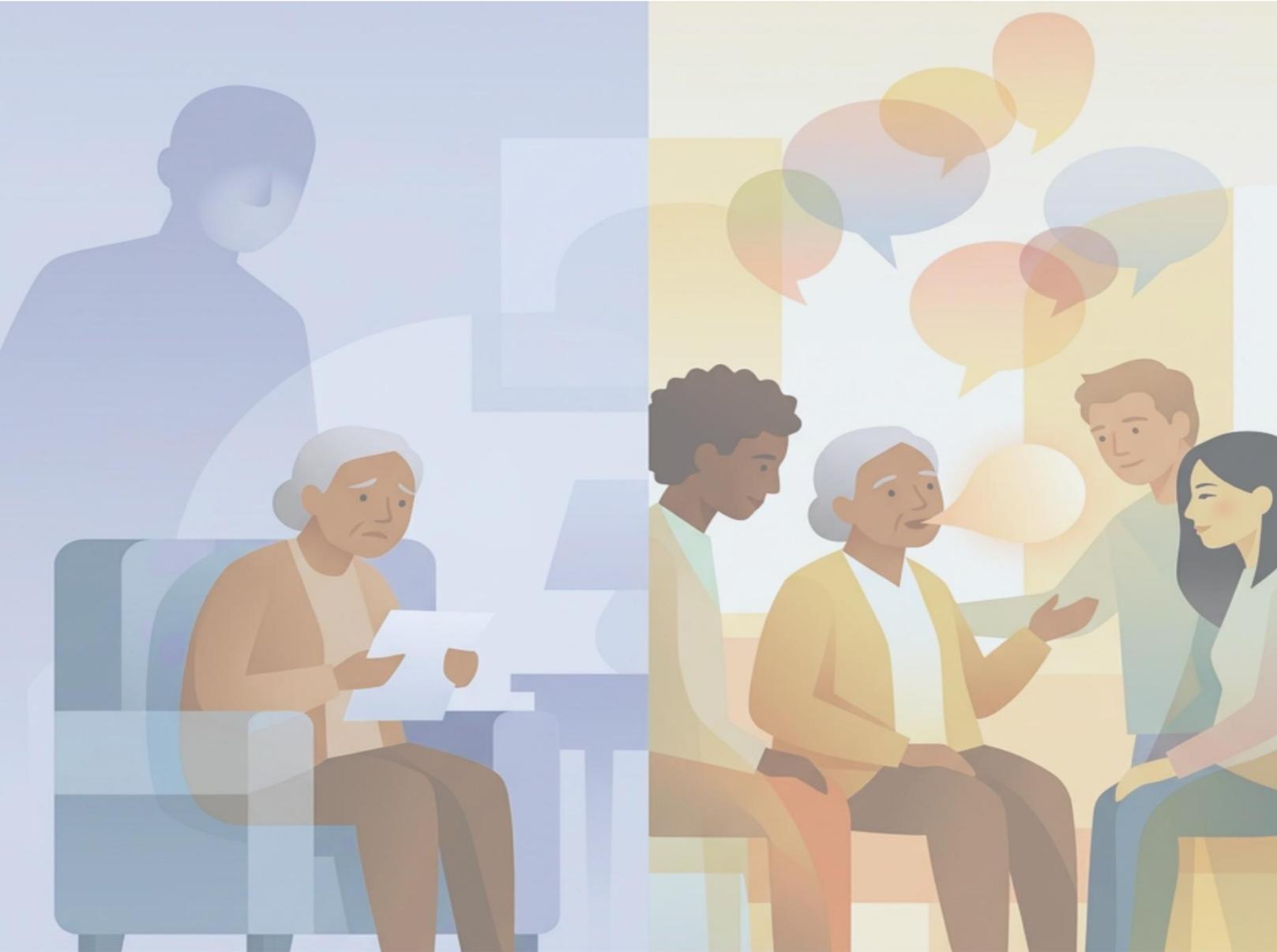


# Breaking the Silence Fear of Retaliation

*A Comprehensive Educational Training Program*



Addressing Concerns and Promoting a Safe Environment  
when receiving Long-Term Services and Supports

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*This resource was developed through a collaborative partnership between the Connecticut Long-Term Care Ombudsman Program (CTLTCOP) and the Colorado Long-Term Care Ombudsman Program. The Ombudsman worked with Dr. Elion Caspin to produce this educational resource. His knowledge and expertise in research and advocacy on resident safety, fear of retaliation, and quality of life in long-term care helped to inform and shape this training.*

## Overview

Receiving long-term care should feel safe, respectful, and dignified. But for many people, the fear of retaliation in the form of not receiving required care, being treated worse or otherwise being punished for speaking up, can make it hard to ask for what you need or report a problem.

Fear of retaliation occurs when there is an actual or perceived power imbalance between individuals receiving care and caregivers, formal or informal.

As one Ombudsman said: “When you’re complaining about someone who is responsible to care for you, it puts them in a vulnerable situation.”

The need for this education series comes from the fact that research has shown that nearly a quarter of nursing home residents worry about retaliation when voicing care concerns and that “many forms of retaliation may not even be recognized by residents and staff” (Robison et al. 2007, 2011). Caregivers may say or do things without being aware that what they are doing feels like retaliation to the person they are caring for.

A recent [study](#) and [report](#) have demonstrated the far-reaching negative consequences of fear of retaliation and actual retaliation on individuals living in nursing homes nationwide.

There should be zero tolerance for retaliation, which is considered a form of abuse.

We need to de-stigmatize the fear of retaliation and support, educate, and empower individuals receiving care as well [as those providing it](#). We want people to feel comfortable and safe speaking up about violations of their rights, care concerns, and mistreatment.

Actively listening and validation of your fear can assist in providing you with dignity and control over how you receive your care and meet your daily goals. Taking your fear seriously and promptly working to resolve your care concerns reflects a commitment to provide quality care in the way you prefer to receive it.

This educational resource was developed to assist individuals receiving care, their family members, friends and care partners (this covers anyone else identified that provides support to the person receiving care) as well as formal paid care team members to become more aware about the fear of retaliation, ways to proactively prevent and identify it as well as to professionally and safely respond to it.

