RECOGNIZING AND CURTAILING SENIOR BULLYING AMONG OLDER ADULTS

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Learning Objectives:
- Describe the characteristics of bullying behaviors that occur among older adults in senior living settings and senior care organizations.
- Discuss the psychosocial impact of exposure to peer bullying in late-life.
- Review potential interventions that can help minimize bullying among older adults.

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Recognizing and Curtailing Relationship Bullying among Older Adults

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April 17 (Phoenix) and 24 (Tucson), 2013

Presentation Overview

• Characteristics of bullying among older adults
  – Definition and example behaviors
  – People who bully
  – People who are the targets of bullying

• The impact of bullying on older adults

• Recognizing potential bullying situations

• A three-tiered framework for developing interventions to address bullying

Presentation Overview

• Minimal research has been completed on bullying among older adults.

• This presentation is based on three sources of information:
  – A pilot research study in two assisted living facilities
  – Practice experience working with individuals and organizations impacted by senior bullying
  – Research literature on bullying among other population groups.
Who here has ever been bullied?
When and where did it occur?
What did it feel like?

Unfortunately, bullying appears to occur across the lifespan

Bullying Definition
• First, let’s clarify what bullying is and provide some examples so we all know what it is we are talking about…
Bullying Definition

- Intentional repetitive aggressive behavior involving an imbalance of power or strength (Hazelden Foundation, 2008).
- The necessity of repetitive incidents is questionable because one-time incidents have had significant negative impact on some individuals.

What Does Bullying Look Like?

- Bullying includes behaviors and actions that are:
  - Verbal
  - Physical
  - Anti-social or relationship-centered
- Here are some specific examples…

Types of Bullying

- **Verbal**: name calling, teasing, insults, taunts, threats, sarcasm, or pointed jokes targeting specific individuals
- **Physical**: pushing, hitting, destroying property, or stealing
- **Anti-social**: shunning/excluding, gossiping, spreading rumors and using negative non-verbal body language (mimicking, offensive gestures)
Most Distressing Behaviors Reported by Research Participants

- Loud arguments in communal areas
- Naming calling/teasing
- Gossiping
- Being bossed around
- Negotiating value differences
- Sharing scarce resources
- Being hounded for money or cigarettes
- Listening to others complain
- Experiencing physical aggression
- Witnessing psychiatric symptoms

Note that some of the behavior listed previously do not meet the definition of bullying

Assisted living residents often consider any behavior that is frightening or disturbing to be “bullying”

Example Bullying Incidents

- “There’s one that tries to be the number one tough guy. [He comes up] to me [and says] ‘One of these days, I’m gonna smack you with a hammer.’”

- “He calls me ‘fatso’. He says, ‘Hey fatso.’ Then as he goes down the hall...he would make oinking noises as he went to the elevator.”
How Often Does Bullying Occur?

• Incidence noted in my pilot study:
  – 27 out of 29 residents were able to describe an incident of bullying or negative social interaction that they had experienced since moving into the facility.
  – Most had also witnessing others being bullied or involved in similar negative social interactions.
  – Given a total of 134 residents in the two facilities, this implies that at least 20 percent of residents experienced one or more episodes of bullying or related behavior.

Where Does Bullying Occur?

• My research took place in assisted living facilities, but late-life bullying also occurs in:
  – Senior centers
  – Adult day health centers
  – Senior housing
  – Retirement apartments
  – Nursing homes

Who Bullies?

• Some common characteristics of people who bully:
  – Seek to control others
  – Feel reinforced by:
    • Being powerful and controlling
    • Making others feel threatened, fearful or hurt
    • Causing and observing conflict between people
  – Have difficulty tolerating individual differences
  – Lack empathy
  – Are likely to have few positive social relationships
Who Bullies?

- At the same time, bullying among older adults also seems to be associated with loss.
  - Loss of valued roles
  - Loss of social identity
  - Loss of a sense of belonging
- Older bullies may be seeking control at a time in their life when they feel powerless.
- Some of negative behaviors may be attempts to regain a sense of equilibrium.

Factors Influencing Bullying Situations

- “I have problems accepting their problems... that’s one of the things that is hardest to deal with”
- “They go two generations back from me and I don’t know what they’re talking about.”
- “For me, the hardest part has been living with people I have never associated with in my life”.

Gender Differences Noted

- Women tend to engage in more passive aggressive behavior like gossiping and whispering.
- Men are more likely to make negative in-your-face comments.
Who Gets Bullied?

• Characteristics of people who are bullied:
  – Typically have trouble defending themselves.
  – Do nothing to “cause” the bullying.
  – Often experience a sense of powerlessness because the bullying experiences are unpredictable.

Who Gets Bullied?

• Two types of people often targeted with bullying:
  – Passive targets
  – Provocative targets

Who Gets Bullied?

• Passive Targets
  – May be highly emotional
  – Have difficulty reading social cues
  – May be shy and insecure
  – May experience anxiety
  – May have early stage dementia
  – Have racial/ethnic, spiritual beliefs, or sexual orientations perceived as “different.”
Who Gets Bullied?

