Torture beyond carceral settings against individuals from marginalized communities: the important role for clinical documentation

Christian DeVos[1], Rayan N. Kaakati[2], Joshua Martins-Caulfield[3,5] and Michele Heisler[4,5,6]

Introduction

Historically, torture often was understood as physical and/or psychological pain inflicted by governmental agents on an individual who is detained or imprisoned in governmental custody. As defined by the United Nations Convention Against Torture (UNCAT), however, torture is increasingly recognized as occurring in settings far beyond carceral settings. UNCAT, to which 173 states are currently party, defines torture as:

> "Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity" (Burgers & Danelius, 1990).
>
> The Convention also prohibits ill-treatment, an umbrella term that covers other forms of abuse prohibited by international law that do not constitute torture as such, including cruel, inhuman, or degrading treatment (CIDT), outrages upon personal dignity, and physical or moral coercion. Notably, ill-treatment unlike torture does not require a specific purpose behind the act.

Despite its prohibition, torture and ill-treatment against detained and imprisoned individuals continue to be widely perpetrated. According to Human Rights Watch's 2022 annual report, torture in carceral or custodial settings is practiced in over 140 countries (Human Rights Watch, 2022). Moreover, economically and socially marginalized persons and communities are at disproportionately high risk of being subject to pretrial detention, torture, incarceration, and harassment (OMCT, 2006; Jensen & Andersen, 2017; Celermajer, 2018). And there is a growing body of evidence on the socio-economic roots

1) Physicians for Human Rights, New York, NY.
2) Department of Pediatrics, Division of Rheumatology, Allergy & Immunology, UNC School of Medicine, Chapel Hill, NC.
3) University of Michigan, Ann Arbor, MI.
4) Department of Internal Medicine, University of Michigan, Ann Arbor, MI.
5) School of Public Health, University of Michigan, Ann Arbor, MI.
6) Medical Director of Physicians for Human Rights, New York, NY.
Correspondence to: mheisler@phr.org

https://doi.org/10.7146/torture.v33i2.135272

of violence, including torture (Oette, 2021; OMCT, 2006).

Over the past decades there has been increased awareness of how other governmental practices directed against those living in poverty or members of other socially and/or economically marginalized groups can also constitute torture or cruel, inhuman, and degrading treatment (TCIDT) (Oette, 2021). Clinicians and researchers increasingly are documenting the severe physical and psychological pain and suffering that such practices can inflict, and demonstrating how they lead to both individual and community-level trauma and other health harms (Çelebi et al., 2022; Cooper et al., 2004; DeVylder et al., 2020). Indeed, the recent update to the Istanbul Protocol, which sets out internationally recognized standards for conducting legal and medical investigations into allegations of TCIDT and documenting physical and psychological evidence of such, now includes best practices and guidelines for documenting torture and ill-treatment occurring outside of custodial settings (Iacopino et al., 2022).

Accordingly, this perspective piece has three goals. First, it builds on scholarship that has begun to describe a broader conception of what constitutes TCIDT to further examine the intersection of structural discrimination, poverty, and state responsibility. We advocate for this more contextual approach to the understanding of what constitutes TCIDT that falls within UNCAT's definition, and, consequently, a more expansive interpretation of states' obligations to prohibit and prevent it under international law.

Second, we describe several case examples of more systemic forms of abuse directed at economically and socially marginalized groups that might constitute TCIDT. As Lutz Oette has argued, such abuse "has been perceived as a national problem of dysfunctional institutions and criminal justice systems," but not as part of a set of "routine, institutionalized practices" (Oette, 2021). Viewed as a set of institutional practices, the conception of TCIDT as the egregious (but largely exceptional) abuse of state power gives way to a more contextual understanding that understands it as endemic, "part of everyday, violent relationships with authorities and others that persons living in poverty must navigate" (Oette, 2021).

