Relationship Indicators

Implications for elder abuse action and awareness

'I prefer to try to manage my own problems first if I can.'
Female, 65-74 years

Special Report

Relationship Indicators | Relationships AUSTRALIA

About Relationships Australia

Relationships Australia is a federation of community-based, not-for-profit organisations with no religious affiliations. Our services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, lifestyle choice, cultural background or economic circumstances.

Relationships Australia provides a range of services, including counselling, dispute resolution, children's services, services for victims and perpetrators of family violence, services for older people, and relationship and professional education. We aim to support all people in Australia to live with positive and respectful relationships, and believe that people have the capacity to change how they relate to others.

Relationships Australia conducts research and evaluation to improve our services and inform our advocacy on issues affecting communities in Australia.

Suggested Citation

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Ethics

The Relationship Indicators 2024 study was approved by the ACT Health Human Research Ethics Committee (Low-Risk Sub-Committee) on 10 July 2024 (ACT reference: 2024.LRE.00152).

Key Findings

In the 2024 Relationship Indicators survey, 654 respondents were aged 65 years and over, representing around 4.5 million older adults in Australia.

Older adults most often identified their partners, followed by their adult children as their most important, and also most challenging relationships.

Men more often identified their partner as their most important person, while women more often identified a child. There was a shift between 2022 and 2024, with adult children becoming more prominent as older adults' most important relationships and partners becoming less prominent.

Cost of living, followed by different values or beliefs and unfulfilled expectations, were the main pressures on older adults' relationships.

This contrasts to pressures experienced by younger adults (more often mental health, unfulfilled expectations, and study or work commitments).

About 1 in 6 (17%) older adults reported that their challenging relationship was causing them distress.

Those experiencing distress in challenging relationships showed higher social isolation, poor mental health, and were more often experiencing pressures like controlling behaviours.

The dynamics of difficult relationships varied by relationship type, indicating the need for tailored responses rather than a single model of relationship support.

Those who found their partner relationship the most challenging reported more than average long-term mental health conditions, poor mental health in the preceding six months, and carer status. These relationships were associated with unfulfilled expectations, controlling behaviours, different values or beliefs, mental health pressures, and alcohol or drug use. Challenging Parent-child relationships showed different dynamics, more frequently associated with being in a caring role, with pressures including values conflicts, unfulfilled expectations and alcohol or drug use.

There was a significant association between relationship distress and loneliness.

Many older adults report managing relationship issues on their own, even when distressed or feeling unsafe.

More older adults reported managing relationship issues independently than the general population. Among those who felt unsafe disagreeing, around two-thirds did not seek external help. When older adults did seek support, informal supports such as family and friends were more common than formal services, while only a small proportion sought help from GPs, nurses, social workers or other professionals.

The protective elements of social support and connection, and an absence of pressures or personal factors such as physical and mental health conditions or caring responsibilities, were associated with less distressing and unsafe relational experiences.

Those reporting less distress in relationship tended to be male, without long-term physical or mental health conditions, were not in a caring role, reported less conflict & fear in disagreements, and greater tendency to turn to their most important relationship for social support when needed.

Future older adults (those aged 55–64 at the time of completing the survey) may face higher relational and social vulnerability.

Future older adults reported significantly more relational distress (27.9%), long-term mental health conditions (6.4%), and social (40.3%) and emotional loneliness (16.9%) than older adults. This suggests that prevention efforts should begin before people reach older age, particularly for cohorts who may age with more complex family pressures, fewer supports and greater insecurity.

Self-managing relationship difficulties (47.5%), poor mental health (22.0%), long-term physical health conditions (19.5%), and being a carer (17.8%), were consistently identified among respondents whose most important or challenging relationship was listed as an older adult.

Among this group, 30.5% reported three or more stressors associated with elder abuse perpetration. This higher risk group, while more often self-managing, also more often sought professional support for their relationship difficulties (16.7%), indicating the potential for increasing scope of existing formal supports.

Based on these findings, we make the following recommendations for policy, service and system design, in order to achieve meaningful progress towards ending the abuse and mistreatment of older adults in Australia:

- Treat loneliness prevention, community participation and group-based connection as protective interventions, not just wellbeing initiatives
- Strengthen informal pathways to disclosure and support
- Continue work to build capability across the service sector
- Tailor responses to relationship type, especially differentiating between abuse perpetrated by partners and adult children
- Prioritise early support for older adults experiencing relational distress, or those who feel unsafe disagreeing with their partners, children, or other close relationships
- Address the intersection of mental health, caring roles, disability and relationship pressure
- Invest in prevention for future older adults
- Continue to improve empirical evidence and evaluation frameworks

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Background

About Relationships Australia's work with older adults

Relationships Australia member organisations support over 150,000 clients Australia wide, including older adults, either accessing services specifically designed for them, or receiving support through Relationships Australia's general suite of services.

Relationships Australia provides a variety of services and supports for adults as they age, including specific elder abuse prevention and support services, funded by the Commonwealth Attorney-General's Department across Canberra and the surrounding regions, the Northern Territory, Queensland and Western Australia.

Other services relevant to older adults provided by Relationships Australia include:

- Individual counselling & relationship therapy
- Telephone counselling & crisis support
- Elder mediation
- Senior Relationship Services (which can include counselling, case management, legal and financial advice, family mediation, community groups and events, workshops and courses, and referrals to relevant services)
- Social connection support services
- Mental health and wellbeing supports
- National Redress Support Service
- Find and Connect Services and supports for Forgotten Australians and former child migrants
- Grief, loss & wellbeing support
- Neighbours Every Day (national social connection campaign)

Neighbours Every Day

Neighbours Every Day (NED) is Relationships Australia's year-round social connection campaign that empowers individuals, communities, organisations and governments to build a more connected, inclusive and resilient Australia.[1] The campaign is identified as an exemplar loneliness intervention both nationally,[2,3,4] as well as internationally by the World Health Organisation, as one of the few evidence-based campaigns of its kind worldwide.[5]

Neighbour Day is an annual day of action held on the last Sunday in March each year, that encourages people to form connections with others who live in their neighbourhood. Its purpose is to help people build better relationships, including vulnerable community members,[6] particularly for older adults that are susceptible to social isolation due to various factors including widowhood, lack of social ties with family and friends, and deteriorating physical health.[7]

Key outcomes of independent evaluations of NED include:

- Significant reductions in loneliness that were still present six months on from the campaign[8]
- Neighbour Day participation was associated with wider and larger social networks, and more frequent occasions and time spent socialising[9]
- The campaign increases neighbourhood identification – the sense of belonging within the community – which was associated with social cohesion and reductions in loneliness
- Improvements in community-based relationships led to greater relationship satisfaction across all types of relationships (eg. family, friends, colleagues)
- Benefits were similar across different ages, genders, relationship status, employment status, socioeconomic background

Social Connection Survey 2026

- In February 2026, Relationships Australia ran a Social Connection Survey involving almost 2,000 respondents. Around 16% had heard of Neighbour Day or the Neighbours Every Day campaign, and 6.5% had been involved in some way, most commonly by taking part in or organising a Neighbour Day event. People who had engaged with Neighbours Every Day reported higher levels of social support and connection, stronger social cohesion, and a greater sense of identification with their neighbourhood than those who had not. These differences were all statistically significant.
- One in five (21%) of those engaged community members (n=124) were older adults aged 65 years and over, of which 81% said they felt more socially connected, 59% said they felt less isolated, and 63% said they felt less lonely as a direct result of being involved with NED. General reports of loneliness were also substantially lower among NED-engaged older adults (11%) compared to those that had not engaged (46%).

[1] Relationships Australia. (2026). Neighbours Every Day. Retrieved from https://neighbourseveryday.org/

[2] National Suicide Prevention Office. (2025). National Suicide Prevention Strategy 2025–2035. Australian Government, Department of Health and Aged Care; Canberra, ACT.

[3] Standing Committee on Education & Community Inclusion. (2024). Inquiry into Loneliness and Social Isolation in the ACT. Canberra, ACT.

[4] Standing Committee on Social Issues. (2025). The prevalence, causes and impacts of loneliness in New South Wales. Sydney, NSW.

[5] Garcia, L., Hunter, R., & Anderson, N. (2025). From loneliness to social connection-charting a path to healthier societies: report of the WHO Commission on Social Connection.

[6] Robinson, S., & Mance, P. (2016). Neighbour Day 2016 Evaluation Report Highlights. Relationships Australia National.

[7] Grenade, L., & Boldy, D. (2008). Social isolation and loneliness among older people: issues and future challenges in community and residential settings. Australian Health Review, 32(3), 468-478.

