



“In the News Today...”: Exploring newspaper coverage of violence and aggression in older adults

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Thank you!



Acknowledgement

I would like to begin by acknowledging that the land on which I live and work is the unceded territory of the Coast Salish Peoples, including the territories of the x^wməθkwəy'əm (Musqueam), Skwxwú7mesh (Squamish), and Səlílwətaʔ/Selilwítlh (Tsleil-Waututh) Nations.



Your presenters

Dr. Laura Funk

Associate Professor, Department of Sociology and Criminology, University of Manitoba

Dr. Funk advances social and critical gerontology through examining how older adults, and both paid and unpaid carers, make sense of experiences, preserve valued identities, and negotiate normative ideals and emotions.

She is recognized for exploring how these processes engage broader discourses surrounding age, care and responsibility. Funk has held numerous Tri-Council and other national grants, and contributed to international research collaborations, frequently engaging policy-makers and care practitioners. In 2012 she led the Manitoba Caregiver Consultations, and later this month will receive a recognition award for excellence in research on unpaid caregiving, from the Canadian Association on Gerontology. She can be contacted at Laura.Funk@umanitoba.ca and is on Twitter [@LauraFunkUoM](https://twitter.com/LauraFunkUoM)





Your
presenters:

**Dr. Rachel
Herron**

Associate Professor in the Department of Geography and Environment at Brandon University and a Canada Research Chair in Rural and Remote Mental Health.

Her current research examines the vulnerability and complexity of care relationships, social inclusion and meaningful engagement for people living with dementia, and the diversity of lived experiences of rural mental health. Dr. Herron is the founding Director of the Centre for Critical Studies of Rural Mental Health where she works with other researchers, professionals, students and community partners to develop community-based solutions to rural mental health needs. Ultimately, Dr. Herron's work seeks to create more supportive environments for aging, mental health, and caregiving.

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Introduction

- Growing concern with resident aggression
- 'Biomedical lens' is pervasive
- Dementia advocacy and structural lens
- Care workers', family members' experiences
- News media and public perception
- Significance of this research



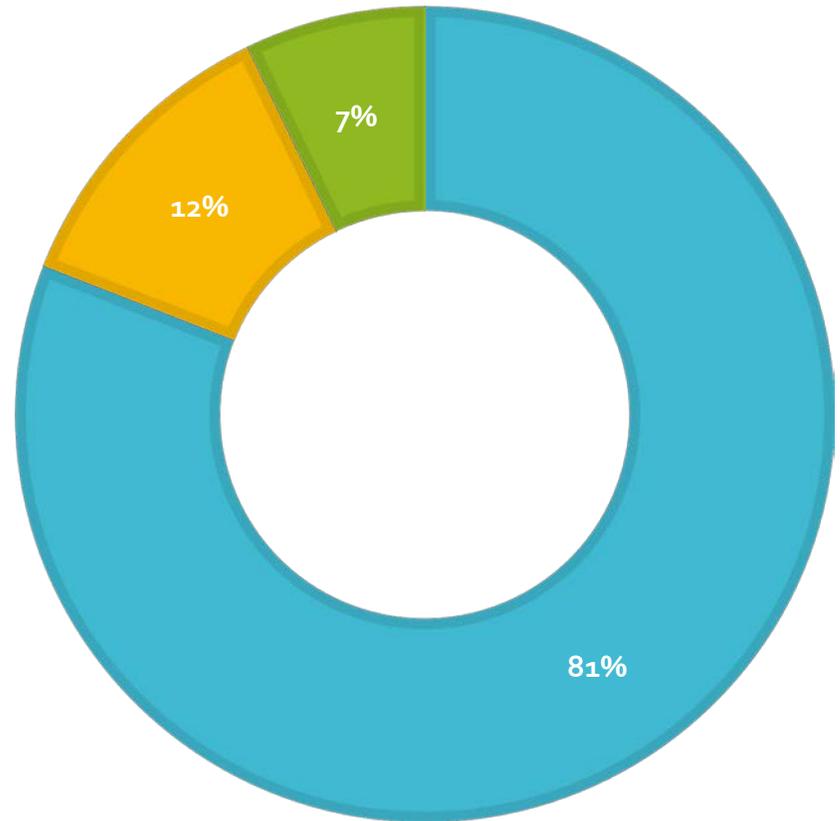
Our Research

- Canadian mainstream news media, 2008-2019 (print and online)
- Various care settings & types of violence
- Analysis: how do these articles frame or represent the issue of older adults and aggression?
 - Metaphors, pictures, content, words, stories, use of experts
 - Our team analyzed 141 articles



