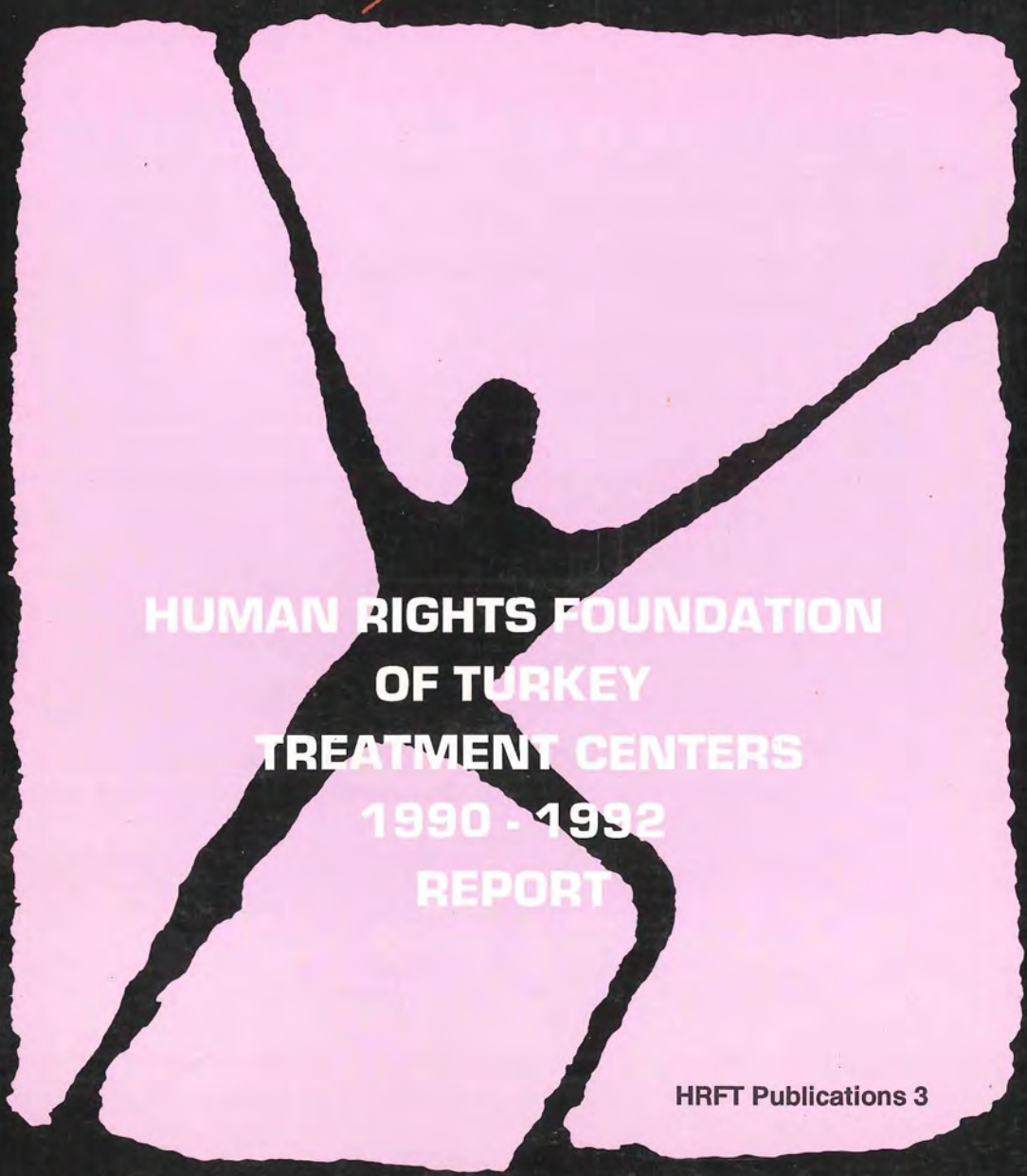
İNSAN HAKLARI VAKFI 1990 TURKEY OF FOUNDATION RIGHTS HUMAN



HUMAN RIGHTS FOUNDATION OF TURKEY TREATMENT CENTERS 1990 - 1992 REPORT

HRFT Publications 3

HUMAN RIGHTS FOUNDATION OF TURKEY
HRFT

THE TREATMENT AND REHABILITATION CENTRES' REPORT ON TORTURE SURVIVORS 1990-1992

Human Rights Foundation of Turkey Publications (3)

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Human Rights Foundation of Turkey (HRFT)
was founded under the Turkish Civil Law.
It is a non- governmental and independent foundation.
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INTRODUCTION

The fight for human rights in Turkey which acquired a significant status with the establishment in 1986 of the Human Rights Association (IHD) assumed greater proportions with the establishment in 1990 of the Turkish Human Rights Foundation (TİHV). The present report is the first document testifying to the medical investigations by the TIHV which are about to be given "institutional" status. The TIHV, which has never published a report on medical investigations, will as of April 1993 publish annually a medical report on human rights violations in the country.

This report which covers the medical investigations conducted by the TIHV between 1990-92 is also the story of an attempt at institutionalisation. Therefore, it temms with problems encountered during the process. However, it would not be too much to say that the TIHV has managed to eliminate the greater part of the problems that emerged on the way. This has been possible only through the invaluable assistance of the IHD, the Turkish Physicians Association, and other democratic institutions. Another organisation the TIHV feels indebted to is that comprising of an army of volunteer workers, a perfect example of popular solidarity.

By reason of this being the first report by the TIHV, references are made to previous work by the foundation, however the greater portion of the report deals with the medical investigation and other research conducted under the aegis of the foundation. Created with the eager par- ticipation of volunteers and foundation staff, the report deals will be evaluated according to criteria applied by the TIHV and other institutions established to safeguard human rights, and future work will be conducted along the same lines.

1993 / ANKARA

STATE OF HUMAN RIGHTS IN 1992

Yavuz ÖNEN
HRFT Chairman

We hereby publish the first report relating to the work conducted at our treatment centres. Crushed under the heavy burder of practical work for the space of three years, we faited to write annual reports. However, believing that our experiences should immediately be made public in view of the fact that international relations are fast improving and allegations of torture are increasing, we have prepared the present report. From now on, apart from the annual Human Rights Report prepared by our Documantation Centre, annual reports on the medical examinations conducted at our centres will be pub- lished. Thus, in addition to documents testifying to the state of human rights in the country., special documents on particular fields of expertise will be made public, which will help improve our lack of information on such a precarious issue as this. Before we go any further on our treatment centres, it would be appropriate to consider Turkey's general outlook as regards human rights.

It goes without saying that the most accurate and genuine documents are procured by our Documentation Centre. Citing some figures and summarised information from our Turkish Human Rights Report of 1992, I will attempt to shed some light on the preportions human rights viölations have recently assu- med. First, the data on incidents resulting in death:

Deaths caused by police firing on demonstrator : **26**

Deaths in house raids : **63**

Deaths caused by indifference to orders to freeze, under custody, by sporadic fire, and similar incidents : **103**

Deaths in Nevroz incidents **92**, injured : **341**

Deaths during Çukurca, Musabey, Kulp, Varto, Cizre incidents : **41**, injured, **100**.

Deaths in the Emergency Rule region caused by mines, grenades : **38**

Deaths in unidentified murder cases : **360** (**13** of them journalists **12** in the Emergency Rule Region)

Deaths in armed conflict : **1719**, security forces, civilions, and militants.

Deaths in armed assault, assassinations , and executions : **285**, public servants, police officers, soldiers, state-paid village guards, informers, repentants, and state sympathizers.

Deaths in attacks on civilions : **185**

Deaths under torture : **17**

Total : **2933**. (An average of **8** deaths daily.)

Missing whilst under detention : **8**

Number of people tortured whilst under police detention : **594** (**11** of them children, **93** women)

Number of reporters sworn at, attacked, beaten by security forces : **56**

Number of seized newspaper and periodical : **189**

Number of books seized : **20**

Imprisoned editors-in-chief : **3**

Total prison terms :**25** years, **15** days.

Total fines : TL. **5** billion, **976** million, **800** thousand.

Banned public organizations : **32**, three of them IHD branches.

The following is a breakout of other human rights violations last year :The practice of torture continued in a systematic manner at police stations. Turkey ran up against significant difficulties at the European Council and the United Nations owing to allegations of widespread torture.

Despite the aforementioned negative developments, those torturers were not tracked down. Furthermore with the recently passed Criminal Trial Procedures Law (CMUK) certain crimes were excluded from the scope of the law and thus was torture covertly allawed.

A bleak picture emerged last year as regards freedoms of thought, belief, the press, and cultural activity. Journalists were killed, beaten up, arrested, periodicals and newspaper were seized, confiscated. The activities of democratic mass organizations were precluded, banned, their members and leaders detained, arrested.

A large number of mass demonstations were forbidden.Political pressures on certain political parties (The people's Labour Party "HEP"-Socialist Party "SP"-Labour Party "IP", Socialist Unity Party "SBP") in tensified. Leaders and members of political parties were assaulted, sometimes deaths followed. The Socialist Party was closed down. The closure of the HEP was demanded. 1992 was a bad year for the working classes as well. The undemocratic practices of the laws imposed in the wake of the 1980 military takeover remained intact. Despite some positive steps taken sucn as the submittance to parliament

of certain ILO articles, employers continued to lay off workers. (The President Vetoed Articles 7and 158 of the ILO convention) The attempts to set up public servants unions were frustrated. The reign of the YÖK (Highes Education Council) raged on. The draft bill on the YÖK passed through Parliament without introducing no substantial change. Student activi- ties were pressed down. Student were detained,tortured. Universities remained under police and gendarmerie supervision. The information summarized above reveals a black portrait as to Turkey's human rights and democracy record. This attests to the fact that basic freedoms, peace, and individuals security in the country are in great peril. The conspicuous lack of peace, the first and foremost condition for improving, maintaining, developing, and benefiting from democratic freedoms lies at the root of all other human rights violations in the country.

Torture continued uninterruptedly in the general atmosphere summarized above. It was adopted as a systematic method of interrogation at police stations. Investigations into cases where 17 people lost their lives and 8 people simply went missing at those stations have yet to be started. According to data gathered by the foundation, 108 of 594 people tortured last year proved they had been tortured through medical reports. 24 of those women tortured have notifred concerned authorities that they were subjected to sexual abuse under detention.

343 torture survivors applied to our three centres. They were treated properly. Their number is almost identical with what me foresaw last year. We had guessed that as many as 400 people would apply to our centres. Compared to 238 applications last year, a sharp increase is conspicuous. In fact, our centre does not have the necessary equipment and personnel to meet the demand. Nor is our budget sufficient. However, we continue with our efforts to eliminate all barriers.

The number of physicians and psychiatrists we work with are almost 300. Due to this voluteer work, our expenses incurred are kept at a minimum. The contribution of physicians chambers and the Turkish Physicians Association are praiseworthy. Another manner of work developed at our centres concerns participation. The approval by our foundation of the demand of volunteer physicians and psychiatrist for closer cooperation with our foundation has improved the quality of work and communication within the organization. A number of meetings organized at treatment centres constituted the fi rst steps towards the implementation of the process.

The last year witnessed a conspiuous improvement in our inter- national relations. Workers or senior officials at our centre attended a number of international for a and meeting. Our foundation managed to organize together with the TTB, the International Torture Symposium in Istanbul owing to improved relations with the IRTC and RCT. A large number of international figures attended the meeting. Next year, we will intensify our efforts to improve our international relations. The information released to civilian organizations in foreign countries that have supported our civilisation since its inception will help develop international solidarity. Thus will the existing cooperation be strengthened and international soliderity be maintained.

We will do our atmost to help support our staffers who have dealt with upwards of 700 applications over a period of three years. However, we are of the opinion that it would be better if staff expenses are kept at a minimum and the greater portion of finances are allocated to meet the expences incurred during torture survivors visit to our

centres. We are also searching for financial resources to supply financial aid to the reedy among torture survivors.

Since our date of foundation, we have done our best to set up a treatment centre in the southeastern province of Diyarbakır. We have met with a number of prominent figures over the issue. However, our efforts have not vielded fruit in view of the fact that the situation in the region gradually worsened. An atmosphere of fear, intimidation, and threats to individual security reigns in the region, where no social, political, cultural activity seems possible. Associations, democratic civil organizations, vocational institutions, labour unions, political parties are virtually repressed. A democratic existence seems out of the question in the region. The task of establishing an institutional structure seems impossible in sucn an atmosphere. However, we will do our best to do so and continue to hope for the best.

The scientific findings and individual experiences related in the ropert will establish a solid base for further research within and without the country. This publication will serve as the spokesman of the pain that torture survivors went through and of their exuberance after they underwent treatment. It will also relate, indirectly, the superhuman efforts spent by an army of volunteers will keep up the good work next year as well. I thank all those who helped us with our difficult task and maintained their solidarity with our foundation throughout the year.

THE HUMAN RIGHTS POLICY IN 1992

Mahmut T.ÖNGÖREN
General Secretary
of HRFT

1992 was a painful year in Turkey in terms of problems related to human rights. It was more painful than 1991... It will be possible for you to make this bleeding comparison immediately when you have a look at the reports which were printed in book form by the Human Rights Foundation of Turkey. At the same time, 1992 led to further clarification of "the human rights policy", due to discussions and criticisms on human rights. Further clarification..but not the definite acceptance yet...

It is true that concepts did change in the recent years. New ideas and approaches emerged. However, no change took place in "the human rights policy", according to us. "Human rights" are valid for everyone. There is no priority to be given to any person or group in terms of human rights. However, if we look at some of the approaches and criticisms that were subjects of discussions in 1992, we see it is demanded that the defence of human rights is approached from other perspectives too.

By the establishment of the United Nations Organisation after the Second World War, it was decided that persons who have no relations with the state and government, and who could be considered as the representatives of people should form human rights organizations for the purpose of defending people against the violations of "human rights" especially caused by the state. Turkey could in no way make the necessary attempts in accordance with such resolutions. Especially until after the human rights problems violently emerged immediately after the coup d'etat of September 12...

The Human Rights Association and Human Rights Foundation were thus established by persons, believing in civil society, for meeting this need that September 12

had created. None of the two organizations has any relationship with the state and governments. However, this does not mean that the two organizations can not be criticized and "the human rights policy" of the two organizations can not be changed or improved.

The work and activities of the Human Rights Association in its early years brought the following criticism first: "The people who have founded this association are leftist, even communists, and for that reason, they treat the human rights issues subjectively." It is true that the founders and the directors of these two organizations consist of persons with leftist tendencies. However we have to ask the following question: Why people who are not "leftists" do not organize or at least show the slightest attempt for defending human rights and supporting those whose rights have been violated in Turkey ?

Is there a rule in the "human rights policy" saying that "it is the duty of leftist people solely to defend human rights"? Never. The defence of human rights is neither in the monopoly of the "right" or any other group or ideology. We can even go further to say the following: In any country and in Turkey, protection of human rights is not either in the monopoly of the organizations established for the protection of human rights. Hence, some other organizations and persons outside the Human Rights Association and Human Rights Foundation are trying to do the duties that lie before them for the accomplishment of the same special goal in Turkey today. As we see in other countries...

On the other hand, it has never been seen that the organizations and persons who are known as "rightist" have tried to make the slightest contribution to the "human rights policy" and struggle in Turkey. This is one of the most grievous and obvious example that can be seen against the "human rights policy". However, in the West, the political parties, organizations and persons which are placed in the center-right, but which have not approached and do not have the intention of approaching the margin of right, work singly or in cooperation for the formation of a human rights "policy" and the defence of human rights.

Among these organizations and persons in the West men of religion can be seen. We have sat around the table with the priests in meetings related to human rights in European countries for many times. These men of religion showed interest in the human rights problems of Turkey, which is an Islamic country, because "the human rights policy" requires such an attitude. Have you ever seen a man of religion, most probably except Turan Dursun who was shot to death by unknown murderers, showing interest in the "human rights" issues in Turkey ?

Not a Muslim man of religion showing interest in the human rights problems in a Christian country, but a Muslim man of religion in Turkey showing interest in the human rights issues in Turkey...with the violated rights of his own people...

Now, persons who have not taken the smallest share from "the human rights policy" in our country, may say that I am defending the superiority of Christianity in the issue of human rights, due to my observation above. However, "the human rights policy" has nothing to do with religion, ideology and daily politics. I neither glorify Christianity nor humiliate Islam by my observation above. Who knows, may be there are also persons who are indifferent or even against "the human rights" among Christian men of religion, but if the human rights will be defended, whatever your religion is, no obstacle should be put in front of you in your endeavour.

On the other hand, the men of religion in Turkey are totally insensitive to the "human rights". And so are some of the "enlightened" organizations and persons whom you expect to be defending human rights...Some others have pretended to be participating, but may be with the advent of criticism posed against the "human rights policy" in 1992, they have lost interest in this issue totally. We do not have the right to criticize them. According to the "human rights policy", those who sincerely believe in this issue and who see themselves above any ideology must participate in this struggle.

At this point, a question comes to one's mind: Can a political party or a person who is committed to an ideology participate in the struggle for human rights? It would be a mistake to say, "He can't" . There may be new dimensions with which this political party or ideology can contribute to the "human rights policy". If it has a democratic content... Or,the same party or ideology may contribute to the defence of human rights. However, the directors of human rights organizations which do not have any relations with the state or governments, must also not be the directors of political parties. These human rights organizations are independent, and as care is given for the lack of any relationship with the state and governments, care must also be given for the condition that their directors are not at the same time involved in party politics. For example, a criticism was made in 1992: "Kemalists can't be defenders of human rights". Can they not? I will not try to answer this question here and analyze Kemalism, but if it is read carefully, it is not said above that "those who are directors in political parties must not be directors in independent human rights organizations". The defence and struggle for human rights is not in the monopoly of anyone, but the best one can do is to preserve the independence of the human rights organizations. In the final out look, the directors of independent organizations are also elected by independent general councils. The members of the general councils, on the other hand, are free to choose whoever they wish in accordance with their own beliefs. It is meaningless to execute the work with certain and definite rules written in the books, in the "human rights policy". However, it must not be forgotten that the maintenance of the independence of human rights organizations is one of the principal conditions which do not have to be written in books.

Briefly, independent human rights organizations have to work without carrying a specific political objective, without thinking and behaving like a political party. Otherwise they can't be convincing. In 1992, this condition emerged once more, and it determined the "human rights policy".

Secondly, the aim of human rights organizations is to defend the individuals against the state, but what if any group acting outside the state and against it, violate human rights? What will the human rights organizations, which are established by persons representing the public against the state, do ? Do these organizations have any duties in the issue of human rights violations directed against the state?

Such kinds of questions were also asked too often in 1992. It can be said that the answers of these questions also brought a new dimension to the "human rights politics" last year. Some persons who answered these questions negatively even blamed the human rights organizations in Turkey for being silent in front of the human rights problems directed against the state. Yes, in such situations what must be the duty of human rights organizations ?

First of all, one must not forget the following: Human rights are universal. Human

rights organizations have to defend the human rights in universal dimensions. In other words, if the issue of concern is the human rights organizations in Turkey, these organizations can't be responsible for defending the rights of Turkish people in Turkey exclusively. However, it is also wrong to say for the same organizations that " they have to take upon themselves the responsibility of defending the rights of Turkish people living out of Turkey too." The right thing to do is not to defend only Turkish people in Turkey separately. It is also wrong to defend the rights of other ethnic groups in Turkey separately. The human rights organizations in Turkey have to defend the "rights of all people" in Turkey against the state with an independent understanding. Only the rights of people living in Turkey? The human rights organizations in Turkey can't escape showing interest in the oppressions, torture, every kind of violence and injustice done to people in any part of the world.

For example in the Bosnia-Herzegovina case...In the case of radiation... However, the reason of showing interest in the Bosnia-Herzegovina case is not the trouble facing the "Moslems" but the "humans" there. The fact is that the rights of the "people" living there are violated. No human rights organization may try to defend human rights by making discriminations in terms of nations, religions, political creed, color or some other subject. The persons to be defended can't be some special groups except the "humans". Otherwise, the "struggle" or the "defence" of human rights loses its universal character, and the people who are to be defended in the first place lose their confidence in the human rights organizations.

If you agree with this understanding. can you also say that the human rights organizations in Turkey are able to do their duties completely ? For example in 1992 there have been complaints towards Bosnia-Herzegovina tragedy or it has been argued that some of these organizations are concerned solely with the "Kurdish problem". It is true that the Bosnia-Herzegovina events could not enter the agenda of our organizations as it was required in 1992. However the reason of this insufficiency did not rest with the excuse of the problems that there are not "human rights violations". It should not be forgotten that our organizations could not direct their attention to Bosnia-Herzegovina due to the manifold problems inside Turkey that filled up the agenda.

At this point we must not pass without touching a complaint that reemerged in Turkey after the Bosnia-Herzegovina events. The neglect of the West to the human rights violations in Bosnia-Herzegovina disturbed large masses in Turkey because the same West had examined the human rights violation in Turkey with a magnifying glass." However, we must just stop for a moment to think what compartments there are in the group we call "the West". There is "state" there too. And also "public"... In the West , there are organizations in the "states" and there are also other human rights organizations that have no relations with the states and governments. At first, the states in the West and the international organizations to which Turkey is also a member, have not shown interest in Bosnia-Herzegovina events. Even the United Nations organization, to which Turkey is also a member, has been able to conceal from the public concentration camps which the Serbians had organized to apply intense torture and violence to "humans". This horrible action of Western states and international organizations, delayed may be interest of the Western press and Western human rights organizations in the problem immediately, and blocked the declaration of the truth to the world public opinion for along time. However,(although Western states are still mouthless) Western press and the Western human rights

organizations are trying to do their best. Of course, it can always be discussed whether these attempts are sufficient or not . However, didn't we encounter with the same situation in relation to the human rights problems in Turkey at first? While the Western states were indifferent to the human rights problems in Turkey or were looking from a distance with a diplomatic attitude, Western human rights organizations acted much more eagerly. As the time passed, the attitudes of the Western states towards the human rights problems in our country improved a little with the condition of preserving the diplomatic distance. On the other hand, the interest the Western human rights organizations showed in Turkey intensified to an unexpected degree. One of the most important reasons of this is "the universal dimensions of human rights issue", and the other is "the fact that the struggle for human rights is based on peoples ". Western states primarily have to take into account these reasons.

In 1987, when the organized struggle for and defence of human rights in Turkey had intensified, a foreign Western diplomat visited the office of the Human Rights Association in Ankara. The official circles of the diplomat's country had been too indifferent to the human rights problems in Turkey until then. Now, it caught our attention that a diplomat from the same country came to visit us and showed interest in the problems in Turkey in a very detailed way. We asked him what the source of this interest was. The diplomat answered our question saying, "A great many of letters came from the public to our ministry of foreign affairs. The people is saying that there is intense torture in Turkey and is asking what we are doing against torture in Turkey with whom we are in a very close relationship where torture is unbearable. Due to this pressure, I came here to learn what is really happening".

The government and ministry of foreign affairs of the country from which the foreign diplomat came, had not shown interest to the fact of torture in Turkey until letters came from the people .

For the justification of the maintenance of good relations between the two governments and the diplomatic relations... However when pressure was exerted by means of letters or other ways upon the ministry of foreign affairs and perhaps other institutions by the citizens of that country, the same official circles and the officers had not escaped from going into action, again in diplomatic limits.

Here is a small example showing the power and the influence of the people in the formation of the "human rights policy"... The universal struggle for human rights has to bear upon people and derive its strength from people in each country and in every condition... In Western countries too...

Thus, the states and governments may show interest in the human rights problems in both other countries and Turkey, only in a medium that is in accordance with the degree of the reaction coming from the people. However great may the reaction of the people be, the interest of states and governments shown in these subjects may be limited. Due to the fact that the states and governments may not want to go over every subject, considering their political and economic interests. However, human rights organizations which are directly based on people , possess the necessary conditions for conceiving the universality of the work they do with a more positive understanding . For that reason, when we say "the West", even if we take a certain Western country as a sample, we have to differentiate between the "state" of that country and the organizations which work with a be-

lief in "universality" and have no relations with the states and governments. In the case of Bosnia-Herzegovina also, we are faced with the same situation. The Western states and governments disregard the tragedy there. However, the human rights organizations of the same countries, which do not have any relationship with their states and governments, have been showing an attempt even beyond their power for a long time. We had faced the same situation in Western countries also in the context of human rights problems in Turkey. While the states and governments were indifferent to our problems, independent human rights organizations in the same countries were going over these problems. For that reason we must always divide "the West" into two: The attitude of the state of the country and the attitude of its independent organizations are always different.

We can turn back to the answer of the question, "Do not the independent human rights organizations have any duties in the face of human rights violations against the state?", now that we have emphasised once more the above-mentioned difference and the universality and independence of the struggle for and the defence of human rights. But, at this point I think we should touch upon another minor criticism against "the human rights policy" in 1992. It was said that "there is no possibility of realising human rights in Turkey by hoping to get help from abroad".

However, wherever there is violation of human rights, the rights can not be defended by hoping to get help from only the people of that country or other official or private institutions of that country.

You have to receive help and support from the people and institutions in other countries too; you have to cooperate with them too. In the end you may see that you are cooperating with the people and independent human rights organizations of other countries against your own state and government for the elimination of problems in Turkey. Don't worry, you will not be considered 'traitor of your country" in such situations. There will be persons who will label you so, but you will be on the right way for the sake of the "universality" of the struggle for human rights. The one who is on the wrong way, on the other hand, is "the state" having no respect for human rights, and the other organizations and persons.

Now let us come to the "state"... "Do not the independent human rights organizations have any duties in the face of human rights violations against the state?"

When we touched upon another subject above, we couldn't pass without saying that the "state" approaches at least with some reservation to the subject of human rights even in the most democratic countries. We emphasised that the people's struggle against the human rights violations of the agenda after the establishment of the United Nations Organizations immediately following the Second World War. Briefly, it is always obvious that the primary source of human rights problems is "the state". Well, then who is violating the human rights against the state now? The "terrorism" ?

When it was decided that public organizations having no relationship with the states and governments should be formed for the defence of human rights "against the state", after the establishment of the United Nations Organisation following the Second World War, there was no "terrorism". However today, terror has become a nuisance for both the states and the people. In 1992, a debate was initiated by proposing that the "terror" had brought new dimensions to the "human rights policy".

Terror was damaging not only the people but also to the state. Terror was leading to the death of persons among the people, and also persons working as state officers. Now, what should the human rights organizations which were based on the people and had no relationship with the state and government do? Won't these "human rights organizations", which defend the persons against the state go over the damage given to the state and state officers ? Won't they protest the violations of the rights of the state and the murder of state officers?

Those who answer such questions, being on the side of "human rights organizations", will first of all propose the following point: Any human rights organization, wherever and under whatever conditions it is founded, does not have the facilities that the state has. For example, these organizations do not have money, police, gendarme, apparatus, numerous staff and guns. The state. on the other hand, has everything. Then, let "the human rights organizations" based on the people defend the rights of people, and let the state take care of itself with the abundant facilities in its hand.

