

Session 4: Older people





Effects of lifetime and recent exposure to violence in older age

Anastasia Fadeeva

together with Polina Obolenskaya, Ladan Hashemi, Claudia Cooper, Rob Stewart, Sally McManus

City, University of London

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The views expressed are those of the researchers and not necessarily those of the UK Prevention Research Partnership or any other funder.



Challenges associated with violence in older people

- Ageing population
- “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
- Consequences of violence on health may accumulate over years
- Challenging to distinguish between the effects of biological, sociodemographic, economic and other factors in later life



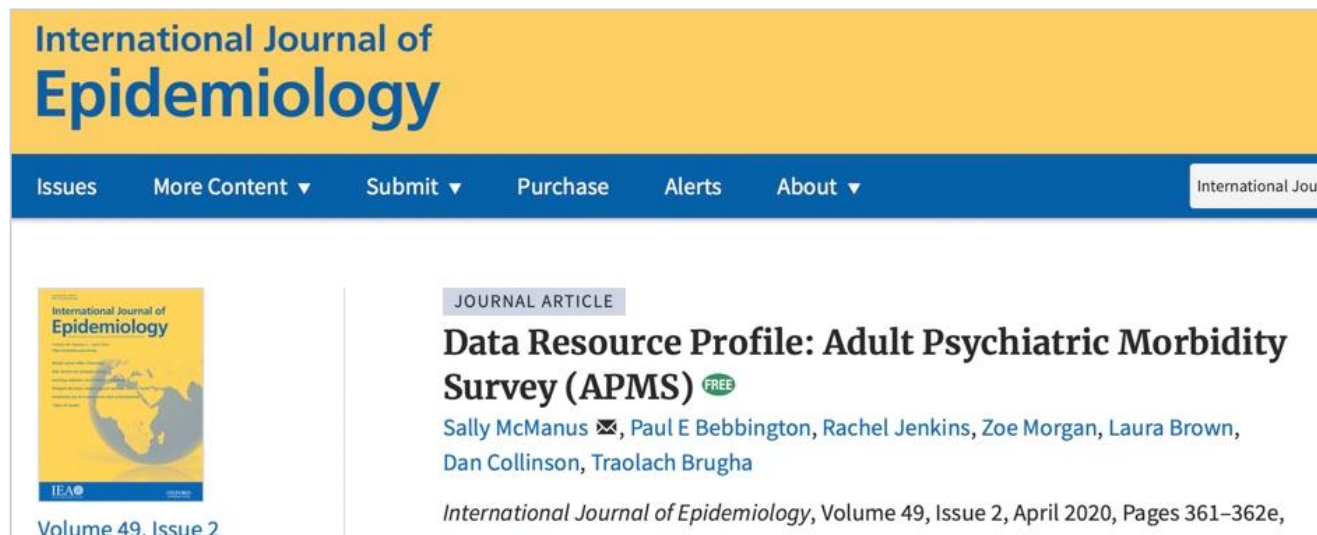
Hidden statistics

- Older people might be less likely to report violence (Safe Lives 2012)
- Service providers might not recognize or record the issue
- Official prevalence estimates tend to come from national surveys but there is a lack of data collected on violence in older people
- 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)



Adult Psychiatric Morbidity Survey 2014

- The 2014 APMS random sample included household residents in England aged 16 and above
- Cross-sectional design
- Data collection took place between May 2014 and September 2015.
- N=7546 participants (response rate=57%)
- The interviews were carried out face-to-face in people's own homes
- The analyses included participants aged 60+. Comparisons were made with those aged 16 to 59 years.



