

## **Submission to the Open-ended Working Group on Ageing: Freedom from violence, abuse and neglect in older age**

### **Contents**

1. Introduction
2. The right to freedom from violence, abuse and neglect
3. The right to freedom from violence, abuse and neglect under human rights law
4. Consequences for a normative framework

### **1. Introduction**

This paper complements a shorter, summary submission to the Open-ended Working Group on Ageing (OEWG) by an informal group brought together on their own initiative to respond to the call of the Chair of the UN Open-ended Working Group on Ageing (OEWG) inviting stakeholders to contribute ideas and proposals on the possible elements of a new international instrument. The group comprises a small number of representatives of NGOs and legal experts with the immediate goal to provide expert input that will support the work of civil society as well as help frame the discussion at the OEWG.

The group was formed as an interim arrangement in response to the need to reply to the Chair's call within a short timeframe. As a self-appointed group, it cannot reflect the diversity of the stakeholders involved in the OEWG, whose opinions need to inform the next steps. Neither do its views necessarily build on the broad and consensual positions of the organisations that its members represent. This contribution should therefore be considered as complementary to those submitted by organisations accredited to the OEWG and by no means as replacing or undermining the views of those organisations.

The members of the informal group are (in alphabetical order): Robin Allen (Cloisters), Andrew Byrnes (Australian Centre for Human Rights, University of New South Wales), Israel Doron (University of Haifa), Nena Georgantzi (AGE Platform Europe / National University of Ireland Galway), Annie Herro (Australian Centre for Human Rights, University of New South Wales), Dee Masters (Cloisters), Bill Mitchell (National Association of Community Legal Centres, Australia) and Bridget Sleap (HelpAge International).<sup>1</sup>

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<sup>1</sup> For further information contact Bridget Sleap [bsleap@helpage.org](mailto:bsleap@helpage.org)

## **2. The right to freedom from violence, abuse and neglect**

### **2.1. Types of violence, abuse and neglect**

Older persons are subjected to different types of violence, abuse and neglect, including but not limited to physical, physical, psychological, sexual, financial, neglect, abandonment, exploitation and harmful traditional or customary practices.

Violence, abuse and neglect may be a single or repeated act, may be against one individual or may be systemic, structural or part of an institutional practice or practices.

Examples of different types of violence include but are not limited to:

#### Physical

- Slapping, hitting, kicking, choking, biting, dragging or beating
- Being tied, chained, locked in a room or use of other restraint for example not being allowed to leave a room or the house
- Subject to unnecessary observation, monitoring or similar practices
- Cutting, burning or broken bones
- Strangulation and/or suffocation
- Forced feeding
- Forced medication
- Deliberate over-medication
- Denial of medication, including pain relief
- Pinching, hair pulling
- Being pushed
- Harmful traditional practices for example physical violence related to witchcraft accusations
- Threat of or attempt at any of the above

#### Sexual

- Unwelcome sexual advances including exposure to pornography
- Unwanted sexual touching or other sexual activity
- Rape (including rape within marriage)
- Harmful traditional practices, for example related to widow cleansing, levirate marriage
- Threat of or attempt at any of the above

#### Psychological

- Threats of physical, emotional, sexual, financial or other violence, abuse or neglect
- Vilifying and inciting hatred towards an older person
- Shouting, swearing, or screaming at an older person
- Coercion through threats
- Intimidation, humiliation or any other degrading or cruel treatment
- Use of controlling behaviour against an older person
- Ignoring the older person's views and decisions about issues important to the individual
- Threatened isolation from friends, family or community
- Threatened institutionalization or blackmail
- Being denied the right to have visitors
- Not being consulted in important decisions

### Financial

- Money, pension or assets taken away or withheld
- Money spent against an older person's will
- Being tricked or cheated out of money, pension or assets
- Denied money, property, possessions, inheritance that are owed or the older person's by right
- Fraud, theft, or overpaying for goods or services
- Scams and other forms of financial exploitation
- Financial decisions made without permission or consent
- Unexplained changes in power of attorney/wills/legal documents
- Unauthorized use or destruction of assets or property
- Withdrawal of property or violent land dispute
- Forced labour