Third, we offer recommendations for how clinicians and health and human rights researchers, in particular, can better elucidate the links among TCIDT, poverty, and vulnerability to hold perpetrators accountable and help states develop laws, policies, and other measures to prevent the perpetration of state-promoted or sanctioned acts of TCIDT. As Pau Perez has posited, scientific research can contribute significantly to the legal debate on when state actions in non-custodial settings constitute actions banned under UNCAT (Perez, 2018). Thus, we discuss how clinicians' rigorous documentation of the psychological and physical symptoms and signs that individuals experience – and corroboration of these symptoms with their reported experiences of state-sponsored violence – may be one important means for qualifying them as TCIDT. An important means to achieve this is through medical-legal assessments grounded in the Istanbul Protocol, whose recent revisions reflect the more expansive approach for which we advocate and which remains the internationally recognized standard for investigating and documenting torture and ill treatment (Iacopino et al., 2022).

A. Structural discrimination and poverty increase risk of experiencing torture and ill-treatment

Discriminatory policies and practices across generations compound inequities in income

and wealth, in health and health outcomes, in access to opportunity and advancement, and in disparate treatment within the criminal justice system (e.g., disproportionate police violence against certain groups and increased incarceration rates) (Nsorhaindo, 2021). These limited opportunities and disparities across different systems limit power and resources for individuals and populations based on race/ethnicity, sexual or gender identity, religion, immigration status, or socioeconomic status. Collectively, forms of structural discrimination are major drivers of poverty (Nsorhaindo, 2021; OMCT, 2006).

Structural discrimination further places marginalized groups in a position of vulnerability. The Special Rapporteur for Torture has defined vulnerability as a "degree of disempowerment relative to the prevailing environment and circumstances, entailing diminished independence and capacity for self-sustenance, self-protection, or self-preservation and, conversely, an increased exposure to risks of injury, abuse or other harm" (UN Human Rights Council, 2018). The risk of experiencing abuses, including those by state authorities, is relative to the position of vulnerability that an individual or group may experience. Put simply, abuses that constitute torture and ill-treatment are disproportionately experienced by the most vulnerable groups (Cakal et al., 2021). And indeed there is a growing body of jurisprudence recognizing torture linked to structural discrimination and poverty (International Court of Human Rights, 2010, 2020; European Court of Human Rights, 2011, 2015).

B. Case examples

Throughout the world, government policies and actions target and harm socially and economically marginalized individuals and communities in ways that could be considered as meeting criteria for TCIDT. We illustrate these in four case examples. The first is police violence that disproportionately affects marginalized communities. We briefly illustrate how this could represent TCIDT with reported instances in the Bronx in New York City, Rio de Janeiro, and Angola. A second example explores how Cambodia's authoritative regime used violence to impose restrictions that prevented people from meeting basic needs necessary for life, and then punished those who defied those restrictions to meet those needs. A third example is that of government laws against the LGBTQ community that promote violence and threats, including in some cases of TCIDT by health care workers. The fourth example examines the case of government policies separating families who were seeking asylum at the southern border of the United States and state violence against asylum seekers in Greece.

1. Police violence

Low-income communities are much more likely to come into contact with law enforcement and experience disproportionate police violence (Oette, 2021; Perez, 2018). Many countries have laws that disproportionately target vulnerable communities while also lacking systems to monitor and punish law enforcement, which often uses excessive force to police these laws (Jensen & Andersen, 2017). This sets up the conditions for structural forms of discrimination and oppression that cause and enable unfair treatment of certain groups through the criminal justice system, employment, housing, education, or health.

One case example of police violence that could clearly constitute torture is the New York City Police Department's (NYPD) use of force against protestors in the low-income, predominantly Black and Latino community of Mott Haven. (PHR Expert Statement,

2020; Human Rights Watch, 2020). The Bronx is the most racially diverse borough of New York City. It constitutes 17% of New York City's population, yet 25% of incidents involving police force since 2019 were against its residents (PHR Expert Statement, 2020). The Mott Haven community has historically experienced high rates of poverty and homelessness. During the days of the COVID-19 pandemic before widespread vaccination, this community had disproportionately high rates of infection and death. The murder of George Floyd on May 25, 2020, spurred hundreds of thousands of people to protest in the following days and weeks across the country against systemic racism and police violence, including one protest on June 4, 2020, in Mott Haven (PHR Expert Statement, 2020). That night a curfew was to take effect at 8 PM. When the time came, police forces encircled about 300 protesters who had been marching, preventing them from dispersing.

