



Violence in the Long-Term Care Setting

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We have no conflicts to disclose.

Violence in nursing homes is endemic

- Very few studies
- According to the World Health Organization (WHO), rates of abuse of older people are high:
 - In one study, 2 out of 3 nursing home/long-term home care staff self-reported that they committed abuse in the past year
 - increased rates of abuse during the COVID-19 pandemic
- predicted to increase as many countries are experiencing rapidly aging populations
 - The global population of people aged 60 years and older will more than double, from 900 million in 2015 to about 2 billion in 2050.

Source - <https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people>

In a long-term care setting, violence is defined as:

Act carried out with the intention of causing physical harm, pain and injury.

- However, intention is not always clear
 - Consider, for example, a resident with dementia who cannot form intent



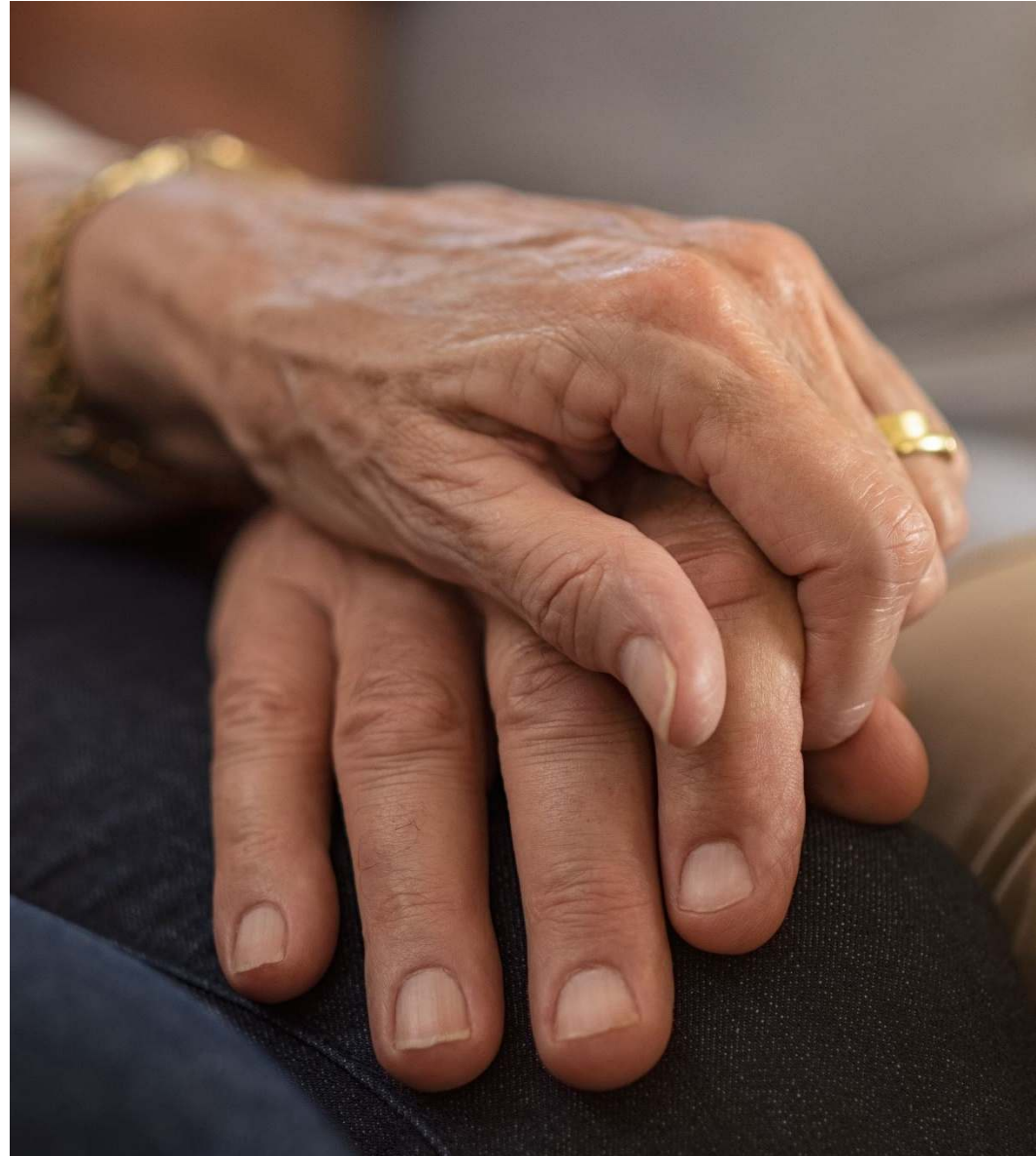
Risk Factors

- Generally, victims of elder abuse are:
 - Female
 - Women comprised up to 77.3% of the victims who reported psychological, physical and financial abuse
 - Statistically, nearly four out of the five residents in long-term care facilities in North America are women

