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Measuring and Addressing Elderly Bullying in a Senior Residential Community

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Elderly bullying lags far behind in research endeavors compared to related topics of youth bullying and elder abuse. This particular study is unique in its examination of bullying among elderly residents from independent and assisted living communities. This action-oriented study collected surveys from 98 residents of a Midwest senior residential community to determine levels, location, and responses to bullying by residents as well as to inform administration of appropriate responses. Results indicated that approximately one in four residents responded that they had seen or heard another resident being bullied at some point. Residents also reported their experiences with social, physical, verbal, and electronic bullying within the past six months. Social bullying was reported at the highest levels, both as a victim and witness, and analyses demonstrated that status of living facility (public or private) significantly impacted reports of social bullying. Results were utilized to develop and improve formal policies and procedures at these living facilities, which included training events and educational opportunities for staff and residents. Though the frequency of bullying incidents in this sample was low, elderly bullying warrants continued study among diverse populations and settings.

Key Words: Elderly, bullying, aggression, gerontology

Introduction

Bullying is typically thought of as occurring among youth and has received a lot of attention in recent years, in both research and the media. However, there is a growing recognition of this phenomenon occurring between older adults, especially in living situations that place them in close contact, necessitating the sharing of resources, and often involving a perceived loss of independence in certain areas of their lives. Some speculate that elderly bullying has received less attention due to the fact that the bullying most often is verbal and social, rather than physical (Frankel, 2011; VandeNest 2016), and is therefore deemed less serious. However, research indicates that many of the same effects seen as a result of childhood bullying are present in older adult victims as well (Bonifas & Frankel, 2012a; Jackman, n.d.). This is particularly troublesome as younger persons often have adults advocating for and protecting them, whereas older adults often end up feeling alone, isolated, or burdensome if they speak up about the bullying (Sepe, 2015).

It is important to address the gap in elderly bullying research for several reasons. While the effects of bullying on children are well documented in research, much less is known about the potential and long-term effects that can persist into adulthood. One longitudinal British study of 7,771 participants showed individuals bullied at 7 and 11 years old continued to show increased levels of psychological issues (depression, anxiety disorders, and suicidality) at ages 23 and 50, compared to counterparts who did not report being bullied (Takizawa, Maughan, & Arseneault, 2014). Bullying has been shown to result in poor social relations for seniors, which in turn affects their physical and psychological health (Rex-Lear, 2011). With nearly 10,000 baby boomers turning 65 each day for the next 19 years (Arieff, 2017), bullying has the potential to affect millions of lives. Continued research can help outline a better understanding of this phenomenon and provide those in elder care the information needed for awareness, prevention, and intervention in this area.

Literature Review

Studying elderly bullying can assist in understanding another dimension of violence that elders face and warrants

differentiation from other forms of abuse. Most research has concentrated on elder abuse, which is a phenomenon of historic focus and generally involves a family member or caregiver who abuses an elder under their care. In the 1980s, mandatory reporting laws were passed as an amendment to the Older Americans Act, which defined reportable acts of mistreatment against the elderly and placed all citizens under a duty to report such acts. And, depending on the type of mistreatment and the parties involved, elder abuse can be investigated either by the police as a crime, or by the state's Adult Protective Services (APS) (Franzini & Dyer, 2008).

> Another category of elder abuse is abuse or neglect of a person by staff of a long-term care facility. According to the National Center on Elder Abuse website (n.d.), this issue first came to the forefront in the 1970s when facilities were largely unregulated with little state or federal oversight. The website reports that in 2014 there were approximately 1.4 million nursing home residents, and data from the National Ombudsman Reporting System (National Center on Elder Abuse, n.d., Abuse in Nursing Homes and other Long-Term Care Facilities, para. 2) showed 7.6% (14,528) of the total complaints received that year (188,599) involved abuse, neglect, and/or exploitation. The impact of elder abuse of any kind is vast, far-reaching, and can involve physical, psychological, social, and financial personal costs, as well as increased medical and legal costs.

