

Original Article

Daily experience of people with ocular and maxillofacial trauma as a result of violence by State agents in the context of the Chilean social outbreak: approaches from a human rights perspective¹

Experiencia cotidiana de personas con trauma ocular y maxilo facial producto de violencia por agentes del Estado en el contexto del estallido social chileno: aproximaciones desde una perspectiva de derechos humanos

Experiência cotidiana de pessoas com trauma ocular e maxilofacial resultante de violência por agentes do Estado no contexto da crise social chilena: aproximações a partir de uma perspectiva de direitos humanos

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Abstract

Introduction: The violent repression that occurred in Chile during the social outbreak (2019–2020) left an unprecedented number of people injured as a result of ocular and maxillofacial trauma as a result of the action by state agents, unleashing a socio-sanitary crisis that required the approach of health problems with an emphasis on structural and functional damage. **Objective:** To analyze the daily experience of

¹ This article corresponds to the presentation of preliminary results of a larger research project code: FONIS SA20i0049, entitled "Identification of psychological experiences in the face of maxillofacial and ocular trauma, in people who are victims of violence by state agents in the context of social mobilization in Chile for the year 2019-2020" funded by the National Health Research Fund. The results discussed here are specifically associated with objective n°4 aimed at exploring relevant psychological aspects for the development of treatments that allow satisfactory functional and anatomical rehabilitation for victims from an approach based on daily experience and a human rights perspective.

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people affected by ocular and/or maxillofacial trauma from a human rights perspective, with emphasis on providing background information that contributes to functional and psychosocial support processes. **Method:** Study with a qualitative approach, considering the analysis of three in-depth interviews focused on the daily experience produced as a result of police violence. These were analyzed based on the content analysis technique, with subsequent triangulation. **Results:** A series of interferences and daily repercussions as a result of the trauma were observed, generating the phenomenon of an interfered daily life in addition to self-estrangement. The contrast between the experiences and expectations of health care and reparation processes was discussed, which are still insufficient and tend towards re-victimization. **Conclusion:** Access to functional and psychosocial rehabilitation is a fundamental part of the processes of integral and psychosocial repair for the people who lived through these traumatic experiences during the social outbreak. It is essential that health and judicial mechanisms deepen approaches from a human rights perspective, incorporating the gender approach to comply with the principles of truth, justice, reparation, and guarantees of non-repetition.

Keywords: Violence, Police, Wounds and Injuries, Human Rights.

Resumen

Introducción: La violenta represión ocurrida en Chile durante el estallido social (2019-2020) dejó un número sin precedentes de personas lesionadas con resultado de trauma ocular y maxilofacial producto de la acción de agentes del Estado, desatando una crisis socio-sanitaria que requirió del abordaje las problemáticas de salud con énfasis en el daño estructural y funcional. **Objetivo:** Analizar la experiencia cotidiana de personas afectadas por trauma ocular y/o maxilofacial desde una perspectiva de derechos humanos, con énfasis en aportar antecedentes que contribuyan a los procesos de apoyo funcional y psicosocial. **Método:** Estudio de enfoque cualitativo, considerando el análisis de 3 entrevistas en profundidad centradas en la experiencia cotidiana producida a raíz de la violencia policial. Éstas se analizaron en base a la técnica de análisis de contenido, con una posterior triangulación. **Resultados:** Se apreciaron una serie de interferencias y repercusiones cotidianas producto del trauma, generando el fenómeno de una *cotidianidad interferida*, además del *extrañamiento de sí mismo/a*. Se discutió sobre el contraste entre las experiencias y expectativas de la atención en salud y procesos de reparación, que resultan aún insuficientes y tienden hacia la revictimización. **Conclusión:** El acceso a rehabilitación funcional y psicosocial es parte fundamental de los procesos de reparación integral de las personas que vivieron estas experiencias traumáticas durante el estallido social. Es fundamental que los dispositivos sanitarios y judiciales profundicen abordajes desde una perspectiva de derechos humanos incorporando el enfoque de género para cumplir los principios de verdad, justicia, reparación y garantías de no repetición.

Palabras clave: Violencia, Policía, Heridas y Traumatismos, Derechos Humanos.

Resumo

Introdução: A violenta repressão ocorrida no Chile durante a crise social (2019-2020) deixou um número sem precedentes de pessoas feridas por traumas oculares e maxilofaciais, produto da ação de agentes do Estado, desencadeando uma crise socio-sanitária que exigiu a abordagem dos problemas de saúde com ênfase nos danos estruturais e funcionais. **Objetivo:** Analisar a experiência cotidiana de pessoas acometidas por traumas oculares e/ou maxilofaciais sob a ótica dos direitos

humanos, com ênfase no fornecimento de informações básicas que contribuam para os processos de apoio funcional e psicossocial. **Método:** Estudo com abordagem qualitativa, considerando a análise de três entrevistas em profundidade, focadas na experiência cotidiana produzida em decorrência da violência policial. Estas foram analisadas com base na técnica de análise de conteúdo, com posterior triangulação de dados. **Resultados:** Observou-se uma série de interferências e repercussões cotidianas em decorrência do trauma, gerando o fenômeno de uma cotidianidade interferida, além do estranhamento de si mesma/o. Discutiu-se o contraste entre as experiências e expectativas da atenção em saúde e processos de reparação, que ainda são insuficientes e tendem à revitimização. **Conclusão:** O acesso à reabilitação funcional e psicossocial é parte fundamental dos processos de reparação integral e psicossocial das pessoas que vivenciaram essas experiências traumáticas durante a crise social. É fundamental que os dispositivos sanitários e judiciais aprofundem as abordagens desde uma perspectiva dos direitos humanos, incorporando o enfoque de gênero para cumprir os princípios de verdade, justiça, reparação e garantias de não repetição.

Palavras-chave: Violência, Polícia, Ferimentos e Lesões, Direitos Humanos.

