can play when faced with EFFE. We present a holistic case study that offers an understanding of one family’s successful help-seeking and resolution of the EFFE situation. The family drew on internal family and community supports and did not seek formal elder abuse services. The case stood out as unique relative to 23 family’s help-seeking attempts in a larger study of the meaning and experience of EFFE from the perspective of concerned family members (non-abusing/non-victims). The case summary and analysis are based on an in-depth interview narrative reflecting the subjective experience of a concerned family member who was directly involved in the EFFE situation (in-law relative to both the older victim and the perpetrator). Study findings reveal 5 interwoven themes related to help-seeking processes and outcomes: 1) honoring the victim's wishes, 2) providing support and accountability for perpetrator, 3) restoring family relationships and functioning, 4) maintaining internal (family-based) control, and 5) engaging in family problem solving processes. The family's help-seeking demonstrated three distinctive features: a) embracing their informal social support role, b) the interdependence of family members, and c) restorative justice principles. The findings raise questions about broadening the scope and continuum of EFFE intervention research and practices to recognize and support informal social intervention.

TRAJECTORY OF DEPRESSION AMONG VICTIMS OF ELDER MISTREATMENT
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Individuals exposed to elder mistreatment are affected in dissimilar ways. Most existing studies are cross-sectional and fail to capture the change in mental health of older adults with exposure to elder mistreatment. This study aims to examine depression trajectories of elder mistreatment victims and identify protective factors. Data were drawn from the two-wave Population Study of Chinese Elderly in Chicago (PINE) with 725 participants who reported elder mistreatment at the baseline. Depression was measured by Patient Health Questionnaire-9. Self-mastery was assessed by the Pearlin Mastery Scale. Conscientiousness was evaluated by the NEO Five-Factor Inventory. Multinomial logistic regression was used while controlling demographic factors and recurrence of elder mistreatment. We identified four depression trajectories among elder mistreatment victims: chronic (9.61%), delayed (6.27%), recovery resilience (21.17%), and resistance resilience (62.95%). The chronic group was showing severe depression in both waves. The delayed group experienced a delayed reaction with increasing depression over time. The depression level of the recovery resilience group was showing severe depression in both waves. The depression level of the resistance resilience group was less likely to be in delayed group than in recovery resilience group (RRR=1.05, 95%CI=1.02-1.09). In addition, elder mistreatment victims with increasing conscientiousness were more likely to be in recovery resilience group than in resistance resilience group (RRR=0.96, 95%CI=0.92-1.00). Healthcare providers and social service agents could focus on elder mistreatment victims with chronic and delayed depression trajectories. Interventions could promote mental health of elder mistreatment victims through improving self-mastery and conscientiousness.

SESSION 10100 (LATE BREAKING POSTER)

AGEISM

A PILOT STUDY ON RELATIONSHIPS OF THE WORKPLACE INTERGENERATIONAL CLIMATE SCALE WITH OTHER AGEISM AND SEXISM SCALES
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Due to the demographic changes such as longevity and low birthrates, the proportion of workers over 55 years old is expected to rise more than twice in the coming years. As the age diversity in the workplace is increasing, ageism needs more attention in every context. This study aims to explore relationships of the workplace intergenerational climate scale with other ageism and sexism scales in workplace and non-workplace contexts. Data came from a pilot online survey conducted in South Korea in December 2019 (N=74; average age=46.8 years old ranged from 20 to 76), and the data was analyzed using a series of ANOVAs and logistic regressions. The results showed that chronological age did not have a linear relationship with ageist attitudes in the workplace although relatively younger groups tend to have more ageist attitudes compared to their counterparts. In particular, those in their thirties were most reluctant to work with different generations. Conspicuously, negative attitudes towards working with different generations in the workplace were statistically significantly related to ageist attitudes towards older adults in non-workplace contexts as well as sexist attitudes in the workplace. The findings imply that prejudice and stereotypes towards different age and gender groups in workplace and non-workplace contexts might be intertwined, and interventions reducing ageism in the workplace might also have positive impacts on alleviating other types of ageism and sexism while promoting diversity.