This is one of the answers, and it is not the one that could be easily disregarded. However, it may not be possible for the "human rights organizations" to confine themselves with such an answer. Then, should the "human rights organizations" criticize the damage terror and other violations give to the state and to the state officers, and protest such events,too?

The facilities of the "human rights organizations" may not be as satisfactory as those of the state. The "human rights organizations" may be only responsible for defending the interest of people against the state, in accordance with the principles of the United Nations Organisation. However, these organizations can not escape from going over a "violation of human rights", wherever it may be. This "violation" may cover the loss of a property or life of a person working for the state,too.

Now, there will be persons saying that "such a view brings an official understanding". No, "the human rights violation" may be related to the state as much as it may be related to the people, and seeing one and disregarding the other does not fit into any understanding, and it does not suit "human rights organization" principles based on people.

However, it is frequently seen in many countries that the state officers' lives and their property are damaged by the same state, either for "terror" of for other reasons. If some other events caused by the state are also taken into account, it is seen that the state itself creates "terrorism" too, and despite the official denial, it is even known that the secret organizations called "gladio" or "contrgerilla", which are part of the states, do all kinds of secret work, kill persons from the state or among the people and try to throw the responsibilities of all these crimes upon other organizations of terror.

In the face of such facts, it is impossible for human rights organizations, which see that the state can also lead to "state crimes", to protest immediately the human rights violations which seem to be made against the state. The human rights organizations can't work like detectives. In the case of both violations against the people and the violation against the state or seeming as if against the state, the human rights organizations can declare counter-views and show counter-attitudes only after they see the real core of the problem and believe in the truth of the knowledge they obtain completely. Because the human rights organizations cannot work like detectives, they may have difficulty in seeing the real essence

of the violation that the secret organizations in the state cause (and the states blame some other terrorist organization) or they may not see the essence of the event at all. If the essence of such events can not be seen and the fact can't be known, and if it is believed on the other hand that the state itself is leading to "terror" and other violations, it is impossible for human rights organizations to defend the state. However, the event, that is, the violation must still be declared-without stating the violator- and protested by these organizations.

That the events of "terror" have brought new dimensions to the "human rights policy" in Turkey and the other countries of the world in recent years and finally in 1992, and the condemnation of the national and international human rights organizations based on the people for not opposing the terror events, murders and violations against the state were accomplished by the secret organizations inside the state, and then the crime was thrown upon terrorist organizations in the same countries, decreased the criticisms directed against the human rights organizations to an considerable extent, but it did not totally eliminate them. Because, the real violation against the state and the other violation that is understood to be realised by the secret organization of the state, have been declared in the mass media broadly by being based on "terrorist organizations". However, when it has been understood that the real carrier of responsibility of the crimes that the state had performed by its own secret organizations is again the state itself, the same mass media have paid no attention to touch upon this. Mass media even avoided reserving place for the explanations of the human rights organizations based on people about the "state terror". The mass media which is very generous when reflecting the condemnations against the human rights organizations based on people, disregard the explanations of these organizations answering the condemnations.

In the end, the public hears and sees in the press, radio and television that these human rights organizations are condemned, but it has the impression that the responsible persons are "escaping" when the answers of the same organizations are not placed in the press, radio and television. In such a situation, the mass media which should be on the side of people and human rights organizations based on the people, not only create a false atmosphere related to these organizations but also put them in a difficult position.

However, the human rights organizations, which are put in a difficult position by the mass media, still cannot be expected to make concessions in terms of their responsibilities. The human rights organizations, which have to behave carefully and prudently about the issue of the human rights violations against the state due to the presence of "state terror" should also be against the other "terror organi-zations" and persons leading to individual terror. They cannot approach them prudently or tolerantly.

It is sometimes seen that it is discussed whether these "terror organizations" are actually "terror organizations" or not . The human rights organizations can participate in such discussions. However, the human rights organizations do not have to search violations of human rights in "terror" only. Secret or open organizations and persons who are not "terror organizations" or "terrorists" also violate human rights. It is the duty of all independent human rights organizations which are based on the people and have no relationship with the state and government, to judge whether the human rights are violated or not, without taking into consideration who is "terror organization" and "terrorist", and who is not, and to oppose whoever violates the human rights.

I think the events and discussions in 1992 have also helped the main characteristics of "the human rights policy" to be formed in this manner.

HRFT MEDICAL TREATMENT AND REHABILITATION CENTRES

Associate Prof. Okan AKHAN, MD
Coordinator of Rehabilitation Centres

Torture is not only a serious social and political problem, but also is a public health problem in Turkey. An overall estimation shows that 1 million people were taken into detention and subjected to torture since 1980.As this figure indicates, 1 out of every 60 people survived torture in Turkey whose population is 60 million. The practice of torture in Turkey is so widespread that besides social, political and legal opposition against torture, there must be an opposition coming from the people of Medicine against this practice. The effects of torture on the personal integrity of torture victims are wellknown.However, there is another dimension of this practice of torture which is directly used for the suppression of society. The support given to the recovery of physical, psychological and social problems of the torture victims can remove most of the negative effects of torture on person. At the same time, this kind of support means an opposition against **the fact of torture** in one dimension. Within this context, HRFT from the beginning of its foundation intended to establish Medical Treatment and Rehabilitation Centres for the torture victims.

The HRFT , firstly opened a Reference Centre in Ankara in 1990 for the rehabilitation of torture victims. During the last six months of 1990, medical treatment and rehabilitation of 40 torture victims were provided by this Reference Centre. In January 1991, the Reference Centre was re-established as The Medical Treatment and Rehabilitation Centre of Ankara. After this centre, in July 1991 İzmir , and in October 1991 İstanbul Centres were opened.238 people applied to these centres in 1991.This number reached to 393 in 1992. Formally in the centres,the brief stories of the victims are taken, their first clinical examinations and their psychological assessments are done by the centre staff. The ones who need more complex medical inspection and rehabilitation are referred to the specialists who work at hospitals and clinics for consultation. All the ex-

penses of this further rehabilitation are covered by the HRFT and the results are evaluated in the centres.

The Medical Treatment and Rehabilitation Centre of Ankara started to accept applications in January 1991. 144 people in 1991, 92 people in 1992 applied to the Centre. 1 medical doctor, 1 psychologist and 1 secretary work full-time, and 1 psychiatrist work part-time for the Centre. Additionally, a group of 100 people from different medical branches, psychologist, psychiatrists and social workers contribute voluntarily much to the continuity of the services of the Centre.

The Medical Treatment and Rehabilitation Centre in İzmir started to accept applications in July 1991. 62 people in 1991, 158 people in 1992 applied to the Centre. At the moment, 1 medical doctor, 1 secretary work full-time and 1 psychiatrist and 1 technical assistant work part-time for the Centre. Medical volunteers of 30 people as in Ankara contribute to the İzmir Centre.

The Medical Treatment and Rehabilitation Centre in İstanbul started to accept applications İn October 1991. 32 people in 1991, 143 people in 1992 applied to the Centre. 1 medical doctor, 1 secretary work full-time and 1 medical doctor and 1 psychiatrist work part-time for the Centre. A group of 50 medical volunteers contribute to services of the Centre. There is another group of 30 volunteers who help the Centre staff and organize social activities on behalf of the Centre.

In 1992 a group of 15 refugees applied to the HRFT by the mediation of UN High Commissioner on Refugees. The inspections and the rehabilitation of these people were completed and the results were documented.

The HRFT , for 1993, plan to provide solutions to the physical, psychological and social problems of 400 torture victims in three Centres. At the same time,the HRFT will try to set up the sufficient organisational structure that will allow torture victims easy access to the Centres, who require medical treatment in areas where there are relatively intensive breach of human rights. For this purpose,the HRFT aims to open Reference Centres in Gaziantep, Diyarbakır, Adana and Mersin.

Medical treatment and rehabilitation has to be provided for the torture victims. The eradication of torture in a country where torture is not only an endemic, but often is a factor that makes epidemics, requires social, legal, political and medical struggle.

HRFT
1990-91 REPORT*

HRFT has assessed 243 applications from its establishment in 1990 to the end of 1991. A fore-analysis was tried to set up on specific variables of these 243 applicants below. As HRFT and the three rehabilitation centres are only institutionalising in this period, the basic needs of the applicants rather than documentation were put forward. Yet, compared to these impediments in 1991, 1992 was a year that the commitments of the HRFT in documentation and services were fulfilled more efficiently.

1. REPORT OF 1990-91

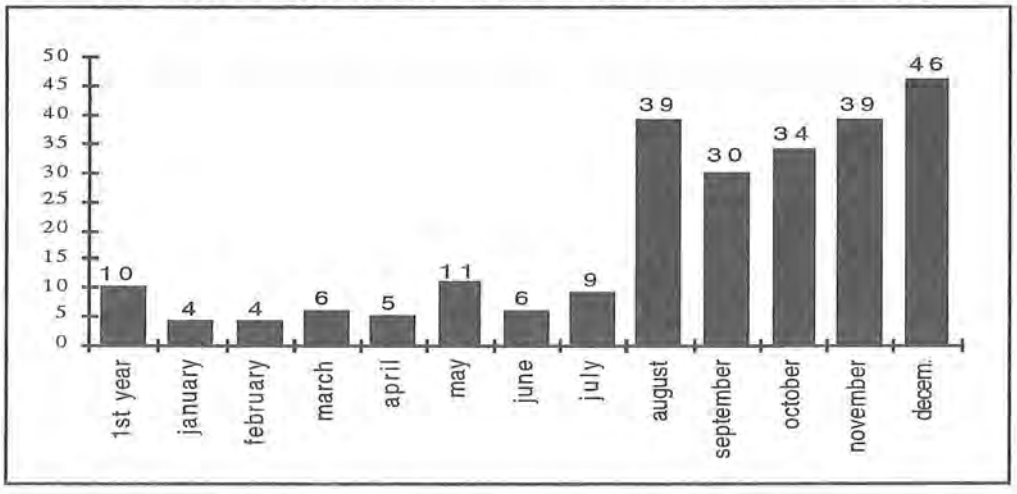
1.1. METHOD- 243 applicants of 3 rehabilitation centres, were asked 26 questions from the question are which the answers were loaded on the computer for the analysis. On each question unspecified information rate was 1-46%. Additionally, all complaints were not stated on the " physical complaints" and " psychological complaints" parts, only the significant ones were defined.

Thus, it is doubted that, the answers to the questions in "Techniques of torture applied" and "Number of the techniques of torture" parts were far from accuracy to be evaluated as the incidents were taken place 8-10 years ago. Additonally, the columns headed "unspecified" at multiple tables/graphics, and, parts that lacked efficient quantitative elements for statistical evaluation were not taken into account.

* Graphles by Ata SOYER, M.D.

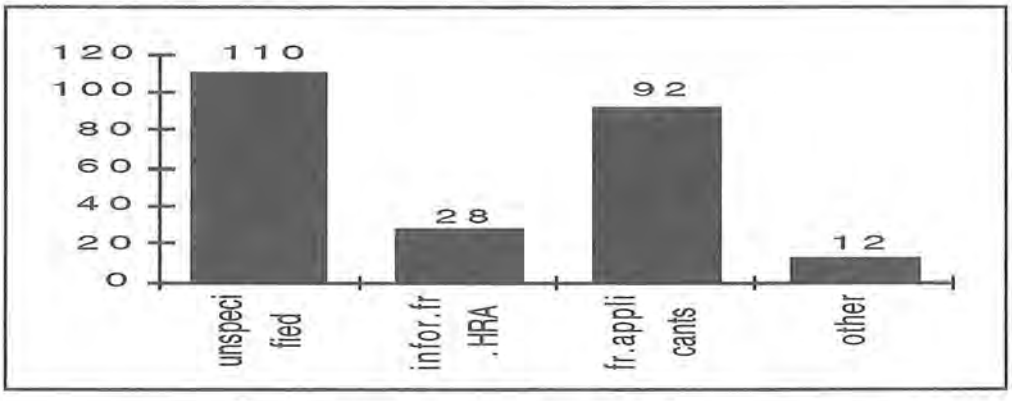
1.2. FEATURES

(Diagram1) APPLICATIONS TO HRFT ACCORDING TO THE MONTHS 1990-1991



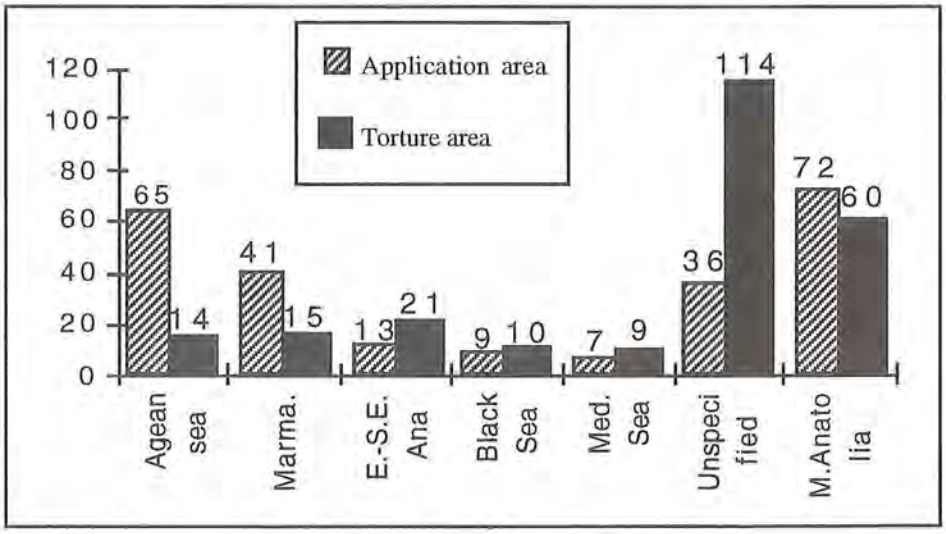
Up to July 1991, the average monthly application number was 6.4, after the" Amnesty" in August 1991, this number at the centres increased to 37.6 per month.

(Diagram 2) THE SOURCES FOR APPLICATION IN 1990-1991



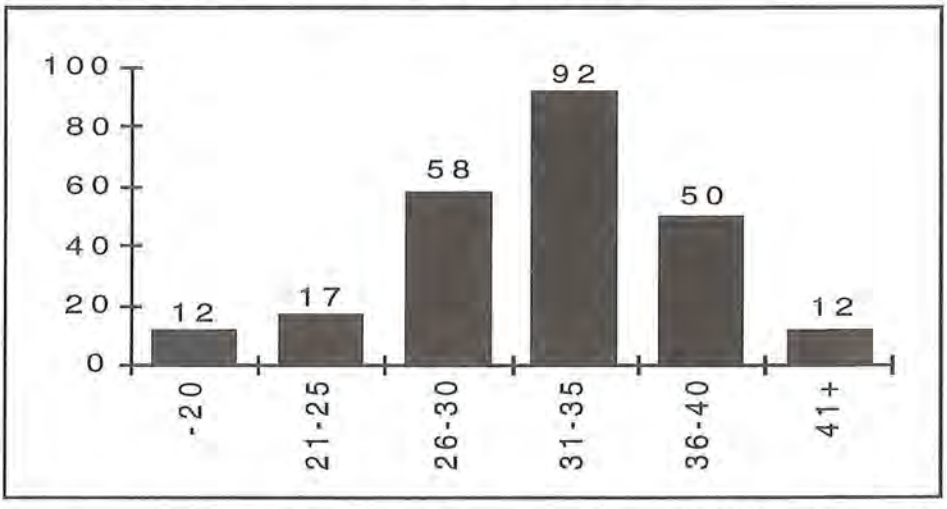
At the first period of HRFT the sources of application were not usually defined. (45.4) 38% of the other applicants were those who came to the Rehabilitation Centres to take information.11.5% of the applications were made through the mediation of the HRA . The rate of other sources left was 4.9%.

(Diagram 3) DISTRIBUTION ACCORDING TO AREAS 1990 -91



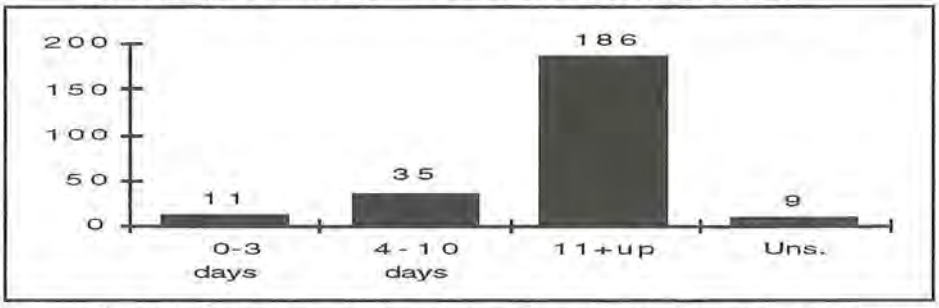
The application regions of the 207 applicants among 243 in 1990-1991 were identified. The most common region was mid-Anatolia (34.8%).Aegean region was 31.4%, The Marmara region was 19.8%, Southeast Anatolia region was 6.3%, Black Sea region was 4.3% and Meditarrian Sea region was 3.4%.There was a high rate of "unspecified region". 86.8 %of the applicants were male, 13.2% of them were female.

(Diagram 4) AGE DISTRIBUTION OF APPLICANTS



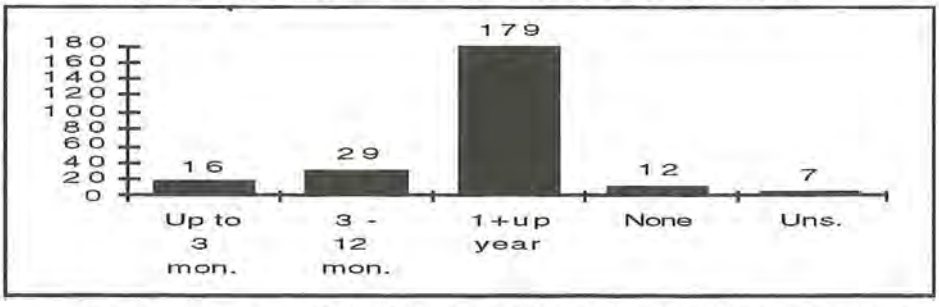
The biggest group is in the range of 26-40 ages with 82.3% of the applicants. Others are 7.8% below 25 and 5.8% above 40.

(Diagram 7) DETENTION PERIODS OF APPLICANTS 1990-1991



The detention periods of 234 applicants were defined.79.5% of the applicants were detained for 11 and more days . Only 2 people were not detained. 15% of the applicants were detained for 4-10 days.4.7% were detained for less than 3 days.

(Diagram 8) IMPRISONMENT PERIODS OF APPLICANTS 1990-91

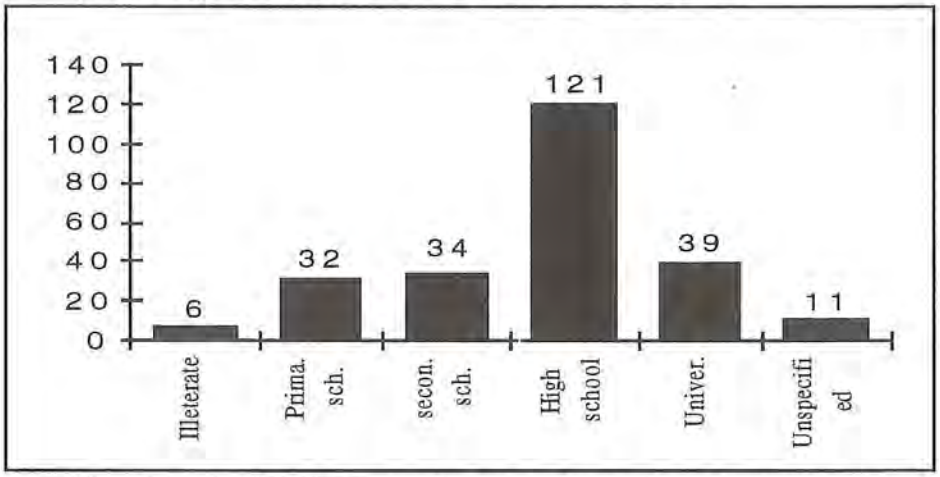


The imprisonment periods of the defined 179 applicants (75.8%) were more than 1 year.12.3% of the applicants were imprisoned for 3-12 months. 6.8% of them were imprisoned for less than 3 months. Only 5.1% of them were not imprisoned.

(Diagram 9) DETENTION+IMPRISONMENT PERIOD 1990 - 1991

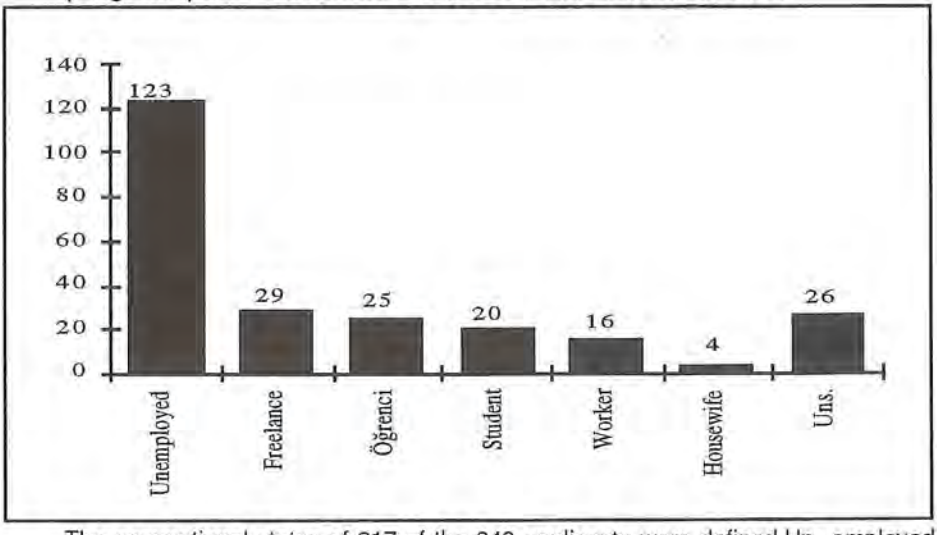
The detention and imprisonment periods were evaluated together.238 of the applicants were able to determine the period.94.1% of them experienced detention afterwards imprisonment together. 5% of them experienced only detention or imprisonment period.0.8% of them experienced neither detention nor imprisonment periods.

(Diagram 5) EDUCATION LEVEL OF APPLICANTS 1990-1991



The high school graduates consisted of an important part (49.8%) of the applicants. All high school, university, academy graduates had the ratio of 2/3 of the whole. Secondary school graduates were 14%, and primary school graduates were 13.2% which made up a 1/4 ratio of the whole.The rate of illiterates was 2.5%.

(Diagram 6) OCCUPATIONAL STATUS OF APPLICANTS 1990-91



The occupational status of 217 of the 243 applicants were defined.Un- employed rate was 56.7% Free-lance workers were 13.4%.Students were 11.5%.Civil servants were 9.2%. Workers were 7.4%,and house-wives were 1.8%.

TABLE 1

Methods of Torture

1-Blinfolding

2-Insults, swears, humiliation

3-Electrical torture

4-Beating

5-Suspension

6-Phalanga

7-Beating with hard objects

8-Prevention from eating

9-Prevention from sleeping

10-Prevention from drinking

11-Prevention from micturation and defecation

12-Leaving in cold

13-Application of pressurized water

14-Cell isolation

15-Enforcement of watching and listening to relatives under torture

16-Sexual threats

17-Sexual abuse

18-Rape

19-Pseudo-execution

20-Burning with cigarettes

21-Throwing excrement, urine, etc on prisoners

22-Pulling out hair and moustache

23-Threatening to kill

24-Enforcement of standing on for a long time

25-Enforcement of excessive physical activities

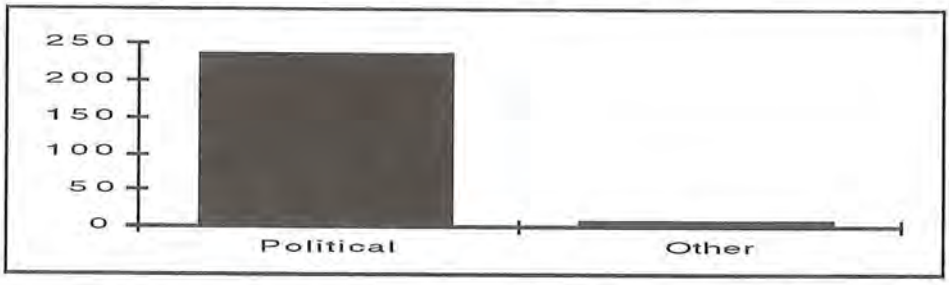
26-Enforcement of watching and listening others under torture

27-Threatening about relatives

28-Others (Eating salt, leaving without breathless etc.)

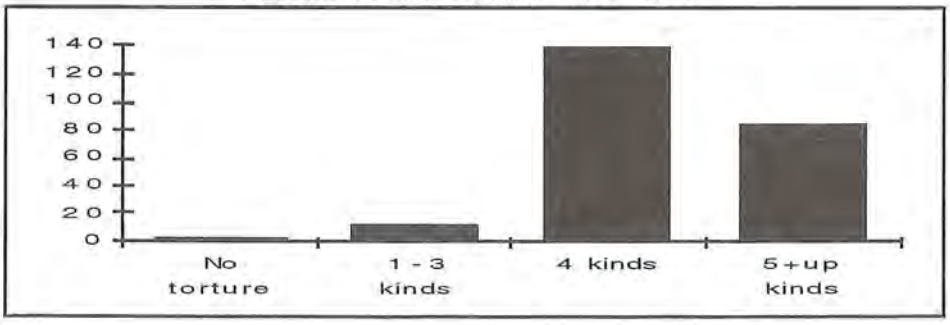
No quatitative assessment has been reached about the methods of torture, only a list of them was given above.

(Diagram 10) GUILTINESS OF APPLICANTS 1990-1991



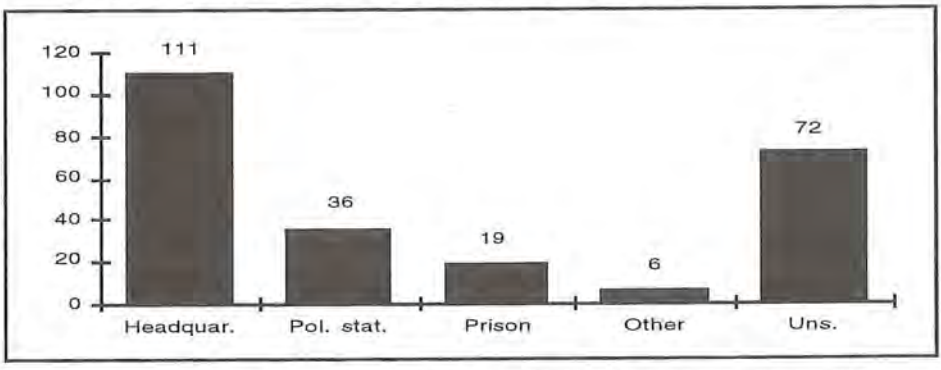
Of the 243 applicants 239 were found guilty.98.7% of these people were political criminals.