[8] Australian National University (ANU) & Relationships Australia (RA). (2020). Neighbour Day Evaluation Summary Report – September 2020. Australian National University and Relationships Australia Inc.; Canberra, ACT. https://www.relationships.org.au/wp-content/uploads/Neighbour-Day-Evaluation-Report-Final-Copy.pdf

[9] Cruwys, T., Fong, P., & Rathbone, J. A. (2022). Neighbour Day Evaluation 2021: Creating Connection to Community. The Australian National University. https://www.relationships.org.au/wp-content/uploads/ANU-Neighbour-Day-Report-Evaluation-2021.pdf

Elder abuse research in Australia

The World Health Organization (WHO, 2022) describe elder abuse as '...a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.'

In Australia, the National Elder Abuse Prevalence Study (NEAPS), conducted by the Australian Institute of Family Studies (AIFS) is the most authoritative source for elder abuse prevalence (Qu et al., 2021). This work surveyed 7,000 community-dwelling older Australians aged 65 and over. Further, the most recent iteration of the Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers (ABS, 2022) included questions on experiences of abuse and neglect. Confirming the AIFS study findings, that females and those living with a disability, are over-represented, this study also reported that older adults in caring roles are susceptible to abuse or neglect.

Other sources of information on elder abuse prevalence and risk factors can be derived from clinical data (for example the work of the Elder Abuse Prevention Unit, Gillbard, 2025), or from administrative data such as hospital admissions data or coronial data (Kennedy et al., 2024). Additionally, qualitative research such as a recent study with female survivors of abuse by Brijnath and colleagues (2026), provide valuable insight into the mechanisms of abuse and neglect as well as support-seeking.

Focus Area 4 of the National Plan to End the Abuse and Mistreatment of Older People 2026-2036 (Attorney-General's Department, 2026), directly relates to addressing gaps in the evidence base, and within that Priority Action 4 specifies: 'Prioritise and undertake research that addresses gaps in the Australian evidence base on the abuse and mistreatment of older people and ageism, including gaps identified in the National Elder Abuse Prevalence Study' (p.11).

The main limitations of the existing information sources include:

- Lack of representativeness, and therefore generalisability, to the Australian population;
- The need for more data on at risk cohorts, noting that in 2026 AIFS reported on two research projects addressing the need for specialised data collection for Aboriginal and Torres Strait Islander (AIFS, 2026) and LGBTIQA+ communities (Carson et al., 2026);
- Limited information on those who use harmful or abusive behaviour; and
- Limited information on specific individual and relationship factors and their implications for providing support.

Detailed description of relational experiences among older adults in Australia, including how challenging relationships are managed, can help to identify which individuals stand to benefit the most from targeted support and the potential settings for future prevention.

What is Relationship Indicators?

Relationship Indicators is a national survey on the state of relationships in Australia. The survey describes a representative sample of adults living in Australia. The survey is longitudinal in that most of the participants from the 2022 wave also participated in 2024. Its purpose is to:

- Increase and enhance Australia's understanding of the state of relationships across different sub-populations;
- Develop distinct research indicators to provide evidence of the scale and depth of changes to relationships across time; and
- Build a deeper understanding of how people navigate relationships through challenging experiences.

The survey explores in detail individuals' experiences of relationship stressors, relationship satisfaction, group-based relationships, loneliness, love and safety, grief and loss, wellbeing, accessing support and more.

How can Relationship Indicators data help us understand elder abuse?

While Relationship Indicators was not specifically designed to measure elder abuse, it can provide valuable insight into the relational experiences of the older adult population in Australia. The survey provides a representative, longitudinal, view of the factors influencing individual wellbeing and relational quality, that are not fully described in other measures of wellbeing or elder abuse and neglect available in Australia.

In this special report, Relationships Australia describes older adults' most important relationships, including challenging, fearful or distressing relationships, and other potential indicators of elder abuse and intimate partner violence risk. We investigate relational distress & lack of safety, including the greatest relationship pressures, coping strategies, help-seeking behaviours and social support.

Through these analyses we also identify the elements that appear to be protective against distress and fear in the closest relationships of older adults in Australia. These findings inform the importance of supporting family relationships in all their complexity.

Relationship Indicators questions relevant to the identification, response to, and prevention of elder abuse

In addition to direct measures of relational distress and safety,[10] the survey describes several factors consistently associated with elder abuse and neglect both in Australia, and internationally (Table 1). The survey also details the quality of older adults' most important relationships,[11] and specific questions regarding their feelings towards ex-partners after a relationship breakdown.[12] The research highlights opportunities to prevent and respond to elder abuse by defining how older adults seek support, who they ask for help and why, and the barriers to help seeking in Australia.

Table 1. Elder abuse factors measured in the Relationship Indicators survey

EA risk factors[a]	National Elder Abuse Prevalence Study[b]	Relationship Indicators survey[c]
Victim risk factors	✓	✓
Being separated or divorced ↑	✓	✓
Cohabitation with children ↑	✓	✓
Cohabitation with partner ↑	✓	✓
Cultural and linguistic diversity ↑↓	✓	✓
Diagnosed/ suspected mental illness ↑	✓	✓
Education ↑	✓	✓
First Nations identity ↑↓	✓	✓
Gender female ↑	✓	✓
Geographic isolation ↑	✓	✓
Having step- & biological children ↑	✓	✓
Less frequent contact with family ↑	✓	✓
LGBTIQ+ ↑	–	✓
Living alone ↑	✓	✓
Living with a disability ↑	✓	✓
Low socioeconomic status ↑	✓	✓
Lower perceived social support ↑	✓	✓
Older age ↑↓	✓	✓
Physical illness/ health problems ↑	✓	✓
Poor mental health ↑	✓	✓
Victim vulnerable to perpetrator (i.e. caregiving roles) ↑	–	✓

[a] Variables derived from Kennedy et al., 2023; Qu et al., 2021
[b] Source: Qu et al., 2021
[c] Source: Relationships Australia, 2024

[10] In the survey, respondents were asked to what extent they feel safe disagreeing with their most important person; and who they consider to be their most challenging relationship and the level of distress experienced by that challenging relationship in the last six months.

[11] Questions measuring relationship quality included: 'How would you characterise this relationship?' (i.e. Conflictual, Distant, Fearful); 'What do you fear when you have a disagreement?' (i.e. Fear for my wellbeing / worried it could become verbally abusive or aggressive); as well as further items describing the positive and negative elements of the relationship and experiences in conflict.

[12] Three questions regarding animosity towards ex-partners, sourced from the Detection of Overall Risk Screen (DOORS), are risk indicators of potential domestic and family violence (McIntosh et al., 2016).

Perpetrator risk factors	National Elder Abuse Prevalence Study[b]	Relationship Indicators survey[c]
Perpetrator family issues ↑	✓	–
Perpetrator family member (Intimate partner) ↑	✓	✓
Perpetrator family member (Son, daughter) ↑	✓	✓
Perpetrator financial problems ↑	✓	–
Perpetrator gambling ↑	✓	–
Perpetrator male ↑	✓	✓
Perpetrator mental health problems ↑	✓	–
Perpetrator physical health problems	✓	–
Perpetrator substance abuse ↑	✓	–
Perpetrator unemployed ↑	✓	–
Perpetrator work/ emotional/ personal/ other problems ↑	✓	–

[a] Variables derived from Kennedy et al., 2023; Qu et al., 2021
[b] Source: Qu et al., 2021
[c] Source: Relationships Australia, 2024

Survey methodology

Relationship Indicators is administered on behalf of Relationships Australia by the Social Research Centre (2026), collected via the Life in Australia™ panel, one of Australia's most methodologically rigorous panels. The sample reflects the gender, age and geographic location of the Australian population, so can be considered representative. Further detail on the survey methods are available from the technical report for the 2024 wave of Relationship Indicators (Relationships Australia, 2024).

Fear disagreeing with their most important person and experiencing distress in their most challenging relationship were selected as primary outcome measures of relational safety and distress. Individual, interpersonal and community-level variables, including demographics and aittitudes, types and quality of relationships, coping behaviours and support seeking, as well as social connection were also included.

Older adults (aged 65 years and over) and sub groups of interest were cross-tabulated and chi square and t-tests were performed using IBM SPSS (Version 23) to identify statistically significant differences.