Introduction: Context and Background

During recent years, Chile has experienced a sociopolitical crisis - still ongoing -, the result of a historical social unrest related to living conditions that became intolerable (Madariaga, 2019; Grandón Valenzuela, 2021), which triggered on October 18 of 2019 the so-called Social Outburst or popular revolt. This milestone, associated with general discontent following the rise in the price of public transportation, broke out transversally with a cycle of massive demonstrations and protests in different cities of the country. A series of demands combined with slogans such as “Until it is worth living” or “Until dignity becomes a habit”, evidenced the need to generate structural changes that would constitutionally guarantee full access to social rights, undermined by a political regime and deeply neoliberal social supported by a political constitution made in a military dictatorship, without popular participation (Aste Leiva, 2020).

In response to this, the constitutional processes with citizen participation (Servicio Electoral de Chile, 2023), made it possible to mitigate the intense cycle of demonstrations and protests carried out, which were brutally repressed by the police forces using water cannons, tear gas and pepper spray, and shots of rubber pellets, among others (Rodríguez et al., 2021). During this process, and until March 2020, 1,456 complaints of human rights violations were reported in the different regions of the country, according to the National Institute of Human Rights of Chile (hereinafter, INDH) (Instituto Nacional de Derechos Humanos, 2020a). Complaints about the excessive use of force and violence by various agents of the State include very serious practices, such as acts of torture and cruel treatment, torture with sexual violence, unnecessary violence, homicide and frustrated homicide, complaints for injuries, among others (Instituto Nacional de Derechos Humanos, 2020a).

The warning about the excessive and violent use of police force in the context of the Chilean social outbreak by different national and international organizations (Instituto Nacional de Derechos Humanos, 2019; Amnistía Internacional, 2020; Human Rights

Watch, 2022; Comisión Interamericana de Derechos Humanos, 2022; Defensoría de la Niñez, 2022), highlight the scenario of repression and violence that affected the phenomenon of social outbreak. The numbers of injured people reported by the National Institute of Human Rights of Chile (Instituto Nacional de Derechos Humanos, 2020a) amount to 3,838 (462 women and 3,088 men), including 288 children and adolescents, with cases of maxillofacial trauma and ocular trauma being the most worrying.

The high prevalence of situations of mutilation of one or both eyes and permanent compromise of vision as a result of this type of violence led to the creation of the Comprehensive Eye Repair Program (hereinafter, PIRO), executed exclusively in the Metropolitan Region, whose objective is in providing medical, aesthetic, functional and psychological care for people affected by ocular trauma, in the context of the social mobilizations of the social outbreak (Ministerio de Salud de Chile, 2019). However, months after its implementation, significant difficulties were already being reported in responding to the high demand for care, especially in the context of the COVID-19 health emergency. Social organizations such as the Coordinator of Victims of Ocular Trauma (CVTO) have accused of negligence and violations in health care, which they consider to be precarious (Coordinator of Victims of Ocular Trauma denounce negligence and violations on the part of the Ministry of Health's reparation program, 2021).

Regarding ocular trauma, its high incidence in a short period of time—460 cases of people with ocular trauma in only 5 months since the beginning of the social outbreak (Instituto Nacional de Derechos Humanos, 2020a; Human Rights Watch, 2022)—, far exceeds the cases of ocular trauma reported in international literature in various countries with social and armed conflicts (Rodríguez et al., 2021), making the Chilean case an unprecedented experience in terms of police violence. The high prevalence of situations of mutilation of one or both eyes and permanent compromise of vision as a result of this type of violence led to the creation of the Comprehensive Eye Repair Program (hereinafter, PIRO), executed exclusively in the Metropolitan Region, whose objective is in providing medical, aesthetic, functional and psychological care for people affected by ocular trauma, in the context of the social mobilizations of the social outbreak (Ministerio de Salud de Chile, 2019). However, months after its implementation, significant difficulties were already being reported in responding to the high demand for care, especially in the context of the COVID-19 health emergency. Social organizations such as the Coordinator of Victims of Ocular Trauma (CVTO) have accused of negligence and violations in health care, which they consider to be precarious (Revista de Frente, 2021).

The above motivated the emergence of support programs from civil society, public and non-governmental institutions to provide support to victims of ocular trauma, based on their economic, judicial, psychosocial needs (Fundación Los Ojos de Chile, 2023) and health care (Rojas et al., 2022), as alternatives to the PIRO program, aiming to respond and collaborate with covering the evident needs, including people with dental maxillary trauma, in addition to ocular trauma. Although there is little systematized evidence on the psychosocial consequences of ocular trauma resulting from violence by State agents, the report of four people who, as of July 2023, have committed suicide after having experienced this type of trauma is extremely worrying. Furthermore, organizations of affected people report the existence of other cases in which they have tried to carry out suicidal acts without success (Saldivia, 2023). This can be related to some research that recognizes how in scenarios of violence by State agents—from events such as the Chilean

civil-military dictatorship of 1973 and other post-dictatorial manifestations—it is possible to identify the generation of individual and collective traumas with physical, psychological, social and political consequences (Castillo Vergara, 2013; Instituto Latinoamericano de Salud Mental y Derechos Humanos, 2019).

From occupational therapy, there is still little research on this subject, highlighting a study on the motivations of people who actively participated during the manifestations of the social outbreak, from an occupational perspective (Ortega et al., 2022) and a photographic autoethnography that analyzes the process of mobilizations based on the concept of intolerable everyday life (Grandón Valenzuela, 2021). However, from the discipline there is no empirical research on the experience of people with maxillofacial and/or ocular trauma because of police violence in the context of the Chilean social outbreak. Given this scenario, it is worth asking what are the particularities that this type of trauma, perpetrated by State agents in a democratic context, generates on the affected people? How is the daily life of people who have experienced dental, ocular or maxillofacial trauma because of police violence characterized? Seeking to delve deeper into these issues, this article has aimed to analyze the daily experience of people affected by violence by State agents within the framework of the social outbreak, from a human rights perspective.

