

Older Adult Bullying: Psychological Abuse by a Different Name?

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- While most people think of bullying as something done to children by other children, bullying can be perpetrated and experienced by people of any age. This presentation focuses on senior bullying.
 - we will discuss:
 - Settings where it occurs
 - Characteristics of Perpetrators and Victims
 - Impact on victims and bystanders
 - Extent of the Problem
 - Potential Interventions

Caveat: Minimal research has been conducted on senior bullying to date



Articles about senior bullying have begun to appear on websites concerned with senior care (e.g. www.mybetternursinghome.com) and in the popular press (newspapers, magazines, blogs e.g. Creno, 2010, Frankel, 2011, Mapes 2011, Span, 2011) but there is a dearth of scientific studies of senior bullying.

Some Definitions: 1) Senior

- To have an impact on policy and program development, numbers are important. For purposes of counting it is useful to use age 60 (WHO) or 65 (Statistics Canada) as the threshold age
- It is crucial to recognize that the aged are not a homogeneous group
 - E.g. Gerontologists have traditionally distinguish between the young old (65-74), middle old (75-84), older old (85+)
 - Seniors are diverse in terms of health and functional status, socio-economic status, housing and living arrangement.

Canada's Elderly Population

- How many?
- Where do they live?

Table 1: Population Aged 65+ Canada – 2011, 2021

	Total Population	Population 65+	% of Pop. Aged 65+
2011	33,361,700	4,845,900	14.8
2021	35,381,700	6,670,600	18.9
Source: Statistics Canada			

Males & Females Aged 65+ and Sex Ratios: Canada, 2001

Age	Males	%	Females	%	Sex Ratios
65-69	543.8	48.0	589.8	52.0	92
70-74	461.8	45.8	547.4	54.2	84
75-79	338.8	41.6	474.8	58.4	71
80-84	192.6	37.3	323.5	62.7	59
85-89	91.4	32.4	190.4	67.6	48
90+	34.2	25.5	100.0	74.5	34
Total	1662.6	42.8	2225.9	57.2	75

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Some are Frail and Dependent



- 7% are sufficiently disabled physically and/or cognitively that they need care in an institutional setting
- Others are poor
 - While poverty rates have decreased since 1980, data must be dis-aggregated by sex and marital status

Elderly Population by Living Arrangement and Age, Canada, 2001

	Age 65	Age 65-74	Age 75-84	Age 85+
Private Households	92.6%	97.8%	91.8%	68.4%
Family	63.6%	73.9%	56.5%	32.6%
W/relative	1.0%	0.9%	1.2%	1.2%
W/non-rel.	1.3%	1.4%	1.2%	0.9%
Alone	26.7%	21.5%	33.0%	33.7%
Collective Dwellings	7.4%	2.2%	8.2%	31.6%

Definitions: 2) Bullying

- In the senior bullying literature the most commonly used definition is:

bullying is a social and interpersonal problem that is characterized by intentional repetitive aggressive behaviour involving an imbalance of power or strength (Hazelden Foundation, 2008)

Settings Where Bullying has been described as occurring

- A) Places where seniors congregate during the day for social or therapeutic purposes (e.g. senior centres; day care centres; day hospitals)
- B) Congregate living settings (seniors' housing, assisted living, long-term care facilities)

In these settings 3 types of bullying can occur:

- Senior to Senior
- Senior to Staff
- Staff to Senior

Sub-types of Senior Bullying (Bonifas & Frankel, 2012a)

- Verbal bullying involves name calling, teasing, hurling insults, taunting, threatening, or making sarcastic remarks or pointed jokes.
 - For example, at a Senior Centre luncheon one woman said to another “You don’t know what you are talking about. Everyone knows you’re crazy”.
- Physical bullying involves pushing, hitting, destroying property, or stealing.
 - For example, two male residents of a seniors housing complex got into an argument over control of the TV remote control in the community room. One punched the other in the face. This was not the first time the two men had exchanged words but it was the first time it had escalated to a physical assault.
- Antisocial bullying includes shunning, excluding or ignoring, gossiping, spreading rumors , and using negative non-verbal body language. It also includes mimicking someone’s walk or disability, making offensive gestures or facial expressions, turning one’s head away when the victim speaks, using threatening body language, or encroaching on personal space.
 - For example, a man relocated to seniors housing in another state after Hurricane Katrina, was the victim of a rumor that he was a longtime homeless man and the first of a deluge of formerly homeless people that were to be “dumped” into the building. As a result he was avoided by the other residents.

Bullying vs. Dementia (Bonifas & Frankel 2012a)

- In a seniors' congregate care setting, acting out behavior such as yelling or striking another resident (or a staff member) may be the result of dementia rather than the experience of being bullied. The key defining characteristics for bullying are that power and control are involved. In the absence of power and control issues, in persons with dementia such behavior may be an expression of frustration, or the result of communication problems, loss of impulse control, misperception of environmental threat, etc. Bullying can escalate to physical assault where dementia is present in one or both the perpetrator and victim.

