

Perpetrators of Elder Abuse: The Role of Shame and
the Appropriateness of a Restorative Approach

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There has been a great deal of debate regarding the value of applying a restorative justice model to the domestic violence setting (Stubbs, 2004). However, little work in Australia has considered its applicability in the elder abuse context and in particular for the perpetrator. Elder abuse is considered to include the physical, psychological, sexual or financial abuse or neglect occurring within a relationship where there is an expectation of trust (WHO/INEPA, 2002). It often results in the unnecessary suffering or decreased quality of life for the older individual (WHO/INEPA, 2002). Moreover, perpetrators of such abuse in Australia have been reported to consist mainly of intimate family members (43% adult children, 38% spouse and 10% other family member) despite first suspicions that a majority of such abuse occurred within institutional settings (Kurle, Sadler, Lockwood and Cameron, 1997). For this reason, this review will focus on perpetrators who are intimate family members.

The foundational hypothesis of restorative justice and its practises is that crime causes harm to people and relationships, therefore to attain justice the harm needs to be healed (McCold & Wachtel, 2003). Restorative justice encompasses a broad range of interventions such as mediation, family conferencing and sentencing circles which allow the individuals affected by the crime, with minimal intrusion by facilitators, to come together to repair the harm and to restore relationships (McCold & Wachtel, 2003). This review aims to explore the applicability of this method to the elder abuse context particularly for the perpetrator by exploring the role of shame and the way in which it can be used to reintegrate the perpetrator back into society and their family structure.

Traditionally, western criminal systems maintain social discipline through authoritative and punitive measures which are often viewed as the only way to effectively discipline those

who commit crimes (McCold & Wachtel, 2003). Thus, perpetrators of crime are often stigmatised and authoritative figures often do things *to* the perpetrators in order to attain justice (McClod & Wachtel, 2000). Restorative practises, on the other hand, engage *with* both people directly affected and those who support them to share the way in which the crime has impacted them (McClod & Wachtel, 2000). Ideally a solution is agreed upon mutually to repair the harm and restore the relationship (McCold & Wachtel, 2003). Moreover, instead of stigmatising the offender, restorative practices disapproves of the wrongdoing while affirming the intrinsic worth of the offender allowing them to make amends and to shed the label of offender (McClod & Wachtel, 2003).

Central to this process of restorative practises is an exchange and understanding of emotion (Wachtel & McClod, 2004). Emotion is considered to be the learned script of dealing with our innate biological and motivating affects as postulated by prominent affect theorist, Tomkins (1962; 1963 & 1991). Tomkins (1962; 1963) proposed that there are nine distinct affects - two positive, one neutral and six negative (as shown in figure one) that can explain all human expression of emotion. Moreover, the author asserts that humans and human relationships function optimally when affect is freely expressed, positive affect is maximised and negative affect is minimised, similar to the aims of restorative practise (Wachtel & McClod, 2004).



Figure 1. The Nine Affects (as presented in Wachtel & McClod, 2004).

Of particular interest is the affect of shame-humiliation as it is considered to be a critical regulator of human social behaviour (Nathanson, 1998). It defined by Tomkins (1987) as the experience triggered whenever a positive affect is impeded, thus an individual doesn't have to do anything wrong to experience shame. Nathanson (1998) extended Tomkin's script model and proposed that because shame is such a painful and self-focused affect (Parker, 1998) an individual needs to manage it though the use of coping styles or scripts. Nathanson (1992, p.132 -54) termed this model the Compass of Shame which describes four types of scripts, represented by the poles of the compass (see figure two), that individuals utilise to manage shame. Each script -Withdrawal, Attack Self, Avoidance and Attack Other - is associated with experiences of different behaviours, motivations and cognitions (Nathanson, 1992). A constructive way to manage shame is to attend to the source of impediment and to remove the stimulus, yet few achieve this ideal (Nathanson, 1992). Typically, an individual will respond to a shameful experience without attending to its source appropriately, thus responding via one or a mix of the four poles of the Compass of Shame that reduce, ignore or magnify the shame (Nathanson, 1992).

