The associations between violence and health in older age: a 13-year population-based cohort study

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Challenges associated with violence against older people

- Ageing population
- High costs for individuals and society
- “Delayed” effects of traumatic events: e.g., sexual violence is more prevalent in younger people (Smith, et al. 2017), however chronic health problems typically arise later in life
- Long-term consequences of violence and trauma exposure are not well understood
- Challenging to distinguish between the effects of biological, sociodemographic, economic and other factors in later life

Hidden statistics

- Older people might be less likely to report violence, especially from intimate partner and family members (Safe Lives 2012)
- Official prevalence estimates tend to come from national surveys
- The Crime Survey for England and Wales (CSEW) was excluding people aged 75+ from their self-completion part (which includes information on domestic and sexual abuse) until recently
- UK Study of Abuse and Neglect of Older People (National Elder Abuse Study – NEAS) examined elder abuse in people aged 66+ (excluded violence from strangers, violence from former partners)
- Cohort studies on ageing have very limited or no information on violence

The English Longitudinal Study of Ageing (ELSA)

- The English Longitudinal Study of Ageing collects data from people aged over 50 in England.
- Since 2002, people have been reinterviewed every two years.
- The sample has been refreshed using HSE participants in waves 3, 4, 6, 7 and 9.
- Information on people's demographics, household, physical and mental health, well-being, finances and attitudes around ageing and how these change over time.
- At each wave of ELSA, respondents have completed a core self-completion questionnaire covering questions about their health, wellbeing, relationships, health behaviours.

- Wave 3: life history

Research aim

To examine causal relationships between exposure to violence and abuse and health outcomes in adults aged 50 and over in England.

Statistical analysis

Multilevel regression analysis to examine associations between lifetime exposures to physical and sexual violence and childhood abuse and subsequent development of a (1) limiting illness and (2) depression.

Violence items

- Ever been a victim of serious physical attack or assault
- Ever been a victim of sexual assault (including rape or harassment)
- Whether when aged <16 was physically abused by your parents

Measures

Category	Variables
Demographics	Sex; age; birth country; marital status
Economic status	Socioeconomic class; difficulty managing money; tenure; education
Social/psychological factors	Number of people in household; providing care; loneliness
Physical health/mobility	Self-reported health; **having a long-standing limiting illness**
Mental health	**Depression (CESD)**

Violence distribution in wave 3

	"Yes" N(%)	"No" N(%)	Missing N(%)
Physical violence (PV)	394 (5.02)	6118 (77.89)	1343 (17.10)
Sexual violence (SV)	400 (5.09)	6112 (77.81)	1343 (17.10)
Childhood abuse (CA)	227 (2.89)	6290 (80.08)	1338 (17.04)

- 80% reported one type of violence, 16.38% reported two types, and 3.63% reported three types
- Sex, home ownership status, limiting illness, age, loneliness were associated with PV
- Sex, region, education status, age, and loneliness were associated with SV
- Education, age, and loneliness were associated with CA

