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To cite this article: Catherine V. Talbot, Gemma Lovett, Michelle Heward, John McAlaney, Melissa Brunner & Esther V. Loseto-Gerritzen (01 Jun 2026): Online safety challenges in dementia and mild cognitive impairment: a scoping review, *Aging & Mental Health*, DOI: [10.1080/13607863.2026.2674971](https://doi.org/10.1080/13607863.2026.2674971)

To link to this article: <https://doi.org/10.1080/13607863.2026.2674971>



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Online safety challenges in dementia and mild cognitive impairment: a scoping review

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ABSTRACT

Objectives: People with dementia or mild cognitive impairment (MCI) are increasingly using the internet, but cognitive and functional changes may amplify online safety risks. This scoping review mapped academic evidence and publicly available guidance on online safety for people affected by dementia/MCI.

Method: In April 2025, seven databases and Google Scholar were searched for academic studies. Publicly available guidance was identified *via* Google and targeted searches of relevant organisations. Academic studies were synthesized narratively, and public resources underwent content analysis.

Results: Of 2,014 academic articles screened, 13 were included. Studies were organised into three themes: 1) 'Vulnerability to scams and misinformation', including cybercrime victimisation, malicious links, inadvertent sharing of personal details, and misleading content; 2) 'Online harms', including psychological distress from negative interactions and upsetting content; and 3) 'Safeguarding approaches', characterised by labour-intensive, carer-led monitoring and reactive strategies. The 14 publicly available resources focused primarily on email, social media, and scams, but offered limited guidance on managing distressing content, misinformation, online abuse, or decisions around sharing login information.

Conclusion: Evidence on online safety for people with dementia/MCI remains limited. Our review highlights the importance of co-designed online safety initiatives, effective moderation, improved technology design, and policy supporting safe digital engagement.

ARTICLE HISTORY

Received 23 December 2025
Accepted 11 May 2026

KEYWORDS

Cognitive impairment; cybersecurity; internet; online harm; digital literacy

Introduction

Dementia affects approximately 55 million people worldwide and is projected to reach 150 million by 2050 (GBD 2019 Dementia Forecasting Collaborators, 2022). Dementia progresses from early to late stages, with mild cognitive impairment (MCI) lying between normal ageing and dementia. Although not everyone with MCI develops dementia, annual progression rates are 10–15%, and roughly one-third develop Alzheimer's disease within 5 years (Alzheimer's Association, 2022). With the global population of people living with dementia rising, it is important to identify innovative forms of support, and internet-mediated technologies may be of value. While estimates of internet usage among people with dementia or MCI remain limited, a recent small-scale online survey found that almost 90% of respondents with dementia reported using the internet daily or almost daily, with most participants accessing email everyday or almost everyday (Lee

et al., 2023). Digital engagement among this population is also likely to continue to grow as younger, more digitally savvy generations age (Pew Research Center, 2025), meaning that demand for accessible, safe, and effective digital tools will continue to rise. This highlights the need to develop understandings of both the benefits and risks of online engagement for people with dementia/MCI.

Research has demonstrated that people with dementia actively use internet-mediated technologies and digital devices for social connection, cognitive stimulation, accessing information, and activities of daily living (e.g. Goodall et al., 2021; Hicks et al., 2023; Talbot & Dunne, 2024). Smartphones and tablet devices, for example, can provide versatile tools for communication, entertainment, navigation, and finance management, thus supporting engagement with everyday activities (Talbot & Briggs, 2022; Wilson et al., 2022). Similarly, social media platforms such as Facebook, Twitter (now known as X), and online forums offer opportunities for self-expression, social

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 Supplemental data for this article can be accessed online at <https://doi.org/10.1080/13607863.2026.2674971>.

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connection, reciprocal peer support, and identity maintenance (Coulson & Talbot, 2025; Talbot et al., 2025). Videoconferencing tools further extend the possibilities of peer support, enabling convenient participation in peer support groups from home (Gerritzen et al., 2023a, Gerritzen et al., 2023b). Despite the benefits of online engagement, digital participation also carries risks for all users, including scams (e.g. Coluccia et al., 2020), privacy issues (e.g. Barth & De Jong, 2017), and misinformation (e.g. Suarez-Lledo & Alvarez-Galvez, 2021). These risks may be particularly pronounced for people with dementia/MCI, as cognitive impairments such as memory loss, reduced attention, and impaired judgment have potential to heighten vulnerability online. Most existing research on online safety, however, has focused on older adults without dementia (e.g. Burton et al., 2022; Shang et al., 2022), who are known targets of cybercrime (Munanga, 2019). While dementia is not a disease of old age, its prevalence increases with age. Therefore, people with dementia may face both similar and distinct challenges to those experienced by older adults, as cognitive impairments may heighten existing risks or introduce new forms of vulnerability.

