THE HUMAN RIGHTS FOUNDATION OF TURKEY TREATMENT AND REHABILITATION CENTERS 1995 EVALUATION RESULTS

INTRODUCTION

We know that the eradication of torture is among the most fundamental duties of humanity. However, solution to the medical problems due to torture which we could not yet be able to eradicate in spite of all efforts, remains as a duty that cannot be put off. The Human Rights Foundation of Turkey (HRFT) has been trying to contribute to solving the medical problems of torture survivors since 1990. In addition, providing solutions to the medical problems of relatives, related to traumatic periods, is also within the scope of the HRFT, since our experiences and scientific studies carried out within the field have shown that torture may also affect relatives of torture survivors.

The HRFT carried on its work in 1995, developing a humane-medical atmosphere that organizes multi-disciplinary studies of health care workers from various branches and professional groups, who perceive to be involved in the treatment of torture survivors as a requirement of being human and as an ethical responsibility of health workers. While trying to develop its own institutionalization, the HRFT paid efforts to contribute to the medical accumulation to the extent of its own working field.

Torture, defined as “one’s act to deliberately inflict physical or psychological pain on another for specific purposes”, is among the common problems of humanity. Torture in Turkey is not limited to detention places and prisons. Atrocities committed during village and house raids, while searching houses and dispersing protesters, fire opened by security officers at specific targets or at ran-

dom, and torture inflicted outside detention places by people reportedly acting in the name of some secret organizations are some of the other aspects of the issue.

The treatment and rehabilitation services of the HRFT are provided by means of its representative offices in Ankara, Ýstanbul, Ýzmir and Adana. In these centers, teams formed of general practitioners, psychiatrists, psychologists, social workers and medical secretaries organize the treatment and rehabilitation services, together with specialists from all branches of the medical profession. The first examinations of applicants are carried out at the centers, and a treatment and rehabilitation plan is scheduled. Medical and laboratory examinations, and treatment are provided by specialists and institutions that have connections with the HRFT. All the expenses are covered by the HRFT. The treatment processes are coordinated and the results are assessed by the teams in the centers. The results from our studies and the assessments are documented in form annual reports, and publicized.

Establishing a treatment center in Diyarbakýr, a province in the Emergency State Region that embraces a developed medical atmosphere and that is easy to access from anywhere in the Region, has been considered. However, since such a center could not be opened yet and since the number of applications from the provinces where the HRFT does not operate a center was very low, social support has been provided to the torture survivors, living in this region where the HRFT does not have a center, to access our centers and accomplish their treatment, by means of the "5 Cities Project" implemented in Mersin, Gaziantep, Malatya, Diyarbakýr and Van. The accommodation expenses of the survivors within this context in the province where their treatment is under way, are covered by the HRFT. The project is mainly implemented in Ankara i.e., the applicants within the framework of this project are generally referred to Ankara. However, when required, applicants are admitted to the other centers, too.

The HRFT which provided health services to 1431 people within the four years until 1995, rendered services to 713 people in 1995. The increase in the number of applicants, is due to the gradually growing recognition and the opening of a center in Adana, which is in close proximity to the Emergency State Region and inhabited by numerous migrants from the region.

METHOD

This report is prepared retrospectively on 645 applicants to the Treatment and Rehabilitation Centers of the HRFT in Ankara, Ýstanbul, Ýzmir and Adana. 205 of the 645 applicants are female, and 440 are male. Including the 68 applicants excluded from this study due to lack of information, a total of 713 people were provided with service in this year. The data were obtained using a 47 items'

questionnaire on the characteristics of applicants. The questionnaire was prepared to find out their sociodemographic characteristics, information on detention and prison periods, torture methods, and the physical and psychological complaints. The tables and graphics in the report are designed using the Microsoft Excel 5.0 computer program. In the light of our experience in the previous years, the applicants who were exposed to torture and ill-treatment without being officially detained are evaluated under a separate heading, in order to make the assessments more comprehensive and enlightening.

RESULTS

I.TORTURE AND ILL-TREATMENT DURING UNOFFICIAL DETENTION

In 1995, a total of 100 people, 42 females and 58 males, applied to our centers for their health problems stemming from torture and ill-treatment during house raids, quartering in houses, kidnappings and demonstrations. 36.0% of these applicants were treated in Ýstanbul, 26.0% in Adana, 25.0% in Ýzmir and 13.0% in Ankara.

