



HRFT
Human Rights Foundation of Turkey

TREATMENT and REHABILITATION CENTRES REPORT 2010

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Treatment and Rehabilitation Centers Report - 2010
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FOREWORD

Şebnem Korur Fincancı¹

We stand where fire has struck, all of us!

We left the 2010 in which we celebrated the 20th anniversary of the foundation of the Human Rights Foundation of Turkey (HRFT). With our several activities during the year we aimed at both introducing the HRFT and strengthening the struggle against torture and impunity.

On 26 June 2010 the exhibition entitle “My Nonexistence Your Existence” was presented to the audiences in Çankaya Contemporary Arts Centre [Çağdaş Sanatlar Merkezi] in Ankara Province between 21–28 June 2010 in the framework of the activities for the United Nations International Day in Support of Victims of Torture. Besides the activities in İzmir and Diyarbakır Provinces in the human rights week, the “Where Fire Has Struck” Exhibition was conducted with 131 artists in Depo in İstanbul Province between 10 March and 22 April 2011. Our journey, which began like a tiny snowball with just a handful of friends, transformed into an act of solidarity on an incredible scale, and manifested in the exhibition and events entitled “Where Fire Has Struck.” This solidarity and labour holds a pride of place for the Human Rights Foundation of Turkey, and constitutes one of the most beautiful presents it has received in its 20-year history.

The activities for the 20th anniversary extended to Adana, Ankara, Diyarbakır, İstanbul and İzmir Provinces where the HRFT has its treatment and rehabilitation centres.

There was a boom in the right to life violations with the end of the ceasefire in 2010. In 2010, 246 people were killed in the clashes although it was 138 in 2009.

Another important incident in 2010 was the referendum for the amendment of the constitution which was held in 12 September 2010. Political polarisation was

¹President of the HRFT, Professor, M.D

intensified with the referendum as all the political activities that interest the whole country; according to the findings of the Documentation Centre of the HRFT, in 2010 2 people were killed, 155 people were wounded; 166 out of the 1907 detainees were arrested.

When we talk about right to life violations we, as the HRFT, underline a specific type of it. All the people living in this country regardless their age, sex, occupation are the targets of the violence of the law-enforcement officers. The right to life violations that we take into consideration in our annual reports are realised in a wide spectrum vary from killings due to disobeying “stop” warnings to the “suicides” or suspicious deaths in detention and prisons. As it can be seen from the table below, the right to life violations is not a peculiarity of 2010. The deaths due to excessive use of force by the law-enforcement officers or the ones in detention places are part of a process that was initiated long ago.

41 people died in detention places (6 people in the headquarters/stations, 35 people in prison).

The murder of four human rights defenders profoundly had torn our hearts out. Salih Özdemir (55), closed People’s Labour Party (HEP) Batman Province Chairperson, Sadi Özdemir (47), Human Rights Association’s (HRA/IHD) Batman Province Branch’s former Chairperson and Head of Demirlişınar Village, Sedat Özevi (48), Human Rights Association’s (HRA/IHD) Batman Province Branch’s former Chairperson, and Sofi Özdemir (45), were killed with the explosion of a mine as they were driving to South Raman Petrollium Region to interfere the fire in the fields near Demirlişınar Village of Hasankeyf District of Batman Province on 31 July 2010.

Human rights defenders have been detained and subjected to long pre-trial detention periods.

Similarly the conviction of Mahmut Alınak revealed the insincerity of the government in its struggle against torture. Mahmut Alınak was sentenced to 14 months and 17 days of imprisonment on the grounds that he criticised torture as “a beastly practice” on charges of “insulting the police officers” under Article 125 of the TPC on 22 December 2010.

Due to its nature, torture represents a health problem that affects not only its victim, but also society as a whole. In the act of torture, a form of violence embodying relationships of power within the state’s field of responsibility, the physical and psychological abuse that takes place is not restricted to the victim, and the very existence of this form of violence results in a serious psychological abuse of society itself as well. It is reported that one of the preliminary responses our being produces to the ravages of torture is evasion from the source of harm. Evasion enters into a vicious circle at the point which the victim turns a blind eye to this form of violence, and is therefore removed from contributing to a solution in the struggle against what becomes an invisible problem.

Continuing to look at the problem from a medical point of view and from the window of preventive medicine; the sine qua non of preventive medicine is to define the problem with accurate and scientific data. In the case of an epidemic of which all features have been identified, an accurate evaluation can make it possible for the agent giving rise to the epidemic to be isolated, and subsequently removed completely. Therefore, it is necessary to define the phenomenon of torture – which, in terms of its prevalence in our country can be defined as an epidemic - as an agent of violence, with accuracy and reference to its real features; at which point it will be possible to rapidly develop effective methods in combating it. The effect on society of this type of violence and the act of evasion are factors that make the definition of the problem more difficult. The responsibility of the medical doctor can be viewed as a stance that can bring about an effective breakthrough at this point.

In terms of the prevention of torture and other human rights violations and the development of mechanisms to cope with social trauma, it is clear that responsibility does lie with doctors alone. On the path of removing the identified agent from society, legal procedures have a significant role to play. Social collaboration too requires such an intervention.

We know for instance that water containing a disease agent must not be drunk before disinfection. Doctors bear the responsibility of stating that the water contains the disease agent, but those who will carry out the disinfection, and those who know that the water must not be drunk if not disinfected and those who must issue a warning to those responsible for carrying out the disinfection must all bear their share of the burden during this process.

May the water we drink remain pure and clean for evermore, and may the day come that together we extinguish that fire once and for all...

INTRODUCTION

Metin Bakkalçı²

The United Nations adopted the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment after a series of discussions and preparations in 1984. Following the ratifications of the 20 states it came into force on 26 June 1987.

The convention absolutely prohibits torture. This prohibition is one of the collective gains of humanity and constitutes one of the most fundamental principles in modern human rights law.

On the other hand, unfortunately torture has continued to be used in many countries including ours as an instrument of in-humane punishment, coercion and intimidation.

In this respect, supporting the torture survivors and helping them through physical and mental treatment and rehabilitation as well as the works conducted to prevent torture have become even more important. Treatment and rehabilitation activities for those who have been subjected to torture have gained momentum and prevalence particularly since the enactment of the “Convention against Torture”. Today, there are more than 200 treatment centres that lend a hand to those who were subjected to torture in almost every part of the world.

As is known, the Human Rights Foundation of Turkey (HRFT) founded in 1990 with the aim of providing people who have been subjected to torture and other cruel, inhuman, degrading treatment and punishments with physical and mental treatment and rehabilitation services and of documenting the human right violations.

The HRFT still continues the activities concerning the treatment and rehabilitation for the people who were subjected to torture in five treatment and rehabilitation centres (Adana, Ankara, Diyarbakir, Istanbul and Izmir). Until the year 2011, 12,452 people who were subjected to torture and their relatives have been provided with treatment and rehabilitation services in five centres.

²General Secretary of the HRFT, M.D.

Some hundreds of health workers give services professionally and voluntarily as multidisciplinary teams for the resolution of the physical, psychological and social problems of the applicants.

In addition to providing treatment services, the treatment project also contains activities such as trainings and scientific research aiming at the improvement of the treatment services. In this framework, we have organised and participated in many national and international meetings.

2010 was the 20th anniversary of the year that the HRFT had been founded. On the one hand we had the opportunity to review the activities of the HRFT, on the other hand, despite every kind of deficiency of the works of the HRFT we had the chance to share them with a broader range of people in this year.

The number of applications for 2010 had been estimated as 350 and the number of application realized as 365 in this year which is very close to our estimation.

Regarding the distribution of applications by centres it is significant that the number of applicants in Diyarbakır which was 51 in 2009 has reached to 101 in 2010. Primary reasons of this increase are the increase in human right violations especially in Diyarbakır and the intensification of the coercion of juveniles, efficiency of the mobile health team, preparations for “the Programme on Coping with Ongoing Social Traumas” in the coordination of the Diyarbakır Centre.

Within the scope of the works for treatment and rehabilitation centres, the following new works which will be a guide for the future of the project, was carried out although their infrastructure have been prepared in 2009 and 2010:

- a) “The mobile health team program” for the regions where the HRFT does not have a treatment centre, which had been initiated in 2009, was also sustained in 2010.
- b) After a long time (2002/2003) we have been able to create the opportunity for giving social and legal support service within the scope of our treatment and rehabilitation project. As a result of that the importance of the multidisciplinary and integrated approach to treatment and rehabilitation activities has been seen once again.
- c) For a long time there has been a need for a study on the epidemiology of torture (frequency, prevalence, course of development and reasons of torture) in Turkey. Epidemiological study on torture in Turkey³ which was completed after two-year work in 2010 is a first on this issue.

³Melek Göregenli and Evren Özer, *Medya ve İnsan Hakları Örgütlerinin Verilerinden Hareketle 1980'lerden Günümüze Türkiye'de İşkence: Epidemiyolojik Bir Başlangıç Çalışması*, Ankara, Türkiye İnsan Hakları Vakfı Yayınları, 2011.

- d) English version of Atlas of Torture⁴ which had been published in Turkish⁵ in 2008 was published in 2010.

Several activities that the HRFT has been carrying out for the prevention of torture besides treatment and rehabilitation centre activities are as follows:

- a) A new project on the prevention of torture on which the HRFT has been carrying out projects for a long time was started on 1 December 2010

Within the concept of this project, which was carried out with the contribution of Human Rights Association (IHD) and Turkish Medical Association (TMA) the following works has been realized:

- The works on ratification of Optional Protocol to the Convention Against Torture (OPCAT) and establishment of an effective national preventive mechanism in accordance with OPCAT principles;
- Taking part in the process of third periodical reporting about Turkey which would be on the agenda of UN Committee Against Torture (CAT) in November 2010 and preparing a shadow report about this issue; as third periodical report of UN Committee Against Torture about Turkey would be prepared on 2-3rd November 2010, a shadow report was prepared by the HRFT and a representative of the foundation attended the forums in Geneva on 2 and 3 November 2010⁶. Despite its shortcomings third periodical report UN Committee against Torture published on 19 November 2010 about Turkey corresponds with our opinions and advices. Preparatory activities has been started to follow the advices in the report of next year.
- Developing programmes for strengthening 3476 physicians who attended Istanbul Protocol Training Programme against the scientific and administrative/ judicial pressure ; The activities that were carried out within this framework as follows:
 - ❖ Immediate support unit was established
 - ❖ Supplementary Distance Training For Istanbul Protocol will start in Fall 2011
 - ❖ An questionnaire study on forensic medical procedures after Istanbul Protocol will be also conducted in fall 2011

⁴Önder Özkalıpçı et al., *Atlas of Torture: Use of Medical and Diagnostic Examination Results in Medical Assesment of Torture*, Ankara, Human Rights Foundation of Turkey, 2011.

⁵Önder Özkalıpçı v.d., *İşkence Atlası: İşkencenin Tıbbi Olarak Belgelendirilmesinde Muayene ve Tanısal İnceleme Sonuçlarının Kullanılması*, Ankara, Türkiye İnsan Hakları Vakfı Yayınları, 2007.

⁶Submission of the Human Rights Foundation of Turkey to the UN Committee against Torture for its consideration of the 3rd Periodic Report of Turkey - 15 October 2010 and the Concluding Observations of the Committee against Torture - Turkey -19 November 2010, both of these reports can be found in the website of the HRFT: <http://tihv.org.tr/index.php?uncat>. For the Turkish version of the reports please see: <http://tinyurl.com/3dzrycj>

- Conducting a campaign for the annulment of the restriction of time in murder by unknown assailants cases and promoting Turkey to sign and ratify the International Convention for the Protection of All Persons from Enforced Disappearance.

b) The Project on 'Dealing with Social Trauma

Developing a programme on dealing with social trauma entered into the agenda with the suggestions of all participants and organisations of the meeting entitled "Approach to the Traumatized Societies" which had been organised by the HRFT in Diyarbakir Province on 11-12 December 2004. Although it is hard to start such a programme in the conflict process but it is required to be prepared for a potential process in which conflict comes to an end. Furthermore the work that would be carried out with all related persons and organisations may also contribute to the transformation of conflict situation into a peace building process.

Within this context 'Preparatory Meeting for a Guide on Dealing with Ongoing Social Traumas' was carried out with 59 participants from different professions in Diyarbakir on 18-19th of December 2010. All of the participants gave positive feedback in the meeting and seminal advices were given for upcoming period.

Within this framework it is planned to organize "Training Programme For Dealing with Social Trauma" on 28-29 May 2011 in Diyarbakir and 4-5 June 2011 in Adana and an international meeting entitled "Dealing with Social Trauma" in Diyarbakir on 10-11th December 2011.

c) 'Health as a Bridge for Peace in Middle-East' Project

Perspective of 'Health as a Bridge For Peace in Middle-East' which was one of the most important outputs of 'Psychological Trauma' Meeting that was carried out on 1-4 December 2005 and 7-9 December 2007 in Istanbul was adopted by our colleagues in several countries.

Within this framework, the first meeting for the project 'Health as a Bridge for Peace in Middle-East' of which the IFHHRO, the Norwegian Medical Association, the Turkish Medical Association, and the World Medical Association as well as the HRFT were the hosts, was carried out with 24 participants from four countries (Iraq, Palestinian, Israel, Egypt) in Turkey on 27-29 October 2009, whereas we had intended to have participants from 7 countries.

As all of applicants made a wish to continue the project, second meeting was carried out mainly with the same participants on 1-2 November 2010 in Turkey. As in the first meeting, main topic of second meeting was "Health and the Role of Health Workers in Relation to Human Rights".

Although we did not reached an agreement on a concrete program for the future, considering the recent issues in Middle East the importance of continuation of this work in various forms is obvious. We did not come to an agreement on a concrete program, however the expectations from the HRFT and the Committee of Turkey was stated in the presence of all participants.

d) Medicine and Peace

Distant training project for physicians, which is coordinated by Klaus Melf from the University Tromsø of Norway and based on peace, was started in January 2010. Dutch and German section of IPPNW, The Johannes Wier Foundation, the IFHHRO, the University of Bradford, the Institute of Public Health of Republic of Slovenia, the Norwegian Medical Association and the HRFT take part in the project as stakeholders.

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

A serious and a competent struggle against torture in Turkey has been carried out which is appreciated all around the world. The activities of the HRFT are the results of joint effort of hundreds of human rights activist and health professionals. Many people and organisations from different parts of society and fields of expertise and of thought have a share and effort in this struggle.

However, the biggest share in this struggle, of course, belongs to those who are able to say "I have been tortured!" despite inhuman treatments that they have been subjected to.

Thus why we are able to look to the future with hope and say "We are not alone; we are all together for a world without torture".

