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https://doi.org/10.7146/torture.v36i1.167351 *Editorial*

Coercion without contact: New technologies and the boundaries of torture

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Key points of interest

- Technologically mediated coercion can produce severe suffering without direct physical contact. Surveillance, exposure, radical uncertainty, reputational destruction, automated exclusion, and induced vulnerability may erode agency, identity, relational life, and collective belonging.
- The torture/CIDT threshold must be assessed cumulatively and contextually. In digital and AI-mediated environments, harm may be diffuse, persistent, opaque, collective, and difficult to attribute to a single perpetrator, but still legally and clinically significant.
- Accountability requires linking human-rights law with power analysis. State and private infrastructures of surveillance, profiling, manipulation, and social control increasingly operate together, requiring updated documentation, survivor-centred assessment, and clearer standards for distributed responsibility.

Abstract

Introduction: This editorial revisits Internet and Communications Ill-Treatment and Torture in light of generative AI, biometric surveillance, spyware, automated inference, neurotechnology, and platform-based coercion. It asks how new technologies reshape the boundaries between coercion, cruel, inhuman or degrading treatment, and torture. *Methodology*: The paper uses conceptual analysis, typology-building, and normative human rights interpretation, informed by a purposive interdisciplinary review. *Results*: The editorial proposes a three-layer framework organised around the human need under attack, the method through which harm is produced, and the site where coercion occurs. It identifies three overlapping domains: mental-directed interventions, social control, and social influence. Across scenarios including technologically assisted interrogation, protest policing, e-carceration, border governance, armed conflict, and digital authoritarianism, the analysis shows that technologically mediated coercion may produce severe suffering without direct physical contact. Harms may arise through surveillance, exposure, radical uncertainty, reputational destruction, isolation, automated exclusion, manipulation of perception, and induced vulnerability. The paper argues that severity should be assessed cumulatively and contextually, including impacts on agency, identity, relational life, collective belonging, and conditions of existence. It also highlights the difficulty of attribution when states, companies, platforms, vendors, data brokers, and automated systems jointly produce coercive environments. Existing human rights frameworks remain relevant but require doctrinal refinement, stronger accountability tools, and better methods for documenting diffuse, opaque, and collective harms. *Conclusion*: Torture and ill-treatment do not end where screens begin; technological mediation requires updated legal, clinical, and evidentiary frameworks.

At Torture Journal, we provide a platform for conceptual debate and for exploring practical responses—particularly in rehabilitation and accountability—to emerging forms of coercion, ill-treatment, and torture.

An earlier editorial (Pérez-Sales & Serra, 2020) proposed the concept of Internet and Communications Ill-Treatment and Torture (ICIT) to capture forms of severe psychological suffering intentionally produced, instigated, or aggravated through digital and communication technologies for purposes analogous to those recognised under the UN Convention against Torture (UNCAT). That piece argued that digitally mediated abuse could generate torturing environments by acting through two main pathways: fear-producing practices, such as threats, surveillance, monitoring, and real-time control, and identity-targeting practices, such as doxxing, defamation, exposure, humiliation, and public degradation. It also highlighted several features that made these harms especially severe: anonymity and impunity, mediated interaction, multiplicity of aggressors, permanent stress, and the persistence of a digital footprint that transforms humiliation into enduring shame.

However, that framework was developed at a moment when many technologies that now shape contemporary coercion were still incipient or marginal, and before the widespread social and political impact of generative artificial intelligence (AI), large-scale automated inference, synthetic media, commercial spyware ecosystems, and increasingly sophisticated brain-computer and neurotechnological interfaces.

The present editorial therefore revisits and expands that initial framework in three directions: first, by moving beyond predominantly individualised internet harassment toward collective, environmental, and systemic forms of coercion; second, by incorporating the role of new technologies and specifically generative AI in the production of suffering and control; and third, by examining more closely the legal and ethical framework and the problems of distributed responsibility, opacity, and evidentiary difficulty that arise.

The argument proceeds in four steps. First, it proposes a framework structured around three analytical dimensions - target, method, and site - and three operative domains: mental-directed interventions, social control, and social influence. It illustrates this framework through scenarios and tables designed as heuristic tools rather than exhaustive classifications. Second, it revisits the question of severe suffering and technologically mediated harm in situations that are often cumulative, environmental, and identity-affecting. Third, it examines the legal implications, including distributed responsibility, the adequacy of existing human rights frameworks, and the relevance of emerging AI regulation. Fourth, and derived from all the above, it proposes some guiding ideas on the distinction between CIDT and torture in technologically mediated coercion.

The purpose of this review is not to offer a dystopian account in which AI appears solely as a source of risk. AI can also support human rights monitoring, documentation, analysis, and accountability. Used cautiously, it may strengthen anti-torture work—not by replacing investigators, clinicians, or legal judgment, but by extending evidentiary reach and reducing blind spots. Machine-learning tools can process satellite imagery, open-source material, media reports, and multilingual data to detect destruction, detention-related patterns, and spikes in violence or hate speech, supporting early warning and targeted inquiry (Bachelet, 2018; Dulka, 2023). Current applications include, for instance, detecting village destruction in Darfur, monitoring violence in Myanmar, tracking death penalty cases, forecasting displacement, facilitating the analysis and translation of testimonies, and reducing secondary trauma by filtering graphic material (Marin, 2020; Dulka, 2023). More broadly, these technologies can help build and analyse datasets on violations, identify trends and gaps, and cross-check findings against independent sources (Bachelet, 2018).

Methodologically, the editorial combines conceptual analysis, typology-building, and normative human rights interpretation, informed by a purposive interdisciplinary review of scholarship and institutional sources. Its aim is not to provide an exhaustive systematic review, but to clarify categories, identify neglected domains, and propose a framework for assessing technologically mediated coercion in relation to torture and CIDT. The aim is theory-building and conceptual clarification.

For the purposes of this review, and following ICRC (2019), OHCHR (2022,2024a, 2024b, 2025) and the European Union Agency for Fundamental Rights (2023), new technologies refers to emerging or newly integrated systems of surveillance, inference, automation, biometric and neurophysiological capture, communication control, and behavioural or environmental modulation that reshape how coercion, suffering, and accountability are produced and distributed. In the context of torture and CIDT, what makes them "new" is not novelty alone, but their capacity to create qualitatively new, intensified, scalable, less visible, or more diffused forms of coercion.

Considering the legal definition of torture in the UN Convention, the analysis focuses on coercion rather than on a comprehensive list of purposes. While the Convention mentions examples such as obtaining information or self-incrimination, humiliation, punishment, or discrimination, these are not exhaustive, and coercion can be understood as a meta-purpose that helps structure the analysis. Coercion is used here as an

analytic lens to organise the inquiry, not as a substitute for the legal elements of torture under the UNCAT.

Analytical dimensions

To provide a parsimonious way of organising the growing literature, we group the analysis into three dimensions: target, method, and site (or context).

1. **Targeted human need:** If emerging technologies are understood as systems of coercion acting on individuals and human groups, the first level of analysis is the human needs they target – the dimension of human existence under attack. A number of key axes can be identified. These include: (1) bodily integrity and physiological regulation; (2) safety and basic security, including exposure to unpredictability, threat, surveillance, arbitrary intervention, and other technologies that undermine the sense of safety; (3) agency, autonomy and cognitive coherence, encompassing orientation, the capacity to understand and reflect on what is happening, and the ability to make choices, give or withhold consent, take initiative, maintain privacy and personal boundaries, and retain ownership over one's body and mind, including the capacity to resist; (4) identity, dignity and selfhood, including self-respect, gender and cultural identity, moral integrity, religious and political identity, and continuity of self; (5) attachment, trust and relational bonds, such as family ties, solidarity, peer support, care, trust in others, communication, and structures of dependence; and (6) social belonging and collective existence, including community life, reputation, leadership, intergenerational continuity, and political participation (Pérez-Sales, 2026).
2. **Method:** The second level of analysis concerns how emerging technologies act upon individual and collective needs. Modes of harm may be informational, relational, sensory, neural, bodily, or environmental, often operating in combination. Technologies may, for example, alter sensory input, interfere with neural processes, constrain bodily functions, or shape physical and digital environments in ways that undermine basic conditions of life (OHCHR, 2022, 2024, 2025).

   These interventions are typically used to identify and profile individuals or groups, predict behaviour or risk, isolate or fragment social ties, manipulate perception or emotion, punish or degrade, incapacitate, induce compliance, or extract information or confessions. In practice, these functions are rarely discrete and tend to operate as integrated systems of surveillance, inference, and intervention acting continuously and at scale.

   Together, we propose an analysis that moves from the human function under attack to the mechanisms through which harm is produced, rather than starting from the technologies themselves.
3. **Site or context:** The third level concerns the site or operational context in which these mechanisms are used. This layer situates technologies within the concrete environments where coercion is enacted, normalised, and often rendered invisible. Relevant sites include, but are not limited to, custodial settings (such as prisons, police custody, immigration detention, and psychiatric institutions); public-order contexts (including protests and crowd-control environments); border and migration regimes (transit zones, camps, and deportation processes); clinical and care settings (hospitals, residential institutions, and disability services); digital and hybrid environments (online platforms, communication networks, and systems of remote monitoring); and conflict or military contexts (battlefields, occupied territories, and security operations).

   Attention to the site is critical because it shapes how technologies operate, how harm is experienced, and how accountability is obscured or enforced. The same mechanism—such as surveillance, isolation, or behavioural manipulation—may have profoundly different meanings and effects depending on whether it occurs in a prison, a refugee camp, a home, or a digitally mediated environment. The analysis should be embedded in context, perspective, and conditions, rather than abstract and universal.

Three domains of technologically mediated coercion

We identify three domains of coercion, integrating target, method, and context (see Table 1). The three dimensions in the previous section provide the analytical lens; the three domains that follow are the substantive fields in which that lens is applied.

– **Mental-directed interventions** refer to technologies designed to monitor, infer, extract, alter, bias, induce, or modulate mental states or their physiological proxies. What characterises this domain is its direct orientation toward mental privacy, autonomy, freedom of thought, and mental integrity. In contexts of detention, interrogation, policing, or coercive governance, such interventions are particularly significant, as they may weaken resistance, enable the extraction of information, shape decision-making, and expand the means through which individuals are rendered compliant, vulnerable, or exposed to abuse.

- **Social control** refers to the use of digital, data-intensive, and AI-enabled technologies to render individuals and populations visible, identifiable, classifiable, trackable, and governable. It concerns the production and use of knowledge about who people are, where they are, what they may do, and what may be done to them. In contexts relevant to ill-treatment and torture, these systems may facilitate selective targeting, arrest, isolation, and other coercive measures, as well as the construction of conditions in which abuse becomes easier to inflict and more difficult to contest.
- **Social influence** refers to the use of digital and platform-based technologies to shape perceptions, beliefs, emotions, attention, behaviour, participation, and social relations through persuasion, manipulation, disinformation, intimidation, or reputational pressure. It is oriented toward influencing what people think, feel, trust, fear, or are willing to do, at the individual, group, or broader community level.

These three domains are analytically distinct but might overlap: surveillance and profiling can feed targeted persuasion; spyware can both extract information and generate fear; and neurotechnology may be embedded in wider systems of monitoring and behavioural management. Furthermore, AI propaganda can identify psychological vulnerabilities and disseminate personalised content to shape perception and behaviour without resorting to "brain reading" technologies.

The tables that follow are intended as a heuristic map rather than as separate inventories. Table 1 provides a synthetic overview of the three domains of coercion; Table 2 situates the framework in concrete scenarios; and Tables 3–5 unpack the three domains in greater detail. They are meant to be read relationally, as different entry points into the same coercive field.

Scenarios of coercion

Technologically assisted interrogation and compliance

The use of technology to assist interrogation is not new, but its scope has expanded substantially (High-Value Detainee Interrogation Group, 2016). The traditional polygraph — measuring heart rate, respiration, and galvanic skin response — has long been contested on scientific grounds and is inadmissible in most legal systems. What is new is the range and invasiveness of the technologies now deployed or proposed, and the shift toward AI-assisted systems capable of processing multiple physiological and behavioural signals simultaneously.

Current and emerging technologies fall into four categories (Table 2 and 3). The first is peripheral psychophysiological monitoring: devices that record autonomic responses — skin conductance, heart rate variability, facial temperature changes via thermal imaging — to infer deception, stress, or concealed knowledge. The second is neural acquisition: EEG-based systems that detect the P300 brainwave response, which occurs when a person recognises certain stimuli even while verbally denying it; and fMRI-based approaches that attempt to identify neural correlates of deception through blood-flow patterns in prefrontal regions associated with cognitive control[1]. The third is behavioural and linguistic analysis: AI systems that process micro-expressions, gaze patterns, voice stress, speech content, and body language to generate credibility scores or flag deception. Systems such as AVATAR have been tested in border control and security contexts (Kalodanis, 2025). The

1 P300-based EEG systems (sometimes called Brain Fingerprinting) and fMRI deception detection have both been subject to admissibility proceedings in criminal courts. Neither has achieved general scientific or legal acceptance. For a comprehensive technical review, see Elbatanouny et al. (2025). For the legal framework governing coercive brain-reading in European criminal justice, see Ligthart (2022).

***Table 1**. Ill-treatment and torture in technologically advanced societies*

Mental directed interventions Surveillance/manipulation of cognitive, affective or other neural functions.	**Social control** Technologically mediated monitoring and population control.	**Social influence** Digitally mediated coercion and Digital authoritarianism
1. Mental privacy: Acquisition and monitoring methods. 2. Mental State modulation and manipulation.	1. Data collection, interception, and device access 2. Identification and tracking 3. Profiling prediction and social sorting. 4. Connectivity, service, and digital access control	1. Disinformation and narrative control 2. Covert persuasion and behavioural influence 3. Harassment, intimidation, and reputational harm

Table 2. *Scenarios of technologically mediated coercion*

Technologically assisted interrogation and compliance

- Peripheral psychophysiological monitoring (skin conductance, heart rate, thermal imaging)
- Neural acquisition: EEG/P300 recognition response; fMRI deception detection
- Behavioural and linguistic analysis: micro-expressions, gaze, voice stress; AI credibility scoring
- AI-assisted protocol optimisation: question sequencing and condition management to maximise pressure
- Real-time physiological monitoring to sustain interrogation conditions and calibrate vulnerability

Crowd control, population surveillance, and the right to protest

- Mass surveillance, real-time identification and facial recognition at protest
- Predictive profiling, pre-emptive targeting, and post-protest retrospective tracking and prosecution
- Less lethal and directed energy weapons: kinetic impact projectiles, chemical irritants, acoustic devices, drones
- Digital reprisals: blacklisting, harassment, and isolation of activists after protest

E-carceration

- Technology-assisted prisons and closed institutions: cameras and body imaging, permanent surveillance, remote hearings, automated restriction systems
- Electronic monitoring & remote custody – house arrest

Border governance and mobility control

- Data mining and sharing
- Use of drones and GPS tracking with preventive interception and deterrence. Identity checking with biometrics, including facial recognition
- Psychophysiological "lie-detector" devices
- Algorithmic risk assessments and automated analysis and decision-making of visa and asylum applications

Warfare and armed conflict

- AI-assisted targeting and autonomous weapon systems
- Fifth-Generation Warfare (5GW): psychological operations, disinformation, narrative control, identity manipulation
- Cyber-physical attacks on civilian infrastructure and essential life systems

fourth is AI-assisted protocol optimisation: algorithmic systems that recommend interrogation schedules, condition management, and question sequencing designed to maximise psychological pressure and exploit detected vulnerabilities.

Beyond detection, these technologies have a second function: managing the conditions of interrogation itself. Real-time physiological monitoring can be used to sustain alertness, calibrate stress levels, and signal to interrogators when a subject is at maximum psychological vulnerability — transforming medical monitoring into an instrument of coercive control.

From a human rights perspective, these technologies raise concerns at several levels. Where they are used coercively — without meaningful consent, in conditions of detention, or to extract information under duress — they constitute a direct attack on mental privacy and cognitive liberty (Ligthart, 2022; Dore-Horgan et al., 2026). Even where their stated purpose is assessment rather than coercion, the conditions of detention render genuine voluntariness impossible. The scientific validity of most systems remains contested: accuracy rates achieved in controlled laboratory conditions do not transfer reliably to real interrogation settings, and false positives impose severe consequences on the persons concerned (High-Value Detainee Interrogation Group, 2016; Elbatanouny et al., 2025)[2]. The

2 The baseline scientific review of interrogation methods — including a systematic evaluation of the evidence for

***Table 3**. Mental-directed interventions: Monitoring, inference, and modulation of mental states and neural functions*

Mental – directed interventions	
Methods	**Purposes related to ill-treatment and torture (selected examples)**
1. Mental privacy: Acquisition and monitoring methods · Neural acquisition technologies ("brain reading"). obtaining neural signals or decoding mental content/states from the brain. Detect mental data: intention, recognition, memory-related signals, arousal, cognitive load, or other inferred mental data. · Peripheral psychophysiological monitoring. Monitoring non-neural bodily correlates (peripheral indicators) linked to mental, affective, or attentional states: autonomic, behavioural, facial, ocular, or voice-linked indicators. 2. Mental State modulation and manipulation. · Neural modulation technologies ("brain writing"). Altering, biasing, or inducing mental states through direct neural intervention. Targeting cognition, attention, affective responses, memory, pain perception, or responsiveness, among others. · Non-neural modulation of cognition and affect. Psychophysiological manipulation systems, sensory or digitally mediated modulation techniques that produce arousal, fear, stress, or other specific psychophysiological-mediated mental states.	1. Interrogation of detainees – Using extraction or inference methods to support questioning, assess recognition, infer reactions, or claim access to concealed mental content. Directing interrogations and unconsented or coercive credibility analysis. 2. Surveillance, profiling and vulnerability mapping. Using monitoring or inference to classify persons, detect states, map susceptibilities, or target interventions against persons. 3. Incapacitation, disorientation, or weakening of resistance. Using modulation methods to impair self-regulation, affective stability, attentional control, or the capacity to resist.
Technologies (examples): Brain-computer interfaces, either implant-based (neuro-implants) or read-out systems (sensors).	

use of these technologies against racialised and marginalised groups compounds pre-existing patterns of discriminatory enforcement (Noriega, 2020).

Crowd control, population surveillance, and the right to protest

The policing of public assemblies has become a primary site for the convergence of surveillance, physical coercion, and retrospective repression, each increasingly technology-mediated and mutually reinforcing (Table 2).

Before and during a protest, digital systems serve identification, profiling, and preemption. Facial recognition technology, drones, AI-assisted video analysis, and mass biometric collection are deployed to identify participants and build searchable records that transform political participation into traceable data (OHCHR, 2024a; Amnesty International, 2024). The chilling effect of such surveillance — deterring participation even before any coercive act occurs — is itself a harm to assembly rights (Special Rapporteur on Peaceful Assembly and Association, 2024). Predictive policing tools are used to pre-empt gatherings through targeted interventions, while retrospective tracking enables prosecution and blacklisting of participants long after a protest ends (Melgaço & Monaghan, 2021; Amnesty International, 2025)

Physical dispersal continues to rely on less-lethal weapons whose designation obscures serious documented harms. Kinetic impact projectiles, chemical irritants, water cannon, stun grenades, acoustic devices, and drone-deployed dispersal systems have caused thousands of serious injuries, permanent disabilities, and deaths globally (INCLO, PHR & Omega Research Foundation, 2023; Omega Research Foundation & Amnesty International, 2023; McEvoy, Corney & Haar, 2024).

After a protest, digital traces enable targeted follow-up: footage analysed to identify participants, social media monitored for organisational networks, and databases used to flag activists for subsequent harassment or criminalisation. This post-event repression extends coercive control well beyond the moment of physical dispersal (Avis, Marciniak & Sapignoli, 2024).

physiological and behavioural credibility assessment — remains the High-Value Detainee Interrogation Group (2016) report, which concluded that no available technology reliably distinguishes truthful from deceptive responses across operationally realistic conditions.

E-carceration

Smart prison systems may reduce direct staff-prisoner contact, replace visits and legal encounters with digital substitutes, and intensify forms of hyper-visibility and behavioural regulation. Electronic monitoring similarly extends custody into the community through GPS tracking, geo-fencing and condition-based liberty (Table 2). These developments do not amount in themselves to torture, but they may contribute to cruel, inhuman or degrading treatment where they produce chronic surveillance stress, isolation, humiliation, erosion of autonomy, or the systematic reduction of meaningful human contact (Malek et al., 2023; McKay, 2021).

Border governance and mobility control

The growing use of AI and related systems to identify, classify, predict, and filter mobile populations are used not only for border surveillance, but for broader mobility management: identity verification, visa and asylum screening, profiling, risk scoring, biometric registration, and prediction of migratory flows (Office of the United Nations High Commissioner for Human Rights, & University of Essex, 2023; IOM, 2021). These systems do not simply record movement; they sort individuals into categories of suspicion, admissibility, or removability, often through opaque and weakly contestable automated decisions (Beduschi, 2021). While not amounting to torture per se, they may contribute to cruel, inhuman or degrading treatment where they generate prolonged uncertainty, fear, dehumanisation, family separation, or exposure to severe vulnerability and coercion.

Warfare and armed conflict

Contemporary warfare illustrates how the three domains — mental-directed interventions, social control, and social influence — can converge and be deployed simultaneously against both combatants and civilian populations.

The first domain concerns AI-assisted targeting and autonomous weapon systems: platforms that, once activated, can select and engage targets without further human intervention. These systems raise acute questions under international humanitarian law regarding distinction, proportionality, and precaution, and create new forms of distributed accountability in which responsibility for civilian harm is fragmented in ways existing legal frameworks are poorly equipped to address (ICRC, 2026; Human Rights Watch, 2025)[3].

The second domain is what military analysts describe as fifth-generation warfare (5GW): conflict conducted primarily through the manipulation of perception, identity, and shared reality, using psychological operations, disinformation, and social engineering at a population scale (Krishnan, 2016, 2024). AI accelerates this domain substantially, enabling the personalisation and mass delivery of narrative manipulation, coordinated cognitive disruption, and the systematic erosion of trust and epistemic coherence in target populations.

The third domain involves cyber-physical attacks on civilian infrastructure: deliberate disruption of power, water, health, and communications systems that degrade the conditions necessary for civilian survival and dignity. Where sustained and deliberate, such attacks may constitute cruel, inhuman or degrading treatment of civilian populations, or contribute to torturing environments in the sense used here[4].

Across all three domains, questions of attribution, cumulative harm, and distributed responsibility arise with particular intensity.

Digitally mediated coercion and digital authoritarianism: Clarifying the terms

The literature has expanded rapidly, but conceptual inflation has often outpaced conceptual precision(Table 1, 4 and 5). Within a broader framework of digitally mediated coercion, it is useful to distinguish several overlapping but analytically distinct domains. *Digitally mediated coercion* refers to the use of digital and socio-technical systems to monitor, infer, influence, restrict, or shape human behaviour, relationships, and conditions of life. Within this field, *digital authoritarianism* describes the use of such technologies by states or political actors to reinforce domination through surveillance, censorship, and behavioural control (Freedom House, 2018; Polyakova & Meserole, 2019), while *digital repression* refers more specifically to practices aimed at silencing, punishing, or neutralising dissent, including activists, journalists, or minority groups (Amnesty International, 2024; Joint Declaration, 2023; Roberts, 2025). Both often require a situated analysis and case-sensitive research, as different states mix technologies and practices tailored to objectives, context, and culture (Lubbers, 2015).

Related concepts help clarify the wider field. *Surveillance capitalism* captures the economic logic of large-scale data extraction and behavioural prediction for commercial purposes

3 On the specific IHL challenges raised by autonomous weapon systems, including the principles of distinction and proportionality, see ICRC (2026) and Human Rights Watch (2025). On neuroweapons and the emerging sixth domain of warfare — the mind itself as a target — see Krishnan (2018, 2024).

4 Cyber-physical attacks on civilian infrastructure have been documented extensively in the Russia-Ukraine conflict and the Genocide in Gaza. Their relationship to IHL prohibitions on attacks against civilian objects, and to the concept of torturing environments, remains an underdeveloped area of legal analysis.

***Table 4**. Social control: Surveillance, identification, and population management*

Social control	
Methods	**Purposes related to ill-treatment and torture (selected examples)**
1. Data collection, interception, and device access · Communications surveillance and interception · Device access and spyware · Public-space and online monitoring (CCTV, drones, among others) · Big-data extraction and fusion across administrative, commercial, telecom, border, and policing datasets.	– Obtain information on persons, groups, routines, vulnerabilities, and plans. Map networks and connections among them. – Identify and track witnesses, lawyers, journalists, opposition leaders or human rights defenders – Collect compromising material for arrest, interrogation, blackmail, intimidation, or selective retaliation – Produce a chilling effect
2. Identification and tracking · Biometric control (face, iris, fingerprint, voice...). · Digital identity systems. · Location and movement tracking · Identity-linked access to services, platforms, or spaces.	– Discriminatory policies. Restrict access to public services (health and education) and democratic rights (participation and voting). – Enable selective targeting, border exclusion, and watch listing. – Identify and track specific individuals across settings and over time – Transform participation in protest, opposition, migration, or community life into searchable, traceable records – building dossiers.
3. Profiling prediction and social sorting. · Profiling and social graph analysis. · Predictive policing. · AI-based risk scoring, watchlists, triage systems, and automated suspicion markers.	– Sort populations into gradients of suspicion, risk, loyalty, or governability. – Prioritize surveillance, raids, detention, questioning, movement restrictions, or coercive interventions. – Shift from individualised suspicion toward anticipatory governance and preventive repression.
4. Connectivity, service, and digital access control · Internet shutdowns, throttling, communications blocking, and selective service disruption. · Account suspension, platform takedowns, device/network disabling, digital exclusion from essential systems.	– Isolate individuals and communities and break coordination, protest logistics, documentation, or mutual support. – Make testimony, reporting, legal assistance, or emergency communication harder or impossible.

(Zuboff, 2019). It also helps explain how personal data harvested for commercial purposes may later become available for state exploitation (Christl, 2017). *Coercive control* refers to forms of domination, often in intimate or closed settings, in which technologies are used to monitor, isolate, and regulate individuals (Stark, 2007; Woodlock, 2017). Across these domains, some uses of technology may reach the threshold of severe suffering, humiliation, or disintegration of agency compatible with torture or other forms of ill-treatment.

State and private power: Hybrid infrastructures of coercion

Torture, as defined by the UNCAT, is anchored in State action. Today, however, the intertwining of public and private actors in systems of coercion demands a wider perspective to avoid overly narrow readings. A recent policy report commissioned by the European Parliament shows that AI-enabled repression is increasingly operating through the fusion of State and private industry surveillance infrastructures, databases and analytic systems (Ünver, 2024)

It also warns against tying algorithmic authoritarianism too rigidly to regime type: systems become authoritarian when used for authoritarian purposes, not only when deployed by formally authoritarian states (Ünver, 2024; Glowacka et al., 2021).

From this perspective, structural bias, discrimination, and repression should not be treated as separate phenomena, but as connected pathways through which automated systems

***Table 5**. Social influence: Shaping perception, behaviour, and social relations*

Social influence	
Methods	**Purposes related to ill-treatment and torture (selected examples)**
1. Disinformation and narrative control · Disinformation campaigns, propaganda, rumour seeding, content flooding, and coordinated inauthentic behaviour (bot/troll networks, fake amplification). · Selective amplification, suppression, or distortion of content, including search/result manipulation and algorithmic visibility management in social networks and media. · Messaging campaigns directed at individuals, groups, or communities to reshape how events, actors, threats, or legitimacy are understood.	– Distort shared reality, confuse verification, and drown out evidence or testimony of witnesses, victims or survivors. – Delegitimise survivors, activists, journalists, minorities, or communities and justify coercive responses against them. – Polarise, fragment, demoralise, or redirect collective action. – Normalise exceptional measures related to control and security by manufacturing threat narratives, panic, or moral discredit.
2. Covert persuasion and behavioural influence · Persuasion/covert influence operations, infiltration, tailored messaging to target groups. · Psychological operations aimed to affect perceptions, attitudes, emotions, or choices in a target audience.	– Alter beliefs, emotions, expectations, or decision-making of the population without overt coercive force. – Discourage protest, reporting, testimony, solidarity, or help-seeking; induce resignation, fear, self-doubt, or compliance. – Trigger reactive behaviours in targeted groups (withdrawal, fragmentation, internal suspicion).
3. Harassment, intimidation, and reputational harm · Public exposure of intimate/confidential data ("Doxxing"), harassment, threats, smear campaigns, blacklists, coordinated mobbing. · Personalised deceptive content such as fabricated chats, voice-cloning, or deepfake material used against identifiable persons or groups.	– Humiliate, terrorise, silence, isolate, or punish a person or group in ways that may persist beyond the initial act. – Break social ties, damage credibility, and make participation in public, legal, or political life costly or dangerous. – Compel self-censorship or social abandonment.

become coercive (Głowacka et al., 2021). In addition, infrastructures initially developed for apparently legitimate purposes—such as data collection in health, education, or social services—may later be repurposed for surveillance, exclusion, and control, including by governments that came to power through formally democratic means (Crowther & McGregor, 2022). What appears benign in one context may, in another, become an instrument of persecution through automated, personalised, scalable, and opaque forms of social control.

This also shows that surveillance, censorship, and propaganda are no longer separate domains. AI can connect them in a single chain: data extraction enables profiling; profiling enables targeted persuasion and disinformation; these shape behaviour and narrow dissent; and the resulting behaviour feeds back into further surveillance and scoring in a self-reinforcing loop. Digital authoritarianism should therefore be analysed not simply as a toolkit of coercive methods, but as an evolving process of governance and domination.

Reconceiving suffering: Harm without pain, injury without contact

One of the most complex issues is the consideration of the traditional focus on the criterion of severe suffering in the UNCAT definition of torture and the need to introduce elements as an aid to interpretation in technologically mediated coercion. The central claim is that the threshold question is often not about immediate pain but about harm: the cumulative reorganisation of agency, identity, relational life, and conditions of existence.

Several substantive aspects are worth bearing in mind here:

***Table 6**. Severe suffering - sources and impacts*

Domain	Impact
Exposure and loss of protection (i.e. surveillance, spyware, public disclosure of information, biometric monitoring, brain-monitoring, among others)	– The person may feel seen through, exposed, penetrated, or unable to withdraw – Fear, helplessness, hypervigilance and obsessive/paranoid reactions – Shame – Loss of agency and self-esteem
Radical Uncertainty – Loss of control over one's life (i.e. not knowing whether one is watched, classified, what information is known, and what this can trigger).	– Uncertainty – anguish – chronic stress – Anticipatory fear – Passivity, self-censorship, blockade, chilling effect – Helplessness - chronic depression
Public debasement – Reputational damage (i.e., permanent digital record or smear campaigns, intimate data, reputational attacks or others)	– Humiliation, shame, self-destructive reactions and suicide attempts – Loss of opportunities (studies, work...) – isolation (family, friends...)Undermining trust – relational breakdown – Suspicion and doubts - Isolation from legal aid, solidarity networks – loneliness, anguish.
Environmental targeting – Isolation (i.e. degrading life conditions, economic autonomy, political independence)	– Loss of agency, exhaustion, self-betrayal – Forced compliance – Guilt – Entrapment, loss of self-direction and other non-clinical/existential harms
Induced vulnerability (i.e. AI-assisted scoring, targeting, tracking)	– Increased exposure to arrest – vulnerability – Cumulative stress and suffering – permanent changes in identity – complex PTSD

***Table 7**. Severe suffering criteria - digital harms*

Domain	Examples of digital harms
1. Bodily and security harms	Digital targeting that facilitates arrest or assault; location tracking for detention or attack; swatting; induced third-party violence.
2. Psychological and epistemic harms	Threats, harassment, stalking, coordinated intimidation, forced exposure to traumatic material, persistent uncertainty, manufactured doubt, erosion of credibility, and manipulation of evidentiary records.
3. Relational and reputational harms	Doxxing, exposure of intimate data, smear campaigns, deepfakes, shaming before peers or employers, rupture of trust networks, family intimidation, and social isolation.
4. Economic and access harms	Platform exclusion, loss of employment through exposure or blacklisting, blocking access to services, banking, welfare, or mobility systems.
5. Civic and political harms	Chilling effect on speech, silencing dissent, witness intimidation, retaliation against activists, journalists, or survivors.
6. Collective and community harms	Targeting of communities, polarisation, moral panic, group stigmatisation, destruction of collective memory or public legitimacy.

- If torture is understood in terms of coercion and breaking the will, then pain-free but coercive neurotechnological practices may fall within torture or CIDT analysis.
- The traditional notions of "victim" and "injury" may be inadequate when AI-driven systems affect wide populations, produce diffuse harms, or make injuries difficult to individualise and prove. This is when the idea of torturing environments and collective harms becomes essential, as does the need to provide a legal framework for them. There is a need to keep a survivor-centred approach (Table 6) and a collective dimension on digital harms (Table 7)
- In technologically mediated coercion, suffering is often produced less through a single identifiable act with a relevant posttraumatic clinical impact, than through cumulative and interacting mechanisms that reshape the conditions of life, perception, and agency and produce damage to identity (Manek, Galán-Santamarina, Pérez-Sales, 2022).
- New technologies may contribute to torture or CIDT even where pain is not immediate, visible, or physically inflicted.

Read in relation to the previous sections, Tables 6 and 7 specify the kinds of suffering through which the previously described domains and mechanisms may become legally and clinically significant.

Legal frameworks and the challenge of technologically mediated harm.

Who is responsible? Distributed harm and the limits of attribution

In many technologically mediated cases, the hardest question will not be severity but attribution. *Who* tortured: the operator, the ministry, the vendor, the data broker, the systems integrator, or the platform that scaled the harm? There is a distributed responsibility (Ruggie, 2011).

Furthermore, the invisibility and deniability of the method are not incidental but constitutive of its coercive power and challenge accountability. Contemporary repression is increasingly difficult to detect and attribute because it includes government hacking, malware, DDoS attacks, spyware, disruption of secure communications, troll armies, automated censorship, and more covert platform-based manipulation (Council of Europe, 2022). Systems frequently operate as black boxes, with discriminatory effects and weak avenues for appeal or redress. This matters not just for legal accountability, but also for lived

Table 8. Scope of AI Act prohibitions

Topic and Status	Key authority
Manipulative / deceptive AI Prohibited	Art. 5(1)(a): bans subliminal, manipulative or deceptive techniques causing or likely to cause significant harm.
Exploitation of vulnerability Prohibited	Art. 5(1)(b): bans exploitation of vulnerabilities due to age, disability, or specific social/economic situation causing or likely to cause significant harm.
Predictive policing Partly prohibited	Art. 5(1)(d): bans person-based criminal-risk prediction based solely on profiling or personality traits; Commission guidelines say place-based/geospatial systems generally fall outside the ban.
Emotion recognition Partly prohibited / otherwise high-risk	Art. 5(1)(f): bans workplace and educational uses except medical/safety; Commission guidelines say other domains are high-risk.
Biometric categorisation Partly prohibited / otherwise high-risk	Art. 5(1)(g): bans inference of specified sensitive attributes; Annex III classifies some permitted uses as high-risk.
General rights logic Unacceptable-risk or high-risk framing	Commission guidelines: Article 5 covers unacceptable risks to fundamental rights and Union values; prohibited practices are "particularly harmful and abusive."

Sources: European Union, 2024; European Commission 2025, 2026a, 2026b)

experience: opacity is part of domination (ICRC, 2019; Special Rapporteur on Counter-terrorism, 2025).

Existing literature has largely neglected the perspectives of those most directly affected by digital authoritarian practices and has also shown relative neglect of gender and other axes of inequality (Roberts, 2025).

Are current legal frameworks fit for technologically mediated torture and ill-treatment?

Even where particular technologies do not meet the torture threshold, emerging regulation is useful because it identifies rights-sensitive practices that the law already treats as especially dangerous. In broad terms, the legal debate on AI, neurotechnology, and technologically mediated coercion can be organised around three main positions.

The first position holds that the existing human rights framework is basically sufficient, provided that it is clarified, coordinated, and more precisely interpreted. This is reflected in Ligthart's work on coercive brain-reading and European human rights law (Ligthart, 2022, 2024, Ligthart et al., 2021, 2022; Shiner, 2025). On this view, there is no need to create entirely new rights. The key task is to specify how existing protections—especially the prohibition of ill-treatment, privacy, freedom of thought, freedom of expression, and the privilege against self-incrimination—apply when technologies can infer, classify, or potentially alter mental states. What matters legally is not simply the device, but the interaction between the type of information obtained, the degree of cooperation required by the person, and the form of coercion used. From this perspective, many coercive applications would already be restricted or prohibited under existing law, even if doctrine remains fragmented and underdeveloped.

The second position accepts the relevance of existing rights but argues that new domains or rights must be articulated more explicitly, especially in relation to the mind. This is prominent in debates on neuro-rights, cognitive liberty, mental privacy, and freedom of thought (Tesink, et al., 2024). The argument is that traditional legal categories were not designed for technologies capable of directly accessing or influencing neural processes. Proposals converge around core protections: individuals should not be forced to reveal their thoughts, should not be punished for them, and should not have their thoughts impermissibly altered. This perspective is reflected in work by Yuste et al. (2017), Ienca and Andorno (2017), Ienca (2021), Bublitz (2013), and McCarthy-Jones (2019), among others.

The third position is more structural. It argues that the problem lies not only in doctrinal gaps, but in a deeper misalignment between the human rights framework and the nature of technologically mediated harm. As Teo (2022) argues, human rights law has traditionally been organised around discrete, observable, temporally proximate, and causally attributable violations. By contrast, many harms associated with AI and socio-technical systems are systemic, cumulative, latent, and distributed across complex networks. This has important implications for torture and CIDT, as coercion may operate not as a bounded act, but as a continuous environment of surveillance, classification, exclusion, and behavioural conditioning. This aligns with the concept of torturing environments (Pérez-Sales, 2017, 2026), where suffering is produced cumulatively and structurally.