Emerging evidence supports a link between cognitive impairment and susceptibility to scams in general. For example, in a cohort study of aging, Boyle et al. (2019, 2025) found that decreased scam awareness was associated with increased risk of MCI and earlier onset dementia, suggesting that low scam awareness may be an early indicator of adverse cognitive outcomes. Among community-dwelling older adults without dementia, scam susceptibility has also been negatively associated with cognitive function (Duke Han et al., 2016). Extending these findings to online contexts, Getz et al. (2024) found that participants with greater cognitive impairment were more vulnerable across multiple scam scenarios, including remote access and internet romance scams. These vulnerabilities are also a source of concern for unpaid carers of people with dementia/MCI, who may 'gate-keep' digital engagement or take protective actions to safeguard them from harm (Piper et al., 2016; Talbot et al., 2024). However, to date, no comprehensive synthesis of online safety challenges faced by people with dementia/MCI exists, and it remains unclear what publicly available guidance supports safe online engagement. Therefore, this scoping review aims to explore the online safety challenges experienced by people affected by dementia or MCI, including unpaid carers, and to identify the resources and guidance available to help the mitigate risks.

Method

The protocol for this scoping review was registered on the Open Science Framework (Lovett et al., 2025).

This review presents a narrative synthesis and content analysis of academic literature and publicly available online safety resources for people affected by dementia or MCI. Publicly available resources were included to capture practical guidance that people living with dementia/MCI and carers can access directly, as the academic literature alone may not reflect the tools and advice currently available. Publicly available resources were defined as any written content (including both webpages and downloadable PDFs), training packages (websites or applications), or audio-visual content available online that aim to improve online safety. The review was conducted in accordance with the PRISMA-ScR guidelines (Tricco et al., 2018). Ethical approval was not required for this study as it involved analysis of the published literature and publicly available resources only.

Inclusion and exclusion criteria

This review included original qualitative, quantitative, and mixed-methods studies. Studies were eligible if participants included people with a self-reported diagnosis of dementia/MCI, or self-identified carers of someone with dementia/MCI, and focused on online safety, defined as the protection of users from online risks and harms (e.g. phishing, scams; OfCom, n.d.). Publicly available web-based resources were included if they were targeted toward people with dementia/MCI or unpaid carers, and provided guidance related to online safety. Only studies and resources written in English language were included due to a lack of funding to translate the documents.

Studies were excluded for the following reasons: wrong population (i.e. participants were not people with dementia/MCI or carers, or findings from these groups were not reported separately from other populations); wrong focus (i.e. findings were not related to online safety, including offline safety or general online behaviour); wrong context (i.e. studies reported on technologies outside the scope of this review, such as smart home systems); or wrong publication type (e.g. reviews, commentaries, letters, editorials, theses). Eligibility criteria were mapped against the population, concept, and context (PCC) framework from the Joanna Briggs Institute (Aromataris et al., 2024) and are reported in Table 1.

Search strategy

For published academic literature, searches were conducted in April 2025 across the following databases with no publication date restrictions: MEDLINE® ALL, APA PsycInfo (via Ovid), CINAHL Plus with Full Text (via EBSCOhost), Elsevier Scopus, Clarivate Web of Science Core Collection, Google Scholar (via Harzing's Publish or Perish 8), IEEE Xplore, and ACM Digital Library.

Information specialists were consulted on the search terms, and they undertook the search using free-text terms (searching the title and abstract) as well as an advanced search syntax (truncation and Boolean logic AND/OR) to ensure all relevant studies were identified. Relevant controlled vocabulary headings for each database were searched, and the relevant terms were identified. The search terms included the following themes, with synonyms to describe each: dementia/Alzheimer's; and online safety (see [Supplementary Material](#) for the search strategy). References were imported into EndNote 20 reference software, and duplicates were removed and subsequently uploaded to Rayyan.

For publicly available web-based resources, searches were conducted in July 2025 using Google's search engine, consistent with Brunner et al. (2022). Due to the large amount of search results that would be generated from the Google search, only the first 10 pages of search results were reviewed. Searches used key terms relating to dementia (e.g. dementia, Alzheimer's, mild cognitive impairment) and online safety (e.g. online safety, internet safety, cybersecurity, online security). Additional searches targeted specific UK-based dementia and cybersecurity organisations. The relevant dementia organisations were identified in collaboration with three people with dementia as part of public engagement activities, while cybersecurity organisations were identified by an academic expert. A completed GRIPP2 (Guidance for Reporting Involvement of Patients and the Public) Short Form Checklist (Staniszewska et al., 2017) is included in the

[Supplementary Material](#). The organisational websites searched are listed in [Table 2](#). Websites were searched using integrated search functions with terms focusing on online safety (for dementia organisations) and dementia or cognitive impairment (for cybersecurity organisations). Web pages were captured using screen-capture technology and catalogued in Microsoft Excel for subsequent screening.