Risk Factors (cont'd)

- Victims of elder abuse usually have a cognitive impairment and disability
 - Between 3.4% and 18.5% of the residents who have been abused by staff had dementia
- Older than 74 years old
 - the risk of dependency increases with age
 - victims of abuse in institutional settings reported frailer health and greater dependency on the staff for assistance in ADLs than non-victims

Source – Drennan J, Lafferty A, Treacy M, et al. Older People in Residential Care Settings: Results of a National Survey of Staff-resident Interactions and Conflicts. Dublin, 2012.



Topics for Discussion:

1. Staff to resident violence
2. Resident to resident violence
3. Resident to staff violence
4. Visitor/Guest/Family Member to staff violence
5. Questions



Staff to Resident Violence



- One study based on self reports by older adults (or their proxies) estimated the prevalence of elder abuse in institutional care settings is

86.9% for neglect in the USA

Source – Griffore RJ, Barboza GE, Mastin T, et al. Family members' reports of abuse in Michigan nursing homes. J Elder Abuse Negl 2009;21:105–14.

HEALTH CARE

Nursing home cited for failing to prevent sexual abuse of residents

Accused resident was known to the staff as 'Captain McFeelypants'

BY: CLARK KAUFFMAN - AUGUST 28, 2023 5:04 PM



LOCAL

'Stripped him of dignity': Son claims nursing home neglected, abused dad before death



By [Hunter Sáenz, wsocvtv.com](#)

August 14, 2023 at 5:50 pm EDT

NEWS

Nursing home in CT accused of neglect, staffing shortages

[Jenna Carlesso and Dave Altimari, CTMirror.org](#)

Feb. 1, 2023



LOCAL NEWS

'I've been left sitting in feces and urine for 8 hours' | Georgia nursing home patient alleges abuse, neglect

11Alive investigators pulled police records and found officers in Lilburn have investigated at least three recent allegations of abuse allegations at the facility.

Table 1 Institutional abuse reported by older adults and staff

Elder abuse types	Pooled estimates (%)	Lower limit (%)	Upper limit (%)
Reported by older adults over past year			
Psychological (3 studies)	33.4	6.3	78.9
Physical ^a (4 studies)	14.1	1.9	58.3
Sexual (3 studies)	1.9	0.03	59.2
Neglect (3 studies)	11.6	0.4	81.8
Financial (3 studies)	13.8	0.7	78.3
Reported by staff over past year			
Overall (4 studies)	64.2	53.3	73.9
Psychological ^a (5 studies)	32.5	16.1	54.6
Physical ^a (5 studies)	9.3	4.4	18.4
Sexual (3 studies)	0.7	0.04	11.7
Neglect ^a (4 studies)	12.0	2.6	41.4

a Adjusted for publication bias.

Source: Yongjie Yon et al., The prevalence of elder abuse in institutional settings: a systematic review and meta-analysis, European Journal of Public Health, Volume 29, Issue 1, February 2019, Pages 58–67, <https://doi.org/10.1093/eurpub/cky093>



Long-term care settings are stressful

- Staff attributed their experience of stress to:
 - staff shortages
 - A significant correlation was found between abuse and high ratio of residents to registered nurses
 - It was further found that an increased presence of qualified nurses was associated with a reduction in resident abuse risk.
 - time pressure
 - research has found that staff who self-reported committing abuse described themselves as emotionally exhausted

UConn Center on Aging Study

In 2007, the UConn Center on Aging conducted a study which asked 150 people who live in various supportive housing situations:

“Do you worry about retaliation if you were to report a complaint or concern?”



Retaliation and the fear of retaliation is a reality

23% of nursing home residents

13% of assisted living residents

19% of residential care home residents

indicated that they fear retaliation if they were to report an
incident of abuse or neglect

Recommendations

- The Connecticut Long Term Care Ombudsman Program to serve as an outlet for complaints
- Provide and/or support continuing education to facility staff, residents, and families
- Formalize reporting procedures
- Sharing information with other LTC facilities on bad actors
- Not just “listening” to the complaints and concerns without taking action



Jury Awards Family \$1.2 M in Nursing Home Abuse Case

By [Michelle Llamas, BCPA](#)

Publication Date: *February 20, 2015*

- An Oklahoma jury awarded \$1.2 million to the family of a 96-year-old woman who was abused in a nursing home by two employees.
- The video shows nursing home employees forcing 96-year-old woman to lie down by pushing her head and preventing her from breathing.
- One employee also shoved latex gloves into the 96-year-old woman's mouth as the other watched.
- The two employees were fired, and they face criminal charges. The jury found the nursing home guilty of negligence and abuse.



