The Prevalence of Elder Bullying and Impact on LGBT Elders

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Abstract

This chapter reviews bullying and relational aggression among LGBT older adults. The intent of this chapter is to define and characterize late-life bullying in general and discuss unique manifestations of this phenomenon for LGBT elders. Special attention is given to peer victimization associated with intersectionality and microaggressions for this population, as well as common types of bullying and the impact bullying experiences have on emotional well-being and quality of life. Promising interventions to minimize bullying related to sexual orientation and gender identity in senior living environments are discussed and include civility training, bystander intervention, and policies and procedures that guide respectful social interactions and prohibit discriminatory actions.

Keywords

Bullying · Relational aggression · Peer victimization · Micro aggression · Organizational intervention

Overview

Bullying and relational aggression are typically viewed as challenges faced by children and youth in school settings, yet this phenomenon extends across the life span and includes older adults as

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well. Studies estimate that anywhere from 10 to 20 percent of older adults living in communal settings, such as assisted living facilities and nursing homes, are exposed to peers' bullying behaviors (Bonifas and Kramer 2011; Pillemer et al. 2014). These experiences are associated with negative outcomes including social isolation, reduced self-esteem, exacerbation of preexisting mental health conditions, and disruptive feelings of fear, anxiety, and worry (Bonifas 2011). Although no research studies to date have specifically examined bullying among lesbian, gay, bisexual, or transgender (LGBT) elders, individuals participating in diverse samples report experiencing bullying and other forms of victimization based on their sexual

orientation (Bonifas 2011; Fredriksen-Goldsen et al. 2011). Because individuals who are perceived as different from the dominant population often become targets for bullying, it is likely that LGBT older adults experience negative peer interactions on a regular basis and face associated negative outcomes. The purpose of this chapter is to orient readers to the current state of knowledge regarding bullying and relational aggression as it applies to LGBT elders, with emphasis on understanding the phenomenon itself and relevant points of intervention. The chapter begins with a definition of bullying and relational aggression, continues with a review of the characteristics of these phenomena among older adults, and follows with a discussion of bullying and relational aggression in the context of intersectional LGBT aging, drawing on extant research to illustrate prevalence, incident characteristics, and negative outcomes. The chapter concludes by presenting a promising framework to guide intervention and service delivery to this population.

Learning Objectives

By the end of the chapter, the reader should be able to:

1. Understand the definitions and characteristics of elder bullying.
2. Identify bullying tactics used against LGBT elders.
3. Describe promising interventions to minimize bullying of LGBT older adults.

Introduction

Conceptually, bullying is an act of cruelty, intimidation, and aggression from one person toward another. Bullying is intentional in nature and a behavior that is often repeated and habitual.

The act of bullying may involve but is not limited to force, threat, insult, coercion, gossip, or abuse. Although bullying may involve abuse, it is distinctly different in several ways. An important difference between the two is who is engaging in the negative behavior or aggressive act and who is on the receiving end of it. With elder abuse, the victim is a vulnerable adult, typically in a position of dependency on a non-vulnerable abuser for some type of personal care or instrumental assistance, such as bathing or financial management. With bullying, both the bully and the target of bullying are vulnerable adults, and the victim is not dependent on the bully for any type of care or assistance. See Chaps. 16 and 17 for a comprehensive discussion of elder abuse and mistreatment.

Bullying of and by elders is a growing problem, especially for LGBT elders. For example, studies suggest that approximately 20 % of older adults in community living settings report experiencing some type of bullying since moving in (Bonifas 2011; Trompetter et al. 2011). While there are no exact statistics on the number of LGBT elders who are bullied, rates of overall victimization are high (Fredrikson-Goldsen et al. 2011). For example, in long-term care settings, 38 % of individuals who experienced some type of mistreatment were LGBT; the most common type of mistreatment was verbal or physical harassment by other residents (National Senior Citizens Law Center 2011). Bullying can have serious consequences for LGBT elders, including problems with sleeping, reduced sense of safety, social isolation, fearfulness, anxiety, and depression.

Background: Understanding Late-Life Bullying and Its Impact on Older Adults

Bullying is defined as intentional repetitive aggressive behavior that involves an imbalance of power or strength (Hazelden Foundation 2011). Associated peer victimization extends

beyond this definition to include the experience of "persistent negative interpersonal behavior" (Rayner and Keashly 2005, p. 271) that is directed at a specific individual or a group of individuals. Within these intersecting definitions, three specific types of bullying are recognized: verbal, antisocial or relational, and physical.

