



HRFT
Human Rights Foundation of Turkey

TREATMENT and REHABILITATION
CENTRES REPORT
2006

Ankara, August 2007

Human Rights Foundation of Turkey Publications: 50

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ISBN: 978-975-7217-59-6

The Human Rights Foundation of Turkey was founded under the Turkish law. It is a nongovernmental and independent Foundation. Its statute entered into force upon promulgation in The Official Gazette No: 20741 on 30 December 1990.

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This document has been produced with the financial assistance of the European Union.
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**Turkish version of
the Treatment and Rehabilitation Centres Report - 2006
is available at the HRFT**

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PREFACE

Yavuz Önen¹

It was widely accepted until the end of 2005 that European Union was the engine power behind the transitions Turkey underwent in the field of human rights and democracy. Official commencement of Turkey's EU membership process at the end of 2005 has been evaluated as the success of both parties. However, this process has been interrupted in 2006. Eight chapters have been suspended with the recommendation from the EU Commission dated December 11th, 2006. Failure to open ports in Cyprus and failure of Turkey to comply with Ankara Protocol are listed as the reasons behind suspension decision.

In the meetings held between human rights organizations including HRFT (Human Rights Foundation of Turkey) and the EU representatives of different levels, criticisms made by the EU have primarily focused on problems encountered in implementations. The EU representatives welcome the legal regulations made. We, on the other hand, have made critical comments about the core of reforms performed and underlined that the governments do not show a comprehensive and actual will of democratization. We have also criticized the EU since they give low priority to democratization problems in their agenda. Questions raised in the minds of the society due to long and open-ended EU membership process of Turkey have increased with the decreasing of relations with the EU to the lowest level. In this process, nationalist movements, which were already on the rise, have gained a greater momentum, anti-EU movements have expanded and human rights defenders, opponent organizations and people have turned into targets. Nationalist groups and their partisans –whose existence have been known since the beginning- have always made violent attacks. In the light of these facts, we believe that it is

¹ President of HRFT

quite wrong of the EU to turn Cyprus issue –which is still discussed at UN level- into an internal problem.

Presidential elections to be held in May 2007 and subsequent general elections have lead to important discussions in Turkish political life since the last term. Possible candidacy of Prime Minister Mr. Recep Tayyip Erdoğan for presidency has heightened the tension between the parties defining themselves as “secular” and the political Islamists.

Discussions that “the presence of PKK in Northern Iraq constitutes a terror and security threat against Turkey” have taken important place in the agenda. To eliminate the possibility of TSK (Turkish Armed Forces) to intervene in Northern Iraq due to such threat, USA has made the proposal of “Establishing a three member commission composed of representatives from USA, Iraq and Turkey to solve the problem” has been widely accepted and put into practice in 2006. Relations have taken start in an environment of high tension due to explanations made by the parties at the beginning. However, joint activities performed have remedied this high-tension environment.

Oncoming referendum in Kirkuk, increase in the density and speed of migration by Kurdish population to the said city, possibility of dissolution of Iraq due to civil war have taken a big part in Turkish political life. By taking into consideration such turmoil area, scenarios have been developed about the place and role of Turkey both in the region and the world. It is clearly stated by both civilian and military authorities that developments such as establishment of a separated or federative Kurdistan state and Turkey will under no circumstances accept handing over the sovereignty of Kirkuk by Kurds. Such determined explanation has raised a discussion among Turkey, the Iraq central government and Northern Iraq government.

The answer given by Chief of General Staff Mr. Yaşar Büyükanıt as an answer to a question asked in a reception held on November 10th, 2006 is still in the memories: “Terror problem in Turkey is tried to be carried to a multi-national level by limiting the issue only to human rights and minority rights. No one talks about terrorism; rather they talk about human rights and minority rights. If this issue is carried to multi-national platform, then we will turn back to Ottoman period”. With the statements made by Chief of General Staff, it is explained that Turkey is forced into a separation atmosphere with the discussions made on human rights and minority problems and that this is done on an international basis. Such explanation made by Mr. Büyükanıt is a matter of concern for human rights defenders. Because, this kind of explanations can be encouraging for some organizations and similar partisans who swear to die and kill people and who clearly state that they

prepare lists of thousands of traitors. They can train children like the “ones” who yelled “Bismillah Allahu Ekber” after killing priest Santoro, “We are the soldiers and messengers of God” after armed attack on Council of State members and “I have killed the Armenian” after shooting Hrant Dink, and they can lead the way for other homicides.

The highest authorities of the state defined a Turkey “which is under both internal and external enemy threat” and such organizations emerged and gained prominence at the same time. Oral and written threats against intellectuals including author Orhan Pamuk and Prof. Baskin Oran point out that life safety of opponents are under risk. Being effective of the conflict and violence –both of which gained momentum last year- in the society is a dangerous fact to be considered.

Hrant Dink was killed on January 10th, 2007 in such an atmosphere. Death of Hrant Dink has deeply affected the peace-loving people, democrats, human rights defenders of Turkey and the people who still have human love in their hearts. Two thousand people who participated in his funeral, shouted “We are all Hrant” “We are all Armenians” and grabbed his body are a great answer to the murderers of Hrant Dink and their commanders. We believe that failure of the police forces to take any measure to protect Hrant Dink despite the notifications made is as desperate as the murder itself. Mr. Dink was a human rights defender and also the participant of annual human rights conferences jointly organized by HRA (Human Rights Association) and HRFT. When we met at a meeting in Sweden in December and in our subsequent meeting in Istanbul, we were planning to make a joint study on “Belonging and Identity”. We –as HRFT- continue our works in this issue. Our efforts to achieve the objective of peace do and will continue.

Our loss and suffer is quite great. We will never forget him...

In 2006, some regulations have been made which support our view that “reform process in Turkey is unfortunately homework dependent on EU negotiations and the steps taken in terms of democratization are not earnest in nature”. Definition of “terror” has been widened and the number of defence lawyer has been limited to one (1) with the new regulations made in the scope of Anti- terror Law. These regulations –which makes it possible to refuse defence lawyers or monitor the meetings between defendant and his lawyer- threaten the freedom of expression and provide a basis for torture.

Under the current situation, by looking at the quantitative decrease in torture cases, a general national and international view claiming that there is no torture problem in Turkey has been developed. Despite the decrease in these numbers, however, we do continue to say that torture still takes place in Turkey. Exercise of security forces in the events that occurred on March, 2006 in Diyarbakır shows that we have not

achieved considerable progress in this scope. 15 people- 5 of whom were children- were killed by the security forces in this event. One day after the entry of the special team sent from Ankara into Diyarbakır, people were killed, detained and tortured. More than five hundred people most of whom were children were kept in sports halls, in security buildings and were exposed to systematical torture. Offenders of the murders are unknown. What kind of investigation is carried out about the death of said fifteen people is a question mark. Conclusions of the investigation about 35 torture cases declared by Diyarbakır Bar are unknown. Events that have occurred in Diyarbakır has for once more proved that there are forces ready to suppress social reactions and to use excessive violence and that these forces perform their work -which also include murder and torture- wherever and whenever needed.

Last year, security forces went on applying excessive violence while detaining people during the meetings. Torture and maltreatment towards the detainees and the sentenced in the prisons went on in 2006. Despite the circular put into force, no considerable improvement has been observed in isolation exercise in F-type prisons. There are still limitations and barriers before the detainees and the sentenced about the right to access lawyer, the right to inform relatives and about other rights. Problems in the inspections and penalties regarding torture cases also went on. Failure to give required penalties is an implementation that still continues. Paying by the Treasury of 750.000 YTL fine given by ECHR to Turkey due to torture and maltreatment offences is an example showing that torture is not penalized and even owned.

With all our hopes for a Turkey free from torture...

INTRODUCTION

Metin Bakkalcı²

We have detected in our various evaluations that nearly one million people have been exposed to torture and illtreatment due to the conflict atmosphere during and after the military coup of September 12, 1980. It is the moral responsibility of us – as human rights and democracy defenders who want to initiate a change - to intervene in this process which we regard as a public health problem.

In the light of such attitude, Human Right Foundation of Turkey (HRFT) was established in 1990 to provide physical and psychological treatment and rehabilitation service for people who are exposed to *Torture and Other Cruel, Inhumanitary and Derogatory Treatments Behaviours and Penalties* and to undertake documentation of human rights violations.

HRFT still continues its activities on treatment and rehabilitation of tortured people in the Treatment and Rehabilitation Centres of Adana, Ankara, Diyarbakır, İstanbul and İzmir. Totally 10786 tortured people and their relatives have been provided service in these five treatment and rehabilitation centres as of 2007.

With the numerical and statistical evaluations of information gathered during treatment and rehabilitation studies, HRFT has collected solid data about the prevalence of torture, detention implementations, torture methods used, legal applications and prison conditions and important amount of information is gathered about the psychological and physical disorders to have developed after the practice

² M.D., Coordinator of Treatment and Rehabilitation Centers, HRFT

of torture. These studies make great contributions to elimination of torture and the problems to occur due to torture.

In parallel with the treatment and rehabilitation activities undertaken, HRFT has also performed following activities:

- The problem of torture; prevalence of the problem; trauma experienced by the tortured; and the importance of the prevention of torture as a significant human rights problem have been brought to the agenda of the society.
- Human rights violations have been regularly monitored and documented, annual human rights reports have been issued. Within the scope of human rights violations HRFT monitors including extra judicial killings, missing persons in detention, abductions, displacements, refugee issue, freedom of expression and every kind of discrimination, besides torture.
- HRFT has organized many training programs and scientific conferences on torture and human rights violations and has participated in some other programs organized.
- Many scientific studies have been conducted to improve the quality of activities performed to detect torture and of the related studies.
- Alternative medical reports have been prepared by monitoring the tortured physically and psychologically. These reports are accepted at the level of European Court of Human Rights and national appeal authorities.
- Grievance resulting from isolation implementations and hunger strikes in prisons has been tried to be eliminated and this issue has been brought to the attention of the public.

In the recent years the number of torture applicants to HRFT has decreased (337 applications in 2006) and some positive developments have taken place such as shortening of detention periods and a relative increase in the number of meetings to be held with the lawyer during detention. It must be emphasized that these improvements result from the efforts exerted by HRFT and other related organizations to prevent torture rather than EU alignment process.

However, all of these improvements can not lead to a complete elimination of torture. Moreover, "zero tolerance" statement uttered by government authorities in recent years to eliminate torture can not turn into a reality despite some positive legal regulations. The trend not to punish torture in legal, administrative and practical terms is an important factor that leads to the continuity of torture. Therefore, torture continues to be an serious problem.

Information obtained from the applications made recently for torture and illtreatment enables us to make the following up-to-date conclusions:

- There are detention centres where specially trained officers work
- There is an increase in the number of unregistered torture outside and in the vehicles
- Similarities are observed between torture methods of different regions
- Torture methods which do not leave any physical mark have become much more widespread
- Failure to punish torturers continues to be the biggest barrier before the prevention of torture
- Pressure against human rights organizations still continue

On the basis of these data, it is possible to conclude that despite the legal regulations made since 1999, torture still continues to be applied on a systematic and wide-spread basis.

“Torture and Failure to Penalize, 2005” report prepared by HRFT and the studies of other related organizations show that reforms performed on the way to EU accession are no more than a homework.

The new Anti-terror Law, that passed on June 2006, has also brought about new negative regulations. This law includes regulations such as enabling the person taken into custody to take legal help from only one lawyer, the right to ban such help in the first 24 hours and the right of an official to take part in this meeting if provided by jurisdiction.

On the other hand, torture cases in March 2006 in Diyarbakır events and new Anti-terror Law have put an end to “some positive developments”. In other words, Turkey has adopted the attitude of “tolerance to torturer” rather than “zero tolerance to torture”.

This report, which aims at making an up-to-date evaluation of the activities performed in Treatment and Rehabilitation Centres of Human Rights Foundation of Turkey, also intends to enable a better understanding of the above mentioned problem in Turkey.

Totally 10786 people have applied as of 2007 to our treatment and rehabilitation centres located in five cities (Adana, Ankara, Diyarbakır, İstanbul and İzmir). Hundreds of professional and volunteer healthcare providers render services on “multidisciplinary teams” for the solution of physical, psychological and social problems of the applicants.

Treatment project includes provision of treatment services as well as the trainings, scientific researches and scientific activities aimed at improving the quality of

service. In this frame, many national and international meetings have been held and many other meetings have been participated in.

HRFT has always been an organization which is consulted in torture studies at both national and international level. Thus, the contribution is demanded from HRFT in many programs focused on the treatment of the tortured and the prevention of torture (Ukraine, Palestine, South Cyprus, etc.).

Trainings on Istanbul Protocol, which is the first international document on effective examination and documentation of torture, have been conducted via the programs organized both by HRFT itself and jointly with other organizations. In Istanbul Protocol training project conducted in ten countries in 2006-2007 period (Ecuador, Philippines, Kenya, Egypt and Serbia as well as Morocco, Georgia, Mexico, Sri Lanka and Uganda to have participated in the first project) in coordination with IRCT. HRFT has undertaken the role of "training committee coordinator". This "coordinatorship" duty shows the international role of HRFT.

As a consequence of positive position of HRFT in international platform, Dr. Okan Akhan –on behalf of treatment centres- and Dr. Şebnem Korur Fincancı –as independent expert- were elected to thirty-member IRCT Council in IRCT General Assembly dated 7-8 December, 2006 and Dr. Şebnem Korur Fincancı was elected to the seven-member IRCT Management Committee (We would like to thank once again to Mr. Dr. Veli Lök who still serves as IRCT Council member).

"Medical Atlas on Torture" work, which we started in 2006, will be continued in this year and will be the first study in its field.

"The project on Approval and Entry into Force in Turkey of UN Optional Protocol to the Convention Against Torture", which we believe to make great contributions in prevention of torture and the project that includes conduct of multi-dimensional works to review and eliminate the defects of the legislation, administrative and legal implementations related to torture in the scope of EU harmonization process, have started in this process.

HRFT activities are the masterpieces of hundreds of sensitive healthcare providers and human rights defenders who work in different parts of the country for a common goal. We would like to present our gratitude to all friends who have made contributions and always been with us; primarily to Human Rights Association and Turkish Medical Association and all other organizations that have supported us from the beginning; and particularly to our president Mrs. Füsün whose existence is deeply felt by each of us.

Ankara, April 2007

***HRFT
Treatment and Rehabilitation
Centres Report***

**2006
*Evaluation Results***

EVALUATION RESULTS OF THE HRFT TREATMENT AND REHABILITATION CENTRES FOR THE YEAR 2006³

Since 1990, Human Rights Foundation of Turkey (HRFT) works on treatment and rehabilitation of individuals in their physical, psychological and social integrity, whose state of health deteriorated due to torture and ill treatment experienced in formal or informal detention or while in prison.

