than the MCI (N = 76) or PAD (N = 28) groups. Similarly, scam victims (N = 25) had significantly lower FDMSE than non-exploited (N = 25) peers, t(48)=2.33, p < 0.05. Cognitive impairment and current financial scams are both associated with low FDMSE levels. Low FDMSE may exacerbate cognitive and psychosocial vulnerabilities that contribute to risk for poor financial decisions among older adults. Future interventions to enhance FDMSE may help older adults make better decisions despite changes in thinking abilities or previous negative financial experiences.

TECHNOLOGICAL AND FINANCIAL PREDICTORS OF FEAR OF FINANCIAL ABUSE AMONG OLDER ADULTS
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Much research has focused on elder abuse. Less research focuses on fear of abuse. This analysis examines the associations between feelings of technological competence and variables assessing financial confidence with fear of financial victimization. Data were collected among community dwelling older adults in Nevada (n=467). Questions were asked regarding technological competence, confidence in navigating the financial system, asset protection, trust in financial institutions, and previous financial abuse victimization. The outcome was assessed by asking how afraid the respondent was of becoming a victim of financial abuse. Multivariate logistic regression models were run controlling for confounding. Controlling for all covariates, those who reported feeling unconfident in their technological competence had 2.5 times the odds of being afraid of financial abuse compared with those who felt confident (p<0.02). Those who reported feeling like their assets were at risk had 4.12 times the odds of being afraid of financial abuse (p<0.0001). Older adults who reported feeling vulnerable to financial victimization had 9.4 times the odds of being afraid of financial abuse compared with those who felt invulnerable (p<0.0001). Those who were previously victims of financial abuse had 4.33 times odds of being afraid of financial abuse compared with those who had no history of financial abuse (p<0.0001). Feeling confident in the financial system, asset protection, fear of credit card use, and trust in financial institutions were not associated with fear of financial abuse. These data provide a better understanding of fear of financial abuse, which will allow for better prevention of this issue.

USING DATA SCIENCE TO GENERATE PSYCHOSOCIAL PROFILES OF FINANCIAL EXPLOITATION IN SENIORS
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Financial exploitation (FE) in older adults is a significant public health problem linked to outcomes including depression, financial ruin and early mortality. Studies have demonstrated risk factors associated with FE, but less is known about perpetrator characteristics. We performed a secondary data analysis of over 16,000 reported cases of FE utilizing a cross sectional design. Using multivariate logistic regression, confirmed and unconfirmed cases of FE were predicted from the following perpetrator demographics: age, gender, marital status, ethnicity, relationship to the victim, living status, and histories of drug abuse, alcohol abuse, and mental illness. Significant perpetrator demographics predicting confirmed FE were separation/divorce (OR=1.48), identifying as White (OR=1.33) or Black (OR=1.44), being a daughter (OR=1.61), son (OR=1.75), grandchild (OR=2.72), or other family member (OR=1.41), not residing with the victim (OR=2.32), and having a history of drug abuse (OR=2.56), alcohol abuse (OR=1.80), or mental illness (OR=1.91). These findings are based on a large statewide dataset and describe important perpetrator characteristics that could potentially be targeted for both intervention and prevention programs. This is especially important as many victims are reluctant to seek criminal action against a family member or trusted individual. This information is valuable as it may help APS, who has limited funding and staff, investigate and intervene in more difficult elder abuse FE cases.

PERPETRATOR DEMOGRAPHICS ASSOCIATED WITH ADULT PROTECTIVE SERVICES—CONFIRMED FINANCIAL EXPLOITATION CASES
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Financial exploitation (FE) in older adults is a significant public health problem linked to outcomes including depression, financial ruin and early mortality. Studies have demonstrated risk factors associated with FE, but less is known about perpetrator characteristics. We performed a secondary data analysis of over 16,000 reported cases of FE utilizing a cross sectional design. Using multivariate logistic regression, confirmed and unconfirmed cases of FE were predicted from the following perpetrator demographics: age, gender, marital status, ethnicity, relationship to the victim, living status, and histories of drug abuse, alcohol abuse, and mental illness. Significant perpetrator demographics predicting confirmed FE were separation/divorce (OR=1.48), identifying as White (OR=1.33) or Black (OR=1.44), being a daughter (OR=1.61), son (OR=1.75), grandchild (OR=2.72), or other family member (OR=1.41), not residing with the victim (OR=2.32), and having a history of drug abuse (OR=2.56), alcohol abuse (OR=1.80), or mental illness (OR=1.91). These findings are based on a large statewide dataset and describe important perpetrator characteristics that could potentially be targeted for both intervention and prevention programs. This is especially important as many victims are reluctant to seek criminal action against a family member or trusted individual. This information is valuable as it may help APS, who has limited funding and staff, investigate and intervene in more difficult elder abuse FE cases.

