



HOMICIDE OF THE HELPLESS: A BRIEF OVERVIEW OF VIOLENCE BETWEEN RESIDENTS OF SKILLED CARE FACILITIES

ABSTRACT

M.C. was a 76 year-old physically and cognitively impaired (advanced dementia) resident of a 249 bed, Medicare certified SNF. On July 30, 2005, she was found asphyxiated to death with a plastic bag wrapped around her head and a pillow on her face. County medical examiner ruled her death a homicide. Criminal investigators were able to gather enough evidence to charge her roommate, who also suffered from dementia. The suspect who died of natural causes a month later in another SNF did not have a history of violence. Yet, her frustration with her roommate's constant "crying out" was known. Nursing home residents comprise a large and rapidly growing segment of our national population. In long-term care settings safety is one of the most critical aspects of quality of care as residents depend on others for their wellbeing. Efforts have been made to improve safety of this vulnerable population by limiting unintentional injury and intentional injury as a result of staff abuse/neglect. Little attention, however, has been directed to injury inflicted by other residents. Aggressive behavior resulting from cognitive impairment among residents of long-term care facilities, which can potentially result in catastrophic consequences as in our case, remains virtually unstudied. Aggressive behavior in these settings is a frequent and complex problem, occurring weekly or more often in 22.6 to 91% of populations studied. A number of recent reports suggest that safety of nursing home residents may be further jeopardized due to cross-subsidization efforts that lead to large numbers of ex-convicts and younger adult psychiatric patients being placed in federally funded long term care facilities. These reports, coupled with widely publicized horror stories of neglect and abuse had considerable negative impact on the public perception of nursing homes. Residents' families are rightfully concerned for the safety of their loved ones and these concerns often translate into global dissatisfaction with the "long-term care experience" and high litigation rates. The road to mending the reputation of nursing homes as "safe havens of healing" will be a long and arduous. At presents, there is need for research to better characterize the diverse composition of nursing home populations. It is also imperative to develop tools for detection of early predictors of hostility among residents. Such tools can make timely intervention possible and help us prevent many, if not all, potentially tragic outcomes.

Key words: Nursing homes, Violence, Wounds and injuries, Homicide, Dementia, Aged.

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OLGU SUNUMU

BİR MUHTACIN KATLİ: BAKİMEVLERİNDE HASTALAR ARASI ŞİDDETE KISA BİR BAKIŞ

Öz

Fiziksel ve bilişsel (ideri düzeyde demans) sağlık sorunları yaşayan 76 yaşındaki M.C., 249 yataklı ve Medicare sertifikalı bir bakımevinde yaşamaktaydı. 30 Temmuz 2006 günü M.C. başına geçirilmiş bir plastik torba ve yüzünü örten bir yastıkla boğulmuş olarak bulundu. Bölge adli tıp görevlileri M.C.'nin ölümünü cinayet kategorisinde değerlendirdiler. Cinayetle ilgili araştırma sonucunda M.C.'nin kendi de ileri düzey demans hastası olan oda arkadaşını suçlamaya yetecek kadar kanıt toplandı. Birkaç ay sonra transfer edildiği bir diğer bakımevinde doğal nedenlerden yaşamını yitiren şüphelinin geçmişinde şiddete eğilim bulunmamaktaydı. Ancak, şüpheli M.C.'nin bitmek tükenmek bilmeyen "yüksek sesli ağlamasından" duyduğu rahatsızlığı defalarca bakımevi çalışanlarına bildirmişti. Bakımevlerinde yaşayan popülasyon, ABD nüfusunun önemli bir bölümünü teşkil etmektedir. Bu kurumlarda yaşayanların güvenliği sunulan hizmet kalitesini belirleyen en önemli kriterlerledir. Bugüne değin, bakıma muhtaç popülasyonun güvenliğinin artırılması için gösterilen çabalar bakımevi çalışanlarının neden olduğu fiziksel yaralanmalar üzerinde yoğunlaşmıştır, ancak; bakımevinde yaşayan kişilerin neden olduğu yaralanma ve ölümler hakkında pek az bilgi derlenebilmiştir.

Anahtar sözcükler: Bakımevleri, Şiddet, Yara ve Yaralanmalar, Cinayet, Demans, Yaşlı.

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Geliş Tarihi: 27/09/2007
(Received)

Kabul Tarihi: 03/12/2007
(Accepted)

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Headline

“A woman was found dead with a plastic bag wrapped around her head in a Cicero nursing home Saturday, and the county medical examiner has ruled it a homicide. M. C., 76, was pronounced dead about 7:50 p.m. after being found in Alden Town Manor, a 249-bed facility in the 6100 block of West Ogden Avenue. She was taken to MacNeal Hospital in Berwyn, a Cook County medical examiner’s office spokesman said. Officials said she died of asphyxiation.” – Chicago Tribune, August 2, 2005 (1).

A Sentinel Event

M.C. was a 76 year-old physically and cognitively impaired (advanced dementia) resident of a 249 bed, Medicare certified skilled nursing facility (1). On July 30, 2005, she was found asphyxiated to death with a plastic bag wrapped around her head and a pillow covering her face. Her death was ruled a homicide (2-4). Sufficient evidence was gathered to charge her roommate, who also suffered from dementia. The suspect died of natural causes one month later in another skilled nursing facility (5). The aggressor did not have a history of violence. Her frustration with her roommate’s constant “crying out”, however, was well known.

Background

Safety is one of the most important aspects of quality of care in long-term care settings, where patients depend on others due to their physical and cognitive impairments (6). Although efforts have been made to limit unintentional injury to this vulnerable population, little attention has been paid to intentional injury (7-9).

