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Addressing elder abuse: service provider perspectives on the potential of restorative processes

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ABSTRACT

Older adults often rely on family and friends for care and support. Individuals providing support can take advantage of their vulnerabilities, resulting in neglect, physical, emotional, or sexual abuse, or financial exploitation. Conventional approaches, which older adults are often reluctant to pursue, utilize social service interventions, criminal justice responses, civil litigation, and case review multi-disciplinary teams. This project explored providers' perspectives on using restorative processes, alternative approaches that bring together the person harmed, the person committing the harm, and the community to address the harm and repair relationships. Researchers recruited and interviewed providers working with abused older adults, as referred by a community-based elder justice working group. Providers perceived that restorative processes have the potential to address and prevent social isolation, which often leads to elder abuse. We recommend providers explore restorative processes to address elder abuse, paying attention to implementation barriers and identifying appropriate methods for supporting and maintaining outcomes.

KEYWORDS

Intervention; culturally appropriate; restorative justice

Introduction

Older adults, particularly those experiencing physical and cognitive decline, often rely on family and friends for care and support in order to remain independent. Unfortunately, the same individuals who help older adults maintain their independence can take advantage of this need for support, resulting in physical, emotional, or sexual abuse, financial exploitation, or neglect. Elder abuse is experienced by 15.7% adults aged 60 and older, although only 1 in 24 cases is reported (World Health Organization, 2018). This problem will be compounded as the population continues to age, with those aged 65 and older anticipated to comprise over 20% of the US population by 2030 (Ortman et al., 2014.) Numerous studies find that family members, usually adult children and spouses, are the most frequent perpetrators of

elder abuse (Acierno et al., 2008; National Center on Elder Abuse, 2019; True Link Financial, 2015).

Conventional approaches to addressing elder abuse include social service interventions (such as adult protective services), criminal justice responses, civil litigation, and more recently, multi-disciplinary teams (Moore & Browne, 2017; Office of Child and Family Services, 2019; Stiegel, 2017). However, older adults are often reluctant to pursue these remedies, particularly when the person committing the harm is a family member (National Center on Elder Abuse, 2019).

An elder justice working group of governmental and community service providers and university researchers in a mid-sized northeastern city has been exploring potential alternative solutions to addressing elder abuse. The current study purposively recruited and interviewed service providers working with abused older adults, providers to whom researchers were referred by members of the elder justice working group. While participants explored a range of issues in current practice and offered their suggestions for alternative approaches to address elder abuse, this article focuses on their perceptions of the potential of restorative practice (RP) or restorative processes to address elder abuse and exploitation.

In the second half of their interview, participants were asked to review a definition of restorative practice and descriptions of restorative principles and practices, and consider their application to elder abuse. Restorative processes were defined as alternative approaches to address harm that bring together the person harmed, the person who committed the harm, and the community to address what happened, repair the relationships, and generate a plan for future conduct (Beck et al., 2015). Based on this brief introduction to restorative practice, participants saw that restorative practice had the potential to educate offenders about how their behavior is harmful, break the social isolation that makes the older adult vulnerable to abuse, heal relationships, and support caregivers whose struggles may be leading to abuse or neglect. Participants primarily defined success in RP as enabling older adults to restore and maintain the supportive aspects of their relationship with the person who had been harming them. Providers identified several implementation concerns when considering the use of restorative processes to address elder abuse. In light of the views of these providers and related research, the authors conclude that restorative processes should be explored as a possible approach to addressing elder abuse, with special attention to addressing implementation barriers and identifying appropriate methods for supporting and maintaining successful outcomes.

Background

The World Health Organization (2018) defines elder abuse 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.” The different types of elder abuse that can happen alone or, more frequently, in combination, include physical, emotional, or sexual abuse, neglect, or financial exploitation. Older adults who are physically, cognitively, or socially vulnerable are at greater risk of being abused (Acierno et al., 2010, 2008). The World Health Organization (2019) estimates that 15.7% of adults aged 60 and older, or one out of six, experience some type of abuse. However, because only 1 in 24 cases of elder abuse is reported, actual numbers are much higher.

