

Resident-To-Resident Aggression in Long-Term Care Settings

Definition

Resident to Resident Aggression (RRA)¹: Negative and aggressive physical, sexual, or verbal interactions between long-term care (assisted living facilities, nursing homes, etc.) residents that (as in a community setting) would likely be construed as unwelcomed and have high potential to cause physical or psychological distress in the recipient. (Teresi, Ramirez et al., 2013)

KEY TAKEAWAYS

- ▶ RRA can negatively impact quality of life in nursing homes
- ▶ Increased and consistent documentation of RRA incidents is needed
- ▶ More research is needed on this topic and little is known

Types of RRA Events

Findings from a qualitative, exploratory study on resident-to-resident aggression in nursing homes in New York City identified 13 types of resident to resident aggression based on resident interviews, staff interviews, and direct observation (Pillemer et al., 2011). These were grouped under 5 themes²:

- 1 *Hostile interpersonal interactions* (angry attempts at social control, arguments, disproportionate response to normal interaction, sarcasm or jeering, accusations)
- 2 *Invasion of privacy or personal integrity* (incursion on personal space, invasion of room privacy, clearing a way through congestion, inappropriate caregiving)
- 3 *Roommate problems* (roommate disagreements, belligerent roommate)
- 4 *Unprovoked actions* (verbal or physical assault without cause or warning)
- 5 *Inappropriate sexual behavior* (unwanted sexual advances and intentional nudity or exposure in the presence of other residents)

5 THEMES OF RRA EVENTS



**HOSTILE
INTERPERSONAL
INTERACTIONS**



**INVASION OF
PRIVACY**



**ROOMMATE
PROBLEMS**



**UNPROVOKED
ACTIONS**



**INAPPROPRIATE
SEXUAL
BEHAVIOR**

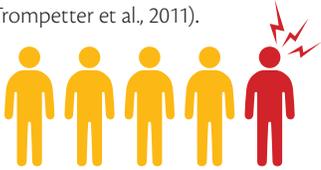
¹Other terms used to refer to this type of elder mistreatment are resident-to-resident abuse, resident-to-resident elder mistreatment, and resident-to-resident relational aggression, but this brief will use the term resident-to-resident aggression (RRA).

²Listed in order of frequency (from highest to lowest) reported in Pillemer et al., 2011.

Prevalence of RRA

In a study of assisted living facilities in the Netherlands, **1 of 5 residents self-reported that they were subject to non-physical forms of aggression** (rumors, negative social interaction, etc.)

(Trompetter et al., 2011).



Risk Factors

- Crowded environment
- High number of residents with dementia
- Cognitive impairment of both victim and perpetrator
- Behavioral disturbances that occur with residents with dementia
- Comingling of individuals with psychiatric illness or a previous psychiatric history who may bring with them to the nursing home associated psychiatric behaviors

(Cohen-Mansfield & Libin, 2005; Lachs, Williams, O'Brien, Hurst, & Horwitz, 1996; Nijiman & Rector, 1999; Lachs et al., 1996; as cited in Ellis et al., 2014)

Consequences of RRA

- Loneliness
- Depression
- Anxiety
- Functional decline
- Injuries such as falls, fractures, lacerations, abrasion and cuts
- Decreased quality of life

(Ellis et al., 2014, Trompetter et al., 2011)

Observed in Nursing Homes, by Abuse Categories

RRA abuse in nursing homes as reported by nurse aides from ten states (n= 249 nursing homes) found RRA to be common (Castle, 2012). Key findings from this study were as follows:

VERBAL ABUSE

67% of nurse aides observed high levels of residents yelling at each other;

97% of nurse aides observed residents yelling at each other in the prior 3 months

PHYSICAL ABUSE

94% of nurse aides observed residents pushing, grabbing, or pinching each other in the prior 3 months

PSYCHOLOGICAL ABUSE

91% of nurse aides observed aggressive behavior between residents in the prior 3 months

SEXUAL ABUSE

39% of nursing homes had nurse aides that had observed residents exposing body parts to other residents;

77% of nurse aides observed residents exposing their body parts to other residents

MATERIAL EXPLOITATION

69% of nurse aides intervened with one resident taking another resident's possessions

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“Many small incursions, many small remarks, and many small pushes can all contribute to an abusive environment for some residents. With limited freedoms and few possessions, small incursions can be of consequence.”

(Castle, 2012)

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