Development of limiting illness

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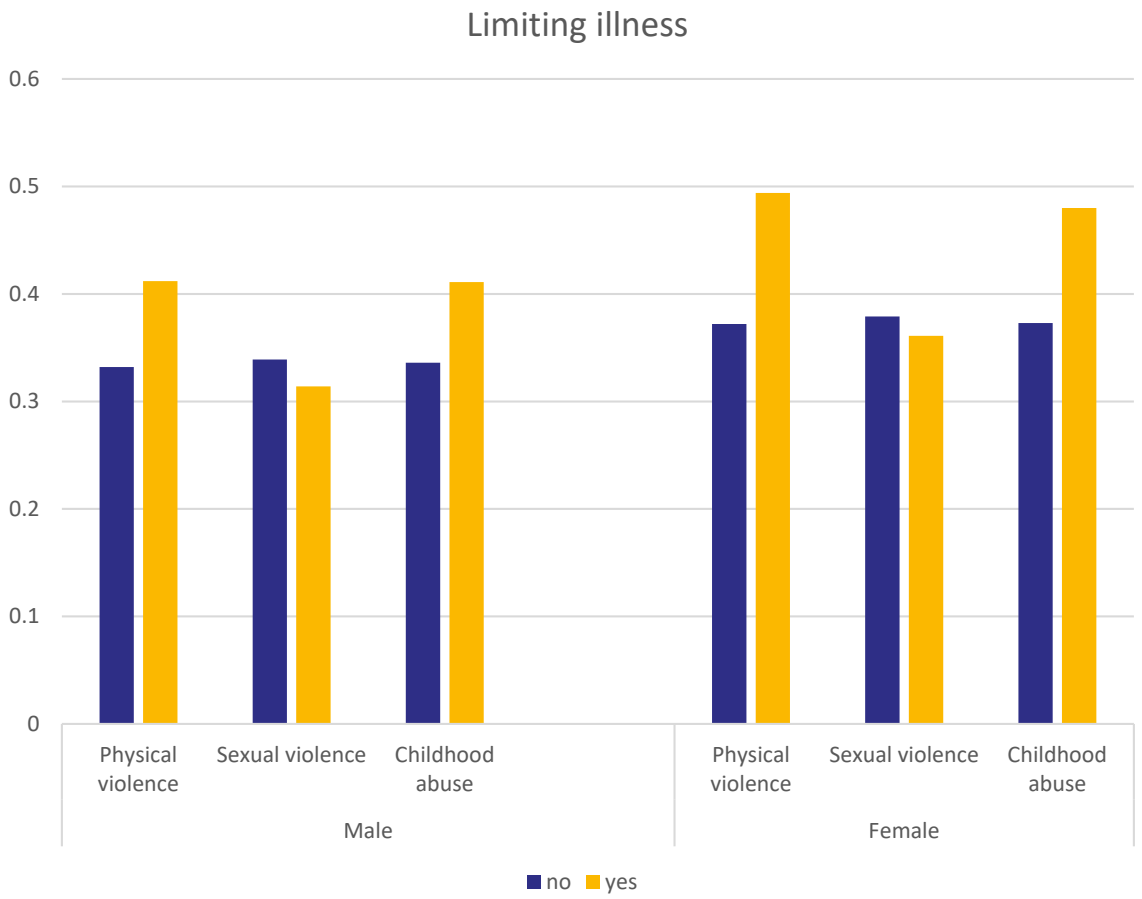
Mixed-effects model

	All	Males	Females
Physical violence	2.561***	2.021**	3.382***
	(0.509)	(0.517)	(1.049)
Sexual violence	0.882	0.800	0.836
	(0.180)	(0.336)	(0.204)
Childhood abuse	2.455***	1.950	2.871**
	(0.616)	(0.748)	(0.955)
Random intercept	3101.9***	992.9***	6537.1***
Wald chi2	505.772	210.832	300.540
p-value	0.000	0.000	0.000
Log-Likelihood	-5824.695	-2531.119	-3284.625

Predicted probabilities – marginal effects



Controlling for age, sex, country of birth, region, socio-economic class, home ownership, marital status, education level, financial difficulties, number of people in household, care giving responsibilities, loneliness;
Exponentiated coefficients; Standard errors in parentheses

