papers explore 1) how non-traditional & absent support networks impact one’s ability to live alone with dementia [NIA funded], 2) social isolation and vulnerabilities of living alone with dementia [NIA-funded], 3) how bioethics can inform gerontological dementia research [NIA bioethics supplement], and 4) exploration of how law enforcement and adult protective services policies influence the precarity of living alone with dementia. Together, these papers illuminate the importance of actively including live-alone persons with dementia into research and assessing this overlooked vulnerable population from multiple research perspectives (social science, policy, bioethics).

ADULTS WITH NEUROCOGNITIVE DISORDERS WHO RESIDE ALONE: EXPLORATION OF NONTRADITIONAL AND ABSENT SUPPORT SYSTEMS
Laura Girling,1 and Kate de Medeiros,2 1. University of Maryland, Baltimore County, Baltimore, Maryland, United States, 2. Miami University, Oxford, Ohio, United States

Research steadily demonstrates that family functions as the central component in the provision of care for persons with neurocognitive disorders. While it is clear family plays a critical role in the lives of adults with neurocognitive disorders, overlooked is the subpopulation who reside alone, but have no identifiable family to provide care. To address this gap, data were drawn from an interview-based NIA-funded study that focused on community-dwelling live-alone persons with dementia. Subanalyses were conducted on the interviews and field notes of live-alone adults with neurocognitive disorders who had no identifiable family (N=19) and their collaterals (e.g., neighbor, N=20). Using data-derived coding in ATLAS.ti., several themes emerged including transient informal care, consequential peripheralties, and strained/trumatic nuclear relations. Themes will be discussed in detail. The present study expands the limited information on community-dwelling persons with dementia, providing a lens for understanding the complex intersection of aging and non-traditional/absent support networks.

I'M VERY CAUTIOUS ABOUT WHO I LET INTO MY WORLD: SOCIAL VULNERABILITY FOR PEOPLE LIVING ALONE WITH DEMENTIA
Kate de Medeiros,1 and Laura Girling,2 1. Miami University, Oxford, Ohio, United States, 2. University of Maryland, Baltimore County, Baltimore, Maryland, United States

Living alone with Alzheimer’s and related dementias (ADRD) can have many risks including social vulnerability that leads to loneliness. This paper reports findings from 9 people living alone with ADRD who completed in-depth, face-to-face interviews as part of a larger, NIA-sponsored study. Narrative data were analyzed using ATLAS.ti. Thematic findings revealed that although participants received supports (e.g., financial, meal preparation) from others, they lacked opportunities to participate in meaningful engagements with people of their choice (e.g., a friend who lives too far away, a son who is busy). In addition to loneliness resulting from lack of control over their social networks, many also reported that personal changes (e.g., difficulties eating) made them hesitant to seek social engagements. Overall, this paper underscores the need for social programs that extend beyond health-related outcomes and instead speak to subjective wellbeing and social connectivity for this population.

ADULT PROTECTIVE SERVICES AND LAW ENFORCEMENT: DOES IT ADD OR SUBTRACT TO THE PRECARIETY OF LIVING ALONE WITH DEMENTIA?
Michael Splaine, Splaine Consulting, Columbia, Maryland, United States
In 2014, more than 12.5 million people age 65+ lived alone in the U.S. Of these, approximately one third had a cognitive impairment. Although protective services may identify risks to such individuals, they may not have a full understanding of the notion of precarious, or the looming uncertainty regarding space and place, that solo dwellers experience. This presentation explores the tension between the intentions of protective services and the experience of precariousness for persons living alone. More specifically, persons living alone with dementia participating in online groups and community events report feelings of risk of loss of autonomy and rights if their status becomes known. The presenter will review these impressions against current police and adult protective services policies and standard practices.

WHAT THINKING LIKE A BIOETHICIST CAN BRING TO DEMENTIA RESEARCH
Nancy Berlinger,1 Kate de Medeiros,2 and Laura Girling,1 1. The Hastings Center, Garrison, New York, United States, 2. Miami University, Oxford, Ohio, United States, 3. University of Maryland, Baltimore County, Baltimore, Maryland, United States

Bioethics is an interdisciplinary field that uses critical and empirical tools to explore and make recommendations concerning uncertainty about duties to others, including socially marginalized populations. In the context of social science or biomedical research involving people living alone with dementia, practical challenges in conducting research with capacity-impaired participants have ethical dimensions concerning informed consent and other aspects of research conduct. The underrepresentation in dementia research of the voices and perspectives of people living at home with dementia raises normative questions. Using data from a recent National Institute on Aging bioethics supplemental grant, this paper explores how thinking like a bioethicist can strengthen gerontological research. This paper examines areas such as precariousness of housing, poverty and social interactions from a bioethicist’s critical analysis/perspective and provides a framework for others to apply to their own research.

ADULT DEVELOPMENT AND AGING IN HISTORICAL CONTEXT
Denis Gerstorf,1 Johanna Drewelies,2 Sandra Duezel,3 Hans-Werner Wahl,4 Corinna Lockenhoff,5 Ilja Demuth,6 and Nilam Ram,7 1. Humboldt University Berlin, Berlin, Berlin, Germany, 2. Humboldt University Berlin, Berlin, Germany, 3. Max Planck Institute for Human Development, Berlin, Berlin, Germany, 4. University of Heidelberg, Heidelberg, Baden-Wurttemberg, Germany,
widowers and 468 widows with an average of four observations before and four after widowhood, spread over 21 years. The younger and recent widowed had a greater increase in loneliness, but also better recovery than the older widowed and those widowed years ago. The loneliness of widowed people has decreased regardless of age at the event, indicating the greater potential for bouncing back from this life event in today's society.

SESSION 5650 (SYMPOSIUM)

ISSUES RELATED TO LATE-LIFE SEXUALITY: SEX IN LONG-TERM CARE
Chair: Rachael Spalding
Discussant: Peter Lichtenberg

Despite surrounding social stigma and stereotypes of the "asexual older adult," older adults, including those residing in long-term care facilities, indicate that expressing their sexuality continues to be important to them (Doll, 2013). This presentation will feature presentations regarding recent research and perspectives relevant to late-life sexuality with a focus on how issues of sexual expression may particularly emerge in long-term care settings. Dr. Maggie Syme will present findings from mixed-methods, consumer-based approaches that elucidate how current and future long-term care residents view late-life sexuality, with a focus on the practical applications of these findings to inform facility administration and policies. Ethical and legal issues surrounding sexuality in long-term care will be discussed by Dr. Pamela Teaster, who will present ethical models that can translate into potential best-practice recommendations and strategies. Rachael Spalding will discuss the paucity of psychometrically sound assessment tools for measuring attitudes towards late-life sexuality and discuss their development of such a measure. Finally, Dr. Lilanta Bradley and Dr. Pamela Payne-Foster will present a framework for sexual agency in late-life sexuality and discuss their development of such a measure. This presentation will feature presentations regarding research and perspectives relevant to late-life sexuality and sexual expression in long-term care facilities, indicating that expressing their sexuality continues to be important to them (Doll, 2013). Little is known about the general public's attitudes towards sexual behaviors in LTCs. Attitudes of LTC residents’ family members are particularly important, as family members are most likely to visit residents and to care about their quality of life. Family members’ attitudes could in turn influence policies and management. We will present preliminary data from a series of qualitative interviews with community-dwelling adults regarding their attitudes. We will discuss how these data are being used to inform current work on a measure of attitudes toward sexual behavior in LTCs.