NCEA National Center on Elder Abuse

RESEARCH BRIEF

Elder Mistreatment in Long-Term Care

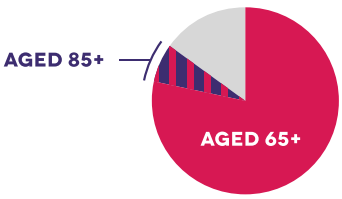
This research brief synthesizes the latest available information and research relating to the mistreatment of residents in long-term care, with a focus on nursing homes. Nursing homes have been associated with deficient care, an ill-prepared and understaffed workforce, substandard infection protocols, and inadequate facility and regulatory oversight which have resulted in substandard care and resident mistreatment. The vast majority of residents experience multiple chronic medical conditions, cognitive impairment, and/or physical frailties. These vulnerabilities and related dependence on others for care expose residents to a heightened risk of harm. With institutionalized residents largely isolated, abuse and neglect have remained mostly hidden and under-detected. Recently, COVID-19 has exposed harms often prevalent in facilities and may serve as a catalyst for collective and comprehensive improvements in the quality of care, safety, and well-being of residents.

KEY TAKEAWAYS

- The voices of residents and family members are integral to fostering tailored, responsive, and high-quality care within facilities
- Physical and psychological mistreatment are the most common forms of elder mistreatment reported in nursing homes
- Greater facility oversight, management, and transparency is needed, including an investment in the direct care workforce, to ensure high-quality resident care and prevent mistreatment
- Robust research is necessary to identify evidence-based, best practice approaches to quality care delivery within nursing homes
- Future efforts to improve care and mitigate abuse require committed and concerted efforts among residents, families, and providers in partnership with federal, state, and local regulatory agencies

Demographics

More than 1.4 million individuals live in over 15,500 Medicare and Medicaid-certified nursing homes in the U.S.[1] Nursing homes provide round-the-clock skilled nursing care for those with acute medical needs.[2]



Almost **85%** are aged 65 and older
About **6.4%** are aged 85 and older
The majority are women (**63.3%**)[3]

49.1% are diagnosed with Alzheimer's disease and related dementias, conditions that are most prevalent in nursing home residents compared to other long-term care settings such as assisted living facilities.[4]

With growing numbers of the aging population living with chronic infirmities, it is projected that approximately 70% of older people will require institutional care.[5]

While facilities are home to many older adults, they are also a workplace to over 1.2 million employees[6] whose job-related duties, responsibilities, and performances inextricably intersect with the lives and well-being of residents reliant upon their daily care and competence.

The Nursing Home Reform Act

Nursing home reforms contained in the Omnibus Budget Reconciliation Act of 1987 (The Nursing Home Reform Act) affirmed the right of facility residents to high quality care, "free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion." Federal regulations implementing the Act defined Abuse as "willful infliction of injury, unreasonable confinements, intimidation, or punishment with resulting physical harm, pain, or mental anguish," and Neglect as the "failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness."[7,8] Despite congressional efforts to remediate deficits and allay mistreatment since the Act's enactment, significant shortfalls in quality care remain and deficiencies have resulted in consequential harm to residents.[10]

Prevalence of Mistreatment

There is scant research on the prevalence of elder abuse and neglect in nursing homes,[11] though anecdotal data suggests that abuse may be widespread.[12] The few studies conducted to date have provided varying estimates of prevalence. According to a recent systematic review and meta-analysis, based on self-reported data from older residents, there is insufficient evidence to calculate the overall prevalence of abuse. As addressed below, abuse may be perpetrated by a range of people, including staff, family, visitors, or other residents. It appears from staff self-reports that **2 in 3 caregivers committed abuse in the prior year**.[13]

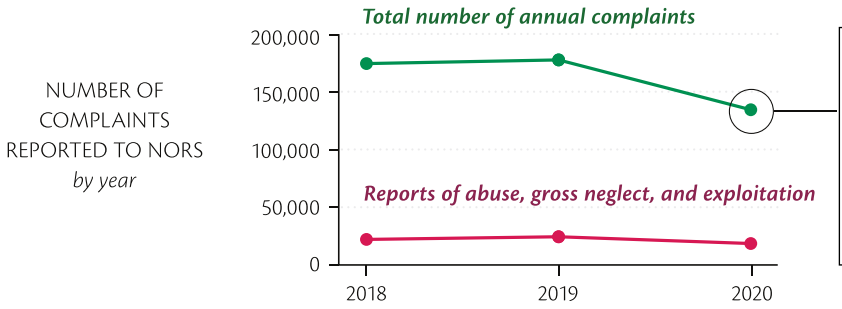
NOTE: Self-reported estimates of elder abuse in facilities should be interpreted with caution as they may provide only a partial understanding of the problem and do not reflect the overall prevalence of abuse.

The **Centers for Medicare & Medicaid Services** oversees and assures regulatory compliance in nursing homes. From 2013 to 2017, the number of CMS deficiency citations for serious mistreatment more than doubled, even though the total number of citations decreased.[14]

According to the **National Ombudsman Reporting System (NORS)**, which documents resident complaints as reported to ombudsmen, reports of abuse, gross neglect, and exploitation represented 10.5%, 10.7%, and 12.5% of total resident complaints for the years 2018 to 2020, respectively.[15] The most frequently reported form of mistreatment during that period was physical abuse.[16]

Total number of annual NORS complaints and percentages attributable to abuse, neglect, and exploitation, 2018-2020:

- 2018: **10.5%** out of 194,516 total complaints
- 2019: **10.7%** out of 198,502 total complaints
- 2020: **12.5%** out of 153,324 total complaints

