open-ended questions and to not burden memory recall or enforce stereotypes. Our work highlights potential future avenues for researchers and home and community-based organizations to use technology to promote social engagement.

THE RELATIONSHIP BETWEEN SOCIAL MEDIA USE AND WELL-BEING: THE MEDIATING ROLE OF SOCIAL SUPPORT
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Frequent social media usage can have negative effects on well-being, but the mechanisms involved are unclear. This study explored the mediating role of giving and receiving support. Using the Midlife in the United States Refresher eight-day daily diary study (N=782, age 25-75), multilevel structural equation modeling examined the hypothesized relationships at both the within- (intraindividual) and between-person (interindividual) levels. Results showed that at the within-person level, days with more social media use were associated with a larger proportion of time giving support and worse well-being (less positive affect and more stress, negative affect, and loneliness). At the between-person level, more social media use was associated with worse well-being. Giving support, but not receiving support, mediated the relationship between social media use and well-being at the within, but not the between-person level. Discussion focuses on ways to address the negative consequences of social media use related to social connections and well-being.

ADOPTION OF TELEHEALTH AMONG OLDER ADULTS DURING THE COVID-19 PANDEMIC
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The COVID-19 pandemic has disrupted older adults’ in-person healthcare services. Many individuals rely on remote communication with their healthcare providers for non-urgent health or mental health issues. The present study investigated the effects of technology learning and depressive symptoms on new adoption of telehealth (e.g., online messaging, video call) to communicate with healthcare providers during the COVID-19 pandemic. A sample of 1,500 Medicare beneficiaries aged 65 or older was selected from the National Health and Aging Trend Study. A series of logistic regressions were performed. Results showed that older adults who learned a new online technology during the COVID-19 outbreak were more likely to adopt telehealth. Also, older adults with a higher level of depressive symptoms were more likely to start using telehealth. The findings highlight the importance of technology training to help older adults go online. Telehealth can be an important coping tool for depressive symptoms during the pandemic.

Session 3660 (Symposium)

TRAUMATIC EVENTS AND HEALTH: AN ECOLOGICAL AND LIFE COURSE PERSPECTIVE
Chair: XinQi Dong
During the past decades, researchers have shown an increasing interest in the study of traumatic events among aging populations. The majority of studies on trauma focus on mental health, which overlooks the possibility that trauma may also have an adverse effect on other health outcomes, such as cognitive function. A number of studies focus on a single traumatic event. However, this approach may underestimate its health impact as many people experience multiple forms of traumatic events. Indeed, the impact of traumatic events on health depends on the event itself (e.g., single or multiple forms, time) as well as ecological factors. This symposium aims to address the above limitations. The first longitudinal study An Ecological Model of Risk Factors in Elder Mistreatment (EM) Victims tested different dimensions of the ecological model to prevent recurrence of EM. The second study Polyvictimization and Cognitive Function in an Ethnic Minority Aging Population explored whether exposure to multiple forms of EM affects cognitive function. The third study Traumatic Events and Cognitive Function: Does Time Matter? examined whether traumatic events happened in childhood, adulthood, or old age will influence late-life cognitive function. The fourth study Face-saving and Help-seeking among Older Adults with EM identified cultural determinants of help-seeking behaviors in EM victims. This symposium will advance knowledge in the health consequences of polyvictimization and exposure to traumatic events in different life stages. It will also inform interventions to stop the recurrence of EM in immigrant families and enhance the help-seeking behaviors of ethnic minority older adults.

POLYVICTIMIZATION AND COGNITIVE FUNCTION IN AN ETHNIC MINORITY AGING POPULATION
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Globally, around 1 in 6 older adults experienced some form of elder mistreatment in community settings. However, little is known about the prevalence of polyvictimization, or experience of multiple forms of abuse, which may exacerbate negative outcomes over that of any one form of victimization in isolation. Data were drawn from the PINE study. Polyvictimization was defined as exposure to multiple forms of victimization, including psychological, physical, and sexual mistreatment, financial exploitation, and caregiver neglect. Cognitive function was evaluated by global cognition, episodic memory, executive function, working memory, and MMSE. Regression analyses were performed. Among 3153 participants, 128 experienced two forms of abuse while 12 experienced three or more forms of abuse. Polyvictimization was associated with lower global cognition (b=-0.05, SE=0.02, p<0.05), episodic memory (b=-0.06, SE=0.03, p<0.05), working memory (b=-0.14, SE=0.07, p<0.05), and processing speed (b=-0.68, SE=0.33, p<0.05). Interventions could target older adults with polyvictimization and protect their cognitive function.

AN ECOLOGICAL MODEL OF RISK FACTORS IN OLDER ADULTS WITH REPEATED EXPOSURE TO ELDER MISTREATMENT
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Limited empirical studies examined the factors related to repeated EM exposures among Chinese older immigrants. Guided by the ecological model, this study aims to explore what are the risk factors leading to recurrence of EM. Data were drawn from the two-wave PINE Study with 725 participants having EM at baseline and 191 reported repeated EM after two years. EM was evaluated by a 66-item instrument, including psychological, physical, and sexual mistreatment, financial exploitation, and caregiver neglect. Logistic regression was used. Increasing financial independence was associated with lower possibility of repeated EM (OR: 0.72, 95% CI 0.56-0.92). Every one unit increase in ADL impairment (OR: 1.10, 95% CI 1.02-1.18), IADL impairment (OR: 1.09, 95% CI 1.05-1.13) and increase frequency of alcohol consumption (OR: 1.33, 95% CI 1.06-1.66) were associated with higher possibility of repeated EM. Social service could improve physical function, provide financial support, and reduce health-risk behavior to prevent the recurrence of EM.

TRAUMATIC EVENTS AND COGNITIVE FUNCTION: DOES TIME WHEN TRAUMATIC EVENTS HAPPEN MATTER?
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People at different life stage may respond differently to traumatic events and result in different cognitive health. This study aims to examine the relationship between life stage at which one experiences traumatic events and cognitive function. The data were drawn from the 2017-2019 PINE study (N = 3,125). The time of life events happened was evaluated by childhood (<20), adulthood (20-59), and old age (60 and above). Cognition was measured through global cognition, episodic memory, working memory, processing speed, and MMSE. Linear regression was used. Individuals with the latest exposure to traumatic events at adulthood or old age have higher cognitive function than those without traumatic events over the life course. Exposure to traumatic events in middle or later life stimulates cognition, while trauma exposure in earlier life stage does not. Future research to understand the impact of traumatic events on health could consider the time when traumatic events happen.

FACE-SAVING AND HELP-SEEKING AMONG U.S. CHINESE OLDER ADULTS WITH ELDER MISTREATMENT
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Chinese culture places a high value on saving face and not bringing shame to the family. This study aimed to examine the associations between face-saving and help-seeking among U.S. Chinese older adults who experienced elder mistreatment (EM). Data were retrieved from the PINE study. Regression analyses were performed. Most EM victims sought help from informal sources only (48.21%), followed by no help (26.79%), informal plus formal help (19.64%), and formal help only (5.36%). For EM screening, face-saving was associated with informal help-seeking intentions (p < .05). For EM subtypes, face-saving was associated with overall help-seeking intentions for financial exploitation (p < .05), but not on physical mistreatment, psychological mistreatment, and caregiver neglect. Face-saving was not associated with help-seeking behaviors. Study findings underscore the significance of a unique cultural value in understanding EM help-seeking intentions among Chinese older adults. Cultural constructs should be considered in future EM research in diverse populations.