Patient to Patient Violence





Or “resident-to-resident elder mistreatment” (RREM)

- Defined as negative and aggressive physical, sexual, or verbal interactions between (long-term care) residents that in a community setting would likely be construed as unwelcome and have high potential to cause physical and/or psychological harm and distress.
- Has been established as a serious problem that has a negative impact on the safety, physical well-being, and quality-of-life of residents living in nursing homes.

Source – Teresi, J.A., Silver, S., Ramirez, M. et al. Resident-to-resident elder mistreatment (R-REM) intervention for direct care staff in assisted living residences: study protocol for a cluster randomized controlled trial. *Trials* 21, 710 (2020). <https://doi.org/10.1186/s13063-020-04580-z>



The National



On the very same dementia unit of a South Plainfield, NJ nursing home:

76-year-old Audrey Fish (left) was taken to the emergency room after a resident allegedly hit her with a cane.

Two days before, 91-year-old Clara Sutowski (right) had been hurt by a different resident known to have behavioral issues.

She ultimately died from her injuries and her alleged assailant has since been charged with reckless manslaughter.



Source – NJ.com – A hidden danger, Why are more residents being attacked in N.J. nursing homes?

Published: Mar. 17, 2023, 7:15 am

Murder charge still pending against 102-year-old woman

AP

Published 4:56 p.m. ET June 20, 2014



Elizabeth Barrow celebrating her 100th birthday.

The Case of Laura Lundquist

The Oldest Murder Defendant in MA's History



On September 24, 2009, 100-year-old Elizabeth Barrow was found strangled in her Dartmouth, MA nursing home bed with a plastic bag tied around her head.

Her 98-year-old roommate, Laura Lundquist, was charged and indicted.

Lundquist was diagnosed with dementia and was deemed incompetent to stand trial.

According to the District Attorney, prosecutors pursued a second-degree murder charge because they didn't believe Lundquist had the cognitive ability to form premeditation, which must be proven in a first-degree murder case.

Nearly five years later, a second-degree murder charge was still pending against Lundquist at the age of 102.

The victim's son filed a wrongful-death lawsuit against the nursing home, its owners and operators.

In 2012, an arbitrator ruled in favor of the nursing home and found no negligence.

He said he has never pushed for Lundquist to be prosecuted.

"It would be like prosecuting a 2-year-old," he said. "It's just an awful thing that happened. How could she be held accountable for this when she's not in her right mind?"





RREM is the most common reason (89% of incidents) for police to be called to nursing homes in Connecticut.

Source – Lachs M, Bachman R, Williams CS, O'Leary JR. Resident-to-resident elder mistreatment and police contact in nursing homes: findings from a population-based cohort. J Am Geriatr Soc. 2007 Jun;55(6):840-5. doi: 10.1111/j.1532-5415.2007.01195.x. PMID: 17537083.

“There is almost total consensus that the most critical factor in improving conditions of care and work in LTC is enough staff.”

– Ontario Health Coalition 2019 report

“Pretty much in all cases it comes down to the fact that there’s just not enough staff on the ground or the staff that are there aren’t qualified enough to provide the care needed.”

– Jessica Wilson, Consumer New Zealand, 10.12.19

\$1.9 Million Settlement Against in Assisted Living Facility in California

- 88-year-old Olivia Deloney, with dementia in a “memory care” unit of Integral Senior Living LLC d/b/a The Point at Rockridge
- A 67-year-old man with early-onset Alzheimer’s and history of “aggressive” behaviors followed her
- She broke her hip when he knocked her to the ground as she tried to get away from him
- She returned to the facility
- However, she was left unattended and broke the same hip
- She died 2 months later





Workplace Violence Against Employees/Staff at Long Term Care Facilities

A serious concern

- Workplace violence (WPV) against employees in the healthcare and social assistance sector is a serious concern.
- The Healthcare and Social Assistance sector is comprised of 20.9 million employees and is a major component of the U.S. economy.
- These workers are nearly six times more likely to face WPV than of workers in all other industries averaged.
- Primarily violent behavior of patients, clients, residents, or visitors in their workplaces.