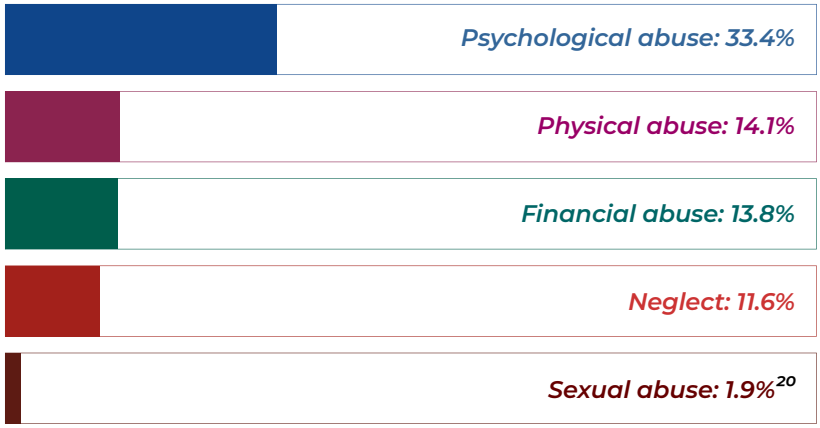


NOTE: COVID-19 is likely to have had an impact on the collection of reports in 2020, given that Long-term Care ombudsmen were not permitted inside facilities during much of the initial outbreak.

It is widely believed that prevalence estimates understate the actual occurrence of mistreatment. For every offense reported, five more remain undisclosed and undetected by authorities.[17] Reporting systems do not capture unreported occurrences by residents too embarrassed to disclose harm, worried about retaliation, fearful they will be disbelieved, or afflicted with neurocognitive deficits and unable to report the abuse.[18] Nor do they track less discernible, more insidious forms of maltreatment such as seclusion, over-medication, and under-treatment.

Forms of Abuse

Limited robust data is available to estimate the most commonly occurring types of abuse in nursing homes. A recent systematic review and meta-analysis of the literature found that older residents cited psychological and physical abuse as the most frequently experienced types of abuse in facilities, followed by financial abuse, neglect, and sexual abuse.[19]



From 2016 through 2017, CMS surveyors reported that mental/verbal abuse and physical abuse were the most frequently cited deficiencies in nursing homes.[21]

Specific types of physical abuse that occur within facilities include physical or chemical restraints, forced feeding, hitting or beating.[22] Abuse may manifest as the intentional provision of poor care or failure to provide necessary care. It may also include depriving residents of their dignity, liberty, and free choice, such as confining a resident to their room against their will.[23] Neglect is often reflected in the failure to provide for resident care needs.[24]

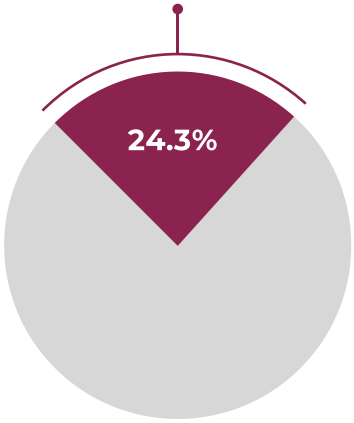
Offenders

Perpetrators typically include staffers and fellow residents.[26] **Abuse can occur in staff-resident, resident-resident, and resident-staff dyads**. Resident-to-resident aggression (RRA) and resident-staff abuse, where the resident is the aggressor, most often occur when the residents are cognitively impaired.[27] A recent study of RRA in Norway found that nearly 90% of staff reported observing at least one incident of RRA in the prior year, most commonly verbal aggression followed by physical aggression.[28] Often, resident behavioral outbursts associated with dementia are predictors of retaliatory physical harm by staffers.[29]

A Michigan study on physical abuse of older adults (N= 452) in NH found that 110 (24.3%) residents were subjected to physical abuse by staff.[24]

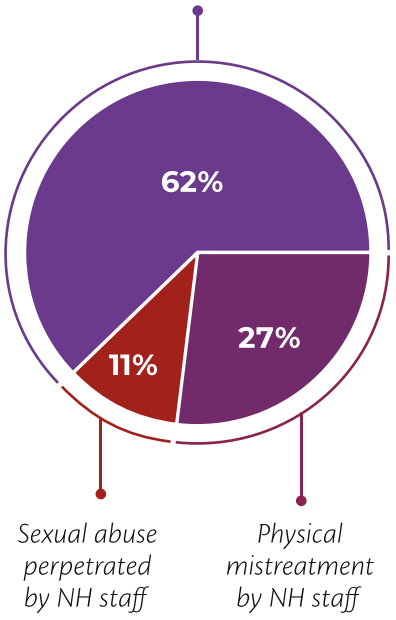
Elder Abuse
(N = 452)

Older adults subjected to physical abuse



Type of Physical Abuse
(N = 165)

Forced use of restraint (e.g., forced feeding, toileting)



Although abusive acts may be directly committed by staff or residents, the responsibility is shared by facility owners and operators. Nursing homes are required to provide a safe environment for residents, who have a right to live free from abuse, neglect, and exploitation.[30] Yet, research suggests that for-profit nursing homes, in particular, are associated with poor quality of care and lower staffing levels, factors which are predictive of abuse. In addition, owner/operators' failure to properly train staff to care for residents, especially those with dementia and mental health needs, is linked to an increased risk of mistreatment.

Nursing homes must screen staff for prior convictions of abuse, develop policies and protocols to prevent mistreatment, and assure adequate staff levels and training to ensure the safety and well-being of residents.[31] Beyond these essential steps, greater transparency and accountability regarding nursing home finances, operations, and corporate structure are necessary to enhance quality assurance and resident care.