This education resource is divided into three sections consisting of three sections and a trainers guide:

- Section 1 is for Individuals Receiving Care
- Section 2 is for Partners in care - family members, friends or volunteers
- Section 3 is for Care Team Members
- Section 4 is for Training Instructor

## Section 1- Training for Individuals Receiving Care

As a person receiving care, your voice and care concerns matter and if you are feeling fear, it is real. It is normal to feel worried or fearful when considering filing a complaint about a violation of your rights, care concern, neglect of care, abuse, or financial exploitation. In the words of one Ombudsman: "It's something that most people would feel naturally." "It can be very difficult and scary to complain about and be fearful of care team members who you rely on to meet your basic daily care needs."

Jeantte discussed this in the movie.

- Take a moment to think about what she said - Why was she afraid?
- Have you ever felt this way?
  - If so, did you tell someone about it? Why or why not?

No matter where you live, you should not have to fear reporting issues related to care concerns or rights violations. Your concerns and fears should always be acknowledged, validated, and taken seriously.

### **So, what is retaliation or the fear of retaliation?**

It is important that you are aware of the different forms of retaliation so that you can recognize them and seek support if they happen to you or someone you know.

Retaliation is defined as "an actual or perceived negative reaction of a person as a result of another person's action or behavior" (Voices Speak Out Against Retaliation 2010 Instructor Guide). It can take on many forms, and you can experience more than one at a time. Retaliation can be obvious or subtle, and the person experiencing it may not always be able to identify and/or describe it.

### **Forms of retaliation**

1. Neglect (delays in care, ignoring needs and/or the person)
2. Verbal, mental, or psychological abuse
3. Threats or intimidation
4. Physical abuse
5. Sexual abuse
6. Privacy violations
7. Taking or withholding personal belongings
8. Wrongful evictions, discharges, or transfer

**Subtle examples:**

- Staff taking longer to respond to call lights/silent treatment
- Dismissive or disrespectful tone
- Ignoring requests

**Obvious examples:**

- Degrading / Demeaning and embarrassing remarks
- Yelling or scolding
- Removing from activities or social areas
- Threatening negative outcomes if you “complain”

You should never accept retaliation as a response to a complaint or concern. You have rights, protections in laws and regulations, options AND You Are Not Alone.

Fear is heavier when you carry it alone. The more connected you are to others in your community, the harder it is for retaliation or the fear of it to take hold. It is possible that others experience similar fears. Banding together and supporting each other can empower you and increase the likelihood that your voice will be heard and respected.

**What is Perceived Retaliation and What is Real Retaliation – Does it matter?**

- At times, you may be afraid of retaliation when voicing care concerns when no actual retaliation takes place.
- In the words of one Ombudsman: “It is often that fear of...the perception of what might happen...than what actually may happen...The fear is bigger.”
- If your fear is perceived or real, it is frightening to experience, and it should be acknowledged and alleviated. Could what you felt as retaliation maybe have been something else?

**Example 1:**

Yesterday you felt an evening caregiver was rough and rude while assisting you with your shower and you filed a complaint. Today during the evening, you experienced unusually long delays in response to your requests for assistance. You become anxious and worried that it is because you filed a complaint and regret speaking up, because now you think maybe you won't get the care you need.

You are not aware that your caregiver is unusually busy this evening because another person had a fall or medical emergency. Your caregiver has been delayed due to that emergency. Again, your fear is still real and needs to be acknowledged, but this is a **perceived retaliation**.

As soon as possible, they should tell you when you can expect to be assisted and provide updates if necessary. Once available, your caregiver should calmly and respectfully apologize for being delayed, explain what caused the delays (within privacy laws / HIPAA Guidelines) and work with you to meet your goals and needs for the evening.

### Example 2:

Yesterday you felt an evening caregiver was rough and rude while assisting you with your shower and you filed a complaint. Today during the evening, you experienced unusually long delays in response to your requests for assistance. You become anxious and worried that it is because you filed a complaint and regret speaking up, because now you think maybe you won't get the care you need.

Your caregiver greets you in a loud and aggressive manner stating: "So I hear you didn't like your bath last night, well, as it turns out, it doesn't look like I am going to have time to wash you up at all tonight, so you won't have to worry about how rough I am." Again, your fear is real and needs to be acknowledged and this is **retaliation**.

### **Communicating Your Needs**

Care team members have a physically and emotionally demanding job. Working collaboratively, treating them with dignity and respect will strengthen your ability to communicate openly with them. Once there is a comfort level related to open communication, you might be more comfortable sharing your goals and connecting with the care team members in discussions related to your goals, how they are or are not being met or to address other concerns. It should be a supportive process, and issues can often be resolved in a collaborative way. As you come together and work as a care TEAM with clearly defined goals, the fear of or risk of retaliation can be reduced.

### **How to Build Safety Through Connection:**

- **Find people who support you:** Talk with your peers, family members, care partners, or anyone you have a trusting relationship with. Share your experiences. If more than one person notices the same problem, speaking together makes your voice stronger.
- **Buddy system:** Offer to go with another peer when they raise a concern. Sometimes just having someone with you changes the way people in leadership roles listen.  
Example: "I'll sit with you while you make the call or go to see the supervisor and stay while you explain what happened."
- **Document together:** If multiple people keep a detailed record of the same incident or care concern (such as a witness, a trusted friend, and/or an employee), it's harder for anyone to deny it happened.

Example – "I heard how [name of care employee] spoke to you. I will go with you to talk to the Administrator, to talk to the Director of Nursing Services. I heard it. That's not okay. That's not acceptable. We don't have to accept that".

In the film, Raymond talks about what information needs to be gathered to move a complaint forward and expresses his experience about why that is important.

- Have you ever tried something like this? Why or why not? If so, what was the outcome?

**Why this matters:**

When retaliation is feared, it's easy to stay quiet. But silence allows lack of or inappropriate care and harmful behavior to continue. Building visible, mutual support can break the isolation and it makes it clear that this is Not ok.

**Make Your Voice Heard**

Speaking up works best when it's done in a way that's well documented.

**Steps:**

**Find an advocate or supportive person**

- This could be a trusted supervisor, social worker, activities director, or even a peer who knows the process and possibly has been helpful to you or others in the past.