We would like to thank all our friends who did not leave us alone and all institutions which contributed to our activities from the beginning, in particular the Human Rights Association and the Turkish Medical Association.

Ankara, May 2011

**HRFT's
Treatment and Rehabilitation
Centres Report**

**2010
Evaluation Results**

EVALUATION RESULTS OF THE HRFT'S TREATMENT AND REHABILITATION CENTERS FOR THE YEAR 2010¹

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

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

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

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

We find that torture is a problem that affects the mother, father, husband or wife and relatives of the tortured person, not only the tortured person. Briefly stated, torture influences the public health directly and indirectly. Resolving the psychological problems, which are related to the traumatic processes undergone by the relatives of the tortured person, falls within our area of work. To address this, we provide treatment and rehabilitation services to the relatives of torture victims.

The work of the HRFT is carried out in its five treatment and rehabilitation centres in Istanbul, Izmir, Ankara, Diyarbakir and Adana. The teams of these centres are

¹This report is prepared based on the data obtained from the HRFT Treatment and Rehabilitation Centres. Since its establishment, HRFT has always stated that the number of people who have applied to our centres and the total number of those subjected to torture and other cruel, inhuman, degrading treatment or punishment in Turkey can not necessarily be directly related. However, this does not change the fact that the annual statistical distribution of the HRFT applicants, who have been subjected to torture and other cruel, inhuman, degrading treatment or punishment, is significant as data.

composed of general practitioners, psychiatrists, social workers, psychologists and medical secretaries who provide treatment and rehabilitation services in cooperation with specialists from all medical disciplines. The preliminary evaluation of the applicants is carried out at the centres and afterwards a treatment and rehabilitation plan is drawn up. All medical and laboratory examinations and treatments are carried out either by contracting the above services, or by various specialists and institutions who volunteer their services. Expert contributions from our volunteers and all treatment and rehabilitation services needed are paid for by the HRFT. The centre teams coordinate the treatment. The results and evaluations of the work are published in yearly reports.

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

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

In 2010, 363 people applied to five Treatment and Rehabilitation Centres of the Human Rights Foundation of Turkey. 19 of these applicants were acquaintances or relatives of torture survivors. The following evaluation presents information obtained from interviews and medical examinations from 343 of the 344 applicants who stated that they had been subjected to torture and ill-treatment. One application was not included in the assessment due to lack of information. The number of applicants who have applied to the HRFT in the last 20 years, including these 363 applications, reached 12452 in 2010. While this number seems to be a high one from the point of view of treatment and rehabilitation service, it only represents a small share of the total number of torture victims in Turkey.

METHODOLOGY

The data used in the evaluation of the HRFT's Treatment and Rehabilitation Centres for the year 2009 was collected by physicians, social service experts, and consultant physicians working at the HRFT's Treatment and Rehabilitation Centres, as well as through interviews, medical examinations and other diagnostic procedures.

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

and it was evaluated in two major phases. The data regarding all applicants of 2010 was analysed in the first phase in order to better evaluate the torture and ill-treatment. In the second phase, only information from the applicants stating that they had been torture or ill-treated during 2010 (the year of their application) was analysed. A comparative analysis of the data on the applicants who were tortured in the said year will concretely contribute to evaluation of the developments in our country.

In the first section, the first chapter will examine the social and demographic characteristics of the applicants, the second chapter will analyse the results obtained from the narratives of the torture and ill-treatment, while the third chapter will evaluate the medical processes of the applicants. The last chapter of the first section will present the results of the treatment and rehabilitation activities carried out for the applicants in 2010. Before the evaluation of the data obtained from the applicants, information on the following points will be provided: the distribution of the applicants according to the HRFT's centres and the months in which the applications were made, the number and distribution of applicants stating that they have been subjected to torture and ill-treatment in detention in 2010 and the channels of contact which directed the applicants to the HRFT.

Number and Distribution of the Applicants

343 people who had applied to the HRFT's Treatment and Rehabilitation Centres stating that they had been subjected to torture and ill-treatment were evaluated in 2010. 19 people applied as relatives of torture survivors and asked to receive treatment. These people were excluded from evaluation. The distribution of the applicants in the year 2010 according to the centres of the Foundation is presented in Table 1.

Table 1: The Distribution of the applicants in 2010 according to the HRFT's Treatment and Rehabilitation Centres

HFRT Centre	Number of the Torture Survivors	Number of Relatives of Torture Survivors	Total Number of Applicants
Adana	77	9	86
Ankara	29	2	31
Diyarbakır	98	3	101
İstanbul	99	3	102
İzmir	40	2	42
Total	343	19	362

Among the 362 applicants, 160 people stated that they had been subjected to torture and ill-treatment in detention (TID) during 2010. In 2007 the number of applicants subjected to torture and ill-treatment in their year of application was 310, in 2008 it was 258 and in 2009 this number was 264. When looked at the distribution of

applicants to the HRFT’s centres, one can see that there was a noticeable decrease in the number of people subjected to torture or ill-treatment in detention in Diyarbakır in 2010, while at the same time there was an increase of more than 50 percent in Ankara, İstanbul and Adana. The distribution of applicants in 2010 according to the HRFT’s centres is given in Table 2.

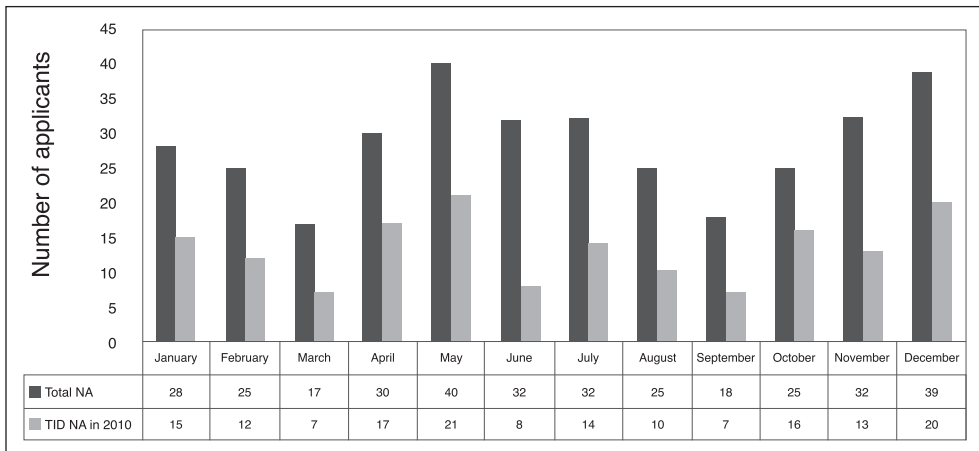
Table 2: The Distribution of the applicants who stated that they had been subjected to torture and ill-treatment in Detention in 2010 according to the HRFT’s Treatment and Rehabilitation Centres, and their proportion to all applicants

HFRT Centre	Number of TID* Applicants in 2010	Total Number of Applicants	Proportion to all Applicants
Adana	41	77	53
Ankara	19	29	66
Diyarbakır	26	98	27
Istanbul	57	99	58
Izmir	17	40	43
Total	160	343	47

* Torture and ill-treatment in detention.

The distribution of the applicants according to the months in 2010 is given in Chart 1. The number of applications (NA) in first half of the year (172 persons) seems to be almost equal to the number of applicants in the second half of the year (171 persons). Looking at the distribution of applicants by the month, there was an increase in May (40 persons) and in December (39 persons) can be observed. The distribution of applicants in 2010 shows also an increase in the same months (respectively 21 and 20 persons).

Chart 1: The distribution of the applicants in 2010 according to months



Regarding the people and institutions that referred applicants to the HRFT, it is observed that most applicants were referred by the HRA, followed by those who were referred by NGOs and parties, those who applied without any referral and those who were referred by previous applicants of the HRFT. Table 3 presents the distribution of the information channels on the HRFT for all applicants and for those applicants who stated that they had been subjected to torture and ill-treatment in detention in 2010.

Table 3: Distribution of the information channels on the HRFT for all applicants and for those applicants who were subjected to torture and ill-treatment in detention (TID) in 2010

Information Channels	All Applicants	%	TID in 2010	%
Human Rights Association	94	27.4	60	37.5
NGOs or Parties	78	22.7	35	21.9
Directly	69	20.1	29	18.1
Recommendations of Other HRFT Applicants	59	17.2	17	10.6
Recommendations of Volunteers in the HRFT	23	6.7	13	8.2
Recommendations of the HRFT Staff	14	4.1	4	2.5
By Lawyers	4	1.2	1	0.6
Press	2	0.6	1	0.6
Total	343	100.0	160	100.0

The following sections of the evaluation will consist of two main sections. In the first section the total of 343 applicants will be evaluated, while the second section will analyse separately the 160 applicants who stated that they had been tortured or ill-treated within 2010. In this section there will also be comments on the latest situation in Turkey regarding torture and the various means of prevention will be discussed.

I - EVALUATION RESULTS OF ALL APPLICANTS

A - SOCIAL AND DEMOGRAPHIC CHARACTERISTICS

1 - Age and Sex

The age of applicants ranged from 13 to 60 years of age. The average age was 30. The average age of applicants in 2010 was 1.5 years of age higher than of last year. The most important and prominent point in the distribution of applicants in terms of the age is that there are 50 applicants under the age of 18 (14.6%). This table shows the age of our applicants in the year of their application, therefore it doesn't represent the age they were when they were tortured. When compared to previous

years, the applications of applicants under the age of 18 have both increased in number and proportion (in 2007 the number of applicants under 18 was 41 (9.4%), in 2008 the number of applicants under 18 was 36 (9.1%), in 2009 the number of applicants under 18 was 66 (16.5%).

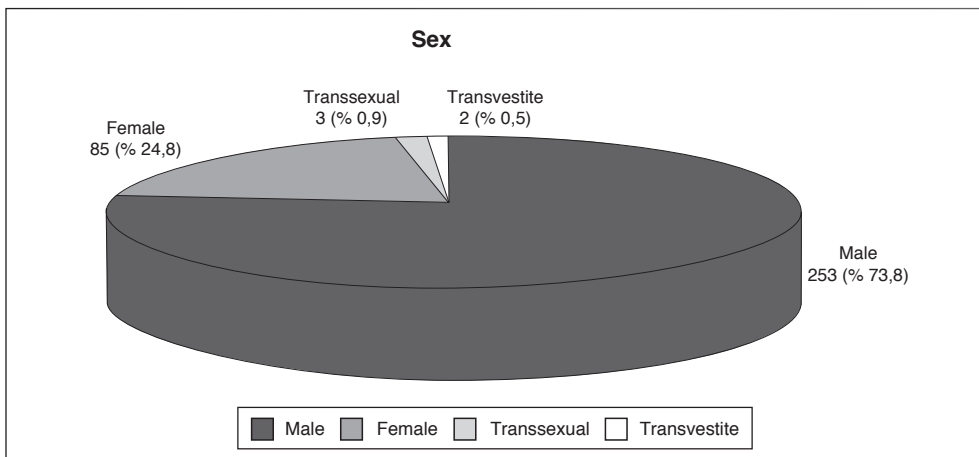
When compared with the years before 2009, in 2010 there is a significant increase in the number of applicants whose ages are between 19 and 25 and under 18 as in the case of last year. Nearly half of the applicants are under the age of 25 (42.9%), this ratio was 49.3% in 2009. The reason why the average age of applicants of last year was lower than of this year is that half of the applicants were under the age of 25. Distribution of the applicants according to their age group is given in Table 4.

Table 4: The Distribution of the applicants to the HRFT’s Treatment and Rehabilitation Centres in 2010 according to their age

Age Group	Number of Applicants	%
0-18	50	14.6
19-25	97	28.3
26-30	58	16.9
31-35	37	10.8
36-40	39	11.4
41-45	19	5.5
46 and above	43	12.5
Total	343	100.0

253 of the applicants are males (73.8%), 85 of them are females (24.8%) (Chart 2). Although, the ratio female-male changes a little each year, it generally remains around 1/3. In addition, 2 transvestites and 3 transsexuals applied to the HRFT in 2010.

Chart 2: The distribution of the applicants to the HRFT’s Treatment and Rehabilitation Centres in 2010 according to their sex



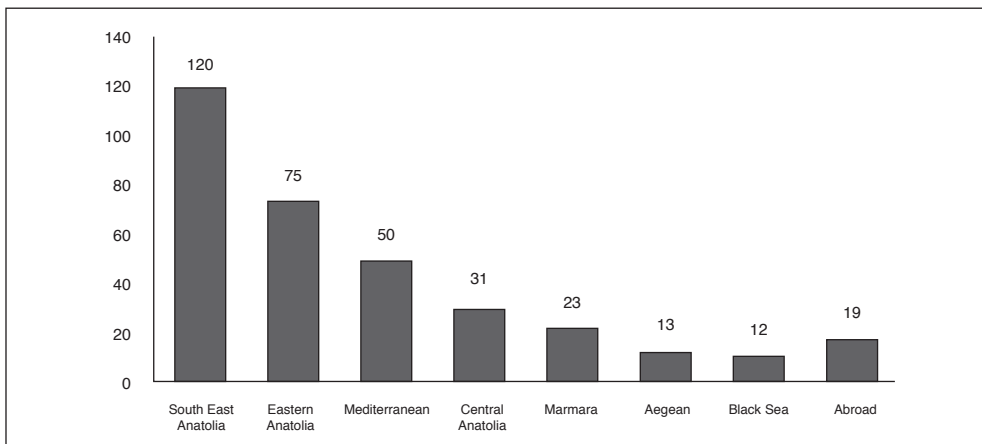
2 - Place of Birth

More than half (56.9%) of our applicants were born in the Southeast and East of Anatolia (first and second rank). Third is the Mediterranean region (14.6%), afterwards the Central Anatolian region (9.0%), the Marmara region (6.7%), abroad (5.5%), the Aegean Sea region (3.8%) and the Black Sea region (3.5%). The distribution of all the applicants according to their place of birth is given in Chart 3.

Looking at the distribution according to provinces, one can see that most applicants were born in Diyarbakır (50 applicants, 14.6%), Adana (34 9.9%), Mardin and abroad (19, 5.5%), Siirt and İstanbul (18, 5.2%), Ankara, Tunceli and Hakkari (14, 4.1%), İzmir (12, 3.5%) Şanlıurfa and Van (10, 2.9%).

Although the applicants were not asked about their ethnicity, the main reason for the high proportion of torture survivors who were born in East and Southeast Anatolia Regions might be that citizens of Kurdish origin are more often subjected to torture and ill-treatment. This data could be interpreted in conjunction with the Kurdish Issue that has remained for many years on the agenda of Turkey and has not been solved in a peaceful way. As a result of the Kurdish Issue, citizens of Kurdish origin are not only subjected to political coercion and torture and ill-treatment due to their ethnic background at their places of birth but also at places where they have migrated to.

