



HRFT
Human Rights Foundation of Turkey

TREATMENT and REHABILITATION CENTRES REPORT 2009

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Turkish version of
Treatment and Rehabilitation Centers Report-2009
is available at the HRFT



***"An ember burns
where it falls
and we, twenty years
later are still at
where the ember has
fallen"***

Human Rights Foundation of Turkey

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FOREWORD

Şebnem Korur Fincancı¹

Another year has passed during which we have tried to intervene in the struggle for human rights. We have published the activities of the headquarters of the Human Rights Foundation of Turkey (HRFT) and its Treatment and Rehabilitation Centres in various reports throughout the year. Whether these activities are sufficient compared to the gravity of the problems can be discussed. However, with the help of our friends who support the HRFT activities and especially the HRFT staff who not only work in the field of human rights but make it their daily struggle to prevent human rights violations, we continue to look forward to the future.

As far as human rights are concerned, we are in a difficult period with hope on one side and concerns on the other. Not only in Turkey, but all over the whole world we encounter attitudes of total lack of respect for human rights. While we are working for the promotion and protection of human rights in a world where human rights are much talked about but only insufficiently respected and while we are trying to overcome almost insurmountable obstacles, what we do to raise awareness on human rights issues may often seem insufficient.

We spent a year of hope, because for the first time in Turkey we met people outside our immediate environment in order to promote the idea that everybody in our society shares a part of responsibility in the effective fight against torture and to take some first steps for the fulfilment of this responsibility. Since the publication of the Istanbul Protocol 10 years ago we have carried out many the Istanbul Protocol trainings together with many friends and human rights activists from different disciplines. However, the majority of the 3,476 medical doctors whom we met this time were part of a group that we had almost never had the opportunity to meet before and carrying quite different concerns. 83 % of this group of medical doctors considered that it is acceptable to examine a patient in the presence of a policeman, 62 % considered that a psychiatric examination is not to be included in the documentation of torture

¹ President of the HRFT, Professor, M.D

and 31 % considered that under certain circumstances torture could be legitimated. However, today there are many hospitals that have separate and more appropriate examinations rooms and there is a separate forensic medical emergency duty apart from a general medical emergency duty where doctors aware of the absolute prohibition of torture are trying to do their best for an effective documentation of torture. Some of the medical doctors whom we never had the opportunity to meet before, have now for the first time come to the HRFT, obtain our publications and ask how they can contribute to our work.

Yet, there are quite many contradictions. These medical doctors are facing investigations; some have even been taken into custody recently. They have never been in such a situation before, but for those who have been involved in the human rights struggle for a long time and know these kinds of situations the contradictions have come to a sharper point. This year we witnessed how many of our friends and colleagues have been target and taken into custody because of their involvement in the human rights struggle. Members of the executive boards of the Human Rights Association's (HRA) headquarters and branches have been arrested and continue to be arrested. The applicant records of the HRA have been seized. The freedom of thought and expression continues to be violated and those daring to think, speak and write continue to be investigated and tried. Yet, those who rarely ever face any investigation or trial are the torturers themselves as impunity continues to be the norm. While medical doctors see and identify traces of torture and ill-treatment, decisions of non-prosecution continue to be taken because the wounds only require simple medical treatment. As if this was not enough, the victims often face investigations and trial for having resisted or attacked a police officer on duty. To explain the human rights violations that our children are being subjected to an entire separate report would be necessary. You will read in our report that this year we had to take far more children applicants into our programmes than we had initially foreseen. Unfortunately, children continue to be prosecuted in heavy penal courts and are considered to be members of illegal organisations because of allegedly having stone marks on their hands. Slingshots are also considered as the weapons of an organised fight. In the face of such serious human rights violations there seems to be no time left for a thorough examination of the prison conditions.

While all of these serious human rights violations were taking place during the discussions on the so-called democratic opening, shortly after these discussions thousands of people were arrested including members of the local administration of the Kurdish regions. Although issues such as the constitutional debates, changes in the Anti-Terrorism Law or the establishment of a National Human Rights Institution would need the input from all parts of society and a widespread debate, public discussions and meetings lack sincerity and therefore end without any results and in the end the fight about political rants destroys any hope for a just solution. Rising tensions are fomenting conflicts within society.

We know that this lack of sincerity exists everywhere. In Spain, a judge, Baltasar Garzón is threatened with suspension from office for 20 years for attempting to investigate the disappearance of 114,000 people during the Francoist regime. In Indonesia a group of people carrying the flag of Papua was arrested for rebelling. While in Turkey the TEKEL workers were struggling for better working conditions, workers in the Iranian sugar industry, the Russian water industry, the Pakistani hotel industry and the British airway industry are also struggling for better working conditions and wages, are being arrested and put on trial.

The struggle for human rights is a hard struggle. The Human Rights Foundation of Turkey has been involved in this struggle for the past 20 years and provided a range of examples in this field on the national and international level. Yet, the current situation forces us to make urgent calls on the public and authorities more often. In such a situation we need to stand united and continue with our struggle for the protection of human rights.

Remembering the past 20 years and that the darkest moment of the night is the moment just before dawn; we hope to watch the sunrise together...

INTRODUCTION

Metin Bakkalçı²

For over half a century now torture has been absolutely prohibited under international human rights and humanitarian law. This absolute prohibition means that no exception whatsoever under any circumstances is allowed, including wartimes and states of emergency. Together with the prohibition of slavery the prohibition of torture is thus one of the distinctive features of enlightenment and modernisation in the history of mankind.

Yet, torture continues to be used as one of the most repressive instruments of modern state power. Furthermore, the data of international human rights organisations shows that torture is not only used in military dictatorships and authoritarian regimes but also in “democratic” countries. Finally, in many countries torture often results in death.

Unfortunately, the situation in our country is not much different from the situation elsewhere. Although the 60th Government has repeatedly maintained that its “zero tolerance for torture” policy has been successful and despite constitutional and other legal safeguards as well as the ratification of various international human rights instruments, torture continues to be systematically applied in our country.

While 2009 was a year during which democracy and “openings” were much talked about, our data, which we have repeatedly shared with the public whether in press releases or in special reports, shows that in reality human rights as the prohibition of torture and ill-treatment, right to life, freedoms of expression and association, and prisoner’s right continue to be violated widely. Furthermore, the use of excessive violence by security forces and the ongoing impunity and protection by the authorities of such behaviour continued to be evident features of the human rights situation in 2009. Moreover, members of the executive board of the headquarters and local branches of the Human rights Association, one of our founders, were subject to repression such as detention, arrest and imprisonment.

² General Secretary of the HRFT, M.D.

Particular attention needs to be drawn to the fact that this repressive environment which covers all those parts of society which oppose the current policies, including the TEKEL workers and public servants also affects thousands of children being detained and arrested for having participated in demonstrations or thrown stones during demonstrations. Thus, in 2009 alone 177 children were sentenced to a total of 772 years imprisonment.

Naturally the results of this atmosphere have influenced the activities of the Human Rights Foundation of Turkey (HRFT).

Taking into account these developments the HRFT's three-year working plan for 2009 – 2012 covered six essential priority areas.

Priority area 1: Activation of our activities concerning our core function which is the rehabilitation and treatment of torture victims.

Priority area 2: The knowledge and experiences which the HRFT has until today gained in the field of torture are also relevant for the issue of trauma. Due to the Kurdish issue in our country extraordinary traumatic processes have occurred and are still occurring. For this reason we will develop concrete multidisciplinary activities aimed at dealing with this social trauma.

Priority area 3: Activities aimed at asylum-seeker and refugees.

Priority area 4: Activation of our activities on the documentation and monitoring of human rights violations.

Priority area 5: Taking into account the erosion of the human rights culture during the past, it is necessary to increase the effectiveness of activities aimed at the strengthening of human rights, on the international level in general and in the Middle East in particular.

Priority area 6: Strengthening our organisational structure and the public visibility of our Foundation in the light of the perspective of establishing a "Trauma and Human Rights Institute" in the future.

During our activities in 2009 we have paid particular attention to these six priority areas.

When taking into account our current projects next to the preparations for the upcoming period, we see that there is an important opportunity to sustain our activities as well as increase their quality.

Furthermore, in 2010 we are celebrating the 20th anniversary of the HRFT. This provides an opportunity, on the one hand, to show what we have already achieved with the contributions of many friends and colleagues, and on the other hand, to develop our future policies in the light of these evaluations and with regard to our country's needs and our own experiences.

Yet, we can say that considering the analyses of the national and international situation that torture is still being applied and that with the ups and downs of national politics torture can again be used in a systematic and widespread manner if governments should “feel the need” to do so in our country.

Therefore,

It had been decided that the main aim is to continue to provide treatment and rehabilitation services for torture victims in our five centres by increasing the effectiveness of these activities (including trainings and scientific studies) without suffering from the absolute pressure to sustain the all activities.

Within the framework of our treatment and rehabilitation project we have been continuing our activities until today. Additionally, we have started the preparations for 2009 and 2010 of our new activities which will also contribute to the future of our current activities and which are described below.

a) The mobile health team programme was started in order to reach also those victims of torture and other human rights violations who live in regions where the HRFT has no treatment and rehabilitation centre.

The team consisting of two persons travelled to Van, Yüksekova and Hakkari on 15 – 19 May 2009. During this visit they met a total of 11 victims, six in Van, three in Yüksekova and two in Hakkari and organised their medical examinations. One of these victims who all receive treatment and rehabilitation services also receives support for educational training and two victims also receive legal assistance. Another two-person mobile health team visited Van on 10 – 12 September 2009. The purpose of the visit was to investigate the allegations of five inhabitants of the Yukari Cille Village that they had been tortured and ill-treated at the Onur Tepe Police Station on 7 September 2009. They had also applied to the HRA office in Van. Within the framework of this visit 10 victims were accepted into our treatment and rehabilitation project.

As a result of these two visits 21 victims who otherwise would have had no opportunity to apply to our five treatment and rehabilitation centres were able to benefit from our services.

These visits not only were important for these 21 torture victims but also contributed at the same time to our efforts for preventing torture by sharing information with the people in this region about our activities. Meetings with members of the executive boards of the Human Rights Association's (HRA) branches and other civil society organisations, lawyers, mayors and other members of the administrative authorities were organised in all cities.

Another result of these visits was an increase of the recommendations to open a treatment and rehabilitation centre in Van or at least a representation and of the numbers of volunteers wishing to contribute to such a centre in Van.

As a consequence of these visits, and particularly taking into account the recent developments we have realised that there is a need for more such visits by our mobile health teams.

b) As a result of the re-launch of some limited legal and social assistance activities in the framework of our treatment and rehabilitation project after the 2002/2003 term, we have seen the importance of using a multidisciplinary and holistic approach in the provision of our treatment and rehabilitation services.

The social support programmes for adults and children have been separated.

It was foreseen to support five adult applicants during 2009. However, due to the great need, we already provided eight adult applicants with educational and vocational support in 2009. In total we sent eight applicants to educational and vocational courses, five in Istanbul (one interior design course, one piano course, and three English courses), two in Afyon (English course), and one in Diyarbakir (preparatory course for the entry exam for the civil service).

On the other hand, a total of 46 children applicants chosen by the centre among their own applicants were evaluated. 36 children, received support to continue their education. 10 children at the stage for entering a higher educational level (three in Istanbul, one in Hakkari, two in Diyarbakir, and two in Mersin) received support to follow preparatory courses for the university entry exam or the level assessment exam (primary school). These and the other 26 children received support to buy stationery, school clothes, trainers, sportswear or other necessary things for school. The school bus fees of five children are being paid as their school is too far away to walk. Some children received public transportation tickets.

The social workers of the centres act as guardians for the applicants sent to the different courses. Thus they meet with the teachers or counsellors to discuss issues such as non-attendance or marks received in preliminary exams. All children evaluated in the framework of the social assistance project are regularly visited at home at meetings with teachers are being held by the social workers. This follow-up is intended to assure the children's success at school.

Although we had foreseen to support 5 children within the framework of this activity in 2009, we supported 36 children as there was a particular need for such support. These 36 children still continue their education.

The feedback we received in response to these social support programmes carried out in the holistic framework of the treatment and rehabilitation project and the positive development of the treatment and rehabilitation process of our applicants show the positive effects and usefulness of these social support programmes.

An important part of our applicants are from originally Southeast and East Anatolia who were forced to migrate into other regions. Unfortunately, many of these people as well as their families do not benefit from the social security systems. On the other hand, these people have been and remain to be exposed to complex traumas. For

these reasons, the social support programme foreseen to support five adult and five children applicants among a total of 459 applicants in 2009 was not enough. Therefore, in order to enable more applicants to benefit from our services in the future, we as the HRFT have not only started activities for strengthening these activities independently of our projects but also started planning the preparation of new projects.

One reason for our supporting more children than foreseen in the framework of the project is the high number of children (62) among the total of 459 applicants. One of the main reasons for this high number of children is the increased number of violations of children's rights in Turkey during the past months. Taking into account the situation in which Turkey currently is, the HRFT paid special attention to carrying out activities for children. We intend to strengthen our efforts in this area in the future.

The efforts to strengthen the activities in this area are also necessary to prevent a secondary traumatising of the staff that is faced with great needs but limited possibilities which often result in hopelessness and desperation.

c) To improve the HRFT's social support activities, in 2009 HRFT and the Swedish Red Cross Centre for Tortured Refugees organised a special programme. Within the framework of this programme a social worker from the HRFT (Muhsin Bilal) visited the Swedish Red Cross Centre for Tortured Refugees for a week and a colleague from the Swedish Red Cross Centre for Tortured Refugees visited our centres in Adana and Diyarbakır for a week. Next to these exchange visits a joint workshop with eight participants from the HRFT and three participants from the Swedish Red Cross Centre for Tortured Refugees was organised on 10 December 2009 to discuss the improvement of the effectiveness of the social support activities to torture survivors. At this workshop it was decided to continue these activities in 2010.

d) Besides the social support programme we have also been able to re-launch some of our legal assistance activities in the framework of our treatment and rehabilitation project after a long time (2002/2003). As outlined in our annual work report nine applicants are receiving legal assistance in the framework of our ongoing Prevention of Torture project as well as our Treatment and Rehabilitation project.

The aim of this activity is to contribute to the effective functioning of the judicial mechanisms and the punishment of those responsible for the torture and ill-treatment by provide legal assistance to the victims.

Medical well-being concerns a person's bio-psycho-social integrity. While medical support can provide physical and mental treatment and rehabilitation for a torture victim, the victim's sense of justice will not be restored and complete well-being not be achieved if the tortures remain unpunished.

As a result of medical support for people who have been tortured even if they are provided with treatment and rehabilitation physically and mentally, in cases of torture

perpetrators not being punished due to the victims justice sense not being mended, it is impossible to reach a complete well-being.

Starting with this idea several files have been chosen from the torture and ill-treatment cases in provinces where the HRFT has an office or from neighbouring provinces. In order to ensure effective documentation and medical treatment the files of HRFT applicants have been preferred. Furthermore, we took care to chose those applicants first who do not have the means to engage a lawyer themselves.

The contributions of the Contemporary Lawyers Association during this activity should be mentioned here.

e) As a result of the strengthening of the Diyarbakir Treatment and Rehabilitation Centre (e.g. strengthening of the volunteer network, awareness raising activities in Kurdish, reaching out to applicants more actively), we have tried to reach out to victims of the increased torture and ill-treatment in the Southeast of Turkey.

As described in the annual work report the strengthening of the Diyarbakir Centre will be done by particularly taking into account the programme on "Coping with Social Trauma" which is currently being prepared for the upcoming period.

The Human Rights Foundation of Turkey (HRFT) was established in 1990 with the aim of providing physical and psychological treatment and rehabilitation for persons who have been subjected to torture and other cruel, inhuman, degrading treatment or punishment and documenting human rights violations.

The HRFT is continuing to provide treatment and rehabilitation services to torture victims in its five Treatment and Rehabilitation Centres in Adana, Ankara, Diyarbakir, Istanbul and Izmir. Until the beginning of 2010 12,122 torture victims and their relatives had benefited from our services.

