A Victim's Perspective on Elder Abuse: Shame and Relationships as Barriers to Reporting

Literature Review

Joanna Hewson

Elder abuse is a largely unrecognised and untreated social problem that threatens the right of elderly people to lead a dignified life. Elder abuse has been defined as "a single or repeated act, or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person" (WHO, 2002b, p.152). It has been suggested that for every case of elder abuse that is reported, there are five more cases that go unreported (Bonnie & Wallace, 2003; as cited by Donovan & Regehr, 2010). The elder abuse literature and broader abuse research suggests that the victim's shame, which is a prominent psychological effect of abuse, is a major barrier to reporting. In addition to the shame barrier, older victims will avoid reporting the abuse in order to maintain the relationship with their abuser, who is commonly a close family member, partner or care-giver. The ensuing report will review how the method of restorative practices may be a beneficial solution for elder abuse victims, as it focuses on repairing relationships, preventing abuse and dealing with the shame that is experienced.

Shame as a psychological effect of elder abuse

In order to achieve a greater understanding of how shame is associated with under reporting, we must first understand the relationship between abuse and shame presented in the literature. Shame is commonly noted in the literature as one of the most common psychological effects of elder abuse; which include feelings of learned helplessness, alienation, humiliation, fear, anxiety, indignity and post traumatic stress syndrome (Wolf; Wang, Lin & Lee, 2006). However, the significant social problem of elder abuse has only recently come into prominence in academic literature. Thus the elder abuse literature is still very new and limited in its scope, and little attention has been paid by the research as to *why* shame is a psychological response to elder abuse. Nonetheless, there is more extensive research in the broader abuse literature that explores the link between shame and abuse. Whilst there is still a need for more reliable empirical research into how shame specifically results from elder abuse, the available broader abuse literature will provide some valuable insight.

Shame is described in the literature as involving a damaged self-esteem, a sense of worthlessness and it convinces the victim that they contributed to, or in fact, caused the abuse (Casey, 1998). Tomkins (1987) defined shame as occurring anytime that our experience of

positive affect is interrupted, which is a critical explanation for why victims of abuse feel a strong sense of shame, even though they have not committed the "shameful" act. Nathanson (1997) developed a compass of shame (Figure 1) to illustrate the four ways that humans react when they feel shame; withdrawal, attack of the self, avoidance, and attack of others. The compass displays how elder abuse victim's reaction to the shame experienced may vary.

Furthermore, Yang, Yang, and Chiou (2010) distinguished guilt from shame by explaining guilt leads to a focus on offers and shame leads to an egocentric self-focus. Yang et al. (2010) conducted a study with three randomly assigned affect-inducing conditions. Results found guilt induced participants showed better perspective taking (understanding other's points of view) and shame induced participants showed worse perspective taking. These results suggested shame involves a focus on the self, diminished confidence in their ability to implement social interaction and thus a weakened other oriented concern (Yang et al. 2010). Nathanson's (1997) compass of shame and Yang et al.'s (2010) theory of shame leading to an egocentric self-focus provide insight into why elder abuse victims withdraw and avoid reporting the abuse.

There are several theories that explain why shame results from abuse. Frazier (2001) suggested two prominent reasons. Firstly, abuse violates a person's autonomy rendering him or her powerless to maintain control of their emotions, thoughts, finance and welfare. Secondly, shame is the response to helplessness, the violation of integrity and indignity suffered in the eyes of another person. Frazier's (2001) theory may adequately explain that an elder victim's shame comes from the feeling powerless, helpless, and suffering humiliation, usually in the eyes of the abusing close family member or care-giver. An alternative explanation put forth by Frazier (2001) states that a victim's shame could involve the projection made by the abuser. Projection identification is an unconscious process in which the victim absorbs the abuser's shame, frail sense of identity and loss of power, which is projected through the abuse in order for the abuser to 'purify' his or her emotional life (Frazier, 2001). This theory also gives valuable insight into how vulnerable older people may become targets for insecure abusers to express their own inner turmoil.