An additional type of violence among the elderly is violence perpetrated by elderly peers. This is commonly referred to as resident-to-resident aggression, which is defined as "negative and aggressive physical, sexual, or verbal interactions between long-term care residents that in a community setting would likely be construed as unwelcome and have high potential to cause physical or psychological distress" (Rosen, Pillemer, & Lachs, 2008, p. 78). Research on resident-to-resident aggression perpetrated by those with dementia should be differentiated from other types of bullying, as it is not intentional (Vande-Nest, 2016); bullying is typically defined as aggressive behavior which: is intended to harm, occurs repetitively over time, contains an element of power differential, and occurs at any stage of life (Smith, 2016).

While research literature may separate these types of aggression, it has been noted that intent is not necessarily a needed component of bullying among the elderly, since the mere perception of bullying can promote a feeling of victimization (Bonifas, 2016). Additional support for this premise comes from a study of elderly participants who broadly perceived bullying to include any disruptive or frightening behaviors (Bonifas & Hector, 2013), which indicates that even a single aggressive event can be construed as bullying by the elderly, regardless of intent.

What also disrupts clarity between elderly peer aggression and bullying is that, according to Andresen and Buchanan (2017, p. 35), many overlapping terms are used in the literature to describe aggressive behaviors among elderly residents including "*relational aggression* (Crick & Grotpeter, 1995), *social aggression* (Cardinal, 2015), *resident-to-resident relational aggression* (Bonifas, 2015; Cardinal, 2015; Wood, 2007), *resident-to-resident elder mistreatment* (Rosen et al., 2008) *resident-to-resident aggression* (Pillemer et al., 2012), and *resident-to-resident elder bullying* (Cardinal, 2015)." Despite differing terminology, elderly bullying is a growing concern that should be further investigated to differentiate it from other types of abuse and aggression among older adults.

In deciphering elderly bullying, most information has come from anecdotal reports, news articles, and blogs, with little empirical research conducted on the topic to further knowledge (Andresen & Buchanan, 2017). However, the limited research that has been conducted on the topic indicates that negative interactions between the elderly do exist, can be harmful for residents, and can encompass many types of behaviors. Lachs and colleagues (2016) estimated the prevalence of physical, verbal, and sexual resident mistreatment across 10 state nursing homes. The resident-to-resident mistreatment was defined in the study as "negative and aggressive physical, sexual, or verbal interactions between long-term care residents that in a community setting would likely be construed as unwelcome and have a high potential to cause physical or psychological distress in the recipient" (p. 229). Among the 2,011 residents who participated in the study, it was determined that 407 (20.2%) experienced at least one episode of aggression from another resident. In addition, many

residents reported experiencing multiple episodes of aggression, with verbal aggression being the highest at 16%.

An analysis of a Canadian data set reported that resident-to resident abuse constituted approximately one-third of the abuse in the collected data (McDonald et al., 2015). Another study of residents indicated that within a two-week period, almost 10% reported being physically or verbally victimized by another resident. Additionally, nurses reported observing 30 episodes of resident aggression toward another resident within this time frame (Rosen, Pillemer, & Lachs, 2008). In a study that collected perceptions of staff working at senior living facilities, nearly all participants (98%) reported observing bullying that included verbal, physical, and social incidents (Andresen & Buchanan, 2017). Furthermore, researchers speculate that the actual percentage of elderly bullying is much higher due to under-reporting for reasons that include not wanting to create problems, feeling burdensome, not knowing where to seek help, fear of retribution, fear of housing loss, embarrassment, and inability to recognize the negative behaviors as bullying (Douglas, 2015; Rosen et al., 2008; Sepe, 2015).