Impact on Victims of Senior-to-Senior Bullying

Assisted Living (Bonifas, 2011)

- Anger
- Annoyance
- Frustration
- Anxiety/tension/worry
- Retaliation followed by shame
- Self isolation
- Exacerbation of mental health conditions

Nursing Homes (Frankel, 2011)

- Reduced self-esteem
- Overall feelings of rejection
- Depression
- Suicidal ideation
- Increased physical complaints
- Functional changes, such as decreased ability to perform activities of daily living
- Changes in eating and sleeping
- Increased talk of moving out

Impact on Bystanders

- The harmful impact of bullying is not exclusive to victims: persons witnessing bullying may also experience negative consequences. “A common response is feeling intense guilty for not intervening, which can contribute to a sense of poor self-worth. Furthermore, living in an environment where bullying is allowed to occur creates a culture of fear, disrespect and insecurity that can actually lead to increased bullying as individuals retaliate against one another. Such environments also reduce resident satisfaction because residents feel that staff does not care about their well-being” (Bonifas and Frankel, 2012c)

Extent of the Problem

- Various articles quote Bonifas as estimating that 10-20% of residents of seniors congregate living facilities experience senior-to-senior bullying.
- Wood (2007) administered a modified version of the Negative Acts Questionnaire (Einarsen and Rakes, 1997) to 156 cognitively intact nursing home residents aged 60 or over in southwest Ohio. Residents were classified into three categories: victim if they indicated experiencing more than 24 negative acts within the last 6 months; somewhat exposed if they had experience 1-23 acts and non-victim if they had experienced no negative acts in the previous six months. Nearly 50% reported at least some bullying (“bullied – now and then”). The group that reported being bullied had significantly higher scores on a measure of psychological health consequences.
- In a study of a community-dwelling population in Texas (Rex-Lear, 2011) 24% of adults aged 60+ reported being bullied by peers.

Victim Characteristics

Bonifas and Frankel (2012b) identify two types of bullying victims: passive victims and provocative victims.

- Passive victims tend to show a lot of emotion, are often anxious, and typically do not read social cues well. They are often perceived by others as being shy and insecure. Among older adults, such victims may have early dementia or a developmental disability. Risk factors also include minority status based on race, ethnicity or perceived sexual orientation.

- Provocative victims are individuals whose behavior is irritating to others, such as persons who intrude on others' private space and/or who are quick-tempered and appear to "egg-on" bullies. Among older adults there may be persons with more advanced dementia than passive victims.

Perpetrators

Most individuals who bully have an underlying need for power and control; the majority of their behavior strives to achieve these goals. They derive positive reinforcement from making others feel threatened, fearful or hurt, or by contributing to conflict between people. They also are individuals who have difficulty tolerating individual differences, lack empathy and have few positive social relationships (Bonifas and Frankel, 2012b).

Other issues may include:

- low-self esteem - suggested by the fact that bullies build themselves up by putting down others
- experience of loss – of independence, relationships, income or valued roles. Bullies may be seeking control at a time in their life when they feel powerless due to such losses
- limited experience in shared living. Shared living requires adjustments around shared territory or equipment – e.g. selection of TV channels, dining room seating. Bullying behavior in a congregate residential setting may involve attempts to exert control and change public into private space.

Gender Differences

- women are more likely to engage in passive aggressive behavior such as gossiping and whispering while men are more likely to make negative in-your-face comments (Bonifas and Frankel, 2012b).

Definitions: 3) Elder Abuse

- In October 2011, the following definitions were arrived at by consensus after a year long project called *Defining and Measuring Elder Abuse* sponsored by Canada's NICE project (National Initiative for Care of the Elderly) & funded by Human Resources and Skills Development Canada :
- **Mistreatment of older adults refers to actions/behaviors or lack of actions/behaviors that cause harm or risk of harm within a trust relationship**"

Subcategories

- Physical - “Actions or behaviors that result in bodily injury, pain, impairment or physical distress”
- Emotional/Psychological - “Severe or persistent verbal/non-verbal behavior that results in emotional or physical harm”
- Financial/Material harm - “Action or lack of action with respect to material possessions, funds, assets, property or legal documents, that is unauthorized or coerced, or a misuse of legal authority”
- Sexual – “Direct or indirect sexual activity without consent”
- Neglect – “Repeated deprivation of assistance needed by an older person for activities of daily living”

Extent of the Problem

- Reported in both developed and developing countries
- Multiple settings - Occurs in the community and across a range of institutional settings
- Psychological and financial are the most common (Podnieks, Pillemer, Nicholson, et al. 1990; Boldy, Horner, Crouchley, et al, 2005; Ockleford, Barnes-Holmes, Morichellim et al, 2003).
- Multiple forms - often more than one type is experienced (Anme & Tataru, 2005; Boldy, Horner, Crouchley et al, 2005; Vida & Des Rosiers, 2002)

Prevalence: Community

- Across a range of population-based studies that have been conducted in North America and Europe prevalence rates for community-dwelling (i.e. non-institutionalized) seniors, range from 4-10% -- about the same as for Alzheimer disease!

