

a technique not often used in the gerontology literature. CM is a mixed-method, participatory approach that uses brainstorming and unstructured card-sorting combined with multivariate statistics (multi-dimensional scaling, hierarchical cluster analysis) to create a data-driven visual representation of thoughts or ideas of a community. CM is well suited to integrating perspectives from multiple points of view. Participants were prompted to address the research question: how do we think about aging in Anchorage & what are the barriers and facilitators to aging well? Results indicate services for seniors should include culturally responsive health programming, low-cost opportunities for social engagement, inclusion of older adults with intellectual/developmental disabilities, transportation considerations, navigators to locate services in Anchorage, and more. CM allowed the researchers to identify how residents view healthy aging in this urban subarctic location and brainstorm practical solutions with stakeholders and local policy-makers. This presentation will also share lessons-learned regarding the use of this participatory approach with older adults.

EXISTING STRATEGIES FOR ELECTRONIC DATA COLLECTION BY ELDER ABUSE MULTI-DISCIPLINARY TEAMS

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Elder abuse cases often require integrated responses from social services, medicine, civil legal, and criminal justice. Multi-disciplinary teams (MDTs), which meet periodically to discuss and coordinate interventions for complex cases, have developed in many communities. Little is known about how these MDTs collect case-level data. Our objective was to describe existing strategies of case-level electronic data collection conducted by MDTs across the United States as a preliminary step in developing a comprehensive database strategy. To identify MDTs currently collecting data electronically, we used a snowball sampling approach discussing with national leaders. We also sent an e-mail to the National Center for Elder Abuse listserv inviting participation. We identified and reviewed 11 databases from MDTs. Strategies for and comprehensiveness of data collection varied widely. Databases used ranged from a simple spreadsheet to a customized Microsoft Access database to large databases designed and managed by a third-party vendor. Total data fields collected ranged from 12-338. Types of data included intake/baseline case/client information, case tracking/follow-up, and case closure/outcomes. Information tracked by many MDTs, such as type of mistreatment, was not captured in a single standard fashion. Documentation about data entry processes varied from absent to detailed. We concluded that MDTs currently use widely varied strategies to track data electronically and are not capturing data in a standardized fashion. Many MDTs collect only minimal data. Based on this, we have developed recommendations for a minimum data set and optimal data structure. If widely adopted, this would potentially improve ability to conduct large-scale comparative research.

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PROTECTIVE EFFECTS OF NEIGHBORHOOD SOCIAL COHESION ON ELDER ABUSE IN INDIAN OLDER ADULTS

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It is estimated that elder abuse impacts 16% of older persons globally. There is a need to understand factors that protect older persons. In this study, we examined whether neighborhood social cohesion, or the mutual support, trust, and interaction among neighbors, could be such a factor. As it has been found to be protective of child abuse and domestic violence, we hypothesized that higher neighborhood social cohesion would extend to reduce the risks of elder abuse. Our cohort consisted of participants aged 60 and over in the Longitudinal Aging Study in India (LASI) pilot survey. Elder abuse was measured by asking participants if they experienced ill-treatment by family members. Neighborhood social cohesion was measured by a five-item instrument that captured perceived support and trust among neighbors. The final sample consisted of 541 participants with a mean age of 69 who largely (72.9%) resided in rural area. The hypothesis was supported. Compared to older persons with low neighborhood social cohesion, older persons with high neighborhood social cohesion were significantly less likely to experience elder abuse (OR= 0.57, 95% CI=0.35-0.92), after controlling for socio-demographics, health, and neighborhood contextual covariates. This study, for the first time, suggests that neighborhood social environment may exert a protective effect on risks of elder abuse. Neighborhood resources may both prevent family members from being abusive and may help older persons stop abuse. Incorporating structural factors such as neighborhood cohesion may be critical in devising elder abuse preventions that increase the safety and well-being of older persons.

RESILIENCE THROUGH CONNECTION: SOCIAL SUPPORT AND ELDER ABUSE, DISASTER, BEREAVEMENT, AND COMBAT

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Elder abuse prevalence among community residing adults is 10%, but this prevalence is cut by more than half among those who report high levels of social connection. Relatedly, elder abuse outcomes are significant, producing increased prevalence of anxiety and depressive disorders, the prevalences of which are, again, halved when one experiences abuse in the context of high social support. Similarly, mental health effects of natural disaster on older adults are virtually eliminated in the presence of high social support. Moreover, treatment for anxiety and depressive disorders is improved when high social support is present. We will present findings from five of our major studies in the aforementioned areas that underscore this point.

UNCIVILIZED CHILDREN OR VICTIMS OF DEMENTIA: INTERPRETATIONS OF AGGRESSION IN ASSISTED LIVING

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