



The National **Long-Term Care**
Ombudsman Resource Center

ENDING NURSING HOME VIOLENCE BETWEEN RESIDENTS: PREVENTION, INTERVENTION, AND ADVOCACY

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ENDING NURSING HOME VIOLENCE

A Call to Action

Nursing home resident left with brain bleeding after alleged assault by carer



An 81-year-old woman who was allegedly assaulted by a carer at a North Plympton nursing home thought she was going to die and tried to fight back. The elderly woman remains in Flinders Medical Centre with severe bruising to her face, neck and head, a laceration on the back of her head and bleeding in her brain.

Laura Lundquist, 98, indicted in strangling of nursing home roommate Elizabeth Barrow, 100

Laura Lundquist, a 98-year-old nursing home resident, faces second-degree murder charges that allege she strangled and suffocated her 100-year-old roommate, Elizabeth Barrow



How Much Violence Is There in Nursing Homes?

| | | |
|----------|---|-------------------|
| Staff | ➡ | Resident Violence |
| Resident | ➡ | Resident Violence |
| Resident | ➡ | Staff Violence |

Limitations of any Estimates

- Very few studies
- Rates from prevalence studies underestimate the size of the problem
 - Social desirability
 - Difficulty of observation
 - Inadequate record-keeping of incidents

Staff → Resident Violence

Staff report in the past year:

- 36 % witnessed physical violence by staff
- 81 % witnessed verbal aggression by staff
- 10 % reported engaging in physical aggression
- 40 % reported engaging in verbal aggression

Source: Pillemer and Moore, 1989

Resident → Resident Violence

Resident-to-Resident Elder Mistreatment (RREM) study

- 10 skilled nursing facilities in New York City area
- 2011 residents assessed
- In-depth staff interviews and resident interviews/assessments

Lachs, M. S., Teresi, J.,...& Pillemer, K. (2016)

Total Prevalence

(past month)

Experienced RREM

| | | |
|-----|------|-------|
| No | 1613 | 80.2% |
| Yes | 398 | 19.8% |

Physical RREM

Experienced RREM

| | | |
|-----|------|-------|
| No | 1896 | 94.3% |
| Yes | 115 | 5.7% |

What This Means

In a given month, 74,000 U. S. nursing home residents will experience a violent altercation.

Verbal RREM

Experienced RREM

| | | |
|-----|------|-------|
| No | 1689 | 84.0% |
| Yes | 322 | 16.0% |

Sexual RREM

Experienced RREM

| | | |
|-----|------|-------|
| No | 1984 | 98.7% |
| Yes | 27 | 1.3% |

Other RREM

Experienced RREM

| | | |
|-----|------|-------|
| No | 1799 | 89.5% |
| Yes | 27 | 10.5% |

Resident → Staff Violence

In 2-week period:

- 7.6 % of residents violent toward staff
- 12.3 % of residents verbally aggressive toward staff
- 15.6 % of residents aggressive toward staff overall

Lachs, M. S., Rosen, T., Teresi, J., Eimicke, J. P., Ramirez, M., Silver, S., & Pillemer, K. (2013)

Morbid and Mortal

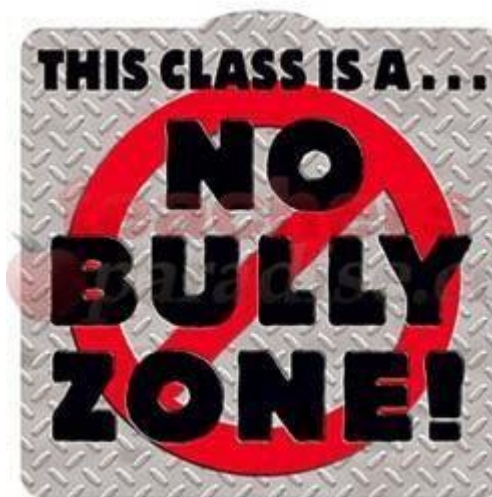
- Injuries: Fractures, dislocations, bruises
- Frailty of residents makes minor incidents potentially very harmful
- Negative psychological consequences of experiencing *or* observing violence
- Likely increased mortality risk
- Negative effects on staff

Three Barriers to Change

- Acceptance
- Ignorance
- Inaction

“What Can You Do?”

- Violence seen as routine feature of nursing home life



WHAT IS
BULLYING

CYBER
BULLYING

WHO IS AT
RISK

PREVENT
BULLYING

RESPOND TO
BULLYING

GET HELP
NOW

FEATURES

Build a Safe School
Environment

49th State Passes Anti-Bullying
Law

► [How to Talk About Bullying](#)

What Bystanders Can Do



Ignorance

- Systematic reviews show almost no progress in research on the topic of nursing home violence
- Existing research is scarce and methodologically very weak
- We lack an evidence base to combat nursing home violence

Inaction

Acceptance

+

Ignorance

=

Inaction

Residential Child Care Project Violence Prevention Model



**Therapeutic
Crisis
Intervention**

- Crisis Communication and Active Listening
- Behavior Support Techniques
- Emotional First Aid
- Conflict Cycle
- Managing Aggressive Behavior
- Nonverbal Communication
- Protective techniques

The Way Forward

- Change the norm of acceptance
- Campaign specifically focused on violence
- Strengthen data collection on extent and causes
- Carry out outcome evaluation studies

The Way Forward

- Develop a comprehensive and data-driven national action plan
- Enforce existing laws and review their quality
- Set baselines and targets, and track progress

We Need a Name

- ?????