Elders at risk of abuse

Characteristics of those being harmed and of those committing harm are relevant when considering effective elder abuse interventions. Research indicates which populations of older adults are most at risk of elder abuse, with risk being described generally as “vulnerability plus exposure” (True Link Financial, 2015). The risk of experiencing financial exploitation is greater for women, racial and ethnic minorities, older adults who do not use social services, those who have greater need for assistance with activities of daily living, and older adults who do not have a spouse or partner (Chen & Dong, 2017; National Center on Elder Abuse, 2019). One study found that those who are “extremely friendly” experience financial losses at a rate four times greater than those with a more average degree of friendliness (True Link Financial, 2015). The risks of other forms of elder abuse are greater for older adults living with a large number of family members, those living in poverty or with lower incomes, those with poor physical health and other risks of impairment, and older adults with inadequate social support (Acierno et al., 2008; National Center on Elder Abuse, 2019). It is estimated that approximately 50% of elders who have dementia have experienced abuse (National Center on Elder Abuse, 2019).

Characteristics of persons committing abuse

The majority of community-dwelling older adults who are abused by family members, either adult children or spouses (Acierno et al., 2008; National Center on Abuse, 2019). Individuals who perpetuate elder abuse are more likely to be unemployed or facing financial challenges, to have a history with law enforcement, to have substance abuse or mental health problems, to have health problems of their own, and to have lower levels of social support (Acierno et al., 2008; National Center on Elder Abuse, 2019). Other than family members, those most likely to financially exploit older adults are friends, neighbors, and home health aides (National Center on Elder Abuse, 2019). Research regarding the demographics and situations of those

committing specific kinds of harm is limited, but there is increasing awareness that they are a heterogeneous group with notable patterns, associating characteristics of the person committing the harm with the specific type of abuse (Jackson, 2016). Jackson identifies adult children as the relatives most likely to commit neglect, followed by partners, acquaintances, and other relatives, while partners are identified as the most likely perpetrators of physical abuse, and family and care workers as the most likely to financially exploit older adults (Jackson, 2016).

Current strategies to address elder abuse

The complexities of elder abuse and exploitation present challenges for identifying potential interventions. Traditional legal remedies for harm of this type are law enforcement, prosecution, and civil action. However, many older adults do not want to pursue these options. Considering the large percentage of perpetrators who are family members, it is understandable, for example, that a grandmother may not want to feel responsible for her granddaughter going to jail (Beck et al., 2015). Furthermore, the older adult may be reluctant to participate due to conscious or unconscious anticipated trauma from the prosecution or civil litigation process.

Many older people have complex, interdependent relationships with the people who are harming them (Clarke et al., 2016). Older adults may be grateful for the assistance these family members provide because it enables them to live independently, and they may also feel responsible for supporting these same family members. Some older adults may feel shame about their need to depend on others for their care and daily needs, or that one of their own family members would treat them with such disrespect. Finally, some may view this abuse as a relatively small price to pay for the ability to live independently, and although fully aware of the exploitation and other abuse occurring, reasonably choose to ignore it.

A place for restorative practice

The dynamic confluence of factors that shape elder abuse result in a complex social problem, and existing solutions have many limitations. This problem calls for additional and creative interventions. Restorative principles offer potentially viable alternatives. There are various definitions of restorative justice, restorative practice, and restorative principles. Howard Zehr and colleagues defined restorative justice as “an approach to achieving justice that involves, to the extent possible, those who have a stake in a specific offense or harm to collectively identify and address harms, needs, and obligations in order to heal and put things as right as possible” (Zehr et al., 2015). The three principles on which restorative justice is based

are: 1) wrongdoing violates people and interpersonal relationships; 2) these violations create obligations to the persons harmed; and 3) the central obligation of restorative processes is to right the wrongs, or repair the harms caused by wrongdoing (Zehr et al., 2015).

Restorative principles and processes support healing and reconciliation in conflict situations and involve the person harmed, the person who did the harming, and the community (Zehr et al., 2015). Restorative processes, which are based on problem-solving models used by indigenous groups in countries like New Zealand and the United States of America, promote the repair and reconciliation, or the rebuilding into a new, healthier relationship, of the underlying relationship which has been damaged by the conflict (Beck et al., 2015; Zehr et al., 2015). Restorative processes provide opportunities for the person who was harmed to obtain reparation for harm they have experienced and resolution of conflict with the person committing the harm, for the person committing the harm to understand the effects of their behavior and to take responsibility, and for the community to promote well-being and prevent future offenses (Beck et al., 2015). The specific restorative processes with which these goals can be achieved will vary based on the type of conflict being addressed and the setting in which the conflict occurs.

Restorative justice practitioners have developed several dialogue-based restorative processes that are highly adaptable to specific practice settings and disciplines. Among the most commonly used processes are peacemaking circles (Pranis, 2005; Zehr et al., 2015) and family group conferences (Dijkstra et al., 2016). Common features of these processes include guidance from a trained facilitator, preparation of the individual parties, attention to inter-connecting relationships, third-party participation, an emphasis on storytelling, listening, and being heard, and practical agreements. Of these two processes, peacemaking circles may hold the most promise for addressing elder abuse.

