

International Disability Alliance

Challenging violence, coercion and control:

Analysis of the CRPD Committee Guidelines on identifying and addressing disability-based violence-(CRPD/C/8 August 2026); its advances in international human rights law, and practical routes to national implementation.

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Summary

The Committee's *Guidelines on identifying and addressing disability-based violence* (CRPD/C/8) provide a substantial development of the Convention's guidance to States parties on their duty to implement their obligations to protect persons with disabilities from violence. The principal contribution is to bring together harms that legal systems frequently separate: assault and sexual abuse; coercion authorised by mental health and guardianship laws; institutionalization; control within support relationships; and discriminatory deprivation of the means to live safely in the community. A core principle is that disability-based violence is preventable and can never be justified as protection, care or support (paras. 6–10 and 146). The Committee suggests that violence can be produced by the ordinary operation of law and services, including arrangements officially described as protective. Effective implementation therefore requires changes to those arrangements as well as remedies for individual acts of abuse.¹

The Guidelines articulate the Committee's interpretation of how its interlocking rights operate against disability-based violence, building on jurisprudence from the CEDAW and CRC Committees, considering: violence as discrimination, public responsibility for private violence, scrutiny of social stereotypes, prevention, participation, accessible protection and effective remedies. Their distinctive contribution is to apply that architecture systematically to ableism, substituted decision-making, psychiatric coercion, institutionalization and the organisation of support.²

The Guidelines define disability-based violence broadly. It includes acts, omissions, laws, policies, customs, practices and social systems that cause, or are likely to cause, physical, psychological, sexual, economic, social, bodily or mental harm on the basis of disability, alone or together with other grounds. Violence may be interpersonal or structural, involve a single incident or continuing deprivation, and be perpetrated, facilitated or legitimized by public authorities, private actors or service providers. An intention to harm is not essential: discriminatory laws and systems can produce violence without such intent. Some manifestations may amount to torture or ill-treatment (paras. 1–4).

This approach requires attention to the conditions that enable violence. The Guidelines identify ableism, unequal power relations and stereotypes of persons with disabilities as incapable, dangerous, burdensome or needing control as underlying causes. Guardianship, segregation and dependence on others for housing, communication or essential assistance can increase exposure to abuse and make reporting dangerous or impossible. Violence must therefore be addressed across public and private life, including homes, schools, workplaces,

¹ CRPD Committee, *Guidelines on identifying and addressing disability-based violence*, CRPD/C/8, advance unedited version, 1 October 2026, adopted at the thirty-fifth session from 12 to 27 August 2026, paras. 1–4, 13–14, 24, 66, 95–99 and 148.

² Convention on the Rights of Persons with Disabilities, 2006 ([Text](#)), arts. 4–7, 12–19 and 25; CEDAW Committee, General Recommendation No. 19 on violence against women (1992) ([Text](#)), paras. 6–11; CRC Committee, General Comment No. 13 on the right of the child to freedom from all forms of violence, CRC/C/GC/13 (2011) ([Text](#)), paras. 4, 23 and 32; Guidance, *supra* note 1, paras. 7, 30–40, 57–79 and 148–156.

health services, institutions, detention facilities and digital spaces. Structural violence includes systems that impose coercion and exclusion or deny autonomy and necessary support (paras. 12–24).

The Guidelines describe forms of violence that conventional responses frequently overlook. These include psychiatric coercion, institutionalization, disability-based family separation, abusive restraint and seclusion, coercive medical or behavioural interventions, discriminatory policing, and the withholding or misuse of support. They also address hate crimes, sexual and domestic violence, discriminatory denial of healthcare, technology-facilitated abuse, trafficking, forced labour and financial exploitation. Armed conflict, displacement, humanitarian emergencies and climate-related disasters can intensify these harms through inaccessible protection, interrupted assistance and exclusion from emergency responses (paras. 57–145).

An intersectional approach is essential. Disability interacts with gender, age, race, Indigenous identity, poverty, migration status, sexual orientation, gender identity and other characteristics to shape both violence and access to protection. The Guidelines examine the particular experiences of women and girls, children, older persons, autistic persons, survivors of psychiatry, Indigenous and Afrodescendant persons, migrants and refugees, and gender-diverse persons. States should address these interacting systems of discrimination in prevention strategies, services, research and data collection, rather than assume that one response will meet everyone's requirements (paras. 27–56 and 149–150).

For women and girls, the Guidelines connect gender-based violence with the denial of legal capacity, sexual autonomy and reproductive rights. They condemn forced sterilization, abortion and contraception, while affirming access to unbiased information and autonomous reproductive decisions, including protection against stigmatization for voluntary abortion. States should exercise due diligence to prevent violence, protect survivors, investigate, ensure accountability and provide effective remedies, including where perpetrators are relatives, partners, carers or private providers. For children, priorities include preventing killing, neglect, institutionalization and harmful practices, providing accessible sexuality education and respecting their views. Disability must never itself justify separating a child from their parents (paras. 30–50, 76–79 and 150).

A central requirement is to end coercion authorized or justified through disability-related laws and practices. The Committee calls for the repeal of legislation permitting institutionalization, involuntary committal and forced treatment on grounds such as perceived mental incapacity, dangerousness, need for treatment, medical emergency or a purported "least restrictive alternative". Supported decision-making must respect the person's autonomy, will and preferences, and responses to crisis or heightened distress must exclude coercion. The Guidelines also call for the immediate release of persons detained in mental health institutions, an end to non-consensual interventions and emergency assistance to leave arbitrary detention (paras. 57–65, 148(c) and 156(c)).

Institutionalization on the basis of disability is itself identified as violence and discrimination. Preventing abuse therefore requires ending institutionalization and developing conditions for living in the community, including accessible housing, personal assistance, communication support and inclusive services. The need for support is not the source of violence; arrangements that concentrate power and control create the danger. Support must follow the individual's choices, while States should also secure decent working conditions for support workers and assistance and training for family supporters (paras. 66–75, 95–99 and 148(d)).

Prevention requires coordinated legal, policy and institutional reform. States should review and remove discriminatory frameworks, challenge stereotypes, provide accessible information about recognizing and reporting violence, and strengthen self-advocacy. Independent monitoring must cover facilities and programmes serving persons with disabilities, including institutions and deinstitutionalization processes. Monitors should communicate directly and confidentially with persons with disabilities and examine the laws authorizing harmful practices. Internal complaints procedures cannot replace independent channels. Credible findings must lead to immediate protection, preservation of evidence, independent investigation and appropriate proceedings (paras. 14, 19, 22 and 151–152).

Survivor support must be accessible, trauma-informed, culturally appropriate and responsive to gender, age and intersecting discrimination. It should continue from the identification of violence through recovery, preserve autonomy and avoid substituted decision-making. Access to justice requires removing restrictions on legal capacity and standing, providing individualized communication support and procedural accommodations, and protecting against retaliation. Differences in communication must not be used to discredit testimony. The Guidelines reject mandatory referral of gender-based and disability-based violence cases to mediation or conciliation because of coercion, unequal power and revictimization risks (paras. 153–156).

Accountability must address institutional and systemic responsibility as well as individual perpetrators. Reparation includes restitution, compensation, habilitation and rehabilitation, satisfaction and guarantees of non-repetition. The Committee expressly calls for recognition and redress of institutionalization, forced treatment and psychiatric coercion even where domestic legislation still permits them. Ending violence also requires changes that prevent recurrence, including repeal of enabling laws and development of community support. The Committee states that duties to end disability-based violence and eliminate its root causes cannot be deferred by invoking progressive realization or resource constraints (paras. 5(a) and 156).

Implementation must be undertaken in close consultation with, and with the active involvement of, persons with disabilities through their representative organizations, including survivor organizations. This participation extends to decision-making, independent monitoring and follow-up. States should disseminate the Guidelines, collect disaggregated data, research causes and patterns, and report on implementation to the Committee.

Independent human rights and anti-torture mechanisms, United Nations agencies and international cooperation programmes also have roles. The Guidelines thus provide a framework for sustained, participatory reform connecting freedom from violence with autonomy, equality, community inclusion and effective justice (paras. 5(b)–(c), 147, 152 and 157).

The Guidance connects redress to structural change: ending the violation, restoring autonomy, providing community support, repealing enabling laws and preventing recurrence. Paragraph 156(f), expressly addressing harm still permitted by legislation, is especially important for survivors whose experiences have previously fallen outside national compensation or complaints systems.³ The required response combines an end to coercion with practical, chosen support.⁴

1. Scope & sources

Violence against persons with disabilities is covered specifically by Article 16 of the CRPD, which makes it clear that protection applies inside and outside the home, requires independent monitoring of facilities and programmes, and encompasses recovery and justice. Other Articles are implicated and complement and reinforce these duties. Articles 4 and 5 require action against discriminatory laws and practices; articles 12–17 protect legal agency, justice, liberty, freedom from torture and violence, and integrity; article 19 requires community inclusion and support; and articles 6, 7, 23 and 25 address overlapping gender, childhood, family and health concerns. The Guidelines explain how these obligations interact.⁵

In terms of different sources of views from the treaty bodies, it can be useful to understand that General Comments and guidelines/other guidance are interpretive instruments; individual communications apply treaty obligations to particular facts through a quasi-judicial procedure; Concluding observations identify concerns and recommendations in a country review. Inquiry findings address grave or systematic violations through the relevant Optional Protocol procedure. These materials can reinforce each other, even if their procedural character is distinct.⁶

The International Court of Justice's reasoning in *Diallo* is relevant, since it accorded great weight to the Human Rights Committee's interpretation of the treaty it supervises while preserving the ICJ's independent interpretive role. This implies a requirement of good faith engagement with specialist treaty-body interpretation, and the persuasive authority is

³ Guidance, *supra* note 1, paras. 14(b), 95–99, 148(c) and 156(a), (b), (f) and (i).

⁴ Guidance, *supra* note 1, paras. 1, 4, 65, 67, 99, 104 and 156(c); Human Rights Committee, General Comment No. 35 on liberty and security of person, CCPR/C/GC/35 (2014) ([Text](#)), para. 19; CRC Committee, General Comment No. 8 on the right of the child to protection from corporal punishment and other cruel or degrading forms of punishment, CRC/C/GC/8 (2006) ([Text](#)), paras. 14–15.