Multidisciplinary teams of professional staff and volunteers join their efforts to provide the applicants with support for their physical, psychological and social problems.

The Treatment Project also contains activities such as trainings and scientific research aiming at the improvement of the treatment services. In the framework of this objective we have organised and participated in national and international meetings.

While the main aim of this report is to provide a current assessment of the HRFT Treatment and Rehabilitation Centres' activities, it was also prepared in view of providing a better understanding of the torture issue in Turkey.

As recognised all around the world, there is a serious struggle of high quality against torture in Turkey. The activities of the HRFT are the joint effort of hundreds of human rights activist and health professionals. Many people and organisations from different parts of society and fields of expertise have a share in this struggle.

However, the biggest share in this struggle belongs to those who are able to stand up against the treatment they have been subjected to and say "I have been tortured!".

This is why we are able to look forward with hope and say “We are not alone; we are joined in the struggle for a world without torture”.

We would like to thank all our friends and institutions who contributed to our activities, in particular the Human Rights Association and the Turkish Medical Association who have supported us from the very first day.

**HRFT
Treatment and Rehabilitation
Centres Report**

**2009
Evaluation Results**

EVALUATION RESULTS OF THE HRFT TREATMENT AND REHABILITATION CENTRES FOR THE YEAR 2009³

The Human Rights Foundation of Turkey (HRFT) is an independent non-governmental organisation established in 1990 as a result of the efforts the Human Rights Association (HRA) and the Turkish Medical Association (TMA). Its headquarters are located in Ankara and it has representative offices in Istanbul, Izmir, Diyarbakır and Adana.

The HRFT carries out its activities in accordance with international human rights conventions whether signed or not by Turkey.

The HRFT works project-based. The projects prepared are submitted to non-governmental international human rights organisations and implemented with their support. As a matter of principle, the HRFT does not accept support or donations from governments and institutions or individuals involved in practices violating human rights.

Taking into account the physical, psychological and social integrity of the individual the Treatment and Rehabilitation Centres Project provides treatment and rehabilitation services to persons who have been subjected to torture and ill-treatment in official or unofficial detention and in prisons.

As torture is very likely to influence the relatives of the tortured person, caring for their well-being also falls within our area of work. Therefore, we also provide treatment and rehabilitation services to the relatives of torture victims.

The work of the HRFT is carried out in its five treatment and rehabilitation centres in Istanbul, Izmir, Ankara, Diyarbakır and Adana. In these centres teams of general practitioners, psychiatrists, social workers, psychologists and medical secretaries provide treatment and rehabilitation services in cooperation with specialists from all medical disciplines. The preliminary evaluation of the applicants is carried out at the centres and afterwards a treatment and rehabilitation plan is drawn up. All medical

³ This report is prepared based on the data obtained from the HRFT Treatment and Rehabilitation Centres. Since its establishment, HRFT has always stated that the number of people who have applied to our centres and the total number of those subjected to torture and other cruel, inhuman, degrading treatment or punishment in Turkey can not necessarily be directly related. However, this does not change the fact that the annual statistical distribution of the HRFT applicants, who have been subjected to torture and other cruel, inhuman, degrading treatment or punishment, is significant as data.

and laboratory examinations and treatment are carried out by contracting these services or on a voluntary basis by various specialised people and institutions. Expert contributions from our volunteers all treatment and rehabilitation services needed are paid for by the HRFT. The treatment is coordinated by the centre teams. The results and evaluations of the work are published in yearly reports.

In order to provide treatment and rehabilitation services also to those victims who do not live in cities or provinces where there is a HRFT centre, the HRFT is implementing the "5 Cities Project". Within the framework of this project the HRFT keeps in touch with the medical chambers, HRA branches, bar associations and other NGOs in five cities (Gaziantep, Malatya, Hatay, Şanlıurfa and Adiyaman). Through this project, torture victims obtain information about the activities and services provided by the HRFT and financial and social support enabling them to access the HRFT services.

The HRFT has created a human-medical institutionalisation by which it coordinates the multidisciplinary activities of health professionals from different backgrounds and branches who share a common view about the ethic responsibility of health professionals to treat a torture victim.

In 2009, 459 people applied to the Treatment and Rehabilitation Centres of the Human Rights Foundation of Turkey. 49 of these applicants were acquaintances or relatives of torture survivors. The following evaluation presents information obtained from interviews and medical examinations of 406 applicants who stated that they had been subjected to torture and ill-treatment.

Since the establishment of the HRFT, the total number of all application including the 459 applications in 2009 has reached 12,122. While this is certainly a high number it only represents a small share of the total amounts of all torture victims in Turkey.

METHODOLOGY

The data used in our evaluation has been obtained by physicians, social service experts, and consultant physicians working at the HRFT Treatment and Rehabilitation Centres, through interviews, medical examinations and other diagnostic procedures.

After being collected in application files and forms designed for data preservation, the data was then entered into a specially-developed computer programme called "Human Rights Foundation of Turkey Applicant Recording". The evaluations were analysed by transferring data gathered in this program to data processing and statistical programmes.

The data was evaluated in two major parts. Data regarding all applicants of 2009 was analysed in the first part. In order to better evaluate torture and ill-treatment committed during the past year, in the second part only information from applicants stating that they had been torture or ill-treated during 2009 (the year of their application) was analysed. A comparative analysis of the data on the applicants

who were tortured in the said year will concretely contribute to evaluation of the developments in our country.

Within this evaluation in two parts, the first chapter examines the social and demographic characteristics of the applicants, the second chapter analyses the results obtained from the narratives about torture and ill-treatment, while the third chapter evaluates the medical processes of the applicants. The last chapter of the first part presents the results of the treatment and rehabilitation activities carried out for the applicants in 2009.

Before 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 2009 and the channels of contact which directed the applicants to the HRFT.

Number and Distribution of the Applicants

406 people applied to the Human Rights Foundation of Turkey Treatment and Rehabilitation Centres within 2009 stating that they had been subjected to torture and ill-treatment. Additionally, 49 people applied as relatives of torture survivors and asked to receive treatment. These people were excluded from evaluation. The distribution of the applicants in the year 2009 according to the centres of the Foundation is presented in Table 1.

Table 1. The distribution of the applicants in 2009 according to the HRFT Treatment and Rehabilitation Centres

HRFT Centre	Number of Torture Survivors	Number of Relatives of Torture Survivors	Total Number of Applicants
Adana	98	20	118
Ankara	22	1	23
Diyarbakır	47	4	51
İstanbul	176	6	182
İzmir	63	18	81
Total	406	49	455

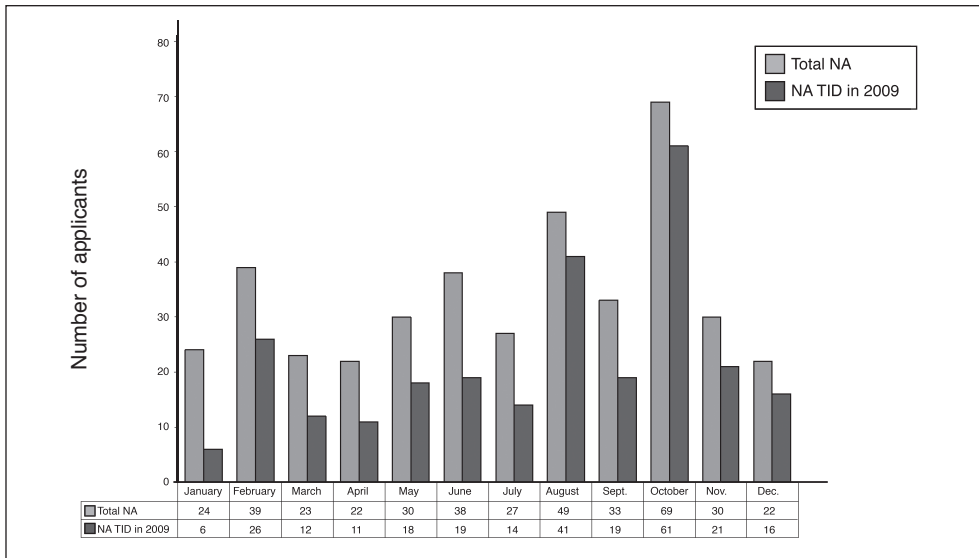
Among 406 applicants, 264 people stated that they had been subjected to torture and ill-treatment in detention (TID) during 2009. In 2007 the number of applicants subjected to torture and ill-treatment during their year of application was 310, in 2008 this number was 258. Looking at the distribution of applicants to the HRFT centres, one can see that the number of applications in Istanbul was significantly high while at the same time there was a noticeable decrease. The distribution of applicants in 2009 according to the HRFT centres is given in Table 2.

Table 2. The distribution of applicants who stated that they been subjected to torture and ill-treatment in detention in 2009 according to the HRFT Treatment and Rehabilitation Centres, and their proportion to all applicants

HRFT Centre	Number of Torture Survivors applied in 2009	Total Number of Applicants	Proportion to all Applicants
Adana	50	98	51.0
Ankara	11	22	50.0
Diyarbakır	13	47	27.7
İstanbul	147	176	83.5
İzmir	43	63	68.5
Total	264	406	65.0

The distribution of the applicants in 2009 according to months is given in Chart 1. The number of applications (NA) in first half of the year (176 persons) is lower than in the second half of the year (230 persons). In 2008 the situation was the opposite. This rise is due to the high number of people who were torture or ill-treated in the second half of the year. This situation is the result of more active social oppositions and the reaction of the security forces to this. This situation will be evaluated further in the second main section. In the second half of the year 172 people applied stating that they had been tortured during 2009.

Chart 1. The distribution of the applicants in 2009 according to months



Regarding the people and institutions which referred applicants to the HRFT, it is observed that most applicants were referred by the HRA, followed by those who applied without any referral by democratic organisations and parties and those who were referred by previous HRFT applicants. Table 3 presents the distribution of the information channels on the HRFT for all applicants and for those applicants who stated that they had been subjected to torture and ill-treatment in detention in 2009.

Table 3. Distribution of the information channels on the HRFT for all applicants and for those applicants who were subjected to torture and ill-treatment in detention (TID) in 2009

Information Channels	All Applicants	%	TID in 2009	%
The Human Rights Association	162	35.5	117	44.3
Democratic Organisations or Parties	99	21.7	65	24.6
Directly	93	20.4	51	19.3
Recommendations of Other HRFT Applicants	53	11.6	10	3.8
Recommendation of the HRFT staff	20	4.4	13	4.9
By lawyers	15	3.3	5	1.9
Recommendations of Volunteers in the HRFT	10	2.2	2	0.8
Press	4	0.9	1	0.4
Total	406	100.0	264	100.0

The following sections of the evaluation will consist of two main sections. In the first section the total of 406 applicants will be evaluated, while the second section will analyse separately the 264 applicants who stated that they had been tortured or ill-treated within 2009. In this section there will also be comments on the latest situation in Turkey regarding torture and means how to prevent it will be it will be discussed.

I - EVALUATION RESULTS OF ALL APPLICANTS

A - SOCIAL AND DEMOGRAPHIC CHARACTERISTICS

1 - Age and Sex

The age of the applicants ranged from 10 to 69 years of age. The average age was 28,5±11.3. This is 3.5 years lower than last year. There are 66 applicants under the age of 18 (16.3 %). This table shows the age of our applicants in the year of their application and their age when they were tortured. Compared to last year the number of applicants under the age of 18 is quite high (in 2007 the number of applicants under 18 was 41 (9.4 %), in 2008 the number of applicants under 18 was 36 (9.1 %)).

Compared to 2008 there is a significant increase of applicants in the 19 – 25 years ages group and the under 18 age group. The ratio of applicants stating to have been tortured within the same year is approximately the same. As last year, it is not possible to explain this situation with the increase of the number of chronic cases. Furthermore, while there was no significant change in the average applicant age, the average applicant age has decreased significantly in 2009. The increase of the number of applicants from the age group corresponding to those known by the public as “stone throwing children” had a particular effect on the decrease of the average applicant age.

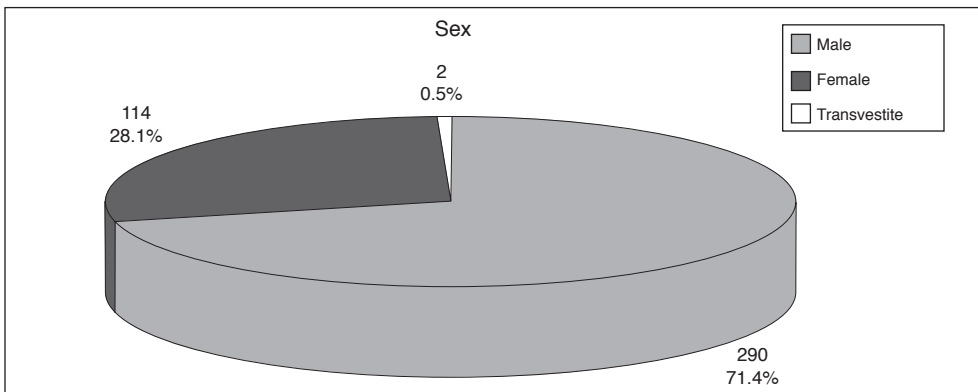
Approximately half of the applicants (49.3 %) are under the age of 25. The distribution of the applicants according to their age group is given in Table 4.

Table 4. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to their age

Age Group	Number of Applicants	%
0-18	66	16.3
19-25	134	33.0
26-30	64	15.8
31-35	52	12.8
36-40	34	8.4
41-45	23	5.7
46 and above	33	8.1
Total	406	100.0

290 of the applicants are men (71.4 %), 114 of them are women (28.1 %) (Chart 2). Although, the ratio women-men changes a little each year, it generally remains at around 1/3.

Chart 2. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to their sex



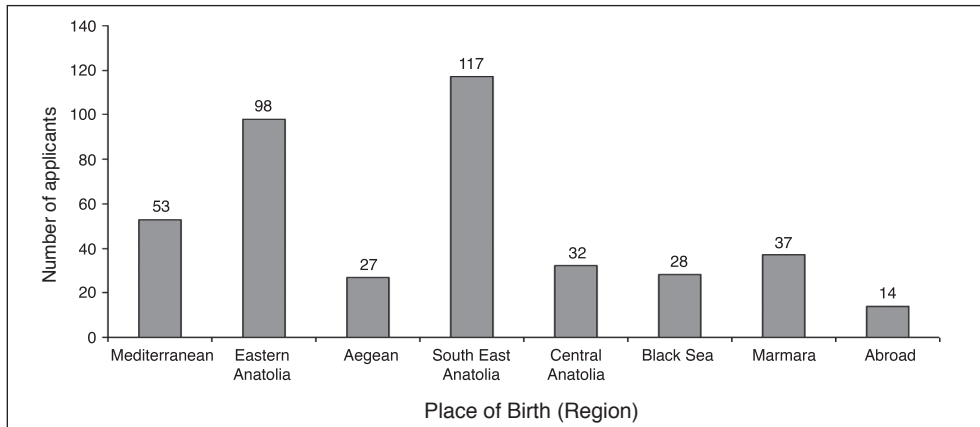
2 - Place of Birth

More than half (53%) of our applicants were born in the Southeast and East of Anatolia (first and second rank). Third is the Mediterranean region (13.1%), afterwards the Marmara region (9.1%), Central Anatolian region (7.9%), Black Sea Region (6.9%) and the Aegean Sea region (6.7%). The distribution of applicants according to their place of birth is given in chart 3.

Looking at the distribution according to provinces, one can see that most applicants were born in Diyarbakır (35 applicants, 8.6%), Mardin (35 applicants, 8.6%), Istanbul (33 applicants, 8.1%), Adana (24 applicants, 5.9%) and Izmir (23 applicants, 5.7%). Compared to last year, the first five provinces are still the same, only their ranking has changed.

As in previous years, there are a high proportion of torture survivors who were born in East and Southeast Anatolia Regions. The main reason for this distribution might be that citizens of Kurdish origin are more often subject to torture and ill-treatment. This data could also be interpreted the following way; that citizens of Kurdish origin are not only subjected to political pressure and torture and ill-treatment due to their ethnic background at their places of birth but also at places where they have migrated to.