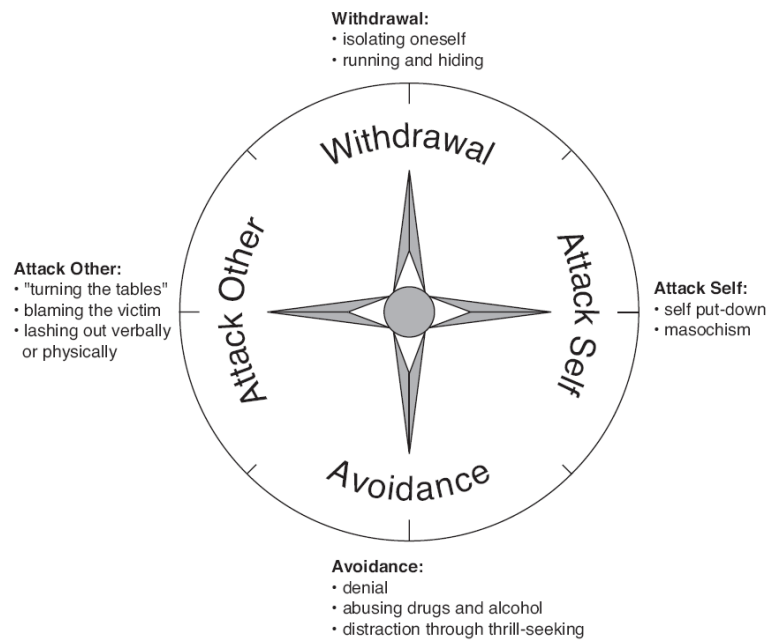


Figure 2. The Compass of Shame (as presented in Wachtel & McClod, 2004).

Nathanson (1992) suggests that violence is often proliferated due to the Attack Other response to experiences of shame. It is characterised by an attempt to minimise the negative experience of shame by attacking and blaming others. Importantly this is often experienced with a limited awareness of the initial stimulus of the shame. Gilligan (1996), a prominent scholar who has worked with criminal offenders for many years, also shares this view that shame underlies the perpetrator's motivation for violence. If this is the case, the question remains what are the sources and types shame that could contribute to the perpetration of elder abuse by an intimate family member?

Bradshaw (2005) draws on both Nathanson's (1992) and Tomkin's (1962; 1963 & 1991) theories of affect and shame and distinguishes between two types of shame – healthy and toxic shame. Healthy shame allows individuals to be human and alerts us to our limitations, the ability to ask for help and can function as a source of curiosity, learning and spirituality (Bradshaw, 2005). On the other hand, toxic shame is painful and at the core is the extreme case of an internalised defective sense of self such that the person feels wholly flawed. Such

toxic shame can stem from many sources. In particular, maladaptive attachments to primary caregivers, as has been reported often with perpetrators of elder abuse (Buttall & Jones, 2001), are a source of toxic shame. These maladaptive attachment patterns have been linked to an excessive interpersonal dependency to victims of elder abuse often leading to the maltreatment of older adults (Jones, Holestone & Holestone, 1997). Another source of toxic shame is experiences of abuse and neglect during childhood (Bradshaw, 2005). It has been posited that, in the context of elder abuse, as dependency patterns shift over time and relative power evolves within a family, the child abuse victim often turns into the abuse perpetrator (Straka & Montminy, 2008). This links to Gilligan's (1996) hypothesis that aggressive behaviours function to minimise underlying shame of victimisation and humiliation experienced by replacing it with the power of shaming other people.

Similarly, Bradshaw (2005) suggests that in order to protect the self from toxic shame the individual will engage in 'shameless' behaviours to interpersonally transfer the toxic shame experienced onto another person. Such behaviours evident in the abusive context include raging or aggressing which functions to keep people away or to transfer their shame to others, criticising and blaming others, having contempt and patronising others or engaging in caregiving and helping behaviours in order to feel better about oneself (Bradshaw, 2005).

A shameless behaviour of particular interest includes those which aim to achieve power and control. Intimate violence is often attributed to an unequal power relationship, in particular the abuser's need to maintain control over their victim (Bergeron, 2001). Power and control dynamics can be found in all forms of elder abuse (Brandl, 2000) particularly within elder spousal abuse (Gravel, Beaulieu & Lithwick, 1997). Bradshaw (2005) suggests that the need for power based in the individuals need to compensate for their feelings of defectiveness. Moreover, by controlling others the individual can minimise their vulnerability of being shamed again. Interestingly, a study that explored the narratives of 24 abusive men

in intimate relationships found that a precursor to their violence were feelings of vulnerability, fear then anger (Brown, 2004) which suggests there is a fundamental role of vulnerability and fear as precursors to violence. Future studies could explore the narratives of perpetrators of elder abuse to investigate if these emotions are paralleled.

It is clear that shame plays an important role in the origins and precipitation of violence and abusive behaviour thus it is important to consider its role in a therapeutic environment. According to Braithwaite and Daly (1994) central to terminating shame is to join the shame associated with abuse and a mechanism for termination. Such a mechanism was first proposed by Braithwaite (1989) who theorised that the reoccurrence of crime might be prevented by utilising the mechanisms of 'reintegrative shaming'. He distinguishes between *stigmatic* shaming (condemnation of the offender) and *reintegrative* shaming (condemnation of the offence). Contemporary use of shame in traditional western societies thus far has been largely stigmatic, which Braithwaite (1989) warns can create a permanent identity for the perpetrator of 'criminal' or 'outcast' making reintegration into society difficult and recidivism more frequent. A more beneficial self-fulfilling prophecy would be to re-affirm the perpetrator as a good person and to condemn the act, thus the offender is not marginalised by the offence but is reintegrated into the social structure (Braithwaite, 1989) which is at the heart of restorative practises.

