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ORIGINAL ARTICLE

Police violence in Israel towards people with mental disabilities

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Review

Summary
Background. — People with mental disabilities are more likely to become subject to police violence than the general population, as shown by a review of the literature.
Methodology. — A media search was performed for fatal confrontations between Israeli police or security officers and people with mental disabilities, in the years 2019—2020.
Discussion. — Four lethal incidents and one severe but non-lethal incidents draw attention to the intersection of identities of the victims, who not only had disabilities but also belonged to minority groups. Systematic documentation and investigation of cases is lacking.
Conclusion. — National authorities are requested to be transparent in their reporting and investigate cases of police violence. Health professionals are encouraged to document any incidents of violence by law enforcement personnel in medical files, in case of injury, with ICD-10 code Y35.
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Introduction

As clinicians, we took note of a series of young men with a mental disability who were killed by police officers or security personnel in Israel in the recent years. We searched for any killing of people with mental disabilities by police or security personnel in the previous two years in Israel and

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present them here in the context of current research shedding light on the matter. We use the definition of mental disabilities of the World Health Organization as comprising ''some combination of disturbed thoughts, emotions, behaviour and relationships with others'' [1]. We add an example of non-lethal violence toward a mentally disabled person, showing a similar pattern. While excessive use of force towards civilians by police is of wide concern, the evidence available seems to suggest that this problem is even more significant for people with disabilities [2] and specifically for those with mental disabilities [3,4].

Police killings, mental disability, and intersectionality

Over twenty years ago, the World Health Organization declared violence a major public health problem to be tackled by the medical community, and since then it continues to promote an agenda of increased awareness, research, and public health interventions in this area. Women, children, and the elderly are recognized as at-risk groups for violence [5] and indeed, medical education has long included signs and symptoms of such violence as part of the medical school curriculum. In addition, people with disabilities and notably mental disabilities are particularly at risk for violence [6,7].

There is an abundance of literature on deadly force by police officers, from countries in different continents (Canada [8], the Philippines [9], South Africa [10], Lithuania [11] and Turkey [12,13] and more). Nevertheless, only a handful of countries provide information on the lethal outcome of police use of firearms in the public domain. Many police agencies either do not keep such statistics or are unwilling to make them public. In the absence of mandatory reporting and comprehensive datasets, journalists and human rights organizations have made efforts to collect and assess such events [14,15]. From the information available we learn that rates of people killed by police differ greatly; for example, the rate per 10 million people in the US is 28, Canada 9.7, Norway 1.9, and Japan 0.2 [16]. (Data on Israel were unavailable.)

The relative rates of violence against civilians from different social groups are hard to gauge [17]. Most research was performed in the USA and shows that some groups are clearly more at risk than others. A 2019 study estimated the lifetime risk of being killed by police in the US to be 1:1000 for black men, 1:2000 for men in general, and 1:33,000 for women, with a peak in incidence between age 20—35 [18], whereas disabled people were found to comprise a third to half of all people killed by US police [19]. Another study found that the odds to be killed by police in comparison to Whites are 3.06 for Native Americans, 2.62 for Afro-Americans, and 1.29 for Hispanics [20]. Furthermore, a briefing report by the US Commission on Civil Rights notes ''high rates of use of force nationally, with increased likelihood of police use of force against people of colour, people with disabilities, LGBT people, people with mental health concerns, people with low incomes, and those at the intersection of these communities'' [17]. Such observations are at the core of the concept of intersectionality, ''the interconnected nature of social categorizations such as race, gender, or disabilities that creates overlapping and interdependent systems of discrimination and disadvantage'' [21].

Encounters between the police and people with mental disabilities seem to be more common, more prone to misunderstanding and more dangerous, when compared to encounters with people without disabilities. A report by the US Treatment Advocacy Centre found that the risk of being killed while being approached or stopped by law enforcement in the community is 16 times higher for individuals with untreated serious mental illness, and that between a quarter and half of fatal encounters with law enforcement involve people with serious mental illness [22]. Although there are significant differences in the dynamics of violence in different countries, a systematic review, including studies of 329,461 cases from different countries, found that one in four people with mental disorders had a history of police arrest, and ''one in ten individuals have police involved in their pathway to mental health care'' [23]. This corresponds with two other international systematic reviews, which both found that the risk of being subjected to violence — not just by the police — was substantially elevated for those with severe mental disorders as compared to those without [24,25].

While we could hypothesize that the difficulty of encounters between police and security officers and those with disabilities is exacerbated by police not recognizing a person's underlying disability and thus misinterpreting her or his actions, the reality of the situation is probably more complex. For example, a study which tested the effects of ''mental health flagging'', i.e. having a marker of mental health illness in police systems, found it disadvantaged those who were flagged. People with disabilities were more likely to be charged with a criminal offence and remain in custody for a longer time than those without disability, even though they had a similar police profile and were arrested for similar offences [26]. One Australian study described the experiences of 50 people on the autistic spectrum in encounters with police, most either as victims of a crime or seeking assistance, and showed they were largely unsatisfied with their interactions with the police and reluctant to disclose their autism [27]. A Greek study highlighted police officers' misperceptions of the mentally ill, attributing these to insufficient knowledge about mental illness and lack of training [28].