Peacemaking circles involve facilitated conversations (often several) between the person harmed and the person who committed the harm, and usually involve family, friends, support people, and the larger community. Community involvement is critical to the peacemaking process, as disputes between individuals can negatively impact the community and the resolution often relies on community support (Zehr et al., 2015). The peacemaking process typically ensures that every person in the circle has an opportunity to speak by passing around a “talking piece” or similar instrument that designates each person’s turn to speak at a given time (Pranis, 2005). Peacemaking circles typically involve four stages: 1) screening for appropriateness; 2) meetings with the involved parties and others to prepare for the session; 3) the circle process itself, hopefully leading to a resolution; and 4) implementation of the plan that was developed (Pranis, 2005; Dandurand & Griffiths, 2006). There is no search for truth; rather, the goal is “a consensus

decision that focuses on healing and restitution, not punishment” (Wolf, 2012).

Restorative processes have been utilized in a variety of contexts such as addressing juvenile offenses (Bradshaw & Umbreit, 1998), addressing behavioral issues and student disputes in schools (Davidson, 2015), resolving custody issues (Daicoff, 2015), and most recently, in situations of domestic violence (Coker, 2006; Mills et al., 2013). Despite the growing popularity of using restorative processes to resolve conflict, few programs explicitly utilize restorative processes to address elder abuse, and there are no peer-reviewed publications of studies evaluating the use of restorative practices in this context. One early model was the Waterloo Restorative Justice Approach to Elder Abuse, developed in Ontario, Canada in 2000 (Groh & Linden, 2011). The Waterloo project aimed to increase the reporting of elder abuse, to assist individuals who experienced elder abuse using peacemaking circles, to encourage personal responsibility, and to promote healthier relationships (Groh & Linden, 2011). The Caring for Native American Elders project (Holkup et al., 2007) and the Jamestown S’Klallam Family Group Conferencing Project (Nerenberg, 2008) were implemented in the United States in the 2000s using family group conferencing as the restorative component of their programs. Caring for Native American Elders was a community-based, elder-focused, and family-centered intervention in a northwestern Native American community that aimed to prevent elder abuse and mitigate its impact (Holkup et al., 2007). The Jamestown S’Klallam Family Group Conferencing Project, sponsored by the United States Administration on Aging, addressed family conflicts that negatively impacted the care of elderly parents through a culturally anchored service that enabled families to determine their own solutions to conflict (Nerenberg, 2008).

The Nova Scotia Restorative Approach with Seniors Network is a collaborative network that includes representatives from the departments of Justice and Aging, legal counsel, government and community stakeholders, the police, and safety officers, and is designed to address older adults’ need to be heard and feel safe, provide input throughout the process, and experience meaningful accountability (Yerxa, 2015). The Choice Project was established at the University of Aberstwyth, Wales with the goals of raising public awareness about elder abuse and effective responses, and to design new approaches to justice based on restorative principles (Choice Project, 2019). Program components include a Well-Being service, which provides an alternative to civil and criminal remedies, a Choice Support Worker, who works with older adults to identify their options, and a Choice Practitioner, who provides follow up support for up to 18 months following the initial intervention. Project Daybreak Bluebird in southern England provides family group conferences to assist extended families in making decisions with and for older adult members of the family to address issues such as domestic violence, physical, emotional,

or sexual abuse, or where the elder wants to live (Daybreak Family Group Conferences, 2019). More recently, a new project, *Kōrero Tahi: Using Restorative Circles for Addressing Harms Experienced by Older Persons*, began in Wellington, New Zealand, and aims to develop a victim sensitive model that empowers older people to have a voice, strengthens positive family relationships, and promotes justice and accountability (Victoria University of Wellington, 2019). Commonalities among these programs include interdisciplinary collaborations, comprehensive approaches with multiple options, models specifically tailored to individual cases, specialized training for restorative practitioners, and education for community members and other community providers.

While there is limited published information about the successes and challenges encountered in programs utilizing restorative principles to address elder abuse, restorative processes do hold promise in this context. They offer alternative interventions that avoid lengthy and potentially traumatic legal disputes. Restorative practices have the capacity to repair the relationship between the older adult and the person committing the abuse. They also empower the older person to participate in crafting an effective resolution and facilitate identifying necessary community supports that enable the older person to continue to live independently. Therefore, this study sought to determine if service providers working with abused older adults in the local community would be supportive of the development of a restorative project to address elder abuse in a medium-sized northeastern US city.