Besides the physical impact of bullying, there are both short- and long-term repercussions associated with bullying. In a review of 32 articles covering types of resident-to-resident aggression, McDonald, Sheppard, Hitzig, Spalter, Mathur, and Mukhi (2015) summarized that bullying was associated with a decline in psychosocial health, reduced life satisfaction, and increased risk for depression, low self-esteem, and neglect. Internalizing problems related to bullying can result in helplessness, anger, fearfulness, depression, reduced self-esteem, loneliness, increased physical complaints, and poor physical health (Bonifas, 2016). Victims who do finally retaliate, either verbally or physically, often feel shame afterwards, which can further affect their self-esteem and feelings of self-worth (Rex-Lear, 2011). The effects of bullying on an elderly person's mental health is particularly troublesome, as older adults who are bullied may begin isolating more, which can increase the risk of developing depression, other mental health illnesses, and cognitive deterioration (Sepe, 2015). Even bystanders are not immune to the negative impact of witnessing bullying among their peers (Bonifas, 2016).

Purpose of Study

This action-oriented study was initiated due to concerns about bullying at a group of senior living facilities. Action research is a process of inquiry that focuses on making improvements and positive change based on data collected; data utilization is a feedback mechanism for stakeholders to identify and implement needed change (Craig, 2009). This research aimed to collect data that would provide recommendations for facility policies and procedures. In addition, based on the paucity of data on the topic of elderly bullying and the negative impact on seniors, another aim was to document physical, verbal, social, and electronic bullying among residents in senior living facilities both as victims and as witnesses. Therefore, this study aims to describe the phenomenon, to describe actionable recommendations for facility interventions, and to add to this growing body of literature. The research questions presented in the study are how much and what types of bullying are occurring at a sample of senior living facilities? In addition, how can the collected data and analysis inform programming at these facilities?

Methods

Data Collection Protocol

A consent letter, along with a survey, was placed on a mail clip outside each resident's door by the social worker. The consent letter included instructions, described the voluntary nature of the survey, how anonymity would be preserved, and gave instructions for respondents to return surveys to a centralized anonymous mailbox. Data collection occurred during the spring of 2016. This study was approved by Malone University Institutional Review Board.

Sample

The location of the study was an aging center that consists of facilities on a campus/community-like setting. Founded by a fellowship of local Christian churches, these facilities are part of a non-profit continuum-of-care campus, which began as a nursing home, and now includes a complete health care center,

dementia care unit, two independent living buildings and an assisted-living building. The sample for this study consisted of the 241 residents at two independent living buildings, which are subsidized by Housing and Urban Development, and the private assisted-living building.

Survey

A 33-item survey was developed to collect data on bullying from residents. After an online search culled many types of surveys, the instrument was based on an existing youth bullying needs assessment (Pruitt, n.d.). The questions were modified by the social worker and reviewed by key staff to reflect questions specific to the senior living facility being studied. The survey included demographic questions, along with questions to collect personal experiences with bullying, as both victim and witness. Participants were asked how often another resident bullied them within the past six months within four categories of bullying. Each type of bullying was defined for participants through examples listed here:

- Physically *(examples: hit, pushed, shoved, slapped, kicked, had property stolen)*
- Verbally (*examples: called names, teased, insulted, threatened)*
- Socially (*examples: excluded from a group, gossiped about, rumors spread)*
- Electronically (*examples: threatened or embarrassed through email, text messages, or social networking)*

Participants were provided five responses: *Never, 1–2 Times, 3–4 Times, Every Week*, and *Every Day* and asked to respond to questions within the time frame of the past six months. In addition to frequency of bullying experience, the survey also gathered information on locations of bullying by asking participant to rate how often (*Never, Sometimes, Often*, and *Always*) they had experienced bullying at a list of locations that included *resident's apartment, hallways, front lobby area, middle lobby areas, elevator/stairwells, cafeteria, public bathrooms, parking lot, off campus outings,*

and *on campus activities*. The survey also included items asking participants to think what they did last time they saw someone being bullied and choose from a list of responses. Last, the survey included two open-ended questions to gather other information the respondent might like to share and any ideas for the facility to utilize to address bullying.