Resources

Here is a link to a resident to resident violence prevention program:

<http://citra.human.cornell.edu/r-remp>

And this is a link to a program to prevent violence from staff toward residents:

<http://www.programsforelderly.com/nursing-competence-compassion.php>



advocacy | action | answers on aging

Senior-to-Senior Bullying Reduction for Staff Training:

Developer and Grant Information

This training program was developed by the Michigan Region 9 Area Agency on Aging as a result of funds from the Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect (PREVNT) Initiative, made possible by the Michigan Department of Health and Human Services Aging and Adult Services Agency.

The Senior-to-Senior Bullying Reduction for Long Term Care Staff is a 2017 recipient of a N4A Innovation in Aging Award.



Michigan Region 9
Area Agency on Aging

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2016: Region 9 Area Licensed Skilled Nursing Facilities

- 21 Facilities
- Staff Responses to Pre-Survey Only

2017: Region 9 Area Council/Commission on Aging and Senior Centers

- 12 Counties/Organizations
- 11 Participating Counties
- Pre- and Post- Surveys to Staff and Residents/Consumers

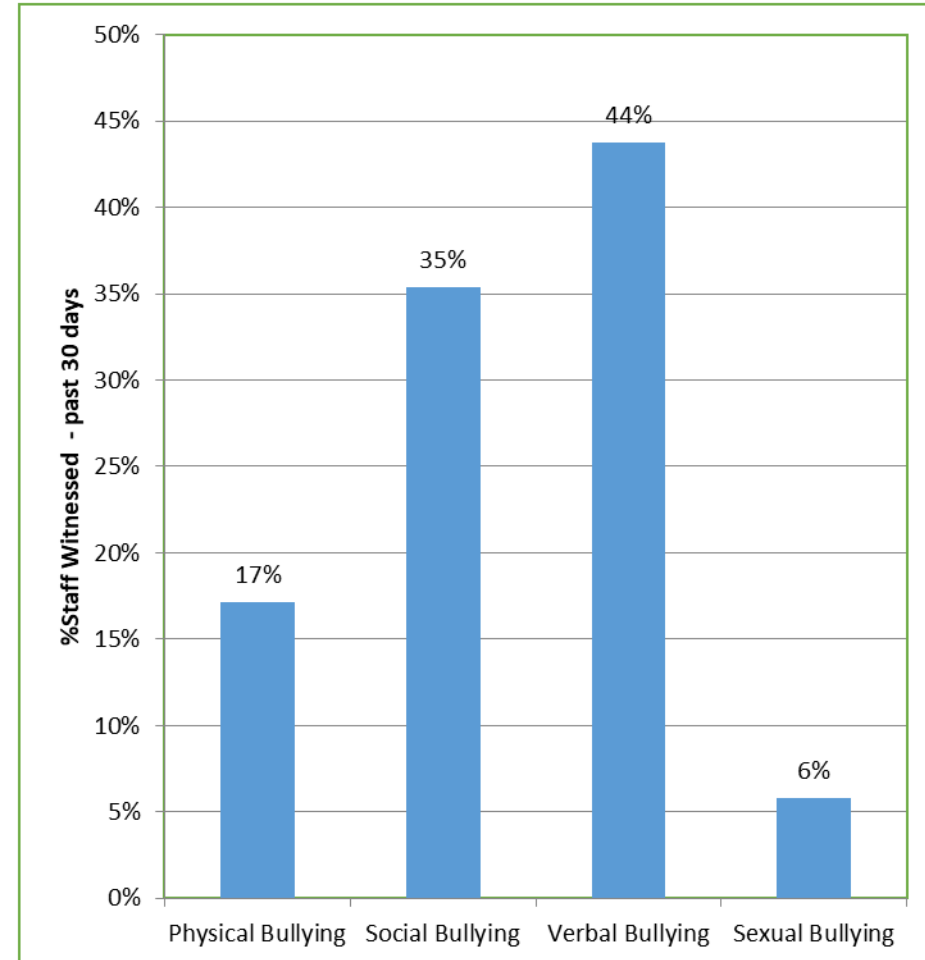
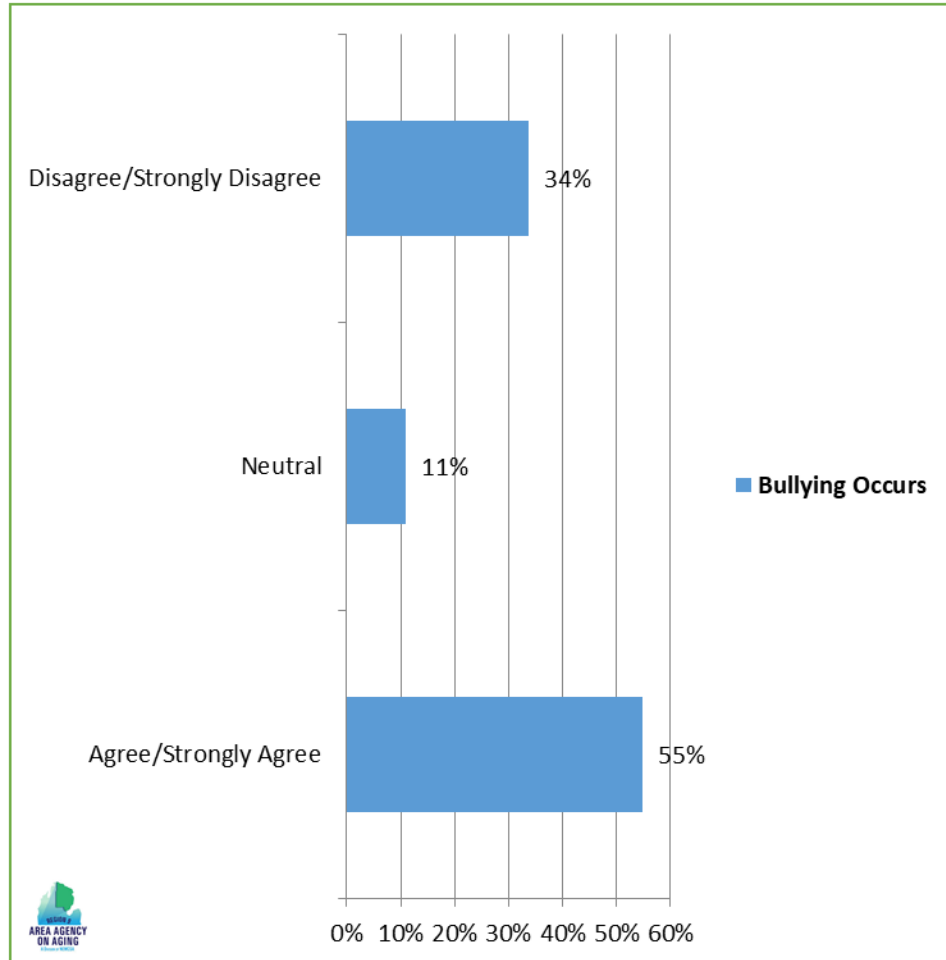
Region 9 Area Licensed HFA/AFC Homes