Alternatively, Kalm and Bond (2009) discussed how the 'looking-glass self' theory stressed the importance of how we define ourselves socially by trying to look into the minds of others in order to assess how we are evaluated. When we judge we have fallen short of established

social standards and have lost interpersonal power, we become conscious of our devaluation by others, causing us to experience shame (Kalm & Bond, 2009). Kalm and Bond (2009) further explained shame results from the cognitive appraisal that one has lost personal dignity, authority and power in the eyes of the perpetrator and others (Kalm & Bond, 2009). This theory adds insight into how an older victim who is abused by someone they trust may cognitively appraise themselves as losing worth and dignity. Hence, elder abuse victims hide their shame due to the fear that the exposure would lead further degradation (Talbot, 1996).

The literature asserts the shame that is associated with physical and sexual abuse is unique in that all aspects of self, including the physical, emotional and cognitive, may be experienced as degraded and weak. Vidal and Petrak (2007) conducted a study with a group of women who had experienced adult sexual assault. The study found that self blame, concealing the assault, and being abused by a known perpetrator were negatively correlated with the extent to which the abuse was reported. This study also tested a clinical model of shame-based post-traumatic stress disorder (Lee et al., 2001; as cited by Vidal and Petrak, 2007) which suggested that shame, a self-conscious affect, can perpetuate trauma via the interpretation and salience of the traumatic event. This relationship was explained by two pathways. Firstly; schema congruence, where the event confirms shame-based beliefs about their self and others ("I knew I was useless") and secondly; schema incongruence, where positive beliefs and sense of self is attacked and maladaptive beliefs are formed (Vidal & Petrak, 2007). The study additionally found women who felt they were to blame for the assault and those who were assaulted by men they knew, scored significantly higher on the shame scale. Whilst this study's findings can only generalise to sexually assault female adults, future research could be conducted into how shame may be intensified by how physical and sexual abuse is evaluated against the schemas held by elderly victims. Additionally, the study supports the theory that being abused by a family member or care-giver can be associated with a stronger experience of shame.

More specifically, the elder abuse literature highlights financial abuse as a very prevalent form of elder abuse, accounting for up to 50% of all types of elder abuse in the US (Tueth, 2000). Financial exploitation of elderly persons typically remains hidden behind victim shame and the fear that one would not be believed. Additionally, the elderly victim may fear retaliation, abandonment, or being forced to live in a nursing facility if a report is made (Tueth, 2000). Added to the complexity, is that financial abuse is often accompanied by

psychological abuse, including deceit, intimidation, threats, and insults in order to establish power and control over the elderly people. Hence, not only physical and sexual abuse is associated with shame, but also financial, psychological and emotional abuse.

Toxic and healthy shame

A useful distinction is made by Bradshaw (19988) in the book '*Healing the shame that binds you*' which distinguishes healthy shame from toxic shame. Bradshaw explains healthy shame makes us human; it automatically is generated when you have done something dishonest or have hurt someone, and it encourages us to respond with appropriate behaviour. Healthy shame includes shame experienced as embarrassment when we've made a mistake, shame as a basic need for community reminding us we need relationships, as well as shame as a source of learning as it helps us to never be certain that we know everything.

On the other hand, toxic shame is described as a core identity, with the pervasive sense of worthlessness, failure, inferiority and defectiveness as a human being. People who experience toxic shame will guard against exposing his or her inner self to others, but more significantly, he or she will guard exposing against themselves to themselves. It is the anticipatory dread of scornful gaze of another person (Mann 2010).

Toxic shame is so excruciating because one's self becomes an object not to be trusted and effectively one disowns his or herself. Shame becomes an identity, it is internalised, and the emotion stops functioning as an emotion and becomes a personal characteristic. The internalisation of shame occurs in three stages; internalisation with shame-based models (need to identify with or belong to someone); the abandonment of positive mirroring from a caregiver; and interconnection of memory imprints (emotions are repressed and can easily be triggered by future events). While healthy shame is something you respond to subjectively, toxic shame is a reaction to others' judgement, a habit of thought and feeling acquired when others have shamed or rejected us over time. Bradshaw's theory of toxic and healthy shame provides a deeper understanding in to why an elder abuse victim's internalised shame is bound so deep with his or her identity, and thus the victim does not report it in order to avoid exposing his or her inner self.