Verbal Bullying. Verbal bullying refers to the use of words to intimidate or otherwise usurp another's power. Example behaviors include name-calling, malicious teasing, hurling insults, taunting, threatening, or making sarcastic remarks or pointed jokes. For example, George, a resident of an assisted living facility, described threatening remarks he regularly endured from a co-resident: "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'" (Bonifas 2011). While it was unclear as to whether the aggressor actually possessed a hammer and intended to use it, nevertheless, the threat alone contributed to considerable emotional distress for George.

Antisocial or Relational Bullying. Antisocial or relational bullying involves behaviors that are intended to hinder another's social relationships or limit their social connections; it can either be verbal or nonverbal. During late-life, bullying often takes this form (Trompetter et al. 2011; Hawker and Boulton 2000). Example behaviors include shunning, excluding, or ignoring; gossiping; spreading rumors; and using negative nonverbal body language, such as mimicking someone's walk or disability, making offensive gestures or facial expressions; purposely turning one's head or body away when the target speaks, using threatening body language, or purposefully encroaching on personal space. John's experience provides an example of shunning behavior: after relocating to senior housing in another state following the loss of his home during Hurricane Katrina, several residents of his senior apartment complex began spreading rumors that he was a longtime homeless man and was the first in a deluge of formerly homeless people who were going to be "dumped" into their building. As a result, other residents began to avoid him (Bonifas and Frankel 2012).

Physical bullying. Physical bullying includes actual bodily contact with the target or the target's belongings, including pets. Example behaviors include pushing, hitting, kicking, destroying property, or stealing. Hitting can be with a hand, a closed fist, or a mobility aid, such as a cane. An example of this type of bullying is described in Reese's (2012) article for *ABC News*, which reports 71-year-old Bernadine Jones'[1] bullying experiences as instigated by her 87-year-old neighbor, Maria Zuravinski. A resident of a senior housing community, Ms. Jones stated that she was working in the community's garden when "Zuravinski approached her one day and accused her of disturbing some of her personal plants…the confrontation escalated when Zuravinski began yelling at her, calling her names, hit her with her cane and then spit on her" (p. 2). Reese goes on to explain that Ms. Jones continued to be subjected to similar behaviors from her neighbor; at one point, Ms. Zuravinski even attempted to strike Ms. Jones' dog with her cane.

Peer behaviors older adults find most problematic. In a study of negative social relationships and bullying in assisted living settings, residents described the types of peer behaviors and interaction patterns they found most distressing; results are listed in Table 18.1 (Bonifas and Kramer 2011).

What is noteworthy about the peer behaviors and interaction patterns identified as most problematic is that some fit the definition of bullying and victimization described above (i.e., name-calling, gossiping, and physical aggression), while others align with the concept of microaggression described by Sue (2010): "brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial, gender, sexual orientation, and religious slights and insults to the target person or group" (p. 5). This definition certainly fits negative social interactions such as exposure

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[1]Throughout this chapter, when first names are used, the name is fictitious; when full or last names are used, the name is actually the individual's name as reported in a publically accessible resource.

Table 18.1 Peer social interaction patterns older adults report as the most distressing

1. Exposure to loud arguments in communal areas
2. Being the focus of name-calling and disparaging remarks
3. Being the focus of gossiping and rumor-spreading
4. Being bossed around or told what to do
5. Negotiating value differences, especially related to diversity of beliefs stemming from differences in culture, spirituality, or socioeconomic status
6. Competing for scarce resources, especially seating, television programming in communal areas, and staff attention
7. Being harassed to loan money, cigarettes, or other commodities
8. Not being able to avoid listening to others complain
9. Experiencing physical aggression
10. Witnessing psychiatric symptoms that are frightening or disruptive

Table 18.2 Examples of the emotional impact of late-life bullying

1. Anger/annoyance
2. Intense frustration
3. Fearfulness
4. Anxiety/tension/worry
5. Retaliation followed by shame
6. Self-isolation
7. Exacerbation of mental health conditions
8. Reduced self-esteem
9. Overall feelings of rejection
10. Depressive symptoms, including changes in eating and sleeping
11. Increased physical complaints
12. Functional changes, such as decreased ability to manage activities of daily living
13. Increased talk of moving out
14. Suicidal ideation

to loud arguments (#1), listening to others complain (#8), and witnessing disruptive psychiatric symptoms (#10). Microaggressions contribute to harm when no harm is intended, particularly related to negative emotional outcomes such as reduced self-esteem and lowered self-worth (Sue 2010). In addition, microaggressions reflect the overall milieu of an environment, including pervasive negativity and bias toward certain individuals and groups. This is relevant for older LGBT individuals who are often faced with subtle heterosexism and homophobia (Erdley et al. 2014). As such, microaggressions are considered as a type of bullying throughout this chapter.

