

RECOGNITION

Module 3: Violence against older persons in residential care facilities

In this module:

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- Residential care facilities for older persons in Newfoundland and Labrador;
- Who is most likely to experience violence in residential care facilities;
- Residents in long-term care homes;
- Types of violence in residential care facilities for older persons;
- Why does violence occur in residential care facilities;
- Systemic problems in residential care facilities;
- Older persons have rights too;
- What can be done? Promising practices to preventing violence against older persons in residential care facilities;
- What to do if you witness or suspect violence against an older person in a residential care facility in Newfoundland and Labrador;
- TOOL: Contact information for reporting suspected or actual violence against a patient or resident in a residential care facility;
- Action steps;
- Stories from the front lines; and,
- Questions for reflection.

Violence in residential care facilities

This module will explore violence against older persons who live in certain types of institutions, also called residential care facilities. Most types of violence against older persons that occur in the home or community can also happen in residential care facilities. These include:

- Physical violence;
- Psychological violence;

- Emotional violence;
- Verbal abuse;
- Sexual violence;
- Financial abuse;
- Spiritual violence;
- Cultural violence; and,
- Neglect.

The way residential care facilities are set up and operated creates a situation where there are significant differences in power among management, staff, other health care providers, residents, volunteers, caregivers and families. These facilities by their very nature can create vulnerability and dependency among residents. Institutions exist because large numbers of people working together are able to do more good than can be done by individuals working on their own. However, the collective nature of institutions also means there is a greater potential for violence, since there are more people and more interactions.

Residential care facilities for older persons in Newfoundland and Labrador

In Newfoundland and Labrador, there are several kinds of places where older persons live. In this module, we look mostly at the following two models of residential care facilities:

Personal care homes

- Are private, operated for profit.
- Are licensed, regulated and monitored by the four Regional Health Authorities.
- Provide supervised care and minimal help with activities of daily living.
- Are for people who do not need on-site health services, but may use services of visiting health professionals.
- Have approximately 4,000 beds across the province.⁴

⁴ Government of Newfoundland and Labrador. (2012). *Close to Home: A Strategy for Long-Term Care and Community Support Services 2012*. Retrieved from: http://www.health.gov.nl.ca/health/long_term_care/ltc_plan.pdf.

Long-term care

- Are public, accredited facilities operated by the Regional Health Authorities.
- Provide long-term nursing care and professional services for residents with higher-level care needs.
- Have approximately 2,800 beds available provincially.⁵

In some communities there may also be long-term care beds for older persons in community health centres, hospitals or Veterans' Pavilions. Community care homes, alternate family care homes, individual living arrangements and cooperative apartments provide accommodations for adults with intellectual disabilities or mental health challenges.

Assisted-living residences are private, for-profit businesses. These residences are for adults who can live independently, but require help with daily activities. Services may include:

- Meals;
- Housekeeping;
- Laundry;
- Social and recreational activities; and,
- 24-hour emergency response system.

Congregate housing is a type of assisted-living arrangement that is based on "independence through interdependence". In congregate housing, residents help each other, and may hire services such as home support when required.

Another kind of setting where older persons live is a seniors' residence, also called a retirement home, senior citizens' apartment or seniors' cottage. These tend to be for those who require little or no daily assistance. These rental units are owned and operated by a variety of organizations and businesses, and may be for-profit or not-for-profit.

⁵ Government of Newfoundland and Labrador. (2012). *Close to Home: A Strategy for Long-Term Care and Community Support Services 2012*. Retrieved from: http://www.health.gov.nl.ca/health/long_term_care/ltc_plan.pdf.

Who is most likely to experience violence in residential care facilities?

Older adults who live in residential care facilities can be more likely to experience violence. Some populations may be at higher risk of mistreatment because they come from two demographic groups which are more likely to experience violence in the larger community: women and older persons with disabilities.

Women

- According to the 2011 Census, there are more older women living in Newfoundland and Labrador than older men. Approximately 63 per cent of individuals aged 80 and up are women.⁶
- It is mostly older women who experience violence in residential care facilities, because more older women live in these settings.