Screening and selection

Titles and abstracts of all academic papers were screened in Rayyan by two reviewers against the inclusion criteria. Any discrepancies were resolved through discussion until consensus was reached. Following initial screening, full texts of included papers and webpages were independently screened by the same two reviewers for inclusion, with disagreements again resolved through discussion.

Data extraction, synthesis, and analysis

For the published academic literature, the first author extracted data into a table, with all extractions checked by the second author. Extracted data included study location, design, sample, online safety challenges addressed, measures, and key findings. Narrative synthesis (Popay et al., 2006) was used to summarise findings, organising key findings into categories to identify the common themes across studies. These categories were discussed and refined with the full research team before producing narrative descriptions for each category.

For publicly available resources, data were managed in Microsoft Excel and analysed using a combination of inductive and deductive content analysis (Hsieh & Shannon, 2005), where codes and categories were derived from the data and also informed by the review of academic literature. Resources were coded by general characteristics (date of publication, source type, condition focus, intended audience,

Table 1. PCC Framework.

Criteria	Description
Population	- People with dementia or mild cognitive impairment - Unpaid carers of someone with dementia or mild cognitive impairment
Concept	Online safety challenges and guidance protecting users from internet-based risks
Context	- Any internet-based context - Original research articles and publicly available web-based resources providing online safety guidance - Written in English

Table 2. Targeted searches of organisational websites for publicly available online safety resources.

Organisation	Website	Search terms
Alzheimer's Society	https://www.alzheimers.org.uk/	'Online safety', 'internet safety', 'cyber security', 'cybersecurity', 'scam', 'password'
Dementia UK	https://www.dementiauk.org/	'Online safety', 'internet safety', 'cyber security', 'cybersecurity', 'scam', 'password'
Dementia Engagement and Empowerment Project (DEEP)	https://www.dementiavoices.org.uk/	'Online safety', 'internet safety', 'cyber security', 'cybersecurity', 'scam', 'password'
The Young Dementia Network	https://www.youngdementianetwork.org/	'Online safety', 'internet safety', 'cyber security', 'cybersecurity', 'scam', 'password'
Social Care Institute for Excellence (SCIE)	https://www.scie.org.uk/	'Online safety', 'internet safety', 'cyber security', 'cybersecurity', 'scam', 'password'
Lewy body Society	https://www.lewybody.org/	'Online safety', 'internet safety', 'cyber security', 'cybersecurity', 'scam', 'password'
National Cyber Security Centre	https://www.ncsc.gov.uk/	'Cognitive impairment', 'dementia', 'Alzheimer'
Get Safe Online	https://www.getsafeonline.org/	'Cognitive impairment', 'dementia', 'Alzheimer'
Information Commissioner's Office (ICO)	https://ico.org.uk/	'Cognitive impairment', 'dementia', 'Alzheimer'
Action Fraud	https://www.actionfraud.org.uk/	'Cognitive impairment', 'dementia', 'Alzheimer'
Friends Against Scams	https://www.friendsagainstscams.org.uk/	'Cognitive impairment', 'dementia', 'Alzheimer'

format), type of online engagement (email, instant messaging, online banking, online shopping, social media, videoconferencing, general web browsing), online safety issues addressed (abuse, distress, misinformation, passwords, privacy, scams), and guidance provided (education-oriented, self-protective, and digitally enabled safety actions). The full codebook with definitions for each code is included in the [supplementary material](#). All web resources were independently coded by two authors, with discrepancies resolved through discussion until consensus was reached. Descriptive statistics were then calculated for each code.

Results

Overview

From 2,014 academic records screened and 69 full-text papers read for inclusion, 13 studies were included in the final review (see PRISMA Flowchart in [Figure 1](#)). Of these studies, seven were conducted in the USA, five in the UK, and one in Canada. Studies were published between 2019 and 2024 and were predominantly qualitative in design ($n=8$), followed by mixed methods ($n=5$). Two studies analysed publicly available online posts (Johnson et al., 2019, 2020), while the remainder collected primary data directly from people with dementia and/or MCI, carers, or both. [Table 3](#) reports the descriptive characteristics of the 13 research studies which met the inclusion criteria for this review.