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JOURNAL ARTICLE

Data Resource Profile: Adult Psychiatric Morbidity Survey (APMS) FREE

Sally McManus ✉, Paul E Bebbington, Rachel Jenkins, Zoe Morgan, Laura Brown, Dan Collinson, Traolach Brugha

International Journal of Epidemiology, Volume 49, Issue 2, April 2020, Pages 361–362e,

Volume 49, Issue 2



Research aims

- To measure violence exposure in adults aged 60+ living in private households in England
- To identify risk factors associated with recent experience of violence in older adults
- To examine if the recent experience of violence was associated with common mental disorders (CMD) in older age



Statistical analysis

- Descriptive analysis and comparison for demographic, social, economic characteristics, and violence in 60+ and 16 to 59 age groups
- Logistic regressions for factors associated with experiencing violence in the last twelve months
- Logistic regressions for factors associated with Common mental disorder (CMD) including violence in the last twelve months



Measures

- Demographic, socioeconomic and area-level factors
- Loneliness, isolation, social support
- Physical and cognitive impairments
- **Common mental disorder** in the past week: depressive episode, mixed anxiety/depression, generalized anxiety disorder (GAD), panic disorder, phobic disorder, and obsessive–compulsive disorder (OCD)
- **Violence and abuse (physical, economic, emotional, sexual, bullying):**
 - From an intimate partner (IPV)
 - By other family members
 - From others

Violence measures were originally drawn from **the Conflict Tactics Scale (CTS)** and **the List of Threatening Experiences**

Results

Prevalence of violence

- All types of violence were less prevalent in older people than in the younger group
- IPV was more prevalent than other types of violence

Experiences of violence reported by younger and older people in England

	Age group				Total	
	16 to 59 (n=4484)		60 and over (n=2568)		N=7052	
Past year	n	% (95 CI)	n	% (95 CI)	N	% (95 CI)
Violence from an intimate partner	260	5.2 (4.6-5.8)	32	1.3 (0.9-1.9)	292	4.1 (3.7-4.6)
Violence from other family member in the past year	77	1.8 (1.4-2.3)	11	0.4 (0.2-0.7)	88	1.4 (1.1-1.8)
Any domestic violence (partner/other family)	315	6.6 (5.9-7.4)	38	1.5 (1.1-2.1)	353	5.2 (4.7-5.8)
Any violence, abuse, bullying, or serious assault	452	9.9 (9.0-10.9)	52	2.0 (1.4-2.6)	504	7.8 (7.1-8.5)
As an adult						
Violence from an intimate partner	1292	24.2 (22.8-25.5)	408	13.9 (12.6-15.4)	1700	21.4 (20.4-22.5)
As a child						
Any physical, emotional, or sexual violence and abuse as a child	1119	22.8 (21.4-24.4)	467	18.2 (16.5-20.0)	1586	21.6 (20.4-22.8)

Factors associated with experiencing violence in older people in the past year

- Ethnic group (AOR 3.3, 95%CI 1.7-7.4)
- Marital status-divorced/separated/widowed (AOR 1.5, 95% CI 1.0-3.4)
- Isolation and loneliness (AOR 3.9, 95% CI 1.8-8.4)
- **Childhood abuse (AOR 3.3, 95% CI 1.7-6.2)**
- Age –older (AOR 0.3, 95% CI 0.2-0.6)



Factors associated with CMD in older people

- **Any VA in the past 12 months (AOR 2.2, 95%CI 1.0-4.8)**
- **Childhood abuse (AOR 1.8, 95% CI 1.3-2.5)**
- Gender (AOR 1.3, 95% CI 1.3-2.5)
- Age - older (AOR 0.4, 95% CI 0.3-0.6)
- Marital group – divorced/separated/widowed (AOR 0.6, 95% CI 0.4-0.8); single (AOR 0.4, 95% CI 0.2-0.8)
- Tenure (AOR 1.8, 95%CI 1.2-2.5)
- Needs assistance with ADLs (AOR 4.1, 95%CI 2.9-6.0)
- Isolation and loneliness (AOR 5.5, 95%CI 3.9-7.7)



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

- Descriptive profiles for those exposed and non-exposed to violence;
- A conditional growth curve model for depression score (continuous);
- Binary multilevel regressions for limiting illness and clinical depression threshold.

Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9
Life course questionnaire: violence items						
Core questionnaire: demographic, socioeconomic, health factors	Core questionnaire	Core questionnaire	Core questionnaire	Core questionnaire	Core questionnaire	Core questionnaire



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 (5.0)	6118 (77.9)	1343 (17.1)
Sexual violence (SV)	400 (5.1)	6112 (77.8)	1343 (17.1)
Childhood abuse (CA)	227 (2.9)	6290 (80.1)	1338 (17.0)

- 80% reported one type of violence, 16.4% reported two types, and 3.6% 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, self-reported health, and loneliness were associated with CA



Depression (continuous)

Changes in depression score by exposure to violence and abuse in older adults aged 50 and over

	All	Males	Females
Physical violence	.137**	0.181**	0.209**
	(0.050)	(0.061)	(0.099)
Sexual violence	0.063	0.158	-0.036
	(0.049)	(0.098)	(0.059)
Childhood abuse	0.146*	0.241**	0.085
	(0.065)	(0.092)	(0.088)

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;

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



Development of depression

Associations between exposure to violence and abuse and development of a depression in older adults aged 50 and over

	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)

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

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



Development of limiting illness

Associations between exposure to violence and abuse and development of a limiting illness in older adults aged 50 and over

	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)

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

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



Summary

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



Strengths and Limitations (both APMS and ELSA studies)

Strengths:

- Large and nationally representative general population samples
- Data on both older population and violence
- Measured both recent exposure and life-time violence
- Including different types of violence
- Measuring the effects of ethnicity – only for APMS

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, or timing of violence
- Underreporting



Implications

- Violence remains a problem in older age
- Violence should be better identified in older people by surveys and service providers
- More targeted interventions in place for vulnerable groups including ethnic minorities, socially isolated people, divorced or widowed people
- Negative effects of violence on health in older age need to be considered by health and social care professionals



Thank you!

Anastasia Fadeeva (anastasia.fadeeva@city.ac.uk)

VISION website

<https://vision.city.ac.uk/>





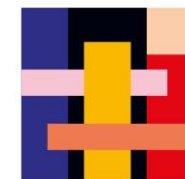
Extending the Crime Survey for England and Wales to older people: the implications for research

Polina Obolenskaya

with Niels Blom, Elouise Davies, and Brian Francis

Violence and Society Centre, City University, London

VISION Annual Conference, 21 September 2023



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VISION Crime Survey Thread work

VISION CSEW thread focuses on

- measurement of violence
- exploring definitions of violence
- exploring different forms of violence
- impact of measurement on violence estimates overall and for groups, including older adults