### Neglect

- Being locked in a room or house
- Being ignored when in physical discomfort relating to bathing and toileting
- Abandonment
- Having pain or suffering ignored when resources are available to respond
- Failure to provide care and support where needed
- Failure of care provider to ensure access to necessary medication
- Failure of care provider to provide items needed for daily living (such as glasses, dentures, walking aids) and daily necessities, such as food, water or assistance when resources are available to respond
- Being moved out of your home or living area against your wishes
- Having phone or means of communication removed

### Restrictive practices

Restrictive practices (also called interventions) are the deliberate or unconscious use of coercive power to restrain or limit an individual's freedom of action or movement. They can occur in community (health and care) settings. International jurisprudence says they must strike a lawful, appropriate balance between public interest and personal liberty.<sup>2</sup> Where and when they are used should be on the basis of a decision taken about the least restrictive option and for settings -- for example, in someone's house -- as well as in institutional the minimum amount of time. In institutional settings they should be subject to, inter alia, clear policies and recording of decisions made and actions taken.

Examples of restrictive practices include:

- Seclusion
- Surveillance, including the use of tagging systems
- Close observation
- Exclusionary time out
- Consequence-driven restrictive practices
- Restraints: physical, chemical, mechanical, psychosocial, environmental, technological

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<sup>2</sup> *H.M v Switzerland* - 39187/98 [2002] ECHR 157(26 February 2002); *Guzzardi v Italy* - 7367/76 - Chamber Judgment [1980] ECHR 5(06 November 1980); *Witold Litwa v. Poland*(no. 26629/95, ECHR 2000-III).

Older persons with disabilities who show behaviours of concern are very likely to be administered a form of restraint, which could be physical or chemical. These practices can amount to a deprivation of liberty, restriction of free movement, breach of privacy and assault. Some residents experience harm from use of such practices including:

- Injury: bruises, cuts, entrapment, strangulation and suffocation
- Changes in body systems: poor circulation, constipation, incontinence, weak muscles and bone structure, pressure ulcers, agitation, depressed appetite, infections, or death
- Changes in quality of life: reduced social contact, withdrawal, loss of autonomy, depression, disrupted sleep, agitation, or loss of mobility

Structural abuse

- Absence of resources/care providers which leads to maltreatment such as not having the choice of what/when to eat, what time to go to bed or have visits; short visits by care professionals which are inadequate to deal with care needs; intimate tasks being carried out without any concern or respect for privacy and dignity
- Being subject to legal guardianship and to formal legal proceedings based on paternalistic or stigmatising constructions of old age which compromise a person's liberty and personal freedom

## 2.2 Self-Neglect

The inclusion of self-neglect in this focus area is controversial and a difficult area for discussion within the context of protection from violence and abuse. Whereas violence, abuse and neglect are caused actively or passively by a third party (e.g., family members who fail to provide adequate food or medication for the older person under their charge), self-neglect is the result of the older person's choice of action or inaction.<sup>3</sup> It has unique ecological and personal characteristics, which are different from those of older persons subjected to abuse and neglect.<sup>4</sup> Issues of autonomy and independence are central to the welfare of those at risk of self-neglect.

The complexity involved in the phenomenon of self-neglect in older age needs further definition and study.<sup>5</sup> Intervention in self-neglect requires significantly more research including the validity of the medical and psychiatric models, the boundaries between "social self-neglect" and "medical/ biological self-neglect." and shaping of any "intervention" policy used by welfare services in the lives of the self-neglecting elders.<sup>6</sup>

Self-neglect should be considered in detail within the focus area of autonomy and independence.

## 2.3 Perpetrators

The complexity of the potential perpetrators and particular contexts and settings distinguishes violence, abuse and neglect in later life from other forms of violence, for example gender-based violence against women.

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<sup>3</sup> Band-Winterstein et al, Elder self neglect: A geriatric syndrome or a life course story? *Journal of Aging Studies* 26 (2012) 109–118, 109.