RISK FACTORS FOR MISTREATMENT

Factors correlated with an increased likelihood of resident mistreatment are many, varied, and embrace individual, relational, and institutional characteristics.[32]

Resident-related Risk Factors [33] [34]

- Female
- Cognitive impairment
- Physical disability
- Chronic disease
- Social isolation
- Increased dependency
- Functional deficits
- Challenging behaviors/resident aggression
- Limited activities of daily living

Staff-related Risk Factor[35]

- Burden and exhaustion
- Caregiving-related stress
- Job dissatisfaction
- Poor mental health/psychological stress
- Negative attitude towards people with dementia
- Adverse childhood experience
- Care-related conflicts
- Ageist attitudes
- Lack of training and supportive resources

Institutional Risk Factors[36] [36] [38]

- Stressful or poor work environment
- Insufficient staff to meet residents' needs
- Dearth of appropriate policies and procedures
- Lack of managerial support
- Lack of administrative awareness and understanding of elder abuse

The Role of Ownership and Financing

The majority of nursing homes in the U.S. are for-profit (approximately 69%), followed by non-profit (approximately 25%), and government owned (approximately 7%). Private equity firms own nearly 11% of the for-profit facilities.[39] **Privately owned facilities, on average, provide lower quality of care when compared to not for profit ownership, due to strategies for maximizing profits, including inadequate staffing**[40]. Low quality of care may not on its own constitute a civil offense or criminal elder abuse, but it may increase the risk of abuse occurrence.[41] [42] [43] A critical challenge in remediating abuse in for-profit homes is that punitive fines for deficiency citations may be considered a "cost of doing business" by larger corporations.[44]

Quality of care...

Lower in for-profit facilities

Higher in non-profit facilities

Reporting

THE CENTERS FOR MEDICARE AND MEDICAID

CMS conducts both re-certification inspections and complaint-based investigations in nursing homes that receive Medicare or Medicaid reimbursement for services. Re-certification inspections, or "standard surveys," of facilities are required every 9 to 15 months following initial certification to assure compliance with federal standards and monitor resident safety and care.[45] Noncompliance results in the issuance of deficiency citations, based on in-person surveyor observations, which reflect the scope and severity of the violation. There are six deficiency citations related to mistreatment.

Unlike standard surveys, complaint investigations are initiated largely by residents and family members and are more likely conducted close in time to the alleged misconduct. Both standard surveys and complaint investigations are implemented by state survey agencies (SSA),[46] which in most states are the entities designated as investigators of abuse in nursing homes. In some states, APS also responds to abuse in nursing homes. Pursuant to federal regulations, SSA are required to report, investigate, and notify law enforcement, and in certain cases CMS, of elder abuse in nursing homes.[47]

LONG-TERM CARE OMBUDSMAN

Long-term Care Ombudsmen are resident advocates, charged with protecting the health, well-being, and rights of residents in care facilities. Launched in 1972, the Ombudsman program was authorized by the Older Americans Act,[48] and is administered by every state, the District of Columbia, Puerto Rico and Guam.[49] Ombudsmen investigate allegations of abuse at the behest or on behalf of residents. Service provision is confidential, consent-based, and rooted in the preservation of residents' rights and autonomy.[50] **Studies have found that the presence of ombudsmen at facilities is associated with increased reports of mistreatment and better quality of resident care**.[51]

FACILITY REPORTS

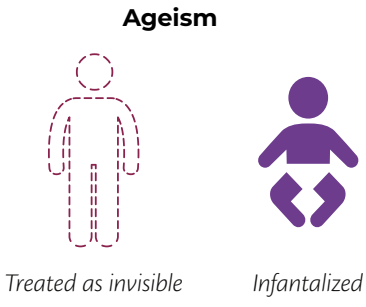
All Medicare and/or Medicaid-certified nursing facilities are required to report allegations of abuse or neglect to SSA to ensure resident safety. If APS addresses nursing home abuse cases in a particular state, facilities must also report to APS. If there is suspicion that a crime has occurred, the facility must report the incident to law enforcement.[52]

Ageism in Nursing Homes

Ageism is a significant concern in facilities that potentially impacts residents' care, treatment, and health outcomes. The World Health Organization defines ageism as "[t]he stereotyping, prejudice, and discrimination against people on the basis of their age."[53] In facilities, age-bias may be observed in individual, relational, and institutional domains.[54] **Ageism may be evident in routine staff-resident interactions such as treating older adults as invisible or infantilizing them, which can deprive them of dignity, respect, and agency, potentially leading to neglect**.[55]

One study found that staff who perceived residents as children were more likely to perpetrate abuse.[56] Another study found that staff with poor attitudes towards residents with dementia were more likely to commit abuse.[57] Ageism may also be associated with denied or deferred care or inaccurate diagnoses, potentially resulting in consequential harm and mistreatment.

Facility protocols and practices that implicitly or explicitly diminish the personhood of residents may contribute to a culture that enables elder abuse and neglect.[58]



Direct Care Workforce

Over 1.2 million health care and support workers perform a range of interdisciplinary tasks in nursing homes, including medical, nursing, social work, infection control, therapeutic, and recreational services.[59] Among them, approximately 527,000 direct care staff provide primary and proximal care to residents.[60] The direct care workforce is largely under-trained, overburdened, unsupported, low paid, and generally ill-equipped to manage the complex and increasing social and care needs of residents.[61]

Facilities are also often understaffed, a chronic problem which can lead to higher mortality rates, decreased physical functioning, increased antibiotic use, more pressure ulcers, catheterization, urinary tract infections, higher hospitalization rates, weight loss, and dehydration.[62]

Missed care has been found to be a predictor of poor care quality, increased adverse events, and decreased patient satisfaction.[63] A study of registered nurses (RNs) (N = 687) employed across 540 nursing homes found that 1 in 5 RNs reported frequently being unable to complete necessary patient care. RNs with burnout were 5 times more likely to miss needed care than those without burnout.[64] Certified nursing assistants in a Florida study described high levels of moral distress as they found themselves having to re-prioritize care and use "workaround" strategies to overcome a lack of resources, staffing, and time.[65]