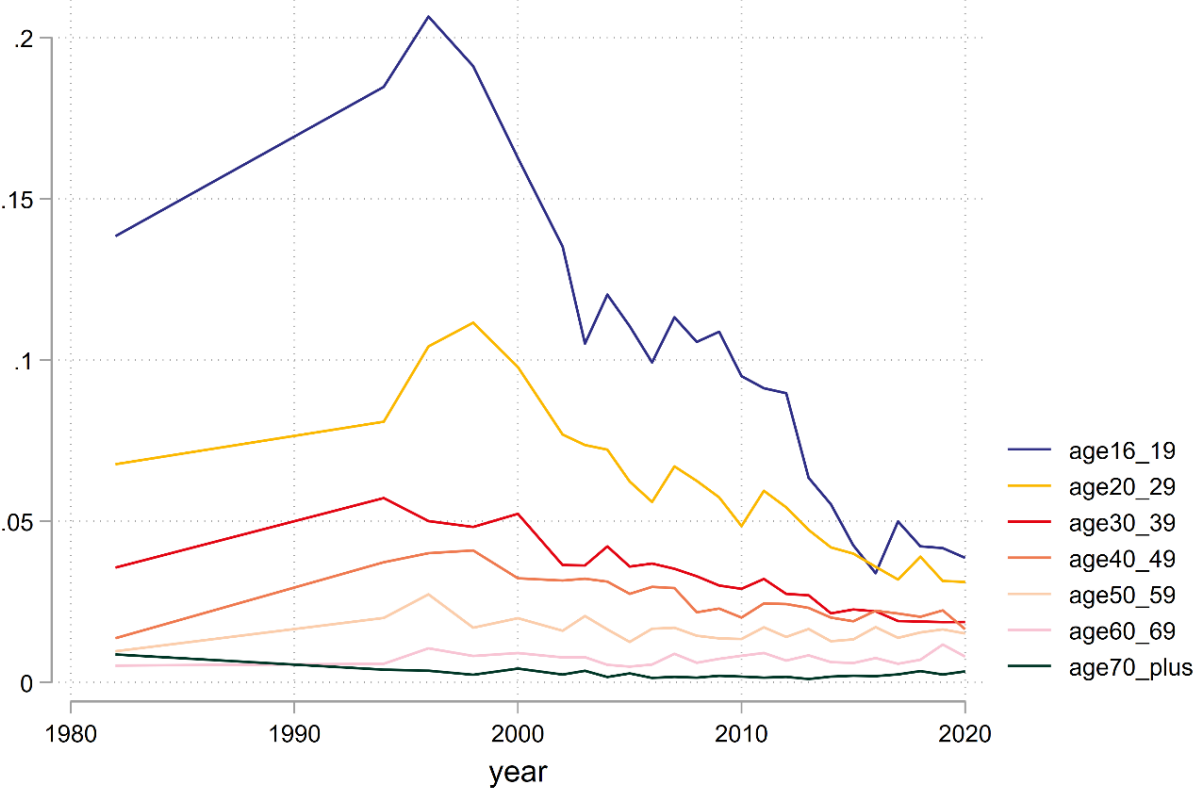
Historically our key official data source on Intimate Partner Violence and Abuse (IPVA) - CSEW self-completion - has excluded older people*. This reflects partly an assumption that they lack capacity, and perhaps also an assumption that they matter less and/or that violence isn't an issue for them

The main victimisation part of CSEW – used to monitor violent crime trends has been running from 1982 with no upper age limit.



Continuous decline in prevalence of violence among younger age groups since 1990s but stagnation among older age groups since 2000s

Percent experienced violent crime (ONS definition)



Excludes:

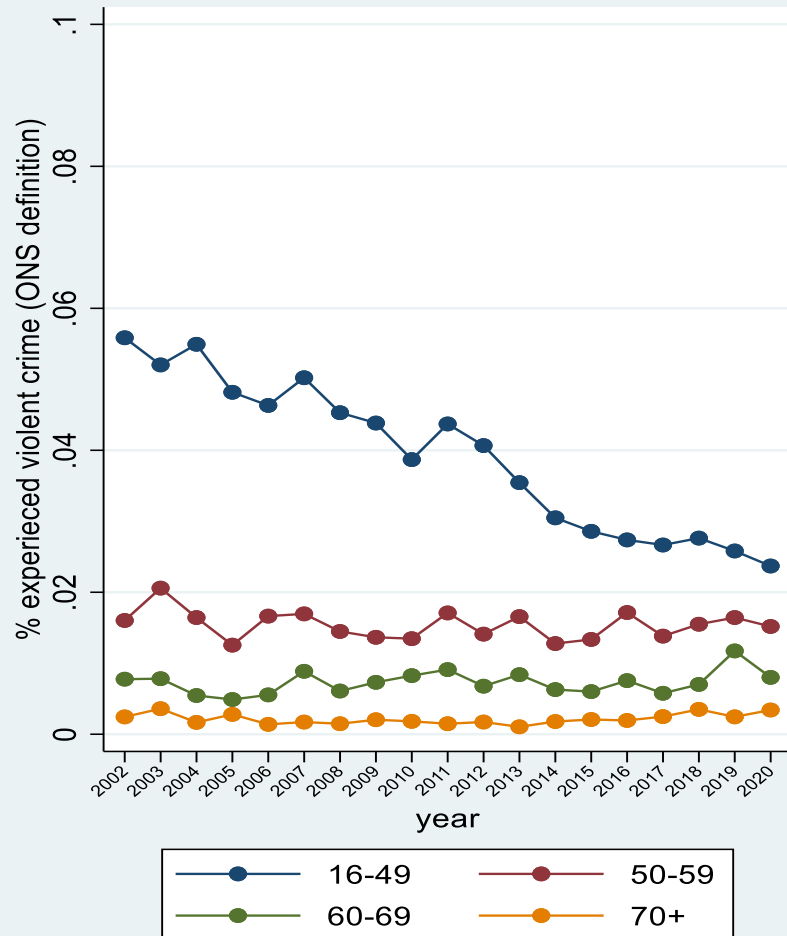
- sexual violence
- robbery
- threats of violence