<sup>4</sup> Ibid.

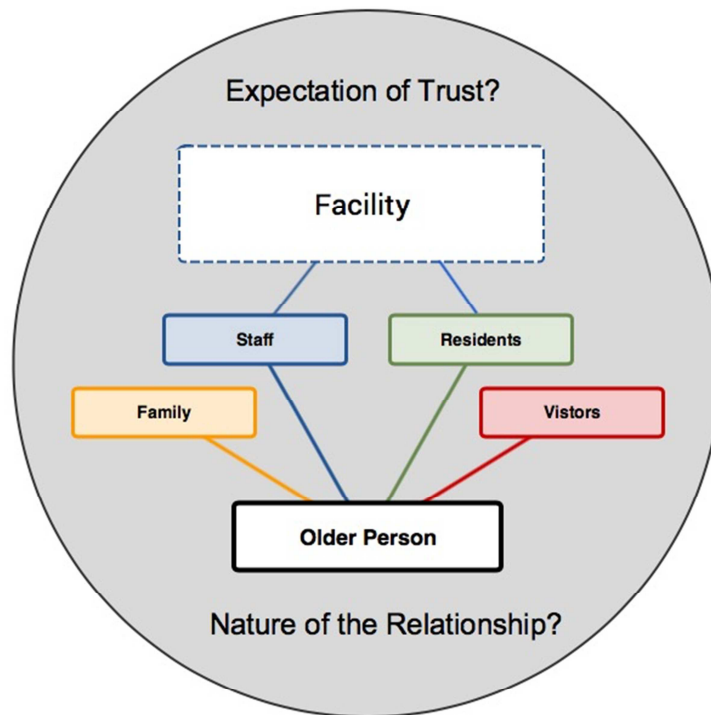
<sup>5</sup> Ibid, 118

<sup>6</sup> Ibid.

Perpetrators may include spouses and partners; other family members, including sons, daughters, in-laws, cousins, grandchildren; community members (non-family) who may be known or unknown to the older person, community leaders, local militia or law enforcement groups, service providers, for example bus or taxi drivers, health and care providers, police officers, pension officers, other government officers, bank staff, financial service providers; legal representatives, legal guardians, holders of continuing powers-of-attorney, and salespersons. They are not necessarily limited to those who might be considered to fall within an expectation of or position of trust.

The provision of care and support to older persons (sometimes known as aged care) provides an example of the complexity of violence, abuse and neglect in later life and can involve multiple actors in isolation and/or in concert. There can be a cumulative effect – such as where a relative is abusing an older person and the staff or facility manager is aware but takes no action, thereby exhibiting neglectful behaviour, or where the staff or facility manager are complicit in exploitation because of their reliance on an abuser for fee payments or their relationship with the abusers as the older person’s representative or attorney. See diagram below:

Potential Actors in Aged Care Elder Abuse Scenario



(c) TCLS 2016

#### 2.4 Where violence, abuse and neglect can take place

Violence, abuse and neglect may take place within both private and public settings. Public spaces include but are not limited to the street, on public transport, in health centres,

hospitals, police stations, pension offices, shops, education facilities, at the market, in a care facility, in a day centre, in the workplace, over the phone or Internet. The current political and policy focus on 'ageing in place' and providing care and support in the home and community may increase the risk of violence, abuse and neglect within the home and community, particularly in the face of cuts in or insufficient provision of care and support services to assist older persons in need of such assistance.

### **3. The right to freedom from violence, abuse and neglect under human rights law**

#### **3.1 International**

The Independent Expert on the enjoyment of all human rights by older persons has recognized violence against older persons as a global phenomenon.<sup>7</sup> Nonetheless, there is no explicit right to protection from all forms of violence, abuse and neglect under UN international human rights treaties that applies generally or specifically in the context of older age and older persons.<sup>8</sup> Nonetheless, there is some protection against violence under UN human rights treaties that applies to older persons.

