Taboo Topics in Residential Care

The John K. Friesen Conference
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Resident-to-Resident Abuse
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Abuse of one resident in long term care by another resident and includes physical, verbal, psychological, material and sexual mistreatment.

- Physical abuse (pushing, grabbing, hitting, pinching, assault, assault with object like cane, walker etc.);
- Verbal abuse (yelling, telling another resident to “shut up”, arguing, bossing around, cursing, ethnic slurs);
- Psychological abuse (threats, intimidation);
- Sexual abuse (exposing genitals, fondling, entering bed)
- Material abuse (stealing food, processions).
Scoping Review of Current Literature

- **Goal:**
  
  Map literature on RRA in institutional settings to enhance understanding of factors characterizing and contributing to RRA

- **Inclusion Criteria:**
  - Resident-to-resident elder abuse.
  - Nursing home or assisted living facility.
31 records met inclusion criteria (25 peer-reviewed & 6 grey literature).

Retrospective case reviews (n=13) and interviews with staff and/or residents (n=11) were most common, followed by literature reviews (n=4), commentaries (n=2) and randomized cluster trial (n=1).

Studies took place in the USA (n=29), Canada (n=1) and the UK (n=1).

Thirty-five types of physical, verbal, psychological and sexual RRA were documented.

One study evaluated the effect of a staff intervention training on RRA management techniques and reporting/documentation.
Key Findings

- RRA, of all forms, is highly prevalent in nursing homes, resulting in possible physical and psychological harm.

- Residents who experience RRA have concerns for their safety and privacy but believe that RRA is “part of life living in a nursing home.”

- RRA literature has identified abuse triggers, characteristics of victims and initiators, staff and resident responses and outcomes.

- Resident initiators appear to target resident victims with cognitive impairment. Presence of cognitive impairment negatively impacts ability to self-report abusive experiences with other residents.
Resident Characteristics

- **Victim**
- Cognitively impaired
- Physically independent
- Communication impairment
- **Initiator**
- Strong personality
- Short fuse / no patience

- **Life history**
- More “with it”
Triggers for Resident-to-Resident Abuse

- Intrusion
- Environment
- Violence
- Roommate
- Competition
- Communication
- Boredom
- Hostile interactions
- Impatience
- Jealousy
- Dementia
- Unprovoked
- Lonliness
Location of the Abuse

- Hallway
- Resident Room
- Dining Hall
- Main Lounge / TV Room
Response to the Abuse

- **Resident**
  - Call for help
  - Handle situation alone
  - Avoid aggressive resident

- **Staff**
  - Verbally intervene
  - Separate residents
  - Call social services
  - Watch / Do nothing
Outcomes of Abuse

- RRA victims more likely to be neglected by staff.
- Injuries common to head/face and upper extremities.
- Death
- Negative psychological impact on victims
- Police contacted for severe assault cases.
- 10-12% sexual abuse victims receive physical or psychological treatment.
- 15% of sexual assault victims and 15-30% of sexual assault perpetrators are re-located.
What is to be Done

- Formally one study shows that education of staff contributes to more reporting

- Using a client centred approach to care as opposed to a provider-centred approach may help

- Changing the environment of long-term care facilities since many of the triggers are related to adjusting to communal living;

- If we ever want to deal with this problem will we need a national strategy
Resident-to-Resident Abuse in Canada

- Redacted data on abuse cases from the long-term care homes (N = 38 regions) were obtained across Canada under the Freedom of Information Act.

- The total number of incidents of abuse (alleged and reported) in long-term care facilities across Canada was 23,521 (RRA, staff-to-resident, resident-to-staff).

- The total number of RRA cases in 2011 was 6,494 (28%) [6,494/23,521].

- CTV in their own calculations found 10,000 cases

- The % of RRA ranged from 14% to 61% depending on jurisdiction
CTC W5 Data from health authorities, Canada (non-random)

a) Newfoundland (NFLD) and Labrador (LAB)  – 4;
b) Prince Edward Island (PEI)                – 1;
c) New Brunswick (NB)                       – 1;
d) Nova Scotia (NS)                         – 1;
e) Quebec (PQ)                              – 1;
f) Ontario (ON)                             – 1;
g) Manitoba (MB)                            – 11;
h) Saskatchewan (SK)                        – 12;
i) Alberta (AB)                             – 1;
j) British Columbia (BC)                    – 4;
k) Northern                                – 1;

38 Regions
RRA as Percentage of All Abuse

Elder abuse - R-R abuse out of the total # cases reported for seven provinces

West:
- BC: 939 (41%) Blue, 389 Red
- SK: 1923 (34%) Blue, 661 Red
- MB: 7103 (38%) Blue, 3216 Red
- ON: 1788 (56%) Blue, 1767 Red
- NFLD & LAB: 828 (47%) Blue, 828 Red
- NB: 56 (61%) Blue, 34 Red
- NS: 254 (30%) Blue, 77 Red

Central:
- Total: 6494 (100%) Blue, 15258 Red

East:
- Total: 389 (41%) Blue, 1923661 Red
Data Problems

- Does not include all of the Health Authorities (regions)
- Uses different measures of mistreatment across provinces
- Uses different forms across provinces
- Uses different reporting times across provinces
- Poorly filled out forms
- Huge amounts of missing data
Conclusions

- Thirty-one studies examining RRA within a nursing home or retirement home setting were identified.

- There is a glaring lack of RRA research in Canada.

- Incidence of RRA is alarmingly high and includes a diverse range of aggressive physical, verbal, psychological and sexual behaviours.

- Heterogeneous reporting practices make it difficult to accurately characterize RRA;

- Staff education has been shown to improve documentation and reporting of RRA.

- The available Canadian data suggests that approximately a third of abuse cases in long-term care homes is RRA. Although the rate is comparable to other findings in the literature, more rigorous studies are required to accurately capture rates of RRA.
What Are You Doing?
Thank You