



**Submission by Sage Advocacy (Ireland) on an
International Binding Instrument on the Human
Rights of Older Persons**

Introduction

Sage Advocacy welcomes the opportunity to make a submission to inform deliberations on the general framework, architecture, and guiding principles of a legally binding instrument on the human rights of older persons,

Sage Advocacy is the National Advocacy Service for Older People in Ireland. It also supports vulnerable adults, including survivors of institutional abuse and it supports healthcare patients in certain situations where no other service is able to assist.

Sage Advocacy provides information, support and advocacy and our work on behalf of clients is independent of family, service provider or systems interests. The Sage team of experienced advocates is available right across the Republic of Ireland and the service is free of charge and confidential. Sage Advocacy ensures that a person's voice is heard, that their wishes are taken into account and that they are involved in decisions that affect them. Our work is guided by Quality Standards for Support & Advocacy Work with Older People. Based on our motto, *Nothing About You/Without You*, Sage Advocacy seeks at all times to uphold the human rights of its clients and consistently identifies blockages to protecting the human rights of older persons.

This Submission is informed by both our casework and by insights gained through participation with three other EU countries¹ in an Erasmus-funded project, *Safeguarding the Human Rights of older people through an intergenerational solidarity and active citizenship approach*.

Sage Advocacy has long called for an internationally binding instrument that would protect the rights of older persons in important matter such a protection of liberty, valid consent to care interventions, the right to self-determination, the right to bodily integrity and the right not to be subjected to degrading treatment in any form. The fact that all older persons are rights' bearers irrespective of ability/disability or decision-making capacity has been a recurrent theme of Sage Advocacy's systemic policy work since its inception in 2014.

Overall context of a legally binding human rights instrument

Despite the emergence of human rights discourse, it appears that 'old people' are often thought of as a burden, especially those who need high levels of support. Ageing appears more in public discourse in connection to a progressive loss of physical and mental capabilities rather than in relation to positive aspects, such as the accumulation of experience. This understanding of ageing is confirmed by policy responses focusing primarily on the physical or mental 'deficits' individuals accumulate as they age and on how their 'needs' should be met by state and society with little focus on older people's contribution to society.

One pervasive view sees older people as 'dependent and vulnerable' and associates old age with a withdrawal from economic activity and increased illness and disability. This view influences policy approaches aimed at compensating deficits and meeting needs. The other view sees older people as active contributors to economic and social life. This latter view calls for laws and policies that focus on active ageing and increasing opportunities for participation. Portraying later life as common

¹ The participating organisations were Sage Advocacy (Ireland), Pro Senectute (Austria), Tulip Foundation (Bulgaria) and BAGSO (Germany).

experience fails to capture the distinct experiences of individuals with different life courses, incomes or genders, which affect their later life. These matters should underpin any legally binding international instrument

While a shift is gradually taking place in human rights awareness in respect of older people, the pace is slow and clearly needs new impetus. The EU Charter of Fundamental Rights has long affirmed older people's right to live in dignity and participate in social and cultural life. Diverse initiatives introduced during the past decade have helped increase awareness of human rights and their potential to bring about change. However, there is a need to further explore the shift from thinking about old age in terms of 'deficits' that create 'needs' to a more comprehensive one encompassing a 'rights-based' approach towards ageing. There is also a crucial need to create a stronger inter-generational discourse on these matter – the latter needs to be embedded in a legally binding international instrument.

While disabled people have achieved a level of visibility through the UNCRPD, a 2019 Report of the UN Special Rapporteur on the Rights of Persons with Disabilities makes some very relevant points related to disability and ageing². As that report states, the UNCRPD applies to disability experienced at any age but medical definitions and approaches dominate international discussions of ageing, with older people still largely perceived as “mere beneficiaries of care and welfare”.³ The Special Rapporteur states further that the fragmentation of policies for older persons and for persons with disabilities results in the “invisibility in law and in practice of experiences of disability in later life”⁴ and that “human rights violations against older disabled people are often neither monitored nor categorised as such”.⁵

Nils Muižnieks, the former Council of Europe Commissioner for Human Rights, stated in a 2018 Human Rights Comment:

*“Older persons have the very same rights as everyone else, but when it comes to the implementation of these rights, they face a number of specific challenges. For example, they often face age discrimination, particular forms of social exclusion, economic marginalisation due to inadequate pensions, or are more vulnerable to exploitation and abuse, including from family members.”*⁶

The European Union Agency for Fundamental Rights 2018 Report⁷ dedicated its focus chapter to equal treatment for older people and respect for their fundamental rights. It advised against a one-size-fits-all approach as barriers faced by women, ethnic minorities and disabled people may be compounded as they age.

