police displayed a very unprofessional approach to my report. They first questioned the decision to abort the pregnancy, maintaining that abortion is illegal in Uganda and there would be no point looking for Afiya and her parents. After a series of deliberations and appointments with the police, they reluctantly agreed to find Afiya. I kept in touch with the police who kept on telling me that they were looking into the matter. Two months passed and absolutely nothing came out of the whole intervention. I wished I involved their relatives, community heads or religious leaders. I was left with a deep sense of distress over the well-being of the young Afiya. On my own, I felt so unfulfilled and dissatisfied as a professional, that I wished I had never got involved.

Commentary on Case 2

Uche Nwatu and Sarah Banks

In contrast with the first case, in which the social worker took action to support a service user against agency rules, here we find a social worker powerless to persuade others to act in what the social worker considers to be the best interests of a child, as permitted by law and required by international social work ethical principles and United Nations Conventions. It illustrates the difficulties in challenging deeply ingrained cultural and religious beliefs, which contribute to the unwillingness to accept that there are legally valid exceptions to the law against abortion in Uganda. The social worker made great efforts to enable a pregnant 12-year-old, who had been raped, to have the possibility of undergoing an abortion on health grounds in the face of opposition from her parents and the failure of the police to assist.

We do not know what the girl herself wanted to do, whether she was told about the health implications, or whether she was regarded as competent to make a decision. We are not told precisely what the legal procedures are in Uganda for protecting children and young people if social workers or medical professionals believe parents do not

have their best interests at heart. In fact, legally, in Uganda, social workers in situations such as this are expected to file an official report to the police describing the child's condition and the need to withdraw such a child from the parents. If approval is gained from the police after a thorough investigation, such a child would be withdrawn from the parents and taken to a care home usually owned and managed by Catholic missionaries. However, as can be seen in this case, the law on paper does not always reflect the law in practice, because barriers such as administrative bottlenecks, prejudice, and biases from the police authorities as well as apathy on the side of parents often jeopardise the smooth running of these processes, as this case shows.

The social worker in this situation seems surprisingly alone. There is no mention of consultation with, or support from, a manager, supervisor, or colleagues. Although this does not mean the social worker was unsupported, the story she gives presents her as working alone, struggling to get justice for the girl, and feeling distressed and dissatisfied at her failure. In hindsight, she says she wishes she had used different tactics – working with relatives and community/religious leaders, instead of the police.

This case illustrates the powerlessness experienced by a lone social worker battling for social justice and human rights in culturally unfavourable conditions. Given she says that abortion was the most common ethical issue she faced in her work, it is clear that the situation with Afya was one of many similar cases. This raises the question of how to tackle culturally prevalent beliefs and organisational norms that systematically disadvantage and oppress women and girls.

Quite possibly the child welfare organisation was trying to tackle this issue. However, effecting change will be a long and complex struggle, involving many agencies, political advocacy, and campaigning. This case highlights the need for social workers to build alliances not only with colleagues for support but also across organisations to engage in political lobbying, campaigning, and public education, including with the police, to develop an awareness of the workings of the law and strategies for tackling gender-based violence, discrimination and oppression of young women.

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Disclosure statement

No potential conflict of interest was reported by the author(s).

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