The studies described indicate that in line with theories of intersectionality, the police may be responding to factors other than just mental disability, related to the identity of the victims. Although there are distinct types of intervention that have been tried across the world in police forces to improve their handling of people with mental disabilities, the problem remains [29,30].

Israeli Cases

Israeli police have among others the challenging task of countering terrorism; a task that leads to practices that tend to be less transparent to the public. Israelis were found to be willing to legitimize police activities aimed at handling terrorism [31] and Israeli officers were shown to support and value evidence-based policing, but nevertheless prefer relying on experience when making decisions [32]. Relying on

personal experience could be hazardous, since Israeli police were found to stigmatize both Arab and Ethiopian minorities [33,34] and also people with mental disorders [35]. Moreover, various publications including a report on the handling of police offences by Israel's State Comptroller suggest that there is a national problem with police violence and its treatment in Israel [36].

During the years 2019-2020, several cases of fatal violence by Israeli police and other security officers toward mentally disabled people reached the media. In what follows, we provide a description of these cases, which were found by a search of the Hebrew online news media for the words ''police'' and ''killing'' and referred to killings within Israel. (The incidents we identified reached the English news as well.) Palestinians who were killed after they allegedly fired at the police or stabbed civilians, were excluded, and so were killings of Palestinians in the West Bank. One more killing by the police in this period, of a Jewish Israeli man of Ethiopian origin [37], was disregarded as he was not reported as having a mental disability (but note that he too belonged to an ethnic minority). We analyzed all four lethal incidents with respect to intersectionality.

Eyad al-Hallaq, a 32-year-old client of the East Jerusalem Elwyn Centre for individuals with disabilities, was on the autistic spectrum, with developmental and cognitive disabilities [38,39]. Al-Hallaq was doubly at risk, not only because he was mentally disabled, but also because he was a Palestinian. In May 2020, on his daily walk to the Elwyn Centre, he walked by (border) policemen who suspected that he was armed. Al-Hallaq was unable to understand the situation and his response was to flee from the police. Two policemen pursued him, fired, and injured him in the leg. He hid in a garbage room while one of his teachers, who happened to be nearby, made it clear that he was disabled. She tried to prevent the shooting, but nonetheless he was shot multiple times and killed. This case is exceptional in the public attention it garnered and the legal proceedings that surrounded it. In October 2020, the State Attorney's Office announced that the policeman who shot and killed Al-Hallaq will be charged with manslaughter [40].

The Palestinian Mustafa Younis, 26 years old, diagnosed with epilepsy and a mental disorder, had been visiting a physician with his mother in Sheba hospital in May 2020 [41]. He threatened the physician with a penknife, and apparently was aggressive toward another individual on his way out of the hospital. Just outside the hospital gates the security officials stopped the car that he was in and ordered Younis and his mother to get out of the car. Younis was forcibly seized by several security guards, injured one of them with his knife and was thrown to the ground. He was then shot multiple times and killed.

The Jewish Shirel Habura, 30 years old, was known to the authorities as having psychiatric problems [42]. He was released from hospitalization in a mental health institute about six months before he died. He had a history of violent attacks on family members and had been judged incapable of standing trial due to his mental health issues. In the days leading up to his death in April 2020 his situation had deteriorated, and his family had tried to hospitalize him again, but their requests were not met. When Habura started to threaten his family they eventually turned to the police. According to the media, Habura attacked one of the police officers with a knife, was shot several times and killed.

Yehuda Biadga, a 24-year-old Jew of Ethiopian background, had post-traumatic stress disorder, and was known to social services [43]. In January 2019, his family called the police to protect him and others from harm, as he was behaving threateningly and holding a knife. They reported that he had a mental disorder and was not taking his medication. Shortly after the police arrived at the scene, Biadga was shot twice and killed.

While not all interactions between the police and mentally disabled individuals have fatal consequences, the harm caused by mistreatment can still be significant. For example, in May 2019, 23-year-old Yanki Rosenberg, an ultra-orthodox Jewish youth with cognitive and developmental delay was approached by the police, in the vicinity of a demonstration, in which he had not been involved. [44] He was knocked down, pinned to the ground, and beaten by several policemen while people around him cried that he was disabled. Images of his bloodied face raised public criticism of police handling of the incident, but an investigation into the conduct of the policemen found no fault in their behaviour. Regardless, Rosenberg's father stated that the violence affected his son deeply, causing him to quit the educational framework he was attending and to stay at home.

Discussion

The tragic incidents described are the most extreme cases of violence by police and security officers toward people with mental disabilities. They illustrate several issues that as a society, and as health professionals, we need to face if we are to eradicate excessive police and security personnel violence towards people with mental disabilities. We will address three concerns: awareness of intersectionality, national documentation and investigation, and medical reporting.