The protestors were entrapped by the police and experienced excessive force. Many were beaten with batons, thrown to the ground, mocked, and denied medical care for injuries. Many were then held in unsanitary crowded conditions, were forced to remove their masks during the height of the COVID-19 pandemic, and were denied food and water during their detention. Physicians for Human Rights conducted a review of the cases of 23 protestors who had experienced or witnessed police violence during the protest and found that months after their experiences, all manifested symptoms of depression, anxiety, and PTSD (PHR Expert Statement, 2020). These police acts of violence against protestors could themselves be considered as acts of TCIDT, in light of both the physical and/or psychological harms inflicted and the intent of the police's action to deliberately intimidate, punish and prevent future protests.

Another case example is that of police practices in Rio de Janeiro, Brazil. Tensions have continued to rise in recent years between the military police and the residents of Rio's favelas, which are communities with majority Black and low-income populations. According to HRW, three quarters of the 8,000 people Rio police killed between 2005 and 2015 were Black men (Muñoz Acebes, 2016). Brazil's military police have been accused of employing many cruel and inhuman methods to fight drug traffickers in favelas, including torture and extrajudicial killings.

For example, in 2013, bricklayer Amarildo de Souza was tortured and killed in the Rocinha favela in a police sweep of possible drug traffickers (Watts, 2013). He was classified as "missing," sparking protests about his suspicious vanishment. Two months after his disappearance, the *Jornal Nacional* discovered that the police had suffocated him using a plastic bag while he received electrical shocks for up to two hours before drowning him in a bucket (*MP vai investigar…*, 2015). De Souza was never accused of any crimes.

There are many more well-documented examples of police torturing individuals in Rio's favelas. For example, in 2011, police were accused of torturing a 14-year-old boy to death to obtain information about the whereabouts of his mother (Muñoz Acebes, 2016). In 2014, a former police officer admitted to torturing four 18-year-olds suspected of concealing guns by beating them and spraying them with pepper spray (Muñoz Acebes, 2016).

In May 2022, military police conducted a raid in the Vila Cruzeiro favela, killing 26 people. Eyewitness accounts described one body with what appeared to be cocaine covering his face. "Whoever killed this person smeared it all over his face and may have forced him to eat it. It's an act of torture,"

said Rodrigo Mondego, the head of the human rights commission at Rio's Bar Association (*Shock over Brazil*…, 2022). Mondego also claimed that people who surrendered to police were summarily executed, a tactic used to terrify populations (*Shock over Brazil*…, 2022). These cruel and inhuman actions by Rio's police usually go unpunished. According to the *Jornal Nacional*, an official inquiry revealed that 98% of investigations into police misconduct in Brazil were dismissed without charges being filed, generally at the behest of Brazil's Public Prosecutor's Office (*Relatório final*…, 2016).

Examples of "normalized" day-to-day torture and ill-treatment of a vulnerable, impoverished group are also documented in HRW's 2013 report on violence against street vendors in Angola (Human Rights Watch, 2013). HRW researchers found that street vendors in Angola, who were mostly comprised of impoverished, internally displaced girls and women, frequently experienced daily roundups by police who used physical violence (including beatings with batons, kicking, and punching) and degrading treatment while confiscating their goods and taking bribes. HRW found that police brutality against vendors was enabled by the October 2012 government policy of removing street vendors to formal markets still under construction, thus "criminalizing" the activities of street vendors. Street vendors were required to have identity cards to enter the formal market, which most were unable to acquire due to cost or other barriers. These practices as documented by HRW meet the definition of torture, as during the police's daily round-ups of street vendors, as their physical violence and threats caused physical and mental pain and suffering and were intended to coerce and intimidate street vendors into entering a formal market to which street vendors had little to no access.

2. Preventing attainment of adequate standards of living in the context of the COVID-19 Pandemic

Marginalized groups often face significant barriers to meeting social determinants of health and well-being, and these barriers have been further compounded during the COVID-19 pandemic. Moreover, some states exploited the pandemic to further expand control over populations, particularly marginalized groups, by restricting civil rights and failing to protect basic social rights of vulnerable communities. These restrictions disproportionally affected vulnerable communities and increased the risk of torture.

