



Web Exclusive

Older Adult Bullying — How Social Workers Can Help Establish Zero Tolerance

By Kate Jackson

When loved ones search for housing for elder parents, grandparents, or other older adults, they may worry about building security. At an older adult center, they may scrutinize socialization opportunities, and when they investigate assisted-living options, foremost concerns are safety, cleanliness, and the staff members' skills and attitude. What loved ones probably never think about asking is whether a resident may be mocked and tormented by elder aggressors or taunted and excluded by cliques of octogenarian "mean girls."

But they should be concerned, according to Robin Bonifas, PhD, MSW, an assistant professor in the School of Social Work at Arizona State University. Her research indicates that 10% to 20% of residents or clients in older adult environments may be victims of bullying or relational aggression. It's tough to tease out precise numbers because these acts often go unreported. For that reason, it's an aspect of the older adult experience about which many social workers are unaware.

Bullying "can be subtle, such as spreading rumors about someone, to actual physical assaults resulting in serious harm up to and including death," explains Marsha Frankel, MSW, ACSW, LICSW, clinical director of social services for the Jewish Family & Children's Services in Waltham, MA. Most often it is verbal or involves behaviors such as excluding others, saving seats, gossiping, or hounding another resident for cigarettes or money.

In elder housing, "Bullying is observed during congregate meals, bingo games, and other community events where there is a need to share space, seats, and resources," says Jean Bernstein, MEd, director of resident services at WinnCompanies in Boston. "Cliques behavior may be found in small groups of residents who lay claim to certain spaces or territories in the building to feel a sense of belonging at the expense of others who may feel excluded."

Bernstein says victims frequently feel ignored, teased, or shunned. "There may be obscene gestures, name-calling, and even threatening language and intimidation."

Experts on the subject of elder bullying—a very small group of researchers and practitioners trying to understand and correct an under recognized, under researched, and often-unaddressed problem—suggest bullying likely will swell as the aging population grows.

Bonifas explains that relational aggression requires a level of cognition and social skills, so it's not typically an issue among people with significant dementia. "But as the population of older adults grow and their health is better thanks to a focus on optimal aging, we'll see more people with this level of cognition and social skills that could lead to this type of behavior."

Elder bullying frequently goes unaddressed because staff members are untrained and uncertain about how to deal with bullying behavior, Frankel notes. They mistakenly believe that these bullying behaviors, if ignored, will go away. But this blinkered approach, or fostering a turn-the-other-cheek attitude among the residents, can lead to self-esteem issues, depression, and perhaps injury. "Child/teen bullying receives much media attention because there is often a direct link with death by suicide of the victim. The impact on elders is generally less obvious," Frankel says.

How Social Workers Can Help: A Three-Part Strategy

Social workers can—and should—play a major role in educating older adults and those who work with them about bullying among older adults and strategies for preventing or coping with it, Frankel says. Bonifas, who agrees that social workers can lead the effort, encourages a three-tiered framework for eradicating bullying.

The first tier, she explains, is the organizational level. Social workers can help change the organization's culture so that bullying, or simply people treating each other poorly, is not tolerated. They can contribute to developing policies and

procedures about how residents will treat one another and holding people accountable. Bonifas is quick to point out these policies and procedures can't be dictatorial but rather must be a partnership between the administration and residents to clearly define the kind of culture they want.

Social workers must acknowledge the importance of building caring communities—environments, Frankel says, in which there is kindness and respect for individuals' differences, where everyone is treated respectfully and with dignity, including staff and residents.

While it's not a new challenge, many settings in which older adults are bullied have been slow to respond. "In the 24 years that I've worked in affordable housing, elder bullying behavior has always been present, but for many years there was a tendency to look the other way and say, 'There's nothing we can do,'" Bernstein explains. "Now we are aware that there are costs to ignoring the social dynamics and that the staff and administration must take an active role in addressing bullying in order to build communities of harmony."

"Facilities should offer staff training on identifying and addressing inappropriate behavior and provide support to residents and staff about encountering or addressing bullying behavior," Frankel says.

Bonifas says social workers can train staff members to make sure they're aware "it's not okay for residents to exclude one another from games or groups, to deride someone for their clothing, smell, hairstyle, or skin color" and to set limits that prevent individuals from violating other residents' rights. Part of that effort also involves encouraging and training older adults and staff about how to safely intervene when they observe bullying, says Frankel, who cautions, however, that individuals should be counseled never to intervene when their safety may be compromised.

The next level involves interventions aimed at changing the bullies' behavior and helping them develop other ways of interacting, Bonifas says. Her research suggests that bullying late in life most often is tied to loss. "The bullies have lost some of their independence. They're not able to do for themselves, and they've lost some or all of the roles that give meaning and purpose." This pervasive sense of loss, she explains, may drive a need to feel in control, and putting down others comes from a frantic need to feel powerful at a time when they feel powerless.

She says there's a role for social workers to help individuals struggling with these issues come to terms with loss, develop empathy, and identify other ways they can feel in charge without interacting aggressively. It's also important to counsel them about setting limits, Frankel adds.

The final part of the framework is intervening with the victims. People who are vulnerable to bullying can't defend themselves and don't know how to make the behavior stop, Bonifas notes. Social workers can help victims develop skills to take back the power that bullies take from them. "Victims of bullying can be taught assertiveness techniques for standing up for themselves and be encouraged to speak up and get help if needed," Frankel explains. And because bullying can make victims feel angry or even enraged, anger management may be another avenue to explore.

A surprising finding of Bonifas' research is that one type of interaction most troubling to many residents of assisted-living facilities involves other residents who have psychiatric conditions that may cause visual or auditory hallucinations. Though it's a misperception, they may view as a bully someone who converses or argues with no one in particular or reacts to unseen stimuli. "Social workers should be aware that when people with serious mental illness behave in disruptive ways, they can easily be labeled and ostracized for being bullies or may experience retaliatory bullying from people who don't understand their behavior," Bonifas explains.

She hopes to research this aspect of the problem but speculates that educating residents that these difficult behaviors aren't acts of bullying and helping them understand and empathize will help them better interact with compassion and no longer be frightened.

"If you intervene at the organization level, the bully level, and the victim level, they'll work together to improve the situation as a whole," Bonifas explains, "but if you intervene at only one level, it won't be effective."

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