The Committee on the Elimination of Discrimination Against Women's General Recommendation No. 27 on older women and protection of their human rights identifies different forms of violence and abuse against older women as a concern, including exploitation when their legal capacity is conferred on others without their consent<sup>9</sup>. It makes recommendations on providing older women with information on their rights and access to services, on training public authorities, the judiciary and law enforcement, and on enabling older women to seek redress when their rights are denied. Violence against older women has also been recognized in the draft update of CEDAW General Recommendation No.19 on violence against women (1992).<sup>10</sup> These provisions, however, only apply to older women and not older men. Similarly, the guarantees under the Convention of the Rights of Persons with Disabilities against torture (Article 15) and all forms of violence and abuse, and obligation of States parties to provide age-sensitive assistance and protection services (Article 16.2) only apply to older persons with disabilities and not to all older persons. In addition it does not take due account of the multiple risk of violence and abuse due to disability and older age.

The Committee against Torture has interpreted the Convention against Torture and Other Forms of Cruel, Inhuman or Degrading Treatment or Punishment (CAT) as prohibiting a variety of forms of violence committed by both State and non-State actors, in classical law enforcement and detention contexts, as well as in other circumstances.<sup>11</sup> This would provide some protection for older persons in situations covered by the Convention if the treatment involved amounts to cruel, inhuman or degrading treatment or torture and was inflicted by, at the instigation, or with the consent or acquiescence of State officials.

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<sup>7</sup> A/HRC/33/44, 2016, page 12

<sup>8</sup> Office of the High Commissioner for Human Rights, *Normative standards in international human rights law in relation to older persons, Analytical Outcome Paper*, page 13, August 2012

<sup>9</sup> CEDAW/C/GC/27, CEDAW, 2010, paragraphs 14, 16 and 27

<sup>10</sup> For review process and new draft CEDAW/C/GC/19.Add.1 see

<http://www.ohchr.org/EN/HRBodies/CEDAW/Pages/DraftUpdateGR19.aspx>

The Optional Protocol to the Convention against Torture (OP-CAT) has the potential to help prevent torture and other cruel, inhuman or degrading treatment or punishment of older persons in long-term care facilities as well as all other forms of State or State-authorized detention. OP-CAT establishes an independent international body (the Subcommittee on the Prevention of Torture) and requires the establishment or designation of national bodies whose mandate is to make regular visits to places where people are deprived of their liberty, including social care institutions, in order to prevent torture and other cruel, inhuman or degrading treatment or punishment (OP-CAT, Article 1).<sup>12</sup> However, this is limited in its scope since it only applies to older persons in social care institutions or other forms of State or State-authorized detention but not to in-home care, even if the care worker is employed by a service provider who also provides residential care.

Violence, abuse and neglect remain largely invisible in the monitoring of international human rights treaties. In a study of 51 ASEM countries conducted in 2016,<sup>13</sup> only 22 countries made reference to violence and abuse against older persons in their most recent periodic reports to CEDAW, ICESCR, ICCPR and CRPD. Only eight of these 22 countries reported on their efforts to address violence and abuse in older age to more than one human rights treaty body, and none of these reported consistently across the four treaties. Issues reported on varied widely from general statements about how violence against older persons will receive special attention, to references to specific policies, for example, on ensuring a restraint-free environment or providing specialised victim support.

In the same review, only three ASEM countries referred to violence, abuse and neglect against older persons in their Common Core Documents. There were only six specific references to violence, abuse and neglect in Treaty Bodies and Special Procedures recommendations to ASEM countries between 1999 and April 2016. Violence, abuse and neglect against older persons has also been practically invisible in the recommendations to ASEM countries in the Universal Periodic Review system, with only four recommendations made up until April 2016.

### 3.2 Regional

At the regional level the Inter-American Convention on Protecting the Human Rights of Older Persons (2015) protects the right of older persons to safety, to a life free of violence of any kind (Article 9,) and to freedom from torture or cruel, inhuman, or degrading treatment or punishment (Article 10). The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa (2016) protects all older persons from abuse and harmful traditional practices (Article 8) and protects older women from violence, sexual and property related abuse (Article 9). The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women (the Maputo Protocol, 2003) also provides for older women's right to special protection and the right to freedom from violence and abuse (Article 22b).