One recent case example is seen in Cambodia. Prime Minister Hun Sen exploited the COVID-19 pandemic during the national elections in 2022 to expand authoritarian control by restricting civil rights, while failing to protect marginalized groups' economic and social rights (Human Rights Watch [HRW], 2021). His government imposed a severe COVID-19 lockdown that prohibited residents from leaving their homes, particularly affecting vulnerable communities that already faced difficulties accessing food, health and other basic necessities. No steps were taken by the government to ensure access to these necessities. Furthermore, in April 2021, a color-based zoning system was issued in areas with higher COVID counts. Residents in red zones (disproportionately low-income populations) were banned from leaving their homes; thus, they were unable to work and access food, medicine, and other necessities. According to Amnesty International, the only way to deliver food in the red zones was through an online shop launched by the government (Amnesty International, 2022). However, the products, which were linked to the business interests of senior members of the Prime Minister's party, were too expensive for the vast

majority of residents in the red zones. When those residents voiced their concerns about the red zones online and in protests, the Prime Minister warned in a speech that those who were complaining about conditions could have food withheld from them (Amnesty International, 2022).

Those who protested were accused of being with the opposition party and were met with police violence. Police officers severely beat people on the streets in Phnom Penh with bamboo canes for leaving their homes, and the law allowed for up to 20 years in prison for violation of these harsh COVID-19 laws. According to the US Secretary of State's Office, the government significantly increased the use of arbitrary "incitement" charges to suppress and punish peaceful protesters (*Cambodia - United States Department of State*, 2023).

The conduct in this case example should also be considered to meet the definition of torture. The state imposed severe, unrealistic restrictions on accessing basic necessities of life that disproportionately affected vulnerable communities. When residents failed to adhere to or protested these restrictions, the state responded with physical violence and harsh threats that likely caused significant pain and suffering both physically and mentally.

3. Involvement of health care workers and facilities in violence and threats against LGBTQ individuals

Another example where vulnerable populations can suffer from torture is through discriminatory laws that restrict access to healthcare and the involvement of healthcare workers in violent practices. In some countries in Africa, laws against the LGBTQ community promote both state and non-state violence against members of this community and place them at risk for torture and ill-treatment. A 2022 REDRESS report on violence against LGBTQ in Africa outlines various laws in states such as Ghana, DRC, Morocco, Algeria, and Malawi, that criminalize same-sex conduct as "unnatural offenses," while simultaneously promoting prejudice and violence against LGBTQ individuals (REDRESS, 2022).

In the setting of these laws and associated stigma, many members from the LGBTQ community are denied access to necessary healthcare (Malaw, 2021). In Uganda, there are reports of healthcare workers providing patient information to the state to arrest LGBTQ patients (UK Home Office, 2022). Some patients are beaten in clinics when they seek medical assistance. In Mozambique, medical staff have been reported to chastise and threaten LGBTQ patients (US Department of State, 2019). In some countries, healthcare workers are asked by the state to perform forced anal examinations to provide evidence of homosexual activities. In Uganda, for example, as documented by HRW in 2019, the police carried out two mass arrests for suspected LGBTQ members and forced at least 16 to undergo anal examinations (HRW, Uganda, 2019). The UN Special Rapporteur on Torture, The Committee against Torture (CAT) and the UN working Group on Arbitrary Detention have described these medically unnecessary exams as torture and ill-treatment (UNHRC, 2016). These practices can be considered to meet the definition of torture as these states have laws set up to target and punish LGBTQ people based on sexual and gender identity subjecting them to pain and suffering. And health care systems participate in these practices by identifying LGBTQ individuals and performing cruel, unnecessary medical exams that themselves constitute torture and ill-treatment.

4. State violence against asylum seekers

Refugees and asylum seekers are a vulnerable

population with increased risks of experiencing discrimination, violence, and other human rights violations (Amnesty International, 2022). One recent governmental practice against asylum seekers that meets the definition of torture (and arguably crimes against humanity) is that of the forced separation of families seeking asylum at the US southern border that occurred in 2018 (Seville & Rappleve, 2018). As described in a 2020 PHR investigation, in 2018, under the Trump administration, the family separation policy was established to ostensibly deter illegal immigration (PHR, 2020). Under this policy, state officials were authorized to separate children from their parents while deciding whether the parents' asylum claims were credible. Most adults were held in federal jails or deported, without being informed where their children were held or allowed contact with them (PHR, 2020). More than 5,400 children were separated from their parents over this time period (AP-NBC News, *2022)*.