Taken together, these three positions move from legal specification to rights innovation to conceptual reconstruction. The first explores how far existing rights can be stretched; the second argues for more explicit protection of the mind; and the third suggests that emerging technologies may require a deeper rethinking of how law conceptualises harm, responsibility, and torture itself. All three have advantages and disadvantages and are mutually complementary in doctrinal development within existing legal categories.

Legal regulations

The AI Regulation Act (EU) 2024/1689 (the "EU AI Act") is the most advanced regulatory system to date adopted to lay down harmonised rules on artificial intelligence across the European Union[5] (Table 8). Under Article 288 TFEU, EU regulations have general application, are binding in their entirety, and are directly applicable in all Member States. There is no UN-level binding equivalent to the EU AI Act. The nearest global normative instruments are soft law: UNESCO's (2024) *Recommendation on the Ethics of Artificial Intelligence* and UN General Assembly AI resolutions[6] which are non-binding. The Council

5 Regulation (EU) 2024/1689 (the EU AI Act) is structured in chapters on general provisions and scope (Chapter I), prohibited AI practices (Chapter II, including Article 5), high-risk AI systems and related obligations, conformity assessment, registration and post-market controls (Chapter III), transparency obligations for certain AI systems (Chapter IV), general-purpose AI models (Chapter V), innovation measures such as regulatory sandboxes (Chapter VI), governance and enforcement (Chapter VII), the EU database and market monitoring/surveillance (Chapters VIII–IX), codes of conduct and guidance (Chapter X), delegated powers and committee procedure (Chapter XI), penalties (Chapter XII), and final provisions, amendments, and application dates (Chapter XIII).

6 UNGA Res 78/265, *Seizing the Opportunities of Safe, Secure and Trustworthy Artificial Intelligence Systems for Sustainable Development* (21 March 2024) UN Doc A/RES/78/265; UNGA Res 78/311, *Enhancing International Cooperation on Capacity-Building of Artificial Intelligence* (1 July 2024) UN Doc A/RES/78/311; UNGA Res 79/1, *The Pact for the Future*

of Europe *Framework Convention on Artificial Intelligence and Human Rights, Democracy and the Rule of Law* was opened for signature in 2024 and is the first legally binding international treaty in this field.

Although these instruments are not framed in torture law terms, they are relevant because they identify certain manipulative, exploitative, and rights-infringing technological practices as categorically unacceptable or presumptively dangerous.

Conclusions and implications

Dystopian accounts often imagine control as something direct: a technology entering the mind and dictating thought (Krishnan, 2016, 2018). Yet new technologies do not need to penetrate the mind in any literal sense to become relevant to torture or ill-treatment. Through surveillance, exposure, profiling, threats, and the manipulation of visibility, they may help create coercive environments that produce fear, self-censorship, dependency, and loss of agency (Pérez-Sales & Serra, 2020; Głowacka et al., 2021).

This editorial has proposed a framework for understanding technologically mediated coercion that is organised around three analytical layers — the human need under attack, the method through which harm is produced, and the site in which it occurs — and that groups emerging practices into three intersecting domains: mental-directed interventions, social control, and social influence. It has also reflected on the severe suffering criteria. Together, these are intended not as a closed taxonomy but as a working map, one that can be revised as technologies evolve and as empirical research on their effects accumulates.

Several conclusions follow from this analysis, with implications for research, clinical practice, legal interpretation, and accountability.

On the concept of torture and CIDT: The framework supports an understanding of torture and cruel, inhuman or degrading treatment that extends beyond discrete, physically inflicted acts. Technologically mediated coercion is frequently cumulative, environmental, and structurally diffuse. Suffering may be produced without pain, without a single identifiable perpetrator, and without a moment of direct physical contact. This aligns with the concept of torturing environments (Pérez-Sales, 2017, 2026): conditions in which the architecture of control — surveillance, exposure, radical uncertainty, and induced vulnerability — generates severe and persistent harm to identity, agency, and relational life. Legal interpretation of the UNCAT and related instruments should be capable of accommodating this reality, and current debates in human rights law suggest this is both necessary and achievable within existing frameworks, though it requires doctrinal development.

On the question of suffering: The traditional criterion of severe suffering remains relevant but requires reorientation. In the domains examined here, severity is not always visible, immediate, or medically certifiable. It may instead manifest as chronic existential harm: the permanent reorganisation of selfhood around fear, exposure, and self-censorship; the collapse of trust networks; enforced compliance that the person experiences as self-betrayal; and cumulative identity damage that does not resolve once the coercive situation ends. Clinicians and legal practitioners working with survivors need assessment frameworks that can capture these diffuse, non-acute forms of injury. A survivor-centred approach is indispensable, both because the experience of harm is shaped by context and identity, and because affected communities — particularly those subject to collective targeting — may be better positioned than external observers to identify when digital practices cross into ill-treatment.

On distributed responsibility and accountability: In many technologically mediated cases, the hardest question is not severity but attribution. The fusion of state and private surveillance infrastructures, the opacity of automated systems, and the multiplicity of actors involved — vendors, operators, data brokers, platform providers, integrators, and, of course, the state — mean that responsibility is rarely concentrated in a single agent. This fragmentation is not incidental to these systems; in important respects, it is constitutive of their coercive logic, since it renders domination harder to contest and accountability harder to enforce. Existing human rights law remains only partially equipped to address harms that are systemic, anticipatory, and distributed across complex socio-technical networks. Addressing this requires both legal innovation — including clearer extraterritorial jurisdiction, due diligence obligations for technology companies, and remedies for algorithmic harms — and methodological innovation in documentation, evidence-gathering, and impact assessment.

On the limits of AI as both problem and solution: This analysis has stressed the coercive potential of AI and related technologies, but it is equally important to note that these tools may serve anti-torture and accountability work. Machine-learning applications for processing large bodies of testimony, satellite imagery analysis for detecting detention infrastructure, automated translation for multilingual documentation, and early-warning systems for violence and dis-

(22 September 2024) UN Doc A/RES/79/1, annex II ('Global Digital Compact'); UNGA Res 79/239, *Artificial Intelligence in the Military Domain and Its Implications for International Peace and Security* (24 December 2024) UN Doc A/RES/79/239 updated 1 December 2025 (UN Doc A/RES/80/58)

placement all represent genuine contributions to human rights monitoring. The challenge is not to oppose these technologies as such, but to insist on the conditions under which they are deployed: transparency, human oversight, meaningful consent, redress mechanisms, and a commitment to keeping human judgment at the centre of processes that affect fundamental rights.

On the need for a power analysis alongside rights analysis: A rights-based analysis identifies what was violated and who was harmed. A power analysis asks why these technologies are deployed, whose interests they serve, and what kind

***Table 9**. Technologically mediated coercion and the torture threshold: criteria for graduated legal assessment*

Criteria	Guiding questions	Comments
Core threshold criteria		
Severity and persistence.	Does the practice produce severe suffering or serious harm, whether acute or cumulative? Does it durably affect identity, agency, relational life, or basic conditions of existence?	– Single incidents may be severe; sustained targeting may be cumulative. Lack of immediate pain or suffering presentation does not exclude severity. – Severity should be assessed in a contextual-situated way, including identity, culture and context.
Intentionality and purpose.	Is the suffering incidental, tolerated, or deliberately produced? Is the practice directed toward coercion, punishment, extraction, degradation, discrimination, or a broader strategy of domination? Is it part of an overall strategy? Are there patterns of actions known from other cases that can be traced?	Consider design choices, implementing decisions, systematicity, repeated patterns of action and tolerance of known effects.
Contextual/aggravating factors		
Structural position and power asymmetry	Is the person or group in a situation of particular vulnerability or marked subordination — detained, displaced, monitored, excluded, or targeted?	Power asymmetry intensifies the coercive effect of technologies that might be less harmful in other contexts.
Opacity and deniability	Is the harm made difficult to perceive, document, contest, or attribute through technical complexity, secrecy, or fragmented implementation?	Deliberate deniability and structural invisibility are aggravating features that may, in turn, deepen the coercive effect.
Permanence and redress	Is the harm reversible, or does it leave enduring traces with little realistic possibility of challenge or repair?	Consider the permanence of digital footprints, the opacity of automated systems, and the fragmentation of accountability as aggravating factors.
Collective or individual character.	Does the practice affect only a specific individual, or does it affect a community, group, or population?	Collective and community-level harm — surveillance chilling effect, algorithmic exclusion, narrative destruction — may reach the threshold of CIDT or produce torturing environments even where individual suffering is difficult to isolate or prove.

of political and social order they help to sustain. The two are complementary, not alternative, and both are necessary for understanding technologically mediated coercion (Roberts & Oosterom, 2025; Zuboff, 2019). Structural bias, discrimination, and repression should not be treated as separate phenomena, but as connected pathways through which automated systems become coercive — and through which the effects of torture and ill-treatment are reproduced and amplified at scale.

No fixed threshold separates permissible technologically mediated coercion from CIDT, or CIDT from torture — assessment is inherently contextual and interpretative. Table 9 offers dimensions to guide that judgment, to be considered cumulatively rather than individually. These criteria do not produce automatic determinations; they are intended as a structured basis for contextual, survivor-centred analysis.

Table 9 organises these dimensions into a structured but non-exhaustive framework. No single criterion is decisive; they are intended to be read together, weighed against the specific context, and applied with attention to the cumulative character of technologically mediated harm.

Recommendations: Drawing together the analysis, the following directions merit priority attention:

- **For legal and normative frameworks:** Existing prohibitions on torture and CIDT should be interpreted to encompass cumulative, environmentally produced, and technologically mediated harm; further guidance from treaty bodies and special procedures is needed. The EU AI Act's prohibitions on manipulative, deceptive, and exploitative AI practices, while not framed in torture law terms, represent an important complementary instrument and should be read alongside human rights standards. The Council of Europe Framework Convention on AI offers a further entry point for binding international obligations.
- **For research and documentation**: There is an urgent need for survivor-centred, contextually grounded empirical research on the psychological and social effects of the practices identified in this framework. The existing literature is predominantly normative and legal; clinical and qualitative evidence on harm is sparse. Gender, race, and other axes of inequality remain insufficiently theorised in the literature on digital authoritarianism.

  Research in this area faces a specific methodological challenge. The harms described are difficult to distinguish from other sources of psychological distress, and the coercive mechanisms are often invisible, deniable, or technically complex. Individual accounts of harm are a necessary starting point but are not sufficient evidence on their own: without independent corroboration of the coercive mechanism and without comparative data, it is impossible to distinguish documented institutional coercion from other forms of digital conflict or from persecutory ideation. The field, therefore, needs studies that establish patterns across samples rather than resting on single cases — including case-control designs, systematic cross-case analysis of populations known to have been subjected to documented forms of institutional surveillance or repression, and longitudinal follow-up to document the persistence and trajectory of harm. First-person accounts are most valuable when embedded within such designs. Developing methodological standards adequate to this challenge is itself a research priority.
- **For rehabilitation and clinical practice**: Practitioners working with survivors of politically motivated digital targeting require adapted assessment tools that capture the harms described in this framework — including existential and identity-level damage, relational breakdown, and the chronic effects of radical uncertainty. Standard trauma frameworks may need supplementing.
- **For accountability and prevention**: Monitoring bodies, national preventive mechanisms, and civil society organisations need specific capacity to assess technologically mediated environments — in detention settings, at borders, in community contexts, and online. Documentation standards should be updated to reflect the forms of evidence — digital, algorithmic, and inferential — relevant in these cases.

The present framework is offered as a starting point for this work, not as a finished map. As technologies continue to evolve, and as their effects become more empirically documented, both the conceptual categories and the legal standards will require revision. What is clear already is that torture and ill-treatment do not end where screens begin.

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Aynaghar ('House of Mirrors'): Alleged secret detention sites in Bangladesh

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Key points of interest:

- The hidden torture cell in Bangladesh known as the Aynaghor (House of Mirrors) where detainees were kept after being forcibly disappeared.
- Law enforcing agencies and state machineries were involved in enforced disappearance
- Politically motivated "high-value detainees" were usually kept and tortured in Aynaghor for various durations (days to years)

Abstract

Introduction: Reports and testimonies of survivors revealed that law-enforcing agencies of Bangladesh maintained secret torture cells under the recently (5 August 2024) ousted regime by the Monsoon Revolution. Despite the gravity of the matter, no previous systematic attempt to study the practice has been identified. Therefore, we aimed to report on the state-run torture cell named "Aynaghor" (House of Mirrors) in Bangladesh, documenting it as a significant example of human rights violations. *Methods*: We qualitatively synthesised this data from available secondary sources, including reports from human rights organisations, telecasted news, newspaper reports, and other media sources that featured the testimonies of persons detained and held in the torture cells. From these sources, we extracted the socio-demography of survivors, possible reasons for detention and torture, descriptions of the secret torture cells, and the severity of torture inflicted. *Results*: Politically motivated "high-value detainees" were typically held and subjected to torture at Aynaghor for varying durations (days to years). The majority of these detainees were identified as male. Some of the detainees have still not been traced, and perhaps have been killed by law enforcement agencies. Enforced disappearances often occurred before individuals were sent to the secret prison. In some cases, people were misidentified, and allegedly, the 'wrong' persons were tortured. *Discussion*: We present a systematic and qualitative description of the secret prison established in Bangladesh based on available secondary sources. However, given the sensitive nature of the subject and the varying quality and extent of the available data, caution must be exercised when generalising these findings.

Keywords: Aynaghor, House of Mirrors, torture cell, Bangladesh, enforced disappearance.

Introduction

The Monsoon Revolution in Bangladesh culminated in the ousting of Sheikh Hasina, ending her 15-year reign (from 2009 to August 2024) (European Union Agency for Asylum, 2025). During the widespread protests (15 July- 05 August 2024), the government's violent crackdown on protesters resulted in at least 1400 deaths, thousands of injuries, and more than 11,700 arrests (United Nations, 2025). Hasina's administration faced criticism for electoral manipulation, rampant corruption, embezzlement, suppression of political opposition, and systemic human rights violations. These violations include torture, extrajudicial killings (estimated at 2597 over 13 years), and enforced disappearances in "Aynaghor" (House of Mirrors) (Ahasan, 2023; Islam et al., 2025; United Nations, 2025; Human Rights Watch, 2025; Arafat et al., 2025; European Union Agency for Asylum, 2025). One report estimated that over 3,500 enforced disappearances occurred during her government's rule (Human Rights Watch, 2025).

A Sweden-based independent news portal, *Netra News* (which was blocked in Bangladesh at that time), published a whistleblowing report on Aynaghor for the first time on August 14, 2022 (Netra News, 2022; Human Rights Watch, 2022). The report was based on the testimony of two survivors, Sheikh Mohammad Salim and a former army person, Hasinur Rahman. It revealed that Aynaghor was a code name for secret prisons operated by the *Directorate General of Forces Intelligence* (DGFI, the military intelligence agency of Bangladesh) and maintained by the *Counter-Terrorism Intelligence Bureau* (CTIB) unit. The facility was principally utilised to incarcerate "high-value detainees". Suspects or individuals were routinely apprehended by law enforcement authorities, including the DGFI, *Rapid Action Battalion* (RAB), Detective Branch (DB) of Police, and the *Counter Terrorism and Transnational Crime* (CTTC). These detainees were then held in the secret prisons for months or even years without official acknowledgement of their status and whereabouts (Netra News, 2022; European Union Agency for Asylum, 2025).

After the ousting of Sheikh Hasina, the scale of human rights abuses became clearer as numerous descriptions of torture, enforced disappearance, and extrajudicial killing emerged. Survivors were released, and attempts were made to modify and destroy the evidence of the cells (The Business Standard, 2024). After initial resistance from the Army, the secret facility was opened for a visit by the Chief Advisor of the Interim Government, along with other officials, including some victims, on February 12, 2025 (The Business Standard, 2025). Aynaghor was shut down, and the practice of enforced disappearances was officially ended on September 11, 2024, following the signing of the International Convention for the Protection of All Persons from Enforced Disappearance (Dhaka Tribune, 2024; European Union Agency for Asylum, 2025). After their release, many survivors provided detailed accounts of the secret prison's layout and the torture they endured during their detention. The rooms of Aynaghor had two doors: one was a heavy iron door resembling those in traditional prisons, while the other was a wooden door with a small viewing hole through which the inmates were watched. The rooms contained an approximately "3ft by 7 ft bed, leaving just 3ft to 4ft space" (Hasan, 2024, Prothom Alo). Only a faint light would filter through the ventilators, leaving the inner rooms completely pitch dark—so much so that one couldn't even see themselves, as if there were a power outage. Each cell was equipped with large exhaust fans, and their noise was so deafening that nothing from the outside could be heard. It was impossible to sleep properly due to the constant hum of the fans. However, when the fans were turned off, some detainees could hear the distant screams and cries of others. Most rooms were damp and filthy, and there was only one toilet for every four or five rooms. Detainees were allowed a limited number of trips to the toilet each day—usually four or five—and were escorted out while handcuffed and blindfolded (Hasan, 2024, Prothom Alo). One report has revealed that rooms were "just 10 feet by 14 feet, with no ventilation" (Hussain, 2025, BBC News; Dieterich, 2024, Le Monade).

Initially, it was believed that there was a building in Dhaka Cantonment with two sections: an old one and a new one. The old section had 16 rooms, accommodating up to 30 detainees at a time, while the new section had 10 rooms (Human Rights Watch, 2022; Netra News, 2022; Hasan, 2024; Prothom Alo). However, after the fall of Hasina's regime, it was revealed that there were 40-200 secret detention sites across Bangladesh (European Union Agency for Asylum, 2025). Other estimates indicated a varying number of Aynaghors (ranging from 700 to 800, or 500 to 700 though these figures have yet to be substantiated by objective evidence (European Union Agency for Asylum, 2025; The Business Standard, 2025; Hussain, 2025, BBC News). The "Commission of Inquiry on Enforced Disappearances" has identified sixteen secret detention facilities (European Union Agency for Asylum, 2025). At the same time, it is important to note that the evidence of Aynaghors was destroyed after the fall of Hasian's regime (Commission of Inquiry on Enforced Disappearances, 2025).

While details are available on various platforms, no previous attempts have been made to study the details of Aynaghors systematically. Therefore, in this paper, we aimed to report on the secret torture cells known as "Aynaghor" in Bangladesh during Hasina's regime, with a focus on the sociodemography of the survivors, the reasons for detention, and the extent of torture endured.

Methods

Obtaining primary data from survivors' testimonies was challenging due to a lack of a sampling frame and limited access to both survivors and Aynaghor itself. Secondly, after the ousting of the Hasina regime, the law-and-order system was unstable, and there was reluctance to allow people to visit the Aynaghor. We collected data for this study from various secondary sources, including reports from human rights organisations, televised news, newspaper reports, other media sources mentioning the testimonies of persons captured and kept in the torture cells, and survivors' testimonies published in the media. We extracted the sociodemographics of victims, reasons for torture, descriptions of the torture cells, and severity of torture. Information from all the sources was cross-checked, validated by multiple investigators, and accuracy was ensured. Given that Bangla is the national language, we considered the Bangla description as the preferred option when there was ambiguity between the descriptions of the same case.

Limitations

There are several limitations to this study. Firstly, data were collected from secondary sources, which may limit the credibility of the information. Secondly, the issue is highly sensitive, involving threats to life and torture carried out by state machinery, which raises concerns about bias from various perspectives. The survivors may fear disclosing the details of alleged perpetrators, enforced disappearances, and tortures due to concerns of retaliation even years after. Since the former ruling party was linked to these events, its supporters may still seek revenge, which remains an enduring concern (Commission of Inquiry on Enforced Disappearances, 2025). Thirdly, there may be reporting biases in the survivors' testimonies. Media outlets in Bangladesh have at times been known to frame information in a way that favours the ruling party, potentially leading to over- or under-estimation of facts. Fourthly, the structure of Aynaghors has varied across Bangladesh, as these establishments were spread across the country, and new evidence continues to emerge. Fifthly, there may be under-reporting and under-recognition of survivors, meaning

Table 1: *Patterns of Enforced Disappearances from 2009-2024 (Commission of Inquiry on Enforced Disappearances, 2025; BSS, 2025)*

Characteristics	Description
Scale	1,772 documented cases by 2025, 19% missing; could be up to 3500
Primary Targets	Opposition party members, activists, critics of the Government, journalists
Alleged Perpetrators	DGFI, RAB, DB, CTTC
Command Structure	Centralised, with Sheikh Hasina and top officials directly involved
Duration	Days to years, with some held for 8+ years without trial
Outcome Types	Continued detention, false "arrests," release, death
Cover-up Methods	Denial of detention, attributing actions to other agencies, and refusing to register complaints
Post-capture Process	Blindfolding, detention, torture, eventual formal arrest or continued secret detention
Demographics	Predominantly male adults
Geographical Distribution	Concentrated in Dhaka, but facilities existed nationwide

DGFI- Directorate General of Forces Intelligence, RAB- Rapid Action Battalion (RAB), DB- Detective Branch (DB) of Police, CTTC- Counter Terrorism and Transnational Crime

Figure 1a. *Cells of Aynaghor (Netra News, 2022)*

Figure 1b. *Exhaust fan of Aynaghor (The Daily Star, 2025)*

Figure 1c. *Revolving chair for torture found in Aynaghor (The Daily Star, 2025)*

Figure 1d. *Prayer (Islamic Doa) of survivors (The Daily Star, 2025)*

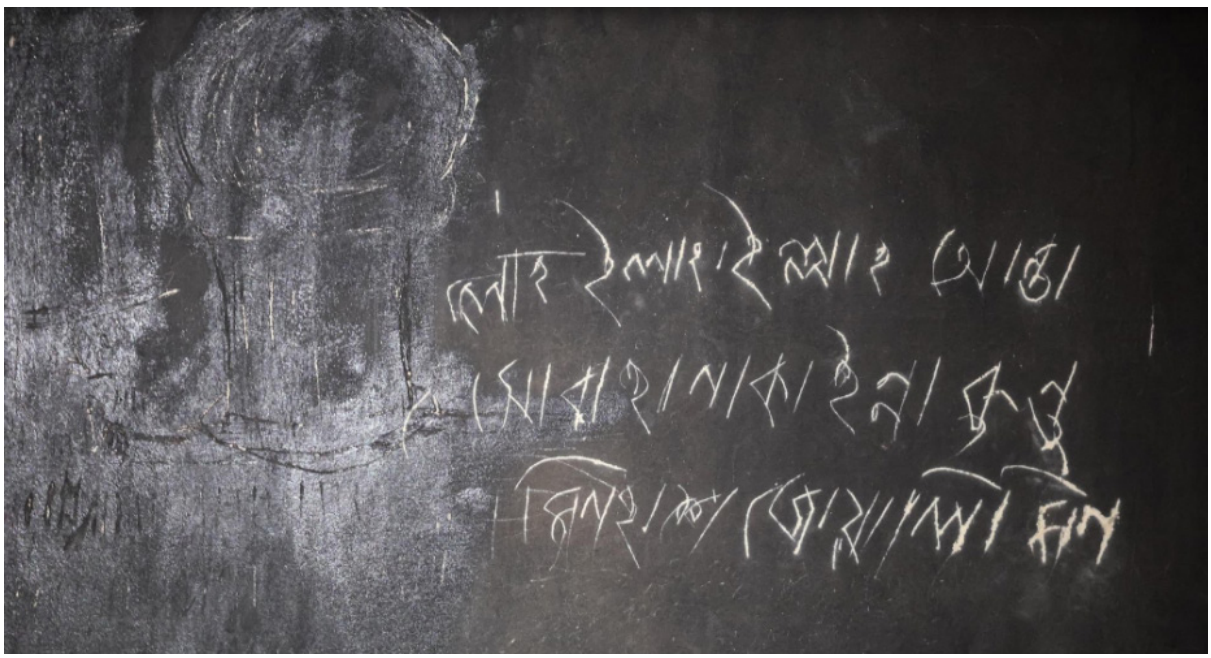
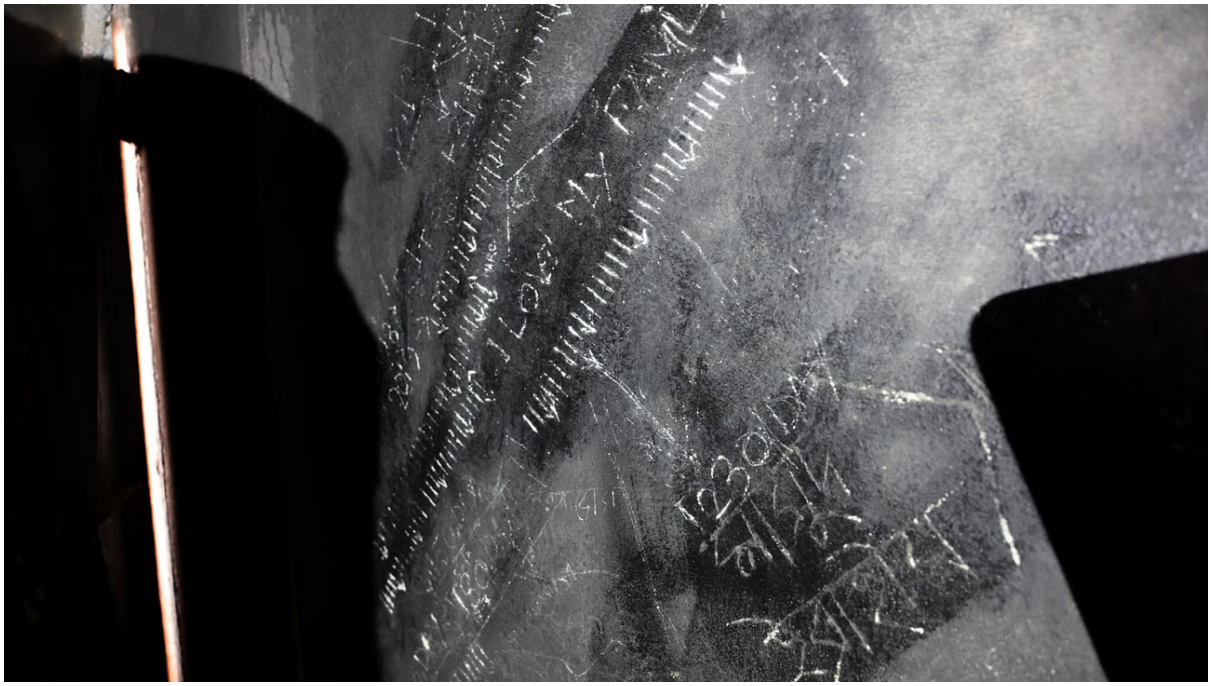


Figure 1e. *Personal details of survivors (The Daily Star, 2025)*



the actual extent of torture and the number of survivors could be much greater. Therefore, the available information may represent only a small part of a much larger story.

Results

Enforced disappearances

Enforced disappearances of individuals who spoke out against the government were an open secret during Hasina's regime (European Union Agency for Asylum, 2025; Commission of Inquiry on Enforced Disappearances, 2025). Several reports cited varying figures for the number of enforced disappearances, though these figures appear to be underreported (Table 1). The latest United Nations report estimated the number could reach 3500 (United Nations, 2025). Many individuals subjected to enforced disappearance remain unaccounted for; some were allegedly killed by the law-enforcing agencies under the guise of crossfire, while others were handed over to the regular judicial system with false charges. A Bangladeshi non-government organisation (NGO), Odhikar, compiled a detailed list of 155 individuals who disappeared between January 2009 and June 2024; none of whom have been returned (Odhikar, 2024a).

Extrajudicial killing

Enforced disappearances were often linked to extrajudicial killings, but due to the challenges in documenting these cases, the true extent has been underreported. One report compiled data from various sources from 2009 to 2023, identified 2597 instances of extrajudicial killings (Ahasan, 2023). Over 90% of these extrajudicial killings were allegedly carried out by the Police. Notably, there were spikes in killings around the national elections of 2014 and 2018, periods marked by widespread election manipulations; primarily by one party (Bangladesh Awami League).

Torture

Aynaghor, a room with no sunlight, windows, equipped with exhaust fans, a hardwood bed and a CCTV camera, was the primary place of torture associated with enforced disappearance (Figure 1a-e). Various forms of torture were used in this secret prison, such as physical, psychological, and environmental torture (Table 2). Almost all the survivors were male, with a few female exceptions; some were affiliated with the opposition political parties, and some were misidentified and taken for posting anti-Indian content on social media (Table 3). Law enforcement officials were allegedly associated with forced disappearances. Most of the survivors were held captive for years without formal charges, trials, or acknowledgement of their detention. Lat-

Table 2*: Types of torture (The Daily Star, 2024a; Daily Ittefaq, 2025; The Business Standard, 2024; The Protidiner Bangladesh, 2024; The Business Standard, 2025; Commission of Inquiry on Enforced Disappearances, 2025)*

Torture Pattern	Means of torture	Impacts on victims
Physical torture	Beatings with rods, sticks, wires, electric shocks, water-boarding, and punching the face. Blindfolding and having their hands handcuffed behind their back for hours	Broken bones, internal injuries, chronic pain, permanent disability, and loss of teeth and eyesight. Muscle strain, torn muscles, and dislocation of arms.
Sexual torture	Genital shock, Genital shock during urination	Threatened impotence, sexual dysfunctions
Use a sound tool of torture	A large exhaust fan with a high volume of noise eventually cancels out all the noise from both inside and outside.	Headaches, fainting, fear, and loss of hearing.
Sleep deprivation	Forced standing for days, loud noises, disrupted sleep patterns, and the use of medicine.	Hallucinations, memory loss, severe mental fatigue, and long-term sleep disorders
No privacy	The washroom was usable for only a very limited time; if the time exceeded that, survivors were beaten there.	Loss of dignity and anxiety.
Confinement	Rooms were 3 ft × 4 ft and had no lights. Hence, it was difficult to lie or even to sit. Unable to distinguish between days and nights.	Disorientation, hallucinations from darkness, psychiatric morbidities, and muscle atrophy from inability to move.
Electric chair	Survivors were seated in an electric chair and tied. The chair roams at high speed until the victim becomes unconscious.	Trauma, bruises, vomiting, loss of consciousness, cardiac arrest
Denial of Medical Treatment	Ignoring injuries or withholding medication	Worsening of chronic conditions, untreated infections, and long-term health damage

er, some survivors provided the identities of militants or terrorists who were then sent to court with fabricated charges. In some cases, they were transferred to an Indian jail.

Discussion

Major findings of the study

After the fall of the Hasina regime, horrific images of human rights violations, including enforced disappearances, extrajudicial killings, and torture, have gradually emerged. Among these, Aynaghor represented a particularly brutal approach to violation. The secretive nature of Aynaghor, coupled with the harsh conditions, lack of legal oversight, and physical and mental torture, has led to significant mental health issues for former detainees. The trauma experienced by these individuals is multifaceted, manifesting as symptoms of post-traumatic stress disorder (PTSD), depression, anxiety, and other severe psychological distress (Arafat & Hossain, 2026). One survivor recounted seeing daylight for the first time in five years after his release from captivity (Mashal & Walid, 2024).

The fall of the regime revealed that the torture in Aynaghor was conducted allegedly by the state machinery, where politically motivated "high-value male detainees" were held and tortured for varying durations (Netra News, 2022). Some of the detainees remain unaccounted for possibly, having been killed by the law enforcement agencies. Following enforced disap-

Table 3: Excerpts of some cases

SN	Name, age, and sex	Reason for detention	Duration of detention	Description of torture	Linked to enforced disappearances
1	Hasinur Rahman, Male, Lieutenant Colonel (Retd.) (Netra News, 2022)	Writing on social media about BDR killings (a massacre happened on 25-26 February 2009 that caused death of 74 people, including 57 army officers) and alleging that Sheikh Hasina herself was involved in the BDR killings	Once in 2011 and again in 2018 1 year, six months, and forty days		Allegedly enforced disappearance by DGFI
2	Abdullahil Amaan Azmi, Male, Former Brigadier General of the Bangladesh Army (Prothom Alo, 2024)	Political	22 August 2016 to 6 August 2024	Blindfolded and hands tied behind his back with handcuffs for days. Poor food, did not see sunlight for 8 years.	Allegedly enforced disappearance by the DGFI
3	Mir Ahmed Bin Quasem, Male, Barrister (Prothom Alo, 2024)	Political	9 August 2016 to 6 August 2024	Blindfolded, remain seated in a fixed position with hands tied with handcuffs either in front or behind their back, routine-wise, day and night, 24/7.	Allegedly enforced disappearance by the DGFI
4	Michael Chakma, 42 years, male, activist (Anbarasan, 2024, BBC News; Lynch, 2025, Sky News)	Criticisms of Hasina's ruling party and the indigenous rights activist	9 April 2019 to 6 August 2024	Detained in a small cell, tortured with an electric rotating chair, physical torture like beating, and threats to kill.	Allegedly enforced disappearance by the DGFI
5	Elias Ali, Male, opponent political leader and former member of parliament (The Protidiner Bangladesh, 2024; Netra News 2024)	Political	17 April 2012, and still missing		Allegedly enforced disappearance by RAB

Continued on next page

6	Maruf Zaman, 62 years, male, Former Bangladesh ambassador (Hossain, 2024; Zaman, 2024, The Daily Star)	Writing about Indian aggression and treaties between India and Bangladesh.	4 December 2017 to 16 March 2019	Beaten, confinement, no proper food, and medical treatment have not been provided. He lost his teeth and experienced severe anxiety.	Allegedly enforced disappearance by the DGFI
7	HM Rana, male, Musician (Islam, 2024, The Daily Star)	Criticisms of Hasina's ruling party	14 February 2024, and the interrogation lasted 48 hours	Physical torture and threats.	Allegedly enforced disappearance by the DGFI
8	Bulbul Hasan Mahmud, Male, Engineer (Daily Ittefaq, 2024)	Allegedly involved in anti-state activities	18 September 2018 and jailed from 27 September 2018 to 20 January 2019	Tortured, beaten.	Allegedly enforced disappearance by the RAB
9	Sohel Rana, Male, Supreme Court lawyer and opposition leader (Somoy, 2024; The Daily Star, 2024b)	Political	10 February 2015 to 13 August 2015	For 24/7, he was blindfolded, and his hands were tied with handcuffs; only while eating, one hand was free, but they remained blindfolded	Allegedly enforced disappearance by law enforcement officials
10	Atiqur Rahman Rasel, Male, opposition politician (Odhikar, 2025)	Political	01 July, 2024 -07 August	Physical torture with various torture devices, sleep deprivation	Allegedly enforced disappearance by law enforcement officials
11	Rahmatullah (Odhikar, 2024b; New Age, 2024)	Anti-Indian posts on social media	August 29, 2023 - 30 December 2024. He was found in an Indian Jail.	Blindfolded for nine months and sent to an Indian Jail	Allegedly enforced disappearance by RAB
12	Shekh Mohammad Salim, Male (Netra News, 2022)	Salim was not a "high value" captive, but rather a case of mistaken identity.	May 29 - August 2016	Physically beaten	Allegedly enforced disappearance by law enforcement officials

DGFI- Directorate General of Forces Intelligence, RAB- Rapid Action Battalion (RAB)

pearances, individuals were sent to this secret prison (Odhikar, 2024b). In some cases, due to misidentification, it is alleged that the 'wrong' persons were tortured (Netra News, 2022).

The psychological impact of detention in Aynaghor is exacerbated by the socio-political context of Bangladesh, where political repression and human rights abuses are widespread (United Nations, 2025). The lack of transparency and account-

ability in the operations of such detention facilities further aggravates the mental health crisis among former detainees. Many individuals report enduring feelings of helplessness, fear, and paranoia, which persist long after their release. These factors create a vicious cycle of severe psychological trauma, and legal and financial challenges, making it difficult for individuals to reintegrate into society (Arafat & Hossain, 2025).

Implications of the findings

The findings from this study underscore the urgent need for comprehensive mental health support and rehabilitation programs for former detainees. Early intervention and continuous psychological support are crucial in mitigating the long-term effects of trauma (Arafat & Hossain, 2026). Additionally, there is a pressing need for legal reforms and greater transparency in the operations of detention facilities to prevent further human rights abuses by the state machinery.

Conclusions

We present a systematic and qualitative description of the secret prison established by the Hasina regime in Bangladesh based on data from available secondary sources. However, caution is necessary when generalising the findings due to the sensitive nature of the issue. The traumatic state experienced by individuals after release from Aynaghor underscores the severe psychological impact of secret detention practices. Addressing the mental health needs of former detainees, along with implementing systemic reforms are crucial steps towards ensuring justice and upholding human rights in Bangladesh.

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Monitoring and evaluation of remote medico-legal report assessments when documenting evidence of torture for asylum seekers detained on Diego Garcia

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Abstract

Introduction: Between 2022-2023, Freedom from Torture produced remote medico-legal reports for 19 asylum seekers unlawfully detained on Diego Garcia, an island in the Chagos Archipelago. *Aim:* To ascertain clinical challenges and effectiveness of remote assessment of evidence of torture for individuals held in quasi-detention on Diego Garcia as compared to UK-based individuals not in detention. *Previous audits:* At the start of 2020, Freedom from Torture audited telephone assessments undertaken with individuals in the UK, to assess the extent to which telephone assessments can safely evaluate evidence of torture. Results were published in the Torture Journal (Cohen et al., 2021). Between 2020-2021 we conducted a further audit of appointments with individuals in the UK by (i) video assessment only (ii) a combination of video and face-to-face assessments and (iii) face-to-face assessment only. *Method:* We collected feedback from doctors following video assessments with individuals on Diego Garcia. We compared this with the feedback from previous audits. *Results:* Doctors carrying out Diego Garcia video assessments felt less able to make a full assessment of the impact of torture or to complete a full psychological assessment, compared with assessments of UK-based individuals. They were less able to obtain as full an account and establish rapport. Substantially more challenges and safeguarding concerns were reported. *Conclusion:* Remote medico-legal assessments of asylum-seekers held in detention-like circumstances are less likely to be able to fully document and evaluate evidence of torture than remote assessments of asylum-seekers not in conditions of detention.