⁵ CRPD, *supra* note 2, arts. 4–7, 12–19, 23 and 25; especially art. 16(1)–(5); Guidance, *supra* note 1, paras. 6 and 146–156.

⁶ CRPD, *supra* note 2, arts. 34–36 and 39; Optional Protocol to the Convention on the Rights of Persons with Disabilities, 2006 ([Text](#)), arts. 1–8; Guidance, *supra* note 1, para. 7.

strongest when the particular interpretation is connected carefully to the Convention's wording, purpose and established jurisprudence.⁷

This paper assesses the progressive development or 'advances' in international human rights standards in three senses: a clearer articulation of an existing obligation; an extension of established reasoning into previously fragmented disability contexts; and a more detailed or higher interpretive perspective than that found in other treaty bodies such as the Committee on the Elimination of Discrimination of all forms of Violence against Women (CEDAW) or the Committee on the Rights of the Child (CRC). For example, CEDAW had already recognised gender-based violence as discrimination, and the CRC rejected violence described as discipline or treatment. We can consider what and how the CRPD's Guidelines adds to those principles, where it strengthens their practical application, while noting where competing approaches remain unresolved.⁸

2. The definition of disability-based violence changes what must be investigated

Acts, omissions, and the operation of systems

Paragraph 1 defines disability-based violence through a combination of conduct, harm and connection to disability. It reaches acts and omissions, but also laws, policies, customs, practices and social systems. It includes actual or likely physical, psychological, sexual, economic, social, bodily or mental harm. Paragraph 4 makes clear that discriminatory structures can produce the harm without an intention to commit violence. Paragraph 24 then locates structural violence in arrangements grounded in segregation, control, coercion, exclusion or denial of autonomy.⁹

This means that, for example, where a person is repeatedly restrained, an investigator must examine the act and its effects, but also the law authorising it, the service contract, staffing arrangements, control over communication, the availability of chosen support and the independence of complaint channels. A finding that an employee followed an approved procedure cannot end the inquiry when the procedure itself produces the prohibited harm. This follows most clearly from paragraphs 14(b), 148(c) and 156(b).¹⁰

CEDAW general recommendation No. 35 already treats gender-based violence as a social rather than merely individual problem and addresses structural factors and discriminatory norms. CRC General Comment No. 13 expressly addresses institutional and systemic violations of children's rights. The advance is therefore the sustained integration of this reasoning with the CRPD's rights to legal capacity, liberty, integrity and community

⁷ International Court of Justice, *Ahmadou Sadio Diallo (Republic of Guinea v Democratic Republic of the Congo)*, Merits, Judgment, 30 November 2010, I.C.J. Reports 2010, p. 639, at p. 664 ([Text](#)), para. 66. The analogy concerns interpretive weight; the judgment addressed the Human Rights Committee's interpretation of the ICCPR, not these CRPD Guidelines.

⁸ CEDAW General Recommendation No. 19, *supra* note 2, paras. 6–11; CRC General Comment No. 13, *supra* note 2, paras. 4, 23 and 32; Guidance, *supra* note 1, paras. 1–4, 13–14, 24 and 148(c).

⁹ Guidance, *supra* note 1, paras. 1–4 and 24.

¹⁰ *Ibid.*, paras. 14(b), 148(c) and 156(b).

inclusion. It identifies disability-specific mechanisms through which normal administration can potentially become violence.¹¹

A workable legal threshold

It is important that the breadth of paragraph 1 is well understood without making “violence” analytically unlimited. A practical assessment should identify the act, omission or arrangement; the harm or sufficiently evidenced likelihood of harm; the connection with actual or perceived disability, including an intersecting ground; and the responsible actor and relevant obligation. The person’s disability need not be the sole cause. A discriminatory arrangement may matter because it makes the person dependent on an abuser, excludes them from protection, or authorises interference with their body and decisions.¹²

For example, an inaccessible complaints website may be a breach of accessibility duties in its own right. It also contributes to disability-based violence where it blocks a person from reporting repeated abuse and leaves that abuse unaddressed. Conversely, it would be legally imprecise to treat every administrative defect as violence without analysing the specific harm and the disability connection. Ensuring an appropriate level of precision will strengthen application of the Guidelines, as it will help develop claims with identifiable duties, evidence and remedies.¹³

Further, we should carefully and consistently distinguish the classification of harm under the CRPD from the elements of domestic crimes, torture under the Convention against Torture, and international criminal responsibility.¹⁴ The absence of a requirement to prove hostile intent is noteworthy for State responsibility and equality law. A structural policy can require cessation, judicial review or reparation even where prosecution of an individual might need additional elements and proof.

3. Ableism & intersectional analysis

The Guidelines treat ableism as a mechanism that gives violence social and institutional legitimacy. Paragraphs 15–18 connect assumptions of incapacity, dangerousness, dependence and burdensomeness with control and the difficulty of challenging abuse. Paragraph 19 links the response to inclusive equality. The resulting obligation is not satisfied by teaching staff to be more courteous while leaving legal powers and service arrangements

¹¹ CEDAW Committee, General Recommendation No. 35 on gender-based violence against women, updating General Recommendation No. 19, CEDAW/C/GC/35 (2017) ([Text](#)), paras. 9–10, 14 and 19; CRC General Comment No. 13, *supra* note 2, para. 32; Guidance, *supra* note 1, paras. 13–14, 24, 57–79 and 148.

¹² Guidance, *supra* note 1, paras. 1–4, 24 and 27. The four-part assessment is proposed here as an implementation method, not a separate test stated verbatim by the Committee.

¹³ Guidance, *supra* note 1, paras. 95, 124, 136 and 155–156; CRPD, *supra* note 2, arts. 9, 13 and 16.

¹⁴ Guidance, *supra* note 1, paras. 4, 25 and 104; Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1984 ([Text](#)), arts. 1 and 16; Rome Statute of the International Criminal Court, 1998 ([Text](#)), arts. 7–8, 22, 24 and 30.

intact. Training must accompany enforceable change to who decides, who controls resources and who can obtain an independent remedy.¹⁵

This has a close counterpart in CEDAW's treatment of gender stereotypes. The common insight is that prejudice does not merely explain the attitude of an individual perpetrator; it shapes the law's understanding of whose account is credible, whose suffering matters and whose choices can be overridden. The disability contribution is to expose assumptions about cognition, communication and support needs as organising principles of that hierarchy. A person labelled incapable may simultaneously lose control of treatment, access to money and the legal standing needed to complain.¹⁶

Paragraphs 27 and 56 require an intersectional analysis. Disability-related violence against women is not adequately addressed by adding a disability checkbox to a generic gender programme. A woman whose partner controls her personal assistance, who faces racialised disbelief from police and who risks losing custody if she reports abuse encounters interacting mechanisms. The remedy must address each mechanism together: accessible protection, replacement assistance, fair evidence procedures and support for parenting. Similarly, paragraphs 47, 53–55 and 127 prevent an approach confined to one assumed survivor profile.¹⁷

Some of the CRPD Committee's concluding observations on Haiti illustrate the consequences. For example, its concern about the murder of three women with hearing impairments linked gender, disability and beliefs about witchcraft with failures of prosecution and punishment. The resulting prevention agenda must connect challenges to harmful stereotypes with protection, accessible reporting and effective investigation. Paragraph 109 addresses a different but related pattern of targeted violence against persons with albinism. In both settings, generic anti-violence messaging is insufficient without identifying the specific prejudice, means of targeting and failures of protection.¹⁸

Disability hate-crime provisions remain useful but cannot capture the entire category. The CRPD Committee's concluding observations on the United Kingdom recommended a stronger response to hate crime alongside independent monitoring of disability services. A criminal-law requirement to prove hatred or a discriminatory motive may exclude harmful systems that operate without such proof. The Guidelines therefore support complementary routes: offences addressing targeted hostility, ordinary criminal offences where their elements are met, equality remedies and structural reform. The broader violence definition should not be narrowed to what current national hate-crime law already covers.¹⁹

¹⁵ Guidance, *supra* note 1, paras. 15–19, 24 and 148(c).

¹⁶ CEDAW General Recommendation No. 19, *supra* note 2, para. 11; CEDAW General Recommendation No. 35, *supra* note 11, paras. 19 and 26(c); Guidance, *supra* note 1, paras. 13, 18, 28, 46 and 155.

¹⁷ Guidance, *supra* note 1, paras. 27, 30–56, 125, 127 and 149–150.

¹⁸ CRPD Committee, Concluding observations on the initial report of Haiti, CRPD/C/HTI/CO/1, 13 April 2018 ([Text](#)), paras. 18–19 and 25(a)–(b); Guidance, *supra* note 1, paras. 17, 27 and 109.

¹⁹ CRPD Committee, Concluding observations on the initial report of the United Kingdom of Great Britain and Northern Ireland, CRPD/C/GBR/CO/1, 3 October 2017 ([Text](#)), paras. 38–39; Guidance, *supra* note 1, paras. 4, 110 and 114–116.

The advance is thus both substantive and methodological. An equality analysis must identify the social meaning attached to disability, the power that meaning enables and the additional grounds that change the experience or remedy. Consultation itself must reach women-led OPDs, survivors of psychiatry/organisations of persons with psychosocial disabilities, organisations of persons with intellectual disabilities, Deaf and deafblind organisations, and other constituencies relevant to the national situation.²⁰

The Guidelines (paragraph 56(b)) recommend that States “Acknowledge the amplified impact of intersectional discrimination on disability-based violence and identify, combat and eliminate ableism, patriarchal systems, sexism, ageism, sanism, cissexism, audism, racism underpinning disability-based violence against persons with disabilities holding several identities”

4. Psychiatric violence - coercion and the rejection of protective justifications

What the Guidelines require

Paragraphs 57–65 identify psychiatric violence as an exercise of powers to confine, segregate and impose interventions. Paragraph 59 addresses and rejects therapeutic need, medical necessity and adults’ purported best interests as grounds used to override will and preferences. Paragraph 148(c)(iii) goes further in operational detail: it calls for repeal of coercive powers based on mental incapacity, dangerousness, need for treatment, medical emergency or a purported least restrictive alternative. Paragraph 148(c)(iv) requires crisis responses to exclude coercion.²¹

The legal significance is that the Committee rejects the assumption that an appropriate procedure can validate the underlying disability-based power. On this approach, a second medical opinion, judicial approval or periodic review does not by itself cure a regime that authorises detention or treatment on discriminatory grounds. The State must change the authority itself and provide non-coercive support. That position is consistent with CRPD General Comment No. 1 on legal capacity and its rejection of forced treatment.²² Supported decision-making is not consent supplied by a more sympathetic third party. It must enable the person’s own decisions, including refusal.