Our experiences up until now, and scientific studies in this field demonstrate that torture may also affect the people around who is tortured. Therefore we assume the duty of solving medical problems related to traumatic process of the acquaints of the tortured person as well.

The HRFT provides treatment and rehabilitation services by means of its centres in Ankara, İstanbul, İzmir, Adana and Diyarbakır. At these centres, teams composed of general practitioners / family physicians, psychiatrists, social workers, psychologists and medical secretaries conduct the treatment and rehabilitation of torture survivors in cooperation with specialists from all medical disciplines. The teams in charge at the centres coordinate the treatment process at each stage. The results and assessment of the treatment and rehabilitation work are publicized in the form of annual reports.

The HRFT implements the “5 Cities Project” in the provinces of Gaziantep, Şanlıurfa; Hatay, Malatya and Adıyaman, in order to reach those torture survivors

³ This report, is prepared by the data that was obtained from HRFT Treatment and Rehabilitation Centres. HRFT, stated that there cannot be any relation between the number of people who have applied to our centers and the Turkey's total torture or other unjust, inhuman, insulting treatment or punishments number since its foundation. However, this situation, doesn't change the fact that the annual statistical distribution of the HRFT applicant who have subjected torture or other unjust, inhuman, insulting treatment or punishments will be considered as a significant data.

who live in these provinces and neighbourhood where the HRFT does not have a representation office. The project aims to provide social and financial support for the travel and accommodation expenses of those who have been subjected to torture in the regions where there is no treatment centre, and to inform them of the services that the HRFT provides.

The HRFT has developed a humane medical institution which coordinates the multidisciplinary efforts of professionals from various branches of medicine, who regard offering medical services to torture survivors as a requirement of humanity and an ethical responsibility of health professionals.

337 people applied to the Treatment and Rehabilitation Centres of the Human Rights Foundation of Turkey in the year 2006. Four of these applications were made by relatives of torture survivors. The following evaluation presents information obtained in interviews and medical examinations of 333 applicants, stating that they have been subjected to torture and ill-treatment.

Applications to HRFT since its establishment reached to 10786 including 337 applicants in 2006. This number, by all means, is very high, however, composes a very small portion of those tortured in Turkey.

Within last year 28 people applied us from outside the provinces where HRFT has branches, these applicants were evaluated in the context of "5 provinces project" and their travel and accommodation costs were met. Number of beneficiaries of this practice since its beginning until the end of 2006 is 1090.

METHODOLOGY

The data used in our evaluation has been obtained by physicians, social service experts, and consultant physicians through interviews, medical examinations and other diagnostic procedures.

The data was entered in a specially developed computer programme under the name of "Human Rights Foundation of Turkey Applicant Recording", after being collected in application files and forms, designed for data preservation. The evaluations were analysed by transforming data gathered in this programme to data processing and statistical programmes.

The evaluation was made in two major parts. In the first section of the evaluation, the data obtained from all of the 333 applicants was examined, while in the second section, the information obtained from 222 of the total number of people, who stated that they were subjected to torture and ill-treatment in detention in the year 2006 was examined. A comparative analysis of the data relating to people who were tortured in the said year will concretely contribute to our evaluation of the developments in our country on the issue.

Of these evaluations in two sections, the first chapter examines the social and demographic characteristics of the applicants, the second chapter analyses the results obtained from the statements of torture and ill-treatment, while the third chapter evaluates the medical processes of the applicants. The last chapter of the first section presents health status, disorders and underlying causes of those disorders together with the results of the treatment and rehabilitation work related to these applicants.

Before passing on to the evaluation of the data obtained from the applicants, information on the following points will be provided: The distribution of the applicants according to the HRFT centres and months in which the applications were made, the number and distribution of applicants stating that they have been subjected to torture and ill-treatment in detention in 2006 and the channel of contact which directed the applicants to the HRFT.

Number and Distribution of the Applicants

333 people applied to the Human Rights Foundation of Turkey, Treatment and Rehabilitation Centres in 2006, stating that they had been subjected to torture and ill-treatment. Additionally four people applied as relatives of torture survivors and asked to receive treatment. These people were left outside the evaluation. The distribution of the applicants in the year 2006 according to the centres of the Foundation is presented in Table 1.

Table 1. The distribution of the applicants in 2006 according to the HRFT Treatment and Rehabilitation Centres

Centre	Number of examined torture survivors	Number of Relatives of Torture Survivors	Total Number of Applicants
Adana	111	0	111
Ankara	10	0	10
Diyarbakır	59	2	61
İstanbul	117	0	117
İzmir	36	2	38
Total	333	4	337

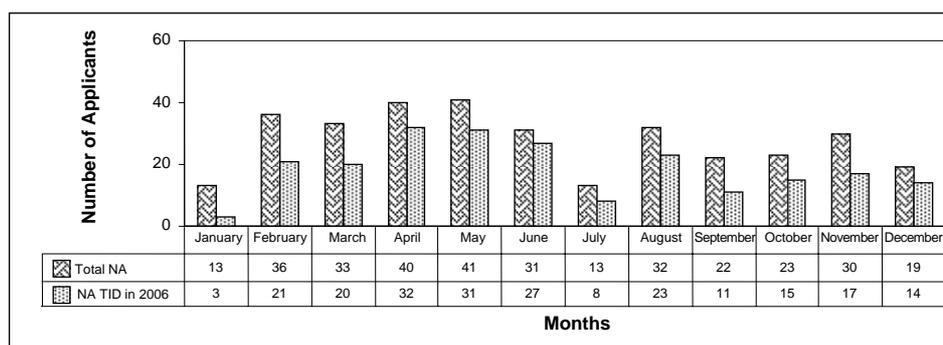
The number of people who stated that they had been subjected to torture and ill-treatment in detention was 222 (in the year 2005, the number of applicants, who had been subjected to torture had been 193) out of the total number of 333 people who applied in the year 2006. The distribution of these applicants according to the HRFT centres is presented in Table 2.

Table 2. The distribution of applicants in 2006, stating that they had been subjected to torture and ill treatment in detention in the same year according to the HRFT Centres

Centre	Number of Applicants Tortured in 2006 in Detention	Total Number of Applicants	Ratio (%)
Adana	86	111	77,5
Ankara	5	10	50,0
Diyarbakır	33	59	55,9
İstanbul	81	117	69,2
İzmir	17	36	47,2
Total	222	333	66,7

The distribution of the applicants to our Treatment and Rehabilitation Centres according to months is presented in Graphic 1. We observed that there were slightly high numbers of applications to the HRFT in the first half of the year when compared with second. This results from the fact that there is a high number of people tortured and applied us in the first half of 2006. In the first half of the year, 134 people applied us claiming that they were tortured in 2006.

Graphic 1. The distribution of the applicants whom were tortured in 2006 and previous years according to months in the year 2006



Regarding the people and institutions which referred applicants to the HRFT, it appears that in most cases, applicants referred by democratic organizations and parties, followed by applicants whom were applied directly without any reference, referred by former applicants and by the Human Rights Association. Table 3 presents the distribution of the information channels on the HRFT for all applicants and for those applicants involving statements of torture and ill-treatment in detention in the year 2005.

Table 3. The distribution of referrals to the HRFT for all applicants and for those subjected to torture and ill-treatment in detention in the year 2006

Referral	All Applicants	%	Tortured in 2006	%
Democratic Organizations or Parties	88	26,4	62	27,9
Directly	86	25,8	63	28,4
HRFT applicants	73	21,9	38	17,1
The Human Rights Association	71	21,3	50	22,5
HRFT volunteers	6	1,8	2	0,9
Press	4	1,2	3	1,4
HRFT professionals	3	0,9	3	1,4
Her/his lawyer	2	0,6	1	0,5
Total	333	100,0	222	100,0

The following sections of the evaluation will consist of two major sections. In the first section the total of 333 applicants will be evaluated, while the second section will deal separately with the 222 applicants who include statements of torture and ill-treatment in detention in the year 2006. In this section there will be comments on the latest situation in Turkey regarding torture, and it will be discussed what should be done to prevent it.

I- EVALUATION RESULTS OF ALL APPLICANTS

A- SOCIAL AND DEMOGRAPHIC CHARACTERISTICS

1- Age and Sex:

The age of the applicants ranged from 11 to 79 years. The average age was 31,4 ± 11,5. The number of applicants at the age of 18 or under was 24 (7,2%). The table below presents the age of the applicants in the year of their application and therefore naturally does not directly state the age they were subjected to torture. The actual number is, thus, higher than represented below. It is observed that the applicants under 18 has risen by number and by ratio compared to last year. (In 2005 number of applicants in 0-18 age group was 13 and the ration of this group was %1,9).

As compared to last year there is and evident increase in number of applicants in the 19-25 age group. Those who were tortured before 2006 but applied us in 2006 (cronical case) are relatively very small. The reasons might be that in 2004 there were swift releases from prisons due to the new Turkish Criminal Code and early release of those who were to be released in the following years. Despite the small

number in cronical cases, the number of tortured within the same year is high; and this explains the increase in the applicants in the 19-25 age group.

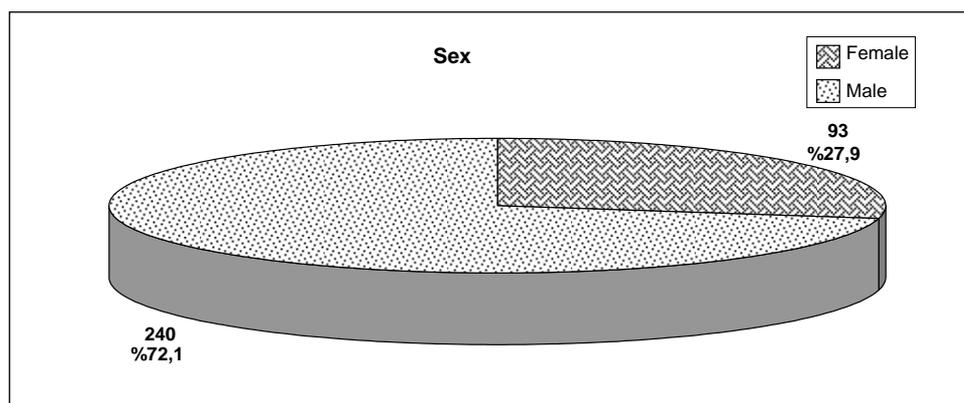
About half of the applicants (50,7%) are between 19 and 30. The distribution of the applicants according to age groups is presented in Table 4.

Table 4. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to their age

Age group	Number of Applicants	%
0-18	24	7,2
19-25	103	30,9
26-30	66	19,8
31-35	35	10,5
36-40	30	9,0
41-45	31	9,3
46 and over	44	13,2
Total	333	100,0

240 of the applicants are male (72,1 %), while 93 are female (27,9 %) (Graphic 2). There was a slight increase in ratio of women according to past years (after 2000) .

Graphic 2. Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to sex

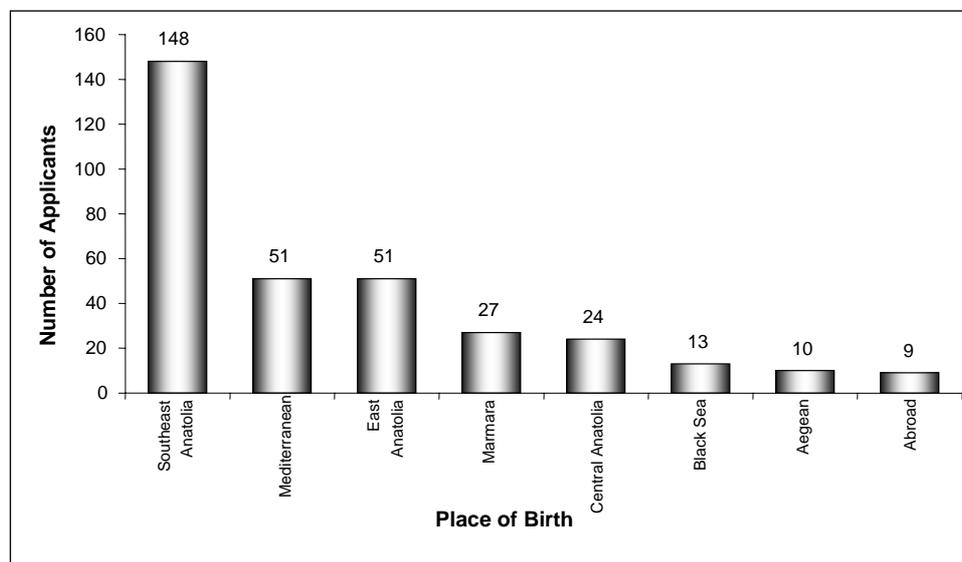


2- Place of Birth

More than two fifth of the applicants were born in the South-Eastern Anatolian Region, while those born in Eastern Anatolia and in the Mediterranean take up the second and third places respectively. The proportion of applicants born in Eastern and South-eastern Anatolia makes up around 60% of the total number of

applicants. 15,3% of the applicants were born in Mediterranean Region, while 8,1% was born in Marmara Region and 7,2% in Central Anatolia Region. The distribution of the applicants according to their place of birth is presented in Graphic 3.

Graphic 3. Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to place of birth



It becomes apparent that most applicants were born in Diyarbakır (48 people, 14,4%), Mardin (30 people, 9,0%), Adana (25 people, 7,5%), Siirt (24 people, 7,2%) and İstanbul (20 people, 6,0%) considering birth places of birth on provincial level.

Like in the previous years, there is a high proportion of torture survivors having Eastern and South-Eastern Anatolian Regions as their places of birth, and the major reason for is thought to be the high amount of citizens with a Kurdish origin. One of the reasons for this could be the density of the Kurdish population living in the region and another could be the pressure to which they are subjected to, wherever they migrate to, due to their ethnic background.

3- Educational Level and Employment Status

158 (47,4%) of the applicants graduated from secondary school or high school, 111 (34,2%) graduated from primary school or literate while 28 (8,4%) graduated from or dropped out of university. 33 (9,9%) of the applicants were illiterate. A more detailed distribution of the educational level of the applicants is provided in Table 5. 13 students who are still studying at secondary school are counted as literate or primary school graduate since they have not graduated yet.

44 university students are counted as high school graduates. The table below should be read accordingly.

Table 5. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres according to their educational level

Educational Level	Number of Applicants	%
Illiterate	33	9,9
Literate	25	7,5
Primary school	89	26,7
Secondary school	41	12,3
High school	117	35,1
Dropped out university	14	4,2
University	14	4,2
Total	333	100,0

Regarding the employment status of the applicants; 161 people (48,3%) appear to be unemployed at the time of the interview. 44 people (13,2 %) were university students, while 13 people (3,9 %) were students of primary or secondary schools. Additionally, 3 applicants (0,9 %) were members of the press.

The ratio of unemployed among the applicants are less than it was last year (In 2005 66,8 % of the applicants were unemployed). It is observed that this year there is a relative increase in the ratio of all groups other than those unemployed; particularly university students and housewives (In 2005, ratio of university students and housewives to the total number of applications was 6,8% and 4,8% successively). The reason for the decrease in the ratio of unemployed is that the number of those released from prison is rather less than the previous year, instead of there being an increase in the number of applicants holding a regular job. (see imprisonment period).