Shame and relationships to under reporting

The literature has described why shame results from all forms of elder abuse and how it becomes a major barrier to reporting. However, the shame experienced by an elder abuse victim is argued to be intensified by the unique relationship complexity that it occurs in. Shame is exacerbated by the fact that the abuser is often a close family member (James, 1994), friend or caregiver; someone the victim should be able to trust (Ellison, Schetzer, Mullins, Perry & Wong, 2004).

Elder abuse is unlike other forms of violence, as the victim and the perpetrator have ongoing relationships that are subject to power and control dynamics (Spangler & Brandl, 2007). Elder abuse victims often feel ashamed to disclose the abuse by their adult children, because there is a sense of responsibility and shame for being treated with disrespect by those who they raised (Elder Abuse Prevention Unit, 2006). Ellison et al. (2004) supported this theory and argued women often assume responsibility for the emotional wellbeing of the family and how their children are as people. This is why the shame that comes with having a child who is an abuser is so great and why reporting is extremely difficult. Additionally, Moon (2002) suggested that the current elderly generation choose to suffer in silence to keep the problem within the family rather than reveal the 'family shame' to outsiders. This was supported by Beaulaurier & Self (2005), who argued elder abuse victims feel responsible to protect the family.

In addition to these reasons, elder abuse victims often avoid reporting to maintain their relationship with their abuser, out of fear of being alone, fear of retaliation, financial dependency, or spiritual and cultural values (Spangler & Brandl, 2007). It is understandable that a lot of elderly victims do not want to sever the relationship with their own adult child who is abusing them. Particularly, older women consider their values of marriage, family, and their role as a wife or mother should be upheld over reporting the abuse (Spangler & Brandl, 2007). Casey (1998) additionally argued older women repress their emotions and fail to report because of the influence of the patriarchal society silencing women for generations. And thus, by internalising emotions of anger and shame, women have been overcome by the debilitating effects of depression and helplessness (Casey, 1998). Furthermore, older abused

adults often feel powerless about their lives and may be confused by the messages given to them but their abuser and others (Spangler & Brandl, 2007).

Therefore, the decision to report is a difficult cognitive battle between one's own safety concerns and the concern for their loved ones. For older victims abused by adult children, ending the relationship may never be a real option for many victims. Thus, many elderly victims choose to continue to suffer the abuse to have a relationship with their child, and will not self disclose.

A solution: Restorative practices

The majority of the intervention methods put forth in the literature do not offer a solution for ending the abuse *and* maintaining the relationship between the abuser and the elderly victim. However, restorative practices is an intervention method that aims to prevent further abuse as well as repair the harm and maintain the relationship (Rodogono, 2008). The restorative practices concept has its roots in "restorative justice" which is an approach to criminal justice that focused on repairing the harm done to people and relationships rather than on punishing offenders (IIRP). Underpinning restorative justice is a shift in a long held view of crime as an offence against the state, towards a view of crime as an offence against the victim (McCluskey, Lloyd, Stead, Kane, Riddell & Weedon, 2008). Braithwaite (1999, p. 6; as cited by iirp.com) noted the core values of restorative justices "are about healing rather than hurting, moral learning, community participation and community caring, respectful dialogue, forgiveness, responsibility, apology and making amends".

Restorative practices is a method used to produce reconciliation between victims, offenders and their supporters, commonly through face-to-face conferences, facilitated by a neutral third party. Decisions are made according to each unique situation about how to repair the harm and prevent future harm, collaboratively and consensually by all individual participants involved in the process. Restorative techniques can vary in formality from formal conferences, small impromptu conferences, to more informal affective statements that communicate people's feelings (Figure 2).

Restorative practices is based on the social discipline window framework (Figure 3) which describes four basic approaches to maintaining social norms and behaviour boundaries on axes of high to low control and high to low support (International Institute for Restorative Practices (IIRP), iirp.com). The restorative practices domain falls into the high control/high support quadrant and is characterised as doing things *with* people, rather than *for* people (iirp.com). Furthermore, restorative practices is also influenced by the theory of reintegrative shame which involves acknowledging the shame and treating the wrong doer respectfully and empathically as a good person who has done a bad act (Braithwaite, Ahmed & Braithwaite, 2006). Reintegrative shaming is suggested to prevent future crime which is distinguished from shame management which is considered to be counterproductive (Braithwaite et al., 2006).

