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The Motivation of Perpetrators: An Interdisciplinary Synthesis on how Inhuman Treatment in Care Facilities can still occur

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Abstract

This thesis investigates the motivation behind the usage of inhuman treatment of caregivers on residents of care facilities. It is divided into three main objectives: providing an overview of definitions and concepts related to inhuman treatment, examining existing legal measures and regulations to prevent such treatment, and identifying and analyzing the typical motivations behind its usage. The research methodology involves a comprehensive literature review, incorporating various fields such as philosophy, psychology, ethics, and law.

The overview of definitions and concepts reveals the importance of vulnerability, empowerment, capability, protection, and inhuman treatment. The examination of existing mechanisms focuses on the rights of residents in care facilities and national measures taken to prevent inhuman treatment.

The analysis of motives considers both individual and societal factors. Power dynamics, culture, and discrimination are identified as societal structures that can contribute to inhuman treatment, while individual motives include the release of tension and sadistic pleasure. The connection of these motivations is highlighted.

The thesis concludes that while existing measures are valuable, additional mechanisms need to be implemented to combat inhuman treatment in care facilities. By considering the motives of perpetrators and their interaction with societal structures, policymakers and caregivers can enhance preventive measures and improve the well-being of residents.

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Introduction

Inhuman treatment is an act that causes serious suffering or injury, is deliberate and is an attack on human dignity (*Prosecutor v. Zejnil Delalic et al.*, 1998). Inhuman treatment is prohibited in most countries of the world. This can be seen at the ratification status of the European Convention on Human Rights¹ as well as the International Covenant on Civil and Political Rights². Humans should not have to fear to be treated inhumanely. There are many national and international laws and regulations in place to prevent the occurrence of inhuman treatment, nevertheless it still takes place. In order to improve the prevention of inhuman treatment it is crucial to understand, why perpetrators treat their victims inhumanely, even though they are professionals and aware of what is prohibited. There does not exist one single motive for the use of inhuman treatment but various motives can be found and explained through different academic approaches.

Often inhuman treatment takes place in institutions such as care and protection facilities which are far out of the visibility for society. Therefore the behavior of the perpetrators working in these institutions is often not noticed in time to be addressed properly. Residents who live in care facilities, either against their will or in conformity with their wish, are considered as being vulnerable. **Vulnerability is a factor which increases the risk for inhuman treatment.** Vulnerability is specifically expressed in institutions and more specific in care and protection institutions which are not a place where someone expects inhuman treatment, since these institutions are designed to be a place of protection. This vulnerability has existed before their placement due to internal or/and external factors but the institutionalization itself implements the vulnerability of residents due to its restriction of their independence.

The placement in these institutions can be due to the incapability of residents of caring for themselves and therefore the care is provided through professionals. This should make the residents feel safe and cared for and provide them with the necessary assistance in coping with their life in a way to preserve their human dignity. Often, vulnerable people have experienced previous harmful, discriminating or

¹ The European Convention on Human Rights has been ratified by all member states of the European Union. It's ratification is a precondition to join the Council of Europe. All member states of the Council of Europe have ratified the Convention. Since Russia is currently not a member of the Council of Europe, 46 states have ratified the Convention by July 2023 (Council of Europe, 2023).

² By February 2023 173 states have ratified the International Covenant on Civil and Political Rights (Office of the High Commissioner of Human Rights, 2023).

traumatic incidents. By placing people in institutions they should be prevented from experiencing more of these incidents. Their vulnerability leaves room for abuse or inhuman treatment, since they are dependent on their caregivers. Caregivers are usually professionals who received the needed training in order to provide good care for others.

International measures which prohibit inhuman treatment have been made and ratified by many countries. Furthermore, many countries have implemented rules and obligations for care facilities to prevent the occurrence of inhuman treatment.

Unfortunately, **instances of inhuman treatment within institutions have been reported worldwide**³. These reports shed light on the harsh reality faced by some people in these care facilities, where they may experience physical, emotional, or psychological harm, rather than receiving the care and support they need. Such inhuman treatment not only violates their rights but also hinders their potential for growth, recovery, and future well-being. Therefore, it is necessary to address this issue and find measurements in order to prevent incidents of inhuman treatment. In order to address the usage of inhuman behavior properly, it is important to understand why people use inhuman treatment. There are many different reasons why humans would treat other humans inhumanely and there can be various motivations that lead to inhuman treatment against others.

Understanding the motives behind these inhuman behaviors is crucial in order to address this issue and ensuring the protection and welfare of these vulnerable people, through developing educational programs, policies and safe environments for residents.

The core research topic of this thesis lies in **understanding the motivation that drive individuals working in care facilities to the usage of inhuman treatment when interacting with people under their care**. The research aims to provide a comprehensive analysis of the multiple possible motives that influence the usage of inhuman treatment.

The research objectives of this thesis are multi-fold. In order to give a brief understanding of the situation of people who are placed in institutions, the research will examine the legal background of defining vulnerability, protection and what inhuman treatment is. The first objective of this research is

³ There are several incidents of inhuman treatment documented in the CPT reports: CPT/Inf (2019) 4; CPT/Inf (2020) 39. Also there are many articles found on how there are incidents of inhuman treatment in care facilities. The world report 2010 by Human Rights Watch covered a section on abusing patients: Health Providers' Complicity in Torture and Cruel, Inhuman or Degrading Treatment. Found at: <https://www.hrw.org/node/259046>.

to provide a clarification of the definitions and concepts needed in the understanding of inhuman treatment. Through case law and different academic approaches to terms like vulnerability, protection and inhuman treatment definitions will be elaborated to create a common understanding. As a second objective this research will shed light on the complex issue of how vulnerability facilitates inhuman treatment. Furthermore, there will be an overview of the legal measurements and existing law preventing inhuman treatment. The third objective of this research is to identify, analyze and classify the typical motives that can lead to the usage of inhuman treatment by the individuals working in institutions and taking care of residents. The study seeks to provide an overview of the different fields of human-related studies. Therefore it will examine philosophical, cultural and psychoanalytical theories, that can provide an understanding of the desire to treat vulnerable people inhumanely as well as how society can contribute to further implementation of inhuman treatment of vulnerable groups of people. These include theories about the usage of power, cultural aspects, eugenics, discrimination and intrinsic motives like aggression and sadism. The potential motives for the usage of inhuman treatment are analyzed and discussed in regard with the vulnerability of humans under protection mechanisms in institutions.

By analyzing theories regarding the motives of people who treat other humans harmfully in the context of vulnerable people who live in institutions, the research will provide an understanding of the regulatory framework that is needed in order to address the issue and advance the prevention of inhuman treatment.

The **significance of this research lies in the potential to contribute to the field of policy development and professional practice within care facilities.** By addressing and revealing the motives behind the usage of inhuman treatment there lies the chance to understand and therefore incorporate this knowledge in the prevention of inhuman treatment. The findings can assist the development of policies and guidelines in order to prevent instances of inhuman treatment. By incorporating the understanding of the underlying motives, policymakers can create an environment that assures the well-being of its residents. By understanding what could drive individuals to the usage of inhuman treatment against residents in care facilities, practitioners working in the field have a tool to understand the motives that may influence their own and their colleagues' behavior and therefore can actively work towards creating an environment that prevents the possibility of treating residents inhumanely.

By bringing different fields of studies together and analyzing existing literature, this research aims to contribute to the knowledge about inhuman treatment especially in the context of care facilities hosting vulnerable people. It provides a foundation for further investigations and qualitative studies that can deepen the understanding of the motives behind this behavior and therefore provides a basis to explore potential solutions in order to prevent inhuman treatment in institutions. Furthermore, it contributes to a broader discussion on ethics, care practices, and the well being of vulnerable groups of people. By offering a comprehensive understanding of the motives that drive inhuman treatment, this research aims to help the development of a safer environment for vulnerable people living in care facilities and therefore promoting a society that upholds the human rights and dignity of all its members.

The following paragraph will provide a detailed overview of the methodology used in conducting the literature review for this master thesis. This chapter outlines the research design, data collection process, the sources of data, and the analytical approach used in analyzing academic articles and publications, relevant law, and definitions of terms. The aim of this methodology chapter is to ensure transparency and to provide a clear understanding of how the research has been conducted.

The literature regarding the relevant theories and concepts already exist and therefore this thesis will be based on literature research. The research was done by a keyword search to find the relevant publications and studies. The following keywords were used in different combinations: ‘inhuman treatment’, ‘power’, ‘eugenics’, ‘motive’, ‘care’, ‘discrimination’, ‘human rights’ and ‘law’.

In order to include most relevant literature into the research, a first step was aimed at identifying various theories and concepts in regard to human behavior. Therefore, various academic articles and publications were scanned and the main relevant theories were identified for inclusion in the research. The research is based on the classical tools of academic databases in order to collect the necessary literature. **The literature taken into consideration is conducted from philosophical, psychological, ethical and legal spheres**, as they are most important to the research topic.

Furthermore, legal instruments and laws relevant to the topic of inhuman treatment were examined and compared with case law in order to define terms. The legal frameworks were derived from the Universal Declaration of Human Rights, the European Convention of Human Rights, the International Covenant of Economic, Social and Cultural Rights as well as various conventions covering the rights of vulnerable groups of people. In addition to these normative frameworks, diverse case law was analyzed in order to specify the usage of the rights and laws. The overarching goal of this research is to identify

and analyze the existing knowledge and theories surrounding inhuman treatment and to provide a comprehensive understanding of the motives behind the usage of inhuman treatment.

Through analyzing and comparing different psychological and philosophical theories, derived mostly from academic databases, the discussion will deal with the **lack of including the motives for inhuman treatment in the prevention mechanisms.**

It is important to acknowledge certain limitations inherent in this research. Due to different definitions and background of torture and inhuman treatment, this thesis will be exclusively dealing with the act of inhuman treatment. Any forms of torture, cruel treatment, or punishment go beyond the scope of this thesis. Furthermore, the motives for inhuman treatment will be limited to the intrinsic motives, excluding institutional reasons for inhuman treatment. Although institutional motives are significant, the parameter of this thesis restrict their discussion.

It is worth noting that the used literature was limited to the English language, therefore there may be a language bias that could impact the relevance of the literature reviewed.

Terminology, Rights and Measures

This chapter will focus on the terminology of the terms used in this thesis. It is essential to elaborate the terminology in order to have a shared comprehension of the meaning of the terms used. The definitions of different terms will be explained through legal and academic sources and compared with each other. This will lead to a holistic understanding of the terminology and a shared base, from which the regulatory framework as well as the motives for inhuman treatment can be explored.

Vulnerability, Empowerment and Capability

Vulnerability is a concept, that is defined differently or even lacks official definitions. Therefore it is necessary to include different approaches to the term in an attempt to define it.

Vulnerability affects various aspects of human life. In most cases, humans have resources they can use to cope with daily life challenges. These resources carry in them the ability to adapt to changes in situations and to factors that challenge the fulfillment of their needs. In contrast to this, there are human beings that have **limitations that reduce the resources they have or make them unable to use them**. These limitations can be found in internal or external factors. Internal factors include the occurrence of disabilities or limitations, which limit the cognitive or physical ability to act in the same way the hegemonic humans can. On the other hand, there are also external factors, that challenge the ability to cope with life. External factors are defined as factors, that are out of control for the hegemonic human being and consist of not having access to specific resources. This includes barriers confronting people in a way they don't confront others, as how their gender, age or ethnicity affects their life. If people have less resources or lack availability to use their resources this can make humans vulnerable. They are at risk of being dependent on the empowerment through others, added aids and reduced barriers or the protection through the state and its institutions. This makes them vulnerable.

