(e.g., providing medication reminders, encouraging physical activity engagement); and fostering opportunities for social engagement (e.g., messaging/calling others, playing games remotely). This presentation will focus on the perceived facilitators and barriers to digital assistant use in the home among adults aging with mobility disabilities. The findings provide design guidelines and insight for intervention implementation for the use of these technologies for the target population.

SESSION 3505 (SYMPOSIUM)

DECONSTRUCTING THE MODEL-MINORITY MYTH OF U.S. ASIANS: DETERMINANTS AND CONSEQUENCES OF ELDER MISTREATMENT

Chair: XinQi Dong, Rutgers Institute for Health, Health Care Policy and Aging Research, New Brunswick, United States
Co-Chair: Melissa Simon, Northwestern University, Chicago, Illinois, United States

Elder mistreatment (EM) is increasingly recognized as a global health concern. Among U.S. minority and immigrant populations, the social contexts and psychological consequences associated with EM remain poorly understood. Further population-based epidemiological studies using standard EM measures are required to advance the field. To address this gap and to challenge prior assumptions regarding Asian populations, this purpose of this symposium is to improve our understanding of EM epidemiology in an older minority population. Data were drawn from the Population-based Study of Chinese Elderly in Chicago (PINE), a longitudinal, representative, population-based study of 3,157 community-dwelling Chinese older adults in the greater Chicago area. Session 1 will examine the transmission between child mistreatment, intimate partner violence, and EM. Session 2 will take a typology approach to capture the multifaceted family relationships, and will further examine which family typologies were associated with greater likelihood of EM, while which typologies were protective against EM. Session 3 will explore the positive and negative aspects of social support from spouse, family, and friends in relationship to EM subtypes, including psychological, physical, financial, and sexual mistreatment, and caregiver neglect. Session 4 will examine the relationship between broad, moderate, and strict definitions of EM and likelihood of experiencing anxiety. Last, Session 5 will explore the differential relationships between EM subtypes and depressive symptoms. In summation, this symposium challenges popular conceptions of the “model minority myth” and aims to increase the practical and clinical relevance of EM epidemiology in community, research, healthcare, and policy settings.

CYCLE OF VICTIMIZATION: CHILD MALTREATMENT, INTIMATE PARTNER VIOLENCE, AND ELDER ABUSE IN A U.S. CHINESE POPULATION

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Victims of violence might have higher risks of revictimization, but this has been insufficiently examined among older populations. The present study used cross-sectional data among 3,157 U.S. Chinese older adults in Chicago, Illinois. Multiple logistic regression analyses were used to examine the relationships among subtypes (psychological, physical/sexual, financial exploitation, caregiver neglect) of child maltreatment (CM), intimate partner violence (IPV), and EM. Violence experiences were positively associated. CM psychological was positively associated with IPV psychological (OR 7.60, 95% CI 4.29-13.45) and EM psychological (OR 3.79, 95% CI 2.20-6.51). CM physical/sexual was positively associated with IPV physical/sexual (OR 1.86, 95% CI 1.02-3.38) and IPV physical/sexual was positively associated with EM physical/sexual (OR 8.54, 95% CI 3.53,20.64). EM financial exploitation was positively associated with all types of CM and IPV, whereas EM caregiver neglect has no significant association with any CM or IPV. Clinical and policy implications of the findings will be discussed.

TYPOLOGY OF FAMILY RELATIONSHIP AND ELDER MISTREATMENT IN A U.S. CHINESE POPULATION

Mengting Li,1 Man Guo,2 Meredith Stensland,1 Merril Silverstein,1 and XinQi Dong1. 1. Rutgers, The State University of New Jersey, New Brunswick, New Jersey, United States; 2. University of Iowa, Iowa City, Iowa, United States; 3. University of Texas at Austin, Austin, Texas, United States; 4. Syracuse University, Syracuse, New York, United States; 5. Rutgers, The State University of New Jersey, New Brunswick, New Jersey, United States

Early research on family relationship and Elder Mistreatment (EM) often focused on one or two indicators of relations. A typology approach that capture the complexity and variation of relations is a useful tool to understand the association between multifaceted family relationship and EM. EM was measured by a modified Vulnerability to Abuse Screening Scale. Latent Class Analysis was used to construct family typologies, evaluating structural, associational, functional, affectual, and normative aspects of family relationship. Logistic regression was used. Unobligated ambivalent (OR, 1.90; 95%CI, 1.54-2.34) and detached (OR, 1.78; 95%CI, 1.32-2.42) typologies were associated with greater risk of EM, while tight-knit (OR, 0.34; 95%CI, 0.27-0.44) typology was associated with lower risk of EM. Obligated ambivalent typology, featured by high intergenerational closeness and conflict, was prevalent among US Chinese immigrants, and associated with greater likelihood of EM. Culturally customized social services were suggested to reduce intergenerational ambivalence and prevent EM for immigrants.