Conceptualizations about ocular and maxillofacial trauma, political/police violence and everyday life

Clinically, ocular trauma corresponds to trauma caused by blunt or penetrating mechanisms on the eyeball and its peripheral structures, capable of causing tissue damage to varying degrees with temporary or permanent compromise of visual function (Ministerio de Salud de Chile, 2009). It corresponds to an important cause of visual loss, low vision conditions and blindness, in one or both eyes, with the potential to alter visual perception, the visual field, three-dimensional vision and the quality of vision, causing important complications in the daily performance of people (Sánchez et al., 2008).

Likewise, maxillofacial trauma corresponds to a type of major trauma (which may or may not include ocular trauma) and is characterized by the involvement of structures essential for life, such as teeth, bones, soft tissues and eyes, which have extreme physical sensitivity, sensory, motor and sensory functionality (Campolo et al., 2017). It can include the mutilation of maxillofacial structures, which can significantly affect body image, understanding this as the psychic representation of the body that gives a sense of unity and psychophysical integrity (Brauner et al., 2017; Rojas et al., 2022). In this sense, the possible consequences experienced after experiencing a trauma of this magnitude can be functional, aesthetic, psychological and social with high treatment costs, serious morbidity and occasionally fatal consequences (Morales Navarro & Vila Morales, 2016; Brauner et al., 2017; Morales Navarro & Brugal García, 2018).

For the purposes of this research, it is necessary to situate the types of trauma described in terms of an experience of violation of human rights resulting from violence by State agents, which we will understand as the coexistence and articulation of two types of violence: political violence and police violence. The first can be understood as one where various mechanisms, whether physical or symbolic, are used to make prevail ideas related to established or hegemonic power structures, aimed at restricting or reducing the capacity for action of any type of manifestation (Castillo Vergara, 2013;

Jorquera, 2018; Monsálvez-Araneda & Aravena-Constanzo, 2018). An example of the above is the curfew decreed by a constitutional state of exception during the social outbreak, the criminalization of protest through the militarization of public meeting spaces, in addition to the statement issued by the former president of the republic Sebastián Piñera: “We are at war against a powerful enemy” (CNN Chile, 2019). Secondly, police violence includes all those actions associated with the excessive use of force, threatening and intimidation with the potential to cause physical or psychological harm by law enforcement and public security forces, as well as other public order forces such as the Armed Forces (Montecinos-Llantén, 2019).

It has been recognized that the traumatic experience of political and police violence is not reducible to an individual experience, since it originates from a social experience, which in turn, transforms social relations as a whole. In this sense:

When thousands of individuals are threatened simultaneously within a certain political regime, threat and fear characterize social relations, influencing the consciousness and behavior of the subjects. Everyday life is transformed. The conditions of material survival are affected (Castillo Vergara, 2013, p. 17).

From the above, we recognize that from occupational therapy those conceptualizations that ontologically understand human occupation as an individual phenomenon are not sufficient to understand this type of traumatic experiences produced as an effect of the denial of historical relations of power and administration of the inequality. In this sense, we position ourselves critically against functionalist, technical and medicalizing traditions (Medeiros, 2008; Galheigo, 2003; Farias & Rudman, 2019), and we position ourselves from those understandings that assume the everyday² as the organizing core or locus of our work through a sociopolitical reading of historical reality (Farias & Lopes, 2022; Malfitano et al., 2023). In this sense, daily life can be understood as a complex network of social, political, cultural, economic and material relations that creates the occupational scenarios of people, groups and communities (Galheigo, 2020), being at the same time produced by those human activities that, in its historical development, have produced it as a historical reality (Rubio & Sanabria, 2011).

This historical and dynamic character of daily life allows us to recognize how subjectivities are produced through a series of processes of culture socialization (Palacios Tolvett, 2016), which in their reiteration and resistance, quotidian a certain experience of existing and being in the world (Santos, 2014). Based on this, vital experiences related to daily life cannot be understood in a technical, positivist and atomized form (Galheigo, 2003), but as a historical, social and cultural product. In the case of the Chilean social outbreak, we can think about how participation in demonstrations and protests, as a human activity, enabled a collective denial of the usual order of social life that has been historically produced (Grandón Valenzuela, 2021), allowing the normal to be denatured to

² For the purposes of this research, we will use the concepts of daily life and everyday life interchangeably, which do not refer to the translation of the Anglophone concept “daily life”, but rather to the critical conceptualization of this term associated with sociology and philosophy. In the authors' opinion, the concept “daily life” would rather represent the concept “everyday life”, typically framed within neopositivist epistemic traditions within occupational therapy.

build collective actions of resistance to various forms of precariousness, violation and violence. It is from this critical understanding of daily life that this article has been conducted to analyze an experience as complex as the one addressed here.

Methodology

The production of this article is situated in the context of the development of the research project of the National Competition for Research and Development Projects in Health (FONIS), code SA20i0049, of the Ministry of Science, Technology, Knowledge and Innovation of Chile entitled: "Identification of psychological experiences in the face of maxillofacial and ocular trauma, in people who are victims of violence by State agents in the context of social mobilization in Chile in the year 2019-2020". Project promoted by an interdisciplinary team made up of Dentists, Psychologists and Occupational Therapists. In this framework, although this article contributes to the fulfillment of the different specific objectives of the project, its special contribution constitutes the analysis of different experiences of participants from a human rights perspective, taking daily life as a relevant theoretical enclave for the subsequent development of satisfactory support processes for affected people.