(Diagram 11) THE NUMBER OF TORTURE TECHNIQUES APPLIED TO APPLICANTS 1990 - 1991



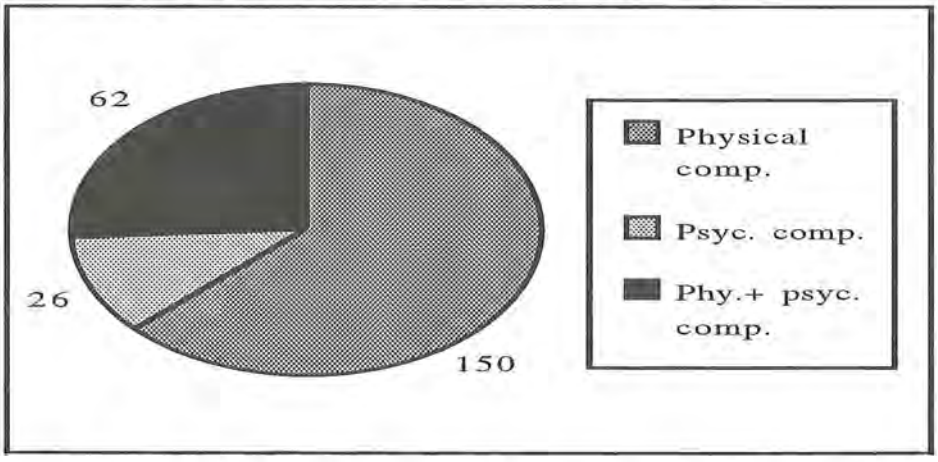
2 people were not tortured, and 7 cases were not defined. All the other 234 people were applied once at least one technique of torture. 59% of the applicants were applied 4 kinds of techniques of torture, 35.9% of them were tortured with more than 4 kinds of techniques of torture.

(Diagram 12) THE PLACES OF TORTURE APPLIED 1990-91



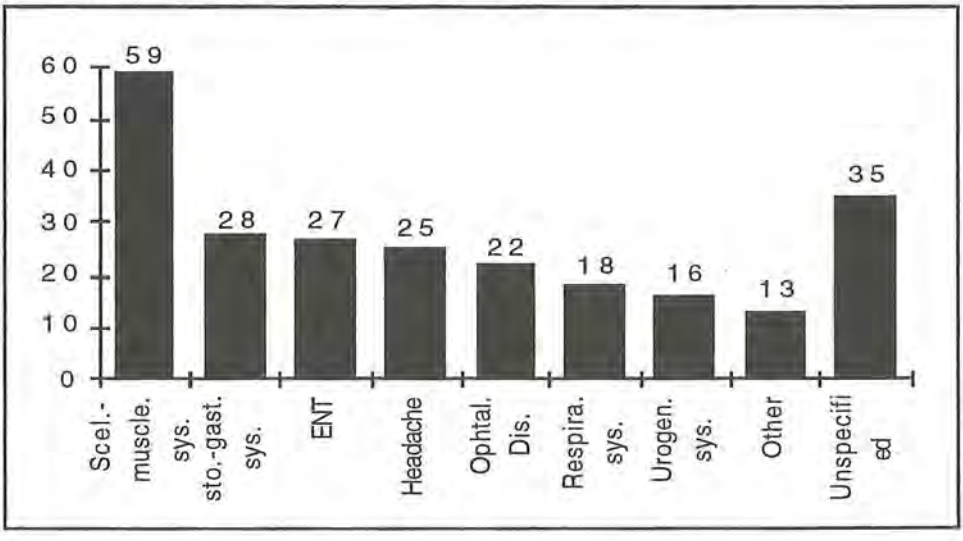
171 cases defied where they had torture. 64.9% of cases were tortured in police headquarters.20.5% were said to be tortured in police or gendarmerie station.11.1% of the cases were tortured in prison. 6 people (3.5%) were tortured in other places.

(Diagram 13) COMPLAINTS OF APPLICANTS 1990-1991



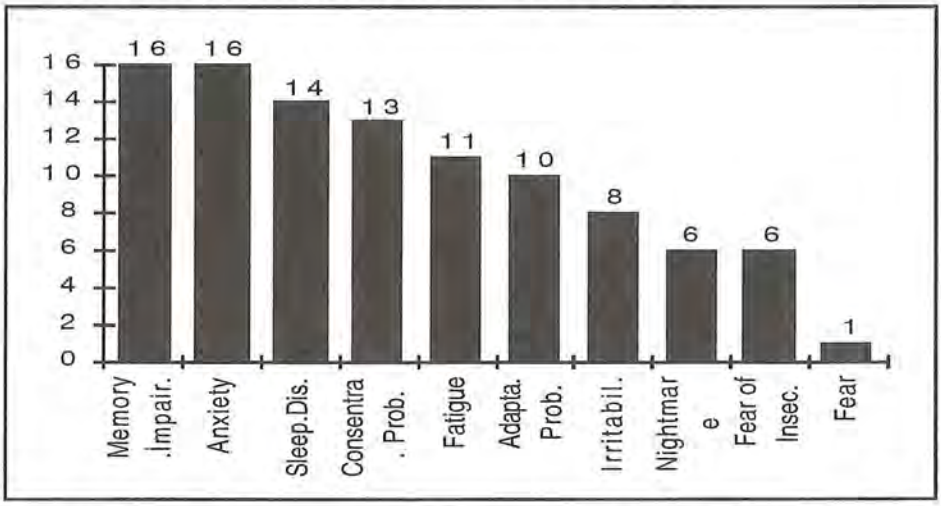
The complaints of 238 cases were defined. 63% of the applicants had physical complaints. 26.1% of the applicants had both physical and psychological complaints. Only 10.9% of them had psychological complaints.

(Diagram 14) PHYSICAL COMPLAINTS OF APPLICANTS 1990-1991



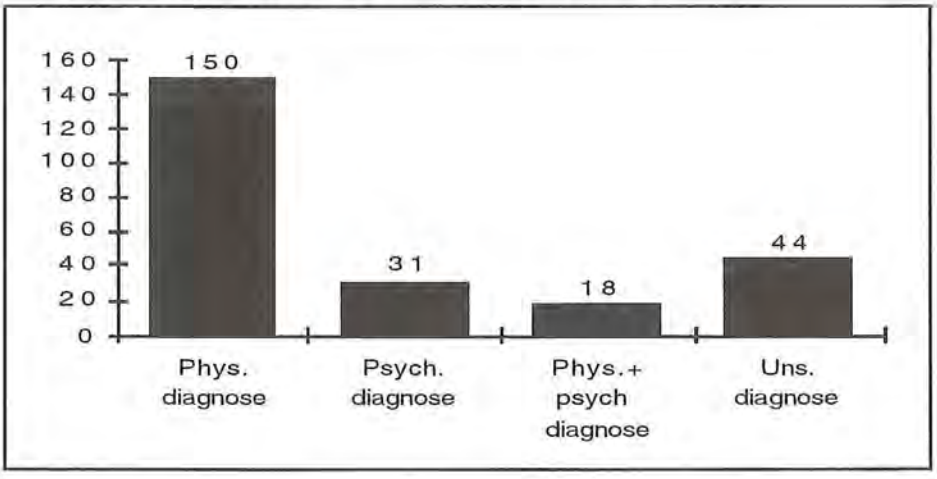
When the physical complaints were classified; The rate of complaints related to musculoskeletol system was 28.4%. gastrointestinal system complaints were 13%, ENT complaints were 13%, headache was 12%, ophthalmological complaints were 10.6%, respiratory system complaints were 8.7%, urogenital system complaints were 7.7%, and other system complaints were 6.25%.

(Diagram 15) PSYCHOLOGICAL COMPLAINTS 1990-1991



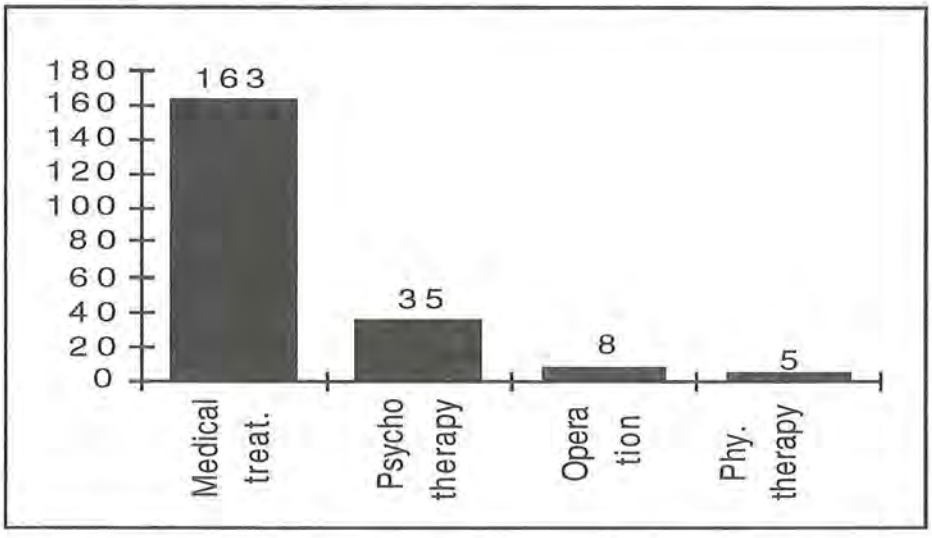
Among the psychological complaints; memory impairment and anxiety coincided the most 15.8%.The rate of sleep disorder was 13.9%, the rate of concentration problem was 12.9%, the rate of fatigue was 10.9%, the rates of adaptation problem and irritability was 9.9%and 7.9%.The rate of nightmare problem was 5.9%.The feeling of insecurity was 5.9% and feeling of fear was 1%.

(Diagram 16) THE DIAGNOSIS' OF APPLICANTS 1990 - 1991



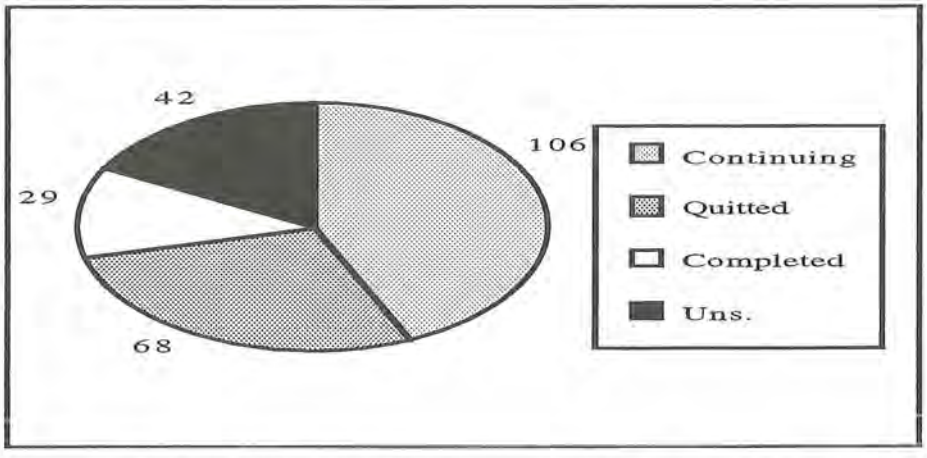
Except 37 'unspecified' cases and 7 cases with no diagnose, 75.4% of the all other cases had physical diagnosis. Psychological diagnosis rate was 15.6%.Both physical and psychological diagnosis rate was 9%.

(Diagram 17) TREATMENT 1990-1991



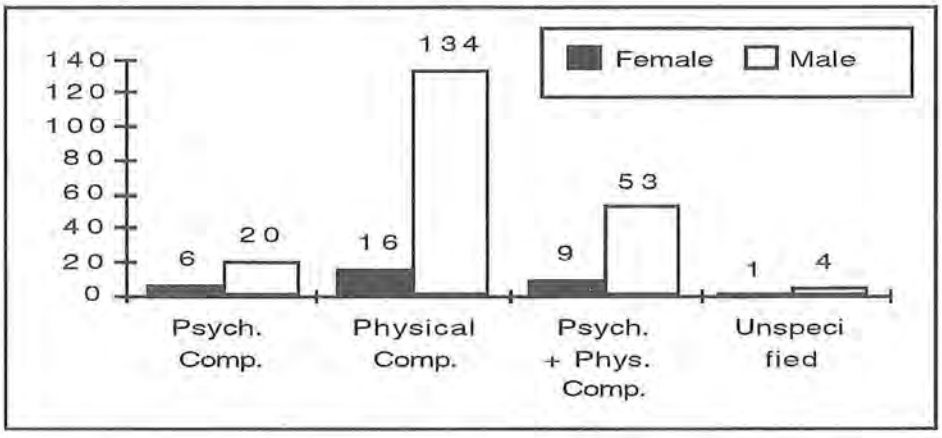
The treatment of 52 cases were not determined. Except these, the most preferred treatment was medical treatment.(Only drugs or operation,drugs and physiotherapy, etc). 35 applicants were provided with individual psychotherapy, 8 applicants were operated, 5 applicants were taken to physiotherapy.

(Diagram 18) PERIOD OF TREATMENT 1990 - 1991



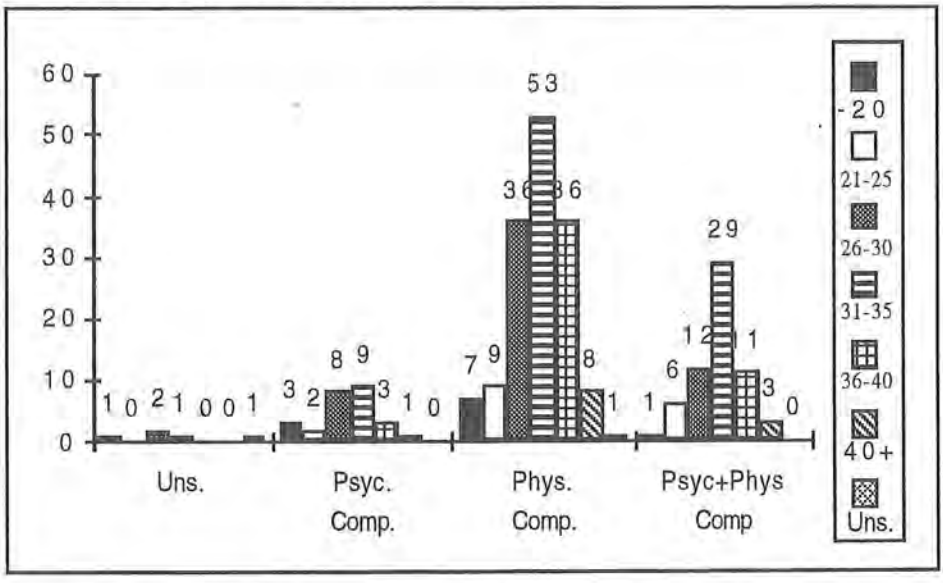
Until the end of 1991, only 29 cases completed their treatment ,taking into account of 42 unspecified cases. 106 cases continue their treatment, though 68 cases left their treatment incomplete.

(Diagram 19) COMPLAINT / SEX 1990 - 1991



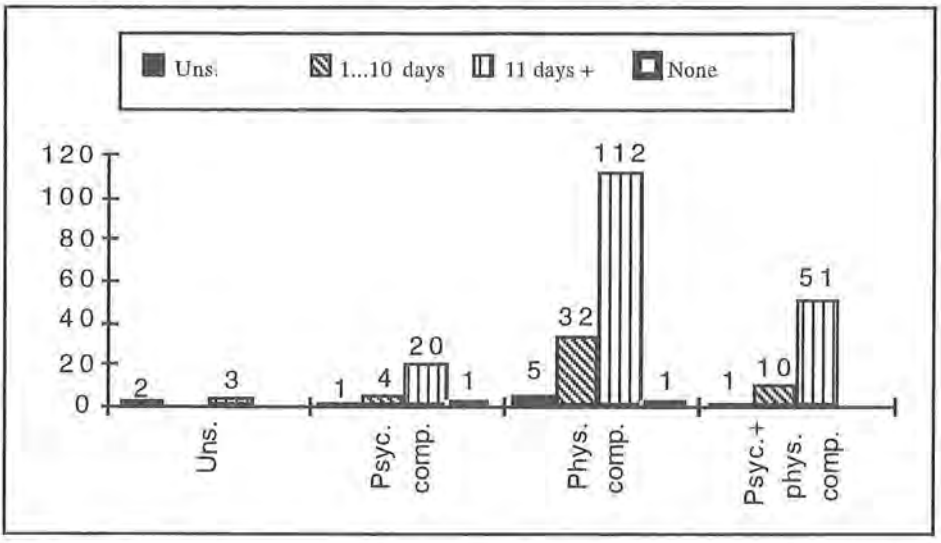
When the complaints of applicants were assessed on the ground of sex; 50% of female applicants complained about physical problems while 63.5% male applicants made physical complaints. Contrary to this, the rate of female psychological complaints was 18.7%, while the male rate of this was 9.5%.

(Diagram 20) COMPLAINT / AGE 1990 -1991



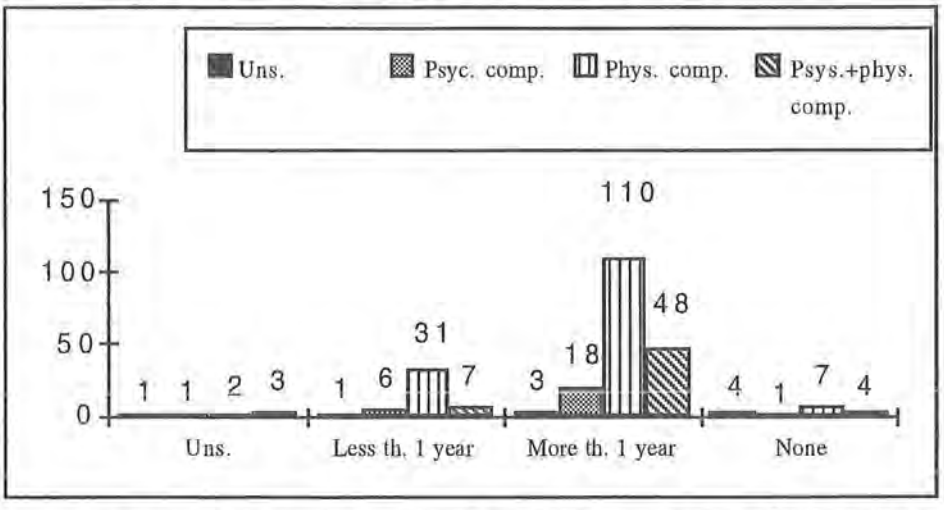
In all age groups the physical complaints were high. Therefore, in 36-40 age group it was 70.6% and in 41+ it was 66.7%.However, the rate of psychological complaints was higher in young age groups (25% in age group below 20) compared to elderly.

(Diagram 21) DETENTION / COMPLAINT 1990-1991



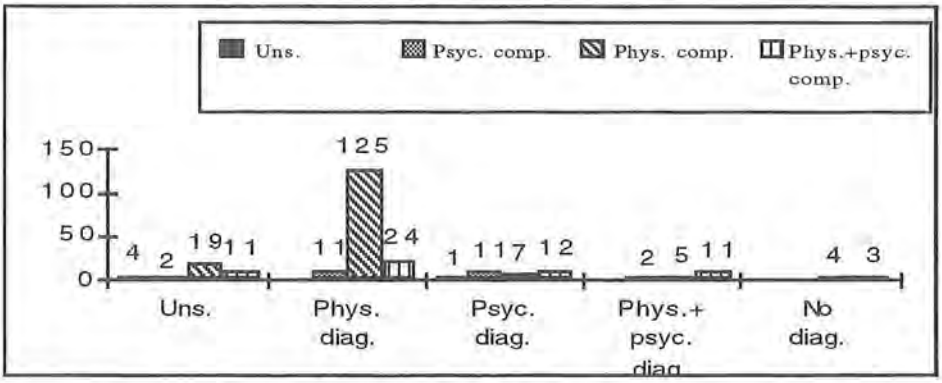
20 cases who had psychological complaints, were detained more than 11 days, 4 cases were detained less 10 days.The 112 cases who had physical complaints were detained more than 11 days. 32 were less than 10 days. 51 cases who had both physical and psychological complaints were detained more than 11 days. 10 of them were detained less than 10 days.

(Diagram 22) IMPRISONMENT/COMPLAINT 1990 - 1991



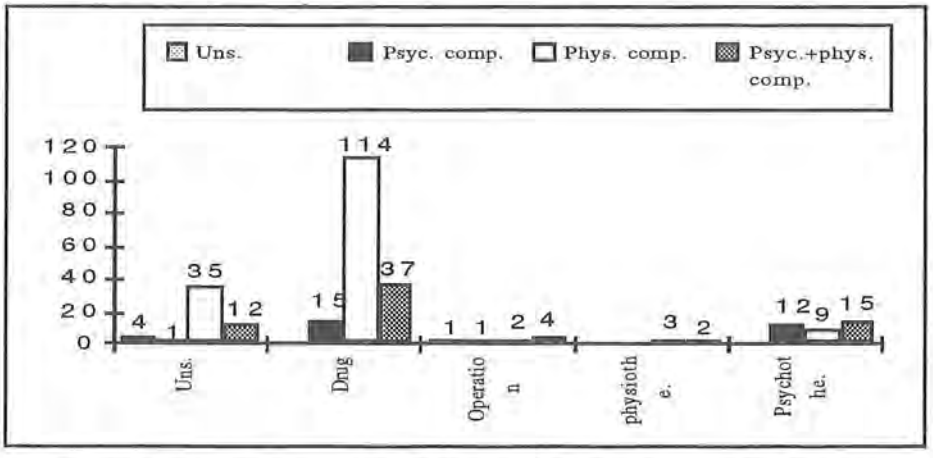
In all options the physical complaints were high.Thus,the rate of both physical and psychological complaints of the applicants who have been imprisoned less than a year was lower than the ones who spent more than a year.(15.6% compared to 26.8%)

(Diagram 23) COMPLAINT / DIAGNOSIS 1990-1991



From the applicants who had psychological complaints, 45% resided with psychological diagnosis ; at the same time ,approximately the same rate has come out for physical diagnosis. From the physical complaints 91% were coincided with physical diagnosis.Among this group, the rate of both psychological and physical diagnosis was below 10%. From the applicants who had psychological+physical complaints, 1/4 had psychological+physical diagnosis. Nearly half of this group got physical diagnosis.

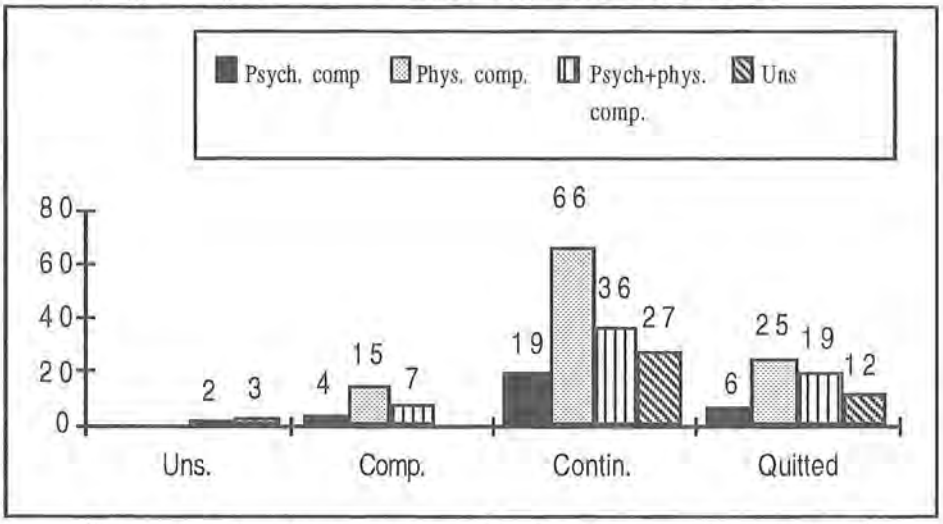
(Diagram 24) COMPLAINT / TREATMENT 1990 - 1991



NOTE:As more than one method of medical treatment was applied,the aggragated number was more than the case number.

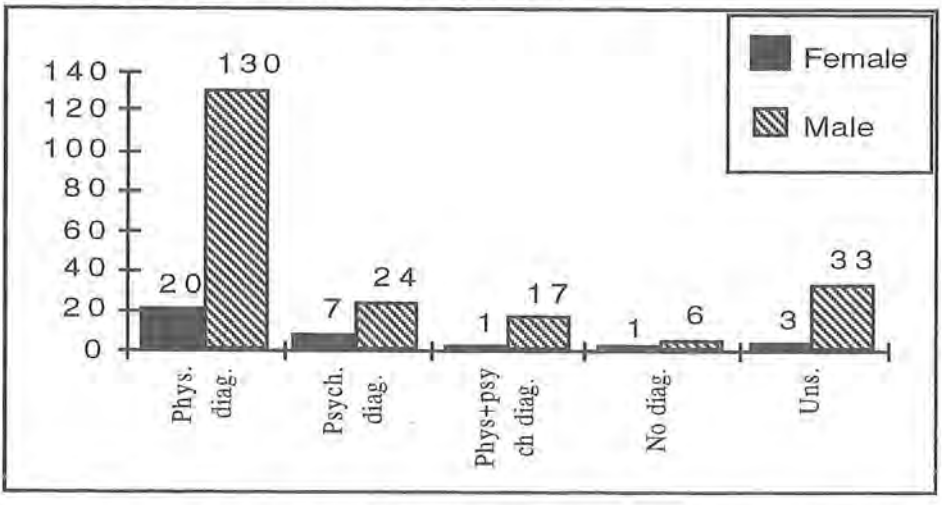
The treatment with drugs was significant in 1990-1991 period. The drug treatment nearly reached to 90% on the group who had physical complaints,while this rate was slightly over 50% on the group who had psychological complaints.Therefore,psychotherapy was applied to 42.8% of the cases who had psychological complaints.This rate reached to only 25.9% of the cases who had both physical and psychological complaints. 7% of the cases who had physical complaints got psychotherapy.

(Diagram 25) COMPLAINT/ PERIOD OF TREATMENT 1990 - 91



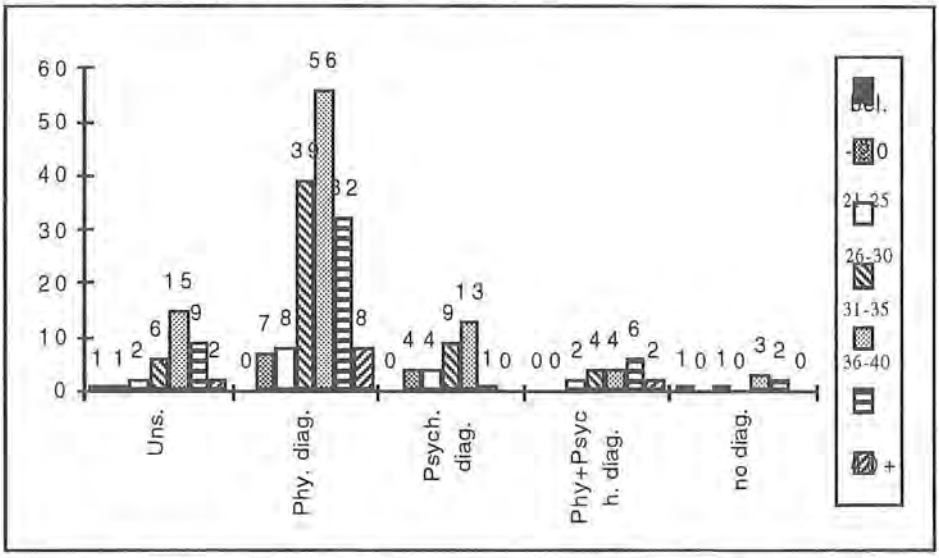
The rates of completed treatment and continuing treatment were nearly the same no matter the complaints were. The rate leaving the treatment incomplete was little bit higher in the cases who had both psychological and physical complaints compared to other treatment group.