PHR clinicians conducted Istanbul Protocol-based medico-legal assessments of 17 adults and nine children who had been separated under the policy for an average of 60-69 days to evaluate the psychological impact that separation had on them and their families (PHR, 2020). At the time of the evaluations, all but one individual had been reunited with their family members. The clinicians found that all individuals examined had symptoms consistent with Post-Traumatic Stress Disorder (PTSD), and the majority met criteria for at least one mental health disorder, such as major depression, generalized anxiety disorder, and PTSD that were all linked to the trauma of family separation. Four adults reported cruel, degrading treatment after asking about the whereabouts of their children. PHR found the family separation policy, apart from being cruel and inhumane, also met the definition of torture. The US government intentionally caused severe pain and trauma to families in a discriminatory fashion to intimidate them and deter others from seeking asylum in the US.

In Greece, government border agents have also used violence to deter asylum seekers from even reaching the country's border. According to a HRW report, asylum seekers attempting to reach the border between Greece and Turkey were fired upon by Greek police officers, soldiers, and special forces agents with tear gas, rubber bullets, and even live bullets (HRW, 2020). One Turkish asylum seeker said he was shot in the leg and there have been unverified claims that at least three Turkish citizens were shot and killed by Greek border agents. Even if asylum seekers reached the border, their safety from state violence was not guaranteed. There have been multiple documented cases of sexual assault by Greek forces on asylum seekers in search and seizure situations. For example, in one case a man told HRW that his wife's breasts were touched during a search by Greek state agents and when he tried to stop them, they beat him with a metal bat and beat his 2-year-old daughter with a plastic rod. Other cases included asylum seekers being stripped down to their underwear before being forced to swim back across the river to Turkey. As in the case of US border officials, Greek officials intentionally inflicted harm on asylum seekers from Turkey in an attempt to intimidate them, coerce them to leave Greece, and deter others from seeking asylum in Greece.

C. Recommendations for key potential areas of future work for clinicians, health and human rights researchers and advocates to elucidate and help address these abuses.

Marginalized persons are at higher risk of undergoing torture both in carceral settings and in non-carceral settings including in their

own communities. Notably, the UN Committee against Torture has recognized that the Convention imposes a heightened obligation on states parties to protect marginalized persons from such risk (Committee against Torture, 2022). The UN Special Rapporteur on Torture has likewise called on states to "ensure special protection of minority and marginalized groups and individuals as a critical component of the obligation to prevent torture and ill-treatment," and to interpret the "torture protection framework" with particular reference to human rights norms prohibiting discrimination and protecting vulnerable persons (*Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, Juan E. Méndez, 2013). As the above examples illustrate, however, there is an urgent need to provide rigorous evidence to underpin efforts to achieve accountability for state actions constituting TCIDT that occurs outside carceral settings and targets individuals living in poverty and other socially marginalized persons.

Clinicians trained in the rigorous documentation of torture and ill-treatment can play a critically important role in such efforts. As the World Medical Association (WMA) declared in a 2007 resolution

> *[T]he careful and consistent documentation and denunciation of torture or cruel, inhuman or degrading treatment by physicians contributes to the human rights of the victims and to the protection of their physical and mental integrity. The absence of documentation and denunciation of these acts may be considered as a form of tolerance thereof (The World Medical Association, 2022).*

The introduction and wide international acceptance of the Istanbul Protocol (IP) has led to IP-trained clinicians worldwide who conduct IP-based medico-legal evaluations. Their medico-legal affidavits have enhanced efforts to achieve accountability for the perpetration of torture in carceral settings and accountability for sexual and gender-based violence as a form of torture (UN CEDAW, 2017). And IP medico-legal affidavits have significantly increased the success of asylum-seeker claims for asylum, in the United States increasing success rates up to three times more than if there is no such corroboration (Atkinson et al, 2021).