The ages of the applicants in this group range from 06 to 61, while the largest age-group consists of the applicants between 16 and 20, which makes 19.0% of the total. The applicants between the ages of 16 and 40 make 79.0% of the total.

The marital status of the applicants* in this group appears as 52.0% married, 39.0% single and 6.0% were either widowed or divorced* .

When the educational level of the applicants* is analyzed, primary school graduates form the largest group with 29.0%. This group is followed by illiterates and high-school graduates with 24.0% each. The ratio of the university graduates is 7.0% (Graphic 1).

Regarding the employment status of the applicants in this group * , we see that those who work in the private sector and housewives share the first place with 26.0% each. Unemployed applicants fall into the third group with 21.0%. These are followed by students with 13.0%, those who are self-employed with 6.0% and in the public sector with 3.0%, and others with 2.0%.

In November and December, the number of the applicants per month decreased to the lowest with 4 people and in July it reached the peak with 16.

54.0% of the applicants accessed the HRFT by way of the ÝHD and 20.0% by way of democratic organizations and political parties. 15.0% of the applicants were referred by former applicants to the Treatment and Rehabilitation Centers (Graphic 2). 72.4% of those who applied upon the information supplied

* Evaluations regarding the education, employment and civil status of the applicants are made excluding the data of the 3 applicants who were under 15 years of age.

by the ÝHD, applied within 5 days of the incident. In the overall of this group, when the dates of application are examined, it is found that 58.0% of the applicants came within 5 days of the incident.

Graphic 1. The distribution of the applicants tortured or ill-treated during unofficial detention, according to the educational levels.

Graphic 2. The distribution of the applicants tortured or ill-treated during unofficial detention by channels of contact.

It is found that 14 of the applicants in this group had physical sequelae or visible traces.

Upon examining the torture methods applied to the applicants in this group, we see that beating holds the first place. Insulting and threatening are the other frequently applied methods (Table 1). The practices that were related by the applicants and evaluated under the title of beating, are systematic and severe beating as an on-the-spot punishment, recorded by the media. Beating incidents that occur in houses and in public areas of villages especially in Adana and the provinces under the "Emergency State Legislation", are also evaluated in this group. During these incidents, people were beaten during quartering in houses or carrying out searches in villages. Since no judicial procedures were carried out into these incidents, it is difficult to establish the responsibility of the security forces. However, the events support the claims that these practices are systematic throughout the country.

Table 1. The methods of torture inflicted on the applicants tortured or ill-treated during unofficial detention.

Torture method	n	%
Beating	86	86.0
Insulting	34	34.0
Threatening	27	27.0
Threatening to kill	10	10.0
Pulling out hairs/mustaches/beards	8	8.0
Threats related to relatives	7	7.0
Blindfolding	5	5.0
Sexual harassment	4	4.0
Mock execution	3	3.0
Squeezing testicles	2	2.0
Forcing to wait on cold floor	3	3
Strangling	2	2

Restricting food and water	2	2
Restricting defecation and urination	1	1
Other	34	34

When physical complaints of the applicants in this group are evaluated with respect to frequency, it is seen that musculoskeletal complaints come first with 84.0%. Among the applicants, 12.0% had complaints related to the gastrointestinal and 10.0% ophthalmologic system while 10.0% had complaints about otorhinolaryngologic system. The difference between these ratios and those of the complaints of those exposed to torture and ill-treatment in detention or prison, implies that the physical content (directly giving physical pain) of torture and ill-treatment these applicants were subjected to, is more intense than their psychological content.

When the frequency of psychological complaints is analyzed, it is detected that sleep disturbances come first with 20.0%, followed by anxiety with 19.0%, nightmares with 15.0%, irritability with 12.0% and memory impairment with 12.0%. The medical examination of these applicants revealed out that 26.0% had psychological diagnosis related to the practices they had gone through. Among these, PTSD comes first with 11.0%, and major depression comes second with 7.0%. Acute stress disorder and generalized anxiety disorder were diagnosed in 3.0% of the applicants in this group.

II. THOSE TORTURED IN DETENTION OR PRISON

Information about 545 people (163 females, 382 males) who applied to the HRFT in 1995, stating they had been subjected to torture in detention or prison, is evaluated in the scope of this report.

