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# Restorative Justice With Older Adults: Mediating Trauma and Conflict in Later Life

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In a bold statement, the United Nations declared violence, abuse, and financial exploitation of older adults to be a worldwide human rights challenge (United Nations, 2010). To minimize the damage of victimization and the resulting trauma, the United Nations also encouraged member nations to adopt Restorative Justice (RJ) in the wake of crime and violence (United Nations Office on Drugs and Crime, 2006). Although RJ holds promise as an intervention to heal trauma and resolve conflict in later life, a limited literature exists in this area. This article explores ways that RJ can be used to help older adults bring closure to past wounds and harms, and to heal from trauma experiences. Using case studies, the article focuses on the RJ modalities of Victim–Offender Dialogue and Family Group Conferencing, both of which involve facilitated interactions between victims, offenders, and other involved stakeholders. The intent of the article is to highlight ways that RJ facilitates trauma healing, and its potential utility in work with older adults.

*Keywords:* family group conferencing, older adults, restorative justice, trauma healing, victim–offender dialogue

In 2010, the United Nations declared violence, abuse, and financial exploitation of older adults to be an important human rights challenge worldwide (United Nations, 2010). In the United States, the aging of the Baby Boomer generation and the resulting increase in the older population require additional efforts to understand and ameliorate harm during later life. As this population grows, there will also be the need to support older adults who experience other forms of dissonance and violence such as family conflict, intergenerational division, and discord within congregate living situations. To strengthen the well being of older adults, addressing these conflicts requires interventions that assure safety, resolve division, and address harmful actions.

*Restorative justice* (RJ) is theory and practice that promotes and supports healing and reconciliation in conflict situations. The United Nations Office on Drugs and Crime (2006) encouraged member states to adopt RJ in the wake of crime and violence. As the Office noted, RJ is a process of addressing crime that “provides an opportunity for victims to obtain reparation, feel safer and seek closure; allows offenders to gain insight into the causes and effects of their behavior and to take responsibility in a meaningful way; and enables communities to understand the underlying causes of crime, to promote community wellbeing and to prevent crime” (p. 133). RJ seeks to achieve these goals by harnessing the values found in Article One of the United Nations Universal Declaration of Human Rights (1948) in which all people “are endowed with

reason and conscience and should act toward one another in a spirit of brotherhood [sisterhood]” (Article 1).

In addition to being a human rights issue, restorative justice approaches also promote practices that reflect the cultural and intergenerational dimensions of family life. For example, Family Group Conferences, a type of RJ practice, yields positive outcomes for children and families (Sandau-Beckler, Reza, & Terrazas, 2005). Evaluations of these programs indicate that conferences are more culturally responsive as compared with typical standards of care practices, yield higher rates of satisfaction from participating families, and are associated with better exit from care especially for African American and Hispanic children. Findings also indicate that there is greater participation from extended family members who play a vital role in supporting families in their caregiving roles. Since these outcomes are also critical in care for older adults, RJ holds promise for dealing with issues in geriatric contexts and situations.

As a primary goal, RJ offers a process to support victims as they heal from crime, address conflicts including abuse and violence, and strengthen community ties and resources. These issues are significant for older adults who experience elder abuse, such as neglect, fraud, and violence within their homes and communities. As Crampton and Kropf (2011) note, “there continues to be inadequate responses in situations where older adults are at risk or have been harmed” (p. 271). Despite the potential synergy between RJ and gerontology, there is very little literature that brings these ideas together.

This article explores ways that RJ can be used to address issues of later life. The literature review begins with a discussion of trauma, including traumatic experiences that can be associated with involvement in the criminal justice system. Second, theoretical tenets and practices associated with RJ are presented with an emphasis on ways that RJ supports trauma healing. The article explores specific RJ practices that have potential efficacy with

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older adults, focusing on the methods of Victim–Offender Dialogue and Family Group Conferencing. Because RJ is currently an underexplored practice with older adults, the conclusion of this article provides several ways that a restorative approach can be used as a primary or complementary intervention to promote healing within families and communities of older adults.

### Late-Life Trauma

Trauma has been defined as “horrible events that occur in a person’s life that have the effect of producing a psychological ‘wound’” (Thompson & Walsh, 2010, p. 377). After trauma, individuals often believe that they have little control over life events, which seem unpredictable and often dangerous. As a reaction, victims of traumatic events may become hyper vigilant, avoidant, and isolated (Holowka et al., 2012; Pitchford, 2009). Older adults are at increased risk for experiencing negative and damaging consequences from traumatic events as a result of aging-related changes in functionality that make them vulnerable (e.g., fall-induced injuries) to compromised coping effectiveness (McGee, 2003). Although older adults have a relatively low rate of being direct victims of violent crime, the related trauma can significantly compromise physical and psychological abilities.

Trauma can be experienced at any time across the life course, however older victims fear possible criminalization, have a greater loss of trust, and more inconsolable despair than younger victims. For a trauma victim, events that are typically nonthreatening, such as leaving the house to go shopping, can become a source of anxiety and fear (Payne, 2005). During later life, the experience of harm or wounding exert profound effects on functioning as older adults may experience an accumulated dosage of traumatic events that persist across the life course (Maschi, Baer, Morrissey, & Moreno, 2013). Adverse outcomes of late life PTSD include chronic or recurrent depression, compromised coping abilities, somatic and health-related problems, and higher medication use (Acierno et al., 2007; Brady, Acierno, Resnick, Kilpatrick, & Saunders, 2004; Fridman, Bakermans-Kranenburg, Sagi-Schwartz, & Van IJzendoorn, 2011; Petkus, Gum, King-Kallimanis, & Wetherell, 2009).