This research, aimed at exploring the daily life of people who are victims of ocular and/or maxillofacial trauma due to violence by State agents, is framed from a qualitative approach, which is interested in a comprehensive approach towards the depth of a phenomenon, in addition to proposing a study approach in a situated manner, seeking a holistic and interpretive understanding of the experiences (Ruiz Olabuénaga, 2012). Therefore, we position ourselves from an interpretive paradigm that recognizes how the realities experienced by individuals vary depending on the culture and the meanings attributed to social experience (Corbetta, 2007), which leads us inductively, that is, from the experience studied towards the interpretative production of knowledge as a result of it.

Regarding the information production techniques, within the framework of the project, 18 semi-structured interviews have been developed (Hammer & Wildavsky, 1990), carried out by different people from the research team between the months of May 2021 to December 2022, aimed at people with ocular and/or maxillofacial trauma consequences, as a result of acts of violence by agents of the State of Chile between 2019 and 2020. From this total, we have selected a corpus of 3 interviews for the purposes of this article, which constitutes a preliminary analysis focused on everyday experience from a human rights perspective. The selection of this corpus was conducted based on an interest in diversification (Corbetta, 2007), thus including experiences of people with different types of trauma (ocular, dental and maxillofacial respectively), safeguarding the inclusion of gender diversity, age and social class. All interviews were audio recorded and later transcribed, to be analyzed using Atlas.ti® Version 22.1.0 software.

These three interviews were analyzed using the content analysis technique, in an open coding procedure, which then went through a *researcher triangulation* process, a strategy in which the researchers independently analyzed the corpus, and then compared and agreed on the findings (Betrián Villas et al., 2013), thus reinforcing the methodological rigor of the research. In our case, we included the triangulations of the analysis of the 3 interviews selected by the 2 occupational therapists of the research

team, who agreed on the codes produced independently, to group them into larger units according to a second-degree coding or categorization strategy (Ruiz Olabuénaga, 2012).

Regarding ethical safeguards, this research has the authorization of the Scientific Ethics Committee of the Clinical Hospital of the University of Chile, according to its Approval Minute No. 01 issued on January 4, 2021, to the extent that it meets the criteria of safeguarding ethics in research involving human beings, guarding against risks and safeguarding anonymity and confidentiality.

Results

After the processes of open coding and triangulation of results, five categories emerged to analyze the daily experience of people affected by state violence during the social outbreak: 1) Motivations for participation in protests and context of the attacks; 2) Political violence, justice and trauma survival; 3) Interferences, effects and repercussions on daily life; 4) Body experience and health care and rehabilitation processes; and 5) Expectations of the processes of reparation. Below we will analytically develop each of them.

1) Motivations for participation in protests and context of the attacks

All the people interviewed agreed that their motivations were related to a deep sense of injustice and discomfort. Only one of them mentioned having previously participated in organizations and/or social movements, while the rest felt called upon by the massification and mainstreaming of the protests in the city, spontaneously or without planning, as one interviewee pointed out by stating:

I have to be part of this too because I can't just watch from the outside like a spectator (I2).

From the interviews, we observed how the construction of this plurality that builds the public space of appearance is mediated by the motivation to generate social changes, as one interviewee pointed out: “We went for a reason, to change something, we changed it, and we are doing it” (I3). The demand for changes referred to general issues such as the system or inequality, as well as specific demands such as transformations in health, education and justice, in addition to the creation of a new constitution for the country. All people agree that while they were participating in days of peaceful protests - many of them including the presence of boys and girls - in order to demand these social changes, they suddenly experienced repression and violence by agents of the State. The stories are clear regarding the peaceful atmosphere of the days:

[...] and when I got there there were many people still waiting there, kind of sitting on the ground, there was a Mote con Huesillo cart, there were people eating, there were some who were with signs shouting but it was actually like a very waiting atmosphere (I2).

[...] I went by Inés Morales street that day because there was a very nice batucada, yes in fact there were children and everything and it was a Saturday (13).

This gathering and waiting atmosphere was fractured by the sudden repression of the police, which everyone agreed to characterize as violent and unnecessary:

Why did they come like that? I have no idea why...because people were already leaving there, they were leaving quietly, you know? There were no riots in that area, they were like the meeting point, so that they could disperse from there and return to their homes but they came so aggressively (11).

It was in this context, and while they were breaking out of the repression, that the people interviewed were victims of police violence through the firing of pellets:

[...] I was holding hands, hand in hand with my sister-in-law, I kind of pulled her and she told me [...] What do you have here? And she takes it and there the blood comes out, you know?, the gush of blood and after that, ohhhh I, at no time did I lose consciousness, at all times I was clear that if I had stayed there, they were going to beat me even more, you know?, then I stood up and ran, ran, ran, ran, always along the Alameda (11).

[...] the next second I told myself I have to get out of here, if not they are going to do to me maybe what things, so, there I tried to continue moving forward but I was super dazed I didn't know what else was on my face because I felt everything numbing and I felt entire face swollen (12).

As evidenced in the previous fragments, despite having been wounded by pellets, the violence of the repression was such that the interviewees considered it necessary to continue escaping, for fear of subsequent attacks and/or reprisals, even referring to the fear of suffering sexual violence by part of the women. In all cases, the attacks were carried out directly towards their bodies:

I turned off onto a smaller street, Tarapacá, and I got in there thinking they weren't going to get in, and I managed to run a block. I turned around to see if they were coming back or not, and then they shot me with tear gas in the face (12).

a tear gas bomb, fired by a police force, the impact was at point-blank range, it was immediately, it didn't give me a chance to do anything, nothing, nothing, you know? And I saw that, and then I remember that they treated me there and then they took me to another place, I had a cardiac arrest there when they were stabilizing me (13).

All of the above points to recognizing that for the participants the experience of ocular and maxillofacial trauma, in the context of social outbreak, was abrupt and sudden, forging a paradox between the demand for social justice and the experience of being a victim of one of the deeper experiences of injustice, such as a violation of human rights by agents of the State.