**Understand the chain of command**

- Who reports to who? Start with the person most directly responsible, then move upward in leadership, if needed. This was described by Raymond in the film as well as one of the family members.

**Use formal complaint channels**

- Always put complaints in writing and request a written response. Keep a copy. In Nursing Homes this is called filing a Grievance. This should be written on a Grievance form and stored in a Grievance book. State Survey Agencies should be reviewing the Grievance forms during their inspections.

**Follow up**

- If nothing changes, consider contacting your [Long-Term Care Ombudsman](#) or State Survey Agency.

**Document Everything You Can Remember**

It is more difficult for management to substantiate your complaint without detailed documentation; missing information might result in the complaint being found as "unsubstantiated.", which can be very upsetting. If you are physically unable to write and you have a phone or another device with recording capabilities, consider audio recording your documentation and save it in a secure location. If you have a family member or a close friend visiting, you can ask them to assist you write it out.

### **Describe the complaint clearly and use details about your experience**

Details matter, saying - *“The care team member was mean to me,”* can be difficult to prove. Instead, if you can describe the situation like “Last night at about midnight, I asked for my pain medication. Care team member XXXXX said, “You’ll just have to wait,’ and left the room. I have a condition that requires timely medication. This made me feel upset and scared.” “My pain increased, and I began calling out. When XXXX came back, they said I was medication seeking and we’re going to call the doctor to decrease the frequency of my prescription. As the pain increased so did my anger and difficulty with care team members.” This is clearer and easier to investigate and for management to either resolve the complaint or hold the caregiver responsible.

### **Write it all down or ask a supportive person to write it for you:**

- Date, time and exact location
- Names, roles of everyone present and otherwise involved (including witnesses)
- Exact words said and/or non-verbal expressions (if possible), and/or actions
- How it affected you (emotionally, physically, your safety, medically or otherwise)
- “Did you tell anyone about it? If so, who and when?”

### **Example log entry:**

On Tuesday morning at about 8 a.m. in the Dining Room care team member XXXX placed my meal down but didn’t open anything or help me cut my food. When I asked for help, he said, “You can do it yourself.” Because of my arthritis, I couldn’t eat until another care team member noticed around 11 a.m. that my breakfast was still sitting in front of me untouched and cold. I was very hungry but afraid of speaking up again. I was worried that next time I might not get to eat lunch”.

### **Know that Your Rights Are Protected by State and/or Federal Laws**

#### **Some of your rights include the right to:**

- **Be free from retaliation**
  - No one can question, confront, discriminate against you or punish you for filing a formal grievance or speaking to an Ombudsman or State Inspector.
  - If you experience retaliation, report it immediately because they should be held accountable. Everybody should know: Retaliation is abuse.
- **Privacy**
  - You can meet, talk, or otherwise communicate in private such as in writing with anyone you choose.
    - This can be challenging in some situations and settings because care team members may be close by or you might have a roommate.
    - You always have the right to ask to be provided with private space to make phone calls or to speak with someone.
- **Organize**
  - You may join or create a Resident / Tenant Council without interference.
  - As a council, residents or tenants have the right to meet privately and discuss issues, care concerns or ideas about how they would like their community to run.

- **File complaints**

- The comments/concerns/or grievances (depending on where you live like a Nursing Home, Assisted Living/residential care home or home in the greater community) must be investigated and you should receive a prompt response.
- You have the right to ask for a response in writing.
  - Living or moving into a care setting doesn't change your right to receive care in a way that makes you feels safe, dignified and respectful.
  - You have the right to voice care concerns without discrimination and without fear of or actual retaliation.

**Tip:** Keep a copy of your Rights in your room, knowing them can empower you to self-advocate.

### **Memory or a Cognitive Diagnosis and Filing a Complaint**

Having a diagnosis of dementia, memory loss, or cognitive changes does not impact your right to file a complaint and for it to be fully investigated. Many people worry that having a cognitive diagnosis might impact how seriously others respond to their concerns. However, people living with cognitive changes can and **do provide accurate information** related to their quality of life, complaints, care concerns, and abuse.

#### **What helps:**

- Your formal and informal care team members should take all concerns seriously, even if it takes time for you to remember the details or if some of the details are unclear.
- The care team should conduct individualized assessment to identify patterns (such as time of day, event, and/or a particular shift or caregiver) such as if you or others have ongoing or repeated worries or complaints.
- They can use photos, ensure you have comfortable environment or use supportive interview styles to help you explain or express your concern.
- Ask the Ombudsman to help speak to you and advocate for you, if needed.

#### **Example:**

All of your complaints should be investigated. If you say, "Don't let her in my bedroom at night," even without knowing who "her" is, care team members should check who is there at night and look into what's happening. Caregivers must always wear their name tag and in a way that you can read it.

### **Care Plan or Plan of Care Meetings**

Meetings about your care are your opportunity to shape your daily life, express your care goals, identify who is going to help you reach your goals and what your best day looks like. The meeting about your care is where you and people who are part of your care team, both in and outside of where you live, come together to talk about your goals and what can be done to support the outcomes you want. As the person receiving care, you have a right to participate in **your** plan of care and to be involved in decisions about **your** care. It is about **your** life, **your** care, **your** rights, and **your** voice. It is **your** meeting, not anyone else. Remember and remind others, caregivers work in **your** home. You don't live in their workplace.

### **How to prepare:**

- Review your current care plan before the meeting (you have a right to receive a copy).
- Write down your goals, concerns and suggestions. Bring along your documentation.
- Bring a support person (family member/Friend) from inside or outside of your community. When needed, Ombudsman's presence during the meeting can often help ensure your voice is truly heard and your rights are known and respected.
- Ask for changes to be written in with measurable steps needed to implement them.
- At the end of the meeting, ask when you should expect to receive an updated copy with all the additions or changes. Again, it is your right to have it.

### **Responding to Abuse or Neglect**

Abuse can be physical, emotional, mental, verbal (including threats), sexual, or financial.

Neglect may include, but is not limited to, neglect of health or medical care, physical assistance, supervision, medications administration/errors, as well as others.