Keywords: medico-legal, torture, asylum, remote assessment, Diego Garcia, detention

Introduction

Freedom from Torture is a human rights charity in the UK, and one of the largest torture rehabilitation charities in the world. It provides therapy, support and medico-legal reports (MLRs) for survivors of torture. Freedom from Torture's remit criteria are based on and adhere to the UNCAT definition of torture.

The MLR Service is a specialised expert witness service producing independent medical evidence of torture for survivors to use in their asylum claims. Freedom from Torture MLR writers follow the methodology set out in the Istanbul Protocol (United Nations, 2022). This process includes taking a first-hand account of the person's past experiences of torture and other trauma and the physical and psychological consequences of this, a physical examination to document any lesions or injuries attributed to torture, a mental state examination, and a psychological assessment. The doctor will then correlate the degree of consistency between clinical findings and the allegations of torture or ill-treatment, applying Istanbul Protocol definitions regarding different levels of consistency as outlined in Paragraph 380 of the Protocol. Other significant factors may also be considered, such as clinical reasons for differences in an individual's account, whether the individual is a vulnerable wit-

ness, the risk of suicide or self-harm, or any health care needs and subsequent recommendations.

The MLR writing doctor has dual responsibilities. As an expert witness, they have an overriding duty to the court, inferring an obligation of impartiality; as a doctor, they have an ethical responsibility to 'do no harm', which confers responsibilities such as taking reasonable action to safeguard individuals and to ensure that immediate health needs are met.

The COVID-19 pandemic understandably heralded an increase in remote health care assessments. Since the lockdown lifted, hybrid or fully remote services have become a part of normal processes in many healthcare settings. A body of research now exists evaluating the safety of this new way of working, although few studies relate to asylum seekers and even fewer to the documentation of torture.

A study from the United States surveying clinicians following remote appointments with asylum seekers found that "*remote evaluations were relatively easy to perform and acceptable to clinicians*" (Pogue et al., 2021). A further study which looked at the experiences of doctors carrying out cross-border remote evaluations for asylum seekers in migrant encampments in Mexico, pre-pandemic, found: "*Despite multiple challenges, and while perceived as less ideal than in-person evaluations, clinicians felt that remote evaluations -- even across international borders and in an unstable setting -- achieved their intended goals and were "better than having no evaluation done" at all"* (Mishori et al., 2021).

Prior to the COVID-19 pandemic, Freedom from Torture assessments were carried out face-to-face. During the pandemic, Freedom from Torture developed remote telephone assessments. Research published in Torture Journal (Cohen et al., 2021) monitored the safety and quality of remote MLRs by telephone. It concluded that MLRs can be safely produced by telephone assessment and that these reports can adhere to Istanbul Protocol principles. However, it was found that they were more likely than face-to-face assessments to be incomplete in terms of both full disclosure of torture experiences and psychological assessments.

In 2023 a paper was published that compared 10 face-to-face and 11 video interviews to document torture carried out in Spain during the time of the Covid pandemic, which found that: "*Remote assessment is a valid alternative to face-to-face interviews in specific cases*," although human and therapeutic aspects indicate that "*whenever possible, face-to-face assessment should be preferred*" (Galán Santamarina et al., 2023). The paper concluded that the two methodologies "*have specific issues to be studied and addressed*." We are not aware of any further studies considering remote assessments of medico-legal assessments carried out for the purpose of documenting torture.

Since the 'lockdown' ended, Freedom from Torture has largely been carrying out assessments using a new hybrid model: a face-to-face appointment followed by a video or telephone appointment. Freedom from Torture continued to audit these appointments, collecting data to monitor safety and quality for telephone-only, video-only and face-to-face assessments.

Background to Diego Garcia and the presence of asylum seekers

Diego Garcia is an atoll in the Chagos Archipelago in the Indian Ocean. Since 1965, it has been part of the British Indian Ocean Territory (BIOT), but its ownership has long been disputed, with the International Court of Justice ruling that it should be returned to Mauritius. Only 30km^2 in area, the island is currently leased to the United States for use as a military base. In May 2025, a treaty to transfer sovereignty from the UK to Mauritius was signed, with a provision that the military base would remain under UK control for at least 99 years.

Between October 2021 and December 2024, a group of asylum seekers were stranded on Diego Garcia after the boats they were travelling in fell into distress. On arrival, they identified themselves as in need of international protection. Some had recently left Sri Lanka, some were from refugee camps in India, and most were Tamil.

BIOT is not a signatory to the Refugee Convention, and no system existed to consider an asylum claim from Diego Garcia. The BIOT commissioner initially declined the group's request to be transferred to another country, instead developing a process for consideration of claims based on non-refoulement (Nelson, 2023).

In the meantime, the group was housed in large tents, separated from the military base by wire fences. They reported that they were not permitted to leave the camp area, which was roughly the size of a football pitch. UNHCR undertook a monitoring visit to the camp in November 2023 and issued a report in February 2024 (UNHCR, 2024) which raised concerns about the conditions, including: restrictions on freedom of movement within the small camp area (including for children); inadequate accommodation including leaking tents, rats, and folding army cots; a lack of privacy including use of mixed gender tents for unrelated individuals (until July 2023); a lack of recreation facilities and insufficient shade or air conditioning; a lack of cooking facilities or culturally appropriate food; and no access to internet. There were reports of sexual assault and a high prevalence of self-harm. The conditions were described as "arbitrary detention." Following this visit, 47 asylum seekers were granted bail, enabling them to leave the camp and visit other parts of the Island (The Commissioner for the

British Indian Ocean Territory v The King (on the application of VT & Ors), 2024).

In 2022 and 2023, Freedom from Torture was instructed to produce 19 medico-legal reports for individuals located on Diego Garcia, in the context of the process developed by the BIOT commission for the consideration of claims. All 19 individuals were referred via their legal representatives. The instructions were to carry out a psychological and, where possible, a physical assessment related to an allegation of torture. Photographs of scarring were provided with some of the referrals. Our usual practice is to conduct a face-to-face physical examination.

At the time of our assessments, we considered the conditions under which the individuals were held to be a form of 'quasi-detention' on the basis that many of the features found in detained settings were replicated, similarly to those sites examined by the All-Party Parliamentary Group on Immigration Detention in its inquiry into quasi-detention: "*Large-scale and institutional in nature, the sites replicate many of the features found in detained settings – including visible security measures, surveillance, shared living quarters, reduced levels of privacy and access to healthcare, legal advice and means of communication, and isolation from the wider community. In the APPG Inquiry Panel's view, they are most accurately described as 'quasi-detention'*" (All-Party Parliamentary Group on Immigration Detention, 2021).

Although not officially considered detention at the time, we believed many of the potential health impacts of detention may apply. In December 2024, the Supreme Court of the British Indian Ocean Territory (BIOT) ruled that the conditions on Diego Garcia amounted to unlawful detention, finding that the Tamil asylum seekers held in the camp on Diego Garcia had been unlawfully detained for more than three years, rejecting the Commissioner's argument that they were "free to leave" (The King (on the application of VT) (Sri Lanka) v Commissioner for the British Indian Ocean Territory, 2024).

Ethics

Our clinical team expressed concerns that the potential for re-traumatisation of torture survivors on Diego Garcia was increased due to the conditions of their detention, the nature of their accommodation and the remote nature of the assessment.

Several issues arise out of the circumstances in which the cohort was held. First, a quasi-detention or a detention setting can remind a torture survivor of past detention in their country of origin and trigger an increase in re-living symptoms related to past traumatic experiences, including torture. Re-traumatisation is the "*reactivation of trauma symptoms via thoughts, memories, or feelings related to the past torture experience.*" (Schippert et al., 2021). As a result of re-traumatisation, a survivor of torture may become psychologically unwell before (anticipatory), during or following an assessment appointment. This can cause a decline in mental health with an increase in symptoms of post-traumatic stress disorder, anxiety, low mood and insomnia. An increase in risk of suicide and self-harm might occur. The Istanbul Protocol (2022, paragraph 280) cautions that "*Despite efforts to prevent and mitigate retraumatisation, torture survivors are likely to experience some level of distress during a clinical interview. Clinicians, together with the individual, should balance the potential traumatic effects of an interview with the potential benefits of a comprehensive medico-legal evaluation. When the interviewer suspects that retraumatisation has occurred, it would be important to acknowledge the concern, mitigate ongoing retraumatisation (such as with breaks, breathing exercises and redirection to less emotional topics), offer psychological support and refer the alleged victim to appropriate follow-up care.*"

Second, in our previous unpublished audit, doctors conducting remote video assessments cited safeguarding concerns, vulnerability and isolation, and ill (including mental) health as hindering their assessment in 61% of consultations. It is common for an MLR doctor to 'safety net' individuals after an assessment, and this would involve writing a letter to their General Practitioner, which might include recommendations for care. If an individual was felt to be very unwell, an urgent or same-day appointment might be arranged, a referral to safeguarding teams made, or an urgent accident and emergency assessment performed. At the time of referral, we were uncertain what medical care was available for individuals detained on Diego Garcia.

Other published research considers a similar ethical issue. Febles Simeon & Cuneo (2023) published a case study in which clinicians faced the dilemma of assessing an individual across borders with limited information and in an environment that exacerbated pre-existing trauma. The clinicians involved found that "*While these considerations must be weighed carefully, the need for remote evaluations of cross-border clients [...] is great,*" emphasising the need for forward planning, identifying best practices and providing a pathway for formal training and mentorship.

We were mindful that we were unlikely to be able to complete full (physical and psychological) MLRs in this situation. There was, therefore, an additional risk that a partial report may be submitted for an asylum application and refused when a full report might have been able to better demonstrate evidence of torture and risk of future harm. Furthermore, later disclosure in a subsequent in-person assessment might lead to an adverse credibility finding against a person.

In the face of these concerns, Freedom from Torture considered declining these referrals; however, there were compel-

ling reasons for proceeding. Medical evidence was required to prevent refoulement and to support efforts to relocate the group to a more appropriate setting. Legal representatives referred with some urgency, as they had become increasingly concerned regarding the conditions in which their clients were being kept. An assessment by an MLR doctor might enable the identification of urgent health care needs and assist in providing care for them.

After discussion, Freedom from Torture decided to cautiously proceed with assessments, balancing the individual's need for medico-legal evidence with the clinician's 'first do no harm' responsibility. This guided a cautious approach regarding the risk of re-traumatisation and exacerbation of mental health problems of those examined remotely. In short, proceeding with caution was assessed as the 'least worst' option. We caveated our reports as 'interim' and outlined their limitations. We collected audit data to evaluate the safety and effectiveness of our approach. As the assessments proceeded, our doctors reported several concerns about the individual's safety. These mostly involved an increased risk of self-harm and suicide, although other issues were raised, such as access to appropriate medical care.

For the first Diego Garcia individuals assessed by Freedom from Torture, no medical records were available, and there was no direct way of raising concerns with the Diego Garcia medical team. Initially, it was not clear what local medical support was available, and there was no system to enable us to communicate directly with the medical team, so we had to send all communications through the BIOT administration. Although this improved as the assessments continued, the time difference between Diego Garcia and the UK and the impossibility of speaking to the medical team by phone remained hindrances to safety netting for these individuals.

Of the individuals assessed, 17/19 were found to have expressed a wish to self-harm at some point (12 of those were documented as having expressed a wish prior to interview, and eight individuals expressed during their interviews that they had a wish to self-harm). MLR doctors would generally respond to such disclosures by ensuring procedures were in place to reduce the risk of self-harm and suicide. This was challenging for the Diego Garcia assessments due to the difficulties in communicating with the medical team.

The reports of self-harm and attempted suicide were so high that Freedom from Torture were ethically compelled to take further action. Concerns were passed from the medico-legal reports service to the charity's advocacy department who wrote private letters highlighting the clinical concerns. On 15th December 2023, Freedom from Torture wrote to the Commissioner of the British Indian Ocean Territory, setting out our concerns regarding the reported conditions that asylum seekers were being held in, the limited healthcare facilities on Diego Garcia and risks inherent in remote assessments.

Method

Previous audit

The previous audit (surveys of doctors who completed assessments for UK-based individuals) was conducted between May 2020 and June 2021. Multiple stakeholders were surveyed using different surveys (doctors, torture survivors, medical reviewers, legal reviewers, and interpreters). Slightly modified surveys were carried out for different types of MLR assessment.

Template development and training

A new report template was developed for doctors conducting assessments of individuals on Diego Garcia. This recognised that the assessments were likely to be shorter and have a limited physical component. A specialist team of doctors was identified. These doctors all had experience in psychological assessment and had undertaken training in medico-legal report writing. The doctors were advised to undertake a risk assessment early in the appointment and to adjust their approach accordingly.

Ethics approval

The Freedom from Torture research ethics committee approved each step of the project.

Preparation and Risk Assessment

Legal and medical documents (when available) were requested from the legal representative and examined by an MLR legal officer and a senior doctor before the appointment to identify any potential increased risk. A case file was prepared by the legal officer, and the MLR doctor was briefed before the appointment. When high risk was identified, MLR doctors were advised to proceed with particular caution.

Sample

All MLR assessments of individuals on Diego Garcia were conducted between September 2022 and October 2023. A team of doctors and interpreters conducted 19 assessments. Some worked with a single individual, and others conducted assessments on more than one individual. The average age of individuals undergoing assessment was 29 years (range 21-49). All except one individual were male. The individuals had travelled from India, but all were Sri Lankan nationals, except one Indian national, and all were of Tamil ethnicity. Some were born in Sri Lanka, while some were born in refugee camps in India.

Process

Each assessment was carried out via video call with an experienced interpreter. The individual was asked about their gender preference for the doctor and interpreter. The average number of assessment appointments was 1.4 (7, or 37%, of cases required more than one appointment). The average total appointment time was 170 minutes (range 120-270 minutes), including breaks. Following a risk assessment, the doctor continued to consider torture where possible and to document the physical and psychological impact of that. If the individual had lesions (scars or marks) that were easily visible on the video connection, the doctor documented them to the extent possible. The doctor produced a draft of the report. If the doctor had safeguarding or other concerns, they would write an email to Diego Garcia's medical staff with the individual's consent.

Consent

All individuals gave consent for both the MLR process and the use of their anonymised data.

Review

Each draft report was reviewed by a legal officer before the doctor completed the report.

Audit

Feedback was collected from the doctors following their final appointment with the individual. This was done through a survey comprising a mix of open and closed questions mirroring the questions and structure of the feedback surveys from previous audits, with additional questions added on self-harm and the observation of physical lesions. It was not considered safe or practicable to collect feedback from survivors or other stakeholders in the Diego Garcia cases, so we focused on the experience of doctors conducting the appointments. We also conducted in-depth interviews with a sample of 5 doctors who carried out the assessments.

Analysis

Data were analysed and compared with data from the previous doctors' audit for UK-based individuals.

Results

The results for the initial 20 telephone assessments undertaken with individuals in the UK were published in the Torture Journal (Cohen et al., 2021). Results from the continued audit of appointments with individuals in the UK by (i) video assessment only, (ii) a combination of video and face-to-face assessments, and (iii) face-to-face assessment only, have not been previously published.

The following responses were received from doctors in the previous audit (surveys of doctors completing assessments for UK-based individuals between May 2020 and June 2021):

1. Interim remote MLR assessment – 68 responses (18 of those in relation to video-only calls)
2. Update to interim MLR assessment (face-to-face) – 28 responses
3. Full new hybrid model MLR assessment (combination of remote and face-to-face) – 26 responses

Table 1 summarises doctors' feedback responses comparing the Diego Garcia video assessments (2022-2023) with the different types of assessments in the previous audit.

Our previous research showed that when remote assessments were undertaken by video in normal settings, doctors expressed that they were able to make fuller assessments than by telephone, with greater ability to establish rapport and fewer areas that individuals were unwilling to disclose. However, 57% still reported being unable or only partially able to read body language, which they found hindered the assessment.

By comparison, doctors carrying out Diego Garcia assessments felt least able to make as full an assessment of the impact of torture (16%); to make as full a psychological assessment of the current condition (32%); and to consider consistency of psychological symptoms with the torture account (26%).

In terms of the level of both abilities to obtain a full account (21%) and the inability to establish rapport/build a trusting relationship (63%), doctors carrying out Diego Garcia assessments were on a par with those carrying out remote telephone interviews. Assessments were consequently less complete than those carried out by video or face-to-face with individuals in the UK.

Table 2 summarises the findings that were felt to hinder the assessment of the Diego Garcia video assessments compared with those from the previous audit.

The frequency of hindrances reported was considerably higher for Diego Garcia appointments overall as compared with other video appointments. While the top difficulties reported by doctors carrying out those appointments were technical difficulties on the call and difficulty reading body language/lack of cues, safeguarding concerns were more frequently cited by doctors carrying out Diego Garcia appointments (68%) than normal video assessments (47%), and doctors more frequently expressed a difficulty in establishing and building a report for Diego Garcia appointments (47% versus 27%). The individu-

Table 1. *Survey of doctors completing MLR assessments*

	Diego Garcia survey (2022-2023) % (n)	**Results from the previous audit (UK-based individuals, 2020-2021)**		
		Telephone % (n)	Video % (n)	Face-to-face % (n)
Ability to obtain as full an account*	21% (4/19)	17% (8/48)	44% (8/18)	76% (19/25)
Ability to make as full an assessment of the impact of torture*	16% (3/19)	24% (12/49)	53% (9/17)	69% (18/26)
Ability to make as full a psychological assessment of the current condition*	32% (6/19)	34% (17/50)	59% (10/17)	73% (19/26)
Ability to consider consistency of psych symptoms with torture account**	26% (5/19)	55% (27/49)	82% (14/17)	85% (22/26)
Unable to establish rapport/build a trusting relationship to the same extent*	63% (12/19)	64% (32/50)	53% (9/17)	N/A
Areas the client is not ok to disclose	16% (3/19)	42% (14/33)	11% (2/18)	20% (5/25)
Unable/only partially able to see body language, and this hindered the assessment	63% (12/19)	94% (16/17)	57% (8/14)	N/A

* Compared to as if I had met the individual in person
** Completely or partially

al's isolation and vulnerability were also cited as a hindrance by substantially more doctors carrying out Diego Garcia appointments (63% versus 40%).

Physical observations: 33% (6/18) of doctors were able to make limited physical observations of individuals on Diego Garcia, and 67% (12/18) were unable to make any physical observations. Of the 33% who made limited observations, only one doctor was able to assess the consistency of physical findings with the account of torture.

Due to the unique nature of the Diego Garcia assessments, we added additional questions to our original survey, presented in Table 3. Observations from the in-depth interviews are referenced in the discussion below.

Discussion

Freedom from Torture's previous research indicated that medico-legal reports can be produced safely through remote assessments, but are less likely to be complete than those produced through face-to-face assessments.

The audit of remote assessments for Diego Garcia individuals, compared with the previously unpublished audit of UK-based individuals, indicated that remote assessments for this cohort of individuals were more hindered by concerns about safeguarding, vulnerability, and ill health than UK-based remote assessments, and that the assessments may also be less complete.

Challenges to completing the assessments

The individuals on Diego Garcia were unlawfully detained in conditions that the UNHCR consider contributed to "elevated levels of distress, suicidal thoughts, and behaviour and a '*rising hopelessness*'" (paragraph 109, The King (on the application of VT) (Sri Lanka) v Commissioner for the British Indian Ocean Territory, 2024). The impact of detention on the mental health

***Table 2**. Most common hindrances to assessment cited by doctors:*

	Diego Garcia survey (2022-2023) n=19 n (%)	**Previous survey for video assessments (UK-based individuals, 2020-2021) n = 15 n (%)**
Technical difficulties (including poor video or audio quality)	16 (84%)	5 (33%)
Difficulty reading body language/lack of cues	14 (74%)	4 (27%)
Safeguarding concerns (e.g. the need to self-censor to avoid re-triggering or flare-up of symptoms in the absence of clinical support)	13 (68%)	7 (47%)
Client's isolation and vulnerability	12 (63%)	6 (40%)
Difficulty establishing rapport remotely	9 (47%)	4 (27%)
Client's ill health (including mental ill health) arising during the assessment	8 (42%)	3 (20%)

***Table 3**. Additional survey questions*

Percentage of doctors able to make physical observations	6/18 (33%)
Percentage of doctors able to assess (to a limited degree) consistency of physical lesions with the account	3/18 (16%)
Percentage of doctors who contacted Diego Garcia staff urgently during or following the appointment	4/19 (21%)
Did the individual express a wish to self-harm prior to or during the interview?	16/19 (79%)

of asylum seekers is well established in clinical research (Shaw, 2016). A 2018 systematic review of the mental health of immigration detainees found that detention was an independent risk factor for PTSD (Steel et al., 2005). Detention or quasi-detention conditions are reminiscent of many of the contexts in which they were tortured. Asylum seekers may therefore be more vulnerable to becoming re-traumatised whilst giving their account. Freedom from Torture does not currently assess asylum seekers in UK detention: the individual would, in ideal circumstances, be released from detention before undergoing the full MLR process and giving a detailed account.

For the Diego Garcia individuals, this was not possible. Our clinicians faced a choice in which, in our view, the 'least worst' option was to proceed with remote assessment. Under these circumstances, doctors will have been on guard for early signs of an individual becoming traumatised, and it is likely that this affected their approach to the assessment. For example, one doctor reported, "*I did not feel I could push questioning too much given his acute psychological state and the uncertainty of how much support was available to him*". Another stated that "*I was wary of going into too much detail about his torture experience in case of re-traumatising him.*" The majority of doctors reported being unable to take as full an account (79%) or make as full an assessment of the impact of torture (84%), compared to seeing the individual face-to-face.

The assessments of the Diego Garcia individuals were conducted by video; therefore, it might have been reasonable to expect results similar to those of video assessments of individuals based in the UK. In reality, the number of doctors who felt able to make as full an assessment was far lower (16% compared to 53%). This appears likely to have been because of concerns about the mental health of the individuals being affected by conditions on Diego Garcia. Comments from the in-depth interviews with doctors support this theory.

> I hadn't realised how subtle some of the cues are and how I depend on them – for example pupils dilating, sweating a little bit. If a client is becoming distressed then there is a very fine tremulousness in the voice which you would get face-to-face but not in a remote consult... When you have done it for 100 years, you don't really think about it – but when you have the remote consult you realise you don't have it – it's a loss of control as you don't have that early warning. [Doctor comment in open interview]

> I was concerned that as I was not in the same room as him it would have been difficult to use grounding techniques or anxiety management strategies if he became distressed during the assessment. This limited the extent to which I felt able to push for details about his experiences. [Doctor comment in open interview]

There is a particularly marked difference in the ability to consider the consistency of the psychological symptoms with the torture account, with only around a third of doctors feeling able to do so in the Diego Garcia assessments, compared to almost two-thirds in the previous video assessments with UK individuals. This is not surprising given that the living conditions on Diego Garcia were, in the opinion of the BIOT Supreme Court, "*adversely affecting the physical and mental well-being*" of those detained there (paragraph 104, The King (on the application of) VT (Sri Lanka) and others v The Commissioner for the British Indian Ocean Territory, 2024). It would therefore be harder for doctors to assess which symptoms were due to previous torture and which were due to the situation at the time.

Technical difficulties and privacy

Another possible reason for the difficulties in completing the Diego Garcia assessments is that the quality of the video call negatively impacted the appointments. A total of 16 doctors (84%) had technical difficulties, with 15 (79%) reporting that poor video quality was a hindrance and 12 (63%) having problems with sound quality. However, those doctors who did not experience technical difficulties still found that they were less able to assess the impact of torture or make a psychological assessment as fully as if they had met the client in person, which suggests that other factors were more significant.

As well as video quality, doctors raised concerns about the areas where individuals were placed for their appointments and the privacy of those areas. Two doctors reported that others walked into the room while the individual was on the call.

> He said there were guards all around listening, outside the room. He showed me the room and there was no one outside. But when the link went out, he knocked and the guard came in immediately – almost like someone was standing next to the door right outside. You are aware that you do not know who else is there listening. [Comment from doctor in open interview]

Privacy is essential for disclosure. The Istanbul Protocol, paragraph 325, includes a lack of privacy among potential communication barriers that can hinder assessment: "*Environmental barriers, such as lack of privacy, uncomfortable interview setting or inadequate time for the interview.*"

Rapport

The Istanbul Protocol defines rapport in this context as meaning a 'working relationship between the interviewer and interviewee' and states that it is essential to conducting an effective interview. The doctors assessing Diego Garcia individuals were particularly experienced in psychological assessment, in contrast with groups involved in previous surveys, and skilled at building rapport during MLR assessments. The interviews were conducted several years after the pandemic, during which Freedom from Torture implemented a new hybrid face-to-face/remote assessment model. As a result, the doctors had experience in conducting remote assessments, although the standard practice was for the first appointment to be conducted face-to-face, thereby allowing rapport to be established before follow-up remote appointments.

The doctors were asked whether they were able to build rapport and establish a trusting professional relationship with the client to the same extent as if they had met in person. The majority of doctors conducting Diego Garcia assessments felt less able to build rapport (63%). This was a higher proportion than amongst doctors conducting video-only assessments with individuals in the UK (53%), but similar to those conducting assessments by telephone (64%).

Other factors may have affected rapport. The individuals on Diego Garcia had not had face-to-face access to their legal

representatives and may not have been adequately prepared for the MLR process. The time difference between the two countries may have affected it: Diego Garcia is 5 hours ahead of UK time. Appointments running into the afternoon UK time may have been carried out at times when individuals were tiring or hungry. Lack of privacy (see above) may have also been a barrier to trust. Several doctors commented that having only one appointment also makes it harder to build rapport.

Physical assessment

The Istanbul Protocol (2022) sets out the internationally agreed guidelines for the clinical evaluation of torture and ill-treatment.

The physical examination aims to document scars, marks and other injuries that may have been caused by torture (collectively referred to as 'lesions') as well as any physical symptoms that may bear relevance to an individual's experience of torture. While it is recognised that not all methods of torture leave physical lesions (Istanbul Protocol, 2022, paragraph 399), many survivors of torture do have physical lesions as a result of their mistreatment.

A survivor of torture may not always be aware of the presence of lesions on their body. Our practice is to fully examine a torture survivor, examining the whole body. Further, the carefully managed process by which a survivor of torture provides attributions for the various lesions on the body can manifest the psychological impact of their mistreatment.

There are limitations in carrying out a physical assessment over a remote video link or via photographs of lesions. Photographs or videos are often not of sufficiently high quality to enable assessment and may restrict assessment to only those lesions the individual identifies, rather than providing a full picture. Additionally, examination of the physical consequences of torture does not solely depend on viewing lesions. The texture of lesions and signs, such as localised tenderness, loss of sensation or strength, and reduced range of movement, can all provide important information. In video assessments, it is usually not possible to obtain a clear image in sufficient close-up, but in some cases it may be possible to gain additional information by comparing the appearance on video with a clear photograph, or by asking the individual to describe the contour and surface of the lesion or to place an object beside the lesion to provide scale. Torture can result in a wide range of physical consequences across many organ systems of the body, such as abdominal or pelvic pain, joint damage or neurological deficit, and an in-person physical examination is necessary to assess these fully.

Many survivors of torture report sexual assault and rape. The skin of the ano-genital region is fast-healing, and so the absence of lasting injuries is common (Istanbul Protocol, 2022, paragraph 467). This, however, increases the significance if such injuries are found. Therefore, in ideal circumstances, survivors of sexual violence would be offered an intimate examination.

The assessment of any one lesion is best made not in isolation but as part of a holistic examination, including consideration of the pattern and distribution of lesions on the body. As an example, a single lesion on an ankle might appear unremarkable, but a collection of circumferential lesions on both ankles might suggest that a person was tied at the ankles. Assessing photographs may therefore give an inaccurate representation of the physical evidence. The Istanbul Protocol guidance provides an overall framework for evaluating all clinical findings when assessing allegations of torture (paragraph 424).

For some of the Diego Garcia individuals, we were provided with photographs of lesions attributed by individuals to ill-treatment. In others, we were asked to assess lesions remotely over video link. The assessment conditions on Diego Garcia, including a lack of privacy, meant that requesting an intimate examination by medical staff or photographs of intimate areas would have been inappropriate.

Our doctors found that it was rarely possible to correlate the level of consistency between physical findings and the allegation of torture or ill-treatment based on the provided photographs or over a remote connection. It is likely that, if attempting to assess lesions based on poor-quality images, it may only be possible to apply a lower level of consistency (e.g. "consistent" or "highly consistent"), whereas additional features may be discerned with an in-person examination that may have raised the level.

Only one doctor was able to assess the consistency of the physical findings with torture with reference to paragraph 418 of the Istanbul Protocol. In this case, individual lesions were not assessed, but an assessment of the consistency of the overall physical findings with torture was made. The individual in question may have had other lesions on their body which were unable to be documented, but which may have altered the overall consistency level.

The majority of doctors felt unable to make any assessment of lesions at all. Reasons for this were explored in the open interviews. They included poor-quality photographs, poor video quality, low lighting in interviews, the setting not being adequately private, feeling less appropriate to ask the individual to undress due to difficulty forming rapport, and not being able to see the body as a whole, and so understand the pattern of injuries. Comments included:

> He had many scars. Some of these I couldn't see at all due to the dim lighting in the room. Some I could see exist-

ed but not well enough to describe in detail. I was not able to look at scars closely, from different angles or to measure them. Furthermore, it felt awkward to ask him to undress or reveal parts of his body via video. This may seem counter-intuitive - perhaps it would have been easier for the individual to do this via video than in person ..but... Even if he had I'm not sure how clearly I would have been able to see them, and even if the lighting had been better, I couldn't have measured them and done the full assessment, so was it fair to ask him that when I don't know how much use it would have been? [Comment from doctor in open interview]

He said there were guards all around listening, outside the room. He showed me the room and there was no one outside. But when the link went out, he knocked and the guard came in immediately – almost like someone was standing next to the door right outside. You are aware that you do not know who else is there listening. [Comment from doctor in open interview]

Risk and safeguarding

Ensuring the safety of the individual is not an 'add on' but an essential element of the doctor's role. The MLR doctor is often the only person to have spoken at length to an individual and they may disclose things in this setting that they do not disclose elsewhere. Carrying out an MLR interview with no adequate way to escalate safeguarding concerns represents an unsafe way of working.

In the open interviews, our doctors used words such as *'Shell-shocked', 'Hair-raising' and 'Loss of control'* to describe the experience of assessing individuals in this manner. Further comments from open interviews and surveys included:

Straight off the bat when I asked him how he was he told me he wanted to die, and I instantly readjusted. It was within five minutes. It was UK mid-morning but later Diego Garcia time and you didn't know what services were around. [Comment from doctor in open interview]

I think it was because of the risk involved in questioning - the client was in relatively unknown circumstances and I did not know what support was available after the appointment. I feel this is true of all remote appointments to some extent, but in the UK at least I know they have a GP and can access any A&E department and can signpost accordingly. [Doctor response from survey]

Doctors described how, presented with an increased risk of re-traumatisation and concerns about how they could safeguard individuals, they adapted their interview style correspondingly.

There were times when I felt that he was hinting at things that happened [...] that had had a huge impact on him. Since we weren't in the same room I knew that if I pushed him for details and if this caused re-triggering of his trauma I would be less able to contain or manage his anxiety or any reaction, hence I did not explore details in the same depth I would otherwise have done. [Doctor response from survey]

I went very carefully around the outline of what happened to him, let him dictate what he wanted to tell me. ... I was aware from one of the medical letters that he had a dissociative episode after one of the immigration interviews that they did, so I had to tiptoe very carefully, I couldn't get as full a history as I would have wanted to get. It was incredibly anxiety-inducing to have to do that, because I was constantly trying to weigh up getting enough detail to write up a report and the risk of triggering one of these episodes again. [Comment from doctor in open interview]

...It was better than nothing, we managed to get through it ok, I was able to do a report that I hope was helpful, but I had to be very careful that I didn't make any unguarded remark and phrased questions carefully, and not ask some questions and discontinue others as he was starting to get upset. I couldn't make more complex diagnoses because of the limitations. [Comment from doctor in open interview]

He was becoming distressed and angry and I terminated it at that stage as I couldn't let it get out of hand. I said I think we should all have a bit of a break now, Do you want to go and stretch your legs and we can carry on. It occurred to me he might not come back but he did. Had we been face-to-face I might have pursued it further but in those circumstances I couldn't risk it. [Comment from doctor in open interview]

Despite these concerns about safeguarding, only 4 doctors (21%) contacted Diego Garcia staff urgently during or after the appointment. This might be because of the constraints in contacting staff mentioned earlier.

Limitations of the study

Stakeholders: Because of the remote location and concerns regarding the living conditions of individuals being held in detention-like circumstances, as well as the frequency and severity of mental health issues, we did not consider it safe or practicable to collect feedback from survivors, who had been a key stakeholder for previous audit research. It was therefore not possible for us to include results relating to survivor-reported safety and distress. We did not collect feedback from any other stakeholders, as we preferred a direct comparison between the experiences of doctors carrying out the appointments collected in surveys across the different types of assessment, supplemented by more qualitative information from doctors carrying out the Diego Garcia assessments, who could also reflect on prior experience carrying out different types of assessments. This allowed for a more focused view from a clinical perspective, although it may also be regarded as a limitation of the study, given that most quantitative outcomes reported herein are based on doctors' self-reported perceptions rather than independent coding of indicators in the reports.

Numbers: This study reports on survey responses, which were limited in number by the number of interviews that Freedom from Torture were instructed to carry out. Findings are limited to these relatively small numbers and this medium, limiting the extent of data analysis, although supplemented by additional qualitative information from five in-depth interviews.

Demographics: Our cohort consisted mostly of Tamil men.

Physical assessments: As noted in the results and discussion, it was largely not possible to assess physical marks, lesions, or other physical symptoms; it is therefore unknown what impact including a full physical assessment might have had on the reports' conclusions.

Due to the real-world, changing circumstances of Freedom from Torture's work to carry out remote assessments in the context of the COVID pandemic and the Diego Garcia detentions, our research was inherently reactive and constrained by those circumstances. Without the benefit of hindsight, we were unable to consider all factors that might later become relevant. This has, in part, limited the scope of our audit and analysis, but we believe useful conclusions can be drawn, nevertheless.

Conclusions

There are only a handful of previous studies looking at the effectiveness of remote assessments for asylum seekers. This is the first systematic documentation of remote Istanbul Protocol-based MLRs conducted with asylum seekers in an offshore quasi-detention setting and the first study to compare multiple modalities (telephone, video, hybrid and face-to-face). It is also the first study to specifically consider safeguarding issues in either a cross-border or quasi-detention setting. Whereas earlier studies primarily addressed hindrances such as technical issues, difficulties building rapport, and limitations of physical examination during remote assessments, we have specifically considered the ability to assess the degree of consistency of the findings in line with the Istanbul Protocol methodology.

This research found that the clients' vulnerability, their remote location, and their conditions of quasi-detention limited the extent of medico-legal assessments. In particular, doctors' concerns about re-traumatisation and suicidality limited the extent of the history taken and evaluation of current psychological conditions. As might be expected, it was only possible to document very minimal, if any, physical findings.

Assessments were felt to be necessarily partial and incomplete, to a greater degree than for those in a previously audited group of UK-based clients

As large numbers of people continue to flee torture and other forms of harm, the housing and processing of asylum seekers represents political 'high stakes' across much of the world. In the UK, the asylum estate comprises housing, hotels, and large ex-military sites. Offshoring, which often involves some form of detention, continues to be debated worldwide as a potential solution to both the number of people requiring housing and the political ramifications of doing so. The use of large ex-military sites for housing asylum seekers has been described as 'quasi-detention' (All-Party Parliamentary Group on Immigration Detention, 2021), and such a description may apply to other current and future institutional accommodation sites.

This research is important for ensuring a safe medico-legal assessment of vulnerable asylum seekers, especially those accommodated in detention or in conditions of quasi-detention, and where remote evaluation is the proposed mode of assessment, or indeed the only option. Remote assessment is, for example, increasingly being proposed as the method for a psychological evaluation of those in prison or immigration detention in the UK.

We maintain that, in some circumstances, it may not be possible to complete a full assessment remotely, even when a psychological-only report is requested.

According to our findings:

- Face-to-face consultations are generally preferable for physical assessments of scarring and other potential sequelae of torture, particularly where detailed visual and tactile examination is important.
- Where a remote assessment is undertaken, it is important to ensure the individual has access to a private, well-lit, and safe space for the duration of the appointment. Safeguarding the

privacy of communications can be supported through appropriate and secure use of technology.
- It is advisable to undertake a risk assessment that considers the individual's current environment and living arrangements, and to weigh whether a remote format is appropriate in the circumstances.
- Clear arrangements are helpful so that the assessor can rapidly contact the healthcare professionals responsible for the asylum seeker's care if concerns arise during or after the appointment.
- Medico-legal reports can usefully include explicit caveats describing any limitations of the assessment (including those linked to modality, setting, or access to examination), so that findings are interpreted in context.

