

A SYSTEMATIC REVIEW AND META-ANALYSIS OF AGE-RELATED DIFFERENCES IN TRUST

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This systematic review and meta-analysis quantifies the magnitude and breadth of age-related differences in trust. Thirty-eight independent data sets met criteria for inclusion. Overall, there was a moderate effect of age group on trust ($g = 0.22$), whereby older adults were more trusting than young adults. Three additional meta-analyses assessed age-related differences in trust in response to varying degrees of trustworthiness. This revealed that older adults were more trusting than young adults in response to neutral ($g = 0.31$) and negative ($g = 0.33$), but not positive ($g = 0.15$), indicators of trustworthiness. The effect of age group on trust in response to positive and neutral cues was moderated by type of trust (financial vs. non-financial) and type of responding (self-report vs. behavioral). Older adults were more trusting than young adults in response to positive and neutral indicators of trustworthiness when trust was expressed non-financially, but not financially. There was also an age-related increase in self-reported, but not behavioral, trust in response to neutral cues. Older adults were more trusting than young adults in response to negative indicators of trustworthiness regardless of the type of trust or type of responding. The reliability of information about trustworthiness (superficial vs. genuine cues) did not moderate any effects of age on trust. Implications of these findings and directions for future research are discussed.

CHALLENGES AND BARRIERS FOR SERVICE PROVIDERS IN RURAL SETTINGS: AN ELDER-ABUSE NEEDS ASSESSMENT

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There has been concern about the increasing prevalence of elder abuse in the rural settings. This trend has called for more coordinated efforts to address elder abuse in the rural community. The current literature regarding elder abuse suggest there is more to learn about systematic obstacles service providers face. The framework applied in this study include elements of Bronfenbrenner's Bioecological model, showing a multilevel application to the obstacles agencies encounter when supporting else abuse victims. Little research has been conducted on the providers who work with elders in the rural context. In this study, based on the needs assessment of Iowa, we have examined the perceived barriers service providers face. Our sample included 222 providers across Iowa who took an online survey. The survey was initially sent to members of the Coordinated Community Response team of Iowa. Our findings indicated that service providers revealed multilevel challenges (i.e., individual vs. organization level) in working with elder abuse cases. Service providers' perceived effectiveness training was negatively associated with the quality of training they evaluated ($\beta = .24$, $p < .05$). The data also showed us that a large portion of agencies offered no training and education on elder abuse. Common themes described by the providers as barriers to addressing abuse was lack of education, social isolation, low awareness and ageism. These results highlight

that training for elder abuse in the rural setting needs multi-level systematic efforts.

ABUSE, NEGLECT, AND EXPLOITATION IN ASSISTED LIVING: AN EXAMINATION OF LONG-TERM CARE OMBUDSMAN COMPLAINT DATA

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Adult Protective Services (APS) has seen cases of elder abuse increase recently and older adults living in long-term care facilities are subject to abuse, neglect and exploitation (ANE) at higher rates than community-dwelling seniors. However, there is scant empirical literature about ANE in assisted living (AL) settings and skilled nursing facilities (SNFs). The purpose of this study is to examine ANE complaints in AL and SNFs as recorded by Long-term Care Ombudsman Programs (LTCOPs) utilizing secondary data from a state-wide database as well as an agency database used by staff ombudsmen who work in a large Metropolitan city in Texas. The sample included 140,497 complaints made at 1,940 licensed ALs with approximately 45,107 residents and 1,231 SNFs with 93,932 residents in Texas from 2010-2017. The percent of total complaints coded as ANE was higher in AL (2.01%) than in SNFs (1.46%) ($p < .001$). However, after controlling for number of residents, the rate of total ANE complaints per resident was higher (0.019) in SNF compared to AL (0.007) ($z = -17.221$, $p < .001$). The incidence of financial exploitation was significantly higher in AL (23.46%) than in SNF (11.90%) ($z = 5.582$, $p < .001$). The percentage of verbal/psychological abuse in SNF (34.78%) was significantly higher than that in AL (23.4%) ($z = -2.238$, $p < .05$). Study findings contribute to the knowledge about the prevalence and nature of ANE in long-term care communities and bolster support for increased AL ombudsman presence, staff training, resident-centered care models, and AL oversight.

FINANCIAL DECISION MAKING SELF-EFFICACY IN COGNITIVELY AND FINANCIALLY VULNERABLE OLDER ADULTS

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Financial decision making self-efficacy (FDMSE) is a novel construct that may influence how older adults make financial decisions. Our previous research with a community sample of older adults demonstrated that cognitive functioning and suspected history of financial exploitation were both associated with low FDMSE. We sought to replicate these findings in two clinical samples of older adults: people with mild cognitive impairment (MCI) or probable Alzheimer's disease (PAD) and current victims of scams or exploitation as determined by a financial coach. Samples were obtained from the Michigan Alzheimer's Disease Center and a financial coaching intervention study. All participants completed a 4-item FDMSE measure. One-way ANOVAs, t-tests and chi-square tests were conducted to test for group differences with controls on demographics. There was a main effect of cognitive status on FDMSE, $F(2,138) = 8.10$, $p < .001$, which was driven by higher FDMSE in the healthy group ($N = 63$)