### **Steps to take:**

1. Make sure you are safe right away, identify and contact your closest support person
2. Make a report to the person in charge
3. Call your Ombudsman and, if needed, the State Survey Agency or police
4. Write down exactly what happened. You can use accessible technology or an audio recording to document what happened.
5. Consider whether to talk about it at a private Resident / Tenant Council meeting (especially if you think that other individuals are affected by this issue or caregiver).

### **Do not:**

- Confront the person.
- Voice it with or in the presence of employees you do not trust.
- Wait "to see if it happens again."

### **Retaliatory Transfers or Evictions**

If you are told you need to move shortly after filing a complaint, it could be retaliation. Threats of eviction, discharge, or transfer of individuals living and receiving care in long term care settings could be retaliation. Threats of discharges or eviction can have far-reaching negative impact on you. They can make you feel anxious or scared and can be very traumatizing.

**Know this:**

- If you are transferred to the hospital or other location outside of the building. There are bed hold requirements in nursing homes that secure your bedroom, ask for a copy of the policy.
- For nursing homes, in almost all cases you, your representative and the Ombudsman's office must be given a written notice, at the required time, with a legal and well documented reason prior to any move (the notice must be in language and manner you understand).
- Among others, the discharge notice must include the location to which you will be discharged (it must be available, safe, and appropriate to meet your care needs).
- You must be notified of how to appeal the transfer, discharge, or eviction and who you can contact for assistance with the process.
- In most cases, you are allowed to return from the hospital to your previous care setting pending an appeal.
- If you file an appeal, you can usually stay where you are living until there is a final decision on your appeal.
- "Being difficult" is not a valid reason to discharge or evict you. The care setting must document the specific need(s) that they are reporting cannot be met as well as what it has done to try to meet those needs.

If you receive a discharge notice, immediately contact the Long-Term Care Ombudsman Program. Ombudsman representatives are knowledgeable about your discharge rights. With your permission, they can help advocate for you.

For evictions, follow the identified appeal process for housing court in your state. This should be provided with the eviction paperwork.

Resources (Developed by the National Consumer Voice for Quality Long-Term Care):

[Fact Sheet](#) "Difficult" is Not a Diagnosis.

[Fact Sheet](#) "Nursing Home Discharges. You've Been Told to Leave...Now What?"

**Contacting the State Survey Agency**

This agency oversees your care, safety and enforces care standards as specified in the laws and regulations governing many long term care setting and home care programs.

**When to call or submit an online complaint:**

- If right violations, neglect, abuse, financial exploitation or retaliation continue after internal reporting.
- If you do not think the abuse or retaliation was reported or adequately reported to the appropriate oversight agency as required.
- If there is immediate danger to your or others' well-being, health or safety.

**What to provide:**

- Your statement or detailed notes regarding the incident or situation.
- Any written notices you have received.
- Witness statements, if possible.
- Audio and/or video recording in support of your complaint (such as camera footage).

**Other Resources You Can Call for Assistance**

- **Long-Term Care Ombudsman** - Confidential, free advocacy, investigating right violations, neglect, abuse (including retaliation) and financial exploitation.  
[Find your local Ombudsman](#)
- **State Survey Agency** – Conducts inspections and investigates alleged violations.  
To contact your State Survey Agency [Contact your State Agency](#)
- **Local law enforcement.** Call 911 (available 24/7)
- **Consumer Voice** - Information and tools about your rights: [The Consumer Voice](#)
- **Long Term Care Community Coalition** – Educational and advocacy resources  
[nursinghome411.org](http://nursinghome411.org)

## Section 2 – Training for Family Members, Friends and Care Partners

When someone you care about is receiving long-term services and supports, you want them to feel safe, respected, and valued. But sometimes, people who receive care are afraid to speak up about their care concerns, worried they might be treated differently, neglected, or punished for doing so. As a family member, friend, or advocate (care partner), your understanding, attention, and support can often make a tremendous difference in protecting the person receiving care rights and safety.

Fear of retaliation happens when there's an actual or perceived power imbalance between the person receiving care and those providing it.

As one Ombudsman explained, "When you're complaining about someone who is responsible for your care, it puts you in a vulnerable situation."

Research shows that nearly one in four nursing home residents worry about retaliation when raising care concerns (Robison et al. 2007, 2011) and extensive evidence from Ombudsmen interviews reveals that many forms of retaliation are subtle and often go unrecognized (Caspi, 2024). Caregivers may not even realize that their words or actions feel intimidating or retaliatory to the person receiving care. But whether intentional or not, fear is real, and it can have lasting effects on dignity, well-being, safety, and quality of life.

There should be zero tolerance for retaliation as it is a form of abuse.

We need to de-stigmatize the fear of retaliation and support, educate, and empower individuals receiving care as well as those providing it. We want people to feel comfortable and safe speaking up about violations of their rights, care concerns, and mistreatment. Fear of retaliation can lead the person receiving care and certain care employees to stay silent about neglect, poor treatment, or violations of rights. That silence allows harm to continue and at times to escalate.

As a care partner, you can help by:

- Recognizing verbal and non-verbal signs of fear or withdrawal.
- Taking concerns seriously, even when they seem small or not accurate.
- Supporting the person when they tell you they feel unsafe or unheard.
- Encouraging open communication and reminding the person receiving care that they have rights and protections (give the person a written copy of their applicable rights).

Your steady presence, calm support, and validation can help alleviate fears and restore dignity, trust, and safety. This can help them break the silence and seek support to have the issue addressed.

Jeantte discussed this in the movie.

- Take a moment to think about what she said
  - Why was she afraid?
- Have you ever felt this way?
  - If so, did you tell someone about it? Why or why not?

### **What Retaliation Looks Like**

Retaliation can be obvious or subtle, and the person experiencing it may not always be able to describe it.

#### **Forms of retaliation:**

1. Neglect (delays in care, ignoring needs and/or the person)
2. Verbal, mental, or psychological abuse
3. Threats or intimidation
4. Physical abuse
5. Sexual abuse
6. Privacy violations
7. Taking or withholding personal belongings
8. Wrongful evictions, discharges, or transfers

#### **Subtle examples:**

- Staff taking longer to respond to call lights
- Dismissive or disrespectful tone
- Ignoring requests

#### **Obvious examples:**

- Degrading / Demeaning and humiliating remarks
- Yelling or scolding
- Removing from activities or social areas
- Threatening consequences for “complaining”

Your role is to help identify and document these patterns and support the person to report concerns in a way they feel safe and supported.