Rather than random victimization, older adults are more likely to experience abuse and violence from close and proximal relationships. According to the *National Criminal Victimization Survey* (2014), 30% of older victims reported that their children or grandchildren had abused them. Caregiver offenses include neglect, intimidation, physical force, threats, mistreatment, confinement, and punishment that lead to injury, distress, deprivation, and even death (Karch & Nunn, 2011). The traumatic effects of elder abuse include profound physical, social, and emotional consequences that result in a myriad of physical and mental health challenges. (Fisher & Regan, 2006; Schofield & Mishra, 2004; Schofield, Powers, & Loxton, 2013). Thus, it is not surprising that elder abuse results in increased mortality (Anetzberger, 2012).

Older adults do not necessarily need to be victimized in late life to experience trauma at this point in the life course. Negative and harmful events experienced earlier in life can be reexperienced later, due to decreased social support, functional declines, or a catastrophic event that overwhelms coping (Lapp, Agbokou, & Ferreri, 2011) For example, Holocaust survivors reported higher

levels of PTSD symptoms than peers after the 9/11 attacks (Lamet, Szuchman, Perkel, & Walsh, 2008).

In addition to the multiple harms created in the wake of crime, criminal proceedings can add to trauma of those who have been victimized. Researchers have noted that victims’ involvement with the criminal justice system leads to higher levels of stress and somatic symptoms such as anxiety, depression, fatigue, and sleep deprivation that may cause additional physical and mental health limitations (Gray & Acierno, 2002). Individuals across the life span can be retraumatized through involvement with proceedings associated with the criminal justice system, and older adults in particular may be reluctant to report abuse to avoid fear of additional harm (Brownell & Wolden, 2003; Herman, 1992). As a result, elder abuse and neglect continue to be underreported (Greenlee, 2012) which leaves many older adults in vulnerable and dangerous situations.

### Overview of Restorative Justice

In its beginnings, RJ started as a critique of the criminal justice system which was described as the state stealing conflicts and the opportunity for their resolution from those involved (Christie, 1977). In response, Zehr (1995) argued that crime should be viewed as a violation of people and relationships, which carry obligations, and the duty for repair. Thus, RJ involves the victim, offender, and community (or their representatives) entering a process that “promotes repair, reconciliation, and reassurance” (p. 181). The critique of the criminal justice system as a process that retraumatizes victims, ignores communities, and focuses solely on the punishment of offenders has become a recurring theme within the RJ literature (Braithwaite, 1989; Zehr, 1995). Although there is no agreed-upon definition of RJ, there is agreement that its focus is on *transforming* conflict (Leonard, 2011).

### RJ: A Process to Repair Damage

RJ is a sensitive process as it involves encounters between the individuals who experienced harm and those who have caused damages. *Restorative practices*, which are prescribed processes for interactions, encounters, and meetings, are derived from indigenous values and methods of peacemaking that focus on affect, problem solving, and process (Zion & Yazzie, 1996). In a restorative practice, individuals affected by the crime or conflict meet to (a) share their narratives of what happened, (b) become aware of the personal impact of the event(s), (c) understand how each other was affected, (d) discuss residual needs that resulted from the conflict, and (e) decide on a way to repair damage. In cases where specific acts of repair are determined, an “agreement” about the reparative action to be taken is reached and signed among all of the participants (Beck & Wood, 2011; Umbreit & Armour, 2010). Repair can take many forms such as symbolic or tangible restitution, or may be a commitment to change behaviors or practices (e.g., seek substance abuse treatment or return to school) (Pennell & Burford, 2000).

As a conflict resolution process, restorative practices are unique because they are framed by *values* and *principles*, which are used to guide practice. Although not an exhaustive list, RJ values are often described with terms such as *respect*, *honesty*, *accountability*, and *empathy* (Zehr, 2002). Furthermore, Zehr (2002) refers to

*signposts* of RJ that include goals of empowering victims, responding to their identified needs, and simultaneously providing support to the offenders.

The process of RJ has the potential to heal those who have been affected by crime. In an effort to support the healing of both victims and offenders, RJ practitioners describe their work as *victim centered* and *offender sensitive*. Instead of placing the victim and offender in oppositional positions, RJ opens the process for communication and dialogue.

A powerful component of RJ is the opportunity of victims to tell their stories to people who have caused them hurt and injury. The public and private narration of the trauma and loss supports post-traumatic resilience and repair for those who have experienced harm (Neimeyer, 2006). Victims who voluntarily meet with offenders report “feelings of relief, an improved capacity for integrating what has happened to them, and a gratefulness for not being forgotten or unheard.” (Umbreit, 2001, p. 60). Victims who spoke or met with offenders indicated a decreased preoccupation with them and a reduction in their overall sense of fear (Umbreit, Vos, Coates, & Brown, 2003).

### RJ: A Method to Address Unanswered Questions

As part of the dialogue, victims also have the opportunity to directly discuss the harmful circumstances with their offenders, including unanswered questions surrounding the events. Some of the most difficult aspects of victimization are the troublesome questions, such as “Why me?” and “What could I have done differently?” For example, 50% of victims in one study indicated that seeking information was an important component of their decisions to pursue RJ. Some participants talked about relief associated with confronting their offenders requiring them to listen (Umbreit et al., 2003). RJ is not a panacea, however, and some people leave these encounters with mixed emotions including burden and sadness. For these reasons, preparation and involvement of a skilled practitioner is a crucial part of the process (Umbreit et al., 2003).