- Provocative Targets
  - Can be annoying or irritating to others
  - Quick-tempered
  - May unwittingly “egg on” bullies
  - Intrusive into others’ space
  - May have mid-stage dementia

The Impact of Bullying

- Common reactions to distressing behaviors and interaction patterns
  - Anger
  - Annoyance
  - Frustration
  - Fearfulness
  - Anxiety/tension/worry
  - Retaliation followed by shame
  - Self isolation
  - Exacerbation of mental health conditions

Example Reactions to Bullying

- “It makes me burning mad!”
- “You can’t get away from that certain person, it’s hard, it’s hard. She won’t change. She does this to everybody, every day. Just aggravates the crap out of me.”
- “I just have to dodge him…because he will altercation me. I have to try and avoid being harangued…if he hits me, and I fall, I’ll break a bone.”
Coping with Bullying
Seniors demonstrate extraordinary strategies for coping with challenging social relationships:
- Avoid contact with upsetting individual/“walk away”
- Engage in positive self-talk
- “Bite their tongue”
- Pursue individual activities
- Just “let it go” or tune it out
- Strive to see the other person’s point of view
- Offer alternatives to problematic behavior
- Work to calm others down
- Spend time with pets
- Relationship with a supportive individual

Some People Have Difficulty Coping

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<th>High</th>
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*clinically meaningful; **p < .10; n = 18

Bullying Warning Signs
• Individuals who are being bullied may exhibit these behaviors:
  – Self isolation
  – Avoidance of specific areas or activities
  – Take long circuitous routes to get to and from communal areas
  – Vague complaints “They don’t like me” or “They won’t let me.”
  – Depressed mood
Bullying Warning Signs

- Individuals who bully their peers may exhibit these behaviors:
  - Intimidate staff
  - Often tell others what to do using a bossy style
  - Criticize others or lack empathy toward them
  - Make repeated complaints about others
    - Be aware that individuals who complain in a powerful, outraged style about others’ picking on them are often bullies themselves!

We have learned a lot about bullying among older adults…

*So what do we do about it?*

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Three-tiered Intervention Model

- Preventing and minimizing bullying behavior requires intervention at multiple levels:
  - Organization
  - Bully
  - Victim/Target
Organizational Level Intervention

- The goal is to create caring communities for residents and staff.
- Caring is feeling and exhibiting concern and empathy for others.
- Empathy is the capacity to recognize and share feelings that are being experienced by another.
- Empathy is the best antidote to bullying!

Organizational Level Interventions

- Strive to create an environment that promotes empathy; this requires:
  - A culture of respect
  - Residents/consumers and staff be held accountable and responsible for their behaviors.
  - Everyone is willing to stand up for what is right.
  - High level of trust

Organizational Level Interventions

- Key Strategies:
  - Regular staff and resident trainings and discussions about communal living.
  - Staff training and support around recognizing and responding to bullying and aggressive behavior.
  - Policies and procedures that guide behavior and encourage reporting of bullying incidents.
Organizational Level Interventions

- Other example strategies:
  - Acknowledge members of your community that go out of their way to make others welcome.
  - Notice acts of kindness and publically reward them.
  - Train residents in bystander intervention strategies to help them stop bullying when its observed.

Interventions for Individuals who Bully

- Consistently set limits on bullying behavior
- Offer an appropriate outlet to vent frustrations
- Help them to:
  - Identify alternative methods to feel in control
  - Learn positive communication skills
  - Develop empathy
  - Expand their social network
  - Address feeling of loss
Intervention for Individuals who are Bullied

• Foster self-worth and dignity; bolster self-esteem
• Assure an underlying depression is recognized and treated
• Focus on skill development to help them avoid being victimized:
  – Standing up for one’s rights
  – Managing feelings of anger
  – Using direct communication strategies

Research Participants’ Intervention Ideas

• Offer anger management classes
• Set limits with people who pick on others/eviction notices if they don’t improve
• Hold regular meetings to promote communication among residents/tenants
• Develop rules and expectations for behavior
• Create partnerships between residents and facility management

Research Participants’ Intervention Ideas

“We decided to use democratic measures [to deal with problematic resident behaviors] to create a comfortable atmosphere. This is part of our cultural shift.”

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Example Intervention Developed by Assisted Living Residents

- Held a *Peace Learning Circle*
  - a group event to help recognize problematic behaviors and present simple strategies to call attention to them when they occur - building on bystander intervention concepts.
- Outcome:
  - Residents’ attention spans and fatigue interfered with the 30-minute group session.
  - The people who really needed it didn’t attend!

Example Intervention Developed by Assisted Living Residents

- Residents and staff revised the *Peace Learning Circle* concept to better fit the population:
  - Incorporating main ideas into the popular weekly religious service
  - Maximizing brief teaching moments by Infusing ongoing learning into inspirational “thought of the week” messages

The Residents in My Study Have Considerable Cognitive Limitations

- Older adults who are not cognitively impaired have devised different approaches to handle bullying in independent senior housing settings:
  - Tenant support groups
  - Offer classes pre-move in on living peaceably together
  - Form advocacy networks in bringing issues to management
  - Seek legal recourse as needed
Questions, comments, or discussion?