Methods

Sample recruitment

Members of the afore-mentioned working group, which included members of governmental and community social service agencies serving the aging, a restorative justice practitioner, and a mediator, referred the researchers to service providers across the county experienced in working with abused older adults. We invited 30 potential interviewees, and 12 agreed to be interviewed. Each interview included a brief oral and written introduction to RP. Interviews lasted between 28 and 120 minutes, with an average length of 75 minutes. Providers practiced in various domains – social work, elder care outreach, risk management, law, case management, law enforcement – and in various settings – lower-income senior housing, doctors' offices, and geriatric emergency departments, banks, domestic violence agencies, social service agencies, adult protective services programs, and community centers. Providers were interviewed between April and September of 2018, at each provider's place of work, and were digitally recorded with the provider's consent (see sample questions, Table 1). Due to small sample size and small

Table 1. Sample interview questions.

When you or your organization has provided services to those victimized by elder abuse and exploitation, can you estimate in what percentage of cases the problem was successfully resolved? Can you describe some examples of how these cases were resolved?
What, for you, defines an unsuccessful resolution of an elder abuse or exploitation situation?
For those victims who declined services, what were the reasons given (answer questions for each case)?
In your experience, what interventions have been the most successful in addressing elder abuse and exploitation?
Based on your experience, do you think these restorative practices could be useful for addressing elder abuse in your practice?
Restorative practices are used in a variety of models. The models include a victim/offender dialogue, which is a facilitated conversation between the two; family group conferencing, which involves the victim and offender as well as professionals and community members; and circles with a talking piece, allowing for parties to talk without interruption. Which of these components of restorative practice would you recommend including in a restorative model used to address elder abuse and exploitation?
If restorative practices were used to address elder abuse and exploitation, how would you define a successful result?

community of providers, participants are identified by pseudonym initials and practice domain. This study was approved by the university's Institutional Review Board.

Data analysis

A third-party agency conducted verbatim transcription of de-identified provider interviews, and analysis began after transcription of the first interview was completed. Coding was conducted using NVivo software. The first author analyzed the data using inductive analysis to identify semantic themes, or themes based on the explicit meaning of participant responses (Braun & Clarke, 2006).

Analysis focused on what participants said, rather than looking for meanings underlying their responses, as the study was primarily interested in participants' lived experiences and perceptions based on those experiences. Participant responses were initially coded by identifying the most frequently used words (e.g., abusers, abusive, abusing) or word stems (e.g., abuse) in the data, and responses containing these stemmed words were then grouped with other responses containing related words into nodes or general thematic areas. Responses included in these general thematic areas were read as a group and organized into related themes. Once a potential theme was identified, responses within these themes were grouped according to commonalities and differences in experiences related to the organizing words or phrases. Having identified patterns among these responses, the first author summarized and interpreted them to theorize the significance of these patterns and their broader meaning and implications. A faculty consultant with extensive qualitative data coding experience evaluated the coding of these interviews to check perceptions of the initial analysis and to confirm the validity of the analysis. Differences in interpretation were discussed, and consensus was achieved.

The authors assured quality control and validity by following Yardley's (2000) four principles for assessing quality in qualitative research. The principle of sensitivity to context was addressed through study design, by developing rapport in each interview, and by using verbatim extracts from interviews to support emerging themes. Commitment and rigor were demonstrated by recruiting participants most appropriate to address the research question and by engaging an external expert in qualitative methods to review our coding methods and results. Yardley's third principle, transparency and coherence, was achieved by our clear description of the methods in this article, and by clear expression of emergent themes in the data. Yardley's final principle, impact and importance, relates to extending elder abuse research to explore questions of current practice and the potential of RP to address elder abuse. The researchers also demonstrated impact and importance through their intention to provide data for use in applications seeking funding to develop and provide restorative processes to address elder abuse.

Findings

Defining and measuring success in current practice

Interviews began with providers describing their current practice as it related to elder abuse, and programming their organization provided to abused older adults. Providers were asked to define success in their current practice and in hypothetical RP. These definitions often differed and were shaped by each provider's personal experiences in working with affected older adults. As seen in these examples, many providers defined success in their current practice as ending the abuse and restoring safety in the lives of their clients:

Ideally, the person is safe, able to remain in their own home or setting that they want to stay in. Uh, no longer being exploited, harassed, neglect, whatever is occurring and brought back to their safe setting prior to that. . . . most of our clients aren't looking for anything more than that to happen to family members or people that are probably causing problems for them. Sometimes our perspective, we would like to see criminal actions or civil actions or repayment of money if it's a financial case, but the primary focus is making sure that abuse is stopped and that the person is in a safe setting (O.M., law).