(Diagram 26) DIAGNOSIS / SEX 1990 -1991



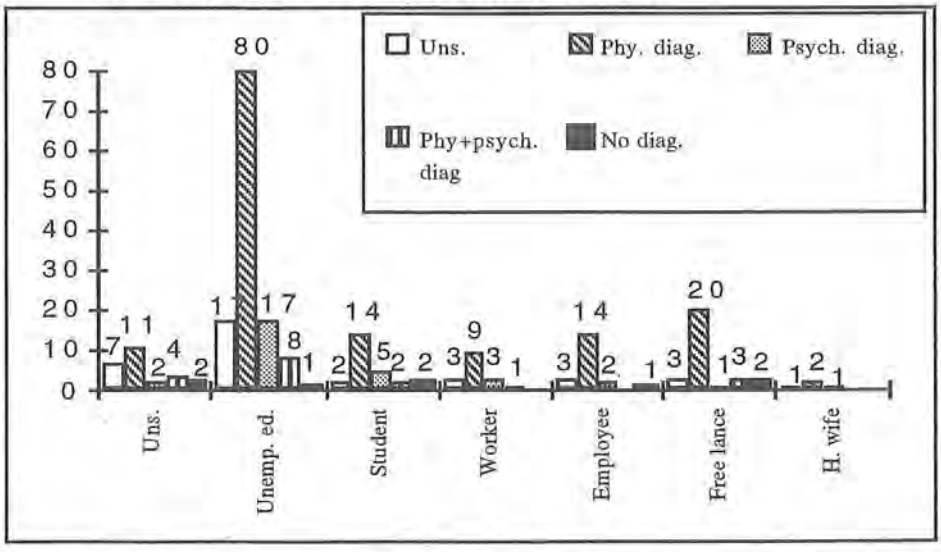
The rate of getting physical diagnosis was same at both females and males ; approximately 3/4.The rate of getting psychological diagnosis was 25% in females which was higher than males of 14%.Therefore , the rate of getting both psychological+physical diagnosis was higher in males.

(Diagram 27) DIAGNOSIS / AGE 1990 - 1991



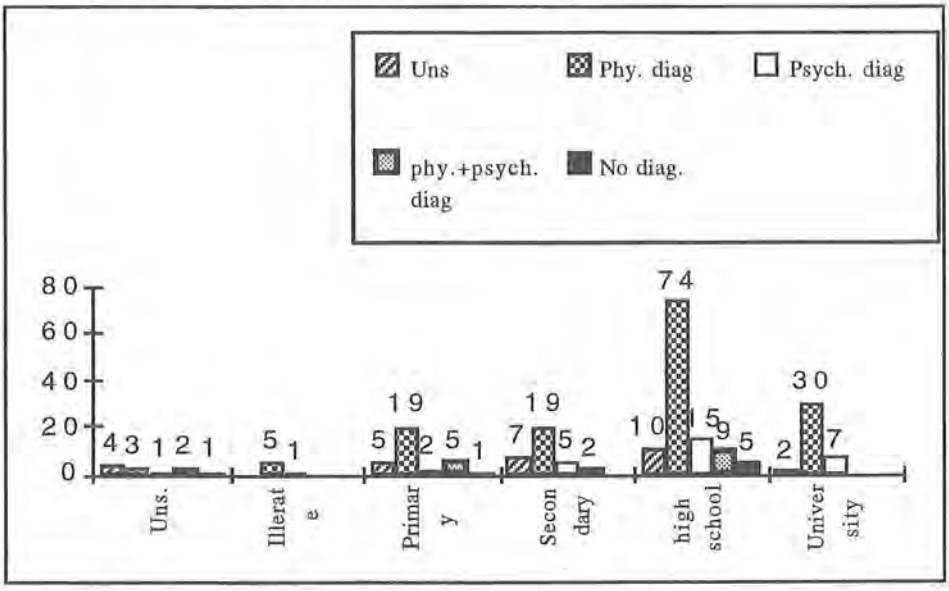
The rate of getting physical diagnosis increased when the rate of age increased. Therefore, the rate of getting psychological diagnosis indicated indirect proportion with age increase.

(Diagram 28) DIAGNOSIS / OCCUPATION 1990-1991



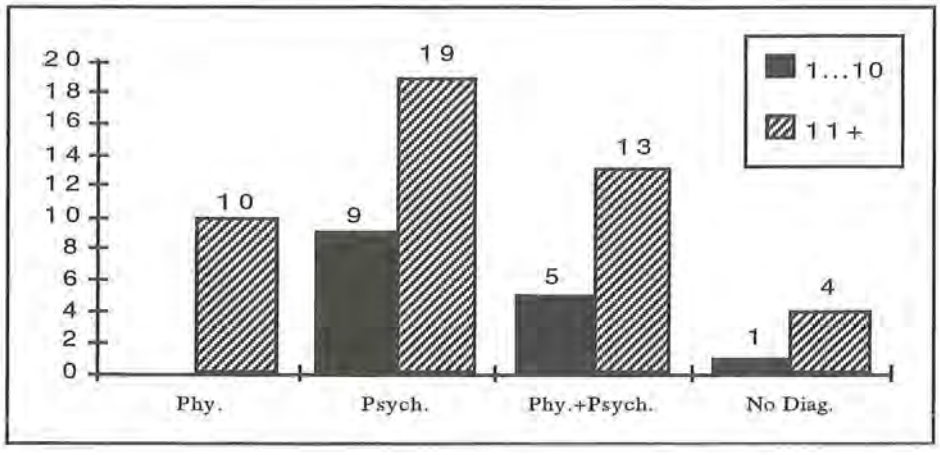
In all profession groups, the rate of getting physical diagnosis was high. In employee and free-lance groups this rate exceeded 80%.In other profession groups this rate was between 65-75%.The rate of getting psychological diag-nosis was partially high in student and workers group.

(Diagram 29) DIAGNOSIS / EDUCATION 1990 - 1991



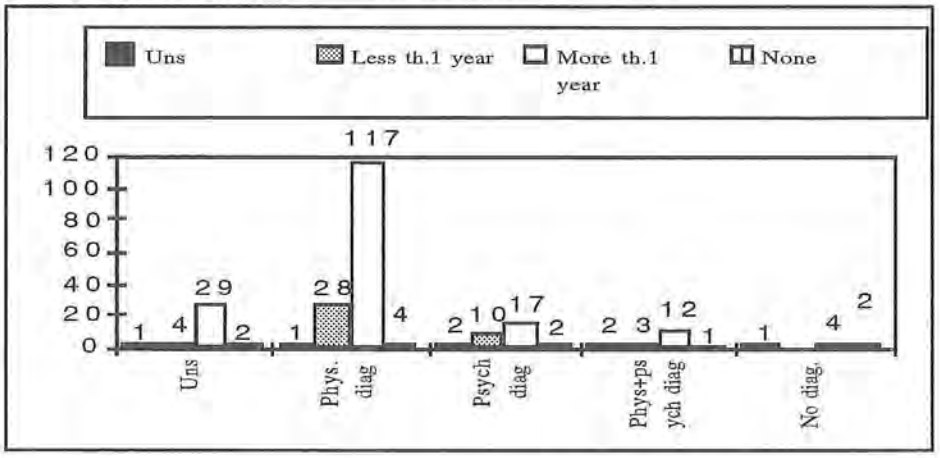
In all education levels the rate of physical diagnosis was 3/4. The rate of psychological diagnosis was nearly the same in all education levels, however this rate was lower at primary school graduates partially.

(Diagram 30) DETENTION / DIAGNOSIS 1990-1991



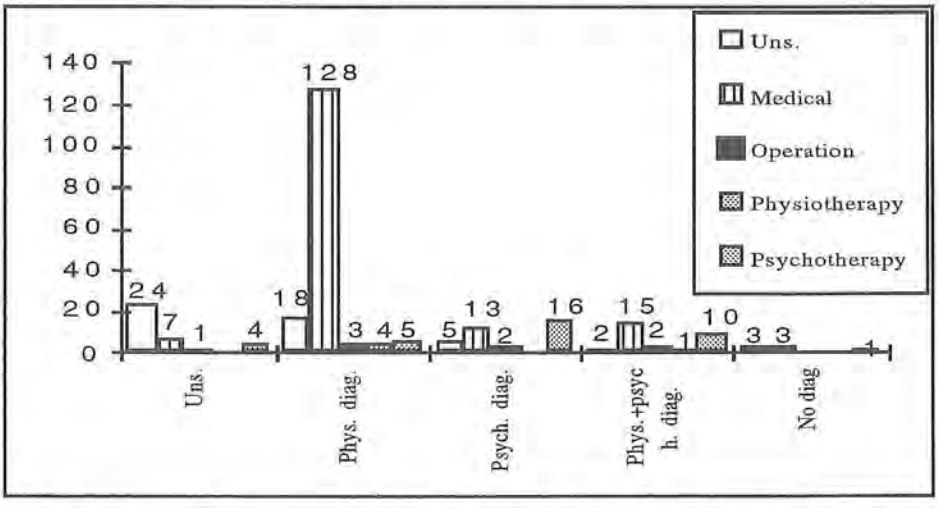
No physical diagnosis were found on the ones who were detained less than 10 days, but on the ones who were detained more than 11 days, the rate of physical diagnosis was 23.6%.The rate of getting psychological diagnosis was partially high on the ones who were detained less than 10 days.

(Diagram 31) IMPRISONMENT / DIAGNOSIS 1990-1991



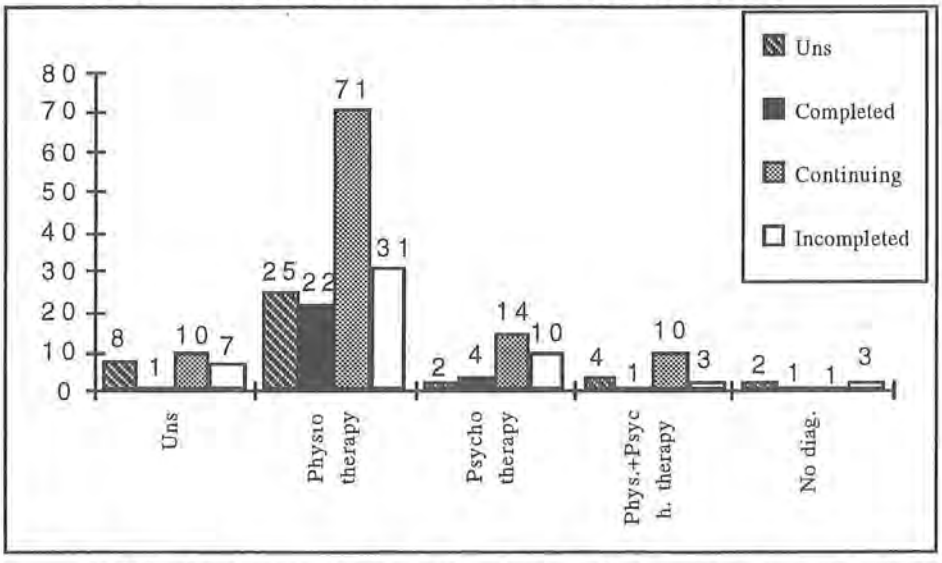
The rate of getting physical diagnosis was up to 80% on the ones who stayed in prison for more than 1 year. This rate was 68% on the ones imprisoned for less than a year. Therefore, the rate of psychological diagnosis was 24.4% on the ones that were imprisoned for less than a year, compared to 11.6% who were imprisoned for more than a year.

(Diagram 32) DIAGNOSIS/ TREATMENT 1990 - 1991



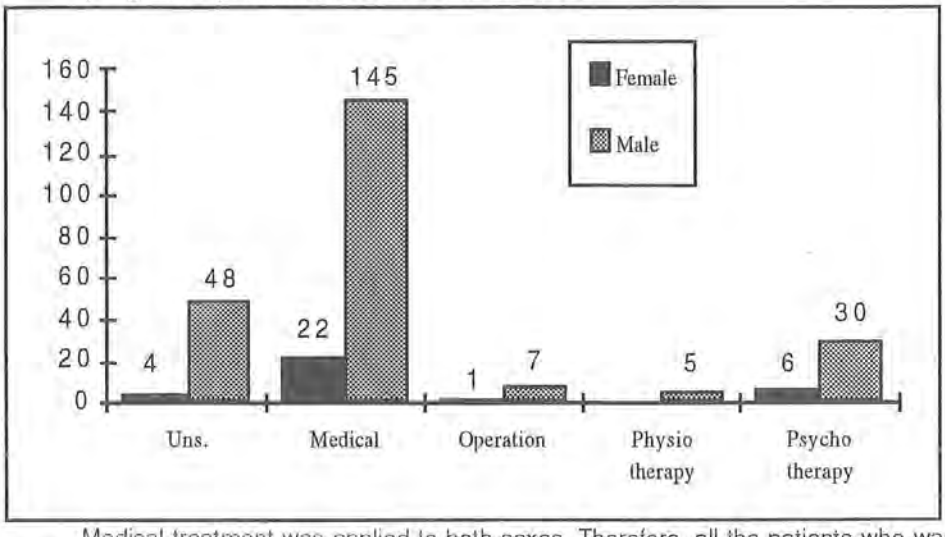
The medical (drug) treatment was applied to 91.4% of the physical diagnosis outcome, to 41.9% of the psychological diagnosis outcome, to 53.6% of the both physical and psychological diagnosis outcome. Psychotherapy was applied to over 50% of the psychological diagnosis outcome, to 1/3 of the both physical and psychological diagnosis outcome. This rate was 3.6% in physical diagnosis outcome.

(Diagram- 33) DIAGNOSIS / PERIOD OF TREATMENT 1990 - 91



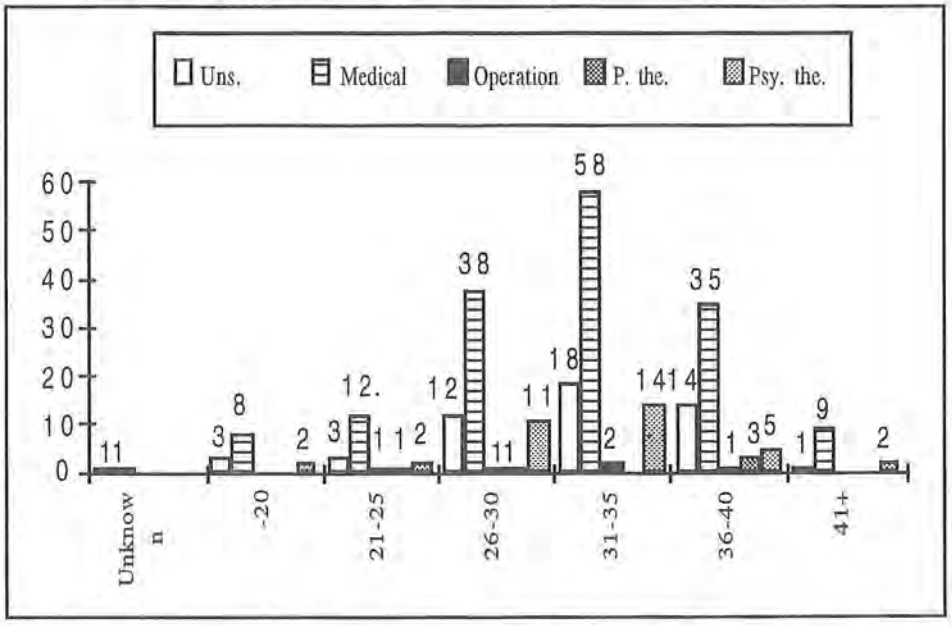
21.25% of the cases who had physical and, both physical and psychological diagnosis left their treatment incomplete. The rate of incomplete treatment in psychological diagnosis was 35.7%. The rate was considerably high in physical diagnosis outcome.

(Diagram 34) TREATMENT / SEX 1990 - 1991



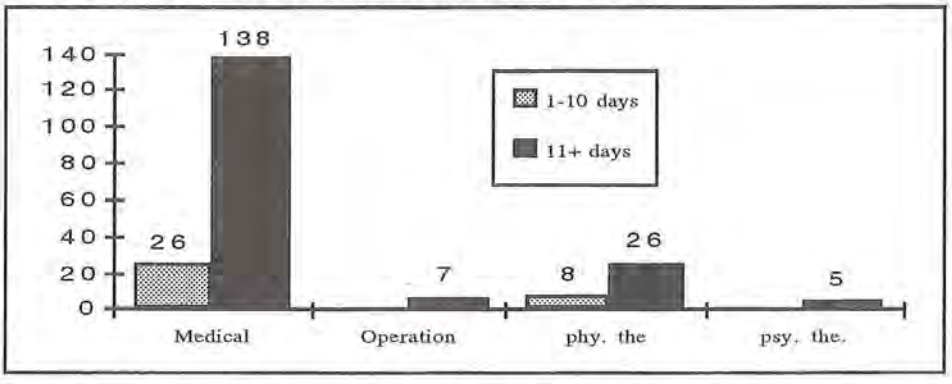
Medical treatment was applied to both sexes .Therefore, all the patients who was given physiotherapy were males. On the contrary, the females were applied psychotherapy more than males.

(Diagram 35) TREATMENT / AGE 1990 - 1991



In all age groups the rate of medical treatment was over 75%, alike the application of psychotherapy in all age groups, but, in 21-25, and 36-40 age groups psychotherapy was less required.

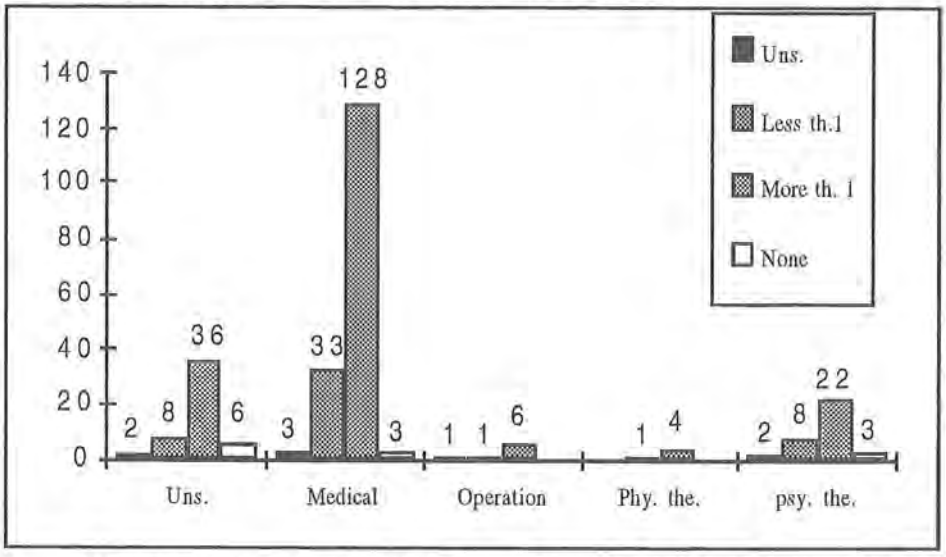
(Diagram 36) DETENTION / TREATMENT 1990 - 1991



NOTE: As more than one method of rehabilitation was applied to a single person the addition was more than the number of cases.

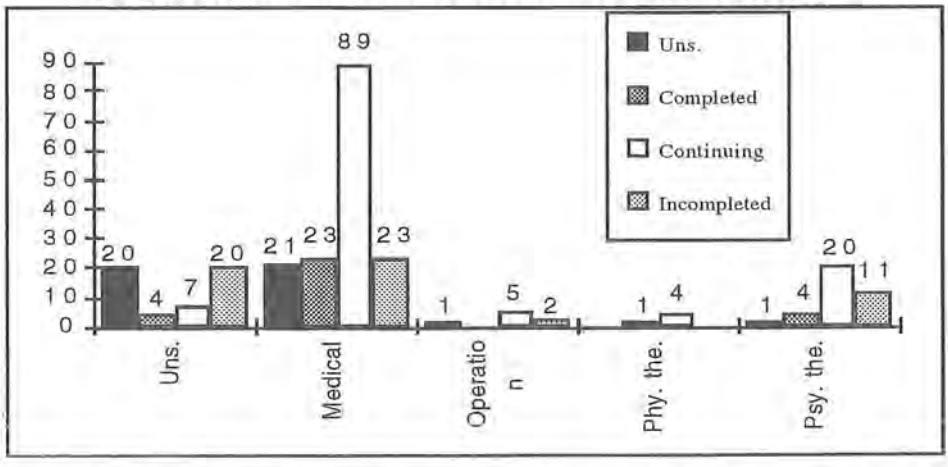
The rate of medical treatment was over 75% in all groups whether their detention period was long or short. The rate of psychotherapy was rather high in the group who had 1-10 days detention period.(23.5%>14.6%). Operation and physiotherapy was applied to ones who were detained more than 11 days.

(Diagram 37) IMPRISONMENT / TREATMENT 1990 -1991



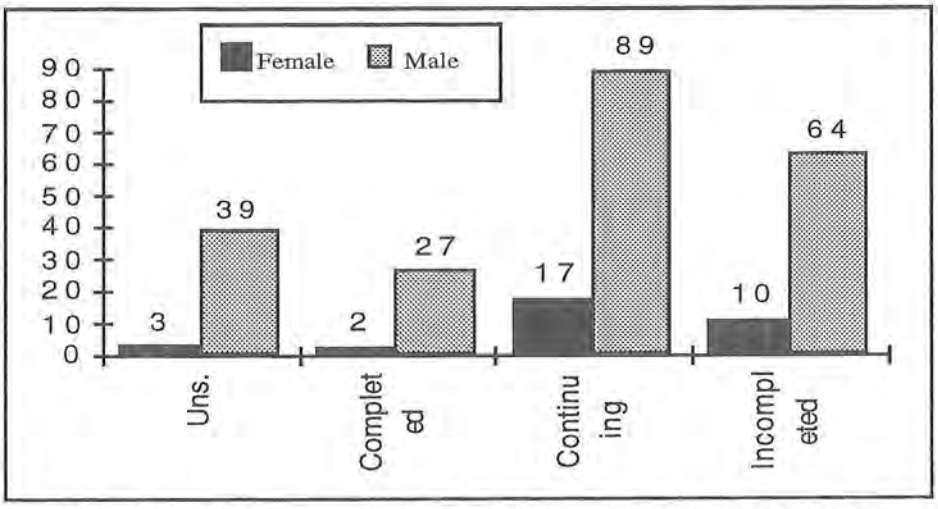
Medical treatment was applied the most. Operation and physiotherapy fluctuated according to the length of imprisonment. Therefore,psychotherapy was applied more 18.6% to ones who stayed in prison less than 1 year,compared to longer imprisonments 13,7%.

(Diagram 38) TREATMENT / PERIOD OF TREATMENT 1990 -1991



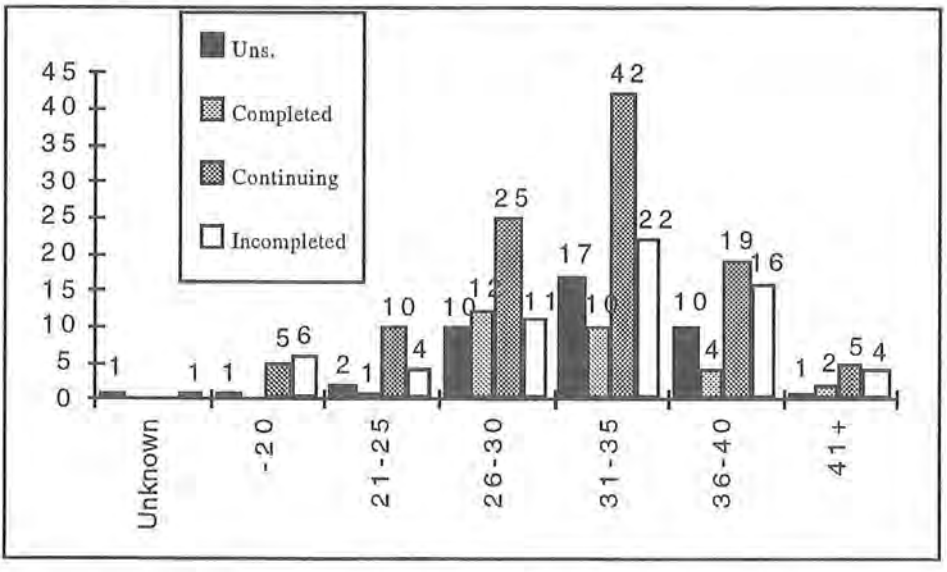
Over 60% of the medically treated cases continue their rehabilitation, 16% was completed it, 22% ceased their rehabilitation. In psychotherapy these rates were 57%, 11%, 31%.

(Diagram 39) PERIOD OF TREATMENT / SEX 1990 - 1991



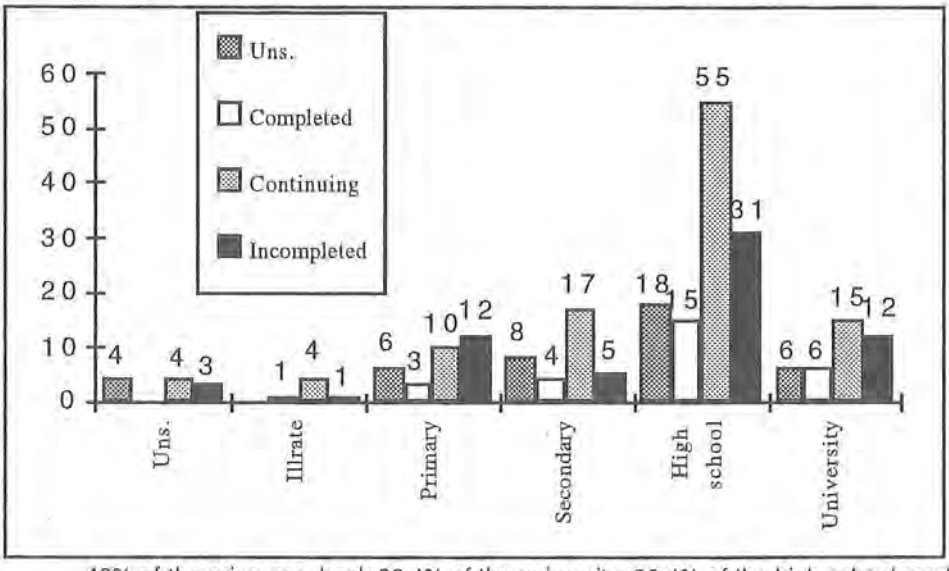
In both sexes the rate of ceasing rehabilitation was close to each other. 6.9% of the female patients completed their rehabilitation while 15.9% of the males did it.