This fact verifies that the among the reasons of unemployment; being fired from job due to staying in prison, interruption of education, difficulties faced in job applications and in getting into a job have important role.

When we analyse the distribution of students in the age groups distribution, 13 out of 24 people between the 0-18 years are secondary school students (1st to 8th grades).

The employment status of the applicants is presented in more detail in Table 6.

Table 6. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to their employment

Profession or Employment	Number of Applicants	%
Unemployed	161	48,3
University Student	44	13,2
Housewife	30	9,0
Employed in an NGO	19	5,7
Tradesmen (working in a shop or office of their own)	18	5,4
Industrial worker in the private sector	14	4,2
Student of primary or secondary schools	13	3,9
Construction worker	7	2,1
Office Craft in the private sector (Secretary, Bank Clerk etc.)	7	2,1
Pedlar	5	1,5
Lawyer	3	0,9
Farmer	3	0,9
Retired	3	0,9
Journalist	3	0,9
Health professional	1	0,3
Office Craft in the Public Sector (Secretary, Bank Clerk etc.)	1	0,3
Worker in farms	1	0,3
Total	333	100,0

B- PROCESS OF TORTURE

The number of people who applied to the HRFT because of torture and ill-treatment in the year 2006 is 333. Regarding the year in which these applicants were last subjected to torture, it appears that 231 people were tortured in the year 2006, 58 people between the years 2001-2005, 24 people between the years 1996-2000 and 20 people in the year 1995 and before (Graphic 4). Table 7 shows the distribution of the applicants in the year 2006 according to the year when they were last tortured, based on the statements of the applicants.

Among the 231 people who were subjected to torture in 2006, the information obtained from 222 applications, which excludes 9 applicants who were subjected to the last torture in prison, has been analysed in the second main section.

Graphic 4. The distribution of the applicants in the year 2006 according to the period when they were last tortured

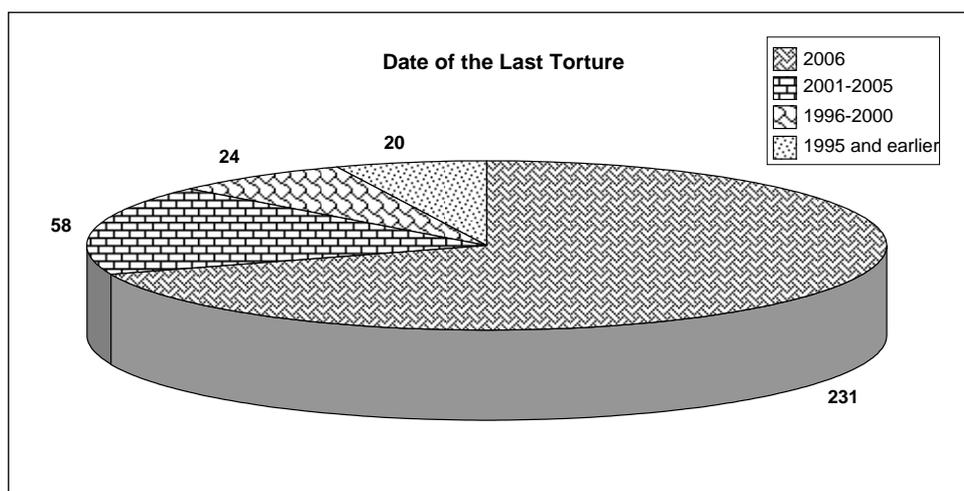


Table 7. The distribution of the applicants in the year 2006 according to the year when they were last tortured

Year of Torture Incident	Number of Applicants
1995 and before	20
1996	5
1997	4
1998	0
1999	9
2000	6
2001	8
2002	6
2003	11
2004	11
2005	22
2006	231
Total	333

1- Process of Detention and Torture in Detention

293 (88,0%) of the applications made in the year 2006, had political reasons while 39 people (11,7%) stated that they were subjected to torture because of ordinary offences. Moreover, one person stated that he was subjected to torture

because of seeking asylum. The ratio of those detained due to ordinary offences among all applications has increased compared to previous years (8,6 % in 2004, 5,2% in 2005). According to reports published by human rights organisations, a large number of people who were detained due to ordinary offences and were subjected to torture stated that they were threatened in order not to apply to human rights organizations and judicial authorities which makes us think that this number of applicants is much lower than the real number of torture survivors. This number is expected to rise if these people are given legal advice and the necessary support.

Regarding the detention period last experienced by the applicants, 146 (43,8%) people remained in detention for less than 24 hours, 142 people (42,6%) between 1-4 days, 12 people (3,6%) between 16-30 days and 5 people (1,5%) more than one month.

As will be seen more clearly in the second section, dealing with the evaluation of torture survivors who were tortured in 2006, there is an evident decrease in the detention periods. However it is evident that this development does not realise the decree in the European Convention on Human Rights Article 5/3, stating that one should be brought before the competent legal authority immediately. Moreover the ongoing practice of unregistered short period of detention is a reason why the progress in the practice of detention is insufficient in preventing torture.

The duration of the most recent detention of the applicants are presented in Table 8.

Table 8. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres according to the duration of their most recent detention

Most Recent Detention Duration	Number of Applicants	%
Less than 24 hours	146	43.8
24-48 hours	94	28.2
49-72 hours	29	8.7
73-96 hours	19	5.7
5-7 days	10	3.0
8-15 days	17	5.1
16-30 days	12	3.6
More than one month	5	1.5
Unknown	1	0.3
Total	333	100,0

As regards the place where the applicants were detained, it appears that 184 people (55,3 %) were detained from outdoors while 59 people (17,7%) were in an office of an NGO or a press organisation and 55 people (16,5%) were at their homes. Our experiences with arrests, which take place outdoors, show that such practices make unrecorded detentions easier to carry out. Moreover it attracts

notice that there is an increase in the number and ratio of those detained from a magazine office, association headquarters or such in 2006, compared to previous years. (In 2004 30 people or 3,3%, in 2005 19 people or 2,8%). This issue is elaborated in the section which discusses those tortured under arrest in 2006.

The distribution of applicants according to the place of their last arrest is presented in Table 9.

Table 9. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2006 according to the place of their last arrest

Place of Last Arrest	Number of Applicants	%
Outdoors	184	55.3
Organisation (NGO office, press office, etc)	59	17.7
Home	55	16.5
Public office	15	4.5
Working place	10	3.0
Other	10	3.0
Total	333	100,0

Table 10 shows the time that the applicants were detained. Most of the applicants (69,4%) were detained in the daytime, whereas 7,8% were detained after midnight. The second main chapter gives place to how this distribution occurred in 2006 and its evaluation.

Table 10. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2006 according to the time of their last detention

Time of Last Arrest	Number of Applicants	%
08:00 – 18:00	231	69.4
18:00 – 24:00	76	22.8
24:00 – 08:00	26	7.8
Total	333	100.0

Regarding the place in which the applicants last experienced torture in detention, it appears that 196 people (58,9%) were in a security centre, 47 people (14,1%) were outdoors, while 33 people (8,3%) were in a police station. Since it appears to be constructive to evaluate this issue in the light of recent developments, this matter will be dealt with in more detail in the second section. The fact that Security Centres take the first place in the list, as was in the previous years, supports the view that torture has been practiced for long years mostly at high level centres and usually by particularly trained inquiry teams. Moreover when it is considered that a big portion of applicants who claimed that they had been tortured on the streets,

outdoors or police stations had been subjected to those practices in 2006, the ratio of security centres in the previous years can be found even higher.

The distribution of the applicants according to the place where they were tortured is presented in Table 11.

Table 11. The distributions of the applicants to the HRFT Treatment and Rehabilitation Centres in 2006 according to the place of most recent torture in detention

Place of Most Recent Torture in Detention	Number of Applicants	%
Security centre	196	58.9
Outdoors	47	14.1
Police Station	33	9.9
Gendarmerie Centre	15	4.5
Gendarmerie Station	9	2.7
Police Car	4	1.2
Home	3	0.9
Other	3	0.9
Not known/not remembered	3	0.9
Empty*	20	6,0
Total	333	100,0

**People who were not subjected to torture during their last detention and who applied on the basis of torture experienced in former detention periods or in prison*

As regards the regional distribution of the region of most recent torture, it appears that the Mediterranean Region holds the first position, followed by the Marmara and the South-Eastern Anatolian Region (Table 12).

Table 12. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to the region of the most recent torture in detention

Region of Most Recent Torture	Number of Applicants	%
Mediterranean	102	30.6
Marmara	89	26.7
South-Eastern Anatolia	57	17.1
Aegean	29	8.7
Eastern Anatolia	17	5.1
Central Anatolia	12	3.6
Black Sea	5	1.5
Abroad	3	0.9
Empty*	19	5.7
Total	333	100.0

**People who were not subjected to torture during their last detention and who applied on the basis of torture experienced in prison or in former detention periods.*

Regarding the cities in which the applicants were last subjected to torture, it appears that Adana, İstanbul, Diyarbakır, İzmir and Ankara in which HRFT Treatment and Rehabilitation Centres founded take up the first places. Mediterranean Region and Adana exist predominantly as the place of torture and this fact is related to the torture cases took place in 2006; therefore this issue will be elaborated in the second chapter.

Table 13 shows first fifteen provinces as the place of most recent torture.

Table 13. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to the province of the most recent torture in detention

Province of Most Recent Torture	Number of Applicants	%
Adana	88	26.4
İstanbul	77	23.1
Diyarbakır	40	12.0
İzmir	25	7.5
Ankara	12	3.6
Mardin	10	3.0
Mersin	10	3.0
Kocaeli	9	2.7
Van	7	2.1
Sakarya	5	1.5
Tunceli	5	1.5
Abroad	3	0.9
Erzurum	2	0.6
Osmaniye	2	0.6
Siirt	2	0.6
Other	18	5.4
Empty*	19	5.7
Total	333	100,0

**People who were not subjected to torture during their last detention and who applied on the basis of torture experienced in prison or in former detention periods.*

As regards the centres in which apply torture, it appears that the Anti-Terror Branch (ATB) in Adana draws attention with a large number of torture incidents. ATBs in Diyarbakır, İstanbul, İzmir and Mersin ATBs and security centres in Gebze, Adana and İstanbul-Gayrettepe stand out as the places where torture is the most common. The table below should be read keeping in mind that 67 of 73 cases in Adana and 22 of 28 cases in Diyarbakır took place in 2006.

Table 14 displays the centres of last torture in which more than 3 cases occurred.

Table 14. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to the specific places of the most recent torture in detention

Name of Detention Places of Most Recent Torture	Number of Applicants	%
Adana ATB	73	21,9
Not tortured in any centre/station*	54	16,2
Other Security Centres and ATBs	29	8,7
Diyarbakır ATB	28	8,4
Empty**	20	6,0
Other Police Station	15	4,5
Other Gendarmerie Centres	13	3,9
İstanbul ATB	11	3,3
Not known/remembered	11	3,3
Other Gendarmerie Station	8	2,4
Gebze Security Centre	7	2,1
İzmir Bozyaka ATB	7	2,1
Mersin ATB	7	2,1
Adana Security Centre	5	1,5
İstanbul-Gayrettepe Security Centre	5	1,5
Beyoğlu Police Station	4	1,2
İzmir Buca Town Security Centre	4	1,2
Tunceli ATB	4	1,2
Ankara ATB	3	0,9
Denizli Police Station	3	0,9
Diyarbakır Çevik Kuvvet	3	0,9
İzmir Menemen Town Security Centre	3	0,9
Kartaltepe Police Station	3	0,9
Şehremini Police Station	3	0,9
Van ATB	3	0,9
Van Gendarmerie Centre	3	0,9
Other	2	0,6
Total	333	100,0

*People whom were tortured outdoors, at home or in police

** People who were not subjected to torture during their last detention and who applied on the basis of torture experienced in prison or in former detention periods.

The distribution of the torture methods inflicted on the applicants in their recent detention is presented in Table 11 (This evaluation comprises 333 people of the total number of 314 applicants except for 19 people who were not subjected to torture during their last detention period). Since it will be constructive to consider this matter in the light of recent developments, a more detailed analysis will follow in second main section.

Regarding this table we should draw attention to the fact that most common torture methods, excluding beating, are only psychological methods. It is explicitly seen that the real purpose of torture is to cause a trauma to the psychological integrity of the being.

Table 15. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to the methods of torture inflicted during their last detention

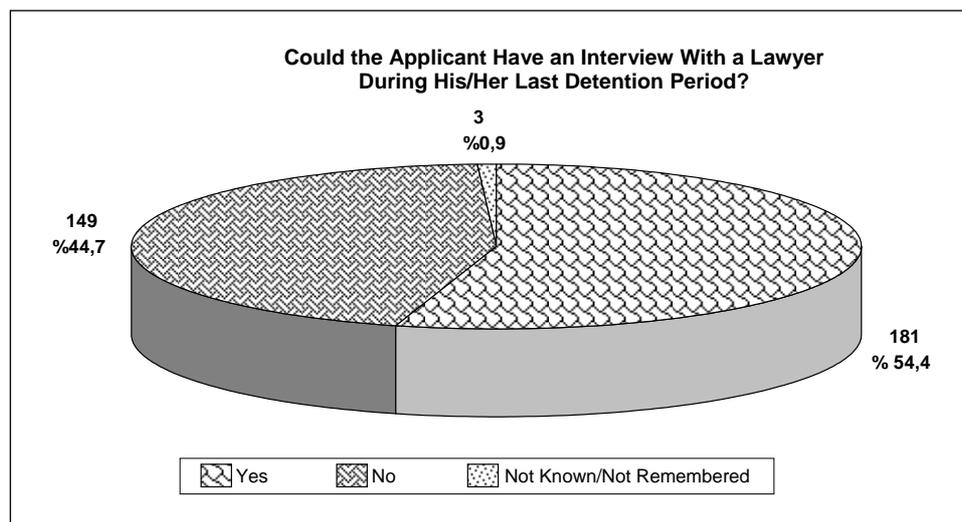
Method of Torture	Number of Applicants	%
Beating	274	87,3
Insulting	269	85,7
Humiliation	166	52,9
Other threats against his/her person	133	42,4
Death threat	114	36,3
Forcing to obey nonsensical orders	103	32,8
Forcing to wait on cold floor	94	29,9
Forcing to witness (visual/audial) torture to others	90	28,7
Continuously hitting on one part of the body	83	26,4
Forcing to extensive physical activity	81	25,8
Application of chemical substances	75	23,9
Restricting food and water	73	23,2
Restricting sleep	70	22,3
Stripping naked	60	19,1
Threats against relatives	59	18,8
Blindfolding	57	18,2
Restricting defecation and urination	57	18,2
Pulling out hair/moustache/beard	53	16,9
Sexual harassment	49	15,6
Other positional torture methods	47	15,0
Cell isolation	41	13,1
Torturing in the presence of relatives/friends	40	12,7
Pressurized/cold water	31	9,9
Forcing to listen to marches or high volume music	29	9,2
Electricity	27	8,6
Suspension on a hunger	22	7,0
Squeezing testicles	20	6,4
Suffocate	14	4,5
Falanga	12	3,8
Asking to ask as an informer	11	3,5
Mock execution	10	3,2
Burning	6	1,9
Rape	4	1,3
Medical intervention without consent by force	4	1,3
Anal research	3	1,0
Other	7	2,2
Total	2412	7,7*

* Average number of torture methods one person is subjected to

2- Legal Procedures During and After Detention:

181 (54,4%) of the applicants subjected to torture in detention stated that they were able to talk to a lawyer during their most recent detention (Graphic 5). As it will be constructive to consider this matter in the light of recent developments, it will be hadled more thoroughly in section 2.