Chart 3: The Distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to their place of birth



3 - Educational Level and Employment Status

115 (33.5%) of the applicants graduated from high school, 78 (22.7%) have graduated from primary school, 72 (21.0%) secondary school (45 applicants were in the 0-18 years ages group except for the five applicants, who have been counted as secondary school graduates), 27 (7.9%) are college or university graduates, 19 (5.5%) are literate, while 17 (5.0%) are illiterate and 15 (4.4%) dropped out of

university or college. A more detailed distribution of the educational level of the applicants is provided in Table 5. 30 applicants who are still attending school have been counted as either literate or primary school graduates, 50 applicants enrolled at universities have been counted as high school graduates. The table below should be read accordingly.

Table 5: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to their educational level

Educational Level	Number of Applicants	%
High school	115	33.5
Primary school	78	22.7
Secondary school	72	21.0
University	27	7.9
Literate	19	5.5
Illiterate	17	5.0
Dropped out of university	15	4.4
Total	343	100.0

Regarding the employment status of the applicants, 164 applicants (47.8%) were unemployed at the time of the interview, this proportion was 36.2% (147 applicants) in 2009. 50 applicants (14.6%) were enrolled in university, and 30 applicants (8.7%) were enrolled in primary or secondary school. The unemployment rate among applicants compared to last year has increased by 10%. The proportion of unemployment stepped up notably the proportion of unemployment in 2008. The main reason is that the proportion of students (especially primary-secondary school and university) among the applicants has decreased significantly (137 applicants - 33.8% in 2009). In the other groups there are only slight increases or decreases in the unemployment rate. In general it can be said that in recent years the distribution of the groups ranked among the first has changed quickly. Considering the rising unemployment rate in 2008 across the country and that there was not any significant reduction in 2009 and 2010, a reason for this change could be mobilised social opposition that caused a change of target groups of legislative, executive and judicial practises.

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

Looking at the distribution of students, 30 of the 50 applicants under 18 are primary or secondary school students. That 40% of the applicants in this age group (despite this number being lower than in 2008 and 2009) do not continue their education is noticeable.

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

Table 6: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to their employment/profession

Profession or Employment	Number of Applicants	%
Unemployed	164	47.8
University Student	50	14.6
Primary or secondary school student	30	8.7
Industry worker in (private sector)	16	4.7
Tradesmen (working in a shop or office of their own)	13	3.8
Housewife	12	3.5
Peddler	10	2.9
Construction worker	8	2.3
Employed in an NGO	7	2.0
Office worker in the private sector (secretary, bank clerk etc.)	7	2.0
Retired	6	1.7
Journalist or media sector	4	1.2
Teacher	4	1.2
Industrial worker (public sector)	4	1.2
Worker in agriculture sector	2	0.6
Office worker in the public sector (secretary, bank clerk etc.)	2	0.6
Farmer, fisher etc.	1	0.3
Artist	1	0.3
Professional in civil society organisation	1	0.3
Lawyer	1	0.3
Total	343	100.0

B - PROCESS OF TORTURE

When assessing the dates when the 343 applicants to the HRFT in 2010 were last tortured or ill-treated, one can see that 167 were subject to torture and ill-treatment in 2010. In addition to this, 116 applicants were subject to torture or ill-treatment between 2006 and 2009, 31 applicants between 2002 and 2005, and 29 applicants in 2001 or before. The distribution of the dates of the most recent tortures according to the year is given in Table 7.

Table 7: The distribution of the applicants in 2010 according to the period when they were last tortured

Year of the Most Recent Torture	Number of Applicants
1999 and before	26
2000	2
2001	1
2002	1
2003	7
2004	3
2005	20
2006	11
2007	17
2008	27
2009	61
2010	167
Total	343

1 - Process of Detention and Torture in Detention

286 (83.4%) of the applicants in 2010 were detained for political reasons (this proportion was 81.3% in 2009), while 49 (14.3%) for non-political reasons. Moreover 5 applicants (1.5%) stated that they had been tortured or ill-treated because of their sexual orientation and 3 applicants because of seeking asylum. The percentage of those detained for non-political reasons among all applicants increased compared to previous years but has been approximately on the same level for last two years (8.6%, in 2004, 5.2% in 2005, 11.7 in 2006, 13.8% in 2008 and 18% in 2009). According to reports published by human rights organisations, a large number of people who were detained due to non-political reasons and were subjected to torture stated that they were threatened not to apply to human rights organisations and judicial authorities. This leads us to believe that the number of applications is much lower than the real number of torture survivors. This number is expected to rise if these people are given legal advice and the necessary support.

Regarding the duration of the most recent detention period of applicants, 175 applicants (51%) were detained for less than 24 hours, 54 applicants (15.7%) for 3-4 days, 45 (13.1%) applicants for 2 days, 23 applicants (6.7%) for 2-3 days.

As will be seen in more detail in the second part where the data of those tortured or ill-treated within 2010 will be analysed, there is a significant decrease in the length of the detention period and an increase in the number of detentions lasting less than 24 hours. The main reason for this is that the number of those being deprived of their freedom by being stopped by law-enforcement officers on the street and then being subjected to torture and ill-treatment and afterwards being released without any official registration of the detention has increased.

Generally speaking, there is a significant decrease in the length of detention periods. However we are often confronted with unregistered/unofficial detentions as a practise that nullifies the legal arrangements for the prevention of torture and ill-treatment in detention. According to the reports before and after the legal arrangements, it appears that unregistered detentions emerged after the legal arrangements for the prevention torture and ill-treatment in detention.

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

Table 8: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to the duration of their most recent detention

Duration of the Most Recent Detention	Number of Applications	%
Less than 24 hours	175	51.0
24-48 hours	45	13.1
49-72 hours	23	6.7
73-96 hours	54	15.7
5-7 days	20	5.8
8-15 days	10	2.9
16-30 days	8	2.3
More than 1 month	8	2.3
Total	343	100.0

Regarding the place where the applicants were detained, it appears that 214 applicants (62.4%) were detained when outdoors, 79 applicants (23%) were detained at home. Our experiences with high numbers of our applicants having been detained outdoors show that these kinds of practices facilitate unregistered detentions. As we need to take in consideration recent developments, evaluation of this issue will be discussed in the second part.

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

Table 9. The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to the place of their most recent arrest

Place of the Most Recent Arrest	Number of Applicants	%
Outdoors or other open spaces	214	62.4
Home	79	23.0
Work place	8	2.3
Public office	14	4.1
Organisation (NGO office, press office, etc.)	16	4.7
Other	12	3.5
Total	343	100.0

The distribution according to the time when the applicants were detained is given in Table 10. Most applicants (62.7%) were apprehended during the day, while 13.7% of them were detained after midnight. The data on the issue concerning those who were subjected to torture and ill treatment in 2010 will be discussed in the second main section.

Table 10: The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2010 according to the hour of their most recent detention

Time of last arrest	Number of Applicants	%
08:00-18:00	215	62.7
18:00-24:00	78	22.7
24:00-08:00	47	13.7
Unknown	3	0.9
Total	343	100.0

Regarding the distribution of the places of the most recent torture, 157 applicants (45.8%) were tortured at security directorates, 71 applicants (20.7%) outdoors or in the streets and 45 applicants (13.1%) at police stations. (Reports of 2009 shows that 138 applicants (34%) were tortured outdoors or in streets, 137 applicants (33.7%) at security directorates and 34 applicants (8.4%) at police stations). By taking into consideration that the applicants who had been tortured in past years and applied to the HRFT's Treatment and Rehabilitation Centres later are involved in this group, it might be said that the high proportion of torture belonging to security directorates results from the applicants of previous years. In the light of recent developments this issue will be discussed in the second part. The fact that the security directorates are as in previous years among the places where most of our applicants have been tortured shows that for the past years torture has been applied in high-level centres and generally by special trained interrogation teams. Furthermore, taking into account that most of our applicants who were tortured or ill-treated in streets, outdoors or police stations stated that they had been subjected to such treatment within 2010, one can assume that the proportion belonging to security directorates was even higher during the past years.

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

Table 11: The distributions of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to the place of most recent torture in detention

Place of Most Recent Torture in Detention	Number of Applicants	%
Security directorate	157	45.8
Outdoors or in street	71	20.7
Police station	45	13.1
Gendarmerie station	16	4.7
Car	6	1.7
Gendarmerie headquarters	5	1.5
Home / work place	4	1.2
Other	10	2.9
Unknown/ not remembered	4	1.2
Empty*	25	7.3
Total	343	100.0

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

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

Table 12: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to the region of their most recent torture in detention

Region of the Most Recent Torture	Number of Applicants	%
Marmara	90	26.2
Mediterranean	66	19.2
South-Eastern Anatolia	61	17.8
Aegean	32	9.3
Central Anatolia	30	8.7
Eastern Anatolia	18	5.2
Black Sea	3	0.9
Abroad	18	5.2
Empty*	25	7.3
Total	343	100.0

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

Regarding the provinces in which the applicants were last subjected to torture, there is a notable affinity in the distribution in 2009 and 2010. Regarding the provinces in which the applicants were last subjected to torture, it appears that Istanbul, Adana, Diyarbakır, and Van are among the most common places. That the Mediterranean Region and especially Istanbul are among the provinces where many of our applicants were tortured will be discussed in the second chapter because of the topic's relationship to the phenomenon of torture in general.

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

Table 13: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to the province of their most recent torture in detention

Province of the Most Recent Torture	Number of Applicants	%
Istanbul	76	22.2
Adana	46	13.4
Diyarbakır	38	11.1
Ankara	29	8.5
Izmir	27	7.9
Abroad	18	5.2
Mersin	17	5.0
Hakkari	13	3.8
Edirne	9	2.6
Batman	7	2.0
Gaziantep	4	1.2
Şanlıurfa	4	1.2
Mardin	4	1.2
Muş	3	0.9
Hatay	3	0.9
Manisa	3	0.9
Şırnak	2	0.6
Siirt	2	0.6
Kocaeli	2	0.6
Other provinces	11	3.2
*Empty	25	7.3
Total	343	100.0

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

Looking in more detail at the detention centres where the most recent torture was inflicted, it appears that the Anti-Terror Branch (ATB) in Istanbul comes first, followed by ATB in Adana and Diyarbakir. The most significant point of the Table is that 12 out of 50 children applicants stated that they had been tortured by the Police Children's Department (6 Children in Adana and 6 children in Diyarbakir).

Table 14 displays the detention centres of the most recent torture where more than 2 cases occurred.

Table 14: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to the specific places of the most recent torture in detention

The Centre Where the Most Recent Torture Took Place	Number of Applicants	%
Istanbul ATB	18	5.2
Adana ATB	15	4.4
Diyarbakır ATB	15	4.4
Izmir Bozyaka ATB	9	2.6
Ankara ATB	8	2.3
Ankara Security Directorate	7	2.0
Mersin ATB	6	1.7
Adana Security Directorate	6	1.7
Diyarbakır Police Children's Department Directorate	6	1.7
Adana Police Children's Department Directorate	6	1.7
Esat Police Station	5	1.5
Batman ATB	4	1.2
Beyoğlu Police Station	4	1.2
Yüksekova Security Directorate	4	1.2
Heybeliada Police Station	3	0.9
Karaköy Police Station	3	0.9
Huzurevleri Police Station	3	0.9
Gayrettepe Security Directorate	3	0.9
Gaziantep ATB	3	0.9
Antakya Gendarmerie Headquarter	2	0.6
Istanbul Security Directorate	2	0.6
Diyarbakır Çarşı Polis Station	2	0.6
Cumhuriyet Police Centre	2	0.6
Izmir Security Directorate	2	0.6
Şanlıurfa ATB	2	0.6
Diyarbakır Security Directorate	2	0.6

Tablo 14: Cont'd

Siirt ATB	2	0.6
Batman Security Directorate	2	0.6
Beş Ocak Police Station	2	0.6
Çakmak Police Station	2	0.6
Other Directorate and ATB	24	7.0
Other Police Station	20	5.8
Other Gendarmerie Station/ Headquarters	17	5.0
Abroad	11	3.2
Other	1	0.3
Empty* **	119	34.7
Unknown	1	0.3
Total	343	100.0

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

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

The distribution of the torture methods inflicted on the applicants during their most recent detention is presented in Table 15. (This evaluation concerns the 317 applicants out of a total of 343 applicants who indicated that they had been tortured during their most recent detention.) Since it will be useful to consider this matter in the light of recent developments, a more detailed analysis will follow in the second main section.

Regarding this Table one should note that the most common torture methods, excluding beating, are psychological or physical methods with psychological side effects. It is obvious that other than obtaining information, the most important purposes of torture are punishment and suppression, which are the purposes stated in the definition of torture², as the torture is administered to cause a trauma in the psychological integrity of the individual.

²The first Article of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment is as follows: "For the purposes of this Convention, torture means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions".