The average age of the applicants in this group, ranging from 12 to 70 is 30.1. 22.8% of the applicants fall into the age group 21-25. That the age group 21-25 has the biggest ratio among the total, indicates a similarity with the evaluations of the previous years. The age group 31-35 follows the former with 18%. The age group 26-30 with 16.7% and 16-20 with 16.3% come the third and fourth. Since 87.7% of the applicants fall into the age group 16-40 it is possible to say that a predominant portion of this group is formed by a young population (Graphic 3).

Graphic 3. The distribution of the applicants tortured in detention or prison, according to the age groups.

It is seen that 50.8% of the applicants in this group are single, 45.5% are married, and 3.7% divorced or widowed* .

Regarding their educational level*, it is seen that high school graduates come first with 31.6%. Primary school, secondary school and university graduates and illiterates follow the first group with 26.3%, 12.8% and 11.8%, respectively (Graphic 4). When compared to the previous year, it is seen that the percentages of primary school and university graduates changed place. However, if the data related to the Adana Center are excluded, the ratios turn out to be quite similar to those of the previous years. The reason why the data about the applicants from Adana change these percentages is that the majority of the applicants to the Adana Center come from the Southeastern Anatolia Region where the educational level lags behind the other regions.

Graphic 4. The distribution of the applicants tortured in detention or prison, according to the educational levels.

Regarding the employment status of the applicants* tortured in detention or in prison, we see that 31.7% are unemployed. 19.0% of the applicants said that they were self-employed and 19.6% in the private sector. Among the applicants in this group, 4.6% work in the public sector (Graphic 5). Taking into consideration that unemployment is a factor that makes the rehabilitation of torture survivors difficult, our efforts to find a job for them or to provide them with an occupation are under way.

Graphic 5. The distribution of the applicants tortured in detention or prison, according to employment status.

When the 545 applicants are evaluated with respect to the months they applied to the centers, we see that September comes first with 67 people and March comes last with 30 people (Graphic 6). The decrease in the number of applicants began in March and persisted until the end of the summer. It is observed that after the summer the number tended to increase in the last four months of the year just like in the previous years. The average number of applicants per month is found out to be 45.4.

Graphic 6. The distribution of the applicants tortured in detention or prison, by months.

When the references and information sources of the applicants in this group are evaluated, it is seen that the ÝHD takes the first rank with 40.2% as in the previous years. While examining the claims of torture via its detention watch committees, the ÝHD refers torture survivors to the HRFT for treatment and re-

* Evaluations regarding the education, employment and civil status of the applicants are made excluding the data of the 4 applicants who were under 15 years of age

habilitation. The second rank in this breakdown is held with 19.5% by those who came us upon the advice of the former applicants who had also been taken into the rehabilitation and treatment program of the HRFT. This possibly shows good communications, because a great majority of the applicants try to make contributions as volunteers, after the completion of their treatment. 13.4% of the applicants are referred by democratic organizations and political parties, and the same ratio applies on their own to the HRFT Treatment and Rehabilitation Centers (Graphic 7).

Our efforts to cooperate with and inform referral sources are systematically carried out by the staff of the Treatment and Rehabilitation Centers.

Graphic 7. The distribution of the applicants tortured in detention or prison according to channels of contact.

Regarding the distribution of the detained or imprisoned applicants to the HRFT in 1995 according to their birth-places, it is seen that the Southeastern Anatolia comes first with 39.1%, the Eastern Anatolia second with 25.7%, and the Central Anatolia and the Mediterranean Regions last with 8.1% (Graphic 8).

These ratios appear owing to the fact that most of the applicants to the newly opened Adana Treatment and Rehabilitation Center and those who applied within the context of the 5 Cities project were born in the Eastern and the Southeastern Anatolia.

Graphic 8. The distribution of the applicants tortured in detention or prison, according to places of birth.

A- Torture Process

513 applicants (94.1%) stated that they had been tortured for political reasons and 28 (5.1%) for ordinary reasons. 4 applicants (0.8%) said that they had been tortured without any declared reasons. Regarding these percentages, it is misleading to assume that only political detainees and prisoners are systematically exposed to torture. The statements of the applicants on whom torture was inflicted indicate that ordinary detainees also undergo systematic torture. Nevertheless, applicants tortured for ordinary reasons rarely come to the HRFT Treatment and Rehabilitation Centers though we have made strenuous efforts to attract them to our Centers. It is significant that those tortured for ordinary reasons prefer to remain silent instead of disclosing torture to the public, or lodging an official complaint, and so on.