Settings
(n=141)

LOCATIONS



■ LTRC/Hospital ■ Domestic/Community ■ N/A



Geographic locations
(n=141)





Resident-to-Resident Aggression in LTRC

- ~ 80% of articles
- CTV documentary “Crisis in Care”(2013) and CBC investigation in Ontario (2018) raised profile, as do highly publicized deaths, inquests
- Draw on Coroner, Government reports, research, interviews with family, experts



Typical Headlines

- Old and dangerous: Senior violence is getting worse (MacLean's, 2014)
- Danger in the dementia care home (Vancouver Sun, 2016)
- "Resident-on-resident assault a shocking reality of long-term care" (Ottawa Citizen, 2017).
- At least 29 Ontario long-term care residents killed by fellow residents in 6 years (CBC, 2019)
- "Care-home resident attack cases number in the hundreds" (Vancouver Sun, 2016)



Priest, L. [Globe & Mail, Nov 13, 2004]
“When seniors turn to violence in their nursing homes: homicide, abuse and assaults of elderly residents by residents is common.”

“Piara Singh Sandhu had been in the nursing home for little more than six hours in June of 2001 when he pried the metal base off a table and used it to club his roommates to death. A worker rolling her cart of cookies and juice to Room 204 at Toronto’s Casa Verde Health Centre opened the door and discovered the bloody scene.”

“The cream-coloured walls, sun-yellow bedspreads and park view of Room 204 belie its violent past...”



MacQueen, K. (Jan 27, 2014 for Macleans) "Old and dangerous: seniors violence is getting worse"

"What do you do with a man like Jack Furman? A volunteer selected some 70 years ago to join an elite commando squad...a lad from tiny Fort Macleod, Alta....a man trained to kill for king and country...Furman did these things, and came back alive and was called a hero, though he rarely spoke of it. What do you do with such a man, who now languishes in a fog of dementia: a man locked in a...psychiatric centre, because this past August – at age 95 – he is alleged to have killed again? This time Furman's victim was not an enemy combatant, it was 85-year-old Bill May, a father of three, a retired executive..."



Quan, D. (Jan 22 2014 for the Montreal Gazette)
“Experts urge better tracking of senior’s deaths in care facilities: Residents attacked by those suffering from dementia”

“One day last June, staff at a Kamloops, B.C., nursing home found resident Jack Shippobotham, 79, lying on the floor with a broken nose, hip and pelvis” ... “Three weeks later, Shippobotham died of complications from his injuries, his family said.

Across Canada, reports of seniors being fatally attacked in care facilities, and dementia sufferers wandering away from nursing homes, have spurred calls to better track similar incidents, and to act on inquest recommendations that could prevent future tragedies among older, or mentally ill, people.”



Pemberton, K. (Jan 17 2016 for the Vancouver Sun)
“Danger in the dementia care home”

“After Karl Ottesen died, at the age of 77, in a Prince George nursing home, his obituary described him as a “lovely gentle man and a true gentleman” who enjoyed dancing, laughter, feasting, hugging and philosophizing over coffee and tea. ‘Sorry ladies but I had to go, they needed a dance instructor upstairs, and how could I say No. It’s been a slice, and I love you all so.’

These last comments chosen by family members for their beloved brother, father, grandfather and great-grandfather stand in stark contrast to the B.C. Coroner’s Service report into Ottesen’s death on Jan. 30, 2015. That report paints a grim picture of an elderly man who was combative because of his dementia — a progressive, degenerative condition that destroys vital brain cells. April Ottesen said her dad’s dementia ‘was out of control’ in the last two years of his life. ‘It was like he lost his mind. It was so sad’...”



Payne, E. (Dec 20, 2017 for Ottawa Citizen) "Resident-on-resident assault a shocking reality of long-term care"



Resident-on-resident assault — including sexual assaults and violence that, in some cases, has resulted in death — is a shocking reality of long-term care in Ontario. ROBERT CROSS / POSTMEDIA



Workplace Violence

- <15% addressed aggression towards LTTRC staff
- Often drew on union or research media releases
 - “It is not part of the job”
 - Emphasize effects on workers (injury, burnout)
 - Victims, residents/patients rarely identified, little context or explanation for incidents
- Emphasized structural responses (staffing, employer responsibility, security).
- Potentially stigmatizing, ‘crisis’ language