The available body of work on intentional injury focuses mainly on abuse by staff, yet, physical and emotional harm resulting from aggressive behavior between residents remains minimally studied (10). Aggressive behavior in nursing home residents is a frequent and complex problem, occurring weekly or more often in 22.6 to 91% of populations studied (11-16). A recent literature review estimated that approximately 24% of cognitively impaired residents are agitated or aggressive (17). Another review of studies published between 1999 and 2001 found that 24 to 95% of long-term care residents display aggressive behavior (18).

A recent study indicates that many facilities will only report a violent incident if there is visible physical harm (19).

Since documentation practices vary among facilities, and reporting requirements differ in individual states, these observed prevalence rates are likely to be underestimates, representing only the tip of the iceberg.

A Simple Definition of Aggression

Among the spectrum of behavioral and psychological symptoms of cognitive impairment in elderly residing in long-term care facilities, aggressive behavior is the most disturbing and distressing. Aggressive behavior refers to an overt act, which is not accidental, involving the delivery of noxious stimuli to (but not necessarily aimed at) an object or towards the self or others (20). Aggressive behavior may be verbal or physical (21). Physical aggression includes, but is not limited to, hitting, kicking, scratching, pushing, biting, punching, grabbing, throwing objects, pinching, cutting and stabbing. Verbal aggression is typically defined as insulting, obscene or profane language or sexual advances. Characteristics of the victims, aggressors, types and sites of injury as well as potential predictors of hostility has been published previously and is available on request (11-20, 22-36).

What We Know & How We Know It

Most studies focusing on inter-resident aggression and violence use Minimum Data Set (MDS, Current Version 2.0) as their primary data source. Detailed information on MDS can be found at Centers for Medicare & Medicaid Services web site (37).

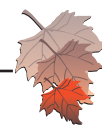
What We Don’t Know

Although Minimum Data Set collects some information about aggressive behavior of residents, it does not gather information such as temporal characteristics of the aggressor and the victim, type and site of inflicted injury and location in the facility where the incident took place.

These bits of information are the sine qua non of the exercise known as psychological autopsy, used in criminology for equivocal death analysis (38).

Similarly, scientists investigating aggression and violence in nursing homes need more detail than what is available in MDS and therefore, often need to rely on external data sources, such as state incident reporting systems, to reconstruct the circumstances surrounding acts of violence.

Due to these and similar limitations, many studies aimed to determine predictors of hostility among nursing home re-



sidents are small-scale, community based efforts. The most recent and largest study of this kind is limited to a single state (19).

As nursing home characteristics and demographics vary greatly from one facility to the next, nationwide applicability of findings from these limited studies is at best debatable.

Beyond the Cognitively Impaired

In 2005, Chicago Sun Times ran a series of investigative reports on cross-subsidization efforts in Illinois, involving placement of ex-convicts, convicted felons, parolees, jail inmates, violent offenders found incompetent to stand trial, sex offenders (not required to register), and registered sex-offenders in government funded nursing homes state-wide (39,40).

The practice of placement of these individuals in nursing homes is known as “warehousing” and is done under order or direction of state and county agencies including Department of Human Services, Department of Corrections, County Sheriffs, District Attorneys, and District Court Judges (41).

The journalists were able to locate over a hundred such individuals living in Illinois nursing homes by cross-referencing nursing home and government criminal databases (39)

Since there was no background-check requirement at the time and as the referring agencies were not obligated to provide the facilities with specifics, it was only after several of the nursing-home dwelling registered sex-offenders were involved in sexually violent acts that the issue became a matter of great public concern.

In Illinois, these developments led to new laws and legislation aimed at safeguarding nursing home residents.

Currently, all new nursing home residents are required to undergo a criminal background check and to have their names periodically run through the state’s online sex offender registry. Offenders are not allowed to share a bedroom, and their rooms must be near nurses’ stations. Also, nursing homes have to notify residents, their guardians and visitors if there is a registered offender or ex-convict living on the premises (40).

The Ripple-Effect

These reports, coupled with widely publicized horror stories of neglect and abuse had considerable negative impact on the already-damaged public perception of nursing homes.

Residents’ families are rightfully concerned for the safety of their loved ones and these concerns often translate into global dissatisfaction with the “long-term care experience”, as well as high litigation rates.

Post-Traumatic Stress Disorder

Incidents of violence in these settings certainly leave emotional scars, even if they do not leave physical ones, etched permanently in the psyche of all residents living under the same roof, not to mention their loved ones.

The relationship between aggression and PTSD in cognitively impaired elderly is well established. Cognitively impaired elderly with PTSD are more likely express themselves aggressively (42).

Unfortunately, at this point in time, addressing the life-altering psychological reverberations of violence can be considered an unreasonable luxury when we have a lot to accomplish to ensure residents’ basic physical safety.

It is feasible, however, to keep a watchful eye on residents who have been victims of violence; by doing so, we can recognize the early signs of aggression as a result of PTSD, and prevent the victims of today from becoming the aggressors of tomorrow.

Legal Implications

There are also many complex legal implications of violence in nursing homes, especially in the subgroup of patients who are cognitively impaired.

It would not be too far-fetched to theorize had the aggressor in our real-life scenario not died of natural causes before the case could be brought to court, she would be deemed incompetent to stand trial and would likely be “warehoused” in a nursing home.

It is also safe to speculate that this hypothetical the trial would have attracted sufficient media attention to reveal the gaps and loopholes in our legal system which is not adequately prepared to tackle similar ethical and legal dilemmas being an aging society brings.

What is Next?

The road to mending the reputation of nursing homes as “safe havens of healing” will be a long and arduous one.

At presents, there is a need for large-scale research to better characterize the diverse composition of nursing home populations. It is also imperative to develop tools for detection of early predictors of hostility among residents.

Such tools can make timely intervention possible and help us prevent many, if not all, potentially tragic outcomes.



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