There is no binding regional Asian human rights instrument that addresses the issue,<sup>14</sup> nor is there any specific provision addressing violence against older persons in European regional

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<sup>12</sup> Optional Protocol to the Convention Against Torture, 2002

<sup>13</sup> Sleep, *Issue Analysis and Specific Recommendations on the Human Rights of Older Persons in ASEM Countries*, National Human Rights Commission of Korea, 2016

<sup>14</sup> The non-binding sub-regional ASEAN Declaration on Human Rights (2012) guarantees that everyone is entitled to the rights set out in that instrument 'without distinction of any kind, such as ... age ...' Those rights include the right to be free from to torture or to cruel, inhuman or degrading treatment or punishment, and the right the right to the enjoyment of the highest attainable standard

human rights instruments, although the Charter of Fundamental Rights of the European Union does recognize the right of older persons to lead ‘a life of dignity’ in Article 25,<sup>15</sup> which could be interpreted as meaning a life free from violence, abuse and neglect.

The Council of Europe’s Recommendation CM/Rec(2014)2 of the Committee of Ministers to member states on the promotion of the human rights of older persons applies to all older persons and covers protection from violence, abuse, intentional or unintentional neglect at home, within an institution or elsewhere. It makes recommendations to states on awareness raising, appropriate help and support and recognizes the right to an effective remedy before a national authority and adequate redress in a reasonable time.<sup>16</sup>

### 3.3 National

At the national level, legislative protection of the right to freedom from violence, abuse and neglect remains sporadic and inconsistent. A UN Department of Economic and Social Affairs report on *Neglect, Abuse and Violence against Older Women*, (2013) highlighted the fact that domestic violence legislation does not, in general, specifically include older women.<sup>17</sup> In the 2014 WHO Global Status Report on Violence Prevention survey, 59 per cent of the 133 countries surveyed said they had laws to prevent elder abuse, but only 30% said that these were fully enforced. Only 41 per cent said they had an action plan on elder abuse. It is not surprising, therefore, that only 34 per cent reported that they had any adult protective services in place to investigate cases of elder abuse and provide support for survivors.<sup>18</sup>

## 4. Consequences for a normative framework

### 4.1 Definitions

#### Violence, abuse and neglect in older age

Violence, abuse and neglect in older age should be understood as any acts, or threats of such acts, of violence, abuse and neglect that result in, or are likely to result in, death or physical, sexual, psychological, financial harm or suffering to older persons,. It should not be limited to relations involving an expectation or position of trust.

Violence, abuse and neglect of older persons should be understood to include coercion or arbitrary deprivation of liberty, expulsion from the community, and any form of abandonment or neglect that is perpetrated or tolerated by the State or its agents, whether occurring in public or in private settings.

Violence, abuse and neglect may be a single or repeated act or omission or failure to act, may be against one individual, or may be systemic, structural, customary or part of an institutional practice.

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of physical, mental and reproductive health, as well as other rights contained in the major international catalogues of rights.

<sup>15</sup> Charter of Fundamental Rights of the European Union, <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:12012P/TXT> (15 July 2016)

<sup>16</sup> CM/Rec(2014)2, paragraphs 16-20

<sup>17</sup> <http://www.un.org/esa/socdev/documents/ageing/neglect-abuse-violence-older-women.pdf>

<sup>18</sup> WHO, UNODC, UNDP, *Global Status Report on Violence Prevention 2014*

[http://www.who.int/violence\\_injury\\_prevention/violence/status\\_report/2014/en/](http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/)



### **Abuse**

A single or repeated act or omission to the detriment of an older persons that harms or create a serious risk of harm (whether or not harm is intended) to their physical, mental, financial or moral integrity and infringes the enjoyment or exercise of their human rights and fundamental freedoms, regardless of whether or not this occurs in a relationship of trust, or in a relationship where there is an expectation or a position of trust.<sup>19</sup>

### **Neglect**

The refusal or failure of responsible caregivers and other stakeholders to provide a care-dependent older person with assistance in daily living tasks or essential support or necessities of life such as food, clothing, shelter, water/hydration, warmth, health and medical care and medication and aids to daily living. This can also include desertion of a care-dependent older person, also called abandonment.<sup>20</sup>

## **4.2 Normative content of the right to freedom from violence and abuse**

### **4.2.1 Material scope**

The right should provide for all forms of violence, abuse and neglect against older persons.

