FACT SHEET 4

LIVING WITH DEMENTIA

PRINCIPLE

Older women living with dementia—and older women caring for partners with dementia—face significantly elevated risks of sexual assault. These risks arise not only from cognitive changes but from deeply embedded ageist and ableist beliefs that minimise harm, silence disclosures, and reduce access to justice.

CONSIDERATIONS

Key factors increasing vulnerability include:

- **Dementia can involve changes** such as disinhibition, impaired judgement, difficulties with communication, and delays in processing danger.
- Older women **may be dependent** on partners or carers who **may also be perpetrators**.
- Women often feel loyalty to partners with dementia and may **minimise or excuse harmful behaviour**.
- **Diagnostic overshadowing** occurs when trauma symptoms are mislabelled as "agitation" or "progression of dementia."
- Many older women **believe that nothing can be done**, or that services will not take them seriously.
- In residential **aged care**, women with dementia **represent the majority** of victim-survivors of sexual assault.
- **Perpetrators may target women with cognitive impairment** because they believe the woman will not be believed.

Myths that contribute to harm include:

- "People with dementia don't remember, so the impact is less."
- "Older women are asexual; sexual assault is unlikely."
- "Dementia causes consent confusion, so it's not really assault."

These myths are false and dangerous. Trauma is trauma—regardless of memory, cognition, or age.

IMPLICATIONS

Dementia should never reduce the seriousness of sexual assault or the credibility of a disclosure. It should increase vigilance.

Implications for services include:

- Older women with dementia are **less likely to have their reports investigated** or substantiated.
- **Behavioural cues**—fearfulness, withdrawal, sudden agitation—may be the only indicators of harm.
- **Failure to recognise these cues** can result in repeated assault.
- Women who **cannot articulate experiences** still feel pain, distress, fear, and trauma.
- Courts, police, and services may assume cognitive impairment makes a case "too hard," contributing to **systemic injustice**.

SUGGESTED STRATEGIES

- **Provide workforce training** on dementia, sexual rights, and trauma responses.
- **Engage people living with dementia** and dementia advocates in service education.
- **Document behavioural changes** promptly and consider sexual assault as a potential cause.
- **Ensure services challenge myths** about dementia and harm.
- **Develop Safety Plans** that account for cognitive impairment, communication needs, staffing patterns, and environmental risks.
- **Build relationships** with dementia specialists, geriatric care teams, and sexual assault services for consultation.