

sampling to recruit English/Spanish-speaking, cognitively intact, community-dwelling older adults (age  $\geq 60$ ) 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 ( $F(5,250)=10.73$ ,  $p<0.001$ ,  $r^2=0.18$ ) 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