2) Political violence, justice and trauma survival

From the accounts of the participants, actions of political and police violence were recognized that exceeded the moment of the direct aggression that caused ocular, dental and/or maxillofacial trauma, such as the violation of the right to free expression, and the physical and verbal aggression through various mechanisms of repression of social protest. In this sense, the realization of the situation of global political violence in which their traumas were caused has implied the assumption of new roles and actions, such as political activism and organizing for justice needs, which they recognize as an act not completely free and voluntary, but rather as something necessary in a context that maintains impunity, a situation that even displaces their own health needs:

I was determined to continue fighting, to seek justice, to do things for myself and for the other children, because I had already met with people with ocular trauma and I told them we have to fight for this and since I was super motivated and involved in the fight, I feel like I forgot how to look at myself and stop to think about what had caused this to me internally (I2).

Likewise, in the context of participation in organizations of victims of ocular and/or maxillofacial trauma, a tension is described regarding the concept of “victim”, questioning how society perceives people affected by violence by State agents, through the martyr/criminal binary construction. In these organizations, there is a particular criticism of the *martyrdom* of the affected individuals, as they consider that the media portrayal of “martyrs of the uprising” obscures or romanticizes the experience of human rights violations, as can be recognized below:

I also made a criticism, that they almost put us as martyrs or heroes of the issue and they said like they gave their eyes! and they wanted this! We have to fight for them! and a question like that and it's almost like we are, I don't know, well, like we had done it voluntarily, I stood there and said, gouge out my eye, because this is going to fix Chile, but rather this was a consequence of... the actions of the State and therefore I am not a martyr because I am not, I don't know, why they should light a candle for me (I2).

On the other hand, the social construction of people with ocular and/or maxillofacial traumas as criminals has limited their interaction with people or groups, in addition to their participation in social spaces, due to the systematic stigmatization they experience:

[...] but if I say that I lost my eye because I was in a protest, that puts me in a position in front of the rest of the people and that no longer allows me to lead my normal life (I2).

[...] now that we need them to appeal for us because of the eyeball victims, they all disappeared because oh...there are people who have killed themselves, a guy from Valparaíso who killed himself for losing his little eye, he felt alone (I3).

The above allows us to recognize how the experience of political and police violence produces a new relationship with the social, both in its immediate or close contexts, as well as related to the need for political organization in search of justice and reparation. Impunity for police attacks produces in the affected people a feeling of not being able to return to their normal lives, in a kind of temporary wait that desynchronizes their experience with that of the rest of society, which assumes the experience of the outbreak as a past event:

[...] I think it is very unfair, how it happened and the fact that there is no justice yet, that is, the investigation is sort of paralyzed, ehbb there is no, there is no effort from the State to find the person responsible for these attacks, the guy who shot me, I have no idea who he is, I have no idea what he is doing, hey, if he is capable of shooting another person or not, ohbb, it is like Chile continue to live a normal life except for the pandemic, but as a whole we continue to live normally, as if this had not happened but it did and I cannot go back to living my normal life like everyone else is doing [...] (I2).

3) Interferences and repercussions in everyday life

A central aspect that we observed in the experience of the participants was a series of *interferences and repercussions* in their daily lives, which, depending on the moment and situation in which they are expressed, have produced complex problems for people. Firstly, we conceive *interferences* as those situations or stimuli that interrupt the individuals' present experience and reconnect them with the traumatic experience. These can be triggered by places, stimuli (sounds, lights, etc.), and specific situations, which for people have some association, whether material or symbolic, with the moment of the aggression that caused the ocular and/or maxillofacial trauma. This accounts for the complexity that people experience in their daily participation in different activities or occupations, which are susceptible to being abruptly interrupted by the experience of different types of interference that connect them to the moment of the attack. It is possible to recognize this situation in the following story:

[...] there are situations that suddenly throw you off, sometimes you're driving and you hear noises from police, firefighters next to you, then it's like ohhhh [screams] [...] and there, and there, is where the fear begins, buddy? What happened? And then I start to look at myself, are they following us? "you know?" (I1).

In the case presented, the sound of the beacons triggers a feeling of fear and persecution in the interviewee, as she directly associates it with the sounds of the police forces' floats present the day she was attacked, interrupting her driving action. We were able to recognize that for the 3 participants the most common interferences were sounds (such as beacons, alarms, or loud and sudden sounds), the close presence of police, and public congregations or demonstrations. This leads us to think about how people's daily experience is always susceptible to being interfered with, especially considering that reparation actions regarding human rights are perceived as

insufficient and partial, with the traumatic experience being something easily evoked, even through re-victimizing situations.

On the other hand, we recognize as *repercussions* those effects and processes of adjustments produced in people's daily lives, as a direct effect of police aggression and traumatic experience. Some of these repercussions are closer to the aggression, while others appear over time, being a kind of *effect of the effect*. Although the analytical focus of this article is based on the experience of everyday life, understood as a historical and social product, it is necessary to point out how among the immediate repercussions of aggression is the impairment of a set of bodily functions such as binocular vision or in three dimensions, visual acuity and field, gustatory and olfactory function, chewing function and oral communication, described below:

[...] apart from depth perception problems, things always happen to me because I can't reach, I try to grab something and I don't grab it because it was further away or it was nearer here (I2).

[...] my sense of smell is not the same now, for example one smells cigarette smoke, one knew it was cigarette smoke, now between charcoal and cigarette and burning a piece of paper is the same, I can't distinguish the smell of garlic, for me it's salt, pepper, that is, oregano, pepper and garlic are the same (I3).

It is important to point out how irreparable damage to body structures and functions has modified and hindered not only people's daily activities, such as self-care, sleep and rest, use of means of transportation, carrying out shopping, or erotic-sexual activities, but also to the set of social relationships that unfold in everyday life. For example, female interviewees reported a feeling of insecurity when moving through public spaces, especially at night. Although they refer to this phenomenon as a gender problem that they also experienced prior to the attacks, they recognize that this experience has intensified because of the loss of visual field, which prevents them from ensuring that they are not chased and/or harassed on the street:

[...] later, with time, I was able to start going out alone but it is still difficult for me, I am very insecure because for almost all or all women, going out on the street is always as if we are attentive, that no one is going to see me, that they are not going to grab me, that they are not going to hit me, that they are not going to assault me, anything, then that fear has increased with the loss of visual range, because I feel that I have to be much more alert and I don't I see on the right side and someone can appear on the right side and do something to me and I won't see it [...] so I also feel that it makes me an easier target for anything to happen to me (I2).