Graphic 5. The ratio of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 regarding interviews with lawyers



The number of applicants who were set free without charges and without facing prosecutor is 76 (22,8%). 97 applicants (29,1%) were set free by the prosecution office or the court (Table16). These numbers are important for displaying the arbitrariness of how arrestment has been practiced for several years.

Table 16. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to their situation after last detention

Situation After Last Detention	Number of Applicants	%
Was arrested	156	46,8
Was set free by prosecution office or court	97	29,1
Was set free without facing prosecutor	76	22,8
Not known/not remembered	4	1,2
Total	333	100,0

It was found out that 53 applicants (15,9%) were convicted, while the trials of 158 applicants (47,4%) still continue among the applicants of HFRT Treatment

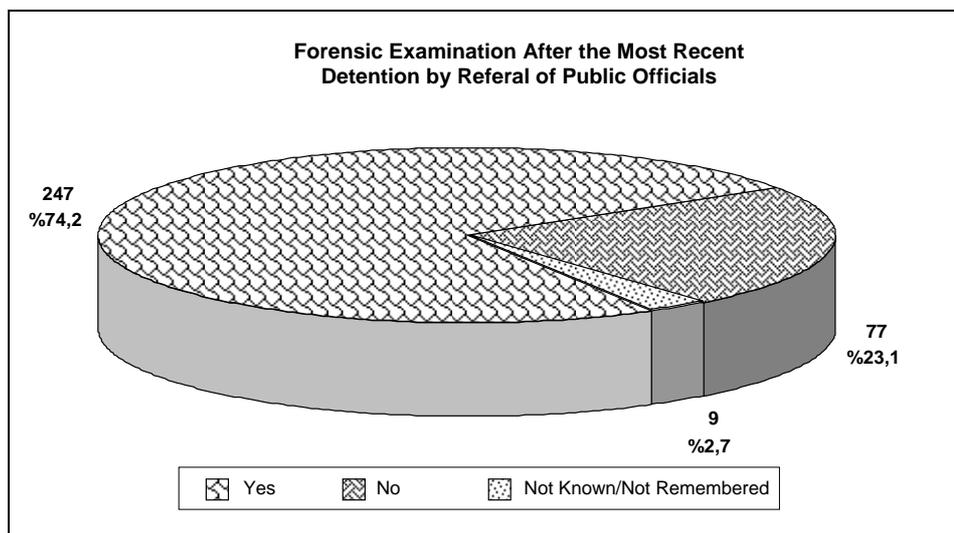
and Rehabilitation Centres in 2006 when their trial processes after detention was examined (Table17).

Table 17. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to their trial processes

Trial Process After Last Detention	Number of Applicants	%
Applicant was charged, the trial continues	158	47,4
Applicant was not tried	76	22,8
Applicant was tried and convicted	53	15,9
Not known whether there is a trial	33	9,9
Applicant was tried and acquitted	5	1,5
Applicant was tried, result unknown	4	1,2
Not known/not remembered	4	1,2
Total	333	100,0

The number of applicants who got a forensic report after the most recent detention, on the initiative of the officials is 247 (74, 2%) (Graphic 6).

Graphic 6. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to whether they were referred for a forensic report by public officials



102 applicants (41,3%) out of 247 were examined in the branches of Forensic Medicine Institute, while 92 people (37,2%) were examined in hospitals. In other words in 78,5% of the applications the report is prepared after examined by an expert (Table 18). Furthermore, 25 people stated that they provided themselves with forensic reports on their own initiative.

Table 18. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to their place of forensic medical examination after their most recent detention

Place of Forensic Medical Examination After Most Recent Detention	Number of Applicants	%
Branch of Forensic Medicine Institute	102	41,3
Hospital	92	37,2
Health Centre	24	9,7
Place of detention	15	6,1
Not known/not remembered	10	4,0
Forensic Medicine Institute	4	1,6
Total	247	100,0

As regards the statements of 247 applicants who underwent forensic medical examination after detention, approximately 2/5 of the applicants reported that the security forces were not taken out of the room during the forensic examination (108 people, 43,7%), that the forensic physician did not listen their complaints (107 people, 40,9%), that he/she did not write a report in accordance with the findings (107 people, 43,3%), that the forensic physician did not provide himself with the anamnesis of the applicants (123 people, 49,8%) and that the physician did not examine as he ought to (140 people, 56,7%) (Table 19). These data show that forensic reports which are crucial for prevention of torture are not used accordingly.

Table 19. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to their evaluation of the forensic examination after detention

Evaluation of Forensic Examination	Yes	%	No	%	Not known/ not remembered	%	Total	%
Were the security forces taken out of the room during the forensic medical examination?	133	53,8	108	43,7	6	2,4	247	100,0
Did the listen to the complaints?	141	57,9	101	40,9	3	1,2	247	100,0
Did the physician take note of the complaints?	120	48,6	123	49,8	4	1,6	247	100,0
Did the physician examine as he ought to?	102	41,3	140	56,7	5	2,0	247	100,0
Did the physician write a report that was in accordance with the findings?	53	21,5	107	43,3	87	35,2	247	100,0

79 of the applicants (23,7%) stated that they were subjected to torture during their interrogation in court or in the prosecution office and additionally 54 people (16,2%) made a claim to the prosecution office afterwards. Furthermore, 4 applicants made a claim to the prosecution office on the advice of the HRFT. 183 people (55,5%) people stated that they did not make any claim regarding torture.

These issues will be dealt with further in the second section since their evaluation in the light of recent developments will be constructive.

3- Imprisonment period

The number of applicants who have been imprisoned at one point or other amounts to 189 (56, 8%) while the number of those who were imprisoned after their most recent detention is 167 (50,2%). The duration of their stay in prison varies between 3 and 256 months. The approximate duration is 29,9 months (Standard variation: 49,1, Median: 5 months).

The total distribution of the imprisonment duration of 189 applicants is presented in Table 20. According to these data, around 1/4 of the applicants (86 people) consists of people who remained in prison for 3-12 months, while one out of every twelve imprisoned applicants was imprisoned for 11-25 years.

Table 20. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to the duration of their imprisonment

Total duration of imprisonment	Number of Applicants	%
0-2 months	18	9.5
3-12 months	86	45.5
13-36 months	21	11.1
37-60 months	14	7.4
61-84 months	20	10.6
85-108 months	6	3.2
109-132 months	9	4.8
11-20 years	11	5.8
More than 20 years	4	2.1
Total	189	100.0

As regards the time, which elapsed between the release of the imprisoned 189 applicants and their application to the foundation, it appears that 71 of these applicants (37,6%) applied to the HRFT within a month of their release, while 58 people (30,7%) applied in 1-12 months and the others (60 people, 31,7%) applied to the HRFT after more than one year. This tells us that many people have applied for treatment of their health problems too late. It is necessary to spend extra effort

to make those who have health problems after their release from the prison to apply HRFT or other health units quicker.

Furthermore, it appears that approximately 119 people (63,0%) were released from prison on conditional release, and 49 people (%25,9) because they had served their time (Table 21). Only one person was released because the sentence was postponed for health reasons. However data from the HRFT Documentation Centre shows that there are many people in the prisons who have bad health which is deteriorating day by day.

Table 21. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres after their release in the year 2006 according to the reasons of release

The Reason for Release from the Prison	Number of Applicants	%
Pending trial	119	63.0
End of the prisonment duration	49	25.9
Amnest / Conditional Release	12	6.3
Acquittal	7	3.7
Postponement due to Health Reasons	1	0.5
Other	1	0.5
Total	189	100.0

Among the applicants who have been imprisoned, those who were subjected to isolation in the F type prisons are especially important. Out of the 189 imprisoned applicants, 66 people were confined to F type prisons (34,9%). The imprisonment period of these people in F type prisons varies between 1 month to 74 months, with an average duration of 15,2 months. The number of applicants among the 66 former F type prisoners, who were confined to a single cell amounts to 32 (48,5%). The approximate detention period of these people in these cells varies between 1 to 20 months and with an average of 6 months.

Among our applicants, the number of those who were confined at F type prisons and also in single cell continues to be high as in previous years. Therefore the number of those who are affected from the conditions in F type prisons are increasing and the studies dealing with the health problems caused by subjection to isolation is becoming more important. HRFT is planning studies related to the effects of isolation and is spending every effort for the elimination of such practices.

Furthermore, there are 17 applicants, who were punished with isolation on various grounds in prisons (9,0%). The isolation period of these applicants varies between 2 day and 99 days, with an average of 26,2 days. 22 of the 189 imprisoned applicants (11,6%) experienced a prison operation. 20 of those applicants experienced the prison operations which took place simultaneously in a great number of prisons on 19th December 2000 as an answer to hunger strikes (Table 22).

Table 22. The distribution of applicants, who had been imprisoned, to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to the operation they witnessed while in prison

Prison Operation	Number of Applicants	%*
19 December 2000	20	90,9
Ulucanlar 1999	1	4,5
Burdur 1999	1	4,5
Others	5	22,7

* The ratio of the applicants who experienced a prison operation to total number of applicants

As regards the specific traumas which were experienced by these applicants, it appears that the most intensive trauma consist of subjection to chemical materials. What is more, 3 people were wounded by bombs or shrapnel, while 2 people were wounded by guns, and 1 person by burning (Table 23). 7 people stated that they were hindered from receiving medical treatment after the prison operations.

Table 23. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to the traumas they experienced during the prison operations

Traumas experienced during the Prison Operations	Number of Applicants	%
Subjection to chemical substances	16	72.7
Leaving on a cold and wet floor for a long period of time	10	45.5
Stripping and keeping naked	7	31.8
Cell isolation	7	31.8
Tortured in vehicles used for transportation of prisoners	6	27.3
Beating and harassment	5	22.7
Wounding by bomb or shrapnel	3	13.6
Wounding with a gun	2	9.1
Trapped under rubble	2	9.1
Burning	1	4.5
Other	1	4.5
Total	60*	2,7*

*Since the 22 people who experienced traumas more than once during the prison operations, the total number is greater than 22. Therefore, the number 2, 7 is not a percent but the average number of traumas a person experienced.

Among the 189 applicants who were imprisoned, the number of applicants stating that they were subjected to torture in prison amounts to 87. Furthermore 4 of the applicants stated that they were taken away to be interrogated while serving their sentence and that all of them were tortured during interrogation.

The distribution of the torture methods these 87 people were subjected to is presented in Table 24.

It is noticeable that there is a slight decrease in the number of those tortured among the applicants who stayed in prison, compared to the previous years. The general conditions of prisons should be considered as mass torture method on all arrested and convicted persons. Other than this we can see that about half of those imprisoned are still subjected to torture in prisons. We observe that torture methods such as beating, stripping naked, insulting, and threatening are still commonly executed as violence against the personal integrity of those detained in prisons.

According to the data HRFT Documentation Centre compiled in 2006, 9 people died in the prisons due to death fast, suicide, fight, and insufficient health conditions.

Table 24. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to the methods of torture in prison

Torture Method	Number of applicants	%
Insulting	57	65.5
Beating	53	60.9
Stripping naked	42	48.3
Humiliating	39	44.8
Hindering visits	30	34.5
Cell isolation	27	31.0
Other Threats against himself/ herself	27	31.0
Death Threat	24	27.6
Forcing to excessive physical activity	21	24.1
Forcing to wait on cold floor	21	24.1
Forcing to obey nonsensical orders	20	23.0
Restricting food and drink	19	21.8
Sexual harassment	12	13.8
Forcing to witness (visual/audial) torture to others	12	13.8
Forcing to wear uniform clothing	12	13.8
Sexual harassment(verbal)	11	12.6
Restricting sleep	10	11.5
Continuously hitting on one part of body	10	11.5
Restricting defecation and urination	9	10.3
Subjection to chemical substances	8	9.2
Pulling out hair/moustache/beard	8	9.2
Sexual harassment(physical)	7	8.0
Pressurized/ cold water	6	6.9

Other	6	6.9
Other positional torture methods	6	6.9
Blindfolding	5	5.7
Strungling	5	5.7
Threats against relatives	5	5.7
Falanga	4	4.6
Forcing to listen to marches or high volume music	4	4.6
Squeezing testicles	4	4.6
Torturing in the presence of relatives/friends	3	3.4
Rectal Inspection	2	2.3
Burning	2	2.3
Mock execution	2	2.3
Medical intervention without consent by force	2	2.3
Asking to ask as an informer	1	1.1
Suspension on a hunger	1	1.1
Suspending or crucifying	1	1.1
Electricity	1	1.1
Total	540	6.2*

* Average number of torture methods one person is subjected to

Cases of torture and ill-treatment are reported to be experienced during controls and searches, during transportation to interviews with lawyers or family members or during transportations to hospitals or the court.

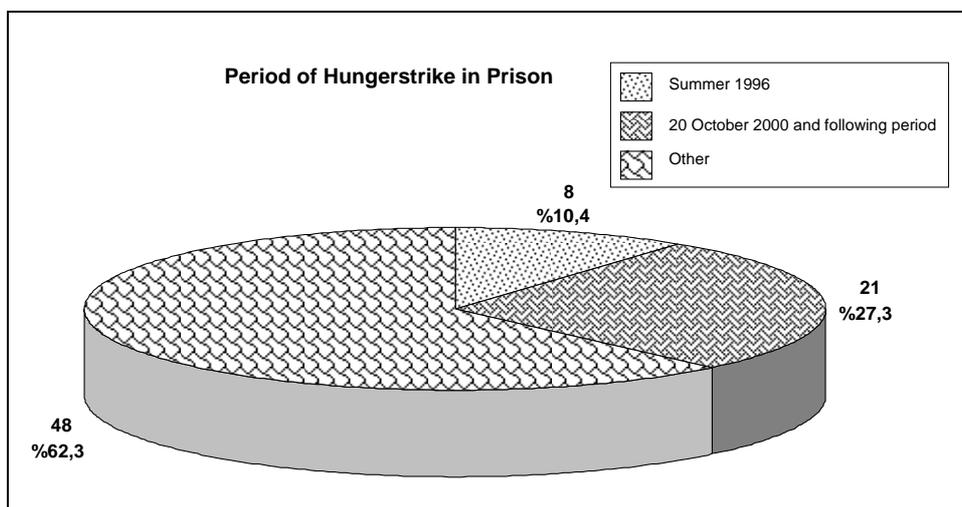
The distribution of the answers to questions on the conditions in prisons by 189 applicants who had been imprisoned, is presented in Table 25.