289 of the 545 applicants declared that they had most recently been tortured in 1995, while 256 of them applied for their experiences of torture in the previous years. 29.9% of the applicants stated that they had applied between 1 and 5 days after torture. On the other hand, 40.0% of the applicants applied for

the torture inflicted 6 months before (Graphic 9). That 53.0% of the applicants were tortured in 1995 is a finding supporting the claim that torture is still a systematic practice.

Graphic 9. The distribution of the applicants tortured in detention or prison, according to the time elapsed from torture to application.

239 applicants (43.9%) stated that they had stayed in detention for 3 days or less while 145 applicants (26.6%) for 8 to 15 days. 82.7% of the applicants said that they had been kept in detention for 15 days or less (Graphic 10). 94 applicants said that they had been kept in detention for more than 15 days. 18 of the 94 applicants declared that they had been kept in detention many times for more than 15 days. Statements of the applicants reveal that physical torture is inflicted in a very severe manner mainly during the first days of the detention periods exceeding 3 days, and psychological methods and physical ones that do not leave visible traces are preferred during the rest of the period. The rest of the period also serves for the visible traces of torture to disappear.

316 applicants stated that they had been detained at least once before, while 229 said that they had never been taken into custody before. 301 of the 316 applicants who were detained more than once stated that they had also been tortured during the previous detention periods. All these figures support the assertions that torture is a part of interrogation in almost every detention period.

Graphic 10. The distribution of the applicants tortured in detention or prison, according to the recent detention periods.

317 applicants stated that the places where they had recently been tortured were security centers. The second group is formed by 81 applicants who were most recently exposed to torture in prisons, followed by 66 applicants who were most recently tortured in police stations, and 51 in gendarmerie headquarters and stations (Graphic 11). That the great majority of the applicants were tortured for political reasons makes security centers salient since political detainees are interrogated in the centers where there are specialized and trained teams organized for that purpose. The places in which ordinary detainees were tortured are primarily police headquarters. Gendarmarie headquarters and stations are expressed overwhelmingly in the statements of the applicants who stated that they had been tortured in Southeastern Anatolia.

Graphic 11. The distribution of the applicants tortured in detention or prison, according to the detention places of torture.

The HRFT does not have any Treatment and Rehabilitation Centers in the Black Sea Region, Eastern Anatolia and Southeastern Anatolia. Applications to the HRFT from the Black Sea Region are rare. However, the number of applicants tortured in Southeastern Anatolia is higher than that of the applicants tor-

tured in Central Anatolia, in which the HRFT operates a treatment and rehabilitation center, and this figure is almost equal to that of the applicants who applied to our centers due to torture inflicted on them in the Mediterranean and the Aegean Regions. The high number of applicants from the Eastern and Southeastern Anatolia although there are no Treatment and Rehabilitation Centers of the HRFT in these regions, supports the claims that systematic, severe and collective torture and other forms of ill-treatment practices exist in these regions.

The number of tortured applicants from the provinces in the Emergency State Region, is 104. The number of the applicants from the provinces in which the HRFT has Treatment and Rehabilitation Centers is 54 for Ankara, 90 for Adana, 100 for Ýzmir, 117 for Ýstanbul. The remaining 80 applicants, stated that they had been tortured in the provinces in which there are no Treatment and Rehabilitation Centers (this figure does not include the number of applicants who were tortured in the Emergency State Region) (Graphic 12). Concerning the Emergency State Region, Mardin draws attention with 52 torture cases. Diyarbakýr follows Mardin with 35 applicants. These numbers support the claims that torture is a much more widespread and systematic practice in the Emergency State Region.

Graphic 12. The distribution of the applicants tortured in detention or prison, according to the geographical regions of torture.