Rigorous IP-based medical documentation outside of carceral settings can similarly increase public awareness of the physical and psychological sequelae of state acts such as those highlighted in this paper and to a better understanding of how these acts can also constitute torture. Moreover, IP-trained clinicians can partner with lawyers and human rights experts in strategic litigation and in advocacy denouncing such acts as torture and ill-treatment, seeking to hold perpetrators accountable, and informing legislation and other measures to prevent future human rights violations. A good example of such a partnership can be seen in current efforts to seek accountability and reparations in the United States for those parents and children who suffered from forced separation at the hands of US government border.

More broadly, in line with clinicians' ethical and professional obligations, front-line clinicians who in the course of caring for patients identify that a patient has experienced such abuse should seek informed consent from that patient to make a report or file a complaint to competent, local, national or international entities for further investigation. Toward that aim, especially in countries in which there are credible reports of both carceral and extra-carceral acts of torture and ill-treatment,

it is critically important that physicians and other clinicians who provide health care for vulnerable patients receive training in several key areas. The first is in the identification of different methods of TCIDT and their potential sequelae. The second is in the assessment and documentation of signs and symptoms of torture or ill-treatment in medical records, including correlation between the alleged abuse and the clinical findings. Such high-quality medical documentation can then effectively be used as evidence in later legal or administrative proceedings.

Moreover, many of these state violations affect not only directly targeted individuals but other members of their community. There is a dearth of epidemiological data on the psychological harms of the types of TCIDT noted in this paper, which are often used as means of social control and to terrorize or intimidate others in the same population. Systematic population-based surveys are needed to rigorously examine the broader health impacts on those indirectly involved in the community. The injuries from TCIDT are compounded by the same conditions that make torture more likely to be perpetrated on some populations more than others: poverty and other forms of marginalization that increase vulnerability to illness and disability. Survivors of these state acts often lack access to medical and psychological care. It is critical that there be health care workforce well-trained to recognize and treat health harms from TCIDT and to rigorously document evidence of these harms.

As part of efforts to build just societies and systems in which torture and other forms of ill treatment never occur, we must examine in depth ways in which state practices outside carceral settings, such as the few examples we briefly delineated here, may also constitute TCIDT. Clinicians, legal experts, and other anti-torture advocates should work together to rigorously document, call attention to, and mobilize to achieve accountability for and prevent such practices.

References

Amnesty International. (2022). Cambodia: Authorities must avert COVID-19 humanitarian crisis. *Amnesty International.*

Amnesty International. (2022). *USA: "They did not treat us like people": Race and migration-related torture and other ill-treatment of Haitians seeking safety in the USA. Amnesty International.*

Atkinson, H. G., Wyka, K., Hampton, K., Seno, C. L., Yim, E. T., Ottenheimer, D., & Arastu, N. S. (2021). Impact of forensic medical evaluations on immigration relief grant rates and correlates of outcomes in the United States. *Journal of Forensic and Legal Medicine*, *84*, 102272. https://doi.org/10.1016/j.jflm.2021.102272

Burgers, J. H., & Danelius, H. (1990a). The United Nations Convention Against Torture. A Handbook on the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. *Verfassung Und Recht in Übersee*. https://doi.org/10.5771/0506-7286-1990-1-95

Burgers, J. H., & Danelius, H. (1990b). The United Nations Convention Against Torture. A Handbook on the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. *Verfassung Und Recht in Übersee*. https://doi.org/10.5771/0506-7286-1990-1-95

Cakal, E., Jefferson, A. M., & Martin, T. D. (2021). Danielle Celermajer, The Prevention of Torture: An Ecological Approach. *Punishment & Society*, 146247452094193. https://doi.org/10.1177/1462474520941938

Cambodia - United States Department of State. (2023, April 25). United States Department of State. https://www.state.gov/countries-areas/cambodia/

Çelebi, E., Adam-Troian, J., & Mahfud, Y. (2022). Positive Links Between Exposure to Police Violence, PTSD, and Depression Symptoms Among Yellow Vests Protesters in France. *Journal of Interpersonal Violence*, *37*(5–6), 2267–2288. https://doi.org/10.1177/0886260520935863

Cooper, H. L., Moore, L. L., Gruskin, S., & Krieger, N. (2004). Characterizing Perceived Police Violence: Implications for Public Health. *American Journal of Public Health*, *94*(7), 1109–1118. https://doi.org/10.2105/ajph.94.7.1109

DeVylder, J. E., Fedina, L., & Link, B. G. (2020).