In cases of systemic harming that involves more than two individuals, the restorative practice of *conferencing* is used to bring affected parties together with the goal of transforming conflict. Often, participants in this type of forum enter with negative feelings and emotions. However, as participants address questions such as, “What happened?” and “How did it make you feel?” a typical scenario is that participants begin to express their sense of indignation associated with negative feelings and release what Abramson and Moore (2002) refer to as “toxicity.” With the ongoing discussion, participants begin to reflect on their conflicts in more detail and will often hear or feel something surprising. Within that moment, participants’ perspectives of their conflicts move from a place of polarity (us vs. them) to coconstructed viewpoints. As each participant modifies his or her perspective and recognizes that he or she has both a role in the conflict and a stake in its ending, participants experience the sensation of *collective vulnerability* (Abramson & Moore, 2002). From this emotional place, participants can begin to seek solutions that result in emotions of interest or joy (Beck & Abramson, 2011).

### Restorative Justice: Healing & Mediating Conflict for Older Adults

Healing is a common and desired outcome of the RJ approach. Regaining control, reducing fear, and increasing understanding are just a few existential outcomes. To achieve these results, various techniques are used to facilitate interactions between victims, offenders, and involved stakeholders.

Since the RJ process brings together an individual who has been wounded with the offender, a practitioner who has received substantial training should always facilitate RJ interventions. Training is critical because of the sensitive nature of the topics, the potential for retraumatization, and the ability to make assurance of safety. In situations that include a power imbalance (e.g., gender issues such as domestic violence) a trained practitioner works with the parties to make decision about the appropriateness of an encounter and how to mitigate existing imbalances (Leonard, 2011). In the following sections, descriptions of RJ applications, case examples, and discussions of healing effects are examined within the context of later life trauma and harm.

### Victim–Offender Dialogue: Addressing Grief and Loss

*Victim Offender Dialogue*, is a facilitated meeting between victims and offenders. In all cases, a trained facilitator works separately and extensively with both the victim and offender. An important part of this work is to ensure that offenders accept full responsibility for their actions and victims think about what they want to say to and ask of the offenders. In keeping with the principles of RJ, participation in a Victim Offender Dialogue must be voluntary. A case example is provided to illustrate Victim Offender Dialogue and the healing process that takes place.

**The murder of a young mother: Case example.** Cathy was murdered at age 26 by a young man, Gary Bowen. Victim–Offender Dialogue was scheduled to facilitate communication between Cathy’s mother and daughter, Linda and Ami, and the offender, Gary. This actual case study is based on the published record of the dialogue, which includes a film for the news magazine 20/20 (Jackson, 2001) and a published book (King, 2003). The case is used here to highlight trauma, healing, impact of crime on intergenerational relationships, and family rebuilding. As a result of the Victim–Offender Dialogue, this family was able to share their experiences, request missing information, and explore a more complete way of understanding their interconnected trauma.

In 1986, Cathy was abducted from a gas station and found dead four days later in her car. Following her murder, Cathy’s mother and stepfather adopted her 5-year-old daughter, Ami. At the time of the Victim–Offender Dialogue that took place 15 years later, Ami was 20 and was a young mother herself. Linda was 60 (Jackson, 2001; King, 2003).

After Cathy’s murder, Linda tried to reconcile her grief by following many of the suggested activities for the bereaved, including attending victim support groups. Despite her efforts, Linda felt something important was missing from her healing. Upon learning about RJ and the Victim–Offender Dialogue technique, Linda and Ami chose to pursue this course of action as a way to move out of anger and confusion and toward forgiveness and acceptance.

During preparations for the Victim–Offender Dialogue meeting, Linda and Ami articulated what they hoped to gain from the process. Ami wanted to learn all she could about her mother, as she was so young when Cathy died. Linda continued to be plagued by unanswered questions, invasive feelings about how the murder could have been prevented, and missing details about the night of Cathy’s death (Jackson, 2001; King, 2003). She wanted closure and needed help resolving these unfinished aspects of losing her daughter.

On the day of the dialogue, Linda brought pictures of Cathy to show Gary. She began the conversation by saying that she wanted to make sure Gary knew how the last 15 years had unfolded for the family, including both good and bad experiences. She also wanted to know more about his life since Cathy’s death. Linda also described how the pain of Cathy’s murder reverberated throughout the family, including the necessary reconfiguration of the family, which referred to her becoming a custodial grandparent to Ami. During her turn to speak, Ami explained to Gary the way in which her childhood was marred by both loss and fear. She also wanted him to know that as a mother of a one-year-old, she felt a renewed sense of loss because her child does not have a maternal grandmother (Jackson, 2001).

During the dialogue, Linda requested more information about the events of the night that Cathy was killed, because the information the family had was incomplete. For example, Linda’s son feared that car trouble had aided in Cathy being targeted. He was especially troubled because Cathy asked him to look at her car when she was having problems. Because he did not, he worried that car trouble led to her subsequent abduction and he felt responsible for Cathy’s death (Jackson, 2001; King, 2003).