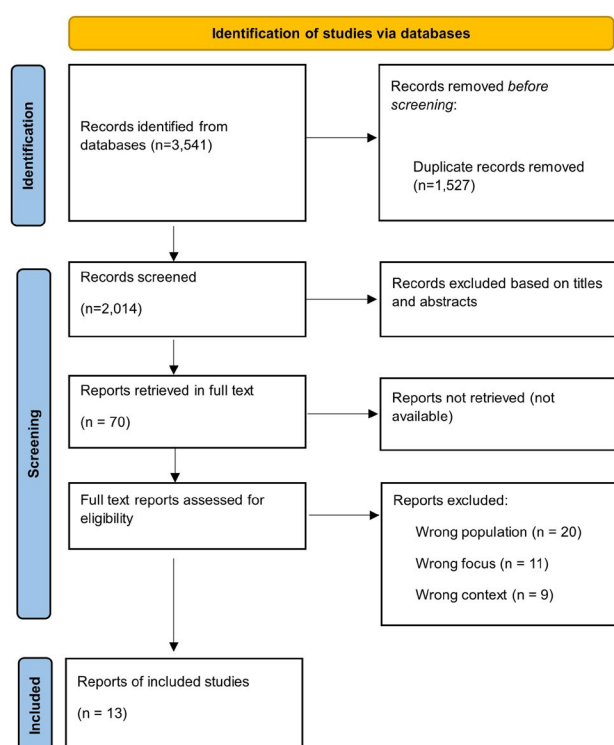


Figure 1. PRISMA flowchart of included studies.

Screening of 539 web pages identified 14 publicly available resources for inclusion. The 14 publicly available resources were published between 2020 and 2025. Most focused exclusively on dementia ($n=11$), with the remainder addressing both dementia and MCI ($n=3$). Resources were primarily hosted by non-profit organisations ($n=10$), followed by commercial entities ($n=3$), and one resource was authored by an individual.

Academic literature

Vulnerability to scams and misinformation

Eight studies reported on the vulnerability of people with dementia or MCI to online scams and misinformation (Dixon et al., 2022; Grewal et al., 2024; Johnson et al., 2019; Mentis et al., 2019; Talbot et al., 2024; Vandecar-Burdin & Akpinar-Elci, 2023; White et al., 2020; Wilson et al., 2024). In these studies, carers expressed concerns that people with dementia would unintentionally click on malicious links, respond to phishing attempts, or unintentionally disclose personal information online (e.g. Grewal et al., 2024; Talbot et al., 2024). Consistent with this, Johnson et al. (2019) identified instances of people with dementia or MCI sharing personal details in an online forum, such as their name, hometown, and/or email address, which could be used to target them in future. In some studies, participants described actual instances of cybercrime victimisation; for example, all six dyads of people with MCI and carers in Mentis et al. (2019) reported at least one online safety or security incident.

Three studies reported on challenges relating to misinformation. Across these studies, people with dementia, MCI, and carers reported encountering misleading information and difficulties discerning trustworthy content online (Dixon et al., 2022; Talbot et al., 2024; Wilson et al., 2024). For example, Dixon et al. (2022) found people with mild-to-moderate dementia encountered inaccurate information about dementia, including in online support groups, and were exposed to content promoting products (e.g. teas, herbs, or oils) claiming to cure or improve dementia. Vulnerability to misinformation was attributed to the cognitive changes associated with dementia in two studies. For example, carers in an online survey specifically noted that people with dementia may be susceptible to misinformation on social media due to cognitive impairments limiting their ability to critically evaluate content (Talbot et al., 2024). These vulnerabilities were echoed among people with dementia in the study by Dixon et al. (2022), who described how changing cognitive capacities could make it difficult to recognise exploitative content online.

Table 3. Overview of the included studies.