(Diagram 40) PERIOD OF TREATMENT / AGE 1990 - 1991



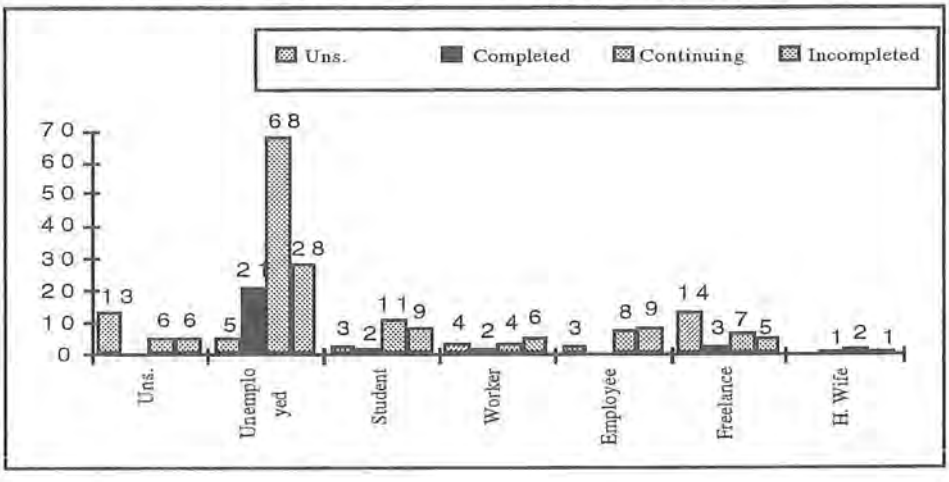
Ceasing rehabilitation was met mostly in below 20-year-old group and 36-40 age group.(54.6% and 41.1%) Completing rehabilitation occurred mostly in 26-30 and above 41 age groups.(25% and 18.2%)

(Diagram 41) PERIOD OF TREATMENT / EDUCATION 1990-1991



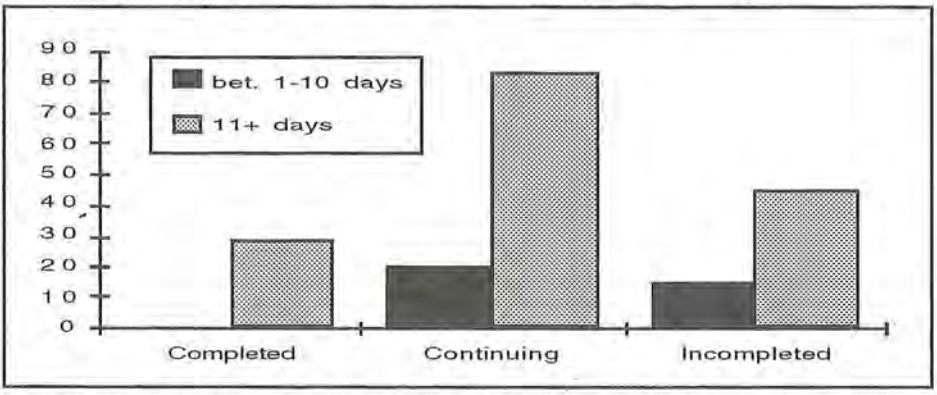
48% of the primary school, 36.4% of the university, 30.4% of the high school graduates ceased their rehabilitation. The rate of completing the rehabilitation was between 12-18% in all groups.

(Diagram 42) PERIOD OF TREATMENT/OCCUPATION 1990 - 91



Ceasing rehabilitation was mostly met on employees (52.9%), workers (50.0%) ; it was met on the unemployed (24%) the least.The free-lance group had the most high rate (20%) in completing rehabilitation, the unemployed (17.9%), workers (16.7%) came second and third. Neither of the 17 employees who had applied, completed their rehabilitation, as well as, 9% of the students.

(Diagram 43) DETENTION / PERIOD OF TREATMENT 1990 - 1991



42.9% of the group who had been detained between 1-10 days ceased their rehabilitation at the first rank.This rate was 28.8% on the other group. 17.9% of the group who had been detained more than 11 days completed their treatment.All of the cases who had been detained less than 10 days did not completed their treatment.

1.3 EVALUATİONS

The number of applications to the centre was 6.4 per month at the beginning.This rate increased to 37.6 after the amnesty declared in August 1991.Until July 1991 the applications were serviced in one centre,then the number of çentres increased to 3.The applicants came to the centre by themselves or were chanelled by the AHR. Then, the recommendations of the applicants determined a significant factor. The preference of the locations of Ankara Central, İstanbul,İzmir Centres indicate that 85% of the applicants were from Middle Anatolia,Agean Sea region and Marmara reion.The males were higher than females 86.7%.

8 applicants out of 10 was in 26-40 age group.These people applied after their imprisonment period ended and they were imprisoned at least 5 years.Thus this shows that a very young segment of the population was exposed to torture.2/3 of this segment gradueted high school or university, though they were unemployed.The working group earned their living in family business.The rate of permanent job was 16.6%.

8 applicant in very 10 people were detained more than 11 days and 3 applicants in very 4 people were imprisoned more than a year.Only 2 applicants were not detained and 12 did not get imprisonment sentence.99% of the applicants were political criminals.

The applicants could list about 30 types of techniques of torture that aplied on them,but as memory factor was considered no evaluation was made.Thus 60% of them were exposed to 4 types of torture, 36% of them were exposed to more than 4 types of torture.The places where torture was applied were determined to be Police Headquarters by 2/3 of the applicants,then comes police station and prison.

The applicants complained mostly about physical problems. The rate of only physical complaints was 63%,but when both physical and psychological complaints 26.1% added to this rate, the outcome was 89.1% physical complaints. More than 1/3 of the applicants complained about psychological problems.

Among the physical complaints the orthopeadic problems which were due to long

torture periods were seen the most.Then stomach- gastrointestinal diseases due to psychosomatic disorders came the second. Memory impairment, anxiey, sleeping disorder, concentration problems were the most common problems among the psychological complaints. 63% of the applicants complained about physical problems, 75.4% of them got physical diagnosis.11% of the applicants complained about psychological problems, 15.6% of them got psychological diagnosis.26.1% of the applicants complained about both physical and psychological problems, only 9% of them got both diagnosis.Thus these people who had both complaints whether they complained about significant system problems as well as insignificant system problems, or they got diagnosis on significant system signs.

Despite that ,15.6% of the applicants got psychological diagnosis and 9% of them got both physical and psychological diagnosis, the rate of psychotherapy was only 16.6%. Some of the patients refused psychotherapy and some others were provided with drug treatment.

Only 11.8% of the applicants completed their rehabilitation.27.8% of them quited their rehabilitation.This has to be considered seriously. Some applicants could not found what they had expected, some had accommodation problem in cities,most had marital-occupational-military service engagements which hardened their contact with the centres.

While females complained more of psychological problems, males had physical problems 13.5% more of females.This could be explained as such; females could be influenced more by detention-prison circumstances or females could talk about psychological problems more easily.Psychological diagnosis occurances displayed the same pattern.25% of females got psychological diagnosis where 14% of males got it.But when the existance of both complaints were considered the rate of psychological complaints increased to 28.6% in females, 24% in males,so the assumption of sexual sensitivity to torture was invalid.Rates of application of psychotherapy was 20.7% in females, 16% in males,thus this shows no apparent diffirence.A meaningful difference was seen on the period of treatment.Completing the rehabilitation was 2.3 times more in males.

When age is examined as a variable, psychological complaints were seen much on the age group under 20 years old. The age group over 35 is more likely to complain about physical problems.The relation between age and diagnosis is indirect proportion in age/psychological diagnosis and direct proportion in age/physical diagnosis. Therefore psychotherapy and age relations do not have any significance.Rate of quitting rehabilitation is more in -20 years old and 36-40 years old.Contrary the groups which are 26-30 and +41 were more tended to complete their rehabilitation.

The rate of psychological complaint on the ones who had less than 10 days detention period was 8.7% (adding the existance of both complaints to this percentage, this rate increases to 30.4%) and on the ones who had longer period of detention was 10.9% (then 38.8%). All the applicants who had less than 10 days period of detention got either psychological diagnosis ,or both psychological and physical diagnosis.This paradox can be explained as whether the applicants do not claim their psychological disorders easily or they are not aware of them.Psychotherapy application to short-term detention survivors was 1.6 times more than the others. The same apperaence reveales when the quitting rehabilitation rates are compared. Short-term detention survivors were more tended to quit the rehabilitation -1.5 times high- and this group did not complete the rehabilitation at all.

42% of the applicants who were imprisoned more than a year had psychological complaints and both psychological and physical complaints.This rate was 29% on the ones who were imprisoned less than a year.The former group got 1.6 times less psychological diagnosis than the latter.This arises a paradox which can be explained as; the former group had more complaints but less psychological influence, or the foundation stuff concentrated on more important system disorders.Psychotherapy was applied to short-term imprisonment survivors more in coherence with the diagnosis facts.

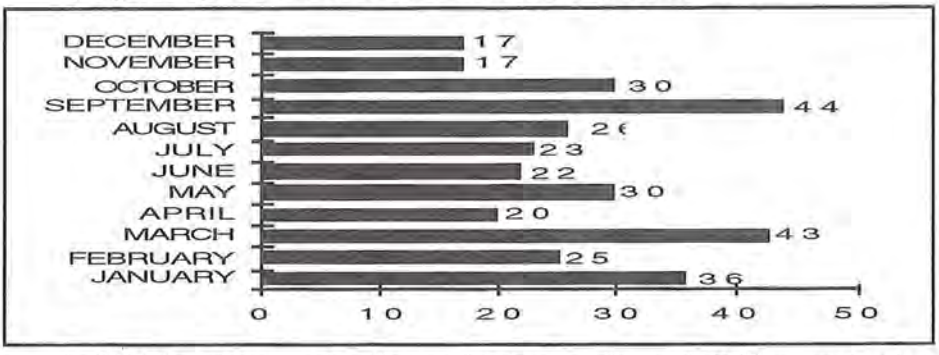
The above facts and their evaluations are mostly of a fore-evaluations kind, so could not be considered as generalizations. This would not be conceived as the enumaration of torture as a socio-political problem. Therefore the service supplied to applicants and the factors which effects this service was tried to be analysied.The evaluations enhanced the quality of the service and directed the attitudes of the foundation staff in 1992.

2. REPORT OF 1992

In 1992 393 applications made to 3 centres were assessed by the standard question form of the centres.This report is a fore-evaluation which the real interpretations will be declared to the public through several channels.

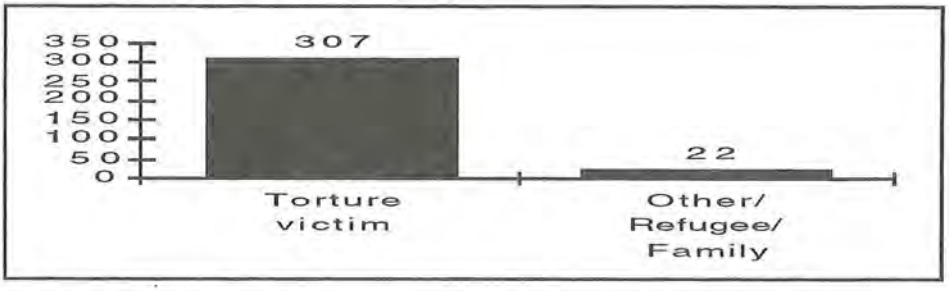
2.1. FEATURES

(Diagram 44) APPLICATIONS ACCORDING TO MONTHS 1992



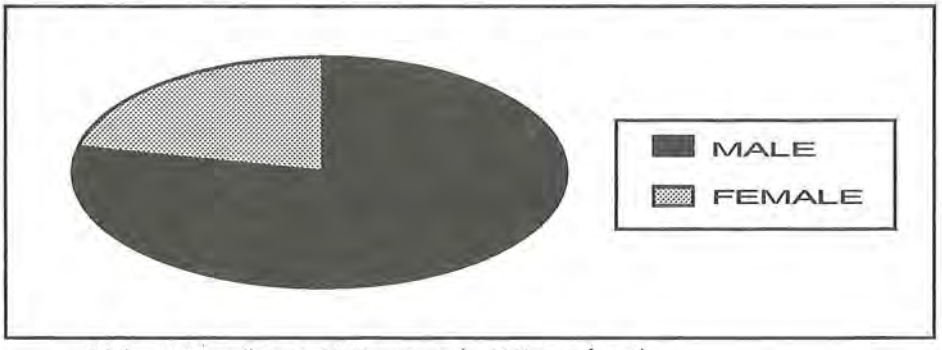
In 1992, the average application number in a month was 27.3. There occurred a considerable decrease in applications after October.

(Diagram 45) APPLICANTS 1992



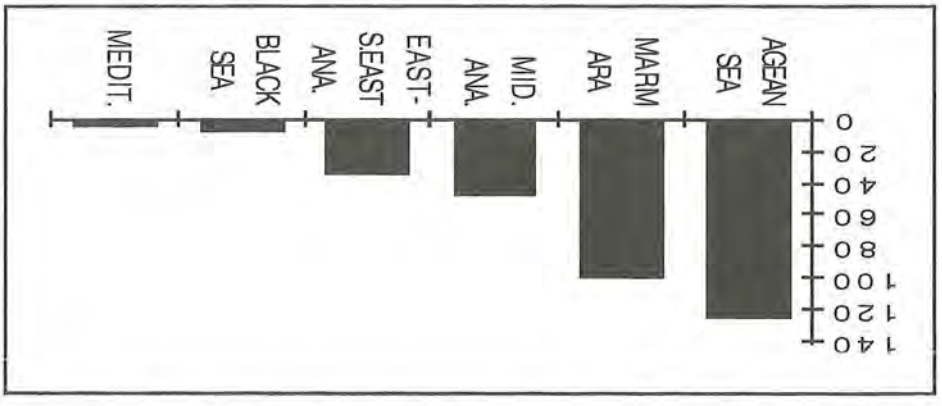
93.3% of the 329 applicants were torture victims. Others were either the relatives of torture victims or the refugees.

(Diagram 46) APPLICANTS / SEX 1992



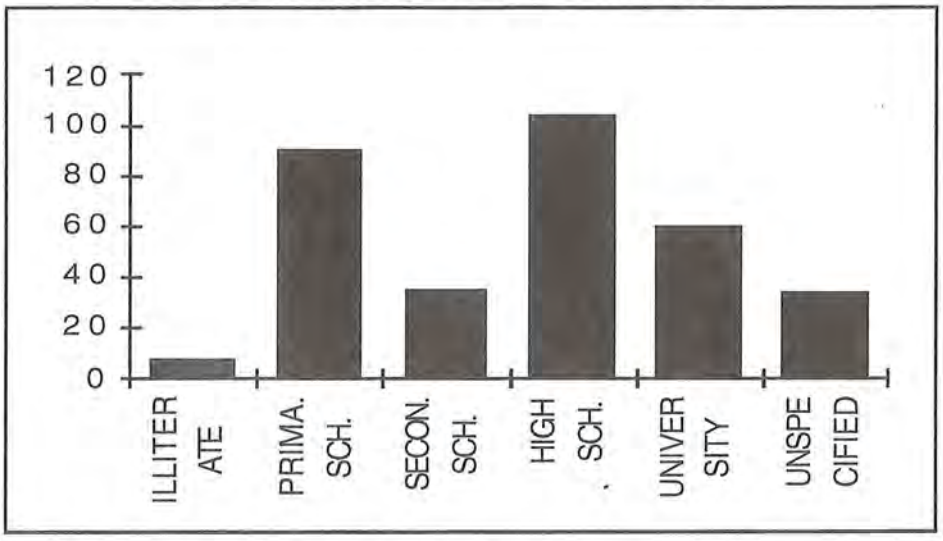
Of the 329 applicants; 79% was male,21% was female.

(Diagram 47) REGIONAL DISTRIBUTION OF APPLICANTS 1992



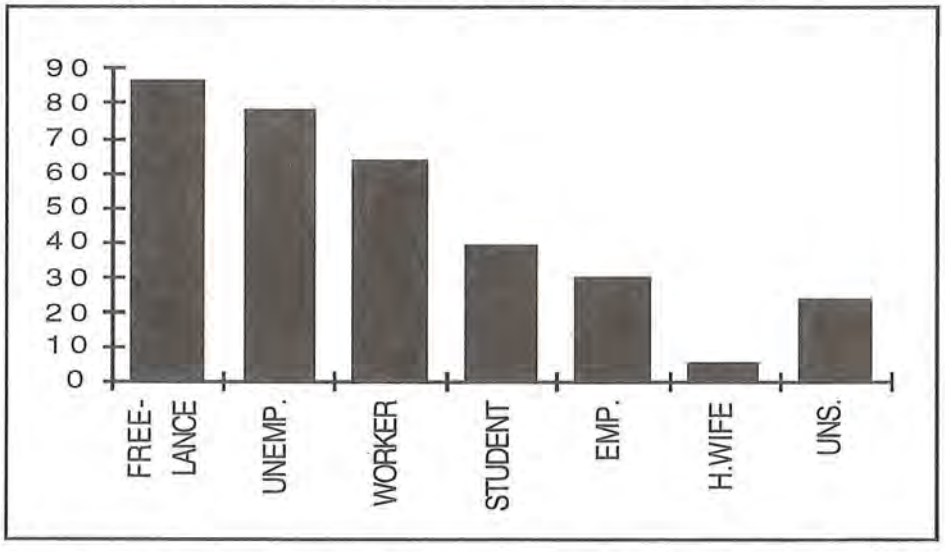
39.6% of the applicants was from Aegean Sea Region, 31.9% was from Marmara Region, 15% was from Mid-Anatolia Region, 10.5% was from East Anatolia and South-east Anatolia Region, 1.9% was from Black Sea Region and 0.9% was from Mediterranean Sea Region.

(Diagram 48) EDUCATION LEVELS OF APPLICANTS 1992 ?·



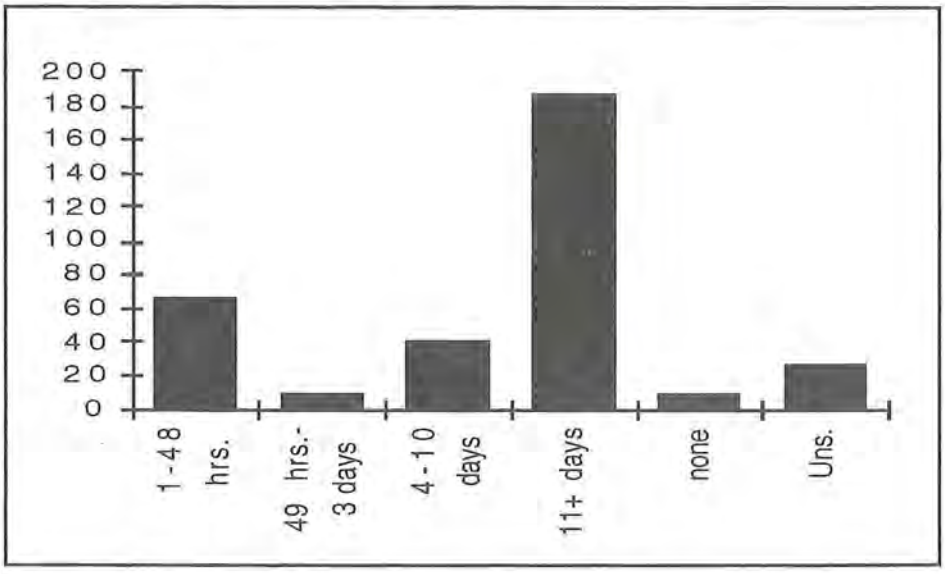
High school graduates were at the first rate 32.8%.Primary school was 28.7%, university graduates were 15.8%, secondary school was 10.7%, and illiteracy level was 1.6%.

(Diagram 49) OCCUPATIONAL STATUS OF APPLICANTS 1992



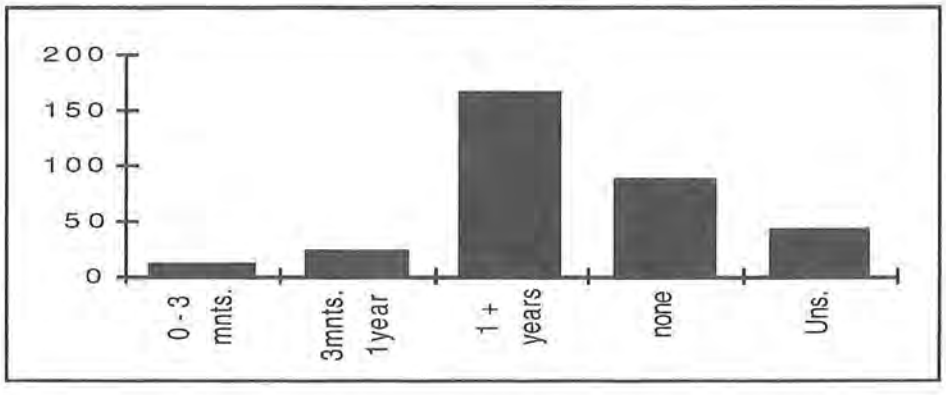
Of the 303 applicants in 329 whose occupation were found out, 28.7% of them were free-lance professionals.25.7% was the unemployed. 20.8% was workers, students were 12.9%, employees were 9.9%, and housewives were 2%.

(Diagram 50) DETENTION PERIOD OF APPLICANTS 1992



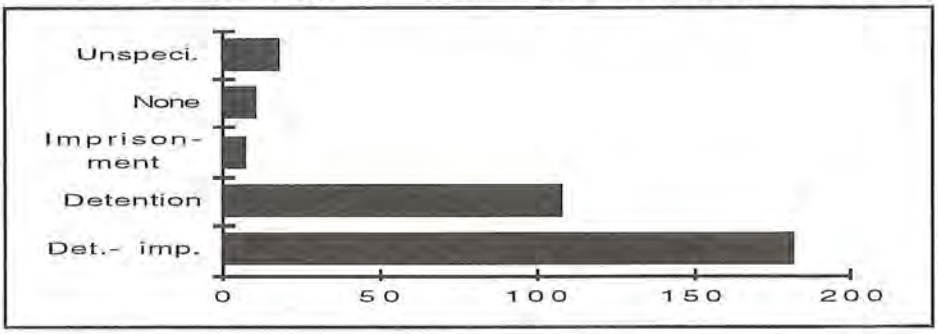
61.6% of the applicants were detained more than 11 days.Only 10 people were not detained.18.2% of them was detained between 1-48 hours.3.3% of them was detained between 49 hrs-3 days.13.6% of them was detained between 4-10 days.

(Diagram 51) APPLICANTS / IMPRISONMENT 1992/ TİHV



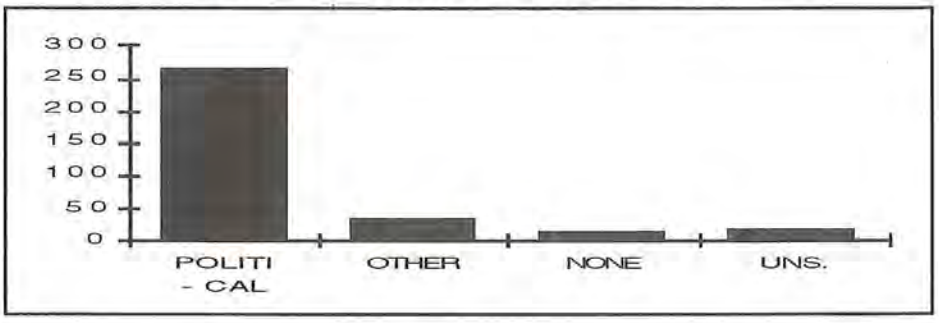
Of the 285 applicants whose imprisonment periods were determined, 55.8% of them stayed in prison more than 1 year. 12.6% applicants were imprisoned less than 1 year. 31.6% of the applicants were not imprisoned at all.

(Diagram 52) DETENTION + IMPRISONMENT PERIODS OF APPLICANTS



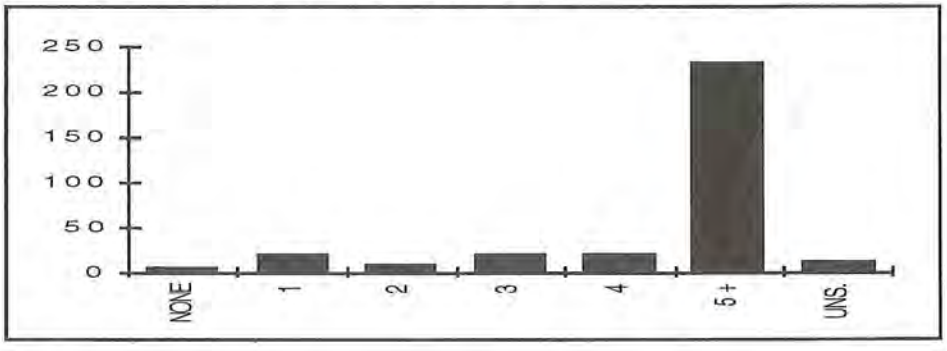
If the detention and imprisonment periods of the applicant were evaluated together, of the 309 cases whose this added period was determined, 59.2% of them had been detained and imprisoned. 35.3% of them were only detained. 2.3% of them were only imprisoned. 3.2% of them were neither detained,nor imprisoned.

(Diagram 53) CRIMINAL STATUS OF APPLICANTS 1992



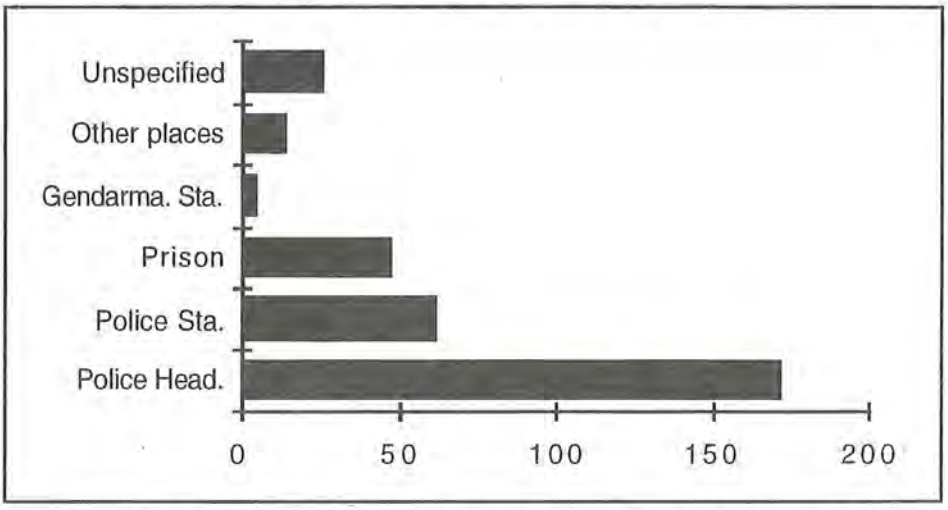
Of the 312 cases whose criminal status were determined, 85.3% of them were political criminals. 10.6% were guilty of other crimes.4.2% were guilty of 'NOTHING'.