These deficits are associated with poor quality resident care and a heightened risk of elder mistreatment. To mitigate injurious outcomes, advocates have recommended a number of measures, such as imposition of higher minimum staffing requirements, enhanced workforce education and training, and increased facility and regulatory oversight.[66] The presence of full-time social workers, registered nurses, and infection control specialists may also ameliorate conditions. Additional suggestions to improve the retention and recruitment of qualified staff include competitive compensation and opportunities for career advancement.[67]

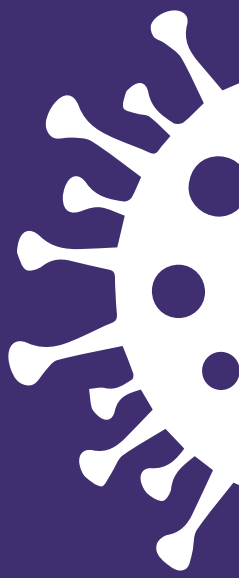
20% of RNs frequently unable to complete necessary patient care

Impact

The full scope of harms experienced by nursing home residents is unknown. Most residents experience cognitive deficits, behavioral challenges, and/or physical frailties which can impede their ability to report abuse. The fear of retaliation by care staff upon whom residents depend for essential needs further inhibits disclosure. Social isolation may also factor into under-reporting of abuse and neglect. Notwithstanding barriers to disclosure, all forms of mistreatment are observed in facilities, and increased morbidity and mortality are not uncommon. Physical abuse may manifest as untreated pressure ulcers, physical or chemical restraints, bruises, and fractures. Psychological abuse in facilities includes intimidation and isolation. Malnutrition, dehydration, poor hygiene, and infection are common forms of neglect. Both sexual abuse and financial abuse or theft of resident possessions have been reported in facilities.[68] Suboptimal environmental conditions, such as under-staffing, are also associated with mistreatment.[69]

THE IMPACT OF COVID-19

Nearly one quarter of all COVID-19 deaths in the U.S. occurred among nursing home residents and staff.[70] The pandemic exposed and exacerbated pervasive shortfalls in facilities such as inadequate staffing levels, poor infection control, failures in oversight and regulation, and deficiencies,[71] resulting in over **154,000 deaths and more than 1.1 million confirmed COVID cases** as of this writing.[72] In addition, restricted visitor, ombudsman, and SSA access during the pandemic contributed to unprecedented social isolation and overwhelming loneliness for many residents, with grave consequences. **In the first 6 months of the lockdown, it is estimated that more than 40,000 deaths in nursing homes were attributable to despair and the lost will to live experienced by residents, rather than the virus itself**.[73]



In response to a survey issued by the National Consumer Voice for Quality Long-term Care following the lockdown, family members who resumed in-person contact reported significant physical, mental, and cognitive decline in their loved ones. Family noted that loved ones had been unkempt, unbathed, undernourished, and significantly depressed, even suicidal.[74] In addition, resident personal possessions, from glasses and hearing aids to wedding rings and clothes, were reported missing.[75]

Interventions

Improving care conditions and eradicating abuse and neglect in nursing homes requires a concerted, comprehensive, and consistent commitment by all invested stakeholders including lawmakers, regulators, owners/operators, employees, residents, and family members.[76] Below are promising efforts and novel recommendations for preventing elder mistreatment in facilities.

- The Center for Advocacy for the Rights and Interests of the Elderly (CARIE) created a five-module curriculum called "Competence with Compassion" and an accompanying film that depicts an abuse scenario from the different perspectives of the staff involved, the resident, and family members. The film highlights the complex, multilayered problems that influence every aspect of caregiving.[77]
- Given the link between caregiver job stress, emotional dissonance, and abuse occurrence, one study suggested an approach rooted in the Job-Demands-Resources model to mitigate mistreatment. Researchers found that caregiver education combined with organizational support and quality relationships with fellow staffers and supervisors could potentially buffer causal workplace agitators associated with abuse and neglect.[78]

PRACTICE

- Increase organizational, administrative, and staff accountability through oversight and transparency[79]
- Build the capacity of interdisciplinary professionals working in facilities to deliver comprehensive, integrated high-quality care to residents[80]
- Improve surveillance efforts to detect mistreatment[81]
- Adopt tailored, responsive care practices
- Root out ageism and its effects in facilities by affirming elder autonomy, rights, respect, and dignity
- Offer direct care staffers competitive compensation, supportive workplaces, and opportunities for career growth

EDUCATION AND TRAINING

- Educate staff in caregiving, dementia care, and infection control protocols
- Train direct care staff to manage workforce challenges and frustrations
- Train staff to avoid ageist attitudes and assumptions and provide proficient, individualized care
- Expand training and licensing requirements for facility administrators[82]
- Include geriatric and long-term care courses and competencies in nursing programs[83]

RESEARCH

- Conduct qualitative studies identifying goals and high-priority outcomes for residents, family members, concerned others, and service providers[84]
- Collect data on the prevalence and nature of abuse[85]
- Assess the efficacy of interventions to prevent abuse and neglect in facilities[86]
- Understand institutional safety culture, protocols, and practices in facilities[87]

POLICY

- Legislate minimum staffing requirements and increased patient to registered nurse ratios[88]
- Increase regulatory oversight of facilities,[89] unannounced on-site surveys, and the capacity of regulatory personnel to detect and discipline abuse and neglect[90]
- Increase state and federal funding to Long-Term Care Ombudsman programs[91]
- Support the World Health Organization's global Decade of Healthy Ageing initiative to improve the lives and well-being of older people, which includes access to high-quality long-term care[92]

Research Highlight

For additional reading on improving the quality of care in nursing homes, please refer to the 2022 National Academies of Sciences, Engineering, and Medicine report referenced below.