2018: Statewide Train-the-Trainer Sessions and General Session Opportunities

- Long Term Care Ombudsman and AAA Staff

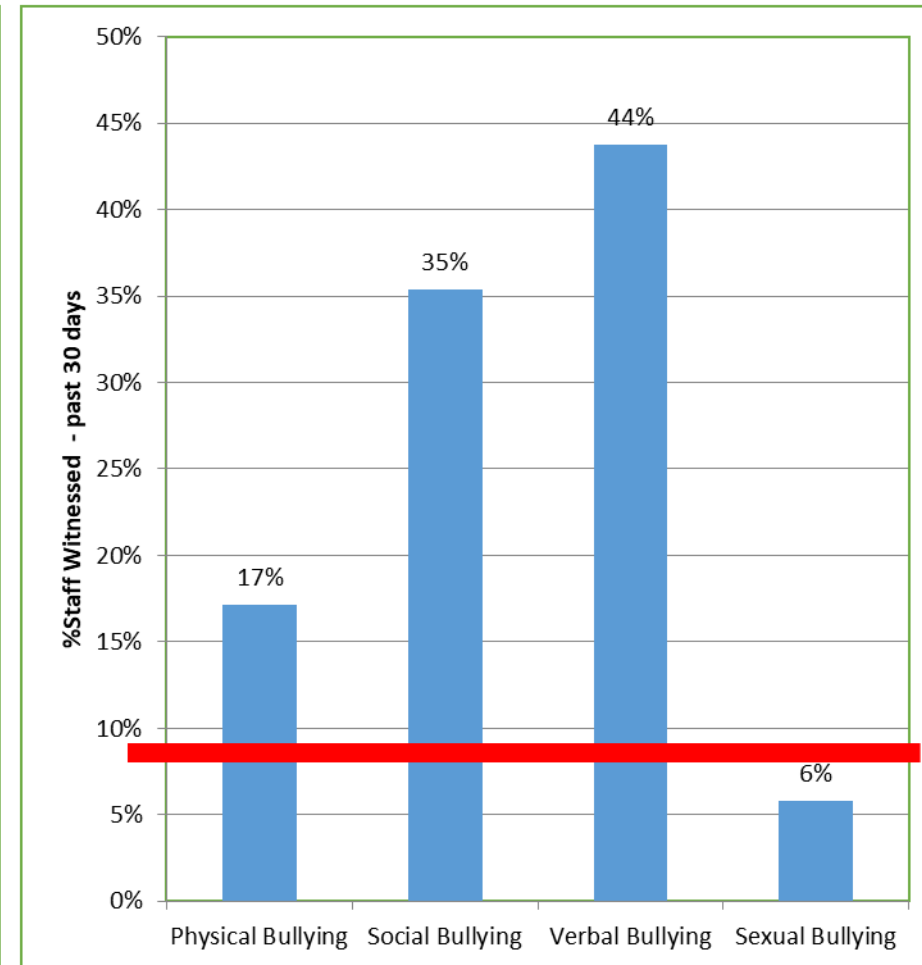
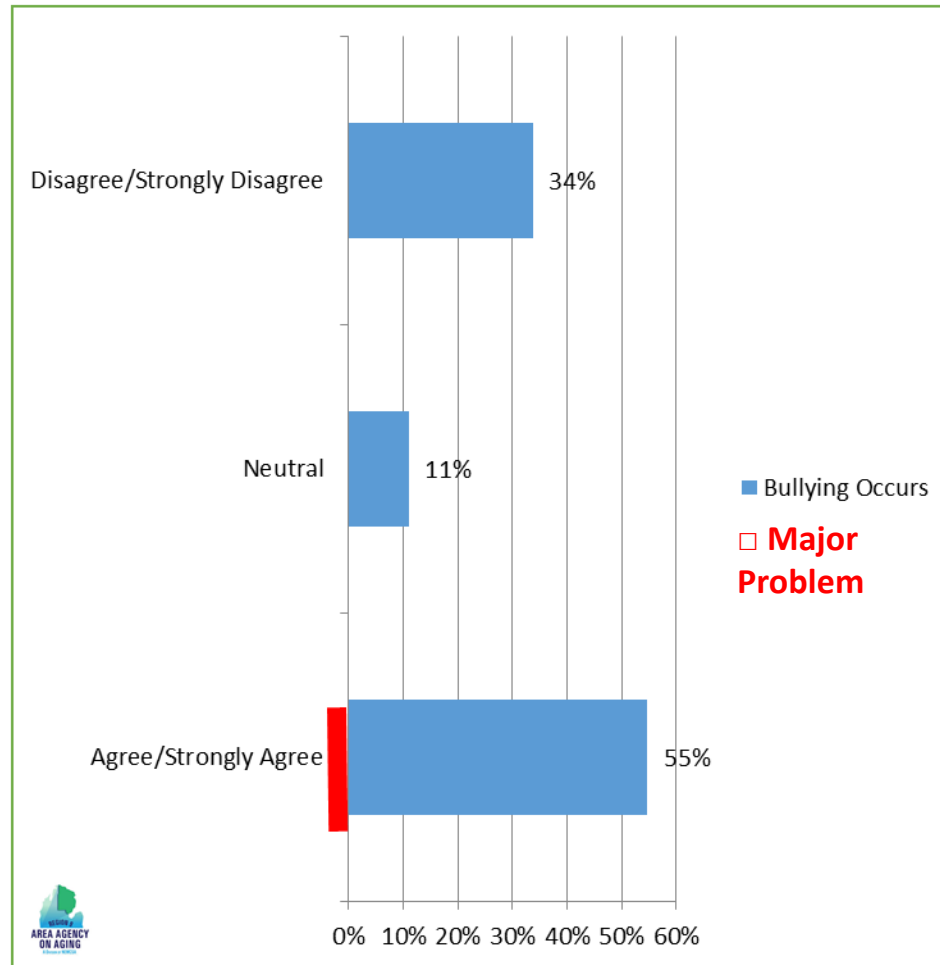
Skilled Nursing Facilities: Staff Survey 2016