Table 25. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to their answers to the conditions in the prisons they were last kept in.

Conditions	Positive	Partly	Negative	Total
Accommodation	7	39	143	189
Nutrition	5	40	144	189
Hygiene	5	27	157	189
Air ventilation	7	45	137	189
Communication	6	28	155	189
Health Services	8	23	158	189
Conditions of Transfers	6	21	162	189
Reaching to publications/media	7	39	143	189

77 of the 189 applicants imprisoned (36,0%) state that they went on hunger strike in prison on varying occasions and because of various reasons. 21 applicants reported to have taken part in the hunger strikes against F type prisons, starting on 20th October 2000 and 8 people reported to have taken part in the hunger strikes starting in August 1996, while 48 people went on hunger strike on various other occasions (Graphic 7).

Graphic 7. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to the period of their hunger strike in prison



C- MEDICAL EVALUATION

This chapter contains information on the health situation of the applicants, which was obtained by the anamnesis, physical examination and other tests, made by physicians working at the Centres together with consultants (psychiatrists, physiatrist, orthopedist, ENT specialist, etc) of the Treatment and Rehabilitation Centres.

The process in which 333 people who applied to Treatment and Rehabilitation Centres because of subjection to torture will be better understood if the methods of the HRFT are described first. In the first interview, the applicant relates his experiences of torture and his complaints to the doctor in his own words. The applicants tell of those complaints, which, in his opinion, are connected with torture. Following this, the doctor asks for the necessary laboratory tests and consultations after examination and evaluation. He/she expresses his opinion openly to the applicant. In the last stage, the anamnesis, examination and tests are evaluated as a whole and the relation between the disorder and torture is established. In this stage it is important to consider the health of the applicant as a whole.

During the application process to the HRFT Treatment and Rehabilitation Centres, it is aimed that the applicants meet all the members of the treatment team, but such applicants, as do not wish to consult the psychiatrist, are simply informed of their having the option to but are not coerced to see.

After the evaluation, the applicant receives suggestions as to possible treatment methods for disorders not related to torture, while disorders related to torture are treated in the HRFT Treatment and Rehabilitation Centres. The applicant is first informed about the programme suggested for his treatment and rehabilitation. After a joint evaluation (e.g. when specific conditions of the applicant affects the programme), necessary amendments are made to the programme which is subsequently carried out.

For the establishment of the relation of diagnosed disorders with torture, one of the following relations for each of the following diagnosis is used:

- a) The only etiological factor;
- b) worsened or made apparent an existing pathological state;
- c) one of the etiological factors;
- d) no relation;
- e) a relation could not be established.

1- Medical Complaints of the Applicants:

All of the 333 applicants of the year 2006 had physical or psychological complaints. Totally, 2402 complaints had been diagnosed.

When we have a look at the distribution of complaints according to system, it is seen that the number of psychological complaints is the biggest (39,8%) (Table 26).

Table 26. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to the type of physical or psychological complaints.

Systems	Number of Complaints	%
Psychological	956	39.8
Musculoskeletal	403	16.8
Dermatological	215	9.0
Neurological System	163	6.8
General	134	5.6
Ear, Nose and Throat	101	4.2
Digestive System	96	4.0
Urogenital System	88	3.7
Eyes(Visual disabilities)	85	3.5
Respiratory System	67	2.8
Cardiovascular System	45	1.9
Oro-dental	39	1.6
Endocrinological System	10	0.4
Total	2402	100.0

Sleeping disorder is the most common psychological complaints and is seen in more than 1/3 of the applicants (127 people). The most common physical complaint is headache (89 people). The most common 10 physical and psychological complaints are presented in Tables 27 and 28.

Table 27. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to the frequency of their physical complaints

10 Most Common Physical Complaints	Number of Complaints	% Among the Applicants	% Among the Physical Complaints
Headache	89	26.7	6.2
Discoloration of the skin	55	16.5	3.8
Low Back Pain	45	13.5	3.1
Stomach	45	13.5	3.1
Fatigue, weakness	44	13.2	3.0
Low back pain together with pain in legs	44	13.2	3.0
Neck Pain	43	12.9	3.0
Visual Impairment	40	12.0	2.8
Back Pain	39	11.7	2.7
General Pain in the Body	38	11.4	2.6
Other Physical Complaints	964	-	66.7
Total	1446	-	100

Table 28. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to the frequency of their psychological complaints

10 Most Common Psychological Complaints	Number of Complaints	% Among the Applicants	% Among the Psychological Complaints
Sleeping disorders	127	38.1	13.3
Anxiety	91	27.3	9.5
Irritability from the police	74	22.2	7.7
Irritability	73	21.9	7.6
Amnesia	69	20.7	7.2
Fear	51	15.3	5.3
Concentration difficulties	51	15.3	5.3
Nightmares	49	14.7	5.1
Flashback	45	13.5	4.7
Tension	45	13.5	4.7
Other Psychological Complaints	281	-	29.4
Total	956	-	100.0

2- Findings of the physical examinations:

The total number of physical findings amount to 988, as regards the distribution of which according to systems, it appears that findings in connection with the dermatological problems (28,1%), musculoskeletal system (28,0%), oro-dental system (10,5%), are the most common (Table 29).

Table 29. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to the physical findings of the medical examinations

Systems	Number of Findings	%
Dermatological	278	28.1
Musculoskeletal	277	28.0
Oro-Dental	104	10.5
Ear, Nose and Throat	90	9.1
Digestive	72	7.3
Eyes (Visual disabilities)	57	5.8
Urogenital System	52	5.3
Cardiovascular System	21	2.1
Respiratory System	16	1.6
Neurological System	12	1.2
Disorder in Manual Skills	3	0.3
Endocrinological System	3	0.3
Disorder in Walking	2	0.2
Total	988	100.0

Muscular pain and sensitivity (31,2%) and ecchymosis (26,7%) are the most common physical findings. Considering that the most commonly and intensively applied physical torture method is beating, there is a consistency between findings of the applications and their amnesia. According to the information obtained from amneses, beating is mostly practiced between the time when the person is detained (captured) until he/she is taken to the detention place (recorded). This is reflected upon the mandatory forensic health examination as the findings already existing before detention. Security forces claim that they were resisted, they had to use force or that those persons fell, fell from the staircase, or were damaged in a similar manner. When the forensic report and the claims of the security forces come together, it becomes more difficult for the person tortured to make a criminal report regarding the torture. If however made a criminal report by a torture victim, the security forces make a counter criminal report claiming that the tortured damaged the security forces, or resisted to them.

The most common 10 findings are presented in Table 30.

Table 30. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to their physical findings

The Distribution of the Most common 10 findings and their findings	Number of Findings	Percentage of Applicants	Percentage of All Physical Findings
Muscular pain and sensitivity	104	31.2	10.5
Ecchymosis	89	26.7	9.0
Costovertebral sensitivity	42	12.6	4.3
Erosion	38	11.4	3.8
Scar tissue	38	11.4	3.8
Pain and restriction of the movements of the neck	31	9.3	3.1
Sensitivity in stomach	30	9.0	3.0
Missing teeth	29	8.7	2.9
Epigastric sensitivity	29	8.7	2.9
Pain and restriction of the movements of the back	25	7.5	2.5
Other physical findings	533	-	53.9
Total	988	-	100.0

3- Psychiatric Symptoms and Findings:

149 of the applicants (44,7%) had an interview with a psychiatrist. Among those examined by a psychiatrist, 290 psychiatric symptoms and findings were revealed. The interviews with these applicants revealed psychiatric symptoms and findings in 290 people.) Regarding the distribution of these symptoms and findings found, it appears that more than half of the applicants had anxiety, difficulties in falling or staying asleep, irritability and/or a lower reaction threshold, and concentration difficulties. Psychological symptoms and findings observed in 10 and over 10 out of the 149 applicants are presented in Table 31.

Table 31. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to their psychological symptoms and findings

Psychological Symptoms and Findings Observed in at Least 10 of the Applicants	Number of Symptoms and Findings	Percentage of Applicants who were examined by a psychiatrist %*	Percentage Among Psychiatric Symptoms and Findings %
Anxiety	100	67.1	6.7
Difficulties in falling or staying asleep	92	61.7	6.1
Irritability and/or outburst of anger	81	54.4	5.4
Concentration difficulties	77	51.7	5.1
Memory impairment	73	49.0	4.9
Increase or decrease in sleep duration	53	35.6	3.5
Intense psychological distress at exposure to stimuli associated with the trauma	52	34.9	3.5
Intense physiological reactions to stimuli associated with the trauma	51	34.2	3.4
Responses of intense fear, helplessness or horror to the traumatic events experienced or witnessed	49	32.9	3.3
Recurrent distressing dreams of the event	47	31.5	3.1
Recurrent and intrusive distressing recollections of the traumatic event	45	30.2	3.0
Fatigue/weakness	44	29.5	2.9
Flashback experiences and acting or feeling as if the traumatic event were recurring	39	26.2	2.6
Feelings of detachment from others	39	26.2	2.6
Changes in appetite/weight (increase or decrease)	39	26.2	2.6
Markedly diminished interest or participation in significant events	39	26.2	2.6
Efforts to avoid activities, places or people that arouse recollection of the trauma	39	26.2	2.6
Exaggerated startle response	37	24.8	2.5
Hyper vigilance	37	24.8	2.5
Agitation (irritability, hyperactivity)	36	24.2	2.4
Sense of foreshortened future	32	21.5	2.1
Restricted range of affect (blunted affect)	27	18.1	1.8
Efforts to avoid thoughts, feelings or conversations associated with the trauma	27	18.1	1.8
Depressive Affect	25	16.8	1.7
Depressive mood	23	15.4	1.5
Diminished psychomotor activity	21	14.1	1.4
Decrease in sexual interest	18	12.1	1.2
Apathy	16	10.7	1.1
Suicidal thoughts or attempt	15	10.1	1.0
Not remembering significant parts of the trauma	15	10.1	1.0
Absent mindedness	14	9.4	0.9
Difficulties in decision making	14	9.4	0.9
Tension of Muscles	14	9.4	0.9
Desperation	13	8.7	0.9
Lack of self esteem	11	7.4	0.7
Other psychiatric findings	127	85.2	8.5
Total	1502		100.0

*Among the applicants who were examined by a psychiatrist

4- Diagnoses:

The evaluation of the diagnosis of the applicants involves 310 applicants who were diagnosed until the end of the year 2006. Regarding the 124 different diagnoses, it appears that soft tissue trauma was the most common among physical diagnoses (119 people, 38,4%); while posttraumatic stress disorder was the most common among psychiatric diagnosis (34 people, 11,0%). Compared to the previous year, there is an increase in soft tissue trauma and decrease in post-traumatic stress disorder. Main reason for this is that this year there has been an increase in the applications in acute period (those who were tortured in this year and applied to us immediately), but decrease in especially applications after being released from prison.

The most common 10 physical and psychiatric diagnoses and their frequency among the 310 applicants, who have been diagnosed, are presented in the tables 32 and 33.

Table 32. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to their physical diagnoses

Most Common 10 Physical Diagnoses	Number of Applicants	%
Soft tissue trauma	119	38.4
Myalgia	56	18.1
Cut or bruises on the skin	20	6.5
Gastritis	14	4.5
Infection of the urinary system	14	4.5
Lumbar discopathy	11	3.5
Lumbar strain	11	3.5
Bony Fracture	9	2.9
Periorbital ecchymosis	9	2.9

Table 33. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to their psychiatric diagnoses

Most Common 10 Psychiatric Diagnoses	Number of Applicants	%
PTSD (chronic)	34	11.0
Generalized anxiety disorder	33	10.6
Major depressive disorder, repetitive	31	10.0
PTSD (acute)	16	5.2
Acute stress disorder	10	3.2
Adjustment disorder	6	1.9
Other psychotic disorders	5	1.6
Damage of the psychosomatic reaction	3	1.0
Other anxiety disorders	3	1.0
Obsessive compulsive disorder	2	0.6

Out of the 333 applicants in the year 2006, no disorder connected to the torture and trauma period could be found in 17 of the applicants (5,1%).

When the relation between the diagnosis and the torture experienced by the applicant is examined, disregarding such diagnoses that were not related to the trauma, it appears that in 53,5 % of all diagnoses related to the trauma the torture period was regarded as the only etiological factor, in 30,1% of the cases it was regarded as one of the etiological factors, while in 16,4 % of the cases it aggravated or inflamed the pathological situation.

D- TREATMENT AND REHABILITATION PROCESS

This chapter includes the treatment and rehabilitation services provided in the HRFT Treatment and Rehabilitation Centres and their results.

1- Applied Treatment Methods

As regards the treatment methods applied on a total number of 333 applicants, it appears that 256 of them were given medication (76,9%), 117 people (35,1%) were given psychopharmacotherapy; 51 people (15,3%) people were given exercise programmes, 8 people (2,4%) were given physical treatment, 35 people (10,5%) received psychotherapy while 2 people (0,6%) were treated surgically. The distribution of the treatment methods is presented in Table 34.

Table 34. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to the treatment methods applied

Applied Treatment Methods	Number of Applicants	%
Medication	256	76.9
Psychopharmacotherapy	117	35.1
Recommendations on daily life	110	33.0
Exercises	51	15.3
Psychotherapy	35	10.5
Physical treatment	8	2.4
Orthopaedic implements (Orthesis, crutches, sole support, etc.)	8	2.4
Surgical treatment	2	0.6
Dental treatment	2	0.6
Total	589	1,8*

**The average number of treatment methods applied on one applicant.*

2- Results of the Treatment and Rehabilitation Applicants:

The results of the treatment and rehabilitation methods applied against the physical disorders found out in the applications to our Treatment and Rehabilitation Centres are presented in Table 35. 33 (9,91%) of the applicants with physical complaints or who had a finding discontinued their treatment process with various reasons. Compared to previous years, this ratio seems to be much lower.

Table 35. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to the results of physical treatment

Results of the Physical Treatment	Number of Applicants
The treatment was completed	196
The treatment continues	53
No disorder was detected related to torture or prison experience	41
The treatment was discontinued without a diagnosis	18
The treatment was discontinued	15
The diagnostic stage continues	10
Total	333

After all the evaluations by the consultant physician, all of the applicants are recommended to see a psychiatrist. 14 of those of who accepted this recommendation did not come to their appointment. Moreover in the case of 19 applicants, a psychological disorder was observed, however they did not accept the treatment and broke the contact. The ratio of discontinued applicants, including those who did not accept the treatment, is 28,0% and is much lower than the previous year (41,3%).