Paragraphs 65(b)–(d), 148(c)(ii) and 154(b) connect support to autonomy, will, preferences and chosen relationships. Advance planning, communication assistance and peer support are practical means, but they must remain responsive to the person. The prior CRPD distinction between a best interpretation of will and preferences and a substitute best-

²⁰ Guidance, *supra* note 1, paras. 5(b)–(c), 27–56, 147 and 157(b), (d); CRPD, *supra* note 2, arts. 4(3), 6–7 and 33(3).

²¹ Guidance, *supra* note 1, paras. 57–65 and 148(c)(iii)–(iv).

²² CRPD Committee, General Comment No. 1 on equal recognition before the law, CRPD/C/GC/1 (2014) ([Text](#)), paras. 26–29 and 40–42; Guidance, *supra* note 1, paras. 13–14 and 148(c).

interests decision is relevant where preferences cannot be determined after serious efforts to communicate.²³

Points of difference with other authorities

There is substantial common ground with the prohibition of violence against women and children: a protective purpose cannot automatically excuse an invasive or abusive practice. The CRPD Guidance reinforces its clear and unambiguous position against deprivation of liberty on the basis of disability (paragraph 148). It is noted that, in contrast with the CRPD jurisprudence, Human Rights Committee General Comment No. 35, paragraph 19, accepts narrowly constrained deprivation of liberty in mental health contexts under necessity, proportionality and safeguards. CRC General Comment No. 8, paragraphs 14–15, distinguishes punishment from necessary protective force and allows exceptional reasonable restraint under strict conditions.²⁴

The Guidelines provide the more rights-protective and disability-specific interpretation, supported by the CRPD's express guarantees against disability-based deprivation of liberty and denial of legal agency. The persuasive case should be made clearly, including based on specificity and being latter-in-time, national litigation must identify the applicable instruments and invite the decision-maker to engage with the reasons for adopting the higher protection.²⁵

The decisive concerns here are coercion, discrimination, denial of agency and harmful control. While a person's choice to use medication or other mental health services remains part of their autonomy, paragraph 91 calls for non-medical, non-coercive crisis responses, and paragraph 65(c) calls for support outside institutional frameworks; implementation should expand such choices without replacing one imposed model with another. Neither a diagnosis nor a refusal of treatment removes a person's entitlement to safety and support. This follows also from CRPD articles 12 and 25(d), which protect legal agency and healthcare on the basis of free and informed consent.²⁶

What implementation must change

The Committee's concluding observations on Germany, for example, address coercive practices and the need for legislative and practical change. A national implementation programme should map every source of power, including guardianship, mental health, criminal procedure and emergency provisions, and also contracts and professional

²³ CRPD General Comment No. 1, *supra* note 22, paras. 21 and 29; Guidance, *supra* note 1, paras. 65(b)–(d), 148(c)(ii) and 154(b).

²⁴ Human Rights Committee General Comment No. 35, *supra* note 4, para. 19; CRC General Comment No. 8, *supra* note 4, paras. 14–15; Guidance, *supra* note 1, paras. 80–82 and 148(c)(iii)–(iv).

²⁵ CRPD, *supra* note 2, arts. 4(4), 12, 14(1)(b) and 17; Guidance, *supra* note 1, paras. 13–14 and 148(c). This is an argument for adoption of the CRPD Committee's interpretation, not a claim that every treaty body or regional court has accepted it.

²⁶ Guidance, *supra* note 1, paras. 65(b)–(d), 91, 148(d) and 154(b); CRPD, *supra* note 2, arts. 12 and 25(d).

protocols. Otherwise a formal repeal in one statute may leave the same practice authorised elsewhere.²⁷

Ending coercion requires an operational response to crisis, rather than a legislative vacuum. The State should fund accessible crisis contact, peer-led support, chosen supporters, safe voluntary places to stay, communication assistance, transport and continuity of housing and income. Paragraphs 65(d), 99 and 148(d) provide the basis for combining individual autonomy with support for workers and families. Workforce training alone is inadequate if procurement, budgets and performance incentives continue to reward confinement or compliance.²⁸

5. Institutionalization is violence

Paragraph 66 identifies institutionalization on the basis of disability as both discriminatory and a form of violence. This is distinct from, although closely related to, the proposition that institutions expose people to additional abuse. Paragraphs 69–74 describe loss of privacy, enforced compliance, coercion and barriers to complaint. Paragraph 67 identifies the absence of community support and accessible services as a condition that perpetuates institutionalization. The legal focus therefore extends beyond whether a particular building is clean or staff are adequately trained.²⁹

This develops the Committee's 2022 Guidelines on deinstitutionalization and the interpretation of article 19. The decisive features concern segregation and control over daily life, not simply the number of residents or the formal name of a service. A move from a large facility to a small residence can reproduce the same rights violations if people cannot choose where and with whom to live, control their routines, leave freely or change support providers. Paragraphs 75 and 156(i) consequently require guarantees of non-repetition through community support and legal change.³⁰

Concluding observations on Hungary and Bulgaria demonstrate the continuity of this position across liberty, ill-treatment, violence and independent living. Their relevance is not that country recommendations mechanically determine another country's facts. It is that the Committee has repeatedly assessed coercion and segregation across several CRPD articles. The new Guidelines give advocates a consolidated framework for showing why institutional violence cannot be assigned only to a narrow abuse-prevention department.³¹

²⁷ CRPD Committee, Concluding observations on the combined second and third periodic reports of Germany, CRPD/C/DEU/CO/2-3, 3 October 2023 ([Text](#)), paras. 30(a), 34(a)–(c) and 35–36; Guidance, *supra* note 1, paras. 14(b), 62 and 148(c).

²⁸ Guidance, *supra* note 1, paras. 65(d)–(e), 99 and 148(d). The service components suggested are proposed practical means of implementing these provisions.

²⁹ Guidance, *supra* note 1, paras. 66–74.

³⁰ CRPD Committee, Guidelines on deinstitutionalization, including in emergencies, CRPD/C/5 (2022) ([Text](#)), paras. 6 and 14–16; Guidance, *supra* note 1, paras. 75 and 156(i).

³¹ CRPD Committee, Concluding observations on the combined second and third periodic reports of Hungary, CRPD/C/HUN/CO/2-3, 20 May 2022 ([Text](#)), paras. 31–34, especially 33(a) and 34(a)–(b), (d), (f); CRPD Committee,

Monitoring remains indispensable while people are institutionalized. Paragraphs 22(c), 75(b) and 152 require independent access and complaint mechanisms. Inspection should not be portrayed as endorsement of the institution's continued existence. Equally, the goal of deinstitutionalization cannot justify withdrawing scrutiny or abandoning people during transition. Immediate protection, independent investigation and supported exit must proceed together.³²

Paragraph 156(c) calls for the immediate release of persons detained in mental health institutions and emergency assistance to leave arbitrary detention. Read with paragraphs 67, 99 and 148(d), that requirement cannot reasonably mean discharge into homelessness, loss of essential support, or compulsory dependence on a relative. Each person needs a practical route to chosen housing, control of income, communication and personal assistance. A national plan must prevent transfer into another institution under a different label, and must not make a survivor's protection conditional on returning to an unsafe family.³³

6. Violence against women and girls and the CEDAW comparison

The shared legal foundation

CEDAW general recommendation No. 19 established that gender-based violence is a form of discrimination, including violence that disproportionately affects women. General recommendation No. 35 develops that approach through attention to structural causes, intersectionality, public and private actors and due diligence. The CRPD Guidelines expressly draw on it. Paragraphs 30–46 identify the interaction of patriarchal power, ableism, denial of legal capacity and reproductive control; paragraphs 149–150 require an integrated response.³⁴

The advance is the specification of how disability changes the mechanism of violence and the remedy. Control of communication aids, benefits, personal assistance or guardianship powers can make an abusive relationship exceptionally difficult to leave. Threats of institutionalization may operate as coercive control even without an immediate physical assault. A generic referral to a shelter is not effective protection if the shelter is inaccessible, refuses assistance animals, excludes a child with disabilities, or cannot provide the support needed to remain there. These are questions of substantive protection, not optional service enhancements.³⁵

The CEDAW decision in *A.T. v Hungary* is especially relevant: the availability of shelter was affected by the needs of the author's child with disabilities. It illustrates that disability barriers were relevant in considering an effective response to domestic violence. The CRPD

Concluding observations on the initial report of Bulgaria, CRPD/C/BGR/CO/1, 22 October 2018 ([Text](#)), paras. 36, 38–40; Guidance, *supra* note 1, paras. 66–75 and 152.

³² Guidance, *supra* note 1, paras. 22(c), 75(b)–(d) and 152.

³³ Guidance, *supra* note 1, paras. 67, 99, 148(d) and 156(c), (i); CRPD, *supra* note 2, art. 19.

³⁴ CEDAW General Recommendation No. 19, *supra* note 2, paras. 6–9; CEDAW General Recommendation No. 35, *supra* note 11, paras. 9–12 and 24; Guidance, *supra* note 1, paras. 30–46 and 149–150.

³⁵ Guidance, *supra* note 1, paras. 18, 95–99, 124–128 and 154–156.