There are different notions of vulnerability that can either create a problematical and oppressive environment or an environment that enables the improvement of equality and autonomy (Brown, 2011). If the focus on vulnerability is problematical, oppressive or/and patronizing, this functions as a shift of attention away from a society that inhabits structural forces that create disadvantages for vulnerable people to the individual (Brown, 2011). This can lead to the assumption that the individual has to fit into society and not that society has to adapt to include the needs of vulnerable groups. Therefore, this

focus on vulnerability serves as a justification for the state to introduce measurements in order to intervene in the lives of vulnerable people and to put them in institutions or to change them in a way to suit the wishes of society. This can lead to stigmatizing vulnerable groups and create effects that are exclusive (Brown, 2011).

On the other hand vulnerability as a concept has the potential to create an environment that is open, social and respects human rights. This comes from the thinking that vulnerability can affect each and everyone in society at a point of their lives (Brown, 2011). No individual wants to be dependent or not free to participate in society and as a result also wishes for any other individual to be free to participate in society and not to be dependent (Brown, 2011). This is what most theorists of care ethics agree upon (Engster, 2019). Either way the term vulnerability is strongly value-driven and signals the need for assistance and a duty to take action (Brown, 2011).

Every human being can be vulnerable at different stages of their life, where there are temporary struggles to overcome the battles of everyday life. Vulnerable people can be empowered, and with some added help, they have access to the resources to cope with their lives by themselves. **Empowerment** is used often in social sciences, but also in health contexts. It describes the act of strengthening the capability of a person to cope with their own life. **Capability** can be defined as the chance of a person to choose themselves how they want to live and being able to fulfill this wish (Boulos, 2019). One of the definitions regarding empowerment comes from the World Health Organization. They define empowerment as a process which facilitates the capability of a person to build up capacities in order to gain control over their own life (World Health Organization, 2023). This definition emphasizes the importance of choice and action in the empowerment process, and highlights the idea that empowerment is a means of achieving desired outcomes.

This has to be distinguished from the occurrence of special vulnerabilities. **Special vulnerabilities define themselves especially through not being temporary but rather, occurring over a longer period of time.** The UNESCO agrees on this in their Report of the International Bioethics Committee of UNESCO by clarifying that the special vulnerability can be caused by different determinants. Either these are internal – disabilities, diseases or limitations – or external and therefore defined by social, political and environmental determinants (UNESCO, 2013).

In order for these vulnerabilities to cause a need for protection, Clark & Preto (2018) define vulnerability as an inability to protect one's own best interests.

If persons are unable to protect their own interests, they need help from qualified people. This is also defined by the Council of the European Union, which says that vulnerable persons need the support of others in order to protect their own interests (General Secretariat of the Council, 2021, p. 7). Adults experiencing vulnerability not only lack the capacity to safeguard their own interests but also encounter additional barriers, such as language proficiency, limited representation, and restricted access to the judicial system and public services (General Secretariat of the Council, 2021). This often occurs in cross-border situations.

The groups of people facing those additional barriers for coping with everyday life can be called vulnerable groups. Vulnerable groups can be defined as groups who are more likely to encounter harmful treatment than other groups of people do to criteria that apply to them as a group and not individuals. According to the ICCPR, these can be “women, persons deprived of their liberty, aliens, ethnic minorities and children [and] groups other than those expressly covered by the Covenant, including missing persons, asylum seekers, homosexuals, persons with disabilities, disaster victims and internally displaced persons” (Nifosi-Sutton, 2017, p. 77).

In the note by the secretariat in the UN Economic and Social Council fifth session 2018, there is a further specification on which determinants enlarge the possibility of being vulnerable. These include **gender, ethnicity, age, disability and migrant status** (*Leaving No One behind: Supporting Vulnerable Groups in the Context of the 2030 Agenda for Sustainable Development*, n.d.). Furthermore, they explain that vulnerable groups often face multiple barriers regarding economic, social and political participation and therefore are more likely to be left behind (ibid.).

All these definitions have in common that vulnerable people and groups lack the ability to fulfill their own needs and interests and that there are groups of people determined by factors like age, ethnicity or gender. To sum up, vulnerable people are people that have a physical or psychological handicap, children, women, elderly or any group that does not meet the legal, social, political or cultural preconditions that allow them to participate in life without added struggles. These determinants increase the risk of being vulnerable in today's society.

Vulnerability enhances the chances of persons to become victims of inhuman treatment. Therefore, the acknowledgment of vulnerability and vulnerable groups is necessary in order to address inhuman treatment adequately.

Protection

This thesis will avoid focusing on groups that can be empowered to cope with their own life. It will focus on those vulnerable groups, that have to be protected in order to manage their lives. As outlined in the Vulnerability section, this need for protection can come from internal or external factors, that cause the vulnerability of the person. If vulnerable humans don't have the ability to manage their lives by themselves or face a risk of harming themselves or other people, there is the societal and political obligation to protect those people in order to guarantee for them to live their life in the best possible way.

In the Handbook for the Protection of Internally Displaced Persons, **Protection** is defined as all **activities aimed at fulfilling all rights of the person** (UNHCR, 2010). This can be extended to all people in need of protection, not only internally displaced persons. With all vulnerable groups of people it is necessary to protect their rights, whereas the way in which this protection takes place has to differ in accordance with the person's individual needs.

Another mentioning of protection can be found in the Convention on the Rights of the Child. It is shown in article 2.2 of the Convention that the State Parties are obliged to assure children of protection against any "forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members" (Convention on the Rights of the Child, 1989). Forms of discrimination or punishment can occur due to their vulnerable position of not being able to live their life on their own yet. If the legal guardian can't fulfill the responsibility of caring for the child, there is need for another form of care. This means that the state has the responsibility to ensure adequate care-taking of children. In case of abuse or neglect, it is necessary to protect the child. This is specified in article 20.1. of the Convention. This **special protection through the state is necessary if the child's own best interests can't be fulfilled in the environment it is in** (Convention on the Rights of the Child, 1989).⁴ How this protection should take place is not defined. This leaves a lot of scope to the state in how to organize this protection.

⁴ Article 20., CRC: 1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State. 2. States Parties shall in accordance with their national laws ensure alternative care for such a child. 3. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

Vulnerable groups can be protected through assistance in everyday life or through institutionalization. This thesis will focus on the protection through institutionalization. Thereby humans willingly go to or are being placed into an institution where educated professional workers take care of them in the range of what they need.

In institutions residents give some of the responsibility of taking care of themselves into the hands of others. These usually are educated professionals that are trained to properly take care of residents in a respectful way. By giving the responsibility in the hands of others, this automatically creates vulnerability. Often residents in institutions with protection mechanisms face challenges in daily tasks, for example taking care of their personal hygiene. When professionals take care of tasks like this, they are part of human's most intimate moments, which leaves a lot of room for vulnerability.

In order to ensure that the generated vulnerability in institutionalized settings or the pre-existing vulnerability through internal or external factors are not abused, there are conditions and laws under which the State has to ensure the adequate treatment of the vulnerable person. An example of such a law is article 3.3⁵ of the Convention on the Rights of the Child. It brings to light that it is the responsibility of the state to ensure that the care or protection of the child should meet the standards established by competent authorities (Convention on the Rights of the Child, 1989).

The need of stating the importance of having competent authorities shows that there is a risk of increasing the vulnerability of children in protection.

Dependency, as a form of vulnerability, creates the **necessity for humans to be cared for and can't easily be demanded by the person concerned** (Engster, 2019). Care ethic scholars see vulnerability as a characteristic which is inherent to every human and can occur without the need to take further action. Care ethics therefore stress to differentiate the two terms 'dependency' and 'vulnerability'. Dependency, according to care ethics, creates the need for immediate care and assistance (Engster, 2019). Care hereby is defined by scholars as an answer to what patients need (Engster, 2019).

⁵ Article 3, CRC: 1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration. 2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures. 3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

Caregivers who work in the care-sector to assist and aid humans that can not do so for their own therefore provide care. They try to reduce human beings' exposure to unwanted events and conditions and by doing so, they aid in preventing the risk of harm, loss or ills (Engster, 2019). Through combating ones risk of being harmed, it can be said that through care there is a protection of civil rights (Engster, 2019). This can be done through different kinds of care – vulnerability-care and dependency-care. Vulnerability-care is the sum of actions, laws and policies that are made in order to reduce human vulnerabilities (Engster, 2019). Dependency-care is the attention to each other to address and reduce vulnerabilities like homelessness or underdevelopment (Engster, 2019). In order to combat harm due to vulnerabilities, it is necessary that there is political and individual action. If there is concern about people's vulnerabilities, it is essential that institutions and societal norms are also an issue that is being addressed (Engster, 2019). Care ethics can be reoriented around vulnerability and by doing that, it brings care to public attention and political debates (Engster, 2019). This creates a responsibility for society and politics to take action in order to provide security and adequate care for vulnerable people.

One international protection mechanism is the founding of the Committee on Prevention of Torture (CPT). The Committee monitors the measures and implementations that states install in order to prevent torture or any form of cruel, inhuman or degrading treatment.

The Committee on Prevention of Torture has published a factsheet on Persons deprived of their liberty in social care establishments, where there are specific living conditions that should be fulfilled:

“When examining living conditions in social care establishments, the CPT generally applies the same standards as in psychiatric establishments. First and foremost, this includes the requirement that the basic needs of residents are met in terms of living space and adequate heating, ventilation, access to natural light and artificial lighting, as well as hygiene. [...] Social care establishments should provide a homely, individualised environment providing some degree of privacy. Every resident should have a personal, lockable space in which to keep their personal belongings and to be able to dress and undress, wash, shower and bathe in conditions respecting their intimacy. Particular attention should be paid to the specific needs of elderly and/or physically disabled residents. Residents should be encouraged to personalise their room” (European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), 2020).

This factsheet serves as a regulation to ensure the adequate protection of residents of care facilities. If care facilities ensure these standards they set ground for an adequate living situation for their residents in which their most relevant rights, as the right to life, the right to a standard of living as well as the right to privacy, of the Universal Declaration of Human Rights are respected. If the conditions of the

factsheet are not fulfilled, it is considered as a breach of the rights. Therefore, this factsheet may be considered as an international measure on how to recognize that people are treated humanely.

With protection comes the **risk of deprivation of liberty**. When putting humans under protection, you take away the ability to design their life in the way they desire. This leads to an active deprivation of liberty through the state. By placing humans in institutions, their permission of leaving at will is taken away. The term ‘deprivation of liberty’ is defined in the General Comment Nr. 24 of the Committee on the Rights of the Child. Deprivation of liberty is defined as “any form of detention or imprisonment or the placement of a person in a public or private custodial setting, from which this person is not permitted to leave at will, by order of any judicial, administrative or other public authority” (Committee on the Rights of the Child, 2019).

Hereby it is necessary to distinguish deprivation of liberty as contrary to restrictions of freedom due to protection. It can occur that in order to secure the protection of vulnerable people there is the need to implement restrictions. This is the case with residents of care facilities. The restrictions of the right of movement, right to liberty, as well as the right to respect for private and family life can be justified if there otherwise is a potential danger for the life or health of oneself or others. Deprivation of liberty consists of the need to use repressive measures and the goal is to implement a sanction that forces the inmates to correct their behavior. Inhuman treatment can also occur in institutions where inmates are deprived of their liberty, this however will not be further elaborated in this thesis.