REFERENCES

1. United States Office Inspector General. (2022, May). Nursing Homes. https://oig.hhs.gov/reports-and-publications/featured-topics/nursing-homes

2. National Institute on Aging (2017) *Long-term Care: Residential Facilities, Assisted Living, and Nursing home*. https://www.nia.nih.gov/health/assisted-living-and-nursing-homes/long-term-care-facilities-assisted-living-nursing-homes

3. Sengupta, M., Lendon, J.P., Caffrey, C, Melekin, A., & Singh, P. (2022). Postacute and long-term care providers and services users in the United States, 2017–2018. National Center for Health Statistics. *Vital and Health Statistics, 3*(47). https://dx.doi.org/10.15620/cdc:115346

4. Sengupta, M., Lendon, J.P., Caffrey, C, Melekin, A., & Singh, P. (2022). Postacute and long-term care providers and services users in the United States, 2017–2018. National Center for Health Statistics. *Vital and Health Statistics, 3*(47). https://dx.doi.org/10.15620/cdc:115346

5. Magruder, K. J., Fields, N. L., & Xu, L. (2019). Abuse, neglect and exploitation in assisted living: An examination of long-term care ombudsman complaint data. *Journal of Elder Abuse & Neglect, 31*(3), 209-224. https://doi.org/10.1080/08946566.2019.1590275

6. Denny-Brown, N., Stone, D., Hays, B., & Gallagher, D. (2020). COVID-19 intensifies nursing home workforce challenges. US Department of Health and Human Services Assistant Secretary for Planning and Evaluation Behavioral Health, Disability, and Aging Policy

7. Hawes, C. (2003). Elder abuse in residential long-term care settings: What is known and what information is needed?. *In Elder Mistreatment: Abuse, neglect, and exploitation in an aging America*. National Academies Press (US)

8. Omnibus Budget Reconciliation Act of 1987, Public Law 100-203 (1987). https://www.congress.gov/bill/100th-congress/house-bill/3545?q=%7B%22search%22%3A%5B%22cite%3APL100-203%22%5D%7D&s=1&r=1

9. National Academies of Sciences, Engineering, and Medicine. (2022). *The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff*. The National Academies Press. https://doi.org/10.17226/26526

10. Castle, N., Ferguson-Rome, J. C., & Teresi, J. A. (2015). Elder abuse in residential longterm care: an update to the 2003 National Research Council report. *Journal of Applied Gerontology, 34*(4), 407-443. https://doi.org/10.1177/0733464813492583

11. Yon, Y., Ramiro-Gonzalez, M., Mikton, C. R., Huber, M., & Sethi, D. (2019). The prevalence of elder abuse in institutional settings: a systematic review and meta-analysis. *European Journal of Public Health, 29*(1), 58-67. https://doi.org/10.1093/eurpub/cky093

12. World Health Organization. (2022, June 13). *Abuse of Older People*. https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people

13. Liu, P. J., Caspi, E., & Cheng, C. W. (2022). Complaints Matter: Seriousness of Elder Mistreatment Citations in Nursing Homes Nationwide. *Journal of Applied Gerontology, 41*(4), 908-917 https://doi.org/10.1177/07334648211043063

14. National Ombudsman Reporting System. (2022). *Multi-year complaint trend report* [Data Set]. National Consumer Voice for Quality Long-Term Care. https://ltcombudsman.org/omb_support/nors

15. Liu, P. J., Caspi, E., & Cheng, C. W. (2022). Complaints Matter: Seriousness of Elder Mistreatment Citations in Nursing Homes Nationwide. *Journal of Applied Gerontology, 41*(4), 908-917

16. Mileski, M., Lee, K., Bourquard, C., Cavazos, B., Dusek, K., Kimbrough, K., Sweeney, L, & McClay, R. (2019). Preventing the abuse of residents with dementia or Alzheimer's disease in the long-term care setting: a systematic review. *Clinical Interventions in Aging, 14*, 1797. https://doi.org/10.2147%2FCIA.S216678

17. Castle, N., Ferguson-Rome, J. C., & Teresi, J. A. (2015). Elder abuse in residential longterm care: an update to the 2003 National Research Council report. *Journal of Applied Gerontology, 34*(4), 407-443

18. National Ombudsman Reporting System. (2022). *Multi-year complaint trend report* [Data Set]. National Consumer Voice for Quality Long-Term Care. https://ltcombudsman.org/omb_support/nors

19. National Ombudsman Reporting System. (2022). *Multi-year complaint trend report* [Data Set]. National Consumer Voice for Quality Long-Term Care. https://ltcombudsman.org/omb_support/nors

20. United State Government Accountability Office. (2019). *Nursing homes: Improved oversight needed to better protect residents from abuse* (GAO-19-433). https://www.gao.gov/assets/gao-19-433.pdf

21. Roberto, K. A. (2017). Perpetrators of late life polyvictimization. *Journal of Elder Abuse and Neglect, 29*(5), 313-326. https://doi.org/10.1080/08946566.2017.1374223

22. Castle, N., Ferguson-Rome, J. C., & Teresi, J. A. (2015). Elder abuse in residential long-term care: an update to the 2003 National Research Council report. *Journal of Applied Gerontology, 34*(4), 407-443. https://doi.org/10.1177/0733464813492583

23. Castle, N., Ferguson-Rome, J. C., & Teresi, J. A. (2015). Elder abuse in residential long-term care: an update to the 2003 National Research Council report. *Journal of Applied Gerontology, 34*(4), 407-443. https://doi.org/10.1177/0733464813492583

