The ability to safely maintain mobility function with aging is critical as immobility and falls are among the top reasons for long-term care admissions. One potential cause for these functional deficits are muscle composition changes resulting in reductions in muscle mass, strength and power, ultimately contributing to the development of frailty. While the majority of work examining muscle composition and mobility changes with aging have focused on the quadriceps and ankle plantarflexor/dorsiflexor muscles, accumulating evidence suggests that deficits involving the proximal hip muscles may be particularly harmful to balance and mobility functions leading to falls, hip fractures, and frailty. We will discuss muscle changes that occur with aging and frailty, the implications on mobility, and the effects of potential exercise interventions on muscle structure and function as well as their ability to improve functional mobility.

**DIABETES MELLITUS**
Steven J. Prior, I. University of Maryland, Department of Kinesiology, College Park, Maryland, United States

Nearly three-fourths of adults over 65 year of age are affected by impaired glucose tolerance or type 2 diabetes. Both aging and inactivity contribute to the numerous skeletal muscle changes that occur with insulin resistance and type 2 diabetes. These changes include reduced capillarization that can impaired glucose uptake and substrate delivery, resulting in metabolic abnormalities and metabolic inflexibility. These changes may ultimately contribute to reduced delivery of oxygen, nutrients, and hormones to the muscles leading to impairments in metabolism, muscle mass, and function. We will discuss current research on the role of vascular impairments and reduced skeletal muscle capillarization in the development of impaired muscle metabolism, fitness and function. Finally, we will discuss how exercise training may reverse these declines.

**SESSION 3025 (PAPER)**

**ELDER ABUSE: IDENTIFICATION, INTERVENTION, AND STAFF PERSPECTIVES**

**A UNIQUE MODEL TO ADDRESS ELDER ABUSE:**
Georgia Anezberger,1 and Amy Restorick Roberts,2. I. Case Western Reserve University, Cleveland, Ohio, United States, 2. Miami University, Oxford, Ohio, United States

This presentation will highlight Ohio’s innovative model to address the prevalence, risk factors, and consequences of elder abuse and neglect. We will begin with an overview of the mission and duties of the recently codified Ohio Attorney General’s Elder Abuse Commission. These include: (1) to raise awareness, improve education, and boost the level of research regarding elder abuse in Ohio, (2) to provide a forum for improving the elder justice system, and (3) to identify policy, funding, and programming recommendations to address elder abuse. Next, we will share findings from the Research Committee’s first statewide survey on elder abuse research priorities. Completed by frontline practitioners, program administrators, advocates, researchers, and policy makers, the
online survey received 459 responses from individuals across the state. Findings reflect gaps in the elder abuse literature, as respondents prioritized funding for research in how elder abuse can be prevented, and what programs/policies can best serve victims and their families after elder abuse has begun. We will conclude with recommendations regarding how the Elder Abuse Commission model may be adapted or modified to elevate awareness of elder abuse and elder abuse research in other parts of the country.

IT’S ACTUALLY WORSE THAN IT LOOKS:
IDENTIFYING ABUSE-RELATED INJURIES AMONG APS CLIENTS
Jeanine Yonashiro-Cho,1 Zach Gassoumis,2 Kathleen Wilber,2 and Diana Homeier1, 1. Keck School of Medicine of USC, Alhambra, California, United States, 2. Leonard Davis School of Gerontology, University of Southern California, Los Angeles, California, United States, 3. Keck School of Medicine of USC, University of Southern California, Los Angeles, California, United States