Adults in residential care facilities in NL (2009-10)⁷	Women	Men
Age 80 to 84	691	319
Age 85 years and older	1,720	555

Residents in long-term care homes

- Long-term care residents often depend on others for care and support. This makes them more likely to experience violence.
- They are probably also the least able to protect themselves.
- Individuals, 85 years and older, represent the largest age group in long-term care.
- These older persons have more complex needs.

⁶ Statistics Canada. (2013, July). *Population by Broad Age Groups and Sex, 2011 Counts for Females, for Canada, Provinces and Territories*. Retrieved from: <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/hltfst/as-sa/Pages/highlight.cfm?TabID=1&Lang=E&Asc=0&PRCode=01&OrderBy=6&Sex=3&View=1&tableID=21&queryID=1>.

⁷ Statistics Canada. (2011). *Residential Care Facilities 2009/2010*. Ottawa, ON: Minister of Industry.

- Older persons in long-term care are more likely to have dementia, disability from stroke or mobility issues.

It is very important to understand that age itself does not create vulnerability. However, advanced age is often accompanied by various physical, mental and social challenges. An older person's socio-economic status and unique life experiences may also be factors. These factors may contribute to increased vulnerability to violence in long-term care.

Types of violence in residential care facilities for older persons

Most violence committed against older persons in residential care facilities involves failure to respect the basic rights of residents on a day-to-day basis. This includes:

- Psychological neglect;
- Childish language;
- Failing to respect freedom;
- Excessive use of physical or chemical restraints;
- Imposing care when the person does not want it;
- Rushing through care (when taking more time may cause less aggression);
- Pushing the person in a wheelchair without saying where she/he is going;
- Taking the person's belongings without asking;
- Not calling the older person by the name she/he prefers;
- Not taking into account dietary restrictions or preferences; and,
- Not allowing an older person who has the ability to manage his/her own money.

Violence in residential care facilities may be committed by individuals, or it can be *systemic*. Systemic violence refers to practices (within an institution or organization) that have a harmful impact on subordinate group members even though the organizational norms and rules were created with no intent to cause harm, for example:

- Some rules can have a negative impact on older persons. A long-term care home might not allow residents to bathe or shower

unsupervised. This policy is meant to ensure resident safety. However, it denies privacy to those who are able to bathe alone.

- Everyday practices that have become the norm in residential care - combined with lack of training, sensitivity or awareness - may cause residents to be mistreated. One example is the routine use of adult diapers, rather than having staff available to help the older person to the washroom.
- Institutional violence may relate to people's rights to accept or refuse treatment. For instance:
 - Requiring that all persons sign Advance Health Care Directives before admittance to long-term care.
 - Placing a "Do not resuscitate" order in medical records without asking the older person or family.
 - Ignoring a mentally competent person's health decisions.

Why does violence occur in residential care facilities?

Violence can happen in all kinds of residential care facilities, including those with good reputations. The reasons for this vary.

- Smaller private residences may lack funds to meet growing needs.
- Larger long-term care homes tend to be more rigid and bureaucratic. As a result, these homes may become overly impersonal and de-humanizing.
- Residents may be isolated and have no one to speak up for them. Isolation can result from:
 - Being widowed, death of siblings and friends, personality quirks;
 - Physical distance from family or friends, especially if the person moves outside of his or her community;
 - Children moving out of rural communities and leaving the province;
 - Location of the facility far from the larger community;
 - Communication challenges: mobility issues, strokes, language or cultural differences may affect staff's ability to recognize and respond to resident needs; and/or,

- Few outsiders having contact with older persons in residential care, making it easier for violence to remain hidden.
- Ageism may be a factor. Due to stereotypes or prejudices against older persons, residents may be ignored or seen as “inconveniences”. This risks their being treated as “lesser” persons. Their preferences and wishes may carry less weight than those of others. For example, theft from a resident (financial abuse) may occur because the person may be seen as "less deserving". It is assumed that “he won’t miss it” or “she’s in a home and doesn’t need it anymore”.

Systemic problems in residential care facilities

The way a residential care facility is staffed and administered may either promote or prevent violence. Strong leadership and attention to growth and development of the organization will result in a respectful environment that recognizes the dignity and value of each individual, including:

- Residents;
- Staff;
- Other health care workers;
- Other service providers;
- Volunteers;
- Family;
- Friends;
- Other caregivers; and,
- Other visitors.