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Development of depression

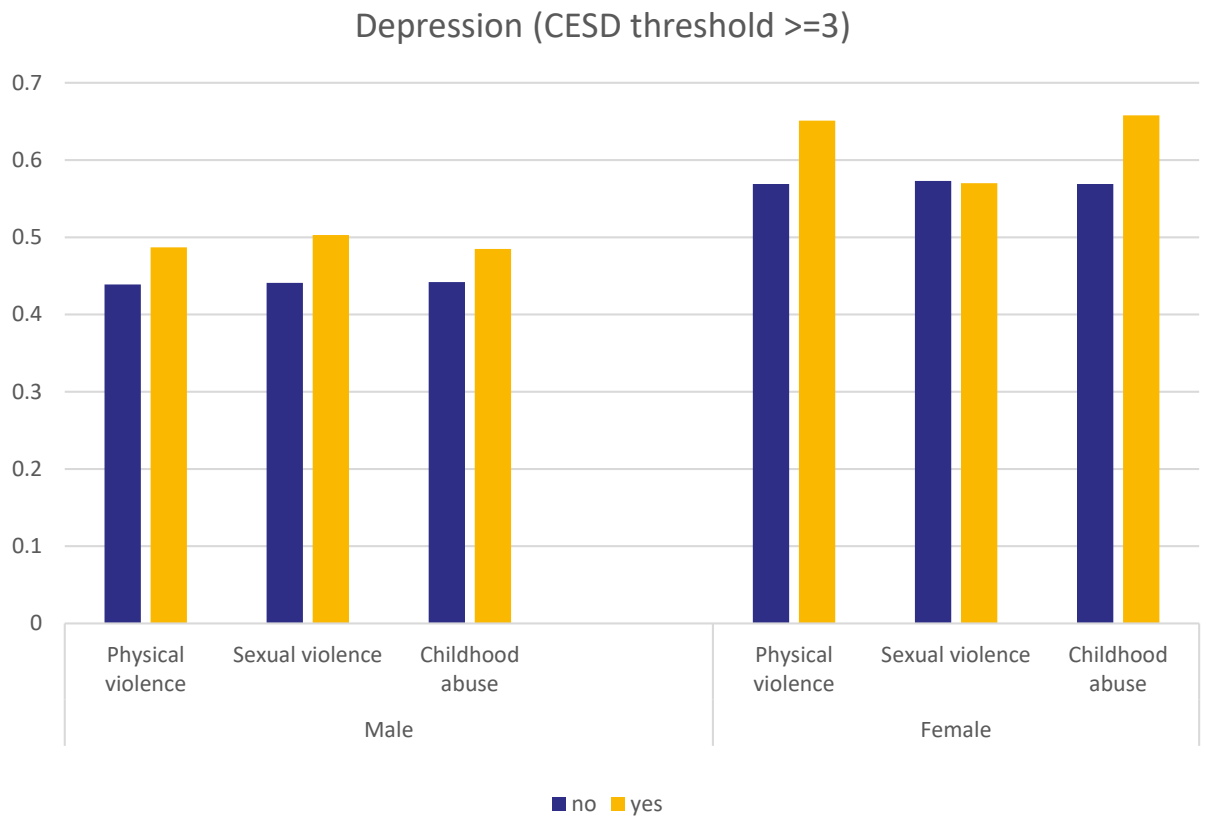
Mixed-effects model

	All	Males	Females
Physical violence	1.416**	1.316	1.625*
	(0.181)	(0.217)	(0.331)
Sexual violence	1.072	1.425	0.987
	(0.132)	(0.373)	(0.141)
Childhood abuse	1.524*	1.284	1.691*
	(0.255)	(0.329)	(0.377)
Random intercept	3.393***	3.233***	3.557***
Wald chi2	1038.120	457.482	516.557
p-value	0.000	0.000	0.000
Log-Likelihood	-6388.982	-2767.709	-3606.917

Controlling for age, sex, country of birth, region, socio-economic class, home ownership, marital status, education level, financial difficulties, number of people in household, care giving responsibilities, loneliness, general health.
Exponentiated coefficients; standard errors in parentheses

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Predicted probabilities – marginal effects



Summary

- Lifetime experience of violence affects physical and mental health in later life.
- Gender differences in the health consequences of violence were observed.

PV and CA were both associated with the development of a limiting illness in women while only PV was associated with a limiting illness in men. Both PV and CA were associated with depression in women but not in men.

Strengths and Limitations

Strengths:

- A large and nationally representative general population sample
- Data on both older population and violence
- Opportunity to measure long-term effects of violence
- Including three different types of violence

Limitations:

- Small numbers for some subgroups
- Doesn't allow to identify victim-perpetrator relationship for PV and SV, distinguish between one-time and multiple exposure to violence and abuse
- Underreporting

Future research

- More longitudinal studies designed to establish causal relationships between violence and health
- More information on violence in older age
- Collecting data from older people in institutional settings
- More research on protective and risk factors for violence in older age

Implications

- Violence should be better identified in older people by surveys and service providers
- More targeted interventions in place for vulnerable older people including socially isolated older people, those with a lower socioeconomic class
- Focus on preventing lifetime violence and its long-lasting effects on health

Thank you!

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