Source: Authors' analysis using ONS, Crime Survey for England and Wales

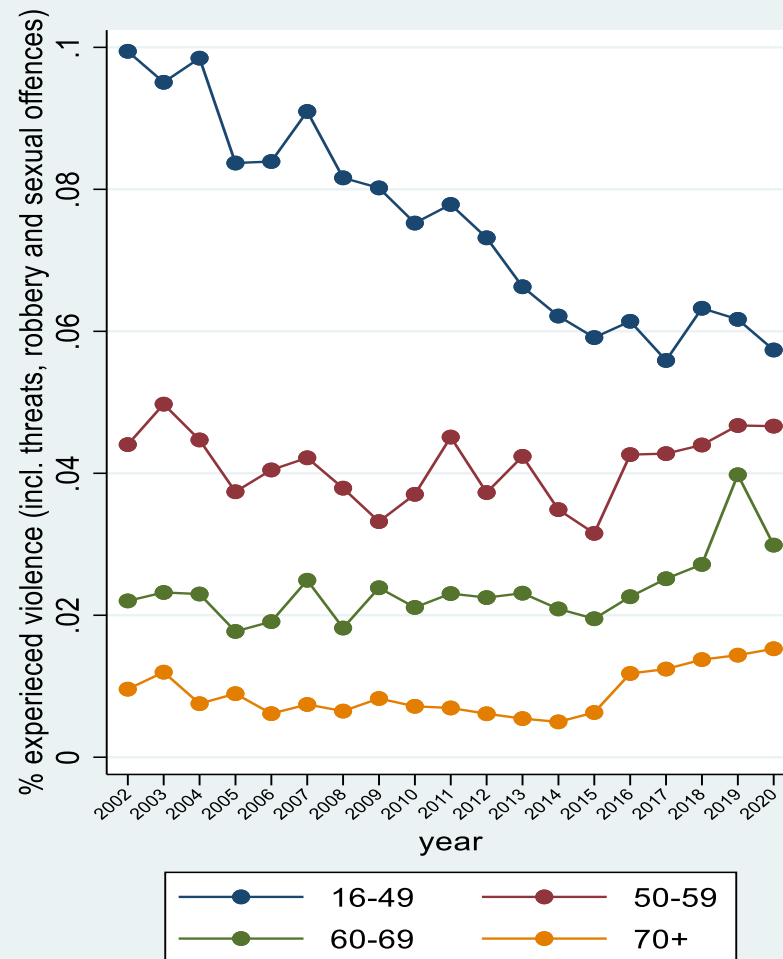


Increase in violence among older people using the ONS definition vs a broader definition