Awareness of Intersectionality

The intersection of identities in the incidents described is obvious. Of the individuals mentioned above, in addition to being mentally disabled men, two were Palestinian, one was an ultra-orthodox Jew, and one was a Jew of Ethiopian descent; all these are minority groups within Israeli society. Several studies have shown tense relations between Israeli police and minorities, including high rates of mistreatment and incarceration, in particular since minorities are perceived to be threatening or linked to terrorism [45].

Therefore, it comes as no surprise that the killing of Mustafa Younis, an Arab man, was erroneously labelled as a counter-terrorist act, and that this labelling essentially stole the media story. There was no discussion of the shocking nature of the event or of the significance of the location of the killing, at the gates of a hospital. Arabs are a marginalized minority in Israel, and those without citizenship, such as most of the residents of East Jerusalem, are further disadvantaged in Israeli society. Police attitudes and media coverage often portray incidents in which Arabs are involved as terrorist related, simplifying the public narrative, and

preventing effective investigation into misuse of force, and in effect justifying (almost) any means used.

Yanki Rosenberg is another case in point. Apart from being mentally disabled, he belongs to a religious minority. As there is often tension between the ultra-orthodox and the police [46], we cannot know how much his position as an ultra-orthodox individual affected the action of the police officers. Similarly, Israelis of Ethiopian descent report stigmatization by the police [33] and it is impossible to know if, or how much, the encounter between Biadga and the police was influenced by the dark colour of his skin.

The task of the police or security officer is difficult when confronted with a perceived threat; even more so in an era of terrorism. The situation is more dangerous if a person with a mental disability is perceived as a threat during an encounter with the police, as the physical danger they may present can be amplified in the eyes of the officers because of their identity and/or their unexpected behaviour. The intersection of multiple identities often determines both how the encounter between the citizen and law enforcement personnel develops and whether it has a tragic ending [47].

As the literature shows, awareness of intersectionality is pivotal both for law enforcement personnel and for health professionals, as it may have direct influence on the risk of becoming the victim of violence.

National documentation and investigation

In the absence of an obligation to report and publicize all cases of death and excessive use of force by police or security officers, the information the public receives is partial and most incidents of non-lethal violence will not reach public awareness. The Israeli police publishes on its website some information on disciplinary procedures taken against police officers, and on the outcomes of some civilian complaints [48]. Nonetheless, complete, transparent, and reliable information is lacking.

A need exists for both a national database of cases of fatal or severe police violence, which includes detailed description of events, and full and public investigations into incidents with fatal outcomes. This is true for Israel as it is for many other countries, in which public information in this field is lacking. Such information would enable research on the excessive use of force by law enforcement officials that could in turn enhance its prevention.

Medical reporting

As health workers we are committed to helping our patients live their lives as fully as possible and easing any vulnerabilities they may have, before all else when these stem from disease or disability. In line with appeals in other countries, we believe that we must be vigilant and critical of discrimination towards those with disabilities and of the misuse of force by the State. Health workers need to be aware of their role in recognizing and documenting physical or psychological injuries that are an outcome of violent encounters between law enforcement and the public, and especially so where people with disabilities are concerned. Recognizing and mitigating the risk for violence and its effects on patients' lives are an essential part of our commitment to protect patients' health.

Recording police violence in medical files is important, because this may have consequences for legal and administrative actions [49], as well as for the physical and psychological health of the patient. Recording violence also allows for systematic collection of data on the national level. Health professionals are in an excellent position to document violence stemming from the encounter with law enforcement officials [50]. There is some indication though that physicians tend to refrain from reporting police violence [49]. Therefore, a good start might be recording of violence as a diagnosis. ICD-10 encourages recording external causes of morbidity and mortality and has a specific code (Y35) for situations in which the patient is injured in the context of an encounter with law enforcement officials. Its definition is as follows [51].

Y35 — injuries inflicted by the police or other law-enforcing agents, including military on duty, in the course of arresting or attempting to arrest lawbreakers, suppressing disturbances, maintaining order, and other legal action

The code for injury by police or other law-enforcing agents (Y35) is reportedly underused [52,53].

Conclusions

Violence against people with mental disabilities is sadly a common occurrence. Interactions between disabled individuals and the police are more common and dangerous than for those who are abled, and the true scope of the problem is unknown. Part of the reason this population is at risk, particularly in Israel, can be explained through theories of intersectionality, whereby multiple social categories work together as compounding risk factors. Authorities and medical professionals must use intersectional approaches to make sense of the multiple layers of misunderstanding that lead to violence, and hopefully to design policies and training that address these issues. We conclude with a call on national institutes to be transparent in their reporting of cases of police violence, and on health professionals to be aware of the vulnerability of people with disabilities and document any incidents of police violence in medical files, in case of injury, with ICD-10 code Y35.

Contributors

All authors have made substantial contributions to the articles and approved its final version.

Ethical Statement

This study did not make use of any human or animal subjects.

Disclosure of Interest

The authors declare that they have no competing interest.

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