Impact of Police Violence on Mental Health: A Theoretical Framework. *American Journal of Public Health*, *110*(11), 1704–1710. https://doi.org/10.2105/ajph.2020.305874

European Court of Human Rights (2011). M.S.S. v. Belgium and Greece, App. No. 30696/09

European Court of Human Rights (2015). Identoba and Others v. Georgia, App. No. 73235/12

Feds report over 1,200 children separated at border. (2019, October 25). [Video]. NBC News. https://www.nbcnews.com/news/us-news/more-5-400-children-split-border-according-new-count-n1071791

Grainger, J. (2022, May 27). Shock over Brazil police "torture, executions" in drug raid. *Buenos Aires Times*. https://www.batimes.com.ar/news/latin-america/shock-over-brazil-police-torture-executions-in-drug-raid.phtml

Human Rights Watch. (2021).Cambodia: Lockdowns Hit Low-Income Families Hard.

Human Rights Watch. (2021). Cambodia: Scrap Abusive Covid-19 Prevention Bill.

Human Rights Watch. (2023). Greece: Violence Against Asylum Seekers at Border.

Human Rights Watch. (2023). "Kettling" Protesters in the Bronx.

Human Rights Watch. (2016). "Take Away That Filth."

Human Rights Watch. (2020). Uganda: Stop Police Harassment of LGBT People.

Human Rights Watch. World Report 2022. (2023)

Health and Human Rights Info. (2021, January 26). *Attacking the Root Causes of Torture Poverty, Inequality and Violence - HHRI*. HHRI. https://www.hhri.org/publication/attacking-the-root-causes-of-torture-poverty-inequality-and-violence/

Iacopino, V., Haar, R. J., Heisler, M., Lin, J., Fincancı, Ş. K., Esdaile, C., Modvig, J., Sveaass, N., Nathanson, V., Melzer, N., & Cohen, J. (2022). Istanbul Protocol 2022 empowers health professionals to end torture. *The Lancet*, *400*(10347), 143–145. https://doi.org/10.1016/s0140-6736(22)00948-5

Immigration, U. V. A. (2022). Uganda: country policy and information notes. *GOV.UK*. https://www.gov.uk/government/publications/uganda-country-policy-and-information-notes

Interamerican Court of Human Rights (ICHR). (2020). Corte Interamericana de Derechos Humanos Caso Azul Rojas Marin y Otra vs. Peru. Organization of American States.

ICHR. (2010). Rosendo Cantu et al vs Mexico. Organization of American States.

Jensen, S. (2017). *Corruption and Torture: Violent Exchange and the policing of the urban poor*. Aalborg University's Research Portal. https://vbn.aau.dk/en/publications/corruption-and-torture-violent-exchange-and-the-policing-of-the-u

Méndez, J. E. (2015, March 5). *Report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Juan E. Méndez :: addendum*. United Nations Digital Library System. https://digitallibrary.un.org/record/793910?ln=en

Muñoz, C. (2023a). "Good Cops Are Afraid." In *Human Rights Watch*. https://www.hrw.org/report/2016/07/07/good-cops-are-afraid/toll-unchecked-police-violence-rio-de-janeiro

Muñoz, C. (2023b). "Good Cops Are Afraid." In *Human Rights Watch*. https://www.hrw.org/report/2016/07/07/good-cops-are-afraid/toll-unchecked-police-violence-rio-de-janeiro

NIMHD Insights Blog Posts: 2023. (2021, March 2). NIMHD Insights Blog. https://nimhd.blogs.govdelivery.com/2021/03/02/nimhd-director-statement-in-support-of-nih-efforts-to-address-structural-racism/

Oette, L. (2021). The prohibition of torture and persons living in poverty: from the margins to the centre. *International and Comparative Law Quarterly*, *70*(2), 307–341. https://doi.org/10.1017/s0020589321000038

OHCHR. (n.d.-a). *General recommendation No. 35 (2017) on gender-based violence against women, updating general recommendation No. 19 (1992)*. https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-recommendation-no-35-2017-gender-based

OHCHR. (n.d.-b). *Special Rapporteur on torture*. https://www.ohchr.org/en/special-procedures/sr-torture

Pérez-Sales, P. (2018). Ill-treatment and torture in demonstrations and other noncustodial settings. How can academic research help in the discussion? *Tórture*. https://doi.org/10.7146/torture.v28i1.105473

Physicians for Human Rights (Feb. 2020), You Will Never See Your Child Again.