Data Analysis

Univariate analyses. The descriptive information of bullying was analyzed through frequency of responses to the questions of bullying experiences (victim and witness), location, and responses to the bullying.

Chi-Square. Given the categorical nature of the data, relationships among variables were analyzed using crosstab tables. Gender and type of housing (subsidized/unsubsidized) were examined for association with victimization or witnessing the different types of reported bullying (physical, social, verbal, electronic). Chi-square tests were then used to test the null hypothesis and determine if the sampling distributions were significantly different among any of these variable associations. However, before analyses were computed, the data was examined for frequency of responses in each category so that the analyses met the requirement of five per cell. (Diekhoff, 1992). Table 1 and Table 2 report frequencies across responses to types of bullying experiences. Since the data for physical, social, and verbal bullying, both as a victim and witness, were reported at such a low frequency across response categories, the response categories were collapsed into *Never* and *Ever* categories of occurrence so that the frequency for each type of event was above the required five per response cell. Then, crosstab tables were computed. Due to the low reported nature of electronic bullying across the response categories, it was removed from the chi-square analyses due to a total occurrence lower than five for both victimization and witnessing of this event.

Table 1: Percentage of Residents Reporting Victimization

Type of Bullying	% Never	% 1-2 Times	% 3-4 Times	% Every Week	% Every Day
Physical	92	4	3	1	0
Verbal	83	10	4	3	0
Social	81	10	1	4	3
Electronic	96	2	1	1	0

Table 2: Percentage of Residents Witnessing Bullying

Type of Bullying	% Never	%1-2 Times	%3-4 Times	% Every Week	% Every Day
Physical	93	4	0	3	0
Verbal	78	13	5	4	0
Social	81	13	2	3	0
Electronic	98	0	2	0	0

Results

Sample Characteristics

Out of the 241 residents sampled, 98 residents completed the survey for a response rate of 41%. The sample consisted of 16% males, 81% females, and 3% choosing not to indicate gender. Living location indicated that 69% of residents lived in subsidized housing, with the other 31% indicating unsubsidized.

Reports of Bullying

Bullying victimization and witnessing. Overall, the majority of residents indicated never personally experiencing or witnessing bullying of any type. When asked to think about their overall experience with bullying, 28% responded that they had seen or heard another resident being bullied at some point.

Table 1 and 2 reports the extent to which residents experienced different types of bullying as a victim or witness over the past six months. Table 1 indicates that 19% of residents reported being victimized by social bullying and 17% reported verbal bullying at least once. Reports in Table 1 indicate that victimization was mostly experienced at a frequency 1–2 times in the past six months, but 7% of those reporting social bullying reported a frequency of every day. Electronic bullying was the least likely to be reported by residents at 4%. Table 2 indicates that witnessing verbal abuse was highest with 22% reporting this at some level, followed by social bullying at 19%. When bullying was witnessed, it was most common to witness it at a frequency of 1-2 times within the past 6 months. However, verbal bullying was witnessed by 9% of residents at a frequency of at least 3-4 times per month to every week. Electronic bullying was least likely to be reported at 2%.

Bullying location, frequency and responses. When asked where and how often bullying occurred, residents reported the top five most common areas for bullying were the hallways (13.7%), the front lobby (13.5%), the cafeteria (12.7%), middle lobby areas (9.6%), and during on-campus activities (8%). The majority of these bullying incidents were reported as occurring *sometimes*, rather than *often* or *almost every day*. In addition, 13.7% of residents said the

bullying occurred on the weekends. When asked how they respond to bullying when they see or hear it, the most frequent response was that they *helped at the time* (9.2%), followed by *telling a staff member* (8.2%), *standing up to the bully* (8.2%), *ignoring it* (6.1%), or *helping later* (6.1%)

Chi-square. After initial statistics were computed, it was noted that gender was not a viable variable for crosstabs tables and chi-square statistics. Due to the small number of males in the sample the chi-square assumptions could not be met due to the variable of gender not meeting minimum cell counts across responses of being a victim and witness to physical, social, and verbal bullying in the crosstabs tables.