Table 15: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to the methods of torture inflicted during their last detention

Method of Torture	Number of Applicants	%
Insulting	284	82.8
Humiliating	261	76.1
Beating	250	72.9
The other threats against her/him	169	49.3
Death threat	125	36.4
Restricting food and drinking	80	23.3
Restricting defecation and urination	67	19.5
Sleep deprivation	63	18.4
Solitary cell	60	17.5
Forcing to obey nonsensical orders	56	16.3
Continuous hitting on one part of the body	55	16.0
Verbal sexual harassment	55	16.0
Forced to wait on cold floor	53	15.5
Sexual harassment	51	14.9
Forced to witness (visual/audio) torture of others	49	14.3
Threats against relatives	48	14.0
Pulling out hair/moustache/ beard	48	14.0
Stripping naked	46	13.4
Blindfolding	42	12.2
Other positional torture methods	37	10.8
Forced excessive physical activity	36	10.5
Exposure to chemical substances	31	9.0
Asked to act as an informer	31	9.0
Forced to listen to marches or high-volume music	25	7.3
Falanga	22	6.4
Restricting respiration	22	6.4
Pressurised/ cold water	21	6.1
Suspension on a hanger	20	5.8
Squeezing the testicles	18	5.2
Physical sexual harassment	16	4.7
Electricity	14	4.1
Mock execution	12	3.5
Strappado	11	3.2
Torture in the presence of relatives/friends	9	2.6
Suspending or crucifying	8	2.3

Table 15: Cont'd

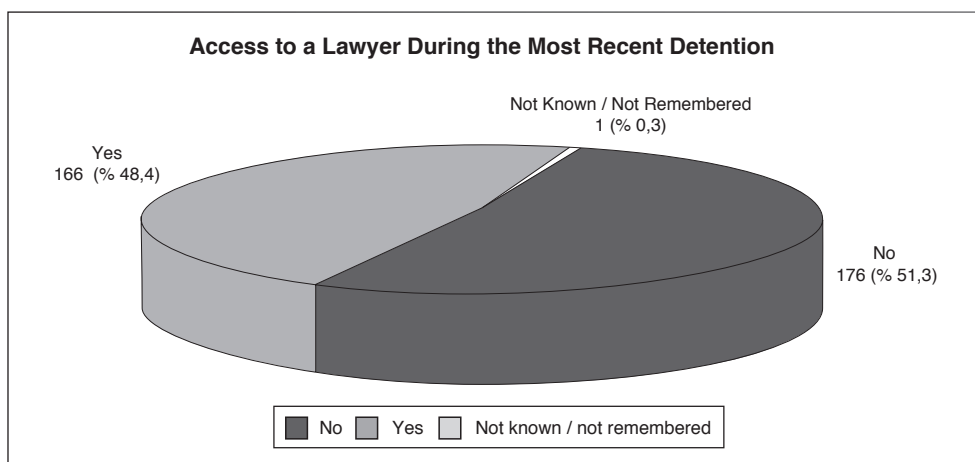
Burning	3	0.9
Forced medical intervention	3	0.9
Hindering visits	3	0.9
Rape	3	0.9
Reverse hanging from the legs	2	0.6
Cavity searching	1	0.3
Application of chemical substances	1	0.3
Other	45	13.1
Total	2256	7.1*

* Average number of torture methods one person is subjected to

2 - Legal Procedures During and After Detention

166 (48.4%) of all applicants in 2010 stated that they were able to meet with a lawyer during their most recent detention (Chart 4). As it will also be useful to discuss this matter in the light of recent developments, it will be considered more thoroughly in section 2.

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



The number of applicants who were released from their most recent detention without being taken before a prosecutor was 111 (32.4%). 75 applicants (21.9%) were released by a prosecutor or a court (Table 16). In other words, nearly half of applicants in 2010 did not face any accusation necessitating an arrest after being detained. Approximately 1/3 of applicants (107 applicants) were not tried after their most recent detention. This is an indication of the arbitrariness of detentions.

Table 16: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to their situation after the most recent detention

Situation After Most Recent Detention	Number of Applicants	%
Released without facing prosecutor	111	32.4
Was arrested	153	44.6
Released by prosecution office or court	75	21.9
Not known/ not remembered	4	1.2
Total	343	100.0

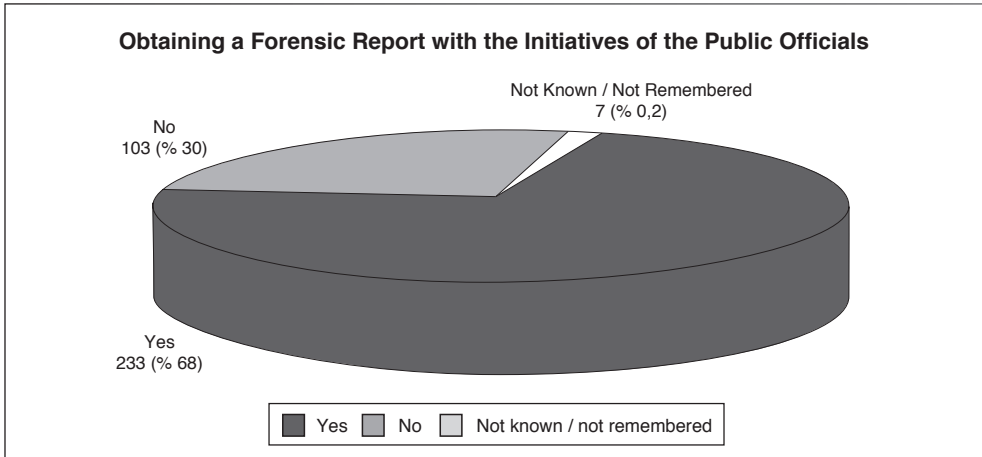
Regarding the legal process following the most recent detention period of the applicants, one can see that 80 lawsuits (23.3%) filed against the applicants resulted in conviction, while the lawsuits of 97 applicants (28.3%) are on-going (Table 17).

Table 17: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to the legal procedures after their most recent detention

Legal	Number of applicants	%
Applicant was not tried	107	31.2
Trial in progress	97	28.3
Whether a suit is filed or not is unknown	42	12.2
Applicant was tried and convicted	80	23.3
Applicant was tried and acquitted	8	2.3
Applicant was tried, result unknown	7	2
Total	343	100.0

The number of applicants who obtained a forensic report after their most recent detention on the initiative of the officials was 233 (67.9%) (Chart 5). For the reason that the detention period of applicants differ, this issue will be discussed in section 2 in order to evaluate the recent situation of the applications.

Chart 5: The distribution of applicants to the HRFT’s Treatment and Rehabilitation Centres in 2010 according to whether they obtained a forensic report on the initiatives of public officials after the detention period or not



128 applicants out of 233 (54.9%) were examined in hospitals, while 62 applicants (26.6%) were examined at branches of the Council of Forensic Medicines. In other words 81.5% of the applicants were examined and their reports drafted by an expert (Table 18). Moreover 31 applicants stated that they obtained forensic reports upon their own initiative (because they had official complaints).

Table 18: The distribution of applicants to the HRFT’s Treatment and Rehabilitation Centres in 2010 according to the place of the forensic medical examination after the most recent detention

Place of Forensic Medical Examination After the Most Recent Detention	Number of Applicants	%
Hospital	126	54.1
Branch of Council of Forensic Medicine	62	26.6
Health Centre	30	12.9
Place of detention	5	2.1
Council of Forensic Medicine	6	2.6
Not known/not remembered	4	1.7
Total	233	100.0

When the 233 applicants who had had forensic medical examinations were asked to evaluate the process of their forensic medical examination, the results were found to be similar to those acquired in 2009. Again approximately half of the applicants (113, 48.5%) who were examined stated that the law-enforcement officers were not taken out of the room during the forensic examination; 122 applicants (52.4%) stated that

forensic physician did not listen to their complaints. Approximately two-thirds (151, 64.8%) stated that the forensic physician did not take note of their complaints and (150 applicants, 64.4%) that the forensic physician did not give a proper examination. One fourth of the applicants (63) stated that the forensic report was in accordance with the medical findings, and approximately a third of the applicants (84) stated that they had no information about the report. The remaining 86 applicants stated that the forensic report prepared was not in accordance with the findings (Table 19). This data shows that the forensic report, which is one of the most important protective tools for the prevention of torture, is not sufficiently made use of.

Table 19: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to the evaluations regarding the forensic examination after detention

Evaluations Regarding Forensic Examination	Yes	%	No	%	Not known/Not remembered	%	Total	%
Were the law-enforcement officers taken out of the room during the forensic medical examination?	116	49.8	113	48.5	4	1.7	233	100.0
Did the forensic physician listen to their complaints?	110	47.2	122	52.4	1	0.4	233	100.0
Did the forensic physician take note of the complaints?	81	34.8	151	64.8	1	0.4	233	100.0
Did the forensic physician examine as s/he ought to?	77	33.00	150	64.4	6	2.6	233	100.0
Did the forensic physician write a report that was in accordance with the findings?	63	27.00	86	36.9	84	36.1	233	100.0

45 applicants (13.1%) stated during their interrogation by court or prosecutor that they were tortured and 42 applicants (12.2%) filed a separate complaint with the prosecution. 250 applicants (72.9%) stated that they did not file any complaints regarding the torture they had been subjected to.

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

3 - Imprisonment period

The number of applicants who have been imprisoned at some point was 185 (53.9%). 114 of these applicants were arrested and sent to prison after their most recent detention. The length of stay in prison after the most recent detention period varied between 1 month and 172 months.

The total duration of the imprisonment period of the 184 applicants with a prison record is given in the Table 20. According to this Table, 66 applicants were incarcerated between 3 and 12 months, 42 applicants were held in prison between 13-36 months and ten applicants stayed in prison for more than 11 years.

Table 20: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to the duration of their imprisonment

Total duration of imprisonment	Number of Applicants	%
0-2 months	12	6.5
3-12 months	66	35.7
13-36 months	42	22.7
37-60 months	25	13.5
61-84 months	19	10.3
85-108 months	2	1.1
109-132 months	9	4.9
11-20 years	10	5.4
Total	184	100.0

Looking at the time that elapsed between the release of imprisoned 184 applicants and their application to the HRFT, one can see that 65 applicants (35.1%) applied to the HRFT within a month of their release, 64 applicants (34.6%) applied within one to 12 months and the others (56, 30.3%) applied after more than one year. This shows that many victims applied very late for the treatment of their health problems. Regarding the data of HRFT, one can see that one-third of the applications applied within one month of their release, many of the others applied very late for the treatment of their health problems. It is necessary to spend extra effort to encourage those who have health problems after their release from the prison to apply to the HRFT or other health institutions earlier.

107 applicants (57.8%) were released from prison pending trial, while 49 applicants (26.5%) were released because at the end of their imprisonment period (Table 21)

Table 21: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to the reasons of release

Reason for Release from the Prison	Number of Applicants	%
Pending trial	107	57.8
End of imprisonment	49	26.5
Amnesty/ conditional release	21	11.4
Acquittal	8	4.3
Total	185	100.0

Of the applicants with a prison record, those who stayed at a F-Type prison carry special importance since they were subjected to isolation conditions. Of 185 applicants who have prison records, 58 applicants were held at a F-Type prison (31.4%). The imprisonment duration of these 58 applicants varied between one to 78 months. The number of applicants who stayed in solitary confinement at a F-Type prison is 28 (48.3%). The duration of imprisonment of these applicants in a solitary single cell varied between one and 53 months.

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

Moreover, 28 applicants (15.1%) received solitary confinement as a punishment for various infractions during their imprisonment and isolation period varied between one to 99 days.

4 of the 184 applicants with a prison history were victims of the operations in several prisons on 19 December 2000 against the hunger strikes that were taking place at that time.

Among 184 applicants with a prison history, 81 (43.8%) applicants claimed to have been tortured in prison. Furthermore, 9 applications stated that, while in prison they were again taken away to be interrogated again, and 8 out of the 9 stated that they had been tortured again during this interrogation. The distribution of the torture methods that these 81 applicants were subjected to in prison are shown in Table 22.

General prison conditions can be considered as constituting a collective torture method on all detainees and convicts. Furthermore, we see that more than half of the applicants with a prison history were subjected to torture in prison and that torture methods such as beating, stripping naked, insults and threats are still being widely used as violence against the personal integrity of those deprived of their liberty in prison.

According to the data collected by the HRFT's Documentation Centre in 2010, 35 people died as a result of suicide, during fights and due to insufficient health conditions in prisons.

Table 22: The distribution of applicants to the HRF's Treatment and Rehabilitation Centres in 2010 according to the methods of torture in prison

Torture Method	Number of Applicants	%
Insulting	66	81.5
Humiliating	59	72.8
Beating	51	63.0
Stripping naked	34	42.0
Death threat	22	27.2
Other threats against herself/himself	22	27.2
Forced to obey nonsensical orders	18	22.2
Hindering visits	18	22.2
Solitary Confinement	17	21.0
Sexual harassment	16	19.8
Restricting food and drinking	13	16.0
Verbal sexual harassment	13	16.0
Forced to wait in cold environment	12	14.8
Sleep deprivation	10	12.3
Other	9	11.1
Falanga	8	9.9
Physical sexual harassment	8	9.9
Restricted defecation and urination	8	9.9
Other positional torture methods	8	9.9
Continuous hitting on the one part of the body	8	9.9
Blindfolding	8	9.9
Forced to listen to marches or high-volume music	8	9.9
Forced to witness (audio/visual) torture of others	7	8.6
Restricting respiration	7	8.6
Threads against relatives	6	7.4
Pulling out hair/moustache/beard	5	6.2
Forced excessive physical	5	6.2
Mock execution	4	4.9
Strappado	4	4.9
Suspension on a hanger	4	4.9
Electricity	4	4.9
Pressurised/cold water	4	4.9
Squeezing testicles	4	4.9
Subjecting to chemicals	3	3.7

Table 22: Cont'd

Forced to wear uniform clothing	3	3.7
Ask to act as an informer	3	3.7
Suspending or crucifying	2	2.5
Cavity Search	2	2.5
Torturing the relatives	2	2.5
Reverse hanging from legs	1	1.2
Forced medical intervention	1	1.2
Rape	1	1.2
Burning	1	1.2
Total	512	11.6*

* Average number of torture methods one person is subjected to

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

The distribution of the answers of 184 applicants with a prison history to the questions about prison conditions is given in Table 23.

Table 23: The distribution of the answers of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 about the prison conditions

Prison Conditions	Positive	Partly positive	Negative	Total
Accommodation	16	56	113	185
Nutrition	15	42	128	185
Hygiene	16	45	124	185
Air ventilation	19	51	115	185
Communication	25	49	111	185
Health	11	45	129	185
Conditions of Transfers	9	38	138	185
Access to publications	16	56	113	185

81 out of the 184 applicants (43.8%) stated that they participated in a hunger strike while in prison during various periods. 10 applicants participated in the hunger strike against F-Type prisons that started 20 October 2000. 32 applicants stated that they had been on hunger strike during various periods.

C - MEDICAL EVALUATION

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

In this chapter, the treatment process of 343 torture survivors who applied to the HRFT's Treatment and Rehabilitation Centres will be evaluated. This process is best understood by first describing the methodological approach of the HRFT. In the first interview, the applicant tells his/her experiences of torture and his/her complaints to the physician in his/her own words. Following this, the physician asks for the necessary laboratory tests and consultations after an examination and evaluation. S/he expresses his opinion openly to the applicant.

In the last stage, the anamnesis, the examination and tests are evaluated altogether and a relationship between the illness and torture is established. In this stage, it is important to evaluate the health of the applicant in a holistic way.

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

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

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

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

1 - Medical Complaints of the Applicants

337 of the 343 applicants in 2010 had a psychological or physical problem. During the first evaluation the applicants indicated a total number of psychological complaints.

Looking at the distribution of these applicants according to systems, it is observed that the number of psychological complaints is the greatest (32.8%) (Table 24).

