

# RESEARCH CONNECTION

## Gender and violence in long-term residential care

By Kirsten Brooks, MA, & Rachel Herron, PhD



### Why this research is important

There is increasing recognition that LTRC is structured as a gender regime that causes harm to staff and residents. Although the adverse effects of violence in LTRC on residents and staff are well-documented, violence is often framed as unavoidable or expected; staff are often held responsible for incidents; and many staff feel ignored and unheard. Focusing on gender is critical to understanding violence in LTRC as gendered relations influence how people act and interact and the power to act within different settings. These relations include societal and Western cultural norms that reinforce gendered practices around sexual violence in LTRC, which emphasize women's obligation to empathize with others and put care first, even in contexts of harassment and violence.

### What you need to know

Gender plays an important role in how staff prevent, respond to, and experience violent situations in long-term residential care (LTRC), yet gender has received limited attention in research and policy on violence in LTRC and in dementia care more broadly. This is despite evidence that violence is primarily directed at staff and residents who identify as women, while men residing in LTRC are more likely to act violently. The current lack of attention to gender-based violence in LTRC results in violence prevention policies overlooking the gendered relations that shape violent interactions and their interpretation.

### How the research was conducted

We analyzed semi-structured interviews conducted with 29 LTRC staff in Manitoba and Nova Scotia. These interviews were part of a larger project called Safe Places for Aging and Care. All interviews were digitally recorded. The research team analyzed them word-for-word, looking for how gender emerged and/or how it was embedded in participants' descriptions of violent situations.

### What the researchers found

Participants' narratives contained gendered language that highlighted the importance of physical characteristics and perceptions of strength and capability in interpreting and

responding to violence. In descriptions of violent situations, men residing in LTRC were framed as perpetrators of physical violence, while men working in LTRC were framed as protectors from violence. At different institutional levels (i.e., protocols and management practices), gender, size, and strength were read as threats and as sources of power to be managed (in the case of residents) or used to control (in the case of staff). In general, many staff were primed to expect physical violence from men and looked for physical cues and markers to anticipate violence. Staff observed past experiences of gender-based violence and gendered power dynamics *outside* of LTRC, which shaped violent situations and power dynamics *inside* LTRC. Notably, consistent with other forms of gender-based violence, we found common responses and strategies included minimizing, normalizing, and downplaying violence in order to cope with working through violent situations. Additionally, the staff talked about a gendered duty to care that made it seem impossible to say no to violence in their interactions with residents or to reject violent structures.

### How this research can be used

This research can be used to promote more gender-sensitive policy and practice, to encourage trauma-informed approaches, and contribute to dialogue around gendered dynamics inside and outside of care settings.

### About the researchers

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