Special vulnerabilities create the need of protection which can be manifested through institutionalization. Through the institutionalization of vulnerable people, the residents become even more vulnerable, due to the dependence on their caregivers. Therefore, it is necessary to ensure the adequate protection of residents.

Inhuman treatment

Inhuman treatment causes intense suffering, either physical or mental or both. This also includes cruel conditions of living or abuse.

Inhuman treatment is mentioned in article 3 of the European Convention on Human Rights (Council of Europe, 2023), but there are no definitions provided for this term, therefore it is necessary to include case law in the defining of the term. There are cases where the Court has decided if one particular

situation falls under inhuman treatment or not and through those cases it is possible to build an understanding of inhuman treatment. In the Greek case 1967, the European Commission of Human Rights described inhuman treatment as **having to deliberately cause severe suffering**. This suffering can be either mental or physical but in any situation is unjustifiable. If you add a purpose to this definition, it is considered as torture (*The Greek Case*, 1967).

In the case of Ireland vs. the United Kingdom 1978, the European Court of Human Rights states that inhuman treatment depends on various measures. The treatment has to be of a **minimum level of severity and has to continue over a certain period of time**. Furthermore, it has to have physical or mental effects and can depend on the sex, age and health status of the victim (*Case of Ireland v. The United Kingdom*, 1978).

In the Delalic Case 1998, the International Criminal Tribunal for the former Yugoslavia defines inhuman treatment as an act that is deliberate, causes serious suffering or injury and is an **attack on human dignity** (*Prosecutor v. Zejnil Delalic et al.*, 1998).

These three cases have led to an international understanding of the term of inhuman treatment. All three cases have in common that the treatment must have a minimum level of severity and physical or mental effects. Furthermore inhuman treatment often is deliberate and does not only occur once. An international definition of the term is needed in order to best combat inhuman treatment. As a consequence of there being no widely accepted single definition of the term, states or other responsible authorities are given a large margin of discretion. The Istanbul Protocol states that the term ‘inhuman treatment’ is not defined but nevertheless “should be interpreted so as to extend the widest possible protection against abuses” (United Nations, 2022, p. 3).

There are still a lot of gray areas when it comes to arguing if specific situations are considered as inhuman treatment. Every person probably has their own definition or gut feeling for what they would still consider as humane and what causes a situation to cross the line for them. These distinctions may cause difficulties in the way states, institutions, and their employees treat residents of care facilities.

Rights of residents of care facilities

Having discussed the terminology of the key terms vulnerability, vulnerable groups, protection and inhuman treatment, the following section will be talking about the rights of residents of care facilities,

and provide examples of the implementation of those rights in the United Kingdom and the United States of America.

Human Rights

There are several international and national laws, as well as recommendations that specify the rights of human beings. This chapter will highlight the main rights of residents who live in care facilities that have to be respected. In order to clarify the **special rights of residents in care facilities**, the following chapter will highlight the especially relevant articles that secure the rights of different vulnerable groups of people possibly being residents of care facilities..

The Universal Declaration of Human Rights specifies the rights each human being should be guaranteed. Article 5 goes to show that **no human being should be subjected to inhuman treatment** (United Nations, 1948). This article is applicable to all human beings, without exceptions. Especially relevant in the context of residents of care facilities is article 25⁶. It states that everybody has the **right to an adequate standard of living and well-being** as well as the right to be safe in circumstances that are out of his or her control (United Nations, 1948). This is of particular importance for residents in care facilities, since they live under circumstances they can not influence. They are dependent on the caregivers, which have to ensure the adequate living and well-being standards for them.

Since the ratification of the Universal Declaration of Human Rights does not guarantee the implementation of the articles it is necessary to have treaties that oblige the state parties to implement the rights listed in them.

The International Covenant of Social, Economic and Cultural Rights includes the rights to an adequate standard of living (article 11⁷) and the right to the **highest standard of physical and mental health** (article 12⁸) (United Nations, 1966). These rights are especially relevant for residents of care facilities,

⁶ Article 25, UDHR: 1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. 2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

⁷ Article 11 ICESCR: 1. The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. The States Parties will take appropriate steps to ensure the realization of this right, recognizing to this effect the essential importance of international co-operation based on free consent.

since they live under the protection mechanism through the state and therefore the state has to secure their adequate living and health situation.

Furthermore, the International Convention on the Elimination of All Forms of Racial Discrimination states in article 5 that states have to **prohibit and eliminate all forms of racial discrimination** (United Nations, 1965). In the context of care facilities this sheds light on the obligation to secure the safety and the right to be protected by the state. Hereby special consideration has to be taken to secure individuals' political and civil rights.

Women, as a specially vulnerable group in today's society, are further protected through the Convention on the Elimination of All Forms of Discrimination against Women. This convention elaborates on the equal treatment that is needed for all human beings and the **elimination of any exclusion, restriction or distinction made on the basis of sex** (Convention on the Elimination of All Forms of Discrimination against Women, 1979). Furthermore, the necessity of guaranteeing women the same possibility to exercise and enjoy of human rights is specified in article 3.

Another convention dealing with the rights of vulnerable groups of people is the Convention on the Rights of the Child. As mentioned above, children are considered as a vulnerable group of people, therefore they are in need of additional rights in order to safeguard their security and protection. As stated in article 27, the state has the obligation of taking measures to assist caregivers of children in order for the children to being able to enjoy the right to adequate living (Convention on the Rights of the Child, 1989). The **well being of children consists of guaranteeing secure living conditions needed for the development of the child.**

The newest Convention regarding the rights of vulnerable groups of people is the Convention on the Rights of Persons with disabilities. Articles 15 and 16, as well as article 28 deserve special mention. These articles specify the right of persons with disabilities to an adequate standard of living and social protection and the freedom of inhuman treatment, violence and abuse (Convention on the Rights of Persons with Disabilities, 2006).

⁸ Article 12 ICESCR: 1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. 2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child; (b) The improvement of all aspects of environmental and industrial hygiene; (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases; (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.

Within the European Union, there also exists the European Convention on Human Rights, which formulates the articles of the Universal Declaration into legally binding rights. Therefore, it is important to shed light on the articles of the European Convention on Human Rights related to the especially relevant rights crucial to the well-being of residents of care facilities. Special importance can be given to article 3, which states the prohibition of torture or inhuman treatment (Council of Europe, 2023). Furthermore, the Convention states in article 14 that no person should be subjected to discrimination (Council of Europe, 2023).

These treaties help with the implementations of measures in order to secure the rights of human beings, especially vulnerable groups like residents of care facilities. It is important to note that the above mentioned articles and rights of residents can only be claimed if the relevant states have ratified the according convention or covenant.

Examples from National law

Since not all countries have ratified the international conventions and covenants, many states have implemented human rights in their national laws and regulations. This chapter will give examples of these implementations regarding the rights of residents in care facilities of the United Kingdom and the United States of America.

United Kingdom

In the United Kingdom exists an independent monitoring body, the Care Quality Commission, which monitors and inspects care services in order to ensure the **implementation of the fundamental standards of quality and safety within care facilities** (Care Quality Commission, 2022a). Hereby, the fundamental standards guide care givers to provide adequate caring for residents of care facilities. These standards have to be met in order to pursue appropriate well-being of the residents. The fundamental standards state the minimum standards required in care-giving and consist of the right to expect the following inter alia: Person-centered care, dignity and respect, consent, safety, safeguarding from abuse, enough food and drink, fit and proper staff (Care Quality Commission, 2022b). These standards are derived from the Human Rights Act which has incorporated the rights stated in the European Convention on Human Rights into domestic British law. The Human Rights Act consists of similar laws as the European Convention on Human Rights and also consist among others of the right

to life, the prohibition of torture and the right to liberty and security (United Kingdom of Great Britain and Northern Ireland, 1998).

United States of America

In addition to the United Kingdom, the United States of America have also implemented rights of residents of care facilities. These rights have been implemented by the Department of Health and Human Services in the United States of America and state the **obligation of care facilities to inform their residents about their rights** (Department of Health and Human Services, 2022). The federal law specifies the rights that have to be protected by the care facilities. These include but are not limited to the right to be treated with respect, the right to be free from discrimination or abuse and neglect, to get proper privacy, property, and living arrangements (Department of Health and Human Services, 2022). In order to advocate for the fulfillment of those obligations and to monitor and assist the implementation, there exist ombudsman (National Ombudsman Resource Center, 2023a). The ombudsman base their work on the protection of the rights defined in the Nursing Home Reform Law from 1987 (National Ombudsman Resource Center, 2023b), that specifies which rights have to be implemented for residents of care facilities. These rights include similar rights as specified in the United Kingdom in the Human Rights Act. The Nursing Home Reform Law includes the right to dignity, respect, and freedom, the right to visits, the right to make independent choices, the right to privacy as well as the right to receive adequate and appropriate care (National Ombudsman Resource Center, 2023b).

These two national examples of the rights of residents show that states have implemented several laws and regulations in order to protect and guarantee the safety and well-being of residents in care facilities.

Explanatory models of inhuman treatment

Even though there are many international and national examples of the implementation of rights of residents of care facilities, it still occurs that incidents of inhuman treatment take place. This can happen for various reasons which will be examined in the following chapter.

Power

Power is a concept that plays an important role regarding inhuman treatment. Therefore, this thesis will take a closer look at how power emerges, where it comes from and how it is implemented.

There are differences in how power is used. Power can be used by a person itself in order to gain energy and achieve their goals. This may happen through getting better conditions or by providing advantages. An example could be the following: If employers use the power they have over their employees they may pay them less. This can result in the company having more money and the employers are able to pay themselves more. This creates better conditions for the employers and may create frustration or anger among the employees, but does not count as a characteristic of inhuman treatment.

This exercise of power can serve oneself without directly hurting or abusing another person. However, **if power is abused, it can lead to harming others.**

Power has different definitions and the term is inherently value-loaded (Ricken, 2006). Due to the importance that power plays in situations involving vulnerable people, it is necessary to draw an outline on how power is defined and where it comes from.

Power is generated as a result of social interactions and cannot exist outside of this context. **Power is always based on an unequal relationship between people** (Vine, 2008). An unequal relationship can be characterized through hierarchy, for example teacher and student, or in a situation based on dependency, as for example caregiver and resident of a care facility.

According to Ricken (2006) there are six main ideas in philosophical discussions about power, that are commonly agreed upon. First, power is often seen as something that people possess or have the ability to act in a power-exercising way. It is not evenly distributed and some people have more power than others. Secondly, power is seen as a cause that leads to certain effects. It has the ability to make things

happen. Thirdly, when we talk about power in everyday terms, it usually means having an influence on others or being able to control what they do. The intentions of the person with power are important in recognizing their actions as powerful, since they serve a cause. Fourthly, there is a common understanding that power is about limiting freedom and opposing it. It is often seen as something that takes away a persons or groups freedom. Fifthly, power is often discussed in relation to politics. This means that power is seen as something that is mainly connected to politics and has a political impact. Lastly, there is a conflicting view of power. It is seen as something valuable that we should strive for, but at the same time, it is often seen as something negative with a bad reputation. In summary, in our daily lives, power means having the ability to influence others for our own benefit or purposes. It also means being able to make others do what we want, even if they resist (Ricken, 2006).