Author(s)	Year of publication	Study location	Study design	Sample	Key findings
Dixon et al.	2022	USA	<u>Qualitative</u> Semi-structured interviews; observation sessions	<i>N</i> = 16 people living with mild-to- moderate dementia	Participants encountered dementia-related misinformation online and adopted strategies to mitigate perceived information risks.
Gerritzen et al.	2023a	UK	<u>Mixed methods</u> Online survey	<i>N</i> = 69 people living with Young Onset Dementia	Participants reported distrust, privacy concerns, and negative interpersonal experiences as barriers to online peer support.
Grewal et al.	2024	Canada	<u>Mixed methods</u> Telephone survey; semi-structured interviews	<u>Survey</u> <i>N</i> = 67 carers <u>Interviews</u> <i>N</i> = 10 carers	Carers were concerned about privacy, data security, and the vulnerability of people with dementia to online scams.
Johnson et al.	2022	USA	<u>Qualitative</u> Semi-structured interviews	<i>N</i> = 16 carers <i>N</i> = 4 people living with dementia	Participants were concerned about exposure to harmful or triggering content in online support groups.
Johnson et al.	2020	USA	<u>Mixed methods</u> Observation of online forum	<i>N</i> = 186 online forum posts	One post encouraged risky behavior, and another provided guidance in response to a scam.
Johnson et al.	2019	USA	<u>Qualitative</u> Observation of online forum	<i>N</i> = 21 posts from people with dementia or MCI	People with dementia and MCI included personal information in their online posts
Loseto-Gerritzen et al.	2024	UK	<u>Mixed methods</u> Systematic literature search, focus groups, online survey, interviews, consultation with dementia working group	<u>Phase 1</u> <u>Focus groups</u> <i>N</i> = 20 people living with young onset dementia <u>Online survey</u> <i>N</i> = 69 people living with young onset dementia <u>Interviews</u> <i>N</i> = 19 people living with young onset dementia <u>Consultation with dementia working group</u> <i>N</i> = 6 people living with dementia <i>N</i> = 6 family members <u>Phase 2</u> <i>N</i> = 8 people with dementia <i>N</i> = 5 professionals <i>N</i> = 10 dyads (<i>N</i> = 10 people with MCI; <i>N</i> = 10 carers)	Participants recommended guidance on managing bullying, conflict, and negative mental health consequences in online support
Mentis et al.	2020	USA	<u>Qualitative</u> Semi-structured interviews	<i>N</i> = 10 dyads (<i>N</i> = 10 people with MCI; <i>N</i> = 10 carers)	Carers wanted shared decision-making on online safety, but limited safeguard options reduced motivation and required significant resources to identify the modifications.
Mentis et al.	2019	USA	<u>Qualitative</u> Semi-structured interviews	<i>N</i> = 6 dyads (<i>N</i> = 6 people with MCI; <i>N</i> = 6 carers)	All dyads experienced at least one online safety incident; some implemented risk mitigation strategies, but forward planning for cognitive decline was limited.
Talbot et al.	2024	UK	<u>Mixed methods</u> Online survey	<i>N</i> = 55 carers	Carers were concerned about disclosure of personal information, scams, misinformation, and password difficulties. They managed these risks by monitoring or restricting access.

(Continued)

Table 3. Continued.

Author(s)	Year of publication	Study location	Study design	Sample	Key findings
Vandecar-Burdin et al.	2023	USA	<u>Qualitative</u> Focus groups, semi-structured interviews	<u>Focus groups</u> N=6 carers <u>Interviews</u> N=6 carers N=5 professionals	Carers were concerned about online risks to people with dementia and households, reported some cybercrime incidents, and took protective actions such as restricting internet access.
White et al.	2020	UK	<u>Qualitative</u> Focus groups, semi-structured interviews	<u>Interviews</u> N=4 people living with dementia N=8 carers N=7 practitioners <u>Focus groups</u> Number of practitioners not specified	Participants were concerned about sharing of personal information and potential distress from dementia-related information. They suggested solutions such as reporting content and separating forums for people with dementia and carers.
Wilson et al.	2024	UK	<u>Qualitative</u> Semi-structured interviews	N=17 People living with dementia N=2 people living with MCI N=10 carers of people living with dementia	Participants reported difficulty identifying accurate information and safe online services, raised concerns about personal data loss, and highlighted the vulnerability of people with dementia to scams.

Online harms

Five studies reported on potential psychological harms associated with online engagement for people living with dementia or MCI (Gerritzen et al., 2023a; Johnson et al., 2020, 2022; Loseto-Gerritzen et al., 2024; White et al., 2020). Online peer support contexts sometimes exposed people with dementia or MCI to negative interactions. For example, in a survey of people with young-onset dementia, some participants reported experiences of spoken or text-based abuse from other group members (Gerritzen et al., 2023a). Similarly, in a different study, participants reported concerns that publicly sharing their dementia journey online invited unwelcome critique or harassment (Johnson et al., 2022). Studies also reported risks associated with exposure to distressing content. A content analysis of an online forum identified at least one post that could be interpreted as encouraging suicide or self-harm (Johnson et al., 2020). Participants in other studies described distress when encountering dementia-related information online, including unexpected depictions of late-stage dementia (Johnson et al., 2022; White et al., 2020). These online harms were recognised by people with dementia in a mixed-methods study aiming to develop best-practice guidance for online peer support, recommending that clear information is provided on bullying, conflict, and managing mental health consequences of participation to maximise the benefits of online peer support (Loseto-Gerritzen et al., 2024).