Older adults and their relationships

4.5mil

Australians (21.8%) were older adults aged 65 years and over

66.8%

said their most important relationship was with their partner

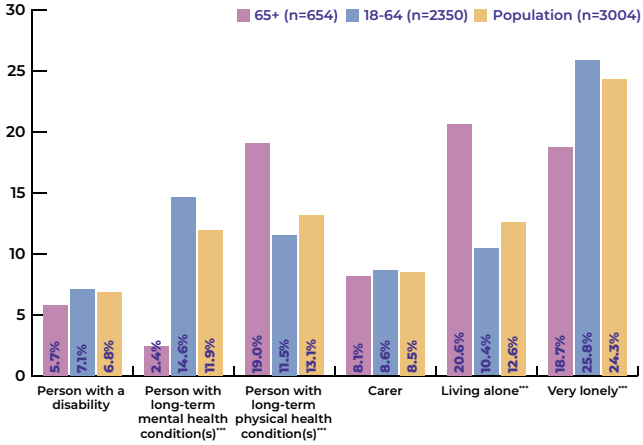
14.1%

said their most important relationship was with their daughter

Within the 2024 Relationship Indicators survey, 654 (21.8%) of the 3004 respondents were aged 65 years and over. This is equivalent to around 4.5 million older adults in Australia. There were slightly more males (n=405, 61.9%) than females (n=249, 38.1%), in the older adult survey respondents.

Compared to the population average, older adults were more often living alone and dealing with long-term physical health conditions (Figure 1). Almost 20% of older adults said that they felt very lonely (compared to 24.2% general population). Older adults also reported less emotional loneliness (11.5%, compared to 22.7% general population) and social loneliness (31.1% compared to 37.7% general population).

Figure 1. Selected health determinants for older (aged 65 years) versus younger (aged 18-64 years) adults, and population



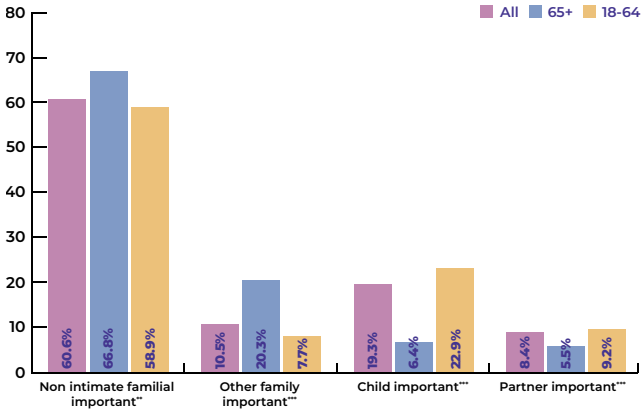
*** p = <.001

Most important relationships

The most important relationship for older adults was most often their partner (66.8%), followed by their adult child (20.3%), more frequently daughters (14.1%, Figure 2). Significantly more men identified their partner as their most important person (n= 303, 74.8% versus women, n=135, 54.0%, whereas women more often listed their child as their most important person (n=80, 32.0%, versus men, n=53, 13.1%) (Full results available in Appendix).

Older adults' most important relationships differ to those of younger adults. Compared to those aged 18-64 years, significantly more older adults had important relationships with their daughter, and less with partners (Figure 2). These represented a growing trend from the 2022 survey. There was an increase in older adults listing their son or daughter as their most important relationship (from 19.6% in 2022 to 22.3% in 2024) and a decrease in those saying that their partner was most important (from 67.9% in 2022 to 64.2% in 2024).

Figure 2. Most important relationship types, older adults, younger adults and population



** p = <.01 *** p = <.001

[13] X^2 (1, N = 655) = 29.298, p = <.001, phi = .215

[14] X^2 (1, N = 655) = 33.013, p = <.001, phi = .228

[15] X^2 (1, N = 3004) = 77.171, p = <.001, phi = .162

[16] X^2 (1, N = 3004) = 13.133, p = <.001, phi = .067

Relationship pressures

The top reported pressures were:

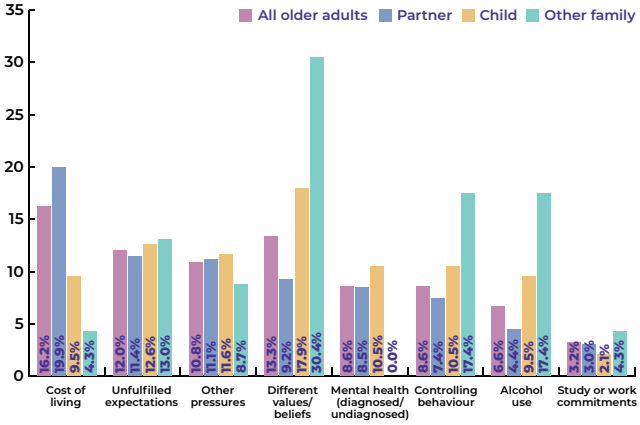
19.1% **Cost of living**

19.1% **Different values or beliefs**

15.2% **Unfulfilled expectations**

For older adults living in Australia, the greatest pressures reported were cost of living (19.1%), different values or beliefs (19.1%), and unfulfilled expectations (15.2%); compared to mental health, unfulfilled expectations and study or work commitments for adults aged 18-64 (Figure 3). This may reflect the complexity of older adults' family relationships, with the cooccurrence of intergenerational or relational expectations alongside financial strain.

Figure 3. Greatest relationship pressures affecting older adults, by most important relationship type



There were notable differences when comparing the most significant relationship pressures between relationship types (Figure 3). One in five (19.9%) people reported cost of living as a pressure on their partnered relationship, but different values or beliefs was more commonly reported as the greatest pressure when the relationship was with an adult child or family member.

Challenging, fearful and distressing relationships

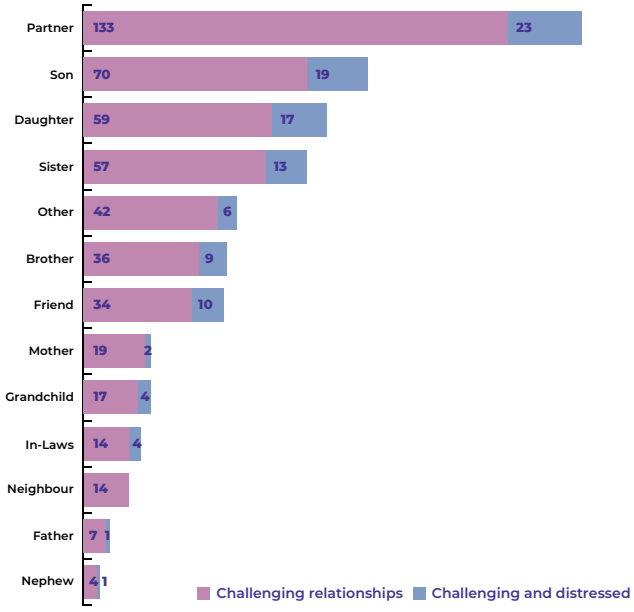
Challenging relationships were identified among 95.4% (n=624) respondents. Partners, followed by adult sons and daughters, represent the most prevalent challenging relationships (Figure 4).

17% (n=111) reported **distress** in most challenging relationship (approx. 772,000 in Australia)

8.1% (n=53) felt **unsafe disagreeing** with most important person (approx. 371,800 in Australia)

Those reporting living with a long term physical or mental health condition or disability, or who provided care for another, were over-represented among older adults reporting relational distress and feeling unsafe disagreeing with their most important person. (Full results available in the Appendix.)

Figure 4. Challenging relationships (n=624) and challenging relationships causing distress (n=111)



Note: Relationships <5 not depicted

About one in six (17.8%) older adults reported that their challenging relationship was causing them distress (Figure 4).

There was a decrease in older adults reporting that they did not feel safe disagreeing with their most important person from the 2022 survey (from 12.1% to 8.2%)(Figure 5). This may indicate that there has been some easing of relationship strain evident after the COVID-19 lockdowns.

Figure 5. Changes in feelings of safety, loneliness, life satisfaction, most important relationships and feeling loved among older adults from 2022 to 2024 surveys (n=1003)

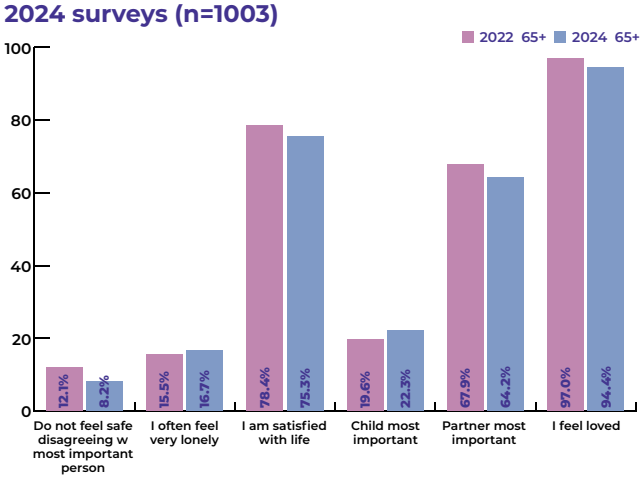
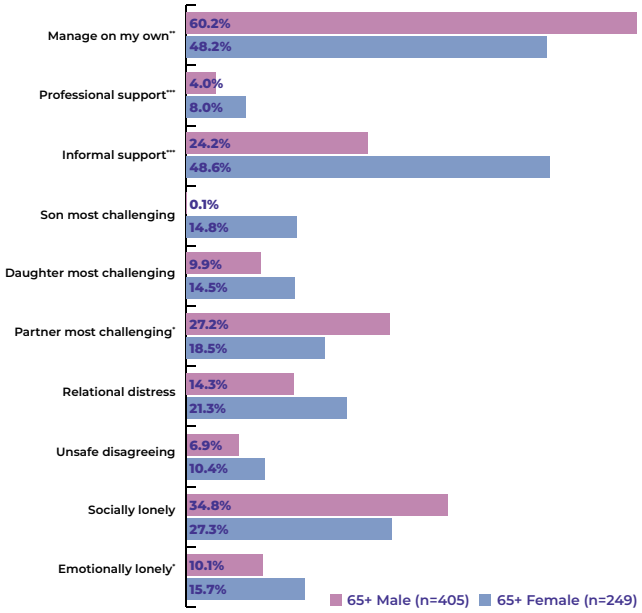