Data collected from 2016 Senior-to-Senior Bullying Reduction PREVNT Grant Initiative: Region 9 AAA

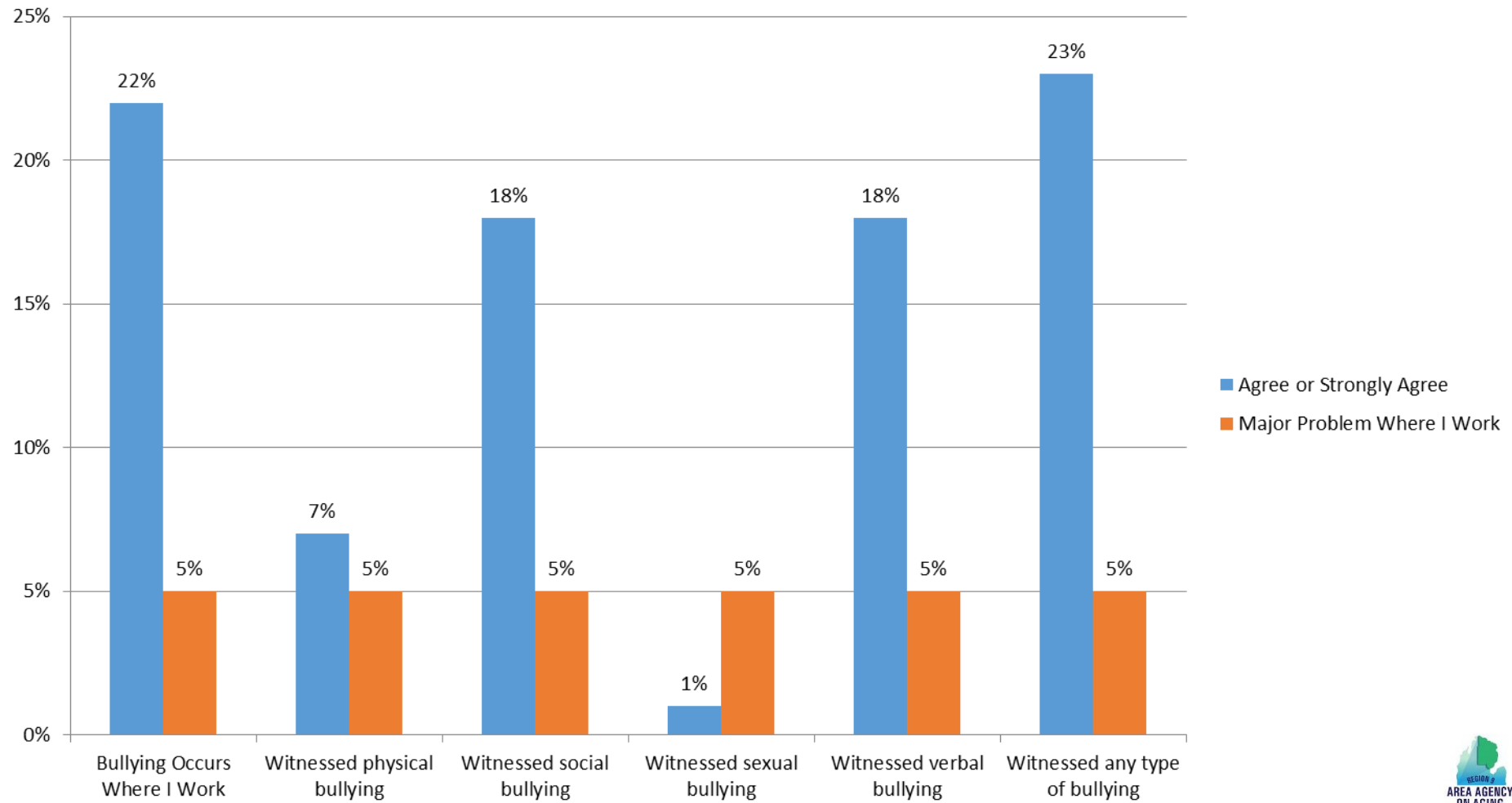


Skilled Nursing Facilities: Staff Survey 2016

Data collected from 2016 Senior-to-Senior Bullying Reduction PREVNT Grant Initiative: Region 9 AAA



PREVNT 2017 HFA/AFC Staff Surveys (PRE)



“The senior community does not like those persons living with disabilities-especially those who they consider ‘slow’”