While recent work has described elder abuse injuries seen in medical contexts, most abuse determinations are made by community-based health and social services practitioners in the field. Little is known about the types of injuries present among victims who do not seek medical care. The purpose of this study was to identify and describe injuries more likely to occur through abuse, rather than accidental injury, among older adults seen in non-medical settings. An observational, matched-comparison group design was used to compare findings among physically abused APS clients (n=61) with those from non-abused older adults (n=104) seeking usual-care in a Geriatrics clinic. Forensic nurse examiners conducted full-body examinations of subjects and collected data on injury diagnoses, locations, and characteristics. Descriptive statistics and bivariate tests of association were used to analyze differences in injury presentation between groups. Though 21.8% of APS clients had no observable injuries upon examination, as a group, they were more likely than non-abused elders to be injured (p<0.05) and had more injuries present (p<0.01). Abuse victims were also more likely to have at least one upper extremity abrasion (p<0.05) or a diagnosis of ecchymosis (p<0.01), swelling (p<0.05) or tenderness (p<0.05) in the head, neck, or maxillofacial region. Because physical abuse may not result in injury to victims, screening protocols are needed to improve abuse detection. The presence of injuries among older adults at-risk for abuse warrant further evaluation or queries from medical and social service providers, regardless of injury severity.

SAFEGUARDING OLDER PEOPLE FROM FINANCIAL ABUSE: EXPERIENCES OF IRISH BANKS
Amanda A. Phelan,1 Deirdre O’Donnell,1 and Sandra McCarthy1, 1. University College Dublin, Dublin, Ireland, Ireland

Financial abuse is a significant issue for older populations and was identified as that most common form of maltreatment in a 2010 Irish prevalence study (Naughton et al. 2010). This study examined how abuse was experienced and responded to by staff in five Irish banks. A mixed method approach was used: online survey (n=898) and semi structured interviews (n=25) Findings from the survey data demonstrate that more than half of the respondents (66.5%) had previously suspected a customer to be experiencing some form of financial abuse. There was a high index of suspicion to the five scenarios presented to the staff. Findings from the interviews demonstrate the complexity and wide variations of case experiences of bank managers and the National Safeguarding Committee. These include being financially abused in the context of undue influence, scams, fraud and some cases described the naivety or potential naivety of some customers who may have capacity challenges, engage with strangers through social engineering scams, share PINs or open bank accounts without fully understanding the consequences. All staff had some experience of a suspicion of financial abuse in older people and employed various strategies to respond to their suspicions. We focused our recommendations in two areas: Bank level responses-inter-sectorial collaboration, education and training, a vulnerable adult champion, having a choice of banking methods of engagement, direct client communication and enhancements within the Central bank of Ireland. Macro level responses were increasing public awareness, raising the profile of financial abuse as a crime and enhancing safeguarding legislation.

STAFF PERSPECTIVES ON COUNTERING STAFF-TO-RESIDENT MISTREATMENT IN LONG-TERM CARE FACILITIES
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In Canada, as well as in other countries, resident mistreatment is common in long-term care (LTC) facilities. In many situations, residents are mistreated by LTC staff. To address this problem, LTC facility managers and their employees must play an active role in the prevention as well as in the management of staff-to-resident mistreatment situations. However, it is still unclear what type of support they need to counter this type of mistreatment. Using an exploratory descriptive qualitative design, twenty-one managers and employees working in four different LTC facilities participated in semi-structured individual interviews. To allow participants to express themselves without risking self-incrimination or feeling pressured to report colleagues, vignettes depicting fictitious and common situations of staff-to-resident mistreatment were used as a conversation starter. Data analysis was performed using Miles, Huberman & Saldaña (2013) analytical method. Results show that participants think that staff-to-resident mistreatment is mainly caused by three staff characteristics: 1) not having the psychological profile to work in LTC facilities; 2) lack of training; and/or 3) being overworked. Consequently, participants believe that mistreatment prevention starts by improving employee selection practices to ensure candidates have adequate attitudes and training to work in LTC facilities. They also argue that staff should receive more training regarding mistreatment. Lastly, support interventions are suggested to prevent and address situations involving staff experiencing high levels of stress for personal or work-related reasons. This study shows that both individual and organisational measures are needed to fight against staff-to-resident mistreatment in LTC facilities.