Types of power

Power derives from various sources and factors. There can be five bases defined from which power occurs: There is reward power, coercive power, legitimate power, referent power and expert power (French & Raven, 1959). Expert power is defined as a power that comes from expertise in a certain area (Vine, 2008). Through this expertise a person gains power over another person or group due to the enlarged knowledge. The person with fewer expertise simply has to accept what the expert says, due to missing knowledge. An example of expert power can lie in the relationship between a doctors and their patients. Doctors have power over their patients due to the enhanced knowledge they have. Referent power is the ability to influence others (Vine, 2008). This ability occurs from the wish of one person to identify as another and therefore the other has the power of forming or manipulating the person (French & Raven, 1959). Referent power is especially relevant in the context of children, since it they are in search for role models and can find them in for example their teachers. Legitimate power comes from the position the person has (Vine, 2008). This can be due to a hierarchy in society or an organizational or political hierarchy. Reward power includes the right of the person in power to grant reward (Vine, 2008). If a person desires the promised reward the person will act in a way to gain the reward. Therefore, the person promising the reward has power over the other. Coercive power is seen to be the most manipulative power. It is defined by the usage of negative influence to make people do things (Vine, 2008). Coercive power can be used if one person fears the reaction of the punisher and therefore acts in conformity of his wishes (French & Raven, 1959).

According to French and Raven (1959) it is cultural values that make up legitimate power over others. **If a society accepts the social structures that are given, it also legitimates the power of authorities** (French & Raven, 1959). Society has structures and hierarchies that define who is in power and gives legitimization to persons with power to act in a certain way. There are restriction on how power can not be used and regulations that describe how power can be used. If humans are not seen as persons this leaves room for dehumanization and objectification. This, in turn can lead to legitimizing the use of power over them. This use of power is only dependent on how accepted its usage is by society and its democratic values (French & Raven, 1959).

Social constructivism

All these forms of power are executed by communication, whereby the form of communication can vary. But in order to communicate, there is the need for language and the transfer of knowledge. According to constructivist ideas, **knowledge is socially constructed** (Guzzini, 2005). Since knowledge is socially constructed, it can be further stated that society decides on the content of knowledge available. Only the knowledge that is accepted by most of the society will become reality (Adams, 2006). If this reality once is made, the existing knowledge can prevent or support new learning (ibid.). In this context, states are considered role players as they try to do what they think is appropriate in the given situation (Karacasulu & Uzgören, 2007). Hence, if the **states have the power to decide on what knowledge in the first place is available to society**, this leaves room for a margin of discretion for the state to construct the knowledge that is learned and accepted by society. If you consider that knowledge is also socially constructed, this leads to an interdependence between society and state. If knowledge is needed for communication and power is acted out through communication, then communication itself has power.

Luhmann, a famous thinker of constructivism, agrees with that and sees power in communication (Guzzini, 2005). Therefore, power in the form of communication can be used to reduce complexity and to facilitate the choice of who to trust (Guzzini, 2005).

Oppenheim on the other hand defines power as a relation between actions (Guzzini, 2005). This relation consists of the interdependence of actions. Action is not only the active part of actually doing something or reacting, but also the decision of not acting (Guzzini, 2005). In order to understand those actions, communication is needed. Through communication actions and objects gain existence according to constructivist thinking (Keaton & Bodie, 2011). Since actions gain existence through

communication they become present and therefore understandable. As explained before, **power comes from a relation between actions**. If actions gain existence through communication, it can be concluded that communication shapes power and dominance and vice versa (Berger, 2008).

Foucault and Gramsci

Another important theory regarding power comes from Michel Foucault. There is a **form of power which turns individual human beings into subjects** (Foucault, 1982). These subjects can either be becoming a subject subordinate to someone else through control and dependency or to be tied to one's own identity through conscience or self-knowledge (ibid.). The first perspective revolves around external control and dependence, where an individual's autonomy may be limited by another person or entity. The individual may be subject to the will, commands, or influence of the controlling party, often resulting in a loss of personal freedom or decision-making power. The second perspective relates to a more internal and self-determined understanding of subjecthood. Here, subjecthood is closely tied to an individual's conscience or self-knowledge. It implies a sense of self-awareness, personal reflection, and taking responsibility for one's actions. In this context, being a subject is not about external control, but rather about aligning one's actions, choices, and values with a deeper understanding of oneself.

The individuals who don't agree with the form of power hold struggles and these struggles have the purpose of attacking this form of power (Foucault, 1982). These struggles can either be against domination, exploitation or subjection (Daldal, 2014). Nevertheless, for power to be exercised, there has to be a relation between individuals or groups (Foucault, 1982). This relationship is defined by the exercise of power which shapes actions through other actions (ibid.). This means that there is a need of action, as the act of choosing to do or not to do something, in order to call it an exercise of power. Without any reaction, power is not exercised. This **power and its actions are not defined by consent** (Foucault, 1982). So if power is exercised over another human being, this happens without its agreement. Another important factor of the exercise of power, according to Foucault, is that power as an action can only be exercised if the other is free (Foucault, 1982). This freedom is not considered absolute freedom but that the subjects are free in the decision on how to act, behave or react (ibid.). Therefore, for example slavery is not power exercising, since humans under slavery are not free to decide how to behave (ibid.). There are situations though, where power is exercised while the aggrieved party still has some freedom of decision. Power is rooted in social networks (Foucault, 1982) and there are many forms of the way power is exercised. In the case of referent power for example,

power can be exercised over people who have some freedom of decision, since they can decide not to accept it.

Antonio Gramsci agrees with the domination of groups of society. According to Gramsci, power of action can only occur when there is the united will of a class and only then the will of man is meaningful (Daldal, 2014). As long as there is a form of politics, there will always be domination and therefore, a relation of power which is unilateral (Daldal, 2014). The challenge of a state, according to Gramsci, is the need to incorporate the individual's wills into a collective one in order to create a society where the duty to act conformal is seen as freedom (Daldal, 2014). This is mainly done through law, which also brings the risk of having to punish non-according behavior (ibid.) and therefore exercising power. According to Foucault, as seen above, therefore power always exists in every society. Foucault argues that there are **no social relations without power relations** (Lynch & DePaul University, 1998).

The difference between Gramsci and Foucault is that they differ what power produces: Gramsci argues that power generates ideology, while Foucault suggests that power creates mechanisms of knowledge (Daldal, 2014). Power relations always include resistance, risks and struggles and therefore also the chance of changing the distribution of power (Lynch & DePaul University, 1998).

Power is a social phenomena that comes with hierarchy and organizational structures. It can be helpful in organizing, but it can also be abused and foster an environment in which inhuman treatment can take place. Therefore, it is crucial to understand where power comes from, how it is executed and how it is manifested in order to address it as a motivation for the usage of inhuman treatment.

Culture, Prejudice and Discrimination

In order to understand where discrimination of other comes from, this chapter will first introduce the terms prejudice and stereotypes and how they occur and then continue with explaining what discrimination does and why it happens.

Definitions

Stereotypes are used by humans to categorize different aspects, while they usually are beliefs or attributes of a group that are not necessarily justified (Al Ramiah et al., 2010). They are based on a consent within a group, even though they can be further developed through individuals (Kite &

Whitley, 2016). The focus on stereotypes usually lies on the negative aspects of stereotypes (Kite & Whitley, 2016), which can result in unjust behavior against other people. Prejudice occurs when people have unjustifiable negative feelings towards a group or a single person (Al Ramiah et al., 2010). These feelings can result in attitudes or emotional responses to groups or their members (Kite & Whitley, 2016). These feelings can stem from threats to one's own goals, fear, anxiety or disgust (Kite & Whitley, 2016). **Discrimination** is defined by **negative and unjustifiable behavior towards individuals or groups and includes actions and judgments against group members** (Al Ramiah et al., 2010). This behavior is usually based on their belonging to a specific social group with specific attributes like age, race, gender, nation, origin or other factors (Kite & Whitley, 2016). Often, discriminating behavior is accompanied by a believe in deservingness (Al Ramiah et al., 2010), meaning that the perpetrator is confident of acting in a way the target deserves it. These expressions can be direct and open or subtle and unconscious (Al Ramiah et al., 2010).

Discrimination theories

There are different theories that elaborate on the emergence of discrimination. In order to better understand the concept of discrimination, several theories will be covered in this section.

According to the **social identity perspective** it is the goal of people to create a positive social identity, which can lead to discrimination of members of other groups (Al Ramiah et al., 2010). The motive behind this is to strengthen the cohesion within their own group. A positive identity constitutes of good self-esteem, while a negative social identity will lead to competition with other groups in order to create a more positive feeling, and the desire to make the identity more positive (Treppe & Loy, 2017). Creating identities which are strongly connected to groups can lead to social categorization (Treppe & Loy, 2017), which can be followed by discrimination if the beliefs or attitudes of the other group are not seen as worthwhile.

The **averse racism theory** explains why discrimination will be manifested (Al Ramiah et al., 2010). Even though there are many measurements in order to prevent discrimination there are still many factors that continue to strengthen stereotypes which makes the occurrence of discrimination continued (Al Ramiah et al., 2010). The unconscious feelings are not openly expressed, but since the people are not aware of them, they get expressed in subtle ways (Dovidio et al., 2017). The introduction and enforcement of equality norms changed discriminating behavior to be more complex, since discriminating behavior is considered unjust, people can't express their still existing biases fully (Al

Ramiah et al., 2010). This will also result in negative reactions when being confronted about acting in a discriminating way, since they don't realize that they in fact have some discriminating beliefs and actions (Dovidio et al., 2017).

A last theory, the **system justification theory**, argues that people need to feel good about themselves and this is achieved by distinction (Al Ramiah et al., 2010). For high-status groups, this serves as a justification of the system and that they belong to the high status due to their worthiness, which can lead to ingroup bias (Al Ramiah et al., 2010). Hence, people belonging to the dominant group see their beliefs and actions as natural (Kite & Whitley, 2016). For low-status group members, it serves as a belief that they are not worth having a high status and that they deserve the punishment, which can lead to outgroup bias (Al Ramiah et al., 2010). This can be summed up in the statement that privileges for one group hold disadvantages for other groups (Kite & Whitley, 2016).

The importance of racial categories as socially defined categories can not be dismissed (Kite & Whitley, 2016). People are influenced through their culture which defines their beliefs, attitudes and other characteristics that can develop into discriminating behavior (Kite & Whitley, 2016). According to Matsumoto & Juang (2013), culture is “a unique meaning and information system, shared by a group and transmitted across generations, that allows the group to meet basic needs of survival, pursue happiness and well-being, and derive meaning from life” (p.15). This definition illustrates that culture can influence stereotypes and is a system within a group that shares similar beliefs. These beliefs can differ from the beliefs of other groups.

Racism

There are different theories on groups of people distinguishing themselves from other groups. Some of those theories are closely linked to racism. Racist thinking can influence the behavior of caregivers towards residents of care facilities. Racism and eugenics have an impact on a persons thinking of others and therefore can create more vulnerability.

In order to understand eugenics and its link to racism, this chapter will start with a short introduction to racism, including it's origin, meaning and outcome.

Racism is based on the thinking that different races exist. This thinking occurred over many decades through history. The nowadays commonly used term race manifested itself in the middle ages (Winant, 2000). Race is defined as “a concept that signifies and symbolizes sociopolitical conflicts and

interests in reference to different types of human bodies” (Winant, 2000, p. 172). The thought of different races and their meaning for and status in society developed throughout the centuries and has gained great impact through social Darwinism – the thinking based on the survival of the fittest – and the eugenic thinking (Winant, 2000). Eugenic theory follows the idea of improving the quality of genes in humans (Aultman, 2006). This theory will be covered later in full.

The view on race got challenged by the work of Chicago-trained sociologists, who showed that race was simply a socially constructed phenomenon (Winant, 2000). From there on, the concept of race gained importance in society, especially during Nazi-Germany and after the Second World War. At that time, many scholars developed interest in the concept of race and its meaning for society. Three main theories developed that all have a tendency towards reductionism (Winant, 2000). This means that the **concept of race got reduced to being mainly socially constructed**. These social constructs are based on ethnicity, class or nation (Winant, 2000). From there on, the shift in theoretical research switched to racism and its outcomings.