(Diagram 54) APPLICANTS / TORTURE 1992



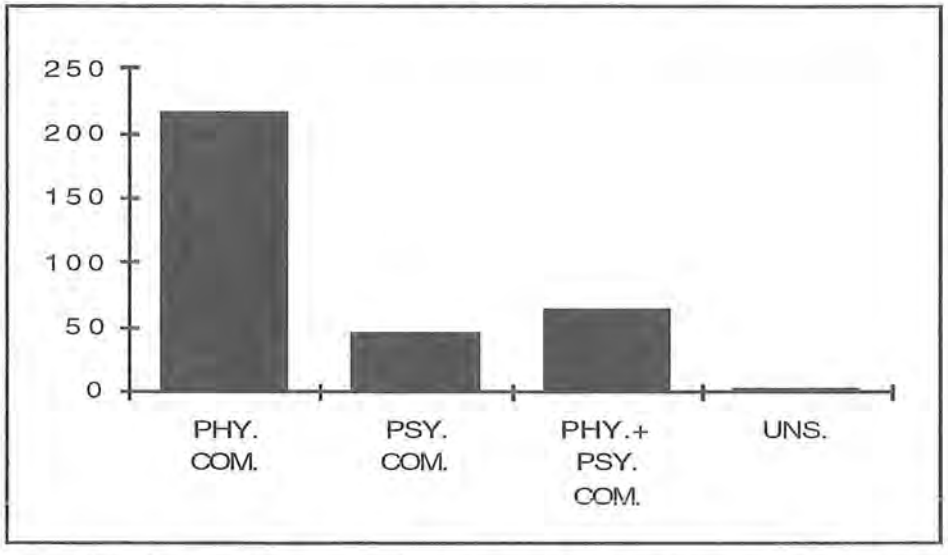
Of the 314 applicants, 73.9% were applied 5+ techniques of torture, while 1.9% was not tortured at all.

(Diagram 55)APPLICANTS / PLACE OF TORTURE APPLIED 1992



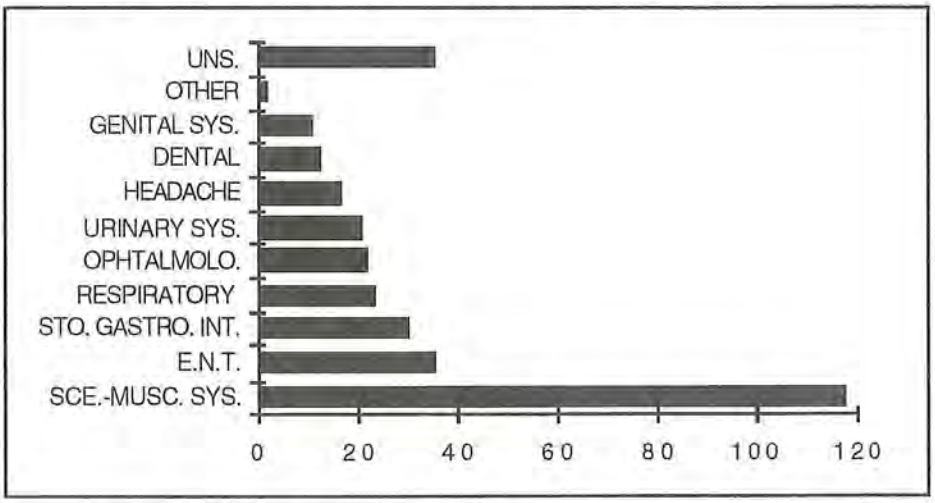
299 of the cases determined where they had been tortured.57.5% was tortured at Police Headquarter's, 20.7% was at Police Station, 15.4% was at prison, 1.7% was at Gendarmerie Station, 4.7% was tortured at other places.

(Diagram 56) APPLICANTS / COMPLAINTS 1992



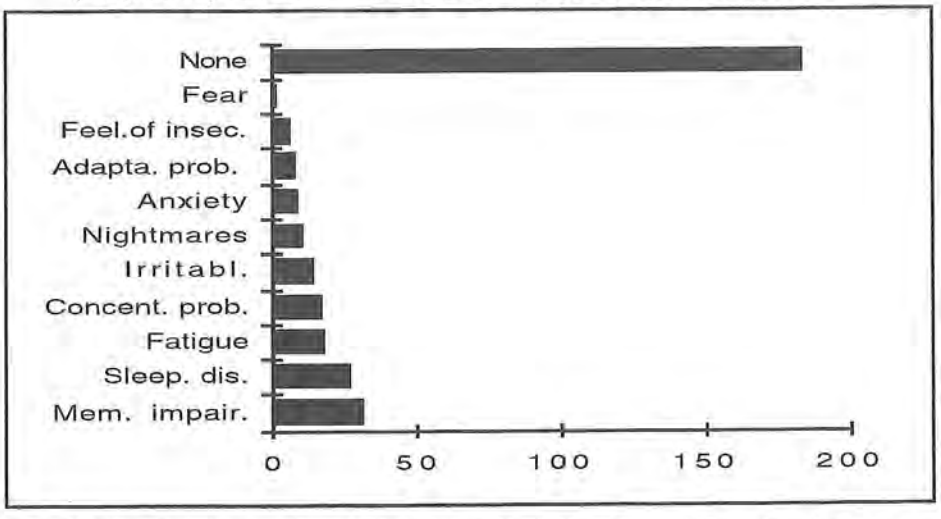
326 of the applicants were determined to have complaints. 215 (66%) of them complained about physical problems on their application. 13.8% complained about psychological problems. 19.9% of them complained about both physical and psychological problems.

(Diagram 57) PHYSICAL COMPLAINTS OF APPLICANT 1992



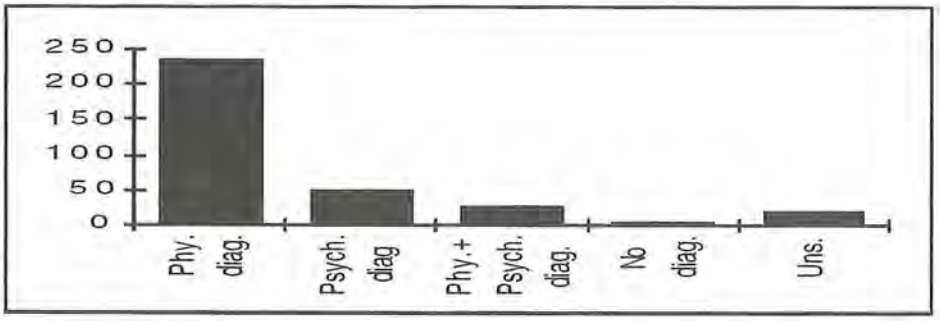
292 of the applicants complained about physical problems. 39.4% of the complaints was about orthopaedic problems. 12.3% was about ENT problems. 10.6% was about gastrointestinal system. 8.2% was about respiratory system. 7.5% was about ophthalmology. 7.2% was about urinary system. 5.8% was on headache.4.5% was about dental problems. 3.8% was about genital system.0.7%was on other complaints.

(Diagram 58) PSYCHOLOGICAL COMPLAINTS OF APPLICATION



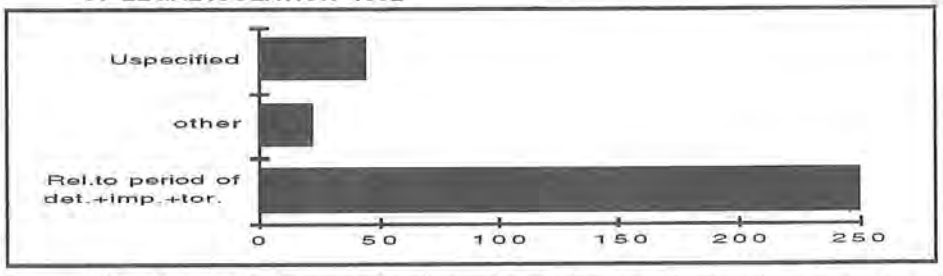
143 applicants complained about psychological problems. The rates of these problems were; 21.7% was memory impairment, 18.9% was sleeping disorder. 12.6% was fatigue, 11.9% was concentration problem. The rate of irritability was 9.8%, nightmare was 7.7%, anxiety was 6.3% , adaptation problem was 5.6%, feeling of insecurity was 4.2%, fear was 1.4%.

(Diagram 59) APPLICANTS / DIAGNOSIS 1992



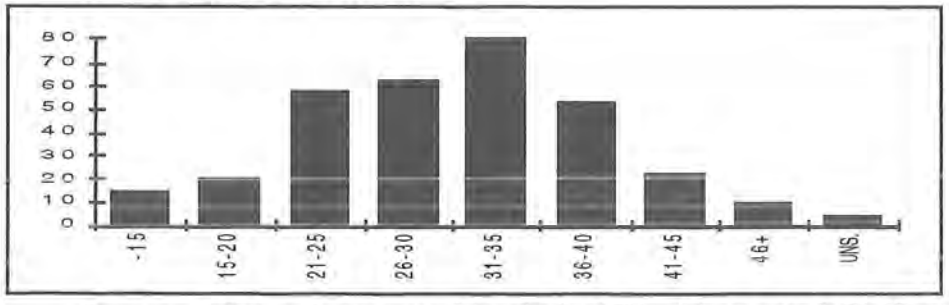
The diagnosis ' of the 306 cases were determined. 76.5% of the diagnosis was physical. 13.7% of the diagnosis was psychological. 8.5% of the diagnosis was both physical and psychological. Of the 1.3% applicants, diagnosis could not be determined.

(Diagram 60) CORRELATION BETWEEN DIAGNOSIS / PERIOD OF LEGAL ISOLATION 1992



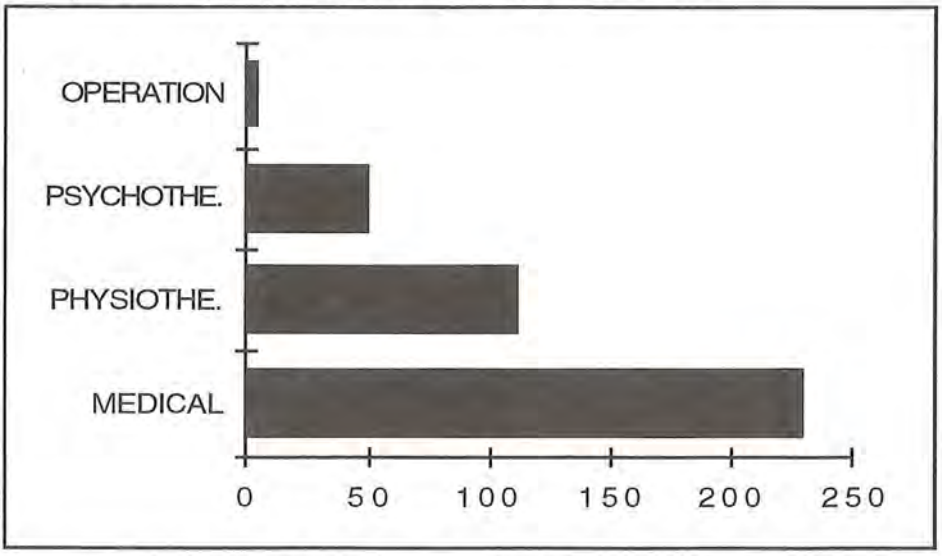
When the relation between the diagnosis and the detention-imprison-ment - torture period was evaluated; 282 cases was determined to have this relation, 92% of the diagnosis correlated with the detention - imprisonment - torture period.

(Diagram 61) APPLICANTS / AGE 1992



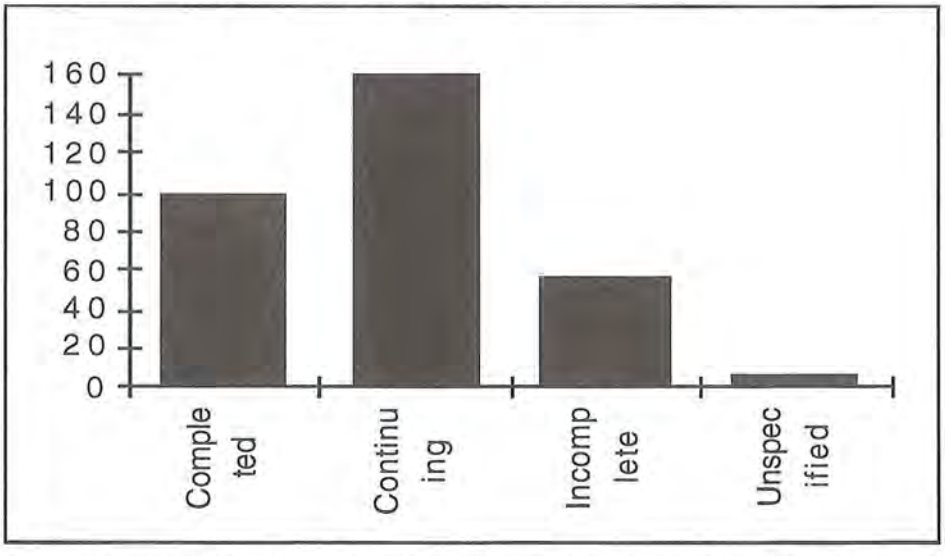
The ages of 324 applicants were determined. 24.7% of them were in 31-35 age group.19.4% were in 26-30 age group. 18.2% were in 21-25 age group.16.4% were in 36-40 age group.7.1% were in 41-45 age group. 6.5% were in 16-20 age group.The age group below 15-years-old was consisted of 4.6%,and age group above 41 was 3.1%.

(Diagram 62) APPLICANTS / TREATMENT APPLIED 1992



When the treatments applied were evaluated, the medical treatment appeared to be used the most 57.5%.Then came 23.8% physiotherapy, 12.8% psychotherapy, 1.5% operation.

(Diagram 63) PERIOD OF TREATMENT 1992



The period of treatment of 321 cases were determined.30.8% of the cases completed their treatment.17.8% of them left their treatment incomplete. 51.4% of the cases are continuing their treatment in 1993.

2.2 ASSESSMENT OF 1992 ACTİVİTİES

In 1992 average application number according to months was 27.3 except last 2 months of 1992 that were not included to the analysis which was considerably higher than 1990-91 average. It could be said that applications were homogeneously distributed to the months. This distribution could depend on the foundation's improved system.

The information gathered from previously applied people was the important factor to new applications as well as last year.The regional distribution of torture applied was again intesified in areas where the centres were located.Consequeintly the executives of the foundation sought to adhere provinces to accept applications.Thus 4 connection bureaus were planned to open in 4 cities in 1993.

Acording to sexual division, in 1992 the rate of female applicants was 8% higher compared to 1991. This situation shows whether the occurance of female detention was increased ,or the females were more encouraged to apply for treatment.In 1992 the applicants were mostly in 26-40 age group again,but the applicants below 25 was 3.8 times higher than 1991.The education level profile was more qualified in 1991, in 1992 40% of the applicants were primary-secondary school graduates.

There some differences on the occupational status of the applicants; in 1991 the unemployment rate was 56.7% then in 1992 this was 25.7%.The permanant job level was 16.6% in 1991, the workers-employees were consisted of 30.7% of the applicants in 1992.The rates of students and housewives did not show any significant change compared to 1991.

In 1992 61.1% of the applicants were detained more than 11 days (1991- 80%). The rate of short-term detention (less than 11 days) was increased (1991-20%, in 1992-36%). The rate of 1 year imprisonment was decreased 76% to 56% in 1992, and the imprisonment less than a year was decreased from 19% to 13% in 1992. The rate of applicants who were not sentenced to any imprisonment was increased from 5.1% to 31.6%. The rate of applicants who experienced both detention and imprisonment periods was decreased to 60% from 94%.

In 1991 nearly all of the applicants were political criminals, though in 1992 the applicants were accused of other crimes 10.6% and some 4.2% was even innocent.

The number of torture techniques did not differ in 1992.Though,the rate of application more than 5 types of techniques was increased to 74% from 36%. This meant more intensive torture per time, or short detention, intensive torture.

The places of torture were 58% police headquarters, 22.4% police station, 15.4% prison.This rates were 65%, 20.5%, 11.1% in 1991.

The complaints did not differ any in 1992.

Year	Physical	Psychological	Both
1991	63	11	26
1992	66	14	20

Again in 1992 the orthopeadic complaints was at the top of the list with higher rate. Psychological complaints did not difer much as memory impairment and sleeping disorder were the main complaints.

Although the physical complaint rate was 66%, the rate of physical diagnose came out 76.5%. The rate of both types of complaints was 20% but the rate of diagnose was 8.5%.This was a similarity of 1991-92.

In 1992 the drug treatment was prefered much but aplied 20% lower than 1991, and physiotherapy prefered considerably much. (1991-2.4%, 1992-28.3%). This situation is directly linked to the increase of physiotherapy possibilities of the centres. The rate of psychological diagnose was 22% , but the application of psychotherapy was 13%. That is another fact that is similar to 1991.

In 1992 the rate of unspecified treatment period was rather low.The rate of completing the treatment was 15% higher than 1991 rate.Thus, the rate of quitting the treatment was 15% lower han 1991.This can be due to the flourishment of the foundation structure and the improvement of the impedements of the institution.

The facts of 1992 shows that the foundation exceeded year of 1991. However the foundation has been in the starting period according to the facts.As 1992 facts are interpreted elaborately, more possibilities of acquintence emerge.

SCIENTIFIC RESEARCH

CONDUCED AT THE TREATMENT AND REHABILITATION CENTERS

BONE SCINTIGRAPHY AS A CLUE TO PREVIOUS TORTURE (1)

V. LÖK (2), M. TUNCA (3), E. KAPKIN (4) V. TIRNAKLI (5),
G.DIRIK (6), F. ÖZTOP (7), Y. DOLAT (8), T. BAYKAL (9)

In order to find objective and repeatable criteria for the existence of previous torture we have been applying bone scintigraphy to our cases since 1989. We have evaluated 64 applicants who claimed to have been victims of torture, mainly beating and falanga.

There were 18 acute (seen 1-30 days after torture), 10 subacute (seen 1-12 months after torture) and 36 chronic (seen 1-15 years after falanga) cases. Acute cases had their bone scintigraphy at the first visit, at months 1, 3 and 6 then twice a year. Bone scintigraphy was repeated every six months for subacute and chronic cases.

Positive scintigraphy findings were recorded in 11 of 18 acute cases (61.1 %), 7 of 10 subacute (70 %) and 20 of 36 chronic cases (55.5 %) (The mean time lap of torture to bone scintigraphy was 10.5 years for the chronic cases).

We followed up 8 patients from very early time of torture with periodically repeated bone scintigraphy and the positive scintigraphic findings persisted for 6-31 months in 6 cases. One case was scintigraphically normal at one month, the other at 16 months.

We conclude that bone scintigraphy may become a valuable additional tool combined with the history and psychiatric-physical findings of torture victims in their initial diagnostic workup, and as the positive findings persist for a very longtime, this procedure may become legally useful as a clue.

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POST-TORTURE PSYCHOLOGICA REACTIONS AND THEIR TREATMENT

Prof. Dr. Şahika YÜKSEL

Torture is the systematic and intentional infliction of severe bodily pain by one person to another. The purpose may be punishing or pursuing a person, or to achieve information etc. However, the main purpose, by using these means that is by daunting him/her, is to shake and destroy one's personality.

Here, in this paper, I will quote my psychiatric counselling and therapeutic experiences with the ones being tortured, hospitalised for a short/long period and experiencing different psychological difficulties.

The time I began my study, TIHV (Turkish Human Rights Foundation) had not founded yet. Consequently, the mentioned experiences were acquired in the psychiatry department of a university hospital, not within TİHV.

ASSESSMENT

The histories of the applicants and the history of the traumatic events were assessed in a semi-structured interview guidance. On this interview form, the health, occupation, family the characteristics of social relations and other relations of the person before and after torture were assessed separately. Torture, post-torture health problems and other mistreatments that he/she experienced were received in detail. The applicants were asked whether they are tortured because of their political involvement or not. The consistency of their previous expectations in relevance to torture and prison conditions, and their experiences was analysed. However, it is paid attention to not to discuss their political ideas.

During the interview, their psychological diagnosis were made in accordance with DSM-III-R (1988) which is the most widely used diagnostic system. Furthermore, 16 basic items of PTSD were assessed. (0.none, 1. minimum, 2. maximum). Total point was ranged between 0 and 32. Additionally, depression and anxiety assessment scales were filled

in by the interviewer (Hamilton 1959, Hamilton 1969).

By SCL-90, the patients were asked to determine their levels of psychological signs and symptoms and to which areas these are expended. In this assessment, there is a cumulative grade and nine different dimensions. These dimensions are: somatization, obssessive-compulsive behaviours, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideas and psychotism (Deregatis et al. 1973).

Again, the patients themselves assessed the scale of the life events. With this scale, 3 topics were expected to be analysed; repeating intrusive thoughts related to traума, avoiding the situations related to trauma and also inquiring the degree of social difficulties (Horowitz et al. 1979).

FINDINGS:

The characteristics of the applicants and their preferences of application:

1- 20 people who applied with the psychological and psychosomatic signs which they think are related to their experiences of torture . 6 of them applied in order to get a health report for submitting to the court.

2- 12 people who applied to the clinic of psychiatry with different psychological and psychosomatic complaints. During the interviews, their histories of torture are revealed.

3- 8 people who had taken under surveillance, had torture experiences and significant psychological problems, and who refused to apply, but forced to apply by their spouses and families.

SOCIO-DEMOGRAFIC FEATURES

Among the 40 people interviewed, one fourth of them (11) were female and the rest (29) were male. Their ages ranged between 16 and 39. Their education levels varied from primary school to university. There were 4 primary school graduates, 22 high school graduates, 11 university graduates, 3 university students, and 2 technical school graduates, in the group. The 3 university students had to leave their education after they are arrested. An important part of the group (24) were single; 2 were widow/widower and 14 were married. 14 of them, during the time that they were taken under surveillance or in prison, had at least one or more small children.

During the interviews, 5 of them were still students, 15 of them had permanent jobs; however the other half was unemployed frequently or continuously. Among the working group, 9 were professionals, 3 were from independent business, 3 were technicians and 5 were manual workers.

TRAUMATIC EVENTS

Except 3 of the patients who were detained and imprisoned with non-political reasons, all the others were taken under surveillance and imprisoned with political reasons. 7 patients stated that they didn't expect to experience such events and therefore, didn't prepare themselves. 15 people among 33, were able to think that they would experience such events because of the the political atmosphere of the country, their occupations and their political thoughts and activities; however they couldn't guess that the punishments they are exposed to, could be so violent. On the other hand, 18 people stressed that they knew that they would confront such violence and so they must have been prepared to it.

The total imprisonment period showed differences within a wide range, from 10 days to 18 years. 15 people stayed in prison less than a year.

As it is seen in Table I, all of them were exposed to psychological torture and beating and nearly all of them suffered from electrical torture. The number of torture that each of them were exposed to, varied between 2 and 11 and its average was 5.6. The only negative event that they experienced was not only the torture. They had also experienced other events which affected their lives (Table II).

None of them indicated serious medical problems in their past, before torture. Due to mistreatment, unsufficient prison conditions and malnutrition, various medical problems were found in 10 people. Among these, chronic renal infections, tuberculosis, head injury and several rheumatic complaints can be considered.

In Table III, the psychological diagnosis spectrum can be seen. Together with PTSD (Post Traumatic Stress Disorders), being the most frequent, the anxiety disorders took the lead. The concommitten diagnosis of these tables were a rule rather than being an exception. Depressive disorders were met on the second level. Somatoform disorders and psychotic disorders followed the former. Another feature that was calling attention was the onset of the disorders. On the important part, the symptoms started 1- 2 years after being taken under surveillance-imprisonment experiences. The difficulties started as delayed, was indicating chronic tendencies.

Furthermore, a number of signs which are hard to place in the diagnostic classification, are met frequently. The most frequently met, was the "repeating and intrusive thoughts". These thoughts which can be defined as obsession, frequently were forcing the limits of obsession. Interesting to note, these thoughts were not related to trauma experiences, as met in PTSD cases. The subjects most frequently met were related to having a psychological or a physical disorder, worries of loosing control, worries of being abandoning by their partners. Such obsessions were 75 % in the whole group and 80% in the PTSD group. When the time of these thoughts were asked, it is met with an interesting feature. The thoughts were about the trauma itself previously, then after a certain period, it is learned that an emplacement occurred in the content.

Almost in half of the cases, suspiciousness which forces the limits but does not reach the feature to be a clear delusion, was stated. One point that calls attention is, these people had no such paranoid personality before their being taken under surveillance-imprisonment period. The connection can be easily built when the experiences of these people and their developing personalities are considered. However, during the consideration of these manifestations there is always a risk for the clinicians to lead the patient to misdiagnosis . Consequently, it carries a potential risk in the arrangement of the treatment.

DISCUSSION

There are many conceptual and methodological impediments in identifying the diagnosis on torture survivals (Hauff 1987). In this identification, there is a general acceptance that the accumulated effects of personality features, life style, post-torture life and the social conditions, all together determines the outcome (Table IV). Although there are various tendencies in the data related to which features effect the diagnosis and how; it is still open to speculations (Wilson 1985, Koss and Harvey 1991).

Currently, there is a discussion on the post-trauma developments especially seen at the tortured, political prisoners. I would like to summarise the main difficulties on this subject:

First of all, there are few studies on this topic. Second, in the interpretation of the findings, one of the objection is the medicalization of a socio-politic problem (Turner, Grost-Unsworth 1989, Barudy 1989). Another problem is that very few number of studies on this subject are performed on very different areas. While in some studies heterogeneous groups were used, in some the groups of Far East/ Latin America,carrying very different cultural characteristics, are used (Mollica, Caspi-Yavin 1991, Rasmussen 1990). However, the important reflections of the socio-cultural differences on the lives of the traumatic refugees are considered very important especially by the anthropologs (Einsenbruch 1992, Rogler et al. 1991).

The means of reducing these impediments lie on the social scanning and controlled studies. However, to collect data on this very sensitive topic with the insufficient, social scanning potentially is open to faulty outcome (Peterson 1989). Mollica and Lavella summarises these difficulties as follows: In stating the torture that is stating this anxious incident; amnesia due to neurological and psychiatric disorders may distort the reality and censorship may be applied by the patient to very sensitive and shaming scenes, also, some defence mechanisms like denial or avoidance emerge when the memories of trauma were demanded to be recalled.

I would like to quote two examples on this issue: At the beginning, sexual trauma was not being informed or would be stated as not being affected by it (Huxley 1991). A case who filled in the scales at the beginning and at the end of the treatment had stated these: " I had many problems and I have applied to you in order to be treated. However, to write on the scale how sick I felt, made me upset, so I wrote my problems rather highlighted.

In generalising the experiences gained from a small group, the steps must be very cautiously taken. However, taking these features into account in other prospective studies that will be arranged, would be very appropriate.