## **Supporting the Person Receiving Care When They Feel Fearful**

Fear may be real or perceived, but either way, it must be acknowledged and alleviated.

Even if the staff didn't intend to do harm, the fear itself affects how the person receiving care feels about their safety and care. The best response is to listen, take notes, and communicate respectfully with staff and not allowing a concern to just be dismissed.

If retaliation occurs, you should support the person to make a report, or if they are unable and it is something you witness, report it.

## **Building Safety Through Connection**

Retaliation thrives in isolation. You can help the person receiving care feel empowered and stay connected with and supported by trusted others.

### **Ways to build safety:**

- **Be present:** Visit often, observe patterns, and talk openly about care experiences.
- **Stay up to date with the latest Care Plan** (It is the person's right to receive a copy of it)
- **Be a witness:** If the person receiving care shares a concern, document it with them. Try to include time, date, what happened, and who was involved (including witnesses).
- **Build alliances:** Encourage peer connections or Family Council involvement.
- **Use the buddy system:** Offer to accompany the person receiving care when they express a care concern, make a complaint or attend meetings.

The more visible and supported the person receiving care feels, the less power retaliation has.

## **Advocating Effectively**

Encourage the person receiving care to express concerns and help ensure it's done safely and effectively. If you're not sure how to go about doing it safely, ask the individual if they would like to consult with an Ombudsman.

### **Steps you can take as a care partner:**

- **Find an advocate:** Contact a trusted supervisor, social worker, or Ombudsman to help identify next steps.
- **Know the chain of command:** Start locally, then go higher if there's no resolution.
- **Document in writing:** Always ask for and keep copies of complaints or grievance forms.
- **Follow up:** If nothing changes, report the issue to the Long-Term Care Ombudsman or State Survey Agency. When the situation warrants it, contact local police.

**Tip:** Documentation is your best protection. Keep a detailed record of incidents, who was notified, and when.

In the film Raymond talks about what information is needed to move a complaint forward and expresses his experience about why that is important.

- Have you ever tried something like this? Why or why not?

## **Supporting Individuals with Memory Loss or Cognitive Diagnoses**

People with memory loss or cognitive changes have rights and their concerns must be taken seriously.

As a care partner:

- Encourage staff to look for patterns in complaints, even if details are unclear.
- Advocate for “dementia-friendly” ways of communication ([validation](#), short questions, calm tone, pictures).
- Remind staff and administrators that a cognitive diagnosis does not remove a person’s credibility. Dementia-friendly interviewing conditions create opportunities for individuals with cognitive changes to provide information about their experiences.
- Contact the Ombudsman if you believe concerns are being downplayed and dismissed.

If the person receiving care repeats fears (e.g., “Don’t let her in my room” or “I’d rather wait for the next shift to change my brief”), this may be something to investigate and is not something to ignore. The same goes for if the person’s body language suddenly changes when a particular person is around.

### **Participating in Care Plan Meetings**

If you are a representative of individuals’ care or have been asked to support them on their care team, you have the right to be part of discussions about the person receiving care and their plan of care.

#### **Before the meeting:**

- Review the current care plan and note any concerns
  - individuals receiving care have a right to receive their care plan when requested
- Gather documentation or examples.
- Review relevant rights and bring a written copy of those rights with you.
- Talk to the person receiving care to prepare questions and goals.

#### **During the meeting:**

- Encourage the person receiving care to express their wishes.
- Assess whether the person’s rights are heard and respected.
- Ask for measurable goals and written changes.
- Request a follow-up date and a copy of the updated care plan.

Remember:

This is the home of the person who is receiving care, not just someone else’s workplace.

### **When Abuse, Neglect, or Retaliation Occurs**

If you suspect the person receiving care is being mistreated or retaliated against:

1. Ensure their immediate safety.
2. Report to leadership or the administrator.
3. Contact the Long-Term Care Ombudsman.
4. Call state regulators or law enforcement if needed.
5. Document everything.
6. Preserve camera footage of the incident, if it exists in your bedroom or a public space.

Do not confront staff directly if it feels unsafe or may worsen the situation. Let professionals address it.

## **Retaliatory Transfers or Evictions**

If the person receiving care receives a discharge/eviction or transfer notice after raising care concerns, it may be retaliation.

They or their representative can:

- Request the written notice (it must include the reason and your right to appeal).
- Ask for a copy of the bed-hold policy (in nursing homes).
- Contact the Ombudsman immediately.
- File an appeal - the person receiving care typically has the right to remain or return to the skilled nursing home until the appeal is ruled on.
- “Being difficult” or “complaining” is not a valid reason for discharge.

## **Knowing the Rights That Protect People Receiving Care**

The person receiving care has the right to:

- Be free from retaliation or discrimination
- Have privacy for conversations, visits, and all forms of written communications
- Participate in private Resident or Tenant Councils
- File complaints and receive written responses promptly
- Be treated with dignity and respect

Keep a copy of residents’ rights in their bedroom or home to help empower advocacy.

## **Helpful Resources**

**Long-Term Care Ombudsman Program** — Free, confidential advocacy and complaint investigation @ [Find your local Ombudsman](#)

**State Survey Agency** — Investigates care violations @ [Contact your State Agency](#)

**Consumer Voice** — Education and tools for families

The Consumer Voice @ [National Consumer Voice](#)

**Long Term Care Community Coalition** — Resident and family rights educational and advocacy resources @ [nursinghome411.org](#)

**Emergency / Local Police** — Call 911 if immediate danger or harm occurs to the person or others.

## **Remember**

Your role as a care partner is powerful. Your voice and theirs truly matter.

Listening, documenting, and speaking up not only can protect the person you care about but also helps create safer, more transparent care environments for everyone. It is important to remember that there can be a feeling of risk, vulnerability or fear when reports are made.