Where possible, Freedom from Torture follow-up outcomes of our medico-legal reports. The outcomes of the asylum cases for the Diego Garcia cohort, as assessed by our doctors, are not yet known for all cases. One individual was voluntarily re-patriated and two received refugee status. The remainder have now been brought to the UK, where their cases are ongoing. Freedom from Torture has been instructed to complete full assessments for some individuals who were previously assessed remotely. We hope that this will enable us to reflect on the extent to which the earlier assessment process was re-traumatising and on the ethical decision we made to proceed.

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APPENDIX – SURVEY QUESTIONS

1. Your name (first name and surname):
2. MFID number:
3. Date of last remote appointment:
4. How many appointments did you have?
5. Were your calls made with video or voice only?

Please provide further details if relevant:

6. To what extent were you able to obtain an account of torture?

Please provide further details if you are able to:

7. To what extent were you able to make an assessment of the impact of torture?
   Please provide further details if you are able to:
8. 8. To what extent were you able to make a psychological assessment of the current condition?

Please provide further details if you are able to:

9. To what extent were you able to consider consistency of the current psychological condition with the account of torture given?
10. If your answer to the above question was that you were not able or were only partly able to consider consistency of the current psychological condition with the account of torture given, do you believe this is because you were not able to meet with the individual in person?

Please provide further details if you are able to:

11. To what extent were you able to make physical observations?

Please provide further details if you are able to:

12. Were you able to assess the consistency of any physical findings with torture?

Please provide further details if you are able to:

13. Were photographs provided and if so, were they of sufficient quality?
14. To what extent were you able to address other specific instructions from the legal representative, such as unfitness to give evidence?

Please provide further details if you are able to:

15. If your answer to the above question was that you were not able to address some or any of the legal representative's instructions, was this a result of not being able to meet with the individual in person?

Please provide further details if you are able to:

16. What factors helped or worked well in the assessment? For example, having a pre-briefing, taking breaks, a second/follow up call, or other tips?
17. What factors, if any, hindered the assessment?
18. Did the client identify any areas they did not feel ok to disclose or discuss remotely?

Please provide further details if you are able to:

19. Did you feel that you were able to build rapport with the client and establish a trusting professional relationship with the client to the same extent as if you met in person?

Please provide details if possible, including any positive factors that enabled you to build a rapport, such as having a second appointment booked.

20. To what extent do you feel the assessment was hindered by inability to observe body language / visual cues / demeanour?

Please provide further details if possible:

21. Did the individual express a wish to self-harm?

Please provide further details if possible:

22. Did you at any point need to contact the Diego Garcia staff as a matter of urgency? If so please provide details about the level and frequency of contact and the response.
23. Do you have anything else that you would like to note? This might include specific measures you took to assess and manage risk, and any comparison with other remote assessments that you might have carried out?

FRAMEWORK FOR STRUCTURED INTERVIEW

1. A brief narrative explaining the specific circumstances of the interview (further questions asking for detail about the appearance of the interview room);
2. The specific challenges that you experienced during the process of conducting the MLR assessment;

3. Any safeguarding concerns that may have been / were raised by the circumstances prior, during and following the interviews
4. Further question regarding retraumatisation/difference between interviews if there was more than one interview;
5. How you managed risk;
6. Steps you took to prevent or minimise re-traumatisation;
7. 9. Whether you were able to make any physical observations;
8. 10. Anything further that you think it might be important for us to note (including whether you were able to compare with other remote assessments).

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Beyond borders: A qualitative study on the use of forensic medical evaluations in securing humanitarian parole and Title 42 exemptions

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Key points of interest:

- Forensic medical evaluations can be administered remotely for cases seeking humanitarian parole into the U.S.
- Transit routes expose migrants to systemic violence and rights violations, directly challenging previous "safe third country" designations and indicating the need for strengthened protections in migration corridors.

Abstract

Introduction: Forensic Medical Evaluations (FMEs), which provide objective documentation of physical and psychological consequences of past abuse, can be pivotal in immigration proceedings, offering critical evidence of persecution endured by asylum seekers, which may corroborate their claims. Yet their applicability in humanitarian parole and Title 42 exemption cases remains underexplored. *Aim*: To characterise the role of Istanbul Protocol–informed FMEs in support of humanitarian parole and Title 42 exemption requests in the United States, and to describe associated clinical, psychosocial, and procedural features. *Methods:* This qualitative study examined 21 cross-border FMEs and medical vulnerability letters submitted from 2021 to 2024 by an academic medical centre-based asylum clinic in Baltimore, Maryland, in support of applications for humanitarian parole or Title 42 exemption. *Results:* Remote evaluations were utilised in 85.7% of cases. The largest demographic seeking protection (42.9%) was women from Honduras, Mexico, and Guatemala residing in Ciudad Juárez, Mexico, at the U.S.-Mexico border. Our analysis revealed a significant prevalence of a history of physical or sexual assault spanning from the country of origin to transit. Threats of death or harm, robbery, and racial discrimination were also noted across various stages of the migration journey. Post-traumatic stress disorder (PTSD) was the most common psychiatric diagnosis at 88.9%, followed by major depressive disorder (MDD) and generalised anxiety disorder (GAD) at 66.7% and 22.2%, respectively. Many cases (63.6%) cited inadequate mental health services in their country of origin or transit, with 57.1% of these also highlighting the unavailability of necessary medical treatment. A diverse array of medical reasons for humanitarian protection was identified, including developmental, cardiovascular, pulmonary, renal, infectious, and psychiatric diseases. All cases with

known outcomes received humanitarian protection. *Conclusion:* Our findings demonstrate proof of concept for the utility of remote medico-legal evaluations for cases seeking humanitarian parole into the U.S. in addition to providing a window into the diversity of such claims.

Keywords: forensic medical evaluations, humanitarian parole, Title 42, asylum, immigration

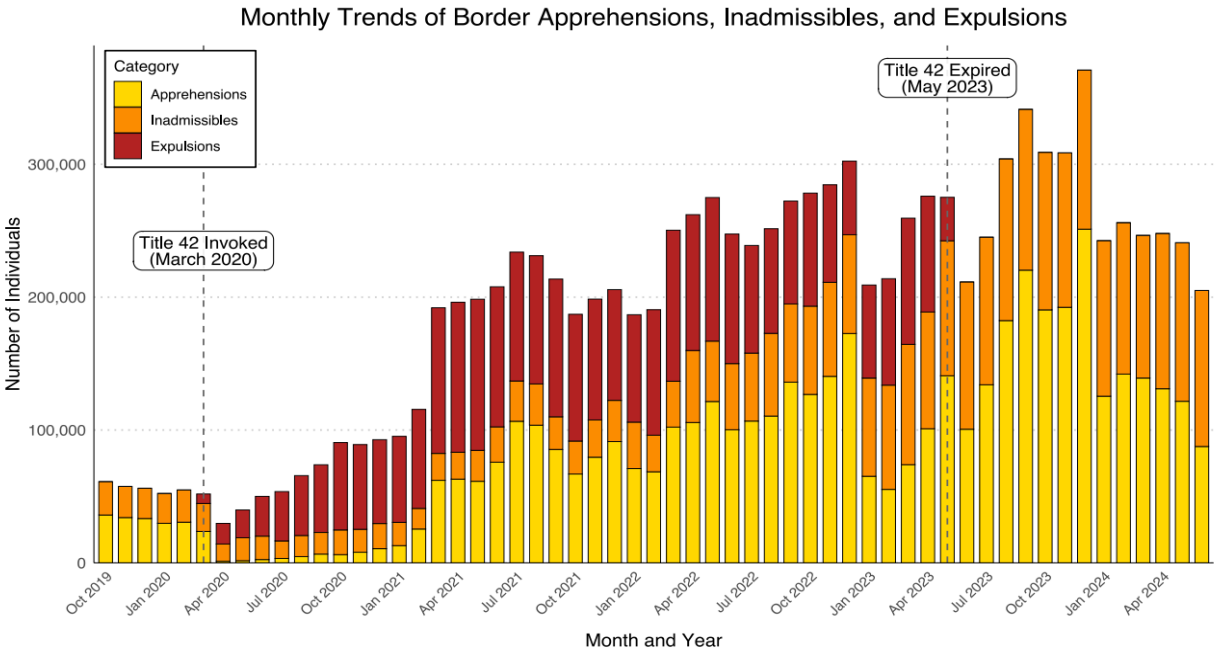
Introduction

Humanitarian parole (HP) provides temporary entry into the United States for individuals who would otherwise be considered inadmissible. In recent years, HP has become an increasingly important legal mechanism for enabling asylum seekers to enter the country while awaiting processing of their asylum applications. HP requests are filed on Form I-131 (with Form I-134 if sponsor-based) with supporting evidence. The U.S. Citizenship and Immigration Services (USCIS) adjudicates HP to eligible applicants seeking entry into the U.S. prior to their transit to the country. When a foreign national seeks HP at a port of entry, however, the decision may rest with U.S. Customs and Border Protection (CBP). Both USCIS and CBP consider various factors when weighing HP determinations, including the urgency of the circumstances, the impact on the individual's well-being, and the potential suffering if parole is not granted (U.S. Citizenship and Immigration Services, 2023). Urgency can be demonstrated by presenting a compelling reason for immediate action, such as exigent medical treatment or the need to assist a family member in the final stages of illness (U.S. Citizenship and Immigration Services, 2023).

HP designation is granted sparingly and requires parolees to attend immigration appointments, with the expectation that they will leave the U.S. before the parole expires unless they obtain a more permanent status. To interpret published DHS parole statistics, it is essential to distinguish approvals from grants. Approvals are decisions on advance requests to authorise parole. Grants are parole events that effectuate parole, typically issued by CBP at a port of entry. These counts reflect events rather than unique individuals. Some grants occur without any prior USCIS or ICE approval, some individuals submit multiple requests or receive multiple grants, and some approved overseas applicants do not travel to the U.S. As a result, DHS aggregates should not be interpreted as a baseline approval rate for individualised HP. During FY2023, DHS received 2,709,092 parole requests and approved 782,716, yielding an overall approval-to-request proportion of 28.9% (USCIS: 775,005/2,698,252 = 28.7%; ICE: 7,711/10,840 = 71.1%). In the same period, DHS granted 1,340,002 paroles (CBP 1,244,348 [OFO 940,348; USBP 304,000], ICE 85,608, USCIS 10,046) (Office of the Under Secretary for Management, 2024). The HP application process aims to prioritise the most vulnerable cases, such as individuals with significant health needs or vulnerabilities. HP has played a crucial role in providing temporary relief to asylum seekers facing challenging or potentially harmful conditions while awaiting entry to the U.S., enabling them to access essential medical care and reunite with family members already residing in the U.S. However, HP has received scrutiny across multiple branches of government.

In March 2024, a federal judge dismissed a lawsuit filed by Texas on behalf of 21 states challenging an HP program established by the Biden administration for Cubans, Haitians, Nicaraguans, and Venezuelans (Jordan, 2024; Lozano, 2024). Furthermore, during negotiations surrounding the bipartisan border security bill of 2024, the abolition or significant restriction of HP was discussed as a potential point of compromise during bilateral talks on border security and Ukraine funding (Diamante, 2024; Long et al., 2024). In the days following President Trump's inauguration in January 2025, the use of HP was further limited by executive order, with agencies instructed to broadly restrict humanitarian parole programs. Most recently, under the Trump Administration, the DHS narrowed the use of categorical parole pathways. In March 2025, the DHS published a Federal Register notice terminating the Cuba–Haiti–Nicaragua–Venezuela (CHNV) parole processes, with most existing CHNV parole ending 30 days after publication absent an individualized determination; following subsequent litigation, a Supreme Court stay on May 30–June 6, 2025 permitted DHS to proceed with termination notices in June 2025 ("Termination of Parole Processes for Cubans, Haitians, Nicaraguans, and Venezuelans," 2025; U.S. Citizenship and Immigration Services, 2025a; U.S. Department of Homeland Security, 2025). Separately, on January 28, 2025, USCIS paused acceptance of Form I-134A pending review of all categorical parole processes, effectively suspending new sponsor-based applications under programs including Uniting for Ukraine (U4U), certain family reunification parole processes, sponsored Afghan parole, and Central American Minors re-parole (Montoya-Gálvez, 2025; "Securing Our Borders," 2025; U.S. Citizenship and Immigration Services, 2025b). Notwithstand-

***Figure 1**. Impact of Title 42 policy on monthly border apprehensions, inadmissibles, and expulsions (2019-2024)*



ing these administrative changes, humanitarian parole remains a discretionary, case-by-case tool for "urgent humanitarian reasons" or "significant public benefit" (U.S. Citizenship and Immigration Services, 2023).

In contrast, Title 42, a provision of U.S. health law, was enacted early on during the COVID-19 pandemic to immediately expel asylum seekers arriving at the U.S.-Mexico border without due process (such as a credible fear interview to screen for asylum eligibility), citing public health concerns and disease prevention, as outlined in 42 U.S.C. § 265. Although it has been part of U.S. law since 1944, Title 42 was not invoked until March 2020, after which it was used over 2.5 million times to expel migrants (Figure 1) (Gostin and Friedman, 2023; Santana, 2022). Initially implemented under the pretext of serving to curb the spread of COVID-19, Title 42 was criticised for lacking public health justification and violating international law by denying asylum seekers the opportunity to have their claims evaluated, leading to increased use of dangerous migration routes and resulting fatalities (Fabi et al., 2022; Rosenberg et al., 2022; Santana, 2022; Zard et al., 2022). Additionally, the policy was criticised for its poor scientific foundation, given the lack of existing evidence to suggest that singling out asylum seekers or migrants for exclusion would effectively prevent the spread of COVID-19, particularly alongside lenient entry requirements for other foreign nationals, as was the case throughout the era in which it was enforced (Beckett et al., 2022; Durgun et al., 2023; Ulrich and Crosby, 2022). Following the lifting of the COVID-19 public health emergency on 11 May 2023, Title 42 automatically expired, and Title 8, the longstanding standard of immigration policy, was reinstated. During the period in which Title 42 was the status quo, non-citizens were allowed to apply for and receive exemptions to Title 42 on humanitarian grounds, largely related to ongoing negotiations alongside *Huisha-Huisha v. Mayorkas*, a case which challenged the invocation of Title 42 to restrict refugee and asylum entry.

In summary, HP is a discretionary, case-by-case authority under INA §212(d)(5). Individualised requests may be submitted in advance to USCIS on Form I-131 with supporting evidence, authorising travel. However, CBP makes the final parole determination at the port of entry. By contrast, "Title 42 humanitarian exceptions" were discretionary exemptions from the CDC public-health order that, when granted, permitted processing under Title 8; the Title 42 order ended on 11 May 2023. During that period, CBP used the CBP One application to schedule inspection appointments, and an appointment did not guarantee an exception or admission. HP remains available on a case-by-case basis, whereas Title 42 exceptions were

time-limited operational practices tied to the public-health order.

The complex nature of asylum claims and the traumatic experiences many applicants have undergone necessitate a comprehensive understanding of the impact of forensic medical evaluations (FMEs) in various immigration contexts, including applications for HP and exemptions under Title 42 in the United States. However, there is a dearth of literature regarding the specific impact of medico-legal evaluations in the context of applying for HP and/or seeking exemption under Title 42. This study seeks to address this gap by conducting the first analysis of cross-border medico-legal evaluations and letters of medical vulnerability for individuals applying for HP and/or seeking Title 42 exemption in the United States. Our aim was to characterise the role of Istanbul Protocol–informed FMEs in support of humanitarian parole and Title 42 exemption requests in the United States, and to describe associated clinical, psychosocial, and procedural features. Our specific objectives were to: (1) summarize client demographic characteristics (age, gender, origin, primary language), location at the time of evaluation, and modality (remote vs in-person); (2) delineate the reasons for application and the typical components of affidavits produced; (3) systematically categorize reported forms of mistreatment during migration; and (4) describe documented psychological sequelae among psychological cases and key medical indications among medical cases. The research will focus on exploring the demographic characteristics, lived experiences, and grounds for application of clients who have undergone FMEs through the HEAL Refugee & Asylum Collaborative (hereinafter, "HEAL Collaborative").

In light of the growing number of displaced individuals globally, with an estimated 123.2 million forcibly displaced people worldwide by the end of 2024, there is an urgent need for more trained clinicians to conduct trauma-informed FMEs to support applicants for immigration relief (UNHCR, 2025). Forensic evaluations are pivotal in immigration proceedings by providing corroborative evidence of trauma and persecution experienced by asylum seekers (Franceschetti et al., 2019; Hanna et al., 2021; Lustig et al., 2008; Peart et al., 2016). FMEs are not required but are often included when medical or psychological risk is relevant, consistent with USCIS evidence guidance encouraging detailed medical documentation and with the Istanbul Protocol's medico-legal standards (U.S. Citizenship and Immigration Services, 2022). FME content typically includes a trauma-informed history; physical examination or structured observation when indicated; psychological assessment where clinically appropriate; review of available records and photographs; and a consistency analysis linking findings to reported events, culminating in a medico-legal affidavit provided to the legal team in support of the client's application. These evaluations have been shown to significantly impact the application process, with success rates ranging from 82% to 89% for individuals who undergo FMEs in conjunction with legal services compared to the national average of 37.5% (Atkinson et al., 2021; Lustig et al., 2008; Peart et al., 2016). This finding highlights the critical role that FMEs can play in providing essential support and credibility to asylum seekers' accounts, potentially spelling the difference between securing legal status and being deported to face further persecution.

Study Data and Methods

Data Sources

This study utilised data from the HEAL Collaborative, programmatically based at Johns Hopkins University, with a mission to expand access to responsive health care and supportive services for immigrant survivors of torture and trauma seeking refuge in the U.S. The HEAL Collaborative provides pro bono FMEs to clients in the greater Baltimore area and beyond for the purposes of use in immigration proceedings. For this study, all evaluators were physicians with M.D. licensure specialising in internal medicine, paediatrics, emergency medicine, or nephrology. Evaluators completed FME training through the Physicians for Human Rights Asylum Network and/or the Asylum Medicine Training Initiative (DeFries et al., 2025). Abbreviated FMEs were conducted for a majority of cases involving reported human rights abuses and entailed the use of an Istanbul Protocol-based standardised approach, following a structured format for the medical and psychological assessments linking clinical findings to specific allegations of abuse (United Nations Office of the High Commissioner for Human Rights, 2022). The results of these concise FMEs were summarised in structured letters that were designed to be a maximum of 2–3 pages, reflecting the limited time DHS officials have to review submitted materials relative to asylum adjudicators. HP requests for non-torture cases were related to medical necessity and did not follow the Istanbul Protocol methodology.

All clients were referred to the HEAL Collaborative by the International Refugee Assistance Project (IRAP), a global non-profit organisation that provides legal aid and advocacy to refugees and displaced persons. Referring immigration attorneys provided a provisional recommended focus for each evaluation (e.g., suspected PTSD), but the evaluators were ultimately responsible for determining the focus areas based on the history elicited and their clinical judgment. Most of the clients referred by IRAP were served by their U.S.-Mexico Border pro-

gram, which offers remote legal counsel, community outreach, and legal advocacy to individuals forcibly displaced and pursuing asylum in the United States through the Ciudad Juárez/El Paso port of entry. As part of their legal support services, IRAP partnered with the HEAL Collaborative to conduct evaluations and write medico-legal support letters summarising any relevant clinical findings. Assessment duration ranged from approximately 30 to 120 minutes (most >60 minutes), with flexibility based on clinical/legal need. All evaluations were performed with a certified bilingual interpreter or language-concordant physician. In-person assessments occurred in private rooms at a community-based organisation in Ciudad Juárez, Mexico. Since FMEs do not constitute clinical care, evaluators are generally permitted to take on cases from jurisdictions outside their state or country of licensure, including virtual FMEs (Physicians for Human Rights et al., 2025). The study was approved by the Johns Hopkins Medicine Institutional Review Board (IRB00370039) and followed in accordance with the Declaration of Helsinki.

Methods

This retrospective qualitative study examined all FMEs and letters of medical vulnerability submitted by the HEAL Collaborative between February 2021 and March 2024. We analysed a subset consisting of 21 evaluations, which represented all HP and Title 42 exemption cases referred to our centre over the designated period. To maintain confidentiality, the evaluations were de-identified before being imported into NVivo, version 1.7.1, for qualitative analysis. Initial codes were developed based on the research objectives, resulting in a comprehensive codebook. Subsequently, multiple rounds of data review were conducted to identify similarities among codes and to refine or subdivide categories, ensuring that nuanced data were captured effectively. Coding was performed by two independent coders (A.L. and O.F.S.) with relevant clinical experience, yielding excellent interrater reliability (Cohen's kappa = 0.905).

In our analysis, we employed frequency labels to categorise forms of mistreatment and psychological sequelae observed across the cases. Specifically, we used four descriptors: "general" (all or nearly all cases), "typical" (≥50%), "variant" (4–8 cases), and "rare" (2–3 cases) (Hill et al., 2005). These labels facilitated a systematic approach to understanding and interpreting the prevalence and variation of mistreatment and psychological sequelae within our dataset. Intimate partner violence was defined as physical, sexual, or psychological abuse perpetrated by a current or former domestic partner.

Limitations

Several limitations are present in this study that warrant consideration. Firstly, the cohort primarily comprises clients of IRAP in Ciudad Juárez, Mexico. Consequently, these findings may not fully capture the diverse experiences of all applicants seeking HP and Title 42 exemptions, given the inherent geographic limitations of our sample. Additionally, the written reports conducted within this study were not uniformly standardized, given the need for conciseness for written reports in this setting (while FMEs for traditional asylum cases can result in affidavits that are often >10 pages, HP reports must be kept to 2–3 pages maximum given that they are not being reviewed by an asylum officer or immigration judge but rather by a CBP or USCIS official with limited time/capacity). This lack of standardisation poses a risk of underestimating the actual prevalence of mistreatment and psychological sequelae within this cohort, as variations in report structure could impact the identification and documentation of such issues. However, this did not limit the reports' focus, as deemed necessary by the evaluator. Moreover, qualitative coding was carried out by only two individuals, which introduces the potential for bias. While efforts were made to maintain objectivity, the subjective interpretation inherent in qualitative analysis may have influenced the results. These limitations underscore the need for caution when generalising findings and emphasise the necessity for future research endeavours to employ larger, more diverse cohorts, utilise standardised evaluation protocols, and incorporate multiple coders to enhance the robustness and reliability of conclusions drawn.

Results

Demographics

The cohort was predominantly female (61.9%) with an average age of 24.5 ± 10.2 (range 6–36) years. Of these clients, six (28.6%) were under 18 years old, three (14.3%) were aged 18–24, nine (42.9%) were aged 25-34, and three (14.3%) were 35 or older. The majority hailed from the Northern Triangle (33.3% from Honduras, 14.3% from Guatemala) or Mexico (23.8%). Additionally, there were clients from Haiti (two), Iraq (two), and one each from Ecuador and Ethiopia. The primary language spoken was Spanish (76.2%), while the remaining clients spoke Haitian Creole, Amharic, or Arabic. Demographic characteristics are shown in Table 1.

Evaluation characteristics and outcomes

The majority of evaluations (85.7%) were conducted remotely, with most clients situated in Ciudad Juárez, Mexico (76.2%) during the evaluation period. Evaluations occurred in 2021

Table 1. Demographic characteristics of all clients

	Number (n = 21)	Percent
Age		
<18	6	28.6
18–24	3	14.3
25–34	9	42.9
35–44	3	14.3
Gender		
Female	13	61.9
Male	8	38.1
Country of origin		
Honduras	7	33.3
Mexico	5	23.8
Guatemala	3	14.3
Haiti	2	9.5
Iraq	2	9.5
Ecuador	1	4.8
Ethiopia	1	4.8
Language		
Spanish	16	76.2
Haitian Creole	2	9.5
Arabic	2	9.5
Amharic	1	4.8

Table 2. Evaluation characteristics and outcomes

	Number (n = 21)	Percent
Evaluation modality		
Remote	18	85.7
In-person	3	14.3
Location at time of evaluation		
Ciudad Juárez, Mexico	16	76.2
Monterrey, Mexico	1	4.8
Celaya, Guanajuato, Mexico	1	4.8
Ethiopia	1	4.8
Jordan	1	4.8
Iraq	1	4.8
Year of evaluation		
2021	7	33.3
2022	13	61.9
2024	1	4.8
Reasons for application		
Medical and psychological	10	47.6
Psychological only	8	38.1
Family separation	2	9.5
Medical only	2	9.5
Outcome		
Granted Title 42 exemption	7	33.3
Granted HP	5	23.8
Unknown outcome*	4	19.0
Pending	4	19.0
Granted HP with subsequent removal†	1	4.8

* Contact with the client was lost.

† One client was granted HP but was unable to get to the border, and HP was subsequently revoked due to the order of removal.

(33.3%), 2022 (61.9%), and 2024 (4.8%). Two clients required disability accommodations: one for post-stroke hemiparesis and aphasia, and the other for cognitive impairment from traumatic brain injury. Neither condition constrained the evaluation: in the aphasia case, collateral history was provided by the patient's mother and primary caregiver. The adult with traumatic brain injury provided sufficient history to support a DSM-5–consistent diagnosis.

In terms of reasons for application, nearly half of the applications addressed both physical and psychological concerns, with 38.1% exclusively targeting psychological issues and 9.5% focusing solely on physical matters. Additionally, 9.5% aimed to prevent first-degree family separation. During evaluation, two clients were enrolled in the Migrant Protection Protocols (MPP) program, a U.S. immigration policy requiring certain asylum seekers to remain in Mexico while their cases are processed (American Immigration Council, 2025). All of the 13 known application outcomes resulted in either an HP or a Title 42 exemption. One of these clients was granted HP based on the submitted letter of medical vulnerability, but HP was revoked after the client could not safely reach the U.S.-Mexico border from their existing location in the interior of Mexico. Evaluation characteristics and outcomes are detailed in Table 2.

Forms of ill treatment

General forms of mistreatment: Among clients whose applications centred on psychological reasons, common forms of mis-

***Table 3**. Mistreatment and psychological sequelae in clients applying for psychological reasons*

	Frequency label	Number (n = 18)	Percent
Forms of mistreatment			
Physical assault	Typical	9	50.0
Sexual assault	Typical	9	50.0
Threats of death or harm	Variant	7	38.9
Robbery	Variant	5	27.8
Racial/ethnic discrimination	Variant	4	22.2
Forced confinement	Variant	4	22.2
Intimate partner violence	Rare	3	16.7
Family separation	Rare	3	16.7
Verbal assault	Rare	2	11.1
Psychological sequelae			
Symptoms of PTSD	General	17	94.4
Diagnosed PTSD*	Typical	16	88.9
Symptoms of depression	Typical	13	72.2
Diagnosed MDD*	Typical	12	66.7
Symptoms of anxiety	Variant	5	27.8
Diagnosed GAD*	Variant	4	22.2
Suicidality	Rare	3	16.7

* Based on DSM-5 criteria

treatment reported in their histories included physical and sexual assault, each occurring in 50.0% of cases (Table 3). Physical assault often coincided with other types of abuse, such as intimate partner violence and robbery. Perpetrators of physical violence varied, ranging from close relationships like intimate partners or family members to strangers such as local gang members or unknown assailants. Several clients disclosed experiences of sexual abuse, often perpetrated by distant family members during childhood. Noteworthy are two instances of sexual assault occurring at the U.S.-Mexico border where clients sought humanitarian protection. One client from Haiti was bound, forced into a car, and sexually assaulted by two men in Ciudad Juárez. Another client was sexually abused and raped by a former employee at her shelter.

Variant forms of mistreatment. Variant mistreatment forms encompassed threats of harm (38.9%), robbery (27.8%), forced confinement (22.2%), and racial or ethnic discrimination (22.2%). Threats of death or harm typically originated in the client's country of origin. Perpetrators' relationships with the clients varied. For instance, a Honduran client and her husband, who owned a stall, faced extortion and death threats from gang members demanding "taxes." Another client received "threatening text messages from her ex-partner and her family, taunting her and referencing her HIV diagnosis." In yet another case, an alleged rapist persistently "harassed, intimidated, and threatened [the client] and her mother with death due to [the client's] parents' determination to bring him to justice." Despite seeking police intervention, the threats persisted in all cases, with some clients explicitly advised by the police to leave the country for their own safety. Regarding robbery cases, four out of five clients were robbed in Mexico while en route to the U.S. border, with two incidents occurring in Ciudad Juárez, where clients sought shelter. Among the noted cases of forced confinement, two Honduran clients were kidnapped and held hostage in Mexico (kidnappings of migrants by cartels are commonplace on the border). Another client from Haiti reported being kidnapped with her son and sexually assaulted in her country of origin, while her son was deprived of food and water. In instances of racial or ethnic discrimination, all three clients housed in Ciudad Juárez experienced verbal abuse at the border. The ethnic backgrounds of these clients were Garifuna, an Afro-indigenous ethnic minority; Quechua, an indigenous ethnic minority; and Haitian. The client from Haiti explicitly stated that this discrimination prevented him from finding work or accessing health care.

Rare forms of mistreatment: Rare instances of mistreatment included intimate partner violence (16.7%), separation from family (16.7%), and verbal abuse (11.1%). Intimate partner violence was documented in three cases: one involving repeated head trauma inflicted by a prior domestic abuser, resulting in "loss of consciousness and subsequent concussive symptoms on at least three separate occasions," one case where a "former

partner purposely drove over her foot with his motorcycle, requiring surgical intervention," and another of physical assault by a first cousin, whom the client was compelled to marry in return for land. Singular occurrences of mistreatment involved property seizure, police intimidation, coerced marriage, and attempted abduction.

Psychological sequelae

Among clients seeking humanitarian protection on psychological grounds ($n = 18$), symptoms of post-traumatic stress disorder (PTSD) were prevalent in nearly every client, with all but one provisionally diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria (Table 3) (American Psychiatric Association, 2013). Symptoms often manifested as intrusion, as seen in one client who, after experiencing threats from a local gang, reported feeling "afraid and unsafe when her husband is not around...[and] fearing a repeat kidnapping when she hears footsteps near her." Other frequently noted symptoms included negative mood changes (low self-esteem, guilt, negative affect, feelings of isolation) and avoidance of reminders of the trauma. Depression symptoms were typical, affecting 72.2% of clients; of these, all but one were diagnosed with major depressive disorder (MDD). One 15-year-old client with MDD expressed feeling as if "something must be wrong with him to be the target of so many attacks from his peers and his teachers." Anxiety symptoms varied, occurring in 27.8% of clients, with generalised anxiety disorder diagnosed in all but one of these cases. One client's anxiety was exemplified by his need "to leave his job at a car repair shop only two weeks after starting due to his fear that something dangerous would happen to him, and because his difficulty breathing from his anxiety was exacerbated by wearing a mask at work." Instances of suicidal thoughts were noted infrequently, with an occurrence rate of 16.7% in the evaluations. Of these three cases noting suicidality, two involved active suicidal ideation and one a history of suicidality in adolescence; plans and intent were not documented in the affidavit (of note, based on one's interpretation of the Immigration and Nationality Act [INA], suicidality can be considered grounds for inadmissibility) but were addressed following the evaluation in collaboration with the referring attorney and local organizations. Mistreatment and psychological sequelae are depicted in Table 3.

Medical reasons for seeking humanitarian protection

In cases where clients applied for humanitarian protection due to inadequate access to care in their current country of residence, a variety of diagnoses spanning multiple body systems were observed. These evaluations revealed unique medical justifications, each noted in singular cases across the cohort. Diagnoses included atrial myxoma, cerebral palsy, developmental delay, gastritis, gastrointestinal bleed, human immunodeficiency virus (HIV), hypertension, kidney failure requiring transplant, lung disease, unrepaired umbilical hernia, and one case of a congenital urologic disorder. All these clients sought HP to access treatment in the U.S., which was unavailable in their country of current residence. Two applications were solely on medical grounds. In one case, a mother was granted HP as the primary caregiver for her son, a U.S. citizen requiring specialised care due to repeated strokes caused by atrial myxoma. The other case involved an 18-year-old woman with kidney failure receiving inadequate dialysis and awaiting a transplant.

Discussion

Previous studies have highlighted shifts in the demographic composition of U.S. asylum seekers supported by asylum clinics. While historically dominated by male individuals fleeing political persecution in Africa, the current trend shows a prevalence of female victims from the Northern Triangle escaping domestic and gang violence (Cuneo et al., 2021; Gallagher et al., 2022; Zero et al., 2019). Our findings corroborate these trends, with a majority of our cohort being female (61.9%), and nearly half originating from Honduras or Guatemala.

In our study, the primary basis for seeking HP or Title 42 exemption was a combination of physical and psychological reasons. Usually, these medical needs would develop independently and become exacerbated due to a lack of accessible medical and/or psychiatric care in the client's country of origin and residence. For example, one client exhibited PTSD and MDD due to a history of physical, psychological, and sexual abuse by a former partner, and years later developed an abdominal hernia at the U.S.-Mexico border that required urgent surgical intervention. However, the interplay of physical health and mental health cannot be overstated, and unmet medical needs may play a role in the development and worsening of psychological distress in this context (a lack of perceived safety can also contribute significantly to this). Notably, psychological reasons accounted for the majority (85.7%) of applications, underscoring the profound impact of trauma and mental health issues in this vulnerable population and the subsequent need for sufficient and accessible mental health services. It is important to note that the inaccessibility of mental health services is not exclusive to asylum seekers but extends to the general population in Mexico. This shortage is exacerbated by a surge in mental health challenges, including a high prevalence of mental disorders, insufficient funding for support systems, and low utilisation of available services due to stigma from the general population and

from psychiatrists (Lagunes-Cordoba et al., 2021). Neglecting psychological needs during the asylum process could have both immediate and long-term repercussions. These may include worsening mental health among individuals and greater economic costs for host countries, driven by increased healthcare utilisation and reduced workforce participation (Trautmann et al., 2016). Hence, early intervention and comprehensive mental health support are crucial for both the well-being of asylum seekers and the interests of the countries of transit.

Our findings regarding the psychological impact on clients seeking humanitarian protection are consistent with existing literature, which consistently reports high rates of PTSD, depression, and anxiety symptoms (Cuneo et al., 2021; Emery et al., 2022; Lasowski et al., 2023; Wikholm et al., 2020). Particularly noteworthy is the prevalence of PTSD in our cohort, with almost all clients seeking protection based on psychological grounds exhibiting some symptoms of PTSD, which may be particularly pronounced in this setting due to isolation and a perceived lack of safety at the border. Importantly, traumatic events triggering PTSD were not confined to pre-migration but also occurred in transit and post-migration, including experiences of physical and sexual assault, robbery, and confinement (Andisha and Lueger-Schuster, 2024; Atrooz et al., 2022; Carlsson and Sonne, 2018; Goodkind et al., 2021). Of the seven clients who shared experiences of trauma outside their home countries, five mentioned incidents in Ciudad Juárez. These included two cases of sexual assault, racial discrimination, and robbery, as well as one case of verbal abuse and forced confinement. Four clients reported trauma from another Mexican city before reaching the border. This included three cases of forced confinement, two cases of physical assault and sexual assault, one case of verbal abuse, and incidents of robbery and forced separation. One client experienced trauma in Panama, involving physical assault and witnessing a sexual assault, while another client experienced robbery in Guatemala. Thus, our findings demonstrate the perilous conditions migrants face while seeking humanitarian protection, especially during transit and after migration, indicating the need for greater support for migrants at every stage of their journey.

Our findings also suggest that protracted transit settings, such as areas on the U.S.-Mexico border, fall short of providing adequate protection for refugees and asylum seekers, evident in the risks of kidnapping, disappearance, sexual assault, trafficking, and other grave harms faced by migrants. Such risks are affirmed in a 2017 report by Doctors Without Borders, which found that 68.3% of migrants and refugees entering Mexico from the Northern Triangle reported being victims of violence during their transit towards the United States, and 31.4% of women and 17.2% of men had been sexually abused during their transit through Mexico (Médecins Sans Frontières, 2017) and other reports (Cuneo & Janeway, 2020). Notably, an unsafe environment can lead to exacerbation of PTSD symptom burden, which could partially explain the very high prevalence of PTSD in our sample. Although the United States does not maintain a Safe Third Country Agreement with Mexico, certain U.S. policies, including the Migrant Protection Protocols, have functionally presumed that Mexico could provide complementary protection while claims proceed. In general, the "safe third country" concept presupposes access to a full and fair procedure for determining an asylum claim or to an equivalent form of temporary protection (U.S. House of Representatives, 1952). However, an Amnesty International report found that 75% of individuals passing through migration detention centres in Mexico were not informed of their right to seek asylum (Amnesty International, 2018). Given the dangers faced by migrants seeking humanitarian protection at the U.S.-Mexico border and the inadequacies in Mexico's refugee protection system, it is imperative to be critical when considering whether a country can provide adequate protection to ensure that asylum seekers are not subjected to further harm or mistreatment in transit. Strengthening support to build an effective refugee protection system in countries of transit and addressing the risks faced by migrants at borders are essential steps to ensuring the safety and well-being of those seeking humanitarian protection.

Lastly, the use of remote modalities in conducting medico-legal evaluations for asylum seekers has emerged as a valuable and accessible tool for individuals seeking protected immigration status (Bayne et al., 2019; Green et al., 2020; Mishori et al., 2021; Pogue et al., 2021; Simeon and Cuneo, 2023). These evaluations have empowered clinicians to conduct thorough assessments of the psychological consequences stemming from human rights violations, playing a pivotal role in bolstering asylum claims and guiding immigration adjudicators. This study's findings add to existing data supporting the utility of remote medico-legal evaluations in immigration proceedings, as all cases that were known to have been granted HP and Title 42 exemption were conducted remotely. Because this consecutive case series lacks a valid comparison group, we cannot infer that reports associated with known grants differed from others, and we avoid benchmarking our outcomes against system-wide DHS figures, which aggregate heterogeneous parole pathways and count events rather than unique individuals. Constructing a valid counterfactual cohort would require cases matched on key drivers of parole decisions and outcomes, including pathway (USCIS, CBP, or ICE), custody status, legal posture, urgency or medical severity, country conditions, and

timing or port practices. Many of these factors are unobserved, not publicly available, or discretionary. In the context of a rapidly evolving landscape where remote activities are becoming increasingly prevalent across various sectors, the acceptance and integration of remote forensic evaluations for asylum seekers hold significant promise for improving access to critical assessments for vulnerable populations. Further exploration of potential action plans for the risk of remote evaluations, such as responding to active suicidal ideation in a client, alongside a comparative analysis of outcomes between remote and in-person evaluations, will be crucial in solidifying the efficacy, safety, and comparability of remote forensic evaluations in supporting claims for humanitarian protection.