Safeguarding approaches

Six studies reported on approaches to safeguarding people with dementia or MCI online, which were primarily achieved through carer monitoring and supervision rather than built-in technological safeguards (Mentis et al., 2019, 2020; Talbot et al., 2024; Vandecar-Burdin & Akpinar-Elci, 2023; White et al., 2020; Wilson et al., 2024). In the study by Mentis et al. (2020), carers expressed a desire for shared decision-making about safe online engagement, but this was constrained by limited availability of cybersecurity safeguards. Rather than discontinuing online access, carers across studies typically implemented strategies to reduce risk, although these came at the expense of autonomy (e.g. Mentis et al., 2019, 2020). For example, in a survey of carers supporting social media use, carers reported strategies such as authorising contact requests, enforcing strict privacy settings, reviewing messages and notifications, and restricting access when they were unavailable (Talbot et al., 2024). Mentis et al. (2019) conceptualised these practices along a continuum of upside and downside risk: high-control downside strategies, such as selective access, imposed substantial losses of privacy, and autonomy, whereas upside approaches, such as the carer acting as a 'checker' or using automation tools, preserved greater autonomy while still reducing risk.

Two studies reported on password management being a specific challenge that required carer involvement. In the study by Mentis et al. (2019), dyads of

people with MCI and carers reported saving passwords for the carer to access accounts when needed. Similarly, carers surveyed by Talbot et al. (2024) reported common instances in which people with dementia forgot login details, resulting in them being locked out of their accounts and considerable time being spent by carers resetting passwords. Maintaining online safety was time-consuming and labour-intensive for carers (e.g. Mentis et al., 2019, 2020). Talbot et al. (2024) found that supporting social media use became increasingly demanding as dementia progressed, adding to carers' already substantial responsibilities. Despite carers' heavy involvement in supporting online safety, forward planning was not common. Few carers prepared for cognitive fluctuations or for the time when the person with dementia/MCI could no longer engage online, even though planning was extensive in other aspects of life (Mentis et al., 2019; Talbot et al., 2024). Safeguarding actions were often reactive, responding to specific online safety incidents (e.g. scams) rather than being part of a proactive strategy (Mentis et al., 2019, 2020).

Across studies, carers emphasised the need for improved support to facilitate safe online engagement. Some studies reported on the importance of clear guidance on how to navigate the internet safely (e.g. Wilson et al., 2024), while others reported on design features, including protective controls similar to those used for young people (Talbot et al., 2024), accessible report functions to flag malicious behaviour and separate discussion spaces for carers and people with dementia/MCI to reduce potential distress (White et al., 2020). Mentis et al. (2019) also proposed embedding online tools within social media and online banking applications to facilitate shared access decision-making.

Online safety resources

Of the 14 publicly available online resources, most focused on online engagement through email ($n=13$), followed by social media ($n=8$), general web browsing ($n=6$), online banking ($n=6$), and online shopping ($n=5$); only one referred to instant messaging, and none discussed videoconferencing. The most frequently addressed aspects of online safety and security were scams ($n=14$), followed by passwords ($n=11$), privacy ($n=8$), misinformation ($n=3$), distressing content ($n=2$), and abuse ($n=1$). All 14 resources included educational content about online safety risks. This guidance commonly involved explaining different types of scams ($n=13$), offering advice on creating strong passwords ($n=8$), describing data privacy risks ($n=8$), and guiding users on how to report harmful or inappropriate content ($n=8$).

Self-protective guidance was provided in 13 resources, which focused on helping users reduce

exposure to online risks. These included avoiding suspicious links or emails ($n=10$), connecting only with trusted contacts ($n=11$), verifying unknown contacts ($n=8$), restricting personal information shared online ($n=7$), blocking unwanted users or content ($n=7$), and taking breaks from online activity ($n=1$). The same number of resources promoted support-oriented actions ($n=13$), by encouraging help-seeking and shared technology use. These included seeking advice from others ($n=7$), using technology under supervision ($n=6$), signposting to additional online information ($n=9$), and, less frequently, sharing login details with trusted others ($n=1$).

Digitally enabled safety guidance was slightly less common ($n=11$). This content focused on using technological tools and settings to enhance online protections, such as installing or updating software ($n=8$), adjusting account or privacy settings ($n=6$), using password managers ($n=5$), enabling two-factor authentication ($n=4$), and applying parental controls ($n=1$).

Discussion

This scoping review mapped current evidence on the online safety challenges faced by people living with dementia/MCI and identified existing resources designed to support safe online engagement. While online engagement can provide emotional, social, and practical benefits (e.g. Coulson & Talbot, 2025; Talbot & Briggs, 2022; Wilson et al., 2022), the 13 included studies highlight significant risks, including vulnerability to scams and misinformation, exposure to distressing content, and negative online interactions. These risks were exacerbated by a lack of built-in technological safeguards and cognitive challenges that constrained ability to critically evaluate online information. Carers often assumed responsibility for monitoring online activity, relying on labour-intensive strategies that could restrict autonomy. The 14 publicly available resources included in this review focused primarily on email and social media risks, and offered guidance on recognising scams, avoiding suspicious links, and connecting with trusted contacts. However, resources provided less support for managing distressing content, misinformation, online abuse, or decisions around sharing login information, despite these issues being reported in the academic literature (e.g. Johnson et al., 2022; Mentis et al., 2019, 2020). These findings suggest that there is incongruence between the breadth of online safety challenges experienced and scope of available guidance, highlighting the need for co-designed resources that address the full spectrum of online safety risks beyond scams.

