Michigan Elder Justice Initiative

Excellence in Caring

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Resident-to-Resident Aggression

Jerry enjoys watching TV in his room. He keeps the volume high because of his hearing loss. Jerry's roommate, Henry, does not like the sound of the television. When he asks Jerry to turn down the volume, Jerry refuses. He yells, "I paid for this room. I'll listen to the television if I want to!" Angered, Henry grabs the television remote and smashes it onto the ground.

Rosa is in the dining room eating her lunch when another resident, Regina, walks over to her table. While Rosa chats with her neighbor, Regina grabs half of Rosa's sandwich and starts eating it. When Rosa looks up to see Regina eating her lunch, she yells, "Get your dirty hands off my lunch, you old fool!"

For many residents, situations like these are common. Feathers get ruffled and misunderstandings quickly blow up. Sometimes, residents who commit these hostile acts have needs that are not being met. When residents become aggressive with each other, it is called ***resident-to-resident aggression (RRA)***. It can be hurtful and cause stress for both residents.

Resident-to-resident aggression (RRA) includes negative and aggressive behaviors between long-term care residents[1] These behaviors can be physical, verbal, or sexual. Other residents do not welcome RRA behaviors. These incidents have a high likelihood of causing physical or mental harm.

There is a lot of overlap between RRA and elder abuse. Still, these types of violence are different. Elder abuse occurs between a vulnerable older adult and another person who is not at risk of abuse. The abuser takes advantage of the older adult's illness, or dependence to cause harm. For example, a healthy and fit adult child might shove his frail parent to scare him into lending him money. In RRA, generally both parties are vulnerable adults.

This newsletter uses up-to-date research to help nursing home staff identify and prevent RRA.

How prevalent is RRA?

Given under-reporting, the actual rate is unknown. One study found 7.3% of residents were a victim of RRA in a two-week period.[1]

7.3%

What kinds of RRA are most common?

The most common type of RRA is verbal aggression, followed by physical and sexual RRA.[2] Verbal aggression most often includes yelling and telling other residents to "shut up." Pushing and punching are common types of physical aggression. The most frequent kind of sexual RRA is sexual touching.

What kind of harm is caused by RRA?

Little is known about the harm caused by RRA. An early study on injuries from physical RRA showed that 39% of victims suffered scratches, 36% had bruises, and 13%suffered fractures.[3] However, the types of harm that result from elder abuse likely also occur in RRA. This includes depression and anxiety.

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Who is most at risk? Who is most likely to commit RRA?

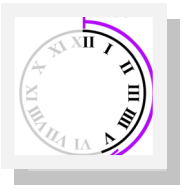
Those who are most at risk of being victims of RRA are more likely to be:

- Men;
- Younger;
- Have greater cognitive impairment;
- Show behavioral symptoms of dementia;
- Behave in socially inappropriate ways.[3]

Interestingly, residents who need a lot of help are less likely to experience RRA. This is probably due to CNAs being near the resident. Other residents are less likely to injure another resident when a CNA is nearby.

Those most likely to commit RRA are those who are depressed, have delusions, or are in pain.[4] (Think about this while reading about triggers of RRA, below.)

When and where does RRA occur?



RRA is most likely to occur in the afternoon.[1] When there are many activities going on, aggression declines. It is suspected that RRA is more likely to occur when residents are bored or unoccupied.

RRA is more likely to occur in some locations than others. Resident rooms are the most frequent setting for RRA (38%).[3] This may be because roommate disputes occur in rooms and because of other residents wandering into rooms. Other common settings include hallways (26%) and dining halls (17%).

What triggers RRA?

Triggers for RRA have been divided into "active" and "passive" triggers.[5] *Active triggers* are reactions to another resident's behavior. Regina's taking Rosa's lunch is an active trigger. Other active triggers include:

⇒ Other residents entering one's room;

⇒ Other residents touching one's possessions;

⇒ Other residents touching one's body;

⇒ Residents who are making a lot of noise.