Guidelines extend the analysis by bringing the survivor's own legal agency, support relationships and disability-specific threats into a comprehensive violence framework.³⁶

Reproductive autonomy and harmful practices

Paragraphs 33–40 address forced sterilization, abortion and contraception alongside denial of accessible reproductive care. Paragraph 150(c) expressly protects autonomous reproductive decisions and distinguishes voluntary abortion from abortion imposed against a person's will. This requires accessible information, communication support and consent free from pressure by relatives, guardians, institutions or professionals.³⁷

CEDAW had already recognised reproductive coercion as gender-based violence, and *A.S. v Hungary* applied informed-consent obligations to sterilization. The joint CEDAW and CRC guidance on harmful practices also provides a framework for practices sustained by social norms and discrimination. The disability advance lies particularly in identifying the role of guardianship, institutional dependency, eugenic assumptions about parenting and interventions to suppress menstruation or development. Consent to a general care arrangement cannot stand in for consent to an irreversible procedure.³⁸

Australia's 2019 concluding observations provide a concrete CRPD example: paragraph 34(a) calls for prohibition of forced sterilization, forced abortion and non-consensual contraception affecting women and girls with disabilities. The new Guidelines link that concern more explicitly to access to information, freedom from substituted decisions and the State's duty to investigate and repair violence across both public and private provision.³⁹

Credibility and control through protection systems

CEDAW's *R.P.B. v Philippines* concerns a deaf girl who experienced sexual violence and faced communication barriers and stereotyping in the justice system. Its attention to interpreting and intersecting age, gender and disability discrimination directly anticipates the Guidelines' concern with credibility. Paragraph 156(e) now states a general requirement that communication differences must not be treated as grounds to discount a report of violence. The remedy must change evidence-taking procedures, rather than simply asking an inaccessible system to be sympathetic.⁴⁰

³⁶ CEDAW Committee, *A.T. v Hungary*, communication No. 2/2003, A/60/38 (Part I), annex III, Views adopted 26 January 2005 ([Text](#)), paras. 2.1, 9.4 and 9.6 I(a)–(b); Guidance, *supra* note 1, paras. 95–99, 124–128 and 154.

³⁷ Guidance, *supra* note 1, paras. 33–40, 85 and 150(c)–(e).

³⁸ CEDAW General Recommendation No. 35, *supra* note 11, para. 18; CEDAW Committee, *A.S. v Hungary*, communication No. 4/2004, CEDAW/C/36/D/4/2004, Views adopted 14 August 2006 ([Text](#)), paras. 11.2–11.5; CEDAW Committee and CRC Committee, Joint General Recommendation No. 31 and General Comment No. 18 on harmful practices, CEDAW/C/GC/31/Rev.1–CRC/C/GC/18/Rev.1 (2019) ([Text](#)), paras. 6, 15–17 and 50; Guidance, *supra* note 1, paras. 35–40, 85 and 150(c).

³⁹ CRPD Committee, Concluding observations on the combined second and third periodic reports of Australia, CRPD/C/AUS/CO/2-3, 15 October 2019 ([Text](#)), paras. 32(d)–(f), 33(a) and 34(a); Guidance, *supra* note 1, paras. 33–40, 150(c)–(e) and 156(f).

⁴⁰ CEDAW Committee, *R.P.B. v Philippines*, communication No. 34/2011, CEDAW/C/57/D/34/2011, Views adopted 21 February 2014 ([Text](#)), paras. 8.5–8.9 and 9; Guidance, *supra* note 1, paras. 46, 155(b) and 156(e), (g).

Protection must also avoid reproducing control. Paragraphs 76–79 identify institutionalization by adult protective services and disability-based family separation as forms of violence. A woman who reports a partner’s abuse must not be treated as an unfit parent because she needs assistance or has experienced trauma. CEDAW’s *González Carreño v Spain* likewise demonstrates the need to take violence seriously in decisions about children and contact. The disability contribution is to require support for parenting and to reject the use of impairment or unmet support needs as proxies for parental incapacity.⁴¹

7. Children with disabilities and the Committee on the Rights of the Child

Strong continuity on the breadth and prevention of violence

CRC Article 19 and General Comment No. 13 already provide an extensive framework for the rights of the child on physical and mental violence, neglect, exploitation and sexual abuse, including institutional and systemic failures. General Comment No. 13 specifically identifies harms affecting children with disabilities, including forced sterilization and violence disguised as treatment. It also connects protection with prevention, child participation, accessible reporting and coordinated services. It would therefore be inaccurate to describe the CRPD Guidelines as the first international recognition of those harms.⁴²

Paragraphs 48–50, 52 and 108 of the Guidelines add a detailed disability analysis of family separation, bullying, restraint, seclusion, forced treatment and coercive efforts to normalise autistic children. Their contribution is to make these practices part of the same equality and autonomy framework that applies across a person’s life. A school cannot treat the absence of an appropriate learning environment as an adequate justification for restraint. A child’s need for communication support cannot make their account of abuse legally invisible.⁴³

Participation best interests and evolving capacities

CRC articles 3, 5 and 12 and CRPD article 7 require attention to best interests, evolving capacities and the child’s views with appropriate assistance. But the Guidelines’ criticism of adults’ substituted best-interests decisions does not alter the situation for children with disabilities, on an equal basis with other children.⁴⁴

In practice, adults must provide communication and decision support that enables the child to participate, including children who communicate without speech. The child’s age, evolving capacities and views require individual attention; impairment must not be the basis to restrict participation. Where an adult has a conflict of interest or is suspected of abuse,

⁴¹ Guidance, *supra* note 1, paras. 76–79 and 128; CEDAW Committee, *González Carreño v Spain*, communication No. 47/2012, CEDAW/C/58/D/47/2012, Views adopted 16 July 2014 ([Text](#)), paras. 9.4–9.8 and 11.

⁴² Convention on the Rights of the Child, 1989 ([Text](#)), art. 19; CRC General Comment No. 13, *supra* note 2, paras. 3–5, 23, 32 and 48–49; Guidance, *supra* note 1, paras. 48–50, 80–86 and 108.

⁴³ Guidance, *supra* note 1, paras. 48–50, 52, 86, 108 and 156(e).

⁴⁴ CRC, *supra* note 42, arts. 3, 5 and 12; CRPD, *supra* note 2, art. 7; CRC Committee, General Comment No. 14 on the right of the child to have his or her best interests taken as a primary consideration, CRC/C/GC/14 (2013) ([Text](#)), paras. 4, 43–45 and 54; Guidance, *supra* note 1, paras. 59 and 150(e).

that person cannot be the sole source of the child's account. A decision said to protect the child needs a recorded rights-based justification and a route for independent challenge.⁴⁵

CRC General Comment No. 8's exceptional allowance for necessary protective force is a genuine point of tension with the new Guidelines' position on coercion. Advocates should distinguish corporal punishment, behaviour control, disability-based restraint and immediate protective intervention, then identify the applicable legal test rather than assume terminology resolves the issue. The Guidelines strengthen the demand to remove disability-specific coercive powers and resource non-coercive responses. The cross-treaty body difference of views about exceptional restraint remains a matter for detailed legal argument.⁴⁶

Family life without disability-based removal

There is also a historical difference on institutions. CRC General Comment No. 9, paragraph 47, contemplated institutional placement as a last resort, and General Comment No. 14, paragraph 78, referred to placement where necessary. The Guidelines' treatment of disability-based institutionalization as violence moves beyond those older formulations. That is an advance relative to those CRC texts, while consolidating the CRPD Committee's existing position. The shared objective of protecting children must now be implemented through family and community support that respects their rights.⁴⁷

Paragraphs 76–79 connect family separation to violence and recall CRPD article 23(4). The prohibition is on removal based on the disability of the child or a parent, including assumptions about incapacity and lack of support. It is not immunity from ordinary child-protection measures where protection from abuse or neglect requires a competent authority to order separation as necessary for the child's best interests, subject to judicial review and the applicable safeguards. Authorities must distinguish actual violence from poverty, disability or the State's own failure to provide assistance, and comply with the CRC's safeguards for any necessary separation. An assessment of support needs must not delay urgent protection from an actual threat.⁴⁸

The practical advance is a more demanding test of necessity: could appropriate support keep the child safe with their family? Would removing the perpetrator, providing accessible housing, funding assistance or ensuring communication remove the risk? Where separation is unavoidable for reasons unrelated to discriminatory assumptions, the child's views, family relationships and access to an appropriate family-based arrangement remain central.

⁴⁵ CRC Committee, General Comment No. 12 on the right of the child to be heard, CRC/C/GC/12 (2009) ([Text](#)), paras. 21–22, 118–121 and 132–134; CRC General Comment No. 14, *supra* note 44, paras. 54, 83–84 and 90; Guidance, *supra* note 1, paras. 154 and 156(e).

⁴⁶ CRC General Comment No. 8, *supra* note 4, paras. 14–15 and 26; Guidance, *supra* note 1, paras. 80–82 and 148(c)(iii)–(iv).

⁴⁷ CRC Committee, General Comment No. 9 on the rights of children with disabilities, CRC/C/GC/9 (2006) ([Text](#)), para. 47; CRC General Comment No. 14, *supra* note 44, para. 78; Guidance, *supra* note 1, paras. 66–79; Guidelines on deinstitutionalization, *supra* note 30, paras. 6 and 14–16.

⁴⁸ Guidance, *supra* note 1, paras. 76–79; CRPD, *supra* note 2, art. 23(4); CRC, *supra* note 42, arts. 9(1)–(3), 12 and 19; CRC General Comment No. 14, *supra* note 44, paras. 61–63.

Disability must not become a route into institutional placement under the language of rescue.⁴⁹

Digital exposure and identity

Paragraph 137 of the Guidelines addresses exploitation of children with disabilities through the posting and monetisation of images of distress. The issue is not resolved by a parent's claim to be raising awareness. CRC General Comment No. 25 provides the broader framework for children's rights in the digital environment, including privacy, violence and commercial exploitation. The disability-specific implication is that advocacy about a child must not consume the child's privacy or dignity, and must take their views and evolving capacities seriously. OPDs should model that principle in their own communications.⁵⁰

8. State responsibility, private actors and due diligence

Paragraph 3 reaches violence perpetrated, facilitated, condoned or legitimised by State authorities, private actors and social systems. In relation to women and girls with disabilities, paragraph 150(d) specifies due diligence across family members, partners, caregivers, providers, health professionals, institutions and digital settings. Article 4(1)(e) already requires States to act against disability discrimination by private persons, organisations and enterprises. The State cannot avoid its Convention obligations by outsourcing a service or describing violence as a private family matter.⁵¹

Three questions should be kept distinct. Did public authorities themselves authorise or commit the violation? Is a private actor exercising a public function or otherwise acting in circumstances engaging attribution to the State? Even where the private conduct is not attributable, did the State fail in its own duties to prevent foreseeable violence, provide protection, investigate, remedy or reform? A State's responsibility for deficient regulation or investigation does not depend on pretending that every private perpetrator is a public official.⁵²

This reasoning is well established in CEDAW General Recommendations Nos. 19 and 35 and in the Committee against Torture's General Comment No. 2. The Guidelines' advance is their specification of disability-related dependencies and legally authorised practices that require regulatory attention. A violence-prevention system must scrutinise licensing, commissioning, funding, professional standards, consent requirements, legal standing and independent

⁴⁹ Guidance, *supra* note 1, paras. 67 and 79; CRC, *supra* note 42, arts. 9, 12, 18–20 and 23; CRC General Comment No. 14, *supra* note 44, paras. 61–63.