Gary provided responses to unanswered questions and clarified incorrect assumptions while filling in details about the night of the abduction. For example, he stated that Cathy’s car seemed to be working fine and she was getting gas—her car had not broken down. He also talked about his experience being convicted and incarcerated, and what these past years had been like for him. Additionally, Gary told Linda and Ami that Cathy’s last words were “I forgive you and God will too.” Upon hearing this poignant remark, Ami revealed that she gained a deeper understanding of her mother, and Linda reported that Cathy stayed true to her compassionate nature even at the end of her life (Jackson, 2001).

The dialogue process took most of the day, during which everyone had the chance to tell parts of the story about Cathy’s death and impacts of this event on their lives. As a result of this facilitated discussion, additional information was shared that created a new perspective about trauma shared by the family. At the conclusion, Ami, Linda, and Gary all described the day as amazing and expressed how they had grown from the dialogue (Jackson, 2001).

**Victim offender dialogue as a healing process.** The goals of empowerment and healing inherent in Victim–Offender Dialogue make it an appropriate intervention for older adults struggling with the aftermath of victimization. As the case of Cathy demonstrates, the outcome of this tragedy included grief, loss, and family reconfiguration. Although the person who abducted and murdered Cathy was convicted and sentenced, family members continued to experience unanswered questions, which interrupted their ability to accept this trauma as part of their family history.

Linda, Ami, and Gary shared their stories and addressed questions about the events that took place. By processing the loss of Cathy, both family members were able to talk about the meaning of this experience in their life. In addition, Gary was able to provide information—and even reassurance—that had meaning for the family. As Chaitin (2014) notes, dialogue allows space to open up between speakers so that a cocreated and meaningful relationship can result in transformation. In the present case, Gary asked Linda and Ami if he could continue to check in with them and report the ways in which he has changed and they wholeheartedly agreed. As the case illustrates, the dialogical approach provides participants a way to negotiate multiple beliefs and reauthor trauma narratives into a meaningful account of events that clarify trauma memories for those affected (De Haene, Rober, Adriaenssens, & Verschuere, 2012).

When people engage with trauma memories through a Victim–Offender Dialogue, positive and adaptive outcomes can result. By retelling stories and reconstructing narratives about the traumatic event, participants can develop more resilience, recover from psychological injuries, and transform their identities from victims to survivors (Good & Gustafson, 2011). In the case of Cathy’s family, this process was especially important for Linda, who is entering later life. During the encounter, she was able to obtain details from the offender that relieved fears she had about her family’s perceived responsibility in the abduction. The “unfinished business” of Cathy’s death interrupted grieving for her daughter, as well as prevented integration of her own experiences. Synthesis and integration of life experiences are important developmental tasks as individuals enter later life. The “self story” or “autobiography” is part of this integrative process (Randall & Kenyon, 2001) as individuals weave discrete events into a coherent and comprehensive view of oneself. In addition, the story of Cathy’s final words reinforced the memory of her daughter as a compassionate individual. This experience also provided a new dimension to Ami’s understanding of her mother’s personality and character. Through this exchange with Gary, Linda and Ami had additional information to enhance their collective memory of Cathy’s membership within their family. For Linda, the dialogue was significant in healing and feelings that the “missing parts” of this life experience were now available.

### Family Group Conferencing: Addressing Abuse & Neglect

A second type of RJ is the *Family Group Conference*, which is presently used across the globe in cases of child abuse, neglect, and youth offending. This conference brings together family members, extended family, social service professionals, law enforcement (when necessary), community members, and other stakeholders to address a problem (Pennell & Burford, 2000). Partially a response to the overrepresentation of the Maori in the New Zealand criminal justice system, Family Group Conferences now occur in child welfare settings and courtrooms across the globe (Pennell & Burford, 2000). This process is also being tried in Ontario, Canada to address cases related to elder abuse (Groh, 2010).

Within a conference, the family discusses what happened, how it made them feel, and what needs to be done to address the problem. The conference ends when the entire group agrees on a

plan of action put forward by the family, which is designed to insure that the problem is addressed and will not be repeated. The plan, or agreement as it is called, serves both as a blue print for the family to move forward and outlines the ways in which repair will be made (Burford, & Hudson, 2000; Pennell & Burford, 2000).

Similar to Victim–Offender Dialogue, a conference involves a coordinator who prepares participants, brings together outside resources, acts as a facilitator, and follows up to insure the developed agreement is working and properly implemented. The assumption of a conference is that the family knows best what they need, and are indeed experts (Pennell & Burford, 2000). As a result, there is a time within the conference at which the family holds private deliberations about their course of action. However, other participants also have a voice in how issues will be addressed, because the group has the opportunity to amend the agreement. To ensure support and compliance, all participants approved the outcomes and plans (Beck & Wood, 2011; Pennell & Burford, 2000).

#### **Intergenerational harm and betrayal: Case example.**

Based on elements found in the literature and practice experience, a fictionalized case study was created to demonstrate the application of Family Group Conferencing. The case involves Alice, who had medication stolen by a relative. As a result of the Family Group Conference, a comprehensive care plan was constructed, the family made decisions about ways to support each other in their care for Alice, and stronger bonds were established between family members.

Alice is 83 years old, and despite her failing eyesight, she is able to live independently with help from her family members. Alice's two adult children live in another state. As a result, her primary support comes from her grandson Karl, a single father who works several jobs. On occasion, Karl asks his children to assist Alice since he has limited time to devote to caregiving demands.