24. Schiamberg, L.B., Oehmke, J., Zhang, Z., Barboza, G.E., Griffore, R.J., Heydrich, L.V., Post, L.A., Weatherill, R.P., & Mastin, T. (2012). Physical abuse of older adults in nursing homes: A random sample survey of adults with an elderly family member in a nursing home. *Journal of Elder Abuse & Neglect, 24*(1), 65–83. https://doi.org/10.1080/08946566.2011.608056

25. Castle, N. G. (2012). Resident-to-resident abuse in nursing homes as reported by nurse aides. *Journal of Elder Abuse & Neglect, 24*(4), 340-356. https://doi.org/10.1080/08946566.2012.661685

26. Castle, N. G. (2012). Resident-to-resident abuse in nursing homes as reported by nurse aides. *Journal of Elder Abuse & Neglect, 24*(4), 340-356. https://doi.org/10.1080/08946566.2012.661685

27. Botngård, A., Eide, A. H., Mosqueda, L., & Malmedal, W. (2020). Resident-toresident aggression in Norwegian nursing homes: A cross-sectional exploratory study. *BMC Geriatrics, 20*(1), 222–222. https://doi.org/10.1186/s12877-020-01623-7

28. Castle, N. G. (2012). Resident-to-resident abuse in nursing homes as reported by nurse aides. *Journal of Elder Abuse & Neglect, 24*(4), 340-356. https://doi.org/10.1080/08946566.2012.661685

29. National Academies of Sciences, Engineering, and Medicine. (2022). *The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff*. The National Academies Press. https://doi.org/10.17226/26526

30. National Academies of Sciences, Engineering, and Medicine. (2022). *The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff*. The National Academies Press. https://doi.org/10.17226/26526

31. Botngård, A., Eide, A. H., Mosqueda, L., Blekken, L., & Malmedal, W. (2021). Factors associated with staff-to-resident abuse in Norwegian nursing homes: A cross-sectional exploratory study. *BMC Health Services Research, 21*(1), 1-20. https://doi.org/10.1186/s12913-021-06227-4

32. National Ombudsman Reporting System. (2022). *Multi-year complaint trend report* [Data Set]. National Consumer Voice for Quality Long-Term Care. https://ltcombudsman.org/omb_support/nors

33. Post, L., Page, C., Conner, T., Prokhorov, A., Fang, Y., & Biroscak, B. J. (2010). Elder abuse in long-term care: Types, patterns, and risk factors. *Research on Aging, 32*(3), 323-348. https://doi.org/10.1177/0164027509357705

34. Post, L., Page, C., Conner, T., Prokhorov, A., Fang, Y., & Biroscak, B. J. (2010). Elder abuse in long-term care: Types, patterns, and risk factors. *Research on Aging, 32*(3), 323-348. https://doi.org/10.1177/0164027509357705

35. National Ombudsman Reporting System. (2022). *Multi-year complaint trend report* [Data Set]. National Consumer Voice for Quality Long-Term Care. https://ltcombudsman.org/omb_support/nors

36. Post, L., Page, C., Conner, T., Prokhorov, A., Fang, Y., & Biroscak, B. J. (2010). Elder abuse in long-term care: Types, patterns, and risk factors. *Research on Aging, 32*(3), 323- 348. https://doi.org/10.1177/0164027509357705

37. Wang, J. J., Lin, M. F., Tseng, H. F., & Chang, W. Y. (2009). Caregiver factors contributing to psychological elder abuse behavior in long-term care facilities: A structural equation model approach. *International Psychogeriatrics, 21*(2), 314-320. https://doi.org/10.1017/s1041610208008211

38. National Academies of Sciences, Engineering, and Medicine. (2022). The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff

39. Comondore, V.R.,Devereaux, P.J., Zhou, Q., Stone, S.B., Busse, J.W., Ravindran, N.C., Burns, K.E., Haines, T., Stringer, B., Cook, D.J., Walter, S.D., Sullivan, T., Berwanger, O., Bhandari, M., Banglawala, S., Lavis, J.N., Petrisor, B., Schünemann, H., Walsh, K., Bhatnagar, N., & Guyatt, G.H. (2009). Quality of care in for-profit and not-for-profit nursing homes: Systematic review and meta-analysis. *British Medical Journal*, 339, b2732. https://doi.org/10.1136/bmj.b2732

40. Castle, N., Ferguson-Rome, J. C., & Teresi, J. A. (2015). Elder abuse in residential longterm care: an update to the 2003 National Research Council report. *Journal of Applied Gerontology, 34*(4), 407-443. https://doi.org/10.1177/0733464813492583

41. Botngård, A., Eide, A. H., Mosqueda, L., Blekken, L., & Malmedal, W. (2021). Factors associated with staff-to-resident abuse in Norwegian nursing homes: A cross-sectional exploratory study. *BMC Health Services Research, 21*(1), 1-20. https://doi.org/10.1186/s12913-021-06227-4

42. Comondore, V.R.,Devereaux, P.J., Zhou, Q., Stone, S.B., Busse, J.W., Ravindran, N.C., Burns, K.E., Haines, T., Stringer, B., Cook, D.J., Walter, S.D., Sullivan, T., Berwanger, O., Bhandari, M., Banglawala, S., Lavis, J.N., Petrisor, B., Schünemann, H., Walsh, K., Bhatnagar, N., & Guyatt, G.H. (2009). Quality of care in for-profit and not-for-profit nursing homes: Systematic review and meta-analysis. *British Medical Journal,* 339, b2732. https://doi.org/10.1136/bmj.b2732