⁵⁰ Guidance, *supra* note 1, para. 137; CRC Committee, General Comment No. 25 on children's rights in relation to the digital environment, CRC/C/GC/25 (2021) ([Text](#)), paras. 67, 76 and 112–113; CRC, *supra* note 42, arts. 12, 16, 19 and 32.

⁵¹ Guidance, *supra* note 1, paras. 3 and 150(d); CRPD, *supra* note 2, arts. 4(1)(e) and 16.

⁵² CEDAW General Recommendation No. 35, *supra* note 11, para. 24(a)–(b); Committee against Torture, General Comment No. 2 on implementation of article 2 by States parties, CAT/C/GC/2, 24 January 2008 ([Text](#)), paras. 15 and 17–18; Guidance, *supra* note 1, paras. 3, 73, 75(c) and 150(d).

oversight. A provider's accreditation or compliance with a contract is inadequate if the approved model itself authorises segregation or coercion.⁵³

Due diligence is not an automatic guarantee that no private violence will ever occur. It requires effective measures appropriate to the risks and obligations at issue. Where authorities know that an inaccessible reporting route prevents a person from disclosing abuse, or that withdrawal of assistance traps a survivor with the alleged perpetrator, generic services may be insufficient. The needed response is individualised and structural: accessible protection for that person and correction of the system that produced the barrier.⁵⁴

Paragraph 148(d) also recognises decent work for support workers and support for family members with care roles. That matters because poorly resourced support systems can concentrate pressure and power in unsafe relationships. It does not transfer responsibility for violence to the person receiving support or make their rights conditional on workforce capacity. States must organise support so that workers have appropriate conditions and the person can exercise choice, report abuse and change an arrangement without losing the means to live.⁵⁵

9. Access to justice & effective remedies

Removing legal and communicative exclusion

Paragraphs 92–94 and 155–156 identify barriers that can perpetuate the underlying violence: denial of standing, inaccessible communication, stereotypes, fear of retaliation and inadequate support. The central requirement in paragraph 156(e) is procedural transformation. Courts and investigators must receive, record and assess different forms of communication instead of treating difference as incompetence or unreliability. Assistance must facilitate the person's evidence, with attention to conflicts of interest and the integrity of the process.⁵⁶

This does not require automatic acceptance of every allegation or removal of fair-trial protections. It requires an equal opportunity to be heard and an assessment free of disability stereotypes. Investigators may test consistency, provenance and other evidence through accessible procedures; they may not infer unreliability merely from an intellectual disability, a psychiatric history or the use of communication assistance. Nor does providing an interpreter exhaust the duty where the person needs additional procedural adjustments.⁵⁷

⁵³ CEDAW General Recommendation No. 19, *supra* note 2, para. 9; CEDAW General Recommendation No. 35, *supra* note 11, para. 24(b); CAT General Comment No. 2, *supra* note 52, para. 18; Guidance, *supra* note 1, paras. 14(b), 73–75 and 156(b).

⁵⁴ Guidance, *supra* note 1, paras. 18, 22(c), 95–99, 124–125 and 150(d). This paragraph applies due diligence to the disability-specific barriers identified in the Guidance.

⁵⁵ Guidance, *supra* note 1, paras. 96–99 and 148(d).

⁵⁶ Guidance, *supra* note 1, paras. 92–94 and 155–156, especially 156(e); CRPD, *supra* note 2, art. 13.

⁵⁷ CEDAW Committee, Karen Tayag Vertido v Philippines, communication No. 18/2008, CEDAW/C/46/D/18/2008, Views adopted 16 July 2010 ([Text](#)), paras. 8.2 and 8.4–8.7; R.P.B. v Philippines, *supra* note 40, paras. 8.5–8.9; Guidance, *supra* note 1, para. 156(e), (g)(i)–(ii).

In *Černáková v Slovakia* the Committee examined failures in investigating alleged institutional abuse of a woman with intellectual disability and autism, including failure to secure her effective participation. The Guidelines apply the procedural lessons from that case, i.e. investigators must obtain the person's account through appropriate support, rather than allow presumed incapacity to close the evidential inquiry.⁵⁸

Noble v Australia provides a related warning from criminal justice. Disability-based findings about fitness to plead contributed to detention without an ordinary determination of guilt, and the Committee examined the discriminatory and harmful consequences. It supports scrutiny of disability-specific procedures that replace access to a fair process with detention and control. The relevance is not that the facts match every violence claim, but that procedural exclusion can itself produce severe substantive harm.⁵⁹

Remedies must remove the continuing source of harm

Paragraphs 75(d) and 156(a) identify restitution, compensation, habilitation and rehabilitation, satisfaction and guarantees of non-repetition. Paragraph 156(b) requires consideration of institutional and systemic enabling factors. Paragraph 156(f) is particularly important: redress must extend to harms arising from institutionalization and forced treatment even when those practices remain legally permitted. Domestic legality does not answer whether the State has breached the Convention.⁶⁰

A workable remedy should therefore ask what has to change for the individual and what has to change in the system. For a person subjected to forced treatment, compensation may need to be accompanied by an end to the intervention, supported access to chosen services, correction of discriminatory decision-making arrangements, acknowledgment of harm and reform of the authorising law. Rehabilitation must itself be voluntary and responsive to the person; compulsory treatment imposed as reparation would reproduce the violation.⁶¹

Historical and continuing harms require different legal routes. Where conduct was authorised nationally, individual criminal liability still depends on applicable law, legality and proof. State acknowledgment, administrative reparations, civil remedies where available and guarantees of non-repetition may address harms even where prosecution is unavailable. Understanding what is required to exhaust domestic remedies, e.g. limitation rules, evidentiary barriers and the fact that people were prevented from complaining will require explicit national consideration.⁶²

⁵⁸ CRPD Committee, *Černáková v Slovakia*, communication No. 78/2020, CRPD/C/34/D/78/2020, Views adopted 26 March 2026 ([Text](#)), paras. 8.4–8.5, 9.2–9.6 and 10; Guidance, *supra* note 1, paras. 70, 92–94, 155 and 156(e).

⁵⁹ CRPD Committee, *Noble v Australia*, communication No. 7/2012, CRPD/C/16/D/7/2012, Views adopted 2 September 2016 ([Text](#)), paras. 8.3–8.10 and 9; Guidance, *supra* note 1, paras. 28, 81 and 92–94.

⁶⁰ Guidance, *supra* note 1, paras. 75(d) and 156(a), (b), (f); Guidelines on deinstitutionalization, *supra* note 30, paras. 115–123.

⁶¹ Guidance, *supra* note 1, paras. 65(a)–(b), 154(b) and 156(a), (f), (i); Guidelines on deinstitutionalization, *supra* note 30, paras. 115–123.

⁶² Guidance, *supra* note 1, para. 156(f), (i); International Covenant on Civil and Political Rights, 1966 ([Text](#)), art. 15(1). Recognition and reparation for past harm must be distinguished from retroactive creation of individual criminal liability.

Paragraph 156(g)(iii) rejects mandatory mediation or conciliation. The concern is unequal power and the risk of further coercion, not a claim that survivors are incapable of choosing any consensual process. Effective protection must include independent advice, privacy, protection against reprisals and continuity of support. Settlements and service agreements should not be used to suppress allegations, prevent lawful reporting or substitute an internal provider process for independent justice.⁶³

10. Torture, grave violations, and international crimes

Violence and torture are connected but not interchangeable

Paragraphs 80–83 expressly bring disability-specific practices within anti-torture scrutiny. Paragraphs 152(b)–(d) require preventive mechanisms to examine detention, forced treatment, restraints, seclusion and denial of accommodation, with direct confidential engagement and survivor expertise. This is an important institutional development: anti-torture monitoring must address the rules authorising the practices, not only whether staff apply them consistently.⁶⁴

The Committee against Torture had already recognised due-diligence responsibilities concerning privately inflicted abuse and the need to protect marginalised groups. Under article 1 of the Convention against Torture, torture entails specific elements, including severe suffering, intentional infliction, a relevant purpose and the required official involvement or acquiescence. Discrimination can supply the prohibited purpose. A claim that a practice was intended as care is not conclusive; CAT General Comment No. 2 requires an objective assessment of intent and purpose in the circumstances. Other cruel, inhuman or degrading treatment remains prohibited even where the torture threshold is not established.⁶⁵

The Guidelines' statement that violence may occur without intent does not abolish these distinctions. Advocates should identify the treatment, effects, degree of suffering, discriminatory context and official role, then plead the relevant prohibitions. It is often appropriate to argue torture and, alternatively, cruel, inhuman or degrading treatment. The State's obligations under CRPD articles 16 and 17 remain relevant even where a tribunal does not find an article 15 violation.⁶⁶

X v United Republic of Tanzania shows the importance of separating the initial private violence from the State's response. The case concerned a person with albinism subjected to a severe attack. The Committee's analysis connected ineffective investigation and prolonged impunity with revictimisation and psychological harm under article 15. It should not be

⁶³ Guidance, *supra* note 1, paras. 22(c), 154 and 156(g)(iii), (j); CEDAW General Recommendation No. 35, *supra* note 11, paras. 31(b) and 32(b).

⁶⁴ Guidance, *supra* note 1, paras. 80–83 and 152(b)–(d).