Many active triggers are also behaviors often seen among people with dementia. Behaviors that most bother residents are those where they feel their privacy or space has been invaded by another resident.

Passive triggers are not directly in reaction to other residents' behaviors. Passive triggers come from something residents are already feeling. Loneliness, jealousy, and boredom are passive triggers. When residents experience jealousy, for example, they may lash out at a resident who is getting attention.

While many times triggers for RRA can be identified, in some cases there is no obvious trigger.

What can be done to stop RRA? Little is known about to prevent RRA. However, there are several promising approaches.

Personalized care. A promising way to prevent RRA is to focus on providing personalized care.[6] Using techniques such as spending quality time with a resident can prevent negative feelings, like loneliness. One-on-one time also allows staff to learn about what triggers residents' aggressive behaviors. This can be used to avoid triggering situations.

Environment. Environmental triggers are important contributing factors to RRA. Modifying the environment can prevent RRA. Strategies include:

- Not crowding residents in communal spaces;
- Making sure halls are clear;

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- Lowering noise levels;
- Using non-restraining barriers to resident rooms.[7]

Reporting. One of the barriers to addressing RRA is that it is underreported. Staff should report RRA whenever it occurs. On the flip side, management should encourage reporting. Reporting RRA helps nursing and social work staff, who can implement strategies into care plans to prevent aggression.[8]

A common theme in studies on the prevention of RRA is the importance of staff creativity.[6] For example, staff can encourage residents like Jerry to use headphones when listening to a loud television program.

Staff's knowledge of the residents and the facility are important to preventing RRA. They can be the key to better quality and safer lives for the person who might act aggressively and the person who could be harmed by RRA.

Sources:

[1] Rosen, T., Pillemer, K., & Lachs, M. (2008). Resident-to-resident aggression in long-term care facilities: An understudied problem. *Aggression and violent behavior*, *13*(2), 77-87.

[2] Rosen, T., Lachs, M. S., Bharucha, A. J., Stevens, S. M., Teresi, J. A., Nebres, F., & Pillemer, K. (2008). Resident-to-Resident Aggression in Long-Term Care Facilities: Insights from Focus Groups of Nursing Home Residents and Staff. *Journal of the American Geriatrics Society*, *56*(8), 1398-1408.

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[4] Hall and O'Connor (2004), cited in Rosen et al., 2008.

[5] Snellgrove, S., Beck, C., Green, A., & McSweeney, J. C. (2013). Resident-to-resident violence triggers in nursing homes. *Clinical nursing research*, *22*(4), 461-474.

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[7] Pillemer, K., Chen, E. K., Van Haitsma, K. S., Teresi, J., Ramirez, M., Silver, S., ... & Lachs, M. S. (2012). Resident-to-resident aggression in nursing homes: results from a qualitative event reconstruction study. *The Gerontologist*, *52*(1), 24-33.

[8] Teresi, J. A., Ramirez, M., Ellis, J., Silver, S., Boratgis, G., Kong, J., ... & Lachs, M. S. (2013). A staff intervention targeting resident-to-resident elder mistreatment (R-REM) in long-term care increased staff knowledge, recognition and reporting: Results from a cluster randomized trial. *International journal of nursing studies*, *50*(5), 644-656.

For More Information

Long Term Care Ombudsman: 1-517-394-3027

Adult Protective Services: 1-855-444-3911

Tri-County Office on Aging: 1-800-405-9141

To Report Elder Abuse

Of a Nursing Home Resident by a staff member:
State of Michigan (LARA): 1-800-882-6006

Of an older adult living at home, in assisted living, adult foster care, home for the aged, or a Nursing Home Resident being abused by a visitor:
DHHS/Adult Protective Services: 1-855-444-3911

If you think a crime has occurred:
Your local police/sheriff department (and LARA)

If the danger is immediate: **911**

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