For analyses of subsidized versus unsubsidized housing across victimization and witnessing physical, social, and verbal bullying, only social bullying met the assumptions for chi square minimum cell frequencies and were significant. Analysis demonstrated that residents of subsidized facilities were more likely to report victimization of social bullying, with 25% of residents reporting being a victim of social bullying as opposed to 6.7% in unsubsidized facilities. And, witnessing social bullying was reported by 23.3% of residents in the unsubsidized facility compared to 6.7% in the unsubsidized facility. These results are shown in Tables 3 and 4.

Table 3: Crosstabulation of Victimization Social Bullying and Type of Facility

Victim Social Bullying	Type of Facility	
	Subsidized	Unsubsidized
No	75% (45)	93.3% (28)
Yes	25% (15)	6.7% (2)
Totals	100% (60)	100% (30)

χ 2=4.38, 1df., p=.04.
Note: All expected cell frequencies were greater than 5.

Table 4: Crosstabulation of Witnessing Other Social Bullying and Type of Facility

Witness Social Bullying	Type of Facility	
	Subsidized	Unsubsidized
No	76.7% (46)	93.3% (28)
Yes	23.3% (14)	6.7% (2)
Totals	100% (60)	100% (30)

χ 2=3.80, 1df., p=.05.
Note: All expected cell frequencies were greater than 5.

Discussion

Limitations

While this investigation adds to the literature on the topic of elderly bullying, it is not without limitations. First, this sample was not representative of all senior living facilities since it was not a national random sample. Rather, this sample was from one specific area in the Midwest and was a Christian-based facility. Also, not all potential participants responded and the sample was predominately white and female, creating potential bias. The self-report and retrospective nature of the reports introduces possible bias in the study. Additionally, the survey instrument was not normed, and is not directly comparable to other studies of this nature, which lowers the reliability of the results. Despite these limitations, the information presented from this study assists in taking a step toward increasing awareness, knowledge, and possible prevention of elderly bullying.

Findings

The present study provides findings that aid in understanding the phenomenon of elderly bullying and highlights several important findings. Significant findings from the study include social and verbal bullying being reported the most frequently for both victimization and witnessing of violence among the elderly respondents. In addition, social bullying, as both a victim and witness, was reported significantly more at unsubsidized housing versus subsidized housing. Most of the bullying was reported in places that residents congregated, such as in the cafeteria or lobbies. These results can help provide awareness of the issue along with insight on interventions.

While not directly comparable, this study supports prior research that documents elderly bullying of several types does occur among residents and warrants attention. The present study reported that within the past six months, social and verbal bullying occurred more often than physical bullying, as both a victim and witness. This is similar to research that states elderly bullying is most often verbal and social, rather than physical (Frankel, 2011; VandeNest, 2016). A study by Rosen, Pillemer, and Lachs (2008) reported that within a two-week period, 10% of residents reported being physically or verbally victimized by another resident. The present study collected experiences from a longer period of within the past six months, but demonstrated similar results with 8% reporting physical victimization and 17% verbal victimization.

In addition, when asked about lifetime experiences, 28% of respondents in this study reported that they had seen or heard another resident being bullied. This is slightly higher than the data collected by Lachs et al. (2016) reporting that 20.2% of residents experienced at least one episode of aggression from another resident. Taken together, these studies demonstrate that elderly bullying does occur, encompasses many types, and warrants more research and intervention.