⁶⁵ CAT, *supra* note 14, arts. 1, 2 and 16; CAT General Comment No. 2, *supra* note 52, paras. 9–10 and 15–18.

⁶⁶ Guidance, *supra* note 1, paras. 1, 4 and 80–83; CRPD, *supra* note 2, arts. 15–17; CAT General Comment No. 2, *supra* note 52, paras. 9–10.

simplified into a finding that every private attack automatically satisfies all elements of torture attributable to a State.⁶⁷

Grave or systematic violations and the inquiry procedure

Paragraph 25 links scale, prevalence, nature and impact with gravity, and recurrence and organised patterns with systematic violence. This is especially useful where a law or funding regime affects a class of people. The Optional Protocol inquiry threshold is grave *or* systematic violations: both do not have to be proved. The procedure depends on the State's acceptance of the relevant Optional Protocol competence and the Committee's assessment of reliable information with a clear account of the pattern and its evidential basis.⁶⁸

International crimes require their own elements

Paragraphs 104–105 open a further agenda concerning war crimes, crimes against humanity and participation in the proposed crimes-against-humanity convention process. Their significance is to insist that persons with disabilities are visible in prevention, investigation and lawmaking. Disability-related barriers to escape, targeted selection of victims and exploitation of dependence may be relevant evidence. This is predicated on establishing jurisdiction, the contextual elements of the offence, individual responsibility and the required mental element.⁶⁹

One example given in the Guidelines (para 104) was the report of the Special Rapporteur on the situation of human rights in Myanmar, who recommended that States support efforts to hold perpetrators of atrocity crimes, including crimes against persons with disabilities, accountable in impartial and independent courts, including the International Criminal Court and national courts in countries with universal jurisdiction laws.

ICC Rule 145 refers to factors including particular defencelessness, abuse of power and discriminatory motive; it does not expressly list disability as an automatic aggravator but disability-related facts may be relevant to those factors. Likewise, paragraph 104 does not establish a standalone international crime of disability-based violence. There is ongoing advocacy for the development of international criminal law, including in the context of the draft crimes against humanity treaty negotiations, with OPDs pressing for disability-inclusive definitions, evidence gathering, participation and reparations while grounding each criminal-law proposition in the applicable instrument or decision.⁷⁰

⁶⁷ CRPD Committee, *X v United Republic of Tanzania*, communication No. 22/2014, CRPD/C/18/D/22/2014, Views adopted 18 August 2017 ([Text](#)), paras. 8.4–8.7 and 9; Guidance, *supra* note 1, paras. 80 and 109.

⁶⁸ Guidance, *supra* note 1, para. 25; CRPD Optional Protocol, *supra* note 6, arts. 6–8.

⁶⁹ Guidance, *supra* note 1, paras. 104–105; Rome Statute, *supra* note 14, arts. 7–8, 22, 24 and 30. These citations concern the stable core elements and legality principles; any actual international-criminal-law claim requires verification of jurisdiction and the law applicable at the relevant time.

⁷⁰ Guidance, *supra* note 1, paras. 104–105 and source footnotes 48–50; International Criminal Court, Rules of Procedure and Evidence ([Text](#)), rule 145(2)(b)(ii)–(v). The incomplete reference A/HRC/61/XX has not been relied upon as an authority for a tribunal holding.

11. Economic support health and the immediacy of obligations

Support is a necessary condition of freedom from violence

Paragraphs 95–99 make a particularly important distinction: violence does not arise from needing support, but from arrangements that organise support through dependency, control and substituted decisions. Deprivation of a communication aid, refusal of necessary assistance or control over benefits may be the means of coercion. Paragraphs 142–145 extend the analysis to financial control, institutional deductions and segregated employment. This avoids depicting people with intensive support requirements as inherently unsafe or incapable of autonomy.⁷¹

The legal advance is to connect social provision to protection from violence without reducing rights to a welfare entitlement. A person may need enforceable control over the conditions of support, portability between providers and access to independent housing as well as adequate funding. A programme that supplies assistance only on condition of residence in an institution can reproduce the harm it purports to address. Support policy must therefore be tested for its effect on choice and the realistic ability to leave an abusive arrangement.⁷²

The United Kingdom inquiry supplies a relevant example/potential precedent. The Committee found grave or systematic violations in connection with welfare reforms and their effects on rights under articles 19, 27 and 28. The Guidance draws on this record in discussing welfare-related stereotypes and violence. The inquiry should not be treated as proof that each benefit reduction caused an identified death or that every fiscal adjustment is violence. The appropriate analysis identifies the measures, foreseeable effects, disability connection and failure to secure the relevant rights.⁷³

Immediate duties and resource dependent implementation

Paragraph 5(a) states that duties to recognise and end disability-based violence and eliminate its root causes cannot be deferred by invoking progressive realisation or resource constraints. This reinforces established principles: CEDAW general recommendation No. 35 and CRC General Comment No. 13 reject economic excuses for postponing the relevant violence obligations.⁷⁴

CRPD article 4(2), however, remains part of the treaty and addresses progressive realisation of economic, social and cultural rights while preserving immediately applicable obligations. A careful reading distinguishes immediate cessation of discriminatory coercion, protection, investigation and non-discrimination from the resource-sensitive task of expanding a full

⁷¹ Guidance, *supra* note 1, paras. 95–99 and 142–145.

⁷² Guidance, *supra* note 1, paras. 67, 95–99 and 142–144; CRPD, *supra* note 2, arts. 12, 16, 19 and 28.

⁷³ CRPD Committee, Inquiry concerning the United Kingdom of Great Britain and Northern Ireland carried out under article 6 of the Optional Protocol, CRPD/C/15/4, 24 October 2017 (inquiry report made public in 2016) ([Text](#)), paras. 85, 95–101 and 109–114, especially 113(c)–(e); Guidance, *supra* note 1, paras. 116 and 143–144.

⁷⁴ Guidance, *supra* note 1, para. 5(a); CEDAW General Recommendation No. 35, *supra* note 11, para. 21; CRC General Comment No. 13, *supra* note 2, para. 65.

network of accessible services. Service development requires maximum available resources, concrete steps and accountability. It cannot be used to justify continuing violations or indefinitely postpone the support needed to end them.⁷⁵

For budget advocacy, the practical question is what the State can cease, redirect, fund or organise now, and how it will close remaining gaps against measurable deadlines. For example, a plan that allocates money to awareness campaigns while preserving coercive capacity and excluding chosen community support is difficult to reconcile with the Guidelines. The immediate duty and the broader implementation plan must operate together.⁷⁶

Medical discrimination and decisions about life

Paragraphs 129–135 identify disability-related violence in health services, including discriminatory triage, denial of treatment, diagnostic overshadowing and assisted-dying arrangements in conditions of unmet support. The common legal concern is the substitution of assumptions about the value or quality of a disabled person's life for an equal assessment of their rights, wishes and clinical situation. For OPD's advocacy on health equity for persons with disabilities, this strengthens the connection between access to healthcare, supported consent, non-discrimination and freedom from violence.⁷⁷

Paragraph 131 criticises SOFA scores, QALYs and DALYs in the distribution of medical resources and a strong-human rights concern disability-devaluing allocation. National level advocacy should identify the actual allocation rules and procedures, the disadvantage it causes, its evidential basis, available adjustments and the value judgment embedded in it. The specificities of each country's model and approach should be considered carefully.⁷⁸

Similarly, paragraph 133 identifies risks where disability becomes a basis for ending life amid lack of income, housing, healthcare or personal assistance. It supports demanding an examination of real alternatives and freedom from structural pressure. It should not be represented as an adjudication of every assisted-dying regime or of every individual decision. The specific law, safeguards, discrimination and access to meaningful support must be analysed carefully.⁷⁹

12. Digital violence, emergencies, and international cooperation

Paragraphs 136–139 extend the analysis to algorithms, surveillance, control of credentials, fraud, exposure of personal information and inaccessible reporting systems. The advance is to recognise that technology can reproduce existing support and guardianship power in new forms. A device intended for assistance may become a means of monitoring movement

⁷⁵ CRPD, *supra* note 2, art. 4(2); Guidance, *supra* note 1, paras. 5(a), 65(a), 99, 148 and 156(c).

⁷⁶ Guidance, *supra* note 1, paras. 14, 67, 99, 148(d) and 156(c), (i).

⁷⁷ Guidance, *supra* note 1, paras. 129–135; CRPD, *supra* note 2, arts. 5, 10, 12, 17 and 25.

⁷⁸ Guidance, *supra* note 1, paras. 130–132. The recommended audit distinguishes the Committee's legal concern from empirical claims about particular clinical or economic models, which require their own evidence.

⁷⁹ Guidance, *supra* note 1, para. 133. This analysis identifies the implications of the supplied text without offering an independent assessment of any particular national assisted-dying regime.

or enforcing compliance. Accessibility and privacy must therefore be assessed together; making a platform easier to use is insufficient if a guardian or provider controls the account and its data.⁸⁰

CEDAW general recommendation No. 35 already recognises technology-mediated gender violence, and CRC General Comment No. 25 provides a digital-rights framework for children. The Guidelines add a detailed account of disability-specific control and algorithmic disadvantage. A practical regulatory response should include accessible independent reporting, user control over permissions, scrutiny of discriminatory automated decisions, and remedies for misuse of personal data. These are implementation proposals derived from the identified risks, rather than technical design specifications issued by the Committee.⁸¹

Paragraph 138 describes cyber-harassment as occurring beyond national enforcement mechanisms. That wording should not be read as a legal proposition that online abuse lies outside all national jurisdiction. Jurisdiction depends on the conduct, actors, effects and applicable national and international rules. Cross-border investigation and enforcement can be difficult; the appropriate response includes cooperation and effective domestic remedies, rather than assuming a jurisdictional vacuum.⁸²

Paragraphs 100–103 connect violence with armed conflict, climate-related disasters, displacement and health emergencies. Inaccessible warnings, evacuation and continuity of support are not simply planning omissions when they expose persons with disabilities to preventable harm. Article 11 supplies an explicit CRPD foundation. Implementation requires participation in preparedness, accessible communication and continuity of survivor services, housing, assistance and devices during evacuation and recovery.⁸³

For donors and UN agencies, paragraphs 103(c) and 157(e)–(f) support a practical agenda: fund OPD participation, require accessible protection and complaint routes, support community-based alternatives and examine whether reconstruction spending recreates segregated systems. Article 32 requires international cooperation to support implementation of the Convention; it does not displace the recipient State's obligations. IDA can use the Guidelines to challenge programmes that finance institutional control while presenting themselves as disability inclusion.⁸⁴

13. Key advances in international human rights law

The following comparison distinguishes established doctrine from the particular contribution of these Guidelines. "Advance" here describes interpretive development and practical legal specification; it does not imply that a new treaty rule has been enacted.