On one occasion, Alice fell and reinjured a recently broken, but healed, ankle. Her doctor ordered prescription painkillers to assist with acute pain. To help Alice take the medication as prescribed, her 17-year-old great granddaughter, Becky, was charged with organizing the medication into daily dosage amounts. Instead, Becky stole the painkillers by replacing the pills with aspirin. Because of her poor eyesight, Alice was unaware of Becky's actions. Over time, however, the pain became unbearable and affected Alice's mobility. Therefore, Alice feared that she would be unable to manage getting around on her own and would eventually lose her independence. Several days later, a neighbor visited and realized that Alice's pills had been switched. The neighbor alerted Alice to the situation and called the police. Alice was heartbroken and ashamed.

Rather than pursuing a criminal investigation, the police referred the case to the Restorative Justice Center and Tonya was assigned to be the facilitator. In her pre-conference discussions with the family, several themes emerged: (a) Karl's work responsibilities at three jobs was a significant stressor; (b) Becky's criminal behavior was motivated by unknown complexities in her life; (c) Alice's emotional experiences resulted from her compromised physical functioning combined with the betrayal by her great granddaughter; and (d) Alice's fears centered around a possible move to assisted living to avoid being a burden on her family. Consistent with an RJ approach, Tonya reached out to the police, Becky's school, and social service support for Alice.

After a month of preparation, the conference was held in Alice's home, which was her choice. Alice's two children flew in for the conference, Becky's favorite teacher attended, as well as a case manager who worked with many older adults. The conference began with Alice expressing her fear, disappointment, and sense of betrayal. Initially, Becky appeared emotionally disengaged until Alice told her that she too had been reckless as an adolescent. As Alice shared her history, a moment of surprise occurred as the information about her past had been unknown to the family. As a result, Becky began to view Alice as a multidimensional person rather than someone who *just* needed her help. Alice and Becky found themselves sharing a laugh over their similarities.

When it was Becky's turn to speak, she confessed that she wanted money to try to "buy off" two girls who were bullying her at school. Stealing the pills was Becky's way of coping with the bullying problem, as she did not want to tell her teachers or burden her father. This was another surprising family revelation and an uncomfortable situation that Becky decided to keep to herself. After this information was disclosed, Becky's teacher explained that the two girls had a history of aggressive behavior and added that the school had an effective policy for bullying. Not knowing about Becky's problems, Karl expressed his feelings of failure as father, because he prioritized work over spending time with his family.

Within the conference, Alice discussed fears of increased dependence and her sense of burden on her family. A social worker described transportation services that were available to older adults with vision impairments. In addition, the family brainstormed about ways that they could more fully support Karl as the primary care provider for Alice.

With all this information, the family started the process of private deliberations to assess the feasibility of the plan. The resulting plan addressed several aspects of the conference including the precipitating event—stolen medication. However, the plan also included other decisions that unfolded within the course of the discussions:

- Becky would make repair to Alice by volunteering at an animal shelter four hours per week. The shelter was important to Alice, as she volunteered there until her sight failed.
- The family acknowledged that Karl was overwhelmed. The family agreed to give him a stipend of \$600.00 monthly for taking care of Alice, which allowed him to resign from one of his jobs.
- The police required Becky to participate in 80 hours of community service in addition to her weekly commitment to the shelter.
- The social worker would follow up with Alice to ensure transportation assistance and explore other services, such as home-delivered meals and senior center activities in her community.
- Becky also agreed to file a report that documented her bullying experience to the school administrator.

As a result of this plan, the situation within the family stabilized. Karl was able to spend additional time with his children and be more available to Alice. A bond between Becky and Alice developed as they shared animal stories and acknowledged their personality similarities. Alice's life became much more fulfilling as she developed an important and loving grandparent relationship

with Becky. In addition, Becky reported being a bullying victim at school, which led to a conference with the two perpetrators.

**Family-group conference as a healing process.** Techniques implemented during family group conferences bring together family members to address conflict, harm, and wounding. In addition to ending abuse, conferences can empower older adults to voice repressed emotions and fears (Crampton & Kropf, 2011). In the case of Alice, the conference allowed her to move past feelings of fear, disappointment, and a sense of betrayal. Alice's powerlessness was countered by her active participation in the family group conferencing planning and its implementation.

A motivating and therapeutic aspect of the conference was the opportunity for Alice and Becky to communicate their feelings, perspectives, values, histories, and identities in a meaningful way. Use of narratives, as in this case study, calls attention to rational and irrational fears of the teller and the listener (Land, 2007). During a family group conference, storytelling is instrumental in helping older adults feel heard and understood by listeners, and can improve relationships between older adults and significant others by allowing them more agency in care decisions (Scott & DeBrew, 2009). These qualities are therapeutic in facilitating healing and resolution for older adults (Haslam et al., 2010).

Additionally, the involvement within a group setting can have a positive outcome for the older adult who has the opportunity to connect with others and foster social bonds. The collaborative planning and agreement that results from family group conferences can help reduce stress and conflict around issues related to care by promoting *care-sharing* among family members (Crampton & Kropf, 2011; Greene & Kropf, 2014). Care-sharing promotes involvement of significant others (e.g., extended family, friends, formal services) to engage tangible and emotional assistance and provides a context for caregiving that is consistent with cultural practices within the family.

Family Group Conferencing also offers opportunities for enhanced social support. The conference facilitator, Tonya, engaged community members to explore ways which additional resources can be utilized. Previous research has documented the benefits of building social support as one effective coping strategy that helps older adults reduce fears about death and improves resilience after trauma exposure (Maschi, Viola, & Morgen, 2014). In addition, the support provided to Karl, the primary care provider, the opportunity to reduce his stress and be more present within this family.