ASKING YOUNG ADULTS ABOUT THEIR ATTITUDES TOWARD AND KNOWLEDGE OF SEX IN LATER LIFE
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Sexual expression is a lifelong need related to health and wellbeing. However, older adults’ sexuality is often neglected and stigmatized due to societal ageist stereotypes portraying them as asexual. Although baby boomers’ generation resists such portrayals, societal acceptance of sexuality in later life is slow to materialize. The purpose of this study was to explore this acceptance among young adults while focusing on three research questions: (1) How much do young adults know about older adults’ sexuality and how do they feel about it? (2) Do young adults’ knowledge and views of later-life sexuality vary by gender? (3) Do young adults’ views of later-life sexuality vary based on their
Does Aging Identity Moderate the Impact of Experiences with Familial Ageism On Well-Being?

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This study begins to investigate the effects of ageism in the family context. The current literature has documented the negative impacts that negative stereotypes and negative perceptions of aging have on older adults' health, mortality, and well-being (Levy, 1996; Levy, 2003). However, the majority of extant research on ageism focuses on age discrimination in the workplace and in healthcare despite the majority of peoples' time being spent in the family context. Therefore examining experiences of ageism sourced from family members merits study. Walker, Bisconti and Kinkade (in preparation) found evidence that the experience of ageism within the family context varies from the workplace context. Past research has demonstrated that older adults who identify as being older and adapt to the changes that arise with aging are associated with higher levels of self-esteem (Whitbourne, Sneed, & Skultety, 2002; Weinberger & Whitbourne, 2010). It is hypothesized that age identification will serve as a moderator for the relationship between familial ageism and well-being. Participants completed a set of questionnaires measuring experiences with familial ageism, depression, self-esteem, and ego strength. Experiences of familial ageism correlated with the well-being outcome variables in the predicted direction. Age identity moderated the relationship between familial ageism and depression and ego strength, such that participants who identified as being younger or identified as their age reported lower depression scores and higher ego strength scores. These findings suggest that age identity may serve as a buffer against the negative impacts that experiences of familial ageism has on well-being.

Intersectional Discrimination Attributes and Health Outcome Among American Older Adults

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Discrimination has been consistently documented to relate to adverse health outcomes. However, most existing research focused on a single discrimination attribution (e.g., ageism). Few studies considered multifaceted discrimination attributions. Guided by an intersectionality framework, this study examined intersectional discrimination attributions and their associations with health outcomes. Older respondents (aged >50) from the Health and Retirement Study in 2014-2015 were included in the analysis (n=6,286). Their experiences and self-perceived reasons (age, gender, sexual orientation, race, national origin, religion, financial status, weight, physical appearance, disability, and others) for everyday discrimination were examined. Latent class analysis was employed to ascertain the profiles of subgroups characterized by their intersectional discrimination attributions. Regression models examined the correlates of the class memberships and the associations with health outcomes. Six classes were identified: class 1 (54.52% of the sample) had no/minimal discrimination experience; Class 2 (21.89%) experienced primarily ageism; class 3 (8.81%) reported discrimination based on age/gender/national origin/race; class 4 (7.99%) attributed discrimination to financial/other reasons; class 5 (5.87%) experienced discrimination based on age/weight/physical appearance/disability; and class 6 (0.92%) perceived discrimination from almost every aspect. Intersectional discrimination attributions were associated with poorer self-rated health, and greater levels of depressive symptoms and loneliness. The associations between intersectional discrimination and cognition were not statistically significant. This study found multiple marginalized identities co-occur and compound to contribute to perceived everyday discrimination among American older adults. Those experiencing discrimination due to multiple reasons warrant particular attention. Results underscore the utility of an intersectional approach in understanding discrimination in later life.

Judging Older Adult Speakers: Only Young Adults Low In Ageism Notice The Nuances

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Ageism negatively impacts hiring and electability success, as well as intergenerational relationships (Levy, 2003; 2009). The current study sought to examine whether personality cues influenced performance ratings of older adult (OA) speakers whose behavior had been modified by an embodiment intervention (i.e., “power posing”). One-hundred-and-three young adults (YA; Mage=19.6, SD=2.06; 49.5% women) rated the performance of 9 OA speakers performing 5-minute campaign speeches, and reported the cues that influenced their ratings. Two independent raters coded the cues (i.e., introversion and extroversion; coded by two independent raters, κ = .72 [moderate-to-substantial interrater reliability; Chen, 2019; McHugh, 2012]). Participants also completed the Refined-Aging Semantic Differential (Polizzi & Millikin, 2002) as a measure of ageism endorsement. Greater ageism was associated with lower