. . . a successful thing would be if they could get some help, get some supports in there, and either get the patient put into a safe situation but still be able to follow them and know that the caregiver was, I think, had gotten some help themselves instead of having to, you know, live with this knowledge of their abuse and frustration (M.K., social work).

Several providers recognized there were often very specific constraints, related to each older client's wishes, which did not allow for their ideal definition of success. In some cases, providers in agencies focused exclusively on elder abuse aimed to achieve an incremental measure of success, in the hopes that

they could arm their clients with information to potentially make positive changes in the future:

It's probably not the way that others might define success . . . if somebody's in an abusive relationship, we want the person to leave their abuser. But I think sometimes just leaving that person with something, some information, you know, helping them gain some insight into the issue that maybe they didn't have prior to that. I think I look at that as being a success . . . It's very small, obviously . . . Sometimes we don't get the outcomes that we want and, you know, that can obviously be disappointing because we do want people to make great choices and, you know, be safe and all of that (J.H., social work).

Other providers, such as those who worked in senior centers, were very aware that while they wanted to put an end to elder abuse, any successful interventions to stop elder abuse still cannot guarantee successful aging:

I feel as though our elders deserve the right to live out their senior years with some form of dignity, as opposed to a sense of helplessness and hopelessness. You know what, why be concerned that this nephew, or cousin, or son, or daughter is taking my money when nobody cares anyway? . . . So even if you could remove the abuse, they're still not gonna have what you would define as a successful resolution because they're neglected by society and all the limitation we put on them as older adults (M.P., eldercare outreach).

Provider definitions of success in current practice differed based on discipline or practice setting and depending on the direct or indirect nature of their institution's relationship with a client. For example, international financial service providers, who do not interact directly with individual clients, had more than one way to measure success:

. . . when we have a potential victim of elderly abuse and let's say someone's trying to scam them out of money then the goal is to pick up on that and pick up on the red flags and mitigate that, prevent that money. A lot of the times that's not the way it happens because unfortunately the money's already gone before it's reported to us, but a true success would be to prevent that and mitigate that before it happens, right, and prevent the loss. Then the secondary success would be our role in getting that data over to the, uh, regulatory board (V.S., risk management).

After defining success in their current practice, providers were asked to estimate what percentage of cases in which they or their organization had provided services to those victimized by elder abuse and exploitation in the last year were successfully resolved. Provider estimates of the proportion of elder abuse cases resolved successfully in the prior 12 months ranged between 10% and 95%. This wide range of success rates was linked to differences between practice settings, with higher rates in legal, law enforcement, and financial settings, and lower rates in health care housing, adult protective services, and other human service settings. For example, law enforcement could be more selective in which cases they took compared to adult protective services, which were required to address all cases within their statutory mandate. Similarly, financial exploitation was specific and

measurable, while other types of abuse were not quantifiable. Further, staff in settings like senior housing or a medical practice had role limitations that curtailed the extent to which they could intervene in their older clients' lives.

Local financial institutions, where staff enjoyed personal interactions with their elder clients, resolved about 50% of cases successfully, meaning that the exploitation was stopped, the elder was able to end the abusive relationship, or the elder had gained insight into their situation that they had not previously understood. As previously mentioned, international financial service providers defined success in two ways: primary success or preventing exploitation, and secondary success or reporting data about elder financial exploitation. Success rates varied greatly based on the definition of success.

Well in the primary goal of identifying and mitigating, it's very low, so I would say maybe ... so let's say there's 200 cases, I'd say maybe 10%. ... in the secondary goal of reporting ... following the reporting requirements and getting it through to the regulators and into the databases and to law enforcement I'd say 100%. We're extremely focused on making sure that we get the data where it needs to go (V.S., risk management).

When intervening through legal action in a governmental agency to protect financially exploited older adults, 80% to 90% of financial exploitation cases were resolved successfully, when the provider defined success as making the elder safe from exploitation, whether in their own home or in another desired setting.

Now the question that comes on the backside is whether that translates into that ultimate goal of everyone being, you know, a person being safe in allowing to continue on in a setting they were in because sometimes that doesn't happen. Maybe they have to go to a more restrictive setting like, can end up in a nursing facility or something in. But from the legal perspective very high ... I'd say, you know, 80-90 percent, that I feel that we're able to come up with the result that we were looking for and getting the person safe. And a lot, it's a lot harder on the cases I'm just advising on how we're, because a lot of them tend not to, tend to be ongoing. It's really, and a lot we're able to make safe without having to take legal intervention which I think is a bonus too (O.M., law).