Residents in this study noted that bullying occurred in common areas of the hallways, the front lobby, the cafeteria, middle lobby areas, and during on-campus activities. It is interesting to note that these are common gathering and community areas, and

bullying in isolation is not typical. Bonifas (2016) suggests that many older adults may not have had the experience of living in communal settings like residential care, and adjustments to living in shared spaces may take time for some residents. Knowing the community areas that are susceptible to aggressive incidents can help social workers and other staff devise specific strategies, like altering seating arrangements, to reduce the likelihood of bullying in these common spaces. Utilizing ongoing assessments and bullying report forms that help identify location and patterns of bullying can assist in prevention efforts. Last, Barbera (2016) suggested that bullying interventions can include training residents who are witnessing violence to be "upstanders" and intervene appropriately and safely in these situations in common living areas.

Analyses indicated that there were no significant differences in the reports of bullying between genders. While these findings may be attributed to a small sample size, there have been no known published reports that bullying experiences differ between the genders in resident-to-resident aggression either as a victim or as a witness. One area for future research could be investigation of differences in a larger sample, as well as to investigate mental health and coping mechanisms of elderly bullying between genders. This suggestion is based on research that had some interesting and unexpected findings in that women who were bullied reported less negative effects on their psychological health through internalizing problems than the men did (measured by anxious and depressed feelings). It was theorized that as women age, they develop resiliency and better adaptive strategies for dealing with negative emotions and poor interpersonal relationships compared to men. Further, older women may make better decisions in choosing and investing in friendships that are most beneficial to their psychological well-being (Rex-Lear, 2011).

There were significant reports of social bullying, both as victim and witness, between elderly respondents in subsidized versus unsubsidized housing. Since type of residence has never been a reported variable in prior research covering mistreatment, aggression, and bullying among the elderly, this warrants future research in this area. This finding needs to be replicated to determine the reliability of the finding and to determine why this difference might exist. Research can further investigate if type

of housing, subsidized versus unsubsidized, may have different policies, practices, or populations that create this difference.

Action-oriented Implications

Bonifas (2015) stated that studies investigating the responses to aggression at nursing homes are needed to document how social workers respond to resident-to-resident incidents. The research by Bonifas found support for the three a priori themes of assessment, intervention, and collaboration. The present study followed this method by collecting, analyzing, and sharing the data with administrators and staff to inform policy and procedural change at the organization. Based on the results of this survey and the review of the literature, several changes and improvements were made at this facility at the level of organization, staff, and resident to ensure that resident-to-resident bullying was addressed.

Responses to Elderly Bullying

To properly address and stop bullying, programming and policy needs to target the victim, bully, and the organizational level. Bonifas (2016) proposes several organizational responses to intervene on bullying, including a focus on culture of empathy and no tolerance for bullying behaviors. This culture can be built with clear and consistent communications from the management, both verbal and behavioral in nature, to the staff and residents. These communications should include the expectations of respect and accountability, which can be highlighted through trainings, policies, and resident empowerment. Rhodes (2014) suggests enlisting resident ambassadors who welcome new residents and act as go-to contacts to ease the transition into the community.

Another important organizational approach suggested in the literature is ongoing training and education for administration, staff, and residents. Training needs to include clearly communicating rules and expectations, how to recognize and respond to bullying, and how to report incidents properly and in a timely manner (Bonifas, 2016). Assessing for any underlying cause of the aggression, such as medical or dementia-related issues, is important, as well as educating staff on ways to

intervene differently with dementia patients. Span (2011) discusses one facility's approach to stop bullying by developing *Creating a Caring Community* workshops. Though the results did not demonstrate changes in the behavior of the bullies (likely because no one sees themselves as a bully), the workshops did have the effect of empowering staff to effectively intervene (Span, 2011). Having policies in place that address not only physical and verbal incidents, which are easier for staff and bystanders to observe and report, but also more covert behaviors, such as exclusion and shunning, is important as well for addressing the full range of bullying behaviors (VandeNest, 2016).