Figure 6. Older adults' loneliness, relational distress and safety, challenging relationship type, and support seeking behaviours, by gender



* p = <.05 ** p = <.01 *** p = <.001

Women more often reported feeling distressed by their challenging relationship, feeling unsafe disagreeing with their most important person, and feeling very lonely (Figure 6). Gillbard's (2025a) research on intimate partner violence among older couples, based on over 12,000 cases reported to a Queensland elder abuse helpline, found that women tended to self-report abuse, whereas men were less likely to self-report. The Relationship Indicators data on support seeking behaviors (see Figure 6) corresponded with these gendered differences.

There were also differences between relational distress and feelings of safety compared to findings from the AIFS prevalence study for gender of the respondent and the gender of the person with which they hold an important or challenging relationship (Table 2). This reflects the complexity of

the multiple factors associated with fear, distress, and abuse in older adults' relationships.

Older adults who reported relational distress or felt unsafe disagreeing with their most important person showed higher levels of factors associated with elder abuse risk. For example, compared to the general older adult population, those experiencing relational distress showed higher social loneliness (44.1% versus 32.0% population), and poorer mental health (11.7% versus 4.1% population). Table 2 provides a side-by-side comparison of factors associated with elder abuse among Relationship Indicators respondents reporting relational distress and fear disagreeing alongside older adults reporting psychological abuse in the Australian Institute of Family Studies' (AIFS) prevalence study (Qu et. al., 2021). Although this is not a direct comparison due to different question wording and survey methods, proportions and projected population prevalence are generally consistent.

Table 2. Prevalence of elder abuse risk and protective factors, comparison between Relationship Indicators and the National Elder Abuse Prevalence Study

Elder abuse risk & protective factors	RI survey 'Distress in challenging relationship' (n=111)	RI survey 'Unsafe disagreeing with most important person (n=53)	National Elder Abuse Prevalence Study[a]
Being separated or divorced ↑	53.2%	66.0%	26.4%***
Cohabitation with children ↑	21.3%	8.3%	17.2%
Cohabitation with partner ↓	15.0%	5.7%	13.6%
Cultural and linguisitic diversity ↑↓	16.1%	8.7%	14.8%
Diagnosed/ suspected mental illness ↑	43.8%	25.0%	8.8%***
Education ↑	22.4%		18.2%*
Gender female ↑	21.3%	10.4%	15.9%
Geographic isolation ↑	45.0%	41.5%	16.1%
Living alone ↑	17.8%	13.3%	16.4%
Living with a disability ↑	21.6%	18.9%	20.6%***
Low socioeconomic status ↑	19.8%	12.4%	17.4%**
Lower perceived social support ↑	44.1%	43.4%	66.0 mean social support score
Older age ↑↓	18.7%	8.0%	20.3%***
Perpetrator family member (Intimate partner) ↑	15.1%	5.3%	10.4%
Perpetrator family member (Son, daughter) ↑	24.2%	17.3%	18.0%
Perpetrator male ↑	35.2%	31.8%	55.0%
Physical illness/ health problems ↑	25.9%	25.9%	20.8%***
Poor mental health ↑	48.0%	26.9%	11.8 mean Kessler 6 scale***
Victim vulnerable to perpetrator (i.e. caregiving roles) ↑	10.8%	11.1%	–

[a] National Elder Abuse Prevalence Study (Qu et al., 2021)

* p = <.05 ** p = <.01 *** p = <.001

Within the RI survey, more than half of those experiencing relational distress (53.2%), and those that felt unsafe disagreeing with their most important person (66%), had been divorced or separated. Among those that were distressed, there was a diagnosed or suspected mental illness in 40% of respondents, and half of respondents reported having poor mental health in the previous six months.

Almost half of the older adults experiencing relational distress were also not living in a major city, one in five lived in an area with a lower socioeconomic index for areas (or SEIFA) score and almost half had higher levels of social isolation, which was above the population average.

Coping behaviours, support seeking and social support

Managing relationship difficulties

The main strategies used by older adults to manage relationship pressures were accepting the situation (29.7%), reaching a compromise (27.8%), or communicating about the issue with the other party(19.9%); However, 10% reported not doing anything to manage the pressures.

'Unaware of where to seek help.' Female, 65-74

Seeking help for problems in their relationship

55.7%

manage relationship issues on their own

'I prefer to try to manage my own prolems first if I can.' Female, 65-74

More older adults reported managing relationships on their own (55.7%), compared to the general population (48.2%). Support-seeking among older adults experiencing relational distress or feeling unsafe are presented alongside the AIFS prevalence study findings in Table 3.

Table 3. Formal, informal and self-managed support during relationship difficulties

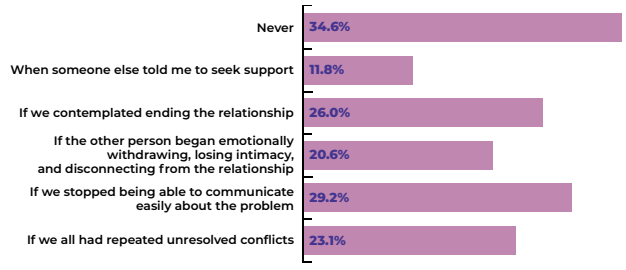
Help-seeking behaviour	AIFS prevalence study[a]	Distress (n=111)[b]	Unsafe disagreeing (n=53)[b]
Did not seek help/ managed on own	61.5%	55.9%	64.8%
Family	41.0%	27.0%	29.6%
Friend	40.5%	29.1%	37.0%
GP/ Nurse	29.4%	8.1%	7.4%
Professional carer or social worker	24.1%	6.3%	7.4%

[a] Help seeking described in the National Elder Abuse Prevalence Study (Qu et al., 2021)

[b] Relationship Indicators 2024 survey; Selected responses to the question 'When things are difficult in this relationship, where do you go for support?'

For those that chose to manage partnered relationship difficulties on their own, over a third said that nothing would make them seek external support, whereas others said that they would seek external support if they weren't able to communicate easily about the problem, or if they were thinking about ending their relationship (Figure 7).

Figure 7. Possible triggers for future support seeking among older adults that manage relationship difficulties on their own (n=364)



'Cost of long term psychological counselling.' Male, 65-74

These findings demonstrate that efforts to raise awareness and provide information about appropriate supports via friends and family of older adults experiencing relational distress is a worthwhile avenue. Further, a reasonable proportion (5.7%) do choose to seek professional help, and so it is paramount that those services are adequately prepared to identify and respond to potential abuse or need for relationship support.

Social connections

When asked about the quantity and quality of other relationships, older adults clearly placed more importance on groups than the general population. Well over half (n=374, 57.2%) identified the importance of family groups, and almost a third (n=184, 28.1%) said that community groups played an important part in their life which was significantly more than for the general population (15.7%).[17]

'Volunteering.' Male, 65-74

'Dance class' Female, 65-74

'Hobby group' Male, 65-74

[17] X^2 (1, N=3005) = 95.832, p = <.001, phi = .180

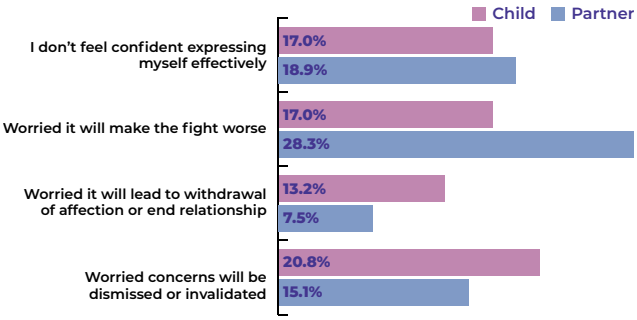
The complexities of older adults' more difficult relationships

Elder abuse frequently happens within relationships of trust, involving perpetrators that are most often family members, particularly adult children (Qu et al., 2021). When an older adult's most meaningful relationship is with the person causing harm, disclosure and subsequent action can become difficult. The older adult can be concerned about worsening the relationship, or worried about consequences for the perpetrator (Qu et al., 2021).