⁸⁰ Guidance, *supra* note 1, paras. 136–139.

⁸¹ CEDAW General Recommendation No. 35, *supra* note 11, para. 20; CRC General Comment No. 25, *supra* note 50, paras. 67, 76 and 112–113; Guidance, *supra* note 1, paras. 136–139 and 148(a).

⁸² Guidance, *supra* note 1, para. 138. The paragraph is read here as identifying enforcement gaps, not as displacing the ordinary rules governing national jurisdiction over online conduct.

⁸³ Guidance, *supra* note 1, paras. 100–103 and 157(f); CRPD, *supra* note 2, art. 11.

⁸⁴ Guidance, *supra* note 1, paras. 103(c) and 157(e)–(f); CRPD, *supra* note 2, art. 32(1)–(2).

The Guidance builds on established human rights standards while developing a more comprehensive account of disability-based violence. The Committee on the Elimination of Discrimination against Women (CEDAW Committee) recognises gender-based violence as a form of discrimination, while the Committee on the Rights of the Child (CRC Committee) addresses harm arising from both intentional conduct and neglect or systemic failures. The Guidance brings these strands together within a unified understanding of disability-based violence, encompassing harmful laws, omissions and support arrangements. In doing so, it makes clear that recognition of such violence does not depend in every case on establishing hostile intent: violence may also arise through rules, practices and institutional arrangements presented as protective or supportive (paras. 1–4, 24).

The Guidance also develops the analysis of the relationship between violence, social norms and stereotypes. The CEDAW Committee has linked gender-based violence to gender hierarchy, while the CRC Committee has rejected attempts to justify violence through appeals to discipline or harmful social norms. The Guidance applies and extends this reasoning by identifying ableism, sanism and assumptions about capacity, dangerousness and dependence as mechanisms through which disability-based violence is legitimised and sustained. These assumptions operate not only as individual prejudices but also through laws, institutional practices and decisions about whose choices are respected and whose autonomy may be overridden (paras. 15–19, 27–56).

A particularly significant contribution concerns the relationship between protection and coercion. Strong prohibitions on abuse within international human rights jurisprudence have coexisted with some acceptance of exceptional restraint or involuntary mental-health detention. The Guidance expressly rejects disability-based coercion justified by medical emergency, presumed dangerousness or claims that an intervention represents the least restrictive available alternative. It therefore challenges the use of protective or therapeutic reasoning to legitimise practices that override the rights of persons with disabilities (paras. 57–65, 148(c)).

This position is reinforced in the Guidance's treatment of institutionalization. Building on the CRPD Committee's Guidelines on deinstitutionalization and its Guidelines on article 14, the Guidance affirms that institutionalization on the basis of disability is itself a form of violence, independently of particular acts of abuse committed within an institution. Its analysis consequently extends beyond the prevention of mistreatment in institutional settings to the violence inherent in disability-based segregation and deprivation of autonomy. In this respect, it reaffirms the CRPD Committee's position, which goes further than approaches within the jurisprudence of the Human Rights Committee and the CRC Committee that have allowed certain forms of detention or institutional placement subject to safeguards (paras. 66–79).

In relation to sexual and reproductive rights, the Guidance builds on the CEDAW Committee's condemnation of coercive reproductive practices and its insistence on informed consent. Its distinctive contribution is to integrate guardianship, dependence on support, stereotypes about parenting capacity and institutional power into the analysis of reproductive violence. This approach directs attention to the circumstances in which reproductive decisions are made, including whether legal arrangements or relationships of dependence enable others to control those decisions or undermine the person's ability to give or withhold consent (paras. 33–40, 128, 150(c)).

The Guidance also gives practical substance to established due diligence obligations to prevent violence, protect survivors, investigate violations and provide remedies, whether violence is committed by public or private actors. It assesses effective protection through the conditions that determine whether a survivor can report violence and leave an abusive situation. These include continued access to communication, income, housing and support. Protection is therefore understood as requiring more than the formal availability of a complaint mechanism or an exit route: it must address the barriers that can make seeking help or leaving practically impossible (paras. 95–99, 124–125, 154–156).

Finally, the Guidance develops established obligations concerning accessible justice, freedom from stereotypes and effective remedies. It makes clear that communication differences must not be used to discredit a complainant and that justice processes must address systemic responsibility as well as individual wrongdoing. Its approach also requires attention to harmful practices that remain authorised by domestic law. The resulting account of justice and reparation reaches beyond isolated incidents to the legal and institutional conditions that permit disability-based violence to continue (paras. 156(b), (e), (f), (i)).

The strongest overall advance is the integration of these elements into a coherent account of how a State can itself organise vulnerability to violence, and what it must change to restore agency. It is a shift in the legal questions asked: from whether an individual service incident breached an approved rule to whether the approved rule, service model or distribution of decision-making power is itself incompatible with the Convention.⁸⁵

14. Opportunities for OPD-led advocacy based on the Guidance

OPDs can use the Guidelines as a common legal framework across its work on gender, health, justice, social protection, humanitarian action and deinstitutionalization. The same violence may cross all of these areas. A woman confined after reporting sexual abuse, for example, may need protection, supported legal agency, housing, assistance, reproductive

⁸⁵ Guidance, *supra* note 1, paras. 13–14, 24, 66, 95–99, 148(c) and 156(b), (f).

healthcare, access to evidence and reparation. Assigning the matter to one sector can conceal the chain of violations.⁸⁶

The immediate advocacy proposition could be a nationally owned implementation programme led with OPDs and survivors, with named ministerial responsibilities, budget decisions, independent scrutiny and public reporting. Paragraphs 147 and 157 make participation and follow-up integral to implementation. OPD involvement must carry resources and influence over priorities, evidence and assessment; attendance at a consultation is not an adequate proxy. Representative organisations should be able to challenge the programme, including the conduct of its funders or implementing partners.⁸⁷

OPDs can build joint advocacy with women's rights and children's rights organisations around the substantial areas of convergence. At the same time, it should identify the unresolved coercion and institutionalization questions openly and seek more consistent standards across treaty bodies. Such collaboration must preserve the agency of women and children with disabilities and the expertise of survivors of psychiatry and institutionalization, rather than treating them as examples in debates conducted by others.⁸⁸

Finally, national implementation should be judged by changes in power and lived conditions: whether a person can refuse an intervention, obtain chosen support, leave an abusive setting, communicate an allegation, be heard on equal terms and secure a remedy that prevents recurrence. New policies, training and data systems are useful only insofar as they deliver those results. The annex provides concrete tools for OPDs to turn that legal standard into a programme of reform and verification.⁸⁹

⁸⁶ *Ibid.*, paras. 30–46, 75–79, 95–99 and 150–156.

⁸⁷ Guidance, *supra* note 1, paras. 5(b), 147 and 157; CRPD, *supra* note 2, arts. 4(3) and 33(3).

⁸⁸ CEDAW General Recommendation No. 19, *supra* note 2, paras. 6–11; CRC General Comment No. 13, *supra* note 2, paras. 3–5 and 23; Guidance, *supra* note 1, paras. 27–56, 147 and 149–150. The proposed joint advocacy is IDA-oriented analysis, not an instruction addressed to IDA by the Committee.

⁸⁹ Guidance, *supra* note 1, paras. 65, 75, 99 and 154–157.

Annex – OPD toolkit

A. Complete an implementation assessment/audit

For each row below, record the applicable law or practice, actual experience, evidence source, responsible authority, proposed correction and deadline. Rate the position implemented, partly implemented, not implemented, or unknown. Do not treat missing evidence as compliance, or combine severe violations into an average score that makes them disappear. Examine public, private, religious, family, digital and humanitarian settings.⁹⁰

Audit question	Evidence to seek	Guidance reference
Can someone be confined or treated without consent because of disability, guardianship, perceived dangerousness or need for care?	Statutes, emergency exceptions, court orders, clinical rules, contracts and testimony; examine practice as well as formal wording.	Paras. 13–14, 57–65, 148
Can a survivor leave an abusive arrangement without losing housing, income, communication or personal assistance?	Eligibility rules, individual funding arrangements, waiting lists, benefit deductions and accessible housing options.	Paras. 67, 95–99, 142–144, 156(c)
Are women and girls able to make reproductive decisions and obtain accessible post-violence services?	Consent forms, guardianship practice, provider protocols, sexuality education and independent survivor accounts.	Paras. 33–40, 128, 150(c)–(e)
Are children protected without disability-based separation or institutional placement?	Child-protection decisions, school restraint policies, family-support budgets and children's accounts.	Paras. 48–50, 76–79, 108
Can people report privately, communicate in their preferred way and obtain an independent response?	End-to-end access tests, accommodation requests, case files, retaliation complaints and appeal routes.	Paras. 22(c), 75(b), 154–156

⁹⁰ *Ibid.*, paras. 14, 20–25, 148 and 157(b).

Audit question	Evidence to seek	Guidance reference
Do independent monitors reach institutions and examine the laws authorizing violence?	Statutory mandates, visit arrangements, confidential interview practice, published findings and government responses.	Paras. 151–152
Do digital systems and emergency arrangements increase control or exclusion?	Platform complaint routes, surveillance rules, evacuation plans, accessible warnings and continuity-of-support protocols.	Paras. 100–103, 136–139, 157(f)

B. Document evidence

Adopt the following evidence protocol before collecting testimony. The Guidance's requirements for autonomy, accessible communication, independent support, confidentiality and protection from retaliation should determine how the research operates.⁹¹

Start with the person's purpose. Ask what they want to happen, which forms of contact are safe, what support they choose and whether someone controls their phone, transport, money or communication. Offer information about support even if they decline to give evidence. Do not make services conditional on a police complaint, media appearance or litigation.