Remember that the individual receiving care may need reassurance and support and they need to be checked on frequently especially after a concern is voiced or complaint is filed

## Section 3 – Training for Care Team Members

Every person receiving long-term care deserves to feel safe, respected, heard, and empowered. As a care provider, you play a crucial role in creating that sense of safety, where residents, individuals receiving long term services and supports, clients, and families can express right violations and care concerns without fear of being ignored, dismissed, or punished. However, fear of retaliation remains a serious barrier in care settings. It affects trust, communication, and the overall quality of care. Understanding and addressing it is an essential part of person-directed practice. Doing so can help your team improve individuals' care and it can strengthen employees' job satisfaction. The reason is captured in the words of nursing home Administrator Courtney Broussard: "Who knows the concerns and solutions better than the residents who live here 24/7?"

### **What Is Fear of Retaliation?**

Fear of retaliation occurs when someone receiving care feels that speaking up about a problem such as violation of their rights, neglect, poor treatment, or abuse might lead to negative consequences.

This fear can be based on real events or perceptions, and both matter.

As one Ombudsman explained, "When you're complaining about someone who is responsible to care for you, it puts you in a vulnerable situation."

Research has found that nearly a quarter of nursing home residents worry about retaliation when voicing concerns, and many forms of retaliation go unrecognized by both residents and staff (Robison et al., 2007, 2011), including subtle and non-verbal retaliatory acts ([Caspi, 2024](#))

Even when unintended, certain behaviors or reactions can feel like retaliation to someone who depends on you for daily care.

### **Why It Matters**

Fear of retaliation can silence the person receiving care and families, discourage reporting, and prevent improvement. When people don't feel safe to speak up, small problems can become serious, and trust erodes. Caregivers' fear of retaliation from co-workers, supervisors, and managers is as important as it is a barrier for reporting right violations and mistreatment. Creating an environment of psychological safety where individuals feel heard and respected is essential to dignified and quality care, teamwork, and compliance with state and federal protections. Retaliation is considered a form of abuse, and there should be zero tolerance for it in any care setting and in the person's home in the community.

Jeanette discussed this in the movie.

- Take a moment to think about what she said and why was she afraid?
- Have you ever felt this way in your life or when asking for help?
  - If so, did you tell someone about it? Why or why not?
  - If you did tell someone, how did it turn out?

Retaliation is defined as *an actual or perceived negative reaction in response to someone voicing a concern or complaint.*

### **Forms of retaliation:**

1. Neglect (delays in care, ignoring needs)
2. Verbal, mental, or psychological abuse
3. Threats or intimidation
4. Physical abuse
5. Sexual Abuse
6. Privacy violations
7. Taking or withholding personal belongings
8. Wrongful evictions, discharges, or transfers

### **Subtle examples:**

- Staff taking longer to respond to call lights
- Dismissive or disrespectful tone
- Ignoring requests

### **Obvious examples:**

- Degrading / Demeaning and humiliating remarks
- Yelling or scolding
- Removing from activities or social areas
- Threatening consequences for “complaining”

### **Recognizing Perceived vs. Actual Retaliation**

Fear of retaliation is powerful even if no retaliation has actually occurred.

One Ombudsman said, “It’s often the fear of what might happen that feels bigger than what actually may happen.”

Both real and perceived fears deserve attention and validation. If a person feels unsafe, that perception is real to them. Respond with empathy and transparency: explain what’s happening, acknowledge their worry, and reassure them of their right to speak up safely. Take immediate and meaningful action to ensure they’ll actually remain safe.

## How to Build Trust and Psychological Safety

- **Listen Actively**  
When the person receiving care, families, friends, or care partners share care concerns, stop, listen, and validate their feelings. Show empathy. Avoid defensiveness even if you disagree. A simple, “I understand why that would upset you,” goes a long way. Always remember how vulnerable the individual may feel in the situation and how brave they are for speaking up. Try to put yourself in their shoes.
- **Communicate Clearly**  
Be transparent about what you’re doing and why. If care is delayed or changed, explain promptly to avoid misunderstanding.
- **Show Respect and Dignity**  
Treat every individual as the expert of their own experience (because they are). Small gestures like remembering to knock before entering their bedroom, addressing people by their chosen name, telling them your name and wearing a name tag they can read, maintaining their privacy, all build trust. Trust takes time to build and can quickly be lost with a single disrespectful act.
- **Support Team Communication**  
Share information respectfully among team members. A collaborative approach ensures consistent responses and avoids the “blame and shame” cycle that increases fear. We all make mistakes. It is about learning and improving.
- **Model Calm, Professional Responses**  
How you respond to complaints sets the tone for your team (your non-verbal reactions and communications often speak louder than your words); it is how you say it that often matters more to the person than what you say. People receiving care notice when staff handle feedback with professionalism and genuine care.

### Reflective Example

#### Scenario 1: Perceived Retaliation

Resident 1 files a complaint about rough handling during a shower. The next evening, resident 1’s care was delayed because resident 2 on the unit had an emergency. The staff did not explain why they were late responding to resident 1’s request for assistance/care, and now resident 1 feels ignored and punished because they complained of rough care the night before.

#### What could have been done to reduce this fear?

- Acknowledge the delay in response time and communicate the reason for the delay (while not violating privacy rights / HIPPA), apologize for the worry or concern it may have caused, and reassure resident 1 that their concern from the night before will not affect their care.

## **Scenario 2: Actual Retaliation**

You are aware that last night resident 1 filed a complaint against one of the CNAs you are working with tonight. After coming on shift and while in the next bedroom giving care, you hear the CNA that the complaint was filed against tell resident #1, “If you didn’t like your shower last night, maybe you won’t get washed up at all tonight.”

### **What do you do?**

This is retaliation. Ensure the residents’ safety and report it immediately according to care setting policy. Offer the resident reassurance and support after the incident. Let them know it is wrong and that it is important that care team members know if someone is talking to or treating them in that way.

### **Your Role in Prevention**

As a care provider, you can help eliminate the culture of fear by:

- Educating all employees about individuals’ rights related to fear of and retaliation.
- Encouraging open dialogue without judgment and labeling (e.g. “chronic complainer”).
- Taking every concern seriously.
- Documenting timely, thoroughly, accurately, and objectively.
- Reporting suspected retaliation, even if you are unsure, as required for mandated reporters and as required in laws and regulations governing the care setting
- Supporting peers who demonstrate compassion and respect. This includes never retaliating against employees who report suspected retaliation.