-2017 Senior Center/COA Staff Survey

“I wouldn’t step in to help anybody. None of my business”

-2017 Senior Center/COA Participant Survey

“Better learn to have a thicker skin”

-2017 Senior Center/COA Participant Survey

“Bullies don’t change.

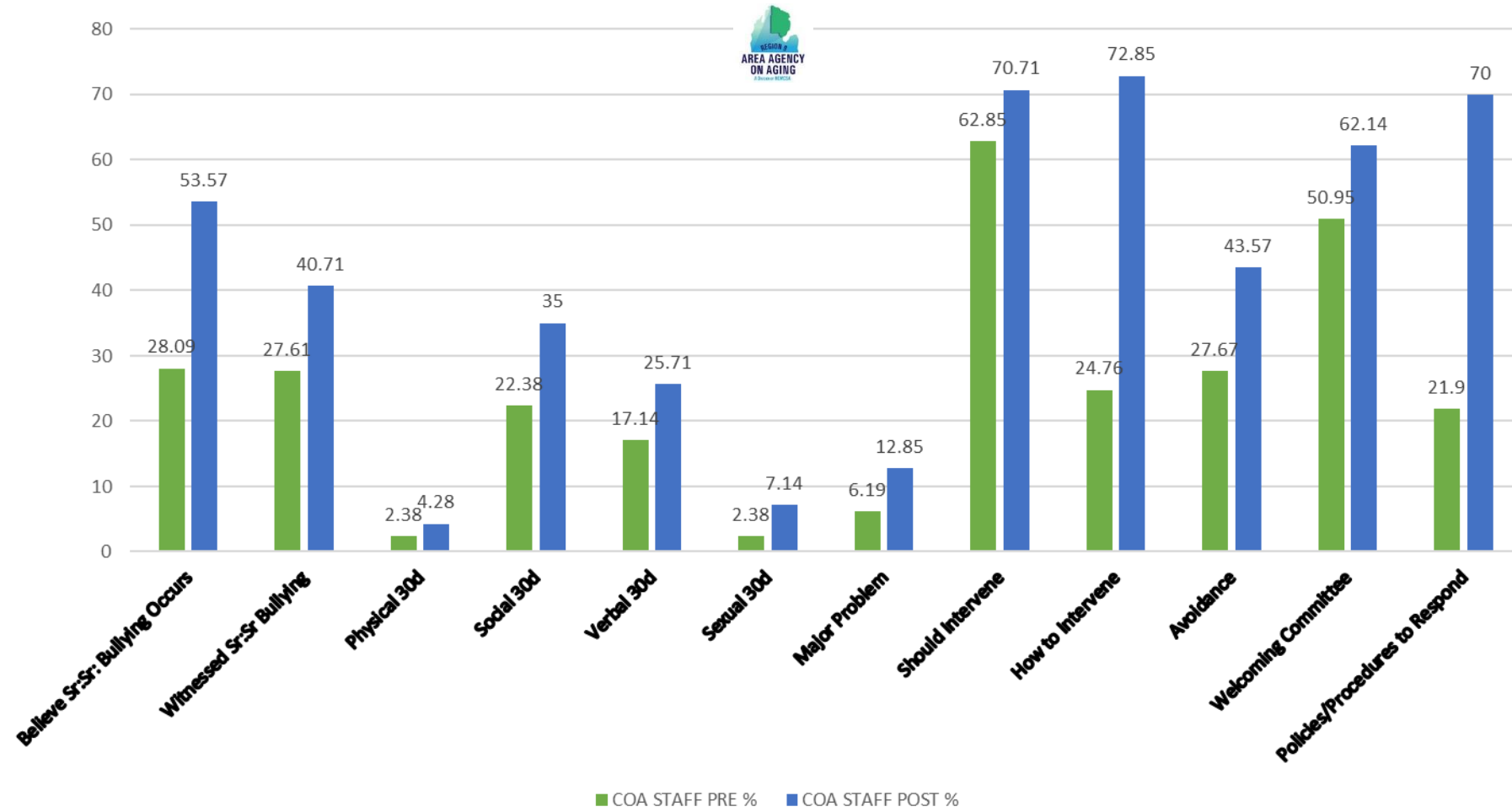
They were raised that way and they know people will cave to their demands.