The emotional impact of late-life bullying. Contrary to the childhood adage "sticks and stones may break my bones, but names will never hurt me," older individuals who are the targets of bullying are significantly impacted by their peers' negative behaviors. Verbal and antisocial behaviors are more common than physical violence, but all types of bullying negatively affect those who experience them. Mrs. Jones, mentioned in the Reese (2012) news article above, reported feeling so distressed by her neighbor's behavior that she was "afraid to go out [her] door." She explained, "I have to look out before I leave" (p. 2). Even individuals who are exposed to the bullying experiences of others, but who are not victimized themselves report deleterious outcomes. For example, one assisted living resident described how co-residents' yelling at one another kept him awake at night, not only because of the noise disruption, but also because of his fears of potential escalating violence. He stated, "It is the uncertainty of what [they] are going to do that I find most unsettling" (Bonifas 2011). Fearfulness and self-isolation are only two examples of the negative ramifications of bullying; Table 18.2 depicts additional common reactions. Items 1 through 7 are from research conducted by Bonifas (2011), and items 8 through 14 where identified by Frankel (2012) during her practice experience of working with a senior care organization to address bullying among older adults.

The Impact of Bullying and Relational Aggression on LGBT Elders

As noted above, no research to date has focused exclusively on the bullying experiences of LGBT older adults; however, research on victimization

among this population and on late-life bullying in general provides a framework for considering the likely impact this phenomenon has on the older LGBT community. Furthermore, the literature on discrimination and oppression in the context of intersectionality sheds additional light on the negative social interactions this population is exposed to and can help estimate both the potential for and prevalence of bullying among LGBT older adults. Based on what is currently known, three hypotheses about older LGBT bullying can be postulated: first, it exists; second, it occurs frequently; and third, it has a negative impact on well-being. This section reviews research findings that support these three hypotheses beginning with a discussion of intersectionality.

Intersectionality and LGBT older adults. Intersectionality, or being a member of more than one marginalized group, is associated with greater risk of negative outcomes (Barker 2008). For example, LGBT older adults have higher rates of poor physical health, chronic disability, and mental health conditions when compared to the older adult population in general (Adelman et al. 2006; Fredriksen-Goldsen et al. 2011). Greater incidence of negative outcomes, in turn, contributes to additional levels of intersectionality because individuals with poor health, disability, and mental illness are also stigmatized. As such, LGBT older adults may have three or more marginalized identities by simultaneously belonging to the following groups: older adults; sexual and/or gender minorities; and persons with a disability, health, and/or mental health condition. This multi-intersectionality further heightens their vulnerability, which has relevance for bullying—individuals who are vulnerable are at the highest risk to be targeted. For example, older adults with more depressive symptoms and lower self-esteem—both states of vulnerability—report they experience more peer victimization relative to their counterparts with fewer depressive symptoms and higher self-esteem (Bonifas and Kramer 2011). Given the vulnerability associated with multiple areas of intersectionality, LGBT older adults likely experience similar, if not higher, levels of risk.

Generational differences in acceptance of sexual and gender diversity. Many of today's LGBT older adults lived through the McCarthy era (i.e., Lavender scare) when homosexuality and gender minority status were criminalized and highly stigmatized at a societal and political level. Although homophobia and heterosexism remain present in American society, there is a greater acceptance and inclusion of LGBT people when compared to earlier times, especially among younger age groups (see Chap. 30 for further discussion on inclusion). However, older adults may retain strongly negative views about LGBT individuals consistent with their generational cohort. As a result, many LGBT older adults are reluctant to relocate to retirement or long-term care settings due to fear of non-acceptance by heterosexual peers (Sullivan 2014). Evidence supports that such fears are not unfounded: assisted living residents voice difficulty adjusting to communal environments with co-residents who hold opposing views and divergence life experiences (Bonifas and Kramer 2011). For example, one resident said, "For me, the hardest part [of being in assisted living] has been living with people I have never associated with in my life" (Bonifas 2011). Another individual stated, "I'm being forced to associate with people that I have nothing in common with and I don't even like…I was not prepared for this" (Bonifas 2011). While most participants in the corresponding study were discussing the challenges associated with living with individuals who were struggling with mental illness, substance abuse, and who had different value systems based on socioeconomic status, it is not unlikely that sexual orientation and gender identity minority status might be a point of contention for some senior housing residents. Given such values, the potential for microaggresions toward LGBT older adults in communal living settings is extensive.