It is logical that increased longevity contributes to a growing prevalence of dementia which is one of the major causes of disability and dependency among older people worldwide. Older people with

² United Nations (2019) *Report of the Special Rapporteur on the rights of persons with disabilities: General Assembly 74th Session. (A/74/186, 17 July 2019)* <https://undocs.org/en/A/74/186> p.5.

³ *Ibid.* p.7

⁴ *Ibid.* p.5

⁵ *Ibid.* p.10

⁶ <https://www.coe.int/en/web/commissioner/-/the-right-of-older-persons-to-dignity-and-autonomy-in-care>

⁷ https://fra.europa.eu/sites/default/files/fra_uploads/fra-2018-fundamental-rights-report-2018_en.pdf

dementia need to be additionally protected in order to ensure that their voice is heard and that their basic human rights are upheld. This matter needs to be afforded due cognisance in an international legally binding instrument.

The World Health Organization (WHO) estimates that one in six older persons have experienced some form of violence.⁸ The Independent Expert on the Enjoyment of All Human Rights by Older Persons has noted that violence against older persons remains overlooked and is not a priority at the national, regional or global levels.⁹ The Independent Expert suggests that such violence has far reaching consequences for the mental and physical well-being of millions of older persons worldwide and, because of its multidimensional impact, it is not easy to find sufficient interventions and appropriate solutions. She also noted that an increase in violence against older persons can be seen during ongoing crises such as Covid-19. A pre-emptive approach to this issue needs to be enshrined in the international legally binding instrument.

A 2021 Update to the 2012 Analytical Outcome Study on the normative standards in international human rights law in relation to older persons¹⁰ highlights the “silences, neglect and relative invisibility” of human rights issues experienced by older persons”.

The introduction in law in Ireland (through the Assisted Decision Making (Capacity) Acts commenced in 2023 of the statutory presumption of capacity and the legal requirement for people (including older persons) whose decision-making capacity may be in question to be provided with whatever support that they require to maximise their decision-making capacity (including their financial capacity) introduces a fundamental change in how older people are to be regarded in decision-making. This needs to be further strengthened in the international legally binding instrument. decisions.

Core principles that should underpin the legally binding instrument

The core principles that should inform the Instrument are:

- ✓ Putting older persons at the centre of the discourse;
- ✓ Empowering them to participate in decision-making to the greatest extent possible;
- ✓ Accountability from the State and from institutional actors who bear responsibility to uphold these rights;
- ✓ The inestimable dignity of each individual older person and their inherent equality regardless of difference;
- ✓ The concept of autonomy or self-determination;
- ✓ The inherent equality of all regardless of difference;
- ✓ The ethic of social solidarity that requires society to sustain the freedom of all older persons with appropriate social supports;
- ✓ Presumption of capacity and a related ability to give valid consent must operate unless the contrary is shown by means of a decision-making capacity assessment;

⁸ See <https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people>

⁹ [g2315256.pdf \(un.org\)](https://www.un.org/press/en/2021/g2315256.pdf)

¹⁰ <https://www.ohchr.org/en/documents/outcome-documents/ohchr-working-paper-update-2012-analytical-outcome-study-normative> p.5.

- ✓ The right of each individual to control their own financial affairs and to have equal access to financial services;
- ✓ The right of every older person to be safeguarded by means of appropriate and enforceable legislation;
- ✓ The absolute right of older persons to stay in control of their finances, social welfare benefits and property;
- ✓ Active participation by older persons in all decisions that affect them;
- ✓ Safeguarding older persons who are at risk of abuse;
- ✓ Awareness raising of the rights of older persons across all age-groups;
- ✓ A clear statement of the concept of legal capacity and legal agency (the capacity to have rights and the power to exercise those rights) irrespective of age;
- ✓ The need to respect the human rights of older persons in all domains of living;¹¹

A report by the Europe Network of National Human Rights Institutions¹² on the Rights of Older People identified ten rights domains applicable to older persons:

- 1) Equal access to & affordability of care & support
- 2) Choice, legal capacity & decision-making capacity
- 3) Freedom from abuse & mistreatment
- 4) Life, liberty, freedom of movement & freedom from restraint
- 5) Privacy & family life
- 6) Participation & social inclusion
- 7) Freedom of expression, freedom of thought, conscience, beliefs, culture & religion
- 8) Highest standard of health
- 9) Adequate standard of living
- 10) Remedy & redress.