Table 24: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to the frequency of their physical or psychological complaints

Systems	Number of Complaints	%
Psychological	1231	32.8
Musculoskeletal	599	16.0
General	398	10.6
Digestive	265	7.1
Neurological	253	6.7
Dermatological	242	6.4
Ear, Nose and Throat	180	4.8
Urogenital system	145	3.9
Respiratory	136	3.6
Ophthalmologic	120	3.2
Oral-dental	109	2.9
Cardiovascular	53	1.4
Endocrinological	24	0.6
Total	3755	100.0

The most common psychological complaint is sleeping disorder, which is experienced by 117 applicants (26.6%). The most common physical complaint is a headache (99 applicants, 28.9%). The most common 10 physical and psychological complaints are given in Table 25 and Table 26.

Table 25: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to the frequency of their physical complaints

10 Most Common Physical Complains	Number of Complaints	% Among the Applicants	% Among the Physical Complaints
Headache	99	28.9	3.9
Fatigue	93	27.1	3.7
Lower back pain	75	21.9	3.0
Rapid exhaustion	66	19.2	2.6
Decayed/missing tooth	62	18.1	2.5
Discoloration of the skin	57	16.6	2.3
Stomach ache	57	16.6	2.3
Visual Defect	56	16.3	2.2
Pain in the Neck	53	15.5	2.1
Dizziness	49	14.3	1.9
Other physical complaints	1857	-	73.6
Total	2524	-	100.0

Table 26: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to the frequency of their psychological complaints

10 Most Common Psychological Complaints	Number of Complaints	% Among the Applicants	% Among the Physical Complaints
Sleeping Disorder	117	34.1	9.5
Irritability	99	28.9	8.0
Irritability from police	99	28.9	8.0
Distress	93	27.1	7.6
Tension	79	23.0	6.4
Anxiety	75	21.9	6.1
Urge to cry	73	21.3	5.9
Amnesia	64	18.7	5.2
Nightmare	61	17.8	5.0
Not getting pleasure out of life	52	15.2	4.2
Other psychological problems	419	-	16.6
Total	1231	-	100.0

2 - Findings of the Physical Examinations

The total number of physical findings obtained as a result of physical examinations is 1221. Looking at the distribution of them according to the systems, one can see clearly that the most common findings belong to the musculoskeletal (295, 24.2%), dermatological (281, 17.9%) and ear, nose and throat system (141, 11.5%) (Table 27).

Table 27: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to the physical findings of the medical examinations

Systems	Number of Findings	%
Musculoskeletal	295	24.2
Dermatological	281	23.0
Oral-dental	218	17.9
Ear, nose and throat	141	11.5
Digestive system	110	9.0
Urogenital System	59	4.8
Ophthalmologic	54	4.4
Respiratory system	27	2.2
Neurological system	21	1.7
Cardiovascular system	9	0.7
Endocrine System	6	0.5
Total	1221	100.0

The most common findings are pain and sensitivity in the muscles and ecchymosis (101 applicants, 29.4%). Considering that the most common physical torture method is beating, we see that the medical findings and the torture stories described by the applicants match. According to the stories of the applicants, the beatings started, in most cases, after being apprehended (deprived of their liberty), these applicants were then released at the same spot (on the street) without any formal registration of detention procedures being made. In the remaining cases, torture and ill-treatment continue until the person arrived at the detention centre (registration of detention). During the obligatory forensic medical examination these circumstances are recorded as findings that existed before being detained. The law-enforcement officers usually claim that the person resisted the detention (while it is quite obvious from the descriptions of the applicants as well as the visual materials gained through the media that there are 5-10 law-enforcement officers for each person who is apprehended and that these people have no chance to resist officers) and that they had to use force or that the person fell down the stairs or injured himself in some other similar way. When the forensic report and the law-enforcement officers' testimonies are combined it becomes very difficult for a torture victim to file a complaint for being tortured. If, despite these difficulties, a torture victim files a complaint, then the law-enforcement officers usually also file a complaint against the victim for having resisted against them or harmed them in some way.

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

Table 28: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to their physical findings

The most common 10 physical findings and Other findings	The Number of Findings	(%) Among the Applications	(%) Among all the Physical Findings
Muscular pain and sensitivity	101	29.4	8.3
Scar Tissue	70	20.4	5.7
Ecchymosis	63	18.4	5.2
Missing teeth	62	18.1	5.1
Decayed teeth	51	14.9	4.2
Sensitivity of epigastrium	51	14.9	4.2
Pain and restriction of the movements of lower back	46	13.4	3.8
Deviation of nose	36	10.5	2.9
Sensitivity of the abdomen	34	9.9	2.8
Pelvic sensitivity	33	9.6	2.7
Other physical findings	674	-	55.2
Total	1047	-	100.0

3 - Psychiatric Symptoms and Findings

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

Table 29: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to their psychological symptoms and findings

Psychological Symptoms and Findings Observed in at least 10 of the Applicants	Number of Symptoms and Findings	% Among Applicants	% Among Psychiatric Symptoms and Findings
Anxiety	75	21.9	5.9
Difficulties in falling or staying asleep	66	19.2	5.2
Concentration difficulties	56	16.3	4.4
Increase or decrease in sleep duration	52	15.2	4.1
Irritability and/or easy outburst	51	14.9	4
Depressive mood	43	12.5	3.4
Fatigue/weakness. energy shortage	36	10.5	2.8
Intense physiological reactions to stimuli associated with trauma	36	10.5	2.8
Response of intense fear. helplessness or horror to the traumatic events experienced or witnessed	35	10.2	2.7
Sense of detachment or estrangement from others	34	9.9	2.7
Recurrent and distressing dreams of the traumatic event	33	9.6	2.6
Sense of foreshortened future	32	9.3	2.5
Agitation (irritability. hyperactivity)	30	8.7	2.3
Recurrent and intrusive distressing recollections of the traumatic event	29	8.5	2.3
Markedly diminished interest or participation in significant events	29	8.5	2.3
Blunted affect (or bluntness)	27	7.9	2.1

Table 29: Cont'd

Efforts to avoid activities, places or people that arouse recollection of the trauma	24	7	1.9
Hopelessness, desperation	23	6.7	1.8
Intense physiological distress at exposure to stimuli associated with trauma	23	6.7	1.8
Flashback experiences and acting or feeling as if the traumatic event were recurring	23	6.7	1.8
Changes in appetite/weight (increase or decrease)	23	6.7	1.8
Memory impairment	21	6.1	1.6
Exaggerated startle response	21	6.1	1.6
Efforts to avoid thoughts, feelings or conversations associated with the trauma	21	6.1	1.6
Somatic anxiety symptoms (palpitation, distress, sweating, vb.)	20	5,8	1.6
Hyper vigilance	19	5.5	1.5
Muscle tension	19	5.5	1.5
Dysphonic mood	16	4.7	1.3
Difficulties in decision making	15	4.4	1.2
Apathy	15	4.4	1.2
Lack of self-esteem	12	3.5	0.9
Decrease in sexual interest	12	3.5	0.9
Diminished psychomotor activity	11	3.2	0.9
Feeling of guilt	10	2.9	0.8
Other psychological findings	47	-	3.7
Total	1350		100.0

4 - Diagnoses

The evaluation of the diagnosis of the applicants was carried out among 337 applicants who were diagnosed by the end of 2010. Regarding the diagnosis, it appears that soft tissue trauma was the most common physical diagnosis (110 applicants, 32.1%) while major depressive disorder was the most common among the psychiatric diagnosis (36 applicants, 10.5%).

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

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

Table 30: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to their physical diagnoses

The most Common Physical Diagnoses	Number Of Applicants	%
Soft Tissue Trauma	110	32.1
Myalgia	32	9.3
Herniated Disc	21	6.1
Cut or bruises on the skin	21	6.1
Myopia-hypermopia	20	5.8
Lumbar Strain	16	4.7
Pharyngitis	16	4.7
Gastritis	16	4.7
Fibromyalgia	15	4.4
Urinary tract infection	15	4.4

Table 31: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to their psychiatric diagnoses

10 Most Common Psychiatric Diagnoses	Number of Applicants	%
PTSD (chronic)	54	15.7
Major depressive disorder	36	10.5
PTSD (acute)	15	4.4
Acute stress disorder	11	3.2
Generalized anxiety disorder	8	2.3
Other anxiety disorders	6	1.7
Adjustment disorder	4	1.2
Psychotic disorder	4	1.2
Somatization disorder	3	0.9
Dysthymic disorder	2	0.6

22 out of 343 applicants (6.4%) in 2010 were not diagnosed with any kind of physical or psychiatric disorders.

When the application between the diagnosis and the torture process experienced by the applicant is examined, disregarding those diagnosis that were not found to be related to the trauma, it appears that in 51.4% of all diagnosis found relevant to the trauma, the torture period was regarded as the only logical factor, in 33.5% of the cases it was regarded as one of the factors, while in 15.1% of the cases it was found to have aggravated or inflamed the pathological situation.

D - TREATMENT AND REHABILITATION PROCESS

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

1 - Applied Treatment Methods

With regards to the treatment methods applied to a total number of 343 applicants, it appears that 289 applicants (84.3%) received medication, 68 (19.8%) received psycho-pharmacotherapy, 27 (7.9%) received psychotherapy, 30 (8.7%) were given exercise programmes, 8 (2.3%) received surgery and 11 (2.7%) received physiotherapy. The distribution of the treatment methods is presented in Table 32.

Table 32: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to the treatment methods applied

Applied Treatment Methods	Number of Applicants	%
Medication	289	84.3
Recommendations on daily life	130	37.9
Psycho-pharmacotherapy	68	19.8
Exercises	30	8.7
Psychotherapy	27	7.9
Physiotherapy	18	5.2
Eye glasses	13	3.8
Surgery	8	2.3
Orthopaedic implements (Orthesis, crutches, sole support, etc.)	6	1.7
Dental treatment	4	1.2
Hearing aid	1	0.3
Total	594	1.7*

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

2 - Results of the Treatment and Rehabilitation Process

The results of the treatment prescribed to the applicants as a result of the diagnoses are given in the Table 33. Thirty-five applicants (10.2%) with physical complaints left their treatment process unfinished for various reasons either before a diagnosis was made or after the beginning of the treatment. Compared to the previous years, this percentage continues to decrease.

Table 33: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to the results of the physical treatment

Results of the Physical Treatment	Number of Applicants
Treatment was completed	192
No disorder was detected related to torture or prison experience	45
Treatment continues	65
Treatment was discontinued without a diagnosis	8
Treatment was discontinued after having started	26
The diagnostic stage continues	6
Applicants could not appear at the first appointment	1
Total	343

After the evaluation by the centre physicians, all applicants were advised to see a psychiatrist. 8 applicants who accepted this advice did not go to the appointment. 25 applicants who were diagnosed with a mental disorder did not accept the treatment. The number of applicants who did not complete their treatment, including those who did not accept the treatment was 65 (18.9%). Compared to last year, this rate has increased.

The Table 34 shows the results of the psychiatric treatment.

Table 34: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 according to the results of the psychiatric treatment

Results of the Psychiatric Treatment	Number of Applicants
No disorder was detected related to torture or prison experience	93
Treatment continues	68
Treatment was completed	24
The applicant did not appear at the first appointment	8
Treatment was discontinued after having started	33
Treatment was discontinued without diagnosis	7
The applicant refused a psychiatric examination	18
The applicant refused psychiatric treatment	25
The diagnostic stage continues	2
Transfer	2
Total	280*

**63 applicants did not have any mental health complaints*

49 applicants who applied in 2010 did not continue to their treatment. Compared to the previous years, the percentage (14.2%) has increased slightly (in 2006 12.6%, in 2007 13.8%, in 2008 13.1%, and in 2009 11.6%). The treatment of 170 applicants, most of whom had acute physical illnesses was completed. The course of the

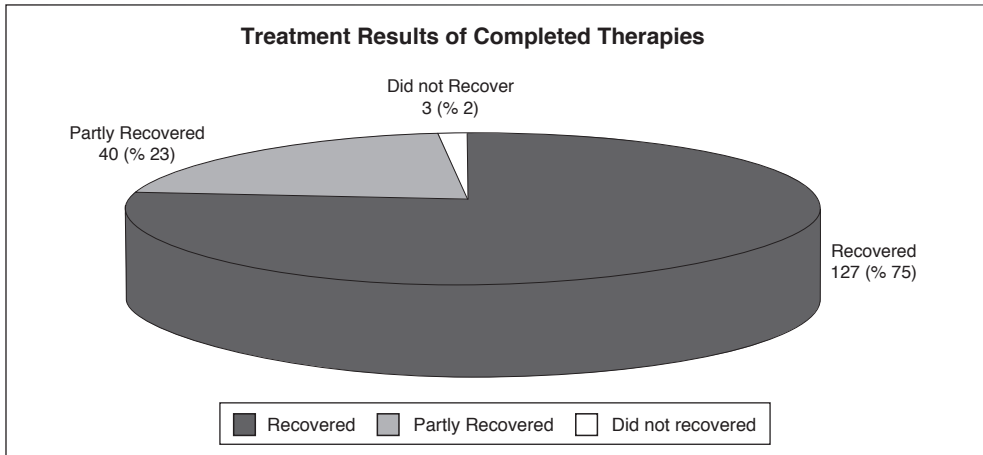
treatment and rehabilitation stages of all the applicants in 2010 until the end of the year is presented in Table 35.

Table 35: The results of the physical and psychiatric treatment processes of the applicants to the HRFT’s Treatment and Rehabilitation Centres in 2010

Progress of the Cases	Number of Applicants
Treatment was completed	170
Treatment continues	101
Treatment was discontinued after having started	49
Treatment was discontinued without Diagnosis	12
No disorder was detected in connection with torture or prison experience	6
The diagnostic stage continues	5
Total	343

127 of the 170 applicants, whose treatment was completed in 2010, recovered completely while 40 applicants recovered only partially (Chart 6).

Chart 6: The distribution of the applicants to the HRFT’s Treatment and Rehabilitation Centres in 2010, whose treatments were completed, according to the treatment results



II – EVALUATION OF THE APPLICANTS WHO WERE SUBJECTED TO TORTURE AND ILL-TREATMENT IN DETENTION IN THE YEAR 2010

This section contains a separate evaluation of the social and demographic characteristics from the information obtained through the process of torture and the medical evaluations of the 160 applicants to the HRFT in 2010 who stated that they had been subjected to torture in detention in 2010. The aim of evaluating the data on

torture in detention in 2010 in a separate section is to describe the existing situation of torture in Turkey in 2010 and to evaluate the medical problems that might be seen in those who apply to us immediately after being tortured.

Information on when and where the applicants were last subjected to torture, torture methods, the judicial examinations that are carried out due to the legal requirements at the beginning, at the end of and sometimes in the middle of detention process and the conditions under which the medical reports related to all of these issues were prepared and the judicial process after detention provide an objective criteria for the evaluation of the claims that torture still continues to be applied systematically.