FMEs can carry risks of psychological distress or re-traumatisation during recounting; this requires trauma-informed interviewing, explicit consent, strict confidentiality, and referral pathways for clients exhibiting acute stress reactions during the encounter. They may also entail privacy and data security vulnerabilities, especially when conducted remotely in unstable settings, and communication risks when working through interpreters. Remote modalities can limit nonverbal observation and physical examination, and uneven access to trained evaluators can create evidentiary inequities. We mitigated these risks by adhering to ethical principles consistent with the Istanbul Protocol (do no harm, consent, confidentiality), using secure channels, pre-briefing, supporting interpreters, working with legal organisations to identify appropriate referral pathways in cases of acute distress, and limiting detail to what is necessary for medico-legal purposes.

Although the Title 42 public-health order ended on 11 May 2023, processing reverted to Title 8 authorities. HP remains a discretionary, case-by-case tool under INA §212(d)(5), and adjudicators across parole, asylum, and Convention Against Torture proceedings continue to consider medical and psychological evidence. FMEs therefore remain pertinent for documenting trauma-consistent findings, clinical needs, and risk, and for supporting lawful-pathway submissions (including HP) and protection claims under current policy.

Conclusion

Our study adds critical evidence to the existing body of literature on the significant impact of trauma and mental health challenges on migrants and asylum seekers. Of note, we report several cases that reveal numerous forms of mistreatment faced by migrants in countries and towns of transit toward the U.S.-Mexico border, drawing attention not only to the personal suffering endured but to the systemic challenges and human rights violations encountered by individuals seeking safety and asylum. Hence, our study contributes to the political discourse of what constitutes a "safe third country," indicating the necessity for enhanced protections, advocacy, and policy interventions to safeguard the rights and dignity of migrants. The significance of our findings becomes especially apparent in light of the "transit" bans by both the Trump and Biden administrations. These policies penalise asylum seekers who do not seek humanitarian protection in countries they transit through on their way to the U.S., despite the lack of safe conditions many clients described while in transit. Lastly, our findings affirm the utility of remote cross-border medical evaluations in assisting individuals seeking HP or Title 42 exemption, offering a practical solution to extend protection to those in need.

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To nullify and punish: "Sexual conversion practices" as acts of torture in Latin America

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Key points of interest

- Sexual conversion practices can meet the legal threshold of torture, particularly where severe suffering is intentionally inflicted for discriminatory purposes.
- These practices operate through structured mechanisms - psychological, physical, and social - aimed at suppressing or reshaping identity.
- The "specific purpose" element (e.g. punishment, coercion, or discrimination) is central to legally characterising these practices as torture.
- Evidence from Latin America indicates that these practices persist within contexts of institutional tolerance and impunity.

Abstract:
Introduction: The formulation of the legal definition of torture has sparked an ongoing debate concerning the relative weight of its three constitutive elements: the infliction of either physical or mental pain or suffering, its intentional character, and its specific purpose. Whilst some interpretations privilege intentionality as the central defining characteristic, others stipulate purpose as the decisive criterion for identifying torture. This article assesses whether the so-called "sexual conversion practices" satisfy these elements and examines the role of specific purpose as an interpretive criterion. *Methods*: The article adopts a doctrinal legal analysis within international human rights law, with particular attention to the jurisprudence of the Inter-American human rights system, complemented by a forensic and contextual interpretive approach. *Results:* Sexual conversion practices may meet the constitutive elements of torture, particularly in contexts shaped by structural discrimination, where physical or psychological suffering is intentionally inflicted for discriminatory purposes. *Discussion:* Whereas specific purpose emerges as a central interpretive criterion, its analytical value is limited by its presence in other forms of ill-treatment, requiring renewed engagement with its role in legal interpretation.

Keywords: Sexual conversion practices, torture, LGBTIQ+, specific purpose

Introduction

Following the formulation of the legal definition of torture, the relative weight of its constitutive elements has been the subject of sustained debate, particularly regarding the role of intentionality and the function of specific purpose as a qualifying criterion (Association for the Prevention of Torture, 2001). Although intentionality refers to the conscious and voluntary infliction of harm, specific purpose requires that the act be carried out in pursuit of a particular objective, often embedded in a broader context. This distinction is critical, as acts of torture

rarely involve an explicit or readily demonstrable manifestation of intent, making the purposive element especially relevant for their legal identification.

Sexual conversion practices, so-called "conversion therapies", or "Sexual Orientation and Gender Identity Change Efforts" (SOGICE), constitute a paradigmatic example. These practices—rejected by international organisations and professional mental health bodies—aim to suppress or alter sex-gender identity and expression in people perceived as deviating from heteronormative or cis-normative standards. Their operation is typically systematic and prolonged, combining overtly violent techniques, such as electroshock or so-called "corrective rape," with sustained coercive regimes, including isolation, forced medicalisation, and "gender re-education" programmes. In all instances, their functional objective is the same: the suppression of non-normative sexual orientations and gender identities.

In recent years, a growing number of jurisdictions have adopted legislative or regulatory measures to prohibit "sexual conversion practices", particularly in relation to minors. These initiatives reflect an emerging international recognition of the harms associated with such practices and their incompatibility with fundamental human rights standards (Mendos, 2020). Despite these legislative developments, the legal characterisation of these practices as forms of torture or ill-treatment remains insufficiently explored in doctrinal and forensic analyses.

From this perspective, this article analyses conversion practices under the legal definition of torture of the Inter-American Human Rights system, arguing that their specific purpose enables the articulation of the remaining constitutive elements. On this basis, the article pursues a dual objective: first, to develop criteria capable of fostering doctrinal dialogue between regional human rights systems regarding the qualification of conversion practices under international law; and second, from a strategic litigation standpoint, to propose an argumentative framework for their legal characterisation as acts of torture before judicial and quasi-judicial bodies.

Although this article focuses primarily on the jurisprudence of the Inter-American human rights system, this choice responds to both doctrinal and contextual considerations. Latin America has produced one of the most developed regional bodies of jurisprudence on torture and ill-treatment, as well as increasing documentation of conversion practices and active advocacy by civil society organisations. The Inter-American Court's doctrinal elaboration on the purpose, severity, and contextual elements of torture therefore provides a particularly useful analytical framework. At the same time, the arguments developed here are situated within the broader international human rights regime and may contribute to ongoing debates in other regions, including those shaped by United Nations treaty bodies and other regional systems.

Torture as a concept

Torture has traditionally been understood as one of the most severe violations of human dignity, not only because of the harm it produces, but also because it reflects the exercise of power beyond lawful limits. Historically, its use has been linked to the purposes for which it is implemented: breaking physical and mental resistance, subduing the will, punishing the body, and/or controlling divergence (Rejali, 2007). These aims are followed even when the legal, political, or social framework is violated, because, as Elaine Scarry (1985) points out, its intent is to use pain to secure power:

> "Pain annihilates not only the objects of complex thought and emotion but also the objects of the most elemental acts of perception. It may begin by destroying some intricate and demanding allegiance, but it may end (as is implied in the expression "blind pain") by destroying one's ability simply to see. In torture, this world dissolution, acknowledged in confession, is mimed in the conversion into weapons and resulting cancellation of all parts of the room as well as all parts of the larger world that can be bodied forth in the torturer's action and speech" (p. 54)

This is particularly significant given that the term torture derives from the Latin *torquere*, meaning "to twist" or "to change by force" (Harper, n.d.). In this sense, the word torture reflects a dual dimension: on the one hand, the intention to disrupt or break the integrity, and on the other hand, the imposition of a particular form, condition, or state (Miller, 2006). However, after World War II, a path toward a more precise conceptualisation began. It was based on the idea that it is a practice ordered or tolerated by the State, in which its agents -generally security and/or law enforcement[1]-, directly or with private support, use conferred resources and powers to achieve objectives unattainable by legitimate means. Clear examples include coercive interrogations, human experimentation, persecution and silencing of dissidents, and social repression. These advances were reflected in instruments such as the 1947 Nuremberg Code, the 1949 Geneva Conventions, and, in greater detail, the 1984

1 In Mexico, the Supreme Court of Justice of the Nation (SCJN) recognized that obstetric violence can constitute torture by producing physical and psychological effects in a context of intimidation and deception generated by state agents, moving away from the reductionism of security and justice activities(SCJN, 2021).

UN Convention against Torture (CAT), thereby consolidating this body of norms.

In this regard, the definition set out in the 1984 United Nations Convention against Torture is particularly relevant, as it not only provides a legal characterisation of torture, but also implicitly recognises its coexistence with other forms of prohibited ill-treatment. Within this framework, torture and cruel, inhuman, or degrading treatment or punishment are understood as part of a continuum of violence, in which torture constitutes a more aggravated or complex form of abuse. The Convention conceptualises torture through the convergence of specific elements, namely the infliction of physical or mental pain or suffering, its intentional character, and its specific purpose, while simultaneously leaving space for the recognition of other forms of ill-treatment that, although prohibited, do not necessarily meet this threshold (Table 1).

From a dogmatic perspective, the distinction between these categories does not rest on a single element, but on the interaction between the intensity of the harm inflicted, the nature of the conduct, and its purposive orientation. Within this framework, the distinction between torture and other forms of cruel, inhuman, or degrading treatment has traditionally relied on the severity

of the suffering inflicted. This is understood as the threshold that marks torture as the most aggravated form of prohibited conduct. By contrast, other forms of ill-treatment tend to involve acts of humiliation, degradation, or abuse that, whilst harmful, do not necessarily entail the same degree of structural intervention over the person or the same configuration of purposes. This distinction has been central to forensic and judicial analysis, as it enables authorities to determine whether an act meets the legal threshold for torture or falls within the category of cruel, inhuman, or degrading treatment.

Nonetheless, this approach has simplified the identification of crucial limitations. The assessment of severity is inherently contextual and may depend on the biopsychosocial characteristics of the victim, including age, gender, physical or mental health status, or conditions of vulnerability. Moreover, an exclusive focus on intensity risks may obscure cumulative, prolonged, or primarily psychological harms, as well as those that operate through mechanisms not immediately visible (Cantoral Benavides v. Peru, 2000, para. 102). In response to these challenges, developments within the Inter-American human rights system have progressively broadened the analytical framework. In particular, the Inter-American Convention to Prevent and Punish Torture incorporates conduct consisting of methods intended to nullify the victim's personality or to diminish their physical or mental capacities, even where these do not produce acute physical pain. This expansion reflects a shift toward recognising that certain practices may qualify as torture not only because of the intensity of suffering inflicted, but also because of their capacity to disrupt autonomy, identity, and agency. At the same time, the prohibition of torture has been consolidated as an absolute norm of *jus cogens*, admitting no justification under any circumstances. Furthermore, it has been accompanied by an increasing emphasis on States' duty to adopt preventive measures, including the training, supervision, and accountability of public officials.

In practice, however, the boundary between torture and cruel, inhuman, or degrading treatment is often shaped by evidentiary considerations. Adjudicatory bodies rely on the available evidentiary record to determine the appropriate legal characterisation of the conduct. Where the documentation of the acts and their consequences allow for the establishment of particularly aggravated forms of harm attributable to the responsible agent, the conduct may be characterised as torture; where such elements cannot be conclusively established, it may instead be addressed within the broader framework of cruel, inhuman, or degrading treatment. This dynamic reflects both the conceptual proximity between these categories and the practical structure through which courts evaluate and classify allegations of abuse under international law.

From this perspective, even though severity remains a relevant legal criterion, it should not be understood as a rigid or exclusive threshold. Rather, it must be interpreted in conjunction with the nature of the methods employed, the context in which they are deployed, and their functional or purposive orientation. In particular, practices that are designed to transform, suppress, or nullify the victim's personality or autonomy may meet the legal threshold of torture when the constitutive elements are satisfied. It is especially present in contexts marked by coercion, dependency, or structural discrimination, even where the intensity of suffering is not easily measurable in conventional terms. The aforementioned is consistent with the understanding, reflected in international jurisprudence, that violations of personal integrity exist along a continuum encompassing both torture and other forms of cruel, inhuman, or degrading treatment, in which their differentiation depends not on a single factor but on the interaction between the characteristics, purposes, and effects of the conduct.

The development of the *Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*—known as the Istanbul Protocol—marked a turning point in the systematisation of criteria to understand and document torture in all its complexity. The Protocol emphasises the importance of identifying

Table 1. *Legal definitions of torture. Based on available legal frameworks.*

Element	UN Convention against Torture (1984)	Inter-American Convention to Prevent and Punish Torture (1985)	Ley General para Prevenir, Investigar y Sancionar la Tortura y otros Tratos o Penas Crueles, Inhumanos y/o Degradantes [General Law to Prevent, Investigate, and Punish Torture] (Mexico, 2017)
Perpetrator	...a public official or other person in the exercise of an official function, at his instigation, or with his consent or acquiescence	Will be liable for the crime of torture: 1. Public employees or officials who, acting in that capacity, order, instigate, or induce its commission, commit it directly, or who, having the ability to prevent it, fail to do so. 2. Persons who, at the instigation of the public officials or employees referred to in subsection a., order, instigate, or induce its commission, commit it directly, or are accomplices.	1. The public servant who 2. The individual who: a. With the authorization, support, or acquiescence of a Public Servant commits any of the conduct described b. With any degree of authorship or participation, intervenes in the commission of any of the conduct described
Conduct	any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person,	1. Any intentional act that inflicts physical or mental pain or suffering on a person, 2. Or the application of methods to a person intended to nullify the victim's personality or diminish their physical or mental capacity, even if they do not cause physical pain or psychological distress.	1. Causes physical or psychological pain or suffering to a person 2. Commits conduct that tends or can diminish or nullifying the Victim's personality or physical or psychological capacity, even if it does not cause pain or suffering 3. Performs medical or scientific procedures on a person without their consent or without the consent of someone who could legally grant it.
Specific purposes	1. To obtain information or a confession from them or a third party 2. To punish them for an act they have committed, or are suspected of having committed 3. To intimidate or coerce that person or others 4. For any reason based on any type of discrimination	1. For criminal investigation purposes 2. As a means of intimidation 3. As personal punishment 4. As a preventative measure 5. As a punishment 6. For any other purpose	1. To obtain information or a confession 2. For criminal investigation purposes 3. As a means of intimidation 4. As a means of personal punishment 5. As a means of coercion 6. As a preventive measure 7. For reasons based on discrimination 8. For any other purpose:

Element	Ley 20.968. Tipifica Delitos de Tortura y de Tratos Crueles, Inhumanos y Degradantes [Law 20.968 Defines the offences of torture and cruel, inhuman or degrading treatment] (Chile, 2016)	Ley 599/2000 [Law 599 / 2000] (Colombia, 2000, as amended)	Ley 23.097 [Law 23.097] (Argentina, 1984)
Active subject	1. Any public employee who, abusing his or her position or duties, inflicts, orders, or consents to the use of torture; 2. The same penalty shall be imposed on any public employee who, knowing of the occurrence of such conduct, fails to prevent or stop the use of torture, even if he or she has the necessary power or authority to do so or is able to do so. 3. The same penalty shall be applied to any individual who, in the exercise of public duties, or at the instigation of a public employee, or with the consent or acquiescence of the latter, carries out the acts referred to in this article.	He who inflicts on a person	1. The public official 2. The same penalty shall be imposed on private individuals who commit the acts described.
Conduct	1. Any act by which severe pain or suffering, whether physical, sexual, or psychological, is intentionally inflicted on a person. 2. The intentional application of methods intended to annul the personality of the victim, or to diminish his or her will or capacity for discernment or decision, for any of the following purposes:	[Inflict] severe pain or suffering, physical or mental	1. Imposes any kind of torture on persons, whether legitimately or unlawfully deprived of their liberty. 2. Torture shall be understood not only as physical torment, but also as the infliction of psychological suffering when this is sufficiently severe.
Specific purposes	1. Obtaining information, statements, or confessions from the victim or a third party 2. Punishing the victim for an act that the victim has committed or is alleged to have committed 3. Intimidating or coercing the victim 4. Due to discrimination based on grounds such as the victim's ideology, political opinion, religion, or beliefs; nation, race, ethnicity, or social group to which the victim belongs; sex, sexual orientation, gender identity; age, affiliation, personal appearance, health status, or disability 5. For any other purpose.	1. Obtaining information or a confession from her or a third party 2. Punishing her for an act she has committed or is suspected of having committed 3. Intimidating or coercing her for any reason that involves any type of discrimination 4. Anyone who commits the conduct for purposes other than those described in the preceding paragraph shall incur the same penalty.	No element

The table includes legal definitions of torture based on statutory provisions available at the time of submission. Years correspond to the enactment or most recent reform of the relevant provisions. Translations are the author's own.

not only physical evidence but also signs and symptoms of psychological and social harm, enabling the recognition of more subtle forms of torture, including those that may be concealed by their presentation as legitimate or therapeutic practices. In doing so, it reinforces the need to assess harm beyond immediately observable manifestations, in line with a broader understanding of torture that accounts for its cumulative, contextual, and often less visible effects.

A key contribution to this broader understanding came from Martín-Baró (1983), who argued that torture is not only the infliction of physical pain, but a structured mechanism for breaking a person's dignity and agency. According to this perspective, torture operates within frameworks of power and impunity, seeking to weaken, humiliate, and render the victim powerless. Specialists working with victims of authoritarian regimes in Latin America have expanded on this view, documenting the prolonged individual and collective consequences of torture, including loss of trust, identity fragmentation, disruption of personal life trajectories, and the weakening of social and reparative mechanisms (Bendfeldt-Zachrisson, 1988; Domovitch et al., 1984; Reyes, 2007). Accordingly, torture may be understood not only as a criminal act but also as a mechanism of structural, political, and social repression and silencing.

This perspective is key to comprehending how violence may function not only as a form of punishment, but also as a mechanism aimed at correcting or suppressing what is perceived as deviant behaviour. In this regard, existing documentation, such as the report *Aniquilar la diferencia* (2015), illustrates how LGBTIQ+ people have been subjected to threats and attacks by armed actors seeking to repress dissent and reinforce normative social orders.

Sexual conversion practices

Sexual conversion practices comprise a heterogeneous set of interventions aimed at modifying sexual orientation, gender identity, and/or gender expression. These interventions are grounded in medical, psychological, religious, or social doctrines that pathologise sex- and gender-diverse experiences (International Rehabilitation Council for Torture Victims, 2020). Their defining feature lies in their eclectic operational design: implementation typically depends on the interpretive frameworks of those who administer them and on the perceived severity of the conduct to be "corrected." Consequently, a wide range of aversive, sensitisation, desensitisation, and reinforcement strategies are employed, resulting in practices ranging from overt violence to more subtle forms of coercion and manipulation (Table 2).

The genealogy of these interventions can be traced to psychoanalytic and behavioural frameworks that historically pathologized sexual dissidence (Bieber, 1962; Socarides, 1968, 1983), as well as to clinical interventions that claimed to have "cured" homosexuality (Birk et al., 1971; Drescher, 2015a; Feldman, 1966; Gold & Neufeld, 1964; James, 1962; Kraft, 1967; McConaghy et al., 1981; Murphy, 1991; Nicolosi et al., 2000 Pradhan et al., 1982; Rekers & Lovaas, 1974). These sources are referenced not to endorse their premises, but to reconstruct the intellectual and clinical origins of practices that continue to persist. Contemporary scientific and human rights standards have widely rejected these approaches (Glassgold, et al, 2009; Organisation Intersex International Europe, 2018; United Nations Development Program, 2022). Nevertheless, contemporary iterations continue to circulate through pseudoscientific networks, transnational religious organisations, and coaching industries offering retreats, camps, and workshops that frame sexual and gender diversity as deviation (Bañuelos, 2017, 2023; Drescher, 2015b).

Within the biomedical field, these corrective logics have also produced invasive interventions such as non-consensual hormone treatments, electroshock therapies, and, in extreme cases, the surgical modification of intersex bodies without medical indication (Carpenter, 2016; Inter et al., 2018). In Mexico, human rights organisations have documented the use of sexual desire inhibitors and forced hormone administration in children and adolescents (Documenta A.C., 2024; Mendos, 2020). Such interventions violate the principles of progressive autonomy and non-maleficence and constitute forms of medical violence.

Genital surgeries on intersex children—including clitoridectomies, gonadectomies, and vaginoplasties—are frequently performed without the child's participation in decision-making processes (Méndez, 2013), undermining both human dignity and the development of personal identity. Current scientific consensus indicates a very limited necessity for medical or surgical intervention in most intersex variations (Drescher, 2015c; Glassgold et al., 2009; Organization Intersex International Europe, 2018; United Nations Development Program, 2022). The systematic occurrence of these procedures in hospital settings has been documented and reported to international bodies (Organization Intersex International Europe, 2018), together with evidence of their long-term consequences (Asociación OTD Chile, 2018). In 2015, the Committee on the Rights of the Child called for their immediate prohibition (Office of the United Nations High Commissioner for Human Rights, 2024).

One of the most extreme manifestations is the "corrective rape": sexual assault involving forced penetration—often by multiple perpetrators—accompanied by physical, psychologi-

Table 2. *Procedural schemes used in sexual conversion practices.*

Scheme	Dynamic	Techniques or procedures	Implications
Aversive	Pairing an element that elicits an "undesirable" response with a painful or unpleasant physical reaction, leading to the absence of the response or avoidance of the element (Feldman, 1966; Matson & Taras, 1989).	– Electric shocks to genitals or mucous membranes (McConaghy et al., 1981) – Simultaneous exposure to emetic drugs, loud noises or bright lights, and dissident sexual material (Birk et al., 1971) – "Corrective" sexual violence – Acts of public or group humiliation	– Victims are restrained and/or incapacitated through physical means (ropes, tapes, chains) or pharmacological agents (benzodiazepines, alcohol, etc.) – Conducted in submissive environments (schools, clinics, "rehabilitation" centers, etc.) with varying degrees of isolation (social, geographic, etc.) (Bañuelos, 2017; Rodríguez, 2022)
Sensitisation and desensitisation	Gradually modifying affective/behavioural responses toward sex-dissident experiences by altering the stimulus–response circuit through simultaneous exposure to opposing stimuli (Kearney, 2006; Murphy, 1991).	– Diaphragmatic breathing sequences, progressive muscle relaxation, and/or guided imagery (Segal & Sims, 1972) – Development of avoidance strategies (Conine, Campau & Petronelli, 2022) – Gradual exposure to normative stimuli – "Masturbatory reconditioning" or peer masturbation (Birk et al., 1971; Gold & Neufeld, 1964)	– Typically rely on normative erotic stimuli introduced gradually and/or covertly – Extend control beyond the "therapeutic" setting, with constant family surveillance and monitoring – Due to their nature, they always require the use of other schemes in combination
Reinforcement	Reinforcing the stimulus–response circuit through positive or negative reinforcement to consolidate the "desired" response (Ferster & Skinner, 1957).	– Gender re-education – Dynamics of social acceptance and inclusion – Missionary acts (Beckstead, 2012)	– May result from an intentional process or from the victim's broader social context – Involve a profound transformation of identity and life trajectory

cal, and social violence intended to subjugate, humiliate, and control the victim. These acts are not primarily driven by the aggressor's sexual gratification but rather by the objective of forcibly modifying sexual or gender behaviour. They are legitimised through discourses that interpret the victim's body according to the social role they are presumed to fulfil, thereby reinforcing binary gender norms and heteronormativity. International reports document individual and group rapes, threats, kidnappings, and other acts of sexual torture associated with devastating consequences (Madrigal, 2020; OutRight International, 2022). The Pan American Health Organization (PAHO) has formally recognised this phenomenon, warning that it constitutes a form of prejudice-based sexual violence comparable to hate crimes and calling for urgent responses from health and justice systems (PAHO, 2012).

Although these acts disproportionately affect LGBTIQ+ populations—and can also target cis-heterosexual individuals who do not conform to normative gender expectations[2]—they

2 In the African Commission on Human and Peoples' Rights, Resolution 275 on the Protection Against Violence and Other Human Rights Violations Against Persons based on their Real or Imputed Sexual Orientation or Gender Identity, adopted at the 55th Ordinary Session, Luanda, Angola, 2014. This resolution is particularly relevant to understand how gendered violence may

maintain a distinctly gendered logic. From this perspective, the problem lies not only in the techniques employed but in the discriminatory logic that underpins them: physical or psychological suffering ceases to be a collateral consequence and instead becomes a tool for imposing conformity, punishing difference, and producing obedience (Trispiotis & Purshouse, 2022).

Epidemiological evidence confirms that such practices are far from isolated. According to the 2023 FRA LGBTIQ III Survey, included in *ILGA Europe's Intersections 2.0 report,* nearly one quarter of LGBTIQ respondents across the European Union and associated countries reported having been exposed to some form of conversion practice, with trans, non-binary, and intersex persons being disproportionately affected (ILGA Europe, 2025).

In the case of homosexual men or people socialised as men, acts such as sodomy with objects, sticks, bottles, or canes, accompanied by humiliation and physical violence, function to associate homoerotic desire with pain, shame, and punishment. These acts symbolically strip victims of their humanity under the false idea that they lack masculinity (Fundación para la Confianza, 2021; International Rehabilitation Council for Torture Victims, 2020). In lesbian and bisexual women, as well as individuals socialised as women, violence frequently marks their bodies as territories to be corrected or domesticated, drawing on narratives such as "experiencing what is missing" or "becoming a woman" (Volcánicas, 2021).

Despite the procedural design of these interventions, their purported "therapeutic" status is often socially reinforced. Immediate social environments may validate the individual's supposed "progress" and progressively integrate them into normative gender roles. This dynamic generates a false sense of acceptance while constraining self-determination and limiting individual agency.

In Mexico, empirical evidence likewise confirms the persistence of these practices. A national survey conducted by The Trevor Project México found that approximately one in five LGBTIQ youth reported having been threatened with or subjected to conversion practices, as well as they described informal efforts by family members to suppress or modify their identities (Rocha et al,, 2024). Qualitative research further indicates that these interventions frequently involve physical, sexual, and psychological violence, often framed as therapeutic or moral correction (Andrade, 2021; Cuellar, 2023).

The use of EMDR (Eye Movement Desensitization and Reprocessing) has also been reported in this context (Castillo, 2019), raising concerns about the potential misuse of evidence-based psychotherapeutic techniques within conversion practices.

EMDR is widely recognised as an effective treatment for trauma and post-traumatic stress disorder (Bisson et al., 2013; Shapiro, 2018) and has led professional associations to explicitly reject its use in attempts to alter sexual orientation or gender identity (Piedfort Marin, Fernandez, & Miles, 2021). As discussed in the debate published in Torture Journal, the inclusion of EMDR in reports on conversion practices does not suggest that the method itself is inherently harmful, but rather highlights how established therapeutic approaches may be appropriated and applied in ways that violate ethical and scientific standards and human rights.

In such contexts, therapeutic tools may be redirected toward framing identity-related experiences as pathological behaviours, reinforcing associations of shame or distress, and shaping how individuals process and interpret memories and internal representations—particularly those involving ambiguous sexual content. These scenarios can encourage the association of core aspects of identity with emotional pain or guilt, potentially distorting subjective narratives and undermining psychological integrity.

The persistence of these practices has prompted increasing legal scrutiny in several jurisdictions. In recent years, a growing number of countries have adopted legislative bans or regulatory restrictions targeting conversion practices, particularly those affecting children and adolescents. National prohibitions have been enacted in jurisdictions such as Malta, Germany, France, Canada, and New Zealand; furthermore, other countries have introduced partial bans or professional disciplinary measures against practitioners (Mendos, 2020). Although these regulatory models differ in scope and enforcement mechanisms, their proliferation indicates an emerging normative consensus that such practices are incompatible with fundamental human rights protections.

"Sexual conversion practices" as acts of torture

The previous sections examined the characteristics, contexts, and documented harms associated with sexual conversion practices. Building on that discussion, this section assesses whether such practices may meet the legal threshold of torture under international human rights law.

Rather than focusing on isolated acts, the current analysis considers the broader contexts in which these interventions are carried out, including the power relations between those

arise not only from an individual's self-identified gender or sexual orientation, but also from identities socially attributed or imputed to them. It is critical to underline how gender can be assigned and enforced through social perception regardless of whether the individual assumes that identity.

Table 3. *Strategies for establishing state involvement.*

Intervention level	Strategy purpose	Expected result	Suggested evidence
Active participation*	Establish the execution of one or more of the phases of the criminal dynamic—victim provision, execution of practice, and/or disposition of the results—by state agents.	– The participation of state agents enabled the organisation, planning, and/or design of the "therapy." – State agents intervened in the implementation of the practice	– Evidence of the crime – Victim testimony – Confessions of perpetrators – Job role analysis/ work orders – Identification of chains of command – Officer reports or minutes – Public and private video recordings
Simple acquiescence	Establish the existence of state knowledge about the occurrence of the "therapies" and the refusal to take the necessary measures to stop them.	– State agents failed to intervene to stop the "therapy" or prevent its implementation. – State agents failed to report or denounce the implementation of these practices.	– Complaints and administrative archives – Government, academic, or civil reports – Speeches by senior officials – Journalistic products – Network analysis and intelligence products – Evaluation of regulations and public policies
Acquiescence for lack of due diligence	Establish that state agents engaged in actions or omissions that allowed the recidivism and/or evasion of justice of the responsible subjects	Establish how public officials: 1. Acted deficiently, recklessly, or negligently 2. Failed to perform essential actions to prevent, punish, and remedy the crime, allowing those responsible to reoffend and/ or evade justice	– Criminal and contextual analysis – Government, academic, or civil society reports – Journalistic products that demonstrate institutional negligence – Critical evaluation of existing public regulations and policies – Administrative or criminal resolutions against public servants for omission, cover-up, or inaction – Recommendations from human rights organisations (national and international) – Reports and databases from civil society organisations – Command responsibility analysis

* Recent research provides data on the direct participation of state agents throughout the world (Madrigal, 2020), but even more so in Mexico (Kaos en la red, 2011; Méndez, 2013; CED 2022), Colombia (Volcánicas, 2021) and Chile (Ojeda, 2019).

involved, the forms of suffering inflicted, and the objectives pursued through these practices. This contextual perspective is particularly relevant in situations where harmful practices are embedded in institutional settings, moralising narratives, or relationships of authority and dependency.

The following subsections, therefore, examine how the constitutive elements commonly associated with torture - namely, the involvement of a qualified perpetrator, the infliction of severe physical or mental suffering, and the pursuit of a specific prohibited purpose - may manifest in the context of practices aimed at modifying or suppressing sexual orientation or gender identity[3].

Qualified perpetrator

The legal definition of torture requires the perpetrator to possess a qualification linked to the exercise of authority or pow-

3 This analysis does not assume that all manifestations of conversion practices automatically amount to torture. Rather, it examines whether the structural characteristics commonly documented in these practices may satisfy the constitutive elements of torture under international human rights law."

er. In other words, torture does not occur in a social vacuum; it is typically associated with actors able to mobilise institutional authority, resources, or positions of control unavailable to ordinary individuals. The inclusion of this qualification reflects not only empirical reality but also legal reproach against the illegitimate use of State powers and resources, and the breach of the duty of guarantee imposed on public servants. This duty entails a special responsibility: authority and resources must serve to guarantee human rights, not violate them.

Yet, in cases of torture committed by private individuals, state involvement is not always immediately evident and requires careful analysis to identify the material and personal relationships through which torture is perpetrated, tolerated, or protected. Although motivations may be economic, social, political, moral, or religious, alignment with state agents often enables these practices to be planned, carried out, tolerated, and go unpunished[4]. This dynamic is observable in the Mexican context. During the 2022 visit of the United Nations Committee against Enforced Disappearances (CED), a pattern of enforced disappearances of LGBTIQ+ individuals was identified, committed by security forces or organised crime with varying levels of state involvement. These acts pursued "social cleansing" or sexual exploitation, often after internment in "conversion therapy centres" (CED, 2022)

Moreover, in Mexico, public funds have reportedly been diverted to civil associations that contribute to legitimising these sexual "re-education" spaces (Kaos en la red, 2011). This reveals a network of collaboration between authorities and private actors that not only enabled grave violations but also facilitated their cover-up and perpetuated impunity.

On the other hand, when state agents are not directly involved in the commission of the crime, they may still be implicated through the creation of impunity. This not only obstructs victims' access to justice but also undermines the standard of non-repetition, creating a vicious cycle of victimisation and impunity. Acquiescence encompasses both direct complicity and situations of tolerance, negligence, or inaction that allow such practices to persist. Accordingly, state responsibility is not limited to prosecuting the material perpetrators but extends to the effective fulfilment of the duty of guarantee—that is, prevention, investigation, sanction, and reparation of all forms of torture[5].

The case González y otras v. Mexico (2009), known as 'Campo Algodonero', illustrates this relationship: although initial state failings might have appeared as mere omissions, the Inter-American Court of Human Rights (IACtHR) considered repeated institutional inefficacy, lack of adequate measures despite systematic violence patterns, and revictimization of families as forms of acquiescence. In this case, the prolonged absence of prevention, sanction, and reparation was not only negligence but also tacit acceptance of the femicide violence phenomenon (IACtHR, 2009). In this regard, three analytical strategies may help identify a qualified perpetrator (Table 3).

The infliction of pain or suffering

The second constitutive element of torture — the infliction of physical or mental pain or suffering — has been interpreted by courts not solely based on the intensity or visibility of the harm, but on its capacity to break the victim's will, erode identity, and deeply and/or persistently affect the individual's physical and psychological integrity. In various rulings, the IACtHR has recognised that suffering does not need to be extreme or leave visible marks to constitute torture, provided that it is intentionally inflicted within asymmetric contexts and inflicts physical or mental suffering, often accompanied by significant psychological and social consequences (Cantoral Benavides v. Peru, 2000; Bueno Alves v. Argentina, 2007).

Thus, torture has been understood to include not only direct physical punishment but also practices such as prolonged isolation, exposure to degrading conditions (Tibi v. Ecuador, 2004; Cusuick, 2006; Chornik, 2018), spiritual coercion (Comunidad Garífuna de San Juan y sus miembros v. Honduras, 2015), and emotional manipulation through threats, humiliation, or psychological pressure (Favela Nova Brasilia v. Brazil, 2017). In line with this, reparations mechanisms have emphasised that the harmful character is identified not only by immediate visibility or effect but also by its sustained presence over time and space and in its impact on functional and supportive mechanisms (Kaur et al., 2020), as well as on parallel complex processes such as life planning, group or community belonging, and social performance (IACtHR, 1999).

4 Within this framework Alekseyev v. Russia, the European Court of Human Rights rejected restrictions grounded in moral disapproval of homosexuality and emphasized that differential treatment based on sexual orientation reflects socially constructed expectations about gender and sexuality rather than objective harm (ECHR, 2010).

5 In the cases of Velásquez Rodríguez (1988) and Godínez Cruz (1989) vs. Honduras, the IACtHR has held that the essential thing is not the motivation of the agent, but rather determining whether the act occurred with the support or tolerance of the public authority, or whether the latter acted in such a way that the transgression was committed in the absence of any prevention or with impunity.

These elements are also shared by sexual practices, which, rather than isolated acts, operate as structured and sustained interventions aimed at producing forms of heterosexualisation and cisnormativity. Through a combination of psycho-emotional pressure, moral and religious discourses, and practices that regulate behaviour and subjectivity, these processes seek to reshape how individuals understand and experience their own identities and desires (Rodriguez, 2022; Salazar, 2022). In many cases, they involve dynamics of control, coercion and symbolic or psychological violence that generate distress and disrupt the individual's sense of self and dignity.

In their bodily dimension, beyond transgressing bodily structure and presentation, these procedures affect delicately regulated physiological systems. The repeated application of aversive stimuli — such as prolonged exposure to electric shocks, extreme temperatures, food restrictions, immobilisation, or unnecessary substances — can disrupt basic endocrine, nervous, or immune system functions (Matson & Taras, 1989; Moreno & Grodin, 2002; Carpenter, 2016), impacting normal daily activities. Particularly when these interventions occur in developing people, such as children and adolescents, or within contexts of isolation, confinement, or emotional coercion. Their effects extend beyond the moment of application and tend to coexist with other signs compromising existence and, consequently, personal and collective well-being (Knox, 2014; Inter et al., 2018).

Psychologically, interventions are often structured as a process of substituting the internal system of values, desires, and expectations (Haldeman, 1994). This process promotes the introjection of a normative identity model imposed over previous ways of experiencing and naming oneself, producing anguish, suffering, hopelessness, and helplessness in the face of perceived non-conformity with what is considered "normal." In this regard, these dynamics generate or induce internal contradictions, disrupt emotional bonds, and hinder the consolidation of a coherent narrative about one's own experience, sometimes preventing victims from naming their experience as violence, instead categorising it as "legitimate punishment." This blocks the process of recognising oneself as a victim by preventing recognition as a holder of violated rights, limiting the possibility of seeking help, demanding justice, or repairing the harm suffered (Martorell, 1995).