Racism, a word often used in today’s literature, first has been mentioned in the Oxford English Dictionary in 1902 in order to describe the behavior against the Native Americans through the U.S. policy (Bowser, 2017). From there on, scholars around the world took up on the term and used and defined it differently. Most common was the usage of the term in order to describe incidences between groups that were distinguished through visible physical categories (Bowser, 2017). Later, in the 1960s, scholars belonging to the liberation rhetoric in the United States described racism as cultural, institution and individual (Bowser, 2017). In order to understand how racism continues throughout many years despite the attempts to eliminate it, it is necessary to have a closer look at the **three levels of racism** according to James Jones. Firstly, the **cultural level** of racism shows that racism is a specific worldview with norm, values and beliefs (Bowser, 2017). Throughout the history of the United States the segregation between People of Color and white people was very dominant. This segregation rooted in institutional expressions of racism (Bowser, 2017). Secondly, at all **institutional levels**, racism can be addressed through change of the law and societal structures, continuously and throughout several generations, in order to eliminate racist structures (Bowser, 2017). The third level of racism is made up through **individual acts**. These acts evolve through psychological and personality disorders and make up only a small percentage of racist acts (Bowser, 2017). These three level highly interact with each other and therefore need to be addressed simultaneously in order to try and eliminate racist thinking.

When thinking about racism and race the critical race theory should not be left behind. Critical race theory is a perspective that explains the significance of racism and race (Gillborn, 2006). According to scholars of the critical race theory every form of racism can have a disadvantageous outcome on minority groups and therefore should be considered as destructive (Gillborn, 2006).

Eugenics

One of the theories that has a close link to racism is the theory of eugenics. **Eugenics** as a term has first been introduced by Francis Galton in 1883 and was used to introduce a theory on **how to better the quality of genes of humans** (Aultman, 2006). There are different ways of manipulating the gene pool. These ways are broken up in to two different kind of eugenics – active eugenics and passive eugenics. **Active eugenics** are further subdivided into positive and negative eugenics (Garver, 1994). Positive eugenics are characterized by systematic approaches to maximizing the multiplication of desirable genes (Garver, 1994). Negative eugenics are specified by the aim of reducing undesirable genes (Garver, 1994). Both, positive and negative eugenics, have a common goal of promoting and securing desirable genes and only passing on genes that come from humans who live a life that is approved of by eugenics advocates. This excludes and discriminates all humans, that don't conform to a given human stereotype in society.

Passive eugenics is a lot more subtle compared to active eugenics and is mainly made up of passive actions that will lead to the neglect and elimination of unwanted gene-holders (Bowman, 1996). An example for passive eugenics could be providing health care but making it very expensive and therefore not affordable for poor people. This will lead to them not having health insurance coverage and will increase their risk of not getting needed treatment, which could lead to a higher mortality among them. This kind of eugenics takes the responsibility away from society, since nobody actively decided to exclude them, nobody feels responsible (Bowman, 1996).

Eugenics is used by theorists who believe that there is a possibility of scientifically managing society and creating a purified population that has erased all undesirable characteristics (Aultman, 2006). Therefore, eugenics is based on two assumptions: heritability of behavior and fear of degeneration (Aultman, 2006). The first assumption, **heritability**, comes from the believe that all our behavioral traits are inherited and if the people who display non-approved behavior get eliminated, there won't be any social problems left (Aultman, 2006). The second assumption, **fear of degeneration**, consists of

the fear that if the unfit members of society get helped and rescued, there is a chance of hereditary traits being spread and damage the gene pool of society (Aultman, 2006).

In the beginning of the 20th century, the eugenics movement became popular throughout the globe. The most known eugenic movements happened in Germany and the United States. In the United States, several laws were installed that allowed the government to involuntarily sterilize certain groups of people (Garver, 1994). Each state differed in the naming of the groups that the law could be applied to. Nevertheless most states included people with any kind of mental disability, criminality, prostitutes, derelicts and orphans (Garver, 1994). The thinking behind this law was, that if you don't allow those groups of people to reproduce, this would conclude in the elimination of all behavior and circumstances of people that were not desirable to society during that time. The explanation for including orphans in the list is due to economic problems (Garver, 1994). If eugenics were legalized, this would result in the elimination of humans that need assistance through the state which would result in the state saving money.

Probably the most famous example of a eugenics movement is Nazi Germany. During that regime, the desirable traits of humans should correspond to the stereotypical Aryan human (Turda, 2012). Most eugenic movements were directed against a specific group of people. Affected groups vary greatly, but most were against a specific race, religions, or ethnic groups (Garver, 1994). The government of Nazi-Germany would first include colored people, followed by jewish people and in the end including all groups of people that they didn't see as worth living (Garver, 1994).

One of the underlying theories of eugenics is Utilitarianism. According to utilitarian theorists, all actions should provide more happiness (Driver, 2014). Further, all laws should be arranged in ways that include everybody's interests in the interests of society (Bowman, 1996). It may be the case that utilitarians think of a society where minorities wishes don't add to the overall well-being of a society, since the wishes of majorities overturn them (Bowman, 1996). It can be concluded, therefore, that in utilitarian thinking the practice of eugenics is suitable to create more happiness for human society. Hence, according to utilitarians, all people that don't fit a norm of society which represents the majority or all people that harm the well-being of the majority of society will be eliminated, this promises more valuable living for the majority of society.

Culture, discrimination, racism, and eugenics have an influence on how society shapes and laid ground for individual acts. Hence, it is necessary to understand those models while exploring the motivation behind inhuman treatment conduct.

Motivation for individual inhuman treatment conduct

This chapter examines the concepts of drive theory and aggression, as well as, the concept of sadism. By analyzing these perspectives, a deeper understanding of the origins and manifestations of aggression and sadism can be achieved.

Drive theory and aggression

Drive theory has been developed over one hundred years ago and has been controversially discussed for the last century. Therefore, it should be analyzed with care. Nevertheless, it is one of the first concepts trying to explain where aggression and sexuality comes from. It is relevant for this thesis because it lies ground for further elaboration on the topic.

In order to understand drive theory, it is necessary to introduce first of all what is meant by drive. According to Freud, who introduced the term, **a drive is a repressed wish that has the driving quality of wanting to be discharged** (Brenner, 1971). This means that drives can be understood as psychic reactions to physical states (Sternbach, 2006).

The concept of the aggressive drive takes place between mind and body (Freud, 1920). Therefore, it is considered an instinctual drive, like the libido (Freud, 1920). In order to understand what Freud's understanding of this is, it is necessary to take a look at what an instinctual drive is. Instinctual drive can be seen as a construct that explains people's basic motivation (Brenner, 1971). According to psychoanalysis, these are derived from physical sources (ibid.). The concept of aggression can be solely based on psychological evidence of the instinctual drive (Brenner, 1971). A psychological belief is that aggression is a demand of the body to the mind and acts as a kind of instinctual drive (Brenner, 1971). Therefore it is a desire that creates tension and expresses the wish of relief (Sternbach, 2006).

When one gives into aggression, this stands in contrast with the libido drive and as a result, no pleasure will arise (Freud, 1920). On the other hand, if aggression is united with libido, then pleasure can arise from discharged aggression (Freud, 1920). In further developing the theory of Freud, different opinions about the connection of aggression and pleasure arose. These state that aggression and libido have the same relation to pleasure; so **if aggression is discharged there will be pleasure** and if it is not discharged, there will be a rise of unpleasure (Hartman et al., 1949).

Psychoanalysis scholars differ in the presumptions of the urge to master the environment (Aleksandrowicz, 2009). The need to master the environment also comes from the manifestation of the libido and to express the instinct of self-preservation (Aleksandrowicz, 2009). This need of mastery is closely linked to aggression, since the term of mastery “implies social domination and forceful imposition of one’s will on the others” (Aleksandrowicz, 2009, p. 14). It does not have to necessarily be destructive, but can also express a wish of power, a defense mechanism or fear (Aleksandrowicz, 2009). Also aggression doesn’t have to imply destructiveness, since there are many ways of in which to react to tensions (Aleksandrowicz, 2009). According to Freud an urge to act aggressively is not inborn, but it is the death drive and the urge to release tension that create the urge and energy to act aggressively (Aleksandrowicz, 2009). If there is too much tension and it can’t be discharged, the tension will become pathological (Aleksandrowicz, 2009).

Unexpressed tension can also lead to ego disintegration (Juni, 2009). According to the research of scholars in the field of aggressive behavior, it was concluded that many **people who feel that their own ego is being questioned or undermined are more likely to use aggressive behavior in order to respond** (Baumeister & Campbell, 1999). If one person has a narcissistic view of themselves and sees that their high view of themselves has been insulted or simply put into question, this can lead to aggression towards the source of the insult (Baumeister & Campbell, 1999). The **main goal of the perpetrator** is not to gain pleasure out of harming others, but the **sole act of destroying or insulting others** (Juni, 2009). This theory does not necessarily explain sadism or its source but it aims at explaining why people can react aggressively or violently towards other human beings.

One way of discharging aggression and satisfying the internal tension is by acting on it. These activities can turn into evil actions that harm other people. Actions that are considered to be evil are defined from the victim’s perspective of the action (Baumeister & Campbell, 1999). Defining which actions are evil and which actions are not evil is considered to be difficult since different parties involved in the action usually have different views on how harmful it is (Baumeister & Campbell, 1999). The perpetrator usually doesn’t gain as much as the victim loses through these actions (Baumeister & Campbell, 1999). Further, the actions themselves can quickly become quite irrelevant to the perpetrator, whereas it can affect the victims life for a very long time. This can often occur with hostile psychopaths, which are not excited by or even lack awareness of the reaction of the victim but simply engage in sadistic actions in order to release tension (Juni, 2009).

Sadism

Most humans would consider sadism to be evil. Sadism can be defined as **achieving pleasure through harming others** (Baumeister & Campbell, 1999). Often, sexual activities can be found in sadistic traits (Juni, 2009).

Many perpetrators do not report the feeling of pleasure after the first sadistic action is completed, but respond more to the later stage of suffering from distress (Baumeister & Campbell, 1999). Even though the actions first bring a feeling of distress and guilt to the perpetrator, it can be seen that sadistic behavior emerges gradually and with time the perpetrator loses any negative feelings that were initially associated with the sadistic actions (Baumeister & Campbell, 1999). This has also been shown in studies where a sexual sadist may only feel sufficient arousal if they perform harmful or cruel sexual acts, which eases an orgasm and therefore releases good feelings which can lead to repeating the actions (Fedoroff, 2008).

There are different theories on how and why sadism is exercised. The following chapter will give an overview over possible explanations for sadism.

One theory is the **opponent process**. It is based on the thinking that after a disruptive action, that made the perpetrator feel unwell, another action has to take place in order to bring the perpetrator back to its normal state (Baumeister & Campbell, 1999). The disruptive action is at first strong and the reacting action is quite inefficient, but with time, the reacting process becomes more and more powerful and will overcome the unstabilizing first action (Baumeister & Campbell, 1999). If you apply this theory to sadism, we get the following example of how sadistic actions could be explained. If you use evil behavior on another human, it may not be a very pleasant action. In order to not feel bad after it, your body may start a process that activates good feelings. A possible process could be an outburst of laughter, which is often reported by victims (Baumeister & Campbell, 1999). This laughter will spill out hormones, which in turn will bring you good emotions. Over time, you will want more of those good emotions and therefore will carry out more and more evil actions, resulting in sadism. This theory only works if the perpetrator doesn't feel guilty after inflicting harm on others (Baumeister & Campbell, 1999). If the perpetrator belongs to the minority of people who don't feel guilt or distress after harming others, the opponent process will gradually end up in transferring the harmful actions into a pleasant act (Baumeister & Campbell, 1999). Every time the act is recognized as being pleasant, this

will strengthen the positive association with the sadistic act and will result in repeating the actions (Wiederman, 2003).