Separate permissions. Obtain accessible, specific and revisitable consent for interviewing, recording, storage, referral and publication. Explain who will receive information, foreseeable risks, applicable limits to confidentiality, and when withdrawal can no longer remove material already disclosed. Never promise absolute secrecy. For children, use age-appropriate information and support, respect their views and evolving capacities, and establish legally informed safeguarding arrangements; avoid seeking authorization from an alleged abuser without a safe alternative process.

Record accurately. Note dates, place, conduct or omission, disability-related mechanism, support withdrawn, relevant decisions, consequences and the person's requested remedy. Distinguish the person's account, records, other witnesses and the investigator's inference. Preserve the person's own words or chosen communication; record assistance used without treating communication differences as evidence of unreliability. Corroboration can strengthen an investigation, but absence of another witness does not make testimony unworthy of recording or referral.⁹²

⁹¹ *Ibid.*, paras. 154–156, especially 156(g)(i) and (j).

⁹² *Ibid.*, para. 156(e).

Collect proportionately. Do not seek unnecessary medical histories, images of injuries or repeated accounts of traumatic events. Preserve original documents and provenance, restrict access, separate identifiers from analytical files, and agree retention and deletion periods. Small-group statistics can identify people even without names. Avoid publishing combinations of location, institution, age or rare impairment that expose a survivor.

Plan the response. Before referral or publication, review retaliation risks with the person and arrange continuity of chosen support. Do not confront an alleged perpetrator or enter a facility without lawful authority and an agreed safety plan. Assess urgent risks through a competent, accessible responder; an automatic police or psychiatric referral may itself expose a person to violence. Where law imposes reporting duties, explain them, obtain specialist advice and seek the least harmful lawful response consistent with the person's rights.⁹³

Example basic case record:

Field	Entry
Case code and safe contact	Identifier; permitted contact method and times; contact restrictions.
Person's priorities and communication	Requested outcome; chosen supports; accommodations; consent permissions.
Facts and mechanism	What happened; when; who acted or failed to act; disability and intersectional dimensions.
Evidence and uncertainty	Testimony, documents, witnesses; source and date; gaps and contested facts.
Immediate support and risk	Continuing harm; retaliation concerns; housing, income and assistance continuity.
Accountability	Relevant Guidance paragraphs; competent authority; action authorized; deadline and follow-up.

C. Make precise legislative service and budget demands

Move from the identified harm to consider what the source of the harm was, who the responsible entity was, and propose what is required to change. For example: "A person who complains about abuse risks losing accommodation because housing and support are tied to one provider. Amend the commissioning arrangements to permit a funded change of

⁹³ *Ibid.*, paras. 75(b), 87–91, 154 and 156(j).

provider and access to independent housing; verify through survivor interviews and documented transfers.” This addresses the concentration of power described by the Committee.⁹⁴

An initial national package should seek:

- Repeal of disability-based authorizations for confinement, substitute decision-making and forced interventions, with supported decision-making and freely chosen community crisis support.
- Explicit recognition of disability-specific and intersectional violence in equality, domestic-violence, child-protection and anti-torture frameworks, including support sabotage and reproductive coercion.
- Independent, accessible complaints, legal aid, communication support, procedural accommodations and protection against retaliation.
- Funded personal assistance, peer support, accessible housing and income support enabling people to leave abusive settings; family support that prevents disability-based separation.
- Independent investigation and effective reparation, including measures addressing institutional responsibility and preventing recurrence.⁹⁵

Use existing legislative categories where they provide effective remedies; a new offence bearing the label “disability-based violence” is not automatically necessary or sufficient. Criminal responsibility requires the elements of the applicable offence and fair proceedings. Structural violence may also require equality remedies, administrative reform, civil redress and changes in public expenditure.

For every expenditure request, identify eligible users, expected demand, unit-cost assumptions, accessibility costs, recurrent funding, the budget holder and quarterly disbursement milestones. Cost independent OPD participation and monitoring explicitly. Track whether money reaches survivor-chosen support. Redirect investment away from segregation while preserving each person's housing, income and assistance during transition; withdrawal of institutional funding without those arrangements can produce abandonment. Monitor whether supposedly community-based services retain compulsory residence, rigid control or substituted decisions.⁹⁶

D. Test the complete complaints and support pathway

Ask survivors and diverse OPDs to test the whole journey: finding information, making contact, communicating privately, obtaining support, filing a complaint, receiving updates, challenging a refusal and accessing a remedy. Use consenting testers and simulations; do not expose actual survivors to unsafe channels merely to demonstrate failure.

⁹⁴ *Ibid.*, paras. 95–99.

⁹⁵ *Ibid.*, paras. 14, 65, 75, 79, 83, 148, 150, 154 and 156.

⁹⁶ *Ibid.*, paras. 66–75, 96–99, 142–145, 148 and 156(i).

A pathway passes only if people can use it without a provider or alleged abuser's permission; obtain their chosen communication support; preserve assistive devices and essential support; access an independent decision-maker; and receive protection against retaliation. Test Easy Read, sign language, tactile communication, augmentative and alternative communication, low-bandwidth options and in-person access. Require named responsibility for accommodation requests, explanations for decisions and an independent escalation route. The Guidance expressly rejects replacing independent complaints with an institution's internal mechanism.⁹⁷

Do not accept mandatory mediation or reconciliation as the gateway to justice. Do not let "protection" move the survivor into an institution or automatically separate a disabled parent and child. Support and remedies must reflect the person's will and preferences, including their choice about participating in proceedings, subject to applicable legal duties and explained limits.⁹⁸

E. Turn monitoring into corrective action

Agree a joint programme with the national human rights institution, CRPD independent monitoring framework and, where established, the national preventive mechanism. Seek lawful access to facilities and programmes, private interviews, disability and survivor expertise, and monitoring of deinstitutionalization. OPDs should retain the ability to publish independent findings and dissent.⁹⁹

Every finding should produce an action record: violation; person or group affected; immediate protection required; evidence preserved; investigation authority; systemic correction; deadline; responsible official; survivor feedback; verification outcome. Inspection findings must trigger an effective response rather than repeated descriptions of the same abuse. The Committee specifically links credible indications of violence to protective measures, evidence preservation, independent investigation and appropriate proceedings.¹⁰⁰

Use indicators that reveal safety and autonomy without rewarding concealment:

Indicator	Interpretation safeguard
Percentage of identified coercion-authorizing provisions repealed, alongside independently verified continuing practices.	Legislative change alone is insufficient; unauthorized coercion may continue.

⁹⁷ *Ibid.*, paras. 22(c), 75(b), 154 and 156(e), (g)(i) and (j).

⁹⁸ *Ibid.*, paras. 76–79, 154(b) and 156(g)(iii).

⁹⁹ *Ibid.*, para. 152(a)–(c).

¹⁰⁰ *Ibid.*, para. 152(d).

Indicator	Interpretation safeguard
Percentage of tested complaints pathways meeting the full accessibility and independence standard.	Report who tested them and which communication requirements remain unmet.
Time from reported urgent need to survivor-chosen support; proportion of agreed support actually provided.	Speed does not justify an unwanted intervention.
People leaving institutions with chosen housing, adequate income and continuous support, with voluntary follow-up.	Count reinstitutionalization, homelessness and loss of support; do not reward discharge alone.
Corrective actions completed and independently verified; reparations delivered and assessed by survivors.	Training sessions and adopted policies are inputs, not proof of changed practice.
Voluntary survivor feedback on autonomy, safety and respectful treatment, including people who disengaged.	Protect confidentiality; report response rates and selection limits.

Never set “fewer complaints” as a stand-alone success target. Increased reporting may reflect greater trust and access; declining reports may reflect intimidation. Interpret administrative data alongside independent research and survivor accounts, with appropriate disaggregation and protection against re-identification.¹⁰¹

¹⁰¹ *Ibid.*, paras. 2, 5(c), 56(d), 106 and 157(b).

Choose escalation routes

Before litigation, obtain the survivor's informed instructions and assess the remedy sought, available evidence, standing, deadlines, costs, publicity, retaliation and continuity of support. A strategic case must serve the person whose rights are at issue. Domestic procedures may include equality complaints, judicial review, civil proceedings, criminal investigation or constitutional litigation, depending on national law. Use the Guidance to explain CRPD obligations; do not assume it automatically creates a domestic cause of action.¹⁰²

For international action, distinguish three routes:

- **Treaty reporting and follow-up:** submit a concise OPD evidence brief linking the national practice to Guidance paragraphs, relevant Convention provisions, previous concluding observations and a specific recommendation. Request scrutiny of implementation under paragraph 157. A reporting submission is not an individual remedy.
- **CRPD individual communication:** verify Optional Protocol ratification, jurisdiction, admissibility, victim status and authority to act, domestic-remedy requirements and their exceptions, temporal scope and restrictions concerning other international procedures. Consider interim measures where irreparable harm is threatened. Obtain qualified procedural advice before choosing potentially overlapping routes.¹⁰³
- **CRPD inquiry information:** where reliable evidence indicates grave **or** systematic violations, assess the Optional Protocol inquiry route and whether the State has opted out. Present the pattern, laws enabling it, scale, impact and sources; the Committee decides whether to proceed. An inquiry is not a substitute for urgent individual protection.¹⁰⁴

End each advocacy meeting with a written request: What will change, who is responsible, by when, with what resources, and how will persons with disabilities independently verify the result? This can help make the Guidance a continuing accountability framework whose success is measured in people's lives.

¹⁰² *Ibid.*, paras. 94 and 156.

¹⁰³ CRPD Optional Protocol, *supra* note 6, arts. 1–4; CRPD Committee, Fact sheet on the procedure for submitting communications to the Committee under the Optional Protocol, CRPD/C/5/2/Rev.1 (2012) ([Text](#)), paras. 1–2 and 8–11.

¹⁰⁴ CRPD Optional Protocol, *supra* note 6, arts. 6–8; Guidance, *supra* note 1, para. 25. The treaty threshold is grave or systematic violations, not a requirement to demonstrate both.