A - SOCIAL AND DEMOGRAPHIC CHARACTERISTICS

1 - Age and Sex

The applicants' ages range from 13 to 61. The average age is 26.6 ± 9.8 . The average age is 3.5 years less than the average of all applicants. The average age of the applicants who have been subjected to torture in 2009 was approximately the same as in 2010 and less than in the previous years. This situation, which has been confronted for the last two years, can be explained by the increase in the applicants under 18 year-old and the small increase in the applicants in the 18-25 age group.

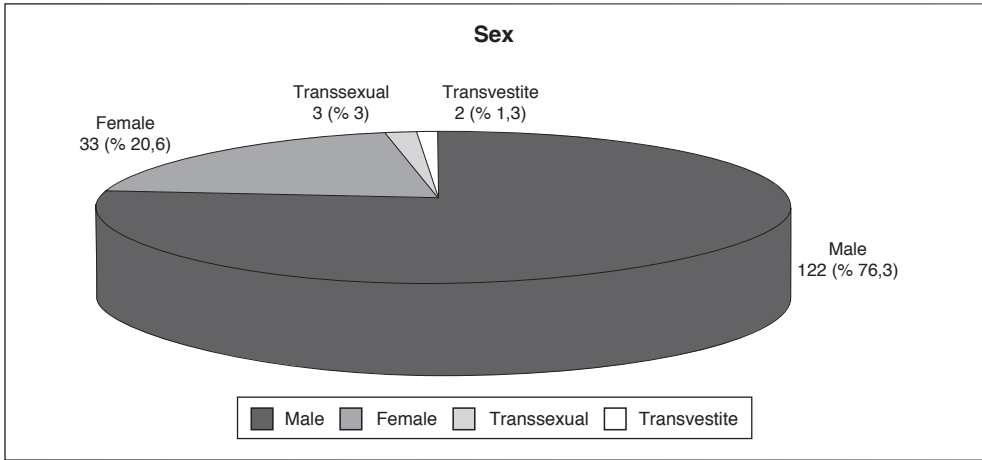
32 of the applicants who were subjected to torture in 2010 were 18 or under the age of 18. The distribution of the applicants according to their age is given in table 36.

Table 36: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to their ages

Age Group	Number of Applicants	%
0-18	32	20
19-25	63	39.4
26-30	26	16.3
31-35	4	2.5
36-40	17	10.6
41-45	5	3.1
46 and above	13	8.1
Total	160	100.0

122 of applicants were male (76.3%) while 33 were female (20.6%) (Chart 8). In this year, there were also 2 transvestite and 3 transsexual applicants. The reason, why there has been at least a few more transvestites and transsexuals applying to the HRFT as torture or ill-treatment survivors, is that they started to organise themselves under the LGBT organisations. Thus, considering that a significant proportion of torture survivors apply to us upon reference of NGOs and it is well-known that they often become victims of torture and ill-treatment, they should be supported in their organising to make it so that they are more easily able to reach The HRFT and other human rights organisations.

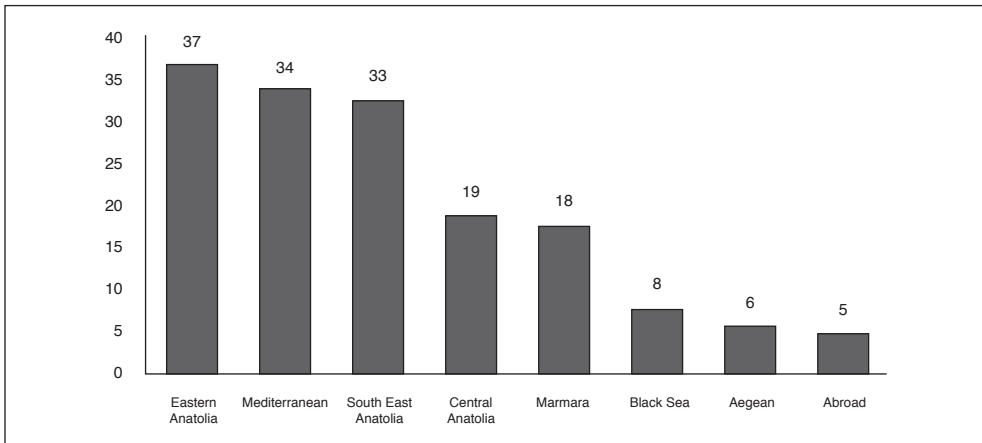
Chart 7: The distribution of applicants to the HRFT’s Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to their sex



2 - Place of Birth

Almost one quarter of the applicants were from the Eastern Anatolian Region, followed by those born in the Mediterranean and South-eastern Anatolian Regions. Those in the Eastern and South-eastern Anatolian Regions constituted nearly 43.7% of all applicants. 21.3% of the applicants were born in Mediterranean Region, 11.9% in Central Anatolian, 11.9% in the Marmara and 5% in the Black Sea. The regional distribution of the applicants according to their birthplaces is presented in chart 8.

Chart 8: The distribution of applicants to the HRFT’s Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to their birthplace



Regarding the birthplaces at the provincial level, we see that most applicants were born in Adana (23, 14.4%), Diyarbakir (14, 8.8%), Istanbul (13, 8.1%), Ankara (11, 6.9%), and in Hakkari (10, 6.3%).

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

3 - Educational Background and Employment Status

More than half of the applicants (101, 63.1%) are secondary school or high school graduates, 39 applicants (24.4%) are primary school graduates or literate, and 14 applicants (8.7%) graduated or dropped out of university. 6 applicants (3.8%) are illiterate. Secondary school students are considered literate, high school students as secondary school students and university students as high school graduates. A more detailed distribution of the education level of the applicants is provided in Table 37.

Table 37: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to their education background

Educational Background	Number of Applicants	%
High school graduate	69	43.1
Secondary school graduate	32	20.0
Primary school graduate	31	19.4
University graduate	9	5.6
Literate	8	5.0
Illiterate	6	3.8
University drop out	5	3.1
Total	160	100.0

Regarding the employment status of the applicants, it appears that 56 applicants (35%) were unemployed. 40 applicants (25%) were university students, 18 (11.3%) were primary or secondary school students and 11 (6.9%) were industrial workers in the private sector.

Looking at the employment status of all of the applicants, we see that the percentage of unemployed applicants has significantly decreased while the percentage of university students has significantly increased. There is also a slight increase in the percentages of primary and secondary school students and industrial workers in the private sector. This can be explained by the fact that the effect of the group of chronic applicants, which includes applicants recently released from prison, does not exist in this group. Furthermore, as applicants are often tortured for political reasons, these

reasons can be constituted as an obstacle in finding a job and therefore has led to a higher percentage of unemployed applicants among the total number of applicants.

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

Table 38: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to their employment status

Profession or Employment	Number of Applicants	%
Unemployed	56	35
University student	40	25
Primary or secondary school student	18	11.3
Industrial worker in the private sector	11	6.9
Tradesmen (working in a shop or office of their own)	6	3.8
Peddler	6	3.8
Construction worker	4	2.5
Office worker in the private sector (secretary, bank clerk etc.)	3	1.9
Housewife	3	1.9
Industrial worker in public sector	3	1.9
Teacher	3	1.9
Retired	3	1.9
Journalist	1	0.6
NGO staff	1	0.6
NGO professional	1	0.6
Office worker in public sector (secretary, bank clerk etc.)	1	0.6
Total	160	100.0

B - PROCESS OF TORTURE

Among the applicants to the HRFT's in 2010, 160 applicants were subjected to torture in detention in the same year. Although 166 applicants were subjected to torture in 2010, 5 applicants, whose most recent torture took place in prisons, and 1 applicant because of a lack of data, are excluded from the evaluation in this paper. Only the information obtained from 160 applicants, who were tortured in detention is included in this evaluation.

1 - The Process of Detention and Torture

120 of the applicants (75%) who were subjected to torture in detention within 2009 stated that they had been tortured for political reasons, 35 (21.9%) stated that they

had been tortured for non-political reasons and 5 (3.1%) stated that they had been tortured because of their sexual orientation. As many of those tortured or ill-treated for non-political reasons do not speak out about their experience, the HRFT has carried out various activities to raise awareness about the rights of torture victims and to provide treatment and rehabilitation services to those people. As a result, the number of applicants who were tortured or ill-treated for non-political reasons has increased over the past years.

Collective applications become more common when there are excessively violent interventions by law-enforcement officers in demonstrations and public meetings, a phenomenon that can be described as “torture taking the streets”.

As for the length of their most recent detention, 129 applicants (80.6%) were detained for less than 24 hours and 15 (9.4%) were detained between 24 and 48 hours. Three applicants (1.9%) were detained for more than 5 days. One applicant indicated to have been detained for two weeks and tortured abroad.

According to the statements of the applicants, the statute of limitations on the length of detention was generally complied with except in 3 cases. While it was believed that shorter detention periods would be instrumental in the prevention of torture, the result of a change in legislation enacting this resulted in a change in torture methods, rather than an end to torture. Law-enforcement officers started to apply physical torture methods before bringing the person to the detention place and to fabricate appropriate cover up stories or abduct people and torture them in deserted areas. An increase of cases of torture and ill-treatment on the street and in cars without any formal registration has also been the result of these legislative changes. The new implementations stated above have continued in 2010. Thus, it is obvious that the legislative changes made for the prevention of torture remains ineffective in practice as long as there is no political will to implement these changes. The distribution of applicants according to the length of the most recent detentions is presented in Table 39.

Table 39: The distribution of applicants to the HRFT’s Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to the length of their most recent detentions

Length of Most Recent Detention	Number of Applicants	%
Less than 24 hours	129	80.6
24-48 hours	15	9.4
49-72 hours	4	2.5
73-96 hours	8	5
5-7 days	3	1.9
8-15 days	1	0.6
Total	160	100.0

With regards to the places where the applicants were arrested, we see that 124 applicants (77.5%) were arrested on the street or at another location outdoors. The distribution of the places of arrest for the most recent detention is presented in Table 40.

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

Table 40: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to the place of their most recent arrest

Place of most recent arrest	Number of Applicants	%
Outdoors or street	124	77.5
Home	19	11.9
Private institution (NGO office, press office, etc.)	7	4.4
Public institution	7	4.4
Other	2	1.3
Work place	1	0.6
Total	160	100.0

Because most of the applicants were arrested on the street during demonstrations or protest marches; arrests were primarily made between 08:00 and 18:00. The distribution of applicants according to the time of their most recent arrest is presented in Table 41.

Table 41: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to the time of their most recent arrest

The hour of most recent arrest	Number of applicants	%
08:00 - 18:00	110	68.8
18:00 - 24:00	33	20.6
24:00 - 08:00	17	10.6
Total	160	100.0

Regarding the place of torture during their most recent detention, 64 applicants (40%) were tortured on the street or outdoors, 42 (26.3%) were tortured at security directorates, while 36 (22.5%) were tortured in police stations. Descriptions from the applicants, who were tortured on the street or outdoors, are stated above under different titles. Considering the stories of the applicants, it seems that the detention and torture processes of the applicants began outdoors and then continued in safety units.

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

Table 42: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to the place of their most recent torture in detention

Place of the Most Recent Torture in Detention	Number of Applicants	%
On the street or outdoors	64	40.0
Security directorate	42	26.3
Police station	36	22.5
Gendarmerie stations	5	3.1
In a car	5	3.1
Home/workplace	4	2.5
Not known/not remembered	1	0.6
Other	3	1.9
Total	160	100.0

Applying to the regional distribution of the place of the most recent torture, it appears that the Marmara region comes first, followed by the Mediterranean and Central Anatolia regions (Table 43).

As for the provincial distribution of the most recent torture, we see that Istanbul, Adana, Ankara, and Izmir were the most common provinces.

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

Table 43: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to the regions in which they experienced the most recent torture

Region of the Most Recent Torture	Number of Applicants	%
Marmara	56	35
Mediterranean	37	23.1
Central Anatolia	23	14.4
Aegean	17	10.6
South-Eastern Anatolia	14	8.8
South Anatolia	10	6.3
Black Sea	2	1.3
Abroad	1	0.6
Total	160	100.0

Table 44: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to the provinces in which the applicants were last subjected to torture

Province of Most Recent Torture	Number of Applicants	%
Istanbul	45	28.1
Adana	32	20
Ankara	23	14.4
Izmir	15	9.4
Hakkari	10	6.3
Diyarbakir	10	6.3
Edirne	9	5.6
Mersin	5	3.1
Siirt	2	1.3
Bursa	1	0.6
Kütahya	1	0.6
Kırklareli	1	0.6
Batman	1	0.6
Aydın	1	0.6
Bolu	1	0.6
Giresun	1	0.6
Gaziantep	1	0.6
Abroad	1	0.6
Total	160	100.0

Looking at the detention centres where the most recent torture was inflicted in more detail, it appears that the Adana Anti-Terror Branch (ATB) and the Ankara Security Directorate ranks first. We see that the Adana Security Directorate, Ankara Esat Police Station, Istanbul Beyoğlu Police Station are also among the first. In the upcoming years a more detailed analysis of the detention centres and the torture events will be carried out. Table 45 displays the centres of the most recent torture in which more than 3 cases occurred.

Table 45: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to the detentions centres where the most recent torture took place

Entre of the Most Recent Torture in Detention	Number of Applicants	%
Adana ATB	7	4.4
Ankara Security Directorate	7	4.4
Adana Security Directorate	5	3.1
Esat Police Station	5	3.1
Beyoğlu Police Station	4	2.5
Huzurevleri Police Station	3	1.9
Heybeliada Police Station	3	1.9
Izmir Bozyaka ATB	3	1.9
Karaköy Police Station	3	1.9
Yüksekova Security Directorate	3	1.9
Ankara ATB	3	1.9
Other security directorate and ATB	15	9.4
Other police station	19	11.9
Other Gendarmerie headquarter	1	0.6
Other gendarmerie station	5	3.1
Abroad	1	0.6
Was not subjected to torture at a centre*	73	45.6
Total	160	100.0

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

Table 46 presents the torture methods inflicted on the applicants during their most recent torture. While beating was the most commonly used torture method according to the statements of the applicants who were tortured in 2010 while held in detention, it is thought provoking that the following most common methods are psychological torture methods. According to the statements of the applicants, beatings and being subjected to chemicals (teargas) are methods mostly used before the person is taken to a detention centre (before the registration of the detention). After the person has been taken to the detention place, other methods are used.