The theory of **object relation** describes the urge to enact in sadistic manners as a way of re-enacting unsolved conflicts or traumas (Juni, 2009). These unsolved conflicts or traumas can lead to harming behaviors towards others (Wiederman, 2003). Even if sadistic behavior can not be explained by finding any objective motives, there is the possibility of the perpetrator having the need to replay traumatic experiences of their own childhood in order to attempt repair of personal damage (Juni, 2009). If the perpetrator has the chance to replay the traumatic experience but with reversed roles – the perpetrator now not being the victim – it will leave the perpetrator with only the feeling of pleasure and not pain (Juni, 2009). Since this does not solve the trauma inherited by the past experience, there will be no relief of the negative traumatic impact (Juni, 2009) but only the desire to turn it into more pleasurable acts which result in the repetition of harming others.

Another theory on why humans act in evil ways is the **desire to reduce boredom**. Usually, the intent of relieving boredom does not imply the intention of acting in a harmful way, but can result in it (Baumeister & Campbell, 1999). If a strong dislike of boredom is inherited in humans, they can become sensation seeking in order not to let boredom happen (Baumeister & Campbell, 1999). These activities that come from sensation seeking can result in evil actions, especially in combination with the usage of drugs (Baumeister & Campbell, 1999). In this theory there could be the interpretation that with time, simple acts get boring as well and the actions that perpetrators perform in order to overcome boredom can get more and more violent and harmful. In order for the sensational feeling that often is described by sensation seekers to kick in, the thrill has to stay exciting. This could result in sadistic behavior that will provide sensation seeking with the satisfaction of overcoming boredom and the thrill of indulging in dangerous activities (Baumeister & Campbell, 1999).

Intrinsic motivation can be found in aggression, drive, and sadism. These theories explain where the decision to use inhuman treatment on residents come from.

Discussion

The goal of this thesis is to give an overview of the possible reasons for the way people use inhuman treatment of residents in care facilities. Therefore the previous chapters gave an insight into different fields of studies related to different explanation theories of abusive, aggressive, dominant, and other forms of treatment, that could qualify for being or develop to inhumane treatment. In this chapter, the findings of the literature review will be summarized and the key findings will be highlighted. The findings will further be discussed and interpreted. These findings will then be applied to the field of inhuman treatment and its usage on residents in care facilities and discussed in highlight to their relevance in explaining the reasons behind the usage of inhuman treatment. The chapter will close with suggestions and recommendations on how the findings can be implemented in the development of strategies to prevent the occurrence of inhuman treatment of residents of care facilities.

The reasons for the usage of inhuman treatment can lie in different fields and can develop through different circumstances and human traits. One of the most significant indications of inhuman treatment lies in harming others. If this harm takes place over a longer period of time and consists of a certain degree of severity, we can speak of inhuman treatment.

This usage of inhuman treatment against others can come from different reasons. One of the factors that can produce the usage of inhuman treatment is the desire for power, which derives from the purpose of wanting to influence others for our own purpose (Ricken, 2006). Power is dependent on interactions (Vine, 2008) and therefore needs to be placed in a social setting. These settings often take place in institutions, since there is a certain hierarchy needed in order to secure the proper functioning of the institution. This opens the **possibility for power abuse by people that work in the institutions**. Power can always be abused if its usage harms others. Hereby the most problematic usage of power is the coercive power. It creates a situation where the victim of the power usage fears the reaction of the punisher and for that reason acts in the way the punisher wants him to (French & Raven, 1959). This can be especially problematic if the victim is dependent on the punisher. As mentioned before, power is always dependent on people interacting with each other. Therefore communication plays an important role in the exercising of power. In order to communicate there is a need for knowledge, which according to constructivism is socially constructed (Guzzini, 2005). If knowledge is constructed by society, only the knowledge approved by the majority will become reality (Adams, 2006). Therefore it

can be concluded that society decides what possibilities for power there will be and what is not accepted. If the state agrees with what society decides, it leaves many possibilities for inhuman treatment through power. Since it lays on society to decide what is accepted behavior if someone has power over others, this can end up in harmful behavior. People in power can use their power to harm others and treat them inhumanely. Antonio Gramsci argues that if the will of individuals is unified and the state creates laws according to this will it will seem to the individuals that they act in conformation to the law because it is not a duty but their freedom (Daldal, 2014). This brings the risk of having a state that shapes individual behavior in a specific way to conform to the ideas of the government. **If the government agrees on the rightful punishment and inhuman treatment of specific groups of people, this will lead to the collective thinking that it is acceptable to treat them harmfully.**

According to Foucault, there always has to be action in order for power to be exercised (Foucault, 1982). These actions are carried out against other people without their consent and over people, that have some sort of freedom on deciding how to react to the action (Foucault, 1982). This can be discussed controversially since many humans that are in institutions are not free to decide to leave and still have power exercised over them. But if you take into account that power is constructed through society and that the united thinking of society creates the acceptance of power-exercising, this can lead to the acceptance of power usage over humans that are put in institutions for reasons of protection. Humans that are under protection in institutions are especially vulnerable. This is due to the circumstances around giving the responsibility for oneself into the hands of others. Therefore there is a shift of relationship in the hierarchy which gives power to the caregivers. **The caregivers can take advantage of this shift and use their power to treat their clients inhumanely.**

The philosophical theories about power bring different motives to light. First, there is the desire of having power over others in order to fulfill one's own wishes. This can be exemplified in behavior that creates an imbalanced relationship and through power the punisher forces the victim to act in a way the victim would not act otherwise. Another motive from which power derives is the wish for identification (French & Raven, 1959). If person A wants to be like person B, this leads to person B having power over person A. This motive can especially take place with children since children look for role models. If the caregivers are role models for the children, it gives them the power to act in whatever way they want and they will still be accepted by the children. This can lead to inhuman treatment of the children,

since they are dependent on the caregivers and see them as role models and therefore don't question their behavior, but could accept it as it is.

Another motive of power is the motive to coincide with the will of society. Since society and the individuals within society create norms and hierarchies that are implemented through the state, this leaves the necessity for individuals to act in conformation with them. This can lead to inhuman behavior if the society and state agree on laws or norms that discriminate or humiliate certain groups of people. If inhuman treatment is accepted by the state or society and is seen as something ordinary this can lead to caregivers using inhuman treatment without questioning if it should be used. Power can be helpful in today's society to structure and organize living. But there is the difficulty of regulating power in a way to reduce the possibility of power usage turning into abusive or inhuman treatment. Therefore it is on the society and states to take measurements in accordance to prevent the abuse of power.

The preliminary ground of discrimination lies in stereotypes. Stereotypes are defined by attributing certain aspects to a group of people, usually defined through attributes like age, nation, or gender (Al Ramiah et al., 2010). If these stereotypes contribute to negative behavior or unjustifiable judgments against specific group members, it can be discriminating behavior (Kite & Whitley, 2016). This discrimination usually comes with thinking of the victims deserving the negative behavior against them (Al Ramiah et al., 2010).

The social identity perspective explains one of the motives behind the development of discriminating behavior that can lead to the use of inhuman treatment. According to the social identity perspective, the goal of every person is to create a positive social identity to create cohesion with the social group one identifies with (Al Ramiah et al., 2010). Creating a positive social identity that is strongly connected to a group, will strengthen the connection of a person to its social group, which can lead to social categorization (Trepte & Loy, 2017). Through social categorization, there are differences made in the attributes ascribed to certain groups. The desire to inherit a positive social identity within one's social group can lead to discrimination against members of other groups. When applied to the context of care facilities this can lead to discriminating and inhuman treatment against its residents, since they can be seen as belonging to another social group. **Care facility residents often are vulnerable and in need of protection.** This **makes them dependent and reliant on the caregivers to ensure their well-being.** Caregivers may develop a sense of superiority since they identify with their professional group. This in-group bias, based on the thinking that members of the professional group are in that group

because they are worthy of it (Al Ramiah et al., 2010) can lead to a lack of empathy against the residents and the thinking that they are not worthy of a high status. If the caregivers don't have empathy for the dependent residents, they may treat them in whatever way they would like, which can result in inhuman treatment. If this distinction of residents and caregivers in two different social groups is unconsciously made and therefore not addressed properly it can manifest in aversive racism (Al Ramiah et al., 2010). This type of racism can manifest discrimination in more subtle ways since it is not openly performed. In regard to the context of care facilities, it is a possible way of explaining inhuman treatment of residents. In care facilities, all residents should get the same treatment that provides for their well-being and allows them to live their life in dignity. If there is a separation between the group of residents and the group of caregivers and there is discriminating behavior of the caregivers towards the residents, this most likely won't be acted out in a very open way. More likely the discriminating behavior will subtly take place and can therefore reinforce dehumanization of the residents without being addressed adequately.

Humans are influenced through their culture and their beliefs and attitudes get shaped through their culture (Kite & Whitley, 2016). Culture can be defined as a meaning and information system that is shared over generations (Matsumoto & Juang, 2013). Therefore it can be seen, that **different cultures create different thinking and beliefs which can lead to stereotypes and discrimination**. This also applies to caregivers, since they also grew up within a specific culture and share their norms and beliefs. Caregivers may unconsciously have internalized these beliefs, which can lead to discriminating behavior against residents if they are considered a part of a group that is not attributed positive characteristics and therefore it is culturally justifiable to treat them inhumanely in their cultural belief.

One underlying reason for discriminating behavior can be found in racism. For a long time, race was considered a biological attribute of different groups of humans. Race would imply what status someone has in society (Winant, 2000). This thought changed through the Chicago sociologists, who showed that race is socially constructed and therefore is based on ethnicity, class, or nation and not biological attributes (Winant, 2000). The recognition of the change in defining race is important since it highlights the arbitrary nature of racial categorization. There are different forms of how racial categories affect human beings, but mostly they don't affect the lives of humans in a positive, but rather in a negative and disadvantaging way. Racist behavior can be distinguished through three different levels: cultural, institutional, and individual acts (Bowser, 2017).

Applying the understanding of racism to the context of care facilities, it is crucial to recognize that residents of care facilities as well as their caregivers come from different backgrounds, including different cultures, ethnicity, and races. This must be acknowledged by caregivers and the diversity has to be respected in order to ensure a safe environment without discriminating racism towards the residents. Only a small minority of racist acts are defined to be individual acts, that evolved through psychological and personality disorders (Bowser, 2017). Therefore, **most racist acts consist of cultural or institutional levels of racism**. Nevertheless, individual acts of racism still occur and have a significant impact on vulnerable residents. Caregivers must be aware of their own biases and actively work to overcome them in order to promote a positive and inclusive environment within care facilities. Caregivers as well as policy makers have to be aware of this and approach their role with cultural sensitivity. In the context of policy-making, the institutional level highlights the importance of adequate policies, procedure-making, and organization of care facilities in order to ensure the prevention of inhuman treatment of residents through the motive of racism.