Source: Report of the Small Business Advocacy Review Panel on OSHA's Potential Standard for Prevention of Workplace Violence in Healthcare and Social Assistance

Figure-1
Annual Number and Rate of WPV Injuries for Industry Sectors in the Contemplated Scope, 2019

Sector	NAICS	Industry	Injuries	Rate per 10,000 FTE
General hospitals, incl. emergency departments	622000	Hospitals	7,160	17.8
Behavioral Health	622200	Psychiatric and substance abuse hospitals	1,600	152
	623200	Residential behavioral health facilities	3,120	58.2
	621112	Offices of Physicians, Mental Health Specialists	130	26.6
Residential care facilities	623100	Nursing care facilities	780	19.1
	623300	Continuing care retirement communities and assisted living facilities for the elderly	3,280	14.4
Home healthcare	621600	Home healthcare	520	6.1
Emergency medical services	621910	Ambulance Services	260	18.6
Social assistance services		Individual and Family Services	300	20.5
	624200	Community Food and Housing, and Emergency and Other Relief Services	140	8.9
	624300	Vocational Rehabilitation Services	530	21.8

Source: BLS, Survey of Occupational Injuries and Illnesses, Tables R4, R8, 2019.



Workplace violence is underreported.

Source: Report of the Small Business Advocacy Review Panel on OSHA's Potential Standard for Prevention of Workplace Violence in Healthcare and Social Assistance

Three Barriers to Change

- Acceptance
- Ignorance
- Inaction
 - Violence seen as routine feature of nursing home life





Strategies to Minimize Risk

- Behavioral assessment to identify prior history of aggressive or combative behavior (Broset Score)
- Resident care plan intervention if a resident's behavioral assessment identifies a potential for aggressive behavior
- Communicate individual interventions to staff to help minimize or eliminate the behavior.
- Work closely with the care team, including family, to develop a plan to manage, contain, and where possible, prevent combative incidents.
- Staff training on recognizing and responding to violence in the workplace



Strategies to Minimize Risk (cont'd)

- De-escalation: When confronted with situations where the resident is becoming combative or has begun to be combative:
- Redirection: Provide options for other activities or places if appropriate.
- Environmental control: If a resident is becoming violent, assess the surrounding areas and move other residents to a safer location and, where possible, remove objects the resident could use to harm themselves or others.
- Teamwork: Staff communication is an essential tool in addressing combative behavior. Staff should share information about situations that might be troubling a resident or techniques that have helped de-escalate a resident in the past.



External Threats of Violence
Visitor/Guest/Family
Member to Staff Violence

External Threats

- Approximately 25% of registered nurses report being physically assaulted by a patient or family member, while over 50% reported exposure to verbal abuse or bullying.
- Verbal abuse is the most common type of abuse directed toward nurses in health-care settings.
- Many studies indicate that violence against nurses is underreported.

Source – Al-Qadi MM. Workplace violence in nursing: A concept analysis. J Occup Health. 2021 Jan;63(1):e12226. doi: 10.1002/1348-9585.12226. Erratum in: J Occup Health. 2021 Jan;63(1):e12301. PMID: 33960074; PMCID: PMC8103077.



Visitor/Guest/Family Member to Staff Violence

- Frequently presents as a domestic disturbance or a family member unsatisfied with the treatment of their loved one.
- Family members often become emotionally charged when interacting with staff, especially when there is any type of perceived mistreatment or lack of treatment toward the resident, and this may result in an assault on staff.

Source – International Association for Healthcare Security and Safety Foundation (IAHSS)

Bills creating harsher penalties for assaulting health workers pass the Michigan House

BY: ANNA LIZ NICHOLS - JUNE 27, 2023 6:38 PM

“Health care workers in Michigan are at a “breaking point”

“We have had colleagues off work for injuries such as concussions, internal bleeding of a pregnant woman, a fractured jaw, dislocated shoulders, severe anxiety from assault, are some examples,” Pena said during the June 13 committee meeting. “Unfortunately ... I was informed that one of our colleagues suffered three fractured facial bones and is under the care of a plastic surgeon.”

- Health professionals...noted that many of the reported assaults by their colleagues were suffered at the hands of patients’ loved ones who believed their loved one wasn’t getting adequate care.
- An emergency nurse, representing the Michigan Emergency Nurses Association, recalled getting a urine sample thrown all over him by a patient’s significant other who said they were waiting too long to get an X-ray.