Some of the indicators that systemic violence may be present in a residential care facility include:

- Sustained poor quality care (not isolated incidents);
- Staff people do not see what they are doing as wrong or as a problem (no expressed guilt, shame or regret);
- Failure of administrators to deal with violence in an effective manner;

- Staff are afraid to report violence for fear of losing their jobs or affecting relationships with co-workers;
- Lack of clarity or shared understanding about violence due to:
 - diversity in values and beliefs;
 - cultural differences among staff; and,
 - lack of education and training.
- Staff not trained to care for residents who have physical or cognitive impairments;
- Trouble finding and keeping qualified staff due to wages, working conditions or morale problems;
- Staff or volunteers not knowing how to handle or report situations of violence; and/or.
- Staff taking revenge on a resident, reflecting a lack of:
 - training in dealing with aggressive behaviour;
 - understanding of the resident's condition; and,
 - compassion.

Older persons have rights too

When an older person moves into a residential care facility, it becomes the facility's duty to provide care. The Government of Newfoundland and Labrador recognizes that institutional violence, affecting some of our most vulnerable citizens, is an important health and social problem that cannot be considered separate from quality of care. To address the Provincial Government's commitment to improving the quality of life for all citizens, **Operational Standards** for personal care homes and long-term care homes were developed. These Standards are meant to ensure safe, quality care for older persons in residential care facilities.

Residents have the same rights as all other adults. They do not "leave their rights at the door". Residents, and their families, may not know that they have the same rights as people who live in the community, and should not have to experience violence or violation of their rights.

The provincial Operational Standards for personal care and long-term care homes provide guidelines for residential care facilities that are violence-free

and that treat residents with dignity and respect. These Standards can be found online at:

Newfoundland and Labrador: Provincial Operational Standards for Personal Care Homes.

www.health.gov.nl.ca/health/publications/april07_pch_manual.pdf.

Newfoundland and Labrador: Provincial Operational Standards for Long-Term Care Homes.

www.health.gov.nl.ca/health/publications/long_term_care_standard.pdf.

What can be done? Promising practices in preventing violence against older persons in residential care facilities

There are many policies and procedures in place to prevent violence in residential care facilities. There has not been enough research on this issue in Canada to know if they are being effective.

There are a number of practices that show promise in preventing violence against older persons in residential care facilities. For example, residential care facilities can become aware of and act on those things that stop people from speaking out on actual or suspected violence. This includes:

- Not knowing how to report an incident;
- Fear of retaliation;
- Fear of being labeled as a “disruptive old person”;
- Fear of getting “evicted” or discharged for doing something against the “rules”; and,
- Worry about getting someone fired.

A promising practice in this case would be to ensure that the voices of residents, families and staff are heard by creating an environment of openness and listening without judgment. Families should be encouraged to visit, and regular meetings should be held with families to ensure they are satisfied with the level of care being provided to their family member. Residential care facilities should be encouraged to have older persons

(especially residents and patients, where possible) and their families participate on boards and steering committees.

Other promising practices for preventing violence in residential care facilities include:

- Conducting awareness-raising campaigns on ageism and violence against older persons;
- Training staff to effectively meet the care needs of residents; and,
- Encouraging a culture of respect and compassion among staff towards residents and each other.

Other ways to create violence-free residential care facilities include:

- Develop an organizational culture that openly acknowledges the potential for violence, and take steps for violence prevention;
- Hold regular discussion and education sessions with staff, residents and family to talk about violence;
- Avoid using labels and negative terms (“bed blocker”, “I have to *do* Mrs. Smith”);
- Hire enough staff to meet the needs of residents;
- Support staff by offering mandatory, continuous education and training opportunities;
- Give residents choices in activities and opportunities for community involvement;
- Ensure residents have advocates when needed;
- Ensure staff are spending time with residents and patients; and,
- Have transparent policies and procedures for reporting.

What to do if you witness or suspect violence against an older person in a residential care facility in Newfoundland and Labrador

- If you work or volunteer in the health care system, tell your supervisor.
- If you are family, a friend, caregiver or visitor, consult the Regional Health Authorities list below to report your concern.