The right should provide for protection against violence, abuse and neglect in older age in private and public settings.

The right should provide for protection against violence, abuse and neglect in older age perpetrated by both private and public actors. States may be responsible for private acts of violence abuse and neglect of older persons if they fail to act with due diligence<sup>21</sup> to:

- Prevent acts of violence abuse and neglect against older persons
- Protect the victims/survivors
- Investigate and prosecute the incidents of violence, abuse and neglect
- Punish the perpetrators
- Provide redress to the victim/survivors for the harm suffered

### **4.2.2 Prevention**

The right should include an obligation on States to prevent violence, abuse and neglect of older persons in public and private settings. States should take steps to prevent violence, abuse and neglect in older age including, but not limited to:

- Putting in place effective legislation and policies to ensure all forms of violence and abuse in older age are identified, investigated and redressed (including, where appropriate prosecuted and have remedial and rehabilitative structures in place, through civil remedies and criminal prosecution)
- Providing training for all care providers, including family members or other informal care providers, health care personnel, social workers, traditional or community healers, government officials, judiciary and law enforcement in how

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<sup>19</sup> See Inter-American Convention on Protecting the Human Rights of Older Persons, 2015 and National Research Council, 2003, p 40 cited in UNDESA, *Neglect, Abuse and Violence Against Older Women*, 2013

<sup>20</sup> See WHO, 2002 cited in UNDESA, *Neglect, Abuse and Violence Against Older Women*, 2013

<sup>21</sup> For example see CEDAW General Recommendation 19, 1992 and CAT's General comment No 2

to recognise and respond to situations of violence and abuse in which older persons may be particularly at risk of harm

- Putting in place a system of appropriate needs assessment and monitoring in situations of care and support provision generally and in relation to violence, abuse and neglect which in turn is subject to systems of accreditation, pricing regulation, complaint and accountability to government and consumers
- Allocating sufficient resources to the effective implementation of legislation and policies, including concerning the provision of care and support generally and in relation to violence, abuse and neglect
- Paying specific attention to intersectional drivers of violence, for example but not limited to on the basis of age and gender, race or disability
- Raising awareness of, and sensitise society to, the different forms of violence, abuse and neglect in older age, how to identify and prevent them

The responsibility of the State will be engaged not only by its positive actions, but also by inaction or omissions on the part of State organs.

#### **4.2.3 Support**

The right should provide for access to a range of support services for survivors of violence, including but not limited to:

- A full range of medical, psycho-social, rehabilitative and legal services
- Access to information about available support and services
- Access to effective remedies and redress
- Accessible and appropriate victim support services

There should be an explicit obligation on States to ensure effective access to civil and criminal complaints mechanisms. This should include an obligation to:

- Assist survivors with making a complaint and to investigate and lay criminal charges in appropriate cases
- Ensure access to legal services, including legal assistance and legal aid on an equal basis with others
- Ensure a hearing within a reasonable time, with special measures in situations of immediacy
- Provide accommodations or adjustments in judicial proceedings to facilitate the effective participation at all stages of legal proceedings on an equal basis with others; this should include specialist support/provision in relation to 'vulnerable witnesses' if necessary, for example use of pre-court visits, use of screens, video testimony

#### **4.2.4 Data and statistics**

States should be obliged to collect, disaggregate, analyse, utilise and make public at regular intervals appropriate information and statistical data on all forms of violence, abuse and neglect in older age, including but not limited to prevalence and trends, risk factors, perpetrators, access to support services and effective remedies and redress, to enable them to formulate, monitor and implement effective prevention and support policies and programmes. Such data should be disaggregated by sex, and other relevant statuses.