The following principles identified by the European Pillar of Social Rights are also relevant in the context of an international legally binding rights instrument.

Equal opportunities. Regardless of gender, racial or ethnic origin, religion or belief, disability, age or sexual orientation, everyone has the right to equal treatment and opportunities regarding employment, social protection, education, and access to goods and services available to the public. Equal opportunities of under-represented groups shall be fostered.

Work-life balance. Parents and people with caring responsibilities have the right to suitable leave, flexible working arrangements and access to care services. Women and men shall have equal access

¹¹ [Report- "We-Have-the-Same-Rights" —Human-Rights-of-Older-Persons-in-Long-term-Care-in-Europe.pdf \(ennhri.org\)](#) p.74.

¹² <https://www.euro.centre.org/publications/detail/3514>

to special leaves of absence in order to fulfil their caring responsibilities and be encouraged to use them in a balanced way.

Old age income and pensions. Workers and the self-employed in retirement have the right to a pension commensurate to their contributions and ensuring an adequate income. Women and men shall have equal opportunities to acquire pension rights.

Long-term care. Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services.

In addition to the key principles set out in the European Pillar of Social Rights referring directly to older people, most of the rights and principles in the Pillar are recognised on equal terms, regardless of any differentiating ground, including age. This is the case, for example, regarding

- The right of “everyone” to life-long learning (Principle 1);
- Adequate minimum income benefits ensuring a life in dignity at all stages of life (Principle 14);
- Affordable, preventive and curative health care of good quality (Principle 16);
- Access to social housing or housing assistance of good quality (Principle 19);
- Access to essential services of good quality (Principle 20).

Proclaiming all these social rights and principles on equal terms to everyone, the Pillar reaffirms the importance of older people exercising their rights, and participating in all aspects of life equally, as already enshrined in the Charter of Fundamental Rights. At the same time, the European Pillar of Social Rights’ special provision on issues such as old-age income and pensions or housing assistance for vulnerable people (Principle 19) points to the need to elaborate and maintain a protective framework for older people. This is done keeping the balance between independence, participation and protection under the common denominator of “dignity”.

The Law Reform Commission¹³ in Ireland has proposed a number of guiding principles for adult safeguarding legislation in Ireland which are very relevant in the context of a new Rights Instrument for Older Persons.

Guiding principle (a rights-based approach)

This means ensuring that the rights of at-risk adults are respected, including their rights to autonomy, respect, dignity, bodily integrity, privacy, control over financial affairs and property, non-discrimination, equal treatment in respect of access to basic goods and services, and respect for their beliefs and values.

Guiding principle (empowerment and person-centredness)

This means:

- (a) the presumption of decision-making capacity;
- (b) the facilitation of supported decision-making, where requested or required;
- (c) ensuring informed consent;

¹³ <https://www.lawreform.ie/news/the-law-reform-commission-publishes-report-on-a-regulatory-framework-for-adult-safeguarding.1141.html>

- (d) respecting the right to autonomy and the right to full and effective participation in society;
- (e) the realisation of the right to independent advocacy;
- (f) ensuring respect for will and preferences;
- (g) ensuring respect for the right to have risks and options explained; and
- (h) ensuring respect for the right to be consulted at every step of an action or intervention.

Guiding principle (protection)

This means:

- (a) responding effectively to actual or suspected abuse or safeguarding concerns in relation to at-risk adults;
- (b) protective steps are taken to ensure that safeguarding actions or interventions are taken to protect at-risk adults from harm;
- (c) support is provided to protect the safety and dignity of at-risk adults and to protect the physical, mental and emotional wellbeing of at-risk adults; and;
- (d) protective measures are taken in relation to adult safeguarding legislation.

