in the engagement of residents in complaint investigation and resolution and there were 71.05% fewer activities involved in investigations. Not surprisingly, there was an 80.0% increase in information that the LTCO provided to the media.

COVID PANDEMIC IMPACT ON NEVADA ADULT PROTECTIVE SERVICES

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Empirical data regarding Covid pandemic impact on the Nevada Adult Protective Services (APS) Program clients, casework, and staff was gathered and analyzed as part of a multi-faceted program evaluation. Key findings include: 66% of the staff agreed or strongly agreed that the pandemic made their jobs more challenging. Respondents reported Covid-related challenges faced by clients, the program, and themselves as social workers serving older and vulnerable adults. Adverse client impacts observed included increased social and emotional isolation, loss of housing, exacerbation of symptoms of mental illness, necessary services being cut from clients subsequent to testing Covid positive, and fear and reluctance to allow needed visiting service providers, such as home health aides, into their homes. We will discuss the implications of the findings on APS services and clients, and on related health and human services designed to promote the wellness and independence of older and vulnerable adults.

FINANCIAL EXPLOITATION OF OLDER ADULTS DURING THE EARLY MONTHS OF THE COVID-19 PANDEMIC

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COVID-19 created a "perfect storm" for financial exploitation directed at older adults. We invited adults aged 60 and older enrolled in gerontology research registries at Virginia Tech, Florida State University, Wayne State University, and University of Pittsburgh to complete an on-line survey about experiences with financial exploitation by strangers. The 997 respondents ranged in age from 60 to 98 (M = 71.3; SD = 6.8); most identified as White (93.4%), female (64.2%) and living with a spouse/partner (58%). Approximately one-half of respondents (56.87%) reported experiencing a scam attempt about COVID-19 issues. Most contact by scammers was electronic (49%) and frequently occurred two or more times (40%). Most respondents ignored the request (i.e., hung up phone, deleted text/email, threw away mail). However, 9% sent the requested payment, and 4% gave the scammer their personal information. Confidence in financial matters and having attended financial educational programs protected older adults from being scammed.

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Adult Protection and Elder Abuse

CHANGING FAMILY RELATIONSHIPS DURING THE COVID-19 PANDEMIC: THE CASE OF ELDER ABUSE

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Since the first confirmed case being identified in January 2020, authorities in Hong Kong have implemented various measures in an attempt to control the spread of the disease. These measures include compulsory quarantining of infected persons and those suspected of exposure, temporary closure of high-risk premises, and suspension of public activities and services, encouraging work-from-home arrangement etc. These measures, however, may exacerbate the impact of known risk factors and create new avenues for elder mistreatment. Life stress, financial strains and work-from-home arrangements increase chances of family conflicts, cessation of public services increases burden in the already stressed caregivers. This study examines the changing intergenerational family relations in the midst of the pandemic. A total of 1200 community dwelling senior citizens participated through responding to a telephone survey. Information was collected on participants' demographic characteristics, perceived disruptions brought about by COVID-19, family relations, physical and mental health, etc. Family conflicts and abuse were commonly reported: 27.8% reported family conflicts, 14.5% psychological abuse, 3.1% physical abuse, 3.9% financial abuse. A large proportion of participants (41.8%), however, also reported improved family relations during the pandemic. Results of logistic regression indicate that advanced age, female gender, poor financial situation were significant predictors for family conflicts and abuse. Contrary to our expectations, pandemic related disruptions in daily lives and perceived safety in the community were not associated in family conflicts and abuse in the present sample.

INCIDENCE AND RISK FACTORS OF ELDER MISTREATMENT IN THE COMMUNITY: A LONGITUDINAL POPULATION-BASED STUDY

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Prior population-based elder mistreatment (EM) risk factor research has focused on problem prevalence using cross-sectional designs, which cannot make causal inferences between proposed risk factors and EM or discern existing cases from new cases entering the population. This study sought to estimate the incidence of EM and identify risk factors for new cases. It is a ten-year prospective, population-based cohort study with data collected between 2009 (Wave 1) and 2019 (Wave 2). Based on Wave 1 random, stratified