In the quote, we observe how the interrelation between capacity and gender shapes the experience of repercussion. In this sense, the repercussions are modulated by the social experience, which in turn, we understand as produced by a set of social relations such as gender, class, ability, etc., thus making the experience of trauma something unique and at the same time social. From a human rights perspective, we see how these first repercussions, closer to the direct moment of impact, caused other later

repercussions, related to the exercise of human rights, such as the right to health, or the right to work:

[...] I was going to become direct boss, I was going to manage and I had to leave the whole thing there and freeze it for a bit (I3).

[...] I believe that all these alterations like in my work, in my daily life, in the visual part in the things that I can and cannot do, I believe that all of that, more than affecting me directly, affects the consequences of what I live (I2).

As seen in the stories, people have had to adjust their jobs and types of work, which has generated the experience of situations of temporary and/or permanent disability, crossed by the threat of job insecurity. In the case of an interviewee whose work was informal (freelance), all these adjustments had to be developed by herself, supported only by her close networks because she lacked institutional support such as paid medical leaves. This whole set of repercussions has produced an experience crossed by the permanent need to develop strategies aimed at making this series of effects, changes and adjustments a daily reality, transforming the way of being of the attacked people, an issue that prevents them from everyday living this new experience of the everyday (Santos, 2014).

When asking how they perceive the traumatic experience and its repercussions, great suffering is evident. People allude to it as a totalizing, unnamable issue, without the possibility of ordering or categorizing the complexity of the lived experience, referring to the *unnamable of the traumatic*:

[...] it's just that there are many many many many many (I2).

[...] more than physical, bro, it was psychologically, more than physical, ok, he's not going to recover, he's never going to recover, but it's over...it's over...we already have a face again, but the psychological and social damages are not paid [...] (I3).

Finally, the ongoing experience of interferences and repercussions has led to a centrality of aggression in daily life. In other words, the traumatic experience has become an organizing narrative about one's own life, which is marked by an inability to grieve, understood as an incapacity to process the trauma. Its specificity lies in the fact that it results from a violation of human rights, which in most cases, remains unpunished.

4) Body experience and health care and rehabilitation processes

Throughout the research, we were able to recognize a change in the body experience of the affected individuals, affecting the relationship between their own integrity and others, as it can be observed in the following story:

Because I'm not myself, this is not me, I didn't have my nose like this, I didn't have my mouth like this, they knew me the other way, so they [...] they are going to

notice... a change... got it?, because they know the other XY, not the XY of the chopping block, with the broken nose, got it? (I1).

We see that, on the one hand, the historical experience of the body is interrupted, as well as the possibility of a social meeting that the body makes possible. The people interviewed agreed that ocular mutilations and maxillofacial damage produced a new body experience, which in addition to various functional limitations, produced insecurity in the development of social and emotional relationships:

[...] but I always, always, always liked my eyes because everyone told me that I had beautiful eyes, that they were big, almond-shaped [...] I kind of disliked my whole body but if I had something pretty it was my eyes, so for me having lost like one of my eyes was a blow like..... directly to my self-esteem [...] I have always been super expressive with my eyes, like showing when I am angry with my eyes, to be able to like rolling my eyes [...] then I feel like they took me away that with ohhh... with the eye trauma, because ohhh I feel like I can't do those things anymore because [...] ohhh no longer I can't do those things anymore because or suddenly like even if I wanted to like flirt or ask a question like that I couldn't either because it wouldn't work because it would be strange because it would be like one eye looking to one side and the other looking to the other (I2).

All of the above allows us to recognize how the experience of the body is modulated by everyday social relationships, and therein lies the complexity of approaches from health and rehabilitation. Regarding the experiences of health care and rehabilitation, it was possible to recognize elements that have the capacity to intensify the interferences and repercussions already described, such as the development of these care processes in conditions of precariousness and bureaucracy. In the case of emergency care provided in the public health system, the experiences were characterized by latencies in care, high waiting times for specialized care, as well as a shortage of specialists. This led to some people migrating to the private healthcare system in order to access services such as surgeries with much faster waiting times than the public network, highlighting a structural problem of social class differentiation in timely access to healthcare in Chile:

[...] People who are external come in, who are like contacts of the doctors, so they have to coordinate dates, times, wards, then the pandemic arrived and everything stopped there, then the public system fell further behind, So I said NO! Bye! I'm moving to Isapre [...] (I1).

Regarding the care processes in rehabilitation and controls, limitations were evident in granting access to certain specific health care, especially in mental health. Thus, both in an emergency context and in subacute processes, the people interviewed referred to a frequent rotation of professional teams, administrative problems in scheduling hours, transfer to other institutions and bureaucratic processes associated with referrals. All of these elements hindered the possibility of quality approaches, guaranteed by the State, in terms of mental health, as one participant said:

[...] I was with the psychologist that I liked but there are also these dramas like the political administrative, so in the end she left, another psychologist arrived that I have heard was a pure bad experience with her, that is, not a bad experience but like all the kids say that it falls short, like no, it's not enough for processes that are so complex and traumatic because it's like they don't know what to say, and what's her name? When I need psychiatric care, there was no psychiatric care there for me. I had to pay for it [...] (12).