ONS measure



Broader measure, incl. sexual violence, robberies and threats

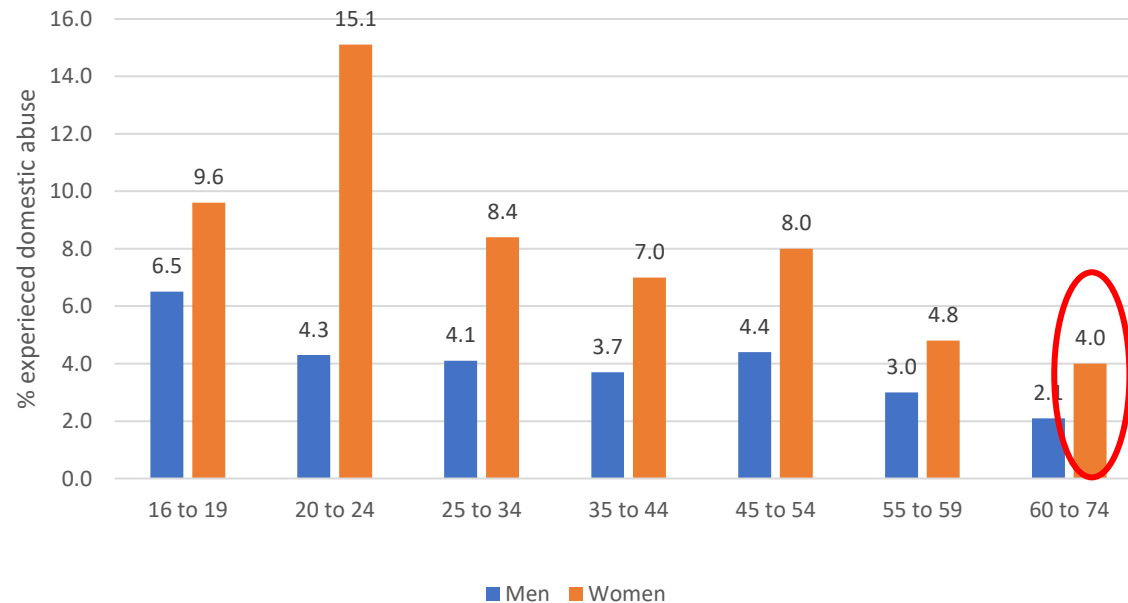


Source: Authors' analysis using ONS, Crime Survey for England and Wales



Self-completion CSEW data on IPVA and older people

- ⇒ A real need to track trends and risks of violence of older adults in the survey data, but the main victimisation survey does not cover IPVA well
- ⇒ Lifting of the age cap for the eligibility for the self-complete questionnaire (from 2021 data collection) where IPVA is better recorded is a significant progress
- ⇒ Response rate to the self-completion among older adults is good
- ⇒ Prevalence of domestic abuse is sizeable for older adults especially for women. Women aged 60-75 have a similar risk of domestic violence and abuse as younger men.