Table 46: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to the methods of torture

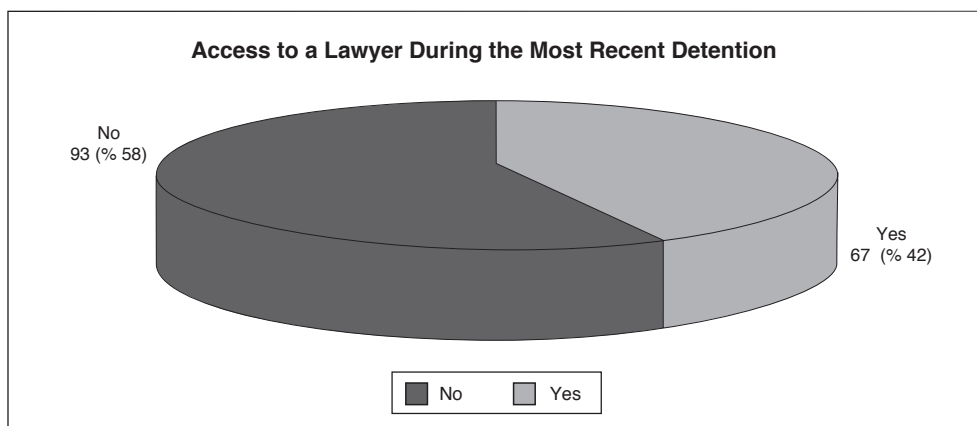
Torture Method	Number of Applicants	%
Insulting	147	91.9
Beating	136	85.0
Humiliating	134	83.8
Threads against herself/himself	75	46.9
Death threads	45	28.1
Sexual Harassment	41	25.6
Exposure to chemical substances	28	17.5
Continuous hitting on one part of the body	22	13.8
Restricting food and drinking	22	13.8
Forced to witness (visual/audio) torture of others	20	12.5
Forced to wait in a cold environment	19	11.9
Threats against relatives	19	11.9
Restricted defecation and urination	19	11.9
Other positional torture methods	15	9.4
Forcing to obey nonsensical orders	15	9.4
Forced excessive physical activity	14	8.8
Sleep deprivation	13	8.1
Pulling out hair/moustache/beard	12	7.5
Asked to act as an informer	10	6.3
Torturing in the presence of relatives and friends	8	5.0
Stripping naked	8	5.0
Restricting respiration	6	3.8
Solitary cell	6	3.8
Blindfolding	4	2.5
Forced to listen to marches or high volume music	3	1.9
Burning	2	1.3
Pressurised/cold water	2	1.3
Squeezing testicles	2	1.3
Hindering visits	1	0.6
Suspension on a hanger	1	0.6
Mock execution	1	0.6
Hanging and crucifix	1	0.6
Application of chemical substances	1	0.6
Falanga	1	0.6
Other	21	13.1
Total	874	5.4*

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

2 - Legal Procedures During and After Detention

67 (41.9%) of the applicants stated that they were able to see a lawyer during their most recent detention. Considering that some of the applicants were tortured and ill-treated on the street or outdoors and did not go through any formal registration procedure, it can be assumed that an even higher ratio of those who were detained were unable to see a lawyer (Chart 9).

Chart 9: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to their access to a lawyer



The number of applicants who were released without being taken to the prosecutor's office after their most recent detention was 91. 16 applicants were arrested and either the public prosecutor or a court released 51 applicants after their most recent detention. (Table 47). These numbers show the arbitrariness of the detentions more clearly than in the first section where we evaluated all of the applicants.

Trials of 30 applicants (18.8%) are on-going and the trials of 6 applicants (3.8%) resulted in a conviction (Table 48).

Table 47: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to the situation after their most recent detention

Situation After Most Recent Detention	Number of Applicants	%
Released without facing prosecutor	91	56.9
Released by prosecution office or court	51	31.9
Was arrested	16	10
Not known/not remembered	2	1.3
Total	160	100.0

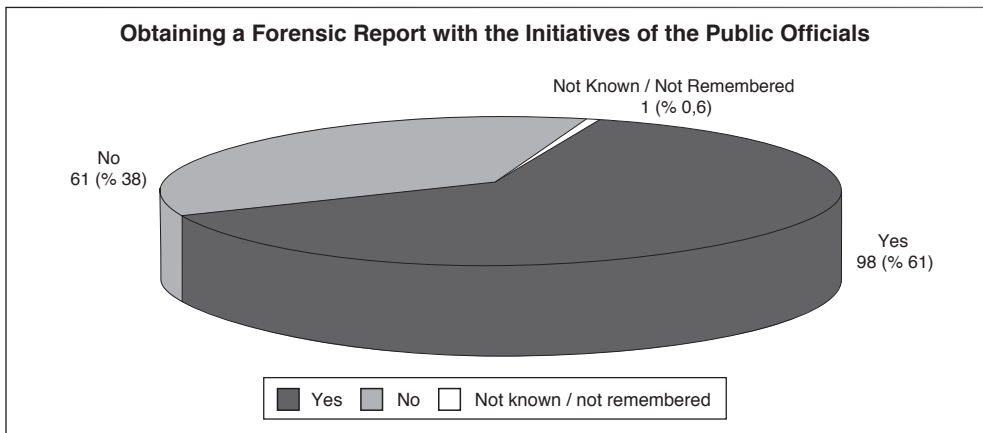
Table 48: The distribution of applicants to the HRFT’s Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to the process of their trial after their most recent detention

Trial Process After last detention	Number of Applicants	%
Applicant was not tried	83	51.9
Whether a lawsuit was filed or not is unknown	36	22.5
Trial in progress	30	18.8
Applicant was tried and convicted	6	3.8
Applicant was tried, result unknown	4	2.5
Applicant was tried and acquitted	1	0.6
Total	160	100.0

The number of applicants who obtained a forensic report after their most recent detention upon the initiative of public officials was 98 (61.3%) (Chart 10).

It can be said that except the applicants who were detained and subjected to torture on the street or outdoors without official acts, nearly all of those against whom a proceeding was launched underwent forensic medical examination.

Chart 10: The distribution of applicants to the HRFT’s Treatment and Rehabilitation Centres in 2010 who were subjected to torture in said year according to whether they obtained a forensic report upon the initiative of public officials after their most recent detention



More than half of these 98 applicants (55 applicants, 56.1%) were examined in hospitals, 32 applicants (32.7%) were examined in branches of the Council of Forensic Medicine and 8 applicants (8.2%) were examined in health centres (Table 49). Moreover, 24 applicants stated that they obtained forensic medical reports upon their own initiative after the most recent detention. As can be seen from the Table below, 89.7% of the applicants who were detained and subjected to torture were examined and their reports drafted by an expert physician.

Table 49: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to the place of their forensic medical examination after their most recent detention

Place of Forensic Medical Examination After Most Recent Detention	Number of Applicants	%
Hospital	55	56.1
Branch of Forensic Medicine Institution	32	32.7
Health Centre	8	8.2
Detention Place	1	1.0
Forensic Medicine Institution	1	1.0
Not known/not remembered	1	1.0
Total	98	100.0

With regards to the statements of the 98 applicants who underwent forensic medical examination after their detention about their evaluation of the examination, more than half of the applicants stated that law-enforcement officers were taken out of the room during the forensic medical examination (62 applicants, 63.3%), almost half of the applicants stated that the forensic physician listened to their complaints (51 applicants, 52%), however only 2/5 of applicants stated that the forensic physician also took proper notes of their complaints (40 applicants, 40.8%) and that the physician examined them as he ought to (39 applicants, 39.8%). 36 applicants (36.7%) stated that the physician prepared a medical report in accordance with the findings (Table 50). Considering that an expert physician examined 89.7% of applicants, it is hard to say that the problems described by the applicants resulted from lack of information or lack of experience.

Table 50: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to their evaluation of the forensic examination after their detention

Evaluation of Forensic Examination	Yes	%	No	%	Not known/not remembered	%	Total	%
Were the law-enforcement officers taken out of the room during the forensic medical examination?	62	63.3	34	34.7	2	2	98	100.0
Did the forensic physician listen to the complaints?	51	52	47	48	-	-	98	100.0
Did the forensic physician take note of the complaints?	40	40.8	58	59.2	-	-	98	100.0
Did the forensic physician examine as s/he ought to?	39	39.8	56	57.1	3	3.1	98	100.0
Did the forensic physician write a report that was in accordance with the findings?	36	36.7	34	34.7	28	28.6	98	100.0

20 applicants (12.5%) stated during the interrogation by the court or prosecutor that they had been tortured and 33 applicants (20.6%) filed a complaint with the prosecutor. 106 applicants (66.3%) people stated that that did not file any complaints of torture.

3 - Imprisonment Period

Among those applicants who were tortured in detention during 2010, the number of torture survivors who had been in a prison at some point was 32 applicants (20%), the number of those who were imprisoned after their most recent detention was 6 (3.8%). The length of their stay in prison after their most recent detention varies between one and ten months.

C - MEDICAL EVALUATION

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

1 - Medical Complaints of the Applicants

158 out of 160 applicants who were subjected to torture in detention in 2010 had physical or psychological complaints. The applicants complained about 1168 different health problems. Looking at the distribution of these complaints according to systems, it is noticeable that most of them concern psychological complaints (34.1%), followed by musculoskeletal (19.4%), dermatological (12.8%) and then general complaints (9.6%). (Table 51).

Table 51: The distribution of applicants to The HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to the frequency of their physical and psychological complaints

Systems	Number of Complaints	%
Psychological	398	34.1
Musculoskeletal system	227	19.4
Dermatological	149	12.8
General	112	9.6
Neurological	69	5.9
Digestive system	41	3.5
Respiratory	36	3.1
Ear, nose and throat	36	3.1
Ophthalmologic	33	2.8
Urogenital system	31	2.7
Oral-dental	29	2.5
Cardiovascular	5	0.4
Endocrine system	2	0.2
Total	1168	100.0

The most common physical complaint was skin discoloration (45 applicants) followed by headache, fatigue-weakness, graze and swelling. The most common psychological complaints are those related to sleeping problems and appeared in 25.6% of the applicants. The 10 most common physical and psychological complaints are presented in Tables 52 and 53.

Table 52: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to the frequency of their physical complaints

10 Most Common Physical Complaints	Number of Complaints	% Among the Applicants	% Among the Physical Complaints
Discoloration of the skin	45	28.1	5.8
Headache	36	22.5	4.7
Fatigue	35	21.9	4.5
Graze	31	19.4	4
Swelling	24	15	3.1
Pain in the arms	22	13.8	2.9
Pain in the neck	21	13.1	2.7
Diffuse pain in the whole body	21	13.1	2.7
Lower back pain	20	12.5	2.6
Pain in hand-wrist	20	12.5	2.6
Other physical complaints	495	-	64.3
Total	770		100.0

Table 53: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to the frequency of their psychological complaints

10 Most Common Psychological Complaints	Number of Complaints	% Among the Applicants	% Among the Psychological Complaints
Sleeping problems	41	25.6	10.3
Irritability from the police	38	23.8	9.5
Irritability	35	21.9	8.8
Distress	31	19.4	7.8
Anxiety	28	17.5	7
Tension	27	16.9	6.8
Urge to cry	21	13.1	5.3
Burst of anger	19	11.9	4.8
Fear	19	11.9	4.8
Nightmare	18	11.3	4.5
Other psychological complaints	121	-	30.4
Total	398	-	100.0

2 - Findings of the Physical Examinations

In 142 out of the 160 applicants who were tortured during their detention period in 2010, a physical finding was obtained as a result of physical examinations. The total number of physical findings was 497. The distribution of the findings, according to the systems, shows that the most common findings belong to the dermatological (38.6%) and musculoskeletal systems (29.2%) (Table 54).

Table 54: The distribution of the physical findings of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to the system

Systems	Number of findings	%
Dermatological	192	38.6
Musculoskeletal	145	29.2
Oral-dental	51	10.3
Ear, nose and throat	37	7.4
Ophthalmologic	25	5
Digestive system	21	4.2
Urogenital	15	3
Respiratory	5	1
Cardiovascular	3	0.6
Neurological	2	0.4
Endocrine system	1	0.2
Total	497	100.0

The most common physical findings are muscular pain and sensitivity (39.4%), skin ecchymosis (38.8%) and skin erosion (18.1%). Physical complaints and findings comply with the descriptions of the applicants. The frequency of the complaints and findings of the applicants who were subjected to torture while in detention during 2010 shows similarity with the frequency of the complaints and findings in 2008 and there is a decrease in the frequency of complaints and findings in 2010 compared to those in 2009. The 10 most common findings are given in Table 55.

Table 55: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to the physical findings

Distribution of the Most Common Findings	Number of Applicants	% Among the Applicants	% Among All Physical Findings
Muscular pain and sensitivity	63	39.4	12.7
Skin ecchymosis	62	38.8	12.5
Skin erosion	29	18.1	5.8

Table 55: Cont'd

Skin scarification	26	16.3	5.2
Skin oedema	17	10.6	3.4
Missing teeth	16	10.0	3.2
Cut	15	9.4	3
Skin laceration	14	8.8	2.8
Pain and restriction of the movements of the wrist and fingers	14	8.8	2.8
Crusted wound	13	8.1	2.6
Pain and restriction of the movements of the lower back	12	7.5	2.4
Pain and restriction of the movements of the neck	11	6.9	2.2
Other physical findings	205	-	41.2
Total	497	-	100.0

3 - Psychiatric Symptoms and Findings

Looking at the distribution of the psychiatric findings and symptoms of the applicants who were tortured in detention during 2010, anxiety and difficulties in falling or staying asleep were found among approximately 18% of the applicants and intense physiological reactions to stimuli associated with the trauma, extreme increases or decreases in sleep duration and irritability and/or easy outbursts were found among approximately 14% of the applicants. The psychiatric symptoms and findings seen in 10 or more of the applicants in this group were given in Table 56.

Table 56: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to their psychiatric symptoms and findings

Psychiatric Symptoms and Findings Observed in at least 10 of the Applicants	Number of Symptoms and Findings	% Among the Applicants	% Among All Psychiatric Symptoms and Findings
Anxiety	30	18.8	7.2
Difficulties in falling or staying asleep	29	18.1	7
Intense physiological reactions to stimuli associated with the trauma	23	14.4	5.5
Increase or decrease in sleep duration	22	13.8	5.3
Irritability and/or easy outburst	21	13.1	5

Table 56: Cont'd

Response of intense fear, helplessness or horror to the traumatic events experienced or witnessed	20	12.5	4.8
Concentration difficulties	19	11.9	4.6
Recurrent and distressing dreams of the traumatic event	16	10	3.8
Recurrent and intrusive distressing recollections of the traumatic event	15	9.4	3.6
Feelings of detachment or estrangement from others	14	8.8	3.4
Intense psychological distress at exposure to stimuli associated with the trauma	13	8.1	3.1
Sense of foreshortened future	12	7.5	2.9
Efforts to avoid thoughts, feelings or conversations associated with the trauma	12	7.5	2.9
Hypervigilance	12	7.5	2.9
Depressive mood	11	6.9	2.6
Agitation (irritability, hyperactivity)	11	6.9	2.6
Efforts to avoid activities, places or people that arouse recollection of the trauma	11	6.9	2.6
Other psychological symptoms or findings	125	-	30
Total	416	-	100.0

4 - Diagnoses

The evaluation of the diagnosis involved 147 applicants, who were diagnosed through 2010. Regarding the 65 different diagnosis, it appears that soft tissue trauma was the most common among the physical diagnoses (109 applicants, 74.1%), while bone fractures were diagnosed among 7 applicants. These physical findings show the intensity of the physical violence applied and should be evaluated carefully.