Chart 3. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to their place of birth



3 - Educational Level and Employment Status

166 (40.9%) of the applicants graduated from high school or dropped out of university, 159 (39.1%) have graduated from secondary or primary school, 30 (7.4%) are university graduates, 29 (7.1%) are literate while 22 (5.4%) are illiterate. A more detailed distribution of the educational level of the applicants is provided in Table 5.

34 applicants who are still attending school have been counted as either literate or primary school graduates, 103 applicants enrolled at universities have been 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 in 2009 according to their educational level

Educational Level	Number of Applicants	%
Illiterate	22	5.4
Literate	29	7.1
Primary school	102	25.1
Secondary school	57	14.0
High school	155	38.2
Dropped out of university	11	2.7
University	30	7.4
Total	406	100.0

Regarding the employment status of the applicants 147 applicants (36.2%) were unemployed at the time of the interview. 103 applicants (25.4 %) were university students while 34 applicants (8.4 %) were students of primary or secondary schools. Additionally, 19 applicants (4.7 %) were housewife.

The unemployment rate among applicants compared to last year decreased by approximately 13-14%. It even fell under the rates of 2007. The main reason for this reduction is the increase of the number of applicants enrolled in university (in 2007 19.3%, in 2008 9.1%). Additionally, the number applicants enrolled in primary and secondary school has increased compared to last year (in 2007 5.5%, in 2008 2.0%). This year's significant increase of university students and primary and secondary school students among our applicants is noticeable. In the other groups there are only slight changes in the direction of increase or decrease. In general it can be said that in recent years the distribution of the groups ranked amongst the first has changed quickly. Considering the rising unemployment rate in 2008 and that there was not any significant reduction in 2009, a reason for this change could be the mobilised social opposition which caused a change of the target groups of legislative, executive and judicial practices.

Additionally, a reason for the higher unemployment rate among our applicants compared to the general unemployment rate is that applicants were dismissed, dropped out of education or had difficulties in finding a new job due to their time in detention.

Looking at the distribution of students, 34 of 66 applicants under 18 years are primary or secondary school students. That almost half of the applicants in this age group (despite this number being higher than in 2008) do not continue their education is noticeable.

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 2009 according to their employment/profession

Profession or Employment	Number of Applicants	%
Unemployed	147	36.2
University student	103	25.4
Primary or secondary school student	34	8.4
Industrial worker in (private sector)	28	6.9
Housewife	19	4.7
Tradesmen (working in a shop or office of their own)	16	3.9
Journalist and media sector	10	2.5
Office worker in the private sector (secretary, bank clerk etc.)	9	2.2
Peddler	7	1.7
Farmer, fisher etc.	4	1.0
Retired	4	1.0
Construction worker	4	1.0
Artist	4	1.0
Employed in an NGO	4	1.0
Office worker in the public sector (secretary, bank clerk etc.)	2	0.5
Industrial worker (public sector)	2	0.5
Teacher	2	0.5
Professional in civil society organisation	2	0.5
Worker in agriculture sector	1	0.2
Lawyer	1	0.2
Doctor	1	0.2
Engineer	1	0.2
Academic staff	1	0.2
Total	406	100.0

B - PROCESS OF TORTURE

Looking at the time when the 406 applicants to the HRFT in 2009 were last tortured or ill-treated one can see that 268 were subject to torture and ill-treatment in 2009, 95 applicants in 2005 – 2008, 20 applicants in 2000 – 2004 and 20 applicants in

1999 or before. The distribution of the date of the most recent torture according to years is given in Table 7.

Table 7. The distribution of the applicants in 2009 according to the period when they were last tortured

Year of the Most Recent Torture	Number of Applicants
1999 and before	20
2000	4
2001	4
2002	3
2003	8
2004	4
2005	5
2006	10
2007	16
2008	64
2009	268
Total	406

1 - Process of Detention and Torture in Detention

330 (81.3%) of the applications in 2009 had political reasons while 75 applicants (18.5%) stated that they were subjected to torture because of non-political reasons. Moreover, three applicants (0.2%) stated that they were subjected to torture because of seeking asylum. The ratio of those detained due to non-political reasons among all applications has increased compared to previous years (8.6% in 2004, 5.2% in 2005, 11.7% in 2006 and 13.8% in 2007). According to reports published by human rights organisations, a large number of people who were detained due to non-political reasons and were subjected to torture stated that they were threatened not to apply to human rights organisations and judicial authorities which leads us to believe that the 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 duration of the most recent detention period of the applicants, 288 applicants (70.9%) were detained for less than 24 hours, 85 applicants (20.9%) for 1 – 4 days for 2 days, 21 applicants (5.2%) for 5 – 15 days, and 12 applicants (3.0%) for 16 – 30 days or more.

As will be seen in more detail in the second part where the data of those tortured or ill-treated within 2009 will be analysed, there is a significant decrease in the length of the detention period and an increase in the number of detentions lasting less than 24 hours. The main reason for this is that the number of those being deprived

of their freedom by being stopped by security forces on the street and then being subjected to torture and ill-treatment and afterwards being released without any official registration of the detention has increased.

Generally speaking, there is a significant decrease in the length of detention periods. However, it is evident that this development still does not ensure complete compliance with Article 5.3 of the European Convention on Human Rights which states that “everyone arrested or detained [...] shall be brought promptly before a judge or other officer authorised by law to exercise judicial power”.

The duration of the most recent detention of the applicants is given in Table 8.

Table 8. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to the duration of their most recent detention

Duration of the most recent detention	Number of applicants	%
Less than 24 hours	288	70.9
24-48 hours	41	10.1
49-72 hours	22	8.4
73-96 hours	22	5.4
5-7 days	11	2.7
8-15 days	10	2.5
16-30 days	6	1.5
More than 1 month	6	1.5
Total	406	100.0

As regards the place where the applicants were detained, it appears that 281 applicants (69.2%) were detained when outdoors, 83 applicants (20.4%) were detained at home and 12 applicants (3.0%) were detained at their workplace. Our experiences with high numbers of our applicants having been detained outdoors show that these kinds of practices facilitate unregistered detentions. It is possible to say that the high number of detentions outdoors or in other open spaces is the result of efforts to limit the freedom to assembly and demonstration.

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

Table 9. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to the place of their most recent arrest

Place of the most recent arrest	Number of Applicants	%
Outdoors	281	69.2
Home	83	20.4
Work place	12	3.0
Public Office	9	2.2
Organisation (NGO office, press office, etc.)	5	1.2
Other	15	3.7
Unknown	15	3.7
Total	406	100.0

The distribution according to the time when the applicants were detained is given in Table 10. Most applicants (65.5%) were taken into custody during the day while 14.5% of them were detained after midnight. The data on this issue concerning those who were subjected to torture and ill-treatment in 2009 will be discussed in the second main section.

Table 10. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to the hour of their most recent detention

Time of last arrest	Number of Applicants	%
08:00-18:00	266	65.5
18:00-24:00	80	19.7
24:00-08-00	59	14.5
Unknown	1	0.3
Total	406	100.0

Regarding the distribution of the place of the most recent torture 138 applicants (34.0%) were tortured outdoors or in streets, 137 applicants (33.7%) at security directorates and 34 applicants (8.4%) at police stations. In the light of recent developments this issue will be discussed in the second part. The fact that the security directorates are as in previous years among the places where most of our applicants have been tortured shows that for the past years torture has been applied in high-level centres and generally by special trained interrogation teams. Furthermore, taking into account that most of our applicants who were tortured or ill-treated in streets, outdoors or police stations stated that they had been subjected to such treatment within 2009, one can assume that the proportion belonging to security directorates was even higher during the past years.

The distribution of the applicants according to the place of torture is given in Table 11.

Table 11. The distributions of the applicants to the HRFT treatment and rehabilitation centres in 2009 according to the place of most recent torture in detention

Place of the Most Recent Torture in Detention	Number of Applicants	%
Security directorate	138	34.0
Outdoors	137	33.7
Police Station	34	8.4
Gendarmerie headquarters	23	5.7
Gendarmerie Station	14	3.4
Car	13	3.2
Home	11	2.7
Not known/not remembered	21	5.2
Other	3	0.7
Empty*	12	3.0
Total	406	100.0

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

As regards the regional distribution of the place of the most recent torture, it appears that the Marmara Region comes first, followed by the Mediterranean and the Aegean Regions (Table 12).

Table 12. The distribution of applicants to the HRFT treatment and rehabilitation centres in 2009 according to the region of their most recent torture in detention.

Region of the Most Recent Torture	Number of Applicants	%
Marmara	135	33.2
Mediterranean	69	17.0
Aegean	58	14.3
South-Eastern Anatolia	56	13.8
Eastern Anatolia	40	9.8
Central Anatolia	21	5.2
Black Sea	2	0.5
Abroad	13	3.2
Empty*	12	3.0
Total	406	100.0

Regarding the cities in which the applicants were last subjected to torture, it appears that Istanbul, Adana, Izmir, Hakkari, Diyarbakır and Van are among the most common places. That the Mediterranean Region and especially Istanbul are among the provinces where many of our applicants were tortured will be discussed in the

second chapter because of the topic's relationship to the phenomenon of torture in general.

The distribution of the applicants according to the provinces where more than two torture events took place is presented in Table 13.

Table 13. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to the province of their most recent torture in detention

Province of the Most Recent Torture	Number of Applicants	%
Istanbul	133	32.8
Adana	58	14.3
Izmir	56	13.8
Erzurum	32	7.9
Diyarbakır	21	5.2
Van	19	4.7
Ankara	19	4.7
Gaziantep	10	2.5
Mersin	9	2.2
Hakkari	4	1.0
Batman	3	0.7
Şırnak	2	0.5
Siirt	2	0.5
Mardin	2	0.5
Aydın	2	0.5
Edirne	2	0.5
Other	7	2.8
Abroad	13	3.2
Empty*	12	1.7
Total	406	100.0

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

Looking in more detail at the detention centres where the most recent torture was inflicted, the security directorate in Erzurum draws one's attention by the high number of incidents as well as the Anti-Terror Branches (ATB) in Adana, Istanbul, Ankara, Gaziantep, and Izmir Bozyaka where the highest numbers of incidents were recorded. The most significant point of the table is that 10 out of our 66 children applicants stated that they had been tortured at the Adana Police Children's Department. Table 14 displays the detention centres of the most recent torture where more than 2 cases occurred.

Table 14. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to the specific places of the most recent torture in detention

The centre where the most recent torture took place	Number of Applicants	%
Erzurum Security Directorate	32	7.9
Adana ATB	14	3.4
Istanbul ATB	12	3.0
Adana Police Children's Department	10	2.5
Ankara ATB	9	2.2
Gaziantep ATB	9	2.2
Beyoğlu Police Station	7	1.7
Izmir Bozyaka ATB	6	1.5
Istanbul Security Directorate Security Branch	5	1.5
Diyarbakır ATB	4	1.0
Batman Security Directorate	3	0.7
Diyarbakır Riot Police Station	3	0.7
Mersin ATB	3	0.7
Istanbul Feriköy Police Station	3	0.7
Adana Sarıçam Police Station	3	0.8
Çankaya District Security Directorate	2	0.5
Adana Security Directorate	2	0.5
Izmir Security Directorate	2	0.5
Gayrettepe Security Directorate	2	0.5
Bostancı Police Station	2	0.5
Küçükçekmece District Security Directorate	2	0.5
Other security directorate or ATB	18	4.4
Other police station	15	3.7
Other gendarmerie centre	10	2.5
Other gendarmerie station	22	5.4
Abroad	13	3.2
Other	2	0.5
Not tortured at a detention centre*	176	43.4
Empty**	12	3.0
Not known/ not remembered	3	0.7
Total	406	100.0

* Tortured outdoors, at home, in a car or another place.

** People who were not subjected to torture during their most recent detention applied on the basis of torture experienced in prison or in former detention period.

The distribution of the torture methods inflicted on the applicants during their most recent detention is presented in Table 15. (This evaluation concerns the 394 applicants out of a total of 406 applicants who indicated that they had been tortured during their most recent detention.) Since it will be useful to consider this matter in the light of recent developments, a more detailed analysis will follow in the second main section.

Regarding this table one should note that the most common torture methods, excluding beating, are only psychological or physical methods with psychological side-effects. Thus, it is obvious that the real purpose of torture is to cause a trauma to the psychological integrity of the individual.

Table 15. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to the methods of torture inflicted during their last detention

Method of Torture	Number of Applicants	%
Insulting	331	82.8
Beating	320	80.0
Humiliating	268	67.0
Other threats against him/her	177	44.3
Death threat	124	31.0
Subjecting to chemicals	112	28.0
Other positional torture methods	69	17.3
Forcing to obey nonsensical orders	69	17.3
Continuous hitting on one part of the body	66	16.5
Forced excessive physical activity	59	14.8
Threats against relatives	59	14.8
Pulling out hair/moustache/beard	55	13.8
Forced to wait on cold floor	55	13.8
Forced to witness (visual/audio) torture of others	53	13.3
Restricting food and drinking	52	13.0
Stripping naked	48	12.0
Solitary cell	48	12.0
Sleep deprivation	47	11.8
Restricting defecation and urination	47	11.8
Sexual harassment	42	10.5
Verbal sexual harassment	36	9.0
Blindfolding	31	7.8
Pressurised/cold water	25	6.3

Table 15. Cont'd

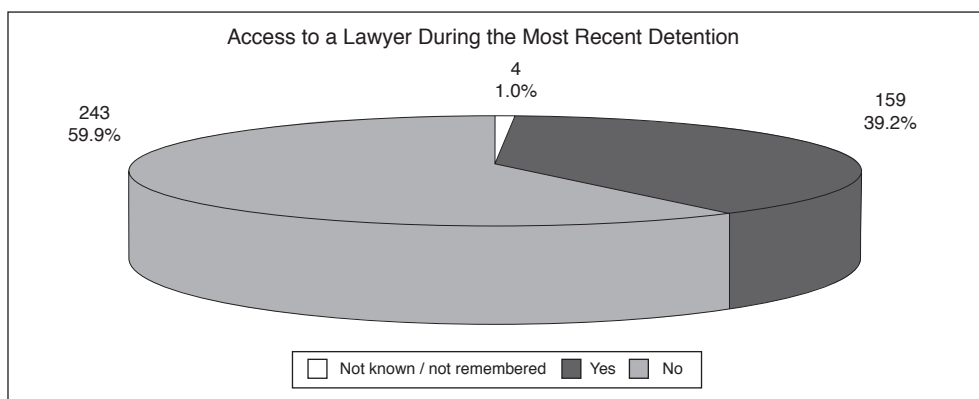
Method of Torture	Number of Applicants	%
Torture in the presence of relatives/friends	18	4.5
Electricity	18	4.5
Physical sexual harassment	18	4.5
Squeezing testicles	15	3.8
Suspension on a hanger	15	3.8
Forced to listen to marches or high-volume music	15	3.8
Restricting respiration	14	3.5
Mock execution	11	2.8
Falanga	9	2.3
Suspending or crucifying	8	2.0
Asked to act as an informer	8	2.0
Burning	5	1.3
Strappado	4	1.0
Forced medical intervention	2	0.5
Application of chemical substances	2	0.5
Rape	1	0.3
Other	69	17.0
Total	2440	6.2*

* Average number of torture methods one person is subjected to

2 - Legal Procedures During and After Detention

243 (59.9%) of all applicants in 2009 stated that they were able to meet with a lawyer during their most recent detention (Chart 4). As it will also be useful to discuss this matter in the light of recent developments, it will be considered more thoroughly in section 2.

Chart 4. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to their access to a lawyer



The number of applicants who were released from their most recent detention without being taken before a prosecutor is 177 (43.6%). 111 applicants (27.3%) were released by a prosecutor or a court (Table 16). In other words, nearly three-quarter of the applicants in 2009 did not face any accusation necessitating an arrest after being detained. This is important as it shows the arbitrariness in the use of detention procedures by law enforcement officials.