When these dynamics spread out over time or are applied during moments of vulnerability — for example, after forced disclosure of sexual orientation, in situations of loss or emotional dependency, or during spiritual crises — the consequences may extend beyond the subjective sphere, tending to reorganise the individual's relationship with their environment (Beckstead, 2012; Tozer & Hayes, 2004). The deterioration of self-determination does not occur abruptly but results from accumulated wear, repeated invalidation, and progressive erosion of personal judgment. The individual loses trust in their perception, doubts their emotions, and begins to operate under a logic of obedience, self-censorship, or sacrifice. In some cases, this is accompanied by self-punishment, forced celibacy, or the adoption of social roles as survival strategies.

Socially, the discussed practices do not only seek to "correct" visible behaviours but also aim to dismantle the possibility of acting outside imposed demands and parameters, as well as to imagine alternative ways of living. This generates a displacement of subjectivity towards modes of existence marked by surveillance, suspicion, and self-monitoring (Foucault, 1975/2002; Butler, 2004). These practices may significantly restrict perceived life possibilities, while construing desire itself as a source of danger or deviance (Ojeda, 2019).

The specific purpose

The specific purpose, also referred to as the teleological element, denotes the instrumental use of suffering, namely, whether it is inflicted to obtain a determinate result (Ulloa & Araya, 2016). Its analytical value lies in assessing whether the act is oriented toward a particular outcome and which actions, resources, and conditions were mobilised to achieve it. The specific purpose shifts the focus from the perpetrator's subjective will to the conduct's contextual and functional dimensions. This gives rise to the longstanding debates on the relative weight of *dolus* (individual intent) and specific purpose (Association for the Prevention of Torture, 2001; Mendiola, 2020).

Accordingly, a distinction must be drawn between an individual actor's intent and the broader structural or institutional purpose of the act. Whereas *dolus* concerns the immediate mental state and volition of a particular actor—and may be obscured by assertions of ignorance, benevolence, therapeutic motivation or purported good faith—the analysis of specific purpose enables a more objective reconstruction of the instrumental logic of the practice. Rather than inquiring whether a perpetrator "intended to cause harm," this approach examines how the practice is designed, organised, implemented, and legitimised to produce a defined outcome. It further considers how particular methods, procedures, or interventions are selected and deployed because of their effects -whether direct, indirect, cumulative, or embedded within ostensibly legitimate institutional or 'therapeutic' frameworks

This distinction is particularly relevant in contexts where harmful practices are carried out under claims of benevolence, care, or "therapeutic" or "corrective" purposes. In such instanc-

es, to rely solely upon the perpetrator's purported intent risks disregarding the underlying operative logic of the conduct in question. The analysis of specific purpose spotlights on how the practice operates through specific modalities, techniques, or procedures whose harmful effects may be concealed, normalised, or instrumentalised. Accordingly, even where suffering is framed as beneficial or necessary, the relevant question is whether the conduct is organised and deployed as a means to modify, suppress, or control the individual's identity or behaviour. As Ilias Trispiotis and Craig Purshouse observe, the purposive element of torture may therefore be present even where perpetrators claim to act out of "love," "faith," or "therapy" (2022).

This reconstruction may be carried out through three interrelated dimensions: the available evidence (testimonies, documents, expert reports, material records); the sociocultural and normative context (including justificatory or moralising discourses); and the power relations among the parties involved (conditions of subordination, coercion, or dependency).

From this perspective, the relevant question is not merely whether harm occurred, but if such harm was functionally oriented toward producing a specific outcome. Consequently, these practices are structured around a shared teleological logic: suffering is neither incidental nor excessive, but rather instrumentally deployed to modify, suppress, or control the individual's identity and behaviour. For instance, this teleological orientation does not depend on the actual attainability or scientific validity of the intended outcome. Although the purported objectives—such as the "conversion" of sexual orientation or gender identity—are unattainable, they operate as structuring ends that guide the selection of methods, legitimise the intervention, and sustain the practice over time.

Within this framework, references to correcting, punishing, disciplining, or "normalising" sexual orientation or gender identity do not merely describe justificatory narratives, but rather reveal the underlying purposes that organise the infliction of suffering. This is especially relevant in cases of structural or institutional violence that operates systematically or targets historically marginalised groups. In particular, when it is articulated through narratives of care, correction, or protection.

Rather than being selected deductively, the four identified 'purposes' below emerge inductively from the empirical literature on conversion practices in Latin America. In several ethnographic, testimonial, and qualitative studies conducted in Mexico, Chile, Colombia, and Costa Rica, these practices consistently appear as mechanisms aimed at reshaping sexual orientation and gender identity in accordance with heterosexual and cisgender norms, disciplining or punishing those who depart from such norms. This subjects individuals to unwanted therapeutic, religious, or medical interventions, and reinforces broader systems of stigma, family control, and social exclusion (Bañuelos, 2017; Castillo, 2019; Ojeda, 2019; Rodríguez, 2022; Salazar, 2022). Although survivors describe a wide range of experiences, the literature reveals that these practices are highly consistent in the forms of transformation they seek to impose and in the social functions they perform. The purposes identified in the following section, therefore, do not constitute arbitrary analytical categories, but rather synthesise the recurring patterns through which suffering is intentionally organised and deployed in conversion practices.

Accordingly, the following section identifies four specific purposes that reflect this teleological structure. These purposes are analytically distinct, though not mutually exclusive, and may converge within a single practice (Table 4):

I. Nullifying the personality

As discussed in the preceding section, sexual conversion practices deploy a repertoire of psychological and social mechanisms designed to substantially alter a person's internal structure. It is not simply a matter of intervening in a behaviour or a thought structure: in many cases, the goal is to completely reconfigure the way a person perceives themselves, names themselves, and relates to the world (personality). In this sense, these interventions often take the form of prolonged programmes of moral, emotional, and affective "re-education," where symbolic authority (religious, medical, parental, or therapeutic) is combined with devices for controlling thought, expression, and desire.

Those who implement these interventions often occupy a hierarchical position relative to the victim: they are trusted figures, spiritual guardians, parents, psychologists, or community leaders. This allows them to maintain relationships of dependency and surveillance, reinforcing the narrative that the victim's sexual orientation or gender identity must be corrected or expelled. In this context, methods such as continuous surveillance, humiliation, public exposure, spiritual coercion, or the induction of alternatives that violate emotional autonomy are employed.

II. Infliction of personal punishment

Unlike the preceding purpose, the objective here is to compel the victim to repudiate their identity and to be intimidated or silenced through exemplary harm, thereby delineating what is construed as deviation. This form of punishment typically emerges when other mechanisms of control have been exhausted or when perpetrators seek to reassert dominance over the victim, which helps explain the recurrent presence of extreme cruelty.

In women, the so-called "corrective" rapes have been documented as punitive responses to the expression of a non-heterosexual sexual orientation, whereby sexual violence is deployed to reshape subjectivity through trauma and enforced subordination. In men, punishment is frequently inflicted through forced penetration with objects, involving not only intensified physical suffering but also the instrumentalisation of the body as a site of humiliation, degradation, and domination.

The suffering imposed seeks to generate aversion toward one's gender identity or expression and, in certain cases, to incapacitate the person's ability to sustain it physically, psychologically, or socially. Within this logic of personal punishment, violence functions to compel the victim to renounce their identity and to establish, through exemplary harm, which forms of being and ways of expression are deemed unacceptable within a given normative order. This punitive purpose has been recognised in torture jurisprudence, where the aim is to communi-

Table 4. *Strategies for establishing "specific purpose".*

Purposes	Strategy purpose	Evidentiary objectives	Suggested evidence
Nullifying the personality	Identify and explain the mechanism through which the practice seeks to reconfigure the victim's identity, self-perception, and autonomy.	1. Identifying the coercive mechanism involved (physical, psychological, or social) 2. Determining the participation scheme of those responsible 3. Documenting the specific impacts on the victim's physical and psychological integrity 4. Recognising conditions of vulnerability, dependency, or structural disadvantage in relation to the mechanism 5. Establishing the causal nexus between the acts and the resulting harm.	– Testimonies describing patterns of coercion, isolation, and subjection (physical, psychological, social, or economic) – Records of surveillance, humiliation, public exposure, or enforced testimonial practices (e.g., compelled 'missionary' or 'testimony-sharing' activities portraying 'recovery' or 'overcoming') – Expert reports on forensic medicine, psychology, psychiatry and/or social work – Institutional or religious materials promoting identity suppression, pathologisation or behaviour-modification treatment – Documentation of changes in lifestyle and personal, physiological, educational and social functioning – Sociocultural reports of symbolic dimensions of the violence
Infliction of personal punishment	Identify acts of violence intended to discipline, intimidate, or compel the victim, or their community, to renounce their identity through exemplary harm.	1. Identification of physical and/or psychological injuries that partially or totally impair functions or capacities relevant to the development or expression of the individual's sexuality 2. Demonstrate the excessive or disproportionate use of physical and/or psychological force 3. To identify the dynamics and modalities through which force is applied (repetition, intensity, and context) 4. Determine whether the acts involved elements of ritualisation, escalation, or humiliation in the infliction of violence	– Testimonies of sexualized violence – Medical reports of injuries in genital or para-genital areas – Psychological and psychiatric reports documenting partial or total rejection of the individual's sexual identity or expression – Audio-visual material or communications documenting the frequency or pattern of acts – Evidence of forced participation in acts intended to shame or expose the victim – Contextual or discursive evidence reflecting narratives of punishment, correction, or normalisation – Sociocultural reports of symbolic violence

Table 4. *(continuation)*

Non-consensual medical or scientific procedures	Determine whether the intervention lacked prior, informed, voluntary, and specific consent, considering conditions of coercion or dependency.	1. Document the absence of a valid medical, scientific, or therapeutic justification for the procedure 2. Establish that the interventions are harmful and/or lack effectiveness, based on available scientific or clinical evidence 3. Identify personal and contextual conditions that vitiate or invalidate consent: a. consent based on incomplete, biased, or absent information; b. consent provided under coercion, pressure, or undue influence; and c. consent provided without the effective participation of the victim.	– Consent forms lacking adequate information, including cases where consent was provided exclusively by third parties (e.g., parents, guardians, or institutions) without the informed and effective participation of the victim – Testimonies of coercion or pressure – Evidence of dependency relationships (family, financial, institutional); – Medical records of procedures and the absence of diagnostic criteria – Clinical guidelines and position statements from professional medical and psychological associations rejecting the validity of such interventions – Medical, psychological, psychiatric and psychosocial reports evidencing adverse effects (e.g., distress, anxiety, depression, identity conflict) – Communications (messages, recordings) reflecting coercion, persuasion, or moral pressure – Forensic indicators of hesitation or inconsistency in the victim's signatures or written authorisations
Discrimination-based motivation	Analyse whether the practice targets individuals based on sexual orientation, gender identity, or expression within a broader context of structural discrimination.	Establish that the violence is rooted in discriminatory norms, values or ideas, and aims to enforce conformity with dominant gender and sexuality standards.	– Victimological profiling indicating targeting based on sexual orientation, gender identity, or expression – Discriminatory or stigmatising discourses identified in testimonies, communications, or institutional materials – Statistical analyses evidencing disproportionate impact on specific groups – Records or evidence of institutional violence – Link analysis of institutions and offenders

cate that certain identities or modes of expression are impermissible, as illustrated by Azul Rojas Marín v. Peru (2020).[6] Although this case does not concern conversion practices as such, it illustrates how violence motivated by sexual orientation or gender identity operates as a mechanism of prohibition, negation, and suppression directed at the person as such.

In these contexts, sexualized violence operates not merely as physical aggression but as a symbolic intervention over the body, oriented toward severing the association between identity and pleasure and transforming what is perceived as transgressive into a source of fear, shame, or aversion. Punishment thus aims to injure as well as to restructure the victim's relation to desire, discouraging engagement in practices, spaces, and

6 In this case, the Inter-American Court of Human Rights found that the victim had been subjected to torture by police officers who detained and assaulted her because of her perceived sexual orientation and gender expression. The Court concluded that the sexual violence inflicted—forced anal penetration with a police baton—had a discriminatory and punitive character, aimed at sanctioning the victim for deviating from normative gender expectations (IACtHR, 2020)

relationships associated with it, and reinforcing hierarchies of gender and sexuality through the infliction of suffering.

III. Non-consensual medical or scientific procedures

This purpose lies in the use of medical or scientific frameworks to assert control over the body and mind, legitimising interventions aimed at modifying, suppressing, or regulating sexual orientation or gender identity. Under these circumstances, non-consensual procedures are not merely a mode of conduct, but part of a broader teleological structure in which technical authority is mobilized to produce a defined outcome. In particular this occurs in contexts where individuals lack sufficient agency, awareness, or decision-making capacity, due to age or their educational and sociocultural context.

Within this framework, prior, voluntary, informed, and specific authorization constitutes an essential ethical and legal safeguard, intended to protect the integrity and dignity of individuals against the power that technical knowledge exerts over their bodies. The absence of opposition or formal consent is not sufficient: the individual must fully understand the risks, alternatives, and consequences of the procedure and must make the decision without external coercion or undue pressure - that is, freely.

This standard becomes unattainable in contexts where the emotional, economic, or institutional environment operates as a conditioning factor. In conversion practices, for example, many individuals are brought by relatives or authority figures on whom they depend materially, socially, or emotionally - often because they are minors - and whose support is made conditional upon the renouncement of their sexual orientation or gender identity. In such circumstances, even where consent appears to be formally expressed, the individual's will be effectively overridden by fear of rejection, exclusion, symbolic violence, or abandonment.

These dynamics are further exacerbated when procedures involve invasive interventions such as the administration of hormones, drugs, or irreversible surgical procedures, often supported solely by the authority of medical personnel, family members, or moral frameworks. This is particularly evident in interventions performed on children and adolescents with non-pathological genital or hormonal variations, where no medical urgency exists, yet procedures are carried out to impose binary norms of corporality. By failing to recognise their evolving autonomy or ensure their meaningful participation in decision-making processes, such practices essentially instrumentalise their bodies in the name of a form of knowledge that operates beyond ethical principles and legal limits.

IV. Discriminatory motivation

In these contexts, discrimination operates not only as a background condition but also as a specific purpose, insofar as the infliction of harm is directed at enforcing, reproducing, or restoring normative expectations regarding sexuality and gender.

The Inter-American Court of Human Rights has emphasised that discrimination does not necessarily require an explicit intention to be established; it is sufficient that a measure or practice produces unequal effects or perpetuates situations of structural exclusion (judgments Atala Riffo e hijas. v. Chile, 2012; González y otras v. Mexico, 2009). This approach underscores that discriminatory practices may operate through institutional tolerance, cultural narratives, or entrenched social hierarchies that normalise unequal treatment toward certain groups[7].

In a similar vein, the United Nations Committee against Torture (CAT) has stressed that gender is a fundamental factor in understanding the risk and manifestation of torture and ill-treatment. In its *General Comment No. 2 of the Committee Against Torture (CAT)*, the Committee notes that gender often intersects with other characteristics—such as race, nationality, religion, sexual orientation, age, or migration status—to shape the ways in which individuals experience or are exposed to violations of the Convention. It should be noted that, the Committee also recognizes that both men and women may suffer acts prohibited under the Convention when they are targeted because of their real or perceived non-conformity with socially prescribed gender roles (United Nations Committee against Torture, 2008, para. 22). In this light, violence directed at individuals based on their sexual orientation or gender identity may reflect broader mechanisms of punishment or correction aimed at enforcing normative expectations regarding sexuality and gender expression.

In the case of 'sexual conversion practices', this logic is often at the very core of the procedure: the intervention is targeted at a specific group of people—those who express a dissident experience of sexuality. This restriction, when based on structural prejudices, not only violates the principle of equality and non-discrimination but also allows these practices to be understood as acts whose rationale goes beyond the medical or psy-

7 See, for example, European Court of Human Rights (ECHR), Identoba and Others v. Georgia, where the Court found violations of Articles 3 and 14 of the European Convention in relation to homophobic violence against participants in a peaceful assembly. See also Alekseyev v. Russia, nos. 4916/07, 25924/08 and 14599/09, Judgment of 21 October 2010, concerning discriminatory restrictions on LGBTQ+ public expression (ECHR, 2010, 2015)

chological level and is rooted in ideologies that seek to correct, punish, or render diversity invisible.

Therefore, even when the consent or will of the person undergoing treatment is claimed, it is essential to investigate the sociocultural context, the symbolic and factual power of those offering these 'practices' and the conditions under which they are carried out. To support this hypothesis, it is necessary to identify the victimisation pattern, as well as the discourses or narratives used to legitimise the "practices," and to point out—particularly in the case of those framed in legal or scientific terms—their lack of validity. In this regard, thematic analysis may help identify the use of offensive or stigmatising language directed at the LGBTIQ+ population, as well as situations involving power asymmetries or hierarchical relationships.

Conclusions

Understanding sexual conversion practices as acts of torture allows for the recognition of these practices as systematic expressions of structural violence, rather than isolated incidents. This categorisation arises not only from identifying how such practices operate within institutional, symbolic, and social frameworks designed to suppress or eradicate central aspects of sexual and gender identity, but also from the materialisation of corrective logics that employ suffering as a punitive, corrective, and discriminatory tool.

Given the limited theorization regarding the core elements of torture, exploring sexual conversion practices as torture offers an opportunity to resolve debates about the centrality of specific purpose versus the perpetrator's intent *(dolus)* This approach enables the identification of elements, relationships, and conditions that reveal the forms and mechanisms through which pain and suffering are instrumentally inflicted, even when operating under discourses of care, correction, or security. It also contributes to ongoing discussions and theoretical development regarding the scope and application of the legal definition of torture, ensuring its continued sensitivity to evolving social realities.

Recognising these practices as torture is not a rhetorical exaggeration but a legal, epistemic, and ethical necessity. It reflects the lived realities of survivors, many of whom endured these practices under the tolerance, or complicity, of institutions responsible for their protection. Moving forward, it is imperative to deepen research, foster interdisciplinary dialogue, and advocate to refine legal definitions, close protection gaps, and ensure that prevention, sanctions, and reparations adequately address the harms inflicted.

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Victims of institutional violence in Chile's 2019 social uprising: State policies, gaps and lessons for reparation*

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Abstract

Introduction: In Chile, the social uprising that occurred from October 2019 to March 2020 was massive and nationwide. It began with vandalism in Santiago's subway and spread to fires and looting in various cities. Simultaneously, large-scale peaceful demonstrations took place, driven by widely shared social demands. The political repression of these protests caused deaths and serious injuries, including more than 400 victims with some eye damage and an unknown number of victims with shotgun pellet wounds. The protests ended when gatherings were banned due to the pandemic. This article examines the Chilean State's performance regarding its responsibility to protect harmed citizens from institutional violence following the 2019 social uprising (2019-2025), focusing on the practices and measures of the state's response, particularly rights recognition, assistance, and victims' reparation. *Methods:* This study takes an evaluative, document-based approach. It is supported by official documents issued by the Chilean State and international organisations to analyse the Chilean State's performance regarding the rights of victims of institutional violence and human rights violations. It examines the government's pledge to implement policies of recognition and reparation for victims and their families, including a mechanism to monitor reparation measures before the Inter-American Commission on Human Rights (IACHR). *Discussion:* Despite the 2022 government agreement with the IACHR, which established a framework for a reparations policy and follow-up for victims in accordance with the highest human rights standards, the promised comprehensive reparations policy was not implemented under Boric's rule. The findings indicate that the measures and policies depend on how harm to citizens is defined and recorded, thereby shaping the scope of recognition and constraining proposals for comprehensive reparation and rehabilitation policies. Additionally, the response is characterised by a fragmented approach among State institutions and by the arrival of a new President of the Republic, which has led to new policies and different ideological perspectives.

Keywords: Social Uprising; victims; violence; Human rights violations; reparations; State Accountability.

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Introduction: Facts, consequences, and denouncements

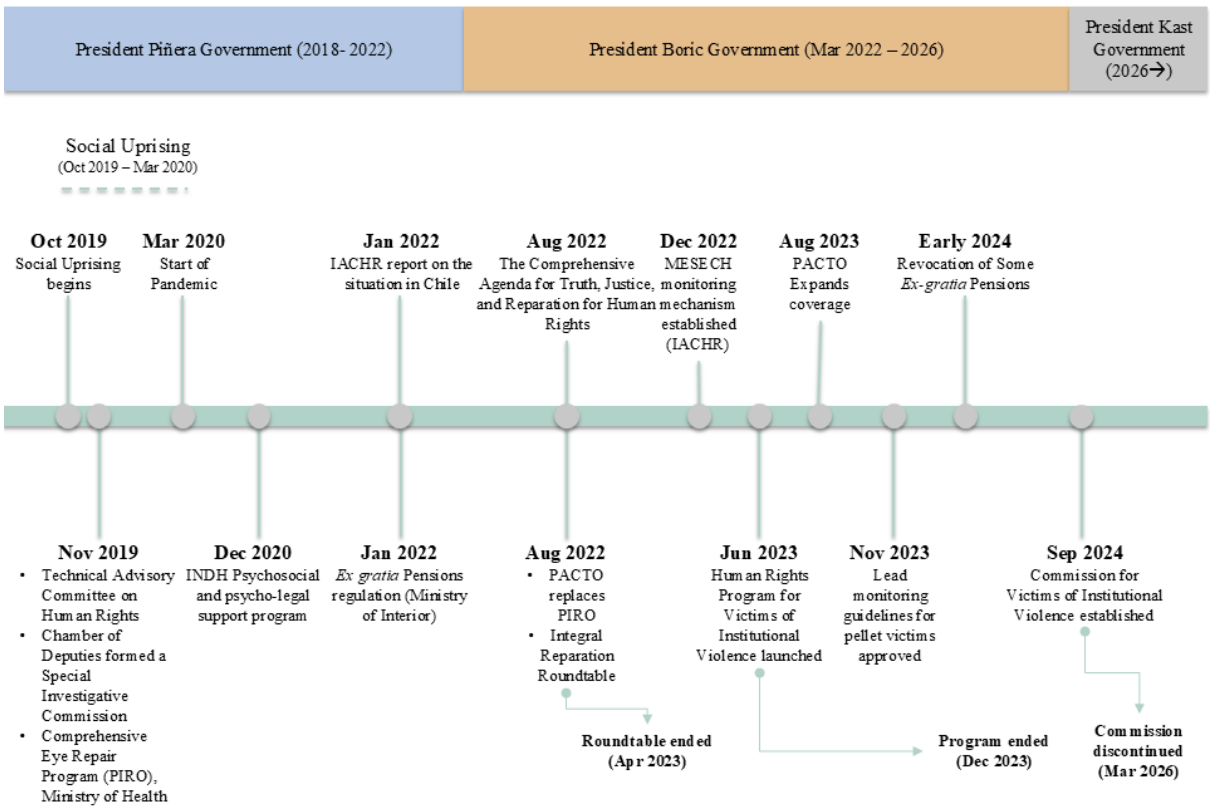
The social uprising (estallido social) in Chile occurred between October 2019 and March 2020. A series of mobilisations involving hundreds of thousands of people across the country, protesting and demanding improvements in health, education, housing, and pensions. Protesters "denounced (...) the blatant inequality between rich and poor (...) the hardships caused by a private pension system that has left many elderly people in devastating poverty" (Dorfman, 2020). The social upheaval began with vandalism of Santiago's subway, fires, and looting in different cities, and ended amid pandemic restrictions. Some researchers emphasised the protesters' emotions, such as rage and frustration, and, at the same time, underlined dignity as a central value and expectations for the recovery of collective values.

> (...) an emotional trigger (...) that allowed the reappearance of the word "people", the hope for collective solutions, and the possibility to talk about what had previously been experienced with resignation" (Mac-Clure, Barozet, Conejeros & Jordana, 2020).

The protesters express their epic spirit in many ways, sharing it through dance, graphics, music, poetry, and storytelling (Stern, 2020). The protest began with calls to avoid paying for Santiago's subway, in response to a "30 pesos" ticket fare increase. Of the 136 stations in the network, 118 were vandalised, and 25 were set on fire (Santiago Metro, 2019, p. 22). President Sebastián Piñera declared: "We are at war against a powerful, implacable enemy that respects nothing and no one, and is willing to use violence and crime without limits" (Presidential Press Office, 2019). A state of emergency was declared in almost the entire country (Government of Chile, 2019).

Juan Pablo Jiménez (MD), researcher at the Millennium Institute for Depression Research, wrote that the perception of a lack of security (access to social security, health, and quality education) was associated with:

***Figure 1**. Timeline of state responses to victims of institutional violence (Chile, 2019–2026)*



> Feeling disrespected and defeated, being young and poor, feeling lonely and distrusting others, and having experienced mistreatment in everyday relationships. (...) Objective indicators of economic development are insufficient to build a healthy society; the community must perceive that development benefits the majority and not just a few (Jiménez, 2020).

The demonstrations were initially peaceful and massive, under the slogan "Chile Despertó" (Chile Awoke), which seemed to allude to an identity and awareness of power in motion, shared by hundreds of thousands of people of different ages and social backgrounds. However, the social unrest erupted into acts of violence against public transport, the destruction of public signs and equipment, the burning of buses and train carriages, vandalism and the burning of some church buildings, hotels, universities, and public offices; the looting of pharmacies and supermarkets, and attacks on police stations and vehicles revealed an anonymous and multifaceted power of violence and destruction that drew thousands of people, and frightened many others. Police and military repression resulted in more than thirty deaths, as well as an unknown number of injuries and thousands of arrests.

In the face of the social crisis, the President of the Republic, Sebastián Piñera (2018-2022), invited the Office of the United Nations High Commissioner for Human Rights (OHCHR) and Human Rights Watch to serve as observers (Romero, 2019). Several human rights organisations, including Amnesty International, the International Federation for Human Rights, a Quebec-Canadian Mission, and the Inter-American Commission on Human Rights (IACHR), conducted on-site visits. In their reports, they described the population's discontent, the economic and social demands, the repression carried out, and the human rights violations observed and learned about through interviews with affected individuals and civil society organisations[1]. The IACHR condemned the "excessive use of force (...), the serious disturbances (...), and the high number of complaints of human rights violations received by State bodies since the beginning of the protests" (IACHR, 2019). From the beginning, various institutions responded, including the National Institute of Human Rights and the Ministry of Health. During the Piñera government, the number of harmed citizens was unknown at the end. The mobilisations ceased with the restrictive measures on gatherings during the coronavirus pandemic in March 2020.

In 2022, the incumbent president of the Republic, Gabriel Boric (2022-2026), starts again, with new measures. His priorities were the government's pledge to implement policies of reparation for victims and their families before the Inter-American Commission on Human Rights (IACHR). But the lack of a victims' registry and the necessary funding effectively undermine the commitment made to the IACHR.

Methodological approach

The analysis is based primarily on official documents produced by the State institutions and international human rights organisations between 2019 and 2025. Press sources and documents produced by civil society organisations were not included in the main documentary corpus but were used selectively to contextualise specific events or provide supplementary information when official sources were unavailable. The analytical strategy consists of tracing State actions by identifying and evaluating the main measures adopted in the areas of registration, recognition, medical and psychological assistance, and, eventually, reparations, as well as inconsistencies in their implementation and in their institutional records.

The main question of this article is: How did the State recognise the victims, and what actions did it take for them? The article analyses documents on the Chilean State's response to victims' rights after the 2019 social uprising. It examines State practices on recognition, assistance, care, and rehabilitation for these victims.

The article hypothesises that the State response has been fragmented not only among institutions but also due to the president's change in office, reflecting different political visions, and the victims were not a priority despite official declarations.

Who are the victims?

The United Nations General Assembly, through Resolution 40/34 of November 29, 1985, defined who can be recognised as victims. According to this definition, victims of human rights violations committed during the social unrest correspond to those recognised as such under criminal law and international human rights law.

Regarding the number of victims, each institution maintains its own registry reflecting the population it serves. Law No. 19,628 on Personal Data Protection restricts the exchange of personal information between state agencies. These factors

1 The Research Center for the Americas at the University of California, Santa Cruz and the Human Rights Center at the University of California, Berkeley, School of Law published a report at the one-year anniversary of the 2019-20 protests in Chile. *Human Rights Crisis in Chile: A Digital Inquiry "It's not 30 pesos, it's 30 years."* https://storymaps.arcgis.com/stories/1ee6a10615944aeab3be4fce51c03989

***Table 1**. Selected institutional data on victims' cases and complaints (Chile, 2019-2025)*

Category	Source	Period	Reported data
Victims	INDH	2019	More than 250 victims with eye injuries
		up to 2024	3,828 victims represented in 3,233 complaints
	Public Prosecuttor's Office	up to 2025	More than 400 victims with eye trauma
Cases, complaint and investigations	Supreme Court (DECS)	Oct 2019-Jan 2020	1,549 cases of human rights violations
			1,071 complaints of unlawful coercion
	Public Prosecutor's Office	Oct 2019-Mar 2020	10,142 investigations of institutional violence
Reparation measures	Ministry of Interior	up to Jan 2023	419 *ex gratia* pensions granted

have complicated efforts to determine the exact number of victims of social uprising using available data.

These limitations point to broader challenges in using State records to identify victims. Differences in institutional legal mandates and in how information is produced shape how victims are defined and counted, including the units used (for example, judicial cases or complaints). This created the risk of both under- and overestimating the number of victims, as well as overlaps across datasets. The absence of a unified registry, despite some attempts to build one, and legal restrictions on data sharing further limit the comparability and integration of available information. As a result, estimates of the number and characteristics of victims remain fragmented and, in some cases, outdated, making it difficult to draw reliable conclusions and to design comprehensive reparation and rehabilitation policies.

Table 1 summarises selected institutional data. These data should not be read as directly comparable, since they refer to different units of analysis, including victims' cases, complaints, and institutional administrative estimates.

State reactions from the government, the congress, and the judicial Power

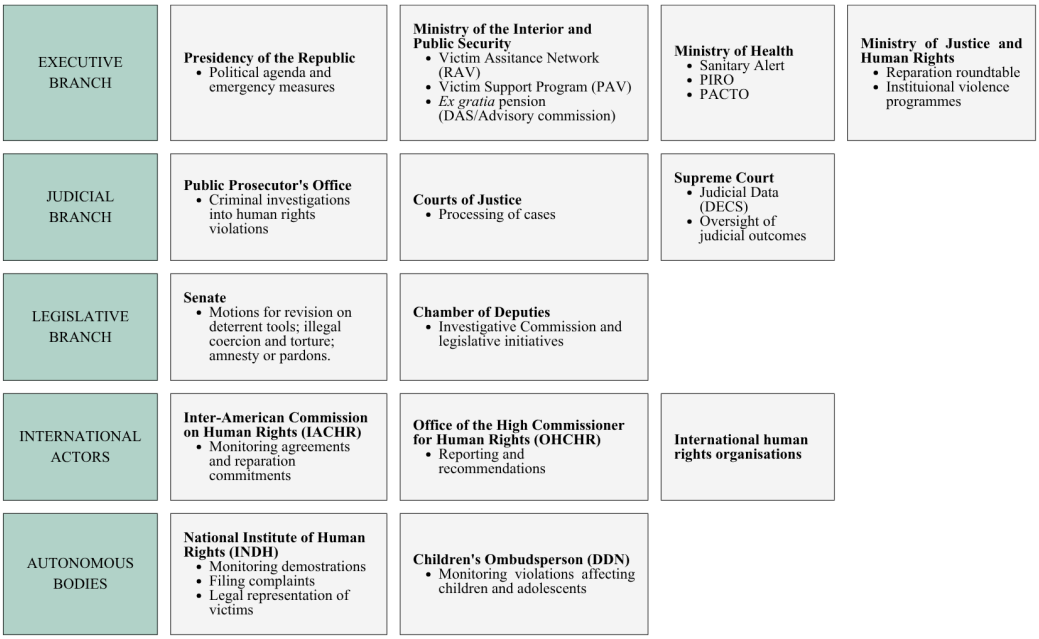
The social uprising posed diverse challenges for the government in controlling public order and addressing the consequences of the repression inflicted on the people. Several institutional actors assisted victims.

In November 2019, President Piñera's government established a Technical Advisory Committee on Human Rights to facilitate inter-institutional coordination. The number of victims with some eye damage exceeded 250 (INDH, 2019, p. 35), making it a critical emergency. The institutional coordination led to the creation of the Comprehensive Eye Repair Program [Programa Integral de Reparación Ocular, PIRO] at the Ocular Trauma Unit (Unidad de Trauma Ocular, UTO) of Hospital del Salvador in Santiago to provide specialised care for cases of eye injury (Ministry of Health of Chile, 2019). The creation of PIRO enabled the provision of prosthetic, functional, and psychosocial rehabilitation (Ministry of Health of Chile, 2022). The Under-secretariat for Crime Prevention of the Ministry of the Interior led the Victim Assistance Network [Red de Asistencia a Víctimas, RAV], which collaborated to provide psychosocial support to some of these victims.

Inter-ministerial coordination also promoted the implementation of in-person and online human rights courses for Carabineros de Chile, Chile's national police force, from a preventive perspective (Inter-ministerial Committee on Human Rights, 2022).

The Senate Human Rights Commission received numerous complaints by listening to victims, their families, and organisations. It also heard from representatives of the Public Ministry, the General Director of Carabineros, and the head of the Chilean Civilian Police (Policía de Investigaciones, PDI). (October

Figure 2. *Institutional actors involved in the state response to victims of institutional violence (Chile, 2019-2025).*



24, 29, and 30, 2019) On December 9, the session focused on the use of rubber bullets and other deterrent tools (Senate of Chile, 2019). Some Senators introduced motions related to the denunciation of illegal coercion and torture. Proposals for amnesty and a general pardon were also presented (Senate of Chile, 2020), along with the proposal of a Commission for National Re-encounter and Social Peace (Senate of Chile, 2021). However, none of these motions moved forward in the legislative process.

In November 2019, the Chamber of Deputies formed a Special Investigative Commission to examine the

> (...) actions of State bodies, especially the Ministry of the Interior and Public Security, as well as Carabineros de Chile and the Civilian Police [Policía de Investigaciones], relating to injuries, illegal coercion and cruel, inhuman or degrading treatment, sexual violence and death of civilians (...) regarding the actions and omissions that have resulted in various human rights violations in Chile committed from October 28, 2019 until the date on which this Commission completes its work (Chamber of Deputies, 2021, p. 2).

The Commission submitted its report in 2021, reinforcing the State's obligations to investigate, punish, and remedy human rights violations and recommending the implementation of a comprehensive reparation policy.

The Supreme Court submitted a report on cases registered from October 18, 2019, to January 17, 2020, in the Judicial Management Support Information System, documenting 1,549 cases of human rights violations (DECS, 2020, p. 19). There were 1,071 complaints of unlawful coercion committed by State agents (DECS, 2020, p. 33).

In most cases, it was noted that crimes occurred during protests and during arrests, transfers, and stays in police stations (DECS, 2020, p. 3). Thirty-four thousand five hundred nine people (34,509) were charged and brought to court. The report noted that 92% of the crimes were attributed to Carabineros de Chile (DECS, 2020, p. 37). In 2021, 60% of the cases (5,102) were provisionally closed due to a lack of "background evidence that would allow their continuation" (Casas, Pérez & Alcaíno, 2022, pp. 39-40). The Public Defender's Office was challenged to reorganise its work processes due to the large number of people in custody and the high number of complaints from detain-

ees alleging violations of their personal integrity. It received the support of civil society organisations and the National Human Rights Institute (INDH). The presence of public defenders helped prevent violations of detainees' rights, as they frequently explained detainees' rights and the limits of police action to police officers (Farías *et al*., 2023, pp. 103-104).

The agreement for social peace

On November 15, 2019, eleven members of Congress, representing their respective political parties, signed an agreement for "An institutional solution whose objective is to seek peace and social justice" (Agreement for Social Peace and the New Constitution, 2019). "The signing of the agreement calmed tempers, and the moderate social sectors supported the political solution found by the parties to confront the Crisis" (Rojas, 2022, pp. 1002-1003). Under that agreement, a constitutional convention was elected in 2021. The constitutional draft was rejected in a referendum in September 2022. A new constitutional proposal was formulated in a different format and dismissed in 2023 (Varas, 2024).

The role and interventions of the National Institute for Human Rights

The National Institute for Human Rights [Instituto Nacional de Derechos Humanos, INDH] is an autonomous State body, created by Law No. 20.405 of 2009. In accordance with its institutional mandate, it received complaints nationwide, maintained observers at protests, police stations, and health centres, and initiated legal proceedings before the courts. The institution filed complaints for cases of torture, sexual violence, indiscriminate, improper, and disproportionate use of force, attempted and some completed homicides, and cruel, inhuman, and degrading treatment. The 2022 report highlighted that "among the incidents most reported by the people arrested were beatings and stripping," while "incidents of sexual violence represent approximately 32% of the total incidents reported by people in State custody" (INDH, 2022, p. 39). These forms of victimisation required psychosocial support and referrals to specialised care.

At the end of 2020, the INDH decided to reactivate contact with victims who had filed complaints, as this contact had been interrupted by the pandemic. To this end, the institution hired teams of psychologists and social workers to reconnect with victims and identify their needs, primarily related to physical and mental health, and to refer them to State programs and NGOs based on available resources in the regions. These teams operated within psychosocial and psycho-legal support programs across all regional offices. The institution set other priorities, but regional teams have continued to support victims in legal proceedings and psychosocial accompaniment.

The Piñera government decided to establish financial compensation for the victims who suffered permanent, complete, or partial impairment of their ability to work because of their injuries, through the presidential *ex gratia* pension. The national budget included specific provisions for the necessary funds for these cases in 2021 and 2022. The INDH collaborated in processing *ex gratia* pensions for these victims and for some families of deceased victims (Zúñiga, 2022). Nevertheless, in its assumed role, the INDH stated that this was an assistance pension rather than a reparation measure under international human rights standards.