Prevalence: Institution

- In a US survey, 36 % of nursing home staff reported having witnessed at least one incident of physical abuse of an elderly patient in the previous year, 10 % admitted having committed at least one act of physical abuse themselves, and 40% said that they had psychologically abused patients (WHO, 2002b)

Other Types of Institutional Abuse

- Abusive acts in institutions also include physically or chemically restraining patients, depriving them of dignity and choice over daily affairs, and providing insufficient care (e.g. allowing them to develop pressure sores).
- Within institutions, “abuse is more likely to occur where care standards are low, staff are poorly trained or overworked, interactions between staff and residents are difficult, the physical environment is deficient, and where policies operate in the interests of the institution rather than of the residents” (WHO, 2002b).

Population Aging and Elder Abuse: Both Women's Issues

- More older women than men are abused, even after adjusting for their greater numbers.
- Older women seeking help are often in a situation of triple jeopardy, experiencing ageism + sexism + victim blaming.
- At the outset of the US Women's Health Initiative study 10,200 (11%) of the 92,000 women aged 50-79 reported abuse in the past year; 3 years later over 2,400 more women reported abuse (an additional 5%).
- Rates for physical abuse were similar among women aged 50+ and younger women (Mouton et al. 2004).

Diverse Victim Population

- Lifespan experience with family violence vs. abuse or neglect first experienced in later life
- Gender x type
- Health & functional status
 - “Well seniors” experiencing harm
 - Persons with disabilities (physical, developmental)
 - Persons with cognitive impairment
- Ethno-cultural/visible minority groups/immigrants
 - In N. America represent approx. 1/5 of seniors population, yet existing theory built mainly from Anglo Western or European perspectives
 - Aboriginal seniors
 - Gay/ lesbian seniors

Perpetrators

- In the case of community-dwelling elderly, harms come mainly from the informal support system – comprised of family, neighbours and friends; other possible perpetrators include home support workers and others who provide service in the home.
- In institutions, the focus has been on staff or volunteers, with some consideration given to harms from family and more recently, systemic issues (Spencer, Charpentier, McDonald, et al. 2008).

THE CONSEQUENCES OF ELDER ABUSE

- The impact of abuse and neglect lasts much beyond “the event”. Physical abuse can be especially serious for older people because their bones are more brittle and convalescence takes them longer. Even a relatively minor injury can cause serious and permanent damage (WHO, 2002b).
- Loss of income or assets due to financial abuse can rob older people of their autonomy and choices, including capacity for self-care (Spencer & Gutman, 2009).
- Living under the stress of abuse often leads to earlier mortality (Lachs, Williams, O’Brien et al. 1998)

Risk Factors

Physical & Psychological Abuse

- Younger victims - those who are “young-old” (65 to 74 years)
- married, living with spouse
- more independent in activities of daily living
- in poor emotional health with low morale, in troubled marriages,
- lack confidants, socially isolated

Physical Abuse of

- Women – by spouse
- Men-by adult children

Actions to Eliminate Senior Bullying

Sponsor workshops for administrators of seniors programs/ residential facilities to raise awareness of bullying and steps they can take to reduce it. Bonifas and Frankel (2012d) and Shani (2011) recommend a 3-tiered intervention that includes strategies at the organizational level, bully level and victim level.

Examples include :

- 1) A commitment on the part of the organization to promote principles of equality, respect and empathy for all residents/members
- 2) Undertaking an assessment to determine how severe the problem is.
- 3) Holding open discussions with residents, staff and families about bullying, its causes and consequences.

- 4) Training staff on how to handle bullying among themselves and those they serve,
- 5) Supporting victims and empowering them to defend themselves (e.g. by providing them with assertiveness training).
- 6) Reviewing/amending policies and procedures so as to decrease the power of bullies (e.g. eliminate reserved seating in dining room and implement another procedure that can prevent cliques from saving seats).
- 7) Adopting and publicizing a zero tolerance policy on bullying along with channels for reporting incidents and resolving them.)
- 8) Working with bullies to teach them more appropriate ways of dealing with their power and control needs.

Actions to Eliminate Senior Bullying

- Sponsor public awareness campaign
- Foster and support coalition formation & joint programming with elder abuse prevention community
- Support research on victim and perpetrator risk factors and cost-effective intervention strategies.
- Develop a range of information dissemination materials and approaches appropriate for a diverse victim and perpetrator population (e.g. that includes immigrant seniors and their families; recognizes gender differences in risk factors; potential cultural differences in tolerance level)

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