Table 16. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to their situation after the most recent detention

Situation After the Most Recent Detention	Number of Applicants	%
Released without facing prosecutor	177	43.6
Was arrested	114	28.1
Released by prosecution office or court	111	27.3
Not known/not remembered	4	1.0
Total	406	100.0

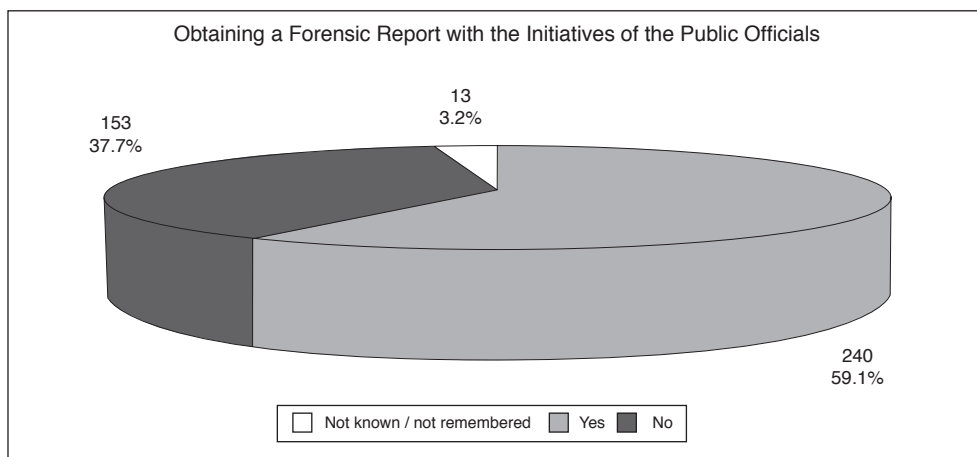
Regarding the legal process following the most recent detention period of the applicants, one can see that that 67 lawsuits (16.5%) filed against the applicants resulted in conviction, while the lawsuits filed against 108 applicants (26.6%) are going on (Table 17).

Table 17. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to the legal procedures after their most recent detention

Legal Procedures After Last Detention	Number of Applicants	%
Applicant was not tried	146	36.0
Trial in progress	108	26.6
Whether a suit is filed or not is unknown	76	18.7
Applicant was tried and convicted	67	16.5
Applicant was tried and acquitted	7	1.7
Applicant was tried, result unknown	2	0.5
Total	406	100.0

The number of applicants who obtained a forensic report after their most recent detention on the initiative of the officials is 240 (59.1%) (Chart 5).

Chart 5. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to whether they obtained a forensic report on the initiatives of public officials after the detention period or not



120 applicants (50.0%) out of 240 were examined at the branches of the Council of Forensic Medicine, while 89 applicants (37.1%) were examined in hospitals. In other words in 87.1% of the applicants were examined and their reports drafted by an expert (Table 18). Moreover, 38 applicants stated that they obtained forensic reports upon their own initiative (because they had filed official complaints).

Table 18. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to the place of the forensic medical examination after the most recent detention

Place of Forensic Medical Examination after the Most Recent Detention	Number of Applicants	%
Hospital	120	50.0
Branch of the Council of Forensic Medicine	89	37.1
Health centre	20	8.3
Place of detention	5	2.1
Council of Forensic Medicine	3	1.2
Not known/not remembered	3	1.2
Total	240	100.0

When asked to evaluate the process of their forensic medical examination, approximately half of the 240 applicants (121 applicants, 50.4%) who were examined stated that the security forces were not taken out of the room during the forensic examination and again more than half of the applicants (133 applicants, 55.4%) stated that the forensic physician did not listen to their complaints. Approximately

two-thirds (159 applicants, 66.2%) stated that the forensic physician did not take note of their complaints and that that the forensic physician did not examine as s/he ought to (159 applicants, 66.2%). While around a quarter of the applicants stated that the forensic report was in accordance with the medical findings, approximately a third stated that they had no information about the report. The remaining 104 applicants stated that the forensic report prepared was not in accordance with the findings (Table 19). This data shows that the forensic report which is one of the most important protective tools for the prevention of torture is not sufficiently made use of.

Table 19. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to the evaluations regarding the forensic examination after detention

Evaluations Regarding Forensic Examination	Yes	%	No	%	Not known/ not remembered	%	Total	%
Were the security forces taken out of the room during the forensic medical examination?	113	47.1	121	50.4	6	2.5	240	100.0
Did the forensic physician listen to their complaints?	103	42.9	133	55.4	4	1.7	240	100.0
Did the forensic physician take note of the complaints?	77	32.1	159	66.2	4	1.7	240	100.0
Did the forensic physician examine as s/he ought to?	72	30.0	159	66.2	9	3.8	240	100.0
Did the forensic physician write a report that was in accordance with the findings?	61	25.4	104	43.3	75	31.3	240	100.0

45 applicants (11.1%) stated during their interrogation by the court or prosecutor that they were tortured and 70 applicants (17.3%) filed a separate complaint with the prosecution. Furthermore, five applicants filed a separate complaint with the prosecution upon the advice of the HRFT. 276 applicants (68.0%) stated that they did not file any complaints regarding the torture they had been subjected to.

Since it will also be useful to consider these issues in the light of recent developments, a more detailed analysis will follow in the second main section.

3 - Imprisonment period

The number of applicants who have been imprisoned at some point is 141 (34.7%). Of these applicants 114 were arrested and sent to prison after their most recent detention. The length of stay at prison after the most recent detention period varies between 1 month and 168 months.

The total duration of the imprisonment period of the 141 applicants with a prison record is given in the Table 20. According to this table 56 applicants were held in prison between 3 and 12 months, 36 applicants were held in prison between 13 and 36 months and 7 applicants stayed in prison for more than 11 years.

Table 20. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to the duration of their imprisonment

Total duration of imprisonment	Number of Applicants	%
0 – 2 months	11	7.8
3 – 12 months	56	39.7
13 – 36 months	36	25.5
37 – 60 months	19	13.5
61 – 84 months	7	5.0
85 – 108 months	3	2.1
109 – 132 months	2	1.4
11 – 20 years	7	5.0
Total	141	100.0

Looking at the time which elapsed between the release of the imprisoned 141 applicants and their application to the HRFT one can see that 40 applicants (28.4%) applied to the HRFT within a month of their release, 47 applicants (33.3%) applied within one to 12 months and the others (54 applicants, 38.3%) applied to the HRFT after more than one year. This shows that many victims have applied very late for the treatment of their health problems. It is necessary to spend an extra effort to encourage those who have health problems after their release from the prison to apply to the HRFT or other health institutions earlier. 87 applicants (61.7%) were released from prison pending trial, while 39 applicants (27.6%) were release because of end of their imprisonment period (Table 21). The data of the HRFT Documentation Centres shows that there are many prisoners with health problems and which are worsening day by day. While there are many prisoners whose treatment is not being carried out regularly in prison, there was only one applicant who was released by suspending the imprisonment for health reasons.

Table 21. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to the reasons of release

The Reason for Release from the Prison	Number of Applicants	%
Pending trial	87	61.7
End of the imprisonment period	39	27.6
Amnesty/conditional Release	9	6.4
Acquittal	6	4.3
Total	141	100.0

Of the applicants with a prison record, those who stayed at an F-Type prison carry special importance since they were subjected to isolation conditions. Of 141 applicants who have a prison record, 42 applicants stayed at an F-Type prison (29.8%). The imprisonment duration of these 42 applicants at an F-Type prison varied between one and 99 months. The number of applicants who stayed in a solitary cell at an F-Type prison is 13 (31.0%). The duration of imprisonment of these applicants in a solitary single cell varied between one and 24 months.

The number of applicants who stayed at an F-Type prison and in a solitary cell continue to rise as in previous years. Thus, it is possible to say that isolation is increasingly applied. Consequently, activities aiming at the health problems caused by being subjected to isolation conditions are increasingly gaining importance. The HRFT is continuing its activities on the effects of isolation while at the same time working for the abolishment of such practices.

Moreover, 11 applicants (7.8%) received a solitary confinement punishment for some reason during their imprisonment and the isolation period varied between one and 98 days.

12 of the 141 applicants (11.6%) with a prison history were victims of the operations in several prisons on 19 December 2000 against the hunger strikes which took place at that time.

Among 141 applicants with a prison history, 96 applicants claimed to have been tortured at the prison. Furthermore, four applicants stated that, while in prison, they were taken away to be interrogated again and three of these stated that they were again tortured during this interrogation.

The distribution of the torture methods that these 96 applicants were subjected to in prison are given in Table 22.

Among the applicants who were in prison, the number of those subjected to torture is similar to those during the last years. The general prison conditions can be considered as constituting a collective torture method on all detainees and convicts. Furthermore, we see that more than half of the applicants with a prison history were subjected to torture in prison and that torture methods such as beating, stripping

naked, insults and threats are still being widely used as violence against the personal integrity of those deprived of their liberty in prison.

According to the data collected by the HRFT Documentation Centre in 2009, 37 people died by suicide, during fights and due to insufficient health conditions in prisons.

Table 22. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to the methods of torture in prison

Torture Method	Number of Applicants	%
Insulting	78	55.3
Beating	75	53.2
Humiliating	62	44.0
Other Threats against himself/ herself	44	31.2
Stripping naked	42	29.8
Hindering visits	25	17.7
Solitary confinement	25	17.7
Death Threat	25	17.7
Forced to wait in cold environment	25	17.7
Forced to obey nonsensical orders	24	17.0
Forced excessive physical activity	19	13.5
Restricting food and drinking	16	11.4
Continuous hitting on one part of the body	15	10.6
Sexual harassment	9	6.4
Forced to witness (visual/audio) torture of others	9	6.4
Pulling out hair/moustache/beard	9	6.4
Verbal sexual harassment	9	6.4
Sleep deprivation	8	5.7
Forced to wear uniform clothing	6	4.3
Blindfolding	5	3.6
Restricting respiration	5	3.6
Forced to listen to marches or high volume music	4	2.8
Restricted defecation and urination	4	2.8
Threats against relatives	4	2.8
Torture in the presence of others	4	2.8
Pressurised/cold water	3	2.1
Physical sexual harassment	3	2.1
Body cavity search (anus)	3	2.1
Subjecting to chemicals	3	2.1

Table 22. Cont'd

Torture Method	Number of Applicants	%
Squeezing testicles	2	1.4
Suspension on a hanger	2	1.4
Falanga	1	0.7
Burning	1	0.7
Mock execution	1	0.7
Forced medical intervention	1	0.7
Electricity	1	0.7
Other positional torture methods	11	7.8
Other	9	6.4
Total	592	4.2*

* Average number of torture methods one person is subjected to

It has been stated that torture and ill-treatment practices to prisoners occur mostly during inquiries and searches, while going to a hospital or court, or to meet with family or legal representatives.

The distribution of the answers of 141 applicants with a prison history to the questions about prison conditions are given in Table 23.

Table 23. The distribution of the answers of the applicants to the HRFT Treatment and Rehabilitation Centres in 2009 about the prison conditions

Prison Conditions	Positive	Partly Positive	Negative	Total
Accommodation	2	22	117	141
Nutrition	1	18	122	141
Hygiene	3	15	123	141
Air ventilation	2	19	120	141
Communication	4	21	116	141
Health services	2	16	123	141
Conditions of Transfers	1	16	124	141
Access to publications/media	2	22	117	141

42 out of 141 applicants (29.8%) stated to have participated in a hunger strike in prison at various times. 10 applicants participated in the hunger strike against F-Type prisons which started after 20 October 2000. 32 applicants stated that they had been on hunger strike at various times.

C - MEDICAL EVALUATION

This chapter contains information on the health condition of the applicants, which was determined by anamnesis, physical examination and other tests, conducted by physicians working at the HRFT Centres, together with consultant doctors (psychiatrists, physiatrists, ophthalmologists, ENT specialists, etc.).

In this chapter, the treatment process of 406 torture survivors who applied to the HRFT Treatment and Rehabilitation Centres is evaluated. This process can be best understood by first describing the methodological approach of the HRFT. In the first interview, the applicant tells his/her experiences of torture and his/her complaints to the physician in his/her own words. Then the applicant is asked to tell about those complaints, which, in his/her opinion, are connected with torture. Following this, the physician asks for the necessary laboratory tests and consultations after an examination and evaluation. He/she expresses his opinion openly to the applicant. In the last stage, the anamnesis, examination and tests are evaluated altogether and the relation between the illness and torture is established. In this stage, it is important to evaluate the health of the applicant in a holistic way.

First, an effort is made to introduce the applicant to all the members of the treatment team during the application process of the torture survivors to the HRFT Treatment and Rehabilitation Centres. Those applicants who are not willing to see a psychiatrist are simply informed of their option to see a psychiatrist without any pressure.

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

During the process of establishing the relationship between diagnoses and torture, one of the following relations is selected for each of the diagnoses:

- a) It is the single etiological factor.
- b) It worsened or made a pathological state apparent.
- c) It is one of the etiological factors.
- d) No relation.
- e) The relation could not be detected.

1 - Medical Complaints of the Applicants

All of the 406 applicants in 2009 have a psychological or physical problem. During the first evaluation the applicants indicated a total number of 2409 complaints.

Looking at the distribution of these applicants according to systems, it is observed that the number of psychological complaints is the greatest (32.5%)(Table 24).

Table 24. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to the frequency of their physical or psychological complaints

Systems	Number of Complaints	%
Psychological	783	32.5
Musculoskeletal	554	23.0
Dermatological	284	11.8
General	168	7.0
Digestive	140	5.8
Neurological	107	4.4
Ophthalmologic	96	4.0
Urogenital system	92	3.8
Ear, Nose and Throat	74	3.1
Respiratory	50	2.1
Cardiovascular	29	1.2
Oro-dental	29	1.2
Endocrinological	3	0.1
Total	2409	100.0

The most common psychological complaint is sleeping disorder which is experienced by 108 applicants (26.6%). The most common physical complaint is discoloration of the skin (98 applicants). The most common 10 physical and psychological complaints are given in Table 25 and Table 26.

Table 25. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to the frequency of their physical complaints

10 Most Common Physical Complaints	Number of Complaints	% Among the Applicants	% Among the Physical Complaints
Discoloration of the skin	98	24.1	6.1
Headache	88	21.7	5.4
Lower back pain	70	19.6	4.3
Swelling	66	17.2	4.1
Back pain	52	12.8	3.2
Pain in the shoulder	51	12.6	3.1
Pain in the neck	48	11.8	2.9
Fatigue, weakness	48	11.8	2.9
Pain in the arm	44	10.8	2.7
Stomach ache	44	10.8	2.7
Other physical complaints	1272	-	62.6
Total	1626	-	100.0

Table 26. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to the frequency of their psychological complaints

10 Most Common Physical Complaints	Number of Complaints	% Among the Applicants	% Among the Physical Complaints
Sleeping disorders	108	26.6	13.8
Distress	57	14.0	7.3
Amnesia	57	14.0	7.3
Irritability	55	13.6	7.0
Irritability from the police	54	13.3	6.9
Concentration difficulties	51	12.6	6.5
Tension	48	11.8	6.1
Anxiety	41	10.1	5.3
Nightmares	36	8.9	4.6
Urge to cry	33	8.1	4.2
Other psychological Complaints	243	-	31.0
Total	783	-	100.0

2 - Findings of the Physical Examinations

The total number of physical findings obtained as a result of physical examinations is 1,047. Looking at the distribution of them according to the systems, one can see clearly that the most common findings belong to the dermatological (29.8%), musculoskeletal (9.8%) and ear, nose and throat system (9.8%) (Table 27).