When law enforcement intervened, 95% of cases were resolved successfully, with success defined as improving the elder's quality of life – e.g., are they less fearful and worried, are they coming out of their shell, and are they feeling social again:

... a lot of my victims, a lot of people I've checked on go from having an extremely stressful and anxiety-ridden life to a complete turnaround. Quality of life is night and day. So, if they're able to fear, feel less fear and not worry that this situation is gonna come around again and things, I consider it a huge success ... (R.P., law enforcement).

In general, providers in legal, law enforcement, and financial settings reported greater percentages of successfully resolved financial exploitation cases than providers in other settings, with each applying their own definitions of success.

Defining success in restorative practice

Most providers found it challenging to define success for processes with which they were unfamiliar, although many defined successes in hypothetical RP contexts differently than they defined it in their current practice. Several providers had identified social isolation as both a risk factor for elder abuse, and a potential result of interventions in elder abuse. To stop abuse and exploitation, their clients often had to cut off the only family relationship they had, which increased their social isolation, making them more vulnerable to future abuse or exploitation. Given that reality, provider definitions of success in RP focused primarily on the possibility of the older adults being able to restore and maintain the supportive aspects of the relationships with the persons who had been committing harm:

I do think the goal being restorative is that that broken relationship or that abusive relationship not only has stopped but maybe we're able to, with the intervention with the perpetrator, that the, there is some rebuilding a relationship with the victim too . . . rather than them not having the familial contact that can continue (O.M., law).

It depends on the kind of abuse. But I think if there is a way that the abuser can understand the impact of what they have done to the person, and the person can – you know, they can't change it, they can't change their disability, they can't change their cognition, but if they can somehow get to that feeling of understanding that person's situation. . . I think if you had different ways of financing care or financing support, I think that maybe there would be less financial abuse and I think there would be less physical abuse out of frustration. So I think a good resolution would – I'm not sure exactly what it would be, but some sort of level of forgiveness (M.K., social work).

Guess I would have to say that if the person who's exploiting them either is removed or realizes that they shouldn't be doing what they're doing, and they are able to continue the capacity to help the person without, you know, taking funds or whatever they've been doing. . . so the person can live how they want to. . . I guess it's probably as successful as we can be (G.E., risk management).

Perhaps one of two ways. A successful result would be if there was a long ongoing relationship between the perpetrator and the victim. That after, that had just the victimization take place more recently. Is, is there a way to go back to for both folks, one to be comfortable and one to make amends and learn. To get back to whatever that original relationship was, friendship if it's family members, or something else (F.D., housing management).

Providers in senior centers and low-income housing defined success focusing on the reciprocal nature of restorative processes:

Okay. If it's using the circles, I would consider it successful if everybody was given that opportunity, and that they felt that their concerns, comments were heard. Definitely (M. B., eldercare outreach).

I think all parties would feel that they've been heard. All parties would leave feeling that their um their needs have been addressed um again whether or not it's the... either [the] person who is the victim or the party who was involved, that they've been listened to and they're understood... (E.C., social work).

Potentials of restorative practice

Most of the interviewed providers saw different aspects of RP as potentially advantageous for addressing elder abuse. In particular, they saw opportunities to: 1) educate offenders about how their behavior is harming the older adult; 2) involve other stakeholders which could help break the social isolation that makes the older adult vulnerable to abuse; 3) heal relationships; and 4) support caregivers who are committing abuse or neglect because of their struggles with caregiving itself.

I think more not specifically for the offender and the victim to know each other. But for maybe the offender to see the larger picture.. (M.B., eldercare outreach)

... there's a lot of advantages, ... if this is a formalized process that, and you had formal stake, formal platform of stakeholders and it involved the legal community, the justice community, you know, victims' families, anybody you had that education would most certainly be a part of it. (V.S., risk management)

Well, I think it would bring closure. If you could get people on the same page so that the caregiver felt that they were providing the services that the family needed and they were affordable and the patient felt supported, I think you would have a good closure as things fade. (M.K., social work)

The providers' own practice experiences shaped their perceptions of the usefulness of RP in addressing elder abuse, and of its usefulness for different kinds of abuse. Providers in all practice settings were very aware of the potential damage that can occur in families when trying to stop elder abuse.

