Resident-to-Resident Abuse

Daniel is a resident in a long-term care facility. He has a long history of drug and alcohol abuse and was admitted into the facility because of declining cognitive and functional abilities. Staff struggle with meeting his needs and those of other residents because of Daniel’s tendency to walk into a room and remove objects from the bedside or wardrobe of another resident, which has led on several occasions to Daniel being attacked by the item’s owner. He currently has a black eye and facial bruising from the latest episode.

Resident-to-resident abuse in long-term care facilities is an established occurrence; yet, little is actually known about the phenomenon. Sizable and growing research literature exists on other types of elder abuse. It has been extensively studied in the community over the past 30 years (Burns et al., 2015; Dong, 2015; Yan, Chan, & Tiwari, 2015). In addition, a smaller body of literature also has emerged examining elder abuse committed by long-term care facility staff. In both settings, aggressive or disruptive behaviors demonstrated by adults with dementia has also been well researched.

Yet, aggression and violence between long-term care residents has largely been overlooked by researchers, despite its potential as a health and social problem in long-term care facilities. Rosen, Pillemer, and Lachs (2008) defined resident-to-resident abuse in long-term care facilities 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 or psychological distress in the recipient” (p. 77). As individuals age, they sometimes lose their sense of what is appropriate and what is not, which can contribute to abusive and uncivil behavior (Sifford-Snellgrove, Beck, Green, & McSweeney, 2012). Such episodes may negatively affect the health and quality of life for residents and staff. Facilities may be liable, within current legislation, for resident-to-resident aggression and associated consequences.

WHAT DO WE KNOW ABOUT RESIDENT-TO-RESIDENT ABUSE?
- It includes physical, psychological, verbal, sexual, and material mistreatment.
- It is more prevalent than staff-to-resident abuse (Castle, 2012; McDonald et al., 2015; Rosen et al., 2008).
- It tends to target those residents with cognitive impairment, which can lead to underreporting (McDonald et al., 2015; Rosen et al., 2008).
• It is perceived as part of long-term care life by residents and some staff.

WHAT CAN WE DO AS GeronTOLOGICAL NURSES?
• Educate staff on resident-to-resident abuse to facilitate recognition of it when it occurs.
• Assess for triggers that may contribute to abuse by one resident to another (e.g., pain, hunger, delirium).

Staff working in long-term care facilities face huge challenges, and the need for investing in staff education and training is imperative. If facilities are to provide high-quality and safe care, then addressing resident-to-resident abuse is a priority action item for gerontological nurses.

REFERENCES

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