Microaggression. The experience of one assisted living resident, Glen, attests to the heterosexist attitudes among his co-residents and to the presence of microaggressions. As an older gay man who participated in Bonifas and Kramer's (2011) study of negative social

relationships in assisted living, he noted that other residents viewed homosexuality with "a lot of personal hate and fear" and surmised generational differences played a role in such biases, explaining "It's a generational thing…younger people accept gay people and lesbians; people my age don't" (Bonifas 2011). Exposure to pervasive homophobia in the overall living environment took its toll on Glen. For example, several straight men in the study reported bullying experiences that involved being taunted with accusations of being gay; these accusations were viewed as highly insulting and the topic of angry debate in communal areas. Glen described what it was like to regularly hear the outrage of peers who felt the ultimate insult was an insinuation that they were like him. "I got down, really down…it was really, really unfair to say something like that to be mean, it was awful" (Bonifas 2011).

The characteristics and prevalence of bullying among LGBT older adults. While the number of LGBT older adults who experience bullying and other forms of peer victimization is unknown, *Caring and Aging with Pride: The National Health, Aging and Sexuality Study* (CAP) provides evidence for the existence and extent of bullying experiences among older LGBT people (Fredriksen-Goldsen et al. 2011). Study participants reported high rates of victimization stemming from their actual or perceived sexual orientation or gender identity. Indeed, among the national sample of 2560 LGBT older adults, 82 % indicated they had experienced victimization at least once, and 64 % reported numerous incidents of victimization (Fredriksen-Goldsen et al. 2011). Victimization included behaviors associated with bullying: physical assault, property damage, threats of being outed,[2] threats of physical violence, and verbal assault.

The impact of bullying among LGBT older adults. A small-scaled study of negative social relationships in assisted living facilities provides additional evidence of LGBT bullying and illustrates the emotional impact of bullying experiences. Among 28 assisted living residents in the sample, one participant self-identified himself as a gay man. He shared his experiences of co-residents' verbal harassment associated with his sexual orientation and the emotional pain stemming from repeatedly being referred to as a "fag" by his peers (Bonifas 2011). He stated, "It really hurt, like being stabbed in the heart." The verbally abusive comments and pervasive negativity directed toward his sexual orientation contributed to difficulties managing underlying mental health issues; he believed that subsequent emotional distress fostered behavioral decompensation, especially related to depression associated with a bipolar condition (Bonifas 2011). The impact of negativity toward homosexuality cannot be underestimated. For example, as noted above, fears related to the possibility of an intolerant and homophobic environment contribute to LGBT elders' reluctance to enter senior housing and long-term care facilities (Stein et al. 2010). Many LGBT seniors are concerned with having to return to the closet in order to be accepted by peers, which is a prospect they wish to avoid (Sullivan 2014). Similarly, LGBT elders may experience involuntary outing as a form of bullying; this can lead to significant distress, especially for individuals who prefer not to disclose their sexual orientation due to fear of discrimination or biased treatment in health and social services settings (Erdley et al. 2014).

Policy implications of bullying among LGBT older adults. As readers may surmise from the limited research on bullying among LGBT elders, at this writing there is no legislation that addresses bullying prevention for this population group. What is more, there is no legislation that addresses late-life bullying for any segment of the older adult population! However, elder abuse laws, regulations for nursing home resident rights, and anti-discrimination legislation do provide some level of protection. For example, the following behaviors are addressed by legislation prohibiting elder abuse: physical abuse, emotional abuse, sexual abuse, and financial exploitation (National Center on Elder Abuse, n. d.). Federal legislation

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[2]Having their sexual orientation or gender identity revealed to others against their will.

outlining the rights of individuals living in nursing homes specifies that residents' autonomy and choice must be promoted and staff must strive to create "an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality" (American Health Care Association 2006, pp. 77). As such, sexual orientation and gender identity are elements of individuality that must be protected, at least in nursing home settings. In addition, the Fair Housing Act, which governs senior living organizations, prohibits discrimination based on gender, so any mistreatment related to gender identity may violate this legislation (National Senior Citizens Law Center 2011). In spite of these basic levels of protection, senior advocates are endeavoring to create legislation that is specific to bullying because some behaviors, such as relational aggression, may not meet the criteria for abuse or discrimination under existing laws. Many of these efforts are similar to those that have helped prevent and minimize bullying among children and youth in school settings.