In the presence of relational distress or fear disagreeing, fewer older adults reported seeking support for their relationship problems. Around two thirds of those feeling unsafe disagreeing reported managing on their own. These results are reflected in a recent qualitative study involving older female victims of elder abuse (Brijnath et al., 2026), where 64.7% of participants cited stigma, victim blaming and shame as reasons for not seeking help.

The most prominent fears during a disagreement were about making the fight worse, not feeling confident expressing themselves effectively, and being worried that their concerns will be dismissed or invalidated (Figure 8).

Figure 8. Older adults' fears when experiencing disagreements in their most important relationships (n=53)



Note: categories <5 are not presented

Where relational distress and less feelings of safety were present, the most prominent description of conflict was feeling criticised and then having the other person blame them for the issues, followed by withdrawal (Figure 9).

Figure 9. Older adults' experiences of conflict according to feeling unsafe disagreeing, relational distress, and population average

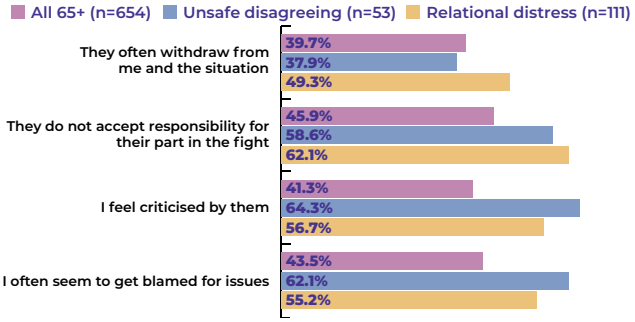
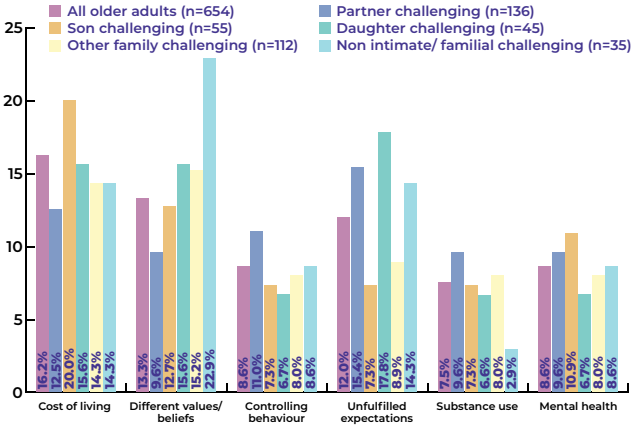
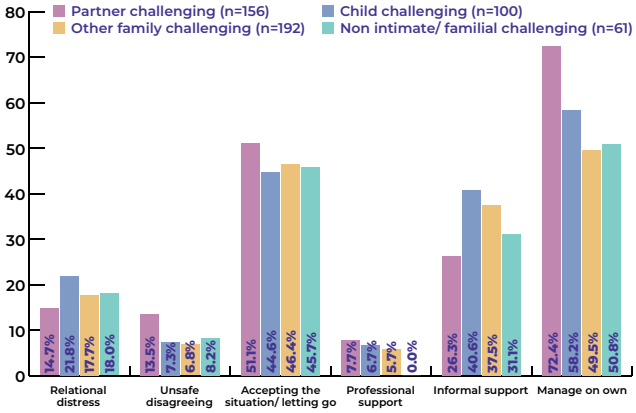


Figure 10. Greatest pressures affecting the relationships of older adults, by most challenging relationship type



The pressures most affecting older adults' relationships varied when presented according to the most challenging relationship types (Figure 10). The pronounced differences for challenging partnered or parent-child relationships are discussed further below. Of particular interest among challenging non-intimate or familial relationships, such as those between friends and neighbours, is the recognition of different values or beliefs as a relationship pressure (22.9%), followed by unfulfilled expectations (14.3%). For challenging relationships within the wider family, different values or beliefs were also cited the most often (15.2%), similar to when other family is listed as the most important relationship (Figure 3). The cross-cutting impact of the cost of living is also evident in its presence as a pressure at similar levels across different challenging relationship types (Figure 10).

Figure 11. Challenging relationship types by relational distress, feeling unsafe, and selected coping and help seeking behaviours



Partnered relationships

Those listing partners as most important were: mostly heterosexual men (74.8%), and largely cohabited with their partner (94.3%). The greatest pressures on these partnered relationships were: cost of living (19.9%), unfulfilled expectations (11.4%), and different values or beliefs (9.2%).

Where the partner was their most challenging relationship, again the majority were men (70.5%, versus women, 29.5%)[19] in heterosexual couples, though more older adults reported living with long term mental health conditions and experiencing poor mental health in the last 6 months, and slightly more were carers. The greatest pressures identified in these challenging partnered relationships were: unfulfilled expectations (15.4%) and controlling behaviours (11.0%), as well as different values or beliefs, mental health, and substance use (all 9.6%). These older adults reported that in this partnered relationship, their main fears during a disagreement were that they were worried about making that fight worse (71.4%), followed by worry that their concerns will be dismissed or invalidated (38.1%).

All older adults that had experienced a break-up divorce or separation (n=297; M=176, F=121) were asked three validated questions from the Detection of Overall Risk Screen instrument (McIntosh, 2016).[20] Avoiding or keeping away from their ex-partner was reported by almost a third of older adults (31.1%), while feeling hostile or hateful towards them (18.2%) and having angry disagreements (13.1%) were reported less often.

Parent-child relationships

Those listing their children as most important were mostly female (60.2%), living with long term physical health conditions (21.2%) & disability (6.8%). Almost one quarter (24.%) reported experiencing relationship distress and higher than average poor mental health in the previous six months (5.0%). The most reported pressure where the most important relationship was a son was different values or beliefs (20.7%). Within daughter-parent relationships, different values and beliefs (16.4%) as well as unfulfilled expectations (14.9%) and alcohol and drug use (14.9%) were frequently reported.

Older adults who found their relationship with their child the most challenging, were more frequently male than female (56.0%), and more frequently in a caring role (9.6%), while there was little difference in gender between sons and daughters. The fears when disagreeing with their adult child were more prominently regarding their concerns about being dismissed or invalidated, followed by not feeling confident expressing themselves and worried they will make the
fight worse.

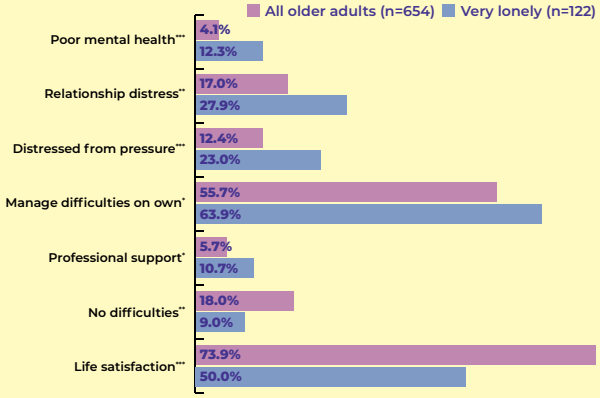
[19] X^2 (1, N = 354) = 5.937, p = .015, phi = .099

[20] Respondents were asked 'With regard to your former partner, over the past 6 months, how often have you: Avoided or kept away from him/ her? Had angry disagreements with them? Or felt hostile toward them?

Loneliness, social isolation, and the potential for elder abuse

Loneliness and social isolation increase an older adult's vulnerability to abuse and reduces opportunities to recognise or address it. While older adults as a group report lower loneliness, those who do experience loneliness are often the most vulnerable, and the least likely to seek help.

Figure 12. Individual, relational, and support seeking factors associated with loneliness among older adults (n=654)



* p = <.05 ** p = <.01 *** p = <.001

One in three (30.6%) older adults reporting relational distress described feeling very lonely, which was a statistically significant difference to non-distressed older adults (16%).[21] One quarter (24.5%) of those who felt unsafe disagreeing with their most important person also reported being very lonely. (Full loneliness crosstabulation is provided in the Appendix.)

Those experiencing distress in challenging relationships showed higher social isolation, and one in three of those feeling unsafe disagreeing were living alone. Social isolation (for example, seeing family and friends less than once a week) is one of the most consistently identified risk factors across the different types of elder abuse (Qu et al., 2021). When an older adult is isolated, and their only meaningful relationship is with the person who is causing harm, they may face a choice between safety and connection, minimising or excusing abusive behaviour as an alternative to being alone.