43. Los Angeles County Office of the Inspector General. (2021). *Improving Oversight and Accountability Within Skilled Nursing Facilities: Final Report*. County of Los Angeles, California. https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/ec94b2bf-09f7-48a4-8597-0686505e54ac/Improving%20Oversight%20and%20Accountability%20Within%20Skilled%20Nursing%20Facilities%20-%20Final%20Report.pdf

44. Liu, P. J., Caspi, E., & Cheng, C. W. (2022). Complaints Matter: Seriousness of Elder Mistreatment Citations in Nursing Homes Nationwide. *Journal of Applied Gerontology, 41*(4), 908-917

45. Liu, P. J., Caspi, E., & Cheng, C. W. (2022). Complaints Matter: Seriousness of Elder Mistreatment Citations in Nursing Homes Nationwide. *Journal of Applied Gerontology, 41*(4), 908-917

46. United States Government Accountability Office. (2019). *Elder abuse: Federal requirements for oversight in nursing homes and assisted living facilities differ*. https://www.gao.gov/assets/gao-19-599.pdf

47. Older Americans Act, 1965, Title VII, Chapter 2, Sections 711/712 (1995). https://www.ncbi.nlm.nih.gov/books/NBK231085

48. Administration for Community Living. (2021, November 24). *Long-Term Care Ombudsman Program*. https://acl.gov/programs/Protecting-Rights-and-Preventing-Abuse/Long-term-Care-Ombudsman-Program

49. Older Americans Act, 1965, Title VII, Chapter 2, Sections 711/712 (1995). https://www.ncbi.nlm.nih.gov/books/NBK231085

50. Berish, D.E., Bornstein, J., Bowblis, J.R. (2019). The impact of longterm care ombudsman presence on nursing home survey deficiencies. *Journal of the American Medical Directors Association, 20*(10),1325-1330. https://doi.org/10.1016/j.jamda.2019.02.006

51. United States Government Accountability Office. (2019). *Elder abuse: Federal requirements for oversight in nursing homes and assisted living facilities differ*. https://www.gao.gov/assets/gao-19-599.pdf

52. World Health Organization. Ageing: Ageism. (2021, March 18). https://www.who.int/news-room/questions-and-answers/item/ageing-ageism

53. Botngård, A., Eide, A. H., Mosqueda, L., Blekken, L., & Malmedal, W. (2021). Factors associated with staff-to-resident abuse in Norwegian nursing homes: A cross-sectional exploratory study. *BMC Health Services Research, 21*(1), 1-20. https://doi.org/10.1186/s12913-021-06227-4

54. Band-Winterstein, T. (2015). Health care provision for older persons: The interplay between ageism and elder neglect. *Journal of Applied Gerontology, 34*(3), NP113-NP127. https://doi.org/10.1177%2F0733464812475308

55. Pillemer, K., & Moore, D. W. (1989). Abuse of patients in nursing homes: Findings from a survey of staff. *The Gerontologist, 29*(3), 314–320. https://doi.org/10.1093/geront/29.3.314

56. Botngård, A., Eide, A. H., Mosqueda, L., Blekken, L., & Malmedal, W. (2021). Factors associated with staff-to-resident abuse in Norwegian nursing homes: A cross-sectional exploratory study. *BMC Health Services Research, 21*(1), 1-20. https://doi.org/10.1186/s12913-021-06227-4

57. Phelan, A. (2018). The role of the nurse in detecting elder abuse and neglect: current perspectives. *Nursing: Research and Reviews, 8*, 15-22 https://doi.org/10.2147/NRR.S148936

58. Denny-Brown, N., Stone, D., Hays, B., & Gallagher, D. (2020). COVID-19 intensifies nursing home workforce challenges. US Department of Health and Human Services Assistant Secretary for Planning and Evaluation Behavioral Health, Disability, and Aging Policy. https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/196851/COVIDNH.pdf

59. Denny-Brown, N., Stone, D., Hays, B., & Gallagher, D. (2020). COVID-19 intensifies nursing home workforce challenges. US Department of Health and Human Services Assistant Secretary for Planning and Evaluation Behavioral Health, Disability, and Aging Policy. https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/196851/COVIDNH.pdf

60. Castle, N., Ferguson-Rome, J. C., & Teresi, J. A. (2015). Elder abuse in residential longterm care: an update to the 2003 National Research Council report. *Journal of Applied Gerontology, 34*(4), 407-443. https://doi.org/10.1177/0733464813492583

61. National Consumer Voice for Quality Long-Term Care. (2021). State nursing home staffing standards: summary report. https://theconsumervoice.org/wp-content/uploads/2024/06/CV_StaffingReport.pdf

62. Jones, T.L., Hamilton, P., & Murry, N. (2015). Unfinished nursing care, missed care, and implicitly rationed care: state of the science review. *International Journal of Nursing Studies, 52*(6), 1121-1137. https://doi.org/10.1016/j.ijnurstu.2015.02.012

63. White, E.M., Aiken, L.H., & McHugh, M.D. (2019). Registered nurse burnout, job satisfaction and missed care in nursing homes. *Journal of the American Geriatrics Society, 67*(10), 2065–2071. https://doi.org/10.1111/jgs.16051

64. Pickering, C.E.Z., Nurenberg, K., & Schiamberg, L. (2017). Recognizing and responding to the "toxic" work environment: worker safety, patient safety, and abuse/ neglect in nursing homes. *Qualitative Health Research, 27*(12), 1870–1881. https://doi.org/10.1177/1049732317723889

65. Castle, N., Ferguson-Rome, J. C., & Teresi, J. A. (2015). Elder abuse in residential longterm care: an update to the 2003 National Research Council report. *Journal of Applied Gerontology, 34*(4), 407-443. https://doi.org/10.1177/0733464813492583