A key aspect of the restorative process is that a safe environment is provided for people to express and exchange intense emotion (iirp.com). Nathanson (1998) stated it is through the mutual exchange of affect that emotional bonds can be formed to repair broken relationships. Additionally, Tomkins (1991) asserted that human relationships are healthiest when there is free expression of affect, while minimising the negative and maximising the positive affects. Restorative practices encourages the engagement of emotions such as remorse, guilt, shame, empathy and hope, and the avoidance of emotions like anger, humiliation, fear and disgust (Rodogono, 2008). Based on the theory, restorative practices is thus a potential intervention method that will benefit elder abuse victims who want to maintain the relationship with their abusing family member and to effectively deal with the shame that is experienced as a result of the abuse.

However, there are some limitations with restorative practices. Rodgono (2008) argued that there needs to be a careful control of the emotions that are expressed. Restorative conferences can fail when shame is not recognised correctly. Shame is argued to be pivotal to repairing social bonds and must be acknowledged otherwise shame can be equally destructive of social relations (Rodogno, 2008). If the victim's shame of helplessness and violation is not acknowledged, it can be masked by a more visible emotion of anger. Repetitive anger expressed towards the offender in the form of moral indignation, which is a common defence against displaying shame, will provoke the offender to respond defensively rather than acknowledging the hurt. As a result, the offender will fail to feel remorse and empathy. If shame is visible in the victim, the offender is more likely to understand the victim's distress,

and more readily empathise and accept responsibility. Similarly, if shame is more visible in the offender, the victim is more likely empathise and forgive. Whilst dealing with shame is the most important element of restorative practices, Rodogono (2008) argues if it is not acknowledged correctly, it can spark a detrimental shame-rage spiral.

Jenkins (2006) importantly noted that whilst apologies are considered an essential part of the restorative process, if an apology becomes a standardised requirement, the process becomes corrupted. Restitution rather, involves a process of understanding the abuse of power inherent in the harmful action and the consideration of the feelings experienced by the victim (Jenkins, 2006). Effective restitution entitles the victim to make the decision to reconcile with no expectation of forgiveness. Furthermore, to be effective restorative practices must be fair for both the abuser and the victim, three principles should be followed according to the IIRP (iirp.com); ensure each individual is engaged, explain the reasoning to a decision clearly to everyone affected by the abuse, and ensure everyone clearly understands the expectation upon them in the future. However, the limitations that have been mentioned can be accounted for by adequately training the facilitators of conferences and making available quality resources for the community.

In conclusion, under reporting of elder abuse can be a result of the victim's shame and because of the victim's desire to maintain the relationship. Restorative practices will be an effective method to acknowledge the shame that is experienced in order to repair the harm and rebuild the relationship between the victim and the abuser.

References

Braithwaite, J, Ahmed, E., & Braithwaite, V. 2006. Chapter: Shame, restorative justice and crime. Piscataway, NJ, US; Transaction publishers.

Bradshaw, J., 1988. Healing the Shame That Binds You. *Health Communications Inc*., Florida.

Casey, K., 1998. Surviving Abuse: Shame, Anger, Forgiveness. *Pastoral Psychology*, 46(4).

Elder Abuse Prevention Unit, 2006. Position statement on mandatory reporting of elder abuse, *Elder Abuse Prevention Unit*.

Ellison, S., Schetzer, L., Mullins, J., Perry, J., & Wong, K. 2004. Access to justice and legal needs – the legal needs of older people in NSW. *Law and justice foundation of New South Wales*, 1.

Frazier, R., 2000. The Subtle violations – abuse and the projection of shame. *Pastoral Psychology*, 48(4).

James, M., 1994. Abuse and Neglect of Older People. *Family Matters,* 37, pp. 94-97.

Jenkins, A. 2006. Shame, realisation and restitution: the ethics of restorative practice. *ANZJFT*, 27(3), pp.153-162.

Kam, C., & Bond, M., 2009. Emotional reactions of anger and shame to the norm violation characterising episodes of interpersonal harm. *British Journal of Social Psychology*, 48, pp. 203-219.