For example, Jerome Halberstadt and his colleagues from the Stop Bullying Coalition (www. StopBullyingCoalition.org) in the greater Boston area have worked tirelessly over the past few years to draw legislators' attention to bullying of older adults and persons with disabilities living in multifamily subsidized housing. This group recently introduced two bills focused on bullying prevention to the Massachusetts legislature that focused on bullying prevention. According to Mr. Halberstadt, HD3228/SD442 would "require landlords and managers to act to prevent and remedy bullying in the residential environment… and to work with residents to develop plans, to train and educate staff and residents, to receive and act on reports of bullying, and to discipline transgressors for infractions" (Personal communication, January 17, 2014).

At the present time, bullying prevention policy exists primarily at the organizational level. For example, some senior centers require attendees to sign oaths of agreement that they will refrain from making disparaging comments

Table 18.3 Civility Pledge

1. View everyone in positive terms
2. Work on building common knowledge
3. Build strong relationships of trust
4. Remember our shared humanity
5. Value both the process and the results
6. Look both inside and outside for guidance (Personal communication, May 13, 2013).

during their visits to the center (Reese 2012). Some senior housing organizations ask tenants to strive for civility in their daily interactions with co-residents and to publically commit such intentions. For example, Diane Benson, a resident service coordinator for a senior apartment complex in the Midwest, encourages tenants to sign a *Civility Pledge* (Forni 2002) (Table 18.3) conveying a commitment to do the following daily:

Critical Research on LGBT Elders and Bullying

As the dearth of research on the bullying experience of LGBT elders suggests, research is sorely needed in this area. Descriptive studies are necessary to categorize the types of bullying, including relational aggression and microaggressions that members of the LGBT community experience and the extent to which they are exposed to such incidents. Although gossiping, name-calling, bossiness, and harassment for monetary loans and other valued commodities were perceived as highly problematic among a majority sample of heterosexual individuals (Bonifas and Kramer 2011), LGBT individuals may perceive other peer behaviors as more distressing. In addition, extant research indicates LGBT individuals are significantly diverse (Fredriksen-Goldsen et al. 2011); as such, attention to the specific experiences of lesbians, gays, bisexuals, and transgender individuals is also imperative.

Table 18.4 Assisted living residents' suggestions to address late-life bullying

1. Offer residents or tenants onsite anger management classes
2. Set limits with people who bully or "pick on" others
3. Hold regular meetings to promote resident communication
4. Develop rules and expectations that guide acceptable resident behaviors
5. Foster partnerships between residents and facility management for prevention and problem resolution

Outcome studies are also needed to determine the impact bullying experiences have on LGBT elders' emotional well-being and quality of life. While bullying is consistently associated with negative outcomes across the life course, differentiating outcomes that are unique to LGBT elders is warranted given that their life experiences diverge from their heterosexual counterparts (Sullivan 2014). The intersectionality of LGBT aging further supports the necessity of outcome research whereby LGBT seniors may experience disporportionally deleterious effects from bullying due to the conjoint vulnerabilities of age, sexual orientation, chronic illness, and disability (Barker 2008; Fredriksen-Goldsen et al. 2011).

Findings from both descriptive and outcomes studies can subsequently inform the development of interventions to prevent bullying of older LGBT individuals and minimize the potential for negative outcomes when it does occur. Small-scale intervention testing is currently underway to evaluate the effectiveness of approaches to minimize late-life bullying for older adults in general. See the following section for a brief review of the work of Marsha Frankel and colleagues to promote bystander intervention among older adults and Alyse November's work to prevent bullying in retirement settings. As similar intervention research expands to larger samples, a specific focus on effectiveness for LGBT individuals will help identify modification strategies that can tailor approach to individualized needs.

Assisted living residents have given their input into the types of organizational-level policies that are most important to them in addressing bullying in their living environments; their valuable suggestions are listed in Table 18.4.

An Intervention Framework to Reduce Late-Life Bullying Among LGBT Elders

In this author's experience, many people view the individual who bullies as the primary problem requiring a solution to prevent bullying incidents. However, intervention at the organizational level is the most crucial. Bullying behavior is less likely to occur in settings where it is not tolerated and where active steps are taken to both prevent and minimize it. This section reviews promising interventions to address LGBT bullying using senior housing organizations such as retirement apartments, assisted living facilities, and nursing homes as a backdrop.

Organizational interventions. Interventions at the organizational level emphasize approaches that will foster the creation of a caring community. As identified by Sullivan (2014), acceptance from others in the communal environment is paramount to LGBT elders' emotional well-being. At this level, both residents of the setting and employees of the setting need to work together to promote a pervasive climate of equality and respect; all disciplines from management to direct care staff to maintenance workers can contribute to an organizational milieu that promotes a feeling of safety and belonging. Key elements for creating a caring community include policies and procedures that guide behavioral and social interactions, tenant/resident and employee training that fosters inclusiveness and empathy, and environmental elements, such as signage, that reflect respect for diversity.