The theory of eugenics can be linked closely to racism and discrimination. Eugenics, as a concept, promotes the improvement of the quality of human genes and the creation of a population that only includes humans with desirable traits and eliminates all humans with undesirable genes (Bowman, 1996). Throughout history, the concept of eugenics has been used to justify the mistreatment and inhuman treatment of various vulnerable groups. Eugenics can be exercised in an active or passive form, whereas both forms promote the goal of eliminating undesirable genes in order to create a society with only desirable genes. Undesirable genes, according to the theory of eugenics, throughout history have changed, but mostly included disabilities, cognitive impairments, but also belonging to a specific religion, engaging in prostitution, being poor, an addict, or even an orphan (Garver, 1994). The desire to erase undesirable characteristics is based on two assumptions: the assumption that behavioral traits are inherited and the fear of spreading undesirable traits (Aultman, 2006). In believing in the assumptions there is the thinking of eliminating all social problems in a society by eliminating all humans, that don't match the desirable stereotype of a member of society. In the context of care facilities, their residents often consist of so-called undesirable traits, since they are vulnerable. Their **vulnerability is seen as undesirable by eugenic thinkers and therefore should be eliminated in order to create a desirable society**. The vulnerability of the residents makes them targets for discriminatory practices driven by eugenic thinking since they see them as a burden or detrimental to an advanced society. Since executions such as forced sterilization and homicide are not legal in most

societies today, caregivers with a belief in eugenics are in need of other actions. This can result in inhuman treatment to harm people in order to reduce the chances of them being able or wanting to reproduce. The misuse of eugenics as a motive to use inhuman treatment on residents of care facilities highlights the need to critically examine the historical and contemporary implications of this theory. The recognition and challenge of discriminatory ideologies and practices associated with eugenics are important steps toward becoming a just and inclusive society. By doing so, the system that upholds discrimination and inhuman treatment in care facilities can be dismantled and a society can be approached that ensures every individual, regardless of their perceived desirability or conformity to social norms, is faced with dignity, respect, and protection.

The **individual motives** for the use of inhuman treatment of residents of care facilities can be found in the concepts of drives and aggression. By examining the underlying motives and dynamics behind the usage of inhuman treatment, there can be a deeper understanding of how the vulnerability of residents can facilitate the use of inhuman treatment against them.

Drives, as conceptualized by Freud, are repressed wishes that seek discharge (Brenner, 1971) and can be understood as psychic reactions to physical states (Sternbach, 2006). Aggression, as an instinctual drive, is a desire that creates tension and therefore wishes for relief (Sternbach, 2006). There are different theories about the arousal of pleasure after discharging aggression. According to Freud (1920) there can only be pleasure by discharging aggression if the aggression drive is combined with the libido. Others have further developed Freud's theory and came to the conclusion that the aggression drive and the libido drive will have the same results after discharging, which means both can result in experiencing pleasure (Hartman et al., 1949). In both cases, aggression is a drive that urges a human into releasing tension and therefore can facilitate the overcoming of personal beliefs and norms into acting in a harmful way in order to release the tension. This doesn't have to result in pleasure, but can, and therefore can have several positive outcomes that may cover the negative harming with the feeling of pleasure or at least the releasing of tension. Regarding this theory, treating residents of care facilities inhumanely does not have anything to do with actually harming them, but more with the pleasant feeling of tension relief. In order to release the tension, it is necessary to act out the aggressive drive. This can be facilitated by having less resistance from the victim. Residents of care facilities often are considered vulnerable and in need of protection. Their placement in care facilities shows the need of assisting them with their coping with life and gives care management in the hands of professionals.

Therefore the residents are dependent on the caregivers and may not understand the hierarchy and dependence situation they are in. This facilitates the release of aggression against them, which can result in inhuman treatment.

Furthermore, the urge to control and express dominance over the environment is a theory closely linked to aggression. The need for mastery arises from the manifestation of the libido and the need to express the instinct of self-preservation (Aleksandrowicz, 2009). When the need for power is channeled through aggression, it can lead to harmful behaviors. It is important to note that aggression itself does not always need to imply destructiveness, as individuals react to tensions in different ways. Nevertheless, if the aggression is aimed at vulnerable residents who are dependent on their caregivers in order to live their life in dignity, this can result in inhuman treatment.

Aggressive behavior can come from people feeling that their ego is being questioned or undermined (Baumeister & Campbell, 1999). If one's ego is undermined, one might feel less worthy and wants to overcome this feeling. In order to feel better, the source of the bad feeling has to be removed. In the context of care facilities **ego questioning can arise from the residents as well as from the outside**. It can be questioned if caregiving as an occupation is considered important or is seen as an unworthy occupation. This can lead to degrade the self-worth of the caregiver, resulting in wanting to find a release for the tension. Since the unworthy feeling is strongly linked to the residents, the tension release can result in aggressive behavior against the residents. Hereby the primary objective of the perpetrator is not necessarily to gain pleasure from harming others, but rather to assert dominance or destroy the source of the insult.

With tension release as a motive of inhuman treatment and aggression being the way of releasing the tension, the main goal of the inhuman treatment is the discharge of the aggression drive. Therefore the **perpetrators may not even be aware or completely understand the impact their actions have on the victims and consider them less harmful than they actually are**.

In order to address these issues, caregivers and policymakers must acknowledge the power imbalance between residents and staff. This dynamic can create an environment, where inhuman treatment can occur and there have to be special measurements in order to prevent that.

There has to be an understanding of how to release tension without harming others and how to recognize potential warning signs within the working environment in order to intervene before

inhuman treatment takes place. By recognizing the underlying psychological factors, it becomes possible to implement preventive measures that allow the potential perpetrators to deal with their tensions in a non-harmful way and protect vulnerable residents.

The discussion about the drive theory and aggression offers insight into the motives behind the inhuman treatment of residents in care facilities. The motive of the desire to discharge tension in combination with the vulnerability of residents can contribute to the mistreatment experienced by residents. Addressing this problem requires a deeper understanding of the underlying explanations and motives as well as implementing regulations, training, and a caring culture.

Sadism could be another possible motive in explaining why caregivers treat the residents of care facilities inhumanely. Sadism can be defined as harming others to feel pleasure through inhuman actions (Baumeister & Campbell, 1999). Sadistic acts in care facilities can manifest in various forms. It may involve deliberate physical harm, such as physical abuse, hitting or restraining residents excessively. **Psychological and emotional abuse can take the form of humiliation or the deliberate infliction of fear and distress.** These acts are driven by the desire of the perpetrator to derive pleasure or satisfaction from their suffering.

But not all sadists feel pleasure after treating others harmfully (Baumeister & Campbell, 1999). Therefore there have to be underlying motives of the sadist behavior which are relevant for explaining the motives behind the usage of inhuman treatment with regard to sadistic behavior. Sadist behavior can develop through the opponent process. This theory elaborates on the reoccurring sadist actions. According to the opponent process theory, sadist actions generate negative feelings, that have to be followed by arousing emotions in order for the perpetrator to feel pleasure (Baumeister & Campbell, 1999). If the perpetrator does not feel guilty after harming others, the positive feelings will become greater than the negative feelings with reoccurring incidents of sadist actions (Wiederman, 2003). Applying this to the context of care facilities, it can be possible that caregivers with sadistic traits take advantage of the vulnerable situation of residents. Residents often rely on caregivers for their basic needs and personal care, making them especially vulnerable to manipulation and abuse. This can result in the **caregivers using the inability of the residents to defend themselves to create a situation where sadistic actions can be acted out.**

Since this theory only can apply to perpetrators that do not experience guilt after harming others, there have to be different explanations for the motives of sadism. Sadistic actions can also be used as a

reenactment of unsolved conflicts or traumas (Juni, 2009). These traumas result from experiences made by the perpetrators in their past that have never been solved. In order to cope with the unresolved traumas the perpetrator may find the need to turn the acts into positive feelings and therefore harms others in a way the perpetrator got harmed. In connection with the vulnerability of residents of care facilities, the possibility to find victims is facilitated, since the residents are partially deprived of their liberty and can't escape the care facility by themselves. Due to their vulnerabilities that can occur in different variations, they may don't even understand that the actions are not being carried out. If caregivers treat residents inhumanely in a sadistic manner, it is necessary to search for the underlying trauma in order to address it properly. Further, the protection of the residents has to be guaranteed, since residents are vulnerable to abusive behavior by caregivers.

Sadistic acts can also result from boredom. In order to overcome boredom people can use sensation-guaranteeing actions, which have to become more and more sensational over time in order to still reduce boredom, which can lead to harmful treatment (Baumeister & Campbell, 1999). The pleasure of sadistic actions hereby can be explained by the thrill and satisfaction of overcoming boredom that may become greater than the negative emotions resulting from inflicting harm on others. This theory is relevant in understanding the motives behind sadistic actions. **If the work in care facilities is not fulfilling and does not challenge the caregivers, they may get bored and engage in sadistic acts in order to overcome boredom.**

The vulnerability of residents of care facilities may result from limited mobility, cognitive impairments, communication barriers, or a lack of a support system, which can worsen their ability to seek help if sadistic treatment takes place. This places the residents at an even higher risk of enduring inhuman treatment for a longer period of time before it draws attention from others and can be stopped.

Therefore it is necessary to address sadistic action with a comprehensive approach. It is crucial to provide caregivers with adequate training in order to ensure that they fulfill the necessary qualifications. Furthermore, the care-giving process has to be documented and the work has to be supervised by professionals with monitoring and unannounced inspections to find irregularities and to address them immediately. Encouraging the active involvement of the families or friends of residents helps to prevent sadistic actions since they may notice irregularities faster.

In order to address sadism as a motive of inhuman treatment against residents it is necessary to pay attention to promoting adequate education, strategies, and an environment of respect and trust in care facilities.

The **intrinsic motives of aggression, drives, and sadism can be further combined with the models of power, culture, and discrimination**. The intrinsic motives can't be looked at individually but have to be combined with models concerning societal structures and group interactions.

If vulnerable people are placed in care facilities, they become residents of those institutions. This institutionalization adds factors to their already existing vulnerability. Therefore institutionalization creates a context in which residents become even more vulnerable. Their protection is trying to be secured through different measures, all contributing to creating an environment in which residents can pursue their well-being and health. These protection mechanisms are implemented to secure the rights of residents of care facilities and don't address the motives behind the usage of inhuman treatment by the perpetrators. The existing mechanisms are implemented in the Universal Declaration of Human Rights, the European Convention on Human Rights, and relevant conventions and covenants. Further, there are national laws that define fundamental standards that have to be fulfilled in order to provide an adequate care environment. **All these mechanisms are based on securing rights and not on addressing the motives of perpetrators**. Therefore, they do not sufficiently cover all the prevention measures needed in order to make sure that inhuman treatment does not take place any more. Even if there are existing laws prohibiting the use of inhuman treatment on residents of care facilities, this does not mean that there are no situations where the intrinsic motivation for inhuman treatment can take place or is facilitated. The facilitation mostly takes place through the structuring of organizations and the cultural and societal influences on possible perpetrators. If perpetrators experience a lot of tension and feel the urge to release tension this can lead to aggressive behavior. If the perpetrators work as caregivers in care facilities, it is necessary to look at the organizational structures. Most commonly care facilities are structured hierarchically which introduces the factor of power. Higher-positioned employees such as directors and team leaders have more power than lower-positioned employees, such as caregivers. This constitutes a hierarchy where directors and team leaders have power over caregivers. They can order the caregivers to act in a certain way which can be against the intrinsic wish of the caregiver. Nevertheless, the caregiver may be dependent on the job and act in accordance with the order to not lose employment. Also, residents of care facilities are dependent on their caregivers.