While evaluating the post-torture psychological and psychosomatic disorders, an unavoidable matter is the negative developments on the survivor's life that are observed in the post-prison period. In our group as well, it is stated that many economical and personal negative events have long been influencing the patients' life. Consequently, we are in a state of approving that the observed difficulties are the final product which develops together with the negative events that are the outcome of being tortured or imprisonment.

I would like to assess the findings that I've come to, under the light of these explanations. The majority of the group (37/40) was made up of the political prisoners. The age of most of them was between 25 and 35 and they were high school or university graduates. Among the tortured political refugees, more representation of the university graduates, is more common (Peterson, 1989).Therefore, if we generalise our findings onjudicial criminals and the others who are out of the defined features, we should be very precautious.

To all the previous political prisoners in our group, beating, giving electric current and psychological torture were applied systematically. Frequently, other types of tortures

were added on these. The way of defining their own political identification were showing differences, and accordingly their knowledge and expectations in relation with the period following detention, were showing differences. In the lives of an important of them, long-time of social, economical and political events were existing and in their living conditions, there was tendency of change to downward mobility.

Within this framework, it must be emphasised that the political prisoners have common features and it is necessary to assess their psychological backgrounds, and their adaptations and inadaptations (Barudy 1989, Van der Veer 1992). As the clinical diagnosis, frequent complicated PTSD and anxiety disorders, were observed. These signs exceeding the classical classifications (Herman 1992, Mandel et al. 1992) were in accordance with the cases' critisms of DSM-III-R and their advises to DSM-IV. The late development of the disorders, impeded the establishment of the connection between the difficulties and etiology, by the clinicians. In Turkey where torture in dense is applied, clinicians have to be wise enough to establish this relationship on the cases who had the mentioned complaints.

Frequently, arising of the problems of interaction and the difficulties of establishing relations is in consistency with high rate of divorce in the study of a similar group of Agger and Jensen (1989).

When diagnostic differences are considered, in our group, in comparison to the studies of Mollica et al 1990, and Turner 1991, depression was less, however PTSD was much more. With the reason that the diagnostic studies are new on this subject, the differences between the studies of the above mentioned authors, necessitated us for further studies. Again, comparing the other two studies on torture victims mentioned below, the rate of PTSD and anxiety was higher in our study. Therefore, the studies of Peker et al. 1990, and Kaptanoğlu 1991 could not be considered in hospital applications category. Peker's study was performed on non-political prisoners and during their imprisonment period. However, Kaptanoğlu's study was performed among political prisoners who do not seek for medical help. Thus, two groups may be expected to display differences.

PROGRESS OF TREATMENT OF POST TORTURE

PSYCHOLOGICAL DISORDERS

Despite the long history of torture, medicine and psychiatry did not take the great pains for the identification of post-torture incidents and their treatment that it took for rarely met diseases. The first systematic interest paid to this topic may be initiated with the experiences after the World War II (1978, Eitenger, Strom 1973).

As it is stated in the first section of the paper, identification and assessment comprises many problems. Impediments in treatment are rather more. In this study, among 40 people previously identified, the treatment features of the treatment, the treatment progress and the results of 26 people who demanded to be treated, will be discussed.

ASSESSMENT

In the previous paper the assessment scales were introduced,so these would not be repeated here, again.

FINDINGS

The cases who started their treatment by the insistence of their relatives or friends,

had left the treatment after a very short period. It can be said that the others initiated their treatment with their own motivation.

Features of Referrals

6 of the participants were female and 20 of them were male. Their ages ranged from 21 to 38 (average: 30). There were 1 primary school, 12 high school, 7 university or technical school graduates. 9 of them were married and others were single. During the interviews, 3 of them were still students, 10 of them were unemployed and the others had permanent jobs. Except one of them, all the others were taken under surveillance with political reasons. 14 people didn't have expectations of being taken under surveillance or being imprisoned or such mistreatments could be experienced. 12 people stayed in prison less than a year while 14 people stayed more than a year. The imprisonment period ranged from 2 months to 10 years. The frequency and the types of the tortures being applied is shown in Table I. Other negative life events are indicated in Table II.

It is seen that, among the ones being treated, a history of escape from the negative life incidents, separation or divorcing from the partner, difficulties in establishing close relation with the others, very dense economic problems, were represented in a very high rate. The diagnosis distribution of the participants are shown in Table VIII.

TREATMENT

The differences between the backgrounds of the people, their diagnosis and experiences, led the treatment to be shaped according to the person, in a flexible protocol. Basically, the principles of cognitive-behavioural psychotherapy were adopted. As it is summarised in Tables IV and V, it is paid attention to create ties based on trust in the first stage of the treatment. As classically recommended in psychotherapies, listening to explanations with a blank face, may lead to the misinterpretation of the therapists by the patients. As Scurfield (1985) and Carlson (1987) pointed out in their studies, the emphatic listening of the expressed subjects, constitutes a critical element in establishing therapeutic relation. During this phase, it seems like the political attitude of the psychotherapist and his/her professional skill has been tested (Van der Veer, 1990). This phase has lasted for 1-2 months. In the second phase, participants were enabled to remember and re-evaluate the negative experiences related to trauma more deeply and as being revived. There were behaviour and attitudes which were frequently avoided, postponed and maladaptive. The participants, under their own control, were encouraged to practice studies called "homework" in relation with coping these behaviours and attitudes; and reducing their effects on their life. In these performances, the difficulties being experienced and the ways of coping them are discussed and an effort is spent for developing the positive ones and introducing the existence of the negative ones (Average 2-4 months).

The last phase of the treatment is being reached when the trust to the treatment and to the therapists increases and accordingly, the complaints affecting the daily life decreases. During this phase, the expressing of the suppressed feelings took place. To give an example, the feelings of anger, disappointment and guiltiness directed to themselves or to others were able to be expressed. The expression of these was forming a base for being aware of their own feelings, developing new cognitive strategies in the form of re-evaluation, control and modification.

The first interviews were arranged as twice a week at first and then once a week

and in the last phase , as once in 15 days.

Medicine: In the history of the 14 people, there were insufficient drug treatments. Three people, who were showing atypic psychotic signs were excluded from psychotherapy. Only neuroleptic treatment is applied to them.

Additionally, 4 cases who had psychotic sign at the beginning were provided with short-term neuroleptic treatment, while tricyclic anti-depressant were given to 6 cases. After the complaints are diminished in this group, they are taken to psychotherapy.

Results of the Treatment:

The treatment had lasted for 4.5 months average (2-24 months). 12 cases had completed their treatment. 4 cases are still in treatment. 10 cases had left the treatment with the reasons that will be explained in the following. Table VI and Figures 1 and 2 are demonstrating the assessment of 12 cases before and after the treatment from the angle of the PTSD disorder signs and in anxiety and depression scales and SCL-90. In the tables, we clearly see that the depression, anxiety, intrusive ideas and the difficulties on other areas are changed significantly, through treatment.

Early termination of the treatment and its reasons:

1- 2 cases living out of Istanbul, couldn't stay here enough to complete their treatments. They were followed by long distance phone calls and occasional Istanbul appointments. At present, one patient continues his treatment with infrequent (once in every 2-3 months) interviews and long-distance phone calls.

2- 3 people who showed no improvement, were transferred to another therapist. While the relation with one patient is lost, the treatment of 2 patients are still continuing with partial improvement. The thing that is calling attention is, all of the 3 patients had somotoform-hypocondriac disorder, aside PTSD.

3- Partially improved 3 cases, left their treatment of their own will. Two of them were on the verge of divorce . To these people a treatment to bring forward their marital problems was offered, however they drop-out from the treatment.

No significant correlation could be established from the angle of leaving the treatment, age, sex, education and profession.

After the treatment is completed, 14 cases is followed-up for 6-24 months. It is interesting to note that 5 of among these were the ones early terminated. With the reason that the findings of these cases were acquired in different phases, for this period we didn't use statistical method, we only evaluated in general. Accordingly, 5 cases are continuing to show high improvement, 6 cases moderate improvement and 3 cases low improvement. One case who completed the treatment, because of being murdered right after, couldn't be followed-up.

DISCUSSION

There are only few studies which state the treatment activities on victims who are exposed to organised violence and torture (Mollica 1990).

In order to express objectively the effectiveness of a treatment method in a medical treatment study; double-blind and long-term follow-up studies must be actualised with the control groups. However, it is argued that handling a traumatic group within these kinds of

trials may have the risk of traumatization of the group once more, so that including these types of studies to the protocols may be unethical. (Kordon 1988,Ochlberg 1985). Also, it is agreed that 2 cases who early terminated would be taken back to treatment.

Consequently, the finding of the most effective treatment approach, is rather hard. However, there are other principles to help to determine the most effective treatment.

In clinic studies of psychiatry there are some methods which are known to be effective for the people who experience a loss in a period of crises and anxiety disorders. First of all, the assessment of the patients before and after the choice of treatment with multiple standard scales may enable the weighing of the effectiveness of the preferred methods of treatment. Monitoring the developments through treatment and features of the relation with the therapists will provide valuable information.

Considering these features and observing its effectiveness on anxiety in clinic treatment, cognitive-behaviour psychotherapies were chosen as basic rehabilitation method. Additionally, the therapeutic effects of this method of rehabilitation on traumatic Vietnamese veterans and on the ones who were raped, were stated (Carrol, Foy 1992, Keane et al. 1989, Mollica et al 1987-1989, Rautbaum et al 1988).

Limited accumulation of knowledge on the subject of treatment requires a discussion on the issues of treatment results, features of cases who early left the treatment and improvement of the rehabilitation results according to the result of the studies.

a) Treatment Outcome

There was no difference observed between the complaints of the cases stated in the first part of the paper and the complaints of the ones who seek for the treatment. An interesting feature emerged when the patients who were forced to apply by their relatives and friends did not take the treatment. That is, they terminated the treatment in the first month. The external reasons such as living out of Istanbul could be an impediment for the treatment, however the cases who were able to build trust with the therapists continued their treatment by long-distance phone-calls or by coming to the interviews according to their programmes. They somewhat showed progress.

It is understood that the cases who were provided with insufficient medical treatment previously, did not disclose their traumatic histories to their doctors or the doctors did not question such histories.

In the study a few consistent outcome trends were observed. The therapy seemed to produce clinically and statistically meaningful changes in most of the symptoms such as reexperience, hyperarousal and depression, and the patients adjustment better to their daily lives. Furthermore, the improvement was maintained during the follow-up period. The advantage of our treatment is its brevity and applicability on an out-patient basis.

It is interesting to note that although exposure to the traumatic situation has been highly criticised, encouraging the survivors to talk about their past traumatic experience takes part in different therapeutic approaches. Testimony method which is mainly used in Latin American studies is a well known example (Cienfuegos and Monelli 1983). Guided imagination or any kind of repeating their traumatic experience helps to survivors work through and emotionally process the traumatic experience (Turner 1990). In the second phase of the treatment, imaginary guided exposure was applied to 5 cases, however the

selection criteria of suitable candidates has not been clarified. These were especially the cases in which the signs of anxiety were very high.

In our treatment we did not use a standard therapeutic packet. It was tailored according to the needs of each participant. However, this impeded us to know the each ingredients in the treatment package. And, consequently, this leads us for further studies on this topic.

The existence of differentiated problems makes the preference of a unique treatment applicable to all cases impossible. Therefore, especially the negative life events aroused after active torture exposition period in detention-prison, and socio- economic conditions and possibilities of victims determine the effectiveness of the psychotherapy. So, the more psychotherapy lessens the problems.

b) Early Termination

The organised violence is applied mostly to people who define themselves as healthy and actively political. These healthy and strong people usually do not want to accept easily that they may contradict with their self-esteem and their "ideologies". As their problems increase, hesitantly they would seek for help, however as soon as they are improved or the period of crises is over, they would terminate the treatment. The therapist should be prepared to this kind of contradiction, and should cope with this during the treatment process.

Psychotherapy is a process which is based on conversation. During this conversation; political and social issues are not taken in the agenda. The focus is set on the vulnerable side of the individual. On the other hand our patient is a previous prisoner who was inclusively involved in social and intellectual subjects . He/she is alienated from expressing "I" or "my" feelings and reactions and would reply the questions as a social identity. Thus this type of conversation recalls the memories of interrogation. This factor affects the continuity of the treatment.

The early termination of the treatment, in a way is a subjective definition. The expectations of the treatment of the therapists may not match with the expectation of the patient. Partial improvement of the problems could be considered as the beginning of the recovery by the therapist although it is enough for the patient..

c) Therapies:

The therapist must be aware of this special population and the therapeutic difficulties. The critical point lies on how and when the therapist assess these problems and will put forward to the patients. It is obvious that the patient will hardly built the required trust as it takes place in the same society where he/she had experienced the social distrust in dense. The group that I mentioned in this paper is assessed in a hospital atmosphere. However, it is expected that, to assess such a group in a special centre like TİHV, would be more advantageous.

CONCLUSION

The aim of torture, as a concrete example of violation of the human rights is to dispel and distort the integrity of beliefs and value system of the individual. Considering this aspect, one may expect such negative consequences from the survivors. Most of the time , this is a complicated and a dynamic process. As the complaints are multi-

dimensional, the rehabilitation must cover psychological, medical and social aspects. The therapist working with the torture survivors are carrying the risk of vicarious traumatisation.

The severe problems of the cases presented here, must not be misinterpreted as the torture experiences always cause heavy effects. The group mentioned here, must not be considered as the representative of the whole torture survivors, they are only the ones who seeks help. In our environment there are torture survivors who were able to cope with themselves and are continuing their political involvement.

Another feature is the number of the applications was very few. However, the increase in the number of applications, after TİHV is founded indicates that the trust to an autonomous institution is greater when compared to a state (university hospital) institution.

TABLE I

MISTREATMENT* AND TYPES OF TORTURE INFORMED

	Whole Group	Patients
Psychological Pressure	40	26
Beating	40	26
Beating by a group	31	18
Electric Transmission	35	24
Phalanga	31	23
Suspension	30	15
Sexual Abuse **	25	15
Other Types of Torture	23	20

* Enforcement to listen others voices under torture, threats to torture spouse/kids/relatives, enforcement to cooperate/suicide

** Sexual Abuses: Undoing the clothes and humiliation,transmission of electric through genitals,breach of virginity and threats to,placement of objects to anus and threats to.

TABLE II

NEGATIVE LIFE EVENTS

EVENT	Group (N:40)	Patients (N:26)
Medical disorder and deficiency	8-2	5-2
Unemployment	10-9	6-8
Obligation to leave school or profession	7	4
Economic difficulty	6-14	5-9
Imposed migration	8	7
Imposed temporary residency	15	9
Divorce	1 immediately/4 after	1 immediately/3 after
Imprisonment/ end of love affair	2	2
Avoidance of intimacy	9	7
Inconvenient military service escape from mil.service	9-4	5-3
Living as an escape (more than 1 year)	11-6	9-5

TABLE III

DIAGNOSIS (N=40)

A) ANXIETY DISORDERS: 34

I-PTSD

Diagnose : 10

With other disorders: 29 (9 depression, 5 somatoform disorders, 3 short-term reactive psychoses,1 paranoia dependency, vagisnusmus)

II-Unspecified anxiety disorder : 4

(1 case has reactive psychoses as well.)

III-Social phobia : 1

B) PSYCHOTIC DISORDER

Short-term psychotic disorders : 4 (3 cases have PTSD and 1 case has unspecified anxiety disorders as well.)

A-typic psychoses : 2

Organic psychoses : 1

Paranoia : 1

C) SOMATOFORM DISORDERS : 7 (4 with PTSD)

Hypocondriasis : 2

D) ADAPTATION PROBLEM : 2

(As they are given more than 1 diagnose the number is more than 40.)

TABLE IV

REHABILITATION STEPS IN TRAUMATIC EVENTS

I	II	III	IV	V
Catastrophe	Overcome confusion	Avoidance	Reassessment	Adaptation

TABLE V

THE PRINCIPLES AND THE PHASES OF TREATMENT

-Confidence confirming rehabilitation relations

-Giving training about negative experience

-Directed imagination of trauma

-Self-exposure

-Constructing cognitive strategies to acknowledge-assess-control the suppressed feelings

TABLE VI

DEP. / ANXIETY/ EFFECTIVE LIFE EVENTS

	Before Rehabilitation		After Rehabilitation		Definition
	m	sd	m	sd	
Hamilton Depression Scale	23.3	5.7	8.0	3.4	p<0.001
Hamilton Anxiety Scale	23.9	12.4	8.5	2.7	p<0.02
IES (Total)	42.0	9.5	19.1	17.2	p<0.01
Intrusion Subscale	28.6	10.8	15.8	10.8	p<0.02
Avoidance Subscale	16.0	1.2	9.8	7.7	p<0.02

TABLE VII

ECOLOGIC MODEL OF TRAUMA (KOSS, 1991)

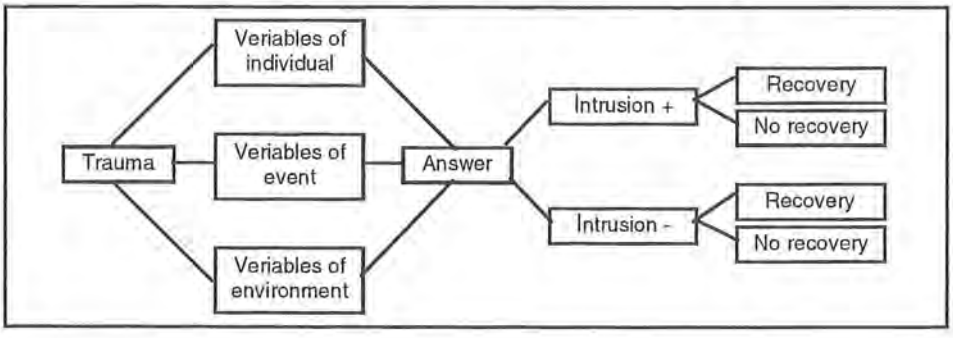


TABLE VIII

DIAGNOSTIC FEATURES OF CASES WHO COMPLETED OR QUITTED THE REHABILITATION

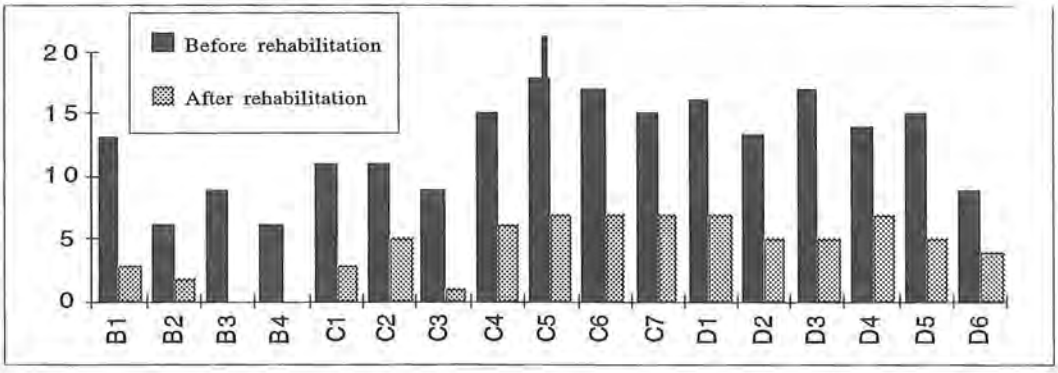
TR+ =COMPLETED TR- =INCOMPLETE

DIAGNOSIS (No:20)

		TR+	TR-
I- Anxiety Disorders	(18)	12	6
PTSD (Ordinary)	(15)	10	5
GAD	(3)	2	1
II- Somatoform Disorders	(2)	0	2
Diagnose	(6)	3	3
Multiple diagnose	(14)	8	6
PTSD+MDE	(7)	6	1
PTSD+Somatoform	(5)	1	4
PTSD+Short-term reactive Psychoses	(2)	1	1

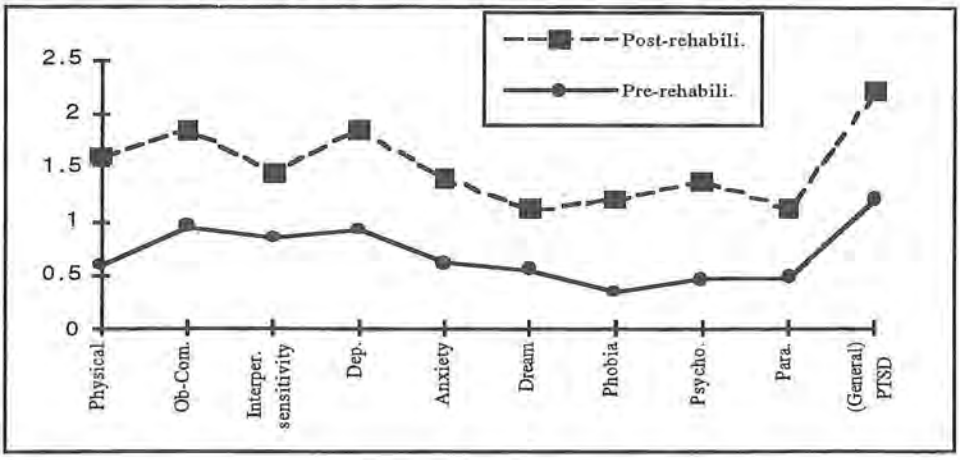
GRAPHIC 1

The Difference of PTSD signs before and after the rehabilitation in DSM-III- R (n=11)



GRAPHIC 2

PRE AND POST REHABILITATION VALUES OF SCL-90



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TORTURE AS A PUBLIC HEALTH PROBLEM

Dr. Ata SOYER

Up until today torture has been considered merely a political and social problem. At this point, only some of the health consequences of torture have been mentioned. However, torture, in our country has to be admitted as a public health problem.

Depending on which criteria do we put forth this assumption? We can start with any measurement of a public health problem.

1- Diffusion in society: The numbers given by AHR indicate that the number of torture victims is up to 1 million.As this is thought to be together with their families, torture directly concerns 5-10 million people as a problem.

2- The cause of death: Up until today, it is defined that 300 people died because of torture.

3- Causes of physical and psychological losses: In a society where 1 million people in 11 years have been tortured, suffered physical and psychological damage, which made them suffer many losses, nothing has been done to compensate their damages, or done to better up their states of being.Their problems left unsolved.These people, at least for a short period of time or permanently, cut their relations from their homes, families, education, profession, relatives and social life.The states of most of these people have not been recovered yet.

Can we say that torture is a public health problem in our country, depending on these measurements which are put forward by only a specific group and still did not approved by the state?

It would be rather an incomplete approachment to torture if we assess torture only in quantitative basis, and consider it as a classical public health problem.Because, in our country torture do not exist only case by case, but exists as an institution as well. At this state, the difference between, torture,or, death due to torture happening to only a person, and torture, or, death due to torture relating a million people will be on quantitative level.The substance do not change in fact.There is no qualitative distinction in determining the existence of torture as an institution.And, referring to torture, the existence of 300 death cases proves definitely the existence of torture as an institution.

In the world where torture has been accepted as "a crime against humanity the intense application of torture shows that it proliferates in the 'secrecy' circumstances. This means that, the number of torture cases and death cases due to torture which were informed officially ,have been far from indicating the real numbers.Though, assuming that we have reached to the real numbers, even this would not enable us to refer torture as public health problem. The importance of torture will not be enhanced with the parallel importance of the numbers.What if such an evaluation is done, and then the number of people who have died due to malaria or syphilis exceeds the number of death cases due to torture, will we question whether malaria or syphilis is much more important public health problem than torture creates? It is impossible to reach such presumptions. As regards, torture, not on the framework of the classic public health problem, but for its having qualitative factors ought to be considered as a public health problem in Turkey.

If torture is a public health problem, and if politic- social problem specifies it, then, the solution should be sought in this framework.That is to say, in the general political-social interaction, on the protection/ precaution, treatment/rehabilitation context the solution should be sought.The discussion of exactly these points requires grave epidemiologic studies. However "academic" studies about torture are so limited that they are close to none. Here I want to show the data we found in those studies, to form the base.

The data expressed here were not gained by any epidemiological study, but could give some ideas. The data was gathered from the torture victims who applied to AHR (especially İstanbul and Ankara Branches), HRFT, Chambers of Doctors.282 cases were asked several questions, the answers and some documents given by the cases were tried to be standardised.

Additionally, the data were compared with the studies of C.Kaptanoğlu, Ş.Yüksel and HRFT.However, a point should be underlined:The evaluation of the data should be done by taking account of the number of cases,300, out of 1 million, who are estimated to be tortured, were far away from representation and definition of the who were tortured.

FACTS:

TABLE 1

Average age of the group in the study- 1991 taken as a base.

33.5 (13-64 age)
(n: 276)
Kaptanoğlu: 25 (17-35)
(n:28)
Yüksel : 30.4 (19-38)
(n: 23)
HRFT : 30.6 (19- 48)

Age	%
10-14	0.36
15-19	0.72
20-24	7.25
25-29	21.74
30-34	33.69
35-39	19.56
40-44	6.88
45-49	5.43
50-54	2.90
55-59	0.72
60+	0.72

3/4 of the cases were in 25-39 age group. This is a rather young segment of the society. What is more is that these people suffered torture approximately 5-10 years ago, consequently that reveals a more younger segment of the population.

TABLE 2

Sex (%)

	Soyer	Kaptanoğlu	Yüksel	HRFT
Female	10.6	32.1	21.7	15.4
Male	89.4	67.9	78.3	84.6

9/10 of cases were male. This state is thought to be related that not all cases applied.

TABLE 3

	TURKEY 6+ age				Developed Areas			
Education level	**Soyer**	**Kaptanoğlu**	**Yüksel**	**HRFT**	**WOMEN**	**MEN**	**WOMEN**	**MEN**
Illiterate	0.4	-	-	-	31.8	13.6	21.8	8.4
Literate	0.4	-	-	-	18.1	18.9	17.0	16.2
Primary sch.	10.5	-	13.0	3.3	39.5	47.6	43.6	49.3
Secondary sch.	13.6	7.1	-	-	4.5	8.5	7.1	10.3
High sch	41.6	21.4	43.5	43.9	5.0	8.2	8.3	10.3
University	25.7	42.8	30.4	52.7	1.1	3.3	2.1	5.1
Incomplete univer	7.8	-	13.0	-	-	-	-	-
Student	-	28.6						

TABLE 4

Employment	Soyer	Kaptanoğlu	Turkey 12+ age	Total	City
Unemploy. rate	54%	7.1	8.3	13.2	

It is rather contradictory to notice a very educated segment of society having a rate of %50 unemlpoyment.When it is compared to general unemployment rate of Turkey, the situation becomes more striking.(Table-5)

TABLE 5

Unemployment rates of city and rural population 12+ according to education level and sex

Education Level	Total			City			Rural		
	Total	Men	Women	Total	Men	Women	Total	Men	Women
Illiterate	3.5	4.5	2.9	12.7	9.8	18.6	1.6	2.3	1.3
Literate	5.2	4.8	6.3	11.3	8.9	25.1	2.7	2.6	3.0
Primary sch.	7.7	7.3	8.8	11.6	8.8	31.3	5.1	5.9	3.8
Secon. sch.	15.2	12.3	32.1	17.0	12.9	40.1	12.5	11.3	19.5
Apprentice. sch	19.2	15.5	39.7	19.1	16.1	35.4	19.5	14.4	47.1
High sch.	20.6	14.4	35.0	21.6	15.0	35.6	18.2	13.2	33.3
Apprentice. sch.	12.3	9.9	20.7	13.6	11.1	21.3	9.3	7.4	18.7
University	9.1	6.0	17.7	9.4	6.4	17.4	8.3	4.7	18.8

Source: SSI 1990

TABLE 6

Occupational Sectors :	%
Administration sector	39.3
Private sector	40.2
Owner	20.5

1/5 of the cases work for their own business, or their family business.