sampling to recruit English/Spanish-speaking, cognitively intact, community-dwelling older adults (age ≥ 60) across New York State, this study conducted computer assisted telephone interviews (CATI) with 628 respondents participating in both Wave 1 and Wave 2 interviews (response rate=60.7%). Ten-year EM incidence was regressed on factors related to physical vulnerability, living arrangement, and socio-cultural characteristics using logistic regression. Ten-year incidence rates included overall EM (11.4%), financial abuse (8.5%), emotional abuse (4.1%), physical abuse (2.3%), and neglect (1.0%). Poor self-rated health at Wave 1 significantly predicted increased risk of new Wave 2 overall EM (odds ratio [OR]=2.8), emotional abuse (OR=3.67), physical abuse (OR=4.21), and financial abuse (OR=2.8). Black older adults were at significantly heightened risk of overall EM (OR=2.61), specifically financial abuse (OR=2.8). Change from co-residence (Wave 1) toward living alone (Wave 2) significantly predicted financial abuse (OR=2.74). Healthcare visits represent important opportunities to detect at-risk older adults. Race is highlighted as an important social determinant for EM requiring urgent attention. This study represents the first longitudinal, population-based EM incidence study.

PERCEIVED FINANCIAL VULNERABILITY IS RELATED TO PERCEIVED COGNITIVE IMPAIRMENT AND LIVING ALONE

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Objective: Perceived financial vulnerability is linked to physical and mental health and also to risk for financial exploitation (Lichtenberg et al., 2020a,b). This study examined the relationship of risk scores for financial exploitation to demographic variables, perceived memory loss and living alone. Methods: The 17-item self-report Financial Exploitation Vulnerability Scale (FEVS) posted on our website https://olderadultnestegg.com was completed by a convenience sample of 258 older adults. Correlational, multiple regression and Chi Square analyses were used. Results: Thirty percent of the sample scored at an elevated risk for financial exploitation due to perceived financial vulnerability. Although this was a convenience sample the results were similar to what was found in a sub-study of the HRS. Thirty eight percent of participants were living alone and 38% reported that their memory was less reliable than a year ago. Financial vulnerability risk score was significantly related to decreased education (r=-.12), living alone (r=.21) and perceived memory loss (r=.35). Eighteen percent of the variance was accounted for in a multiple regression (F(5,250)=10.73, p<0.001, r2=0.18) with all three measures predicting FEVS risk score independently. The combination of perceived memory loss and living alone was significantly associated with the highest percentage of elevated risk scores. Discussion: Perceived financial vulnerability and its relationship to health (e.g. memory loss) and financial exploitation, continues to be under-appreciated in gerontology and geriatrics research. Our findings, consistent with GSA's Longevity Fitness report further highlights this important dimension.

RISK FACTORS OF FINANCIAL EXPLOITATION VERSUS SCAM

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Financial exploitation (FE) perpetrators are usually seen in a position of trust, such as family members or friends, whereas perpetrators of scam tend to be unknown individuals. Few empirical studies have examined victim risk factors, and this study aimed to systematically compare risk factors of FE versus scam. One-hundred-and-ninety-five adults (ages 18-89) were recruited to complete a 60-minute survey and interview at Purdue University in Indiana (n1=97) and Scripps College in California (n2=98). Risk factors assessed included cognitive tasks (overall cognition, memory, and executive decision), socio-emotional questionnaires (depression, resilience, ostracism, and social integration), financial measures (numeracy, objective financial knowledge, retirement worries, and financial well-being), physical health and demographics (age, gender, education level, marital status, ethnicity). Additionally, participants reported experiences of FE and scam, including (1) the 11-item short-form Older Adult Financial Exploitation Measure, (2) seven questions on scam from the Health and Retirement Study, and (3) likelihood to contact a scammer after reviewing lottery scam materials. The three dependent variables were log-transformed before OLS regression models were built. Each dependent variable was associated with different risk factors. Lower standard of living (p=.02) and ostracism (p<.05) independently predicted FE. Lower physical health (b=-.02, p=.003) was the strongest predictor of scam, with lower level of financial well-being (p=.02) serving as an independent predictor. For lottery scams contact likelihood, ostracism (b=.04, p=.005) and being male (b=-.23, p=.04) were the strongest predictors. Since risk factors differed between FE and scam, prevention and intervention programs should target the unique profiles of risk factors for each.

STRUCTURAL AND INDIVIDUAL AGEISM PREDICTS ELDER ABUSE PROCLIVITY AND PERPETRATION

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Considering that elder abuse affects one in six older persons worldwide, a need exists to identify factors that predict this abuse. Previous studies have found that ageism operates at both structural (i.e., societal-level stigmatizing views toward older persons) and individual levels (i.e., negative age beliefs) to affect health. However, it was not known whether and if so, how these two levels