The results of psychiatric treatment processes applied to applicants to our Treatment and Rehabilitation Centres are presented in Table 36.

Table 36. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 according to the results of psychiatric treatment

Results of the Psychiatric Treatment	Number of Applicants
The treatment was discontinued	30
The treatment continues	61
The treatment was completed	32
The applicant did not want psychiatric treatment	19
No disorder was detected related to torture or prison experience	10
The applicant did not appear at the first appointment	14
The treatment was discontinued without diagnosis	3
The diagnostic stage continues	3
The psychological treatment of the applicant was undertaken by the physician working in the Centre	4
Total	186

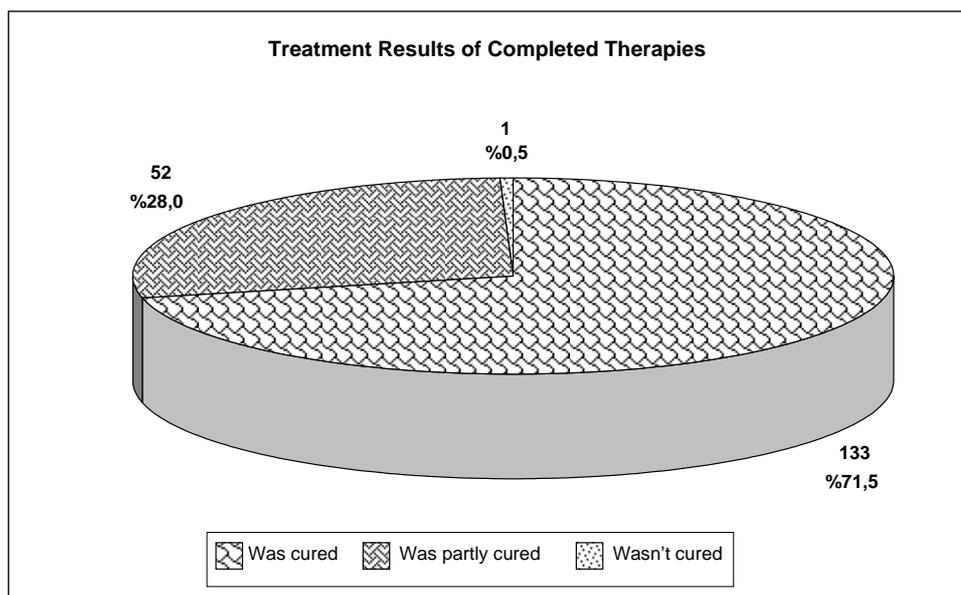
Among the applicants in 2006, 42 applications were discontinued. Compared to last year, the ratio of discontinued applications decreased from 32,1% to 12,6%. Treatment of 186 applicants, most of whom had acute physical or psychological illnesses was completed. The progress of the treatment and rehabilitation stages of all the applicants in 2006 until the end of the year is presented in Table 37.

Table 37. The results of the physical and psychiatric treatment stages of the applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006

Progress of the Files	Number of Applicants
The treatment was completed	186
The treatment continues	89
The treatment was discontinued	25
The treatment was discontinued without diagnosis	17
No illness was detected in connection with torture or prison experience	8
The diagnostic stage continues	8
Total	333

133 of the 186 applicants, whose treatments were completed in the year 2006, were cured completely, while 52 were partly cured (Graphic 8).

Graphic 8. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006, whose treatments were completed, according to the treatment results



II- EVALUATION OF THE APPLICANTS WHO WERE SUBJECTED TO TORTURE AND ILL-TREATMENT IN DETENTION IN THE YEAR 2006

This section contains a separate evaluation of the social and demographic characteristics, the information obtained on the process of torture and the medical evaluations of the 222 people among the applicants to the HRFT in the year 2006, who stated to have been subjected to torture in detention in the same year. By evaluating the data of torture in detention in 2006 in a separate section, it is aimed to describe the existing situation of torture in Turkey in 2006, and to evaluate medical problems that might be seen in those who apply to us immediately after being tortured.

Information on when and where the applicants were last subjected to torture, methods of torture, and conditions during the preparation of medical reports, legal procedure after detention, provide objective criteria with regard to the claims that torture still continues to be applied systematically. The fact that 222 people applied to HRFT in 2006 because of subjection to torture, and the increase in this number compared to the previous year (it was 193 in 2005) is a data confirming that torture is a systematical practice.

A- SOCIAL AND DEMOGRAPHIC CHARACTERISTICS

1- Age and Sex

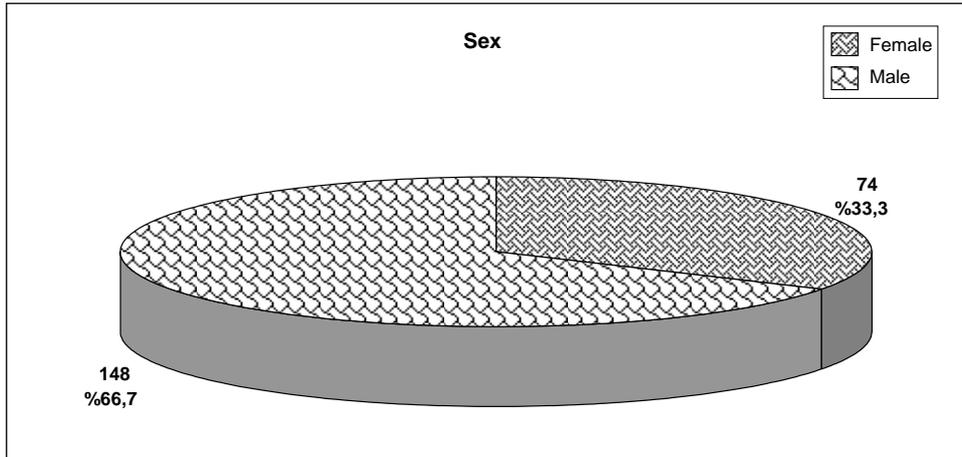
The age of the applicants varies between 14 and 79. The average age of the applicants is $29,6 \pm 11,4$. The average age of those who applied within this year is lower than the average age of all applicants because most of the chronic applicants are those who are released from the prison and are rather old. 22 applicants were at the age of 18 years or younger (9,9%). The distribution of the applicants according to age is presented in table 38.

Table 38. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year, according to their age

Age Group	Number of Applicants	%
0-18	22	9.9
19-25	85	38.3
26-30	39	17.6
31-35	20	9.0
36-40	16	7.2
41-45	17	7.7
46 and over	23	10.4
Total	222	100.0

148 of the applicants were male (66,7%) while 74 were female (33,3%) (Graphic 9). Usually the proportion of women among total applications in the same year is lower than that of those who have been subjected to torture during the same year. In 2006 this situation did not change.

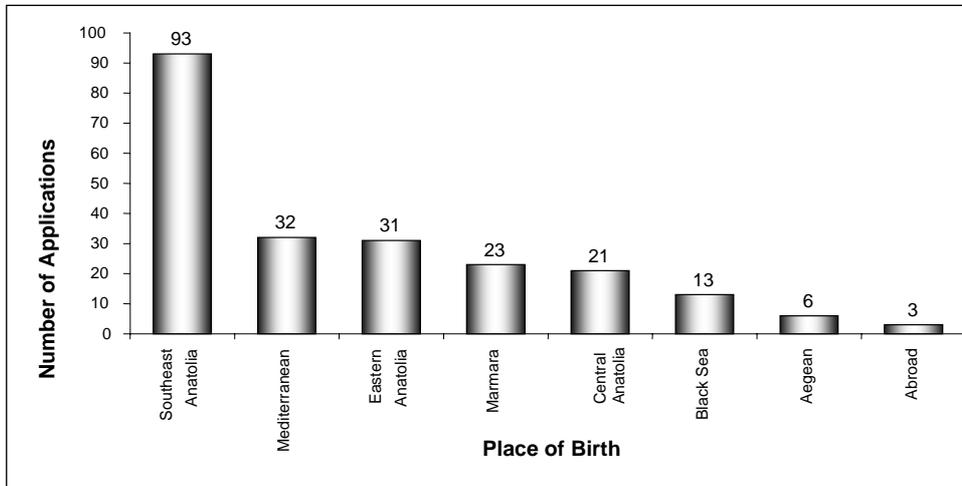
Graphic 9. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year, according to sex



2- Place of Birth

More than 2/5 of the applicants were born in the South-Eastern Anatolian Region, followed by those born in Mediterranean and Eastern Anatolian Regions. Those both in Eastern and South-Eastern Anatolian Regions compose 56%, Mediterranean Region 14,4%, Marmara Region 10,4 and Central Anatolia 9,5% of the applications. The regional distribution of the applicants according to their birthplaces is presented in Graphic 10.

Graphic 10. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year, according to their birthplace



When cities are taken as the units of places of birth, it becomes apparent, that most applicants were born in Diyarbakır (33 people, 14,9%), Siirt (20 people, 9,0%), Adana (19 people, 8,6%), İstanbul (17 people, 7,7%), Şanlıurfa (15 people, 6,8%), Mardin (11 people, 5,0%) and Tunceli (10 people, 4,5%).

As for the distribution of applicants according to birthplaces, the majority is at the applicants born in the South-Eastern Region. As mentioned at the first section, it can be assumed that this is not a coincidence and the situation results from these persons being of Kurdish origin. At the interviews done at the HRFT centres we are not asking or recording information on political views or ethnic origin of the applicants, other than the place of birth.

3- Education Level and Employment Status

110 (49,5 %) of the applicants graduated from secondary school or high school, 69 (31,1%) graduated from primary school or are literate, while 17 (7,7%) graduated or dropped out of university. 26 (11,7%) of the applicants are illiterate. Applicants who are currently primary school students are recorded as literate, high school students are as elementary school graduate and university students as high school graduate. A more detailed distribution of the education level of the applicants is provided in Table 39.

Table 39. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year, according to their education level

Education Level	Number of Applicants	%
High school Graduate	86	38.7
Primary School Graduate	55	24.8
Illiterate	26	11.7
Secondary School	24	10.8
Literate	14	6.3
College-University Graduate	10	4.5
College-University Drop Out	7	3.2
Total	222	100,0

Regarding the employment status of the applicants, it appears that 98 people (44,1%) were unemployed, 33 people (14,9%) were university students, 28 people (12,6%) were housewife, while 12 people (5,4%) were students of primary or secondary schools. There were also 3 members of the press (1,4%) among the applicants.

When all the applications are compared regarding the employment status, it is observed that there is a decrease in the ratio of unemployed and increase in the ratio of university students and housewives. This can be explained with the fact that the effect of the group of cronical applicants, people who were released from the

prison before, is non-existent in this group. It can also be claimed that the political views of the applicants which also caused their subjection of torture is also becoming an obstacle in finding a job.

The employment status of the applicants is presented in more detail in Table 40.

Table 40. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year, according to employment status

Profession or Employment	Number of Applicants	%
Unemployed	98	44.1
University Student	33	14.9
Housewife	28	12.6
Student of primary or secondary schools	12	5.4
Tradesmen (working in a shop or office of their own)	11	5.0
Employed in an NGO	9	4.1
Industrial worker in the private sector	8	3.6
Office craft in the private sector (secretary, bank clerk etc.)	7	3.2
Construction Worker	5	2.3
Journalist	3	1.4
Advocate	3	1.4
Pedlar	2	0.9
Retired	1	0.5
Office craft in the public sector (secretary, bank clerk etc.)	1	0.5
Farmer	1	0.5
Total	222	100,0

B- PROCESS OF TORTURE

Among the people who applied to the HRFT in 2006 because of torture and ill-treatment, 222 people were subjected to torture in detention in the same year. Although it is 231 applicants who were subjected to torture in 2006, 9 of them, whose most recent torture was in prisons, are not included in this evaluation. Only the information obtained from the 222 applicants, who were tortured under custody, is included in this evaluation.

1- The Process of Detention and Torture

Of the applicants, who were subjected to torture in detention in 2006, 189 (85,1%) stated that they were tortured because of political reasons, while 32

people (14,4%) gave ordinary offences as the cause of torture. 1 person stated that he was subjected to torture because of being a refugee. HRFT should carry on more active studies in order to eradicate the obstacles that cause the big majority of those people tortured because of ordinary offences to remain silent on this issue, to raise the awareness of those people in defending their rights and providing them with possibilities of treatment.

As regards the duration of the most recent detention of the applicants, it appears that 110 people (49,5%) remained in detention for less than 24 hours, while 82 people (36,9%) remained in detention between 24-48 hours. The duration of the detention of 2 people (1,0%) was between 5-30 days.

According to the information given by applicants to HRFT, it is complied with the legal detention period, except for 2 people. We have expressed that the detention periods should be shortened to prevent torture, for years. However, after the implementation of the new legal arrangement, the security forces developed new methods of torture. Additionally physical torture methods were applied before bringing detainee to the detention places and statements in compliance with this were made. Or people were abducted to isolated places and were tortured there. It can be seen from this example that without the necessary political authority, legal regulations to prevent torture does not really work in practice. The distribution of applicants according to the duration of the most recent detentions is presented in Table 41.

Table 41. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year, according to the duration of their most recent detentions

Duration of Most Recent Detention	Number of Applicants	%
Less than 24 hours	110	49.5
24-48 Hours	82	36.9
49-72 Hours	21	9.5
73-96 Hours	7	3.2
5-7 Days	1	0.5
16-30 Days	1	0.5
Total	222	100.0

As regards the places where the applicants were taken into detention, it appears that 139 people (62,6%) were taken from outdoors. The distribution of the places, where the applicants were last arrestment is presented in Table 42.

Our experience reflecting the high ratio of arrestment from outdoors shows that these practices facilitate the unregistered detention practices. Moreover, it is noticeable that in 2006 there is an increase in the number and ratio of arrests from

press offices, NGO office and similar institutions compared to previous years (in 2004 30 people, or 3, 3%, in 2005 19 people, or 2, 8%). This can be a sign of the increasing pressures on democratic organisations where democratic rights and freedom of association is practiced.

Table 42. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year, according where they were arrested from

Place of Most Recent Arrestment	Number of Applicants	%
From Outdoors	139	62.6
From an Organisation (NGO office, press offices, etc)	56	25.2
From Home	14	6.3
From Public Institution	7	3.2
From Workplace	4	1.8
Other	2	0.9
Total	222	100.0

The distribution of the hours the applicants were taken arrested is given in Table 43.

Table 43. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year, according to the time of their most recent arrest

The hour of the most recent arrest	Number of Applicants	%
08:00 - 18:00	164	73.9
18:00 - 24:00	46	20.7
24:00 - 08:00	12	5.4
Total	222	100.0

As regards the place where the applicants were tortured during their last detention periods, it appears that 135 people (60,8%) were tortured in security centres, 41 people (18,5%) outdoors, while 30 people (13,5%) were tortured in police stations. While in 2005, torture at outdoors was the most common; in 2006 this was replaced by security centres, again. Since in the previous years, torture numbers at security centres were the highest, it is more convenient to explain why this number was low last year.