Your response can turn fear into trust and empowerment.

### **Working Collaboratively with Families and Ombudsmen**

Families and Ombudsman representatives are vital partners in care.

Rather than viewing them as critics or labeling them as “difficult,” think of them as allies who share the goal of high-quality, person-centered care. Prior research has shown that partnership and collaboration between staff and family members can improve residents, families, and staff experiences in dementia care settings (Robison et al. 2007).

When individuals or other care partners raise issues:

- Listen carefully and patiently and avoid defensiveness.
- Focus on solutions, not blame.
- Communicate clearly about next steps.
- Keep them informed until concerns are resolved.

Transparency and follow through builds credibility and strengthens your care environment.

In the film Raymond talks about what information is needed to move a complaint forward and expresses his experience about why that is important.

- Have you ever tried something like this? Why or why not?
- If you did, how did it turn out?

### **Supporting Individuals with Cognitive Changes or Memory Loss**

Individuals living with cognitive changes or memory loss still experience fear and deserve to be heard, just like anyone else, if not more so.

- Pay attention to non-verbal and behavioral expressions and cues: restlessness, physical expression of needs, rejection of care, restless withdrawal, or repetition may signal fear or discomfort. Behavioral expressions typically indicate unmet needs. just like anyone else, if not more so.
- Investigate complaints, even if details are unclear or inconsistent.
- Work with families and Ombudsmen to identify, document, and interpret patterns.
- Avoid downplaying and dismissing concerns as “confusion.” Instead, be specific about what you observe: Difficulty organizing thoughts and/or forming sentences, recalling details from events, or misperceiving situations. Engage in individualized root cause analysis to identify the unmet human need that often underly behavioral expressions.
- Avoid “Reflexive Retaliation” (knee-jerk verbal or physical reactions) against individuals living with cognitive changes who reject care, such as during assistance with showers. It is abuse.

### **Using Care Plan Meetings as Prevention Tools**

Care plan meetings are an opportunity to listen, clarify goals, and build safety through communication. This meeting belongs to individual receiving care, not anyone else.

#### **Best practices:**

- Encourage the person receiving care and families to share what matters most to them.
- Actively listen.
- Review previous concerns and confirm how they’ve been resolved.
- Document any changes clearly.
- Offer the individual receiving care the updated copy of their care plan. It’s their right.
- Follow up after meetings to ensure ongoing satisfaction with care/in resolving concerns.
- Make sure the person receiving care feels comfortable with the people attending the meeting and if there are others s/he wishes to attend with them.

When people see their voices reflected in the care plan, trust deepens and fear decreases.

## **When Abuse, Neglect, or Retaliation Is Suspected**

You have a legal and ethical duty to report it.

### **Steps to take:**

1. Ensure immediate safety of the resident. Provide reassurance.
2. Report concerns promptly to your supervisor or administrator and report at shift change.
3. Notify the Long-Term Care Ombudsman and/or State Survey Agency and/or to police as required.
4. Document all details objectively.

Never confront the individual or minimize the care concern. Reporting should protect both the individual receiving care and you. In nursing homes, retaliation against employees for lawful reporting of mistreatment is against federal law and can result in serious consequences. Retaliating against employees for meeting reporting requirements related to “Reasonable Suspicion of a Crime” can result in serious consequences to “covered individuals” (CMS [Memo](#)).

### **Retaliatory Discharges or Transfers**

Be alert for signs that a discharge, transfer (such as to the hospital) or bedroom change may be retaliatory (e.g. time proximity to care concerns voiced or complaint filed). If the person receiving care voiced complaints, they may be especially vulnerable.

### **If you suspect retaliation:**

- Inform your supervisor, the Administrator, and the Ombudsman.
- Ensure all required discharge notices and appeal rights are provided.
- Emotionally support the person receiving care during the process.

A discharge or transfer should never be used as punishment. It can be very scary to individuals.

### **Building a Retaliation-Free Culture**

To create a safe, transparent, person-directed care culture:

- Encourage open communication and continuous feedback (de-stigmatize it)
- Recognize respectful, person-directed responses
- Include discussions of fear of retaliation and actual retaliation in staff training
- Support staff wellness, as burnout and stress can unintentionally fuel negative reactions
- Lead by example: respond calmly, respectfully, and consistently
- Every member of the care team (direct and indirect care employees and all managers) influences the culture of trust and safety.

## Know the Protections in Place

Federal and state laws establish and protect individuals right to:

- Be free from retaliation or discrimination
- Voice concerns without fear of punishment
- Receive care in a way that protects dignity and choice
- File grievances and receive a written response promptly
- Speak privately in person or on the phone with family and friends, other visitors, Ombudsmen, or regulators / state surveyors and all forms of written communication must remain private and confidential.

As a care provider, you are responsible for upholding these rights and ensuring others on your team do the same. Doing so will increase the likelihood that your care community will provide dignified, professional, and safe care.

### Key Resources

**Long-Term Care Ombudsman Program** — Advocates to provide education and information and investigates complaints for residents and a people receiving care.

[Find your local Ombudsman](#)

**State Survey Agency** — Regulates and investigates care standards

[CMS Contact Directory](#)

**Consumer Voice** — Tools and training for person-centered, rights-based care

[The Consumer Voice](#)

**Long Term Care Community Coalition** — Resources on residents' rights education and advocacy resources [nursinghome411.org](http://nursinghome411.org)

### Remember

When the person receiving care, families, friends, and care partners feel safe speaking up, everyone benefits.

Your actions like listening, explaining, showing empathy, and following through protect individuals and residents' rights, improve care quality, and strengthen your professional integrity.

**You are the foundation of care culture built on dignity, respect, and trust.**

Your voice and your response matter.

## Section 4 – Trainers Guide to Breaking the Silence – Fear of Retaliation Training

### **Review with the participants why this Matters**

Every person receiving care deserves to feel safe, respected, and heard.

Fear of retaliation, even if unfounded can silence residents, the person receiving care, families, care partners and coworkers. When people are afraid to speak up, quality of care, safety, and trust suffer.

Together, we can create a workplace where everyone's voice matters.