Table 27. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to the physical findings of the medical examinations

Systems	Number of Findings	%
Dermatological	448	42.8
Musculoskeletal	312	29.8
Ophthalmologic	70	6.7
Ear, nose and throat	70	6.7
Oral-Dental	52	5.0
Digestive system	43	4.1
Urogenital System	18	1.7
Neurological system	12	1.2
Cardiovascular system	11	1.0
Respiratory system	11	1.0
Total	1047	100.0

The most common physical findings are ecchymosis (35.7%) and pain and sensitivity in the muscles (27.1%). Considering the most common physical torture method is beating, we see that the medical findings and the torture stories described by the applicants match. According to the stories of the applicants, the beating started in most cases after being caught (deprived of their liberty), but at the same time these applicants were also released at the same spot (on the street) without any formal registration of detention procedures being made. In the remaining cases torture and ill-treatment continue until the person arrives at the detention centre (registration of detention). During the obligatory forensic medical examination these circumstances are recorded as findings which existed before being detained. The security forces usually claim that the person resisted the detention and that they had to use force or that the person fell, fell down the stairs or injured himself in some other similar way. When the forensic report and the security forces' testimonies are combined it becomes very difficult for a torture victim to file a complaint for being tortured. If despite these difficulties a torture victim files a complaint, then the security forces usually also file a complaint against the victim for having resisted against them or harmed them in some way.

The 10 most common findings are given in the Table 28.

Table 28. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to their physical findings

10 Most Common Physical Findings and Other Findings	Number of Findings	% Among Applicants	% Among All Physical Findings
Ecchymosis	145	35.7	13.9
Muscular pain and sensitivity	110	27.1	10.5
Erosion	83	20.4	7.9
Skin oedema	62	15.3	5.9
Scar tissue	46	16.9	4.4
Ecchymosis around the eyes	34	11.3	3.2
Pain and restriction of the movements of the neck	28	6.9	2.7
Pain and restriction of the movements of the wrist and fingers	26	6.4	2.5
Sensitivity of the epigastrium	25	6.2	2.4
Crusted wound	25	6.2	2.4
Other physical findings	463	-	51.2
Total	1047	-	100.0

3 - Psychiatric Symptoms and Findings

With 194 applicants who have seen a psychiatrist a psychiatric symptom was diagnosed during the interview. Looking at the distribution of these findings and symptoms anxiety, difficulties in falling or staying asleep, concentration difficulties, depressive mood, increase or decrease in sleep duration, and irritability and/or outburst of anger are diagnosed in 1/5 and 1/6 of the applicants. Table 29 shows the psychiatric symptoms and findings diagnosed in 10 or more applicants.

Table 29. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to their psychological symptoms and findings

Psychological Symptoms and Findings Observed in at least 10 of the Applicants	Number of Symptoms and Findings	% Among Applicants	% Among Psychiatric Symptoms and Findings
Anxiety	88	21.7	6.5
Difficulties in falling or staying asleep	79	19.5	5.9
Concentration difficulties	70	17.2	5.2
Increase or decrease in sleep duration	68	16.8	5.0
Irritability and/or easy outburst	65	16.0	4.8
Sense of foreshortened future	47	11.6	3.5
Fatigue/weakness	44	10.8	3.3
Intense physiological reactions to stimuli associated with trauma	43	10.6	3.2
Memory impairment	42	10.3	3.1
Flashback experiences and acting or feeling as if the traumatic event were recurring	41	10.1	3.1
Emotionally restricted (or blunted affect)	40	9.9	3.0
Depressive mood	39	9.6	2.9
Intense physiological distress at exposure to stimuli associated with trauma	39	9.6	2.9
Agitation (irritability, hyperactivity)	37	9.1	2.7
Efforts to avoid activities, places or people that arouse recollection of the trauma	35	8.6	2.6
Recurrent and distressing dreams of the traumatic event	35	8.6	2.6
Recurrent and intrusive distressing recollections of the traumatic event	34	8.4	2.5
Response of intense fear, helplessness or horror to the traumatic events experienced or witnessed	34	8.4	2.5
Changes in appetite/weight (increase or decrease)	33	8.1	2.4
Hypervigilance	32	7.9	2.3

Table 29. Cont'd

Psychological Symptoms and Findings Observed in at least 10 of the Applicants	Number of Symptoms and Findings	% Among Applicants	% Among Psychiatric Symptoms and Findings
Sense of detachment or estrangement from others	32	7.9	2.3
Hopelessness, desperation	29	7.1	2.2
Diminished psychomotor activity	26	6.4	1.9
Efforts to avoid thoughts, feelings or conversations associated with the trauma	26	6.4	1.9
Somatic anxiety symptoms (palpitation, distress, sweating, vb.)	25	6.2	1.9
Absent mindedness	23	5.7	1.7
Lack of self-esteem	23	5.7	1.7
Muscle tension	22	5.4	1.6
Markedly diminished interest or participation in significant events	22	5.4	1.6
Exaggerated startle response	20	4.9	1.5
Feeling of guilt	19	4.7	1.2
Apathy	16	3.9	1.2
Difficulties in decision making	16	3.9	1.2
Dysphoric mood	16	3.9	1.2
Decrease in sexual interest	15	3.7	1.1
Suicidal thoughts or suicide attempts	9	2.2	0.7
Other psychological findings	66	-	4.9
Total	1350		100.0

4 - Diagnoses

The evaluation of the diagnoses on the applicants was carried out among 390 applicants who were diagnosed until the end of 2009. Regarding the 108 different diagnoses, it appears that soft tissue trauma was the most common physical diagnosis (205 applicants, 50.5%) while post-traumatic stress disorder was the most common among the psychiatric diagnoses (42 applicants, 10.3%).

Compared to the previous year there was an increase of soft tissue trauma diagnoses and was almost as common as in 2007. While the frequency of chronic post-traumatic stress disorder has increased, the frequency of major depressive disorder and acute post-traumatic stress disorder has decreased. The number of applicants who were diagnosed with a psychiatric disorder was almost equal in 2008 and 2009; however, there was a change in a distribution of the diagnoses. When compared to 2007, it can be said that there is generally an increase of all psychiatry diagnoses.

Table 30 and 31 show the 10 most common physical and psychiatric diagnoses and their frequency.

Table 30. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to their physical diagnoses

10 Most Common Physical Diagnoses	Number of Applicants	%
Soft Tissue Trauma	205	50.5
Cut or bruises on the skin	80	19.7
Myalgia	77	19.0
Periorbital ecchymosis	28	6.9
Gastritis	24	5.9
Bone Fracture	17	4.2
Myopia	12	3.0
Fracture sequela	10	2.5
Lumbar strain	10	2.5
subconjunctival haemorrhage	9	2.2

Table 31. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to their psychiatric diagnoses

10 Most Common Psychiatric Diagnoses	Number of Applicants	%
PTSD (chronic)	42	10.3
Major depressive disorder	35	8.6
PTSD (acute)	23	5.7
Acute stress disorder	15	3.7
Generalized anxiety disorder	14	3.5
Other anxiety disorders	7	1.7
Adjustment disorder	5	1.2
Psychotic disorder	5	1.2
Somatization disorder	4	1.0
Dysthymic disorder	3	0.7

No symptoms related to torture and trauma process were diagnosed in 2 (0.5%) of 406 applicants in 2009.

When the relation between the diagnosis and the torture process experienced by the applicant is examined, disregarding those diagnoses that were not found to be related to the trauma, it appears that in 76.5 % of all diagnoses found relevant to the trauma the torture period was regarded as the only etiological factor, in 9.6% of the cases it was regarded as one of the factors, while in 13.9 % of the cases it aggravated or inflamed the pathological situation.

D - TREATMENT AND REHABILITATION PROCESS

In this chapter the treatment and rehabilitation services provided at the HRFT Treatment and Rehabilitation Centres and their results are evaluated.

1 - Applied Treatment Methods

As regards the treatment methods applied to a total number of 406 applicants, it appears that 349 applicants (86.0%) received medication, 82 applicants (20.2%) received psychopharmacotherapy, 33 applicants (8.1%) received psychotherapy, 23 applicants (5.4%) were given exercise programmes, 17 applicants (4.2%) received surgery and 11 applicants (2.7%) received physiotherapy. The distribution of the treatment methods is presented in Table 32.

Table 32. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to the treatment methods applied

Applied Treatment Methods	Number of Applicants	%
Medication	349	86.0
Recommendations on daily life	109	26.9
Psychopharmacotherapy	82	20.2
Psychotherapy	33	8.1
Exercises	23	5.7
Surgery	17	4.2
Orthopaedic implements (Orthesis, crutches, sole support, etc.)	16	3.9
Physiotherapy	11	2.7
Eye glasses	7	1.7
Dental treatment	1	0.3
Total	648	1.6*

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

2 - Results of the Treatment and Rehabilitation Process

The results of the treatment prescribed to the applicants as a result of the diagnoses are given in the Table 33. 43 applicants (10.6%) with physical complaints left their treatment process unfinished for various reasons either before a diagnosis was made or after the beginning of the treatment. Compared to the previous years, this percentage has decreased significantly.

Table 33. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to the results of the physical treatment

Results of the Physical Treatment	Number of Applicants
Treatment was completed	281
No disorder was detected related to torture or prison experience	47
Treatment continues	32
Treatment was discontinued without a diagnosis	25
Treatment was discontinued after having started	18
The diagnostic stage continues	3
Total	406

After the evaluation by the centre physicians, all applicants are advised to see also a psychiatrist. 26 applicants who accepted this advice did not go to the appointment. 4 applicants who were diagnosed with a mental disorder did not accept the treatment. The number of applicants who did not complete their treatment, including those who did not accept the treatment was 54 applicants (13.3 %). Compared to last year, this rate has decreased.

Table 34. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 according to the results of the psychiatric treatment

Results of the Psychiatric Treatment	Number of Applicants
No disorder was detected related to torture or prison experience	82
Treatment continues	51
Treatment was completed	49
The applicant did not appear at the first appointment	26
Treatment was discontinued after having started	26
Treatment was discontinued without diagnosis	24
The applicant refused a psychiatric examination	21
The applicant refused psychiatric treatment	4
The diagnostic stage continues	1
Total	284*

* 221 applicants did not have any mental health complaints.

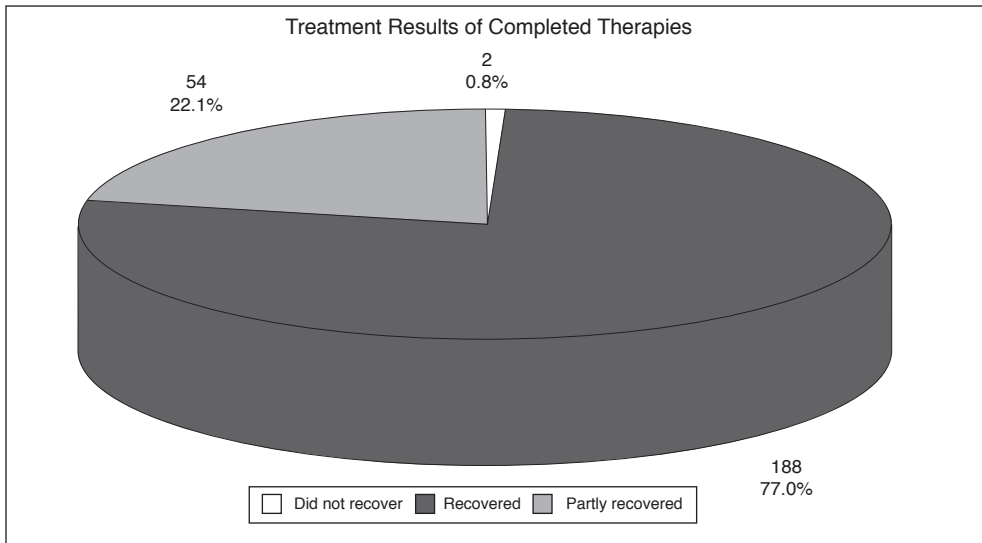
47 applicants who applied in 2009 did not continue their treatment. Compared to the previous years, the ration (11.6%) has not changed significantly (13.1% in 2008, 13.8% in 2007 and 12.6% in 2006). The treatment of 244 applicants, most of whom had acute physical or psychological illnesses was completed. The course of the treatment and rehabilitation stages of all the applicants in 2009 until the end of the year is presented in Table 35.

Table 35. The results of the physical and psychiatric treatment processes of the applicants to the HRFT Treatment and Rehabilitation Centres in 2009

Progress of the Cases	Number of Applicants
Treatment was completed	244
Treatment continues	69
Treatment was discontinued after having started	47
Treatment was discontinued without diagnosis	42
No disorder was detected in connection with torture or prison experience	2
The diagnostic stage continues	2
Total	406

188 of the 244 applicants, whose treatment was completed in 2009, recovered completely while 54 applicants recovered partly (Chart 6).

Chart 6. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2009, 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 2009

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 264 applicants to the HRFT in 2009 who stated that they had been subjected to torture in detention in 2009. The aim of evaluating the data on torture in detention in 2009 in a separate section is to describe the existing situation of torture in Turkey in 2009 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, torture methods, conditions during the preparation of medical reports and the legal procedure after detention provide objective criteria for the evaluation of claims that torture still continues to be applied systematically.

A – SOCIAL AND DEMOGRAPHIC CHARACTERISTICS

1 - Age and Sex

The applicants' ages range from 10 to 64. The average age is 26.4 ± 9.8 . The average age is very close to the average of all applicants and low compared to the previous years. Compared to the average age from the previous two years it is approximately three years less. In the past years this difference could have been explained by a lower average age of those who were tortured within the same year and a smaller number of chronic applicants who are usually former prisoners and therefore older. However, as this year in both groups there are considerably more applicants from the 0-18 age group their average age has decreased. 44 applicants (16.7%) are under 18 years old. The distribution of the applicants according to their age is given in table 36.

Because of the uncertain legal situation of the children known as "stone throwing children" who have been arrested for having resisted to the security forces at various demonstrations, courts have been unable to develop a common opinion. For this reason the number of children being subjected to torture and cruel treatment in prisons and having been released from prison has resulted in the increase of applications.

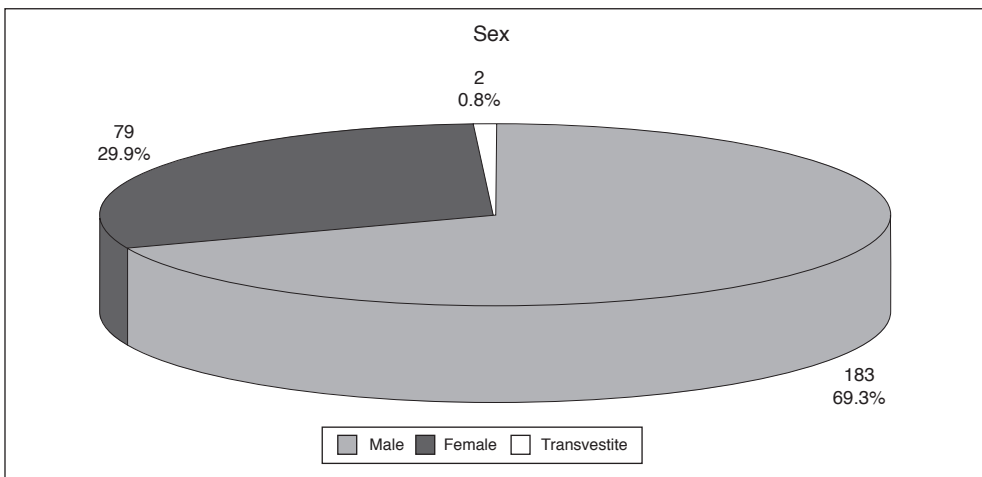
Table 36. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to their ages

Age Group	Number of Applicants	%
0 – 18	44	16.7
19 – 25	115	43.6
26 – 30	38	14.4
31 – 35	24	9.1
36 – 40	17	6.4
41 – 45	12	4.5
46 and above	14	5.3
Total	264	100.0

183 of the applicants are male (69.3%) while 79 are female (29.9%) (Chart 7). The proportion of women among the total number of applicants within the same year is approximately the same as the number of those who have been subjected to torture during the same year. This year, there were also two transvestite applicants.

On the other hand, the reason why there are still so few transvestites and transsexuals applying to the HRFT for having been tortured or ill-treated is because they are not yet as organised as other groups. Thus, considering that a significant proportion of victims apply to us upon reference of democratic organisations, it is difficult for the HRFT to reach transvestites and transsexuals although it is well-known that they often become victims of torture and ill-treatment.