The distribution of the applicants according to the place where they were tortured is presented in Table 44.

Table 44. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year according to the place of most recent torture in detention

Place of Most Recent Torture in Detention	Number of Applicants	%
Security centre	135	60.8
Outdoors	41	18.5
Police station	30	13.5
In the car	4	1.8
Gendarmerie headquarters	3	1.4
Gendarmerie station	3	1.4
Home	1	0.5
Other	2	0.9
Not known/not remembered	3	1.4
Total	222	100.0

As regards the regions in which the applicants were last subjected to torture, it appears that the most common region is the Mediterranean Region followed by the Marmara and South-Eastern Anatolia regions (Table 45). Looking at the distribution of the applicants who were tortured in 2006 according to the HRFT Treatment Centres, it is observed that Adana takes up the first place.

Regarding the cities in which the applicants were last subjected to torture, it appears that Adana, İstanbul, Diyarbakır, İzmir, and Ankara take up the first places. One of the reasons of why the number of applicants who were tortured in Adana is high is that approximately 200 people were detained during the demonstrations on February 15, and after the detention some of them applied to our Foundation claiming that they were tortured. The distribution of the applicants according to the cities in which they experienced torture in detention is presented in Table 46.

Table 45. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year according to the regions in which they last experienced torture

Region of Most Recent Torture	Number of Applicants	%
Mediterranean	84	37.8
Marmara	68	30.6
South-Eastern Anatolia	30	13.5
Aegean	19	8.6
Central Anatolia	8	3.6
Eastern Anatolia	7	3.2
Black Sea	5	2.3
Abroad	1	0.5
Total	222	100.0

Table 46. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year according to the cities in which the applicants where last subjected to torture

City of Most Recent Torture	Number of Applicants	%
Adana	79	35.6
İstanbul	60	27.0
Diyarbakır	29	13.1
İzmir	16	7.2
Ankara	8	3.6
Kocaeli	7	3.2
Sakarya	5	2.3
Tunceli	4	1.8
Mersin	3	1.4
Erzurum	2	0.9
Osmaniye	2	0.9
Elazığ	1	0.5
Kırklareli	1	0.5
Manisa	1	0.5
Muğla	1	0.5
Uşak	1	0.5
Şanlıurfa	1	0.5
Abroad	1	0.5
Total	193	100,0

Looking at the centres of the most recent torture in detail, it appears that there is the most intensity of cases at Anti-Terror Branch (ATB) in Adana (67 people, 30, 2%). Additionally, ATB's in Diyarbakır, İzmir and Tunceli reflects a similar situation. Gebze Security Centre and İstanbul Beyoğlu Police Station, spring to the eye. In the following years we will carry out studies in order to examine the listed centres and torture cases in more detail. The centres of the most recent torture in which more than 3 cases observed are listed in Table 47.

Table 47. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year according to the centres in which they last experienced torture.

Centre of last torture in detention	Number of Applicants	%
Adana ATB	67	30,2
Diyarbakır ATB	22	9,9
Gebze Security Centre	7	3,2
Beyoğlu Police Station	4	1,8
İzmir Buca Sub-Provincial Security Centre ATB	4	1,8
Adana Security Centre	3	1,4
Denizli Police Station	3	1,4
Gayrettepe Security Centre	3	1,4
İzmir Menemen Sub Provincial Security Centre	3	1,4
Kartaltepe Police Station	3	1,4
Şehremini Police Station	3	1,4
Tunceli ATB	3	1,4
Other Security Centres and ATB	24	10,8
Other Police Stations	15	6,8
Other Gendarmerie headquarters and JİTEM	4	1,8
Other Gendarmerie station	3	1,4
Other	2	0,9
Does not know/remember	3	1,4
Was not subjected to torture at a centre *	46	20,7
Total	222	100,0

**Those who were subjected to torture outdoors, at home, in a car or at other places*

Table 48 presents the distribution of torture methods that our applicants were subjected to during the most recent torture. While beating is the most commonly used torture method according to the statements of the applicants tortured in 2006 in detention, it is thought provoking that the following most common methods are psychological torture methods. According to the amnesis of the applicants, it is found out the beating is mostly practiced before entering the place of torture (before the registration). After entering the detention place, other methods are used.

Table 48. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year according to the methods of torture.

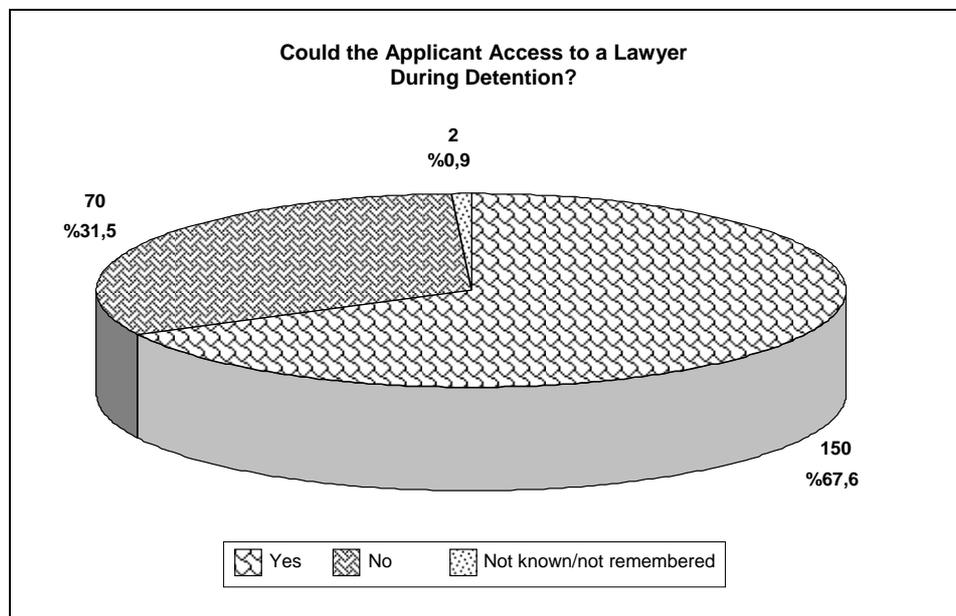
Torture Method	Number of Applicants	%
Beating	199	89.6
Insulting	188	84.7
Humiliating	109	49.1
Threats against the person	89	40.1
Forcing to obey nonsensical orders	79	35.6
Subjecting to chemical substances	74	33.3
Forcing to witness torture (auditory/visual)	73	32.9
Forcing to extensive physical activity	66	29.7
Death threats	64	28.8
Continuously hitting on one part of the body	64	28.8
Forcing to wait on cold floor	63	28.4
Pulling out hair/moustache/beard	42	18.9
Threats against relatives	40	18.0
Restricting food and water	37	16.7
Torturing in the presence of relatives and friends	33	14.9
Other positional torture methods	32	14.4
Sexual harassment	30	13.5
Restricting defecation and urination	28	12.6
Verbal sexual harassment	28	12.6
Restricting sleep	26	11.7
Stripping naked	18	8.1
Forcing to listen to marches or high volume music	12	5.4
Physical sexual harassment	11	5.0
Cell isolation	10	4.5
Suffocating	7	3.2
Blindfolding	6	2.7
Pressurized/cold water	4	1.8
Asking to act as an informer	2	0.9
Squeezing testicles	2	0.9
Mock execution	2	0.9
Medical intervention without consent by force	2	0.9
Suspending on a hanger	1	0.5
Suspending or crucifying	1	0.5
Electricity	1	0.5
Rape	1	0.5
Burning	1	0.5
Other	4	1.8
Total	1449	6.5*

**The average number of torture methods a person was subjected to.*

2- Legal Procedures During and After Detention

150 (67,6%) of the applicants stated that they were able to have an interview with a lawyer during their detention (Graphic 11).

Graphic 11. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year according to their access to a lawyer



The number of applicants who were released by the Prosecution Office or Court after their last detention is 90 (40,5%). 68 applicants (30,6%) were arrested, 62 applicants (27,9%) were set free without facing prosecutor. Trials for 118 applicants (53,2%) are going on, and 3 trials (1,4%) were resulted in conviction (Table 49 and 50).

Table 49. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture according to their situation after detention

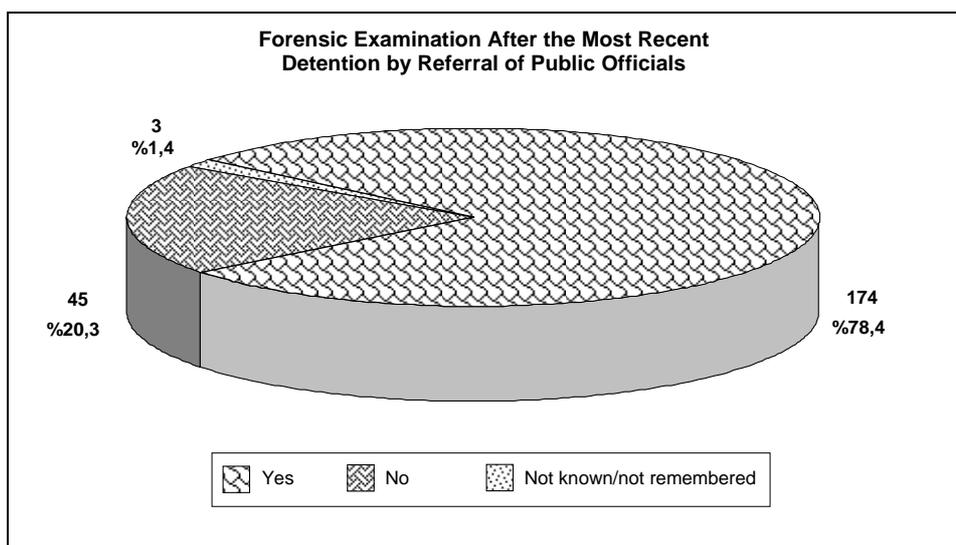
Situation After Most Recent Detention	Number of Applicants	%
Was set free by prosecution office or court	90	40.5
Was arrested	68	30.6
Was set free without facing prosecutor	62	27.9
Does not know/ remember	2	0.9
Total	222	100.0

Table 50. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture according to the process of their trial after their last detention

Trial Process After Last Detention	Number of Applicants	%
Applicant was charged, the trial continues	118	53.2
Applicant was not tried	62	27.9
Not known whether there is a trial	33	14.9
Applicant was tried and convicted	3	1.4
Applicant was tried, result unknown	3	1.4
Applicant was tried and acquitted	1	0.5
Does not know/ remember	2	0.9
Total	222	100.0

The number of applicants who were referred for a forensic report, after the most recent detention, with the initiative of a public officials is 174 (78,4%) (Graphic 12).

Graphic 12. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year according to whether they were referred for a forensic report by public officials



Almost half of these 174 applicants (79 people, 45,4%) were examined in the branches of Forensic Medicine Institute, while 61 of them were examined in hospitals or health centres (Table 51). Furthermore, 18 people stated that they went for a forensic reports on their own initiative.

Table 51. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year according to their place of forensic medical examination after their most recent detention

Place of Forensic Medical Examination After Most Recent Detention	Number of Applicants	%
Branch of Forensic Medicine Institute	79	45,4
Hospital	61	35,1
Health centre	18	10,3
Place of Detention	10	5,7
Forensic Medicine Institution	2	1,1
Not known/not remembered	4	2,3
Total	174	100,0

As regards the statements of the 174 applicants who underwent forensic medical examination after detention, approximately 2/3 or the applicants reported that the security forces were taken out of the room during the forensic medical examination (112 people, 64,4%), that the forensic doctor took note of their complaints (117 people, 67,2%), that the forensic doctor provided himself with the anamnesis of the applicants (103 people, 59,2%), but only about half of them (91 people, 52,3%) stated that the doctor examined as he ought to, and a quarter of them stated that he/she wrote a report in accordance with the findings (46 people, 26,4%) (Table 52).

Table 52. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year according to their evaluation of the forensic examination process after detention.

Evaluation of Forensic Examination	Yes	%	No	%	Not Known/not remembered	%	Total	%
Were the security forces taken out of the room during the forensic medical examination?	112	64,4	60	34,5	2	1,1	174	100
Did the forensic, doctor take note of the complaints?	117	67,2	55	31,6	2	1,1	174	100
Did the forensic doctor provide himself with the anamnesis of the patient?	103	59,2	69	39,7	2	1,1	174	100
Did the forensic doctor examine as he ought to?	91	52,3	82	47,1	1	0,6	174	100
Did the forensic doctor write a report that was in accordance with the findings?	46	26,4	66	37,9	62	35,6	174	100

57 the applicants (25,7%) stated that they were subjected to torture during their interrogation in court or prosecution office and 39 people (17,6%) made a claim to the prosecution office after detention period. Furthermore, 4 applicants made a claim to the prosecution office on the advice of the HRFT. Some of these were directed to Medical Chambers to get alternative reports. 119 people (53,6%) people stated that they did not make any claim about being subjected to torture.

3- Imprisonment Phase

Among those applicants, who were tortured in detention in 2006, 98 people (44,1%) have been imprisoned at one point or other. The number of those who were imprisoned after their most recent detention is 75 (33,8%). The duration of their stay in prison varies between 6 days and 8 months. The average duration is 3 months (Standard variation: 1,0, Median: 3 months).

C- MEDICAL EVALUATION

This chapter contains information on the health situation of the applicants, which was obtained from the anamnesis, physical examination and other tests, made by physicians working at the Centres together with consultants (psychiatrists, physiatrists, orthopedist, ophtalmologists, ENT experts etc).

1- Medical Complaints of the Applicants

All of the 222 applicants who were subjected to torture in detention, in the year 2006 had physical or psychological complaints. The applicants stated 1317 different complaints. Looking at the distribution of these complaints according to systems, it is noticed that most of them are psychological (34,6%). Musculoskeletal system (21,8%) and dermatological complaints (13,4%) take up the second and third place. The distribution of the complaints in this way is consistent with the torture methods the applicants were subjected to (Table 53).

Table 53. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year according to the frequency of their physical and psychological complaints

Systems	Number of Complaints	%
Psychological	456	34.6
Musculoskeletal	287	21.8
Dermatological	177	13.4
Neurological	76	5.8
General	72	5.5
Ear, Nose and Throat	52	3.9
Urogenital	51	3.9
Ophthalmological	40	3.0
Digestive	34	2.6
Respiratory	33	2.5
Cardiovascular	20	1.5
Oro-dental	15	1.1
Endocrinological	4	0.3
Total	1317	100.0

The most common psychological complaints are those related to sleeping problems and appear in 29,3% of the applicants. The most common physical complaint is headache (59 people). Following this come skin discoloration and general pain in the body as physical complaints. The most common 10 physical and psychological complaints are presented in Tables 54 and 55.