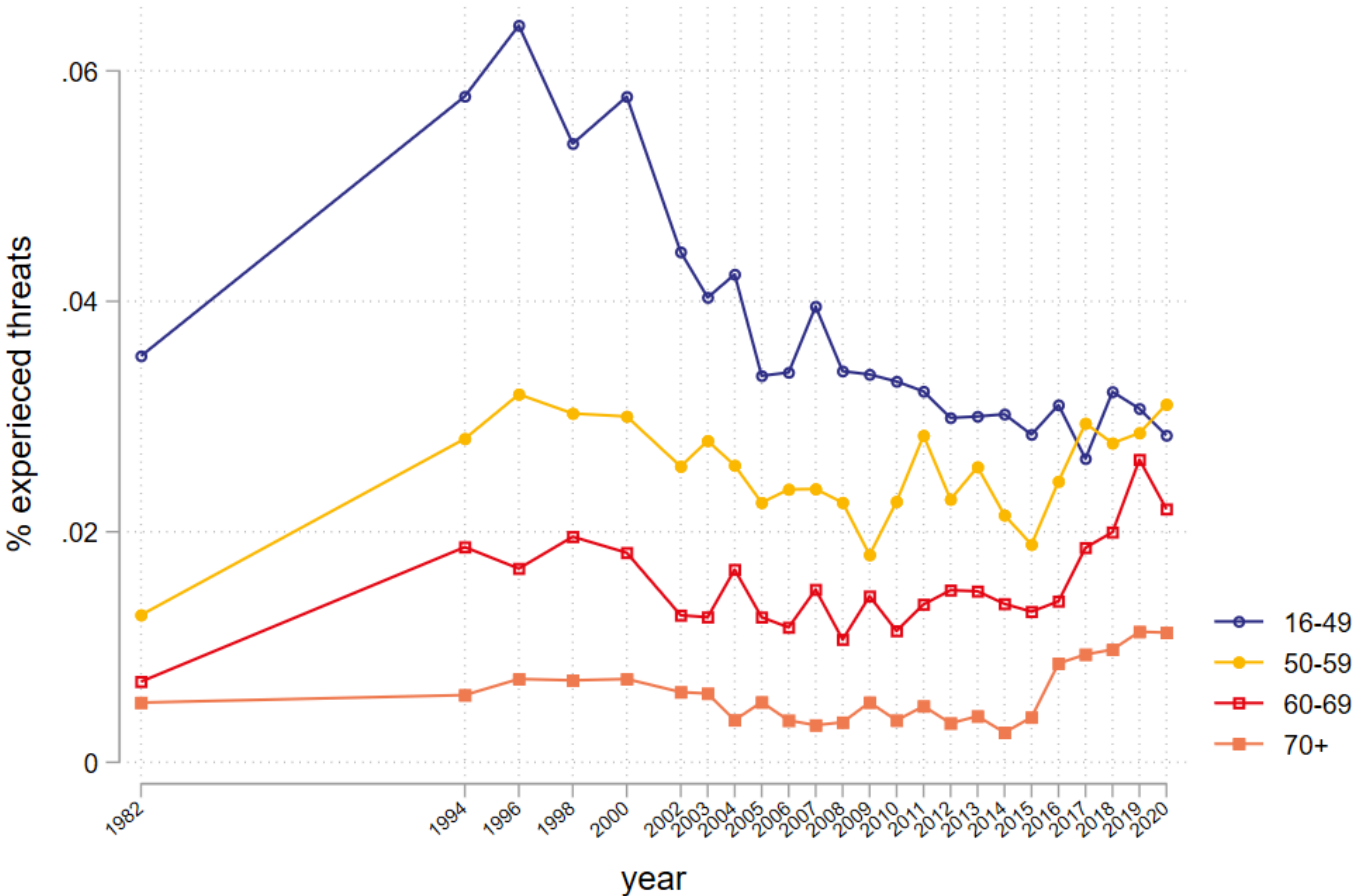


Source: ONS, figure 4. [Domestic abuse victim characteristics, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandcare/articles/domesticabusevictimcharacteristicsenglandandwales-2021/2021-09-23)



Increase in experiencing threats among older people

Proportion experienced threats in England and Wales, 1982 to 2020



Source: Authors' analysis using ONS, Crime Survey for England and Wales



Future work, strengths and limitations of CSEW for the analysis of violence among older people

- In our future work we will be incorporating self-completion IPVA figures with those from the main victimisation survey (Cooper and Obolenskaya 2022).
 - BUT: not able to explore time trends due to previous capping of age for the self-completion part of the survey
- Good response rate among older adults to the IPVA module
 - BUT: yet to see the most recent data; underreporting among the oldest of the old is expected
- Continue exploring the relationship between age and risks of violence/different forms of violence as well as impact of violence and support seeking using the CSEW
 - BUT: unable to address some specific manifestation of violence and abuse for this group e.g. abuse by carers, in institutional settings





Thank you!

Polina Obolenskaya (polina.obolenskaya@city.ac.uk)

VISION website:
[VISION - UKPRP](#)