POLICIES AND PREVENTION OF U.S. WOMEN’S VIOLENT DEATH ACROSS AGES
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U.S. violent death rates (homicide and suicide) are the highest in the developed world. Of all female murders (femicide), the majority are male perpetrated, intimate partner violence (IPV-55-63%). Men are more often killed and by other male acquaintances, with only 2.8% IPV. Proportionally, older women (50+) have the top homicide victim rate (26%) among women. The baby boom cohort has

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been suicidal and aging has exacerbated the problem. Women are less likely to kill themselves, and the methods differ. We ask are mid and later life women’s lethal victimization similar to younger women? What are policy implications for prevention? Our research uses national level data from news surveillance of 728 intimate partner homicide suicide (IPHS) events and the State Firearm Law Database (SFLD) to improve our understanding of violent cause mortality by sex, age, method and location. IPHS patterns show 90% of events used firearm and 90% were male perpetrated. Results of multivariate analyses show young women had greater awareness and fear before IPHS. Evidence finds older men sometimes decided to kill their IP as part of their own suicide, without a history of known domestic violence. Older women have disproportionately low use of shelters, police and protective orders. SFLD shows population adjusted states with more DV firearms laws have significantly fewer IPHS events. Firearm culture has restricted research, blocked law enforcement and has done little to reduce gun access in households with vulnerable populations (e.g., suicidal husbands). Lethality Assessment Protocols could be modified for older women’s unique situation.

SESSION 2370 (POSTER)

EPIDEMIOLOGY

COMPARABILITY OF BIOLOGICAL AGING MEASURES IN THE NATIONAL HEALTH AND NUTRITION EXAMINATION STUDY, 1999-2002
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Biological processes of aging are thought to be modifiable causes of many chronic diseases. Measures of biological aging could provide sensitive endpoints for studies of risk factors hypothesized to shorten healthy lifespan and/or interventions that extend it. However, uncertainty remains about how to measure biological aging and if proposed measures assess the same thing. We tested four proposed measures of biological aging with available data from NHANES 1999-2002: Klemera-Doubal method (KDM) Biological Age, homeostatic dysregulation, Levine Method (LM) Biological Age, and leukocyte telomere length. All measures of biological aging were correlated with chronological age. KDM Biological Age, homeostatic dysregulation, and LM Biological Age were all significantly associated with each other, but were each not associated with telomere length. NHANES participants with older biological ages performed worse on tests of physical, cognitive, perceptual, and subjective functions known to decline with advancing chronological age and thought to mediate age-related disability. Further, NHANES participants with higher levels of exposure to life-course risk factors were measured as having older biological ages. In both sets of analyses, effect-sizes tended to be larger for KDM Biological Age, homeostatic dysregulation, and LM Biological Age as compared to telomere length. Composite measures combining cellular- and patient-level information tended to have the largest effect-sizes. The cellular-level aging biomarker telomere length may measure different aspects of the aging process relative to the patient-level physiological measures. Studies aiming to test if risk factors accelerate aging or if interventions may slow aging should not treat proposed measures of biological aging as interchangeable.

TRENDS IN GERIATRIC PHYSICAL ASSAULT INJURIES TREATED IN U.S. EMERGENCY DEPARTMENTS, 2006-2015
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Trends in Geriatric Physical Assault Injuries Treated in US Emergency Departments, 2006-2015 Older adults are common victims of assault, many of which may result in severe injuries. Our objective was to understand temporal and demographic trends in geriatric assault injuries treated at U.S. Emergency Departments (EDs) and to compare these trends to assault injuries in younger adults. We conducted an analysis of assault injuries in patients aged ≥60 compared to patients aged 18-59 treated in EDs during 2006-2015 using the National Electronic Injury Surveillance System-All Injury Program Special Study of Assaults, which collects data from a nationally representative stratified probability sample of U.S. hospitals. Total geriatric assaults seen in EDs increased from 35,135 in 2006 to 69,637 in 2015, a 98% increase. These injuries increased as a percentage of all geriatric injuries treated from 0.9% to 1.1%. Assaults in older men increased 119%, while assaults in older women increased 68%. Among age groups, the biggest percentage increases were among adults aged 60-64 (138%) and aged 65-74 (89%). ED visits for injuries associated with physical elder abuse increased from 13,241 in 2006 to 27,406 in 2015, a 107% increase. During this period, number of younger adults treated for assault did not significantly change. We concluded that geriatric assault injuries, particularly in older men in younger age groups, are dramatically increasing. Further research is needed to better understand these assaults to develop prevention strategies.

USE OF EXPOSURE CROSSOVER DESIGN TO CONTROL FOR UNMEASURED BASELINE CONFOUNDING IN OBSERVATIONAL STUDIES
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