In January 2022, an Exempt Resolution from the Ministry of the Interior and Public Security regulated the procedure and criteria for approving these *ex gratia* pensions. The Special Presidential Advisory Commission (established by Supreme Decree Nº 1928 of 1981 for this purpose) evaluated each case, recommending approval or rejection, as well as the amount and conditions of the benefit. (Under-secretariat of the Interior, 2024). As of early January 2023, 419 pensions were assigned. The Chilean Office of the Comptroller General of the Republic subsequently conducted a review that identified deficiencies in the official approval and noted that 58 beneficiaries had "criminal records from convictions" (Office of the Comptroller General of the Republic, 2023, p. 7). In February 2024, the government revoked 27 *ex gratia* pensions through a presidential administrative act to address prior errors (Carrillo & Aburto, 2024). Following a review of the records, the Public Prosecutor's Office requested the formal prosecution of two former pensioners for subsidy fraud after verifying that they were not victims (Poblete, 2025).

Regarding the right to justice, on October 18, 2024, the INDH conducted an assessment of the status of cases of the social uprising five years later, reporting that the institution had filed 3,233 complaints on behalf of 3,828 victims, 1,481 of whom belonged to one or more groups requiring special protection, and 603 were children or adolescents at the time of the events. Complaints were filed on behalf of 227 people who suffered eye injuries (INDH, 2024). Many cases were closed due to insufficient evidence, which affected the determination of responsibility. At that time, there were 42 final convictions for human rights violations. The assessment, conducted by the INDH five years after the uprising, made clear that most of the violations would go unpunished due to the statute of limitations.

The commitment to truth, justice, and reparation

Based on information gathered by the Office of the High Commissioner for Human Rights (OHCHR),

> There are reasonable grounds to believe that, from October 18 onwards, a high number of serious human rights violations have been committed. These violations include excessive or unnecessary use of force that led to arbitrary deprivation of life and injuries, torture and ill-treatment, sexual violence, and arbitrary detentions. These violations occurred throughout the country, though most occurred in the Metropolitan Region and urban contexts (OHCHR, 2019, p. 29).

In March 2022, Gabriel Boric took office as President of the Republic. In August 2022, he announced *The Comprehensive Agenda for Truth, Justice, and Reparation for Human Rights Violations Committed during the Social Uprising*, reaffirming his commitment to "victims with irreversible physical damage, victims of eye injuries, victims of sexual violence, and the relatives of homicide victims" (Boric, 2021).

As part of this commitment, the Ministry of Health of Chile (2022) issued the Exempt Resolution Nº 489, which specifies the technical guidelines for PIRO and changes the program's name. The new program's purpose is "to promote the decentralized implementation of this program [...] with a focus on both people who have already started treatment and those who, for various reasons, have not accessed it." (Under-secretariat for Healthcare Networks, 2022, p. 4). Subsequently, the Support and Care Plan for Survivors of Ocular Trauma, Serious Injuries, and people Injured by Pellets [Plan de apoyo y cuidado para sobrevivientes de trauma ocular, lesiones graves y lesionados por perdigones, PACTO], approved by Exempt Resolution Nº 577 on August 10, 2023, replaced the 2022 PIRO resolution. PACTO's proposal emphasises a comprehensive, multidisciplinary approach, prioritising continuity of care and access to health services, and expanding coverage to other regions. PACTO gradually expanded its care to include people with severe injuries and victims of pellet gunshots. In November 2023, the Ministry of Health approved the technical operational guidelines for measuring lead levels in people affected by pellet gunshots who still have pellets in their bodies (Ministry of Health of Chile, 2023).

In the context of the Agenda on Truth, Justice and Reparation, in August 2022, the Under-secretariat for Human Rights of the Ministry of Justice and Human Rights, created the "Comprehensive Reparation Roundtable for victims of human rights violations during the social uprising" [Mesa de Reparación Integral para víctimas de violaciones a los derechos humanos durante el estallido social], formalised by Exempt Resolution Nº 286, with the purpose of including victims and their families, creating a dialogue space to collect demands and proposals for the development of a comprehensive reparation public policy.

The Under-secretariat for Human Rights lacked information on individual victims and had estimated a universe of 10,816 complaints during the social uprising (Inter-ministerial Committee on Human Rights, 2022). The complaints filed by the National Institute for Human Rights (INDH) reduced that number to less than half. This disparity in relation to the estimate of the number of possible victims, as well as the restrictions of Law No. 19.628 related on accessing private data collected by various institutions, required the construction of a registry of victims at the Under-secretariat for Human Rights, including demographic data, medical certification of the reported injuries, and other elements such as testimonies and press reports that would allow corroboration of the veracity of the information.

The Comprehensive Reparations Unit began its work by holding meetings in all regions with individuals and organisations that identified themselves as victims; with professionals from NGOs and legal, social, and health service centres; with representatives from the ministries involved providing services for victims; and with professionals, academics, and experts from national and international research centres. Based on discussions during team meetings about the registry process, by the end of 2025, the victim registry included individuals who had participated in the Comprehensive Reparation Roundtable meetings, victims represented by the INDH who had filed complaints and lawsuits, and individuals identified through the Judiciary's public databases.

Many people who participated in the meetings still had pellets and rubber bullets lodged in their bodies, causing them daily pain; others suffered eye damage, brain damage, and sequelae of bone and muscle injuries, and only a few had received treatment. Some reported having suffered torture, cruel and degrading treatment, and sexual abuse. The Roundtable Unit included a psychosocial team that interacted with victims, assessed their most urgent needs, and referred most to the Victim Support Program (PAV) of the Ministry of the Interior and Public Security across regions for psychological assistance.

During the meetings, some family members referred to the so-called "prisoners of the revolt," denouncing that they had been unjustly detained and kept in pre-trial detention for excessively long periods. At the end of December 2022, the President of the Republic pardoned 12 people convicted during the

social uprising. This action generated considerable controversy due to the criminal records of most pardoned individuals, including, in several cases, serious crimes committed before the social unrest. The Minister of Justice resigned. The selection of those pardoned reinforced the media narrative associating the victims of the social uprising with ordinary crime, devaluing the political legitimacy of the social protests, as well as the potential for recognition and reparation for those who suffered physical and psychological harm because of the repression carried out by the authorities.

The Roundtable's Reparations Report, submitted to the President of the Republic on March 31, 2023, recommended creating a program within the Human Rights Under-secretariat of the Ministry of Justice to develop a single, unified registry of victims; document injuries and sequelae, the physical and psychological consequences; and design a policy for recognition and reparation of victims

The role of the Inter-American Commission on Human Rights (IACHR).

In January 2022, the IACHR published the report "Political Situation in Chile[2]." It contained 60 recommendations organized into four categories: a) the right to social protest, b) the principle of democratic institutions, c) freedom of expression, and d) historical demands regarding equality and non-discrimination in relation to economic, social, cultural, and environmental rights (IACHR, 2022a). The IACHR and the State of Chile, through the Ministry of Foreign Affairs, agreed on a Joint Mechanism to Monitor Recommendations held in the Report Situation of Human Rights in Chile[3] [Mecanismo Conjunto de Seguimiento a las Recomendaciones del Informe Situación de Derechos Humanos en Chile, MESECH]. This agreement was signed in December 2022, along with a work plan.

It was agreed:

> To develop and implement methodologies for monitoring recommendations (...) primarily focused on comprehensive reparation measures and the identification of the population of victims, the advancement of investigations and judicial proceedings, the regulation and guarantee of the right to social protest, and institutional reform of the police (IACHR, 2022c, p. 2).

The Work Plan included a request for technical assistance related to: a) Standards or comparative experiences in qualification and reparation processes at the regional level; b) the identification of good practices and regional lessons to be incorporated regarding non-monetary forms of reparation; c) types of damages to be repaired; d) reparations appropriate to the incorporation of gender, children, and indigenous peoples' perspectives; e) and criteria for qualifying victims of the social uprising and victims of human rights violations in general.

The IACHR referred extensively to the consequences of human rights violations:

> [There are] situations that threaten life and personal integrity and involve traumatic experiences that often manifest in intense stress, extreme suffering, anxiety, humiliation, and radical change in the lives of surviving victims and their families. These situations also entail a social and community impact due to the collective and widespread nature of the violations and the traumas they generate" (IACHR, 2022b, p. 7).

The IACHR indicated that

> Rehabilitation programs must consider that human rights violations have different effects on women, girls, and adolescents, so these measures must recognize the harm suffered and specific needs, based on their race, ethnic origin, religion or belief, health, social status, age, class, caste, sexual orientation, and gender identity (IACHR, 2022b, p. 13).

Establishing a registry and classification of victims is a priority:

> Therefore, the Commission suggests that the State first determine the violations and resulting harms that will be the subject of the reparations policy before proceeding with the determination and qualification of victims. (...) The policy must include a registry of victims for access to reparations, based on public and transparent criteria that guarantee non-discrimination and access to information, with an adequate institutional structure and budget (IACHR, 2022b, p. 21).

The IACHR and its Special Rapporteur for Freedom of Expression (RELE) visited Chile from March 18 to 21, 2024,

2 During the Dictatorship IACHR published four reports (1974, 1976, 1977, 1985) on Chile Human Rights Situation. See Country Reports https://hrlibrary.umn.edu/iachr/country-reports/reports.html

3 OAS IACHR Chile- MESECH https://www.oas.org/en/IACHR/jsForm/?File=/en/IACHR/SSRI/Chile/MESECH/default.asp

within the framework of the MESECH to follow up on the recommendations of the Report About Human Rights in Chile. The IACHR emphasised that:

> The State must urgently provide and coordinate programs to ensure comprehensive reparations for victims, particularly in cases of torture involving sexual violence and eye injuries caused by officers of the relevant institutions. These programs must have national coverage, be comprehensive, and provide both psychosocial and mental care for victims and their families. (IACHR, 2020, Number 6, under VIII. Recommendations).

The IACHR stated that it would follow up on draft laws related to citizen security, the right to assembly and protest, and police reform, especially regarding the regulation of the use of force in maintaining public order. In 2024, MESECH requested information from the State on all prioritised recommendations. In accordance with the agreed roadmap, MESECH will remain in operation until 2026, when it plans to publish its final report on Chile's compliance with the IACHR's recommendations[4].

Legal actions looking for justice and reparations

In April 2025, the Public Ministry reported that 90.9% of the 10,142 cases of institutional violence registered between October 18, 2019, and March 31, 2020, were closed (Salas, 2025). The status of these cases can be interpreted as a failure to fulfil the State's obligation to investigate in accordance with due diligence standards and within a reasonable time (Casas *et al*., 2022).

Filing civil lawsuits against the Chilean State has been a way to seek compensation in cases of death and irreversible harm. Very few cases have received compensation through civil lawsuits. For example, in Case C-4286-2020, the Second Civil Court of Concepción issued a ruling in September 2022, awarding 220 million pesos [approximately equivalent to USD 238,871] in compensation to five relatives of a victim who died because of the violent events[5]. The perpetrator was released.

In June 2023, the San Miguel Court of Appeals granted the claim for damages filed by Fabiola Campillai and her family and ordered the State to pay a total of $680.000.000 [approximately equivalent to USD 850,000] in moral damages to the plaintiffs. The ruling (case number 2-2022) established the moral damages caused to the family by the actions of a Captain of Carabineros at the time of the events, Patricio Maturana, who was sentenced in criminal court to 12 years and 183 days in prison as the perpetrator of the completed crime of unlawful coercion causing severe injuries (total blindness).

In May 2025, in Case Nº 683-2023, a civil judgment was issued ordering the State of Chile to compensate a victim with 90 million pesos [Approximately equivalent to USD 95,643] for the loss of an eye caused by the negligent use of a riot shotgun during the social unrest.

As illustrated by the civil lawsuits mentioned above, the courts have established compensation in some cases. Most civil lawsuits seeking reparation are still pending, and an unspecified number of cases have expired due to the legal deadline.

Initiatives of the Under-secretariat for Human Rights of the Ministry of Justice and Human Rights

The Under-secretary for Human Rights established the Human Rights Program for Victims of Institutional Violence to implement recommendations from the Reparations Roundtable. Between June and December 2023, the program compiled a registry of victims and coordinated State institutions to provide services to them. The registry included demographic information, data on access to services (justice, health, and pensions), and a record of harms supported by documents and medical certificates. A relevant number of the registered victims belong to the most disadvantaged sectors of the population, with limited access to housing, employment, and vocational training, and many of them had suffered trauma since childhood. This situation poses a complex challenge for a comprehensive reparation policy. Throughout 2023, the program engaged with victims by providing psychosocial support, listening, and referring them to PACTO, which had expanded its regional coverage and begun removing pellets since November 2023. However, in December 2023, the program was dissolved due to a lack of funding.

In September 2024, the Under-secretariat established the Commission for Victims of Institutional Violence, a working team tasked with a definitive registry of victims of the social unrest, incorporating records from several State institutions under special collaboration agreements. Before the end of President Boric's administration, this commission was required to formulate recommendations, including proposals for health reparations measures for people with physical injuries and psychological trauma caused by State agents. These recommendations prioritised ensuring access to specialised health and

4 IACHR visit Chile in the context of the Joint Mechanism to Monitor Recommendations (March 27, 2024).

5 References regarding the value of the dollar can be found on Servicio de Impuestos Internos [Chilean Internal Revenue Service] website: May 2022: 1USD: $ 921.01; June 2023: 1USD: $800; May 2025: 1USD: $941. https://www.sii.cl/valores_y_fechas/dolar/dolar2025.htm.

mental health services to eye trauma victims, and the removal of pellets for those who still retain them through the PACTO plan. In March 2026, under the new administration of President José Antonio Kast, the Commission was discontinued.

Final reflections

Chile's recent history has been marked by massive human rights violations during the military dictatorship and, obviously, on a different magnitude in the context of the 2019 social uprising. The latter was characterised by five months of massive social protests (2019-2020). Allegations of human rights violations against protesters were documented in reports by several international organisations that observed the demonstrations, including IACHR, OHCHR, Amnesty International, Human Rights Watch, and others. The complaints were filed mainly by the National Institute of Human Rights and local human rights organisations. The Supreme Court's Research Department identified more than 1,500 cases that qualified as human rights violations, mainly torture cases, in addition to institutional violence and cruel and degrading treatment.

The violence and criminal acts of some protesters influenced public perception of the upheaval, although most remained peaceful. The police responded with tear gas and projectiles, injuring many. Media coverage labelled all protesters as criminals, implying that their alleged offences justified rights violations and undermined victims' right to seek redress from the State.

The *United Nations Special Rapporteur on the rights to freedom of peaceful assembly and association*, Clément Nyaletsossi, clearly demanded accountability and an end to impunity for serious human rights violations surrounding these rights (UN, 2023). He insisted that hostile narratives must be rejected and replaced with policies that unequivocally respect fundamental freedoms and guarantee reparations for victims.

This observation is consistent with our conclusions: measures and policies depend on how the harm caused to citizens is defined and documented. When such harm is understood as a human rights violation, the state is obligated to recognise the victims and provide them with redress.

The State's obligation to provide comprehensive reparation involves internationally established regulations and practices, including legal, social, and physical and mental health services for individuals, their families, and the community. Rehabilitation as a form of reparation implies that "victims can rebuild their lives, find new opportunities, assert their rights to justice and truth, and contribute to non-repetition" (UN, 2019, p. 16). Caring for those who have suffered torture, mutilations, or other violence has required not only legal recognition of the repressive facts but also the implementation of effective, comprehensive, and ethical policies that guarantee medical and psychosocial assistance and reconstruction of their life projects. As mentioned earlier, it was announced in the Government Comprehensive Agenda for Truth, Justice, and Reparation and committed to with the IACHR in December 2022. This agreement, in accordance with the highest human rights standards, established a framework for recognition, reparations, and follow-up for victims.

The implementation of this commitment required identifying the target population, available resources, and capacities, incorporating strategic and political perspectives to implement a comprehensive policy for victims. In approximately 120 cases handled and referred by the Reparation Roundtable team (Ministry of Justice and Human Rights, 2023), this experience confirmed that successful rehabilitation depended on timely care, access to psychosocial assistance that facilitated the deployment of emotional and personal resources, and support from family and other networks. It also relied on the ability to earn a regular income to support oneself and one's family.

More than 400 individuals suffered eye trauma (Office of the Public Prosecutor, 2025). Between 2022 and 2025, six victims who experienced globe rupture or vision loss from blunt trauma or laceration by a sharp object died by suicide (Toro-Leyton, 2025), even though some had received medical and psychological care. The profound changes and loss of autonomy resulting from these injuries can lead to a constant re-experiencing of trauma, making it difficult to break free from feelings of entrapment—especially when compounded by social rejection and stigma. This isolation only deepens suffering, with each painful experience amplifying feelings of helplessness and hopelessness. Such cases underscore the severe impact of trauma and highlight the limitations of current health programs as sources of social support and psychological repair, even when professional care is of high quality. They reinforce the urgent need for comprehensive State programs focused on assistance and reparation. Rehabilitation must be understood as a holistic process that includes legal action, acknowledgement of human rights violations, material and symbolic reparations, social support, and specialised psychological treatment. Coordination among these elements is essential to restore victims' dignity and help them rebuild their lives. Furthermore, there is a need to reassess what constitutes a truly comprehensive compensation program for these individuals.

The article concludes by examining the paradoxical outcomes and limitations of the government's policies toward victims of social uprising. This experience offers valuable lessons for other contexts. First, an effective reparations policy begins

with a unified registry of victims. Achieving this requires resolving discrepancies in analytical frameworks across institutions. It also requires overcoming legal and institutional barriers to data sharing. Robust inter-institutional agreements are crucial for ensuring data comparability and integration.

Building on this, designing reparation policies requires two key actions: establishing a stable institutional framework and securing sustained funding. Both are necessary to ensure continuity beyond political cycles, enable effective policy implementation, and promote ongoing institutional learning and coordination.

In addition, reparation and rehabilitation should be approached holistically, avoiding fragmented or isolated programs. Key recommendations include integrating legal, health, psychosocial, and socio-economic measures to address victims' needs and actively facilitating the reconstruction of their life projects.

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Shoulder deformation without neurological injuries: A rare visible sequela after positional torture

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Abstract
Introduction: Positional torture - commonly involving forced immobilisation in extreme or contorted postures - is known to produce musculoskeletal and neurological harm while often leaving minimal visible evidence. Although chronic pain and functional impairments are well documented, overt structural deformities of the shoulder region in the absence of neurological symptoms are exceptionally rare. *Case presentation:* We describe a 23-year-old male survivor of torture who developed bilateral acromioclavicular deformities following prolonged immobilisation with his arms bound in forced hyperextension for 10–12 hours per day over a 15-day period. Two years after the events, physical examination revealed symmetrical swelling over the acromioclavicular joints, preserved range of motion, full muscle strength, and intact sensory function. Magnetic resonance imaging demonstrated marked thickening of the fibrous subcutaneous tissues without involvement of deeper musculoskeletal structures or the brachial plexus. *Discussion:* This presentation differs from the shoulder sequelae most frequently reported in torture survivors - such as impingement syndrome, tendinopathy, and adhesive capsulitis - which typically manifest with pain rather than visible deformity. Current anatomical studies of suspension-related torture mechanisms suggest that sustained hyperextension may precipitate soft-tissue remodelling and fibrofatty proliferation in the absence of persistent neuropathy, which is consistent with our findings. This case broadens the recognised spectrum of physical outcomes associated with positional torture by demonstrating that visible, bilateral shoulder deformities can occur without neurological deficit or pain. The findings highlight the critical importance of meticulous inspection and targeted palpation in the medico-legal examination of torture survivors, even when symptoms appear minimal or absent.

Keywords: positional torture, stress positions, shoulder deformity, medico-legal evaluation, musculoskeletal sequelae

Positional torture, also referred to as "stress positions," involves forcing a victim to maintain a fixed, often contorted posture for extended periods ranging from minutes to several hours or days (Rejali**,** 2007). These positions may include standing on the toes, holding the arms outstretched, or remaining bound in hyperextended postures. Victims endure these positions either due to fear of punishment or because they are physically restrained using ropes, straps, or handcuffs (DIGNITY, 2025). According to the Istanbul Protocol, positional torture typically leaves little to no visible evidence, despite the potential for chronic pain

and disability (Office of the United Nations High Commissioner for Human Rights, 2022).

A growing body of work shows that musculoskeletal sequelae of torture and suspension are common even when neurological damage is absent. In a case-series from the Human Rights Foundation of Turkey, 18 torture survivors presenting with shoulder pain were found to have mainly non-neurological pathologies: impingement syndrome (61.1%), supraspinatus tendinitis and bursitis (27.8%), frozen shoulder (11.1%), whereas only two patients (11.1%) had brachial plexus injury (Human Rights Foundation of Turkey, 2025). A narrative review of suspension torture described a wide spectrum of shoulder-girdle injuries (including brachial plexus neuropathies, joint dislocation, capsular and ligamentous damage, scarring) while emphasising that persistent pain and dysfunction may occur without conspicuous external marks (Woldu & Brasholt, 2021). Recent anatomical work on "reverse hanging" has further clarified that hyperextension concentrates mechanical stress on the glenohumeral capsule, periarticular soft tissues, and brachial plexus; depending on the magnitude and duration of loading, these structures may sustain soft-tissue injury and transient neuropathy, even in the absence of lasting neurological deficits (Pollanen & Ng, 2025). Shoulder pain and deformity following torture should therefore be understood in the broader context of chronic musculoskeletal pain in survivors. Large clinical cohorts and reviews have shown that persistent pain, including shoulder girdle pain and dysfunction, is highly prevalent among torture survivors and cannot be reduced to a mere somatic expression of psychological distress (Williams & Amris, 2017).

However, visible structural deformities of the shoulder region are rarely documented. Here, we report a rare case of a visible physical sequela following positional torture, in the absence of neurological impairment or chronic pain.

A 23-year-old male from Bangladesh was evaluated at the "Treatment and Rehabilitation of Victims of Torture" service at the University of Palermo, in collaboration with Médecins Sans Frontières. The patient reported being detained in Libya, where he was subjected to multiple forms of physical and psychological torture two years prior to presentation. He specifically described episodes of cigarette burns, beatings with sticks and electrical cables, and prolonged immobilisation in a stress position. He refers to having been bound to a pole with his arms hyperextended behind his back for approximately 10 to 12 hours/day for 15 days. The patient denies ever having engaged in heavy labour, specifically denying ever having carried loads on his shoulders.

On physical examination, multiple cigarette-burn scars were observed over the dorsal thoracic region, along with cicatricial lesions consistent with blunt trauma and flagellation. Notably, bilateral deformities of the shoulders were evident, characterised by localised swelling over both acromioclavicular joints (Fig. 1a, 1b, 2a, 2b) and dyschromia/bruising of the overlying skin (Fig. 3a, 3b). Palpation elicited a mild nociceptive response in these areas. An orthopaedic examination revealed a full range of motion in both shoulders, with no restrictions. Neurological evaluation showed preserved muscle strength and normal sensory function. The patient denied paraesthesia, motor weakness, or any limitation in daily activities. Magnetic resonance imaging shows subcutaneous tissues with marked thickening of the fibrous supporting component and skin relief (Fig. 4a, 4b, 4c).

This case underscores the variability in the clinical sequelae of positional torture. In the HRFT case-series, shoulder pain in torture survivors was most commonly attributed to impingement syndrome, supraspinatus tendinitis, and frozen shoulder, with only a minority of patients showing evidence of brachial plexus injury (Human Rights Foundation of Turkey, 2025). Our patient differs from those cases in that he did not complain of persistent pain or functional restriction, yet presented with a bilateral, palpable deformity over the acromioclavicular region. This finding suggests that positional torture may occasionally produce structural changes that are clinically evident on inspection and palpation, even when the survivor does not report pain as a primary symptom. The present observations can also be contrasted with the case reported by Braham and colleagues, in which a detainee was found to have a bilateral acromioclavicular dislocation with a characteristic "piano-key" deformity of the distal clavicles (Braham, 2017). In that case, a detailed comparative examination and radiologic assessment led the authors to conclude that the bilateral acromioclavicular dislocation was chronic and unlikely to be attributable to recent torture. In our patient, by contrast, the shoulder deformities arose in temporal association with prolonged immobilisation in an extreme stress position and were supported by imaging showing thickening of the fibrous subcutaneous tissues rather than joint dislocation. Additionally, the cutaneous dyschromia observed is likely attributable to prolonged skin traction in an abnormal position (Sanjeewa & Vidanapathirana, 2017). Together, these reports highlight that visible deformities of the shoulder girdle in detainees may arise from both longstanding, unrelated orthopaedic conditions and torture-related soft-tissue changes; careful clinical and radiological evaluation is required to distinguish between these possibilities (Albano et al.,2025).

Figure 1. *1a, 1b Bilateral deformities of the shoulders were evident, characterised by localised swelling over both acromioclavicular joints*

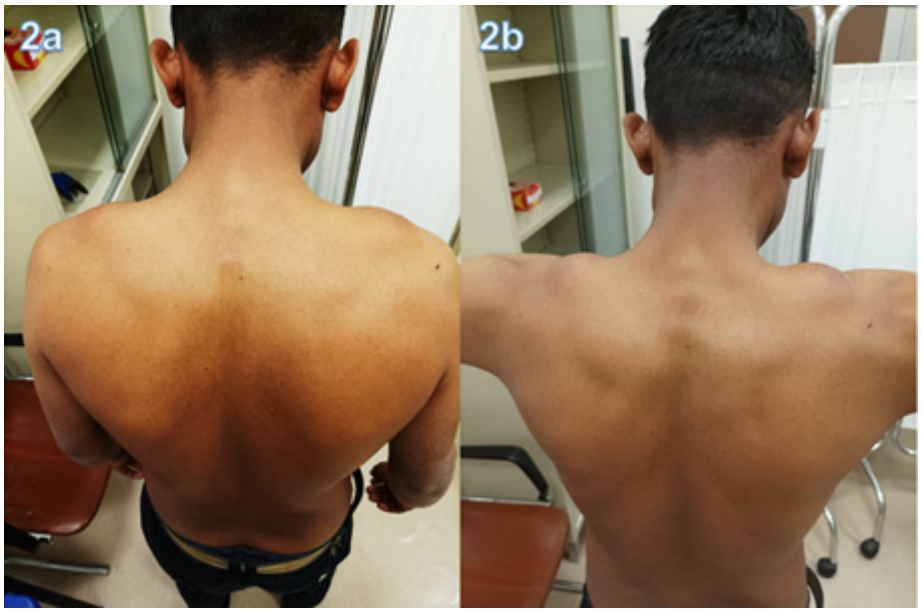


Figure 2*. 2a, 2b Bilateral deformities of the shoulders were evident, characterised by localised swelling over both acromioclavicular joints*

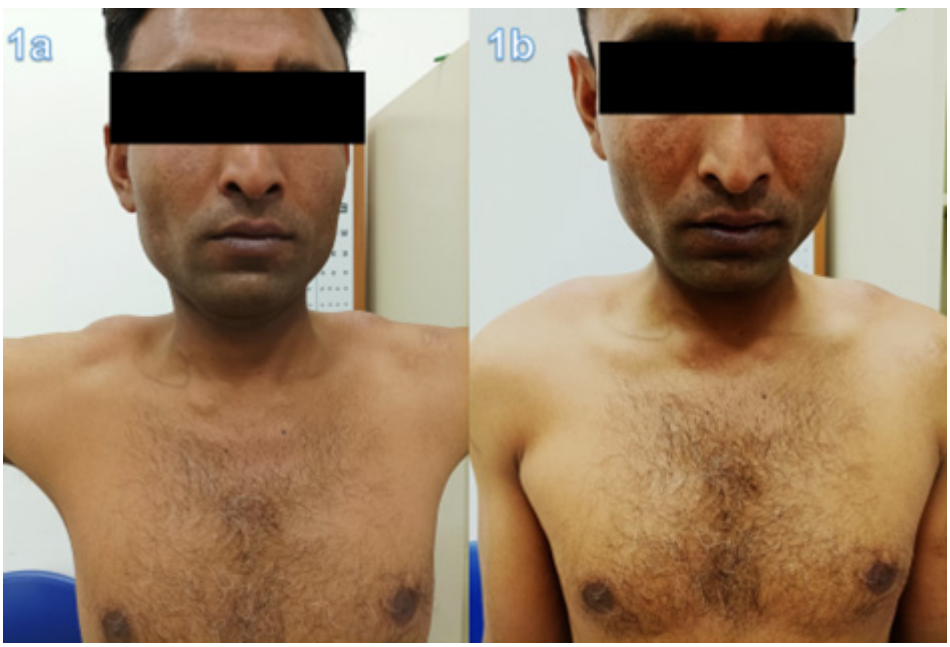


***Figure 3**. 3a, 3b. Dyschromia/bruising of the skin overlying the localised swelling.*

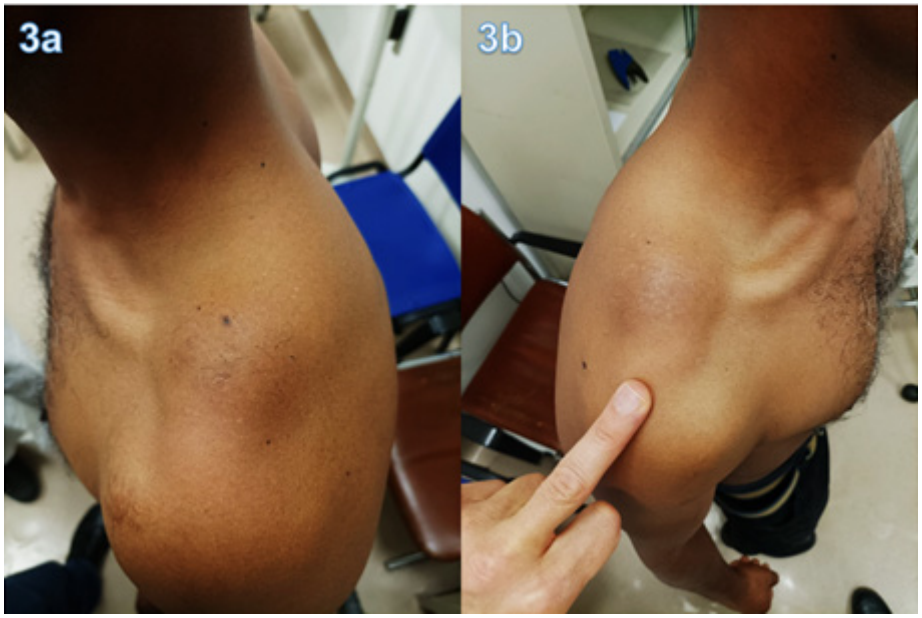
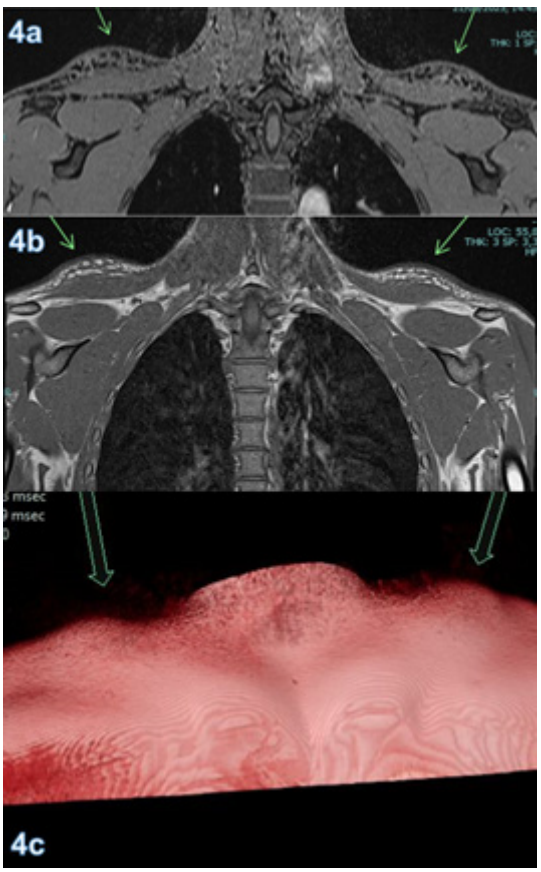


***Figure 4**. 4a. T1 in the coronal plane shows, bilaterally, subcutaneous tissues of the intermediate and medial clavicular region, apico-dorsally with marked thickening of the fibrous supporting component and skin relief (maximum thickness of about 2.5 mm). 4b. T1 in the coronal plane shows, dorsally and bilaterally, subcutaneous tissues in the clavicular region with fibrotic changes possibly related to a fascial inflammatory event. 4c. VR3D reconstructions show marked thickening of the fibrous supporting component and skin relief.*



Determining the consistency between old injuries and a survivor's narrative can be difficult - and at times impossible. Nonetheless, clinicians and forensic experts in particular should strive to provide a reasoned appraisal of the available evidence, as such evaluations have been shown to significantly influence judicial outcomes. This report presents an unusual but clinically significant physical indicator of positional torture, which may otherwise be overlooked in the absence of neurological findings. It also underscores the importance of comprehensive physical examination in the clinical and medico-legal assessment of torture survivors.

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Conflict of interest

None declared.

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First aid for eye injuries in protest settings: When to irrigate and when to shield

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Torture Journal's Issue 1/2024 highlighted the global problem of eye injuries by less-lethal weapons. At that point, there was an unmet need for guidance on what to do in the event of such an injury before the patient reached an eye doctor. Eye injuries are time-critical. Often, the first people to act are first responders or even bystanders. What happens immediately after such an injury can worsen the prognosis. A clear map of what to do is helpful.

This year, the American Academy of Ophthalmology (AAO) – the professional association of eye doctors in the United States – has risen to the occasion and published a Protest Safety Guide (Turbert, 2026a). It comes as a timely addition to their library of trustworthy information on eye problems for the public and patients, including first aid for eye injuries in wartime (Medeiros, 2024).

Projectiles can cause lasting damage to the eye at much lower energy thresholds than for any other part of the human body; the exact numbers are unknown (Fierz, 2024). Projectiles may penetrate the eye, or their blunt impact may lead to globe rupture. These situations are referred to as open-globe injuries, and their prognosis is poor. In closed globe injuries, the wall of the eye remains intact. While they carry a better prognosis on average, even these can cause profound and permanent visual loss. The most common mechanism is retinal damage. Peripheral retinal detachments are treatable by surgery, but as a rule, a pathology of the central retina – the macula – is not. (If surgery can be attempted, as in a traumatic macular hole, the result is often unsatisfactory.) Other mechanisms for visual loss include traumatic glaucoma or traumatic optic neuropathy. Traumatic cataracts are common, but they are usually treatable with cataract extraction and artificial lens implants; however, the operation is more challenging when the original lens is dislocated and/or the eye has suffered additional damage. Traumatic corneal scars are treatable, too: by corneal transplants.

The clinical consequences of a chemical injury to the eye are different from those of a mechanical injury. Chemical injury may cause lasting damage to the ocular surface, including the cornea. To remain transparent, the cornea must constantly renew its surface epithelium with the help of stem cells at its border, the so-called limbus. Chemical burns may not only lead to scars in the cornea itself (which, again, would be treatable) but may also damage these stem cells at their edge. The result is a condition known as limbal stem cell deficiency, in which the cornea cannot regenerate normally, and its surface keeps breaking down. It causes both pain and visual loss that can be challenging to manage (for details, see Narala, 2026). This injury pattern has been known for almost as long as tear gas itself, though the concept of limbal stem cell deficiency is newer (Hoffmann, 1967). Deeper layers of the eye may also be affected in chemical injuries, mainly when there is an additional mechanical injury (Hoffmann, 1967; Kim, 2016). Eye injuries from tear gas and even pepper spray have the potential to be far more than a transient annoyance. On the other hand, layperson first aid has a much better chance of preventing serious consequences in such cases than in mechanical injuries.

The AAO's Protest Safety Guide highlights the benefits of eye protection, specifically safety glasses, and recommends their use. Safety glasses are made of plastic, not glass, which will scratch and bend rather than splinter like glass. For guidance on what types of glasses to use in which situations, see the AAO article on safety glasses (Turbert, 2026b). However, nothing will provide 100% protection. Anecdotally, probably everything that comes between a projectile and the eye is better than nothing: A young man whose spectacles made of glass splintered when hit by a rubber bullet in Zurich's youth unrests in the 1980s suffered superficial corneal abrasions but no lasting consequences (personal communication from the patient, unpublished). The outcome would almost certainly have been worse if he had not worn them.

Mechanical injury

If the eye is hit by a projectile, it should not be touched or rubbed but covered by a temporary shield that does not come into contact with the eye, such as the bottom part of a Styrofoam or paper cup. If there are visible fragments that appear to be stuck in the eye, they should be left in place. If possible, the injured person should stay upright and keep their head up.

If the eye has burst open, it is mandatory to see an eye doctor as soon as possible. Before going to the emergency room at a smaller hospital, it makes sense to call and ask whether an ophthalmologist is available. Painkillers like aspirin, ibuprofen and other non-steroidal anti-inflammatory drugs should be avoided as they thin the blood and may increase bleeding.

Reading these guidelines, I would like to add that the AAO's advice is valid regardless of whether the eye has burst open or whether its wall remains intact. While large ruptures are usually obvious by the loss of the globe's normal contours or by a visible entry wound, telling the difference between a penetrating injury and a closed globe injury can be impossible without specialised ophthalmological equipment. Such patients, therefore, need an eye doctor and not a general practitioner. It is not possible to rule out an open globe injury from the history, either: It does not require a sharp object, blunt force can result in a globe rupture too. Seeing an ophthalmologist makes sense anyway, unless there is rapid and complete resolution of symptoms.