Guiding principle (prevention)

This means:

- (a) taking proactive steps to ensure that safeguarding actions or interventions are taken to prevent harm to at-risk adults;
- (b) providing support to ensure the safety and dignity of at-risk adults and promoting the physical, mental and emotional wellbeing of at-risk adults; and
- (c) taking proactive measures in relation to adult safeguarding legislation,

Guiding principle (proportionality)

This means ensuring that actions or interventions under adult safeguarding legislation:

- (a) are necessary, having regard to the circumstances of each at-risk adult;
- (b) are, insofar as possible, the least intrusive and restrictive of the freedom of an at-risk adult;
- (c) are proportionate to the level of risk presented to an at-risk adult;
- (d) are limited to the necessary duration;
- (e) adopt a trauma-informed approach; and
- (f) are monitored and evaluated regularly, in accordance with international best practice.

Guiding principle (integration and cooperation)

This means that a coordinated and cohesive response should be taken by Government to recognise the potential for harm and to prevent harm to at-risk adults.

Additional overarching principles

Three additional overarching principles can be identified which need to be reflected in the international instrument– risk assessment, safeguarding and individual empowerment.

Risk assessment

The principle of risk assessment means people being provided with all relevant information relating

to a product/service in a manner that is understandable by the individual involved and then respecting their right to make an informed decision on the matter in question.

Adult safeguarding

Adult safeguarding refers to measures that are, or may be, put in place to promote the health, safety and welfare of adults at risk, minimise the risk of harm to and support them to protect themselves from harm, including harm that may arise from sale of goods or services where the ‘buyer’ is not fully cognisant of what they are being sold and/or are been manipulated or subject to coercive control in any form.

Empowerment

The principle of empowerment means the presumption of decision-making capacity, the facilitation of supported decision-making, where requested or required and, very importantly, ensuring that consent is informed and valid without any form of coercive control or manipulation by a service provider or by any other third party. The principle of empowerment means that agencies should ensure that there are inbuilt safeguards and oversight mechanisms in place that prohibit any arrangements that cede total or partial control of money, benefits or assets to a third party with no review or oversight mechanism and no accountability.

It is important that a legally binding human rights instrument in respect of older persons focuses on older people in terms of the challenges and opportunities faced at each stage of the life cycle as distinct from people as members of an older persons’ identity group. A human rights approach does not contradict the reality of age-specific needs but, on the contrary, a rights-based approach enables society to better meet needs, as required, while framing them within a human rights-based narrative.

Specific areas that should be covered

The human rights of older people resident in nursing homes

Older people resident in nursing homes in Ireland are at greater risk of having their human rights violated than people who live in their own homes. Sage Advocacy has identified five areas where there may be a violation of people’s human rights in nursing homes – deprivation of liberty; inappropriate use of psychotropic medicine; (In)continence care and management. physical restraint; and the use of cameras in private spaces.¹⁴

The report, ‘Places of Care = Places of Safety? Violence against persons with disabilities in institutions’ published by the European Union Agency for Fundamental Rights¹⁵ in November 2025 confirms that people living in such institutions are more likely to experience neglect, abuse and violence coupled with barriers to reporting and lack of effective monitoring.¹⁶

These issues combined point to a somewhat dismal scenario in the protection of human rights which need to be acknowledged and addressed.

¹⁴ <https://sageadvocacy.ie/wp-content/uploads/2025/03/Five-Rights-Issues-210225.pdf>

¹⁵ <https://fra.europa.eu/en/publication/2025/institutions-places-care-and-places-safety>

¹⁶ This report considered qualitative research based on 10 of the 27 Member States (one of which was Ireland) https://fra.europa.eu/sites/default/files/fra_uploads/ireland_desk_research_violence_against_persons_with_disabilities_in_institutions_en.docx

Consent by older persons to long-term care in a nursing home

While the scenario in Ireland relating to consent has changed fundamentally with the commencement of the assisted decision-making capacity legislation where a presumption of capacity and a related ability to give valid consent must operate unless the contrary is shown by means of a decision-making capacity assessment.

However, an issue that arises in relation to voluntariness is the lack of availability of choice. In effect, consent without choice is meaningless as then it becomes a form of coercion. Also, it is likely that in many instances, people may not be advised that consent to a residential placement may also involve consent to loss of autonomy, loss of functional independence and loss of privacy.