Policies and procedures guiding social interactions. Policies and procedures guiding appropriate social interactions are the most useful when conjointly developed by tenants/residents and management. To ensure that identified behaviors reflect LGBT elders' needs, active

Table 18.5 Exemplary behaviors to include in policy and procedure statements (DSACF, n. d.)

1. Pay attention
2. Listen
3. Be inclusive
4. Avoid gossip
5. Show respect
6. Be agreeable
7. Apologize
8. Give constructive criticism
9. Take responsibility

efforts need to be made to include their voices in explicitly stating what types of social interaction patterns are prohibited. Statements that promote respect for diversity should specifically mention sexual orientation and gender identity as examples. In tandem with prohibited behaviors, a list of corresponding behaviors that are encouraged is helpful to inform tenant/residents and employees as to what is acceptable. Table 18.5 lists some examples of positive behaviors suggested by *Speak Your Peace: The Civility Project* sponsored by the Duluth Superior Area Community Foundation (DSACF).

Tenant/resident and employee training. In addition to policies and procedures that govern respectful social interactions, both tenants/residents and employees require training in how to effectively adhere to the policies. Just because a policy statement dictates that everyone in the community should be treated with respect does not mean that people comply! Important elements of a bullying prevention training program include (1) an overview of the bullying and its characteristics in late-life with emphasis on uniqueness of diverse groups including LGBT elders; (2) understanding organizational policies and procedures for addressing bullying and relational aggression between tenants/residents; (3) responding to tenants/residents who bully without violating individual rights, for example, limit-setting, nonviolent communication, and promoting strategies that retain power in healthy ways; (4) how and when to make a report regarding problematic behavior; (5) assurances

of an overall caring community approach that protects residents and staff, including those who are LGBT; and (6) bystander intervention skills.

Bystander intervention training involves teaching people who witness bullying incidents how to effectively intervene to stop the behavior. Alcon et al. (2014) developed a training program to help older adults take action to reduce social bullying that occurs in their housing communities. Building on the idea that most bullying occurs in the presence of peer witnesses, this 60- to 75-min training aims to enable older adults to understand what social bullying is, differentiate it from everyday negative behaviors, and learn steps they can personally take to minimize bullying directed at them or at their peers.

The training intervention has three components: (1) an overview of late-life bullying, (2) discussion of the cycle of bullying and the role of bystanders in prevention, and (3) learning and practicing skills to thwart bullying. The overview component first engages participants by asking them to reflect on the question "What do you think of when you hear the term 'bullying?'" Facilitators then formally define bullying, detail the nature of bullying among older adults, including the characteristics of bullies and targets, and describe how bullying impacts seniors and their living communities. The cycle of bullying is then explained, as depicted in Table 18.6, and emphasis is placed on how both bystanders and victims can intervene to disrupt the cycle.

Intervention involves standing up to the individual who bullies by first recognizing that the problem resides with him or her, then making direct eye contact, responding calmly in a manner that defends the victim, challenges the bully's behavior, or redirects his or her negative

Table 18.6 The cycle of bullying (Alcon et al. 2014)

1. Bully targets victim or victims
2. Supporters and followers participate in the bullying
3. Victim and onlookers do not intervene
4. Bully is empowered to continue his or her behavior
5. Onlookers do not intervene
6. Cycle of bullying continues to repeat

behavior, and then disengaging. The workshop involves role-play demonstrations of thwarting bullying using these strategies and offers participants the opportunity to practice new skills. To specifically address bullying among LGBT older adults, the model by Alcon et al. (2014) could be modified to involve employees as well as tenant/residents and include a role-play scenario that features bullying involving sexual orientation or gender identity minority status. Preparatory content that sensitizes participants to this population's needs would also be necessary.

Environmental elements that respect diversity and promote inclusiveness. This type of organizational intervention addresses the overall milieu of the organization and includes specific attention to environmental features that promote inclusiveness and safe spaces for LGBT older adults. Such elements include some photos and artwork that include positive images of same-sex couples or transgender individuals, books and magazines that cater to the LGBT community, and pamphlets and marketing materials for inclusive health and social services organizations in the community. To promote LGBT elders' feelings of acceptance, Sullivan (2014) draws attention to the importance of "reflecting LGBT seniors in published materials, including important dates and events such as PRIDE month on agency calendars, [and] ensuring in-take forms are inclusive" (p. 244). Even basic symbols of inclusion and acceptance can create feelings of comfort for LGBT older adults, such as rainbow stickers posted in offices (Erdley et al. 2014).