Major depressive disorder (30 applicants, 20.4%), chronic PTSD (25, 17%) and acute stress disorder (14, 9.5%) were among the most common psychiatric findings. Tables 57 and 58 show the 10 most common physical diagnoses and the psychiatric diagnoses that were found in two or more applicants and their frequency among 147 diagnosed applicants.

Table 57: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to the frequency of the most common physical diagnoses

10 Most Common Physical Diagnoses	Number of Applicants	%
Soft tissue trauma	110	74.8
Myalgia	32	21.8
Lumbar discopathy	21	14.3
Cuts or bruises on the skin	21	14.3
Myopia-hyperopia	20	13.6
Lumbar strain	16	10.9
Angina	16	10.9
Gastritis	16	10.9
Fibromyalgia	15	10.2
Urinary tract infection	15	10.2

Table 58: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2010 who were subjected to torture in the said year according to the frequency of the most common psychiatric diagnoses

Psychiatric Diagnoses	Number of applicants	%
Major depressive disorder	54	36.7
PTSD (chronic)	36	24.5
Acute stress disorder	15	10.2
PTSD (acute)	11	7.5
Adjustment disorder	8	5.4
General anxiety disorder	6	4.1
Somatization disorder	4	2.7
Sleep disorders	4	2.7

When the relationship between the diagnosis and the torture process experienced by the applicant is examined, disregarding those diagnosis that were found to be irrelevant to the trauma, it appears that in 80.8% of all of the diagnosis found to be relevant to the trauma, the torture experience was found to be the only etiological factor. In 6% of the cases it aggravated or inflamed the pathological situation while in 13.2% of the cases it was found to be one of the etiological factors.

In 7 of the applicants (4.4%) of the 160 applicants who were subjected to torture in detention in 2010, no disorder connected to the torture and trauma experience could be found.

III - EVALUATION AND CONCLUSION

Treatment and Rehabilitation Services

a) Although we had foreseen a total of 350 new applicants in 2009, the total number of new applicants was 363 (459 in 2009, 425 in 2008, 452 in 2007 and 337 in 2006).

That the number of applicants was higher than what had been foreseen is also related to the fact that, as explained in various special reports, during the last term security forces resorted to violence in a widespread way and that those involved are now being protected by the political authorities.

These concerning developments in the practices of the law-enforcement officers are the result of legal changes initiated in 2005 such as the new Turkish Penal Code and Turkish Criminal Procedure Code (2005), changes to the Law on Fighting with Terror (2006) and changes to the Law on the Authorities and Duties of the Police as well as the efforts of public authorities to legitimise these negative developments with security concerns.

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

- ❖ the visits of the mobile health team to regions where the HRFT does not have a treatment centre which started to be carried out systematically in 2009 and continued in 2010. (During two visits 19 torture victims were taken into one of the five treatment and rehabilitation centres.)
- ❖ the legal and social assistance programmes which started to be implemented in 2009 and continued in 2010 (five applicants received legal assistance and four adults and 55 children applicants received social assistance)
- ❖ the re-organisation of the HRFT's Diyarbakir Centre (in 2008 there had been 40 applicants, in 2010 there were 98 applicants)

b) In 2010 the number of applicants to the HRFT who stated that they had been subjected to torture in the same year was 161 (44.4%). In 2009 this number was 264 (57.6%); in 2008 269 (63%), in 2007 it was 320 (70%) and in 2006 it was 222 (65%).

c) In 2009 101 applicants were female, 257 were male, 3 were transsexual and 2 were transvestite.

d) While in 2008 there had been 44 children applicants, in 2009 there were 66 children applicants. The fact that there were 50 applicants in 2010 and 26 of them in Diyarbakir and 21 of them in Adana can be explained by the heavy repression against children in those regions. Another factor that should be taken into account is the social assistance programmes for children.

e) 57 applicants were taken into the 5-Cities-Programme in 2010 as a result of the work of the mobile health team. The mobile health team, which started to be carried out systematically in 2009, organized two visits and 19 torture victims were taken into the treatment and rehabilitation programme.

f) Regarding the distribution of our applicants, according to their birth places, the applicants born in South-eastern Anatolia (120 applicants) and in Eastern Anatolia (75 applicants) constitute an important part.

g) In 2009 there was a slight decrease in the number of applicants who were tortured for non-political (ordinary offences) (14.3%). In 2009 it was 18.5%, in 2008 it was 18.1%, in 2007 it was 13.8% and in 2006 it was 11.7%.

h) 21 of our applicants in 2010 are not Turkish citizens. Their nationalities are as follows: 11 Iranians, 3 Sudanese, 3 Iraqis, 2 Afghani, 1 Syrian and 1 German.

i) In 2010 the treatment process of 242 (70.6%) of our applicants were finalised with a full or partial recovery and 106 (17%) of the applicants continued their treatment process in 2010. 61 (17.8%) applicants' treatments could not be continued for various reasons. Compared to the previous years, there has been a slight increase in the dropout rate.

j) A particular effort was made in 2010 to reach out to potential applicants. The Reorganisation of the Diyarbakir Treatment and Rehabilitation Centre, the first visits of the mobile health team and the Memorandum of Understanding signed with the UNHCR Turkey on 3 August 2009 have made an important contribution to this.

j) Among the locations where our applicants were tortured in 2010 (343 applicants in total without counting 19 relatives of torture victims) the proportion of torture in places other than official detention places such as outdoors, cars etc. is significant. Despite this, there was still a high number of applicants tortured in security centres (where there are special teams).

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

- ❖ torture and ill-treatment practices have contained more psychological violence compared to previous years,
- ❖ torture and ill-treatment are used more and more to intimidate or coerce, and punish or establish authority rather than to obtain information
- ❖ widespread violence is applied to demonstrators, especially without detaining them officially
- ❖ an increase in twin trials
- ❖ on-going impunity
- ❖ it is getting more difficult to differentiate between torture and ill-treatment in terms of law

Training Activities

a) Istanbul Protocol Training Programmes for psychologists and psychiatrists:

In order to meet the requirements that were determined collectively in the previous trainings, a two-day Istanbul Protocol Training Programme for psychologists and

psychiatrists was implemented on 6-7 November 2010 in 3 provinces and 37 trainees received training.

There were trainings for psychiatrists and assistant psychiatrists in Ankara (8 trainees and 5 trainers) and in Izmir (8 trainees and 4 trainers) that implemented training for psychiatrists and assistant psychiatrists with the Psychiatric Association of Turkey. In Istanbul (21 trainees and 4 trainer) a training for psychologists was implemented with the Turkish Psychological Association's Trauma Unit during the training programme and at the end of the programme it was stated that the training programme was very useful and the trainees' newfound motivation and an increase in knowledge was observed. Several trainees stated that they would like to take part of organizing the modules of Istanbul Protocol Training Programme for psychologists and the works of the HRFT voluntarily. They also requested for various projects to be carried out in areas of their concern.

The training programme has contributed to the enhancement of professional qualifications of psychologists and psychiatrists. Furthermore it has enriched the network of volunteers of the HRFT and relations with speciality organizations related to the issue.

b) In 2010, with the contribution of these enrichments, these trainings were carried out:

- Istanbul Protocol Training for 20 physicians was carried out with Istanbul Chamber of Physicians and Society of Forensic Medicine Specialists in Istanbul on 1-3rd of October 2010.
- Istanbul Protocol Training for 18 members of Human Rights Association in Istanbul on 9th October in 2010,
- Istanbul Protocol Training in Serbia on 9-11th of October 2010
- Istanbul Protocol Training in Egypt on 9-11th of June 2010
- Istanbul Protocol Training in the Philippines on 3-14th of August 2010
- Istanbul Protocol Training for the members of Moldavia and Transnistria Forensic Medicine Institutions on 11-12th of November 2010

Within this framework we would like to share that our friend Ümit Ünüvar won an award for his work "Evaluation of the Forensic Medical Report within the Frame of Istanbul Protocol".

c) Supervision Services for the staff of the UNHCR Turkey Representative was held in 2010.

d) A "Preparatory Meeting for a Guide on Coping with On-going Social Traumas" was carried out in Diyarbakir on 18-19th of December 2010 and 8 foreign students were taken into an internship programme.

Scientific Researches

a) The “Epidemiology of Torture in Turkey” study

This two-year study which aimed to determine ill-treatment and torture in a quantitative way and evaluate the gradual changes over time was completed at the end of 2010.

The content of this study, which was carried out under the coordination of Melek Göregenli, was defined both in terms of content and timing. Accordingly the conceptual limits of “torture” and which events, locations and periods of time that would be analysed were determined. It was decided that only the period after 1980, which was a turning point for torture in Turkey, would be analysed. It was also decided that the study would generally rely on data and information collected from archives.

The resources used were from human rights organisations, mainly the HRFT’s, archives, media archives dating back to 1980, and academic archives including books and articles used to trace back amendments to law and administrative practices and collect information about victims’ stories.

Within the context of this study, which can also function as a newspaper archive, the years between 1980 and 1990 were screened with the help of the reports of the HRFT and the HRA, for the years between 1988 and 1990.

The data collected was subjected to a comparative analysis in terms of certain periods.

This study was published into a book.

b) “The Course of Torture For 18 Years In Turkey” Study

The aims of this two-year study is to examine the changes in torture and torture methods by relying on the records of applications to the HRFT

Using the application forms that were modified collectively by the staff of the HRFT’s centres, the data relating to all of the applicants was digitized. By using this data, annual rehabilitation and treatment centre reports are prepared and released to the public. Every year forms are reviewed and modified in parallel with the requirements of centres and changed in different areas (health, law etc.). The digitized data for the years between 1990 and 2009 differ greatly.

As regards to the forms and digitizing the formats of data, which has been used for two years, it seems as though the databases between the years 1990 and 1994 cannot be united with the databases of the following years. For this reason in this study, data of the 9849 applicants whose data was evaluated, out of the 10.656 applicants who were subjected to torture, was collected into a common database.

While there were 46 titles in the forms that were used in 1995, there were 155 titles in the forms that were used after 2003. This database contains 28 separate titles for each applicant. During the collection of database, many data points, which were detailed in the following years, were reclassified and generalized. Therefore, the

peculiarities of a large part of the data have been changed. However, we believe that because this study includes many titles with regard to torture, it will form an important basis for both a comparative evaluation and organization of the studies of the HRFT and for the researches of the ones who want to study this issue.

This precious study, even with the present comprehensiveness, needs to be continued and extended. Therefore, filing the recently used forms by scanning the application files (not the databases of last years) and creating a new database will provide an opportunity for us to produce much more information that we can use. In this way the data, belonging to the period pre-1995, will be combined in a way so that they can be compared with others. Given that the number of applicants from 1990 to the end of 2010 was 12.450, it is obvious that this will require quite a lot of labour and time.

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

The implementation of this study, which aimed to evaluate the quality and adequacy of the services received by the applicants to all of the centres of the HRFT, was initiated in 2010 after a long delay. Unfortunately, the implementation has had many deficiencies.

Alternative Forensic Medical Reports

We continued to provide alternative forensic medical reports to our applicants in 2010.

A total of 43 applicants received alternative forensic medical reports from our Treatment and Rehabilitation Centres. 20 of these reports were provided to applicants wishing to open a case or with an on-going case in Turkey (19 of them have on going trials, for one of them the court gave the decision of no jurisdiction), three wanted to file a complaint with the European Court of Human Rights, nine wanted to take refuge status (applications of two were accepted), one wanted to have the report to exercise disability rights, another applicant wanted to have her/his overseas travel ban to be lifted (it was). In addition, two applicants wanted the reports for their own records.

As is known, our alternative forensic medical reports are recognised by the European Court of Human Rights (ECtHR). Thus, the ECtHR made nine decisions against Turkey concerning Article 3 (prohibition of torture) in 2009 and in three of these decisions the court referred directly to our reports.

HUMAN RIGHTS FOUNDATION of TURKEY PUBLICATIONS

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

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

- 53) Turkey Human Rights Report 2007 (Turkish)
- 54) Prison Monitoring Guide
- 55) The Consensus in Prevention of Torture
- 56) HRFT Treatment and Rehabilitation Centers Report 2007 (Turkish)
- 57) HRFT Treatment and Rehabilitation Centers Report 2007 (English)
- 58) Manual on Procedural Safeguards for the Prevention of Torture (Turkish)
- 59) Turkey Human Rights Report 2008
- 60) Ways Leading to Torture (Turkish)
- 61) Report of the Project on the Prevention of Torture (Turkish)
- 62) Guidelines for the Effective Documentation and Investigation of Torture Cases (Turkish)
- 63) HRFT Treatment and Rehabilitation Centers Report 2008 (Turkish)
- 64) HRFT Treatment and Rehabilitation Centers Report 2008 (English)
- 65) Turkey Human Rights Report 2009
- 66) HRFT Treatment and Rehabilitation Centers Report 2009 (Turkish)
- 67) HRFT Treatment and Rehabilitation Centers Report 2009 (English)
- 68) Torture Atlas (English)
- 69) Mevzuat ve Uygulamalar Işığında Cezasızlık Olgusu
- 70) Medya ve İnsan Hakları Örgütlerinin Verilerinden Hareketle 1980'lerden Günümüze Türkiye'de İşkence: Epidemiyolojik Bir Başlangıç Çalışması
- 71) HRFT Treatment and Rehabilitation Centers Report 2010 (Turkish)
- 72) Türkiye İnsan Hakları Vakfı'nın Türkiye'nin Üçüncü Dönemsel Raporu'nun Değerlendirilmesi için BM İşkenceye Karşı Komite'ye İlettiği Görüşleri ve Önerileri - 15 Ekim 2010 ve İşkenceye Karşı Komite'nin Sonuç Gözlemleri Türkiye - 19 Kasım 2010, Ankara, Türkiye İnsan Hakları Vakfı Yayınları, 2011
- 73) HRFT Treatment and Rehabilitation Centers Report 2010 (English)