TABLE 7

Torture survivors according to their occupation

Occupation	%	Kaptanoğlu	%
Worker-unionist	16.8	Unemployed	7.1
Teacher-trainer	13.3	Free-lance	35.7
Journalist-editor	8.2	Employee	17.9
Professional revolutionist	6.6	Worker	10.7
Health group	3.1	Student	28.6
Engineer-technician	3.6		
Lawyer	1.5		
Accountant-manager	4.1		
Farmer	1.0		
Mechanics	12.8		
Trade-businessmen	11.2		
Employee	1.5		
Social academician	1.5		
Others	1.0		
Student	13.8		

Students, workers, teachers, and artisans are at the top of the enumeration.

TABLE 8

Torture survivors according to their city of residence.10 city 8 city found in our researchwith largest that torture was appliedpopulation mostly

İSTANBUL	KARS
ANKARA	ISTANBUL
İZMİR	TUNCELİ
ADANA	MALATYA
KONYA	K.MARAŞ
BURSA	ORDU
İÇEL	TRABZON
SAMSUN	DİYARBAKIR
MANİSA	
GAZİANTEP	

Torture survivors mostly live in 8 cities.These cities are located usually in Eastern and south east part of Turkey.(5/8)

TABLE 9

Torture survivors according to their residency regions

	Share in total population %	Distribution of torture survivors according to their residency regions %
1st degree preferential region	11	26.9
2nd degree preferential region	15	25.6
Underdeveloped cities	36	29.2
Developed cities	38	17.3

The cities where the torture survivors usually live are the first degree preferential cities.The ones who live in developed cities mostly reside in poor suburbias.

TABLE 10

Period of torture

Average 32.5 days (2 days - 110 days)

	%
2 - 9 days	14.9
10 - 19 days	33.1
20 - 29 days	6.6
30 - 39 days	8.3
40 - 49 days	9.9
50 - 59 days	8.3
60 - 69 days	6.6
70 - 79 days	5.0
80 + days	7.4

The average period that the torture survivors spent in torture/interrogation was 32.5 days.Therefore ,this was not a reliable average.This average consisted of theoretical assumption of 90 days interrogation and 15 days of interrogation when it was decreased to.

TABLE 11
The techniques of torture applied.

	Soyer	Yüksel	HRFT
Psychological torture	65.9	100.0	-
Electric transmission	65.6	100.0	74.7
Beating	67.0	100.0	95.7
Falaka	57.4	73.9	48.4
Suspension	50.4	52.2	73.6
Prevention fr. sleeping and drinking	31.9		
Truncheon	9.9		
Prevention fr. toilet needs	7.8		
Squeezing testicles	12.8	-	69.2
Enforcement to watch others	8.9	-	92.3
Leaving nude	7.1		
Placement in car tire	5.3		
High frequency sound	5.3		
Sexual abuse	5.0	39.1	40.7
Crossing	4.6		
No of other tortures 31	36.5		
In another assessment 'Others'	39.1		

*more than 1 techniques of torture applied to a person.

The most imposed techniques were psychological torture, electric transmission,beating, falaka, suspension,and cold water. More than 50 kinds of techniques were found out to be applied.

Everybody who were in the test group were tortured with more than one techniques.(Average : 5.3).Some informed that they were applied 10-11 kinds of techniques.

TABLE 12
Health problems due to torture
Average 32.5 days (2 - 110 days) HRFT

		%
69.9 have several psychological signs		82.2
36.9 have orthopaedic complaints	82.2	
20.2 have epidermic sings(several scars)		-
18.4 have neurologic signs (mostly disc herniation)		62.2
10.3 have gastrointestinal signs (mostly peptic ulcer)		53.3
8.9 have urinary system problems	29.9	
6.7 have cardiovascular problems	40.0	
6.4 have respiratory problems(Tuberculosis)	40.0	
6.4 have ENT problems (hear loss)	22.2	
3.9 have sexual problems (impotency)		17.7
5.3 have other health problems like hematologic diseases weight loss.		

Out of 282 people 30% did not have any consequent health problems. Psychological health problems were primary outcomes of torture.Among the physical problems orthopaedic,dermatologic, neurologic, gastroenterologic problems came the most apparent ones.

TABLE 13

The assessment of 202 unhealthy prisoners' health states in 1990-91.They were in Gaziantep, Ceyhan, Aydın, Nazilli, Çanakkale prisons and in HRA İstanbul Branch,HRFT and TPA.

The ill prisoners were contended the %25 of the whole prisoners.The most common health problems were:

1. Gastroentorology system	45.0
2. Respiratory system	31.2
3. Neurologic problems	24.3
4. Ortopaedic problems	23.3
5. Urinary system problems	17.8
6. Cardiovascular problems	16.3
7. Visual problems	12.4
8. Psychological problems	6.9
9. Dental problems	4.0
10.Earic problems	3.5
11.Other health problems	5.3

The Epidemiology of Torture

The data displayed here, despite of its methodological lack, can give some ideas to us.

Above all if we see torture as a public health problem we need serious epidemiologic studies.

At this point I want to show The RCT's epidemiologic study as an example on this framework.

a) "Descriptive " and Analytic Research

Incident and incident trends (Place and individual specified)

Politic, social, psychologic indicators of torture. Routine tools: Observation.

b) Intrusive Research

Prevention of torture.

The Epidemiology of Long-term Health Effects

a) "Descriptive" and Analytic Research

Post torture emergence of mental and other symptoms among the torture survivors and their indicators.

Method : Quantative
Cohere
Incident basis

Population : Native people
Emigrants
Arrested or detained ones

Indicators : Sex
Age

Social grounds

Type, period, intensity, outcome of torture

Period of imprisonment and its outcome

Error : Errors of selection

Errors of information

b) Intrusive Research

Period of rehabilitation and treatment, assessment of effects, the influence of them on prisoners.

Method : Qualitative

Cohere

Incident

Half- experimental

-pre and post torture regulations

-with control

Experimental (randomised)

Population: Arrested and imprisoned people

Intrusion : Psychologic

Social

Somatic

Error : " Allocation bias "

Information

The researches done under above principles supply more concrete facts on torture effects and their application.

When torture is considered as a public health problem, the measures against it should be taken in this circumstances.So below enumeration could be relevant :

Prevention/protection

1- General precautions

2- Medical precautions

Education-ackowlegment :

Faculties of Medicine

Medical Chambers

Impositions on Medical doctors against torture:

Legal

Ethical regulations: Medical Deontology Statute

Supportive control to medical doctors who work in potential institutions for torture:

- Personal rights
- Report writing
- Aquitance

- Medical Chamber support, and assurance

Precautions related to health were prepared by a group of doctors to summit to TGNA under the name of Medical Ethics Statute.The recommended articles are enlisted below:

1- Including armed clashes, civil disputes, the doctors do not approve any kinds of torture, degrading, malign attitudes or behaviour ,do not join them or tolerate them.The survivor's religious beliefs, political thoughts, nationality, race or the kind of crime he/she committed would not change this .

2- Medical doctors do not provide any sort of information, place, or equipment in order to use for any torturous, inhuman, degrading action or to use for break the tolerance of survivor to such actions.

3- Medical doctors do not work any place that torture, inhuman behaviours applied or threatened to apply.

4- Medical doctors do respect the human life and do not hurt physically or psychologically the patients during the inspections or do anything to hurt the patients physical or psychological capacity.

5- Medical doctors do give medical decisions independently according to the clinical signs of the patients under their responsibility. If there exists contrary situations breaching this independent decisions,the medical doctors should have right to refuse to take this responsibility.

6- Medical doctors do not feed the ones who are in hunger strike and conscious of his/her conditions.They are only responsible to explain the consequent results of this activity.

7- Medical doctors should obey below conditions when he/she ding medical inspections of the prisoners or detained ones.

7-1 the conditions when the medical doctors should not perform inspection.

a) When the doctors identification is hidden.

b) When the doctors forced to hide their faces.

c) When the patient is blindfolded.

d) When the doctors are forced to inspected in places other than places prepared for inspection.

e) When a third person exist to disrupt the normal relationship between the doctor and the patient .

7-2 Medical doctors do explain their identification if the patient demands.This request is never refused.

7-3 The medical reports of prisoners or detained ones must be written by the medical doctors with legible handwriting. The doctors should indicate their names,surnames, no of diploma, and the number of MC registration.

8-If the safe conditions of working places were disrupted with force or pressure,if the independent decision-taking conditions of the doctors are breached,the doctors must inform this to Medical Chambers within 5 days.The Medical Chamber must take necessary measures according to such warnings.The identity of the doctors, if asked, kept secret.

9- The doctors must inform the incidents of application of inhuman, torturous, or

degrading behaviours to Medical Chambers within 5 days.No aquintance will be evaluated as tolerance or approve of such attitudes.Medical Chambers will keep the doctors name secret,support the family of doctor against attacks or threats,encourage other doctors for this purpose.

10- The doctors who join any kind of inhuman, degrading, tortu- rous activity will be dismissed from the Medical Chambers.Non-member will not be accepted in the chamber.Their punishments will not be delayed or forgiven.The Chambers will reveal the names of this doctor by publications to its members.

Prevention/protection when they became priority,thus applied insufficiently, treatment and rehabilitation took their place.On this issue the activities of HRFT can be given as an example.HRFT in 2.10.1989 prepared a foundation contract.In 7.2.1990 it made extra regulations.In 15.2.1990 foundation is legally approved.In 30.12.1990 its establishment is published in the Official Newspaper.

THE AIMS OF THE FOUNDATION

HRFT first declared its aims in its contract as such: The foundation will publish and do documentation about the human rights issues, does scientific researches and education tasks.

It establishes, or encourage others to establish institutions according to rights stated in international human rights documents.

It sets up, manages the treatment and rehabilitation centres for the prisoners, detained ones who were exposed to torturous, humiliating, inhuman actions which caused them to suffer physical or psychological problems afterwards.The centres do not discriminate according to race, color,sex, language, religion, political beliefs, conscious and do not seek any profit from this service.The survivors are supplied with medical examination,medicine and rehabilitation equipment.

After 2nd amendment the objections of the foundation stated and registered as such:

The foundation do publish and make documentation about human rights and freedoms, project researches, educate, do temporary or permanent publications.

The foundation establishes runs or make them run by the 3rd party all the researches, education and health institutions on human rights issues as the international human rights statutes and internal laws define.

After the registration a reference centre project was developed in Ankara.In 6 months 40 people applied to the centre.The applicants after taking their first inspection were sent to related hospitals and doctors who/which accepted to work within the project.These doctors did the required treatment and prescriptions.The data was put in archives.1 million TL. was allocated per person.The expenditure was endowed by Swiss Amnesty Organisation.

Then the Rehabilitation Centre project proceeded.The number of centres increased to 3 when İzmir and İstanbul branches were opened.In Ankara Centre at the moment , 2 permanent psychologs work, and a doctor works part-time running the same procedure to every applicants. However, some patients were followed after the rehabilitation as they had psychological disorders due to torture.

(Period : April 1 1991- 31 December 1991)

Centre Organizational Structure

HRFT Executive Committee

Ankara İstanbul İzmir

Rehabilitation Executive Com..

(5 people) 2 MD coordinator

1 Permanent MD

2 Psychologs

1 'supervisor ' psychiatrist

1 'supervisor' psycholog

+

group of psychiatrists and psychologs

(nearly 5-7 people)

Voluntary MDs	Volunteers
nearly 50 people	Social workers group 10 people
work in several hospitals	help social problems of the applicants
and offices and help	organize to find financial support and
medically	aids

Conclusion

Today we should consider torture as social political and public health problem. so the solution should be sought in this framework.Therefore there is much to do on this subject.

On the one hand we struggle to eradicate torture wholly, on the other hand we try to cure its results.

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A RESEARCH ON SOME PSYCHOLOGICAL DIMENSIONS OF TORTURE

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Introduction

Torture, legally or illegally, used for the purposes of taking information, confession, punishment and alike, can be encountered in the history of all countries at different eras.Today,as the reports of Amnesty International indicate, torture is applied in real terms at 98 countries. (Kaptanoğlu, 1991)

In most of the torture cases about which AI is informed, techniques based on to give physical pain were used.However, it is presumed that torture leaves psychological sequel rather than the physical ones on individuals.

As the results of the studies done on torture show, depression and anxiety were observed in most of the individuals who were exposed to torture.In these studies, the feelings of hopelessness and helplessness of the those individuals were emphasised but no research on this topic has been undertaken yet.

Many studies related to depression indicated that there is a relationship between hopelessness and intense depression.(Crandell, Chambles, 1986) .On the other hand, the thinking of Beck about the pessimism, depressive people have towards future has been proved by experimental studies and the negative future expectations which are significant on the cognition of the individuals are stated to cause the feeling of hopelessness.(Minkoff, 1973)

Besides, at the end of the studies done on hopelessness, it is emphasised that hopelessness is the peak point of depression and said that, if the individuals defy the outcome of bad life events they endeavoured on internal, stable and general causes, this may lead them to unhappiness which creates the risk factor of depression.(Needless, Abramson, 1990)

One theory that tries to show the cognitive factors depression implies as being a widespread public health problem, belongs to Seligman's ' Learned Helplessness 'model. (Aydın, 1988.) 'Learned Helplessness ' according to Seligman is ' the incapability of an or-

ganism to act. or, the inefficiency of this organism in learning how to act against a negative result of an event, despite of his/her existent ability to control such a result by his/her behaviours.' (Hovardaoğlu, 1986)

Rosenbaum, then, opposing the Seligman's 'Learned Helplessness ' concept, introduced the ' Learned Resourcefulness ' concept as an anti-thesis to 'Learned Helplessness'.

Rosenbaum states that individuals develop through their life the behaviour repertuaries by which they overcome stress. These behaviour repertuaries are defined as ' Learned Strongness '.(Siva, 1991)

We should confirm that no work has been done taking into account the ' Learned Helplessness/Resourcefulness ' models when we scan through the studies completed between 1986-1990. We thought that a research in this context would be an interesting contribution to the field.

THE AIM OF THE RESEARCH

The aim can be stated as :

1- Individuals defy the negative life events within internal/external, stable/unstable, general/personal causes. If individuals attribute the negative life events and their failures on internal, stable and personal causes, they feel hopelessness and consequently this may lead to depression. By this research, the causes of depression seen on torture survivors will be analysed within internal/external, general/personal, stable/unstable grounds.

2- It will be analysed whether depression and anxiety seen on torture survivors are similar to the depression and anxiety seen on non-torture survivors, or, their cases of depression and anxiety are developed related to circumstances.

3- It will be found out whether there is a difference in the recovery period of helplessness, hopelessness and depression of torture survivors who went to live abroad,eg. Denmark,Germany,France,etc. and between the torture survivors who stayed in Turkey.

4- It will be signified whether there is an indirect proportion,or not, between learned helplessness and learned strongness of torture survivors.

5- It will be determined whether the symptoms of depression and anxiety will be removed or eradicated in time. Yet, the levels of hopelessness and helplessness,depression and anxiety seen on torture survivors change after a period of time.

THE IMPORTANCE OF THE RESEARCH

The topic of torture with many different dimensions, related closely with various branches of medicine. However, the previous but important studies and the newly started ones analysed post- torture affects on sexuality, family interaction, rehabilitation, the relationship between torture, depression and anxiety.The research we propose will analyse depression, anxiety, hopelessness, helplessness and learned strongness cases with a scientific method.This is thought to be quite important , as it will contribute much to field which has been the foci of interest nowadays.

HYPOTHESIS

1- Depression on torture survivors stems from their attribution of negative life events to external, personal, unstable grounds.

2- The anxiety, depression, hopelessness, helplessness met in torture survivors differ from the cases of non-torture survivors and emergence of these are related to circumstances.

3- The recovery periods of helplessness, hopelessness, depression, anxiety of torture survivors who stayed in Turkey differ from the ones who left Turkey to live abroad.

4- There are fluctuations on depression and anxiety, hopelessness and helplessness levels of torture survivors who stayed in Turkey,but they do not overcome the syndrome thoroughly.

5-There is a relationship indirectly proportional between learned helplessness and learned resourcefulness.

METHOD

Universe: It will be the applicants of HRFT Ankara Rehabilitation Centre and the Turkish applicants abroad.

Control Group: It will be the patients from psychiatry services of several hospitals, as well as the health personnel and the university students .

SAMPLING

The sample of the torture survivors consist of 50 people selected randomly from the applicants of HRFT Rehabilitation Centre and abroad.

The control sample consist of 25 patients selected randomly from psychiatry clinics, of 25 people from health services and 25 university students.

TOOLS

In the research; Beck Depression Scale, Hopelessness Scale, Depressive Attribution Scale, Self-control Scale, Stress Management Scale, Conditional- Perpetual Anxiety Inventory will be used.

ANALYSIS AND EVALUATION OF THE DATA

The relationships between the results of the scales will be assessed by correlation.Besides, as the control group will be selected randomly and as another measurement will be on the torture survivors, mixed pattern will be used to do variance analysis.

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THE SOCIAL ACTIVITIES OF THE ANKARA MEDICAL TREATMENT AND REHABILITATION CENTRE

1992 for The Centre passed rather lacking in the meaning of social activities. The main reason of this inactiveness lied on the inexistance of voluntary groups other than the voluntary medical doctors group.We will try to compensate this year with our scheduled attempts to involve other professionals into our voluntary groups in 1993.

In 1992 , we organised in the Centre, scientific and social meetings for our voluntary doctors for three times. These meetings helped to create cordial relations and reciprocal knowledge transfer between the voluntary doctors. The Centre's the most important organisation was on the occasion of ATO (Ankara Chambers of Medicine) 1992 Human Rights Award for which our volunteers were nominated.The Centre with the collaboration of ATO organised a dinner party for the award-winners and the Centre granted Gratitude Certificates to the volunteers.This nice and warm night contributed much to the previous and new relations.

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WORKS OF HRFT İSTANBUL REHABILITATION CENTRE WITH THE VOLUNTEERS

HRFT İstanbul Rehabilitation Centre conducts its activities by a professional staff and by the support of the voluntary group from its establishment onward.

The volunteers,who have been supporting the İstanbul Centre since July 1991, can be divided into 2 main groups. The first group consist of medical doctors, dentists, psychologists, and laboratories , who contribute to the Centre on the basis of their profession.In this group there are 50 medical doctors, 11 dentists, psychologs, owners of drug stores and laboratuaries, and opticians who serve to Centre's patients with lower prices than the market require.The applicants are firstly examined by the professional staff of the Centre , then if necessary, they are sent to this voluntary group for further consultation.The staff of the Centre attempt to increase this professional support which will enlarge and strengthen the rehabilitation and medical treatment possibilities.

In the second group, there are volunteers from different professions and institutions who oppose and fight against the human rights breaches in Turkey.The Centre works to increase the participation of the volunteers in the organisational tasks such as organisation of the inspection and the rehabilitation of the applicants, control of the patients, and more, the participation in the posts of finding financial support and the advertising .This group consists of 25 people who have been in permanent contact with the Centre.Besides,there is another group of volunteers that support the Centre from time to time, according to the requirements of the Centre.The works achieved in 1992 by the help of these volunteers for advertising and finding aids of/to the Centre are listed below.

- **Money-boxes:** They are made for advertising and collecting donations.They are still used on several stands.

- **Postcards:** These postcards are prepared from the pictures of the children that were sent to the contest opened by HRA İstanbul Branch in 1992. These postcards were sold on stands set up at different districts of İstanbul.

- **' Sığıntılar ' Premiere:** On June 6, 1992 the income of the premiere of ' Sığıntılar ' the play, which was produced by the City Theatre, was given to the Centre.After the play a cocktail was held.

-**' Ölüm ve Kız ' Premiere:** On October 20,1992 the income received on the premiere of ' Ölüm ve Kız ', the play that is directed by Müşfik Kenter and performed on City Theatre stage was Given to the Centre.After the play a cocktail was held.

- **'The Human Rights Report Turkey'**, the book that is edited and published by documentation department of HRFT was sold in several activities, especially at ' Sultanahmet Prison Is Free Now ' programme.

- **Human Rights Week:** The Centre held some programmes through this week.Video film exposition about the technics of opposition to human rights breaches, torture, missing was arranged. Some concerts were held. A discussion in which Dr. Ata Soyer invited to give information about the Rehabilitation Centres for Torture Victims in the World, was organized.

-Slide Show: A slide show on HRFT and İstanbul Rehabilitation Centre was arranged and performed on the Human Rights Week for the first time.

All these activities are prepared together with the volunteers.In December 1992, the Centre invited all these volunteers to participate the General Meeting of İstanbul Centre Executive Committee and to the meeting where all three Rehabilitation Centres of HRFT came together. The discussions about 1993 programme still continue.

We as the staff of İstanbul Rehabilitation Centre want to thank all the volunteers who helped us in cases range from painting the Centre to the installation of electric system, from translation to sales of postcards, books and tickets, from making money-boxes to the preparation of slide show.We owe much to all who contributed a great deal to keep the Centre on its own feet today.

1992 ACTIVITY REPORT OF HRFT İZMİR REHABILITATION CENTRE

In January 1992, the Centre supplied materials to the exhibition 'Scream' , which was prepared by the collaboration of İzmir Chamber of Medicine (İTO) and the Municipality of İzmir about the tools and the techniques of torture.At the exhibition, a noticeboard was saved for the Centre to give information about its own objections , functions and the activities for 10 days in Çetin Emeç Exhibition Hall in Konak.

On August 2, 1992 the Centre celebrated its anniversary with a meeting and a cocktail where the voluntary doctors and the other volunteers were acquainted with the yearly programme and the experience the Centre gained in a year. The expenses of the cocktail were covered by the sale of gift packets to the volunteers.

In September, the Centre with the cooperation of the Chamber of Medicine (İTO) presented a report on ' Pathologies Emerged in the Prisoners After Hunger Strike ' to the executives of Buca Prison due to the long general hunger strike which has been started in Buca Prison.The prison executives were warned to take necessary precautions.

In collaboration with the Chamber of Medicine (İTO), the Centre for the acute torture cases prepared health reports and on their demand provided legal support to ones who could not suspend the costs.The lawyers in touch with the Centre were arranged to take the suits of S.A., ADS., M.S., İ.S., S.A..

- At the case against S.A., the judge asked to see the health report prepared by the Centre and the Chamber of Medicine (İTO) on application of torture. The judge decided to add this report to the S.A.'s brief.

-The other 4 defendants of the same case were provided with 2 reports, one was taken from the 9th September University Child Psychiatry Clinic by the Centre's request and appeal.The other report was prepared jointly with İTO.The reports were influencial on the final decision and the defendants were acquitted.

The centre sent to the İstanbul Forensic Office , on their demand,the medical report proving the application of torture on the victim E.Y. , one of the first applicants of the Centre .

The personal appeal of Y.Y., who was one of the Centre's first applicants, to the European Court of Human Rights in Strasbourg was accepted.Y.Y. was given a medical report due to torture.

The Centre made translations of the literature on torture with the help of voluntary doctors.

The Centre, between 21-31 December opened a souvenir stand at the Street of Republic of Dominic. The Centre gave information about its activities and gained endowments. The revenue is going to be used for the installation of a telephone exchange system.

A GLOBAL APPEAL FOR THE ABOLITION OF TORTURE

-Notwithstanding that the United Nations Universal Declaration of Human Rights adopted in 1948 included right to freedom from torture by specifying that "no one shall be subjected to torture or to cruel, in- human or degrading treatment."

- Notwithstanding that the Universal Declaration of Human Rights clearly indicates that this provisions constitutes a prohibition to use of torture to which no exception can be tolerated.

-Notwithstanding that the United Nations International Covenant of Civil and Political Rights underlines that "even in time of public emergency which threatens the life of nation", "no derogations to the prohibition of torture and cruel, inhuman or degrading treatment or punishment can be made."

Stil torture continues to be a fact of life being perpetuated and tolerated by a large number of governments and other authorities in countries being members of United Nations in contradiction to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment adopted in 1984.

This is especially the case in dictatorships and in other repressive forms of government which rely on torture and the threat of torture for their continued suppression of their populations.

But also in many countries where democratically elected government have succeeded such repressive form of government, torture continues to be practised in parts of the system which have not affected by the political change.

There is ample evidence to suggest that medical doctors and other health professionals are directly or indirectly actively or passively, involved in these inhuman practices there by acting in contradiction to the World Medical Associations Declaration of Tokyo from 1975 and the United Nation Principles of Medical Ethics adopted in 1982.

Against this tragic background THE 5TH INTERNATIONAL SYMPOSIUM ON TORTURE AND THE MEDICAL PROFESSION organized in Istanbul October 22-24, 1992 by the International Rehabilitation Council for Torture Victims in collaboration with the Human Rights Foundation of Turkey and the Turkish Medical Association appeal to the United Nations and it's responsible constituent members countries.

- to live up to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

- to make a serious effort to remove the practice of government inspired torture as part of political repression as wall as interrogation or for any other purposes.

- to give the right to a detained or arrested person to demand a medical examination by an independent doctor (**) of his own choice before and after interrogation. The official report must include in detail the history and the findings of the physical examination of the case. The detained or arrested person must be conducted outside the influences of the police or security forces.

- similarly the family of a person alleged or suspected of having died as a result of torture should have the right to demand an independent post mortem examination of the body.

- to prosecute with diligence and effectiveness all cases of alleged or suspected torture and enact provisions for free legal aid for the victims.

- to establish the right to compensation to victims of torture and their dependents.

- to repeal all laws establishing impunity for tortures if these laws have been established by a non-democratic government.

- to protect by law and confirm by contracts of employment doctors and other health at risk against any obligation to act in contradiction to established medical ethics especially regarding the non-involvement in torture.

- to include in the curriculum of all health professionals and as part of the training of lawyers, police and the military, specific training programmes in ethical obligations and international and national law governing the behaviour of each professional group in relation to the practice of torture.

- to support the establishment of special independent centres offering treatment to torture victims

and finally, as a matter of urgency

- to increase the national contribution to the United Nations Voluntary Fund for Torture Victims from the present totally inadequate sum of 1.6 million USD for 1992 to reach 25 million USD in 1995 and at least 100 million USD in 1999. (short of making contributions to United Nations Voluntary Fund for Torture Victims obligatory, which would be natural given the United Nations Universal Declaration of Human Rights this could be done by setting each year minimum target sums for each country indicating what ought to be contribution according to the usual distribution of financial contributions to United Nations activities.)

However, the sad legacy of torture, the scars in the bodies and souls of the torture survivors, will remain with us and require professional care and social attention for many years to come.

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