Physicians for Human Rights (Apr. 2021) Expert Statement on Individual and Community Effects from Trauma Due to NYPD Use of Force in Response to the Mott Haven Protest on June 4, 2020.

Rio, D. G. (2016, July 28). *Relatório final da CPI dos Autos de Resistência da Alerj é aprovado*. Rio De Janeiro. http://g1.globo.com/rio-de-janeiro/noticia/2016/07/relatorio-final-da-cpi-dos-autos-de-resistencia-da-alerj-e-aprovado.html

Rio, D. G. N. (2015, June 22). *MP vai investigar*

participação do Bope no Caso Amarildo. Rio De Janeiro. https://g1.globo.com/rio-de-janeiro/noticia/2015/06/mp-vai-investigar-participacao-do-bope-no-caso-amarildo.html

Rosendo Cantú et al. v. Mexico | IACHR. (n.d.). https://iachr.lls.edu/cases/rosendo-cant%C3%BA-et-al-v-mexico#:~:text=Valentina%20Rosendo%20Cant%C3%BA%2C%20a%20girl,violation%20of%20the%20American%20convention.

Texas Tribune: Immigrant toddlers ordered to appear in court alone. (2018a, June 29). [Video]. NBC News. https://www.nbcnews.com/storyline/immigration-border-crisis/trump-admin-ran-pilot-program-separating-migrant-families-2017-n887616

Texas Tribune: Immigrant toddlers ordered to appear in court alone. (2018b, June 29). [Video]. NBC News. https://www.nbcnews.com/storyline/immigration-border-crisis/trump-admin-ran-pilot-program-separating-migrant-families-2017-n887616

UN. Committee on Economic, Social and Cultural Rights (25th sess. : 2001 : Geneva). (2001a, May 13). *Substantive issues arising in the implementation of the International Covenant on Economic, Social and Cultural Rights :: poverty and the International Covenant on Economic, Social and Cultural Rights : statement /: adopted by the Committee on Economic, Social and Cultural lRights on 4 May 2001*. United Nations Digital Library System. https://digitallibrary.un.org/record/442869?ln=en

UN. Committee on Economic, Social and Cultural Rights (25th sess. : 2001 : Geneva). (2001b, May 13). *Substantive issues arising in the implementation of the International Covenant on Economic, Social and Cultural Rights :: poverty and the International Covenant on Economic, Social and Cultural Rights : statement /: adopted by the Committee on Economic, Social and Cultural lRights on 4 May 2001*. United Nations Digital Library System. https://digitallibrary.un.org/record/442869?ln=en

United Nations High Commissioner for Refugees. (n.d.). *Refworld | General Comment No. 2: Implementation of Article 2 by States Parties*. Refworld. https://www.refworld.org/docid/47ac78ce2.html

Watts, J. (2015, August 3). Brazil: Rio police charged over torture and death of missing favela man. *The Guardian*. https://www.theguardian.com/world/2013/oct/03/brazil-rio-police-charged-death-missing-man

What is the definition of torture and ill treatment? (n.d.). https://www.icrc.org/en/doc/resources/documents/faq/69mjxc.htm

WMA - The World Medical Association-WMA Statement on the Responsibility of Physicians in the Documentation and Denunciation of Acts of Torture or Cruel or Inhuman or Degrading Treatment. (n.d.). WMA - the World Medical Association-WMA Statement on the Responsibility of Physicians in the Documentation and Denunciation of Acts of Torture or Cruel or Inhuman or Degrading Treatment. https://www.wma.net/policies-post/wma-resolution-on-the-responsibility-of-physicians-in-the-documentation-and-denunciation-of-acts-of-torture-or-cruel-or-inhuman-or-degrading-treatment

"You Will Never See Your Child Again:" The Persistent Psychological Effects of Family Separation | Immigration Research Library. (n.d.). https://www.immigrationresearch.org/node/3030