In the past decades, researchers have shown an increasing interest in the study of traumatic events among aging populations. The majority of studies on trauma focus on mental health, which overlooks the possibility that trauma may also have an adverse effect on other health outcomes, such as cognitive function. A number of studies focus on a single traumatic event. However, this approach may underestimate its health impact as many people experience multiple forms of traumatic events. Indeed, the impact of traumatic events on health depends on the event itself (e.g., single or multiple forms, time) as well as ecological factors.

This symposium aims to address the above limitations. The first longitudinal study An Ecological Model of Risk Factors in Elder Mistreatment (EM) Victims tested different dimensions of the ecological model to prevent recurrence of EM. The second study Polyvictimization and Cognitive Function in an Ethnic Minority Aging Population explored whether exposure to multiple forms of EM affects cognitive function. The third study Traumatic Events and Cognitive Function: Does Time Matter? examined whether traumatic events happened in childhood, adulthood, or old age will influence late-life cognitive function. The fourth study Face-saving and Help-seeking among Older Adults with EM identified cultural determinants of help-seeking behaviors in EM victims. This symposium will advance knowledge in the health consequences of polyvictimization and exposure to traumatic events in different life stages. It will also inform interventions to stop the recurrence of EM in immigrant families and enhance the help-seeking behaviors of ethnic minority older adults.

**POLYVICTIMIZATION AND COGNITIVE FUNCTION IN AN ETHNIC MINORITY AGING POPULATION**

XinQi Dong,1 and Mengting Li,2 1. Rutgers University, Rutgers Institute for Health, New Jersey, United States, 2. Rutgers, The State University of New Jersey, New Brunswick, New Jersey, United States

Globally, around 1 in 6 older adults experienced some form of elder mistreatment in community settings. However, little is known about the prevalence of polyvictimization, or experience of multiple forms of abuse, which may exacerbate negative outcomes over that of any one form of victimization in isolation. Data were drawn from the PINE study. Polyvictimization was defined as exposure to multiple forms of victimization, including psychological, physical, and sexual mistreatment, financial exploitation, and caregiver neglect. Cognitive function was evaluated by global cognition, episodic memory, executive function, working memory, and MMSE. Regression analyses were performed. Among 3153 participants, 128 experienced two forms of abuse while 12 experienced three or more forms of abuse. Polyvictimization was associated with lower global cognition (β=-0.05, SE=0.02, p<.05), episodic memory (β=-0.06, SE=0.03, p<.05), working memory (β=-0.14, SE=0.07, p<.05), and processing speed (β=-0.68, SE=0.33, p<.05). Interventions could target older adults with polyvictimization and protect their cognitive function.

**AN ECOLOGICAL MODEL OF RISK FACTORS IN OLDER ADULTS WITH REPEATED EXPOSURE TO ELDER MISTREATMENT**

Mengting Li,1 XinQi Dong,2 and Qun Le,3 1. Rutgers, The State University of New Jersey, New Brunswick, New Jersey,
United States, 2. Rutgers University, Rutgers Institute for Health, New Jersey, United States, 3. Rutgers University, New Brunswick, New Jersey, United States

Limited empirical studies examined the factors related to repeated EM exposures among Chinese older immigrants. Guided by the ecological model, this study aims to explore what are the risk factors leading to recurrence of EM. Data were drawn from the two-wave PINE Study with 725 participants having EM at baseline and 191 reported repeated EM after two years. EM was evaluated by a 66-item instrument, including psychological, physical, and sexual mistreatment, financial exploitation, and caregiver neglect. Logistic regression was used. Increasing financial independence was associated with lower possibility of repeated EM (OR: 0.72, 95%CI 0.56-0.92). Every one unit increase in ADL impairment (OR: 1.10, 95%CI 1.02-1.18), IADL impairment (OR: 1.09, 95%CI 1.05-1.13) and increase frequency of alcohol consumption (OR: 1.33, 95%CI 1.06-1.66) were associated with higher possibility of repeated EM. Social service could improve physical function, provide financial support, and reduce health-risk behavior to prevent the recurrence of EM.