The right should provide for support for research in the field of all forms of violence, abuse and neglect in older age in order to study its root causes, impacts and consequences, incidences and conviction rates, as well as the efficacy of measures taken to implement this right.

All information gathering and research should comply with internationally accepted norms and ethical principles in the collection and use of statistics, legally established safeguards and should respect the privacy and confidentiality of older persons.<sup>22</sup>

#### **4.2.5 Self-determination of the survivor**

The State should begin with the assumption that that the individual is best placed to judge their own well-being.

The will, preferences and rights of older persons who may require decision-making support must direct decisions that affect their lives.

#### **4.2.6 Capacity of the judiciary and law enforcement**

The right should provide for an obligation to build the capacity of the judiciary and law enforcement to protect people from violence, abuse and neglect in older age. This should include ensuring the administration of justice reflects the needs of older persons.

#### **4.2.7 Penalties**

Criminal justice responses, criminal offences and sentencing practices should reflect the aggravated nature of offending conduct against older persons.<sup>23</sup> Old age should not limit compensatory damages or limit access to victims' services.

### **4.3 Related rights**

The right to freedom from violence, abuse and neglect in older age relates to other rights in older age, including but not limited to:

**4.3.1 Freedom from ageism and age discrimination** (see accompanying paper on equality and non-discrimination)

#### **4.3.2 Freedom from torture, or other cruel, inhuman or degrading treatment or punishment**

The prohibition on torture covers the most serious forms of violence, abuse and ill-treatment and there may be situations where older persons are deliberately, systematically or wantonly subjected to physical or mental suffering or degrading treatment which is humiliating and undignified.<sup>24</sup>

Such treatment may be as a means of intimidation; as personal punishment; as a preventive measure; to obliterate the personality of the older person or diminish physical or mental capacity even if they do not cause physical pain or mental anguish; or any other reason.<sup>25</sup>

Protection against torture or other cruel, inhuman or degrading treatment or punishment is inflicted should not be limited to specific locations such as publically-owned or operated places or institutions, but apply to all situations, public and private.

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<sup>22</sup> See for example CRPD Article 31 on statistics and data collection and the Council of Europe Istanbul Convention, Article 11

<sup>23</sup> See for example *Georgel and Georgeta Stoicescu v Romania* [2011] ECHR 1193 (26 July 2011). ☐

<sup>24</sup> Based on the Declaration of Tokyo

<sup>25</sup> Based on the Inter-American Convention to Prevent and Punish Torture

Perpetrators may be one or more persons acting alone, independently or on the orders of any authority.<sup>26</sup>

The guarantee against cruel, inhuman or degrading treatment may include the use of restrictive practices or interventions, or situations of inadequate care such as neglect or delaying attention to personal hygiene such as showering, toileting and teeth cleaning in care settings.

#### **4.3.3 Right to physical and psychological integrity**

The right to refuse health care and medical treatment should incorporate general principles including:

- Every older person has a right to determine what will be done to their body
- Consent must be informed, specific to the treatment and given voluntarily
- Every older person has a right to refuse treatment
- Legislative exemptions permit treatment without consent in very limited circumstances and do not undermine human rights principles

#### **4.3.4 Autonomy and independence**

The indivisibility and interdependence of human rights is exemplified by the relationship between autonomy and independence and freedom from violence, abuse and neglect. For example in the CRPD, autonomy and independence are overriding general principles and are reflected throughout the Convention's other articles, including Article 16 on the right to freedom from violence and abuse and neglect, which includes preventative and remedial aspects that rely on autonomy and independence. The right to personal mobility guaranteed by Article 20 of the CRPD seeks to improve functional ability and intrinsic capacity and thereby enhances autonomy and independence. It also lessens dependence and isolation and vulnerability to abuse and neglect. For similar reasons the right to freedom from violence, abuse and neglect in older age should take due account of the intersections with the right to autonomy and independence.

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<sup>26</sup> Based on the Declaration of Tokyo