Such a model seems applicable in addressing instances of family violence such as elder abuse where expulsion of the offender through stigmatic shaming is often not possible or desirable (Sherman, 2000). *The Restorative Justice Approaches to Elder Abuse Project* conducted in Ontario, Canada was the first to apply the restorative justice framework to elder abuse (Groh, 2003a). The project was guided by principles of restorative practises and of safety, autonomy, right to confidentiality, free access to information and the maintenance of dignity and respect for all members by utilising the least restrictive intervention possible

(Groh, 2003a). Regarding project evaluation, Groh (2003b) reported several qualitative and informal perceived benefits of the project including the way in which family values were respected, that conflicts were addressed in the early stages and the way in which the process allowed for the accommodation for and respected culturally diverse values and preferences. However, formal statistical analyses were not available at the time of writing thus more definitive conclusions regarding the benefits of the project were difficult to decipher. Nevertheless, the results are promising. It was reported that during the period of October 2000 to February 2003 there were forty-four enquires regarding information about the project. Twenty-four cases were assigned to a facilitator and from this only eight were deemed inappropriate, ten were completed and six were in progress (Groh, 2003a). Thus it seems that such an approach to elder abuse could be implemented in Australia.

Although very few researchers have focused on elder abuse specifically, many have explored the benefits that restorative approaches provide perpetrators of domestic violence. In particular, Stubbs (2004) suggests that the offender experiences an opportunity to be involved in the process to determine the outcome, to explain to the victim and make amends, to be treated respectfully and to gain an increased understanding and awareness of the victim and to have their point of view understood. Moreover, through the use of reintegrative shaming, the offender can learn to acknowledge the source of their shame, how it may be a precipitating factor in their violence and most importantly allows the offender to shed the label and ideally is reintegrated back into their family system (Sherman, 2000). Such benefits described could be hypothesised to also function in a different type of domestic violence, in particular elder abuse and further research could explore if this is the case.

However all forms of domestic violence provide a unique problem for the restorative practices model - the offence (abuse) isn't a discrete past event but often a continuous cycle which affect numerous people with various mechanisms of power and control at play (Coker,

2002; Stubbs, 2004). These power and control mechanisms can potentially compromise the effectiveness of the restorative practices model as the offender may engage in control tactics aimed at keeping the victim silent (Stubbs, 2004). Moreover, there are issues of accountability as there is no clear indication of who is responsible for ensuring that the offender complies with the agreed outcomes to repair harm and that the offender and victim are both safe after conferences such that disclosure by either party doesn't lead to retributive behaviours (Stubbs, 2004).

Furthermore, the desire for an apology as an outcome to repair the harm is considered unreliable in the domestic violence context. Walker's (1979) theory of the cycle of violence proposes that tactics, such as an apology, have been used frequently utilised by abusive individuals to win back the favour of the victim. Thus in the restorative practises context such an apology could be merely a tactical response in order to exert more power and control over the victim (Stubbs, 2004). Finally, some researchers warn of the possibility that restorative practises may trivialise the offence (Lewis, Dobash, Dobash & Cavanagh, 2001; Stubbs, 1997). Daly (2002), on the other hand, describes this as a challenge for restorative practices, to treat abuse as a serious offence without further criminalising the offender. Methods such as Braithwaite's (1989) reintegrative shaming may offer a solution whereby there is a clear denunciation of the criminal behaviour yet there is a separation from the offender as a person.

Such limitations to applying restorative practises to elder abuse in Australia could be managed with careful planning and consideration. At a foundational level, safety of both the offender and victim need to be ensured with continual assessment of safety throughout the project and effective and in-depth screening over multiple sessions before uniting victim and offender (Hudson, 2002; Stubbs, 2004). Facilitators and practitioners need to be aware of and respond immediately to attempts of offender to attain control or power and an apology should not to be considered a reliable measure of the success of the approach (Stubbs, 2004).

Extensive and empirical evaluations of a project need to be conducted in order to ensure the aims and results are valid. Finally, there needs to be a clear denunciation of the abuse with integrated responses of community and criminal justice agencies to establish clear lines of accountability and monitoring of safety (Stubbs, 2004).

Looking to the future, despite the promising role of restorative practises as a form of intervention and prevention of elder abuse in the Australian context, there are still some fundamental questions left unanswered that are clear avenues for further research. Some of which include investigating the nature of the toxic shame experienced by offenders of elder abuse and whether this is true for all forms of elder abuse; if such a restorative approach is applicable to individuals from culturally and linguistically diverse or indigenous backgrounds; and the role of a greater public awareness, understanding and accessibility to restorative justice can form an interdisciplinary response to elder abuse perpetration.

Overall, restorative approaches provide a promising framework for healing the harm produced by elder abuse. Through the use of Braithwaite's (1989) reintegrative shaming the offender has the opportunity to be involved in the process, to explain their actions, to understand the impact of the harm and to become aware of the way in which their toxic shame could have precipitated the abuse. Most importantly, this approach allows the offender to shed the negative label, to restore their relationship with the older adult and their family and to reintegrate back into their community, ideally reducing the reoccurrence of abuse.

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