Chart 7. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to their sex

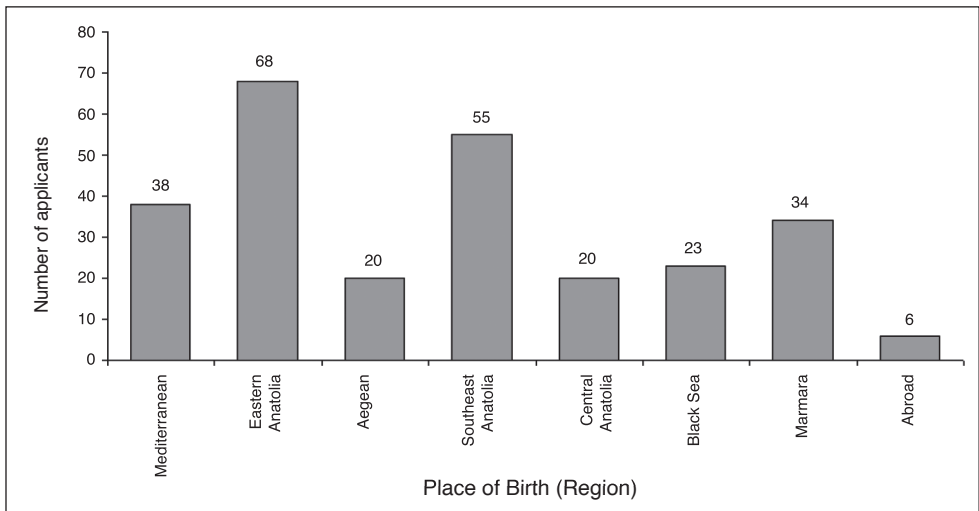


2 - Place of Birth

Almost one quarter of the applicants were born in the Eastern Anatolian region, followed by those born in the South Eastern Anatolian region and the Mediterranean region. Those both in the Eastern and South-Eastern Anatolian regions constitute 46.6% of all applicants. 14.4% of the applicants were born in the Mediterranean region, 12.9% in Marmara region and 8.7% in the Black Sea region.

The regional distribution of the applicants according to their birthplaces is presented in Chart 8.

Chart 8. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to their birthplace



Regarding the birth places at the provincial level, we see that most applicants were born in Istanbul (30 applicants, 11.4%), Izmir (16 applicants, 6.1%), Mardin (16 applicants, 6.1%), Adana (15 applicants, 5.7%), Tunceli (15 applicants, 5.7%), Diyarbakır (15 applicants, 5.7%), Van (13 applicants, 4.9%) and Ankara (11 applicants, 4.2%).

Looking at this distribution, we see that most applicants were born in East and South East Anatolia. As mentioned at the first section, it can be assumed that this is not a coincidence but a result of the Kurdish origin of these applicants. The HRFT does not ask for any information about the ethnic origin or political views of the applicants except for their place of birth.

3 - Educational Background and Employment Status

161 applicants (61.0 %) are secondary school or high school graduates, 72 (27.3%) are primary school graduates or are literate, and 17 (6.5%) graduated or dropped out of university. 11 (4.2%) of the applicants are illiterate. A more detailed distribution of the education level of the applicants is provided in Table 37.

Table 37. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to their education background

Educational Background	Number of Applicants	%
Illiterate	14	5.3
Literate	11	4.2
Primary school graduate	61	23.1
Secondary school graduate	32	12.1
High school graduate	129	48.9
University drop out	2	0.8
University graduate	15	5.7
Total	264	100.0

Regarding the employment status of the applicants, it appears that 72 applicants (27.3%) were unemployed. 92 applicants (34.8%) were university students, 24 applicants (9.1%) were primary or secondary school students, while 21 applicants (7.9%) were industrial workers in the private sector. There were also 10 housewives (3.8%) among the applicants.

Looking at the employment status of all applicants, we see that the ratio of unemployed applicants has significantly decreased while the ration of university students has increased in a similar way. There is also a slight increase in the ratios of primary and secondary school students and industrial workers in the private sector. This can be explained with the fact that the effect of the group of chronic applicants which includes applicants recently released from prison, does not exist in this group. Furthermore, as applicants have often been tortured for political reasons, these reasons can constitute an obstacle to finding a job and therefore lead to a higher ratio of unemployed applicants among the total number of applicants.

The employment status of the applicants is presented in more detail in Table 38.

Table 38. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to their employment status

Profession or Employment	Number of Applicants	%
University student	92	34.8
Unemployed	72	27.3
Primary or secondary school student	24	9.1
Industrial worker in the private sector	21	7.9
Tradesmen (working in a shop or office of their own)	11	4.2
Housewife	10	3.8
Office worker in the private sector (secretary, bank clerk etc.)	7	2.6
Peddler	6	2.3
Journalist	3	1.1
Construction worker	3	1.1
Artist	3	1.1
NGO staff	2	0.8
Farmer, fisherman	2	0.8
Teacher	2	0.8
Other	6	2.3
Total	264	100.0

B - PROCESS OF TORTURE

Among the applicants to the HRFT in 2009, 264 applicants were subjected to torture in detention in the same year. Although 264 applicants were subjected to torture within in 2009, 6 applicants, whose most recent torture was in prisons, are excluded from the evaluation in this chapter. Only the information obtained from the 258 applicants, who were tortured in detention is included in this evaluation.

1 - The Process of Detention and Torture

198 of the applicants (75.0%) who were subjected to torture in detention within 2009 stated that they had been tortured because of political reasons, while 66 applicants (25.0%) stated that they had been tortured for non political reasons. As many of those tortured or ill-treated for non political reasons do not speak out about their experience, the HRFT has carried out various activities to raise awareness about the rights of torture victims and to provide treatment and rehabilitation services to these people. As a result the number of applicants who were tortured or ill-treated for non political reasons has increased over the past years.

Collective applications become more common with the excessively violent interventions by security forces in demonstrations and public meetings, a phenomenon which can be described as “torture taking the streets”.

As for the length of their most recent detention, 228 applicants (86.4%) were detained for less than 24 hours and 25 applicants (9.4%) were detained between 24 and 48 hours. Three applicants (1.2%) were detained between 5 and 15 days. Two applicants indicated to have been detained for more than two weeks and tortured abroad.

According to the statements of the applicants, the statutory limitation on the length of detention was generally complied with except in case. While it was believed that shorter detention periods would be an important instrument to prevent torture, after a change of legislation in this direction first the torture methods in detention places were changed. Additionally, security forces started to apply physical torture methods before bringing the person to the detention place and fabricate appropriate cover up stories or abduct people and take them to uninhabited areas to torture them. An increase of cases of torture and ill-treatment on the street and in cars without any formal registration is also the result of these legislative changes. Thus, it is obvious that the legislative changes made for the prevention of torture remain ineffective in practice if there is no political will to implement these changes. The distribution of applicants according to the length of the most recent detentions is presented in Table 39.

Table 39. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to the length of their most recent detentions

Length of the Most Recent Detention	Number of Applicants	%
Less than 24 hours	228	86.4
24 – 48 hours	25	9.4
49 – 72 hours	5	1.9
73 – 96 hours	3	1.1
5 – 7 days	1	0.4
16 – 30 days	2	0.8
Total	264	100.0

As regards the places where the applicants were arrested, we see that 207 applicants (78.4%) were arrested on the street or somewhere else outdoors. The distribution of the places of arrest for the most recent detention is presented in Table 40.

Our experiences concerning high numbers of detention on the street or somewhere else outdoors shows that these kinds of practices facilitate unrecorded detentions. Moreover, considering that these kinds of events happen particularly often at demonstrations organised by democratic organisations, it is possible to say that these are efforts to limit the use of democratic rights and the freedom of association.

Table 40. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to the place of their most recent arrest

Place of the most recent arrest	Number of Applicants	%
Outdoors	207	78.4
Home	29	11.0
Work place	11	4.2
Public institution	4	1.5
Private institution (NGO office, press office, etc.)	3	1.1
Other	9	3.4
Not known/not remembered	1	0.4
Total	264	100.0

Table 41. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the 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	183	69.3
18:00 – 24:00	49	18.6
24:00 – 08:00	31	11.7
Not known/not remembered	1	0.4
Total	264	100.0

As regards the place of torture during their most recent detention, 118 applicants (44.7%) were tortured on the street or outdoors, 60 applicants (22.7%) were tortured in security directorates, while 26 applicants (9.9%) were tortured in police stations. For the last time in 2005 most applicants were tortured and ill-treated on the street or outdoors, afterwards torture and ill-treatment in security directorates was most common. However, after four years, torture and ill-treatment on the street or outdoors is now more common again. The reason for this could be the political strategies on the international and national level of the executive.

The distribution of the applicants according to the place where they were tortured is presented in Table 42.

Table 42. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to the place of their most recent torture in detention

Place of the Most Recent Torture in Detention	Number of Applicants	%
On the street or outdoors	118	44.7
Security directorate	60	22.7
Police station	26	9.9
Gendarmerie headquarters	18	6.8
In a car	13	4.9
Home/workplace	11	4.2
Not known/not remembered	1	0.4
Other	17	6.4
Total	264	100.0

As regards the regional distribution of the place of the most recent torture, it appears that the Marmara region comes first, followed by the Eastern Anatolian and Mediterranean regions (Table 43). Looking at the distribution of the applicants tortured in 2009 according to the HRFT Treatment Centres, we see that Istanbul treated the most applicants.

As for the provincial distribution of the most recent torture we see that Istanbul, Izmir, Adana, Erzurum, Ankara, and Diyarbakır were the most common provinces. It should be noted that Erzurum is the fourth most common province this year and therefore the Eastern Anatolian region the second most common region is due to a single event that took place in Erzurum. This situation should be kept in mind when compared to previous years.

The reason why the number of applicants who reside in provinces where there is no HRFT Treatment and Rehabilitation has risen is the mobile health team's work. These teams visit cities when there are increasing numbers of torture incidents due to various events, investigate the situation and, if necessary, send torture victims to the HRFT Treatment and Rehabilitation Centres. By extending the work of the mobile teams the HRFT can reach more torture victims. Provincial distribution of the places of torture in detention is given in the Table 44.

Table 43. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to the regions in which they experienced the most recent torture

Region of Most Recent Torture	Number of Applicants	%
Marmara	115	43.6
Eastern Anatolia	42	15.9
Mediterranean	40	15.1
Aegean	39	14.8
South-Eastern Anatolia	12	4.5
Central Anatolia	11	4.2
Abroad	5	1.9
Total	264	100.0

Table 44. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to the provinces in which the applicants were last subjected to torture

Province of Most Recent Torture	Number of Applicants	%
Istanbul	113	42.8
Izmir	38	14.4
Adana	35	13.3
Erzurum	32	12.1
Ankara	10	3.8
Diyarbakır	9	3.4
Van	9	3.4
Mersin	4	1.5
Edirne	2	0.7
Gaziantep	2	0.7
Hakkari	1	0.4
Aydın	1	0.4
Isparta	1	0.4
Mardin	1	0.4
Nevşehir	1	0.4
Abroad	5	1.9
Total	264	100.0

Looking at the detention centres where the most recent torture was inflicted in more detail, it appears that the Erzurum Security Directorate ranks first (32 applicants 12.1%). The reasons for this situation have been explained above.

Again we see that the Beyoğlu Police Station, Adana Police Children's Department and the Istanbul Anti Terror Branch (ATB) are among the first, too. The excessive force used in interventions with demonstrations in which children also participate in Adana and Mersin is the reason why there were also many applicants who were tortured and ill-treated in the Children's Departments there. In the upcoming years a more detailed analysis of the detention centres and the torture events will be carried out. Table 45 displays the centres of the most recent torture in which more than 3 cases occurred.

Table 45. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to the detentions centres where the most recent torture took place

Centre of the most recent torture in detention	Number of Applicants	%
Erzurum Security Directorate	32	12.1
Beyoğlu Police Station	7	2.6
Adana Police Children's Department	4	1.5
Istanbul ATB	4	1.5
Feriköy Police Station	3	1.1
Istanbul Security Directorate Security Branch	3	1.1
Sarıçam Police Station	3	1.1
Adana ATB	2	0.8
Çankaya District Security Directorate	2	0.8
Küçükçekmece Security Directorate	2	0.8
Other security directorate and ATB	13	4.9
Other police station	10	3.8
Other gendarmerie headquarter	1	0.4
Other gendarmerie centre	16	6.1
Abroad	5	1.9
Was not subjected to torture at a centre*	157	59.5
Total	264	100.0

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

Table 46 presents the torture methods inflicted on the applicants during their most recent torture. While beating was the most commonly used torture method according to the statements of the applicants tortured in 2009 in detention, it is thought provoking that the following most common methods are psychological torture methods. According to the statements of the applicants, beatings and subjecting to chemicals (teargas) are methods mostly used before the person is taken to a detention centre (before registration of detention). After the person has been taken to the detention place, other methods are used.

Table 46. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to the methods of torture

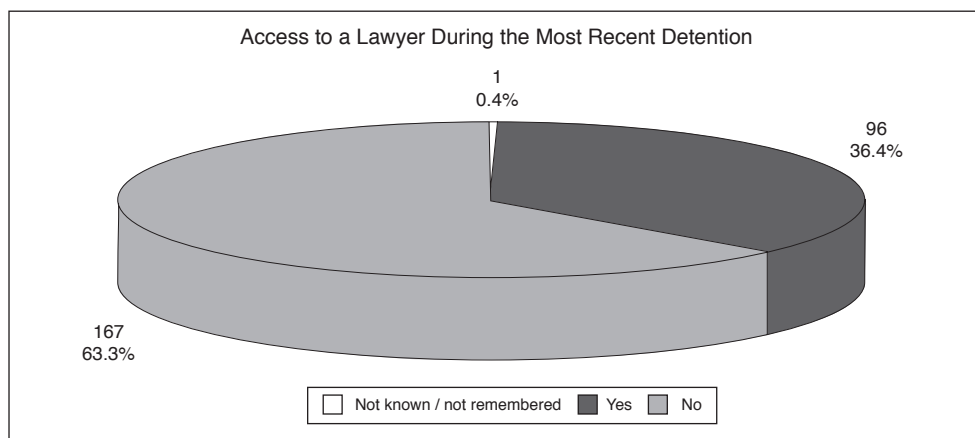
Torture Method	Number of Applicants	%
Beating	230	87.1
Insulting	218	82.6
Humiliating	173	65.5
Subjecting to chemicals	105	39.8
Threats against himself/ herself	104	39.4
Death threats	67	25.4
Continuous hitting on one part of body	47	17.8
Pulling out hair/moustache/beard	33	12.5
Forced excessive physical activity	31	11.7
Threats against relatives	30	11.4
Forcing to obey nonsensical orders	28	10.6
Forced to witness (visual/audio) torture of others	27	10.2
Forced to wait in a cold environment	26	9.8
Sexual harassment	25	9.5
Verbal sexual harassment	20	7.6
Stripping naked	15	5.7
Restricting food and drinking	14	5.3
Torturing in the presence of relatives and friends	13	4.9
Physical sexual harassment	11	4.2
Restricting respiration	10	3.8
Restricted defecation and urination	9	3.4
Pressurised/cold water	7	2.7
Solitary cell	6	2.3
Sleep deprivation	6	2.3
Mock execution	6	2.3
Falanga	4	1.5
Forced to listen to marches or high volume music	4	1.5
Blindfolding	3	1.1
Electricity	2	0.8
Squeezing testicles	2	0.8
Application of chemical substances	2	0.8
Burning	2	0.8
Suspension on a hanger	2	0.8
Asked to act as an informer	1	0.4
Other positional torture methods	36	13.6
Other	42	15.9
Total	1361	5.2*

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

2 - Legal Procedures During and After Detention

167 (63.3%) of the applicants stated that they were able to see a lawyer during their most recent detention. Considering that some of the applicants were tortured and ill-treated on the street or outdoors and did not go through any formal registration procedure, it can be assumed that an even higher ratio of those who were detained were able to see a lawyer (only a small fraction of the 118 applicants who had been tortured on the street or outdoors were officially registered and were not tortured afterwards at the detention centre) (Chart 9).