... that's definitely something that would be useful, you know. Restoring family dynamics, you know, trying to do that. We see so many cases where families are just, you know, ripped apart by this stuff, you know ... I find that to be so, so sad. (L.J., social work)

The majority of participants believed that RP has some potential for addressing elder abuse. That potential would depend on the type of abuse being addressed or the reasons the abuser engaged in the abuse. The applicability of RP in addressing these cases would also depend on the structure within which it would be implemented. For example, would RP be implemented as a voluntary program, or as a diversion from criminal justice?

I would think in financial abuse, that it would be the most helpful. . . I think a lot of times that it could be from lack of knowledge. I think [the perpetrator] having that knowledge and understanding of the people that are directly affected by the events. (M.B., eldercare outreach)

. . . if something like this is done prior to involving the criminal justice system, this gives, think about it, the victim and the perpetrator the opportunity to resolve, restitution, rebuild that relationship without.. because see, here we go with that stigma again getting the criminal justice system involved. Don't want them in my business. But this might have to be a mandate of some kind, you know? (M.P., eldercare outreach)

Some providers, however, had reservations about the usefulness of RP for addressing elder abuse. They expressed doubts about whether the abused elders' lives or finances could be restored and what restoration would look like, or if the relationships between the abused elders and their abusers can really be restored. In some cases, their reservations were not about whether restorative processes can work, but about how they would *actually* work. Providers with these concerns were generally in positions with a primary focus on elder abuse, rather than it being one of the multiple types of issues they addressed in their work, or those who had very limited influence over perpetrators in their daily practice, such as in medical offices or housing. The level of exposure or limited influence seemed to inhibit their ability to imagine alternatives different from the existing interventions relied on in their current practice.

I don't want to say no, I don't want to give a flat out no. . . I don't think it would work. To be honest.. I mean how does that work, the money is gone, that was their life savings now they have nothing, how would restorative justice make that person whole again? (J.H., social work)

I can't see why restorative justice wouldn't work, but I can't picture how it would look in some of these situations. (M.K., social work)

Other reservations of providers who worked primarily with perpetrators of elder abuse were related to the perceived nature of people who abuse or exploit older adults and were based on their experiences interacting with abusers, particularly those with substance abuse or mental health issues. In these providers' experiences, many abusers engaged in abuse because they were not motivated to behave otherwise, and they believed restorative processes would not be able to change the underlying motivations for abuse.

I think this is some of the worst exploitation when it involves an elder, I don't think a lot of these offenders . . . want help. For the most part they continue to do exploitation or steal or something elsewhere. So it's really difficult for me to say I think if this were implemented or we did have the availability to do this which they currently do, with some probation and things like that . . . when people who are on drugs or have addiction problems, we have a lot of resources which I always

offer to them. I haven't had success, good success with that. So, I mean, I think the success rate would be small. (R.P., law enforcement)

Implementation concerns

Several providers expressed concerns about how restorative interventions could be implemented. They were doubtful that facilitators of restorative processes could motivate people who abuse older adults to participate in the process or agree to give up their abusive behavior. Based on their experiences in various practice settings, the providers doubted that individuals with a history of this criminal behavior could be trusted to not also scam the facilitators throughout the restorative process itself. If the abusers did agree to make changes in their abusive behavior or to seek treatment for problems underlying that behavior, several providers wondered how to ensure that abusers would keep the commitments they made during the process.

I'm just wondering what the.. reinforcement is for people who are abusing their parents or anybody that's abusing somebody, you know, to stick to the plan. (G.E., risk management)

They've, they've understood and they've played a certain game, so they're only gonna be playing a game for restorative justice. They're gonna look at it, it's just another step in another game to get what they want. (V.S., risk management)

How would you track long term results? You could go through all of this and it all go good, and you've reestablished the healthy relationship. There may have been some things put in place where that individual now has their own financial control back, but how would you track? This could last three months and then they're back again because there were no criminal consequences. (M.P., eldercare outreach)

Many providers expressed concerns about the participation of older adults who have advanced cognitive impairment or impaired capacity. For example, J.H. (social worker) stated that with respect to mild serious cognitive impairment, "I don't think it would be very successful there." Some believed that with the proper supports, even older adults with cognitive impairment could actively participate in restorative processes. Providers who frequently worked with older adults with dementia believed that in cases where the older adult has advanced dementia, they could still benefit from the outcomes negotiated on their behalf during restorative processes, even if they cannot actively participate in these processes themselves.