Within the national prevalence study, social isolation was associated with older adults' avoiding the perpetrator (42%) or withdrawing from social contact more generally (13%), with withdrawing often described by respondents as ineffective (Qu et al., 2021). Self-isolating as a response to abuse can remove the individual from the wider social sources of support and advocacy, as well as increase their vulnerability to abuse.

[21] X^2 (1, N = 654) = 12.093, p = .001, phi = .141

Forward focus: how might we support potential future users of harmful or abusive behaviour?

While this report largely describes fear and distress in the closest relationships of older adults, there is also a recognised need to understand potential users of harmful or abusive behaviour to better prevent future incidence of elder abuse (Qu et al., 2021). In qualitative research, female victims of elder abuse reported that they wanted their perpetrators to receive support for issues such as mental health and addiction (Brijnath et al., 2026). Understanding how to best support those presenting with multiple established risk factors for elder abuse perpetration can also assist in improving relationships, wellbeing, and mental health across the community.

To identify survey respondents most likely listing an older adult as their most important or most challenging relationship, we identified those who listed parents, aunts, uncles, and grandparents, using conservative age cut-offs.[22] Of the 118 respondents who listed a most important or most challenging person likely to be aged 65 years and over, 106 (89.8%) reported at least one stressor associated with elder abuse perpetration, and 36 (30.5%) reported 3 or more (Table 4). (Full crosstabulation of stressors can be found in the Appendix to this report).

The more common stressors identified by respondents listing an older adult as their most important person were managing relationship difficulties on their own (47.5%), having poor mental health that affects their relationships (22.0%), living with a long-term physical health condition (19.5%), and being a carer (17.8%). When compared to the general population they significantly more frequently reported being a carer,[23] and that gambling[24] or ill health or disability[25] were relationship pressures (Table 4).

[22] Persons likely describing a most important relationship with an older adult were identified in two ways: 1. respondents aged 55 years and over, who listed a mother, father, uncle, or aunt as their most important or challenging relationship; 2. respondents aged 45 years and over who listed grandparent as their most important or challenging relationship.

[23] X^2 (1, N = 3003) = 12.468, p = <.001. Phi .068

[24] X^2 (1, N = 2994) = 7.597, p = .006. Phi -.057

[25] X^2 (1, N = 2994) = 4.416, p = .036. Phi .045

Table 4. Potential risk factors for elder abuse perpetration among survey respondents, population and those listing an older adult as their most important or challenging relationship, by gender

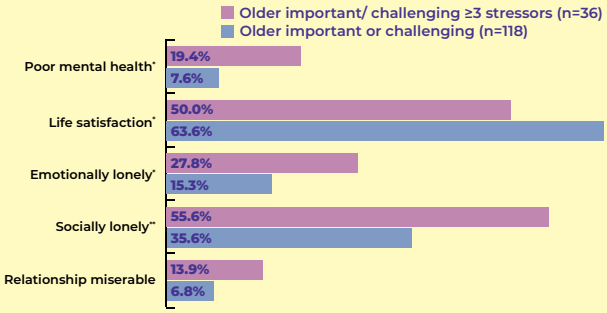
Potential risk factor (stressors)	Older adult most important or most challenging relationship						Population					
	All (n=118)		Female (n=58)		Male (n=60)		All (n=3004)		Female (n=1440)		Male (n=1506)	
	n	%	n	%	n	%	n	%	n	%	n	%
Cohabitation[a]	-	-	-	-	-	-	2085	69.4%	981	68.1%	1070	71.0%
Victim vulnerable to perpetrator (i.e. caregiving roles)												
Carer of someone who has a disability, mental health condition, etc	21***	17.8%	11	18.3%	0	0.0%	256	8.5%	156	10.8%	96	6.4%
Perp family issues – i.e. challenging relationships, DFV												
Identified most challenging relationship	116*	98.3%	58	96.7%	58	96.7%	2755	91.7%	1346	93.5%	1353	89.8%
Still impacted by a previous break-up	19	16.1%	10	16.7%	9	15.0%	599	19.9%	307	21.3%	265	17.6%
Feelings of hostility towards ex-partner	4	3.4%	<5	1.7%	<5	5.0%	117	3.9%	80	5.6%	36	2.4%
Still has angry disagreements with ex-partner	<5	2.5%	<5	3.3%	<5	1.7%	84	2.8%	51	3.5%	33	2.2%
Perpetrator financial problems	16*	13.6%	7	11.7%	9	15.0%	672	22.4%	325	22.6%	34	2.3%
Perpetrator gambling	6*	5.1%	<5	6.7%	<5	3.3%	46	1.5%	25	1.7%	21	1.4%
Perpetrator male	60	50.8%					1506	50.1%				
Perpetrator mental health problems												
Person with long-term mental health condition/s	7	5.9%	<5	5.0%	<5	6.7%	358	11.9%	200	13.9%	123	8.2%
Poor mental health in last 6 months	9	7.6%	5	8.3%	<5	6.7%	419	13.9%	216	15.0%	174	11.6%
Poor mental health affects relationship	26*	22.0%	18*	30.0%	8	13.3%	1124	37.4%	624	43.3%	458	30.4%
Mental health a relationship pressure	20*	16.9%	10	16.7%	9	15.0%	786	26.2%	408	28.3%	336	22.3%
Perpetrator physical health problems												
Person with long-term physical health condition/s	23	19.5%	12	20.0%	11	18.3%	395	13.1%	200	13.9%	182	12.1%
Ill health or disability a relationship pressure	6*	5.1%	<5	5.0%	<5	5.0%	60	2.0%	39	2.7%	20	1.3%
Perpetrator substance abuse	7	5.9%	<5	6.7%	<5	5.0%	315	10.5%	189	13.1%	119	7.9%
Perpetrator unemployed	8	6.8%	<5	6.7%	<5	6.7%	178	5.9%	80	5.6%	90	6.0%
Perpetrator work/ emotional/ personal/ other problems												
Study or work commitments a relationship pressure	10*	8.5%	<5	6.7%	6	10.0%	623	20.7%	296	20.6%	308	20.5%
Lack of care skills/ social support												
Manage relationship difficulties on own	56	47.5%	30	50.0%	25	41.7%	1442	48.0%	626	43.5%	786	52.2%
3 or more stressors[b]	36*	30.5%	15	25.0%	21	35.0%	1293	43.0%	472	32.8%	785	52.1%
Mean total stressors (S.D.)	2.13	(1.58)	1.79*	(1.55)	2.46	(1.56)	2.39	(1.48)	2.00***	(1.52)	2.77	(1.33)

* p = <.05 ** p = <.01 *** p = <.001

[a] Note that cohabitation only measured for most important relationship

[b] Cumulative risk factors were calculated from one variable for each of 11 risk factors, specifically: Carer of someone who has a disability, mental health condition, etc; Person with long-term physical health condition/s; 'Do the impacts of this break-up, separation or divorce still impact you today?'; Male gender; 'Which, if any, of the following pressures have impacted this relationship in the last six months?' - Money problems, Gambling, Mental health, Alcohol or drug use (combined), and Study or work commitments; Unemployed or Unable to work, 'When things are difficult in this relationship, where do you go for support?' - I manage on my own.

Figure 13. Selected individual and relationship factors among respondents who list an older adult as their most important or most challenging relationship, and with three or more stressors present

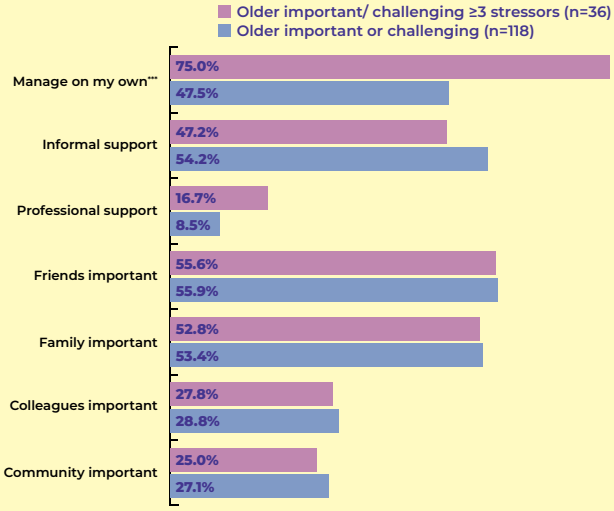


* p = <.05 ** p = <.01

Of those experiencing multiple stressors (3 or more), significantly more reported being socially[26] and emotionally[27] lonely, and less life satisfaction,[28] than those with two or less stressors (Figure 13).