Chart 9. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to their access to a lawyer



The number of applicants who were released without being taken to the prosecutor's office after their most recent detention is 148. 15 applicants were arrested and 99 applicants were released by the public prosecutor or a court after their most recent detention. The trials of 63 applicants (23.8%) are ongoing and the trials of 10 applicants (3.8%) resulted in a conviction (Table 47 and 48).

Table 47. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to the situation after their most recent detention

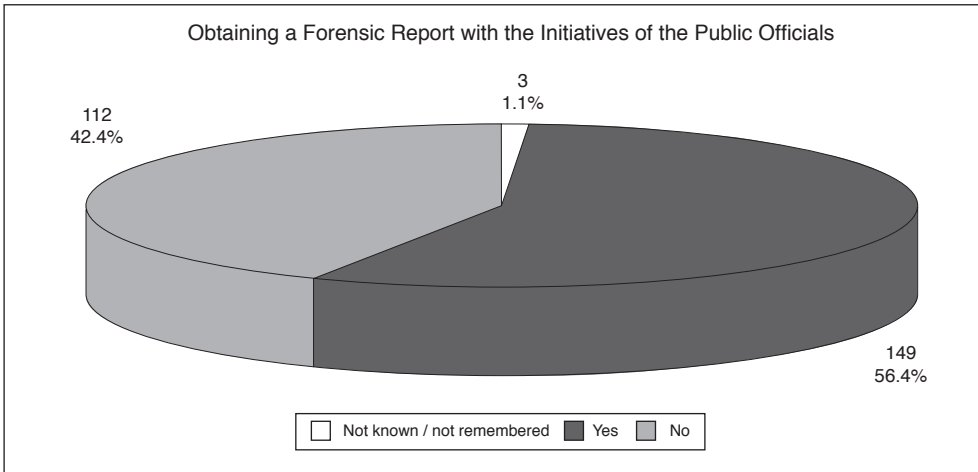
Situation After Most Recent Detention	Number of Applicants	%
Released without facing prosecutor	148	56.0
Released by prosecution office or court	99	37.5
Was arrested	15	5.7
Not known/not remembered	2	0.8
Total	264	100.0

Table 48. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to the process of their trial after their most recent detention

Trial Process After Last Detention	Number of Applicants	%
Applicant was not tried	123	46.6
Whether a lawsuit was filed or not is unknown	67	25.4
Trial in progress	63	23.8
Applicant was tried and convicted	10	3.8
Applicant was tried, result unknown	1	0.4
Total	264	100.0

The number of applicants who obtained a forensic report after their most recent detention upon the initiative of public officials is 149 (56.4%) (Chart 10).

Chart 10. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in said year according to whether they obtained a forensic report upon the initiative of public officials after their most recent detention



More than half of these 174 applicants (83 applicants, 55.7%) were examined in hospitals, 51 applicants (34.2%) were examined in branches of the Council of Forensic Medicine and 12 (8.1%) applicants were examined in health centres (Table 49). Moreover, 30 applicants stated that they obtained forensic medical reports upon their own initiative after the most recent detention.

Table 49. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to the place of their forensic medical examination after their most recent detention

Place of Forensic Medical Examination After Most Recent Detention	Number of Applicants	%
Hospital	83	55.7
Branch of Forensic Medicine Institution	51	34.2
Health centre	12	8.1
Detention place	3	2.0
Total	149	100.0

As regards the statements of the 149 applicants who underwent forensic medical examination after their detention about their evaluation of the examination, more than half of the applicants stated that the security forces were taken out of the room during the forensic medical examination (80 applicants, 53.7%), almost half of the applicants stated that the forensic physician listened to their complaints (73 applicants, 49.0%), however, only 2/5 of the applicants stated that the forensic physician also took note of their complaints properly (59 applicants, 39.6%) and that the physician examined them as he ought to (57 applicants, 38.3%). 48 applicants (32.2%) stated that the physician prepared a medical report in accordance with the findings (Table 50).

Table 50. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to their evaluation of the forensic examination after their 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?	80	53.7	66	44.3	3	2.0	149	100.0
Did the forensic physician listen to the complaints?	73	49.0	74	49.7	2	1.3	149	100.0
Did the forensic physician take note of the complaints?	59	39.6	88	59.1	2	1.3	149	100.0
Did the forensic physician examine as s/he ought to?	57	38.3	86	57.7	6	4.0	149	100.0
Did the forensic physician write a report that was in accordance with the findings?	48	32.2	57	38.3	44	29.5	149	100.0

20 applicants (7.6%) stated during their interrogation by the court or prosecutor that they had been tortured and 61 applicants (23.1%) filed a complaint with the prosecutor. Furthermore, four applicants filed a complaint upon the advice of the HRFT. Some of these applicants were directed to the medical chambers to obtain an alternative forensic report. 178 people (67.4%) people stated that that did not file any complaints for having been subjected to torture.

3 - Imprisonment Period

Among those applicants who were tortured in detention in 2009, the number of torture survivors who had been at a prison at some point is 32 applicants (12.1%), the number of those who were imprisoned after their most recent detention is 15 (5.7%). The length of their stay in prison after their most recent detention varies between one month and nine months.

C - MEDICAL EVALUATION

This chapter contains information on the health condition of the applicants which was obtained from the anamnesis, physical examination and other tests, made by physicians working at the centres together with consultant physicians (psychiatrists, physiatrists, orthopaedists, ophthalmologists, ENT experts etc.).

1 - Medical Complaints of the Applicants

All of the 264 applicants who were subjected to torture in detention in 2009 stated to have either physical or psychological complaints. The applicants complained about 1519 different health problems. Looking at the distribution of these complaints according to systems, it is noticed that most of them concern the musculoskeletal system (29.4%) followed by psychological (27.5%) and dermatological complaints (16.8%). The distribution of the complaints is consistent with the torture methods the applicants were subjected to (Table 51).

Table 51. The distribution of applicants to The HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to the frequency of their physical and psychological complaints

Systems	Number of complaints	%
Musculoskeletal system	447	29.4
Psychological	418	27.5
Dermatological	255	16.8
General	81	5.3
Neurological	78	5.1
Ear, nose and throat	67	4.4
Ophthalmologic	61	4.0
Digestive system	42	2.8

Table 51. Cont'd

Systems	Number of complaints	%
Respiratory	30	2.0
Urogenital system	16	1.1
Oral-dental	14	0.9
Cardiovascular	10	0.7
Total	1519	100.0

The most common psychological complaints are those related to sleeping problems and appear in 21.6% of the applicants. The most common physical complaint is skin discoloration (92 applicants) followed by skin/under the skin swelling and lower back pain. The 10 most common physical and psychological complaints are presented in Tables 52 and 53.

Table 52. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to the frequency of their physical complaints

10 Most Common Physical Complaints	Number of Complaints	% Among the Applicants	% Among the Physical Complaints
Discoloration of the skin	92	34.8	8.4
Swelling (skin/under the skin)	65	24.6	5.9
Lower back pain	52	19.7	4.7
Headache	51	19.3	4.6
Pain in the shoulder	45	17.0	4.1
Back pain	44	16.7	4.0
Pain in the arms	41	15.5	3.7
Graze	39	14.8	3.5
Pain in the neck	36	13.6	3.3
Pain in the chest/ribs	33	12.5	3.0
Other physical complaints	603	-	54.8
Total	1101		100.0

Table 53. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to the frequency of their psychological complaints

10 Most Common Psychological Complaints	Number of Complaints	% Among the Applicants	% Among the Psychological Complaints
Sleeping problems	57	21.6	13.6
Irritability	32	12.1	7.7
Tension	30	11.4	7.2
Distress	29	11.0	6.9
Concentration difficulties	28	10.5	6.7
Irritability from the police	28	10.5	6.7
Anxiety	26	9.8	6.2
Amnesia	26	9.8	6.2
Nightmares	22	8.3	5.3
Fear	18	6.8	4.3
Other psychological complaints	122	-	29.2
Total	418		100.0

2 - Findings of the Physical Examinations

In 245 applicants out of 264 applicants who were tortured in detention in 2009, a physical finding was obtained as a result of the physical examinations. The total number of physical findings is 810. The distribution of the findings according to the systems shows that the most common findings belong to the dermatological (48.8%) and musculoskeletal systems (31.2%) (Table 54).

Table 54. The distribution of the physical findings of the applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to the system

Systems	Number of findings	%
Dermatological	395	48.8
Musculoskeletal	253	31.2
Ophthalmologic	63	7.8
Ear, nose and throat	49	6.0
Oral-dental	20	2.5
Digestive system	12	1.5
Urogenital	11	1.4
Respiratory	4	0.5
Cardiovascular	2	0.2
Neurological	1	0.1
Total	810	100.0

The most common physical findings are skin ecchymosis (54.2%) and muscular pain and sensitivity (38.6%). Considering that the physical complaints and the findings match and that the findings on the skin (especially ecchymosis) have increased, we can say that compared to previous years beatings are increasingly applied after the person has been deprived of his/her liberty. The 10 most common findings are given in Table 55.

Table 55. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to the physical findings

The Distribution of the 10 Most Common Findings	Number of Findings	% Among the Applicants	% Among All Physical Findings
Ecchymosis	143	54.2	17.7
Muscular pain and sensitivity	102	38.6	12.6
Skin erosion	83	31.4	10.2
Skin oedema	60	22.7	7.4
Ecchymosis around the eye	34	12.9	4.2
Pain and restriction of the movements of the wrist and fingers	25	9.5	3.1
Crusted wound	24	9.1	3.0
Cut	23	8.7	2.8
Pain and restriction of the movements of the neck	21	8.0	2.6
Pain and restriction of the movements of the shoulders	19	7.2	2.3
Other physical findings	276	-	34.1
Total	810		100.0

Table 56. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to their psychiatric symptoms and findings

Psychiatric Symptoms and Findings Observed in at least 10 of the Applicants	Number of Symptoms and Findings	% Among the Applicants	% Among All Psychiatric Symptoms and Findings
Anxiety	39	14.8	6.2
Difficulties in falling or staying asleep	37	14.0	5.8
Concentration difficulties	34	12.9	5.3
Extreme increase or decrease in sleep duration	30	11.4	4.7
Irritability and/or easy outburst	27	10.2	4.3
Flashback experiences and acting or feeling as if the traumatic event were recurring	21	8.0	3.3

Table 56. Cont'd

Psychiatric Symptoms and Findings Observed in at least 10 of the Applicants	Number of Symptoms and Findings	% Among the Applicants	% Among All Psychiatric Symptoms and Findings
Efforts to avoid activities, places or people that arouse recollection of the trauma	21	8.0	3.3
Intense physiological reactions to stimuli associated with the trauma	21	8.0	3.3
Intense psychological distress at exposure to stimuli associated with the trauma	21	8.0	3.3
Memory impairment	19	7.2	3.0
Agitation (irritability, hyperactivity)	18	6.8	2.8
Recurrent and distressing dreams of the traumatic event	18	6.8	2.8
Recurrent and intrusive distressing recollections of the traumatic event	18	6.8	2.8
Changes in appetite/weight (increase or decrease)	17	6.4	2.7
Response of intense fear, helplessness or horror to the traumatic events experienced or witnessed	17	6.4	2.7
Depressive mood	16	6.1	2.5
Sense of foreshortened future	15	5.7	2.4
Feelings of detachment or estrangement from others	15	5.7	2.4
Somatic anxiety (palpitation, distress, sweating)	15	5.7	2.4
Hypervigilance	14	5.3	2.2
Emotionally restricted (or blunted affect)	14	5.3	2.2
Hopelessness, desperation	14	5.3	2.2
Fatigue/weakness	14	5.3	2.2
Exaggerated startle response	13	4.9	2.0
Absentmindedness	13	4.9	2.0
Efforts to avoid thoughts, feelings or conversations associated with the trauma	13	4.9	2.0
Thoughts of worthlessness/low self-esteem	11	4.2	1.7
Muscular tension	11	4.2	1.7
Feeling of guilt	10	3.8	1.6
Other psychological symptoms or findings	90	-	14.2
Total	636		100.0

3 - Psychiatric Symptoms and Findings

Looking at the distribution of the psychiatric findings and symptoms of the applicants who were tortured in detention in 2009, anxiety and difficulties in falling or staying asleep were found among approximately 15% of the applicants and concentration difficulties, extreme increase or decrease of the duration of sleep and irritability and/or easy outbursts were found among approximately 10% of applicants. The psychiatric symptoms and findings seen in 10 or more of the applicants in this group were given in Table 56.

4 - Diagnoses

The evaluation of the diagnoses involved 259 applicants, who were diagnosed until the end of 2009. Regarding the 68 different diagnoses, it appears that soft tissue trauma was the most common among the physical diagnoses (198 applicants, 75.0%), while bone fractures were diagnosed among 12 applicants. These physical findings show the intensity of the physical violence applied and should be evaluated carefully.

Acute PTSD (21 applicants, 8.0%), acute stress disorder (15 applicants, 5.7%) and major depressive disorder (14 applicants 5.3%) were among the most common psychiatric findings. Tables 57 and 58 show the 10 most common physical diagnoses and the psychiatric diagnoses that were found in two or more applicants and their frequency among 259 diagnosed applicants.

Table 57. The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to the frequency of the most common physical diagnoses

10 Most Common Physical Diagnoses	Number of Applicants	Percentage
Soft tissue trauma	198	75.0
Cuts or bruises on the skin	80	30.3
Myalgia	75	28.4
Periorbital ecchymosis	28	10.6
Bone fracture	12	4.5
Subconjunctival haemorrhage	9	3.4
Myopia	7	2.7
Gastritis	6	2.3
Traumatic conjunctivitis	6	2.3
Lumbar strain	3	1.1

Table 58: The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2009 who were subjected to torture in the said year according to the frequency of the most common psychiatric diagnoses

Psychiatric Diagnoses	Number of Applicants	Percentage
PTSD (acute)	21	8.0
Acute stress disorder	15	5.7
Major depressive disorder	14	5.3
PTSD (chronic)	8	3.0
Generalized anxiety disorder	5	1.9
Other psychiatric disorders	8	3.0

When the relation between the diagnosis and the torture process experienced by the applicant is examined, disregarding those diagnoses that were found to be irrelevant to the trauma, it appears that in 90.8% of all diagnoses found to be relevant to the trauma, the torture experience was found to be the only etiological factor. In 6.2% of the cases it aggravated or inflamed the pathological situation while in 3.0% of the cases it was found to be one of the etiological factors.

In two of the applicants (0.8%) out of 264 applicants who were subjected to torture in detention in 2009, no disorder connected to the torture and trauma experience could be found.

III - EVALUATION AND CONCLUSION

Treatment and Rehabilitation Services

a) Although we had foreseen a total of 350 new applicants for 2009, the total number of new applicants was 459 (425 in 2008, 452 in 2007 and 337 in 2006).

That the number of applicants was 31% higher than what had been foreseen is also related to the fact that, as explained in various special reports, during the last term security forces have resorted to violence in a widespread way and that those involved are being protected by the political authorities, in particular the widespread detention/arrest/torture and ill-treatment practices foremost against children which started directly after the local elections.

These concerning developments of the security forces practices are the result of legal changes since 2005 such as the new Criminal Code and Code of Criminal Procedure in 2005, the changes in the Anti-Terror Law in 2006 or the changes in the Law on the Powers and Duties of the Police and efforts of the public authorities to legitimise these negative developments with security concerns.