Chemical injury

In case of exposure to tear gas, the first thing is to get away as quickly and safely as possible, ideally to fresh air and/or higher ground, since tear gas is heavier than air. As soon as possible, the eyes should be flushed with plenty of clean water or an eyewash solution (available at most pharmacies). Milk is not recommended for flushing the eyes because it is not sterile. If irrigation is not possible, frequent blinking may help produce more tears, which also help flush the eyes. Contact lenses should be removed, as should any clothing near the face. Rubbing the eyes should be avoided. If symptoms persist, it is ideal to seek medical help immediately.

First aid after exposure to pepper spray (nebulisers) is almost the same as for tear gas. Again, the most important thing is immediate and copious irrigation. Pepper spray is oil-based, so avoid touching the eye area, as it may spread the oil. The skin around the eyes may be washed with baby shampoo, which will break down the pepper spray without harming the eye.

Reading these guidelines, I wondered how many protesters carry eye wash or clean water in sufficient quantities. The literature suggests flushing the eye for up to twenty minutes (Kim, 2016). As long as the injury is purely chemical and there is no possibility of an open globe, water from used drinking bottles will probably do. It is important to lift the lids gently, a little away from the eyeball to reach the cul-de-sac beneath the upper and lower lids, where irritant chemicals may accumulate and continue to harm the ocular surface if not eliminated. When flushing under the lower lid, ask the patient to look up; when flushing under the upper lid, ask the patient to look down. The procedure should be continued until the patient feels well again, or for at least ten to fifteen minutes. The most common mistake in chemical injuries is insufficient irrigation: too little, too late. In a severely irritated eye, I would personally even use milk if I were confident that the injury was chemical only, with no possibility of globe rupture. Perhaps it is worth noting that topical anaesthetic eyedrops are contraindicated in chemical injuries, even if the patient is in pain: they interfere with the protective tearing reflex, and there is clear evidence that they worsen the damage caused by chemical injuries in animal models (Kim, 2016). A patient whose symptoms persist after adequate irrigation needs an ophthalmologist.

Mixed mechanical and chemical injury

The safety guide does not mention the rarer but particularly worrisome possibility of mixed mechanical and chemical injury from «pepper pistols» with capsaicin-containing projectiles that burst on impact, or that deliver a liquid stream of capsaicin-containing fluid rather than a spray or a projectile. The patient will usually suffer a chemical burn in the region around the eye, suggesting there was not only a mechanical impact of a rubber bullet to the eye. In cases of mixed mechanical and chemical injury without globe rupture, irrigation with clean water would be important.

The dilemma that poses itself is that such weapons may be lethal at close range (Borges, 2022; Hajdu, 2026; Rodriguez McRobbie, 2022). It follows that they can produce an ocular rupture at close range. In such cases, irrigation would be contraindicated because of the open globe, at least in theory. In practice, however, an eye with such a profound injury might not be salvageable in any case, with or without irrigation.

This conundrum may well remain unresolved from a strictly scientific point of view. My educated guess is that gentle irrigation - with *clean* water or eye wash, and without pressure - will almost certainly be beneficial in almost all cases without obvious globe rupture and will carry a very low risk of significant further harm. The AAO's recommendation to ophthalmologists is: "Additional management strategies should be tailored to the individual clinical findings, following established principles for chemical or traumatic ocular injury." (DeParis, 2026)

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Culturally appropriate, human rights compliant police custody monitoring expectations for detained Aboriginal and/or Torres Strait Islander people

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The Australian context

Australia is proudly home to the world's oldest continuous living cultures, with Aboriginal people having occupied the mainland for more than 60,000 years (NMA, 2026). According to the Australian Institute of Aboriginal and Torres Strait Islander Studies, there are more than 250 Indigenous languages and 800 dialects (AIATSIS, 2026). The diversity of culture, language and law/lore can be mapped across the country, from the Yolŋu people in the north-east of Australia, to the Noongar people in the south-west. The 2021 census found that 167 Indigenous languages are used at home by 76,978 Aboriginal and Torres Strait Islander people[1] (ABS, 2021).

However, much bleaker statistics accompany this story of survival, resilience and resistance during the colonisation of this vast land, and Indigenous people's ongoing struggles in the face of colonisation's legacy. According to the 2021 census, only 3.2% of Australia's population was Aboriginal (ABS, 2021). Yet, in 2024-2025, the daily average number of people in Australian prisons was 45,525, of whom 16,553 were Aboriginal (36%). In some states and territories, the figures are even starker: in the Northern Territory (NT), 2,337 of the 2,640 imprisoned people were Aboriginal (89%) (ROGS, Part C, 2026). The overrepresentation among incarcerated children is greater still. In 2024-2025, the daily average number of children in Australian prisons was 734, of whom 453 were Aboriginal (62%). In the NT, 40 of the 42 imprisoned children on any given day were Aboriginal (95%) (ROGS, Part F, 2026).

Both the diversity of cultures and the overrepresentation of Aboriginal people in the criminal legal system require that civil society organisations and detention monitoring bodies tailor their approaches to ensure that Aboriginal people are not left behind in efforts to prevent torture and ill-treatment, pursue accountability of perpetrators, and secure redress for victim-survivors.

The need for a set of culturally appropriate, human rights-compliant police custody expectations focused on detained Indigenous people

Australia is one of the 96 States that have ratified the United Nations (UN) *Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment* (OPCAT) (UNTC, 2026), a UN human rights treaty whose objective is "to establish a system of regular visits undertaken by independent international and national bodies to places where people are deprived of their liberty, in order to prevent torture and other cruel, inhuman or degrading treatment or punishment" (OPCAT, Article 1). Those national bodies are known as National Preventive Mechanisms (NPMs).

The Australian NPM (a multi-body entity) has been tasked with exercising the OPCAT mandate domestically. With the overrepresentation of Aboriginal people in Australia's criminal legal system, realising OPCAT's torture prevention potential requires a tailored approach that accounts for Indigenous culture and law/lore, the enduring legacy of colonisation and entrenched racism in the criminal legal system. Tailoring one's approach to preventing torture and ill-treatment is a multi-pronged exercise. One aspect is developing an appropriate set of detention standards (or expectations) to guide the NPM in its risk appraisal in places of deprivation of liberty, including police custody. Police custody not only falls within all NPMs' mandates; it demands particular attention, with an international study commissioned by the Association for the Prevention of Torture (APT) concluding that the highest risk of torture is in police custody, not prisons (Carver, 2016, p. 630).

1 'Aboriginal people' is used throughout this brief to refer to 'Aboriginal and/or Torres Strait Islander people'.

In the Australian context, culturally appropriate, human rights-compliant police custody expectations (the 'Expectations') have recently been developed in consultation with Aboriginal Community Controlled Organisations, Aboriginal people with lived experience of police custody, and other individuals and organisations with relevant expertise (in Australia and internationally).

The utility of the Expectations for NPMs, statutory bodies and civil society internationally

While these Expectations are intended to support the Australian NPM to effectively exercise its mandate with respect to detained Aboriginal people, they can also be used in relation to Indigenous people incarcerated in other countries. Consultation feedback received during development of the Expectations indicated that their relevance would also extend beyond Indigenous people, to detained people belonging to other minority/racialised groups (e.g. policing of Roma people across Europe (Fair Trials, 2020)). Broader yet, consultations identified that much of the content of the Expectations would be relevant to all people deprived of their liberty by police, not solely Indigenous and racialised people.

Although the Expectations are targeted at NPMs, there are myriad statutory bodies and civil society actors which could also benefit from them, in their own work to strengthen protections against torture and ill-treatment of people detained in police custody, and bring an end to these human rights abuses, including through civil litigation and prosecution.

The police/law enforcement 'places of deprivation of liberty' that are addressed by the Expectations

In recognition of the importance of properly characterising deprivation of liberty (and thus what would fall within an NPM's mandate), the UN Subcommittee on Prevention of Torture (SPT) (the international counterpart of the domestic NPM) focused its first-ever *General Comment* on what constitutes a 'place of deprivation of liberty' (UN SPT, 2024). In its non-exhaustive list of deprivation of liberty by police/law enforcement, it explicitly included police stops and searches (UN SPT, 2024, para.21) and "any gatherings where police practices such as kettling are or may be carried out" (UN SPT, 2024, para.53). Reflecting this guidance, the Expectations address deprivation of liberty during stops and searches and kettling/containment at public assemblies, as well as arrest/apprehension/detention, transport and transfer, detention at police stations and release from police custody.

Identifying the root causes of ill-treatment

The Expectations are divided into separate documents, with the two main sections being *Practical detention monitoring guidance* and *Identifying the root causes of ill-treatment*.[2] The *Identifying the root causes of ill-treatment* section of the Expectations is intended to assist NPM bodies in their analysis of potential root causes or underlying factors contributing to the risk of (or instances of) torture and ill-treatment in police custody. It is intended to assist not only with detention monitoring, but also with NPM bodies discharging their other functions, including "submit[ting] proposals and observations concerning existing or draft legislation" (OPCAT Article 19(c)).

The UN SPT has explained that "the prevalence of torture and ill-treatment is influenced by a broad range of factors, including the general level of enjoyment of human rights and the rule of law, levels of poverty, social exclusion, corruption, [and] discrimination" (SPT, 2011, para.107). APT guidance has provided that the preventive mandate under OPCAT entails NPMs making recommendations that "address the causes of problems, rather than the symptoms" (APT, 2013, p.85).

Expectations in *Identifying the root causes of ill-treatment* consider the broader context, including the prohibition of torture and ill-treatment in the NPM's jurisdiction (e.g. whether torture has been criminalised, and whether there are robust mechanisms for complaints, investigations, prosecution and redress). Also considered are the local police service's culture, integrity, and competency; the extent and nature of oversight; the degree of transparency of the police service; and actions supporting its continuous improvement. In recognition of priorities of Aboriginal communities, there are also expectations that focus on deaths in custody and rights under the UN *Declaration on the Rights of Indigenous Peoples* (UNDRIP) (including cultural rights related to Country, ceremonial objects, sacred sites, human remains, healthcare and Indigenous Data Sovereignty).

The Expectations address how the purpose of the police service in the community should be understood – the role of police is to protect and respect human rights, and not to be the "default response to public health and social care issues" that should be addressed by specialised government services and supports (Lachsz, 2026, p.12-13). The Expectations also consider the importance of governments taking a "human rights, evidence-based and strengths-based approach to community safety, rather than a politically motivated, 'tough on crime' or

2 The sections of the Expectations are Executive Summary; Introduction; Practical Detention Monitoring Guidance; Identifying the Root Causes of Ill-Treatment; Aide Memoire.

'law and order' approach," and the government's responsibility to support and fund "Aboriginal community-led alternatives to policing and support programs and services to prevent contact with the criminal legal system" (p.12-13). Additionally, the Expectations address issues relating to systemic racism, including the need for effective leadership within police (p.20) and to tackle racial profiling (p. 21). Broader cultural issues, such as the 'blue wall of silence', are discussed (p.24), as is the need for investigations into torture and ill-treatment to be culturally appropriate (p.7).

Practical detention monitoring guidance

The *Practical detention monitoring guidance* section is intended to assist the NPM during its monitoring of places of deprivation of liberty. This section addresses all aspects of deprivation of liberty, including the actual arrest/apprehension/detention, whether there was proper consideration of alternatives to detention, and use of force (including restraints/holds, searches of people and objects, weapons/other equipment, use of force on vulnerable groups, processes following use of force, and accountability for inappropriate/excessive use of force). The Expectations address key protections upon arrest and apprehension, such as the use of recognised places of detention, notification of detention, access to information on rights and to a lawyer, an initial medical examination, and internal and external reviews of detention. An area of high risk of ill-treatment, police interviews, is discussed in detail, as is the healthcare provided in detention (e.g. equivalency of healthcare, culturally appropriate healthcare, healthcare professionals as a safeguard from torture, healthcare professionals navigating potentially conflicting responsibilities, staffing and protocols with community healthcare providers, treatment rooms, medication and equipment, and the role of police officers in facilitating healthcare provision). This section also addresses treatment and conditions in police cells generally, including where people are placed, contact with family and the outside world, and material conditions (e.g., cell architecture, natural and artificial light, hygiene, food, clothing and bedding, personal belongings). Finally, this section covers transport and transfer, as well as release from police custody.

Some specific examples of content include providing that interpreters are used (Lachsz, 2026, p. 54), that cultural considerations inform placement of people in cells (e.g. whether cultural norms would be transgressed if certain people are detained in the same cell) (p. 55), and that "views of the local Aboriginal community and [Aboriginal Community Controlled Organisations] are taken into account in the design of accommodation at police stations" (p. 60). The Expectations also suggest that police "work with Aboriginal and Torres Strait Islander communities to develop protocols regarding obtaining, storing, retaining, using and disposing of forensic samples from Aboriginal... people" (p.45). The Expectations require that culturally safe healthcare be provided and suggest that local Aboriginal Community Controlled Health Organisations be "consulted on whether they wish to provide primary healthcare at police stations" (p.45).

Conclusion

The Expectations are envisaged as a guide for the torture prevention work of NPMs and civil society actors. Any civil society organisations using the Expectations are strongly encouraged to take a tailored, place-based approach that centres impacted communities and those with lived experience of detention in police custody. In the Australian context, this requires consultation with local Aboriginal and Torres Strait Islander communities. In other countries, this would require consultations with local Indigenous communities or other racialised groups. NPMs (even individual members of the Australian NPM) will be working in vastly different contexts, in terms of geography, demographics, political landscapes and police cultures.

Crucially, Indigenous Peoples have a diversity of cultures and experiences of colonisation; flattening this diversity risks not only missing an opportunity to prevent human rights abuses, but it also risks perpetuating harmful biases and practices. In contrast, a solid foundation that includes locally tailored, culturally appropriate monitoring expectations can assist NPMs and civil society actors in effectively exercising their mandate and, ultimately, in meeting their torture-prevention objectives.

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Letter to the editor

Patterns of medical-ethical violations in Iranian detention facilities

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Keywords: Iran; prisons; torture; pharmacological abuse; medical ethics; human rights; denial of care; political prisoners.

Obtaining direct and reliable information from prisons in autocratic states—especially political prisons—is inherently difficult. Such environments are deliberately designed to prevent external scrutiny, restrict independent monitoring, and suppress communication with the outside world. Nevertheless, numerous reports are available from international media, human rights organisations, and independent investigative groups (Mirzaei, S. 2021). Over the past decades, these sources have consistently documented the systemic use of mistreatment and torture of detainees in authoritarian systems. Even though physicians and other medical personnel are present in most prisons, their involvement in coercive practices - including the misuse of medical knowledge, diagnostic tools, and pharmacological agents - constitutes a grave violation of fundamental medical-ethical standards. Historical experience, particularly from former Eastern European states, has demonstrated how psychiatry and chemical substances have been weaponised to break prisoners' psychological resistance, silence political dissenters, and create medically disguised forms of torture (van Voren, R. 2010).

We have received multiple reports from various prisons across Iran describing patterns that correspond closely to these historical precedents. In this manuscript, we summarise examples gathered from reputable online media sources as well as direct accounts from individuals inside Iran who have communicated with us. These accounts are consistent in depicting a broader strategy of coercion that incorporates both physical and pharmacological methods, often under the guise of medical treatment.

Following the state killing of Mahsa Amini (Khatam, A. 2023), reports, i.e. by Campaign to Free Political Prisoners in Iran (CFPPI, 2023) and psychiatric reports by Mohammadpour-Yazdi, A. (2023), emerged of an increasing use of pharmacological torture against political prisoners. According to information obtained by the Committee for the Freedom of Political Prisoners, such practices have been reported in prisons in Tehran, Baluchistan, Kurdistan, Khuzestan, Qom, and Khorasan (CFPPI, 2023). Detainees described a range of methods involving the covert or forced administration of psychoactive substances. Prisoners stated that officers added medications or opiates to drinking water or administered them during interrogations, resulting in confusion, disorientation, memory disturbances, nonsensical speech, or loss of consciousness. Such effects are consistent with the known pharmacodynamics of sedatives, benzodiazepines, and neuroleptics. Several inmates identified specific medications, including diazepam, haloperidol, chlordiazepoxide, and clonazepam. The intentional use of these substances outside a therapeutic context, particularly in the absence of medical indication, informed consent, or monitoring, constitutes pharmacological torture and represents a profound abuse of medical authority.

There have also been reports of unexplained deaths shortly after release from prison during recent protests, yet no subsequent official investigations were conducted. As reported by CFPPI (2023), these victims were buried under the heavy presence of the Islamic Revolutionary Guard Corps (IRGC) forces.

Multiple individuals and families have described suspicious medical symptoms that emerged immediately following detention. One 27-year-old woman from West Azerbaijan stated that she had been given unknown medications in custody, leading to confusion and a prolonged period of disorientation; she later attempted suicide and subsequently lost a kidney due to complications. Another 22-year-old woman reported forced medication that caused severe heat sensations in her neck and persistent discomfort; she now suffers from lasting visual disturbances. These symptoms are consistent with exposure to potentially toxic substances or overdoses of pharmacological agents. Most individuals who died shortly after release had no prior psychiatric or significant medical history, raising additional questions about the official explanations offered by authorities. Nevertheless, officials routinely attributed these deaths to sudden medical events, suicide, or drug misuse (VOA, 2023; Iran International, 2023), despite contradictory evidence and testimonies from families and medical personnel.

In 2021, following the hacking of internal video surveillance systems by the group Edalat-e Ali, visual evidence of physical torture in Iranian prisons became publicly accessible for the first time. These videos showed beatings, forced stress positions, and abuse by prison staff. Amnesty International (2021)

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described the footage as "the tip of the iceberg," suggesting that the publicly visible incidents likely represent only a fraction of the actual abuses occurring within the prison system.

Iranian Human Rights Watch has also documented deaths resulting from deliberate denial of medical care. Iran Watch reported at least 30 deaths among prisoners convicted of financial offences due to inadequate medical attention, delayed treatment, or refusal of transfer to medical facilities (Iran International, 2025). The pattern suggests not only negligence but also the use of medical deprivation as a punitive and coercive measure.

The withholding of medical care from political prisoners in Iran as a form of punishment has been condemned by the World Medical Association (WMA, 2016). They emphasised that denying medical care amounts to ill treatment and can constitute torture or other forms of cruel, inhuman or degrading treatment, which are unambiguously prohibited under international human rights law.

Amnesty International (2022) has identified at least 96 prisoner deaths in recent years linked to a lack of appropriate medical treatment. The case of prominent poet Bektash Abtin (WWB, 2022), who died after authorities delayed essential medical care for COVID-19 complications, became emblematic of this systemic neglect. Another political prisoner, Behnam Mahjoubi, was denied essential medication required for a preexisting neurological condition and instead transferred to Amin-Abad Psychiatric Hospital. There, he was subjected to further mistreatment, including the misuse of psychiatric drugs; officials later attributed his death to drug intoxication. Similarly, the Iranian Human Rights Campaign reported that at least 34 political prisoners were deliberately denied access to medical care between June and August 2024. These cases highlight the instrumentalisation of medical systems not merely as tools of neglect but as active components of state repression. Comparable cases have been reported some ten years earlier (The Lancet, 2012).

Reports further describe subtler forms of medically mediated harm. One journalist recounted that she received an injection during a dental procedure in prison and subsequently developed an unexplained lesion on her tongue a month later, raising concerns about toxic substances or contaminated equipment (VOA, 2024). The lack of transparency in prison medical practices exacerbates the difficulty of verifying such cases, yet their consistency across sources strengthens their credibility.

Other forms of torture, including sexual violence and suspicious deaths, have been documented by multiple sources, including publicly accessible Wikipedia references (2025). These abuses form part of a broader ecosystem of violence that extends beyond physical coercion to psychological terror and the strategic use of medical institutions.

A well-documented case is that of Nasrin Shahkarami, mother of protester Nika Shahkarami, who has publicly rejected the official claim that her daughter died by suicide. Instead, she asserted that her daughter was killed by state forces during the Mahsa movement. While imprisoned in Khorramabad, Nasrin reportedly refused dental treatment offered by prison authorities, expressing fear that she would be injected with poison (The Guardian, 2024). Her refusal illustrates a profound erosion of trust in prison medical staff, a consequence of documented misuse of medical procedures for coercive purposes.

Another case personally known to the author concerns a prisoner executed by hanging in Mashhad in the early 1980s. The forensic report stated that rope marks on the neck were consistent with hanging and concluded with the phrase "verdict of God." Such religiously framed justifications by medical professionals reflect severe ethical misconduct and illustrate how some forensic experts have historically aligned themselves with state narratives at the expense of medical objectivity.

Another case reported to the author involved a young man who was forcibly injected with a substance causing heavy-metal poisoning following a violent interrogation. He was left unconscious in the street and was later transferred to the hospital by a third person. The hospital report, provided anonymously to the author, confirmed severe intoxication with subsequent multiple organ failure. Only several days of complex detoxification in intensive care prevented his death. This example illustrates the potentially lethal consequences of pharmacological torture and the willingness of interrogators to use toxic agents despite unpredictable outcomes.

In addition to chemical and physical torture, reports indicate the use of a guillotine-type device for amputating fingers as punishment for theft (Devi, S. 2022). Such punitive amputations require medical follow-up to prevent infection or death, yet no medical personnel in Iran have publicly condemned or reported these practices. This silence represents a profound failure of professional ethics. Medical complicity in such punitive amputations directly contradicts international medical standards, including the World Medical Association's declarations against involvement in torture and cruel, inhuman, or degrading treatment.

Conclusion:

The difficult-to-obtain reports presented in this manuscript collectively illustrate the possible involvement or acquiescence of medical staff in severe human rights violations within Iranian prisons. These findings point to a systemic breakdown of med-

ical ethics, in which health professionals - or individuals acting under the appearance of medical authority - participate in or fail to report practices that clearly constitute torture or cruel, inhuman, or degrading treatment. The documented cases underscore an urgent need for international scrutiny, independent medical investigations, and stronger protections for detainees to prevent further abuses.

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Torture of family members of victims in Bangladesh

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The July Revolution (2024) in Bangladesh ousted Sheikh Hasina after her 15 years of torture, political oppression, embezzlement, and human rights violations using the state machinery (United Nations, 2025; European Union Agency for Asylum, 2025; Commission of Inquiry on Enforced Disappearances, 2025). After escaping on 05 August 2024, all her misdeeds were exposed to the public, which she did to stay in power. The people of Bangladesh had to endure various for
ms of torture for speaking out against her misdeeds. It is not only the opposition leaders and activists who were tortured by his forces, but also the family members of the victims have been tortured in various ways. For instance, a law enforcement agency arrested and detained the wife and 11-month-old child in Police custody for 19 hours in the absence of a victim (Rahman, 2015). Pregnant ladies, couples with children, and women with children were detained and interrogated (Daily Ittefaq, 2024; Islam, 2025). Even family members were taken away by law enforcement officers and later denied. Here, we report four incidents of torture on family members in addition to the victim to document how the victim's family was tortured.

This study utilised a qualitative case analysis method to evaluate events of torture. Data were collected from various secondary sources, including reports from human rights organisations, televised news, newspaper reports, and other media sources. All the cases were selected for in-depth analysis based on the severity and diversity of torture methods reported. We collected data from existing sources; therefore, we did not seek formal ethical approval from an institutional review board.

We report four illustrative cases of torture inflicted upon family members of opposition party leaders in Bangladesh, identifying a range of tortures experienced as indirect victims of state-led repression (Table 1).

Case 1: Masood Sayedee, the son of Delwar Hossain Sayedee, a former Jamaat-e-Islami (opposition party) leader was sentenced to life imprisonment by the International Crimes Tribunal (ICT) due to his alleged activity during the Independence War in 1971. Masood faced repeated harassment, including imprisonment and bail denial under allegedly false charges that described the experience of legal harassment.

Case 2: Humam Quader Chowdhury, the son of an opposition political party (BNP) leader, Salahuddin Quader Chowdhury, was convicted of alleged war crimes during the Independence War in 1971. Humam had forcibly disappeared in 2016 and released seven months later. His mother was met with police refusal to investigate complaints, illustrating the use of enforced disappearance and psychological trauma.

Case 3: Mir Ahmed Bin Quasem, the son of Mir Quasem Ali, the Jamaat-e-Islami leader who had been sentenced to death by the ICT due to his alleged activity during the Independence War in 1971. Quasem was abducted and forcibly disappeared for eight years due to his father's political affiliations.

Case 4: Former Brigadier General Abdullahil Amaan Azmi, the son of Ghulam Azam, the former Jamaat-e Islami chief was sentenced to life by the same court. Azmi was abducted in 2016 and was missing for eight years. His family faced threats and intimidation, highlighting the long-term impact of official persecution.

This report highlights the torture of family members of opposition political parties in Bangladesh. The cases analysed reveal a wide spectrum of state-sanctioned tortures that extend beyond direct political targets, impacting entire families and communities. Such acts violate international human rights laws and show the gendered dimensions of political repression. Legal harassment emerged as another prominent strategy, as seen in many cases (Amnesty International, 2024; International Federation for Human Rights, 2022). The use of politically motivated charges, repeated detention, and denial of bail demonstrates how judicial processes are manipulated to sustain repression (The Daily Star, 2019). Amnesty International (2017) and Hu-

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Table 1. *Excerpt of Torture on Families in Bangladesh*

SN.	Name	Reference	Incident	Type of Torture
1	Masood Sayedee	The Daily Star, 2019	His father (Delwar Hossain Sayedee) is an opposition political party leader and a convicted war criminal. He faced repeated harassment, including imprisonment and bail denial under allegedly false charges.	Legal harassment
2	Humam Quader Chowdhury	Amnesty International, 2017; Human Rights Watch, 2017	Son of an opposition political party leader who was a convicted war criminal, Salahuddin Quader Chowdhury, was taken away by men in plainclothes on August 4, 2016, and was released on March 2, 2017. Abducted and remains missing. The police refused to accept the mother's complaints.	Enforced disappearance, psychological trauma
3	Mir Ahmad Bin Quasem	Human Rights Watch, 2017; The Financial Express, 2025	Son of an opposition political party leader, Mir Quasem Ali, was abducted and disappeared for 8 years due to his criticism of the tribunal.	Enforced disappearance and torture in Aynaghor
4	Abdullahil Amaan Azmi	Amnesty International, 2017	Son of an opposition political party leader, Ghulam Azam, who was convicted as a war criminal. Amaan Azmi was abducted on the evening of August 22, 2016, and found on August 6, 2024.	Enforced disappearance and torture in Aynaghor

man Rights Watch (2017) have revealed similar strategies used to silence critical voices through the court system.

Enforced disappearance was a recurrent theme across several cases (Cases 2-4). The abductions of Humam Quader Chowdhury, Mir Ahmad Bin Quasem, and Abdullahil Amaan Azmi demonstrate how enforced disappearance is used not only to eliminate political opposition, but also to inflict long-term psychological trauma on families (Amnesty International, 2017; Human Rights Watch, 2017; The Financial Express, 2025). These are violations of international obligations under the International Convention for the Protection of All Persons from Enforced Disappearance (United Nations, 2006). Families of the disappeared often face harassment when seeking information or justice, exacerbating their suffering and contributing to a climate of fear (Amnesty International, 2017).

These findings highlight the critical need for international attention and accountability procedures to address the widespread use of torture and human rights abuses in Bangladesh. Efforts should be made to document incidents, help victims and their families, and ensure necessary steps are taken to stop it. Addressing torture in this context is not just a matter of individual justice, but also a critical step toward preserving the rule of law and constitutional principles.

This report reveals that family members of victims in Bangladesh are subjected to torture (physical and psychological torture), legal harassment, and enforced disappearance. The findings suggest that these violations are not isolated incidents but rather part of a larger strategy of official persecution aimed at silencing dissent. Addressing these human rights violations is crucial to ensuring justice for victims, psychological support and upholding constitutional principles in Bangladesh.

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Call for papers
The Charter of Rights of Victims and Survivors of Torture: towards implementation

Torture Journal: Journal on Rehabilitation of Torture Victims and Prevention of Torture

Torture Journal is an international scientific journal providing an interdisciplinary forum for the exchange of original research and systematic reviews by professionals concerned with the biomedical, psychological, social, and legal dimensions of torture and the rehabilitation of its survivors. Published by the International Rehabilitation Council for Torture Victims (IRCT), the Journal has a longstanding commitment to advancing rigorous, evidence-based debate on emerging forms of coercion — including conceptual, clinical, and legal dimensions — and to giving voice to perspectives from low- and middle-income countries and non-English-speaking contexts.

In March 2026, the *Charter of Rights of Victims and Survivors of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (A/HRC/61/42) was presented to the Human Rights Council by the United Nations Special Rapporteur on Torture. Shaped entirely by survivors' experiences and voices — through three years of regional hearings in Bogotá, Nairobi, and Kathmandu, and more than 120 submissions from survivors worldwide — the Charter sets out seven core rights and calls on States, international organisations, civil society, and rehabilitation practitioners to adopt it as a framework for action. The Survivors' Charter gives formal expression to what they have long articulated: that justice, rehabilitation, and prevention are not separate tracks but deeply interconnected, and that no meaningful progress is possible without survivors playing a central role in all responses. The Charter goes a step further, by being written by survivors and sets out their demands.

Torture Journal invites contributions that engage directly with the Charter and with survivors' rights and experiences — examining its foundations, assessing its demands and concepts against clinical and empirical realities, exploring opportunities and obstacles to implementing it in different spheres (government, civil society, international organisation, or by sectors – medical, legal, economic or social), and asking what it demands of practitioners, legal systems, and institutions. We invite contributions from survivors, survivor-led organisations, researchers, clinicians, lawyers, and human rights practitioners, across disciplines and regions. Papers may be empirical, conceptual, legal, or clinical in orientation. Interdisciplinary work and submissions from practitioners in the field are especially welcome. Papers will be selected on the basis of relevance, methodological rigour, and contribution to advancing debate.

Authors wishing to explore the suitability of a paper before submission are welcome to contact the Editor-in-Chief at pauperez@runbox.com.

Topics to cover:

Right to live free from torture (Article 1)
- What structural conditions — in law enforcement, criminal justice, migration systems, or institutional care — continue to generate torture and ill-treatment despite formal prohibition, and, specially, what evidence exists on effective prevention?
- How does systemic discrimination — on grounds of gender, ethnicity, sexual orientation, disability, or social status — shape both exposure to torture and access to redress?

Truth and accountability (Article 2)
- What do survivors mean by justice, and how do their accounts of accountability — formal and informal, national and international — challenge existing legal frameworks?
- How can the requirement of victim participation in redress, as developed by the Committee against Torture in General Comment No. 3, be operationalised in investigations, truth processes, reparation programmes, rehabilitation services and guarantees of non-repetition?

Survivor participation (Article 3)
- How are survivors and survivor-led organisations involved in the design, development, implementation and monitoring of laws, policies, and practices, as well as redress and

rehabilitation programmes, and what conditions support or obstruct meaningful participation?
- Survivors have demanded that states, international organisations and civil society organisations employ or consult them as researchers, experts and trainers. What experiences exist for ensuring their expertise and experience is harnessed to the full, and what good practices exist for accommodating survivor experiences (e.g. human resource policies, health policies that accommodate PTSD, etc.)?

Survivor-centred practice and access to justice (Articles 4–5)
- What does a genuinely survivor-centred approach look like in clinical, legal, and institutional settings — and where does current practice fall short?
- When justice systems become a continuation of suffering — through procedural obstacles, impunity, or retraumatisation — what reforms and alternative mechanisms are needed?

Reparation and rehabilitation (Article 6)
- The Charter insists that access to rehabilitation must not be conditional on a criminal complaint or conviction. What are the implications of this for the funding and practice of rehabilitation services globally?
- What clinical frameworks best capture the full scope of harm described in the Charter — physical, psychological, socioeconomic, relational, and identity-level — and what is the evidence on their effectiveness across diverse cultural contexts?
- How can rehabilitation programmes address the transgenerational and community-level consequences of torture, particularly where entire communities have been targeted?

Implementation, monitoring, and the role of the rehabilitation field (Article 7)
- The Charter is not yet a binding UN instrument. The Special Rapporteur has indicated that she sees the Survivors' Charter as a complement to UN Basic Principles and Guidelines on Right to a Remedy and Reparation for atrocity crimes and would like to see it adopted in a similar way. How can clinicians, lawyers, and civil society use it to advance survivors' rights in the absence of formal legal enforceability?
- How should the Charter interact with existing legal standards, such as the UN Basic Principles and Guidelines on Right to a Remedy and Reparation for atrocity crimes, the Istanbul Protocol, the Mendez Principles, and the Committee against Torture's General Comment no. 3 on Article 14?
- What specific contribution can IRCT member centres and the wider rehabilitation community make to the Charter's implementation — in advocacy, documentation, service delivery, and survivor support?
- What indicators or participatory monitoring tools can assess whether survivor participation in reparation and rehabilitation is meaningful, safe and consequential, rather than merely consultative?

Submission guidelines
- For general information on the Journal and submission guidelines, please see the website (http://irct.org/research-development/torture-journal).
- For instructions for authors: https://tidsskrift.dk/torture-journal/information/authors
- For submissions: https://tidsskrift.dk/torture-journal/about/submissions

Deadline for submissions: 30th of July, 2026

For more information. If potential authors doubt on the suitability of their contributions, they can send an outline of the paper for additional guidance: Pau Pérez-Sales, Editor in Chief (pauperez@runbox.com) or Berta Soley, Editorial Assistant (bso@irct.org).

Call for papers
New technologies and coercion: Rethinking torture and ill-treatment in the digital age

Torture Journal: Journal on Rehabilitation of Torture Victims and Prevention of Torture

Torture Journal is an international scientific journal providing an interdisciplinary forum for the exchange of original research and systematic reviews by professionals concerned with the biomedical, psychological, social, and legal dimensions of torture and the rehabilitation of its survivors. Published by the International Rehabilitation Council for Torture Victims (IRCT), the Journal has a longstanding commitment to advancing rigorous, evidence-based debate on emerging forms of coercion — including conceptual, clinical, and legal dimensions — and to giving voice to perspectives from low- and middle-income countries and non-English-speaking contexts.

This call for papers accompanies the editorial *New Technologies and Coercion: A Framework to Rethink Torture* (Pérez-Sales, 2026), which proposes a framework for understanding how digital technologies, artificial intelligence, and neurotechnological systems are reshaping the production of coercion, suffering, and control. The editorial argues that torture and cruel, inhuman or degrading treatment do not end where screens begin — that surveillance, algorithmic targeting, digital exposure, and behavioural manipulation can generate severe and persistent harm to individuals and communities in ways that existing legal and clinical frameworks are only beginning to address.

We invite contributions from researchers, clinicians, lawyers, human rights practitioners, and survivors across disciplines and regions. Papers may be empirical, conceptual, legal, or clinical in orientation, and may address individual cases of digitally mediated harm — such as intimate partner surveillance or targeted harassment — as well as collective, structural, or state-level forms of coercion. Interdisciplinary work and submissions from practitioners in the field are especially welcome. Papers will be selected based on relevance, methodological rigour, and contribution to advancing debate. Authors wishing to explore the suitability of a paper before submission are welcome to contact the Editor-in-Chief at **pauperez@runbox.com**.

Questions for debate

1. When does technologically mediated coercion cross the threshold from CIDT into torture? What criteria — severity, intent, cumulative effect, structural context — should guide that determination?
2. Are current concepts of "victim," "harm," and "severe suffering" adequate when harm is produced without a single identifiable act, whether targeting an individual through sustained digital abuse or a population through algorithmic systems?
3. What does a survivor-centred account of technologically mediated ill-treatment look like — from individuals subjected to coercive control, stalking, or intimate partner surveillance, to communities targeted by state-sponsored digital repression?
4. How do gender, race, disability, and other axes of inequality shape both exposure to digital coercion and the forms of harm produced, across intimate, institutional, and political contexts?
5. How are mental-directed technologies — AI-assisted interrogation, psychophysiological monitoring, brain-computer interfaces — being used in detention and security settings, and what human rights protections apply?
6. Who is responsible when harm is distributed across states, companies, algorithms, and automated platforms — whether in a domestic abuse case enabled by commercial spyware or in a state surveillance infrastructure targeting dissidents?
7. What adaptations to clinical assessment and rehabilitation are needed when harm is cumulative, non-acute, and leaves no physical trace — at both the individual and community level?
8. Can an entire environment — permanent surveillance, algorithmic exclusion, digital exposure — constitute a "torturing environment," whether experienced by a single person or a targeted group?

9. How can monitoring bodies, clinicians, lawyers, and civil society document and challenge abuses that are invisible, technically complex, and deliberately deniable?
10. How can AI tools support anti-torture work — in documentation, monitoring, and early warning — without replicating the surveillance logics they are meant to contest?
11. How are the EU AI Act, the Council of Europe Framework Convention on AI, and UN instruments and other regional and national legal instruments, specially from the Global South being interpreted and adapted in practive in relation to torture and CIDT — and what normative gaps remain?

Submission guidelines

- For general information on the Journal and submission guidelines, please see the website (http://irct.org/research-development/torture-journal).
- For instructions for authors: https://tidsskrift.dk/torture-journal/information/authors
- For submissions: https://tidsskrift.dk/torture-journal/about/submissions

Deadline for submissions: 30st September 2026

For more information. If potential authors doubt on the suitability of their contributions, they can send an outline of the paper for additional guidance: Pau Pérez-Sales, Editor in Chief (pauperez@runbox.com) or Berta Soley, Editorial Assistant (bso@irct.org).

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The Torture Journal is published by the International Rehabilitation Council for Torture Victims which is an independent, international organisation that promotes and supports the rehabilitation of torture victims and the prevention of torture through its over 150 member centres around the world. The objective of the organisation is to support and promote the provision of specialised treatment and rehabilitation services for victims of torture.

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