They are selfish, spoiled, self-centered people who never learned ‘to share’, be polite, or care”

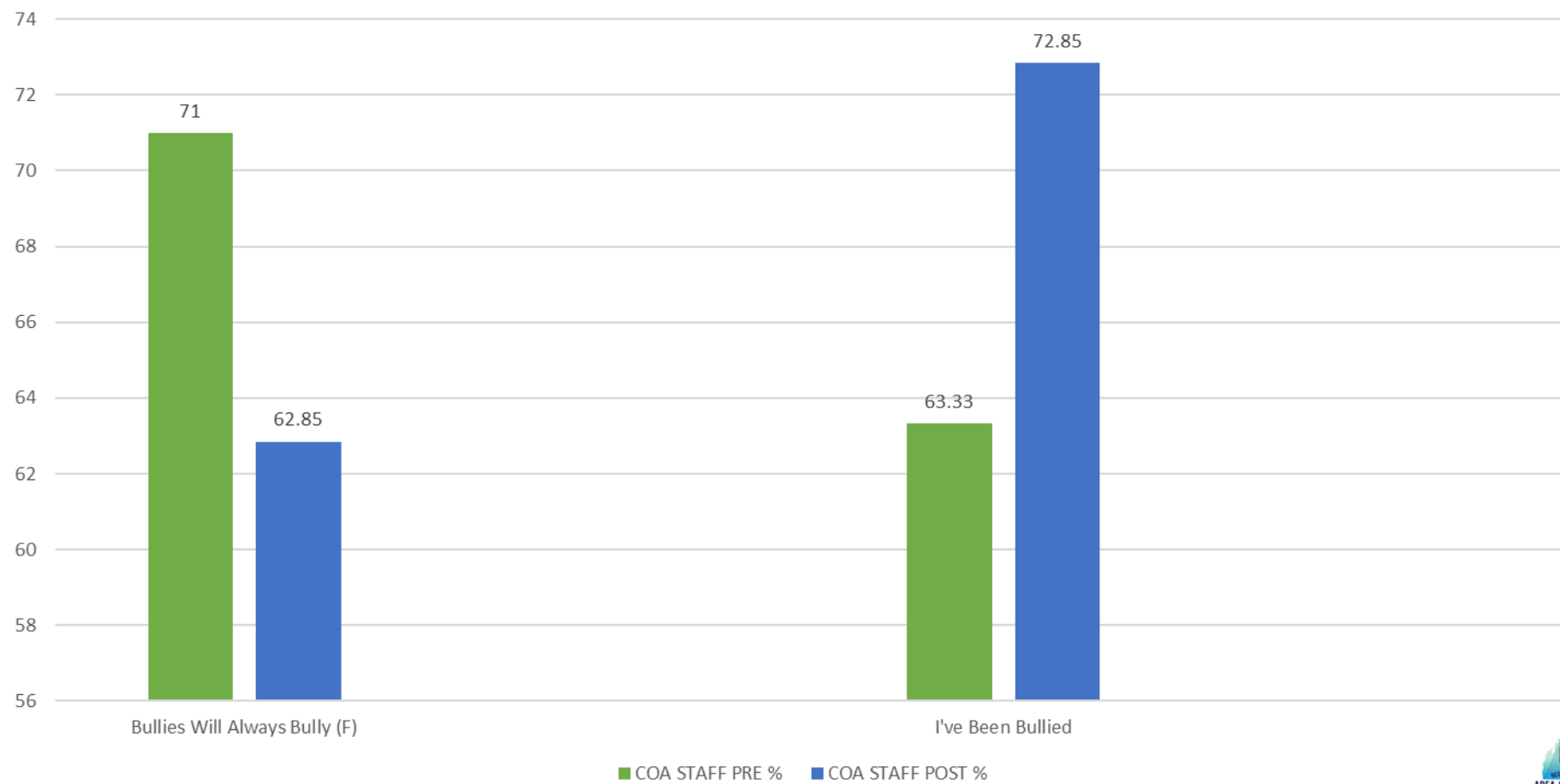
-2016 Long Term Care Staff Survey



PREVNT 2017 COA STAFF SURVEY RESULTS



2017 PREVNT COA Staff Survey Results





It's about

POWER

and

Perception

➤ **NOT simply “rude” or “mean”**

➤ **NOT a conflict¹**

➤ **NOT teasing²**

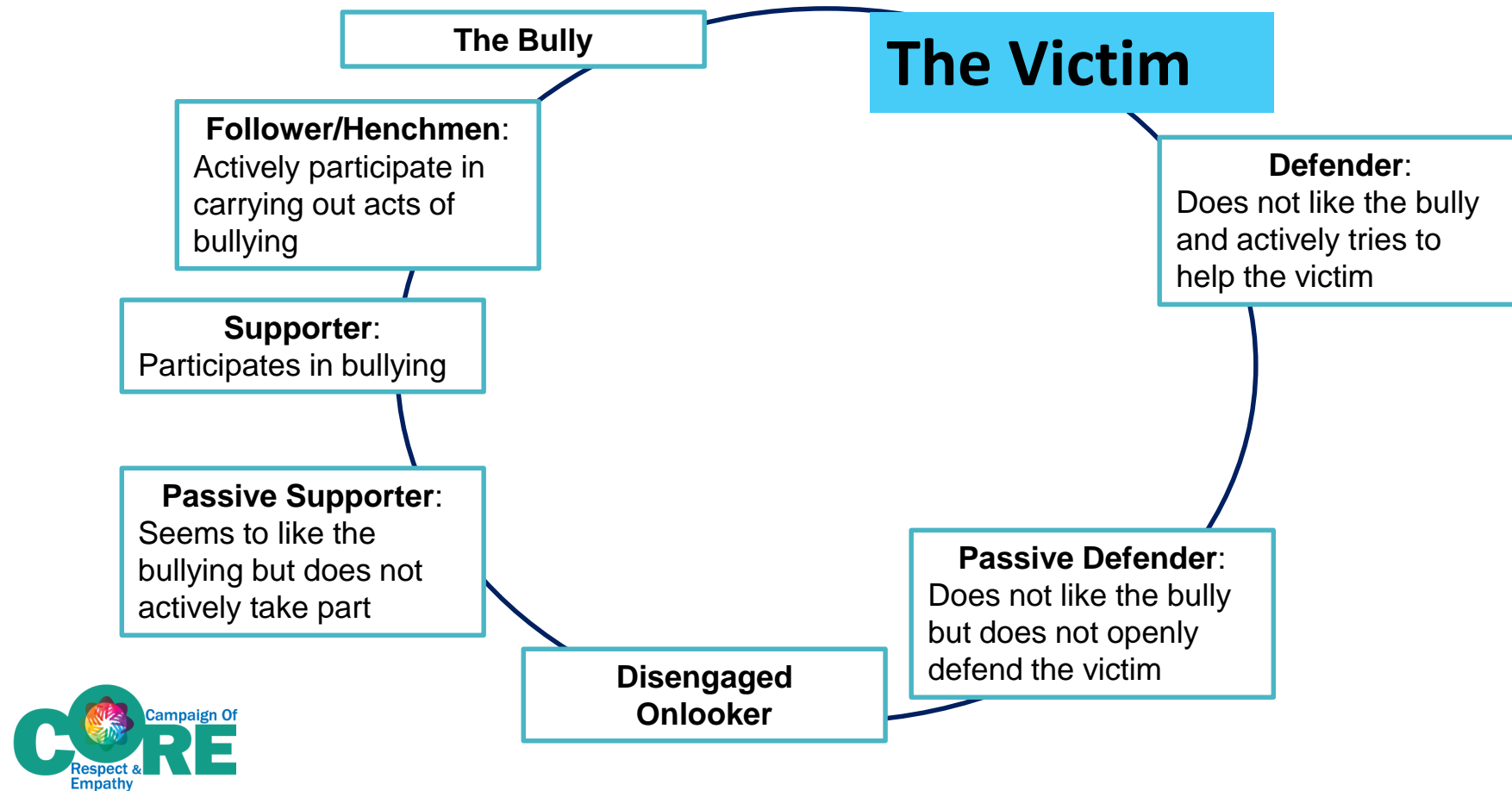
➤ **NOT expressions based on basic and safety needs**



1. Hazelden Foundation. (2016). *Violence Prevention Works*. Retrieved April 13, 2016, from Violence Prevention Works: Recognizing Bullying: http://www.violencepreventionworks.org/public/recognizing_bullying.page

2. NoBullying.com. (2015, January 29). *Is Bullying Abuse?* Retrieved February 28, 2016, from NoBullying.com web site: <http://www.nobullying.com/is-bullying-abuse/>.

The Cycle of Bullying: The Olweus Bullying Project



Assertive Communication

The ability to express one's thoughts, emotions, feelings, and point of view in an effective manner without infringing on the rights of another person.

- Helping individuals find their own personal strengths
- Recognizing and intervening on bullying immediately and consistently
- Creating welcoming environments accepting to all persons
- Respecting and celebrating differences and cultures
- Educating staff and Residents/Participants

RESOURCES

Resident-To-Resident Mistreatment: LTCO Advocacy

- Overview of resident-to-resident aggression
- Risk factors are identified
- Examples of advocacy strategies to LTCO to use when investigating complaints and helping with solutions