Within this higher risk group, more sought professional support for their relationship difficulties (16.7%), but more also reported managing on their own (75%), which was statistically significant when compared to respondents experiencing fewer stressors.[29] When those that managed on their own were asked what it would take to seek support (n=27), they most often reported they would never seek support (44.4%), followed by repeated unresolved conflicts or contemplating ending the relationship (both 33.3%). Those experiencing more stressors also more often reported that groups did not play an important part in their life (16.7%, versus 12.2%), compared to those with fewer stressors (Figure 14).

Figure 14. Selected support seeking and social connection factors among respondents who list an older adult as their most important or most challenging relationship, and with three or more stressors present



*** p = <.001

These results show less coping, help seeking and social connection and support among those reporting more stressors associated with elder abuse perpetration. For existing services set up to support individuals, including specialised mental health, substance use, gambling, or financial support, it is important to consider that multiple determinants may be present. These potentially cumulative factors may have implications for the safety and wellbeing of older family members and other persons involved in the clients' interpersonal network. It also points to the need to understand more indirect and informal avenues that can help support those that are experiencing greater individual and relational stressors.

[26] 55.6% ≥3 stressors, versus 26.8%, ≤2 stressors; X^2 (1, N = 118) = 7.796, p = .005, phi = 0.276

[27] 27.8% versus 9.8%, ≤2 stressors; X2 (1, N = 118) = 7.796. p = .005, phi = 0.276

[28] 50% ≥3 stressors, versus 69.5%, ≤2 stressors; X^2 (1, N = 118) = 4.528, p = .033, phi = 0.221

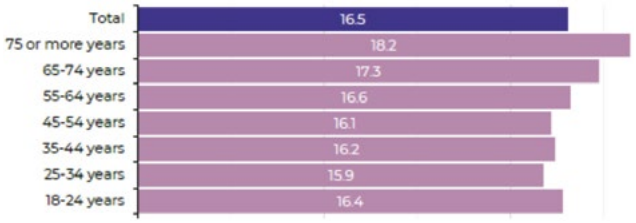
[29] X^2 (1, N = 119) = 13.003, p = <.001, phi = 0.349

Protective elements against relationship pressure and distress

One brighter finding is that wellbeing tends to be higher among older age groups than among younger adults. Older adults report greater subjective wellbeing, lower overall loneliness and boast the largest proportion of respondents reporting that they have no relationship pressures (Relationships Australia, 2024).

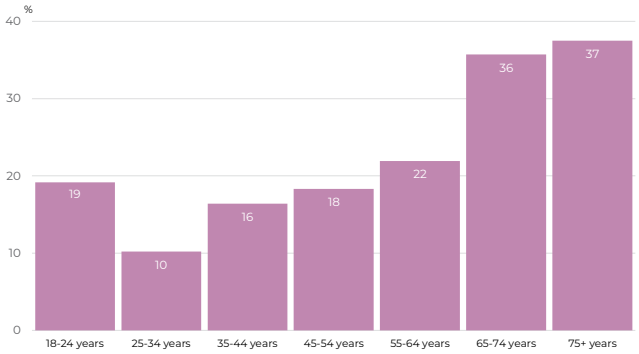
Figure 15. Wellbeing, overall loneliness, and absence of relationship pressure by age group

Subjective wellbeing by demographics



Self reported loneliness by demographics

People not experiencing any relationship pressures by Age



(Source: Relationship Indicators 2024 full report)

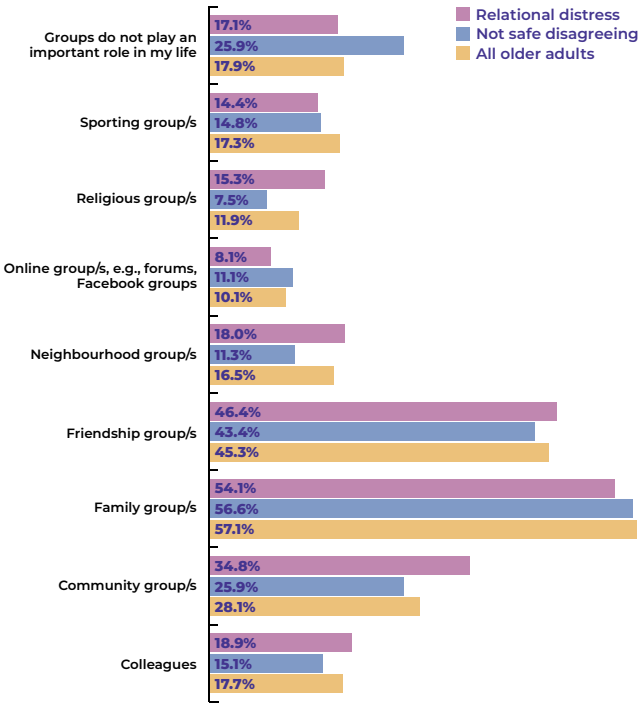
The protective nature of groups

Many older adults reported that groups played an important part in their lives. In particular, those older adults not reporting fear disagreeing more often cited friendship, family and community groups as important to them, while conversely those experiencing relational distress more frequently stated that groups did not play an important part in their life (Figure 16). Our results support the findings of the National Elder Abuse Prevalence Study, where older adults reported abuse at higher rates across every abuse type when there was less frequent contact with their family and friends (Qu et al., 2021).

57.2% said family groups played an important part in their lives

28.1% said community groups played an important part in their lives

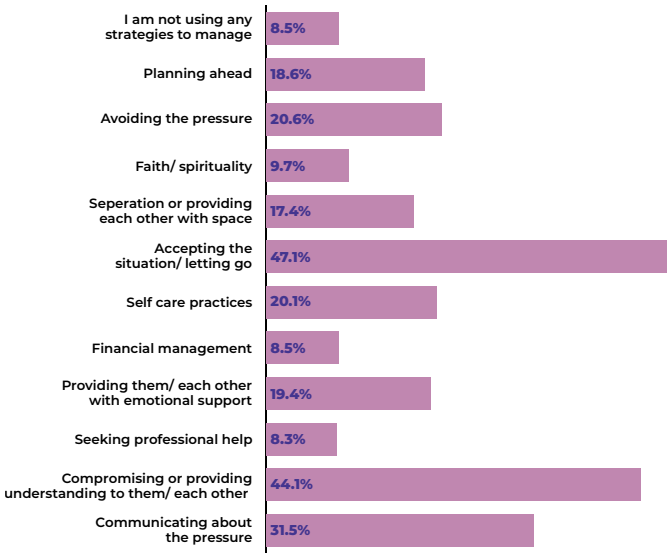
Figure 16. Important groups according to relational distress and feelings of safety, older adults and population



Notable features among older adults who report good relational satisfaction and feelings of safety

Older adults who did not report relational distress were more often male, did not have physical or mental health conditions, and were not carers. They reported less conflict and fears in disagreements, and lower social and emotional loneliness (see Appendix for full results tables).

Figure 17. Strategies used to manage relationship pressure, among older adults



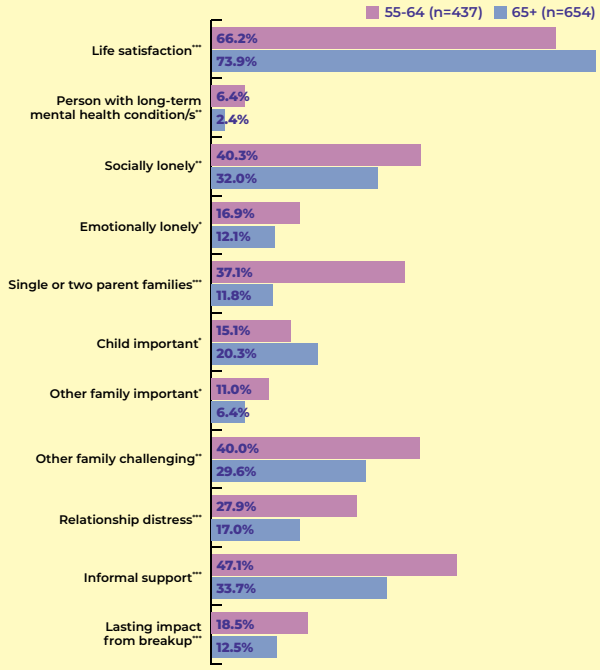
The main strategies for managing relationship pressures among older adults are presented at Figure 17. There was no substantial difference between those not relationally distressed or feeling unsafe against those that were distressed and unsafe for these strategies. However, these non-distressed groups did demonstrate a greater tendency to turn to their most important relationship for social support when needed. For example, those not reporting relational distress frequently said they would turn to their most important person if they needed help around the house due to illness (77.2%, versus 73.9%, distressed), they felt a bit down or depressed and wanted to talk about it (74.4%, versus 64.0%, distressed), or to enjoy a pleasant social occasion with (85.3%, versus 76.6%, distressed).

