

seniors bullying seniors

The word bullying usually conjures images of mean-spirited adolescents cornering another child at school, but bullying can happen to seniors. According to an aging expert, senior-to-senior bullying tends to take place in senior communities, places where seniors spend a lot of time together and need to share resources such as chairs, televisions or the staff's attention.

It is estimated that 10-20% of seniors have experienced some type of senior-to-senior aggression in an institutional setting, much of it verbal abuse. Men and women are equally likely to be the victim and the aggressor. Women tend towards passive-aggressive behavior like whispering when someone enters a room, while men are more direct.

Bullying behavior can range from verbal intimidation to physical violence. Features to be alert to include:

- Repetitive, negative behavior towards another person which violates standards of appropriate conduct
- Negative behavior occurring over a period of time, typically becoming more extreme
- Behavior which may be consciously or unconsciously committed by the bully
- Behavior which is unsolicited by the victim
- The effects on the victim are lasting and harmful

The causes of bullying vary. Dementia



Bullying can negatively impact both the victim and bystanders.

can sometimes be the cause of violence since someone with dementia may wrongly perceive things as threatening and resort to a more primitive response. Alternatively, a person with dementia can be the victim who is picked on. Bullying can also be a result of the human phenomenon of the strong picking on the weak, and not a function of aging at all. Alternatively, some people don't adjust well to aging and can become disruptive and abusive, pushing others away from group activities, social gatherings or meal time.

Bullying impacts both the victim and the bystanders. The impact for the victim can be cognitive, psychological, physical and behavioral. Mary, an active senior adult, had never experienced bullying until she moved in to a building for seniors. Since moving in, a number of residents who make up a "controlling group" have conspired to isolate her. They've spread false rumors, including one that she'd been evicted from her previous home. As a result, she curtails her activity in the building, avoids the laun-

dry room if others are present and stays out of the recreation room. She's been having a hard time sleeping and is often fatigued. She says, "It's hard because I've never had to deal with it before. It would be easier to take if there was any truth to it." For bystanders, bullying creates a toxic environment of fear and mistrust.

"Intervention is the key to halting bullying. Third party bystanders should report any abuse," says Jean Tucker, MA, LPC, LBSW, a Medical Social Worker with THE MEDICAL TEAM. She suggests that seniors and family members who are concerned about potential bullying should report their concerns to the management or the social workers at their center who are trained to address it. Those in the process of selecting a senior community should ask if the community has a policy in place to handle bullying. Bullying behavior should not be ignored as the behavior can often escalate. ^{GRL}

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