The following factors are identified¹⁷ in the context of consent to long-term care in Ireland and these need to be given due cognisance in a legally binding international human rights instrument:

- A person may consent to receive care and treatment in a residential care service but not consent to the restrictions on liberty that the place of residence has in place;
- A person may consent to receive care and treatment but not consent to be in a particular place of residence;
- A person may consent to receive care and treatment in a place of residence and may subsequently change their mind;
- A person may consent to receive care and treatment for a respite period but not to this becoming a long-term arrangement;
- A person may consent to receive care and treatment without having all relevant information and all options being explained to the person in a way that is understandable to them;
- While an assessment of care needs, an assessment of capacity to consent to care and an assessment of capacity to consent to a living arrangement where there is a potential deprivation of liberty are separate assessments and determinations – in practice, these may not always be treated separately;
- A lack of resources for appropriate care and supports in the community, and a lack of a statutory right to homecare in Ireland can result in a person being forced to live in a residential facility against their wishes.
- In many instances, people may not be advised that consent to a residential placement may also involve consent to loss of autonomy, deprivation of liberty, loss of functional independence and loss of privacy.

Undue influence

The matter of undue influence has been raised in the context of giving consent in Irish law.¹⁸ It has been suggested that undue influence can come from many sources within the health care system.

¹⁷ See Sage Advocacy *Access to Justice by At-Risk Adults*, <https://sageadvocacy.ie/wp-content/uploads/2023/12/sage-access-to-justice-report.pdf>

¹⁸ *Ibid.*

This phenomenon has been described¹⁹ as ‘hostage bargaining syndrome’ whereby people tend not to speak up to assert their views in the presence of clinicians whom they would view as a higher authority. In such situations, an individual may become disempowered and unable to control their own situation thus allowing significant decisions to be made by others on their behalf.

Adult safeguarding

High levels of dependency and/or a lack of decision-making capacity almost certainly results in some vulnerable older people currently not being adequately safeguarded in Ireland. The international legally binding instrument in respect of older persons need to re-affirm Article 16 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD), which provides that state parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects. Article 16.5 of the UNCRPD requires that effective legislation and policies are put in place “to ensure that instances of exploitation, violence and abuse are identified, investigated and, where appropriate, prosecuted.”

The continued absence of a legally binding international instrument poses a risk, not only to those people experiencing abuse, but also poses a significant risk to the state. Ireland relies heavily on voluntary, community and the private sector to deliver to citizens on its behalf and, though the state already imposes obligations regarding safeguarding, it is silent on the issue of necessary support and resources.²⁰

Valid consent

On the matter of consent generally, the Covid-19 response in Ireland resulted in decisions being made for older and vulnerable people rather than with them.²¹ For example, consultation with people over 70 as part of decisions regarding their protection from this pandemic did not take place on either an individual or collective basis. While the government advice was at the level of ‘strong recommendation’ for cocooning rather than a mandatory requirement, it may have been understood initially by many as prescriptive in nature. The general focus on over-70s in the population totally failed to identify and focus on those at greatest risk in nursing homes, many of whom should not have been there in the first instance. The human rights of older persons were clearly not protected in this scenario.

Intersectionality

The main intersectional factor impacting on the human rights of older persons in Ireland is disability. While disabled people have achieved a level of visibility through the UN Convention on the Rights of Persons with Disabilities, this may not be the case in relation to older persons with long-term care

¹⁹ Berry L., Danaher T., Beckham D., Awdish R. and Mate S. (2017) *When Patients and Their Families Feel Like Hostages to Health Care*, <https://www.mayoclinicproceedings.org/action/showPdf?pii=S0025-6196%2817%2930394-4>

²⁰ Identifying RISKS Sharing RESPONSIBILITIES The Case for a Comprehensive Approach to Safeguarding Vulnerable Adults, https://safeguardingireland.org/wp-content/uploads/2022/05/6439-Safeguarding-Risks-Resp-Report-FA4_lowres.pdf

²¹ *Choice Matters*, <https://sageadvocacy.ie/wp-content/uploads/2023/12/choicematters2020.pdf>

and support needs. The Council of Europe Statement on the Rights of Older Persons²² urges Member States to provide for appropriate and effective safeguards to prevent abuse in all areas that relate to decision-making and the exercise of legal capacity of older persons, including possible restrictions which may be required for protection purposes.