Mann, M., 2010. Shame veiled and unveiled: the shame affect and its re-emergence in the clinical setting. *The American Journal of Psychoanalysis*, 70(3), pp. 270-281.

McCluskey, G., Lloyd, G., Stead, J., Kane, J., Riddell, S., & Weedon., 2008. 'I was dead restorative today': from restorative justice to restorative approaches in school. *Cambridge Journal of Education*, 38(2), 199-216.

Moon, A., 2002. Perceptions of elder abuse among various cultural groups: similarities and differences. *The American Society on Aging*, 26(1), pp.6-8.

Nathanson, D. 1997. Chapter: Affect theory and the compass of shame, Book: The Widening Scope of Shame, Mahwah, NJ, US; *Analytic Press*.

Nathanson, D. 1997. Chapter: Shame and the affect theory of Silvan Tomkins, Book: The Widening Scope of Shame, Mahwah, NJ, US; *Analytic Press*.

Rodogno, R., (2008). Shame and guilt in restorative justice. *Psychology, Public Policy and Law*, 14(2), 142-176.

Seidler, G., Jenkins, A., & Nathanson, D. (2002). Small room, big theory. PsycCRITIQUES, 47(5), p. 580-583.

Spangler, D., & Brandl, B. 2007. Abuse in later life: power and control dynamics and a victim-centred response. *Journal of the American Psychiatric Nurses Association*, 12.

Strasser, S. & Fulmer, T. 2007. The clinical presentation of elder neglect: what we know and what we can do. *Journal of the American Psychiatric Nurses Association.*

Talbot, N., 1996. Women sexually abused as children: the centrality of shame issues and treatment implications. *Psychotherapy*, 33(1).

Tueth, M., 2000. Exposing financial exploitation of impaired elderly persons. American *Journal of Geriatrics Psychiatry*, 8(2).

Vidal, M., & Petrak, J., 2007. Shame and adult sexual assault: a study with a group of female survivors recruited from an East London population. *Sexual and Relationship Therapy*, 22(2).

Yang, M., Yang, C., & Chiou, W., 2010. When guilt leads to other orientation and shame leads to egocentric self-focus: effects of differential priming of negative affects on perspective taking. *Social behaviour and personality*. 38(5), 605-614.

YOULifeChoices, 2008. 'Treating our elders with dignity', *YOULifeChoices*.

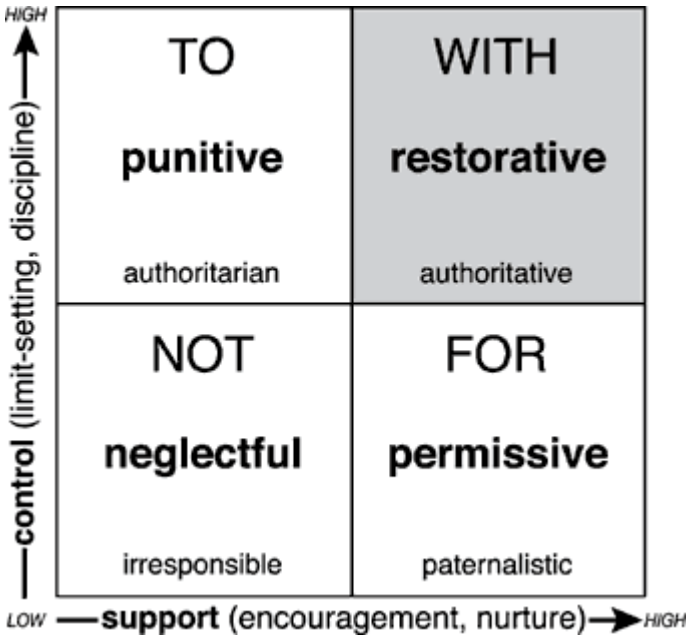
Internet Resources:
http://www.soulselfhelp.on.ca/tshame.html
http://www.hope4survivors.com/Shame.html

http://www.squidoo.com/shame-vs-shame#module117921981

Figure 1

Figure 2

Figure 3


HIGH
control (limit-setting, discipline)
TO
punitive
authoritarian
WITH
restorative
authoritative
NOT
neglectful
irresponsible
FOR
permissive
paternalistic
LOW
support (encouragement, nurture)
HIGH