<http://ltcombudsman.org/uploads/files/issues/resident-to-resident-aggression-ref-guide.pdf>

Posted on the NORC Abuse Issue page: <http://ltcombudsman.org/issues/abuse-neglect-and-exploitation-in-long-term-care-facilities#resident-to-resident>



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LTCOP REFERENCE GUIDE

RESIDENT-TO-RESIDENT MISTREATMENT: LONG-TERM CARE OMBUDSMAN ADVOCACY

Terminology and definitions used to describe resident-to-resident aggression (RRA) vary, but for this reference guide RRA is defined as "negative and aggressive physical, sexual, or verbal interactions between long-term care residents that (as in a community setting) would likely be construed as unwelcome and have high potential to cause physical or psychological distress in the recipient."¹ Incidents of RRA include physical, verbal, and sexual abuse and are likely to cause emotional and/or physical harm. However, not all incidents of resident-to-resident aggression are considered "abuse," meaning that the resident involved did not willfully harm the other resident. Other examples of RRA include: roommate conflicts, invasion of privacy and personal space, verbal threats and harassment, unwanted sexual behavior, using personal property without permission, and destroying personal property.


The purpose of this reference guide is to provide an overview of resident-to-resident aggression to assist Long-Term Care Ombudsman (LTCO) programs in effectively responding to complaints involving resident-to-resident aggression, as well as help prevent RRA and reduce the prevalence of these incidents.

