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Background:

Due to the ageing population, the extent and impacts of violence in later life could become increasingly prominent. However, there is a lack of evidence on violence and its effects in older age, which impedes prevention measures. The present research draws on data collected from two nationally representative population health surveys - the Adult Psychiatric Morbidity Survey (APMS) 2014 and the English Longitudinal Study of Ageing (ELSA) to examine associations between violence and health outcomes in older adults in England.

Methods:

APMS is a cross-sectional design and collected data on violence and abuse as well as mental health in adults aged 16+. Multivariable regression analyses were run to measure associations between violence and common mental disorder (CMD) in adults aged 60+ in comparison with the younger population group (16-59). ELSA is a panel data study, which has collected information on health, social, and economic lives of individuals aged 50 and over every two years since 2002. In wave 3, ELSA included questions on childhood abuse and life experiences of physical and sexual violence. Logistic multilevel regressions were used to examine associations between violence and subsequent limiting illness and depression.

Results:

Violence conferred an independent risk for CMD (AOR 2.2, 95% CI:1.0-4.8) based on the APMS data. According to ELSA

results, physical violence (AOR 2.50, 95%CI 1.69-3.68) and childhood abuse (AOR 2.47, 95%CI 1.51-4.04) were associated with the development of limiting illness, with sex differences between men and women observed.

Conclusions:

Violence remains a problem that affects older people and presents risks to their health. Moreover, earlier life victimization could cause long-lasting health impacts that persist in later life. To mitigate the challenges associated with the ageing population, policies and interventions should focus on the prevention of violence and its long-lasting effects on health.