When you have a cognitive impairment, I don't know how you – and someone has wronged you, I don't know that people with that impairment, how easily they would be able to express – I mean, certainly they can. (M.K., social work)

... what this is about might not even make sense to them and might not ever make sense to them. So yeah, I guess there's a scale on if it's the second, third stage Alzheimer's, they

might totally agree today and then forget totally about what you said tomorrow. So yeah, I guess you would have to scale their cognitive level. (M.P., eldercare outreach)

Discussion

While the majority of the providers interviewed in this study were not familiar with restorative practice or different restorative processes, they found value in restorative principles. Many reported that abused older adults were often in danger of even greater social isolation when their relationship with their abuser was severed. They felt hopeful about the potential of RP to stop abuse and heal and maintain healthier aspects of the relationship between an older adult and the person who has been harming them. Providers saw that RP had the potential to educate offenders about how their behavior is harmful, to break the social isolation that makes the older adult vulnerable to abuse, to heal relationships, and to support caregivers whose struggles with caregiving are leading to abuse or neglect. Providers also identified several implementation concerns when considering the use of restorative practices to address elder abuse.

Over the course of this study, the authors identified several implications for potentially using restorative practice to address elder abuse, related to two primary categories: education and implementation. First, many service providers had not heard of RP or had a limited understanding of what RP would entail. Once educated, the majority saw potential in RP as a way to address elder abuse. Providers working with older adults need to be educated about what restorative practices are, and how they could be used in the context of elder abuse. One example of such education is a six-week online restorative justice course from Victoria University of Wellington, New Zealand (Farrar et al., 2018). This course is comprised of six weekly sessions that provide time to absorb information about restorative practice concepts and models and to critically examine events and opportunities in students' personal and professional lives to which these principles might be applied (Farrar et al., 2018).

Second, providers were concerned about the implementation of RP to address elder abuse. They were concerned about the motivations of the persons committing harm and their willingness or ability to take responsibility for their behavior, and the capacity of the older adults to participate in these processes. To address these concerns, RP in the elder abuse context requires tailoring the processes to each case and each older adult's objectives. The flexibility of RP allows providers to address concerns about the person who caused the harm, as well as concerns about the cognitive capacities of the older adult, in culturally appropriate ways. This flexibility is a strength of restorative practice.

Facilitators of any restorative process must be well trained and supervised in the process, and with knowledge of aging issues, and of mental health and addiction issues. RP interventions with older adults of diminished capacity or with cognitive impairments would need to involve supported decision-making, enabling the older adult to be actively involved in the resolution of the situation. Finally, RP interventions require sufficient resources to provide the services that both parties need to implement and maintain the agreed-upon resolution. Properly implemented and resourced RP interventions have the potential to restore the safety and dignity of older adults, while allowing them to establish healthy, interdependent relationships in their families, social networks, and communities. In light of these findings, providers should explore restorative processes as a possible approach to addressing elder abuse, with special attention to addressing implementation barriers and identifying appropriate methods for supporting and maintaining successful outcomes.

Limitations

It was difficult to cover the concepts behind the restorative practice and restorative processes adequately during these interviews. Most providers were unfamiliar or superficially familiar with RP principles and processes. The interviewer provided a fact sheet about RP during each interview, but this introduction was too superficial to provide the depth of information that most participants needed to fully understand how RP would be implemented, or to differentiate between restorative processes and other similar but non-restorative processes. Indeed, from the authors' experiences, really understanding the concepts behind RP requires a substantial investment of time and contextualized consideration of terminology, concepts, and definitions. This level of in-depth familiarity was not feasible in the context of these interviews.

Conclusion

Providers experienced in working with neglected, physically, emotionally, or sexually abused, or financially exploited older adults were interested in the potential use of RP to address elder abuse. The providers' current practices varied in definitions and degrees of success, but most providers were frustrated with low success rates when trying to improve clients' safety and quality of life. Restorative processes were seen as allowing for a very different type of successful resolution than providers are able to achieve, or aspire to achieve, in current practice. Providers were interested in the potential to address and prevent the social isolation that often places older adults at risk of abuse, and which can be exacerbated by terminating relationships between older adults and their abusers.

The implementation of RP to address elder abuse would require provider education to ensure an understanding of restorative principals and their potential application. Facilitators would need training and supervision to ensure the appropriate implementation of restorative processes and comprehensive understanding of issues that can affect motivation and capacity for change in the older adult and in the person causing harm. Restorative processes have the flexibility to be tailored to each individual case, and each older adult's objectives, in culturally appropriate ways. Interventions should provide sufficient supports for the older adult, including supported decision-making for those with diminished capacity or advanced cognitive impairment, and sufficient resources for both parties to implement and maintain the agreed-upon solutions to the problems underlying the abuse.

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