Despite growing digital participation among people with dementia (Kafadar et al., 2025; Kohl et al., 2024), the evidence base on online safety challenges for this

population is currently small and fragmented, with only 13 academic studies included in this review. The literature is predominantly qualitative, with a lack of quantitative and longitudinal research. Several digital contexts also appear underexplored, including online banking and instant messaging applications. This raises concerns that current knowledge underestimates the prevalence and diversity of online safety risks for people with dementia/MCI, alongside a lack of tested, evidence-based interventions. These gaps are particularly concerning given the increasing digitalisation of Western societies and healthcare systems. For example, in the UK, more than two-thirds of adults aged 65 and over report using the internet daily or almost daily, with even higher rates among those aged 45–65, indicating continued growth in later-life internet use (Office for National Statistics, 2020). Additionally, the National Health Service (NHS) 10-year Health Plan for England prioritises the digitalisation of analogue services, requiring patients to navigate digital systems to manage healthcare and appointments (National Health Service England, 2025). These developments indicate that online safety is a critical area for policymakers, researchers, and professionals. For people with dementia/MCI, cognitive changes often necessitate additional support to engage safely with increasingly complex digital environments (e.g. Talbot et al., 2024), including platforms for healthcare, finances, shopping, and social connectivity. It is therefore essential that people with dementia, unpaid carers, and professionals are equipped with the resources and tools to support safe online engagement.

Studies in this review consistently reported heightened vulnerability to online scams among people with dementia/MCI (e.g. Dixon et al., 2022; Grewal et al., 2024; Mentis et al., 2019), and this emphasis was mirrored in publicly available resources, most of which focused on explaining common scam types. These findings are consistent with broader research indicating that cognitive impairment increases scam susceptibility (Boyle et al. 2025; Getz et al., 2024). However, much existing evidence is based on offline scam scenarios (Boyle et al., 2019), meaning current measures may not adequately capture the risks present in digital environments. Research also indicates that cybercriminals actively target older adults by exploiting personal information shared online (Chen et al., 2025) and cognitive factors create an additional layer of vulnerability (Burton et al., 2022). As people with dementia publicly disclose their diagnosis and lived experiences online (e.g. Talbot et al., 2021, 2025), these posts may unintentionally signal vulnerability to perpetrators. These risks are also likely to increase as artificial intelligence-enabled scams become more personalised, realistic, and difficult to detect (Zhai et al., 2025). A potential response is to develop co-produced educational initiatives to increase scam awareness among people with

dementia, and the carers who support them, which has been shown to reduce risk among older adults without cognitive impairment (Alwanain, 2020; Nicholson & McGlasson, 2020).

The reviewed evidence identified a range of online harms experienced by people with dementia/MCI, including exposure to distressing content and negative social interactions; however, relatively few publicly available resources addressed these risks. Distressing content included unexpected depictions of late-stage dementia (White et al., 2020), which may be particularly confronting given that people with dementia often focus on positive information and avoid looking ahead as a coping strategy (Ashworth, 2020). This aligns with research on online support communities for other health conditions, where reading about others' challenges can trigger emotional distress (e.g. Perkins et al., 2020). This highlights a tension between supporting self-expression and peer connection online while also mitigating the impacts of exposure to distressing content. Content labels or trigger warnings may be beneficial within online support communities for dementia/MCI, as has been suggested in relation to self-harm support groups (Seif et al., 2022).

Negative social interactions were identified as another online harm in this review, particularly within peer-support contexts, including abusive comments and unwanted critique (Gerritzen et al. 2023a; Johnson et al., 2022). These challenges highlight the critical role of effective moderation in supporting safe and effective online engagement. Moderators foster effective support exchanges by enforcing clear rules, monitoring content, responding to members, and intervening when harmful interactions occur (e.g. Haime et al., 2025; Smedley & Coulson, 2017). Effective moderation can therefore both protect people with dementia from harm and support the functioning of online communities. This is particularly relevant for online support delivered *via* videoconferencing platforms, which have increased in popularity since the COVID-19 pandemic (Barbosa et al., 2024; Kafadar et al., 2025). Despite this growth, the review did not identify any online safety guidelines for videoconferencing, highlighting the need for research into potential online safety risks in these emerging peer support contexts and guidance on strategies to mitigate them, including effective moderation approaches with dementia/MCI populations.