Along with making the physical environment safe and inclusive, it is critical to incorporate strategies that increase caring and empathetic behaviors throughout the organization. As positive behaviors increase, problematic interactions will naturally diminish. Interventions can be fairly simple; for example, potential approaches might include (1) acknowledging members of the community that go out of their way to welcome new tenants/residents and anyone who is perceived as "different," including sexual orientation and gender identity minorities; (2) institute a "Caring Squad" whose job is to notice acts of kindness and reward them, and (3) nominate

"Empathy Leaders" each month to recognize tenants/residents and staff who have been especially compassionate to vulnerable individuals and groups. Such activities send the message that caring and empathy are effective ways to achieve recognition, which aid in creating a feeling of acceptance and safety for LGBT older adults.

At the same time, it is important to understand that developing a caring community is a process and organizational change may be slow. Improvements will not happen overnight, and gains can only be made over time. Indeed, in one assisted living facility, after beginning a community culture change effort it was several months before residents began to report feeling more respect for diversity and for one another's perspectives (Personal communication, Dr. Jay Hedgpeth, June 07, 2012).

Summary

This chapter presented an overview of the current state of knowledge regarding bullying and relational aggression related to LGBT elders, with emphasis on understanding the phenomena itself and potential points of intervention. Bullying and relational aggression were defined; bullying was characterized as repetitive aggressive behavior involving an imbalance of power between the bully and the target of bullying, and relational aggression was characterized as a type of bullying that involves nonviolent relationship-based aggression. The chapter discussed how bullying manifests among older adults in general and how it is specifically exhibited among LGBT elders given this population's multi-intersectional experiences. The negative impact of being bullied in late-life was examined, with evidence of reduced emotional well-being stemming from bullying experiences, with example outcomes including social isolation, anxiety, depressed mood, and pervasive fearfulness. For LGBT elders, relational aggression based on sexual orientation and gender identity and fears of potential discrimination and bias were especially salient to the felt need to return to the closet upon

entering primarily heterosexual senior housing environments. The chapter concluded with a description of a promising framework to minimize bullying and relational aggression aimed at LGBT elders. Suggested interventions focused on organizational change and included the following: (1) developing policies and procedures that promote caring communities; (2) commitments to civil social interaction by both older consumers and staff; (3) bystander intervention training; and (4) the addition of environmental elements that foster inclusiveness.

Appendix Items Developed with Sherri Shimansky, MSW, MPA

Discussion Box 18.1
Discussion Questions:

1. The chapter explains that one of the differences between late-life bullying and elder abuse is that with bullying, the victim is not dependent on the bully for care or services, whereas with abuse, the victim is dependent on the abuser in some capacity? What other differences exist between bullying and abuse?
2. Much attention has been given to bullying among children and youth in contrast to bullying among older adults; why do you think disparities exist between these two age groups in perceptions of the seriousness of the problem? How can we raise awareness of both the existence of late-life bullying and its negative impact on elder well-being?
3. One of the interventions suggested in the chapter is to offer older adults who bully healthy alternatives for obtaining power or a sense of control, for example, by leading a group or organizing an

event; what are some other potential strategies for increasing power that would not violate the rights of others?
4. The chapter addresses bullying interventions at the organizational level; what interventions might be appropriate to change the behaviors of individuals who bully? What about strategies to minimize negative outcomes for victims?

Learning Exercises

1. Read more about the disparities and resilience among lesbian, gay, bisexual, and transgender older adults in Fredrikson-Goldsen et al. 2011 full report available at: http://caringandaging. org/wordpress/wp-content/uploads/2011/05/ Full-Report-FINAL-11-16-11.pdf
2. Read "LGBT Older Adults in Long-Term Care Facilities: Stories from the Field"—the collaboration of six organizations seeking to better understand these experiences is available at: http://www.lgbtagingcenter.org/ resources/resource.cfm?r=%2054
3. Research the term "Lavender Scare" online to learn more about the historical perspectives on sexual orientation and gender identity that influenced LGBT elders' earlier life experiences.
4. Read the 2012 SAGE (Services and Advocacy for GLBT Elders) and National Center for Transgender Equality report "Improving the Lives of Transgender Older Adults" to learn more about the specific social, economic, and service barriers facing gender non-conforming elders available at: http:// transequality.org/sites/default/files/docs/ resources/TransAgingPolicyReportFull.pdf
5. Learn more about LGBT rights under the Federal Nursing Home Reform Act from Natalie Chin of Lambda Legal. Video available on YouTube and at: http://www.sageusa. org/resources/videos.cfm?ID=153

6. Read how lesbian, gay, bisexual and transgender aging issues are becoming federal concerns by Loree Cook-Daniels (2011) available at: http://forge-forward.org/wp-content/docs/LGBT-federal-policy-changes.pdf

Self-Check Questions

1. What are the three types of bullying discussed in the chapter?
2. What is relational aggression?
3. How is bullying distinguished from abuse?
4. What are examples of 'intersectionality'?
5. What anti-LGBT bullying tactics were used in the chapter?
6. How can peers or onlookers intervene to disrupt the bullying cycle?