Table 2 shows the torture methods inflicted on the 545 applicants to the HRFT Treatment and Rehabilitation Centers tortured in detention or prison. Beating is the most common torture method with 91.7%, and blindfolding second with 56.7%. These are followed by threatening with 52.5%, and insulting with 48.8%. When these figures, bearing similarity with the data of the previous years are examined, it is seen that though such practices as blindfolding, rough beating and insulting are common, many people do not consider these practices as torture. One can say with some justification, especially blindfolding and insulting are known and accepted as usual procedures. However, blindfolding, insulting and threatening are in fact significant elements of torture practices. Such methods, which do not leave any visible traces, are systematically inflicted on people in order to psychologically weaken and debilitate them. Blindfolding, insulting and threatening are the most frequent torture methods. Besides, when one takes into consideration the frequent use of the methods such as death threats, threats against relatives and mock execution, the significance of making a psychological evaluation before issuing forensic reports, which are of extreme importance in certifying and preventing torture, and reflecting the results to the reports, becomes once more apparent. 38.7% of the applicants stated that they had been abused sexually and 4.0% raped. That means one of the important attacked foci of torture is sexual identity. In the treatment processes following torture, the team

dealing with treatment has to be careful in order to remove the consequences of torture. 38.7% of the applicants said that electricity had been applied to them and 33.4% that they had been suspended on a hanger. It will be crucial for proving and preventing torture to develop our efforts to find out the short and long term effects of these most frequently used torture methods and to share the conclusions drawn with the physicians, particularly those working in forensic medicine.

Table 2. The methods of torture inflicted on the applicants tortured in detention or prison.

Torture Method	n	%
Beating	500	91.7
Blindfolding	309	56.7
Threatening	286	52.5
Insulting	266	48.8
Sexual harassment	211	38.7
Electricity	211	38.7
Suspension on a hanger	182	33.4
Pressurized water	171	31.4
Restricting food and water	130	23.9
Cell isolation	123	22.6
Restricting defecation and urination	114	20.9
Falanga	108	19.8
Death threats	95	17.4
Forcing to wait on cold floor	94	17.2
Squeezing testicles	84	15.4
Pulling out hairs/mustaches/beards	73	13.4
Threats related to relatives	38	7.0
Strangling	26	4.8
Mock execution	25	4.6
Rape	22	4.0
Others	347	63.7

17.2% of the applicants stated that they had been kept waiting on cold ground. Though this ratio is lower than some others, dramatic consequences such as extremity amputations due to this type of torture were witnessed, especially in the Emergency State Region. Since necrosis had already developed, it was impossible to provide any treatment other than amputation for some appli-

cants from this region, where detention periods may last for 30 days, who were kept for many days on snow or in cells without window panes and with wet floors. To keep detainees waiting for long in the circumstances that may result in frozenness is a systematic torture method in this region.

Regarding the number of torture methods inflicted on our applicants in detention or prison, 67 applicants declared that they had been exposed to one or two torture methods, 75 three, and 56 four. A total of 347 applicants disclosed that 5 or more torture methods had been inflicted on them (Graphic 13).

Graphic 13. The distribution of the applicants tortured in detention or prison, according to the number of torture methods they were exposed to.

71 applicants (13%) stated that they had been released before they had been brought to the Public Prosecution Office, and 275 (50.5%) stated that they had been released by the Prosecution Office. These ratios too support the frequent claims that "the security forces, make arbitrary detentions, especially for political reasons" 36.4% of the applicants (199) were arrested following detention. No trial was launched against 42.8% of the applicants (234) who were detained.

While 54.8% of the applicants in this group stated that they had never been imprisoned, 28% stated that they had been kept in prison for 1 year or less, 11.5% between 2 and 5 years, 3.7%, between 6 and 10 years, and 1.6% 11 years or more (Graphic 14). Applicants related their experiences of torture and other forms of ill-treatment they had faced during their imprisonment term, such as rough beating, insulting, deprivation of fundamental needs such as food, water, etc., obstacles in communication and visits, deprivation of medical care, attacks and beating during searches.

The scarcity of democratic ways to solve the problems of prisoners brought about hunger strikes as a form of action for solving many problems. 237 applicants (43.5%) declared that they had staged hunger strikes in detention or prison.

Graphic 14. The distribution of the applicants tortured in detention or prison, according to the duration of imprisonment.

In 90 (16.5%) of our 545 applicants, physical findings that may be called as sequelae or permanent signs due to torture were found. 75 (13.7%) of the applicants stated that they had documented torture with medical reports, but 470 could not obtain one. Issuance of forensic reports at the end of detention periods after some signs of torture have disappeared, pressure on physicians working in forensics, a deficient certification approach limited to reporting only the visible signs, non-utilization of psychiatric examination in medical certification, difficulties in performing advanced laboratory examinations to prove torture are all effective

in the incapability to prove torture via forensic reports. Efforts to overcome the obstacles listed above would be a significant contribution to the prevention of torture.