Several studies highlighted the central role that carers play in mitigating online safety risks for people with dementia, mirroring wider research showing that carers often facilitate digital engagement (e.g. Hicks et al., 2023). However, the effectiveness of this support is contingent on carers having sufficient digital literacy and confidence to promote safe online engagement. People with dementia who are active

online but lack such support, or whose carers are not digitally proficient, may therefore be at heightened vulnerability to scams and other online risks. While this support is important, it can also exacerbate stress and carer burden, particularly as dementia progresses (e.g. Talbot et al., 2024). Carers appear to face a trade-off between ensuring safety and preserving autonomy, implementing strategies such as reviewing messages, restricting online access, or controlling privacy settings (Mentis et al., 2019, 2020). These practices highlight the importance of shared decision-making and forward planning around online engagement, consistent with wider research showing that cognitive decline shifts decision-making dynamics and requires negotiation of shared responsibility (Keyes et al., 2019). Carers may benefit from guidance on how to facilitate these conversations, especially as digital engagement becomes more complex. Despite this, fewer than half of the publicly available resources explicitly mentioned supervised technology use and only one resource addressed sharing login information. Technology design features could assist with this issue, including access controls, co-managed accounts, and built-in consent processes (Mentis et al., 2019). However, studies noted a lack of such safeguards, and this was mirrored in most public resources prioritising general online safety advice rather than dementia-specific solutions. Future research should therefore examine the possibilities of decision-making and consent-seeking practices in digital platform design to enable safe online engagement for people with dementia/MCI while also alleviating carer burden.

While some of the solutions we have put forward have focused on the individual, it is important to note that responsibility should not fall solely on internet users. Instead, system-level safeguards are needed from technology providers, particularly in light of legislation such as the UK Online Safety Act (Parliament, U. K., 2023), which places responsibility on platforms to protect users from fraud and abusive or hateful content. To date, these frameworks have predominantly focused on children and young people, with people affected by dementia largely absent from policy discussions around online safety. As people living with dementia/MCI increasingly engage online, it is critical that their needs and perspectives are incorporated into future policymaking and platform design to prevent disproportionate harm.

Limitations

This scoping review has several limitations. First, the academic literature on online safety for people with dementia/MCI is limited and concentrated in the UK,

the USA, and Canada, which may partly reflect our restriction to English-language papers. Similarly, searches of publicly available resources were limited to English, potentially excluding relevant guidance in other languages. Consequently, this review may not capture experiences in other cultural or digital contexts. Second, most studies focused on email and social media, while other digital platforms such as online banking and shopping were underrepresented, limiting our understanding of whether findings transfer to other online contexts. Third, consistent with the methodology of scoping reviews, we did not formally appraise the quality of included studies, meaning the evidence synthesised may vary in rigor. Fourth, publicly available resources were restricted to the first 10 pages of Google results and the selected dementia and cybersecurity organisations, which may have omitted relevant materials. Finally, it is possible that many people living with dementia or MCI may not have access to the internet due to carer approaches or a lack of support, limiting digital engagement and reflecting under-recognition of the topic in research, which may contribute to the relative sparsity of evidence.

Conclusion

This scoping review synthesised evidence on the online safety challenges faced by people affected by dementia/MCI and identified resources available to support safe digital engagement. Despite growing digital participation among this population, the evidence base remains small and fragmented. The findings highlight a range of risks, including vulnerability to scams and misinformation, exposure to distressing content, and negative social interactions. These risks are compounded by cognitive challenges and a lack of built-in technological safeguards, leaving carers to rely on labour-intensive monitoring strategies that can constrain autonomy. Publicly available resources primarily focus on email, social media risks, and scams, providing limited guidance on managing distressing content, online abuse, or misinformation. Our review highlights the need for effective moderation, co-designed online safety initiatives, improved technology design features, and policy frameworks that promote safe, inclusive, and empowering digital engagement.

Acknowledgements

We would like to thank and acknowledge Naomi Thorpe, Nottinghamshire Healthcare NHS Foundation Trust, Library and Knowledge Services, for advising on this review and conducting the literature searches. We would also like to thank the public advisors who provided guidance on relevant websites to support our search strategy.

Author contributions

Catherine V. Talbot contributed to conceptualisation; data curation; formal analysis; funding acquisition; investigation; methodology; project administration; supervision; writing—original draft; writing—review and editing. Gemma Lovett contributed to formal analysis; data curation; investigation; writing—original draft; writing—review and editing. Michelle Heward and John McAlaney contributed to conceptualisation; funding acquisition; methodology; writing—review and editing. Melissa Brunner contributed to methodology and writing—review and editing. Esther V. Loseto-Gerritzen contributed to conceptualisation; methodology; resources; writing—review and editing.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

This work was supported by quality-related (QR) funding from Bournemouth University.

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