Experiential Exercises

1. Explore anti-discrimination laws in your own state; the 2010 document "Our Maturing Movement: State-by-State LGBT Aging Policy and Recommendations" is a good starting resource. What previous recommendations have been met? What recommendations still exist? It is available at: http://nwnetwork.org/wp-content/uploads/2012/08/2010-NGLTF-Our-Maturing-Movement_State-by-State-LGBT-Aging-Policy-Recommendations3.pdf
2. Contact the Ombudsman's office in your state to learn about efforts to protect LGBT older adults living in nursing homes; a good resource is National Long-Term Care Ombudsman Resource Center at http://www.theconsumervoice.org
3. Contact LGBT advocacy groups to explore efforts to improve quality of life for older adults in your local area; suggested advocacy groups include the following: Gay and Lesbian Medical Association http://www.glma.org; Equality Federation http://equalityfederation.org; and PFLAG http://community.pflag.org

Multiple-Choice Questions

1. Bullying and relational aggression are associated with which negative outcomes?
   (a) Social isolation
   (b) Increase in teen pregnancy
   (c) Reduced self-esteem
   (d) Answers (a) and (c) only
   (e) All of the above
2. Assisted living residents find which of the following most distressing?
   (a) Being the focus of gossiping and rumor-spreading
   (b) Being harassed to loan money, cigarettes, or other commodities
   (c) Exposure to loud in communal areas
   (d) Being bossed around or told what to do
   (e) All of the above.
3. Microaggressions
   (a) Contribute to harm when none was intended
   (b) Are considered misdemeanors
   (c) Are acts of physical violence
   (d) All of the above
4. Some basic levels of protections for LGBT elders include
   (a) Prohibition of physical, emotional, sexual, and financial abuse
   (b) Promoting autonomy, respect, and dignity in nursing homes
   (c) Housing discrimination based on gender
   (d) All of the above
5. Promising interventions to address bullying at an organizational level include
   (a) Providing LGBT training to all employees
   (b) Using signage that reflects diversity acceptance

(c) Creating an exclusive community house LGBT wing

(d) All of the above

(e) Answers (a) and (b) only

6. Which of the following represents a primary difference between late-life bullying and elder abuse?

(a) Abuse causes physical harm to the victim, but bullying does not.

(b) Abuse has a long-lasting negative impact, whereas bullying does not.

(c) Abuse is most often perpetrated against someone who is dependent on the aggressor for care or instrumental assistance; with bullying, this is typically not the case.

(d) Abuse most commonly occurs in nursing home settings, but bullying occurs in virtually all senior living environments.

7. Bystander intervention involves which of the following elements:

(a) Teaching the targets of bullying how to defend themselves against bullies.

(b) Teaching individuals who witness bullying how to effectively intercede to stop its occurrence.

(c) Developing policies and procedures that guide civil behavior in senior living organizations.

(d) All of the above.

8. Which of the following represents the most accurate definition of bullying?

(a) Intentional repetitive aggressive behavior that involves an imbalance of power or strength.

(b) Nonviolent behavior designed to hinder social relationships and connectedness.

(c) Intentional behavior intended to cause physical or psychological harm toward someone dependent on the aggressor.

(d) Ridiculing or teasing someone in public.

9. About how many older adults living in senior housing organizations experience peer bullying?

(a) 50 %

(b) 5 %

(c) 30 %

(d) 20 %

10. A type of bullying unique to LGBT older adults is

(a) Relational aggression

(b) Gossiping

(c) Outing

(d) Stealing

Answer Key

1. d
2. e
3. a
4. d
5. e
6. c
7. b
8. a
9. d
10. c

Resources

Gender Public Advocacy Organization (gender-PAC): www.gpac.org

Tolerence.org: www.tolerence.org

The Consumer Voice http://theconsumervoice.org

Assisted Living Consumer Alliance http://www.assistedlivingconsumers.org

National Resource Center on LGBT Aging http://www.lgbtagingcenter.org/

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