Table 54. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year according to the frequency of their physical complaints

10 Most Common Physical Complaints	Number of Complaints	Percentage Among the Applicants	Percentage Among the Physical Complaints
Headache	59	26.6	6.9
Discoloration of skin	51	23.0	5.9
General pain in the body	34	15.3	3.9
Neck pain	33	14.9	3.8
Swelling	29	13.1	3.4
Back pain together with pain in leg	29	13.1	3.4
Backache	29	13.1	3.4
Shoulder pain	28	12.6	3.3
Traces of Trauma	26	11.7	3.0
Fatigue/weakness	22	9.9	2.6
Other physical complaints	521	-	60.5
Total	861		100,0

Table 55. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year according to the frequency of their Psychological complaints

10 Most Common Psychological Complaints	Number of Complaints	Percentage Among the Applicants	Percentage Among the Psychological Complaints
Sleeping problems	65	29.3	14.3
Irritability from the Police	42	18.9	9.2
Anxiety	41	18.5	9.0
Irritability	35	15.8	7.7
Fear	30	13.5	6.6
Fright	27	12.2	5.9
Memory Impairment	26	11.7	5.7
Flashbacks	24	10.8	5.3
Nightmares	23	10.4	5.0
Tension	22	9.9	4.8
Other psychological complaints	121	-	26.5
Total	456		100.0

2- Findings of the physical examinations

As a result of physical examinations among the applicants who were tortured during detention in 2006, 207 of the 222 applicants were observed to have physical disorders. The total number of physical findings is 651. The findings in connection with the dermatological system (35,2%) and muscoskeletal system (31,6%) were the most common findings (Table 56).

Table 56. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year, according to the physical findings

Systems	Number of Findings	%
Dermatological	229	35.2
Musculoskeletal	206	31.6
Ear, Nose and Throat	58	8.9
Ophthalmological	38	5.8
Urogenital	37	5.7
Digestive	31	4.8
Oro-dental	27	4.1
Cardiovascular	8	1.2
Respiratory	8	1.2
Neurological	6	0.9
Disorder in manual skills	3	0.5
Total	651	100,0

The most common physical findings are muscular pain and sensitivity (41,0%) and ecchymosis on the skin (40,1%) The distribution of the most common 10 findings and other findings is presented in Table 57.

Table 57. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year, according to the physical findings

The Distribution of the Most Common 10 Findings	Number of Complaints	Percentage Among the Applicants	Percentage Among the Psychological Complaints
Muscular pain and sensitivity	91	41.0	14.0
Ecchymosis	89	40.1	13.7
Erosion	38	17.1	5.8
Costovertebral sensitivity	33	14.9	5.1
Pain and restriction of the movements of the neck	22	9.9	3.4
Crusted wound	21	9.5	3.2
Edema	20	9.0	3.1
Pain and restriction of the movements of the neck	19	8.6	2.9
Scar tissue	17	7.7	2.6
Sensitivity in stomache	15	6.8	2.3
Other psychical findings	286	-	43.9
Total	651		100.0

Table 58. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year, according to their psychological symptoms and findings

Psychological Symptoms and Findings Observed in at Least 10 of the Applicants	Number of Symptoms and Findings	Percentage Among the Applicants*	Percentage Among Psychological Symptoms and Findings
Anxiety	51	72.9	7.1
Difficulties in falling or staying asleep	47	67.1	6.5
Irritability and/or outburst of anger	39	55.7	5.4
Concentration difficulties	34	48.6	4.7
Memory impairment	31	44.3	4.3
Intense physiological distress at exposure to stimuli associated with the trauma	29	41.4	4.0
Increase or decrease in sleep duration	29	41.4	4.0
Intense psychological distress at exposure to stimuli associated with the trauma	27	38.6	3.8
Response of intense fear, helplessness or horror to the traumatic events experienced or witnessed	27	38.6	3.8
Recurrent distressing dreams of the event	26	37.1	3.6
Recurrent and intrusive distressing recollections of the traumatic event	23	32.9	3.2
Fatigue/weakness	23	32.9	3.2
Flashback experiences and acting or feeling as if the traumatic event were recurring	22	31.4	3.1
Changes in appetite/weight (increase or decrease)	22	31.4	3.1
Exaggerated startle response	20	28.6	2.8
Efforts to avoid activities, places or people that arouse recollection of the trauma	20	28.6	2.8
Intense vigilance	19	27.1	2.6
Markedly diminished interest or participation in significant events	19	27.1	2.6
Sense of detachment or estrangement from others	17	24.3	2.4
Agitation (irritability, hyperactivity)	15	21.4	2.1
Restricted range of affect (blunted affect)	15	21.4	2.1
Sense of foreshortened future	14	20.0	1.9
Efforts to avoid thoughts, feelings or conversations associated with the trauma	14	20.0	1.9
Depressive affect	12	17.1	1.7
Other psychological symptoms or findings	124	-	17.2
Total	719		100,0

*Among the applicants examined by a psychiatrist.

3- Psychiatric Symptoms and Findings:

70 of the applicants (31, 5%) had an interview with a psychiatrist. The interviews with these applicants revealed psychiatric symptoms and findings. Regarding the distribution of them, it appears that more than half of the applicants who were examined by a psychiatrist displayed anxiety, difficulties in falling or staying asleep, irritability and/or outburst of anger. Psychiatric symptoms and findings observed in 10 and more of the 70 applicants are presented in Table 58.

4- Diagnoses:

The evaluation of the diagnoses involved 210 applicants, who were diagnosed until the end of 2006. Regarding the 77 different diagnoses, it appears that soft tissue trauma was the most common among physical diagnosis (119 people, 53,6%), while acute generalized anxiety disorder was the most common among psychiatric diagnoses (23 people, 10,4%). The most common 10 physical diagnoses, the psychiatric disorders diagnosed on two or more people and their frequency among the 210 applicants who have been diagnosed, are presented in the tables 59 and 60.

Table 59. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year, according to the frequency of the most common physical diagnosis

The 10 Most Common Physical Diagnoses	Number of Applicants	%
Soft tissue trauma	119	56.7
Myalgia	55	26.2
Cuts or bruises on the skin	20	9.5
Infections of the urinary system	13	6.2
Bone fracture	9	4.3
Periorbital Ecchymosis	9	4.3
Traumatic conjunctivitis	6	2.9
Pharengitis	5	2.4
Lumbar Strain	5	2.4

Table 60. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in the year 2006 who were subjected to torture in said year, according to the frequency of the most common psychiatric diagnosis

Psychiatric Diagnosis Diagnosed on at Least Two People	Number of Applicants	%
Generalized anxiety disorder	23	11.0
PTSD (Acute)	14	6.7
Acute stress disorder	10	4.8
PTSD (Chronic)	9	4.3
Major depressive disorder, Repetitive	9	4.3
Other Psychotic Disorders	3	1.4
Somatization Disorders	2	1.0
Obsessive compulsive disorder	2	1.0

When the relation between the diagnosis and the torture experienced by the applicant is examined, except for such diagnoses irrelevant to trauma, it appears that in 67,5 % of all diagnoses related to the trauma, the torture period was considered as the only etiological factor, in 16,6% of the cases it aggravated or inflamed the pathological situation, while in 15,9% of the cases it was regarded as one of the factors.

In 5 of the applicants (2,3%) out of 222, who were subjected to torture in detention in the year 2006, no disorder connected to the torture and trauma period could be found.

III- EVALUATION and CONCLUSION

The main aim of the HRFT - an organization working on the prevention and abolition of torture - is to contribute in a world and Turkey where torture is non-existing.

The decrease in number of applications in 2006 can be explained by positive developments such as decrease in detention periods, increase in access to an advocate, however they are not enough to eliminate torture completely. Despite the statement “zero tolerance to torture” by the governmental authorities and some positive legal amendments for prevention of torture in the past few years, the torture cases occurred during Diyarbakır events in March 2006 demonstrates that the approaches on this issue has not become a real will power. The tendency not to punish the act of torture in criminal, administrative, and practical respects has been an important factor in the continuation of it. In other terms, it is continued to show “tolerance to torturer” instead of “zero tolerance to torture”.

Torture involves every kind of violence against the personal integrity of detained people. This violence practiced one by one on individuals at the same time has an important function in the reproduction of violence at the societal level. In this respect, while quantitative evaluations remain to be important, the torture phenomenon has a meaning beyond quantitative evaluations.

The characteristic features of our Treatment and Rehabilitation Centres studies in 2006 can be summarized as follows:

- It is contributed in the treatment and rehabilitation of 337 tortured people (692 in 2005) in 2006.

- When it is considered that the number of applicants is 337, there is an important decrease in the yearly number of applications compared to the previous year.
- Despite this decrease in the number of applications, there is an increase in the ratio of those who are tortured within the same year. While in 2005, the number of applicants who were tortured within the same year was 193, for 2006 this number is 222. This is an important indication for us that we should carry on our studies with commitment in the upcoming periods.
- After the Turkish Penal Code that was prepared in 2004 but brought into effect on June 1, 2005, there has been an important increase in the releases from prisons by the end of 2004. In 2004 404, in 2005 240, and in 2006- when there was a general decrease in releases from prisons- 107 people applied to our Treatment Centres after released from prison.

If we make a general evaluation regarding the torture phenomenon in Turkey;

- There is a considerable decrease in the detention periods in the past few years.
- While beating and psychological methods gain weight as torture methods, there is a decrease in the methods known as classical.
- There is a re-increase in the ratio of torture (58,9 %) at the security centers (where special units are charged) as a place of torture.
- In addition to this there continues to be a considerable increase in torture in the places other than those known as official places of torture (outdoors, inside the car, etc...).
- The cases of torture that occur throughout the year as a result of "abductions", that appear very much planned, are especially noticeable. These cases show that torture is being practiced and would be practiced again when is felt necessary by some sections. Since the official authorities deny the existence of these cases, it is impossible to investigate who is responsible, and to punish them.
- It is also observed that there is a considerable increase in direct and systematized violence practiced by the security forces especially during the meetings and demonstrations without detaining.

- Among our findings is that the prison practices in our country also has an impact in reproduction of torture culture and violence.
- The ratio of the applicants who were tortured within this year is 65,8% and there are 222 real persons. Considering this, beyond a quantitative evaluation, it should be kept in mind that torture is still practiced. Therefore despite the decline in the number of applicants compared to the previous year, 337 people were treated and rehabilitated at our Treatment Centres. Related to the decline in the number of applicants, we have started a more active study on accessing the tortured people, to some extend. We will pay attention to plan this study keeping in mind that there has been 1 million people tortured since 1980 and also for the new applications.
- Throughout our study on the applicants who were released from prison (in 2003 337, in 2004 404, in 2005 240, and in 2006 107 applications), in addition to cronical complaints , we are unfortunately facing with the results of the prisons policy implemented especially for the past 5 years.

Our applicants in the past few years display a different profile than the applications to HRFT after released from prison in the previous years. In the recent period, we see the tangible results of the prisonment practices based on isolation ,which we used to express and foresee theoretically previously (the complaints and diagnoses of our applicants draw attention).

Some practices that start with F type prisons as prototype based on isolation and violence and turn into general practices in some prisons have an important role in the reproduction of the violence culture be it at personal or at the societal level.

Isolation policies are going on at the F Type prisons. It should be remembered that isolation is a human rights violation on its own and it can not be accepted as a torture method. Despite the relative enhancement in the situation of isolation conditions thanks to the regulation of Ministry of Justice published on January 22, 2007, the existence of this problem is ongoing. As a result of the mentioned relative enhancement, the hunger strikes/death fasts, which had been going on for 10 months, were interrupted/ ended.

- Moreover according to the information HRFT could reach, at least 9 people died in the prispons due to the reasons such as death fasts, suicide, fights, insufficient health conditions. It is obvious that the real number is much higher than this.

- To contribute in the solution of these problems, we are planning retrospective and prospective scientific studies (the presentation name "isolation" during the International Trauma Meeting organised on 1-4 December 2005 has been very leading). Our scientific studies on isolation will be handled during the International Trauma Meeting that will take place on 7-9 December 2007.
- Considering the destruction that the system in the prisons based on isolation and violation created, and starting from the need to intensify the psychological treatment to our applicants, our studies on this field should be made activer. (in addition to the studies carried out in the previous terms, the programme "Additional Psychotherapy Training for physicians and psychologists in Turkey " which was started in 2006 will make an important contribution in this subject).
- As we have been mentioning in the past few years; as a result of the deepening inequality in the world, and especially the efforts of the so called developed countries to restrict the mobility of the persons and fastening the programmes of deporting refugees back, "refugee issue" has gained a futher importance with respect to treatment and rehabilitation studies.
- The responses we have given to the applicants to HRFT regarding the attempts of deporting the asylum seekers back to Turkey is contributing in the prevention of refolement process.
- In the meanwhile in Turkey, which is an important crossroads in the human mobility, we have started a study due to the subjection of mentioned people to torture, on their applications and we have negotiated with UNHCR on the issue. We are working on "what can be done" on directing tortured refugees to HRFT, training of the interviewers with refugees on interview techniques, and "care for caregivers".
- The initiative that we have been working on for a long time called "training, research and implementation centre on torture and trauma" , treatment and rehabilitation services on torture and man-made trauma, the issue of becoming a better qualified center including documentation, archive, scientific research, national- international training, publication, etc. is an important focus for the upcoming period on the condition that it will be made into a project. Considering our accumulation of knowledge, rich network including the academia, and expectations from HRFT, we believe that this approach, which seems to be possible, will provide important contributions

in prevention of torture. For realisation of this dream, with no suspect, it is a precondition to multiply our dreams and accumulations by sharing with others. These studies, considering the attempts of legitimizing torture in the world, will provide important openings, not only for our country, but at the international level, mainly our region.

The HRFT, which spends great efforts to prevent torture and at the same time work on the treatment of the health problems that tortured people encounter, will determinedly continue to work with the aim of contributing into the dream of creating a world and Turkey where such efforts will be needless.

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01. Turkey Human Rights Report 1991 (Turkish-English)
02. Turkey Human Rights Report 1992 (Turkish-English)
03. HRFT Treatment and Rehabilitation Centers Report 1990-1992 (Turkish-English)
04. Turkey Human Rights Report 1993 (Turkish-English)
05. File of Torture – Deaths in Detention Places or Prisons 12 September 1980-1994
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06. HRFT Treatment and Rehabilitation Centers Report 1993 (Turkish-English)
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11. HRFT Treatment and Rehabilitation Centers Report 1994 (Turkish-English)
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14. Turkey Human Rights Report 1995 (Turkish-English)
15. HRFT Treatment and Rehabilitation Centers Report 1996 (Turkish-English)
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18. Turkey Human Rights Report 1996 (Turkish-English)
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25. HRFT Treatment and Rehabilitation Centers Report 2000 (Turkish-English)
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