Official complaints related to torture are very rare. 6.8% (37 individuals) of our applicants filed official complaints. Regarding the fact that out of the 75 individuals who obtained forensic reports, 38 did not lodge official complaints, the paucity becomes more significant. Fear of facing pressure again, mistrust in legal proceedings, avoidance of events reminding the experienced trauma, ignorance about legal ways and lack of support can be included among the reasons for this low rate of official complaints.

B. Treatment Process

In 1995, 276 (50.7%) of the 545 applicants to the HRFT Treatment and Rehabilitation Centers, who were tortured in detention or prison, came with solely physical complaints, while 46 (8.4%) applied with only psychological complaints and 223 (40.9%) applied with both.

Analysis of the frequency of physical complaints reveals that the most common complaints were concerned with the musculoskeletal system (70.1%) as in previous years. Gastrointestinal complaints followed with 19.8%, urogenital complaints with 17.0%, neurologic complaints with 16.1%, and otorhinolaryngologic complaints with 15.9% (Graphic 15).

The most important factors in the emergence of musculoskeletal problems most frequently are the facts that detention places are usually cold and uncomfortable for sitting and lying down, and beating is the most common torture type. Widespread use of methods such as suspending on a hanger, applying falanga, etc. constitute other sources for these complaints. Suspension on a hanger causes damage in soft tissues and nerves around shoulder joints, depending on its type, frequency and duration.

Urogenital system, nervous system and otorhinolaryngologic problems are all due to poor physical conditions of detention places and types of physical torture, primarily beating. Gastrointestinal system complaints are usually due to psychological torture and tension caused by the detention period as a whole.

When applications in 1995 are compared with those of previous years, it can be seen that musculoskeletal complaints are again the most frequent, but gastrointestinal and urogenital complaints surpass nervous system complaints. (1994 data had 68.5% musculoskeletal complaints, 35.7% nervous system complaints, and 36.9% gastrointestinal complaints.)

Graphic 15. The distribution of the applicants tortured in detention or prison, according to their physical complaints.

Physical examination and laboratory tests are performed to find out the relation between physical complaints and the torture history of the applicants. After this process, the relationship between the diagnosis and torture is evaluated by the physicians. For example, after physical examination and laboratory tests, a consistent relationship is found between the torture stories and diagnosis made about 324 people out of the 382 applicants suffering from musculoskeletal problems. In the remaining 58 people, the relationship between their complaints and torture could not be made fully clear, or their diagnoses were found to be independent of torture. The relationship between ophtalmological, urogenital, respiratory and cardiovascular complaints of the applicants, and torture was not more explicit than other systemic complaints. Most of our applicants had more than one diagnosis. A group of applicants broke off their relations with treatment and rehabilitation centers during examinations and tests. Besides, some of the diagnoses were not related to torture. However, every applicant had at least one diagnoses related to torture. Graphic 16 shows the distribution of the diagnosis related to torture.

Graphic 16. The distribution of the applicants tortured in detention or prison, according to their physical diagnosis.

Physical and psychological effects of torture should be evaluated as a whole. Methods employed by torturers aim not only to cause physical pain, but also to destroy the individual and the community they feel they belong to, to deprive them of their identity by psychologically traumatizing them. Though there are numerous factors affecting response to torture, it is unavoidable to show a psychological reaction in some degree. In fact when we consider that some types of torture are not disclosed for various reasons, it becomes more evident that the torturers use psychological pressure as an important element.

When the frequencies of psychological complaints of the 545 tortured individuals were listed, it was found that the foremost were sleep disturbances with 36.7%, followed by concentration difficulties with 25.3%, anxiety with 25.1%, memory impairment with 23.1%, nightmares with 19.6%, fatigue and lassitude with 19.1%, and irritability with 16.7% (Graphic 17). The frequencies of psychological complaints of the applicants are similar to those of previous years. Some of the psychological complaints we used as a source in our research were recorded by the physician first examining the patient.

A group of our applicants expressed only their physical complaints and avoided talking to the psychiatrist, hesitating to reveal their psychological complaints. Some others asked for help for psychological problems they had not mentioned before, when they came back for follow-up treatment. The cultural structure of our society causes difficulties in expressing psychological complaints. Some of the survivors tortured for political reasons, hide their psychologi-

cal problems because they assert themselves unaffected by torture. All these factors cause the frequencies of psychological complaints to be shown lower in our reports than the actual numbers.