Therefore, the outcome of family group conferencing empowers older adults to share their life stories and trauma events and be heard as valuable members within a collective family network. At the same time, it provides an opportunity to address conflicts, which have negative implications in the lives of older adults. Techniques used in this RJ approach encourage searches for personal meaning, life purpose, and family connection in the midst of family conflict through shared storytelling, empathetic listening, and collaborative planning. Further, this approach supports older adults' sense of autonomy and independence as it fosters older adults' personal agency and sense of belonging.

### Other Applications of RJ With Older Adults

Although RJ provides opportunities to deal with trauma that older adults may experience during later life, RJ practices are

virtually unexplored with this population. This article provided an overview of the principles and values of RJ, and offered two practice methods that have specific utility with the aging population. In one case, Victim–Offender Dialogue was used to address an earlier life trauma that had felt unresolved. Through Victim–Offender Dialogue, the family was able to express their experience of loss, and put to rest some of the myths about possible circumstances that contributed to their unresolved grief. In the second application, a Family Group Conference was used to address a situation of elder abuse. During the conference, the family was able to prioritize needs, create and strengthen family bonds, and deal with emotions associated with the circumstances.

Victim–Offender Dialogue and Family Group Conferences are just a few examples of how RJ practices can impact older adults. Additional RJ strategies can be employed as effective interventions on various levels. For example, *Community Conferencing* can be used when conflict occurs at the neighborhood level, within residential facilities, or in public spaces in general. When strife breaks down into issues of race, ethnicity, religious affiliation, or intergenerational problems, conferences work to support a shared understanding of the problem, allow participants to see past stereotypes and assumptions, and explore mutually beneficial ways to address issues. Within residential facilities, conferences may be used to mediate conflict between residents, as well as between residents and staff. Therefore, application in residential facilities, such as nursing homes, assisted living facilities, and independent living communities is a feasible option for encouraging conflict resolution.

A *Circle* is another RJ practice that is imbued with great respect for cultural ritual, and are used across settings as varied as schools, prisons, and courtrooms (Beck, Kropf, & Leonard, 2011). Circles can help people reach high stakes consensus agreements, manage a collaborative discussion, or build community. A circle often involves a talking piece so that only the individual holding it is able to speak, which creates a safe space to be heard without interruption. Circles are based on cooperation and take a democratic approach to speaking so that people are often asked to listen with attention and speak with intention (Pranis, Stuart, & Wedge, 2003).

Circles can support late adulthood decision-making about such difficult questions as residential and health care options, and end-of-life services. These decisions can be particularly challenging when stakeholders (e.g., children, caregivers, and affected individuals) disagree about a course of action or shared responsibilities of care provision. Zehr (2002) stated that one of the primary principles of restorative justice is that the least restrictive option is always preferable, which would reference many older adults' desires for independent living. If a circle results in agreement to work to maintain the older adult in an independent living arrangement, members may convene a *Support Circle*. This circle would include supportive friends, family members, caregivers, and neighbors, as well as formal service providers to strategize about needed resources for the older adult to live independently. If the group dialogue leads to an agreement that a more supported living arrangement is necessary, a *Healing Circle* may be called to process uncomfortable feelings related to the decision and to receive support with the transition from independent to more dependent care (Pranis, 2005).

In conclusion, various RJ practices have the potential for facilitating positive outcomes when older adults have been betrayed, victimized, or caught in conflict. Because RJ relies on storytelling of events that have created harm, older individuals remain active agents in decisions that impact their lives. As a result, a sense of resilience, community engagement, and survivorship can be fostered. With the increased number of Baby Boomers reaching later life, additional methods of remediating harm and facilitating healing must be explored. Multiple restorative justice practices have the potential to and resolve conflict and repair harm.