66. Castle, N., Ferguson-Rome, J. C., & Teresi, J. A. (2015). Elder abuse in residential longterm care: an update to the 2003 National Research Council report. *Journal of Applied Gerontology, 34*(4), 407-443. https://doi.org/10.1177/0733464813492583

67. Lindbloom, E. J., Brandt, J., Hough, L. D., & Meadows, S. E. (2007). Elder mistreatment in the nursing home: A systematic review. *Journal of American Medical Directors Association, 8*(9), 610-616. https://doi.org/10.1016/j.jamda.2007.09.001

68. Myhre, J., Saga, S., Malmedal, W., Ostaszkiewicz, J., & Nakrem, S. (2020). Elder abuse and neglect: an overlooked patient safety issue. A focus group study of nursing home leaders' perceptions of elder abuse and neglect. *BMC health services research, 20*(1), 1-14. https://doi.org/10.1186%2Fs12913-020-5047-4

69. Chidambaram, P. (2022, February 3). Over 200,000 Residents and Staff in Long-Term Care Facilities Have Died From COVID-19. Kaiser Family Foundation. https://www.kff.org/covid-19/over-200000-residents-and-staff-in-long-term-care-facilities-have-died-from-covid-19

70. National Academies of Sciences, Engineering, and Medicine. (2022). *The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff*

71. Centers for Medicare and Medicaid Services. (2022). COVID-19 nursing home data. https://data.cms.gov/covid-19/covid-19-nursing-home-data

72. Sedensky, M., & Condon, B. (2020). Not just COVID: Nursing home neglect deaths surge in shadows. *AP News*. https://apnews.com/article/nursing-homes-neglect-deathsurge-3b74a2202140c5a6b5cf05cdf0ea4f32

73. Consumer Voice. (2021). The devastating effect of lockdowns on residents of long-term care facilities. https://theconsumervoice.org/wp-content/uploads/2024/07/Devasting_Effect_of_Lockdowns_on_Residents_of_LTC_Facilities.pdf

74. Consumer Voice. (2021). The devastating effect of lockdowns on residents of long-term care facilities. https://theconsumervoice.org/wp-content/uploads/2024/07/Devasting_Effect_of_Lockdowns_on_Residents_of_LTC_Facilities.pdf

75. National Academies of Sciences, Engineering, and Medicine. (2022). *The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff*

76. Menio, D.A. (2020). Improving long-term care through abuse prevention and ethics training. *Journal of Pastoral Care & Counseling, 74*(2), 147–149. https://doi.org/10.1177/1542305020925412

77. Woodhead, E. L., Northrop, L., & Edelstein, B. (2016). Stress, social support, and burnout among long-term care nursing staff. *Journal of Applied Gerontology, 35*(1), 84-105

78. National Academies of Sciences, Engineering, and Medicine. (2022). *The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff*

79. National Academies of Sciences, Engineering, and Medicine. (2022). *The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff*

80. National Academies of Sciences, Engineering, and Medicine. (2022). *The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff*

81. National Consumer Voice for Quality Long-Term Care. (2021). State nursing home staffing standards: summary report. https://live-the-consumer-voice.pantheonsite.io/wp-content/uploads/2024/06/CV_StaffingReport.pdf

82. Hsieh, P. L., & Chen, C. M. (2018). Nursing competence in geriatric/long term care curriculum development for baccalaureate nursing programs: a systematic review. *Journal of Professional Nursing, 34*(5), 400-411. https://doi.org/10.1016/j.profnurs.2018.05.006

83. Burnes, D., MacNeil, A., Nowaczynski, A., Sheppard, C., Trevors, L., Lenton, E., Lachs, M.S., & Pillemer, K. (2021). A scoping review of outcomes in elder abuse intervention research: The current landscape and where to go next. *Aggression and Violent Behavior, 57*, 101476. https://doi.org/10.1016/j.avb.2020.101476

84. Myhre, J., Saga, S., Malmedal, W., Ostaszkiewicz, J., & Nakrem, S. (2020). Elder abuse and neglect: an overlooked patient safety issue. A focus group study of nursing home leaders' perceptions of elder abuse and neglect. *BMC health services research, 20*(1), 1-14

85. Lachs, M., Mosqueda, L., Rosen, T., & Pillemer, K. (2021). Bringing advances in elder abuse research methodology and theory to evaluation of interventions. *Journal of Applied Gerontology, 40*(11), 1437-1446 https://doi.org/10.1177/0733464821992182

86. National Consumer Voice for Quality Long-Term Care. (2021). State nursing home staffing standards: summary report. https://theconsumervoice.org/wp-content/uploads/2024/06/CV_StaffingReport.pdf

87. National Academies of Sciences, Engineering, and Medicine. (2022). *The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staf*

88. Castle, N., Ferguson-Rome, J. C., & Teresi, J. A. (2015). Elder abuse in residential longterm care: an update to the 2003 National Research Council report. *Journal of Applied Gerontology, 34*(4), 407-443. https://doi.org/10.1177/0733464813492583

89. Liu, P. J., Caspi, E., & Cheng, C. W. (2022). Complaints Matter: Seriousness of Elder Mistreatment Citations in Nursing Homes Nationwide. *Journal of Applied Gerontology, 41*(4), 908-917

90. Liu, P. J., Caspi, E., & Cheng, C. W. (2022). Complaints Matter: Seriousness of Elder Mistreatment Citations in Nursing Homes Nationwide. *Journal of Applied Gerontology, 41*(4), 908-917

91. Rudnicka, E., Napierała, P., Podfigurna, A., Męczekalski, B., Smolarczyk, R., & Grymowicz, M. (2020). The World Health Organization (WHO) approach to healthy ageing. Maturitas, 139, 6-11 https://doi.org/10.1016/j.maturitas.2020.05.018

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