Next to the general atmosphere in the country, there are three more issue which should be mentioned with regard to the higher than expected number of applicants:

- ◇ the visits of the mobile health team to regions where the HRFT does not have a treatment centre which were started to be carried out systematically in 2009 (during two visits 21 torture victims were taken into the treatment programme)
- ◇ the legal and social assistance programmes which were once again implemented in 2009 (seven applicants received legal assistance and eight adults and 36 children applicants received social assistance)
- ◇ the re-organisation of the HRFT Diyarbakır centre (in 2008 there had been 40 applicants only).

b) In 2009 the number of applicants to the HRFT who stated that they had been subjected to torture in the same year was 264 (57.6%); in 2008 this number was 269 (63%), in 2007 it was 320 (70%) and in 2006 it was 222 (65%). While these numbers show a slight decrease (with an increase of the number of applicants who are relatives of torture victims), they are high enough to justify the continuation of our activities.

c) In 2009 147 of all applicants were female 147 and 312 were male.

d) While in 2004 there had been 44 children applicants, the fact that there were 66 in 2009 and almost half of them in Adana (31) can be explained with the heavy repression against children. Another factor which should be taken into account is the social assistance programmes for children.

e) That 76 applicants were taken into the 5-Cities-Programme in 2009 is also due to the systematic work of the mobile health team.

f) Regarding the distribution of our applicants according to their birth places the applicants born in South Eastern Anatolia (28.8%) and in Eastern Anatolia (24.1%) constitute an important part.

g) In 2009 there was a slight increase in the number of applicants who were tortured for non-political (ordinary offences). In 2009 it was 18.5%, in 2008 it was 18.1%, in 2007 it was 13.8% and in 2006 it was 11.7%.

h) 15 of our applicants in 2009 are not Turkish citizens. Their nationalities are as follows: four Iranians, four Iraqis, four Sudanese, one Congolese, one Palestinian and one Sri Lankan.

i) In 2009 the treatment process of 242 (59.6%) of our applicants was finalised with a full or partial recovery and 69 (17.0%) applicants continued their treatment process in 2010. 89 applicants' treatments (21.9 %) could not be continued for various reasons. Compared to the previous years, there has been a slight increase in the drop out rate.

i) A particular effort was made in 2009 to reach out to potential applicants. The Re-organisation of the Diyarbakır Treatment and Rehabilitation Centre, the first visits

of the mobile health team and the Memorandum of Understanding signed with the UNHCR Turkey on 3 August 2009 have made an important contribution to this.

j) Among the places of torture where our applicants were tortured in 2009 (410 applicants in total without counting the relatives of torture victims) the proportion of torture in places other than official detention places such as outdoors, cars etc. (40.6%) is significant. Additionally, there are still a high number of applicants (33.7%) who were tortured in security centres (where there are special teams).

k) Looking at the general trends in torture in Turkey, we see that the headings used in the last report remain valid:

- ◇ torture and ill-treatment practices have become more brutal and rougher compared to previous years
- ◇ torture and ill-treatment are more and more used to intimidate or coerce, punish or establish authority rather than to obtain information
- ◇ widespread violence applied to demonstrators, especially without detaining them officially
- ◇ an increase in twin trials
- ◇ ongoing impunity
- ◇ it is getting more difficult to differentiate between torture and ill-treatment

Training Activities

a) Evaluation of the Istanbul Protocol Training Programme (abroad and domestic)

For the point that the activities on the Istanbul Protocol, during the preparation process of which the HRFT played an important role since the process started in 1996 and which has become a UN document afterwards, have reached today the experiences of Turkey which have become even more concrete in 2009 are particularly important. The training of the Council of Forensic Medicine Istanbul Protocol Training Programme which lasted from 1 December 2007 to 30 November 2009 for 4,000 medical doctors, 1,000 prosecutors and 500 judges were carried out by the Turkish Medical association (TMA) and the International Rehabilitation Council for Torture Victims (IRCT). Thus, this training programme in which 3,476 physicians from 28 provinces participated in 100 trainings in 2009 was implemented with the contributions of HRFT's team of trainers and its training materials. In addition to the trainings this project which in every respect constitutes an example on the international level also included a revision of the forensic report format, preparation of university curricula, proposals for the development of medical and legal processes concerning torture, and proposals for monitoring mechanisms for forensic medical reports. This project which has made an important contribution in terms of prevention of torture in Turkey has at the same time provided an opportunity to extend the HRFT's work. This has also been shown by the positive feedback and

developments received after the end of the project. As explained in the section on future projects in our work report, the HRFT has prepared a new project in order to enhance the effectiveness of these activities.

As for various reasons the project started later than foreseen, the 100 trainings and seven training of trainer trainings for physicians in 2009 caused a heavy workload for the HRFT staff and volunteers. Therefore, Istanbul Protocol trainings aimed at psychiatrists in Ankara, Istanbul and Izmir planned to take place at the end of 2009 had to be rescheduled in 2010.

Furthermore, the Istanbul Protocol training project in 10 different countries (Morocco, Georgia, Mexico, Sri Lanka and Uganda in the first cycle and Ecuador, Philippines, Kenya, Egypt and Serbia in the second cycle) which was carried out jointly with the IRCT and for which the HRFT has assumed the coordination was completed in 2009.

These activities show the important place that the HRFT has on the national and international level.

b) Three-year Psychotherapy Training with the “Süddeutsche Akademie für Psychotherapie”

The HRFT is undertaking different activities in order to improve the efficiency and quality of the treatment and rehabilitation services for torture victims and their relatives. Trainings for volunteers and other non-HRFT experts who support the HRFT and its work make up the biggest part of these activities.

In 2006 we started a Psychotherapy Training Programme with the “Süddeutsche Akademie für Psychotherapie” for HRFT staff and other experts supporting the HRFT. This training programme ended in 2009. The training contains several topics: Developmental Psychology, Personality Theory, Neurosis Theory, Psychodynamic Psychology and Psychotherapy, Psychopathology, Psychosomatics, Dependencies, Clinical Interview Technique, Family and Group Theories, other scientific methods (Behavioural Therapy, Systemic Hypnotherapy), Indications and Applications of various psychotherapeutic methods, Trauma Therapy, and Evaluation of the Curriculum. After the last of the six one-week training modules during three years which took place on 14 – 19 April 2009, the 16 participating psychiatrists and psychologists received the title of psychotherapist according to the German Medical Association’s Rules for Further Education.

Currently, research about further training needs and opportunities is being undertaken.

c) The Sixth International Psychological Trauma Symposium

On 11 – 13 December 2009 the Sixth International Psychological Trauma Symposium jointly organised by the HRFT, the Faculty of Medicine Department of Psychiatry of the University of Kocaeli, the Faculty of Medicine Department of Psychiatry of

the University of Istanbul, Turkey Psychiatry Organization, Norwegian Medical Association, and the Turkey Medical Association was held in Istanbul.

The 6th International Psychological Trauma Symposium again provided a platform for experts from various disciplines around the world and our region in particular to come together and share their views, thoughts, research and experiences. 70 speakers and 252 participants attended the 19 panels, 3 conferences, 7 workshops and one forum to be held during the three-day event. Moreover several posters were presented.

The aim of the meeting with its main topic 'Traumas in Daily Life' was to share experiences and information in order to better understand psychological traumas relating to social problems such as political violence, mobbing, natural disasters, violence against women and children, and poverty. Participants came together and created solutions for several social, psychological and cultural processes that lead up to psychological traumas

The International Psychological Trauma Symposium provides an opportunity to bring together academic research on trauma in general and practitioners from various disciplines and thus provides an important contribution for holistic studies in this field. Furthermore, it provides an important opportunity for the HRFT to strengthen its joint activities with different universities and professional organisations in the field of trauma. Consequently, the network and knowledge necessary for the "Coping with Social Trauma" project to be implemented in the upcoming period are improving.

Furthermore, it is also intended that the Psychological Trauma Symposiums will continue to function and be developed as a platform to strengthen peace and solidarity, allowing cooperation among European, Balkan and Middle Eastern countries. It is planned that the next symposium takes place in 2012.

d) Supervision services for the staff of the UNHCR Turkey Representative

In 2009 we continue to provide supervision services in the frame of the care for caregivers programme for the interviewers working for the UNHCR Turkey Representative which started after our training provided to the UNHCR interviewers in 2008.

Scientific Research

a) Epidemiologic Study on Torture in Turkey

The aim of this study which is planned to be completed until the end of 2010 is to determine ill-treatment and torture in a quantitative way and evaluate gradual changes in time.

This study is going to be carried out as an archive research. Written documents accepted as archive will be acquired from organisations which report and register torture and ill-treatment cases.

This data will be analysed through comparing periods of time and using quantitative measures such as frequency and qualitative measures such as type of crime or method of torture.

The activities of the torture epidemiology study during the past period are as follows:

- ◇ During the first meeting of the working group the content and extent of the study were determined. Accordingly the conceptual limits of “torture” and which events, which locations and which period of time would be analysed were determined. It was decided that only the period after 1980, which was a turning point for torture in Turkey, would be analysed. It was also decided that the study would generally rely on data and information collected from archives.
- ◇ The resources used are those of human rights organisations, mainly the HRFT’ archive, media archives dating back to 1980, and academic archives including books and articles to trace back changes of law and administrative practice and collect information about victims’ stories.
- ◇ Different working groups were established and each group started to work.
- ◇ First the HRFT archive was analysed and all data entered into a computer programme.
- ◇ Books, articles and other publications on torture were identified and analysed.
- ◇ The screening of media archives was mostly done via web archives.
- ◇ The group analysing the legal changes evaluated previously done studies and other material.

b) Time trends for torture in Turkey for 18 years: 1990-2007

This study which is also expected to be finalised by the end of 2010 examines the changes of torture and torture methods based on the archives of the HRFT applicants.

For this study we have assembled all application forms since 1990. These forms have been modified various times over the past years by the staff of the HRFT centres. Consequently, different formats have been used every year.

At first, we discussed the possibility of using the data for comparative work with statisticians from medical faculties’ epidemiology departments. Starting with the last version we researched the coherence of all the questions and answers in the forms. This was then done again for several periods (before 1999, 1999 to 2004, and after 2004). Afterwards, the data was put together and analysed.

c) The study on ‘Measuring Life Quality’ which started in 2003 was completed at the Izmir Treatment and Rehabilitation Centre in 2007 by one of our colleagues who used the subject for his thesis.

We sincerely hope that we will be able to implement this method of evaluation of the quality of our services in all our centres in 2010.

Alternative Forensic Medical Reports

We continued to provide alternative forensic medical reports to our applicants in 2009.

A total of 43 applicants received alternative forensic medical reports from our Treatment and Rehabilitation Centres. 14 of the reports were provided to applicants wishing to open a case or with an on going case in Turkey (eight of them have ongoing trials, for four other the courts declared themselves not competent, and for the others no information could be obtained), three wanted to file a complaint with the European Courts of Human Rights, 13 were provided for asylum proceedings in other countries, two reports were provided for deportation proceedings in European countries, six reports were provided to applicants seeking asylum, two reports were provided to applicants seeking recognition at the national employment agency, and one report was provided to an applicant in prison to applying for the continuation of the treatment in prison. Two applicants wanted the reports for their own records.

All applicants of the legal assistance project, except two who died, also received alternative forensic medical reports.

As known, our alternative forensic medical reports are recognised by especially the European Court of Human Rights (ECtHR). Thus, while the ECtHR took nine decisions against Turkey concerning article 3 (prohibition of torture) in 2009 it mentioned our reports in three of these decision.

HUMAN RIGHTS FOUNDATION of TURKEY PUBLICATIONS

- 1) Turkey Human Rights Report 1991 (Turkish-English)
- 2) Turkey Human Rights Report 1992 (Turkish-English)
- 3) HRFT Treatment and Rehabilitation Centers Report 1990-1992 (Turkish-English)
- 4) Turkey Human Rights Report 1993 (Turkish-English)
- 5) File of Torture – Deaths in Detention Places or Prisons 12 September 1980-1994 (Turkish-English)
- 5/2) File of Torture - Deaths in Detention Places or Prisons 12 September 1980-1995 (Revised 2nd edition Turkish-English)
- 6) HRFT Treatment and Rehabilitation Centers Report 1993 (Turkish-English)
- 7) Abidin Dino / Torture (drawings)
- 8) The Report on the Health Services and Health Personnel's Problems in the Southeast (English)
- 9) A Commemorative Publication for Emil Galip Sandalcı (Turkish)
- 10) Turkey Human Rights Report 1994 (Turkish-English)
- 11) HRFT Treatment and Rehabilitation Centers Report 1994 (Turkish-English)
- 12) Freedom of Expression and Migration (Turkish)
- 13) HRFT Treatment and Rehabilitation Centers Report 1995 (Turkish-English)
- 14) Turkey Human Rights Report 1995 (Turkish-English)
- 15) HRFT Treatment and Rehabilitation Centers Report 1996 (Turkish-English)
- 16) HRFT on Trial 1998 (Turkish)
- 17) HRFT Treatment and Rehabilitation Centers Report 1997 (Turkish-English)
- 18) Turkey Human Rights Report 1996 (Turkish-English)
- 19) HRFT Treatment and Rehabilitation Centers Report 1998 (Turkish)
- 20) Turkey Human Rights Report 1997 (Turkish)
- 21) Turkey Human Rights Report 1998 (Turkish)
- 22) HRFT Treatment and Rehabilitation Centers Report 1998 (English)
- 23) HRFT Treatment and Rehabilitation Centers Report 1999 (Turkish-English)
- 24) Manuel on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment – “Istanbul Protocol” (Turkish-English)
- 25) HRFT Treatment and Rehabilitation Centers Report 2000 (Turkish-English)

- 26) Turkish Human Rights Movement Conferences 1 and 2 / 1998-1999 (Turkish)
- 27) A Solo Orchestra: "Mahmut Tali Öngören" (Turkish)
- 28) Turkey Human Rights Report 2001 (Turkish-English)
- 29) HRFT Treatment and Rehabilitation Centers Report 2001 (Turkish-English)
- 30) Turkey Human Rights Report 1999 (Turkish)
- 31) Turkey Human Rights Report 2000 (Turkish)
- 32) Human Rights Movement Conference 2002 (Turkish)
- 33) Turkey Human Rights Report 2002 (Turkish)
- 34) Turkish Human Rights Movement Conference 2000 (Turkish)
- 35) HRFT Treatment and Rehabilitation Centers Report 2002 (Turkish-English)
- 36) Turkey Human Rights Report 2003 (Turkish)
- 37) Turkish Human Rights Movement Conference 2001 (Turkish)
- 38) HRFT Treatment and Rehabilitation Centers Report 2004 (Turkish-English)
- 39) Torture and Impunity 2005 (Turkish-English)
- 40) Turkey Human Rights Report 2004 (Turkish)
- 41) Turkish Human Rights Movement Conference 2004 (Turkish)
- 42) Human Rights Monitoring: Freedom of Expression, Freedom to Organise, Torture (Turkish)
- 43) HRFT Treatment and Rehabilitation Centers Report 2005 (Turkish)
- 44) HRFT Treatment and Rehabilitation Centers Report 2005 (English)
- 45) Turkey Human Rights Report 2005 (Turkish)
- 46) Turkey Human Rights Report 2005 (English)
- 47) Turkey Human Rights Report 2006 (Turkish)
- 48) UN Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment A Manual for Prevention (Electronical version -Turkish)
- 49) HRFT Treatment and Rehabilitation Centers Report 2006 (Turkish)
- 50) HRFT Treatment and Rehabilitation Centers Report 2006 (English)
- 51) United Nations Manual on the Effective Prevention and Investigation of Extra-Legal, Arbitrary and Summary Executions (Minnesota Protocol) (Turkish)
- 52) Torture Atlas (Turkish)

- 53) Turkey Human Rights Report 2007 (Turkish)
- 54) Prison Monitoring Guide
- 55) The Consensus in Prevention of Torture
- 56) HRFT Treatment and Rehabilitation Centers Report 2007 (Turkish)
- 57) HRFT Treatment and Rehabilitation Centers Report 2007 (English)
- 58) Manual on Procedural Safeguards for the Prevention of Torture (Turkish)
- 59) Turkey Human Rights Report 2008
- 60) Ways Leading to Torture (Turkish)
- 61) Report of the Project on the Prevention of Torture (Turkish)
- 62) Guidelines for the Effective Documentation and Investigation of Torture Cases (Turkish)
- 63) HRFT Treatment and Rehabilitation Centers Report 2008 (Turkish)
- 64) HRFT Treatment and Rehabilitation Centers Report 2008 (English)
- 65) Turkey Human Rights Report 2009
- 66) HRFT Treatment and Rehabilitation Centers Report 2009 (Turkish)