## References

- Abramson, L., & Moore, D. (2002). The psychology of community conferencing. In J. Perry (Ed.), *Restorative justice: Repairing communities through restorative justice* (pp. 123–139). Lanham, MD: American Corrections Association.
- Acierno, R., Lawyer, S. R., Rheingold, A., Kilpatrick, D. G., Resnick, H. S., & Saunders, B. E. (2007). Current psychopathology in previously assaulted older adults. *Journal of Interpersonal Violence*, 22, 250–258. <http://dx.doi.org/10.1177/0886260506295369>
- Anetzberger, G. J. (2012). An update on the nature and scope of elder abuse. *Generations (San Francisco, Calif.)*, 36, 12–20.
- Beck, E., & Abramson, L. (2011). Using conflict to build community: Community conferencing. In E. Beck, N. P. Kropf, & P. B. Leonard (Eds.), *Social work and restorative justice: Skills for dialogue, peacemaking, and reconciliation* (pp. 149–174). New York, NY: Oxford University Press.
- Beck, E., Kropf, N. P., & Leonard, P. B. (2011). *Social work and restorative justice: Skills for dialogue peacemaking and reconciliation*. New York, NY: Oxford University Press.
- Beck, E., & Wood, A. (2011). Restorative justice practice. In E. Beck, N. P. Kropf, & P. B. Leonard (Eds.), *Social work and restorative justice: Skills for dialogue, peacemaking, and reconciliation* (pp. 64–89). New York, NY: Oxford University Press.
- Brady, K. L., Acierno, R. E., Resnick, H. S., Kilpatrick, D. G., & Saunders, B. E. (2004). PTSD symptoms in widowed women with lifetime trauma experiences. *Journal of Loss and Trauma*, 9, 35–43. <http://dx.doi.org/10.1080/15325020490255296>
- Braithwaite, J. (1989). *Crime, shame, and reintegration*. Cambridge, UK: Cambridge University Press. <http://dx.doi.org/10.1017/CBO9780511804618>
- Brownell, P., & Wolden, A. (2003). Elder abuse intervention strategies: Social service or criminal justice? *Journal of Gerontological Social Work*, 40, 83–100. [http://dx.doi.org/10.1300/J083v40n01\\_06](http://dx.doi.org/10.1300/J083v40n01_06)
- Burford, G., & Hudson, J. (2000). *Family group conferencing: New directions in community-centered child and family*. New York, NY: Aldine de Gruyter.
- Chaitin, J. (2014). “I need you to listen to what happened to me”: Personal narratives of social trauma in research and peace-building. *American Journal of Orthopsychiatry*, 84, 475–486. <http://dx.doi.org/10.1037/ort0000023>
- Christie, N. (1977). Conflicts as property. In G. Johnstone (Ed.), *A restorative justice reader: Texts, sources, context* (pp. 57–68). Portland, OR: William Publishing.
- Crampton, A., & Kropf, N. P. (2011). Restorative justice in aging: Promise for integrated practice. In E. Beck, N. P. Kropf, & P. B. Leonard (Eds.), *Social work and restorative justice: Skills for dialogue, peacemaking, and reconciliation* (pp. 175–194). New York, NY: Oxford University Press.
- De Haene, L., Rober, P., Adriaenssens, P., & Verschueren, K. (2012). Voices of dialogue and directivity in family therapy with refugees: Evolving ideas about dialogical refugee care. *Family Process*, 51, 391–404. <http://dx.doi.org/10.1111/j.1545-5300.2012.01404.x>
- Fisher, B. S., & Regan, S. L. (2006). The extent and frequency of abuse in the lives of older women and their relationship with health outcomes. *The Gerontologist*, 46, 200–209. <http://dx.doi.org/10.1093/geront/46.2.200>
- Fridman, A., Bakermans-Kranenburg, M. J., Sagi-Schwartz, A., & Van IJzendoorn, M. H. (2011). Coping in old age with extreme childhood trauma: Aging Holocaust survivors and their offspring facing new challenges. *Aging & Mental Health*, 15, 232–242. <http://dx.doi.org/10.1080/13607863.2010.505232>
- Good, N. J., & Gustafson, D. L. (2011). Coming together after violence: Social work and restorative practices. In E. Beck, N. P. Kropf, & P. B. Leonard (Eds.), *Social work and restorative justice: Skills for dialogue, peacemaking & reconciliation* (pp. 220–247). New York, NY: Oxford University Press.
- Gray, M. J., & Acierno, R. (2002). Symptom presentations of older adult crime victims: Description of a clinical sample. *Journal of Anxiety Disorders*, 16, 299–309. [http://dx.doi.org/10.1016/S0887-6185\(02\)00101-9](http://dx.doi.org/10.1016/S0887-6185(02)00101-9)
- Greene, R. R., & Kropf, N. P. (2014). *Caregiving & care-sharing: A life course perspective*. Washington, DC: NASW Press.
- Greenlee, K. (2012). Take a stand against elder abuse. *Generations (San Francisco, Calif.)*, 36, 6–8.
- Groh, A. (2010). A community responds to elder abuse. In J. Dussich & J. Schellenberg (Eds.), *The promise of restorative justice: A new approach for criminal justice and beyond* (pp. 37–53). Boulder, CO: Lynne Rienner.
- Haslam, C., Haslam, S. A., Jetten, J., Bevins, A., Ravenscroft, S., & Tonks, J. (2010). The social treatment: The benefits of group interventions in residential care settings. *Psychology and Aging*, 25, 157–167. <http://dx.doi.org/10.1037/a0018256>
- Herman, J. (1992). *Trauma & recovery: The aftermath of violence*. New York, NY: Basic Books.
- Holowka, D. W., Marx, B. P., Kaloupek, D. G., & Keane, T. M. (2012). PTSD symptoms among male Vietnam veterans: Prevalence and associations with diagnostic status. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4, 285–292. <http://dx.doi.org/10.1037/a0023267>
- Jackson, L. F. (Producer/director). (2001). *Meeting with a killer: One family's journey* [video recording]. New York, NY: Lucky Duck Productions. Retrieved from <http://www.utexas.edu/research/cswr/rji/mwak.html>
- Karch, D., & Nunn, K. C. (2011). Characteristics of elderly and other vulnerable adult victims of homicide by a caregiver: National violent death reporting system—17 U.S. states, 2003–2007. *Journal of Interpersonal Violence*, 26, 137–157. <http://dx.doi.org/10.1177/0886260510362890>
- King, R. (2003). *Don't kill in our names: Families of murder victims speak out against the death penalty*. New Brunswick, NJ: Rutgers University Press.
- Lamet, A., Szuchman, L., Perkel, L., & Walsh, S. (2008). Risk factors, resilience, and psychological distress among holocaust and nonholocaust survivors in the post-9/11 environment. *Educational Gerontology*, 35, 32–46. <http://dx.doi.org/10.1080/03601270802349403>
- Land, K. (2007). Storytelling as therapy: The motives of a counselor. *Business Communication Quarterly*, 70, 377–381. <http://dx.doi.org/10.1177/10805699070700030504>
- Lapp, L. K., Agbokou, C., & Ferreri, F. (2011). PTSD in the elderly: The interaction between trauma and aging. *International Psychogeriatrics*, 23, 858–868. <http://dx.doi.org/10.1017/S1041610211000366>
- Leonard, P. B. (2011). An introduction to restorative justice. In E. Beck, N. P. Kropf, & P. B. Leonard (Eds.), *Social work and restorative justice: Skills for dialogue, peacemaking, and reconciliation* (pp. 31–63). New York, NY: Oxford University Press.