Organizational and staff level implications. Based on suggestions in literature, prior research, and the findings from the data collected in the present study, management at the living facilities in the present study developed an Anti-Bullying Pledge and added it to the move-in paperwork signed by new residents. In addition, House Rules and Tenant Selection Plans were updated to include "zero tolerance for bullying" language. Due to the HUD requirement that residents are notified in writing of any changes to the house rules, all residents received a notice on their door that these additions were made to the rules. These actions will help to create an active stance by the organization to promote a culture of resident respect and dignity.

Staff training on recognizing and addressing bullying was also implemented. Topics include commitment to zero tolerance bullying recognition, safe and effective intervention strategies (including with cognitively-impaired residents), reporting procedures, and awareness of resident's baseline, so changes in behavior can be recognized and assessed early. Paperwork was also changed to add specific questions about bullying in yearly resident reassessments. The intent of the additional questions is to help catch any issues that went unnoticed throughout the year due to lack of reporting or observation by staff. These questions will also serve as reminders about the policies and expectations of the facility regarding bullying behaviors. In addition, management agreed to make a more concerted effort to encourage all staff to find ways to foster the self-worth and boost self-esteem of residents. This will be done through recognizing and acknowledging resident achievements and talents, praising instances observed of a resident being a "good neighbor," etc.

Rex-Lear's (2011) study revealed that *positive* social support can shield a senior from some of the negative effects of bullying, specifically anxiety and depression issues, as long as co-rumination (excessive and negative discussion of problems with friends) is low. Another study also noted that social workers described the importance of highlighting the inherent worth and dignity of residents involved in bullying, particularly the aggressor (Bonifas, 2015). Maintaining awareness that the facility is a Bully-Free Zone is also something that the social worker will implement by periodically placing flyers around the campus. Again, these actions helped the organization and staff to become proactive and responsive to elderly bullying and create an atmosphere of empowerment.

Resident level. In order for management to regularly take the pulse of the community, and to give residents a direct line to upper management, quarterly meetings between residents and the Community Director were initiated at each Independent Living building. Topics discussed at these meetings might include any campus updates, issues that have been brought to management's attention since the last meeting, and will end with a question/answer time. This is aimed at fostering in residents a feeling of empowerment that they are kept informed, have direct input into how their home is run, and that their concerns are listened to and addressed. Residents who feel happy, safe, and secure in their home may be less likely to contribute to or tolerate an environment where bullying and negative interactions and attitudes flourish.

Also, the social worker spoke to the established Resident Welcome Committee members about adding anti-bullying information when welcoming newcomers. In addition, a specific timeline criterion was established for the social worker to make contact with new residents within one week.

The final task implemented for residents as a result of this bullying survey was that the social worker is now required to schedule quarterly speakers or educational presentations on a topic relevant to bullying, such as: assertiveness training, using "I" statements in confrontations, setting and maintaining boundaries, managing anger, seeking understanding and tolerance of one another, increasing empathy for others, and safe bystander interventions. Bonifas (2016) stated that one of the

best ways to help victims deal with bullies is to provide assertiveness training. Teaching assertiveness involves fostering the following skills and abilities: standing up for your rights, using direct communication and "I" statements, setting clear boundaries, creating win-win situations, and seeking to understand or gain insight into the bully's behavior.

Conclusion

Addressing bullying requires ongoing effort and attention, and inaction can have harmful consequences not only on the victims, but also on bystanders and on the facility as a whole. It is important to create a culture of tolerance, empathy, awareness, and empowerment in the elderly living communities to help prevent bullying (Bonifas, 2016). Having an effective strategy against bullying can make the facility a more pleasant place to live, which can also translate into cost savings through fewer turnovers in both staff and residents (Barbera, 2015). It is the expectation of management at this study site that the bullying reported by residents can be reduced, and that the environment of all three buildings will be one of safety and security for all residents at all times. While limitations exist, this study adds important information to the literature on the phenomenon of elderly bullying and demonstrates how a bullying assessment can become action-oriented.

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