### **What Is Fear of Retaliation?**

**Fear of retaliation** happens when someone believes they'll be punished or treated differently for voicing right violations, care concerns, complaints, or ideas.

Residents may worry about losing privileges, being ignored, or receiving poor treatment.

Sometimes, fear comes from past experiences, other times from what they imagine or heard could happen.

“When you're complaining about someone who is responsible to care for you, it puts you in a vulnerable situation.” – LTC Ombudsman representative

### **Now ask everyone to sit quietly and play the movie**

Once the movie is finished, be sure to look around the room and make sure all participants look like they are doing ok. Note that it is normal for individuals to have an emotional response to the movie. It may remind participants of similar or other difficult situations. This is an emotional topic. Highlight how the movie acknowledged the issue of the fear of and actual retaliation, addressed empowerment and then moved to discuss ways to address the issue.

Let the participants know that now you are going to look deeper into the issue. Further discuss the concern as well as identifying ways they, in their individual role, can support greater understanding, prevention and response to the fear of and actual retaliation related to caregiving.

**Start by handing out the appropriate training packet for each participant group.**

**Open the discussion by reviewing the different forms of retaliation**

Retaliation can be obvious or subtle, but both harm safety and trust.

Examples to include in the discussion:

1. Ignoring or delaying requests
2. Speaking harshly or changing tone
3. Withholding care or personal items
4. Intimidation or threats
5. Excluding someone from activities
6. Wrongful discharge (eviction) or transfer such as to hospital or another nursing home
7. Even small changes in attitude or routine can feel like punishment.

**Look at how Perception Matters**

A resident's *perception* of retaliation is as real as the act itself.

If someone feels unsafe, that's enough to take action.

**Talk with participants about what to do:**

- Listen without defensiveness and without labeling the individual ("Chronic complainer")
- Acknowledge and validate their feelings
- Explain what's happening from your perspective
- Reassure them their care will not be affected and that they will remain safe. Take concrete steps to ensure they will remain safe.

"It's often the fear of what might happen that feels bigger than what actually may happen." – Long-Term Care Ombudsman

**Ask them how and why they think the list below can help prevent fear and build trust**

- Listen First – Let people finish speaking before you respond.
- Stay Calm – Your tone and body language matter (often more than your words)
- Be Transparent – Explain their rights and care decisions clearly.
- Show Dignity – Knock before you enter their bedroom, ask permission, use preferred names.
- Follow Through – Do what you say you'll do. Never make promises you can't keep.
- Speak Up for Others – Report retaliation, even if you just suspect it. It's the law.

**Ask the group to Reflect & Discuss**

- How might an individual misinterpret a staff member's words and/or behaviors or other actions after they file a complaint?
- What can you do to make residents feel safe bringing up concerns?
- How do you support coworkers in responding professionally to complaints and in adhering to requirements in applicable laws and regulations?
- Can you think of ways in which a person voicing preferences could improve their care?

## **Working Collaboratively with Individuals and Families**

Families and Ombudsmen are partners, not critics. They focus on solutions, not pointing fingers or blame them.

When concerns are raised, ask participants to discuss whether they might use the tools below to get support or support someone else:

- Listen and thank them for speaking up
- Focus on solutions, not blame
- Communicate follow-up steps
- Keep everyone informed

Remind them that collaboration builds trust, safety and credibility.

## **Supporting Residents with Cognitive changes or Memory Loss**

Acknowledge to the participants that residents with a cognitive diagnosis or memory loss still feel fear. Whether it is real or not, it is real to them and it therefore must be taken seriously.

What should participants watch for:

- A look of fear in their eyes
- Restlessness
- Withdrawal
- Changes in tone or the way they are acting/behavioral expressions
- Rejection of care
- Physical expression of unmet needs (typically referred to as “behaviors”)

Explain that they should promptly report and investigate care concerns, even if details are unclear or inconsistent.

## **Discuss when to Report**

If you suspect retaliation, neglect, abuse or financial exploitation:

1. Ensure the residents' safety
2. Notify your supervisor immediately
3. Report to the Ombudsman or State Survey Agency or when appropriate to local police
4. Document details of the incident factually, no assumptions, being judgmental, or blame

Reporting protects both residents, staff, and the care setting.

## **Discuss these potential signs of retaliatory discharge or transfer**

- Resident is suddenly issued an eviction or discharge after filing a complaint
- Change in bedroom assignment without a reasonable cause
- Missing or lost belongings after reporting an issue

If you notice these signs, what would you do? Are you comfortable reaching out to the supervisor or Ombudsman?

**How can someone, as a resident, care team member or care partner build a culture free from retaliation? Discuss ways the movie addressed these concerns and what do they think they could / would do in one of the situations that were presented in the movie?**

- Talk openly about fear and trust in team huddles
- Recognize coworkers who respond with compassion / reporting suspected retaliation and other forms of mistreatment
- Include “Your Voice Matters” in staff orientation and in-service training
- Support each other — stressed staff are more likely to react defensively or in retaliation
- Contact the Ombudsman’s office anonymously or provide their name for follow up but not to be used in the formal complaint.
- Lead by example, be calm, fair, and consistent in real time.
- If the alleged perpetrator is not immediately suspended pending the investigation, fear and harm may continue.

Remind participants that when staff feel safe, residents feel safe. This issue is critical but is often overlooked.

**Ask if they know the protections and can identify some?**

Individuals receiving LTCSS have the legal right to:

- Be free from retaliation or discrimination
- Voice complaints without punishment
- Receive dignified, person-directed care
- Communicate privately with an Ombudsman or state survey agency or police

Explain that they are responsible for protecting these rights at all times.

**Highlight the Key Resources**

**Long-Term Care Ombudsman Program** — Advocates to provide education and information and investigates complaints for residents and a people receiving care.

[Find your local Ombudsman](#)

**State Survey Agency** — Regulates and investigates care standards

[CMS Contact Directory](#)

**Consumer Voice** — Tools and training for person-centered, rights-based care

[The Consumer Voice](#)

**Long Term Care Community Coalition** — Resources on residents’ rights and dignity educational and advocacy resources

[nursinghome411.org](http://nursinghome411.org)

Thank them for their participation in the training and let them know you will be available following the training if anyone wants to discuss anything individually or has questions.