SOURCES SOCIAL SUPPORT AND SUBTYPES OF ELDER MISTREATMENT AMONG CHINESE OLDER ADULTS: FINDINGS FROM THE PINE STUDY

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To examine the relationships between positive social support (PSS) and negative social support (NSS) from different sources and subtypes of EM, we used the data from a representative sample of 3,157 Chinese older adults aged 60 years or older in Chicago. Subtypes of EM include psychological...
Elder mistreatment (EM) and the magnitude of its relationship to anxiety may vary depending on definitional criteria. We leveraged data from the PINE Study, a study of 3,157 Chinese older adults in Chicago. EM was measured by 56 items on psychological, physical and sexual mistreatment, caregiver neglect and financial exploitation subtypes. Least restrictive, moderately restrictive, and most restrictive definitions of EM were constructed. Symptoms of anxiety were measured by the Hospital Anxiety and Depression Scale. Least restrictive (OR, 1.94; 95% CI, 1.57-2.40), moderately restrictive (OR, 1.56; 95% CI, 1.22-1.99), and most restrictive (OR, 1.39; 95% CI, 1.07-1.79) definitions of EM were all significantly associated with the likelihood of experiencing any anxiety symptoms. The magnitude of associations between EM and anxiety symptoms vary based on strictness of the EM definition. Future research should explore the potential causal relationships between EM and anxiety through longitudinal data.

**ELDER MISTREATMENT SUBTYPES AND ANXIETY: DO DEFINITIONS MATTER?**
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This study aimed to examine the association between different types of elder mistreatment and depressive symptoms among U.S. Chinese older adults. Data were from the Population Study of Chinese Elderly in Chicago (PINE). Participants were 3,157 Chinese older adults who were 60 years and over (mean age = 72.8). Logistic regression analyses were performed. The results showed that participants with overall mistreatment (OR, 2.11; 95% CI, 1.83-2.43), psychological mistreatment (OR, 2.12; 95% CI, 1.78-2.51), physical mistreatment (OR, 1.82; 95% CI, 1.10-2.99), and financial exploitation (OR, 1.33; 95% CI, 1.11-1.60) were more likely to report more depressive symptoms. There was no significant association between sexual mistreatment and depressive symptoms (p = 0.07). Longitudinal studies are needed to obtain a more comprehensive understanding of the pathways between elder mistreatment and depressive symptoms.

**INTERPROFESSIONAL SKILLS AND CULTURAL AWARENESS OF STUDENTS CARING FOR OLDER ADULTS WITH MULTIPLE CHRONIC CONDITIONS**
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Based on rapidly increasing numbers of older adults and growing populations of culturally diverse citizens, we developed an interprofessional education program for graduate nursing and social work students that focused on the delivery of care to older adults and

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**SESSION 3510 (PAPER)**

**EDUCATIONAL STRATEGIES TO ADDRESS NEEDS OF AN AGING POPULATION**

**CAPTURING IMPACT ON STUDENTS PARTICIPATING IN AGING IN PLACE: A PROGRAM TO ENHANCE GERIATRIC EDUCATION**

Stephen T. Smilowitz, Elizabeth O’Toole,

Diana L. Morris, Todd Fennimore, Cynthia Booth-Lord,

Elizabeth Smilovich-Fine, David M. Rosenberg, and Patricia A. Thomas,
1. Case Western Reserve University School of Medicine, Cleveland, Ohio, United States, 2. MetroHealth/Case Western Reserve University School of Medicine, Cleveland, United States, 3. Case Western Reserve University Frances Payne Bolton School of Nursing, Cleveland, United States, 4. Case Western Reserve University, Cleveland, Ohio, United States

Curricula to enhance healthcare students’ geriatric training has been lacking. Therefore, we developed AIP, an interprofessional (IP) community-based curriculum, in which IP student teams visit community-dwelling older adults. Using established instruments did not capture personal and professional changes experienced by students. Thus, an additional method using qualitative analyses of students’ six post-visit reflections over 15 weeks was employed to evaluate students’ experiential learning. A grounded theory approach was used to describe students’ growth in geriatric proficiencies related to participation in the January-April 2017 AIP program. By program completion, 21 students had submitted 111 reflective essays. An interdisciplinary panel reviewed a sample of reflections and developed an initial coding system, which was then systematically applied to the whole via QR-SNVivo. Seventy-three distinct codes across 111 student essays generated 2515 occurrences. Prevalent themes, revealed by frequency analysis, and themes with remarkable trendlines yielded fifteen central themes. Students became attuned to their client’s life-world (n=185) as demonstrated by four central themes: 1) isolation, loneliness, and depression (n=44); 2) risks of fall (n=19); 3) loss of function/control (n=98); and, 4) importance of socializing in care (n=24). This attunement informed interactional intentionality (n=284), which shaped interactions with their client (n=207). From these authentic encounters, students described learning about 1) myself; 2) current and future practice; 3) team dynamics; and 4) my client as an older person. Systematic analysis of student reflections revealed student growth attributable to AIP. This evaluation approach should be further assessed in geriatric curricula.