Graphic 17. The distribution of the applicants tortured in detention or prison, according to their psychological complaints.

99 (18.1%) applicants who had undergone psychological examination were diagnosed as having post-traumatic stress disorder (PTSD). This number is almost twice that of the preceding year. Apart from that, major depression was found in 46 individuals (8.4%), generalized anxiety disorder in 22 (4%), and adjustment disorder in 7 (1.3%). A comparison with previous years shows that this year, generalized anxiety disorder declined down to the third rank from the first, PTSD took the first rank; and this was caused by better identification of PTSD symptoms with our growing experience and an increase in the number of applicants from Southeastern Anatolia (36 applicants diagnosed as having PTSD were tortured in the Eastern and Southeastern Anatolian regions) (Graphic 18).

Graphic 18. The distribution of the applicants tortured in detention or prison, according to their psychological diagnosis.

When the applicants in this group are divided according to the time elapsed between torture and application to the HRFT into sub-groups, i.e. as those who applied within the first 15 days (early stage) and those who applied later (late stage); significant differences were revealed regarding the physical and psychological complaints and diagnoses.

In the sub-group of early stage applicants, individuals with only physical complaints were 69.0%, and the ratio of those who had at least one physical complaint was 97.2%. Individuals with psychological complaints were 31.0% in this sub-group. Whereas in the sub-group of late stage applicants, the incidence of psychological complaints was up to 61.1%, and 12.0% had only psychological complaints. Individuals with physical complaints in this sub-group dropped to 38.9%, and 88.0% had at least one physical complaint in this sub-group (Graphic 19).

Graphic 19. The distribution of the early and late applicants tortured in detention or prison, according to their physical and psychological complaints.

In the sub-group of early stage applicants, the incidence of musculoskeletal complaints was 87.8%, of neurologic system complaints was 9.9%, and of otorhinolaryngologic complaints was 9.4%. Musculoskeletal complaints took the first rank in late stage group as well (though the ratio was lower) with 41.3%. It was followed by gastrointestinal system complaints with 21.4% and neurologic complaints with 9.3% (Graphic 20). Although the incidence of musculoskeletal system complaints in the late stage group was half that of the early stage group,

it still constituted an important problem in the late stage sub-group. In other words, some these complaints are resolved at the end of the early stage while some become chronic. The incidences of neurologic complaint were similar in the two sub-groups. It is possible to say that neurologic complaints begin in the early stage and remain in the late stage (most of these complaints originate from nerve injuries due to suspension). As most of the gastrointestinal complaints are due to stressful experiences and their effects (and develop slowly), they usually emerge as complaints of late stage applicants. Our experiences indicate that gastrointestinal complaints in the early stage usually originate from hunger strikes under detention.

Graphic 20. The distribution of the early and late applicants tortured in detention or prison, according to their physical complaints.

Psychological complaint incidences in the sub-group of late stage applicants were significantly higher than in the other sub-group. The most frequent complaint was sleep disorders with 45.8%, followed by concentration difficulties with 33.1% and anxiety symptoms such as tension, irritability and concern with 31.0% (Graphic 21). In the early stage sub-group psychological complaints are concealed or pushed into the background, as dealing with their physical problems causing difficulties or distress in daily life, and as physical complaints such as aches, pains, dysfunction, etc. take priority. Some psychological complaints are perceived as complaints of physical diseases, and they emerge in the foreground after the physical problem has been solved.

Graphic 21. The distribution of the early and late applicants tortured in detention or prison according to their psychological complaints.

After psychological examination, 163 (49.1%) of the 332 late stage applicants and 34 (16.0%) of the 213 early stage applicants were given a psychiatric diagnosis. The incidence of psychiatric disorders was 3 times higher in the late stage applicants than in the early applicants. Comparison of the two sub-groups with respect to the 3 most frequent psychiatric diagnoses showed that: in the late stage group, the incidence of PTSD was 23.2%, major depression 12.7%, generalized anxiety disorder 5.1%, while in the early stage sub-group, the incidence of PTSD was 10.3%, major depression 1.9% and generalized anxiety disorder 2.3% (Graphic 22). These ratios prove that effects of trauma emerge after some time, and that in the early stage some psychological symptoms may be ignored or misunderstood by the applicants.