Learn about Resident-to-Resident Aggression (RRA)

Incidents of resident-to-resident aggression occur in all types of long-term care facilities, including nursing homes, assisted living and other residential facilities. Although LTCO advocacy approaches may differ

Preventing and Responding to Resident-to-Resident Mistreatment (In-Service Training)

- Intended for use by LTCOPs to provide in-service training for long-term care facility staff.
- Brief training guide and PowerPoint slides.
- Copies of the “What is Resident Mistreatment” fact sheet or brochure could be included as a handout during the presentation.



Resident-to-Resident Mistreatment In-Service Training Guide

This is a guide for the *Preventing and Responding to Resident-to-Resident Mistreatment* in-service training. The PowerPoint, with presenter notes, is intended for use by Long-Term Care Ombudsman to provide in-service training for nursing home and assisted living facility staff on the topic of resident-to-resident mistreatment.

The goals of this training:

1. Define resident-to-resident mistreatment,
2. Provide practical solutions to prevent these incidents,
3. Encourage the facility to continue (or begin) conversations regarding policies and procedures for reporting these incidents and provide on-going training, and
4. Encourage the use of individualized, person-centered care.

Training Notes

- The training is approximately 30 minutes long, incorporating time for questions and discussion. Depending on how much time you are given for your presentation and your audience, you may need to skip some of the slides to reduce the length and/or remove slides that are not specific to your audience (e.g., remove slides referring to nursing home requirements if you are presenting to non-nursing home staff).
- You may want to practice the presentation to see how long it takes. Also, some of the slides are designed for staff for their response, so you may need to limit the responses to just one or two comments, if you have an engaged group.
- There are several notes for trainers (marked as “Trainer Note”) in the presenter notes of the slides.
- Consider asking the facility administration about providing a brief reminder (5 minutes or less) about the facility policies for reporting and investigating resident-to-resident mistreatment (see presenter notes of slide 16).
- Prior to conducting this presentation, you are encouraged to review the following resources to have a better understanding of this topic.
 - NORC Issue Page – *Resident to Resident Mistreatment* <http://ltombudsman.org/issues/abuse-neglect-and-exploitation-in-long-term-care-facilities#resident-to-resident>
 - *Resident-to-Resident Elder Mistreatment (RREM) A Training and Education Guide*. Available for purchase from Research Division of The Hebrew Home at Riverdale. <http://research-hhar.org/>
 - *A staff intervention targeting resident-to-resident elder mistreatment (R-REM) in long-term care increased staff knowledge, recognition and reporting.* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3677710/>
 - *Writing “I Care Plans”* <http://www.vhca.net/wp-content/uploads/sites/7/2014/10/VTHCA-2014-I-Format-Care-Plan-Session.pdf>
 - *Understanding and Dealing with Resident Aggression* <https://www.iadvanceseniorcare.com/article/understanding-and-dealing-resident-aggression?page=2>



PREVENTING AND RESPONDING TO RESIDENT-TO-RESIDENT MISTREATMENT

Date
Speaker name and contact

What is Resident Mistreatment?

- Consumer Brochure and Large Font Fact Sheet
- Overview of Residents' Rights
- Defines Resident-to-Resident Mistreatment
- Explains how to seek help

<http://theconsumervoice.org/uploads/files/issues/rrm-brochure-508-compliant.pdf> (brochure)

<http://theconsumervoice.org/uploads/files/issues/rrm-factsheet-large-font-508-compliant.pdf> (large font fact sheet)

What Is Resident Mistreatment?¹

Mistreatment is anything that causes physical, mental and/or emotional harm and includes abuse, neglect and exploitation.



ABUSE means causing intentional harm and includes physical, mental, verbal, and sexual abuse.

NEGLECT is the failure to provide care for a resident in order to avoid harm and pain.

EXPLOITATION is when someone illegally or improperly uses your moneys or belongings for their personal use.¹

IDENTIFY Abuse or Mistreatment

All residents have the right to live in a safe environment that supports each resident's individuality and ensures they are treated with respect and dignity. If you have experienced any of the following examples of mistreatment you have the right to report it and facility staff are required to investigate all reports.

- **Physical assault**- kicking, hitting, slapping, grabbing, pushing, biting, spitting, throwing items
- **Sexual assault**- unwanted sexual advances/touching, rape
- **Verbal and Mental abuse**- name calling, yelling, cussing, racial slurs, unwelcome verbal sexual advances, threats
- **Neglect**- lack of assistance with eating and drinking, not answering call lights, improper use of restraints, lack of assistance using the restroom
- **Invasion of personal space**- unwanted sexual exposure, use of personal items without permission, theft and/or destruction of personal items, entering room without permission

KNOW Your Rights²

Federal nursing home regulations provide the following resident rights and facility requirements (state nursing home regulations may provide additional protections):

Residents have the right to:

- Be free from verbal, sexual, physical and mental abuse, neglect, exploitation.
- Be treated with dignity and respect.
- Be fully informed of all changes in services

The facility is required to:

- Develop policies and procedures that prohibit abuse, neglect, and exploitation.
- Investigate and report all allegations of

Key Resources

- NORC Issue Page – *Resident to Resident Mistreatment*
<http://ltcombudsman.org/issues/abuse-neglect-and-exploitation-in-long-term-care-facilities#resident-to-resident>
- *Resident-to-Resident Elder Mistreatment (RREM) A Training and Education Guide*. Available for purchase from Research Division of The Hebrew Home At Riverdale.
<http://research-hhar.org/>
- *A staff intervention targeting resident-to-resident elder mistreatment (R-REM) in long-term care increased staff knowledge, recognition and reporting.*
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3677710/>

QUESTIONS?



The National Long-Term Care Ombudsman Resource Center

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