Typical Headlines

- Workplace violence against health-care workers under-reported, largely ignored (*CBC, 2016*)
- Campaign calling on health care workers to report workplace violence (*Leader Post, 2018*)
- “Care homes call for help with aggressive seniors: Province pushed for more money in new budget” (*Toronto Star, 2014*)
- Caregivers deal regularly with violence, aggression: some are punched, slapped or bitten by people with dementia (*Vancouver Sun, 2010*)
- Breaking point: Assaulted, threatened and abused in Ontario's long-term care homes (*CBC, 2019*)



CBC News Windsor,
March 26, 2019
“Breaking point:
assaulted,
threatened and
abused in Ontario’s
long-term care
homes”

- “Ontario’s long-term care facilities can be dangerous places to work”
- Researcher: “we’ve heard horrible stories of vicious assaults...it’s very common to have tables and chairs thrown at you. It’s common to be grabbed, sexually groped.”
- Hidden issue often unreported (worker fear of being blamed, normalization)
- Management should provide compassion and access to supports (PTSD, etc)



Fagan, L. (Oct 18, 2018 for CBC News Ottawa) “Specialized unit aims to curb aggression in dementia patients”

- Specialized units, trained staff may prevent violence (against residents or staff)
- Triggers e.g. noise, over-stimulation
- Gentle persuasion, re-direction away from stressful situations, de-escalation, focus on what the person likes/enjoys
- Short-term stays until triggers identified and new care plan available



Pemberton, K. (Feb
5 2016 for
Vancouver Sun)
“Legislate care
home staffing,
advocates
demand”

“The consequences of understaffing are numerous... (care aides) don't have time to ensure timely support in toileting, ensuring residents are well-hydrated, and they don't have time for the social element — talking and comforting the residents...seniors who have dementia sometimes have aggressive tendencies, and strike out violently when they don't have the support they need... if employers think we can address violence rates without addressing staffing, it's not realistic. There's a correlation between the two”



Summary of Themes (LTRC settings)

- **Fear** - of aging; aging population; persons living with dementia; nursing homes
- **Tragedy** – ‘perpetrators’ also victims of dementia, age
- **A public crisis** (workplace violence)
- **Disease symptoms**, medical problems
- Criminalization and/or segregation - **risk**, public safety, previous history
- Unavoidable ...or... preventable?



What Causes and Solutions are Presented?

- Dementia
- Personal or individual “triggers”
- Staff: approach, hours/workload
- LTRC: identification, surveillance, segregation
- Physical environment (e.g., sightlines, no shared rooms)
- “a tragic consequence of bare bones funding” (Globe and Mail, 2013, “Residents gave senior wide berth)
- National Dementia Strategy



Aggression and “Aging in Place”

- Assisted living facilities, retirement residences, and “bullying” (relational aggression)
- Families in their own homes – experiences of unpaid caregivers



Fred and Audrey van Zuiden (Multiple Articles)

- Overall picture of tragedy for soulmates, yet extensive focus on Fred – good, honourable man, very confused
- Lawyers, family friends wanting to humanize Fred, counter ‘abuser’ narrative, lobby for a good outcome for him
- Inadvertently and implicitly places some blame with Audrey for wanting to care for him at home without outside help



Effects?

How might these stories affect ...

- Persons living with dementia?
- Family members when the older adult moves into LTRC?
- Family members experiencing aggression?
- Staff members experiencing aggression?
- LTRC managers and their responses?
- Governments (to act, and how)?

What kinds of negative/positive change might happen because of these stories?



Brianna



“...she needed to leave.”



Summary

These stories reflect and further reinforce:

- Fears of aging/dementia, population aging, LTRC
- Uncertainty about preventability (and solutions)
- Blurring of distinctions between LTRC and AL, and between types/sources of workplace violence
- Lack of attention to aggression experienced by family, home care workers, assisted living tenants

The challenge: acknowledging experiences of victimization and drawing attention to the issue **without** further stigmatizing, criminalizing persons living with dementia or reducing our understanding of the problem (Medical framing is problematic in this regard).



How can we
use this
information?
Reflection and
practical
reframing

- Reflect on and start to change how we talk about aggression among older adults
- Strive to situate incidents in context
- Recognize the persons and relationships involved
- Recognize rights and safety of different actors

Possible starting points:

www.frameworksinstitute.org/toolkits/aging

https://alzheimer.ca/sites/default/files/2017-11/Person_Centred_Language_Guidelines-e.pdf

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Thank you!

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