This gives power to the caregivers which manifests a hierarchy between caregivers and residents. If residents in some way question the ego of caregivers or insult them, this can lead to intrinsic tension of the caregiver. In order to release the tension, caregivers could feel the urge to use aggressive behavior. Since the residents are dependent on the caregivers and the caregivers, therefore, have power over the residents, this facilitates the release of tension in an aggressive way. The victim is completely at the mercy of the perpetrator. Already taken measurements as laws and regulations could milder the quantity of these incidents, in order to abolish them completely it is necessary to address not only the aspect of power but also power combined with tension release. One possible implementation that would address aggressive behavior would be on an educational basis. If caregivers learn **how else to cope with tension** and find different ways of releasing tension this could milder the incidents of aggressive behavior and therefore, the risk of inhuman treatment against residents.

A similar situation occurs if power is combined with sadism. Due to the power of caregivers over residents and the residents' dependency on caregivers, there is a higher possibility of abusing the power situation. If caregivers have sadistic traits and the urge to act out their traits, they can take advantage of their power. Due to the vulnerability of the residents, they might not understand what is happening to them or don't understand the underlying motive behind certain behavior. If the perpetrator has power over the residents, this can lead to an abuse of the non-understanding of residents. The perpetrator can try to explain a different reasoning of his or her behavior and the victim can be persuaded to act in conformity to the wishes of the perpetrator. Hereby, a different approach has to be taken in order to prevent inhuman treatment through sadistic behavior. In order to address this aspect one path could lie in the **education of residents**. If residents of care facilities know about the occurrence of sadism and learn about what is in accordance with their rights and what is considered inhuman treatment or abuse, this could aid residents in differing caregivers' behavior in right from wrong.

Culture and Discrimination also are important factors that interact with power as well as with intrinsic motives. If the culture of the social group the caregivers belong to, has great prejudices against the group the residents belong to, this can lead to inappropriate behavior on the part of the caregivers. Discriminating thinking can lead caregivers to not ascribe the same rights to residents if the residents have characteristics the caregivers consider not to be worthy. This can result in racism against residents. Racist actions can include abusive or harmful behavior towards victims. Therefore, it is necessary to consider possible racist thinking when implementing measures against inhuman treatment.

Discrimination can further the consolidation of power. If a society has discriminating structures, this leads to further enhancing the unequal treatment of society's members. Hence, the discriminating structures will strengthen and lead to a higher possibility of inhuman treatment against discriminated members. If this is combined with power and aggression, the chances of incidents of inhuman treatment against residents, especially if residents belong to a minority group, rise. Furthermore, eugenics plays an important role in racist behavior. The wish of eliminating undesirable genes could lead eugenic thinkers to consider residents with vulnerabilities as not worthwhile living. Therefore, they may not see a need in treating the residents with respect and in accordance with their rights and may even seek to create circumstances that lower the chances of residents to pursue a healthy life. This can result in inhuman treatment and hence, has to be taken into consideration when generating prevention mechanisms.

As seen in this discussion, the motivation for individual inhuman treatment conduct has to be taken into account together with the models of power, culture, discrimination, racism, and eugenics. These theories are adhesive and therefore, can not be discussed individually but in relation to each other. Further, the described and discussed theories can be brought into relation with vulnerability and the context of care facilities and therefore, give an insight on how the motivation of perpetrators can lead to the still occurring incidents of inhuman treatment.

Conclusion

This thesis was built up on the main research topic of understanding of the motives that drive caregivers working in care facilities to the usage of inhuman treatment on the residents. The study has provided an overview of definitions and concepts related to inhuman treatment, examined existing legal measures and regulations to prevent such treatment, and identified and analyzed the typical motives behind its usage. By conducting a comprehensive literature review, this research has contributed to the understanding of the complexities surrounding this important issue. An overview was provided over the definitions and concepts related to the topic of inhuman treatment. These include the relevant terms of vulnerability, protection and inhuman treatment. Furthermore, the main legal measurements and regulations in order to prevent the occurrence of inhuman treatment were elaborated on. Therefore, different international and national measurements were analyzed with the rights of residents of care facilities. In order to identify and analyze the typical motives behind the usage of inhuman treatment, different human-related fields of studies were examined and a differentiation was made between individual motives and society-related motivation.

In order to provide adequate results, the research was build up on a **literature review**. Therefore, a keyword search to find relevant publications and studies was conducted through the classical tools of academic databases. The selection of relevant literature was based on the relevance according to the objectives. The fields of **philosophy, psychology, ethics, and law** were considered to be important to cover in regard of the thesis topic. Further, the international regulations and human rights covering the rights of vulnerable groups of people were analyzed and associated with the examined theories. The overarching goal of this thesis was to explore and examine the current knowledge and theories pertaining inhuman treatment and to provide an understanding of the typical motivation behind the usage of inhuman treatment.

The overview over definitions and concepts related to the topic of inhuman treatment, as a first objective, covered the terms of vulnerability, empowerment, capability, protection, and inhuman treatment. **Vulnerability** can affect each and every one in society and therefore is a concept, every human being should be familiar with. There has to be a difference made in the common vulnerability which can occur throughout a certain period in everyone's life and the special vulnerability which creates a need for assistance or protection. If a vulnerable individual can cope with their life through

empowerment, it is not necessary to implement further mechanisms. If this is not sufficient, there is a need for protection. Protection mechanisms are usually implied through the state and combine all activities that are aimed at securing the rights of a person. One main protection mechanism lies in institutionalization of vulnerable individuals. In these institutions, professional caregivers ensure the assistance of individuals in coping with their lives. Through the institutionalization, the individual's vulnerability is further augmented, since the individuals become dependent on their caregivers. This further deepened vulnerability creates conditions that could facilitate the usage of inhuman treatment from the caregivers on their caretakers. Inhuman treatment is defined as causing intense suffering and having effects on the mental and / or physical health of an individual.

The second objective was to provide an overview over the **already existing mechanisms** in combating inhuman treatment. Therefore, it is necessary to take a look at the rights of residents in care facilities. Most rights are set forth in international laws. The ground for these laws are set in the Universal Declaration of Human Rights. These articles were further implemented through binding mechanisms, such as the European Convention on Human Rights and many conventions dealing explicitly with the rights of vulnerable groups of people. Especially relevant to mention is the right to an adequate standard of living. The most relevant rights further contain the absence of discrimination, the equal treatment of men and women as well as special protection of children and persons with disabilities. This is necessary in order to provide the absence of abuse or inhuman treatment. In order to secure the rights of residents of care facilities on national basis, many states have implemented specific measures. These include monitoring bodies, regulations and fundamental standards regarding the care provided, as well as contact people in cases of non-sufficient conditions for residents. The aim of these measurements is to establish a framework that protects the rights of residents and prevents inhuman treatment from occurring.

The third objective, dealing with the **motivation behind the usage of inhuman treatment**, can be divided into two parts: there are individual motivations for treating others inhumanely and there are societal structures and determinants that provide a motivation to use inhuman treatment. These motivations highly interact with each other and have to be discussed with each other in order to get a comprehensive understanding of the motivations behind the usage of inhuman treatment. The societal structures enhancing the possibility of inhuman treatment are power, culture, and discrimination. Power can help in organizing care facilities and structuring hierarchies, but can also easily be abused. In the

context of care facilities this possibility for abuse in combination with the vulnerability of residents creates a situation where special measurements have to be taken in order to prevent incidents. Furthermore, if the concept of discrimination is added to the situation, the chances of incidents are even bigger. This is due to the racist thinking that certain human beings are worth more than others. And if caregivers think that residents are not worth of dignity, they won't act in a way to secure their dignity. Eugenics, as a concept of discriminating and racist thinking, believes in the bettering of the overall gene pool. Therefore eugenic thinkers don't see the necessity in providing adequate life standards for vulnerable people, since they don't believe in the further existing of vulnerable people. This thinking can easily lead to inhuman treatment of residents if the caregivers support discriminating and racist thinking. In analyzing the motivation of caregivers to treat residents inhumanely it is necessary to also include individual motivation. This motivation can lie in the need of releasing tension. One way of tension release lies in the usage of aggression. This aggression can further be triggered through ego questioning by residents or insulting their caregivers. Through this triggering aggression against residents can arise within their caregivers and the drive to release the tension can become very high. If there are situations where this is combined with racism, this can lead to the argumentation that the residents deserve inhuman treatment. The individual motivation can also lie in the pleasure release through sadistic actions. Through the power caregivers have over their residents, the chances to abuse this power in order to perform sadistic acts increases.

This clearly shows that there is an enormous interplay of motives and factors and that it is necessary to examine the occurrence of inhuman treatment not only through one lens, but through a combination of approaches with recognizing their interplay. All the measurement taken in preventing inhuman treatment in care facilities take the approach of securing the residents rights. Since these measures are not sufficient in completely preventing the usage of inhuman treatment it is necessary to implement the motivation of perpetrators in the making of regulations and policies for care facilities.

These findings implicate that further mechanisms have to be implemented in order to combat the occurrence of inhuman treatment in care facilities. The **field of care facilities has to take measurements in order to provide a safe surrounding for their residents**. Therefore, it is crucial to not only look at the residents but also at the caregivers. This thesis shows that there are many motives behind why perpetrators use inhuman treatment on residents. It combines the different fields of studies, and gives relevance to societal structures as well as to individual motives. This comparative and

analytical research combines theories to an overarching comprehension of the usage of inhuman treatment. This fills a gap in literature, since usually only single fields, such as philosophy or psychology, have been addressed but not how they interact and what the output of the combination of motives regarding the inhuman treatment of residents of care facilities is. If policymakers and caregivers take the interaction of different motives in regard and apply them to the context of care facilities they can further improve the measurement for preventing the occurrence of inhuman treatment. This helps the understanding of why it is necessary to also focus on the possible perpetrators and not only on the residents.

Nevertheless, there are limitations that occurred in this research. Due to time and access restrictions, it was not possible to conduct interviews with perpetrators, and therefore, the study relied solely on existing literature. Furthermore, the access restriction to possible victims or perpetrators due to the sensitive topic, made it difficult for other researches to do field studies and interviews. Therefore, there are not many studies on the behavior of perpetrators available to analyze. As noticed throughout the research, many theorists focused on the effects of racism and power and less on the underlying motives in their usage. Hence, there is not much diverse literature available on the motives, but more on the usage of racism and power.

For future research this could be one of the main areas to address. In order to further understand the motives behind the motivation of racism **more research is needed in the field**. This research can be conducted through interviews and field studies. Furthermore, the comparison with theories stating that humans are genuinely good and society makes them act in a harmful way can be introduced in further exploration. This could include the controversially discussed theories on the behavior of perpetrators and take the approach of finding reasoning in societal structures and governments instead on individual and intrinsic motives. Together with the findings of this thesis a combination of future researches on motivation coming from societal structures and governments as well as through deepened understanding of the intrinsic motives, this could lead to an even better understanding of why inhuman treatment occurs.

The findings in this thesis can be used in future research in order to elaborate on improved measurements in order to prevent inhuman treatment. Therefore the findings can be combined with the already existing policies and regulations in order to create a new approach to preventive mechanisms.

This thesis provides a research on and has contributed to the understanding of the motivation of perpetrators to use inhuman treatment on residents of care facilities. Different approaches to motives and behavior contribute to a comprehensive understanding. Combined with the vulnerability of residents of care facilities and the measurement already taken in order to prevent inhuman treatment, the continuing occurrence of inhuman treatment can be explained. This can guide future researchers in elaborating further mechanisms and contribute to enhancing the quality of life of residents in care facilities.

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