Graphic 22. The distribution of the early and late applicants tortured in detention or prison, according to their psychiatric diagnosis.

In 1995, 27.3% of the 545 applicants abandoned their treatment process before it was complete (Graphic 23). This figure was 38.9% in 1993, decreased to

21.9% in 1994, but in 1995 it showed an increase. Special concern was devoted to minimize the number of applicants who leave treatment incomplete and this problem has been dealt with in detail.

Graphic 23. The distribution of the early and late applicants tortured in detention or prison according to the completion of the treatment process.

As in previous years, mainly pharmacological treatment was provided to our applicants in 1995. 485 (88.9%) of the 545 applicants received pharmacotherapy, 87 (15.9%) psychotherapy, 55 (10.1%) physiotherapy and 32 (5.9%) received surgical treatment, solely or in combination with the others.

One of the important reasons for the fact that pharmacotherapy took the first rank in treatment is that 499 applicants (out of 545) had at least one physical complaint and 279 of them applied for solely physical complaints.

CONCLUSION

The HRFT carried on its work in 1995, developing a humane-medical atmosphere that organizes multi-disciplinary studies of health care workers from various branches and professional groups, who perceive to be involved in the treatment of torture survivors as a requirement of being human and as an ethical responsibility of health workers. While trying to develop its own institutionalization and the quality of the service, the HRFT paid efforts to contribute to the medical accumulation to the extent of its own working field.

As a result of the systematic use of violence in 1995 by security forces in demonstrations and rallies, exceeding the limits to prevent and disperse them, and the increase in unofficial detentions and kidnappings, and referral of those people who faced violence in these incidents to the HRFT Treatment and Rehabilitation Centers forced us to evaluate these people under a special heading, “Torture And Ill-Treatment During Unofficial Detention”. 100 of the 645 applicants were evaluated under this heading.

Despite the claims that systematic torture for ordinary reasons persists and the accounts supporting this, among the applicants to the HRFT in 1995, the ratio of the applicants tortured in detention or prison for judicial reasons was 5.1%. 94.1% of the applicants in this group were tortured for political reasons.

The fact that 289 individuals out of the 545 applicants evaluated under the heading of “Individuals Tortured or Ill-treated in Detention or Prison” were tortured in 1995, indicates the systematic use of torture as an interrogation method.

Although we do not have a Treatment and Rehabilitation Center in the Emergency State Region and it is difficult for the residents in that region to access our Treatment and Rehabilitation Centers, it is significant that the number of

applicants from this region, which is 104, exceeded the number of applicants from the provinces such as Ankara, Adana and Ýzmir in which we have Treatment and Rehabilitation Centers.

One out of every two applicants claims that at least one type of torture which is considered a psychological method was inflicted upon them. For this reason, forensic physicians have to take great responsibility in exposing psychological torture and its consequences, and special attention should be paid to this issue.

It was found that in the group of applicants tortured in detention or prison, 13.0% were not taken to prosecution office, 50.5% were released by prosecution office, and 42.8% were not put on trial. This picture supports the claim that detention is used arbitrarily.

In 16.5% of our applicants tortured in detention or prison, sequelae or permanent signs due to torture were found. The ratio of applicants in this group who could be able to prove torture with forensic reports was 13.7%. As can be seen, if forensic reports proving torture were issued for all the cases with sequelae, at least 16.5% of the applicants tortured in detention or prison should have obtained medical certificates. Considering that certainly not all signs of torture are sequelae, it is clearly necessary to open a discussion to increase the objectivity in forensic reports.

The fact that 18.1% of the 545 applicants who were examined psychologically (this incidence is twice that of the 1994 ratio) received a PTSD diagnosis and 36% of them were tortured in Eastern and Southeastern Anatolia is significant as it indicates the influence of torture and the armed conflict.

When we distinguish between the early stage and late stage sub-groups, the increase in the incidences of psychological complaints from 31.0% in the early stage applicants to 61.1% in the late stage applicants will be taken into account in treatment processes.

The incidence of abandoning treatment has been found to be 27.3% of 545 in 1995. We are seeking solutions to this problem. It will be more productive if our first meeting with the applicants can be used more effectively.

With the hope and excitement of a world that has banished torture to the dark pages of history…