Associated with the above and related to the need for controls, continuity of medical processes, and rehabilitation, other issues are recognized that compromise the psychosocial well-being and material capabilities of individuals, such as the lack of information on where to seek support and how to address the issues they face. In addition, delays and difficulties were observed in the process of paying medical leaves, which meant an early return to productive work in order to survive socioeconomically, as seen below:

[...] because I had to integrate because it turns out they weren't paying me the medical leaves anymore, I had three rejected medical leaves and I didn't have any money, the funds I had were running out, you know? Three months without money, nobody survives that [...] (13).

On the other hand, it must be considered that the health and rehabilitation processes that people had to experience are characterized by being long processes, with a high presence of controls and referrals differentiated according to the type of trauma and stage (Emergency, Acute or Subacute and Chronic or Rehabilitation).). These processes were perceived as tedious and not fully understood by the participants in this study, who also recognized latency in the delivery of care due to bureaucratic and administrative issues:

[...] it was a constant struggle between trying to get ahead and go on and go on and also, medical check-ups that were painful, were unbearable, were long, tedious, having doctors there, doctors here, hospital after hospital but I had to continue, I couldn't abandon that [...] (13).

The aforementioned quote shows the need for humanized and dignified treatment, which includes anticipation regarding the expected health trajectory to address this type of trauma. Some people criticized the lack of emotional containment in acute and subacute moments by the teams; vertical relationships of one-way dialogue; situations of abuse of power; difficulties in timely access and clarity about their treatments, in addition to the perception of little preparation in the care of victims of violence by State agents.

5) Expectations of processes of reparation

During the analysis of the stories it was possible to identify a series of expectations associated with the processes of reparation, both health and judicial, and they were central when considering the experience lived. In relation to the former, we observed that the expectations operated depending on the different moments of the trauma, that

is, they differed from the most acute and immediate moment of the trauma, with respect to chronic stages or relative to permanent sequelae. In the case of expectations in acute moments, access to information about the health situation in an understandable language and in a timely manner was central, although it was not always guaranteed:

I didn't know at that moment what it was, now I know but at that moment I said what the hell are they talking about and I was like, I just wanted to rest, I wanted to sleep and they wouldn't let me, so I repeated everything that they said to me I didn't understand at all (I3).

On the other hand, expectations of later or “chronic” moments related the success of the rehabilitation processes with a return to the normality lost after the trauma:

Because I thought that I was going to forget about the issue, that I was going to get an implant, that it was going to look the same as my eye, I was going to live my normal life as I lived before, except that I was going to see less, like that, that was my thought, I had that expectation, but it wasn't (I2).

The contrast between these ideas with the experience of long, tedious rehabilitation processes crossed by permanent surgeries, adjustments and adaptations made the acceptance of the new daily life after the trauma extremely complex. On the other hand, regarding expectations of justice, the people interviewed acknowledge that the reporting, investigation and justice processes have been slow, many still without resolution. In this sense, the realization of the slowness and inefficiency of judicial processes is frustrating and painful, preventing the elaboration of the trauma. In this sense, the contrast of the impunity of their cases with the principles of truth, justice, reparation and guarantees of non-repetition, worries their subjective experience and permanently opens the need for justice: “I would like to know who it was” (I1). The impossibility of experiencing a peaceful life means that a traumatic experience is perceived as current, current and everyday - unlike the rest of the population - while there are still no responsible parties:

[...] because that is not going to give me back my eye, it is not going to take away the discomfort, it is not going to change anything that bothers me at this moment, but it is going to make me feel calm that something was done, that it didn't happen that if it changed me, it had to change the rest, there had to be a consequence of this, like, it couldn't be that I was affected and nothing happened, nothing, and I stayed there and I suffered to fix it on my own, how, how do I fix it, but I think there has to be someone responsible and there has to be an effort (I2).

Finally, it is necessary to point out how, in some cases, the need for justice led to making the experience of ocular or maxillofacial trauma public and visible, either through social media or by being part of organizations of trauma victims, which has sometimes resulted in harassment and hate messages through social media.

Discussion

The complexity of the experiences of the participants in this study is immersed in a social context where the triggering social problem or issue (Manuel Carballada, 2010) of the mobilizations has not yet been resolved. In the specific context of the social outbreak, we see an evident relationship between body and politics, as “bodies in plurality claim what is public, they encounter and produce what is public through the appropriation and reconfiguration of material environments; and these, in turn, are part of the action” (Butler, 2019, p. 76). Thus, the different actions that we carry out in daily life are, above all, bodily experiences crossed by the political and the public, the body being “the axis of the relationship with the world, the place and time in which existence becomes flesh in the unique gaze of an actor” (Le Breton, 2002, pp. 7-8). In this sense, it is relevant to recognize how the experience of ocular and maxillofacial trauma not only represents an anatomical injury, but its interferences and repercussions show us that what we have called *body* is a social and collective experience, singularized in a particular experience.

Thus, the experience of pain and mutilation of the body can be read as a rupture with respect to the historically constructed web of meaning (Le Breton, 2002), which produces an estrangement both from the body perceived as one's own, as well as from the activities and social relationships sustained through from this one.

This reading allows us to understand how this *self-estrangement*, understood as the non-recognition of one's own identity after the trauma, is sustained by different experiences that prevent the new everyday life produced after the trauma from being brought into everyday life: the forced incorporation of new routines and habits of care; changes in the execution patterns of various activities; awareness and assumption of permanent sequelae; changes and limitations in the ways of relating to spaces and with others, violation of access to social rights, etc. All these repercussions reinforce the experience of estrangement from oneself, thus constructing an *interfered daily life*, which we can understand as a phenomenon that acts as a mechanism of resistance to the new everyday life produced as an effect of aggression and trauma.