It is noted that the 2019 Report of the UN Special Rapporteur on the Rights of Persons with Disabilities²³ states that the UNCRPD applies to disability experienced at any age but medical definitions and approaches dominate international discussions of ageing, with older people still largely perceived as “mere beneficiaries of care and welfare”.²⁴ The Special Rapporteur further states that the fragmentation of policies for older persons and for persons with disabilities results in the “invisibility in law and in practice of experiences of disability in later life”²⁵ and that “human rights violations against older disabled people are often neither monitored nor categorised as such”.²⁶ This is an important consideration and centrally relevant in relation to both protection of older persons’ liberty and safeguarding their human and legal rights generally.

The manner in which support is provided can place vulnerable older persons at greater risk of inhuman or degrading treatment, violence, abuse and neglect. A study by the European Network of National Human Rights Institutions (ENNHRI) found that although there were no clear signs of torture or deliberate abuse or ill treatment, several practices witnessed in all six countries [covered in the study] raised concerns, particularly in upholding dignity, the right to privacy, autonomy, participation, and access to justice”.²⁷

Enshrining the right to equality of treatment

There is a need to enshrine equality of treatment in an internationally binding legal instrument with particular reference to marginalised and frequently ‘hard to reach’ older people, i.e., older people (either in the community or in a nursing home) who are sometimes confined to small action spaces on the margins of society. Their needs, for reasons of social isolation/weak social networks or for reasons of dementia or other cognitive impairment or mental health difficulty, frequently remain hidden or inadequately identified. People who are ‘hard-to-reach’ may live in the community or in a residential care facility.

There is a need for a specific focus in the Instrument on the human rights of:

- ✓ Older women
- ✓ Older people with immigrant or ethnic minority background
- ✓ Older disabled people

²² Recommendation CM/Rec (2014)2 of the Committee of Ministers to member States on the promotion of the human rights of older persons. (Adopted by the Committee of Ministers on 19 February 2014 at the 1192nd meeting of the Ministers’ Deputies).

²³ United Nations (2019) *Report of the Special Rapporteur on the rights of persons with disabilities*: General Assembly 74th Session. (A/74/186, 17 July 2019) <https://undocs.org/en/A/74/186> p.5.

²⁴ *Ibid.* p.7

²⁵ *Ibid.* p.5

²⁶ *Ibid.* p.10

²⁷ European Network of National Human Rights Institutions (2017), *We have the same rights: the human rights of older persons in long-term care in Europe*, http://ennhri.org/IMG/pdf/ennhri_hr_op_web.pdf

A UN Convention on the Rights of Older Persons can build on existing frameworks and documents, for example,

- EU Charter of Fundamental Rights
- UN Convention on the Rights of Persons with Disabilities
- Council of Europe Statement on the Rights of Older Persons
- European Union Agency for Fundamental Rights (FRA) 2018 Report
- Reports by the Independent Expert on the enjoyment of all human rights by older persons
- EU Employment Equality Directive²⁸
- EU Victims' Rights Directive²⁹
- UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

Specific human rights of older persons that should be enshrined in an International Instrument

- ✓ Protection of liberty
- ✓ Equality and non-discrimination;
- ✓ Accessibility;
- ✓ Right to dignity, privacy, autonomy, participation, and equal access to justice
- ✓ Protecting people from inhuman or degrading treatment (e.g., inappropriate methods of incontinence care);
- ✓ Protecting people from coercive control: psychological and emotional abuse in domestic situations where elements of dependency and care may be involved;
- ✓ Protecting people from violence;
- ✓ Choice of care models – protecting people's right to choose their place of care and to have equality of access to supports and services in accordance with their needs;
- ✓ Protection of home, property and security;
- ✓ Right to enjoyment of the highest attainable standards of health;
- ✓ Right to adequate social protection and living standards;
- ✓ Equal right to employment and to participation in social and cultural life.

²⁸ https://employment-social-affairs.ec.europa.eu/policies-and-activities/rights-work/tackling-discrimination-work/legislation-employment-equality-directive-200078ec_en

²⁹ <https://victim-support.eu/legislation/the-victims-rights-directive/>