- For emergency contacts and other resources, see Module 16, *Helpful resources*.
- If you have any concerns about reporting violence against an older person, see Module 15, *Barriers and risks in reporting violence*.
- Contact numbers and other information may change over time. Make copies of the blank Contact Information chart below. Fill it out. Review and update the information from time-to-time. Keep the chart near your work station for quick reference.

Regional Health Authorities

Contact numbers for reporting suspected or actual violence against an older person:

- *Eastern Regional Health Authority - Rural Avalon*
(709) 786-5245
- *Eastern Regional Health Authority - St. John's Region*
(709) 752-4885
- *Eastern Regional Health Authority - Bonavista, Clarenville, Burin Peninsula*
(709) 466-5707
- *Central Regional Health Authority*
(709) 651-6340
- *Western Regional Health Authority*
(709) 634-5551 Ext. 226
- *Labrador-Grenfell Regional Health Authority*
(709) 454-0372

TOOL: Contact Information for Reporting Suspected or Actual Violence against a Patient or Resident in a Residential Care Facility

Instructions: Make a copy of the blank chart below. Fill it in. Keep it updated. Keep the chart near your work station.

<p>Emergency numbers</p>	<p><input type="checkbox"/> 911 or <input type="checkbox"/> Police: _____ <input type="checkbox"/> Police: _____</p>
<p>Regional Health Authority</p> <p><input type="checkbox"/> Eastern</p> <p><input type="checkbox"/> Central</p> <p><input type="checkbox"/> Western</p> <p><input type="checkbox"/> Labrador-Grenfell</p>	<p>Contact name: _____</p> <p>Phone number: _____</p> <hr/> <p>Contact name: _____</p> <p>Phone number: _____</p> <hr/> <p>Contact name: _____</p> <p>Phone number: _____</p>

Other important numbers:	Contact name: _____
	Organization: _____
	Phone number: _____
	Contact name: _____
	Organization: _____
	Phone number: _____
	Contact name: _____
	Organization: _____
	Phone number: _____

ACTION STEPS

In addition to the steps below, also see Module 14, *Intervention approaches, practices and supportive legislation*.

- Take all reports of violence seriously.
- Make a list of all personal care and long-term care homes in your region.
- Learn about the complaint and reporting procedures in the personal care and long-term care homes in your region.
- Become familiar with the Operational Standards for personal care and long-term care homes. Find out if any homes have a Residents' Bill of Rights.
- Learn about the types of violence listed in the *Criminal Code of Canada*.
- Understand your legal obligations regarding reporting violence. Know if and what you are required to report.

STORIES FROM THE FRONT LINES

Michael

Michael, 87, lives in a long-term care home. He is blind, and has diabetes and mild dementia. Michael does not like having his blood sugar checked. Sometimes, staff will sneak up and restrain him to get a blood sample. This often leaves bruises. Michael also requires help with meals, but the home has limited staff resources. If no one is there to help him eat, his meal is often taken away before he has finished.

Stan

Stan, 69, just moved to a long-term care home. He was very capable of getting to the bathroom with a little help. Stan was put into an adult diaper soon after moving in. He asked for help to go to the bathroom and was told, "Your toilet is on you now".

Stella

Stella, 61, was diagnosed with Alzheimer's disease when she was 48. She had to move into the dementia unit of a hospital when she was 60. Stella was sexually attacked by another patient. The family expected the police to be called. Management did not do so. The family tried to have patients better monitored to prevent this from ever happening again. Management will not admit that the attack happened, even though there were witnesses.

QUESTIONS FOR REFLECTION

1. Imagine that you have a close older family member who enters long-term care. What would you do to ensure a violence-free, respectful and dignified living situation for your loved one?
2. When have you ever been in an institutional setting? (Remember, schools, hospitals and governments are institutions.) What was it like?
3. List the things that define “quality of life” for you. What makes your life worth living? Now imagine that you are living in long-term care. Define “quality of life” for yourself in that situation. Is this definition the same as the first? If not, what has changed? What does this tell you?
4. What have you seen that might be considered institutional or systemic violence? Did you think it was violence at the time? Did you report it? If not, why?