In the case of this research, we have been able to verify how this return to daily life is crossed by an interfered experience, with a corporality that is still strange and new, where also the power relations that were sought to be transformed through Collective processes of denial of what Grandón Valenzuela (2021) defines as intolerable everyday life have become even more rigid³. In this sense, that suspension of alienated everyday life that Heller (2016) proposes as an exercise to achieve praxis or transformation of daily life, for the participants did not translate into liberation, but rather into a worsening of violence and repression, whose bodies now carry an indelible mark. Furthermore, if we consider that the experience of daily life results from a complex plot or texture of social and power relations, which includes institutions, discourses and laws (Galheigo, 2020), in the cases analyzed, daily life is interfered with, not only by

³ An example of this is some initiatives that have sought to criminalize not only the actions that occurred during the Chilean social uprising, but also the uprising itself, through a parliamentary initiative driven by right-wing sectors. This initiative aims to condemn adherence to the social upheaval process, referred to as “octubrismo”, as it is seen as an unpatriotic expression that goes against national customs and traditions (El Mostrador, 2023).

traumatic violence but also by the absence of truth, justice, reparation and guarantees of non-repetition, in terms of human rights.

In this sense, we can say that the reparation process for the violation of human rights is incomplete, and that, given the specificity of political-police violence as the origin of ocular and/or maxillofacial trauma, reparation must necessarily include guarantees of health and psychosocial rehabilitation processes, in addition to responding to the various associated repercussions. It is relevant that the State responds to the principles and guidelines in Human Rights, such as those declared in the Inter-American Convention on Human Rights, regarding the provision of reparation actions that address all the consequences caused by the violation of Human Rights, considering compensation and the deployment of all necessary actions for this (Organización de los Estados Americanos, 1969). In this regard, although actions to adjust the rehabilitation processes in health are recognized as a State Program specifically oriented to this, there is no clarity about the work approaches, the monitoring and support mechanisms of these teams to respond to the people's needs considering the multidimensionality of their problems (Ministerio de Salud de Chile, 2023). Therefore, from the perception of the people interviewed we are still far from being able to respond to the principles proposed in terms of reparation, such as rapid, adequate, full, effective and proportional actions to the damage or severity of the actions of police political violence inflicted (Organización de las Naciones Unidas, 2005).

In a political scenario that is perceived from the impunity and legitimacy of the use of force through bills called “privileged legitimate defense” of the police (Vega, 2023), inciting indignation and collective rage, as an ethical proposal -policy for occupational therapy (Farias & Lopes, 2022), challenges us to contemplate the reactions that the expression of social unrest can generate, as part of ethical and professional responsibility. Although it is terrible, how can we encourage the collectivization of rage, without thinking about the strategies of collective care in the face of repression, which today seems to have carte blanche for impunity as a result of the precedents? What kind of precautions could we build together with communities of outraged people, so as not to stop mobilizing anger, but recognizing police violence that could operate as a strategy for stabilizing power relations? Finally, it is relevant to recognize how gender heightens the perception of vulnerability after trauma, given that safety in the way of transiting public spaces differs depending on gender. The interviews make it possible to show that not all bodies have the same types of relationships with spaces, or in other words, that the use and transit of spaces is a gendered phenomenon, which in situations of functional limitation, disability or psychosocial trauma, It can exacerbate or intensify the violence inherent to gender relations that operate in culture.

Conclusions

Although this research constitutes a presentation of preliminary results, its contribution as an exploratory study on this poorly researched topic is recognized. The critical reading of daily life allows us to make it complex the place that human activities have in the experience of the political and social, with the body being the place and time from which existence is experienced. This view urges us to stress the political nature of

the work of occupational therapy, which could not be assumed to be neutral in the face of a situation of political violence as serious as the one exposed here, being therefore the guarantee of access to human rights, a fundamental task, both from research, intervention, teaching and management.

Although it is recognized that access to health and rehabilitation is a fundamental part of the comprehensive processes of reparation of people who experienced ocular, dental and/or maxillofacial trauma during the social outbreak, it is necessary to consider expanding support processes avoiding a vision solely focused on health, the atomization of processes from managerialism, the protocolization and reproduction of conditions of inequality and institutional mistreatment (Farias & Rudman, 2019). This highlights the need for professionals, technicians, administrative personnel and health teams to be trained in the human rights perspective (which certainly includes the gender perspective), understanding that in this context, health care and rehabilitation constitute a part and not the entire process of comprehensive reparation for the violation of human rights. This necessarily implies being aware of our position, political role, the limits and challenges that we face from the daily professional practice in the accompaniment and support of the life experience of those who receive our attention (Bezerra et al., 2022).

To this end, embrace the learning from care experiences in reparation contexts such as those of the Program for Reparation and Comprehensive Health Care (PRAIS) (Ministerio de Salud de Chile, 2006) aimed at people who experienced human rights violations and acts of violence, torture in the Chilean civic-military dictatorship, in addition to intentional processes of decentralized care, with a trans and interdisciplinary nature; training in human rights; crisis intervention and psychosocial intervention, and the inclusion of intersectoral work approaches and community health models, are recognized as minimum mechanisms necessary to respond to the different dimensions exposed in this research. Likewise, incorporating the gender perspective as a theoretical and epistemological enclave for the analysis of cases of ocular and/or maxillofacial trauma, allows us to highlight differential aspects in the daily lives of people as a result of gender relations, an issue that tends to negatively intensify the experiences and repercussions that women experience.

We have observed how the guarantee of human rights such as free expression, protest, health, work and justice are fundamental to building democratic scenarios where people can develop with freedom, justice and security. The results discussed here challenge our professional work by virtue of an ethical and political questioning, especially in the framework of the current Chilean constituent process that discusses the conditions of everyday life, the addressing of social issues or problems, and therefore, of occupations: democracy must be the condition of every occupation.

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Joaquín Varas Reyes and Débora Grandón Valenzuela carried out the bibliographic review, selection and analysis of the corpus, in addition to the overall writing of the article. Joaquín Varas Reyes, Gonzalo Rojas Alcajaga, Matías Ríos Erazo and Andrea Herrera Ronda carried out the fieldwork, theoretical contributions and revision of the final version. All authors approved the final version of the text.

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