- Maschi, T., Baer, J., Morrissey, M. B., & Moreno, C. (2013). The aftermath of childhood trauma on late life mental and physical health: A review of the literature. *Traumatology, 19*, 49–64. <http://dx.doi.org/10.1177/1534765612437377>
- Maschi, T., Viola, D., & Morgen, K. (2014). Unraveling trauma and stress, coping resources, and mental well-being among older adults in prison: Empirical evidence linking theory and practice. *The Gerontologist, 54*, 857–867. <http://dx.doi.org/10.1093/geront/gnt069>
- McGee, M. P. (2003). Elder stress: The functionality paradigm. *Traumatology, 9*, 237–256. <http://dx.doi.org/10.1177/153476560300900406>
- National Criminal Victimization Survey. (2014). Elder victimization. *The National Center for Victims of Crime Resource Guide*. Retrieved from <http://victimsofcrime.org/docs/default-source/ncvrw2014/elder-abuse-statistics-2014.pdf?sfvrsn=2>
- Neimeyer, R. A. (2006). Re-storying loss: Fostering growth in the post-traumatic narrative. In L. Calhoun & R. G. Tedeschi (Eds.), *Handbook of posttraumatic growth: Research and practice*. Mahwah, NJ: Lawrence Erlbaum.
- Payne, B. (2005). *Crime and elder abuse an integrated perspective*. Springfield, IL: Charles C. Thompson.
- Pennell, J., & Burford, G. (2000). Family group decision making: Protecting children and women. *Child Welfare: Journal of Policy, Practice, and Program, 79*, 131–158.
- Petkus, A. J., Gum, A. M., King-Kallimanis, B., & Wetherell, J. L. (2009). Trauma history is associated with psychological distress and somatic symptoms in homebound older adults. *The American Journal of Geriatric Psychiatry, 17*, 810–818. <http://dx.doi.org/10.1097/JGP.0b013e3181b20658>
- Pitchford, D. (2009). The existentialism of Rollo May: An influence on trauma treatment. *Journal of Humanistic Psychology, 49*, 441–461. <http://dx.doi.org/10.1177/0022167808327679>
- Pranis, K. (2005). *The little book of circle processes: A new/old approach to peacemaking*. Intercourse, PA: Good Books.
- Pranis, K., Sturat, B., & Wedge, M. (2003). *Peacemaking circles: From crime to community*. St. Paul, MN: Living Justice Press.
- Randall, W. L., & Kenyon, G. M. (2001). *Ordinary wisdom: Biographical aging and the journal of life*. Westport, CT: Praeger.
- Sandau-Beckler, P., Reza, S., & Terrazas, A. (2005). Familiasprimero: Family group decision making in El Paso County, Texas. *Protecting Children, 19*(4), 54–62.
- Schofield, M. J., & Mishra, G. D. (2004). Three year health outcomes among older women at risk of elder abuse: Women's health Australia. *Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care, & Rehabilitation, 13*, 1043–1052. <http://dx.doi.org/10.1023/B:QURE.0000031343.15372.a5>
- Schofield, M. J., Powers, J. R., & Loxton, D. (2013). Mortality and disability outcomes of self-reported elder abuse: A 12-year prospective investigation. *Journal of the American Geriatrics Society, 61*, 679–685. <http://dx.doi.org/10.1111/jgs.12212>
- Scott, K., & DeBrew, J. K. (2009). Helping older adults find meaning and purpose through storytelling. *Journal of Gerontological Nursing, 35*, 38–43. <http://dx.doi.org/10.3928/00989134-20091103-03>
- Thompson, N., & Walsh, M. (2010). The existential basis of trauma. *Journal of Social Work Practice, 24*, 377–389. <http://dx.doi.org/10.1080/02650531003638163>
- Umbreit, M. (2001). *The handbook of victim offender meditation: An essential guide to practice and research*. San Francisco, CA: Jossey-Bass.
- Umbreit, M., & Armour, M. (2010). *Restorative justice dialogue: An essential guide for research and practice*. New York, NY: Springer Publishing.
- Umbreit, M., Vos, B., Coates, R., & Brown, K. (2003). *Facing violence: The path of restorative justice*. Monsey, NY: Criminal Justice Press.
- United Nations. (1948). *Universal declaration of human rights*. Retrieved from <http://www.un.org/en/documents/udhr/>
- United Nations. (2010). *Human rights of older adults*. Retrieved from <http://www.ohchr.org/EN/Issues/OlderPersons/Pages/OlderPersonsIndex.aspx>
- United Nations Office on Drugs and Crime. (2006). *Handbook on restorative justice programs*. New York, NY: United Nations.
- Zehr, H. (1995). *Changing lenses: A new focus from crime and justice*. Scottsdale, PA: Herald Press.
- Zehr, H. (2002). *The little book of restorative justice*. Intercourse, PA: Good Books.
- Zion, J., & Yazzie, R. (1996). Navajo restorative justice: The law of equality and justice. In G. Johnstone (Ed.), *A restorative justice reader: Texts, sources, context* (pp. 144–151). Portland, OR: William Publishing.

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