Social support and healthy relationships with family members have been identified as key protective factors against elder abuse and neglect (Dean, 2019). We found a similar pattern, being that those not reporting relational distress or fear disagreeing more frequently reported having a variety of important groups in their lives (Figure 16).

Future older adults: Challenging relationships, pressures and distress among those aged 55-64 years

At the 2024 survey, 14.5% (n=437) of respondents were aged 55-64 years. Compared to those aged over 65 years, this group reported significantly more relational distress (27.9%), long-term mental health conditions (6.4%), and social (40.3%) and emotional loneliness (16.9%, Figure 18)(Full crosstabulation available in the Appendix).

Figure 18. Future older adults (aged 55-64 years), compared to older adults aged 65 years and over, selected personal, relational and support seeking factors



* p = <.05 ** p = <.01 *** p = <.001

A greater proportion also lived with a disability and were carers, and more listed other family members as their most important (11%), as well as their most challenging (40%) relationship. This suggests that prevention efforts should begin before people reach older age, particularly for cohorts who may age with more complex family pressures, fewer supports and greater insecurity.

Solo agers are defined as older adults that are living alone in the absence of a traditional family support network (Einhart, 2025). This group can be more prone to financial challenges and abuse (Einhart, 2025), as well as increased vulnerability to loneliness and depression (Adams, et al., 2023).

Sub analyses found that among future older adults, those that lived alone less frequently cited partners (18.3% versus 77.0%),[30] and more frequently identified children (36.6% versus 11.2%),[31] other family members (26.8% versus 7.7%),[32] and friends (12.7% versus 3.3%)[33] as their most important relationships.

Those aged 55-64 who lived alone reported significantly less life satisfaction(52.1% versus 68.9%),[34] and more loneliness (31.0% versus 19.7%),[35] compared to those that lived with others. They also significantly more frequently experienced enduring impacts from an earlier relationship breakdown (49.3% versus 12.3%),[36] and relied on informal supports (62.0% versus 44.3%)[37] during relationship difficulty.

[30] X^2 (1, N = 437) = 90.875, p = <.001, phi = -.463

[31] X^2 (1, N = 437) = 27.669, p = <.001, phi = .260

[32] X^2 (1, N = 437) = 20.678, p = <.001, phi = .228

[33] X^2 (1, N = 437) = 9.517, p = .003, phi = .162

[34] X^2 (2, N = 438) = 8.732, p = .013, phi = .141

[35] X^2 (1, N = 437) = 3.863, p = .049, phi = .102

[36] X^2 (1, N = 437) = 51.990, p = <.001, phi = .353

[37] X^2 (1, N = 437) = 6.791, p = .009, phi = .131

Conclusion

The Relationship Indicators survey findings demonstrate who, where, and what types of supports could contribute to more satisfying, safe and amicable interpersonal relationships across generations. In order to understand risk factors for elder abuse, we reviewed data on wellbeing, relationship dynamics, and coping and support-seeking behaviours. We examined who experienced psychological distress within their challenging relationships and who felt unsafe disagreeing in their most important relationships, with a particular focus on the most common relationships for older people; being intimate partners and adult children.

Despite older adults reporting less loneliness, more life satisfaction, and fewer relationship pressures than the general adult population, between 8% and 16% reported fear or psychological distress in their relationships. When having a disagreement with their most important person, older adults expressed worry about making the fight worse or not feeling confident expressing themselves effectively. Others held fears that their concerns will be dismissed or invalidated. Women disproportionately reported relational distress, feeling unsafe disagreeing, and feeling very lonely. These findings align with existing elder abuse literature showing intimate partner violence continues into older age (Gillbard, 2025).

For older adults, the most challenging relationships were listed as partners, followed by sons and daughters. Men more often listed their partner as their most important and their most challenging relationship. Where partners were the most challenging relationship, older adults reported more than average long-term mental health conditions, poor mental health in the preceding six months; and carer status. One in five people reported cost of living as placing the most pressure on their partnered relationship.

Experiencing social support and connection, and an absence of pressures or personal issues such as physical and mental health conditions or caring responsibilities were the main factors associated with having less distressing and unsafe relational experiences. Older adults generally placed high importance on family groups and community groups. Our analysis confirmed that lower relational distress and greater feelings of safety were associated with higher levels of social support and group involvement, and lower loneliness, supporting the importance of social connection as a protective factor against elder abuse.

Implications for practitioners, stakeholders and researchers

The findings of this report and our analysis of the Relationship Indicators survey hold important insights and implications for practitioners that work with older adults. While there is increased sector awareness of what constitutes elder abuse, not all older adults seek help, and those who do often seek it from sources that cannot effectively help them (Qu et al., 2021; Brijnath et al., 2026). Despite this, it is encouraging that among Relationship Indicators survey respondents, 8.1% did seek formal support (including from a GP or nurse, counsellor or caregiver in. This represents a powerful point of influence.

In addition, around a third of older adults sought informal support from their immediate connections. This reveals the importance of maintaining a continued focus on awareness raising, not just for the older adults who may be experiencing psychological distress, lack of safety, abuse, or neglect, but also among their friends and family. Awareness raising can help the community to recognise signs of abuse and neglect, and to know what supports and actions are available.

With particular relevance to the National Plan to End the Abuse and Mistreatment of Older People, this report also highlights opportunities to address gaps in the evidence base. The Relationship Indicators data provides a wider view of older adults' relational experiences in a representative sample of the population and may be useful for planning future service delivery, as well as for triangulation with risk factors measured in past and future prevalence studies. More work needs to be done, however, to understand the specific experiences of older adults in groups that may experience higher risk of distress or abuse. To this end, we welcome the recent investigations by the Australian Institute of Family Studies into the experiences of older adults belonging to First Nations and LGBTIQA+ communities and support further efforts to prioritise research into the experiences of additional groups and individuals.

Recommendations

The following recommendations arise from, and are supported by, our findings above:

Treat loneliness prevention, community participation and group-based connection as protective interventions, not just wellbeing initiatives

Social connection should be positioned as a core elder abuse prevention strategy, as the role of social connection and community participation as key protections against abuse and neglect and psychological distress are well established.

Strengthen informal pathways to disclosure and support

Because many older adults manage relationship difficulties alone, and those who do seek help often turn first to family or friends, awareness-raising should target not only older people but also their informal networks. Friends, family members, neighbours and community group leaders need practical guidance on recognising distress, responding safely and referring people to services when necessary.

Continue work to build capability across the service sector

Although formal help-seeking is less prevalent than more informal methods, GPs, nurses, counsellors, social workers, aged care staff and relationship practitioners are important intervention points when older adults do seek support. It is therefore critical to continue awareness raising regarding effective interventions and referral pathways, as well as identifying the signs of abuse and neglect, and the barriers to seeking formal support.

Tailor responses to relationship type, especially differentiating between abuse perpetrated by partners and adult children

Prevention and response models should distinguish between partnered relationships and parent-child relationships. These relationships experience different pressures, dynamics and gender patterns and therefore require tailored responses.

Prioritise early support for older adults experiencing relational distress, or those who feel unsafe disagreeing with their partners, children, or other close relationships

Relational distress and feeling unsafe in disagreements are strongly associated with well-established risk factors for elder abuse and neglect. Services that regularly support older adults should consider offering earlier, lower-threshold supports such as relationship counselling, mediation, safety planning, social connection referrals and family-inclusive interventions where appropriate.

Address the intersection of mental health, caring roles, disability and relationship pressure

Older adults experiencing distress were more likely to report poor mental health, long-term mental health conditions, caring responsibilities, disability or social isolation. Integrated responses should therefore connect relationship support with mental health, carer support, disability services and community-based social supports in order to reduce the burden of fragmentation within the service landscape and provide older adults with holistic, wraparound support.

Invest in prevention for future older adults

The 55-64 age group appears to show higher relational distress, loneliness, disability, caring responsibilities and mental health pressures than current older adults aged 65+. This suggests a need for upstream intervention before people enter older age, particularly for those with fewer supports, more complex family relationships or housing and financial insecurity.

Continue to improve empirical evidence and evaluation frameworks

A dedicated national elder abuse survey has been conducted, and national statistics now include measurements of the prevalence of abuse and neglect. However, research that defines the relationship dynamics, coping and support seeking patterns, is still needed in order to inform targeted and effective responses. In particular, research that identifies the stressors and potential points of intervention for potential users of violence is crucial. This special report, while largely describing the upstream issues of relational distress and fear, contributes to this evidence gap and provides a launching point for further inquiry.

Many elder abuse and neglect researchers have also identified the need for further evidence of intervention effectiveness, and more resources committed to program evaluation would support this.

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The full Relationship Indicators report for 2024 can be found here:

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