TRAUMATIC EVENTS AND COGNITIVE FUNCTION: DOES TIME WHEN TRAUMATIC EVENTS HAPPEN MATTER?
Gabriella Dong, Rutgers, The State University of New Jersey, New Brunswick, New Jersey, United States

People at different life stage may respond differently to traumatic events and result in different cognitive health. This study aims to examine the relationship between life stage at which one experiences traumatic events and cognitive function. The data were drawn from the 2017-2019 PINE study (N = 3,125). The time of life events happened was evaluated by childhood (<20), adulthood (20-59), and old age (60 and above). Cognition was measured through global cognition, episodic memory, working memory, processing speed, and MMSE. Linear regression was used. Individuals with the latest exposure to traumatic events at adulthood or old age have higher cognitive function than those without traumatic events over the life course. Exposure to traumatic events in middle or later life stimulates cognition, while trauma exposure in earlier life stage does not. Future research to understand the impact of traumatic events on health could consider the time when traumatic events happen.

FACE-SAVING AND HELP-SEEKING AMONG U.S. CHINESE OLDER ADULTS WITH ELDER MISTREATMENT
Dexia Kong,1 XinQi Dong,2 and Ying-Yu Chao,3
1. Rutgers University, New Brunswick, New Jersey, United States, 2. Rutgers University, Rutgers Institute for Health, New Jersey, United States, 3. Rutgers University, Newark, New Jersey, United States

Chinese culture places a high value on saving face and not bringing shame to the family. This study aimed to examine the associations between face-saving and help-seeking among U.S. Chinese older adults who experienced elder mistreatment (EM). Data were retrieved from the PINE study. Regression analyses were performed. Most EM victims sought help from informal sources only (48.21%), followed by no help (26.79%), informal plus formal help (19.64%), and formal help only (5.36%). For EM screening, face-saving was associated with informal help-seeking intentions (p < .05). For EM subtypes, face-saving was associated with overall help-seeking intentions for financial exploitation (p < .05), but not on physical mistreatment, psychological mistreatment, and caregiver neglect. Face-saving was not associated with help-seeking behaviors. Study findings underscore the significance of a unique cultural value in understanding EM help-seeking intentions among Chinese older adults. Cultural constructs should be considered in future EM research in diverse populations.

Session 4000 (Symposium)

ACCESS AND BARRIERS TO USE OF LONG TERM SERVICES: CONTEXTUAL ISSUES
Chair: Allen Glicksman Co-Chair: Lauren Ring
Discussant: Norah Keating

The challenges that some older adults face in accessing both health and social services is a topic of continuing concern. This panel will focus on contextual issues that often shape specific challenges. These contextual issues usually emerge either from issues of diversity among the older persons themselves (for example, minority status or foreign born) and diversity between the ways in which services are offered (usually established at the national or in the case of the United States, at the state level). The intersection of these two forms of diversity often define the specific challenges faced by older persons in accessing health and social services. Further, unexpected events, such as the COVID pandemic, can affect both types of diversity (greater challenges for persons who do not speak the dominant language; inability of services to quickly adapt to radically changed environment). Our panel will address these issues through four presentations, each taking a different look at the ways in which diversity affects access. Our first paper, by Torres, will place this discussion in wider context by presenting results from a scoping review. Our second paper, by Diederich looks at access to services by immigrant generation (that being another source of diversity) in Germany. The third paper, by Thiamwong looks at how the COVID crisis affected older Hispanic women. Finally, Ring will examine how a national policy, here the definition of poverty, affects outcome and access for older person in the United States.

DEFINING POVERTY AS AN ELIGIBILITY REQUIREMENT FOR SUPPORTIVE SERVICES
Lauren Ring, and Allen Glicksman, Philadelphia Corporation for Aging, Philadelphia, Pennsylvania, United States

Deciding which individuals qualify as “poor” often depends on how each country or municipality defines the term ‘poverty’. In the United States, program eligibility is often tied to the Federal Poverty Level (FPL), using 100% of the FPL as a cut-off for receipt of services. However, research has shown that incomes of 200% of the FPL and higher are often needed to establish even minimum levels of economic security. Using data from an omnibus health study conducted in 2018 that included 1,581 persons ages 60+ who were asked about their health and service needs, we compared persons making 100% of the FPL or less to persons making >100% of the FPL and >200% of the FPL. We found that incomes of 200% of the FPL and higher were more often associated with Medicare coverage and reduced health-risk behavior to prevent the recurrence of EM.